

SCIENTIFIC PROGRAM

Thursday - September 24

INVITED KEYNOTES

PETER B. BLOOM (USA)

Clinical Hypnosis: Creativity or Neuroscience?

Medical hypnosis is rich in clinical and experimental history and literature. The century old use of hypnosis in surgery and its recent use in treating burns are examples of the efficacy of this powerful modality in clinical practice. Trance is defined in several ways including creating an altered state of consciousness, shifting attention, increasing internal absorption, changing perception to mood, memory, thinking, and behavior, or inducing dissociative distractions. Recent advances in neuroscience elucidate shifts in brain physiology in response to hypnotic suggestions, which reflect simultaneous changes in patients' symptoms. Hypnotic suggestions can also create reversible "virtual lesions" such as color blindness to study anatomical locations of brain functions without relying on the pathology of strokes or brain trauma. Psychiatric clinicians use suggestions in the context of hypnotic trances to treat anxiety and depression, restore function in conversion disorders, manage pain, and treat psychosomatic disorders. Hypnosis can be used as an adjunct to the indicated primary therapies such as cognitive behavioral therapy (CBT), interpersonal therapy (IPT), and psychodynamic psychotherapies.

In this Keynote Address, I will show a videotape of surgery without anesthesia, and review several advances in neuroscience relevant to pain management and the creation of "virtual" lesions. I will conclude by presenting several clinical cases during which the patient and I shared creative hypnotic interventions. Is clinical hypnosis creativity or neuroscience? It is both. The art of medicine is the fusion of intuitive insight and scientific knowledge.

JEFFREY K. ZEIG (USA)

Attunement: Hypnotic Empathy/Hypnotic Response

DIALOGUE

D1. JULIE H. LINDEN AND LEORA KUTTNER

Confessions from Two Seasoned Practitioners: A Dialogue

What we didn't know we didn't know and wished we knew then

Distilling from a combined sixty years of experience two pediatric practitioners share what they learned from their mistakes when using hypnosis with children and adolescents. Through a careful analysis of case examples Drs. Linden and Kuttner will willingly share what children and teens had to teach them about the utilization of hypnosis to manage or resolve pain, anxiety and other common pediatric problems. Neuroscience is now revealing the practice effect of self-regulatory strategies on changing brain-patterns. Hypnosis as a self regulatory practice has great benefit particularly for rapidly growing children and adolescents. These clinicians share the ingredients of their successful recipes for hypnotic work gleaned from years of learning alongside their young clients.

MAIN PRESENTATIONS

ASSEN ALLADIN (Canada)

Clinical Hypnosis In The 21st Century

In this visionary presentation, an optimistic future for clinical hypnosis is described. Because hypnosis does not provide a theory of psychopathology and behavior change, within this constriction, hypnotherapy cannot evolve into mainstream psychotherapy. To preserve its clinical credibility,

hypnotherapy has been used as an adjunct with major schools of psychotherapy, but this approach has largely been idiosyncratic and haphazard, and therefore, the hypnotic techniques have often been used in a hit and miss fashion. A more pragmatic approach to integrate hypnosis with other psychotherapies is to import hypnotic techniques, based on empirical evidence, neuroimaging studies and case formulation, into a unifying/base theory of psychopathology and behavior change such as cognitive behavior therapy (CBT) or psychodynamic therapy. Review of integrative psychotherapy literature indicates that CBT and hypnotherapy can be best fitted into the Assimilative Model of Psychotherapy (AMP). The assimilative approach to psychotherapy is the latest integrative psychotherapy model described in the literature and it is considered to be the best model for integrating both theory and empirical findings to achieve maximum flexibility and effectiveness under a guiding theoretical framework. Moreover, AMP provides an additive design for studying the additive effect of hypnosis when it is imported to a base theory. Such an approach is likely to revolutionize the practice and evaluation of clinical hypnosis in the future. The model also provides a template for assimilating other base theory such as psychodynamic theory with hypnosis. The paper will discuss the clinical and research implications of the assimilative model of hypnotherapy in the 21st Century.

ALASTAIR DOBBIN (Scotland)

The argument for clinical hypnotherapy

The neurobiological work of John Gruzelier and Karl Frinton have established a sound theoretical basis for the action of hypnosis. However more is needed to convince policymakers and research funders (and ourselves!?) that this once highly regarded clinical speciality, which is based on empirical behavioural science of the highest order, deserves more than relegation to the category of whacky alternative medicine. The work of Jose Delgado and Joseph Ledoux in the fields of evolutionary neurobiology and psychology, the work of James Gross and others in the field of suppression and re-appraisal, and the work of Becca Levy and others in the field of stereotyping all provide strong support for research into the use of hypnosis as a means of delivering mental resilience to treat and prevent mental illness, and for the service provision of hypnosis based psychotherapy. (Dobbin Maxwell & Elton 2009)

CONSUELO C. CASULA (Italy)

Pain, Emotions, and Hypnosis

Pain is not only considered a sensory dimension, but also a complex response to a painful stimulus based on emotions, thoughts, behavior and spirituality. Pain related emotions can indeed modulate pain perception both increasing or decreasing it. Furthermore, pain related cognitive attributions can change pain attitude, reducing or widening the subjective reaction.

These are the reasons why hypnosis is useful in helping patients enhance emotions that have the power to alleviate pain, and attenuate emotions that overburden pain. Hypnosis can also help the patient to learn from the experience of suffering and reach personal meaning.

Hypnosis offers several strategies, such as distraction, pseudo orientation of time, disassociation, displacement and/or replacement of sensation, transformation of associated symbols, all of which can be applied according to the patients' needs.

I will present several cases where different hypnotic strategies have been used to help the patient to alleviate pain by changing emotions and correlated beliefs.

GUNNAR ROSEN (Norway)

The Neuroscience of pain and hypnosis used as an interactive model for treatment strategy

Pain is commonly defined as an unpleasant experience due to ongoing or threatening tissue damaging or described in those terms (Mersky), but what happens in the body and the brain, and how does our mind create the experience of pain in spite of the fact that there is no pain center in the brain. Yes this is a rather complex process due to context, learning, genetics and personality. Now when bringing hypnosis into the picture where and how does it interact with the different underlying pain mechanisms? We know that hypnosis might be a very powerful tool both in psychotherapy and in the treatment of pain.

Can we use neuroscience to learn more about making pain and hypnosis a happy marriage by a deeper understanding of this interaction.

ETZEL CARDEÑA (Sweden)

The ISSTS Guidelines for the use of hypnosis for posttraumatic conditions

I present here the rationale for the use of hypnosis in the treatment of posttraumatic conditions (ASD, PTSD) developed by an international group of experts for the International Society for the Study of Traumatic Stress (ISTSS), a summary of the empirical research supporting such use, and a brief introduction to the guidelines themselves. They follow a multiple stage model based on stabilization and symptom reduction, working through of traumatic memories, and personality synthesis and reintegration. Although this model is not particular to hypnotic techniques, the latter can enhance the efficacy and perhaps the speed of the therapeutic intervention. Suggestions for further research will also be presented.

STEFANIE BADENHORST (South Africa)

Advanced techniques with childhood Trauma

It has become increasingly documented that the vast majority of patients with adult pathology, reported experiences of severe childhood trauma. Early appropriate therapeutic intervention was postulated to relieve children's symptoms more rapidly than those of their adult counterparts.

A theoretical overview of the effect of trauma will explain the process of dissociation as a coping mechanism to deal with overwhelming experiences. The child dissociates from feelings and memories associated with trauma in order to survive emotionally. The dissociation is initially helpful and enables the individual to cope, however eventually it can result in pathology and become destructive.

This workshop will focus on skills to resolve trauma and to allow healing. The process of empowerment within a dysfunctional system where support lacks will be explained. These skills can be utilized not only for traumatized children but also for adults who experienced early childhood trauma. Case examples and experiential learning will demonstrate the value of this treatment modality, which can prevent symptoms or pathology in later life.

PATRICE CHARBONNEL (France)

Couples in therapy: looking for the lost contract

In a couple, from the very first months of the relationship and while love is in the foreground, links of loyalty and mutual care are being woven until they create a "couple agreement" which is tacit and informal, conscious or not, and consolidates and stabilizes the relationship.

What has become of this contract when the couple, some years later, face relationship problems and consult? How can the contract be spotted? Is it still valid? Can it be referred to by the therapist when trying to find solutions for this couple?

WILMA SPONTI TRASARTI (Italy)

Conjoint and disjoint sessions, as belonging and individuation in ED patients

Theory, experience and researches, demonstrate the high validity of hypnosis and family therapy synergistically utilized within therapy of DCA

Symptomatic behaviour is considered in its morphostatic/morphogenetic meaning. Attention is given to the isomorphism that might occur between patient/family and therapists' system. Direct and indirect hypnosis is utilized. Focalization and de-focalization from family to patient, from patient to family, in a circular flexible way, demonstrate that conjoint and disjoint sessions help patient and family in a relevant congruent way thus helping development and grow. Reconsideration is given to belonging and individuation, as crucial moment of life cycle that everyone, and especially patient, must face whit.

NAOKI WATANABE (Japan)

Introducing Morita Therapy to the field of Hypnotherapy

Morita Therapy was founded in 1921 by Shoma Morita(1874-1938), a Japanese Psychiatrist and Psychotherapist who lived as a contemporary of S.Freud (1856-1939). The basic assumption of Western Psychotherapy focuses on decreasing clients' anxiety whereas those of Morita Therapy paradoxically lies in accepting anxiety as it is. This strategy is based on the awareness that fixating efforts to eliminate anxiety results in enhancing anxiety. Therefore the therapeutic effort of Morita Therapy lies in letting client encounter the reality and accept it.

Morita Therapy starts at first in the inpatient setting. Namely the therapy begins with 7 days bed rest. Clients just have to lie down in bed for 7 days except for eating, face washing and toileting. This setting itself is paradoxical because human beings have the predisposition to be active in the day time and take rest at night. At around 4th day clients' anxiety escalates. But after the day they generally experience the feeling of boredom. This is a quite natural response. And it is important to let clients experience this natural response of the human being. In the second stage, clients get up, walk around the indoor wards of the hospital and spend time to observe the outer world. They would recognize how beautiful flowers are, how clouds are moving, how insects live their lives, etc. Clients are tended to focus on their symptoms inside themselves and rarely be aware of what lies outside of themselves. In the third stage, clients get involved in the daily activities such as wood cutting, cleaning the garden, etc. This is the time of natural activity which consists in observing and responding to what they have encountered. In the fourth stage, clients started to go back to their former occupations. This kind of therapeutic setting can be replaced by images induced by Hypnotherapy. Thus Morita Therapy is also applicable in the field of Hypnotherapy.

ANTONELLA BIANCHI DI CASTELBIANCO (Italy)

Ericksonian Hypnosis and Taoist Qigong: can the past be the future of mind-body communication?

Recent research on psychoneuroimmunology processes and mind-body communication in hypnosis seems to share several main concepts with the Chinese Traditional Medicine approach and the Taoist practice of Qigong: the same interest for the complex mechanisms underlying information exchanges in living systems, the same importance given to emotional factors in determining illness and health. Despite of differences in language and culture, Ericksonian hypnosis and Qigong show many similarities both in theory and in practice.

According to Erickson, past experience and learning represent important resources for the present and the future.

How can an ericksonian therapist utilize the traditional knowledge of Taoists to improve his/her competence in eliciting positive changes and health?

How can the taoist concept of "energy" allow the therapist to better tailor his/her intervention and the patient to utilize in a more specific and effective way his/her potentialities?

RELAZIONI IN ITALIANO/PRESENTATIONS IN ITALIAN

EMANUELE DEL CASTELLO

Un contributo originale dell'ipnosi alla psicoterapia: il rinforzo dell'io

La 30a Divisione dell'APA afferma che l'ipnosi non è un modello di psicoterapia paragonabile a quello psicodinamico o a quello cognitivo comportamentale e neanche un trattamento in e di per sé; essa piuttosto è una procedura che favorisce i procedimenti terapeutici. Cionondimeno è innegabile che la tradizione dell'ipnosi abbia fornito alla psicoterapia una serie di contributi originali di indubbio valore che derivano da profonde intuizioni cliniche, prima che da ricerche empiriche.

Dopo una breve definizione del processo e dei molteplici fattori coinvolti nella psicoterapia in genere, e nella terapia ipnotica in particolare, l'A. propone l'analisi di un costrutto, il "rinforzo dell'io", a partire

dalla sua prima proposta ad opera di Hartland, per seguirne poi gli sviluppi nelle più sofisticate applicazioni moderne. A questo scopo vengono esplorati concetti come quello di "autoefficacia", "hardiness" e "resilienza" e le loro possibili relazioni con il "rinforzo dell'Io". Scopo dell'Autore è quello di dimostrare il ruolo fondamentale del "Rinforzo dell'Io" all'interno del processo ipnotico e psicoterapeutico, e come questa procedura possa determinare il successo delle manovre e della strategia terapeutica.

ALESSANDRA GANDOLFI e ROLANDO WEILBAKER

Il "non-risveglio" in ipnosi

Lo spirito di ricerca che ha animato questo lavoro, nasce dall'osservazione sistematica, durata due anni, dell'ipnosi terapia di 200 pazienti, di sesso maschile e femminile, di età compresa tra i 14 e i 65 anni, affetti da differenti psicopatologie. Si è osservato che non svegliando il paziente, dopo la seduta di ipnosi, si verifica una maggiore frequenza dello stato di ipnosi vigile, nel suo comportamento quotidiano. Attualmente si assiste ad un grande interesse delle Neuroscienze, riguardo i "Neuroni-specchio", che spiegherebbero anche i rapporti di empatia che intercorrono tra le persone. Tali "Neuroni-specchio", nello stato di ipnosi, vengono attivati dal "rapport" terapeuta-paziente. Il non-risveglio, dopo la seduta ipnotica, favorisce una migliore utilizzazione delle risorse mentali del soggetto, la presa di coscienza del proprio funzionamento psichico ed infine, la remissione dei sintomi.

PRESENTATIONS EN FRANÇAIS/PRESENTATIONS IN FRENCH

KARINE HAMELIN, STEVE LEE, FRANCK BERNARD

L'utilisation de la déionisation temporaire et de la pensée magique en obstétrique.

La femme qui vient accoucher est souvent en transe négative. Il s'agit à l'aide d'une méthode simple de redonner du confort tout en renforçant la dissociation déjà installée naturellement. Pour cela on utilise un appareil avec un manche en bois et des tiges en cuivre qui est sensé « dépoliariser » le cuir chevelu des patientes et leur procurer calme et détente. Pendant que l'opérateur masse doucement le cuir chevelu avec l'appareil il donne des suggestions de confort et des métaphores de dilatation du col utérin. En transe hypnotique les femmes donnent une indication de l'heure à laquelle elles vont accoucher on compare ensuite cette heure avec l'heure réelle de l'accouchement.

DANIEL QUIN

La dissociation à la lumière des Neurosciences

Une des particularités de l'hypnose est sans doute la dissociation. Pour HILGARD il ne peut y avoir d'hypnose sans dissociation, alors que pour ERICKSON la dissociation est une caractéristique de la transe qui ne fait pas obligatoirement partie de toute transe. La dissociation exprime la simultanéité de deux activités séparées, à savoir qu'une partie mentale ou physique d'une personne fait l'expérience de fonctionner indépendamment d'une autre partie. Tout se passe comme si l'esprit de la personne se divise par exemple en une activité mentale consciente et une activité mentale inconsciente, où des images visuelles deviennent distinctes des émotions par exemple.

Notre conscience nous semble familière et rassurante, or ses cogitations conscientes n'épuisent pas pour autant l'ensemble des processus qui agitent notre esprit. De nombreux explorateurs de la vie mentale, dont Freud, sont partis à la découverte de ce qui est au-delà de l'horizon de notre conscience. Chacun de ces voyageurs nous a livré son récit sous la forme de théories sur l'inconscient. Je vous invite à l'aide des neurosciences de l'esprit de lever un coin du voile afin de découvrir le portait vivant de l'inconscient contemporain tel qu'il se révèle depuis les années 1970 et à nous interroger sur ses limites éventuelles pour mieux cerner les propriétés psychologiques qui seraient le propre de notre vie consciente.

INVITED ADDRESSES

ETZEL CARDEÑA (SWEDEN)

The neurophenomenology of “deep, neutral” hypnotic phenomena

This study followed a neurophenomenological approach by analyzing in parallel experience and brain processes, that is, the spontaneous mentation of high, medium, and low hypnotizables during baseline and various prompts after an induction and a suggestion to go into their “deepest” state was also measured. Results show that a between-subjects factor (level of hypnotizability) and a within subject factor (baseline vs. other stages of the session) both had significant effects, as did their interaction. Low hypnotizables reported “normal” mentation, “medium” hypnotizables vestibular and other bodily sensations, and “highs” mentioned positive affect and “exceptional” mystic-like phenomena. Spectral and source location EEG analyses corroborated various patterns of brain functioning differences across levels of hypnotizability and at different times during the sessions.

ULRIKE HALSBAND (Germany)

Brain mechanism in hypnosis and meditation

This study examined the brain mechanism of hypnosis and meditation. We analysed shared and non-shared neural substrates and studied brain plasticity changes using functional magnetic resonance imaging (fMRI) and positron emission tomography (PET). We also used electroencephalography (EEG). The decision to choose one or the other brain imaging technique depended on the task of interest.

Using fMRI visual illusion effects in hypnosis were systematically investigated and analysed with Granger Causality Mapping. Perceptual changes occurred and were accompanied by changes in brain activation. In a longitudinal study the paradigm of binocular rivalry was used to investigate the process of enhancing attention abilities through Zen meditation. In a PET study cerebral activation patterns of imagery-mediated learning were analyzed in hypnotic trance and a baseline level. Using EEG changes in brain activity in hypnosis and Tibetan meditation were directly compared in a within-subject design. Furthermore, EEG was used to analyse the mechanisms of deep hypnotic trance and arm levitation.

Taken together, the findings advance our understanding of the neural mechanisms that underlie hypnosis and meditation.

AUDREY VANHAUDENHUYSE, MÉLANIE BOLY, STEVEN LAUREYS AND MARIE-ELISABETH FAYMONVILLE (Belgium)

Neurophysiological correlates of hypnotic analgesia

Department of Anaesthesia and Intensive Care Medicine, Pain Center, University Hospital of Liege, Belgium

Improvement in functional neuroimaging allows better understanding of hypnotic modulation of pain. In different functional positron emission tomography (PET) studies and functional MRI studies, we investigated pain perception during hypnosis as compared to normal waking.

Both intensity and unpleasantness rating of the noxious stimuli are reduced during the hypnotic state. Hypnotic modulation of pain is mediated by the anterior cingulate cortex.

Analysis of PET data showed that the hypnotic state, compared to normal alertness, significantly enhanced the functional modulation between midcingulate cortex and a large neural network encompassing bilateral insula, pregenual cingulate cortex, presupplementary motor area, right prefrontal cortex – thalamus – striatum. We also used a parametric single-trial thulium YAG laser fMRI paradigm to investigate how the hypnotic state alters the perception of normal sensory and painful stimulation and we compared hypnotic analgesia with placebo analgesia. A difference in subjective rating was found between normal wakefulness and hypnosis and placebo conditions for both sensory and noxious stimuli. These findings point to an important role for both the cortical pain neuromatrix and hierarchically « lower-level » brain areas in a hypnosis-induced decrease of sensory and affective aspects of stimulus perception and reinforces the idea that cognition can modulate pain processing.

SUSANNA CAROLUSSON

Dynamic hypnosis with IBS; an illustration of clinical evidence and experience

There is enough evidence for hypnosis as the treatment of choice for patients with Irritable Bowel Syndrome, so in this presentation I will focus on clinical experience. I was responsible for the hypnotherapy in a CRT study in Gothenburg. My treatment model utilized the therapists' clinical competence and thus can not be manualised. Therapy consisted of a diversity of individually tailored approaches; including gut-oriented symptom relief and hypnoanalysis and also often in combination. I will present two cases; one with a symptom focus on symptom relief and one with focus on exploring traumatic causes.

Burkhard Peter, PhD, Munich

The history of hypnosis is closely linked to the theme of possession because hypnosis, in its form of animal magnetism, has replaced exorcism. As one would expect for such transitional phases between an old and a new system, one can find sharp rejections of the old system as well as peaceful amalgamations with the new system. The most famous example of a rejection can be seen in 1775 when Franz Anton Mesmer claimed that father Johann Joseph Gassner, the well known exorcist at that time, would not drive out devils but would use principles of animal magnetism which he, Mesmer, had just “discovered”. The most famous example of an integration – the treatment of possession by animal magnetism – represents the special romantic–magnetic therapy of the Swabian medical doctor Justinus Kerner some 50 years later. This paper will describe the methods of Justinus Kerner and present one of his most famous case studies, the girl from Orlach which, by today's knowledge, can be regarded as a true case of dissociative identity disorder (DIS). It will be shown that contemporary principles of treatment have already been used and that controversial issues about nature and causes of DIS have already been discussed.

GIUSEPPE DUCCI, RENZO BALUGANI (Italy)

Language, metaphor, neuroscience: scientific explanation and pragmatic rules for the effective communication in hypnosis

Neuroscience, in particular thanks to the neuroimaging techniques, makes now possible stating the embodied, sensorimotor nature of a lot of cognitive domains including action perception, simulation and imagery. There is also growing neurophysiological evidence about the sensorimotor basis of language and concept formation, as previously theorized by the cognitive linguistics. The role of metaphor posited by Lakoff and Johnson in the construction of the thought and abstract thinking is described. Conceptual metaphors and their use in the everyday language are discussed, emphasizing both on their universality and their variations in specific pathological populations. Arguments about the close link between hypnosis and metaphor are given; the opportunity of a fine graded assessment of the particular use of metaphors in any particular patient is suggested, in order to build-up a more effective intervention in the practice of hypnotherapy.

TERESA ROBLES (Mexico) and FRANCISCO DI BIASE (Brazil)

50 Years after Ornstein's discoveries, our Brain is not the same

Francisco Di Biase, neurologist and Teresa Robles, clinician, will discuss about the changes that Teresa observes in her patients and the way in which they can be understood from the lenses of the newest discoveries in neuroscience research.

Has our Brain changed during the last 50 years? How has it changed and why?

These are topics that will be discussed from different scientific approaches.

The exposition will begin with the presentation of different clinical facts and neurological issues followed by questions for participants. After a dynamic and brief discussion the presenters will present their hypothesis about why and how our brain has changed during the last 50 years. Along the presentation the ideas aroused from precious discussion will be integrated.

DANIEL P. KOHEN (USA)

Chronic Daily Headache: Helping Adolescents Help Themselves with Self-Hypnosis

This address will describe the increasingly common problem of chronic daily headache in young people, the challenge of entering the clinical picture after “everything else has failed”, and the value and effectiveness of Ericksonian hypnotic strategies in approaching the problem, i.e. finding the hypnosis in the encounter, and empowering young people to discover the solution within themselves. Case examples will be discussed and illustrated with videovignette(s).

SHAUL LIVNAY (Israel)

Do I dare do "It" with more than one? The issues & challenges of the use of hypnosis with couples & families

What began as a strategy of dealing with "guest & witnesses" during individual hypnotherapy, developed into hypnotic approaches to working with couples & families. The presentation will describe the process of this development, detail the different levels (individual with participant observer, individual working in parallel with a partner, and joint hypnotic work) in which hypnosis is integrated in the psychotherapeutic work, and relate to issues which arise from its implementation, along with the special benefits which result from working with a “group”.

LINDA THOMSON (USA)

Pediatric Inductions for the Child in All of Us

The child’s natural inclination towards imaginative involvement makes hypnosis particularly suited to the pediatric population. Children are generally excellent and enthusiastic hypnotic subjects. To be effective the clinician must establish a therapeutic rapport with the child and have an understanding of child development. The developmentally sensitive approach begins when the clinician first meets the child, noticing the nuances of how they behave, paying attention to the child’s verbal and non-verbal communication as the provider begins the history taking and rapport-developing. Using novel and creative inductions appeals to the curiosity of a younger child and the intellect of a pre-adolescent or adolescent. This presentation will begin with a brief overview of child development. Induction and deepening techniques particularly suited for various developmental ages will be discussed and demonstrated.

GIORGIO NARDONE (Italy)

Introdurre il cambiamento nella prima seduta con tecniche ipnotiche indirette

MARIANNE MARTIN (Austria)

Smoking Cessation by Imagination and Utilisation

This concept was developed for smokers for who smoking is more a habit than an addiction. This habit seems to occur automatically and cannot easily be stopped. For this group of smokers individualised imagination and utilisation are powerful tools. First, we have to become aware of the ambivalent feelings: both the subjective motivations to maintain smoking and to stop smoking are very important and can be utilised. In trance and awake this client’s part should be strengthened which is longing for all the good things combined with freedom from cigarettes: life quality, autonomy, health, fitness, money, model for the own children, etc. We use special metaphors, time progression, working with resources, posthypnotic suggestions, the clients’ own use of self-suggestions etc. We also may work with both ambivalent parts personalizing them – or only with the not yet cooperating part.

We help to find alternatives to reach the subjective attractive goals got by cigarettes before, i.e. stress coping, weight-control (especially seen with women, there are interesting gender aspects). In trance, the clients may prove their new healthy and autonomous behaviour offering them a chance for the transfer into their daily life. If necessary, we even could link the cigarette with something subjectively disgusting. Indications and contra-indications of this concept will be discussed.

**RIA WILLEMSSEN, PATRICK HAENTJENS, DIANE ROSEEUW & JOHAN VANDERLINDEN
(Belgium)**

Hypnosis For Alopecia Areata

The aim of this lecture is to present our personal data on the use of hypnosis in alopecia areata. Alopecia areata (AA) is a highly unpredictable, auto immune skin disease, resulting in hair loss on the scalp and elsewhere on the body. AA starts with one or more small round bald patches on the scalp but can progress to a total hair loss. AA, a medically benign disease, can cause tremendous emotional and psychosocial stress in affected patients leading to depression and anxiety. Our preliminary data on the hypnotherapeutic treatment of a substantial sample of patients with extensive AA, have already demonstrated the benefit of hypnosis for this indication. In addition, we recently terminated a controlled outcome study using hypnotherapy, combined with self-hypnosis -i.e. without any form of other treatment- in patients with refractory forms of AA. In that recent study, we compared different psychological outcome measures and hair re growth, in a group AA patients receiving standard treatment versus a group treated with hypnosis. In this lecture, we will present our most recent outcome data, together with our personal hypnotherapeutic approach for this particular disease. This protocol includes a mixture of symptom – oriented and ego-strengthening suggestions. Also some illustrative case reports will be presented.

SYMPOSIA

VILFREDO DE PASCALIS, IMMACOLATA CACACE (Italy)

Analgesia and hyperalgesia in waking and hypnosis: Effects on pain and somatosensory event-related potentials (SERPs)

Noxious electrical stimuli were delivered separately, under an odd-ball paradigm, on the right forefinger of 9 high hypnotizable (HH) and 10 low hypnotizable (LH) women. Pain and distress ratings and SERP measures were examined during waking and hypnosis conditions under suggestions designed to increase (hyperalgesia) or decrease (hypoalgesia) the perception of stimuli in painful stimulation. LH subjects showed little differentiation in pain and distress ratings between hypoalgesia, and hyperalgesia conditions, whereas HH subjects showed pronounced pain and distress increases or reductions according to task requirements. These results are consistent with previous and generally accepted findings that HH individuals are responsive to hypnotic suggestions. HH subjects had a more pronounced P100-SERP component over prefrontal and frontal regions as compared to LH subjects, while the opposite trend between groups was observed for centro-parietal and parietal locations. These differences were found to be amplified for Hyperalgesia suggestion. This finding indicate that hypnotizability and hypnotic suggestions may influence perceptual processes necessary for phenomenal awareness (Chapman, et al., 1999).

HH subjects during hypnosis as compared to a waking condition had a more pronounced N140-SERP wave over centroparietal regions, while LH subjects showed a less pronounced N140 peak over prefrontal regions. During hypnosis HH as compared to LH subjects had a greater N140 peak over parietal locations and a smaller N140 peak over prefrontal and frontal scalp locations. This result is in agreement with previous finding suggesting that hypnosis inhibit frontal brain functions and indicate that N140 may reflect processing negativity associated with selective attention or preconscious brain processes.

ZAHY ARNON (Israel)

Accepting and Embracing the Symptoms [Pain]

The conventional mind-body paradigm considers symptoms, whether physical or emotional, to be problems that need to be solved or enemies that must be annihilated. Pain, whether somatic or mental, is regarded as an unpleasant and therefore undesirable experience.

In contrast, the Buddhist approach to pain is neutral rather than negative or positive. According to Buddhist psychology, the source of human suffering lies in our attitude towards pain rather than in the pain itself. Hence, adopting a neutral and nonjudgmental attitude should reduce and even prevent suffering.

The new paradigm proposed here is based upon positivist psychology. This approach advocates adopting a positive and accepting attitude towards pain, As the poet Khalil Gibran suggested in his book, *The Prophet*, pain should be treated like a friend or a teacher.

This lecture will describe a number of case studies in which hypnosis was used to induce a positive attitude towards pain. Accepting and embracing the pain led to significant immediate as well as long-lasting changes.

GIUSEPPE REGALDO (Italy)

Childbirth in deep, somnambulant trance with hallucinations

A single 20 minutes session is enough to prepare to delivery in hypnosis. Trance induction is performed by a quick technique in 3 minutes. 15 more minutes are necessary to test for analgesia, amnesia, somnambulism, easily obtained in 20%. The patient train herself without any other session. At the onset of labour enter in autohypnosis getting calm and selfcontrol with periods of real sleep and good pain control. The labour last half and the fetal wellbeing is unchanged. There is no spontaneous amnesia but rather good memory of childbirth. So this is the most effective and recommend method.

