

SCEH 2022 Scientific Program Agenda

Saturday and Sunday, October 15-16, 2022

12.5 CE

Preliminary Schedule

Saturday, October 15, 2022

8:00-9:30 AM PT **Presidential Symposium (90 minutes)**

TBD

Ciara Christensen, PhD, SCEH President

9:30-9:45 AM PT **Break (15 minutes)**

9:45-10:45 AM PT **Keynote (60 minutes)**

Mind-Body Therapies in Health Care Settings: My Journey with Mindfulness-Based Cancer Recovery

Linda E. Carlson, PhD, CPsych, Department of Psychosocial Oncology, University of Calgary, Alberta, Canada

Dr. Carlson will broadly discuss potential applications of mind-body therapies in health care settings, focusing on cancer care, where she has worked for almost 25 years. She will then review her journey of developing, evaluating and broadly implementing the Mindfulness-Based Cancer Recovery program in-person, online and through digital technology.

10:45-11:30 AM PT **Poster Session (45 minutes)**

1. Positive Psychology Constructs: Implications for Mindful Hypnotherapy

Aaron C. Finley, BA¹; Gary Elkins, PhD, ABPP, ABPH¹

¹*Baylor University, Waco, TX, USA*

Background/Rationale: Mindful hypnotherapy (MH) has been developed to deliver mindfulness and positive psychology constructs in the context of hypnotherapy. However, there has been limited research on positive psychology constructs that may be the focus of mindful hypnotherapy suggestions to promote well-being through increased gratitude and hope. Methods: A systematic literature review was conducted using the terms gratitude and hope to identify existing empirical studies. Results: Gratitude (appreciation of a person, thing or event) and hope (belief in the possibility of a desired future) were found to be highly associated with life satisfaction. Greater hope was found to be associated with greater general adjustment levels. Individuals with greater levels of hope have a higher likelihood of finding the positives in managing life stress. Greater levels of hope are related to enhanced social functioning, close relationships with others, and lower levels of clinical depression. Individuals with greater levels of hope are also more forgiving of close others. Mindful hypnotherapy may be utilized to help individuals achieve increased gratitude and hope. Additional outcomes may include improved social interactions and decreased depression. Discussion: Cultivating and increasing gratitude and hope via mindful hypnotherapy may improve overall psychological and social functioning. Potential future directions include: exploration of hypnosis-adapted treatments targeting these constructs, and modification and assessment of hope and gratitude using mindful hypnotherapy.

2. **Is Increased Suggestibility the Essence of Hypnosis?**

Paul F. Dell, PhD, ABPP

Hull (1933) concluded that “the essence of hypnosis lies in the fact of change in suggestibility” (p. 391). Since then, five subsequent studies of waking versus hypnotic suggestibility have shown that -- compared to their performance in the waking condition -- 21% to 50% of subjects (Mode = 43%) demonstrated increased suggestibility after a hypnotic induction and 0% to 68% (Mode = 25%) exhibited decreased suggestibility. These data, which replicate Hull’s results, validate Hull’s observation that the hypnotic increase in suggestibility is “probably far less than the classical hypnotists would have supposed had the question ever occurred to them” (Hull, 1933, p. 298). Hull’s wry observation is as apropos today as it was 90 years ago. It begs a question: “Why do we ‘see’ or experience a more dramatic increase in hypnotic suggestibility than six studies have shown to be the actual case?” The answer to this question lies in the fact that we (almost) never compare ‘waking’ suggestibility to hypnotic suggestibility. Instead, we compare hypnotic performance to our daily experience outside the office or laboratory. That daily experience is constrained by our acceptance of Western culture’s ‘insistence’ that everyday (‘waking’) suggestibility is much less than it really is.

