

# HYPNOSIS OREGON

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## Report of February 2008 Meeting

Joseph Bennette, MRET, CHt

This meeting we were treated to two very knowledgeable speakers—Dr. **Jay Irvin** and **Roy Hunter**. “Dr. Jay” helped us sort out our misunderstandings about making a good living and how we can use simple mind techniques and concepts to change our practices from low to high-income. Mostly, I got to come face-to-face with my own myths, misunderstandings and thinking errors. Dr. Jay is a dynamic and energetic presenter and I thoroughly enjoyed his simple, yet powerful approach.

Roy Hunter was our second speaker and although much less energetic than the first speaker, his presentation was no less powerful. He presented a simple and effective method for introducing and using parts therapy in a hypnosis session. Roy’s didactic presentation was oriented much more toward the clinical application of a hypnosis technique rather than on the technique itself.

Both presenters offered thorough instructions and underlying concepts in handouts so they could speak freely and engage their audiences more fully. I hope both will consider presenting to our membership again.

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More at [www.hypnosis-oregon.com](http://www.hypnosis-oregon.com)

## Hypnosis in the News

### Hypnosis Works to Treat Hospitalized Smokers

<http://www.foxnews.com/story/0,2933,304425,00.html>

Patients who are hospitalized may be more likely to quit smoking with the help of hypnotherapy, according to researchers.

A study, conducted by the North Shore Medical Center and Massachusetts General Hospital in Salem, Mass., found that more patients were likely to quit smoking after six months, compared to patients who used nicotine replacement therapy (NRT) or those who wanted to quit on their own, which is known as going “cold turkey.” Researchers also found that patients who were admitted to the hospital with cardiac disease were three times more likely to quit smoking than those with pulmonary (lung) problems.



Researchers studied 67 patients with cardio and pulmonary diseases who wanted to quit smoking. The patients were divided into four groups, based on their preferred method of treatment, including: 14 using hypnotherapy; 19 using an NRT; 18 using an NRT and hypnotherapy; and 16 who wanted to quit “cold turkey”.

The control group received brief counseling while other groups received intensive counseling, which included a free supply of NRT and/or a free hypnotherapy session within seven days of discharge. Follow-up telephone calls at 1, 2, 4, 8, 12, and 26 weeks after discharge were also made.

Those patients who received hypnotherapy were also taught to do self-hypnosis and were given special hypnosis tapes to play at the end of the session.

At the end of the 26 weeks, following discharge, 50 percent of the patients who were treated with hypnotherapy were nonsmokers, compared with 50 percent of nonsmokers in the NRT/hypnotherapy group, 25 percent in the control group, and 15.78 percent in the NRT group.

(Continued on page 4)

## Practice Tip: Using the Placebo Effect for Successful Outcomes

In the largest experiment of its kind to date, the study demonstrates the power of the placebo effect - which must never be underestimated. What the client/patient believes is every bit as or possibly more important than the treatment itself.

Health care providers - including alternative practitioners like Hypnotherapists - must be mindful to steer the client's beliefs in the direction of

cure or at least better health and successful outcome - by using the placebo effect.

Both of the following examples use the placebo effect because they are both uttered by a trusted professional to a client seeking assistance. One response, however, is more effective than the other. Which do you think might produce a more successful outcome:

1. "You'll continue to do great as long as you perform your daily exercise."
2. "The reason you feel great is because you did your daily exercise."

In the first example, there is an expectancy NOT fully realized and a built-in failure (what happens if I don't do the daily exercises). "As long as" is another form of "if" - and "if" connotes a possibility of more than one

*(Continued on page 4)*

## Session Story — I Can't Speak Spanish

Robert D. Reid CI, ChT

In 2002 a client showed up with a friend looking for some support. She stated that she was very familiar with and in fact was involved in the active participation in spiritual matters with her community. She expressed surprise and frustration that she couldn't solve this problem herself.

She had been having a consistent set of thoughts that wouldn't stop and she couldn't figure out why. And the thoughts were intrusive in the sense that they were overly persistent.