But if the patients is able to develop somnambulism the hypnotist can reinduce deep trance in a few second using a post-hypnotic signal at the beginning of the labour. If it is necessary a condition of deep hypnotic state is suggested, during which patient sleeps and does not feel any pain. Otherwise a somnambulism is obtained with suggestion of calm and pain control; the woman talk and move without leave her condition of deep trance also during the delivery.

In 8% it is possible to create reassuring allucination of her own home. After the delivery selective amnesia is suggested: very clear memory of delivery and newborn, no memory of pain, clinical examinations, sutures. For this powerful psychic dissociation somnambulism is indicated only in case of delivery phobia and should be avoided in all other cases.

JERZY ALEKSANDROWICZ, MAREK BINDER, MICHA MIELIMKA, ANDRZEJ URBANIK (Poland)

State of hypnosis in fMRI

Neuroimaging of hypnotic state using PET and fMRI is of key importance for understanding the essence of hypnosis. The interpretation of the research results seems, however, to be difficult due to the methodological reasons.

Neuroimaging by fMRI necessarily combines the effects of the induction of hypnosis with the effects of stimulation (eg. pain) and suggestion (e.g. analgetic).

The study of the effects of pain stimulation, pain stimulation modified by analgesic suggestions, induction of hypnosis and pain stimulation modified by analgesic suggestions in the state of hypnosis was conducted in the Jagellonian University in Krakow.

Analysis of the results (group of 14 ss) has lead to the differentiation of the effects of induction of hypnosis (growth of the level of activity in left orbitofrontal cortex and decrease in S2 and S1) from the effects of suggestion (growth of activity in R-ACG). Moreover, modification of activity provoked by pain stimuli in different areas has been observed.

Activity in the left orbitofrontal area in the state of hypnosis.

ANTONELLA BIANCHI DI CASTELBIANCO (Italy)

Conscious and Unconscious Body: working with the body image in ericksonian hypnosis

The body image plays an important role in therapy not only facing problems involving physical aspects (like, for example, pain, psychosomatic or eating disorders) but in any therapeutic process. As the

body image is related to the patient's self perception, we can assume that behavioral and cognitive changes always implies changes in the body representation, and vice-versa.

In body-oriented approaches the therapist looks at the body, at its tensions and its energetic processes in order to better understand the patient's personality, and the intervention utilizes movement, breathing and self-expressive exercises to work with the holding patterns, in addition to the analysis of history, dreams and beliefs.

The Ericksonian approach, instead, is based on the concept of utilization: working with the body image in an "ericksonian way" can allow the patient to get in touch with his unconscious body, with his inner natural processes.

He can "play" with his body, listen to it, ask questions, interact, look at his problem from a different point of view, both metaphorical and concrete, discover and utilize new resources, improving his mind-body communication.

ALBINA M. TAMALONIS (USA)

If You Could Be Calm about Being Angry, What Would It Be Like? Anger Management by Positive Imaging and Music

The enraged patient in our office was often the traumatized child of an angry parent. In order to manage their rage, this patient needs to learn a new relationship to their anger so that they don't repeat their childhood patterns on themselves, their spouse and their children. A cognitive reframe will be presented to normalize anger and break out of "the good vs. the bad guy" way of thinking that often justifies a person's violence to themselves and others. The difference between assertion and aggression and how frustration leads to aggression will be hi-lighted. How music potentiates experience by the psychological principle of entrainment will be explored. The science of music physiology and its clinical applications, put forth by Daniel Schneck and Dorita Berger (2006), will be covered. How to create an hypnotic protocol to help the angry patient along with music will be presented. It will cover the following points: learning to calm oneself and control the impulse long enough to examine whether the anger is appropriate before reacting; balancing anger with assertion to be able to choose appropriate responses; learning better boundaries and better self care; and finding one's inner resources to create a more serene future. The legal and "fair use" of music by purchased CD's bought in by your patient for their use in their own hypnotic work will be explained. Attendees will experience a soothing trance with suggestions for anger management by listening to a recording of a hypnotic script enhanced by a calming piece of music.

INARA ROJA, ZENIJA ROJA (Latvia)

Cognitive Hypnodrama Treatment in adult patients with depressive mood and psychogenic logoneurosis

INTRODUCTION

In Latvia just the same as in the whole world every 4th adult person at least once in his/her life experiences depression, these patients has inadequate emotions, loss of creative activity, low self-estimation, logoneurosis. In world practice with PET scans of patients brain sections in psychodynamic hypnotherapy sessions is shown that hypnotherapy might alleviate suffering by decreasing the activity of somatosensory cortex involved in the experience of depressive suffering, new healthy contacts among different patient's cerebrum centers increases at hypnotherapeutic sessions. In Latvia nowadays I.Roja's cognitive hypnodrama (CH) is used for treatment adult patients with depressive mood, logoneurosis. CH is a highly structured and systematic medical hypnotherapy in which human consciousness is not a passive organ intended to acquire surrounding environment, but an active, constructing organ. During CH patient's negative thoughts are processed, his/her emotional behavior changes. Usage of several different scenarious in the framework of CH, as well as creation of an opportunity for the patient to develop his/her own, personal, desirable scenarious is considered as an approach to influence these patients': feeling development and emotional experience centres. In this socio-cognitive-behavioral CH communication EEG or patient's brain activity monitoring is used with the aim to establish brain activity during CH sessions, as well as to determine the relevant brain regions, which activity occurs due to social events. During CH - relaxation with a gradual desensitization of the

psychotraumatic event is developed. With the help of metaphors depressive and stuttering patients experience active dynamic developments: their "ego" and self – image are strengthened.

MATERIALS AND METHODS

During 2008 year 42 patients (14 males and 28 females, 32-57 years old), white collar workers, having an intrapsychical or interpersonal conflict, with low and average degree of depression, logoneurosis - were consulted ambulatory. In 5 females the heaviness of depression was characterized by disorders of depressive way of thinking, suicidal ideas. Roja's CH treatment course was denied for 42 patients, full CH treatment course received 23 patients (males=8, females=15): 45-60 minutes long one session twice a week. At the beginning of CH treatment course hypnotic susceptibility of the patients was determined by Stanford scale. Simultaneously analysis of depression intensity was carried out by Montgomery–Asberg Depression Scale. Patient's brain activity monitoring (EEG) was done.

RESULTS

In 23 patients during CH sessions we observed remission, increased stress tolerance. Logoneurotic reactions, depressive mood and inability to make decisions were replaced by growth of self-esteem, verbal and emotional communicative competence, active way of life. The experience gained in these observations and clinical researches showed that CH simultaneously is a treatment and the method of analysis and diagnostics. For 11 patients during CH treatment course (first 2 or 4 sessions) there could be observed only physiological reactions caused by emotional stimuli (sweating, high color, breathing rhythm, change of bodily expressions), however, no subjective emotional experience was developed for these patients: there manifested itself blindness of feeling or alexetimia. Usage of several different scenarios in the framework CH, as well as creation of an opportunity for the patient to develop his/her own, personal, desirable scenarios was considered as an approach to influence these patients': feeling development centers; emotional experience centers. It was stated that hypnotic susceptibility depends on psychological characteristics, thinking and reasoning (cognitions) of the individual, and events occurring in the therapeutic process of cognitive hypnodrama, which transform patient's initial thinking and emotional reactions. During hypnotic susceptibility testing in 42 patients – 10 patients had psychotic reactions and paroxysmal states. For these 10 patients cognitive hypnodrama was not started – they were sent to additional examination in order to particularize their diagnosis. As the result of dissociation processes in the psyche after 1-3 cognitive hypnodrama sessions in 9 patients there manifested: in two cases - mania without psychotic symptom; in two cases: mania with psychotic symptoms; in five cases - attack of epilepsy with the pass-out. EEG recording in five patients showed symptoms of brain damages or epileptic paroxysmal activity. For such 9 patients hypnotherapy continuation was contraindicated. EEG recording showed, that in 9 patients with logoneurosis - activity of the prefrontal region of the left hemisphere was displayed during positive emotions. For 7 patients in the old-age regression phase, when events involving strong positive or negative emotions were recalled in their memories, the negative emotional experience increased the activity in the prefrontal cortex of the right hemisphere, but in case of positive experiences – in the left hemisphere. Psychotraumatic event for 2 patients suffering from suicidal thoughts and logoneurosis caused an increased activity in the left hemisphere. This is in line with scientific literature data on asymmetric changes of the electric activity of the prefrontal cortex during hypnotherapy using memories of different emotional shades and different involvement of the speech center of the left hemisphere during negative emotional experiences. EEG recording of 10 patients at the conclusion of the medical course, who had freed themselves of stammering completely, displayed the decrease of the left hemisphere activity. The results acquired during the research allow motivating the necessity of EEG recordings together with cognitive hypnodrama, when treating patients having neurotic and depressive manifestations. Catamnesis data after one year proved constant and positive health changes for 21 patients, posthypnotic suggestion and self- hypnosis helped patients to live without medicine.

CONCLUSIONS AND DISCUSSION

1. Cognitive hypnodrama treatment is just an optional method in the framework of short-term psychotherapy for adults, suffering from depressive mood and psychogenic logoneurosis.

2. During cognitive hypnodrama treatment patient constructs by himself/herself positive, acceptable scenarios, very often the patient experiences nonstandard, humorous and surprising solutions of his/her old, distressful problem, patient's resistance is being creatively processed.
3. Methods to determine patient's hypnotic susceptibility, effects of depression manifestations, EEG examinations are very important tool of the hypnotherapist, who works with the patients ambulatory. For patient, who has psychotic reactions and paroxysmal states during hypnotic susceptibility testing, for patient, whose EEG recording shows symptoms of brain damages or epileptic paroxysmal activity, hypnotherapy is contraindicated.
4. In cognitive hypnodrama work (imagotherapy, reconstructing of cognitions) cognitive and emotional processes of the patient's consciousness and unconsciousness are involved and modeled, a paradigm of personality is developed.
5. There are no two identical cognitive hypnodrama sessions, during such communication also the hypnotherapist very often undergoes alterations. The elasticity of the hypnotherapist is very actual, a kind of trained ability to maintain emotional balance, reckoning with transference and counter-transference protective mechanisms of the human psyche.

ALBINA M. TAMALONIS (USA)

Exercising in the zone. A Mind/Body Solution for the Physically Dissociated Patient by Using Active Hypnosis and Music or Stirring up the Couch Potato

People who are traumatized, and/or have one of the multitudes of addictive disorders are, in great part, dissociated from their physical reality. Mindful exercise helps keeps people in touch with and associated to their body. There is research which indicates that people who exercise are more likely to maintain a weight loss, and suffer from less anxiety, pain, and depression. This short course offers a practical approach to overcoming people's reluctance to exercise by using active-alert hypnosis and music. By listening to hypnosis with music, while exercising, people can alter their perceptions of pain, time, effort and pleasure. The words of the hypnosis are taken from the works of Dr.'s Milton H. Erickson, Jeffrey Zeig, Michael Yapko, and Eva Banyai. Their different contributions will be delineated and explained. The next part of the workshop will entail participants experiencing active-alert hypnosis with music.

RELAZIONI IN ITALIANO/PRESENTATIONS IN ITALIAN

GIUSEPPE IEPPARELLI, EMANUELE DEL CASTELLO, ANNAMARIA CUOMO, GIUSEPPINA MARI, CARMELA PIANTEDOSI

L'uso dell'ipnosi nella broncoscopia diagnostica: primi risultati di una ricerca.

Nella UOC di Endoscopia Respiratoria dell'Ospedale Monaldi di Napoli vengono effettuate annualmente oltre 2000 fibrobroncoscopie diagnostiche e terapeutiche. Il modello procedurale per l'esecuzione delle fibrobroncoscopie diagnostiche prevede, 20 minuti prima dell'esame, una premedicazione con 5-10 mg di Diazepam intramuscolo più Atropina 1 mg per ridurre l'ipersecrezione delle vie aeree. Segue l'anestesia del faringe e delle corde vocali, espletata con lidocaina 2%, in media 200 mg, e non oltre 400 mg in toto, da valutare da paziente a paziente a causa della sua tossicità.

Da circa 2 anni il primo Autore sta sperimentando la trance ipnotica in sostituzione delle metodiche convenzionali di premedicazione ed anestesia faringolaringea, in alcuni pazienti scelti a caso.

Dopo un'indagine esplorativa di tipo qualitativa che ha confermato la validità dell'ipnosi in tale applicazione, gli AA. hanno predisposto un protocollo sperimentale che comporta le fasi seguenti:

- a) Un'induzione di gruppo effettuata il giorno prima della broncoscopia diagnostica;
- b) Somministrazione di scala di Ansia di tratto e di stato durante l'attesa dell'esame;
- c) Richiamo della trance sperimentata il giorno prima mediante una induzione abbreviata e
- d) procedura diagnostica;
- e) Somministrazione di scale di valutazione della soddisfazione dell'utente.

Il gruppo sperimentale viene confrontato con un gruppo di controllo con analoghe caratteristiche anagrafiche e cliniche, nei punteggi ottenuti ai vari strumenti di misura.

Nella presentazione vengono discussi i primi risultati ottenuti di una ricerca tuttora in corso.

L'obiettivo finale della indagine è quello di verificare se anche nel settore medico della diagnostica invasiva l'ipnosi possa affiancarsi alle metodiche consolidate nella pratica e nelle linee guida delle società scientifiche e rappresentarne un'alternativa, validabile sia per i bassi costi che per l'assenza di tossicità farmacologica.

CATALDO NICODEMO SCILANGA

L'ipnosi nella diagnostica e terapia dell'ipertensione arteriosa

L'ipertensione arteriosa è uno dei principali fattori di rischio di malattie cardiovascolari e rappresenta un problema dai notevoli costi socio-economici. La diagnosi dell'ipertensione arteriosa è spesso difficile per diversi motivi. La misurazione della pressione arteriosa può essere alterata da cause metodologiche, fisiologiche e ambientali. Inoltre, l'ansia e lo stress possono svolgere un ruolo importante non solo nelle fluttuazioni pressorie, ma anche nella genesi dell'ipertensione arteriosa essenziale. Questo studio presenta l'efficacia di un test diagnostico (**C.H.R.-Test**) per estrapolare la quota emozionale dello stato ipertensivo. Il **C.H.R.-Test** è strutturato in tre parti: 1) Colloquio per estrapolare fattori psicoambientali, 2) Scala di **Hamilton** per la misurazione del livello d'ansia, 3) Rilassamento ipnotico per valutare l'eventuale diminuzione pressoria. Effettuati l'**Ambulatory Blood Pressure Monitoring (ABPM)** e il **C.H.R.-Test**, 756 pazienti sono stati classificati in gruppi e sottogruppi con diverso iter diagnostico e terapeutico. In riferimento ai gruppi di appartenenza il **C.H.R.-Test** ha mostrato di avere capacità predittiva anche circa eventuali danni d'organo. 314 pazienti, corrispondenti ad un'alta percentuale (41%) del totale dei soggetti esaminati, sono risultati non ipertesi. 32 pazienti sono stati assegnati ad una terapia medica e/o chirurgica. L'ipnositerapia è stata applicata a 410 pazienti ipertesi all'**ABPM**, con elevato stato d'ansia e buona risposta al test di rilassamento ipnotico. Attraverso un ciclo di sedute di ipnosi, gran parte (circa l'87%) di questi pazienti ha imparato ad utilizzare l'autoipnosi per gestire l'ansia e le situazioni stressanti e controllare i valori pressori mantenendoli a livelli mediamente più bassi.

MATTEO PAGANELLI

L'utilizzo dell'ipnosi nell'ambito della Psicologia dello Sport. Uomini e donne: dal singolo al gruppo.

L'ipnosi trova sempre maggior uso nella Psicologia dello Sport, sottoforma di preparazione mentale alle gare, di gestione dello stress agonistico, di ottimizzazione ed incremento delle proprie risorse: questo approccio viene realizzato spesso con gli atleti e le Società Sportive professionistiche. Presenteremo interventi svolti in ambiti sportivi molto diversi tra loro, per disciplina, numero e "genere" degli atleti.

Gli interventi sono stati realizzati con un tiratore d'arco specialità "campagna", già campione nazionale e mondiale, con una tiratrice d'arco specialità "campagna", già campionessa nazionale e mondiale, con una squadra femminile professionista di pallavolo e con una squadra maschile professionista di pallacanestro. Per quanto riguarda i due tiratori d'arco, si è trattato di un intervento di preparazione mentale alle gare, di gestione dello stress agonistico, di aumento e gestione della concentrazione. Per quanto riguarda le due squadre professionistiche si è trattato di un intervento volto alla creazione ed alla fortificazione del gruppo-squadra (al cui interno erano presenti atleti di nazionalità diverse), alla gestione delle dinamiche interne allo spogliatoio, alla definizione di obiettivi comuni, chiari e condivisi; inoltre, alla preparazione mentale alle gare, all'ottimizzazione della prestazione e della coesione di gruppo in ambito agonistico e di gara. Illustreremo le risorse a disposizione, le tecniche utilizzate, gli obiettivi prefissati, le difficoltà ed i punti di forza, l'integrazione con altri approcci teorici, i risultati raggiunti per ciascun caso. Mostriamo i punti in comune, le sinergie e le differenze di questi interventi, diversi per tipologia ma accomunati dall'uso dell'ipnosi. Metteremo in luce le diverse modalità di utilizzo dell'ipnosi con i singoli atleti e con il gruppo-squadra, con atleti maschi ed atleti femmine, nell'ottica di mostrare come questi interventi siano stati occasione di crescita personale e professionale, ma soprattutto occasione di sfruttare al meglio l'efficacia dell'ipnosi nella psicologia dello sport. Porremo l'accento su come sia necessario considerare le

différences entre athlètes masculins et féminins et entre athlètes individuels et groupe-équipe dans la définition de l'intervention hypnotique, en considérant que dans le groupe-équipe, spécialement à niveau féminin, l'hypnose peut être encore plus efficace. Les interventions ont été réalisées pendant la saison sportive actuelle et dans celle immédiatement précédente, afin d'influencer le niveau de la performance sportive et l'optimisation des ressources personnelles et professionnelles. Enfin, nous parlerons des perspectives futures et des possibilités d'utilisation et de développement de l'hypnose dans des domaines aussi divers, mais unifiés par la psychologie du sport.

LANFRANCO VERDECCHIA, MARIA RICCIO et AL.

Erickson et le groupe: passé, présent et futur.

Erickson travaillait souvent avec le sujet de manière indirecte dans un contexte de groupe, utilisant le groupe comme puissant médiateur pour le développement de phénomènes hypnotiques.

Dans ce travail, nous présentons une revue de la littérature de l'expérience ericksonienne avec le groupe, dans l'intention de souligner que la facilité de l'émergence des phénomènes hypnotiques est liée au contexte hypnotique de groupe. Comparaison avec notre propre expérience.

PRESENTATIONS EN FRANÇAIS/PRESENTATIONS IN FRENCH

PHILIPPE HOUSSEL, NICOLAS GUILLOU

Induction rapide en anesthésie.

L'utilisation de l'hypnose en anesthésie pour un certain nombre d'interventions chirurgicales ou d'explorations est largement diffusée dans notre établissement. Cependant, un certain nombre d'opérateurs craignent de voir la technique d'hypnose allonger les délais avant de commencer à travailler. Par ailleurs, la technique la plus utilisée lors des gestes sous hypnose est l'accompagnement et certains patients trouvent difficilement un endroit où se rendre sous hypnose. Les techniques d'induction rapide nous ont semblé intéressantes car elles permettent de gagner du confort par leur puissance et du temps par la réinitialisation secondaire des sens. 30 patients sont inclus dans cette étude, pour voir si les hypothèses posées se réalisent. 15 patients ont des colonoscopies sous hypnose avec induction classique et 15 autres des inductions rapides. On demande ensuite aux patients de s'exprimer sur le confort, les sensations...

PIERRE HUGOT, FRANCK BERNARD

Réalisation de bloc sous échographie et hypnose.

La plupart des Anesthésies Locales Régionales multi ou mono tronculaires des membres se font sous échoguidage. La recherche des racines nerveuses est faite avec des aiguilles par le médecin anesthésiste. Cette recherche est plus ou moins douloureuse et mal vécue par certains patients. La sédation chimique ampute la relation et peut rendre dangereuse la ponction. Le médecin formé à l'hypnose utilise des techniques simples d'accompagnement et de confusion pour réaliser son geste dans des conditions très confortables pour le patient. Deux groupes de sujets sont comparés : un groupe ayant eu l'hypnose et un groupe n'ayant pas eu l'hypnose. Des items comme entre autres : le confort, la durée de réalisation du bloc sont étudiés.

LAURE MARTIN, JÉRÔME LANCHOU

EVA du confort

L'utilisation des échelles EVA et EVN en salle de réveil après anesthésie est pratique courante. Ces échelles simples ont pour inconvénient de focaliser le patient sur sa douleur et de favoriser des épisodes de transes négatives. Dans cette étude, il est proposé dans un premier temps de se servir de ces échelles par souci de cohérence avec un patient qui souffre. Puis dans un deuxième temps, l'échelle de douleur est subtilement transformée en échelle de confort par des infirmières formées à l'hypnose. Les quantités de

morphine injectées alors sont comparées avec celles habituellement injectées dans des mêmes opérations quand on utilise uniquement les échelles sans les transformer.

HERVÉ MUSELLEC, NICOLAS GUILLOU, CLAUDE VIROT

Étude comparative Hypno sédation versus Anesthésie Générale pour pose de dispositif de stérilisation intra-tubaire en ambulatoire.

L'hypnose médicale est un outil dont l'intérêt est grandissant pour les praticiens anesthésistes réanimateurs. Elle peut être proposée pour certaines interventions chirurgicales et certains examens invasifs. Elle est une alternative intéressante à l'anesthésie conventionnelle ou en complément, simplement pour améliorer le vécu des patients lors de leur parcours de soins en milieu hospitalier.

L'hypnose est alors un outil capable de procurer à la fois, une analgésie et un vécu agréable, lors de gestes opératoires réalisés jusqu'alors sous anesthésie générale dont l'innocuité sur les fonctions supérieures, mémoire et cognition restent à démontrer.

En pratique clinique la technique hypnotique peut être potentialisée ou renforcée par une sédation médicamenteuse prenant alors la dénomination « hypno sédation ».

Nous présentons les résultats d'une étude prospective comparative, menée sur la période du 15 octobre 2007 au 15 mars 2008 au Centre Hospitalier Privé Saint Grégoire (CHP).

L'objectif est de montrer que l'hypno sédation est une alternative à l'anesthésie générale chez des patientes devant bénéficier, en ambulatoire, de la pose de dispositifs de stérilisation intra-tubaire (Essures*). Aussi avons-nous évalué, l'anxiété, la douleur et la consommation médicamenteuse d'antalgiques et d'hypnotiques tout au long de l'hospitalisation.

SCIENTIFIC PROGRAM WORKSHOPS

SPW1.JULIE H. LINDEN (USA)

Children, Trauma and Hypnosis

Hypnosis is a therapeutic modality particularly suited to the pediatric population. The child's natural inclination towards imaginative involvement invites the use of hypnoidal and formal hypnotic techniques. A developmental perspective of children views their growth as mastering a series of fears and traumatic events. This workshop will present an overview of common fears, potential trauma events, and assessment factors for PTSD. The clinician will learn an array of hypnotic intervention strategies to both prevent and treat trauma in vulnerable children and adolescents.

SPW2.DABNEY M. EWIN, MD (USA)

Burn Workshop

Hypnosis has a part to play in nearly every aspect of burn care, from the initial visit through tubing and grafting and finally to rehabilitation. Early hypnosis attenuates the inflammatory response to the injury, limiting the usual "progression" of the burn. Procedural pain can be controlled, guilt and anger about the accident need to be alleviated, caloric intake can be increased, and active participation in physical therapy can be enhanced. All of this will be covered with lectures, slides, and videotapes.

SPW3.ÉVA I. BÁNYAI AND KATALIN VARGA (resta da confermare)

Hypnotic And Suggestive Communication In Critical Life Situations

People in critical life situations – e.g. having lost their job, during childbirth, being hospitalised due to some life threatening medical condition, etc. – almost always become highly susceptible to suggestions. The purpose of this interactive and experiential workshop is to demonstrate the incredibly suggestive power of even the most “innocent” everyday statements, and to improve the participants' skill in minimizing detrimental effects and in maximizing beneficial effects while communicating with people in critical life situations. Cases in which the principles of hypnotic communication were used successfully

in crisis situations will be demonstrated and discussed. Participants will have an opportunity to practice and analyse suggestive hypnotic communication in various critical life situations.

SPW4.DIANE YAPKO (USA)

Hypnosis in the Treatment of Children with Asperger's Syndrome

There has been a worldwide increase in the number of children diagnosed with Autism Spectrum Disorders including Asperger's Syndrome. Clinicians are always looking for more strategies and techniques that are effective in working with this unique population. This workshop will give participants practical tools including cognitive and visual strategies for working hypnotically with children and adolescents with Asperger's syndrome.

SPW5.ALASTAIR DOBBIN (Scotland)

Working with emotional distress

This concept was developed for smokers for who smoking is more a habit than an addiction. This habit seems to occur automatically and cannot easily be stopped. For this group of smokers individualised imagination and utilisation are powerful tools. First, we have to become aware of the ambivalent feelings: both the subjective motivations to maintain smoking and to stop smoking are very important and can be utilised. In trance and awake this client's part should be strengthened which is longing for all the good things combined with freedom from cigarettes: life quality, autonomy, health, fitness, money, model for the own children, etc. We use special metaphors, time progression, working with resources, posthypnotic suggestions, the clients' own use of self-suggestions etc. We also may work with both ambivalent parts personalizing them – or only with the not yet cooperating part.

We help to find alternatives to reach the subjective attractive goals got by cigarettes before, i.e. stress coping, weight-control (especially seen with women, there are interesting gender aspects). In trance, the clients may prove their new healthy and autonomous behaviour offering them a chance for the transfer into their daily life. If necessary, we even could link the cigarette with something subjectively disgusting. Indications and contra-indications of this concept will be discussed.

SPW6.CONSUELO CASULA e JACINTO INBAR

Hypnosis and Happiness: Hypnotherapy's Contribution to Enhance Happiness

Can we use hypnosis to enhance personal happiness for both the therapist and the patient? Can we teach self-hypnosis aimed to search for, obtain and maintain happiness? Even though happiness can be an elusive concept, each person knows the emotion and how to recognize it. Research on positive psychotherapy has shown that happiness can be taught. For this reason we think that hypnosis offers strategies and techniques useful to help patients to find happiness. Personal and "synthetic" happiness are the result of a positive cognitive, emotional, spiritual attitude - towards ourselves, others and the world - made up of several ingredients that hypnosis can awaken and reinforce in patients. The aim of this workshop is to describe some hypnotic strategies and techniques utilized by the presenters in their experience with individuals and couples.

During the workshop the participants will discover the components of their own happiness and also how to reinforce it and transfer it through hypnotic exercises to their social environment.

SPW7.JÖRG ALBERS

Treatment of Addiction. Hypnotherapy, Psychosensory Therapy and Cue Exposure - How to Improve the Mind-Body Connection by Extinguishing Craving and Solving Underlying Traumas

A structured six-session group therapy has been developed and approved for overcoming craving. The six session protocol based on Hypnotherapy combined with Cue Exposure can easily be followed by treating the underlying emotional problems using Psychosensory Therapy.

The six- step- protocol catalyses the recovery process as follows:

At the beginning the patients are taught a set of three ideodynamic resources for coping with the urge to drink; "Positive results of sobriety", "Thankfulness of significant others" and "Renewal of sobriety

decision". The patients learn rapid activation of these resources by the use of the "Seven Cue Word Induction-technique" and kinesthetic bilateral stimulation.

Then they are exposed to alcohol until the urge to drink reaches it's peak. At this moment they are taught to initialize psychosensory techniques - with continued exposure to alcohol. Subsequently, the intensity of craving diminishes significantly. Craving symptoms finally disappear and are replaced by high self-efficacy, positive thoughts and feelings.

After regaining self-control over their personal set of triggers, the patients are more receptive to working with their core addiction issues, which have now become easier to treat using psychosensory therapy. Psychosensory Therapy is a "sensory stimulation - desensitization response" method designed to reduce or eliminate trauma and other intense emotional stress. The process utilizes eye movement and tactile interventions. The psychosensory, tactile interventions include the stimulation of acupressure points that have been shown to produce changes in brain functioning and within the sympathetic and parasympathetic nervous systems.

Workshop participants will become acquainted with the six-session protocol by the use of video material and by practicing with real patients. Finally they will also be given the opportunity to participate in a cross-cultural research project dealing with the effectiveness of the six-step program. This program is designed to improve the treatment of various types of addiction and can easily be integrated into existing hypnotherapeutic treatment protocols.

SPW8.MARY ANN SANTORO (Italy/USA)

Counseling and Ericksonian Hypnosis: When, Where, How?

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At the beginning the patients are taught a set of three ideodynamic resources for coping with the urge to drink; "Positive results of sobriety", "Thankfulness of significant others" and "Renewal of sobriety decision". The patients learn rapid activation of these resources by the use of the "Seven Cue Word Induction-technique" and kinesthetic bilateral stimulation.

Then they are exposed to alcohol until the urge to drink reaches it's peak. At this moment they are taught to initialize psychosensory techniques - with continued exposure to alcohol. Subsequently, the intensity of craving diminishes significantly. Craving symptoms finally disappear and are replaced by high self-efficacy, positive thoughts and feelings.

After regaining self-control over their personal set of triggers, the patients are more receptive to working with their core addiction issues, which have now become easier to treat using psychosensory therapy. Psychosensory Therapy is a "sensory stimulation - desensitization response" method designed to reduce or eliminate trauma and other intense emotional stress. The process utilizes eye movement and tactile interventions. The psychosensory, tactile interventions include the stimulation of acupressure points that have been shown to produce changes in brain functioning and within the sympathetic and parasympathetic nervous systems.