3. **You Are Getting Very Sleepy: A Pilot Study Using Clinical Hypnosis to Reduce MRI-Related Anxiety**

Jeffrey Lee, MD¹, Merlin Ariefdjohan, PhD, MPH¹, Brittany Seymour, LCSW¹, Lindsey McKernan, PhD², Valeria Potigailo, MD¹, Justin Honce, MD¹, Alexandra Chadderdon, PsyD³

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Background/Purpose: Magnetic resonance imaging (MRI)-related anxiety is a common problem associated with increased patient distress, reduced imaging quality, longer imaging times, repeat imaging, and increased healthcare costs. This study aims to assess the effects of hypnosis (HYP) compared to treatment as usual (TAU) on outcomes of anxiety, service satisfaction, and clinical operations in patients undergoing MRI. Methods: Patients undergoing MRI were randomly assigned to TAU versus HYP groups (n = 10 per group). Patients completed the State and Trait Anxiety Inventory for Adults (STAI-AD) before and after the MRI. Duration of imaging were noted, and two radiologists independently rated the images for motion artifacts to determine MRI quality. After the study, patients rated service satisfaction and were interviewed for additional perspectives. Quantitative data were analyzed using descriptive and inferential statistics, while qualitative responses were summarized as major themes. Results: HYP group exhibited a significant reduction of state anxiety (p = 0.039) but not trait anxiety (p = 0.086). TAU group did not exhibit significant reduction in state nor trait anxiety (p = 0.203, 0.294). HYP group demonstrated significantly lower mean motion artifact scores compared to TAU group (p = 0.009) indicating higher degree of stillness while undergoing MRI. No significant differences were noted in the number of MRI repeats, imaging times, and patient satisfaction scores between HYP vs. TAU groups (p > 0.05 for all). Qualitative interviews indicated satisfaction and openness to the hypnosis procedure in both groups. Conclusion: Our findings suggest that clinical hypnosis is beneficial as an intervention to reduce anxiety and improve imaging quality without a negative impact on clinical operations in patients undergoing MRI.

4. **Examining the Role of Suggestion and Placebo Response in Non-Hormonal Treatment of Hot Flashes**

Joshua R. Rhodes, MA¹

¹Baylor University, Waco, TX, USA

Vasomotor symptoms (VMS) are among the most common complaints among menopausal and postmenopausal women. As an alternative to hormone replacement therapy, paroxetine mesylate became the only nonhormonal treatment approved by the U.S. Food and Drug Administration. Findings from a meta-analysis examining placebo response in the administration of paroxetine for VMS treatment will be presented. The primary outcomes evaluated were hot flash frequency and hot flash severity scores across six randomized clinical trials, including 1,486 women. The six randomized clinical trials were reported in 4 published articles, with one article containing results of two separate trials and the remaining trial's data reported to a national clinical trial registry. Results indicate that there is a large placebo response found in the reduction of hot flash frequency

and severity, calling into question the true drug effect. In light of these findings, the role of suggestion and the placebo response will be discussed as they relate to the alleviation of vasomotor symptoms.

10:45 AM -12:00
PM PT

Lunch Break (30 minutes)

12:00-1:00 PM PT

Keynote (60 minutes)

The Modified States of Consciousness and Clinical Hypnosis: Neuroscience, Taxonomy, and Neurophilosophy of Mind in Humanistic Therapy

Maria Paola Brugnoli, MD, PhD, Pontifical University Regina Apostolorum, Roma, Italy

A basic neuroscientific understanding of the different states and stages of the consciousness and its psychological and neural correlates is of major importance for all scientists, clinicians, psychologists and philosophers. Today clinical hypnosis and traditional oriental philosophy attract the growing interest of researchers and scientists. The study of consciousness poses the most enigmatic problems in neuroscience and neurophilosophy of the mind. The purpose of the present study is to focus on the neuroscientific, neurophilosophical and clinical relationship between introspective concentration, clinical hypnosis, meditative states and awareness. This work presents a new understanding of the neurophysiological states of consciousness. It is not only a review of the neurosciences and neurophilosophical foundations of consciousness, sleep phenomena, awareness, hypnosis states and meditative states: it provides a new model of the current scientific studies for a humanistic therapy.