Now a medical or other therapist professional might want to diagnose this client as perhaps suffering from OCD or PTSD for insurance purposes. Well a diagnosis in and of itself is a judgment. Hypnotherapists don't diagnose!

I asked her what the thoughts were. She said "I have this great urge to learn Spanish and I have never been to Spain or Mexico in my life. I have no need to learn Spanish! Can you help me?"

"Well, let's use hypnosis to try to get to the bottom of this problem. I notice you have your friend here with you; do you want him to stay with you while we do the work?" I asked.

She replied affirmatively, "Is there any chance that we could record the session?" "Sure. You will have to pay for the tape and I will make you a copy and keep the original for myself."

I asked when these thoughts started to be in her mind and she replied about 2 years ago.

In my pre-talk I asked if she had ever been hypnotized. She said she had and had a lot of experience with trance.

She went into trance very easily and I deepened her to a somnambulistic state and led her to that very sacred source space I like to use with clients. When she indicated she was there, I reinforced her own power and told her she had choice on how to proceed. I mentioned several options to her and she chose to have a guide lead her to the place of origin of her thoughts. We summoned forward a guide that she accepted and we began.

In a couple of minutes, she became very agitated and I intervened with soft non-intrusive, calming techniques, both voice and touch on the hand. I also reaffirmed that she was in a safe space and reminded her that she was there with her guide and that as an adult she could just be there as an objective observer. This satisfied her and there was an objective calm maintained.

She began to report that she was watching a funeral of a 14-year-old boy. I asked the year and she said 1802. "Where are you?"

She replied, "Mexico." "Who is the boy?" "Me," she said. "What is the boy's name?" "Jose - my name is Jose. I died of a fever and I had a terrible sore throat and I couldn't eat and I just died. All of my relatives are crying and screaming to me in grief. I want to tell them that I am OK, and that I love them. They are all speaking Spanish to me and I haven't been able to tell them until now. But they are all here now and know that I am OK."

I asked if there was anything else there that she needed to do and she replied no. "Are you ready to come back?" "Yes." "Is it all right if we come back slowly and just clean up any remaining energy left as a result of the funeral 200 years ago?" "Yes," she replied.

We took our time cleaning up the energies and brought them all back to a pile of energy on the floor of the office and then we loaded them into a basket and floated them into the cosmos to serve a better purpose.

When she emerged from trance she was calm and very grateful to have completed that journey. We speculated that Jose (she) might have died from diphtheria, which has similar symptoms. She has not been bothered since with thoughts that she needs to "Learn Spanish."

***She began to report that she was watching a funeral of a 14-year-old boy. I asked the year and she said 1802.***

## Brain's 'Amnesia Centers' Discovered During Hypnosis Study

Brain scans of hypnotized people that are taken as they forget and are triggered to remember have revealed neural circuitry that is key to the memory suppression and recall process. The researchers who conducted the study said their insights into the memory suppression and recall process may yield insight into the mechanisms underlying amnesia.

Yadin Dudai and colleagues published their findings in the January 10, 2008, issue of the journal *Neuron*, published by Cell Press.

In their experiments, the researchers identified two groups of volunteers - those who were susceptible to hypnotic suggestions and those who were not. They showed both groups a documentary depicting a day in the life of a young woman. A week later, they placed them in a magnetic resonance

imaging scanner and induced them into a hypnotic state. In this state, the scientists gave the subjects a posthypnotic suggestion to forget the movie, also giving them a reversibility cue that would restore the memory.

Once the subjects had been brought out of the hypnotic state, the researchers tested their recall of the movie, then gave them the reversibility cue and tested their recall again. As expected, the hypnosis-susceptible group showed reduced recall of the movie, compared with the hypnosis-nonsusceptible group.

Analysis of the brain scans taken during posthypnotic amnesia and memory

recovery revealed distinctive activity differences between the hypnosis-susceptible group and -nonsusceptible group in specific occipital, temporal, and prefrontal areas of the brain. The researchers also detected telltale brain activity changes in the hypnosis-susceptible group as they forgot and recalled memory of the movie. In that group, activity in some brain regions was suppressed during memory suppression, while activity in other regions increased. And during reversal of the posthypnotic suggestion, the susceptible group showed recovery of

activity in suppressed regions.