Workshop participants will become acquainted with the six-session protocol by the use of video material and by practicing with real patients. Finally they will also be given the opportunity to participate in a cross-cultural research project dealing with the effectiveness of the six-step program. This program is designed to improve the treatment of various types of addiction and can easily be integrated into existing hypnotherapeutic treatment protocols.

SCIENTIFIC PROGRAM WORKSHOPS

SPW9.MICHAEL YAPKO (USA)

The Power of Expectancy: Hypnotic Age Progression in Addressing the Hopelessness of Depression

Depressed people typically feel hopeless about the future, believing that no amount of effort will make a positive difference in their lives. It's why they too often suffer in silence and don't seek help, and if they do seek help often don't fully participate in the treatment process. Building motivation through positive expectations is therefore a critical aspect of providing treatment. Hypnosis in the form of age progression can be a valuable means for establishing hope and building more positive expectations for treatment success. In this workshop we will explore the power of expectancy in shaping treatment response and how hypnosis can be meaningfully applied in interventions for depression.

Depression

SPW10. RICHARD P. KLUFT AND CATHERINE G. FINE (USA)

Hypnotic Interventions for Dissociative Identity Disorder

Hypnosis is inevitable in the treatment of Dissociative Identity Disorder (DID). Even if the therapist avoids heterohypnosis, autohypnotic and spontaneous trance elements inevitably play major roles in work with this highly hypnotizable population. In this workshop, which assumes basic familiarity with the treatment of DID, over twenty categories of hypnotherapeutic intervention will be reviewed, described, and modelled. These interventions play valuable roles in accessing and working with alter personalities, processing trauma, and promoting integration. Special attention will be paid to ending sessions with maximal stability, fractionated abreactions and bringing about integration. The use of hypnosis to work with the alter personalities will also be addressed, along with how to integrate the use of hypnosis and EMDR.

SPW11. GIORGIO NARDONE (Italy)

Knowing through changing: rendering the first session effectively therapeutic

SPW12. LILIAN BORGES ZEIG (Brazil/USA)

Experiential Assessment and Treatment

Experiential techniques make the therapy session dynamic, alive and fostering change. In this workshop the presenter will demonstrate how to open the phenomenological world of the client, where meaning and solutions are available, and discover how to make our interviews our interventions.

SPW13. RIA WILLEMSSEN (Belgium)

Hypnosis in dermatology

Hypnosis is actually infrequently used as an alternative or complementary therapy in dermatological practice. Nevertheless it has several indications. First, hypnosis can be used to relief anxiety and pain in dermatological surgery. Second, it has a role in reducing symptoms related to skin disease such as pruritus and inflammation. Third, hypnotherapy will improve general well being of the patient by attenuating shame or embarrassment, which are the typical negative psychological consequences of skin diseases. In addition, hypnotherapy may help controlling self-inflicted dermatoses such as trichotillomania and neurotic excoriations. Finally, in some cases, hypnotic exploration can be useful.

Hypnosis has previously been used in the treatment of common dermatological affections such as warts, atopic dermatitis, acne, psoriasis, trichotillomania and several other indications. Unfortunately, many of these findings are published as case reports, or based on uncontrolled data. Controlled trials can only be found for hypersensitivity reactions, warts, psoriasis and for atopic dermatitis.

In this workshop, we will review the different hypnotic approaches, useful to treat a variety of common skin diseases. Approaches described in literature, will be illustrated by means of a personal way of working and by case presentations. Moreover, a self-made hypnotic protocol, resulting in important psychological benefits for patients with the autoimmune hair disease, alopecia areata, will be presented here.

SPW14. ALI ESREF MUEZZINOGLU, HUSNU RIZA MUEZZINOGLU, GOKSU TRAKYALI, E. CETIN KALELI

Hypnosis in Dentistry as Applied at the Hypnosis Research and Application Unit of the Istanbul Aydin University

We have been performing hypnosis on patients presenting to the Hypnosis Research and Application Unit of the Istanbul Aydin University. In this article we present examples of our applications of conscious hypnosis during rehabilitation of patients with symptoms such as dental phobia, therapy of allergy cases, elimination of gagging reflex, thus providing a more comfortable working environment. In addition, we employ hypnosis in the treatment of bruxism, trigeminal neuralgia and other painful conditions and in anxiety during dental therapies.

B. ALI ESREF MUEZZINOGLU, ALI OZDEN OZTURK, E. CETIN KALELI, HUSNU RIZA MUEZZINOGLU (Turkey)

Use of Hypnosis for Addiction-forming Habits and Other Conditions

SPW15. GIUSEPPE DE BENEDITTIS (Italy)

The dark side of hypnosis. Untoward effects and complications in the clinical, experimental and entertainment setting.

SPW16. DANIELA KYRYS

Rapid Hypnosis Techniques in Dentistry

The modern rapid hypnosis includes different techniques which request only little time, they are simple and efficient. Within the frame of my workshop I should like to give my colleagues an explanatory approach to some rapid hypnosis' techniques by demonstrating and practicing the latter with the participants with the purpose to enable them to integrate these methods easily into their professional every day life. These rapid hypnosis techniques are based on rapid inductions and deepening methods, most of them are directive and have been developed from the classical hypnosis. Moreover the rapid methods can be combined with the permissive elements of Erickson's method, being outstandingly efficient, if the dentist succeeds in finding a personal access to them. Rapid hypnosis techniques can easily be integrated into the daily routine of your own dentist's office. Gradually, you will improve your skills on this field when applying these methods in your work schedule, you will be able to concentrate even better on your work without being forced to talk all the time, a fact which by now has represented an impediment for some colleagues.

The dentist will have a highly efficient new tool at hand, which might be a decisive advantage in cases of emergency as for instance with patients suffering from acute pain, the so called "anaesthetic drop-outs", and extremely anxious patients.

DIALOGUE

D2. GIUSEPPE DE BENEDITTIS AND PETER BLOOM

The wonder within: hypnosis and placebo, two faces of the same coin?

Determinants of therapeutic outcome include not only specific effects related to the therapeutic procedure but also unspecific effects (e.g., therapeutic set, spontaneous remission, etc.).

Placebo is probably the most common form of unspecific effect associated with any psychotherapeutic process, including hypnosis. Furthermore hypnosis has been somehow related to a non-deceitful placebo.

As a consequence, relationships between hypnosis and placebo are intriguing but poorly understood.

Recent advances in placebo mechanisms have shown that placebo is a complex biopsychosocial phenomenon based upon positive anticipatory cognitive expectation, classical pavlovian conditioning, suggestion and therapeutic relationship.

A few clinical and experimental studies have compared hypnosis with placebo, suggesting that hypnosis is more effective than placebo.

Clinical evidence supports the notion that hypnosis and placebo share some common mechanisms, while differing in some others. Because of their evolutionary power and neuroanatomical substrates, hypnosis and placebo strongly relate to a common, complex self-regulatory network. They do seem two faces of the same coin.

SCIENTIFIC PROGRAM DEMONSTRATIONS

SPD2. GIORGIO NARDONE (Italy)

Strategic Dialogue

SPD3. CATHERINE BOUCHARA (France)

Un film et un débat : Chloé et la potion magique - L'hypnose sous protocole ?

Le film ?

Chloé, une petite fille de 10 ans et demi explore les champs de l'hypnose pour venir à bout de ses tics pendant les consultations d'hypnose ouvertes au Pavillon de l'Enfant et de l'Adolescent à la Salpêtrière pour le Centre Référent Gilles de la Tourette. Du lien vivant et créatif tissé avec Chloé au lien tissé avec la petite équipe du Centre Référent Gilles de la Tourette (composée de deux neurologues une psychiatre deux psychologues, et une assistante sociale) c'est une approche évolutive. Une réflexion clinique et théorique se dessine à partir du montage filmé des consultations d'hypnose qui ouvre les portes du débat

Le débat ?

Comment respecter la pratique singulière de l'hypnothérapie dans la mise en place d'un protocole ?

Comment s'inscrit l'hypno thérapie dans l'« Evidence Based Medecine » ?

L'hypnothérapie, une médecine fondée sur les preuves ?

Le débat, vous vous en doutez est ouvert aux suggestions

SPD4. NIKOLA TOMIC (Australia)

Somatoform vs. Psychosomatic Disorders and their treatment by using hypnosis

In his presentation, Dr Tomic will address the following issues:

- 1) The definitions of Somatoform and Psychosomatic Disorders
- 2) Rehabilitation of the abandoned term 'psychosomatic'. As the term 'psychosomatic' is deleted from the DSM-IV and ICD-10 classifications, the mind-body unity is weakened and de-emphasized. In the author's judgment, the former term 'psychosomatic' was a more reasoned, thoughtful and comprehensive nosological approach when describing psycho/somatic relationships.
- 3) The classification of Somatoform and Psychosomatic Disorders according to the DSM-IV.
- 4) Treatment of Somatoform and Psychosomatic Disorders in hypnosis and with hypnosis.

MAIN PRESENTATIONS

RESEARCH IN HYPNOSIS

PHILIPP SCHIEBLER, BURKHARD PETER, CHRISTOPH PIESBERGEN (Germany)

Hypnosis and musculature. A pilot EMG-study of hypnotic arm levitation

DAVID M. WARK (USA)

Alert Hypnosis: Review of Research, Cases and Mechanisms

This scientific presentation will review the literature on alert hypnosis from Wells (1924) to Wark (2008). There will be an analysis of the phenomena of alert hypnosis, and its comparison, both positive and negative, with traditional formats. Finally, there will be detailed case presentations and open discussion, as time allows.

Objectives

Upon completing the session, participants will be able to

1. Summarize the literature on alert hypnosis
2. Decide when an alert induction is appropriate
3. Plan clinical interventions using alert hypnosis

MIKE GOW (Scotland)

Modern dental procedures using hypnosis - pain control

There is a wide spectrum of applications of modern medical and dental hypnosis; however one field which gains much interest from the professions and in research is that of pain control with a plethora of case studies and research now being undertaken establishing an impressive evidence base.

Prior to the advent of reliable chemical anaesthesia, British medical surgeons such as Elliotson, Esdaile and Braid pioneered the use of hypnotic techniques in controlling pain and anxiety associated with medical surgery in the 19th century. The first reported use of hypnosis for pain control during dental extraction was in 1836 when Oudet, a Parisian physician, extracted a tooth from a hypnotised patient.

During this presentation Mike Gow will discuss several cases in which hypnosis has been used in place of local anaesthetics for pain control during invasive dental procedures. The cases described will include routine fillings, internal sinus lift and implant placement, tooth extraction and immediate implant placement, and tooth extraction with treatment of a cyst. These cases will be highlighted by short videos and clinical photographs.

MIKE GOW (Scotland)

Modern dental procedures using hypnosis - controlling gag reflex

The gag reflex is usually a normal, healthy defence mechanism which prevents foreign bodies from entering the trachea, pharynx, or larynx. However, this reflex may at times become abnormally sensitive. Despite advances in dentistry, patients' with strong gag reflexes continue to be as difficult to treat today as most dentists have little in the way of training in the few techniques which are available which can help in these cases. Often this leaves patients feeling embarrassed, anxious and ultimately may prevent them from obtaining the treatment they need.

This paper describes a case that required an approach which is unique in the dental literature. Hypnosis was combined with acupuncture, nitrous oxide inhalation sedation, distraction techniques, breathing techniques, local anaesthetic sprays, and desensitisation techniques to allow a patient with a very severe gag reflex to accept treatment. In this case CAD-CAM techniques were then used to restore a molar tooth using a CEREC inlay. This approach allowed this patient to accept conscious dental treatment for the first time in his adult life. This presentation will include clinical photographs and video footage of the case

RELAZIONI IN ITALIANO/PRESENTATIONS IN ITALIAN

MARIO MARAZZI E LUISA MARTINI

Il popolo delle piroghe. Il viaggio di Erickson come metafora che connette tutta la relazione

Gli autori intendono esaminare, con la guida di alcune teorie motivazionali, le ragioni in base alle quali alcune persone scelgono di intraprendere la professione di psicoterapeuta. Verranno proposte delle ipotesi su come la decisione di diventare uno psicoterapeuta si possa fondare nel tentativo di soddisfare peculiari bisogni, sia consci che inconsci, presenti in tutti gli individui in diversa misura ma, alcuni dei quali sembrano far parte, in modo peculiare, della storia personale del futuro terapeuta.

L'esperienza di Erickson, che nella sua prima giovinezza decise di intraprendere un viaggio in canoa nonostante il suo handicap fisico, viene usata come metafora del percorso di quei terapeuti che approdano alla scelta dell'approccio ericksoniano nella propria pratica clinica.

MATTEO PAGANELLI

Da Milton H. Erickson a Giovanni Paolo II: gli aspetti ericksoniani di grandi personaggi della storia dell'Umanità.

L'intervento che proponiamo si pone a poco meno di 30 anni dalla morte di Milton H. Erickson, in un momento storico piuttosto particolare. L'intervento verrà articolato seguendo due aspetti principali.

Prima di tutto, a quasi 30 anni dalla sua morte, vogliamo parlare degli aspetti salienti e principali della figura di Milton H. Erickson, dell'importanza del suo intervento nella storia della psicoterapia e dell'ipnosi, del nuovo approccio all'ipnosi ed alla terapia. Parleremo della nuova concezione

dell'inconscio, dell'utilizzazione, dell'attenzione alla persona ed alle sue capacità, dell'importanza delle risorse. E soprattutto, parleremo dell'effetto “storico” e “meta-cognitivo” di Milton H. Erickson, dei suoi influssi su altri approcci e modelli di psicoterapia, sui moderni studi sull'ipnosi, sulle diverse concezioni della relazione terapeutica e d'aiuto.

Inoltre, per quanto riguarda il secondo aspetto, metteremo in evidenza gli aspetti ericksoniani di molti grandi personaggi della storia dell'Umanità come Giovanni Paolo II, JFK, il Dalai Lama, Madre Teresa di Calcutta ed altri ancora. Noteremo infatti l'atteggiamento di forte accoglienza, la grande capacità di entrare in empatia, la valorizzazione della realtà di ogni persona, il forte valore dato alla persona, la fiducia nelle possibilità del singolo e dell'umanità intera, il rispetto che contraddistingue ciascuno di questi personaggi ed altri ancora.

Metteremo in evidenza come questi grandi personaggi facessero della relazione con le persone che incontravano, (singoli, piccoli e grandi gruppi), una delle caratteristiche principali del loro modo di agire e svolgere la propria “mission”, privilegiando così la dimensione umanistica, naturalistica e di accoglienza, accettazione e rispetto: ancora una volta la Persona al primo posto.

Uno sguardo all'approccio ed all'ipnosi di Milton Erickson, visti anche con occhi diversi, nel corso della storia.

RI5. IMMAGINI ED ESTETICA IN IPNOSI

WALTER SANTILLI

Estetica della trance ipnotica e regressione

L'Autore intende approfondire la conoscenza del fenomeno REGRESSIONE durante la TRANCE IPNOTICA, allo scopo utilizza alcune elaborazioni clinico/teoriche proprie del Campo Psicoanalitico.

I concetti di “Conosciuto non pensato” e “Oggetto trasformativo”, elaborati da uno Psicoanalista particolarmente originale e creativo quale è C. Bollas, sono ritenuti straordinariamente in sintonia con le Idee portanti e la pratica clinica della TERAPIA ERICKSONIANA.

Verranno quindi sviluppati i Temi della COMUNICAZIONE INCONSCIA –La sua ESTETICA- e della REGRESSIONE TERAPEUTICA, ritenuti Fenomeni RELAZIONALI che coinvolgono Paziente e Terapeuta, facendo riferimento alle più recenti ricerche sui PROCESSI MENTALI INCONSCI.

La ricerca nell'ambito delle NEUROSCIENZE e le più recenti acquisizioni in ambito CLINICO hanno dato un contributo significativo alla EVOLUZIONE del concetto di INCONSCIO . Il Terapeuta può quindi avere maggiore consapevolezza dei propri processi mentali e di quanto questi entrino in gioco nella

AZIONE TERAPEUTICA.

VINCENZO LANGELLOTTI e CLAUDIO MAMMINI.

Immagine: fonti di cambiamento e metafore di guarigione in ipnosi

“Immagina di.....” Sovente comincia così l'induzione di uno stato ipnotico, ma anche tutto il prosieguo della terapia ipnotica si riempie di “immagina...”.

Costruiamo immagini a volte complesse, a volte aperte, del passato, del presente, del futuro, realistiche o sognanti e sempre proviamo a regalarle al paziente come fonti di un possibile cambiamento per catarsi o per meccanismi specchio che aprono la strada a nuovi apprendimenti o a riapprendimenti di competenze e modi di esistenza persi in qualche tempo e in qualche spazio dell'inconscio.

A volte capita che sia il paziente a regalarci immagini e alcune di queste sono bellissime metafore di guarigione; prefigurano, prima che il paziente stesso ne diventi consapevole e magari lo stesso terapeuta, lo schiudersi di cambiamenti importanti nelle configurazioni sintomatiche o addirittura nell'assetto di personalità con lo sviluppo di nuove “visioni e progetti di mondo”.

Cogliere queste immagini, da parte sia del paziente che del terapeuta, nel senso di una comprensione empatica del loro significato, mediata da “meccanismi neurali specchio”, permette di velocizzare i processi di cambiamento e ci indica il punto del “viaggio” nel quale ci troviamo; sovente è il punto di arrivo della terapia e così diventa il modo in cui il paziente ci chiede o si prende il permesso di andarsene.. verso la sua vita.

Tutto questo sarà illustrato con alcune storie di trattamenti ipnotici di disturbi psichici e in particolare modo con un caso di trattamento di bulimia nervosa.

Friday - September 25

KEYNOTES

KEYNOTE ADDRESS

MICHAEL YAPKO (USA)

Depression is Contagious: Re-thinking the Use of Hypnosis in Treating the Social Dimension of Depression

You can't catch depression in the same way you catch a cold, but the latest research in neuroscience, social psychology, epidemiology, and genetics provides overwhelming support that moods spread through social conditions. Our social lives directly shape our brain chemistry and powerfully affect the way we think and feel. With modern scanning technologies, we now have evidence that our brains change with positive life experiences. In fact, brains can change as much with social circumstances as with medication. Drugs may address some of depression's symptoms, but they cannot change the social factors that cause and perpetuate it. Hypnosis amplifies the power of the therapeutic relationship and so provides an important context for teaching the skills known to reduce and even prevent depression. A variety of applications of hypnosis in treating depression will be explored in this invited lecture.

KEYNOTE ADDRESS

ARREED FRANZ BARABASZ (USA)

Brief Ego State Therapy for Post Traumatic Stress Syndrome (PTSD)

A Brief Ego State Therapy procedure will be presented (Barabasz & Christensen, in prep; Watkins, & Barabasz, 2008) including the essential theoretical underpinnings. The treatment session, typically 4-hours duration, targets full expression of the unresolved traumatized ego state. Once resolved in the context of the provision of the needed reassurance and nurturance previous trip wire reminders associated with the trauma are deconstructed and unwanted symptoms are alleviated. The personality reconstruction that takes place within the circumscribed trauma is no longer driven by the underlying ego state adaptation that carried the trauma and produced pathological responses. Specific hypnotherapeutic techniques will be described as will pre treatment a post treatment tests that support evidence based use of the procedure.

9.15-11.00 PRESIDENTIAL ADDRESSES

PA1. ERIC WERMETTEN (The Netherlands)

Hypnotic familiarities: a question of agency?

PA2. CAMILLO LORIEDO (Italy)

Mirror Neurons, Empathy and Hypnosis

Erickson described his Naturalistic Approach in 1943, and although at that time no one had an idea of the existence of mirror neurons, the approach can still today can be considered as one of the clinical orientations that appear to be closest to the *embodied simulation* described by Rizzolatti, Gallese and the Parma group.

In the naturalistic approach the acceptance of the subject's present behavior that is even conceived as a concrete help offered to the therapist, is certainly one of the key concept. In our opinion this position shouldn't be used as a trick or as a simple device designed to obtain the subject's cooperation. It should instead be the main element of a therapeutic philosophy that poses the subject at the center of the intervention.

Analogously the concepts of synergy, empathy and rapport seem to be a powerful description of what the discovery of mirror neurons demonstrates at the brain level.

The excessive emphasis on technique has reduced the focus on these and other principles that sustain the naturalistic approach and can allow us to understand how to utilize it in the clinical practice.

PA3. JULIE LINDEN (USA)

“It’s elementary, my dear Watson” : A metaphysical look at Hypnosis

In this presentation I would cover an area of interest to me, the search for the ingredients of the hypnosis and the hypnotic relationship.

11.00-12.13 INVITED ADDRESSES

IA5. TEACHING AND LEARNING FROM HYPNOSIS

GIUSEPPE DE BENEDITTIS (Italy)

Linking neuroscience to psychotherapy: what we have learnt from hypnosis

Recent advances in neuroscience (particularly in electrophysiological and functional neuroimaging studies) have provided a significant link between neurophysiology and cognitive, affective and sensory determinants of the human experience. A substantial number of these studies have shed a new light on the neurobiological correlates of hypnosis. Hypnosis has not only been established as a viable, valid and reliable intervention for controlling psychosomatic disorders (such as pain), but it has been eventually recognized as a real psychobiological state and process that deserves increased scientific interest and attention. Mostly important, neuroscience research has beginning to consider and use hypnosis as a physiologically effective tool for studying the normal, human brain and the mind-body interface. The ultimate frontier of current and future research in the field includes the use of hypnosis as a physiological probe for a thorough investigation of the neural effects of psychotherapy. This is needed in order to provide a neurobiological foundation for evidence-based treatment protocols. This paper reviews functional neuroimaging and electrophysiological studies on psychotherapy effects and their methodological background, including the development of symptom provocation and extinction techniques. This seems really the beginning of a copernican revolution in the field.

RICHARD P. KLUFT (USA)

Improving Safety in Our Hypnosis Workshops

Over a short period of time three colleagues who had suffered adverse experiences in hypnosis workshops came to the author’s attention, either as patients or as friends in distress. Thus sensitized, he began to collect additional cases. While some misadventures were due to deficiencies in the skills of the operator or character issues in the operator, most were related to failures to dehypnotize workshop participants adequately. The repeated induction of hypnosis during workshop exercises plus the widespread belief that casual and permissive exits from trance suffice to alert most subjects can combine to create an atmosphere in which participants are hypnotized again and again without having truly exited from their previous trance experiences. A minority of workshop participants actually are being deepened into an ongoing unrecognized alert hypnosis, rather than being actually realerted, despite their apparently “awakened” appearance. The author will suggest corrective measures, and offer observations about why such corrective measures are often resisted

BURKHARD PETER (Germany)

Justinus Kerner and the girl from Orlach. On the history of dissociative identity disorders in Germany
The history of hypnosis is closely linked to the theme of possession because hypnosis, in its form of animal magnetism, has replaced exorcism. As one would expect for such transitional phases between an old and a new system, one can find sharp rejections of the old system as well as peaceful amalgamations with the new system. The most famous example of a rejection can be seen in 1775 when Franz Anton Mesmer claimed that father Johann Joseph Gassner, the well known exorcist at that time, would not drive out devils but would use principles of animal magnetism which he, Mesmer, had just “discovered”.

The most famous example of an integration – the treatment of possession by animal magnetism – represents the special romantic–magnetic therapy of the Swabian medical doctor Justinus Kerner some 50 years later. This paper will describe the methods of Justinus Kerner and present one of his most famous case studies, the girl from Orlach which, by today's knowledge, can be regarded as a true case of dissociative identity disorder (DIS). It will be shown that contemporary principles of treatment have already been used and that controversial issues about nature and causes of DIS have already been discussed.

SPECIAL APPLICATIONS

GUNNAR ROSEN (Norway)

Phantom limb pain/the mystery of a ghost in the brain. can hypnosis change the haunting ghost?

Admiral Nelson is one of the famous persons who has reflected on this ghost due to his own personal experiences when losing his arm in battle but still being able to feel it rather lively. If you may experience an arm that actually does not exist there has to be some higher spirit or God having the power to create this experience. So the solution for the admiral was to believe in this and become religious which of course his religious mistress did not mind. Today's modern brain scanning with the fMRI and PET allow us to unravel different activities in the brain, but why does this activity persist and how may hypnosis change this very bizarre experience, which is actually being integrated with the perception of the entire body. Does hypnosis allow us to communicate with the ghost and then create an opportunity for change? Contemporary clinical findings are here reviewed and compared with the latest research.

BERNHARD TRENKLE (Germany)

Hypnosis at the treatment of a chronic rip in the cornea

The lecture is describing a successful hypnotic single session treatment of a more than 2 years chronified rip in the cornea using a variety of hypnotic techniques.

CLAUDE VIROT (France)

The new sciences beyond the neuro-sciences. Application in the depression

In 1637, René Descartes officializes the separation of the body and the spirit. Two separate worlds are so born: the one, that of it which is visible, that of the Science, focused on the material in which will develop the main part of the medical knowledge. Other one, world of what is invisible, that of the ideas, the faiths, the imagination in which appears gradually the mental illness, strange troubles, impalpable disorders, imaginary diseases, hysterias, frenzies and pains. Since Mesmer in 1780, hypnosis oscillates between these two worlds. Today, the hypnosis is visible in the cerebral imaging but the hypnotic relation, the therapeutic link does not appear on our screens. One century ago, appeared another science, the quantum science which says that material and spirit are not so different. This science of the invisible world which taught us what means " to be on the same wavelength " and revealed us a surprising reality: the observation of a phenomenon transforms it immediately. This relevant model enlightens us to describe the unconscious, the imagination, the therapeutic alliance, the hypnosis. It is this other glance on the life which engendered the theories of the communication, the systematic model, the theory of the chaos and especially the knowledge of the complexity and its non-linear laws They are the new sciences of the 20th century

What is it for the depression? If nobody disputes the overhangs of the neuro-sciences in this pathology, the therapeutic results are very ambiguous. Two recent university studies shows that a lot of antidepressants are not more efficient than placebo and the OMS announces that the depression will be the 2nd cause of morbidity in a few years. Are we in an impasse?

Can the new sciences help us to describe the depression, to understand the symptoms and especially to build successful therapeutic strategies? Is this future already in our hands, us who know that the human being is the realm of the complexity, a world where the whole is more than the sum of the parts?

ÉVA I. BÁNYAI (Hungary)

The effects of hypnosis in coping with cancer: A chance for survival

Although the diagnosis of cancer is generally considered as a death sentence, due to improved diagnosis and treatment procedures, about 60% of persons diagnosed with cancer today will survive their disease for at least five years from the time of diagnosis. Since the shock caused by the life threatening diagnosis generally induces an altered state of consciousness, patients become extremely susceptible to suggestions. In this situation, hypnotherapy and suggestive techniques may be especially helpful in making patients realize their chance for survival. Therapeutic cases from my hypnotherapeutic practice illustrate how conceptualizing cancer as a chance for survival can help patients correct their mistakes, straighten their relationships, set new life-goals, promote experiencing the spiritual dimension of life, and facing death as the ultimate question of existence. Hypnotherapy is also very effective in communicating social support, thus it may help patients mobilize their inner resources. This way hypnotherapy may actually increase cancer patients' chance for survival, and may lead to a feeling of strength and re-birth. Since only evidence-based research can prove the beneficial effect of this new way of hypnotherapy, a systematic research study has been started to test the hypothesis that hypnotherapy and suggestive therapy have positive effects on survival, on psychological well-being, and on the immunological functions of patients diagnosed with high risk breast cancer.

MATTHIAS MENDE (Austria)

Neuroscience and Rapport - The Hypnotic Relationship Revisited

In this presentation I will examine the interpersonal, psychological and neurobiological consequences of pacing and being paced and of leading and being led in the light of current research data on mirror neuron activities. I will describe pacing as an intentional mirroring of certain aspects of an individual's self-actualizations. On the psychological level, being paced means being recognized, respected and accepted. The patient is looking at her own mirror image, gratifying very basic narcissistic needs. Rapport is created by pacing a person's verbal and nonverbal behavior, perceptual habits, styles of thinking, belief systems, and other aspects of inner reality. Once rapport is established, therapeutic leadings may be picked up easily by the patient.

I will demonstrate that relational concepts like pacing and leading, rapport, empathy as well as transference and countertransference can be conceptualized in neurobiological terms. Recent neurobiological research has revealed that mirror neurons located in the pre-motor cortex are mirroring sensory input from interpersonal perceptions one more time on the action side with no mediating central nervous planning activities. Thus, interpersonal perceptions immediately set off a motor impulse to imitate without conscious planning, even in more complex actions. This impulse can be overruled by conscience controls, if the anticipated result is disagreeable or the anticipated body sensations during the act of imitating are unpleasant or harmful.

These findings can be linked to the psychological and interpersonal phenomena elicited by rapport: I will describe rapport as a relational condition, in which the partners of this relationship trust each other enough to follow the impulses of their respective mirror neurons, without involving central nervous areas of conscious planning or judgment that might question these impulses for presumably undesired effects. The result is a relationship where both partners are mutually acting upon minimal cues and leading on the part of the therapist will result in facilitated mirror neuron activities, readily resulting in new behaviors. I will discuss clinical implications of this mind-body paradigm.

NICOLE RUYSSCHAERT (Belgium)

From empathy to compassion fatigue. How can health care practitioners keep their positive engagement and develop resilience?

Health care professionals are particularly at risk of burnout, compassion fatigue, vicarious traumatization. As therapy involves an intense human interaction mirror neurons also play an important role, quite often on an unconscious level. In the lecture some neuro-physiological aspects of "mirror neurons" will be reviewed and illustrated and their role in empathy. Another aspect of the therapeutic

relationship relates to ‘attachment’ styles. Realizing which ones are predominant and the effects for the client and for the therapist adds on to consciously managing the relationship.