1:00-2:00 PM PT

Keynote (60 minutes)

Now We Really Know that It Works!

Safe place suggestions significantly reduce impulsivity, stress and anxiety.

Barbara Schmidt, PhD, Institute for Psychosocial Medicine, Psychotherapy and Psychooncology, Jena University Hospital, Jena, Germany

The suggestion to be at a safe place is a central hypnosis technique that hypnotherapists apply in many contexts. Yet, empirical evidence for the efficacy of this frequently used technique is lacking. In my neuroscientific studies, I show how effective safety suggestions are. Participants feel significantly safer after a safety suggestion than in a control condition. When I give the suggestion to feel safe under hypnosis, the effect is stronger compared to post-hypnotic suggestions of safety that are elicited by a trigger after the hypnotic state is over. The effect of the post-hypnotic trigger lasts for several weeks. When participants feel safe, they show lower EEG brain activity to monetary rewards and devalue future monetary rewards less compared to immediate monetary rewards. That indicates lower impulsivity and better self-control, going along with a feeling of satisfaction. I also used the safe place suggestion in the ICU with non-invasively ventilated patients and showed that it helped patients to accept ventilation very well. The effect sizes of safe place suggestions are very large across all studies. My research shows how promising this technique is in the treatment of impulsivity-related disorders like substance addiction as well as for the reduction of anxiety and stress during challenging medical procedures like non-invasive ventilation. My goal is to convince more therapists and medical staff to apply

safe place suggestions as a standard treatment with great positive effects on patients' well-being and health.

2:00 PM PT

Adjourn for the day

Sunday, October 16, 2022

8:00-9:30 AM PT

Research Presentations (90 minutes)

1. **Functional Connectivity in Control Networks is Predictive of Hypnotizability**

Yeganeh Farahzadi, MS¹, Zoltan Kekecs, PhD¹

¹Institute of Psychology, ELTE, Budapest, Hungary

Behavioral evidence suggests that hypnotizability is associated with the reconfiguration of the control processes. However, it is not clear whether those reconfigurations are specific to the control networks in the brain or general to all the networks including sensorimotor, salience, and default mode networks. In the current study, we use EEG functional connectivity across all the networks, regardless of being control-related or not, and train a multi-head classification model that simultaneously predicts level of hypnotizability as well as subjective self-report. We show that functional connectivity successfully classifies highly susceptible participants as evaluated by prediction accuracy on a held-out validation set. Further Shap values analysis reveals that the most influential connectivity features in this model are within the control networks [i.e., Ventral Attention Network (VAN), Dorsal Attention Network (DAN), Frontal-Parietal (FPN), and Cingulo-Opercular Network (CON)] rather than sensorimotor networks.

2. **Hypnotizability is a Unitary Construct: Findings from Factor Analysis of the Elkins Hypnotizability Scale**

Morgan A. Snyder, MA¹, Vanessa Muniz, BS¹, Kimberly Zimmerman, PsyD², Zoltan Kekecs, PhD³, Gary R. Elkins, PhD¹

¹Baylor University, Waco, TX, USA

²Private Practice, TX, USA

³Institute of Psychology, ELTE, Budapest, Hungary

The objective of this study was to determine the factor structure of the Elkins Hypnotizability Scale (EHS) in a clinical population of post-menopausal women experiencing hot flashes. A confirmatory factor analysis was conducted and tested a single second-order factor (hypnotizability) model with 4 first-order factors: 1) Direct Motor, 2) Motor Challenge, 3) Perceptual-Cognitive, and 4) Posthypnotic Amnesia. Results of the confirmatory factor analysis showed that this model was adequately supported (χ^2 (df = 8) = 5.004, $p = .7571$; CFI = 1.00; RMSEA < .001). However, when tested against a more parsimonious, single-factor model with 6 indicators based on the individual items, the model did not show a significant reduction in fit

compared to the higher-order factor structure, therefore, the parsimonious single-factor structure with 6 indicators provided the best description of fit for the EHS (χ^2 (df = 9) = 8.412, $p = .4932$; CFI = 1.00; RMSEA < .001). Results of the present study support a single underlying factor of hypnotizability. The finding suggests a theory of hypnotizability that is best accounted for by a single factor, and that measures of hypnotizability solely capture an individual's hypnotic ability.