“The paralleled recovery of brain activity and memory performance strongly suggests that suppression was exerted at early stages of the retrieval process, thus preventing

the activation of regions that are crucial for productive retrieval,” wrote the researchers. They wrote that their findings suggest that the amnesia induced by the posthypnotic suggestion “affects an executive preretrieval monitoring process, which produces an early decision on whether to proceed or not on retrieval, and in case of a [question about the movie], aborts the process.”

The researchers said that further studies will be needed to determine whether their findings apply to cases of functional amnesia seen in the clinic. However, they said that some forms of amnesia may be a consequence of the “preretrieval memory

abort” mechanism their findings revealed. Thus, hypnosis may at least partially model such forms of amnesia, they said.

“All in all, our data identify brain circuits that subservise suppression of retrieval of long-term memory of a real-life-like extended episode in the course of posthypnotic FORGET suggestion,” they concluded. “Some of these regions are likely to play a role in normal retrieval. Others are likely to be engaged in dysfunctions that involve an executive decision to abort subsequent retrieval.”

<http://www.medicalnewstoday.com/articles/93571.php>

As expected, the hypnosis-susceptible group showed reduced recall of the movie, compared with the hypnosis-nonsusceptible group.





## Hypnosis in the News (cont)

(Continued from page 1)

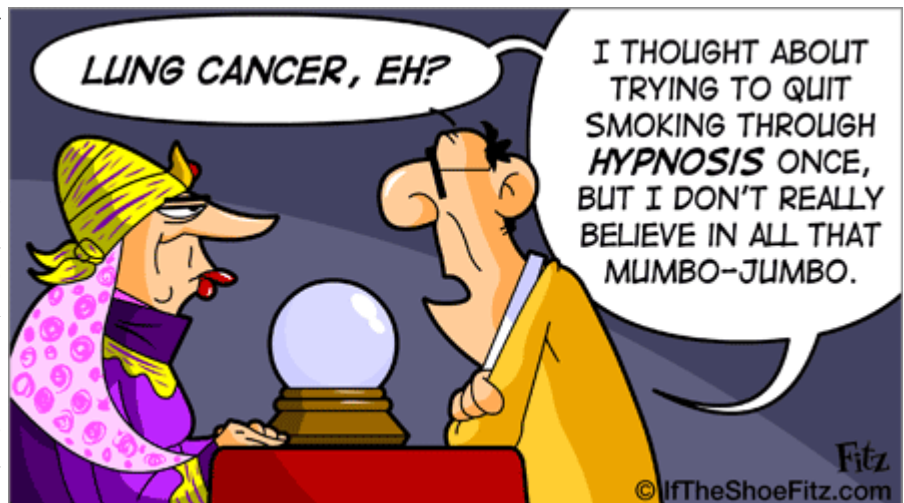
COMMENT: Another nail in the coffin for NRT - as a solo treatment it did worse than the control group/willpower alone. And as Allen Carr said, NRT (nicotine replacement therapy) is nicotine continuation, not replacement, and there's nothing therapeutic about it.

"Our results showed that hypnotherapy resulted in higher quit rates compared with NRT alone," Faysal Hasan, MD, North Shore Medical Center said. "Hypnotherapy appears to be quite effective and a good modality to incorporate into a smoking cessation program after hospital discharge."

Patient data, based on cardio or pulmonary diagnosis, showed that patients admitted with cardiac problems were more likely to quit smoking at 26 weeks (45.5 percent) than patients who were admitted with a pulmonary problem (15.63 percent).

"Patients admitted with coronary symptoms may have experienced 'fear and doom' and

decided to alter a major health risk to their disease when approached about smoking cessation," Dr. Hasan said. "In contrast, pulmonary patients admitted for another exacerbation may not have felt the same threat. They likely felt they can live for another day and continue the smoking habit."