Ideas will be reviewed to manage the mirroring-unmirroring and pacing processes in therapy sessions and utilize hypnosis for the benefit of the client and the therapist. As a therapist you can use hypnosis to prepare yourself and to debrief after the work. Hypnosis is an interesting and efficient mean to reenergize oneself, develop resources, learning to modulate distance, be well-tuned on the process of therapy. Therapists can become more resilient and engaged, the positive antidotes of burnout and compassion fatigue. Only by consciously taking care of oneself, can health care professionals and their clients benefit from a long-lasting and satisfying career.

11.15-13.15 PANELS

P1. THE STRATEGIC USES OF HYPNOSIS IN ADDRESSING MAJOR DEPRESSIVE DISORDER

Chairperson: MICHAEL YAPKO (USA)

Topic Description: Whenever psychotherapy is indicated, so are specific identifiable patterns of hypnotic influence, since the two are fundamentally inseparable. Hypnosis is a means for absorbing clients in new and different ways of thinking about and relating to their own internal experience. Thus, integrating hypnosis with empirically validated treatments for depression (such as cognitive-behavioral and interpersonal therapies) is not only possible, but desirable. In this panel presentation, we will consider those treatment issues and approaches most relevant to results-oriented approaches to therapy, including cognitive, behavioral and strategic approaches to treatment. Our focus will be on integrating hypnosis into the treatment process, emphasizing the merits of hypnosis as a vehicle of teaching those skills known to reduce and even prevent depression.

ASSEN ALADDIN

Maximizing hypnotherapy effects to prevent relapse in depression”

Follow-up studies from around the world show a return of new episodes of depression in people with a history of depression and that both relapse and recurrence are common even among successfully treated depressed patients. These findings suggest an urgent need for expanding the range of available treatment strategies to prevent relapse and recurrence of depression. This presentation provides a review of the relapse prevention strategies with depression and discusses the role of hypnotherapy within this context. Then a multimodal hypnotherapeutic approach (known as Experiential Cognitive Hypnotherapy, Alladin, 2006, 2007) for preventing recurrence and relapse of depression will be presented. Various innovative strategies for (a) optimizing acute-phase treatment; (b) treating residual symptoms; (c) providing maintenance treatment; and (d) preventing relapse will be described.

CONSUELO CASULA

Hypnosis to Stimulate Resiliency in Depressed Individuals

All people face adversity, usually many times in varying degrees over the course of a lifetime. What resources make it possible for someone to not only cope with adversity, but even thrive in its aftermath? Hypnosis will be considered as a vehicle for encouraging a greater sense of one’s strengths, evolving optimism, allowing a graceful acceptance of the inevitable, and developing a greater sense of control over one’s emotions. Finally, hypnosis as a catalyst for achieving the higher order goal of fostering compassion and altruism will be discussed.

TERESA GARCIA-SANCHEZ

How Does Hypnosis Help in the Treatment of Depression?

Depressed people are often steeped in perceptions of hopelessness as well as a physical inertia, both of which contribute to the common client report of “feeling stuck” and unable to move forward. Hypnosis can be used to catalyze a change in one’s perceptions, including perceptions of one’s future and one’s body, mobilizing a sense of hopefulness and curiosity about new life possibilities. In this presentation, I will explore ways to use hypnosis to overcome depression through the development of positive, proactive approaches to getting “unstuck.”

CAMILLO LORIEDO

Systemic Hypnosis With Depressed Individuals And Their Families

It has long been known that depression runs in families. There is now substantial evidence that the qualities of one's family relationships can play a significant role in depression's onset and course. Thus, depression can readily be described in terms of interactive processes, both in the couple and the family. In this social perspective, the role played by the non-depressed family members in the development, as well as in the treatment of, depression becomes very relevant. Some useful principles for utilizing hypnosis with depressive individuals and families will be presented together with both specific techniques and specific pitfalls that can be expected in the course of the therapeutic process.

MICHAEL D. YAPKO

The Use of Hypnosis in Targeting Specific Patterns of Depression: The Merits of Strategic Approaches

In this presentation we will explore the implications of the research findings indicating links between depression's onset and a variety of specific subjective patterns of self-organization such as one's explanatory style, coping style and relational style. The emphasis will be on both active treatment approaches and methods of prevention as the key point is reinforced that depression is highly responsive to active, skill-building interventions like hypnosis.

11.15-13.15 SYMPOSIA

S3. ADVANCED TOPICS ON EGO STATE THERAPY

Chairperson – WOLTEMADE HARTMAN (South Africa)

WOLTEMADE HARTMAN (South Africa)

Straight Guys with Queer Eyes: The Utilization of Resourceful Ego States in the Treatment of Sexual Orientation Distress

Despite the fact that paradox is one of the oldest and most central concepts in both hypnosis and family therapy, there is a striking lack of references to the use of paradoxes in ego state therapy literature. This paper will address ways in which paradoxical interventions, ego state therapy and positive psychology principles can be combined and utilized therapeutically within the treatment of trauma-related sexual orientation distress. The latter is a controversial matter and many health care professionals continue to wrestle with the issue of how to respond to clients, wanting to modify their sexual orientation. Sexual orientation is an important psychosexual factor which affects personality development and functioning as well as sexual behaviour, and includes desires, fantasies and pursuit of partners, to express and gratify sexual needs. Distress about sexual orientation is characterized by dissatisfaction with sexual arousal patterns and is usually applied to dissatisfaction with homosexual arousal patterns, a desire to increase heterosexual arousal, and strong negative feelings about being homosexual. This paper will focus on ways to develop alliances with ego states with opposing agendas as a result of traumatic experiences.

THARINA GUSE (South Africa)

Facilitating Flourishing in Therapists through Utilizing Psychological Strengths in Ego State Therapy

The practice of psychotherapy is often associated with the negative: For clients, it could be negative experiences, memories, emotions or relationships that propel them to seek therapy. Further, much has been written about the negative consequences of being a therapist, such as burnout, anxiety, depression and substance abuse. While these concerns are relevant and warrant continued attention, the recent shift in psychology that focuses on more positive aspects of psychological functioning can bring new possibilities for the practice of psychotherapy, and specifically, for enhancing the psychological well-being of therapists. It is often noted that therapists seem to reserve the attainment of "the good life" for their clients, yet much can be done to increase, maintain and enhance positive psychological functioning of therapists. This may also serve as protective factor against the possible negative consequences mentioned previously. This paper explores the utilization of psychological strengths in ego state therapy with therapists. Firstly, it will describe and identify psychological strengths from the framework of positive psychology, and how it relates to therapists. This will be followed by an explanation of how these strengths may be elicited by means of ego state therapy. Examples of applying this strategy will also be provided.

GERDA FOURIE D.LITT ET PHIL & THARINA GUSE PH.D (South Africa)

“An Integrated Ericksonian and Ego State Intervention for the Treatment of Adult Survivors of Childhood Sexual Abuse”

Sexual trauma is a multiform phenomenon and part of the trauma spectrum. A sexually abused person who does not receive treatment may feel wounded for the rest of his/her life. It seems that most of the current treatment literature on the individual psychotherapy outcomes with adult survivors of childhood sexual abuse is descriptive and generalized rather than empirically based and they require more evaluation and development. Thus, an intervention strategy based on existing theoretical knowledge regarding the unique symptom phenomena of childhood sexual abuse, as well as clinical hypnosis, was developed. The emphasis was on Ericksonian and ego state therapy techniques, with specific reference to the Utilization Model of Ego State Therapy. Furthermore, the intervention model was applied from the perspective of psychofortology, which focuses on health, strengths, capacities and wellness. During intervention the utilization and mobilization of resources of the sexually traumatized client enables him/her to deal with his/her trauma, and at the same time strengthens the individual's ability to function more adequately in everyday life. This research paper will focus on presenting the outcome of the study and will introduce the evaluated model for the treatment of sexual trauma.

**S4. HYPNOSIS APPLIED TO CHILDREN WITH PHYSICAL OR PSYCHOLOGICAL ABUSE:
A “NEUROPSYCHOEDUCATIONAL APPROACH”**

Chairperson CARME TIMONEDA-GALLART (Spain)

FREDERIC PÉREZ-ALVAREZ (Spain)

Neuroscience and behavior: A new insight for education, assessment and remediation.

CARME TIMONEDA-GALLART (Spain)

Cognition and emotion during childhood: Towards a new neuropsychological approach to the assessment and remediation of emotional problems in children.

JORDI BAUS ROSSET and OSCAR MATEU-ROBUSTÉ (Spain)

Ericksonian hypnosis applied to children affected by serious physical or psychological abuse.

SILVIA MAYORAL-RODRÍGUEZ (Spain).

A new look at remediation of teenagers' maladjusted behavior: the Ericksonian approach applied in several cases.

Nowadays, education and cognitive neuroscience are undoubtedly two strongly interrelated subjects. But during the last century, education theorists didn't take neuroscience into account. Even though it is understandable, doing the same today would be a serious mistake; we want to contribute to the strengthening of the rapprochement between neurology and education. Our experience as a research team in Neurology and Education for more than fifteen years convinces us of the importance of neurology in understanding the learning processes and the disabilities they sometimes entail. In this symposium, we will present our main research results. First, we will explain the up-to-date rationale on developmental and behavioral neurology in children in the light of functional resonance magnetic images (Human Brain Mapping 2008;29:910-921). Learning will be explained as a behavior with cognitive and emotional components. The second presentation will focus on the relationship between emotion and cognition. The developmental process of cognition in children is closely related to emotional maturity. Our research results make evident the importance of prefrontal cortex stimulation in the early years of life.

Then, we want to focus on the Ericksonian hypnosis as a very useful tool to help children affected by physical and psychological maltreatment. We will present several cases in order to exemplify our methodology: the initial diagnosis, including cognitive or emotional aspects, and the basic points of the remediation process, focusing on Ericksonian hypnosis as a very efficient tool.

S5. SYMPOSIUM OF THE NETHERLANDS SOCIETY OF HYPNOSIS

HENRY A.A. de BERK (The Netherland)

Suggestive effects of medicines and prescriptions

Prescribing medicines is far more than a rational medical intervention. It has an important psychological impact consisting of suggestive effects that either strengthen efficacy or give rise to physical or psychological adverse reactions. Suggestive effects are supposed to play an important role in pharmacotherapy at different levels. One might think of the size or the colour of the pill or tablet, the prescription, the act of prescribing, the role of the media. In this presentation terms that are often used, are discussed. Especially the meaning of words such as 'suggestion' and 'placebo' are often confusing. Next the meaning of 'pharmaco' is pointed out. Then attention is drawn upon the patients and the physicians who unconsciously undergo the suggestive influence of pharmacotherapy and apart from that influence one another. Finally, practical consequences of suggestive effects of medicines and prescriptions are considered.

ANNE KORSEN (The Netherland)

Interpreters and hypnosis

In this presentation Dr. Korsen will go into the aspects which are necessary to use an interpreter in the treatment of traumatised migrants and refugees with hypnosis. In verbal therapy it is complicated to use an interpreter; in hypnosis this is even more complicated. She will show how she by trial and error developed a method how to use an interpreter. A good explanation is a requirement for an uncomplicated proceeding of the therapy process. On the basis of short vignettes she shows the pitfalls (like the setting, different interpreters, not knowing the history of the interpreter and not using official interpreters) which can occur during the treatment. Also those vignettes show how Janet's phase model is the basis of her way of working. The phase model of Janet consists of three phases. The first phase is focused on creating a safe place/ sanctuary, symptom reduction and ego strengthening. The second phase is focused on processing the trauma and the third phase on reintegration and rehabilitation.

NICO KNIJNENBURG (The Netherland)

Narrative sand play and hypnosis

From 1962 Dora Kalff and Katherine Bradway, both Jungian therapists, developed sand play and facilitated the use of sand play in clinical practice for children and adults. The method is based on the use of both nonverbal tools and verbal Jungian analyses. From 1973 till the present time Dr. Knijnenburg practises and teaches play therapy. By trial and error he and a co-worker developed a therapeutic method called narrative sand play. This method is based on Kalff's and Bradway's therapeutic approach and includes hypnosis. Hypnotic trance induces a way of looking and talking that is different from the usual play therapy. The client is looking at the sand tray, plays with the materials and tells his or her story in trance. During the play I suddenly was aware that I was playing a story about my youth. No interpretations are made. In this way the clients can recognize parts of their personality – family members – conflicts – unresolved problems. They look at their own problems and can resolve them by telling the stories they built in the sand tray. Trance is fundamental for working with the play materials.

JOOST MERTENS (The Netherland)

Possible neuropsychiatric underpinnings for the use of hypnosis in depression

In this presentation recent knowledge on the neurobiological concept of depression will be discussed in combination with current insights in the neurobiological findings on hypnosis. Both depression and in hypnosis, the function of the frontal lobe is altered. So, taken together, these insights form a possible scientific basis for the use of hypnosis in the treatment of depression. A treatment program for depression with the use of hypnosis will be proposed together with a case vignette.

SPECIAL SESSIONS

SS1. HYPNOSIS AND PRESENT THERAPEUTICAL EVOLUTION (CIICS-Turin)

GIUSEPPE REGALDO

Hypnosis techniques in emergency situations

In the situations of emergency as a sudden sanitary problem, an accident, an emotional shock, the person automatically enters a state of hypnotic trance that allows him to bear the shock, the pain, the fear and the important loss of safeties and references.

In such condition the person does few or nothing to help himself, sometimes show episodes of childish regression, can be very shaken or frozen in the panic. Often a post-traumatic amnesia raise and a phenomenon of encoding can be produced heavily conditioning its future life on the plan of the emotional reactions.

Its ability of understanding becomes literal and the unconscious creates among the events connections lacking sense for the logic and the reason.

Such phenomenology is typical of the hypnotic trance.

For the rescuer it is important therefore to know that the person in situations of emergency is already in a hypnotic trance state and it is not necessary to know any inductive manoeuvre. If he know how to recognize the condition of spontaneous trance and the rules of the hypnotic communication he can be extremely effective in to help the person to go out of the problematic situation.

Two important fields of application are illustrated in everyday practice. The first one concerns the help in sanitary situations (first aid, before an invasive examination , before a surgical intervention), and in the civil protection in case of physical or emotional trauma. The second example concerns the experience of the author matured with the Italian army to teach to recognize and to manage the state of panic in war situations.

MARIA TERESA TOSELLO

Three, none, one hundred thousand hypnosis

Up to a few years ago the existence of hypnosis was uncertain or dismissed as irrelevant.

Then personal experiences both as an impromptu emergency hypnotist and as a victim in an accident rose my interest and I discovered in me the existence of at least three types of hypnosis, different in

- 1). name: a). common daily trance, typical of men and perhaps also of animals;
b). paleo-hypnosis or animal hypnosis, important defence resource of the animal world to which we men belong;
c). human hypnosis, exclusively in men:
- 2). induction, which can be: a). spontaneously caused by monotony and weariness;
b). due to psycho-physical shocks, emotions, traumas;
c). due to thought concentration, rapport, with or without words;
- 3). effects: a). increased: relaxation, mental creativity, detachment but also possibility of physical danger due to the loss of contact with reality;
b). diffused analgesia, anesthesia with or without amnesia or catatonia;
c). possibility of selective precise action on specific organs, functions, feelings etc.
- 4). variations, which make the 100.000 or even more hypnosis real, due to the law of intraindividuality and the environment influences.

Summaryzing, animal hypnosis utilises the same physiological mechanism in both animals and men, causing analogous diffused phenomena (e.g.:analgesia, anesthesia), yet it is seen in a totally different perception from the human hypnosis. After two world wars the community of clinical hypnosis strongly rejected the supposed exhibitionistic directivity, imperiousity, even brutality of some induction techniques of animal hypnosis, ignoring its undoubted advantages, leaving it to the theatrical world.

Should we accept it? If it belongs to us, if it is so prompt to work to our advantage, so precious in emergencies, in research, in pain, even in clinical work, wouldn't it be better for us to know it in depth and, if well understood and correctly used, make of it a reliable tool? Sacerdote's modified sculpture technique as a conjunction ring between animal and men's hypnosis is probably the best known model for it. Those techniques might even be taken into consideration as a defense method to be taught in order to protect people from those who use hypnosis as an offence weapon.

VINCENZO MASTRONARDI, M. CALDERARO, A. POMILLA

Film monideism. world film data bank, as an instrument for insight into therapeutical strategies (testing and jail experiences)

Da una ricerca effettuata dal V. Mastronardi, avente per oggetto le ricadute emozionali ottenute dopo la visione di 1500 film su pazienti di servizi psichiatrici territoriali e, in seguito alla realizzazione del progetto di film terapia presso la Casa Circondariale di Reggio Calabria; di concerto con la Direzione dell'OPG di Castiglione delle Stiviere e l'Università di Roma la "Sapienza", si è ritenuto che il mezzo filmico potesse favorire la rielaborazione di quelle dinamiche intrapsichiche e interpersonali disturbate che hanno concorso alla commissione del reato. L'occasione è stata costituita dalla proposizione da parte della Regione Lombardia del bando emesso grazie alla legge 8/2005, rivolto a finanziare progetti in favore di detenuti, internati ed ex detenuti. Modificare i gap esperenziali e le proprie inadeguatezze che hanno sorretto la crisi psicopatologica, offrire un percorso di comprensione di sé e del relazionarsi all'altro, facilitare già all'inizio dell'internamento in OPG la comunicazione individuale e di gruppo quale strumenti di effettivo reinserimento sociale, dotare l'equipe multidisciplinare di strumenti di approccio e analisi innovativi: ecco alcuni degli obiettivi che l'attività persegue. Dal mese di febbraio 2008 presso l'OPG di Castiglione è in essere il progetto che prevede l'uso del mezzo filmico come strumento di riabilitazione. Protagonisti i pazienti i quali diventano soggetti attivi, non solo perché è richiesta la loro attenzione durante la visione del film anche in previsione della compilazione dei test che vengono somministrati, ma soprattutto perché scelgono le tematiche che desiderano affrontare la volta successiva. Il paziente è quindi indotto a interagire con se stesso per conoscere i propri bisogni e imparare a capire quali risposte cerca, inoltre l'attività in gruppo comporta l'acquisizione di abilità d'ascolto dell'altro, della sua storia e il confronto con i propri vissuti. Alcuni pazienti hanno riconosciuto il proprio compagno non più come "uno dei tanti" con il quale si condividono spazi vitali (camera, cucina..) ma come soggetto portatore di emozioni e di pensiero. Ad oggi sono stati coinvolti due gruppi di pazienti per un totale di venti internati. Durante i lavori con il primo gruppo le tematiche proposte dai pazienti hanno riguardato: relazioni tra genitori e figli, aumento della sicurezza e dell'autostima, lavoro di squadra, scelta del partner. In relazione a questi temi ecco alcune reazioni dei pazienti: una donna, autrice di due infanticidi, in seguito alla visione del film "Les Choristes" in cui si narra di un collegio nel quale sono accolti ragazzi in difficoltà che grazie all'insegnamento della musica riescono a scoprire il valore dell'amicizia e della solidarietà; ha rievocato la povertà della sua famiglia, la vita con la madre abbandonata dal padre, gli stenti provati e l'importanza della figura materna, pilastro al quale si era sempre riferita.

Un altro paziente, autore di reati sessuali contro i figli, in seguito alla visione del film "Ultimo bacio", ha raccontato il suo disagio relativo all'incapacità di saper approcciare con una donna, in quanto ritiene di non essere fisicamente in grado di soddisfarla. La paura del confronto con l'altro, ha dichiarato, lo ha indotto ad isolarsi a tal punto da "mettere la radiolina nelle orecchie per non pensare a niente".

All'interno del nuovo gruppo i lavori sono ancora in corso, fino ad oggi sono stati prediletti temi quali: ricerca d'identità e valore dell'amicizia. In seguito alla visione "Scoprendo Forrest" che narra l'amicizia tra un uomo adulto oramai disilluso e malato e un giovane ragazzo di colore in cerca di una guida per affrontare la vita; un paziente autore di matricidio ha espresso il suo disagio dichiarando come l'amicizia non esista infatti è sempre stato solo ed annoiato, in attesa che il tempo trascorra. Le affermazioni del paziente sono state accolte dall'esperto e il giovane che aveva mostrato la volontà di allontanarsi, si è ripresentato la volta successiva più motivato e desideroso di confrontarsi con il suo gruppo. Le ricerche sono tutt'ora in corso

SCIENTIFIC PROGRAM WORKSHOPS

WALTER BONGARTZ

Indirect techniques in treating psychosomatic disorders

MAHAIRI MCKENNA, PHYLLIS ALDEN (UK)

Hypnosis, Skin and Psyche

This will be an interactive workshop for the participants to explore the role their minds and hypnosis can have on their skin +/- disease.

LARS-ERIC UNESTÅHL (Sweden)

Developmental Hypnosis: Philosophy, Principles and Neurophysiological Aspects

Developmental Hypnosis (DH) or Integrated Mental Training (IMT) is a systematic and long-term training in Self-hypnosis and its use as a developmental tool in Sport and Life. It was introduced in Sport and Stage Performance during the 70:s, in Education, Health and Clinical Areas during the 80:s and in Business and general Personal Growth during the 90:s. Over 25% of the population has used the entire or parts of the training.

DH is Future oriented, Goal focussed, Action directed and based on positive experiences. It has its base in experiments from the 60's (Uneståhl, Uppsala University) showing that hypnotic skills could be developed by systematic training, that the skills and its applications could be learned without any external "hypnotist", that self-hypnosis gave access to more alternative systems of control compared with hetero hypnosis, etc.

Practical applications of DH/IMT has been combined with research about the self-hypnotic state and its relation to other alternative states of consciousness (ASC 1). EEG-studies have shown big similarities between Self-hypnosis and the "flow-state" in Sport and Music.

Many studies are made to show the effects of long term self-hypnotic training on Performances (Sport, Work, School etc.), Lifestyle, Wellbeing and Clinical Areas. Significant changes of Cortisol (Stressmanagement), T4/T8 and beta-endorphins levels (Immunology), DHEAS (biological Age) etc. have been documented. These effects are enhanced by a recent combination of IMT with "section divine" music.

The dominant system of Control (voluntary effort) is complemented with effective and more effortless control systems like images, triggers etc. (ASC 2 – Alternative Systems of Control)

One part of the "better Life concept" is "the Ideal States" which are identified for areas like Learning, Decision making, Creativity, Performance, Relations, Healing etc.

Interesting combinations of DH and later methods like NLP, Coaching and Positive Psychology has also been developed. DH/IMT is now also included in the Swedish Cognitive Psychotherapist education.

The development of DH has raised the question: "Who should be allowed to use DH? This is an interesting and important question as the skills, experiences and knowledge, which are necessary in DH, are quite different from what is required in the traditional area of clinical hypnosis.

CLAUDE VIROT (France)

A trip in Chaos

Now, we are in the eighth session. He has been a very chronic patient with a very deep depression for a few years. Today, he is hopeless, hypnosis and therapy have no effect He thinks to stop the psychotherapy and takes again his drugs. The session is very difficult for each other. We are in a deep crisis, in the chaos. What's happening now ? We will work with a DVD of this session and the next one.

Educational Objectives:

- 1) To keep quiet with a very depressive and painful patient
- 2) To see a chaotic phase as a positive moment to change
- 3) To help the patient to wait a few days by metaphors and symptom's prescription

GABY GOLAN (Israel)

The use and abuse of hypnosis in conversions

Since Freud days, hypnosis was used to work with patients with conversions and other types of hysteria. Four cases of the uses of hypnosis with patients with conversions will be presented as demonstrations of the power and potential of hypnosis to help or harm this type of patients. The presentation will include an introduction regarding the phenomena of conversion, and movies that demonstrate the complications of hypnotic therapy with this type of patients.

ALI ÖZDEN ÖZTÜRK (Turkey)

The Use of The AUCH (Awareness Under Conscious Hypnosis) Method in Surgery, in Pain Relief and in

Post-Operative Period, and in Hypnobirth

In this workshop, we continue to build on the series of work done in 1972- 2004 era in the field of surgical hypnosis that we reported after 2004, in 16th & 17th International Congress on Hypnosis and Hypnotherapy (ISH), 10th and 11th ESH Congresses and our studies following those congresses. Some cases will be presented to the participants to describe the preparatory stages of the surgery, the operative period and the follow up period of the recovery and the wellbeing of the patient. All of those treatment processes are controlled under the guidance of The AUCH Method.

The philosophy behind the AUCH Method will be discussed, and its stages will be described to implement this technique as a tool for medical treatment. We will demonstrate also the application of The AUCH Method.

The benefits to prepare the patients for the operation through hypnosis and to use hypnosis during the operation will be explained through the advantages added to the postoperative period and to the recovery and wellbeing after the operation.

The removal of the anxiety and fear of patient prevents the possible risks related to the some emotional and medical states. This is a great contribution to the success of the whole treatment procedure. During the operation, the continuity of the contact established between hypnotherapist and the patient leads to pain relief and to use less medication and to heal the scares after the operation rapidly. In postoperative period the rapid healing of the scares, the shorter stay in the hospital result in reducing the financial burden of the operation. Although we will focus mainly on the post-operative period, we will illustrate the application of AUCH Method on some case studies related to hypnobirth, dental operations, and eating disorders.

MICHELE MODENESE, WILMA TRASARTI SPONTI (Italy)

Hypnotics different approaches in working with teams and athletes, from the peak athletic performance at agonistic sunset

The authors show their experiences of different uses of hypnosis in sport psychology, with individual athletes and teams. They examine the different modalities from direct hypnosis induction, to permissive techniques and ericksonian metaphors. Particularly they consider peak performance, and the utility of hypnotic strategy to facilitate the return in agonistic sport activity. Workshop will be interactive, as if all would be a team in full working. Finally the proposal will hold a new aspect in sport psychology: work with athletes close the sunset or near to change their profiles.

JACINTO INBAR

Passion for Life, Passion for Passion. Hypnotherapy's Contribution to Enhance Passion

Passion is one of the life forces of human behavior. It is reason's motor to enable the progress of our history towards its own realization. Experiencing passion, a person meets and asserts him/herself on what he/she is projecting towards a goal and concentrating on this goal his/her potentials and needs. It is an affective and intellectual state powerful enough to give us the energy, motivation, creativity and courage to face difficult situations and obstacles, persevering in the achievement of our objectives, to realize our Vision, our dreams and fantasies and improve our Quality of Life. Passion is also related to the obtaining of the feeling of plenitude and the fulfillment of the objectives and performance of human and organizational systems. The workshop, which will be theoretical and experiential, will consist of:

- a. Identification of individual passions among the participants.
- b. Description and exercise of hypnotic strategies and techniques utilized with individuals and couples.
- c. Design of an idiosyncratic self-hypnotic plan to nurture the Passion for Life and Passion for Passion.
- d. Poems, songs and dance related to Passion for Life and for Passion.

SCIENTIFIC PROGRAM WORKSHOPS

LINDA THOMSON (USA)

Elimination Disorders in Children

The emotional morbidity for children with elimination disorders such as enuresis and encopresis can be significant. The lives of children with these problems may be shrouded with shame and secrecy. Physical pathology is rarely the cause of enuresis or encopresis. The social and emotional consequences for the child with elimination problems is substantial. Medical management can be successful, but externalizes the locus of control. Anxiety reduction, relaxation, increasing self-awareness and self-control and ego strengthening are

integral parts of a hypnotherapeutic approach that can be extraordinarily beneficial for children with these embarrassing disorders. When the child is able to resolve his problem himself by learning to control what he never knew he could, the increase in self-efficacy and self-esteem is magical.

This presentation will describe the pathophysiology of enuresis and encopresis and the medical and biobehavioral approaches to treatment. Hypnotherapy can be added to the treatment plan of a child with enuresis or encopresis to maximize success. The sense of self-mastery that results enhances self-esteem. This presentation would be of interest to clinicians who want a stimulating learning experience, a review of treatment strategies along with a novel and effective approach for children with elimination disorders.

Learning Objectives:

1. Review the pathophysiology of enuresis and retentive encopresis
2. Discuss the medical and biobehavioral approaches to children with elimination disorders
3. Learn hypnotic strategies that empower and enhance self-efficacy for the child with enuresis or Encopresis

JOHAN VANDERLINDEN (Belgium)

Hypnosis in the treatment of obesity and binge eating disorder (BED): a directive step-by-step approach.

In this workshop a step by step approach (24 days during 6 months) in the treatment of obesity and binge eating disorders (BED) will be presented. The basic protocol is cognitive-behavioural oriented but techniques based on mindfulness (meditation) and hypnosis are integrated. Hence the approach can be best described as eclectic oriented. The treatment has been outlined as a step by step protocolised treatment.

The main therapeutic goals are the following:

- (1) becoming aware of all physical, social and emotional risks of the obesity problem
- (2) learning a regular and normal eating pattern
- (3) becoming aware of the triggers of the binge eating and learning alternatives of coping with the binge eating episodes
- (4) increasing physical activity and global quality of life
- (5) other different therapeutic goals focus on: improving self-esteem and body experience, installing a functional self-evaluation system, dealing with negative emotions,...
- (6) loosing weight is not a primary therapeutic goal

ARREED FRANZ BARABASZ, MARIANNE BARABASZ & CIARA CHRISTENSEN (USA)

Hypnotherapeutic Techniques Workshop

This workshop is intended for clinicians who find they are using only a limited range of hypnotic techniques. Simple and complex induction techniques based on those illustrated in Barabasz and Watkins (2005) text "Hypnotherapeutic Techniques, 2E" and demonstrated the Barabasz and Christensen DVD, will be discussed with demonstrations of hypnotic phenomena and induction techniques.

The over arching aim is to teach techniques that can facilitate responses well beyond those that can be wrought by mere suggestion alone as are required for the treatment of trauma and conditions in which pain is prominent.