3. Revisiting the Domain of Suggestion: A meta-analysis of suggestibility across different contexts

Madeline E. Stein, MA¹, Afik Faerman, PhD^{2,3}, Trevor Thompson, PhD¹, Irving Kirsch, PhD⁵, Steven J. Lynn PhD⁶, Devin B. Terhune. PhD¹

¹*Department of Psychology, Goldsmiths, University of London, London, UK*

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³*Psychiatry and Behavioral Sciences, Baylor College of Medicine, Houston, TX, USA*

⁴*Centre for Chronic Illness and Ageing, University of Greenwich, Kent, UK*

⁵*Program in Placebo Studies, Harvard Medical School, Cambridge, MA, USA*

⁶*Department of Psychology, Binghamton University, Binghamton, NY, USA*

Responsiveness to verbal suggestion is relevant to hypnotic responsiveness, placebo and nocebo responding, and germane phenomena. Debate continues regarding whether suggestibility represents a stable uniform trait or differs across contexts and modes of assessment. To address this question, we conducted a pre-registered random-effects meta-analysis to quantitatively synthesize research on associations between diverse measures of suggestibility. Our overarching hypothesis is that scores on standardized suggestibility scales will positively correlate but vary in magnitude depending on the contextual and structural similarities of scales, modes of assessment, and the psychometric properties. We will apply a series of random-effects meta-analyses to correlation coefficients between suggestibility scale pairs, including: hypnotic and non-hypnotic suggestibility scales; hypnotic and specific types of non-hypnotic suggestibility scales (direct verbal suggestibility, interrogative suggestibility, indirect suggestibility, and questionnaire measures of suggestibility); and between each of the four types of non-hypnotic suggestibility scales. Additionally, moderation analyses will be conducted using meta-regression analyses to assess whether variability in correlation coefficients is linked to methodological features. The analyses are currently ongoing (completion by May 2022). The results will improve our understanding of suggestibility and are likely to have implications for basic research and clinical applications of verbal suggestion in a range of contexts.

4. Hypnotherapy Clients are Not Average People: Characteristics of Individuals Who Undergo or Want to Seek Hypnosis Treatment

Olafur Palsson, PhD, Professor of Medicine, University of North Carolina at Chapel Hill

In this presentation, Dr. Palsson draws on his recent research studies of more than 3000 individuals, including 3 studies published in the last couple of years and unpublished data, to demonstrate that as a group, people who seek clinical hypnosis services are different from others in the general population on several characteristics. The personality traits, cognitive style and life experiences associated with hypnotherapy-seeking and strong interest in receiving such therapy include elevated scores on measures of subconscious connectedness, absorption, dissociation, fantasy proneness and magical ideation, as well as increased proneness to have anomalous life experiences. Dr. Palsson will discuss the implications of this selective psychological affinity for hypnotherapy both for clinical hypnosis practice and hypnosis research.

9:30-9:45 AM PT **Break (15 minutes)**

9:45-10:45 AM PT **Keynote (60 minutes)**

Is It Real?

Unravelling the neural mechanisms of hypnotic hallucination

Renzo Lanfranco, PhD, Department of Neuroscience, Karolinska Institutet, Solna, Sweden

Hypnotic suggestions can produce a broad range of perceptual experiences including hallucinations. Many studies have shown that hypnotic hallucinations activate cortical regions associated with sensory processing via top-down mechanisms. However, it is currently unknown how hypnotic hallucinations disrupt sense of reality to feel real. Studying hypnotic hallucination and imagination together provides an opportunity since both activate very similar sensory processes while notoriously differing in their vividness and sense of reality. In this talk, I will summarise the main findings of this ongoing line of research and will present our recent endeavours using psychophysics and neuroimaging techniques. Finally, I will discuss the theoretical contributions of this line of research to the understanding of hypnotic phenomena and whether hypnotic hallucination could be used as a model for psychosis research.