## Using the Placebo Effect for Successful Outcomes (cont)

(Continued from page 2)

outcome.

In the second example, there is an expectancy ALREADY realized - and which is reinforced by a logical conclusion - while the treatment and outcome are strengthened by authoritative affirmation.

### The Nocebo Effect

Similar to the placebo effect is the "nocebo" effect in which a trusted authority instills a negative outcome frame in a client or patient. The famous example is the cancer death sentence, "You have just 6 months to live." Because the trusted authority believes this, the patient tends to believe it, too - and will tend to make the authority correct by dying on time.

This is not to say that we must lie to clients - but telling a client they will be ill, or will fail, or will in some way fall short of a therapeutic goal for whatever reason, is usually

unnecessary and often untrue - because you, the practitioner, cannot possibly know ALL the possible outcomes. Spontaneous remission is more common than most people realize. So why not emphasize the positive outcome that COULD and likely WILL occur as the client/patient follows the treatment regimen. To even suggest the possibility of failure can be enough for some patients to "buy in" and carry out the prophecy.

What the client/patient BELIEVES can make all the difference in the outcome of treatment or process.

*Joseph Bennette, MRET, CHt is a semi-retired hypnotherapist in Salem, OR and a member of the Board of Directors of the Oregon Hypnotherapy Association.*

# Meeting Advance Registration Form

Fairfield Inn, 6100 SW Meadows Rd, Lake Oswego (Off I-5)

Members \$45, Non-Members \$55, Students \$35

(Add \$10 if paid within 21 days of event or at the door)

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel: \_\_\_\_\_

Numbers I wish to register: \_\_\_\_\_ Members, and/or \_\_\_\_\_ Non-Members, and/or \_\_\_\_\_ Students

I am enclosing my check for total amount due: \$ \_\_\_\_\_  
Please make checks payable to Oregon Hypnotherapy Association

## Send this registration and fees to:

Oregon Hypnotherapy Association  
16869 SW 65th Ave. PMB 357  
Lake Oswego, OR 97035

Inquiries: Tel: 503 635-1900 Fax 503 635-4346

## OREGON HYPNOTHERAPY ASSOCIATION

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## Scheduled Presenters

June 2008

### **Howard Hamilton, CHt**

*Metaphysical Hypnosis - Move into higher levels of consciousness. Explore psychic abilities, communicate with spirit guides, see auras, channel, explore past and future lives, travel out of body. Experience demonstrations by Howard Hamilton using rapid and instant inductions.*

### **Keith Rowell**

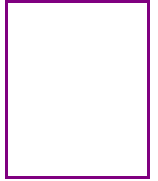
*The relationship between hypnosis and UFO research. Hypnosis is controversial in ufology because of the difficulty of separating fact from fantasy in general in the field. The frequent use of hypnosis in abduction research is part of this general problem. Keith has over 30 years experience in the field of ufology as a researcher and investigator.*

### **Robert Reid, CHt**

*Hypnotherapy, The Subconscious Mind And The Imperative Of Our Conscious Thoughts - Each of us has a set of paradigms (models) that we use to navigate our perceived world. What if our models are incorrect? What if our perceptions are wrong? Does it really make a difference? **YOU BET IT DOES!** We always create what we focus on.*

**Intention** (consciously chosen, or not) + **Attention** (your energy)  
+ Action (remembering who you are, or not)  
*Always Manifests Your Intent*  
*Whether you care for the result or not.*

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ADDRESS CORRECTION REQUESTED

## **Next Meeting**

**Saturday, June 14, 2008**

Fairfield Inn, 6100 SW Meadows Rd, Lake  
Oswego, Oregon

10:30-11:30 - Board Meeting

11:30 - 12:00 - Registration

12:00 - 1:00 - Catered Lunch

12:00 - 5:00 - General Meeting (5 CEUs)

5:00 - 5:30 - Membership Discussion

Members \$45, Non-Members \$55, Students \$35

*Add \$10 if paid within 21 days of event or at the door*

**See registration form on page 5** or register by  
phone at 503-635-1900