Participants will be able to:

1. Recognize and apply key discrete components of hypnotic induction
2. Minimize conscious volition and foster dissociated control
3. Apply anxiety reducing Pre-induction tests using hypnotic-like procedures

Based on the interests of the participants procedures reviewed and/or demonstrated will be drawn from:

Pre-induction procedures:

1. Chevreul's pendulum test
 2. Arm drop test
 3. Postural Sway Test
 4. Hand-clasp test
2. Direct stare for time critical situations
3. Opposed-hand levitation for resistant participants
4. Barabasz's Verbal-Nonverbal induction for resistant patients -Kohnstamm transition
5. Watkins' Non-verbal Method
6. Leaving the stones behind (for significant issues when therapy time is limited)
7. Subject-Object-complex indirect technique
8. Milton Erickson's induction concepts
9. Erickson's covert handshake induction
10. Barabasz's Meditation induction for health and well-being

Additional inductions demonstrated on request

CATHERINE G. FINE, LINDA M. YOUNG (USA)

Hypnosis in the treatment of sexual dysfunctions in dissociative disorders and posttraumatic stress disorder.

Sexual dysfunction is common in individuals with histories of overwhelming childhood experiences which can evolve into dissociative disorders and post traumatic stress. Trauma complicates adult sexual functioning, attachment and intimacy. Because of both the autohypnotic and dysregulatory nature of dissociative symptoms, signs of complex PTSD, panic and somatization are amplified during the sexual encounter. Traumatized individuals often present to therapy either uninvolved in a sexual relationship or involved but dissatisfied. We will explore how sexual functioning may change over the course of trauma therapy particularly when working on 1- traumatic memories, 2- the compass of shame and 3- abreactive material. We will discuss normal sexual development over the lifespan, and describe the sexual equilibrium and its importance in healthy sexual adaptation. We will investigate how this equilibrium initially is disrupted by original trauma and again by trauma treatment. We will determine based on presenting sexual symptoms which patients' sexual functioning will be less disturbed during the course of treatment versus those whose sexual functioning will be more disrupted. Targeted hypnotic interventions to further treatment stabilization and advance sexual adaptation will be discussed, such as hypnotic relaxation techniques, hypnotic reframing to achieve a sense of control, method of successive approximation in tandem with positive imagery to name a few. We will also discuss the imbrication of these interventions in the psychotherapy as a function of the stage of treatment. Finally, we will hypothesize possible sexual trajectories and their outcome.

Objectives: 1-Categorize the expected changes in normal sexual functioning in adults as they age and compare and contrast to what occurs in same age DD patients who are doing trauma work. 2-Describe three types of sexual dysfunction that are likely to be seen in patients with dissociative disorders 3-Name five hypnotic treatment interventions that may modify disruptive sexual functioning during trauma treatment.

How do you plan to accomplish each educational objective? 1-in an exercise with the participants, develop a working chart of their idea of normal adult sexual development and points of challenge for DD patients, 2-review DSMIV-TR categories of sexual disorders in general and delineate their respective representations across DD, 3- describe and practice when possible 8 to 10 hypnotic interventions which can be used in the treatment of DD patients.

ASSEN ALLADIN and CHRIS WILKES (Canada)

Evidence-Based Cognitive Hypnotherapy For Depression

This hand-on workshop, based on a three-year clinical trial and the collaboration of clinical psychology and psychiatry, will present an empirically-supported treatment protocol for depression. The treatment techniques are based on the Circular Feedback Model of Depression, which provides the grounding for integrating cognitive, hypnotic and unconscious strategies in the management of unipolar depression. This workshop provides a unique opportunity to learn from the vast experience and collaboration of two distinguished clinicians and researchers from clinical psychology (Alladin) and psychiatry (Wilkes). The workshop will be invaluable for clinicians wishing to expand their understanding, clinical skills and expertise in the management of clinical depression. The following empirically validated therapeutic strategies will be demonstrated, discussed and illustrated by case examples: (1) First Aid for Depression, (2) Expansion of awareness, (3) Cognitive restructuring under hypnosis, (4) Countering depressive rumination (negative self-hypnosis), and (5) Developing anti-depressive pathways. Practical tips for combining antidepressant medications with cognitive hypnotherapy will also be discussed.

WALTER TSCHUGGUEL (Austria)

Trance Induction in High Resistance Persons

Patients who desperately seek help for symptom relief - in most instances - meet the hypnotist with an attitude of utter ambivalence. The ambivalence consists of both seeking help as well as of fear against loss of control, thereby yielding high resistance against trance experience. Independent of the potential efficacy of therapeutic suggestions, this ambivalence often appears to interfere with the potential effects of suggestions in the mind of patients. This interference mainly follows our challenging cultural conceptualization to intellectualize rather than to experience our world we are living in.

In 1976, Erickson, Rossi and Rossi provided a definition whereby the unconscious mind serves as a producer, and the conscious mind serves as a consumer, and hypnosis is a means to communicate between both. Following their concept this author aims to provide a workshop demonstration whereby a given patient's or test person's ambivalences and resistances are easily turned toward insignificant places, thereby resulting in an autonomous shift of previous consumptive attitudes and doubts into a present, productive mood and a willingness to accept future surprises. The means by which these changes occur are the utilization of the patient's or test person's own memories, associations, and experiences elicited in a most subtle, deliberate and unobtrusive way.

STEFANO COLOMBO (Switzerland)

The body, the hypnosis and the "live" metaphors

We often reassure the patient in answer to his anxiety. What happens when we destabilize him? How can we introduce the hypnotic surprise and the doubt in our sessions to make change easier? And, particularly, how can we let the patient's body play the main role. Video recorded sessions will demonstrate how the body answers often faster and better than the mind. Consequently a new question arises: what about the body "living" metaphors instead of listening to? Clinical examples will sustain and validate this particular art of hypnosis.

ANTONELLA MONINI (Italy)

The Therapist on The Stage: How to Activate The Body's Thinking of Hypnotist through Acting Techniques

“...And I think of the body’s thinking as right because the body is governed by learning that occurs first in the brain and then becomes a part of body responses”. (M.H.Erickson, 1962)

Communicating and understanding others, beyond the verbal language, are interactional motor experiences: the Mirror Neurons are the biological base of the interactive synchrony (Bányai) and of the distinction between action and mere movement.

The Neurosciences have a new protagonist: the motor system. This experiential workshop addresses how the therapists can successfully interweave somatic awareness techniques to facilitate their ability to listen and respond to their embodied emotions. Participants will learn a variety of exercises from acting techniques that are a way for maximal self-exploration and self-expression.: Body language for communication avoiding cognitive processes to utilize the creative resources which cannot usually be accessed and to improve flexibility.

1. Neurophysiology of Movement
2. Developing Sensory Power : The Body Remembers
3. The Power of Observation : The Innocent Eye
4. Empowering Visual, Auditory, Tactile, Olfactory and Gustatory Senses
5. Improvisation

Train your Mind / Body Box comes to the Workshop!

MAIN PRESENTATIONS

THE STRUCTURE OF HYPNOSIS

ETZEL CARDEÑA (SWEDEN)

The relationship between hypnotizability and emotional contagion

I will present the results of two studies to evaluate whether emotional contagion, the propensity to imitate the emotional expressions of others and experience the corresponding emotions, is related to behavioral and experiential indices of hypnotizability, and what effect the administration context may have on this relationship. In study 1, behavioral and subjective measures of hypnotizability and emotional contagion were assessed in the same context. In study 2, different measures of hypnotizability and hypnotic depth were administered, and emotional contagion was independently measured in a different, non-hypnotic, context. Emotional contagion correlated with behavioral and experiential indices of hypnotizability in study 1, but only with the latter in study 2. The results suggest a positive correlation between emotional contagion and, at least, experiential features of hypnotizability, and strengthen the case for the importance of emotions in hypnotic responsiveness.

HYPNOTIC INTERVENTION IN SPECIAL SITUATION

DABNEY M. EWIN (USA)

Hypnosis in the Emergency Room

Acute trauma focuses the mind on survival, producing a trance-like hypnoidal state in which the patient is overly susceptible to suggestion. This is particularly true of equivocal statements that can be interpreted optimistically or pessimistically. Victims tend to make the pessimistic interpretation, so we must be precise in what we say, and avoid vague or negative statements..

It is easy to deepen the hypnoidal state to attain analgesia to suture a laceration, or to get the muscle relaxation needed to reduce a dislocated shoulder or a Colles’ fracture of the wrist. Acute asthma can often be talked down with a feedback technique. Early hypnosis (within the first 2 hours) markedly reduces the usual progression of a burn to second or third degree.

DOUGLAS FLEMONS (USA)

From Performance Anxiety to Coordinated Flow

When performers of any kind—athletes, lecturers, singers—become self-consciously anxious in front of an audience, they lose the effortless, rhythmic flow of their experience. Workshop participants will explore hypnotic means of helping such clients regain an absorbed, body-based awareness and a coordinated involvement in their endeavor.

Educational Objectives:

- 1) To describe similarities between hypnotic trance and flow experience.
- 2) To list two hypnotic techniques for dissolving performance anxiety.

Audiovisual needs: LCD Projector; audio speakers that will plug into a laptop

HYPNOSIS AND CHILDREN'S PROBLEM

JEAN FRANÇOIS MARQUET (France)

Hypnosis and common sense: how to fight against ADHD children's pseudo pandemia ?

Beyond the fashion effect focused by the media, we mustn't forget that a real suffering for the hyperactive children, for their parents (and even for their teachers) does exist. After having eliminated all the "false" hyperactives that form the corpus of the so-called epidemic (which can be very easily helped by a work of a parental guidance), we will see then that the hypnotic tool, owing to its complete adaptability and creativity, is very coherent to renew the therapeutic communication. Therefore, the problem is considered both as a pathology of relationship and as an intrapsychic pathology

ANGELIKA SCHLARB (Germany)

KiSS - a hypnotherapeutic-behavioral treatment program for children suffering from sleep disorders

The relevance of sleep problems in children is being increasingly recognized. The present study was conducted to assess the effects of a hypnotherapeutic and behavior treatment program for children with insomnia on sleep symptoms of the child and parental psychological stress. Parents of 43 children (4;10 – 11;0 years) with insomnia, according to the ICSD II criteria, were randomly assigned to a treatment (three weeks, one parent and one children session per week) and a waiting-list plus sleep diary (three weeks) control group. In the treatment group a follow-up measurement was conducted 3 months after end of treatment. Sleep symptoms were assessed with the German version of the CSHQ and the SDSC, as well as with a sleep diary.

Children of the treatment condition showed a higher significant decrease in sleep symptoms as significantly less sleeping in parents bed, reduced sleep related anxiety and higher advances in initiating sleep. Furthermore maternal psychological stress and sleep problems were significantly reduced in the treatment and in the control group. However, concerning stress related to the child's sleep problem and trouble falling asleep, mothers in the treatment group experienced a significant greater improvement than control mothers. All changes were maintained at the three months follow-up.

It is concluded, that the behavior- and hypnotherapeutic treatment program is superior to sleep diary plus treatment offer in improving maternal distress due to the child's sleep problem and troubles falling asleep. The significance of maternal relief within the treatment process for treatment success is discussed

MP12. BODY AND THE IMAGINATION

STEFANO COLOMBO (Switzerland)

Body or mind? Where is the hypnotic answer?

Based on video recorded sequences, we show how the body, particularly the hands, answer very quickly and in a more authentic matter so that we are invited to shift our attention primarily on the body, especially during hypnotic trance.

EMILIA COSTA (Italy)

Induced Imagination In Eating Disorders

Induced imagination is a technique that I have developed from a deeper study of other similar techniques: Schultz's Autogenous Training,, Desoille's Rene Eveillé, Leuner's Symbol Drama, and Jung's active imagination. Induced imagination has today become a method of psychotherapy that prevents the psycho-physical consequences of the current problems and permits de-conditioning from the effects of past traumatic events, by highlighting through images the signs and symptoms of maladjustment and the problems of the users, fostering a modification of the reactions of maladjustment first in the imagination then in reality. In the particular conditions brought about by the method it is possible to experience a

production that spontaneously emerges from the unconscious and that manifests unimpeded by any inhibition. The principal characteristics of the method are: 1) the particular state of dimmed conscience produced in the subject through the first two states of Schultz's autogenous training, 2) the unusual language with which the patient expresses himself, that is a symbolic language consisting solely of images, 3) the imaginary productions that can be stimulated and guided by the therapist, 4) the therapist who acts as soteric object.

The principal function therefore of the Induced Imagination is fundamentally to bring to light from the unconscious, inexhaustible deposit of fears and anxieties, the images linked to negative emotions, contemporaneously activating the cathartic function, that is, the unburdening with the consequent transformation of these emotions, through the shifting and sublimation of the energy liberated towards factors of personal and social equilibrium. The treatment comprises four phases: 1) distension training; 2) the discovery and study of the reactions and of the dynamic models unsuitable to the person; 3) the progressive de-conditioning of such unsuitable reactions and/or models; 4) the activation and creation of new reactions and dynamic patterns appropriate to the interior and exterior reality of the person.

In a quiet atmosphere, with low lights, in a comfortable armchair the subject is led to relax with the first two stages of Schultz's autogenous training; then in a psychological state characterized by a diminished awareness of the outside world, reduced critical conscience and self-control, the beginning of induced dreams is stimulated, departing with particular standard themes called stimulant-symbols, thus leading the way to the imaginative activity. When visualization arrives at a standstill or becomes a source of anxiety, the Therapist will have to intervene with particular expedients to encourage and/or stimulate the patient with brief suggestions. The induced imagination, precisely because it acts upon the symbolic rather than on cognition has shown itself particularly useful in disturbances of food behaviour, in which the recognition of the illness and of the personal problems is usually misunderstood and the resistances to change often render the work difficult on the conscious level. Furthermore since DCA disturbances are often accompanied by Personality Disturbances, in particular of the Histrionic, Borderline, Passive/Dependent types, that is, persons particularly predisposed to suggestion, the method assumes major compliance, thus affording wider possibilities of therapeutic success. Not knowing the power of images, the anorexic restricting type abandon themselves to images of movement, overcoming the sterile perfectionism and obsession, while the purging and bulimic are certified on paths that limit impulsiveness and destruction towards conducts of self-affirmation and creativity.

SPD4. JOHAN VANDERLINDEN (Belgium)

Resolving emotional trauma by means of hypnosis

In recent years, a lot of interest has been given to the psychological and neurobiological impact of sexual and physical abuse. Several therapeutic protocols have been described and studied.

However there exists an even more important and more frequently occurring kind of trauma, i.e. emotional abuse also called neglect or child maltreatment mostly happening within the family of origin. Emotional abuse is often of 'hidden' trauma', not easily to assess and to evaluate. Moreover, few evidence-based therapeutic guidelines to heal the impact of emotional abuse are described and studied.

In this DVD presentation, participants will learn an individual hypnotherapeutic step-by-step procedure (incorporating family therapeutic techniques) to heal the psychological impact of emotional trauma.

PRESENTATIONS

P1. HYPNOSIS WITH INDIVIDUALS COUPLES AND FAMILIES

JACINTO

INBAR

(Israel)

Cognitive behavior hypnotherapy to enhance individual and couple's resilience

Resilience is the ability of a person, a couple or a family to 'bounce back' after a crisis event and adversity and continue to grow and to search for meaning and purpose.

Resilience as a psychological construct is related to the prevention of depression, to mental health promotion, well being and quality of life.

There are a number of clinical reports and some research on the effectiveness of Cognitive Behavior Therapy in the enhancement of individual resilience. Hypnosis further enhances the effectiveness of this approach.

We define Cognitive Behavior Hypnotherapy as the integration of CBT and hypnosis, which, while sharing a number of common factors and qualities when combined, increase the potential to effectively strengthen the resilience capabilities of the individual and the couple.

Regardless of whether the enhanced effects observed in CBH are attributable to cognitive strategies or to self-hypnotic induction and skills, from a clinical perspective, the integration of both approaches, including principles of Acceptance Commitment (ACT) and Positive Psychotherapy, provides a more effective treatment and intervention than either one alone.

Hypnotic suggestions seem to enhance the effectiveness of CBT techniques, such as systematic desensitization, since these provide the individual and the couple with a cognitive strategy of how to cope with uncertainty, anxiety situations and critical events.

The presentation, which emphasizes the integration of CBT and hypnotherapy in the development of individual and couple resilience, will consist of:

- a. Identifying individual and couple coping resources and strengths as relevant to resilience..
- b. Description and illustration of cognitive behavior hypnotic strategies and techniques with individuals and couples.
- c. The stages of Cognitive-Behavior Hypnotherapy in the enhancement of individual and couple resilience.
- d. Design of an idiosyncratic self-hypnotic plan to enhance resilience and to enable the individual or couple to "reinvent" his life.
- e. The integration and utilization of poems, songs and dance related to resilience, hope and coping.

ANTONIO J. BUSTILLO, (Puerto Rico)

Mind and Body in Family Hypnotherapy

Tracking and utilizing symptomatic sequences in family therapy.

This workshop will explore the hypnotic-trance like communicational and interactional sequences in family that results in symptoms in one or more family members, like headaches, depressive reactions and exacerbation of pain in already existing medical conditions (back problems, fibromyalgia, migraine headaches, etc.). Symptom phenomena and its previous sequential interactions will be seen as trance-inducing phenomena. The family then is viewed as a living hypnotic system sending messages that produces or reinforces the symptomatic (and therefore hypnotic) response. In this view, the "family hypnosis" is an out of awareness communicational processes that produce classic hypnotic phenomena-like indicators leading to the symptomatic response. The therapist therefore needs to have the observational tools to be able to identify those induction sequences prior to the symptom, and be able to design hypnotic interventions that neutralize/heal the mind/body reaction in those family transactions.

Symptoms will be seen as "living" in the context of the mind/body of the identified patient, as well as the interactional context of verbal, and nonverbal communications among the members and the symptom bearer. The role of parental and family expectancies in communicating symptomatic inductions to the "problematic" member will be stressed, especially when dealing with children and adolescents. Participants will learn how to identify ideodynamic responses in the family as well as natural trance phenomena and use them to induce functional hypnotic communication patterns to reduce or eliminate symptomatic behavior.

behavior.

Educational Objectives: 1) To list 3 reasons for seeing the family as a hypnotic system. 2) Develop two specific techniques for utilizing family sequences of spontaneous trance phenomena for healing (or symptom reduction).

SHOURT COURSES

MAX CHAUMETTE, JR.

Hypnosis in the peri-operative period

My presentation I will cover the history of hypnosis as related to the history of anesthesiology, including the contributions of several modern practitioners. I will also teach/explain /demonstrate how to elicit important data while taking the patient history during the pre-op interview, how to manage induction, maintenance and post-operative care. I will discuss what precautions must be taken in order to prevent mishaps. At the conclusion, the participants will have learned how to successfully apply the principles of hypnosis before, during and after surgical procedures. They will understand the benefits of hypnosis to the surgical patient.

RICHARD MILLER

Clinical work with gay men: Achieving confidence as a provider to enhance comfort for patients.

Comfort and compassion are essential components for successful treatment with gay men. Too often gay males triggered by shame, leave providers rather than address the feelings of being judged and misunderstood.

This workshop will highlight core issues common in the gay male community; interpersonal difficulties, rejection from family of origin, internalized homophobia, feelings of inadequacy and shame, drug use and sexual compulsivity. Aging, body image issues, and complications of establishing boundaries in monogamous versus open relationships are also challenging. With hypnoses, workshop participants will learn to establish a greater level of awareness and confidence, which will have a positive impact for both provider and patient. Mind body connections will also be taught to motivate clients to achieve internal relief and meet treatment goals.

This will provide a lasting benefit to the patient who will be able to identify triggers that activate states of positive or negative arousal, and identify internal resources to cope effectively.

Inductions, scripts and specific ego strengthening techniques will be provided.

SATURDAY - SEPTEMBER 26

DEMONSTRATIONS

SPD5. EMANUELE DEL CASTELLO (Italy)

Neuroni specchio in azione: il gruppo come amplificatore dei fenomeni dell'ipnosi profonda

Goal of this workshop is to allow the participants to have experience with the role of empathy and vicarious learning within the hypnotic induction in a group setting. The presenter will pursuit this goal by proposing an experiential approach according to the great tradition of hypnosis. Indeed, Faria (1806) and Bernheim (1888) reported that beginners learned better how to go in the hypnotic trance by observing an expert subject under hypnotic induction: independently from the technique used, this represented an excellent way for the beginners to increase their hypnotic skills. Moreover, this evidence could find a correspondence with Erickson's experiments and demonstrations (1967) carried out the previous century. Indeed, the involvement of many participants represented almost a constant characteristic of Erickson's researches. In the light of the increasing development of hypnosis and the knowledge of mental functioning of human beings, the experience proposed by the presenter aims at focusing the attention on the role of mirror neurons in the generation of hypnotic trance and of its therapeutic efficacy. On this base is rooted the suggestion to adopt a group setting as possible enhancer of individual hypnotic responses.

PRESENTATIONS

P2. INVESTIGATIONS ON THE HYPNOTIC STATE AND SUGGESTIONS

ATILLA İLHAN, OSMAN ÖZCAN, DILEK TÜRKÖĞLU, ALEVTINA ERSOY, EMINE ÇELİK

Cerebral Blood Flow Evaluation During Hypnotic State with Transcranial Doppler Sonography

Hypnosis is an altered state of consciousness and heightened responsiveness to suggestion. Hypnotized person sees, feels, smells, and otherwise perceives in accordance with the hypnotist's suggestions. The neural mechanisms underlying hypnotic states and responses to hypnotic suggestions remain largely unknown. Using ¹³³Xe regional cerebral blood flow (CBF) imaging, differences between low and highly-hypnotizable persons had been observed during hypnosis conditions: only highly-hypnotizable persons had showed a significant increase in overall CBF, suggesting that hypnosis requires cognitive effort. In the present study, using transcranial doppler sonography (TCD), we assessed changes in cerebral blood flow in the middle cerebral artery related to the hypnotic state, compared to the resting state. The study included the determination of mean cerebral blood flow, pulsatility index and resistive index. TCD is noninvasive, repeatable, cost-effective and permits to investigate the cerebral blood flow. To our knowledge, this is the first demonstration of CBF changes during hypnotic state by using TCD.

FANNY NUSBAUM, J. REDOUTE, D. LE BARS, P. VOLCKMANN, G. RIBES, J. GAUCHER, D. SAPPEY-MARINIER

Evaluation of Various Hypnotic Suggestions for Chronic Pain Relief Using Pet Imaging

The clinical effects of hypnoanalgesia have now been well recognized. In contrast, psychological and brain mechanisms involved in hypnosis are not fully understood in acute pain, and even less in chronic pain.

This study aimed at characterizing the neural network involved in hypnoanalgesia and evaluating the optimal type of suggestion to reduce perceived chronic pain and the effect of administering the suggestion in hypnotic trance.

Positron Emission Tomography (PET) was used to investigate in 14 patients with chronic low back pain and free of surgery, the changes in regional cerebral blood flow (rCBF) depending on the type of suggestion and its communication mode. Direct and indirect suggestions were both given in two modes : with and without hypnotic trance.

Perceived pain was assessed in between each condition using a VAS scale.

Statistical analysis of PET images were performed using SPM5. Different neural networks were identified with or without hypnotic trance and also during direct and indirect suggestions.

Hypnosis state, particularly during indirect suggestion, showed the implication of the pain modulation network via a fronto-limbic pathway involved in cognitive and emotional processings, such as rewarding and empathy.

Concerning awake state, pain modulation was more characterized by a sensory-motor network including the posterior insular, the somatosensory (S1, S2), the frontal lateral and the cerebellar cortices, moreover during direct suggestion.

P3. EVIDENCES IN HYPNOSIS

MARY ANN SANTORO (Italy)

The Guiding Light Of Evidence-Based Practice In Hypnosis

Dr. Mary Ann Santoro Ph.D. Counseling Services at New York University and Pepperdine University in Florence, Italy

A growing body of research demonstrates the efficacy of hypnosis as scientifically validated and accepted treatment for various conditions. As stated in the APA Presidential Task Force on Evidence-Based Practice (2006), good practice and science call for testing of psychological practices using “appropriate scientific methodology.” The different areas of research in clinical hypnosis include the evidence for the use of hypnosis in the treatment of Posttraumatic Stress Disorder and Acute Stress Disorder. The results of studies indicate that hypnosis can be useful together with cognitive, exposure, and psychodynamic therapies for PTSD. This research is reinforced by the fact that patients with posttraumatic symptoms seem to be more suggestible hypnotically than other patient groups.

In the treatment of Irritable Bowel Syndrome hypnosis has been empirically demonstrated to be effective to the extent that standardized hypnotic protocols have been established and are currently in use. A recent study reported positive results using cognitive hypnotherapy that is hypnosis combined with cognitive behavioral therapy, meeting the APA criteria for a “probably efficacious” treatment for depression. Other empirically validated research to confirm the efficacy of hypnosis has been in the area of chronic pain including tension and migraine headaches, opening up this vast area of disturbances to the possibility of a treatment which can be relatively free of the side effects and expenses associated with medication.

This presentation presents a current overview of evidence – based practice in an ever growing number of disorders, attempting to describe the most recent developments and conclusions that have been made together with guidelines for future research.

PABLO VÁZQUEZ (Mexico)

Neural Correlates of the Natural Trance in the Ericksonian Psychotherapy; a Functional Magnetic Resonance Imaging (fmri) Study.

Recently, the efficacy of hypnosis in fMRI studies has been observed mainly linked to memory and pain control. However, the brain zones involved in the therapeutic mechanisms of hypnosis remain obscure. It is known that the “Wise Part” is a psychophysiological basis of the ericksonian psychotherapeutic intervention. It is also known that this part is activated by disorientation to solve unconsciously the intrapsychic matters of the patient during and after the natural hypnotic trance. There is also evidence showing neural activation during natural hypnotic trance in the occipital, parietal, precentral, premotor and ventrolateral prefrontal and anterior brain areas. The aim of this study is to identify by fMRI the neural correlates involved in hypnotic suggestions linked to the “Wise Part”. Additionally, in an empirical way, the recognition of the “Wise Part” is linked to an emotion thus it is waited be observed an activation of the limbic area.

APPLICATIONS OF HYPNOSIS

NATASCIA BERNARDI (Italy)

An example of hypnosis in a group sport context

There is an evidence in literature about the positive implications hypnosis has applied in sport context. This work is about a possible way to use hypnosis within a sport psychology project with a futsal (indoor soccer) team playing in the highest Regional level (C 1 League) of Emilia Romagna Championship. All the steps followed to plan a project will be discussed as well as all the strategies and the tests used with the team. Some video will be shown and the group hypnosis section will be illustrated and commented. The purpose of this intervention is to show a possible and operative way to use hypnosis in a sport context and with team players of different ages.

SEHNAZ KUTLUK (Turkey)

In vaginismus patients; what happens to other Somatic symptoms after treatment by Hypnosis adjuncted to CBT.

Nintytwo vaginismus patients have been evaluated from Jan. 2006 so far.

The object is, if there is any differences on either somatic symptoms or depressive symptoms between pre-treatment period and post-treatment period. Patients have reported some symptoms besides vaginismus before treatment.

Social withdrawing, feeling of guilty, and feeling of unhappiness are regarded as depressive symptoms whereas headache, and having muscles pain are regarded as somatic symptoms.

During treatment period, hypnosis has been adjuncted to Cognitive-Behavioural Therapy Tecnic. At least one time, every patients has been taken into hypnosis session .

After treatment, it is shown that either somatizations or depressive symptoms are reduced significantly.

COGNITIVE APPROACHES

LUANA DE VITA, PAOLA CIMBOLLI

“Man Knows More Than He Understands”. An integrated Post-razionalist Cognitive and Ericksonian psychotherapy perspective of Adlerian technique of First Recollections.

An integrated Post-razionalist Cognitive and Ericksonian psychotherapy perspective of Adlerian technique of First Recollections.

Integration of post-razionalist Cognitive and Ericksonian Hypnosis perspective could enhance and increase the potential therapeutic efficacy of Adlerian Technique of First Recollections. Similarities and differences are explored to provide the context for this integrationist perspective. The purpose of this work is to provide a theoretical framework in which integrated different strategies; an understanding that will guide the therapist in a “creative” use of the First Memories technique as well as enhance the treatment offered to clients. The use of the hypnotic process allows the therapist to communicate more directly and more intensely with the client's unconscious. Alfred Adler said: “Man knows more than than he understands”, Milton Erickson used to say: “Unconscious knows much and a lot more than conscious” and finally Vittorio.F. Guidano stated that “unconscious processes are the higher hierarchical level, they govern conscious processes without appearing in them.”

DILEK TURKOGLU, SEHNAZ KUTLUK (Turkey)

Differences between Using hypnosis adjuncted to CBT+EMDR and CBT results in literature

A-In panic attack disorders,

B-In OCD

C-Social Fobia

Between January 2004 and November 2008, 163 patients had been seen in our clinics.

The main objects were;

A-In panic attack disorders (n=73), Differences between Using hypnosis adjuncted to CBT+EMDR and CBT results in literature,

B-In OCD (n=51), Differences between Using hypnosis adjuncted to CBT+EMDR and CBT results in literature,

C-In Social Fobia (n=39), Differences between Using hypnosis adjuncted to CBT+EMDR and CBT results in literature,

Results are stil been comparing with the literatures' scores.

PHYLOSOPHIES OF ERICKSONIAN HYPNOSIS AND PSYCHOTHERAPY

FABIO CARNEVALE (Italy)

Between Dionysus and Apollo. Ericksonian Hypnosis meet the ‘Zeitgeist’. Philosophy and Psychotherapy walking down the path of Utilization

Utilization is not only an hypnotic technique but also a principle that implicates the ability to recognize the patient's philosophical perspective and to accept his complex web of ideas, thoughts and cultural beliefs as worthy resources for psychotherapy.