10:45 AM-12:00 PM PT **Research Presentations (75 minutes)**

1. **Is 'Placebo Hypnosis Induction' Real?**
The comparison of the effectiveness of analgesic suggestions received after conventional and placebo hypnosis induction

Zoltan Kekecs, PhD¹, Pietro Rizzo², Yeganeh Farahzadi¹, Balazs Nyiri¹, Vanda Vizkievicz¹, Aliz Takacs¹, Kyra Giran¹, Balint Domok¹, Nagy Judit Krisztina¹, Robert Johansson², Gary Elkins, Ph.D., ABPP, ABPH³

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³*Baylor University, Waco, TX, USA*

Hypnosis is a powerful therapeutic tool which is used to facilitate psychotherapy and medical treatments. In our research we are assessing the characteristics of placebo/sham hypnosis inductions. A validated

placebo induction could help us pinpoint the effective components of hypnosis interventions and understand the mechanisms involved. In our study participants undergo three cold pressor task (CPT) trials consecutively. (The CPT is a classical experimental pain paradigm involving immersing the hand in ice-cold water). In the first trial we assess baseline pain tolerance, which is followed by two hypnoanalgesia trials. One of these trials involves a conventional relaxational induction, while the other involves a “white noise hypnosis” placebo induction. In both trials participants get suggestions for pain reduction following the induction, and they complete CPT during hypnosis. In a pre-registered analysis we are contrasting the effectiveness of analgesic suggestions received after conventional and placebo hypnosis induction. We will also contrast reported pain intensity, hypnosis depth, and hypnotic experiences between the two conditions. Results will be discussed in light of different theories of hypnosis and their predictions. Data collection is currently ongoing, the final results will be shared at the conference.

2. Effects of Hypnosis Therapy on Pain and Opioid Use Following Shoulder Replacement Surgery: A Feasibility Trial

Lynn Couchara, BBA¹, Mark Frankle, MD¹, William Lee, PhD¹, Peter Simon, PhD², Kaitlyn Christmas, BA², Mark Jensen, PhD³

¹*University of South Florida, Tampa, FL, USA*

²*FORE, Tampa, FL, USA*

³*University of Washington, Seattle, WA, USA*

Objectives: Patients who experience severe pain in the immediate post-operative period are at an increased risk of persistent pain and long-term opioid use. Therefore, it is crucial to find safer and less addictive ways to manage pain, especially after orthopedic surgery, which is one of the main contributors to opioid use. The objective of this pilot study was to determine the feasibility and efficacy of hypnosis therapy (HT) intervention in decreasing peri-operative pain and opioid use in individuals undergoing shoulder replacement surgery. **Methods:** A randomized prospective study was performed on participants assigned to receive standard care (SC) or hypnosis therapy (HT), with the latter consisting of both SC and video recorded hypnosis therapy. Fifty-two participants (27 males, 25 females) with an average age of 71 years (range: 55-88) were included. Twenty-eight of them (21 RSA: 7 TSA) were assigned to the HT group and 24 (16 RSA: 8 TSA) to the SC group. Those in the HT group were invited to listen to the recording at least one time per day for a minimum of 7 days before surgery using a web-based platform, which was also utilized by the two groups for outcome reporting, both pre- and post-operatively. The primary outcome measures were maximum and average Numeric Rating Scale (NRS) pain score and the secondary outcome measure was post-operative Morphine Milligram Equivalents (MME) consumption. **Results:** Pre-operatively, participants in the HT group experienced less maximum NRS pain (5 vs 7, $p < 0.001$) and average NRS pain (4 vs 5, $p < 0.001$). Post-operatively, the pain severity in the HT group was also less than in the SC group, both for maximum (3 vs.