Latest findings on neurophysiology, in order to explain the embodied simulation, push us to cross the lines of psychological knowledges and philosophical theories, creating new branches of study such as Neuroethics. Using an entirely theoretical approach, this work seeks to shed light on relationship between philosophical consultancy and hypnotic therapy. The ericksonian model will be discussed presenting some of the major philosophical theories.

ANTONELLA VANNINI (italy)

Erickson's psychotherapy and the Unitary Theory of the Physical and Biological Worlds of Luigi Fantappiè: the tendency towards the future

“The future enters in us long before it happens”

(Rainer Maria Rilke)

“My father died at the age of 97. He planted fruit trees, asking himself if he would have lived enough to see its produce, he was 96 or 97 years old, when he was planting trees. My father at the age of 97 planted fruit trees, he was oriented towards the future” (Erickson, 1982). Erickson’s psychotherapy is teleological, in the sense that it is oriented towards the future, directed towards those strategic goals which need to be reached. Erickson used to recall that life is lived in the present and oriented towards the future and that also psychotherapy is lived in the present and oriented towards the future (Zeig, 1985). Numerous analogies exist between Erickson’s psychotherapy and the Unitary Theory of the Physical and Biological Worlds presented in 1941 by Luigi Fantappiè, one of the major Italian mathematicians of the 20th century. The Unitary Theory originates from the union of special relativity with quantum mechanics and represents an outstanding effort in the explanation of the self-organizing properties of living systems.

In this paper Fantappiè’s model will be introduced and the analogies with Erickson’s psychotherapy will be discussed.

SPECIAL APPROACHES

ANTONELLA MONINI (ITALY)

Hanemannian Homeopathy and Ericksonian Psychotherapy: A fatal Attraction between similar approaches. Reflections.

It happens sometimes by chance we find a language that we know in somebody or something that we don’t know. Language, the utilization of words and of concepts which are similar or even equal, the same premises and modus operandi, procedural attitude in facing the request for help. Milton H. Erickson and Samuel F. Hahnemann: analogies and hypotheses of complementarity between Homeopathy and Ericksonian Psychotherapy which utilize a similar language, “lenses” of a binocular which are confluent in giving a single image in establishing a bridge between us and the patient, between us and the symptoms they bring us. Hypothesis of a utilization of a common language. The Homeopath considers the symptoms, their “modalities” (ways in which they appear) and their modifications as the patient’s language. For effective communication, the language must be congruous to each specific patient, to allow us to be in tuning with him. For a language to be effective in this sense, it must necessarily “be similar” to the characteristics of each individual, to be similar as much as possible to him, so that the therapeutic relationship, which is the foundation of the therapy can be created. Observation, focalization on details, “centrality” of mind/body relation, certainty that the “simillimum” is recognised and utilized by the patient, (as a metaphor is recognised when tailored on the patient) with the aim of self-cure and by the therapist/patient dyad with the aim of establishing an

EFRÉN RAMÍREZ (Puertorico)

The mandalic visualization method of learning about a unified theory of personality

The absence of a widely accepted integrated theory of personality explains the multiplicity of therapeutic techniques in psychology and psychiatry and the difficulty in assessting their relative merits. In this article I propose:

1. To describe a triadic model of personality resulting from the interaction of eight temperaments, eight talents and eight executive functions of the human character, all codified by our genetic endowment (2% genes and 98% epigenetic regulating material until recently named “Junk DNA”). I propose that the epigenome, in regulating our genetic potential, becomes the locus of healing, personal growth, and achieving the potential of the possible human. The epigenome is proposed as the psychoid locus of mind/body interaction (after Jung and Fermi).
2. To create a Mandala as a focus of intensive attention by the observing ego to assess the virtual infinity of the possible alternative triangulated solutions inherent in the 72 component interaction of the triadic personality model. This instrument has proven very effective in years of clinical practice for students and clients assimilating the theory to their life styles. The quantum phenomenon known as the Shrödinger effect, that holds that the effect of a human observer

paying intensive attention to a chaotic situation causes that situation to clarify itself, is a good metaphor to explain the healing that happens in trance states, like hypnosis, dreams and mandala visualizations. I will guide the participants in a tour of a generic personality mandala and the construction of their own personalized mandalas for future self-help or guided utilization.

RELAZIONI IN ITALIANO/PRESENTATIONS IN ITALIAN

RI5. DOLORE E ANALGESIA

CARLO ANTONELLI

Intervento ipnotico precoce durante la valutazione medica del dolore

Recenti studi in Italia e in Europa evidenziano l'elevata incidenza nella popolazione di dolore cronico non trattato o sottotrattato e la povertà statistica dei risultati terapeutici. L'operatore sanitario si interroga sulla sofferenza del paziente ma anche sulla sofferenza dei sistemi organizzativi e sanitari. Una maggiore attenzione al primo approccio al paziente con dolore cronico, può rappresentare una opportunità unica o addirittura irripetibile per destrutturare e frammentare l'esperienza di dolore, riducendo contestualmente il rischio iatrogeno della comunicazione medica formale. Un intervento ipnotico precoce, durante la prima visita algologica può avvalersi di strumenti semplici come la VAS o il Mc Gill Pain Questionnaire e favorire una relazione dove l'ottica diagnostica e classificativa guidata da una definizione del paziente si sovrappone a quella terapeutica modulata dalle reazioni dell'operatore.

CIARAMELLA A., PAROLI M., SERRA M., POLI P.

Il nocebo: un predittore di fallimento dei trattamenti analgesici.

Sessantotto (24 maschi e 44 femmine) soggetti afferiti per la prima volta presso l'Unità di Terapia Antalgica, Azienda Ospedaliero-Universitaria Pisana sono stati valutati mediante la somministrazione di nocebo (induzione di aspettativa ad un falso stimolo doloroso; Bayer e coll., 1990, 1998) prima di iniziare trattamento antalgico. Oltre al nocebo sono stati somministrati: il questionario del dolore QUID per la valutazione multidimensionale del dolore (Sensoriale, affettiva, valutativa, De Benedittis e coll., 1988); Soglia e tolleranza al dolore indotto da uno stimolo termico freddo (Cold pressure pain, Woolf e coll., 1984), Multidimensional Pain Inventory (questionario di valutazione del coping al dolore, Ferrari e coll., 2000), scala dell'amplificazione somatica (Somatosensory Amplification Scale; Barsky, 1988), e questionario per la psicopatologia SCL-90 (Symptoms check list 90; Derogatis e coll., 1970).

Una maggiore risposta al nocebo non si correla né con l'età del soggetto, né con la soglia e tolleranza al dolore. I soggetti con dolore nocicettivo presentano maggiori punteggi medi al nocebo rispetto ai soggetti con dolore misto (neuropatico+nocicettivo) (post hoc Scheffe test, $F= 3,69$; $p=0,03$). La risposta al nocebo si correla positivamente con la dimensione sensoriale del dolore (coeff corr= 0.28 $p<0.05$) e con l'intensità (coeff. Corr. 0.36 $p<0.01$). Le dimensioni psicopatologiche della scala SCL 90 non correlano con la variazione di risposta al nocebo. I soggetti con punteggi più elevati al nocebo presentano dopo 6 mesi una peggiore risposta al trattamento farmacologico nella dimensione sensoriale (coeff. $\eta^2= 0,38$; $p<0.01$).

L'aspettativa di dolore ad uno stimolo falso (nocebo) influisce sulla percezione somatica ma non affettiva o valutativa del dolore. La presenza di psicopatologia non influisce sulla risposta al nocebo. La mancata risposta agli analgesici può essere predetta dalla risposta al nocebo solo se viene valutata la componente sensoriale del dolore.

INVITED ADDRESSES

FRONTIERS OF HYPNOSIS

JULIE H. LINDEN (USA)

Frontiers of Hypnosis

Frontiers are about crossing boundaries and seeing old territories in new ways. This presentation will discuss the interface of hypnosis with the various disciplines of medicine and psychology. It will also address the lag time between what we know to be useful hypnotically and its appearance in the

“routine” practice of health professionals. Finally it will address what can be done to advance healthcare professionals into the “new” frontiers.

GUGLIELMO GULOTTA (Italy)

Conoscenze di psicologia non clinica utili in ipnositerapia

SUSY SIGNER-FISCHER (Switzerland)

To influence the own lifespan

There are different kinds of influences from outside which influence the life, such as severe illness, death of a beloved person, poverty, a handicap or movement to another place, loss of the job, win in lotto, which cannot be influenced by the individual but can have an influence on the person's life. The only thing a person can do, is to find a way to deal with the event. How can the person him or herself influence the own life? From research and interviews of persons who are older than 70 years, we have won some knowledge. These results and this knowledge is utilized for psychotherapy for the individual and the family context.

SCIENTIFIC PROGRAM DEMONSTRATIONS

SPD6. CONSUELO CASULA (Italy)

Virtues of our Faults: Women and the Art of Becoming Themselves

Le lotte femministe non sono riuscite a liberare le donne né da familiari autoritari né da soffitti di varia natura - di cristallo, acrilico, di spugna. Ancora oggi le donne devono difendere i loro diritti sia a casa sia nei luoghi di lavoro. Ancora oggi la pratica terapeutica ci mette in contatto con donne che per farsi riconoscere devono lottare con familiari o con colleghi o datori di lavoro. Talvolta gli abusi e le discriminazioni sono in qualche modo consentite dalla loro impotenza appresa, da alcuni vizi quali quelli di non riconoscere ciò che veramente vogliono, di porsi in posizione di eccessiva dipendenza affettiva e dalla tendenza a mettere gli altri al primo posto.

Con questi tipi di donne l'eleganza e la gentilezza dell'ipnosi non direttiva consentono un rapido accesso alle risorse nascoste. Suggestioni multiple, messaggi di rinforzo dell'io, ristrutturazioni, regressioni e progressioni d'età, cambiamenti di storia sono tra le tecniche offerte dall'ipnosi per ridare potere alle donne e risvegliarne l'assertività.

Questo workshop (o dimostrazione) intende evidenziare come alcune tecniche ipnotiche possono trasformare in virtù della consapevolezza di sé, dell'autonomia e del rispetto di sé i vizi derivanti dall'impotenza appresa.

SPD7. TERESA GARCIA-SANCHEZ & ERNESTO REVILLA (Spain)

Case Report Demonstration on: Hypnosis as coadjuvant of a multiple sclerosis recovery demonstrated with scans

During this symposium the treatment of a multiple sclerosis (MS) case is going to be reported. Ericksonian psychotherapy and hypnosis, as well as self-hypnosis, were the bases of the psychological interventions done in conjunction with medical, nutritional and natural treatments. The client was an extremely intelligent 20 year-old male who suffered from severe MS that had paralyzed several parts of his body.

He began psychotherapy while undergoing an integrative treatment that combined the latest advances in medicine, nutrition, naturopathy, energy techniques and physiotherapy. All these approaches gave him the resources he needed to be an active participant in his treatment (he studied in detail MS and the treatment options available to him). With the help of specific hypnotic and self-hypnotic interventions he was able to stand the secondary effects of mega doses of hydrocortisone, interferon, chemotherapy, immune depressors, and plasma aphaeresis treatments in such way that he could receive medical treatment as often as he needed to enhance his recovery.

Eight years later, the medical reports show 95% recovery based on the evidence of his scans.

Scanned images, medical reports, videos of the patient and the participation of the patient himself explaining his experiences will be presented. As well as full description of the development of the illness and recovery .

The global psychotherapeutic strategy will be described and the different goals for every phase of the hypnotic treatment will be explained.

Additionally, extracts from a video with Ernest Rossi, PhD working with this patient (done at the Erickson Instituto Madrid) will also be shown.

- 1) At the conclusion of the session, the learner will be able to discuss the importance of developing and personalizing metaphors for treating a client suffering prolonged and severe illness such as multiple sclerosis.
- 2) At the conclusion of the session, the learner will be able to list the different stages of the psychotherapeutic and hypnotic treatment, and to describe how it was needed to make changes as the symptoms changed.
- 3) At the conclusion of the session, the learner will be able to recognize the importance of the multidisciplinary approach to the treatment of multiple sclerosis.

SYMPOSIA

S6 - THE EFFECTS OF HYPNOTIC STATE, HYPNOTIZABILITY, AND ATTUNEMENT

Chairperson ÉVA I. BÁNYAI (Hungary)

ÉVA I. BÁNYAI, ANNA C. GŐSI-GREGUSS, KATALIN VARGA (Hungary)

Does the speech of the subject under hypnosis keep pace with the hypnotist, or is it a function of hypnotic state? Theoretical background and a perceptual study.

Previous research showed a slowing of the hypnotized subjects' speech: Hunt (1969) interpreted her finding as the subject following the hypnotist's slowed speech. Bányai (1973), however, raised another possible interpretation, attributing this effect to the hypnotic state. In the present study an attempt was made to test these hypotheses. A within subject standardized experimental design was developed where the subjects had to recall a brief story read to them either by the hypnotist or by an independent experimenter, both under hypnosis and in the waking state. The speech of all interactants (40 subjects, 4 hypnotists, 5 experimenters) was recorded and analyzed. The aim of the present study was to determine whether independent raters judge the hypnotists' and the hypnotized subjects' affective prosody to be different in hypnosis from that in the waking state, and if changes in the hypnotized subjects' voice is directed toward the hypnotist or is the result of the hypnotic state. Our results showed the hypnotists' voice in hypnosis as sleepier, slower, more relaxed, more mellow, and less loud, but no difference in the dimension of "melodic". Individual differences were also found across the 4 participating hypnotists. The subjects' voice was perceived to be similarly sleepier, slower, less loud, and even less melodic in hypnosis, but no difference in being "mellow" or "relaxed". In the subjects, these differences occurred regardless of being with the hypnotist or the independent experimenter who had no knowledge of the subject's state. The experimenters' voice did not show any bias as a function of the experimental condition. The results are interpreted as those supporting the state theory of hypnosis. (The present research was supported by OTKA, Grant No. 62210 to Anna C. Gösi-Greguss.)

ANNA C. GŐSI-GREGUSS, ÉVA I. BÁNYAI, KATALIN VARGA (Hungary)

Does the voice of the subject under hypnosis keep pace with the hypnotist, or is it a function of hypnotic state? An acoustical analysis.

Although hypnotists have long observed how the voices of both the hypnotists and the subjects change in hypnosis, there is very scarce data in the literature on the acoustic analysis of the hypnotist's or of the hypnotized subjects' voice. The aim of the present study was to determine whether objective, acoustic analysis of the hypnotists' and the hypnotized subjects' voice reveal any difference between waking and hypnotic conditions, and if changes in the subjects' voice reflect an orientation toward the hypnotist, or is related more to the hypnotic state. We have developed a within subject experimental

design to study not only the hypnotists', but the hypnotized subjects' speech in a standardized situation, both under hypnosis and in the waking state, including half the subjects interacting with an independent experimenter who had no knowledge of the subject's state as well. Our results revealed that both the hypnotists' and the subjects' voice show characteristic changes in pitch-related fundamental frequency (F0) and its variability, and in loudness-related intensity (in dB) and its variability from waking to hypnosis, while the voice of the independent experimenter is relatively unchanged. The results of acoustic analysis are compared with those of the perceptual studies reported by Éva Bányai at this symposium. Our results seem to support more the altered state of consciousness view of hypnosis than the effect of demands of the situation. (The present research was supported by OTKA, Grant No. 62210 to Anna C. Gósi-Greguss.)

ANDRÁS KÖLTŐ, ESZTER LAKNER, ANNA C. GÓSI-GREGUSS, ÉVA I. BÁNYAI, KATALIN VARGA (Hungary)

Interrogative Suggestibility: The Effects Of Gender, Hypnosis And Hypnotizability

One of the main aspects of hypnosis is increased suggestibility. Interrogative suggestibility is a type of suggestibility relevant in forensic use. However, there are very few data on the relationship between interrogative suggestibility and hypnotizability. In the present study, the interrogative suggestibility and the hypnotic susceptibility of 40 subjects, pre-screened by the Waterloo-Stanford Group Scale of Hypnotic Susceptibility, Form C (WSGC, Bowers, 1993) were measured. Interrogative suggestibility was measured by the Gudjonsson Suggestibility Scale (GSS-1 and 2, Gudjonsson, 1996), hypnotic susceptibility was measured by the Stanford Hypnotic Susceptibility Scale, Form C (SHSS:C, Weitzenhoffer and Hilgard, 1962). Each subject took part in two (waking and hypnotic) sessions. In half of the Ss, GSS was administered by the hypnotist, in half by an independent experimenter. GSS-1 and 2 were administered in a counterbalanced order across subjects. The mean scores were slightly lower, but comparable with those of the standard, thus the Hungarian adaptation of GSS seems to be a valid measure of interrogative suggestibility. Our results revealed no gender difference in interrogative suggestibility, and no effect of who administered GSS. No significant difference was found in GSS between waking and hypnotic states, either overall, or as a function of hypnotic susceptibility. No significant interaction among conditions (gender, interrogator, state and hypnotizability) was found, and there was no significant correlation between hypnotic susceptibility and interrogative suggestibility. Our data supports that interrogative suggestibility and hypnotic susceptibility are independent measures. (The present research was supported by OTKA, Grant No. 62210 to Anna C. Gósi-Greguss.)

EMESE JÓZSA, KATALIN VARGA, ANNA C. GÓSI-GREGUSS, ÉVA I. BÁNYAI (Hungary)

Subjects' sensitivity to emotional communication: The effects of hypnosis, gender, and hypnotizability.

Theoretically, hypnosis is considered to be characterized by holistic and emotional information processing. Empirical evidence repeatedly confirms a relatively more holistic information processing under hypnosis as compared to the waking state; the effect of hypnosis on emotional sensitivity, however, has barely been tested under controlled experimental conditions. In the present study, an attempt was made to compare the recognition of facial expressions of various complex emotions in hypnosis and in the waking state, using Paul Ekman's photo-material. Hypnotic susceptibility was measured by SHSS:C. Beyond this, the effect of hypnosis context was tested using Baron-Cohen's "Reading the Mind in the Eyes" and "Faces", and Ekman's "Fake Smiles" tests. Neither the effects of hypnosis and hypnotic context, nor the effects of hypnotic susceptibility and gender could be demonstrated. The results will be discussed in terms of specificity of emotional sensitivity under hypnosis. (The present research was supported by OTKA, Grant No. 62210 to Anna C. Gósi-Greguss.)

KATALIN VARGA, EMESE JÓZSA, ÉVA I. BÁNYAI, ANNA C. GÓSI-GREGUSS (Hungary)

Interactional synchrony and hypnotizability.

Hypnotizability is one of the strongest construct in hypnosis research: it is a stable trait-like characteristic of a person, and very well-established standardized scales are available for its

measurement. From the interactional point of view, however, it is an important drawback that hypnotizability is focusing entirely only on the subject, this way neglecting both the other participant of the hypnotic interaction and the interaction itself. During the past decades, some of the methods developed in our laboratory tap the interaction between hypnotist and subject (e.g. Dyadic Interactional Harmony questionnaire, Visual Imaginary Synchrony method). In this presentation, we will describe the relationship between hypnotizability and the various forms and degree of interactional harmony of hypnosis sessions of healthy subjects and hypnotists. (The present research was supported by OTKA, Grant No. 62210 to Anna C. Gösi-Greguss.)

SPECIAL SESSIONS

SS.2 CINEMA E IPNOSI

ANNA GUERRERA E MARIA CRISTINA PERICA

Cinema e Ipnosi nell'SPDC: esiti dell'osservazione, ipotesi di ricerca e elementi applicativi.

L'idea dello studio nasce dalla volontà di esplorare all'interno del contesto dell'SPDC (quindi di una realtà con una funzione critica di gestione dell'acuzia) sia l'utilizzo dell'ipnosi come strumento di facilitazione della vita di reparto, sia l'utilizzo del cinema come strumento induttivo della stessa.

ANNA GUERRERA

Cinema e ipnosi: relazioni e correlazioni

Dalla notte dei tempi l'uomo cerca e trova uno stato ipnotico in suoni, gesti, immagini, tutti elementi che da un secolo a questa parte troviamo riuniti nel cinema. Invenzione umana che ha il magico potere di creare un filo invisibile che tiene legati gli occhi dello spettatore allo schermo che si impone sovrano; lo fa catturando un'attenzione focalizzata che permette di rimanere concentrati sugli stati d'animo e sulle dinamiche dei personaggi del film; lo fa con la finzione delle storie messe in scena e riprodotte da un nastro che gira; eppure, lo fa tramite l'attivazione di quelle emozioni reali che vengono empaticamente vissute quando ci si immedesima in una scena o quando la musica ha la forza di sostituirsi alle parole.

Particolare enfasi viene, così, suscitata nello spettatore dalla visione di quei film che smuovono i ricordi di un qualcosa di conosciuto o di già vissuto; e dalla scoperta che ciò che tanto ipnoticamente ci incanta è in fondo quel qualcosa che appartiene a noi, alle nostre vite.

Cinema, quindi, come mezzo tramite il quale l'uomo cerca la soddisfazione di alcuni bisogni, siano essi comunicativi, culturali, umorali, tra i quali può trovare chiaramente spazio l'ipnosi perché se è vero che il cinema riproduce la vita e la vita è ipnotica, il cinema è intrinsecamente ipnotico

VINCENZO MANCINI, GIUSEPPINA MARESCA, PASQUALINA RAGAZZONE

Ipnosi: quali stereotipi nel Cinema?

Le opere cinematografiche intese come strumento di comunicazione rivolto al grande pubblico possono essere considerate veicolo di diffusione di idee, riflessioni e spunti che seminati nella mente dello spettatore fertilizzano concetti e contenuti. Esse contribuiscono quindi in maniera considerevole alla formazione della cosiddetta "Opinione Comune" circa un fatto, una questione, una pratica. Dagli inizi del Novecento ad oggi l'ipnosi è stata narrata in centinaia di film, attraverso tale racconto è stata presentata al pubblico contribuendo così alla stratificazione del suo significato comune in stereotipi condivisi. Il nostro studio si occuperà di mostrare come la settima arte propone l'ipnosi, ossia di individuare quali stereotipi, che ne influenzano e ne organizzano la percezione, vengono trasmessi al grande pubblico. Analizzeremo "come e perché" viene utilizzata l'ipnosi nel cinema e quali film propongono una corretta immagine dell'ipnosi e quali invece propongono una distorsione di significato della parola ipnosi, contribuendo così a ad alimentare pregiudizi o "aspettative magiche" nei suoi riguardi. Attraverso i film vedremo anche come nel tempo è cambiato il modo di considerare l'ipnosi, analizzando il passaggio dalla visione mesmeriana a quella attuale e contemporanea. La nostra disamina prenderà in considerazione gli ultimi 108 anni selezionando le opere cinematografiche in base a criteri di rilevanza quali diffusione della pellicola e fama del regista, presentazione alle principali mostre del cinema, premi ricevuti, riconoscimenti della critica.

LETIZIA NICOLINI

La relazione ipnotica tra spettatore e film: un'indagine preliminare

Questo contributo riferisce in merito ad un'indagine preliminare relativa alla qualità della relazione ipnotica che si sviluppa tra lo spettatore ed il film, in relazione al contenuto ed alla struttura di quest'ultimo. Questo lavoro, infatti, partendo dall'ipotesi che, indipendentemente dalla specificità del tema trattato, è possibile che si sviluppi una vera e propria relazione ipnotica tra colui che osserva il film ed il film stesso, si è proposto di indagare quali possibili elementi si attivano in funzione di tale relazione e quali sono le impostazioni tecniche, guidate dalle scelte del regista, che contribuiscono allo sviluppo di questo tipo di relazione. Nello specifico, il lavoro qui presentato è stato così articolato: in un primo momento sono stati selezionati alcuni prodotti cinematografici, facendo riferimento ad un ampio catalogo di film, costruito dal gruppo, che contiene un'ampia lista di film "ipnotici", all'interno dei quali è possibile evidenziare quegli elementi che riproducono una relazione di tipo ipnotico, facendo riferimento ai criteri di base che consentono di leggere tale relazione; successivamente, attraverso una visione ragionata degli stessi film, si è cercato di definire la qualità della relazione, ponendo attenzione ad alcune specifiche dinamiche di interazione cognitivo-emotiva che si attivano durante la visione del film nello spettatore e a tutti quegli elementi tecnico-strutturali propri della "costruzione cinematografica" che sembrano agire attivamente nell'indurre una relazione ipnotica tra spettatore e film.

CHRISTIAN POGGIOLESI

La relazione ipnotica tra spettatore e film: Von Trier, Lynch e Herzog.

Si fa riferimento a un'indagine sulla relazione di tipo ipnotico che si sviluppa tra spettatore e film in ragione di determinate scelte registiche relative sia ai contenuti della pellicola che alla sua architettura tecnico-espressiva.

Si è scelto di selezionare alcuni film facendo riferimento nello specifico a tre registi il cui lavoro è stato valutato particolarmente adatto ad essere utilizzato in conformità agli obiettivi della suddetta indagine: Lars Von Trier, David Lynch e Werner Herzog.

Le pellicole selezionate sono state sottoposte ad un'analisi relativa alle caratteristiche tecnico-strutturali e ai contenuti specifici per cui i film assumono un potenziale "induttivo" che elicitati stati alterati di coscienza nello spettatore e l'instaurarsi di una relazione di tipo ipnotico, un vero e proprio rapporto tra lo spettatore e il mezzo cinematografico.

Nel corso dell'analisi si sono evidenziate similitudini e peculiarità nei tre autori per quanto riguarda i diversi approcci, i diversi accorgimenti tecnici ovvero le diverse "tecniche d'induzione" utilizzate consapevolmente o meno per elicitare le dinamiche costitutive della relazione ipnotica.

SS3. HYPNOSIS AND ADVANCED RESEARCH (CIICS-Turin)

VALÉRIE TIKHONOFF, EDOARDO CASIGLIA, AUGUSTO MARIO ROSSI

Experimental models for hypnotic and post-hypnotic hallucinations

We have been involved in studies aimed at demonstrating that hypnosis-induced hallucinations are real and measurable for many years. Many models have been identified to confirm that hypnosis in experimental settings.

Two models studied positive hallucinations. In one, blood donors underwent a voluntary blood letting of 300 ml blood, while their haemodynamics (blood pressure, heart rate, peripheral resistance, cardiac output) were continuously measured. The same subjects were then induced in hypnosis, and received the suggestion to experience blood letting without any real blood loss, which they did. During this hallucination they showed modifications of the haemodynamic patterns analogous to those recorded during real blood letting. In another model, healthy volunteers were guided to hallucinate bathing in a warm tub, while their haemodynamics were monitored: comparing the results with baseline records, they showed the same haemodynamic modifications as the ones observed during a real warming of the body.

Two other models investigated negative hallucinations (attention faults). In one, healthy volunteers hypnotically guided to experiment alexia became incapable to read written words. The phenomenon was measured through the Stroop test where the words «green», «red», «yellow» and «blue» were showed on a screen in colours different from their meanings. Both hypnotic and post-hypnotic alexia reduced the latency in reaction times in discordant setting, demonstrating it to be real.

In a further model, left heminattention was induced in both hypnotic and post-hypnotic states, and reaction times to optical stimuli proposed on the left of the right side of the screen, respectively, were measured: the latency in reaction time compared to the pre-hypnotic baseline conditions in the right stimuli reflected the degree of heminattention.

The above mentioned experiments prove that hypnotic phenomenology is not merely a subjective phenomenon, but a real one, and can be measured with the instruments of clinical medicine.

ENRICO FACCO, EDOARDO CASIGLIA

Experimental models for hypnotic and post-hypnotic analgesia

It is very well known that subjects in hypnosis may experiment focused analgesia (FA). Actually, this phenomenon can be used in a clinical context. Nevertheless, it is difficult to demonstrate hypnotic FA in an experimental setting. Two new models have been conceived to quantify hypnotic and post-hypnotic FA.

In the first one, FA was measured in seconds as pain tolerance time while keeping a hand in icy water just as is usual in a cold pressor test. During hypnotic and post-hypnotic FA, pain tolerance significantly increased if compared to pre-hypnotic baseline conditions and was indefinite in many subjects (complete analgesia). Increase in pain tolerance was related to the decrease in systemic reflex vasoconstriction, which is typical of peripheral pain.

The second model studied trigeminal pain obtained by applying an electric current of increasing power to a tooth. When the pain was perceived, time in seconds and power in mA was measured and used to identify pain perception. During hypnotic and post-hypnotic FA, pain perception was reduced in comparison to the pre-hypnotic conditions, and many subjects showed a picture similar to that of a dental devitalization (complete analgesia). Increase in pain tolerance was related to decrease in the systemic vasodilatation, typical of trigeminal pain.

These models demonstrate that hypnotic FA works not only by dissociating the pain experience from the noxa, but also by blocking the progression of the pain stimuli.

MARIA SOLE GAROSCI

Neuroanatomy of the hypnotic state – new insights?

Through an accurate review of some of the most qualified papers on clinical and experimental hypnosis, this work intends to frame the state of the art of the query on neurophysiological correlates of hypnotic suggestion.

Moreover, some new insights are given on how the neural mechanisms of hypnosis could work when applied to achieve peak performances in sports.

Among the chosen experimental studies, which the new neuroimaging techniques have made achievable, stands out the strong opinion that the hypnotic state gathers a complex plurality of possible interactions between cerebral structures and functions that are both cortical and under cortical. This, with particular interest in the involvement of both frontal lobes and the anterior cingulate cortex (ACC). In this sense, inter-individual susceptibility to the hypnotic induction has further underpinned the existence of peculiar neurophysiological substrates of this specific altered state of consciousness.

The hypnotic state seems to lead to a functional reconfiguration of the cerebral activity which can be in first place attributed to suggestion and absorption, in second place to the task. Cortical activity is rather stimulated, or inhibited, according to the goals on which the attention is being focused.

On behalf of what is being pointed out, it seems effortless to forsake the old theoretical concept that deemed the right hemisphere being the one and the only handler of the overcoming of the hypnotic state.

The left hemisphere appears to be not only in a non-sleeping state, but definitively entangled in a multitude of functional reconfigurations, which can be defined as bilateral, specific, and task-related.

SYMPOSIA

S7. NEW APPROACHES

ANDREW ARMATAS (Greece)

Coaching Hypnosis: utilizing hypnosis in personal and business coaching.

Coaching has seen a surge of interest in the recent years, yet the possible contributions of hypnosis in this area have been overlooked. As hypnosis is used in a variety of settings to facilitate therapeutic results and since counselling strategies have been successfully transitioned to coaching, there may be a role for hypnosis in coaching despite lack of current literature. The term 'coaching hypnosis' was proposed at the SGCP 1st European Coaching Psychology Conference in London (Armatas, 2008), to distinguish it from hypnotherapy and to give it an identity of its own.

Key differences between coaching and therapy will be briefly covered, as they need to be taken into account when applying hypnotic strategies. This paper presentation will propose how hypnotic communication can be utilized in the coaching process and how specific hypnotherapeutic techniques can be adapted for personal and business coaching. Specifically, discussion points include:

- a) Coaching and therapy differences.
- b) Hypnotic communication: incorporating indirect suggestions in the coaching dialogue.
- c) Adapting age-progression to fit coaching needs.
- d) How age-regression can be used in coaching.
- e) Self-hypnosis for the coachee.
- f) Ego-state coaching.
- d) Limitations
- e) Real-life examples will be described..

RENZO BALUGANI, ROBERTO BLARASIN, ANTONELLA GIULIANI, BRIGITTE STÜBNER (Italy)

Using genograms in Ericksonian therapist's training groups.

The Italian School of Ericksonian Psychotherapy is developing a model of personal training for young therapists by using, for example, genograms in the training groups. Genogram is a family therapist's version of a family tree that permits to identify and understand patterns in family history, communication and relationships.

Our presentation wants to develop and discuss the need of personal training and the different approaches in our 4 years' teaching process.

TERESA I. SZTAB (Germany)

Dying well: maintaining a quality of life while dying-hypnotic aspects in palliative care.

Giving way to dying – that is, perceiving and forming the interior and exterior room.

“Dying is the time between life and death.” Dying is one of the great taboo issues of our time and yet it is the most certain thing in life. In contact with seriously ill persons, even therapists and professional care-givers become insecure and feel uneasy. Facing the reality of dying, feelings such as fear, anger and helplessness arise in an as yet unknown and often destructive intensity. The interior room becomes restrained and personal development of all involved is hampered.

While accompanying seriously ill and dying persons, therapists are faced with themselves, their own mortality and their fear. This fear cannot at this point be simply eliminated or sublimated, it must be approached and confronted to find a personal solution.

In any cultural or social context, people have an outspoken need for assistance and relief when entering a new territory.

I will present a concept to the participants in which I emphasize the importance of hope and healing as possible realities. Death should stand parallel to these in a dialogue of equal value, in order to successfully conclude work on the interior and exterior rooms.

DENIS VESVARD (France)

Hypnotical approaches to interactional symptoms

Our clinical practice with persistent symptoms is based on two assumptions:

1. symptoms can become persistent because of their interactional function
2. what interaction did can be undone by an interactional approach.

In this paper we will first list the interactional functions (protection, security, control, loyalty, communication...) that can maintain symptoms and present the main characteristics of these "Interactionally Maintained Symptoms" (I.M.S.)

Second, we will propose some hypnotical tools to manage the unconscious dimension of these interactions.

Finally, to set an example of what can be hypnotically done with an I.M.S. we will present the hypnotical management of a persistent abdominal pain with vomiting in a 7 year old child.

9.15-11.15 RELAZIONI IN ITALIANO/PRESENTATIONS IN ITALIAN

RI6.IPNOSI CON I BAMBINI

MARIA LAURA FASCIANA

Storie interattive: la co-costruzione della terapia ipnotica con i bambini.

In questa relazione viene esplorato l'universo della creatività, della quale la fantasia, l'immaginazione e l'invenzione costituiscono gli ingredienti, nonostante la difficoltà di definire questi aspetti della natura umana, cui a volte ciascuno di noi attribuisce significati diversi. L'Autrice analizza, da un lato, gli elementi che possiamo ritrovare nella suggestione ipnotica e che fanno dell'approccio ericksoniano una modalità terapeutica creativa e, dall'altro, cosa consente la nascita di una fantasia. Spunti utili al lavoro del terapeuta vengono tratti dall'opera di Bruno Munari e Gianni Rodari, incontrastati maestri di creatività. Tra le citazioni dei due autori presi in considerazione particolarmente stimolante è quella relativa al *binomio fantastico*, «punto di partenza per creare nuove storie, modificare funzioni e idee, accedere a nuove forme comunicative». La creazione fantastica viene letta come metafora del percorso terapeutico e del sistema terapeuta-bambino, che può essere batesonianamente definito come una *mente* nella quale i due poli del binomio, si incontrano dando vita ad una narrazione ricca di significati nuovi e inusuali. Fra le tante storie possibili – storie classiche, storie vere, storie inventate, – e le loro metamorfosi utili all'uso che se ne può fare in questo contesto, il terapeuta si orienta a *co-costruire* la terapia ipnotica insieme al bambino, cercando di rinvenire nell'esperienza dalla propria infanzia le caratteristiche e qualità utili a perseguire quella libertà da pregiudizi che, come diceva Milton Erickson, caratterizza la trance.

CLAUDIO MAMMINI E VINCENZO LANGELLOTTI

Ipnosi nell'infanzia: de-ipnotizzare la famiglia da idee prevalenti

Uno dei problemi dell'ipnosi nell'infanzia consiste nel cambiare gli schemi di riferimento dei familiari in riguardo alle caratteristiche del giovane paziente. Spesso si tratta di idee prevalenti che condizionano il cambiamento terapeutico in corso.

Una idea prevalente è un'idea (spesso non completamente irragionevole) mantenuta da false credenze. Una falsa credenza è una errata inferenza della realtà esterna. L'osservatore assegna un elemento esterno ad una categoria cognitiva interna e deduce da questa le caratteristiche che quello ancora non possiede (finendo per indurlo ad esprimerle).

Sosteniamo che una idea prevalente la cui natura non è né delirante né ossessiva sia assimilabile ad un atteggiamento a base emotiva che assorbe l'attenzione del soggetto. Un atteggiamento non ha la funzione di ritrarre fedelmente il mondo ma di esprimere il proprio sistema di credenze nel mondo.

Secondo la concezione Ericksoniana qualunque cosa che cattura l'attenzione può essere definita ipnotica. Analizzeremo come de-ipnotizzare i componenti del contesto familiare da atteggiamenti negativi.

RI7. DINAMICA ESPERIENZIALE NEL PROCESSO CLINICO

LUCA CARCASSI

I Sentieri della Resilienza: un'esperienza made in Sardegna

La resilienza è un termine che in fisica indica la capacità di un materiale di assorbire un urto senza spezzarsi, l'attitudine di un corpo a resistere, la sua capacità di recuperare la forma. Un esempio di resilienza è l'elastico, capace di resistere ed assorbire urti per poi recuperare la sua forma.

La resilienza è un concetto attualmente utilizzato in psicologia è sta ad indicare la forza delle persone nel reagire ad eventi traumatici o comunque negativi, e che permette di andare avanti superando le difficoltà.

Resiliente è quella persona che sa intraprendere un percorso tortuoso e riesce a portare a termine quanto intrapreso, o chi, affetto da una malattia, lotta contro di questa e contro l'ostilità e i pregiudizi sociali. La persona resiliente si concentra sulle proprie reazioni, prestando più attenzione alle proprie capacità di reagire e meno agli eventi disturbanti, reagendo in maniera adattativa alle situazioni negative della vita.

Un'esperienza fatta in Sardegna con dei ragazzi affetti da gravi disturbi psicotici, ha evidenziato che i percorsi della resilienza possono trovarsi ed essere stimolati da un'esperienza riabilitativa in cui è stato utilizzato il trekking.

In questa esperienza è stato possibile vedere applicati i principi e le prassi ericksoniane utili per promuovere la resilienza, tra le quali possiamo ricordare l'utilizzazione, la frammentazione, la distrazione, la progressione e il riorientamento.

I risultati ottenuti sono andati oltre le aspettative, *provare per credere*.

ALFONSO GATTO

Il Gladiatore decide nell'arena. Il processo decisionale attraverso il ragionamento clinico, la comunicazione ipnotica le neuroscienze.

Nel quotidiano approccio clinico, l'attività che maggiormente lo caratterizza è prendere decisioni. Sia da parte del terapeuta sia da parte del paziente, l'elemento decisionale gioca un ruolo fondamentale. È con una decisione, che il paziente prende per entrare in terapia, che inizia il rapporto con il terapeuta. La relazione cercherà di sviluppare la componente razionale ed emozionale del ragionamento clinico con particolare riferimento al ragionamento bayesiano. La comunicazione ipnotica rappresenta la chiave di volta in quanto prepara, interviene e segue durante l'incontro terapeutico l'intero processo decisionale, e l'esito del ragionamento spesso finisce per essere la più probabile conseguenza di come è stata gestita la comunicazione. La maggiore attenzione sarà focalizzata proprio sulla seduta dove molti fattori influiscono, sia quelli prevedibili, sia quelli inattesi e pertanto la decisione è contesto dipendente. Si approfondirà che l'agire razionalmente non può non tenere conto del comportamento altrui e pertanto la decisione lungi dall'essere un atto individuale diventa relazionale e saper "leggere" la mente altrui è un altro elemento fondamentale; la capacità del terapeuta a cooperare, a saper costruire la fiducia, sono altri importanti elementi che influenzano l'intero processo.

Inoltre il processo decisionale verrà valutato anche attraverso i recenti studi di neuroscienze, da quelli di Damasio, LeDoux, Kahneman, Gigerenzer, Rizzolatti, compresi i neuroni specchio.

EMPATIA, RELAZIONE E ALTERAZIONI DELL'INTERAZIONE SOCIALE

EMANUELE MAZZONE

Psicoterapia ericksoniana e Sindrome di Asperger: imitazione, immaginazione, simulazione, empatia.

il Disturbo di Asperger si caratterizza per alterazione qualitativa dell'interazione sociale, comportamenti ed interessi ristretti e stereotipati e menomazione nel funzionamento sociale; lo stile cognitivo è analitico e poco flessibile. La psicoterapia ericksoniana, per l'*approccio naturalistico*, l'*utilizzazione* delle risorse individuali ed il *rapport ipnotico*, accede direttamente al "sistema mirror", sintonizzandosi, "consonanza intenzionale", con il codice senso-motorio dell'altro. "Neuroni mirror" si attivano per azioni compiute, osservate o immaginate, ne consentono la rappresentazione interna, "simulazione incarnata", automatica

ed inconsapevole, con relativi scopi ed emozioni. Nell'ipnosi ericksoniana, "psicoterapia incarnata", il terapeuta diviene un modello, reale e "fisiologico", che guida l'espressione del paziente, nello spazio interpersonale della "molteplicità condivisa", attraverso meccanismi di imitazione, immaginazione e simulazione, in un *rapport* unico, per agire sulla "cognizione sociale" del soggetto con Asperger.

ANTONIO PIRO

Unicità della relazione e comunicazione ipnotica

Ogni relazione terapeutica è unica e irripetibile, ma la relazione ipnotica pone terapeuta e paziente, in una condizione unica, il terapeuta gioca il ruolo di fonte di immagini, fantasie, strategie, ponendosi in una posizione di potere. Dalla parte del paziente il gioco è un'apparente passività: ascolta, omette, resiste, il suo inconscio utilizza strategicamente al tempo opportuno, quale strada è opportuno scegliere. La relazione trova in questa lenta e inesorabile comunicazione la sua peculiarità.

E' come quelle immagini 3D che appaiono come quadri di fantasia e privi di senso, ed invece contengono un'immagine precisa. Per vederla bisogna mettersi davanti al quadro in un certo modo, in un certo tempo in una precisa relazione.

RI9. PSICOTERAPIA IPNOTICA NELLA PRATICA CLINICA

BRUNO DUBOS

La giovane ragazza anoressica: della crisalide alla farfalla

Il lavoro con i pazienti anoressiche è per il terapeuta difficile e scoraggiante a causa delle resistenze al cambiamento per la paziente e la sua famiglia, dei numerose ricadute e dei insuccessi.

Le riflessioni che saranno sviluppate sono il frutto di una decina di anni di lavoro dove sono stati usati i successi e gli insuccessi del lavoro con ipnosi. Per l'autore, la utilizzazione praticamente in maniera sistematica della video durante i primi seduti di terapia, ha provocato il mutamento della sua pratica: i strategie utile per le ragazze prendono la origine nella osservazione durante i primi momenti del incontro con la terapeuta.

L'autore specificherà le differenti fasi di questo lavoro, i risvolti nella strategia e il lavoro con ipnosi e le implicazioni negli altri contesti patologici: disturbi della sessualità, dolori cronici.

Che cosa devono osservare? Quando e come fare?

Ma prima di tutto, è necessario di imparare a diventare sordo per potere aiutare queste ragazze a uscire dal bozzolo per divenire una "farfalla donna".

CHIARA TORTI, FLAVIO DI LEONE

Psicoterapia ipnotica ultrabreve in pazienti ambulatoriali con Disturbo di Conversione: implicazioni cliniche e considerazioni per l'approccio evidence-based in psicoterapia

Nell'ambito dei Disturbi Somatoformi, il Disturbo di Conversione rimane il più complesso sotto il profilo terapeutico: nonostante l'evidenza clinica dell'efficacia della psicoterapia ipnotica nel trattamento di tale condizione, gli studi in questo ambito non hanno prodotto ancora dati sufficienti a proporre strategie terapeutiche valide e procedure di trattamento standardizzabili e ripetibili. L'obiettivo di questo studio è verificare la validità e l'efficacia di un protocollo di ipnoterapia ultra breve, specificamente designato per il trattamento di patologie che rientrano nei criteri DSM-IV-TR previsti per il Disturbo di Conversione. Un campione di pazienti ambulatoriali, composto da 23 soggetti di età compresa tra i 18 e i 65 anni e affetti da Disturbo di Conversione diagnosticato secondo i criteri del DSM-IV-TR, è stato suddiviso in due gruppi indipendenti assegnati in parallelo a ipnoterapia oppure a lista d'attesa con l'usuale struttura medica di supporto. Ciascun soggetto è stato valutato mediante la somministrazione di reattivi mentali di auto valutazione quali MMPI-2, SCL-90, TAS-20, SDQ-20, IBI, DISS, all'inizio ed al termine del trattamento.

I soggetti in lista d'attesa con supporto ("solito trattamento") continuavano a ricevere il trattamento dai loro medici di riferimento mentre attendevano per la psicoterapia. Il protocollo d'ipnoterapia proposto comprendeva tre sedute di ipnosi eseguite dopo due colloqui preliminari dedicati alla raccolta della storia personale del soggetto, all'indagine del "conflitto di base", ed alla valutazione delle minimal cues da

utilizzare per la scelta dell'intervento, al fine di personalizzare l'approccio terapeutico. Le sedute ipnotiche potevano essere intervallate da un numero variabile di colloqui mirati al monitoraggio dell'andamento sintomatologia. Il setting prestabilito prevedeva una frequenza mensile degli incontri. Le sedute sono state integralmente videoregistrate e successivamente trascritte. Dopo la conclusione delle tre sedute ipnotiche erano previsti incontri di follow up a distanza di tre, sei, e dodici mesi, al fine di verificare le condizioni del soggetto ed il mantenimento degli eventuali cambiamenti ottenuti. I risultati preliminari di questo studio, in accordo ai numerosi dati in letteratura, confermano l'efficacia della psicoterapia ipnotica per il Disturbo di Conversione e sostengono l'ipnosi come un trattamento valido e standardizzabile.

KEYNOTE ADDRESSES

WALTER BONGARTZ (Switzerland)

Ritual structures as blueprints for trancework

CHRISTEL BEJENKE

Hypnosis in Somatic Medicine: Its Relevance to Communication and Invasive Procedures

The rapid pace of somatic medical practices is so fundamentally different from that of psychological specialties, that conventional methods of hypnosis are not suitable for somatic work. Therefore the author developed techniques which are effective even under most hectic circumstances, yet require little or no time and minimal training. These concepts and methods are based on two of the author's observations: 1. patients become highly suggestible under medical stress conditions and even manifest hypnotic phenomena. 2. the medical environment itself is highly suggestive, and replete with unintended negative suggestions. □ The combination of these two features renders patients vulnerable to commonly used forms of communication and can have unexpected detrimental consequences. □ However, □ this liability can be transformed into a therapeutic opportunity by applying hypnotic principles to medical communication. Informal □hypnotic techniques (including "Waking suggestions") □apply to all somatic conditions (acute and chronic illnesses, injuries, cancer) □and to all invasive procedures (operations, obstetrics, radiologic and cardiologic interventions, endoscopies, ICU, emergencies etc). "Formal" hypnosis can be achieved rapidly, despite ever-present noise, surrounding activities, □and incessant interruptions. These approaches enhance patient- and physician satisfaction. They reduce fear, discomfort, treatment side-effects and suffering, and decrease or eliminate the need for sedatives, anesthetic agents or pain medications. They are cost-effective by decreasing care-giver time and hospital stay, and by accelerating recovery and return to work. Most notably, these approaches impart to patients an unexpected sense of "control" and "empowerment", and can enhance quality of life.

JOHN GRUZELIER, TONY STEFFERT, TREVOR THOMPSON (UK)

Controlled trials of 3D and virtual reality-assisted creative immune-visualisation self-hypnosis training.

Hypnotic visualization scenarios depicting a healthy immune system combating invading viruses is a popular intervention in oncology treatment, originating with the pioneering work of the Simontons. Though evidence of validation through controlled trials is scant, earlier we reported in controlled studies with medical students, engaged in home practice, benefits for up-regulation of natural killer cells and helper lymphocytes in combination with mood prior to exam time (Gruzelier et al, 2001a). We went on to demonstrate that the same benefits were independent of deep hypnotic relaxation (Gruzelier et al, 2001b), and that benefits transferred to health in students faced with an influenza epidemic (Gruzelier et al, 2001b), and in patients with a severe and chronic virus (genital herpes) in whom there were both generalized immune benefits as well as specificity for herpes (Fox et al, 1999; Gruzelier et al, 2004). The translation to health is a crucial step for validating immune benefits given the bidirectional homeostatic changes in immune function (Gruzelier, 2002). As with hypnosis in general there are individual differences in efficacy, and in student and patient studies we found that those with an interactive

personality, in contrast to one of introverted social withdrawal, were the ones who showed the greater benefits (Gruzelier et al, 2001a; 2004).

The question arises how to help those who are less susceptible to creative visualization. We have recently explored this by incorporating animation-assisted visualization within the self-hypnotic induction. These are controlled exploratory designs conducted in the laboratory. In the first (N = 35) we confirmed that while 2D animation was effective in producing relaxation/calmness and thereby did not hamper the hypnotic relaxation process, there were no advantages to those given animation with hypnosis (Thompson et al, 2009). Of those having the traditional verbal induction here the established personality dimension Openness to Experience was found to be a moderator of both immune up-regulation and the concomitant reduction in tiredness with impending university examinations.

In the second study (N = 35) we provided more immersive 3D animation viewed through a head mounted display. Again both animation and traditional hypnotic visualization methods were equally successful in producing increases in self-ratings of calmness. Furthermore both visualization groups did not show the increase in tiredness shown in the relaxation control group as Psychology exams approached. Personality differences were examined through the established Tellegen & Atkinson Absorption scale known to correlate moderately with hypnotisability. Indeed High Absorption scorers with visualization showed less tiredness with upcoming exams compared with the relaxation group controls. In keeping with our aims of assisting engagement in the visualisation scenario in those less susceptible to hypnosis via 3D animation, it was the students who had low Absorption and who experienced the 3D animation who had reduced salivary cortisol stress hormone levels compared with the relaxation control group. They also disclosed the higher self-ratings of Engagement in the self-hypnosis visualization process.

We acknowledge the support of the European Presencia project (IST-027731).

14.15-16.15 SCIENTIFIC PROGRAM WORKSHOPS

MATTHIAS MENDE (Austria)

The Utilization of Transference and Countertransference in Solution-Oriented Hypnotherapy

Phenomena of transference and countertransference are encountered whenever hypnosis is used. They are detectable even in experimental settings. I will show that the psychodynamic concept of hypnotic transference can be operationalized and integrated into the solution-oriented Ericksonian approach of hypnotherapy with surprising ease.

This workshop is suited for novices in the field of psychodynamics and for psychodynamic specialists as well. Participants will learn how to identify hypnotic transference and countertransference and how to utilize this aspect of the therapeutic relationship within a solution-oriented psychotherapeutic approach. They will learn to reflect the special transferential features of the hypnotic relationship and to utilize these features to facilitate therapeutic progress in different therapy phases (e.g. for diagnostics, therapy planning, making therapeutic choices, handling critical situations).

Following the introduction of the concepts of hypnotic transference and countertransference and ways of operationalizing the psychodynamic concepts, I will demonstrate how phenomena of transference and countertransference can be utilized in hypnotherapy. Participants are invited to bring their own cases for demonstration purposes.

Level: intermediate. Participants should have practice in applying hypnosis within their field of expertise. The workshop is suited for participants psychotherapeutic, psychological and medical/dental professional backgrounds.

WILMA TRASARTI SPONTI, ANNA MARIA RAPONE (Italy)

Hypnosis and Grief- Respect Emotion and Time Distortion (Intermediate)

The authors will firstly present evidence of how the matrix of each psychotherapy is based on the non-specific factor of relationship, then evidence of how the synergetic use of Ericksonian Hypnosis and Systemic Relational Psychotherapy models helped them in treatment of a case stressing the attention on the importance of minimal cues and hypnotic rapport.

Hypnotic Time Distortion was utilized to contain the dramatic feelings of a boy who was terminally ill with cancer.

Through a careful observation of the minimal cues of the patient, with respect (etym. lat. re-spicio) of his space and time, and the emotional resonance of a shared pain, the therapist could take charge of the young patient and co-create a context and a space of freedom.

Time, lived by the patient as blocked and wasted, became of particular significance in the therapeutic relationship and was utilized with the specific technique of time progression thus allowing time utilization towards a story of reciprocal growth

KEY WORDS: Time distortion, minimal cues, rapport, emotional resonance, respect

JEFFREY LAZARUS (USA)

Treatment of Nocturnal Enuresis with Hypnotherapy

This interactive two-hour workshop will review the current medical therapies that are being used today. Unfortunately, these are not as effective as clinical hypnosis is. An entire protocol of how to treat this condition will be taught, including how to encourage positive expectancy before even meeting the patient. Video clips of patients with this disorder will be shown in order to demonstrate specific techniques that will further enhance the attendee's skills.

Dramatic improvement is usually seen after only two or three visits, plus, there are no side effects.

BRIGITTE STÜBNER (Italy)

How to become Ericksonian parents

Empowerment for parents (teachers) needs to use methods which interrupt inefficient solutions and problem descriptions teaching them creative ways of utilizing their own resources and those of their kids (students).

In the practice of counseling and parental classes we develop an Ericksonian approach by

-focusing on solution

-getting in trance/playing with all our senses

-learning observation and empathy

-developing metaphors and rituals.

The 2-hours workshop wants to offer a practical introduction in multi-level approach to parental and school counseling.

CHRISTINE GUILLOUX (France)

Heroes and/as Resources in Therapy

Subject, patient, client, therapist, teacher, trainer, supervisor, supervised, all of us are shaped from an essence, the stuff we are made of, the hero within. Through his numerous physical problems, Milton H. Erickson had to struggle for life and for every day life. His example is extraordinary in many ways and he could be, and certainly is, for many of us, a distinctive model, a hero. And Milton has also become a story teller. Among our models, our heroes, our genius and the stories that have been told to us, the ones we've built, the ones we've integrated, there are some that are deep metaphors within us. How do we refer to them? how do they structure and impact our lives? how do we utilize them? how do they impulse our behaviors, our feelings, our sensations? how do we play with them? how do we pass them around us?

Through a list of questions, we will draw up in this workshop an inventory and statement of the basic heroes that we've integrated and the stories that are the ones of our deep metaphors, we will travel and explore those resources that have contributed to our construction and our structure in productive and counterproductive ways. This workshop will offer then ways to utilize them in our therapeutic goals for inner change and help the patient build from the hero within himself/herself.

GIUSEPPE REGALDO (Italy)

Techniques of rapid inductions - with films and training

In many cases it is not necessary to be rapid in the induction. Rather a lot of situations take advantage from a slow technique that it gives way to the subject to create a good relationship with the operator and to assimilate well the suggestion. The time is essential to allow the hypnotic effects based on neurological effect to develop completely. Also some situations as the pregnant state need sweetness and time .

Then the greatest part of the operators don't have necessity to be rapid for the type of intervention that is required , as for instance in psychotherapy, therefore they don't make anything to accelerate the times of induction.

Also in the situations of emergency the subject spontaneously enters in hypnotic trance and any formal induction is needed.

On the other hand we can observe that some techniques based on sensorial shock are rapid and they bring the subject from the normal state of consciousness to a somnambulant state or to a deep trance within few second (from 5 to 20). Such observation makes us understand how the human mind is able to change in sudden and radical way its condition with techniques of instant induction as it does in spontaneous way in the physical or psychological shocks.

Such techniques find only usefulness in the research or in the hypnosis show. But thanks to these observations we are able however to learn how to shorten enormously the traditional techniques, eliminating useless passages, using the physical contact, quickly changing inductive tool in case of resistance or using more tools contemporarily. But above all it needs that the operator wins the fear to verify too soon the hypnotic phenomena and that the hypnosis necessarily has to pass through the relaxation.

The inductive techniques are able in such way to become more effective and to be limited once to maximum of 5 minutes around, granting more time useful for the therapeutic job to the subject.

DENISA LEGAC, MICHELE MODENESE, WILMA TRASARTI SPONTI (Italy)

Different approaches and different personalities as resources both in education training and in hypnotherapy

Utilizing the cultural differences as well as similarities and the unconscious collective field as a special approach in treating individuals and couples. How do we recognize the morphogenetic field and how do we indeed connect with the patient while working in foreign country or with foreign patient?- how much knowledge and how much intuition do we use in our therapeutical work? Differences and similarities accepted and respected among cultures - how can a transcultural trance guidance help treat resistance and utilize the same for therapeutical reasons. The therapeutical usage of different voices and different languages as an highly effective anti-resistance tool. Three therapists shall guide you through an highly interesting event of trance - states - culture - sexuality and intensive life experience. Our WS should give each participant a short insight into the overwhelming capacity and variance of hypnotherapeutical work.

14.15-16.15 SYMPOSIA

MODELS AND METHODS

MAREK J. CELINSKI, LYLE ALLEN III (Canada)

Conversion Model of Mental Transformation

Recovery from post-traumatic conditions requires that individuals undergo specific well-delineated stages starting with abandonment of relative comfort of disability and putting effort into one's own recovery. In the process, new sense of self and reattachment to reality needs to be created which will integrate previously ignored or unknown aspects of reality and the resourcefulness of the self. The changes that lead to successful recovery are recognized as discrete mental states into which individuals need to convert themselves in order to activate inner resources and improve functioning. An individual is therefore encouraged to discover and then further enhance and develop these mental states as promoting

recovery. To exemplify these conceptualizations, data from the Resourcefulness for Recovery Inventory (Celinski, Antoniazzi, Allen, 2007) that was administered to about 300 psychotraumatic cases will be presented. Theoretically, Kozłowska's (2005,2007) conversion model in which both neuronal and cognitive factors interact and the role of hypnosis in facilitating change from what is potential into actual will be described

GRAHAM JAMIESON, RODNEY CROFT, JANELLE CLEARY, SIMON HAMMOND & BRUCE FINDLAY (Australia)

Hypnosis dissociates affective and cognitive divisions of the Anterior Cingulate Cortex in error related processing

The recently modified dissociated control theory of hypnosis (Jamieson & Woody, 2007) proposes a breakdown in the highest levels of executive control during hypnosis through a dissociation in feedback from monitoring functions in dorsal ACC to task representations in DLPFC. This study extended the findings of Kaiser et al (1999) that motivational and cognitive components of averaged error related (EEG) potentials in a Stroop paradigm become dissociated in high susceptible subjects in the hypnotic condition. Behavioural results support dissociative effects of hypnosis and high susceptibility on executive control expressed in post error slowing and task switching costs. EEG evidence for dissociation of affective (rostral ACC) and cognitive (dACC) components of error monitoring and evaluation adds a further level to the dissociation of information flows in prefrontal executive control networks induced in hypnosis.

COACHING AND TRAINING

GRAHAM JAMIESON & NATASHA LOI (Australia)

Combining the internet and Phenomenology of Consciousness Inventory (PCI) for remote assessment of hypnotic abilities.

The feasibility of remote or distance hypnotic assessment through the internet was tested in this study. 240 participants successfully logged on to a remote website and played a standardized hypnotic induction procedure used in previous published research (Egner, Jamieson & Gruzelier, 2005). Participants then completed the PCI (Pekala and Kumar, 2002) for the period of the induction procedure and the modified Tellegen Absorption Scale (Jamieson, 2005) and the short Betts QMI (Sheehan, 1967). Results allowed successful analysis of changes in dimensions of experience during hypnotic induction with individual differences in absorption and imagery abilities. Internet based assessment and interventions provide researchers and potentially clinicians with an important tool to extend the availability of hypnotic sessions.