4, $p < 0.001$) and average NRS pain (2 vs 3, $p < 0.001$) (Figure 1, 2). The total MME consumption in the HT group (978 MMEs) was lower than that in the SC group (1,263 MMEs). During the first 3 days after surgery, when the highest opioid consumption occurred (Figure 3a), the mean opioid consumption in the HT group was less than half of that in the SC group (mean: 13 vs 25 MME, $p = 0.004$). In addition, peak opioid consumption occurred at day 2 post-operatively in both groups; however, consumption in the HT group (235 MME, mean: 18 MME) was half of that in SC group (470 MME, mean: 36 MME). This then decreased considerably after day 3 in both groups (Figure 3b). Conclusion: The results support the feasibility and potential efficacy of a hypnosis therapy (HT) intervention in individuals undergoing shoulder replacement surgery, specifically in decreasing peri-operative pain and opioid use. This indicates that a full trial of the intervention is warranted.

3. **Audio Suggestions Influence Cooperative Behavior: A Replication and Extension**

Melvin S. Marsh, MA, Lawrence Locker Jr, PhD¹, Michael E. Nielsen, PhD¹
¹*Georgia Southern University, Statesboro, Georgia*

The purpose of this study was to replicate and extend research that indicates cooperation can be influenced via a suggestion-based intervention. Earlier work used either a suggestion to cooperate, or a suggestion to trust oneself, whereas this study adds a neutral control condition. Participants (N=201) were adult university students randomly assigned to listen to either audio instructions designed to encourage trust in others, trust in self, or a neutral control condition. Participants then played a “Stag Hunt” game that allowed them to cooperate or compete with an unknown other. Data indicated a significant effect of guided imagery at the $p < .05$ level for the three conditions, $F(2,195) = 8.357$, $p = 0.00033$. Post hoc comparisons using the Tukey HSD test indicated the Trust Others condition (M=22.15, SD= 2.5077) showed more cooperation than both the Trust Self condition (M=20.43, SD=3.3118) and the control conditions (M=20.44, SD=2.4396), which did not differ from each other. Further replications would be needed.

12:00-12:30 PM PT **Lunch Break (30 minutes)**

12:30-2:00 PM PT **Symposium (90 minutes)**

Task Force Research Standards Recommendations and Hypnosis Practice Findings

Chairperson: Donald Moss, PhD, Dean, College of Integrative Medicine and Health Sciences, Saybrook University, Pasadena, CA, USA

Presenters:

Zoltan Kekecs, PhD, Assistant Professor, Institute of Psychology, Eotvos Lorand University, Budapest, Hungary

Olafur Palsson, PhD, Professor of Medicine, University of North Carolina at Chapel Hill

Gary Elkins, PhD, ABPP, ABPH, Editor-in-Chief, International Journal of Clinical and Experimental Hypnosis and Professor, Department of Psychology and Neuroscience,

Baylor University, Waco, TX, USA

In 2018, the Society for Clinical and Experimental Hypnosis initiated an organizational meeting at the Montreal meeting of the International Society of Hypnosis. Six major hypnosis societies agreed to sponsor an international Task Force on Guidelines for the Assessment of the Efficacy of Clinical Hypnosis, including SCEH, ASCH, APA Division 30, the Milton Erickson Foundation, the National Pediatric Hypnosis Training Institute, and the International Society for Hypnosis. Researchers from five countries participated in monthly meetings commencing in February 2019 and continuing to the present, pursuing the Task Force objectives. This symposium will report on the Task Force findings in three areas: 1) Recommendations for best practices in conducting and reporting research on hypnosis, 2) Findings of an international survey showing a dramatic shift in clinical practice toward video-based teletherapy and a discussion of implications for future practice, and 3) A report on survey findings on adverse effects of hypnosis, comparisons to adverse effects of other medical and behavioral therapies, and recommendations for managing adverse effects in hypnosis practice.

2:00 PM PT

Adjourn