ALI ÖZDEN ÖZTÜRK (Turkey)

The contribution of autohypnosis in AUCH Method to the success of therapeutic processes

Autohypnosis is given to the control of the patient during the therapeutic procedure. It has a great importance in the actualization, in the continuity and in the fortification of the treatment. We will discuss how to implement the autohypnosis in the process, its advantages and to solve problems related to the continuity of the treatment in the light of some cases. We will limit the autohypnosis for the patient only to use his auto-hypnotic ability for the aimed therapeutic procedure

16.15-17.30 MAIN PRESENTATIONS

FROM RESENTMENT TO HARMONY

CONSUELO C. CASULA (Italy)

Leading Depressed Patients to H.A.R.M.O.N.Y.

Depressed patients come to therapy with much heavy baggage of sadness, despair and fear. In order to light it, we can help patients to find harmony in their lives. Harmony has different meanings: from pleasant coherence among sounds to a wise disposition of words in a sentence, from balancing of different elements into a whole to a perfect correspondence of feelings and ideas. Harmony has also to

do with a proper attitude for Hope, Awareness, Resiliency, Morality, Opportunity, Niceness and Yearning. Helping the patient putting these ingredients in their baggage we bring them to find new energy to live a meaningful life. While hypnosis awakes these positive ingredients already stored in explicit or implicit memory it also creates the necessary confusion to build a new state of mindfulness. With the additional of these new ingredients correlated with harmony in their baggage depressed patients can change their perspective and consequently their attitude towards life and become more active. The workshop (or the conference) wants to describe seven ingredients that help patients to find harmony in their life.

PATRICK CIAVALDINI, GHISLAINE DELAIRE (France)

Vendetta of the Unconscious

Vengeance is at the root of illness

Vengeance is the lever of recovery

This idea, which is particularly iconoclastic within our judaïc-christian society, has been handed on to me by Ghislaine DELAIRE. After several years' thought on the subject, she imparted to me her conviction that there existed a constant element in the process of the unconscious : the necessity for vengeance.

This need for vengeance is expressed by four main tendencies :

- 1- Against the aggressor
- 2- Towards a scapegoat
- 3- By means of sublimation (artistic, social or spiritual)
- 4- Against oneself

I was able to prove the effect of this idea on a large number of patients and use it in therapy.

The realization of virtual forms of vengeance such as type 1 and/or 3, used under hypnosis, renders type 4 useless, and so induces the disappearance of the symptom through work on its cause.

Virtual vengeance can thus be a lever of recovery

EXPLORING AND USING THE SELF

JOÃO JORGE CABRAL NOGUEIRA (Brazil)

Autoscopy – a journey within

Autoscopy is the internal visualization of the body in an amplified state of consciousness. It is a technique developed by the author associating Hypnosis (amplified state of consciousness), Transactional Analysis (mandate theory and life scripts) and Psychobiology of Mind-Body Therapy.

Symptoms are expressed in the body. Psychobiology says a trauma is imprinted in the body through Memory, Learning and State-Dependent Behavior (MLSDB), that is, at the moment of trauma the body responds with a behavior depending on the emotional state as tachycardia, for example. In posterior situations which act in the same physiologic conditions facing the same emotional state tachycardia occurs.

In Autoscopy, we activate the cellular memory where the MLSDB was formed, fetching the negative sensation and, through redecision or reassignment, turning it to positive.

CHRISTINE GUILLOUX (France)

Moves toward Self-Humor...

Confusion times as times where the client goes into a slight or a deep transe and travels through different states of denigration, of denial, of depreciation of himself/herself. The client goes into a spiral, in a hole that seems to had no end. Some would call the attempts of the client to solve his/her difficult times as a vicious circle or triangle where the client swings or shifts from three positions: he is conscious of behaving as a victim of himself/herself, while he/she feels he/she can't help being a self-persecutor as he/she attempts to be a rescuer. So many explorations can be engaged by the therapist and the patient in those little voices that can be reservoirs of resources, caves of treasures,

as a ground to bounce from. New games can be played: associative and dissociative states can be used to help the client to reassemble, recombine, reframe negative beliefs into positive ones. Through a set of questions and of exercises, we will show how to help the patient build some humor statements so as to progress on other paths, to laugh of himself/herself, to move towards a solid self-humor.

16.15-17.30 PRESENTATIONS

ANXIETY

DILEK TURKOGLU (Turkey)

The effect of hypnosis on depressive symptoms and anxiety symptoms in patients in In Vitro Fertilization (IVF) process.

The objective was to evaluate the impact of hypnosis on IVF patients.

In last 18 months, 40 InVitro Fertilization patients who applied to Ankalife IVF Center have been evaluated. Every patients has been taken into group hypnosis session 4 times.

Anxiety was evaluated by STAI - I and STAI – II, Depression was measured by Beck Depression Inventory.

All patients had took them twice. First evaluations were in first 2 days during ovarian stimulation, and last evaluations were 3 days after Embryo Transferring.

All results were compared with the literature results that no hypnosis were applied. It is found that, there is a very significant differences between our results and literature's'.

CHINATSU ODA (Japan)

Case Examination of the Effectiveness of Autogenic Training Combined with Biofeedback for Social Anxiety Disorder

Kyorin University School of Medicine, Department of Neuropsychiatry

In recent researches, drug therapy and cognitive behavior therapy are considered effective treatment of social anxiety disorder. The purpose of this study was to investigate significances of introducing autogenic training with biofeedback to social anxiety disorder treatment, as one of techniques of anxiety control in cognitive behavior therapy. To achieve the purpose, cognition model was referred and some cases examined. Half of the cases were combined with biofeedback in therapy, and others were not. As a result, significances of introducing autogenic training with biofeedback as follows; firstly, biofeedback enables the patient to continue autogenic training practices easily. It helps to terminate the vicious spiral of anxiety by reducing bodily tension. Secondly, focusing on physical phase may be not too invasive for the patient in the early stage of therapy. Less of the invasiveness and sharing the successful experiences of autogenic training with biofeedback can help making rapport between the therapist and the patients who easily tense up in interpersonal relationships. Thirdly, the patient can acquire feeling of self-control by realizing reduced strain of one's body through biofeedback. This experience introduces balanced cognition into the patient. Fourthly, avoidance behaviors are reduced by acquirement of the balanced cognition.

16.15-17.30 RELAZIONI IN ITALIANO/PRESENTATIONS IN ITALIAN

RI11. IPNOSI E CINEMA

MARIA CRISTINA PERICA

Cinema e terapia ipnotica: spunti di utilizzazione

L'idea del lavoro parte dalla riflessione sull'opportunità costituita dall'utilizzo dell'esperienza cinematografica all'interno della terapia in quanto esperienza ampiamente condivisa, caratterizzata da aspetti comuni con lo stato ipnotico, da aspetti sensoriali integrati, da una trama e da personaggi nonché – in alcuni casi – da specifici aspetti emotivi.

L'obiettivo dell'intervento è presentare con una modalità esperienziale e non deterministica alcuni spunti di utilizzazione del cinema nella psicoterapia ericksoniana affrontando trasversalmente i seguenti aspetti:

il cinema come risorsa portata dal paziente, come strumento di induzione individuale e di gruppo, come suggestione post-ipnotica, come elemento di prescrizione, come elemento di condivisione nel rapporto terapeutico, come strumento terapeutico all'esterno della terapia, come fonte di metafore, storie e elementi di intervento indiretto, come strumento terapeutico in sé (integrazione – associazione).

Attraverso la presentazione di casi operativi, scene di film e spunti di riflessione si vogliono realizzare spazi di creatività per l'attivazione delle risorse del terapeuta e del paziente.

CAMILLO VALERIO

A me gli occhi, please. Il contributo dell'ipnosi cinematografica al lavoro dell'ipnoterapeuta ericksoniano.

Il cinematografo ha avuto, fin dalla sua nascita, un rapporto 'speciale' con l'ipnosi ed è, al pari della lettura, uno strumento intrinsecamente 'induttivo'. I film che hanno voluto proporre induzioni ipnotiche si contano a centinaia e spesso sono stati girati da registi fra i più eminenti. Ad essere rappresentata è, quasi sempre, l'ipnosi diretta, esplicita, classica, ad essere rappresentata e, è giusto ammetterlo, spesso con un intento di 'controllo' della mente e dei comportamenti, ma lo psicoterapeuta ericksoniano che visioni l'opera filmica con curiosità non prevenuta, potrà scoprire quanto spesso registi, sceneggiatori e consulenti, facciano leva - ora fra le righe, ora esplicitamente - sull'abilità del personaggio 'ipnotista' ad utilizzare: utilizzare comportamenti, atteggiamenti, convinzioni, aspettative - anche profonde - del soggetto. In quest'ottica, il 'modello' di ipnosi proposto dal cinema si rivela utile per una riflessione sulla continuità e contiguità fra ipnosi classica ed ipnosi ericksoniana.

R12. IPNOSI E FORMAZIONE PROFESSIONALE

MARIA CRISTINA PERICA

L'ipnosi nella formazione professionale

Obiettivo dell'intervento è presentare l'utilizzo dell'ipnosi come strumento all'interno di percorsi formativi volti all'acquisizione di competenze tecnico-professionali.

Tale utilizzo è volto al raggiungimento dei seguenti obiettivi:

- trasferimento delle competenze acquisite in contesto formativo al contesto professionale;
- integrazione delle competenze tecniche con le competenze trasversali, emotive e socio-relazionali proprie della professione svolta;
- acquisizione di competenze tecniche strettamente correlate con caratteristiche personali (es. leadership, competenze di management)
- ricaduta occupazionale del percorso formativo.

Gli obiettivi presentati rappresentano le aree di criticità più evidenti segnalate da una ricerca svolta dalla Provincia di Roma sul fabbisogno formativo e professionale nell'area sud della provincia (2007).

A tal fine verranno presentati i risultati di uno studio al momento in corso su n.100 soggetti che prevede il monitoraggio delle variabili sottese ai suddetti obiettivi unitamente alle variabili proprie della struttura di personalità del soggetto in n.4 gruppi omogenei coinvolti nei seguenti percorsi:

- Gruppo 1: nessun trattamento;
- Gruppo 2: training ipnotico individuale e di gruppo nel percorso formativo;
- Gruppo 3: training ipnotico individuale e di gruppo nel percorso formativo + orientamento professionale con l'utilizzo dell'ipnosi;
- Gruppo 4: orientamento professionale e accompagnamento al lavoro con l'utilizzo dell'ipnosi.

RI13. PROCESSI DI CONSAPEVOLEZZA E DI INFLUENZAMENTO IN IPNOSI

MASSIMO MAIETTA, MARIA FRANCESCA RUSSO

I processi dell'influenzamento interumano e le implicazioni terapeutiche nella prospettiva etologico-sociale. Precisazioni sul ruolo dei neuroni specchio.

A partire da una prospettiva etologico-sociale abbiamo approfondito l'indagine dell'interazione interumana non verbale all'interno del contributo Ericksoniano ipotizzando che l'ipnosi fosse la metafora:

del processo di influenzamento sociale, dell'interazione mente-corpo e della intersezione tra le due parti. Le nostre osservazioni cliniche mostrano che i processi d'influenzamento interumano hanno una natura sociale di tipo conflittuale e che l'influenzamento ha una struttura indiretta, non di tipo imitativo. Questi studi ci conducono verso una rilettura dell'esperienza umana. Le recenti scoperte delle neuroscienze sui neuroni specchio dimostrano il coinvolgimento del cervello nell'interazione tra individui: pur riconoscendone le caratteristiche fisiologiche, noi le inquadrriamo all'interno di una delle parti della metafora complessa espressa dall'ipnosi, e specificamente quella relativo all'interazione mente-corpo. Il rapporto mente-corpo per il quale la comprensione di un'azione e l'azione stessa sono inscindibili, solo aprendosi al dato fondamentale dell'interazione etologica-sociale, e cioè dell'esperienza dell'influenzamento interumano, si organizza come soggettività, uscendo dal dualismo. Nella nostra ipotesi quindi il funzionamento dei neuroni specchio indica l'attivazione fisiologica delle funzioni organizzate e coordinate di movimento e percezione dell'organismo. Tali funzioni sono subordinate ad una complessa esperienza etologica primaria, durante le fasi di sviluppo ontogenetico. Le implicazioni terapeutiche che derivano da questa prospettiva sviluppano particolari temi dell'opera Ericksoniana. Le implicazioni terapeutiche che derivano da questa prospettiva incontrano particolari temi dell'opera Ericksoniana, che utilizzano il potenziale metaforico dell'essere umano.

ANDREA BRAMUCCI

Processi di consapevolezza in Gestalt-Therapy e nell'Ipnosi Ericksoniana

Il workshop intende esplorare i processi di consapevolezza attraverso l'applicazione di due diversi orientamenti psicoterapici: la Gestalt-Therapy e l'Ipnosi Ericksoniana.

La Gestalt-Therapy e l'Ipnosi Ericksoniana condividono modalità simili nell'approccio al soggetto: la focalizzazione nel qui ed ora dei minimi cambiamenti del soggetto, il concetto di resistenza come risorsa, il terapeuta come strumento di terapia, la centralità del rapporto (in ipnosi)/contatto (in gestalt), tra soggetto e terapeuta.

La differenza tra i due approcci psicoterapici risiede nel differente orientamento, che nell'ipnosi, attraverso la trance, si rivolge verso una esplorazione interna delle risorse del soggetto, mentre la gestalt, attraverso l'approccio fenomenologico, si rivolge verso una focalizzazione su sensazioni ed emozioni nel campo individuo-ambiente.

L'integrazione tra Ipnosi Ericksoniana e Gestalt-Therapy permette di avere una doppia focale sui processi di consapevolezza interni ed esterni del soggetto, che può anche trasformarsi in un continuum di consapevolezza con precisi rimandi tra esperienza della trance e esperienza sensorio/emotiva.

Il workshop, oltre a fornire un sintetico quadro teorico e metodologico nel confronto/incontro tra ipnosi ericksoniana e terapia della gestalt, propone, attraverso esperienze dirette, applicazioni sperimentali di integrazione tra i due approcci terapeutici

R14. DALLA ESPERIENZA DI VITA ALLE NUOVE PRATICHE CLINICHE

MARIA RICCIO, LANFRANCO VERDECCHIA, et Al.

L'Avatar nella Psicoterapia Ericksoniana come Metafora Clinica della Simulazione Incarnata del Sistema dei Neuroni a Specchio.

La "simulazione incarnata" consiste in un processo di simulazione automatica, incoscia, pre-reflectiva nell'osservatore delle azioni, emozioni e sensazioni agite o provate dall'osservatore e costituisce la base biologica per la comprensione della mente altrui.

Già Erickson con l'introduzione del concetto di "rapport" come capacità di reagire simmetricamente all'immagine del mondo di un'altra persona aveva intuito l'importanza del processo di rispecchiamento in ambito clinico.

Con il presente lavoro si vogliono sottolineare analogie e similitudini tra alcuni concetti Ericksoniani (utilizzo dell'immagine del mondo del pz, rispecchiamento del comportamento analogico del pz, riproporre lo stesso impiego dei predicati del pz, etc) e il funzionamento dei "neuroni audio-visivi" e "neuroni comunicativi" nel campo delle neuroscienze.

MATTEO PAGANELLI

Ipnosi e musica: dalla musica ipnotica all'ipnosi "che suona".

Nel corso della storia della musica abbiamo assistito a diverse musiche ed autori che hanno mostrato indubbie capacità di mandare l'ascoltatore in uno stato di trance: per questo possiamo parlare di musiche e suoni ipnotici. In questo lavoro abbiamo osservato in particolare alcune di queste musiche, per poi mostrare come lo stato di trance possa essere determinante per aiutare un musicista a creare e suonare della musica.

L'intervento è stato svolto con un professore di musica, laureato in clarinetto, primo clarinetto e clarinetto solista di un'orchestra della Toscana ed impegnato a contratto in diverse manifestazioni musicali di spessore. Abbiamo lavorato insieme, utilizzando l'ipnosi in diverse situazioni:

1. Nei momenti di studio ed allenamento, nella ricerca della perfezione dell'esecuzione, del suono perfetto, della migliore espressività;
2. Nelle audizioni per concorsi, selezioni ed esami, momenti in cui il candidato è separato dalla commissione esaminatrice da un sipario chiuso;
3. Nelle esibizioni in pubblico, specialmente nei momenti di "solo", in cui la tensione e le convinzioni limitanti influenzano la prestazione, spesso peggiorandola.

Pur mostrando nelle fasi iniziali una certa diffidenza (dovuta a precedenti esperienze negative con il training autogeno), il professore ha poi compreso il senso dell'intervento e dell'utilizzo dell'ipnosi (ed alcune sue differenze con il training autogeno), imparando ad andare in trance prima di ogni esecuzione (per studio, per audizioni, per esibizioni) e ad utilizzare gli effetti della trance per "far suonare" la propria musica, con ottimi risultati. Questo lavoro intende mostrare le basi teoriche di partenza, le tecniche utilizzate, gli obiettivi concordati e raggiunti, il rapporto creatosi con il musicista, lo stato attuale di questa relazione, i punti di forza e le difficoltà dell'applicazione dell'ipnosi in questo ambito.

RI15. APPLICAZIONI CLINICHE DELL'IPNOSI

ROSSELLA MITRO, R. DELSIGNORE, G. DE NITTIS, C. DI GENNARO

Le palme slegate

In questo Poster si vuole esprimere – in sintonia con il Titolo di questo Congresso – l'esigenza da parte del Centro di Alcologia di Parma di una nuova apertura verso le Neuroscienze con lo Scopo di proporre successivamente Nuovi paradigmi mente corpo. Tale scopo è sorto dopo un "check point" del Centro di Alcologia di Parma dal 1992 al 2008 alla Prima Conferenza Nazionale sull'Alcol – 20-21 ottobre 2008 – Roma. Durante tale periodo di oltre 15 anni di attività multidisciplinare nell'ambito di tre Progetti di Ricerca, l'Intervento Psicologico e Psicoterapeutico Individuale ha compreso un'attività di Psicoterapia e Ipnosi Ericksoniana nello svezzamento alcolico con oltre 2.000 (duemila) colloqui psicologici. L'obiettivo primario è quello di raggiungere l'astinenza permanente del Paziente dalla dipendenza alcolica.

Il modello teorico di Psicoterapia di riferimento è prettamente quello di Milton H. Erickson (1901-1980): la Psicoterapia Strategica e Ipnotica Ericksoniana. Conclusioni. Si potrebbe dire che le Parole Chiave per l'autrice, in questo XVIII Congresso Internazionale di Ipnosi sono: Ipnosi per il passato e Neuroscienze per il futuro passando naturalmente attraverso la Metafora Ericksoniana del Titolo: Le palme slegate.

SALVATORE PIEDEPALUMBO

Psoriasi: evoluzione delle lesioni cutanee durante l'ipnositerapia

Presentazione di un caso trattato con la terapia ipnotica, riguardante un soggetto affetto da obesità e psoriasi da più di 20 anni. Sotto il profilo psicologico il paziente risultava affetto da : ansia , bassa autostima, dipendenza ed episodi saltuari di depressione avvenuti in seguito alla separazione coniugale. In passato ha subito diversi ricoveri ospedalieri dovuti ad attacchi di artropatia psoriasica . Ha usato diversi farmaci prima di iniziare il trattamento ipnotico fino a quelli di ultima generazione, i cosiddetti farmaci biologici: Etanercept (Enbrel) e Infliximab (Remicade), con risultati buoni, ma temporanei, sono stati poi sospesi per i gravi effetti collaterali. Fin dall'inizio, la terapia ipnotica è indirizzata, in parallelo,

alla risoluzione dello stato ansioso, della dipendenza, della bassa autostima e della depressione. Nel corso delle sedute emerge la mancata elaborazione del lutto per la perdita del padre, avvenuto quando egli aveva 29 anni. Durante la terapia si sono evidenziate le trasformazioni delle lesioni psoriasiche in rapporto alle sedute effettuate. E' interessante notare come la ipnosi terapia influenzi il decorso di queste lesioni in senso positivo e come la sua sospensione ne provoca il peggioramento. Infatti questo lavoro viene corredato da un servizio fotografico, con le varie sequenze cronologiche che mettono in evidenza la evoluzione delle lesioni cutanee. A questo miglioramento non ha partecipato nessun trattamento farmacologico; infatti il soggetto ha usato saltuariamente solo creme idratanti e pomate emollienti. Le prime foto risalgono al 16-04-07. L'ipnositerapia inizia con la visualizzazione guidata (elioterapia in ipnosi), in seguito il terapeuta usa altre tecniche che consentono di rivivere emozioni positive del passato (piacevoli avvenimenti in cui il soggetto aveva la pelle integra) e di "proiettarle" nel futuro (*pseudo-orientamento nel futuro*), trasferendo ed effondendo le emozioni positive di benessere a tutto il corpo ed in modo particolare alle cellule della cute. L'autoipnosi prescritta, eseguita in maniera costante ha completato la terapia.

STUDENTS' PRESENTATIONS

DEVIN BLAIR TERHUNE, ETZEL CARDEÑA, AND MAGNUS LINDGREN (Sweden)

Dissociated control as a signature of typological variability in high hypnotic suggestibility.

Individuals who exhibit high hypnotic suggestibility have been found to vary considerably in executive attention at baseline and following a hypnotic induction. Typological models of high hypnotic suggestibility have proposed that a subset of these individuals, those with dissociative tendencies, exhibit disruptions in cognitive control following a hypnotic induction, whereas the remainder maintains flexible use of executive attention. Participants high and low in hypnotic suggestibility completed a Stroop color-naming task in counterbalanced order in control and hypnosis conditions. We predicted that dissociative highly suggestible individuals would display weaker up-regulation of cognitive control during hypnosis, as reflected by slower response times on incongruent trials preceded by incongruent (II) rather than congruent (CI) trials. In contrast, non-dissociative highly suggestible individuals and low suggestible controls were expected to display typical sequential congruency effects across conditions, as reflected by faster response times on II than CI trials. Both types of highly suggestible individuals exhibited an increase in automatization of behavioral responses, as measured by inter-trial response time variability, whereas low suggestible controls exhibited the opposite pattern. As predicted, the dissociative respondents' performance declined following a hypnotic induction, whereas the non-dissociative respondents' and low suggestible controls' performance improved slightly. The findings will be discussed within the context of typological and componential skills models of high hypnotic suggestibility.

FLAVIO G. DI LEONE, MARIA CHIARA TORTI (Italy)

The Nature of hypnotic analgesia: neuroimaging and neurophysiological correlations

L'ipnosi è da sempre nota per la sua capacità di influenzare i processi fisiologici ed il controllo su di essi ed è stata adoperata come strumento terapeutico sin dagli albori dell'umanità. È infatti uno degli strumenti più antichi nel campo dell'analgia e del controllo del dolore. Nelle ultime due decadi, con il crescente interesse riguardo queste applicazioni dell'ipnosi, sono stati pubblicati un numero adeguato di trials clinici sull'analgia ipnotica tali da rendere possibili revisioni della letteratura e i risultati sull'efficacia di questi approcci sono sempre più incoraggianti. Tuttavia, rimangono alcuni importanti e ancora irrisolti problemi riguardo lo specifico meccanismo neuronale sotteso all'effetto analgesico dell'ipnosi. Negli studi più recenti di neuroimmagini funzionali prevalgono le evidenze riguardo l'implicazione dell'attività della Corteccia Cingolata Anteriore (ACC, Area di Brodman 24'a) in risposta a stimoli nocicettivi in corso di trance ipnotica, ma la prassi attraverso la quale l'ACC sia in grado di influenzare la risposta a tali stimoli resta sconosciuta. Molti autori hanno proposto la partecipazione dell'ACC nel sistema attentivo di controllo, posto a supervisione dei processi corticali ma più studi recenti hanno dimostrato l'implicazione della porzione posteriore della ACC nell'analgia ipnotica,

mentre la porzione più anteriore sarebbe quella connessa con il circuito dell'attenzione. Nondimeno, l'ACC riceve afferenze nocicettive dalla corteccia somatosensoriale primaria e dall'insula e afferenze emozionali dal complesso amigdaloidale e le codifica all'area premotoria supplementare; il suo scopo pertanto sarebbe quello di organizzare adeguatamente le risposte comportamentali agli stimoli dolorosi. Il paradigma della doppia dissociazione, inoltre, ha dimostrato che il sistema somatosensoriale e quello limbico contribuiscono in modo differente all'esperienza algica e conseguentemente all'effetto analgesico dell'ipnosi. Ampie connessioni, però, tra l'ACC e altre aree sensoriali accessorie suggeriscono che tale codifica non sia un fenomeno indipendente e isolato ma diffusamente interattivo. Questa interattività si riflette sulla variabilità dell'esperienza dolorosa di per se stessa ma anche sulla complessità del controllo del dolore in ipnosi. In conclusione, la comprensione dei meccanismi neuronali sottesi all'analgia ipnotica e al controllo del dolore è ancora lontana ma le evidenze mostrano che tale effetto è la risultante della modulazione di un ampio network neuronale noto come neuro-matrice del dolore, comprendente la Corteccia Cingolata Anteriore ma anche aree anatomicamente e filogeneticamente più inferiori (come il talamo e i nuclei della base), in cui l'effetto è una depressione degli aspetti sensoriali, affettivi, cognitivi e comportamentali della percezione algica.

MANUEL SÁNCHEZ, ROSALBA ÁLVAREZ, LANDY TUN (Mexico)

Working in group with ericksonian techniques with patients with Hypertension and or Diabetes.

In September 2008, the group *Nuevos Sentidos* made an experimental research with 35 female patients between 65 and 93 years-old with diagnosis of diabetes, hypertension and with obesity. It was applied a protocol of five sessions using ericksonian techniques for obtaining a better adherence to medical and complementary treatments (exercise and food habits). The results were significant: 80 per cent improve adherence to treatments in the short term, and at the same time it was reflected in a better quality of life in patients.

The presentation will include:

- The program of the sessions
- An example of the material utilized
- Results
- A discussion

17.30-17.45 CLOSING REMARKS

FRIDAY September 25

**HYPNOSIS INFORMATION PROGRAM/
PROGRAMMA DI INFORMAZIONE SULL'IPNOSI**
Open to the general public/Aperto al pubblico

THEMATIC LECTURES

MATTHIAS MENDE

Hypnosis and Loss of Control: Science and Fiction

Hypnosis is very often associated with a loss of control. Stage hypnosis has its share of maintaining the incorrect notion that once hypnotized a person is no longer capable of resisting the suggestions of the hypnotist. Many people are afraid of hypnosis, because of fear they might be forced to do something against their will or might say something they actually don't want to reveal. On the other hand, many patients who seek hypnosis are hoping the special power of hypnosis might help them heal after everything else has failed.

This lecture will clean up the image of hypnosis from unrealistic fears and hopes concerning hypnosis. Doing so, the true magic of hypnosis will become apparent: Hypnosis helps patients gaining control over aspects of their lives which cannot be accessed easily by conscious willpower: the advice: “pull yourself together”, simply will not work in states of anxiety or depression.

Modern hypnosis works by establishing a special kind of trusting relationship that makes it easy for the patient to cooperate on a conscious and unconscious level - provided that suggestions are used supporting the interests and goals of the patient. In clinical hypnosis, suggestions given by the therapist will provide orientation and at the same time strengthen the autonomy of the patient. The unconscious mind is addressed as a keeper of unrecognized resources and capabilities which will surface by the help of hypnosis. Hypnosis enhances an openness of the mind, allowing patients to let go of conscious limitations and discover the strengths and options of their true inner selves. Hypnosis works by balancing the basic emotional needs to feel autonomous, related, competent and oriented.

BERNHARD TRENKLE

Hypnosis at the treatment of a chronic rip in the cornea

The lecture is describing a successful hypnotic single session treatment of a more than 2 years chronified rip in the cornea using a variety of hypnotic techniques.

DIANE YAPKO

Applying Hypnosis in the Treatment of Children with Special Needs

Children have natural resources that enhance their ability to benefit from hypnotic phenomena. This thematic lecture describes how children who have attentional, emotional, linguistic or cognitive issues can still benefit from strategic and hypnotic interventions. In this lecture I will distinguish between “being hypnotic” and “doing hypnosis” with children.

MICHAEL YAPKO

The Merits of Hypnosis in Enhancing Psychotherapy. Getting Familiar with Hypnosis

The study of the science and art of clinical hypnosis begins with the recognition that influence is inherent in the therapy process. Far more complex, though, are the deeper questions related to how one person can instill a belief in someone else that his or her distressing symptoms can diminish, resulting in a recovery, or how someone can suggest to another that he or she evolve a frame of mind that makes success possible in some desired domain. Hypnosis is often an astonishing phenomenon: How can someone absorb and integrate a suggestion for an altered perceptual framework for the meaning of an experience, encouraging a greater cognitive flexibility, that helps make relief from psychological distress possible? Hypnosis is an inherently fascinating phenomenon that provides many insights into the dynamics of effective psychotherapy. In this lecture, I will focus on identifying many of the key skills necessary to design and deliver meaningful psychotherapeutic interventions hypnotically.

CAMILLO VALERIO

Cinema e ipnosi: tra finzione e realtà (con proiezione video).

Fin dagli albori il cinema si è interessato all'ipnosi e un attento spettatore può cogliere aspetti intrinsecamente ipnotici già in alcuni filmati dei fratelli Lumiere. Le centinaia di film nei quali, fra i protagonisti, appaiono ipnotizzatori ed ipnoterapeuti consentono di riconoscere miti e stereotipi sull'ipnosi. Un filmato di 40 minuti propone una sorta di carrellata che, partendo dalle origini del cinema e dell'ipnosi moderna – nella sua forma esplicita e direttiva - arriva a proposte narrative più in linea col modello ericksoniano di trance naturalistica ed ecologica.