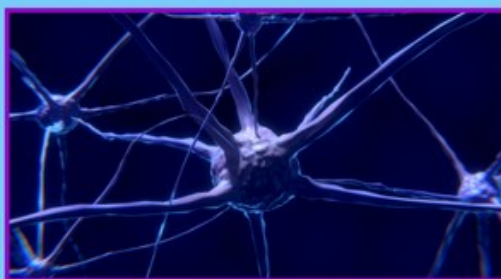


# FOCUS



## The Future of Healing Hypnosis in Multidisciplinary Care

76th Annual Workshops & Scientific Program  
October 8-12, 2025  
Live online - live attendance required

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October 8-12, 2025

76th Annual Workshops & Scientific Program

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**FOCUS** is published quarterly and features news and information for members of the Society for Clinical and Experimental Hypnosis (SCEH).

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# Message from the President



**March 2025**

*“Let’s take a deep breath, exhale slowly, and release any tension we’ve discovered held in our bodies. We may replace those sensations with feelings of tranquility, peace, and calmness, even for few*

*moments. Perhaps we can begin to experience a renewed sense of community for the work ahead, as we come together for a common purpose.”*

For many years the Executive Committee of SCEH, which meets monthly, begins with a brief meditation. I often start such meditations with words such as these, enfolding strength of community and commonality of purpose into suggestions for a brief respite from otherwise hectic days. It is with that sense of community and purpose that I am looking forward to the return to online offerings with an exciting lineup of [SCEH Midyear Workshops](#). If you have colleagues who have expressed an interest in learning about hypnosis, the Introductory Workshop “Foundations of Clinical and Applied Hypnosis” offered Friday and Saturday, March 7-8, is an excellent opportunity. It will be co-chaired by Drs. Eric Willmarth and Chandler Broadbent. Intermediate Training in Clinical Hypnosis, co-chaired by Drs. Louis Damis and Akira Otani, will be offered then as well. On Sunday March 9<sup>th</sup>, several Advanced Workshops on the theme of Neurological and Functional Neurological Disorders will be featured, and on Monday March 10<sup>th</sup>, Advanced Workshops on the theme of Mindfulness, Meditation and Hypnosis will be offered.

It is also with this sense of community and common purpose that I am excited about October’s live, online [76<sup>th</sup> Annual Workshops & Scientific Program](#), our 2025 Annual Conference. Although getting together in person is terrific for building community, offering online programming allows many people to participate who would not otherwise be able to do so. Conference Committee Co-Chairs Deanna Denman, PhD and Jessie Markovits, MD are planning something new this year,

with the Scientific Program to be held during the week, on Wednesday and Thursday, October 8<sup>th</sup> and 9<sup>th</sup>, and the Workshops (Introductory, Intermediate and Advanced) to be held Friday through Sunday afternoon, October 10-12. The [2025 Annual Conference Call for Papers](#) is now open. We invite Advanced Workshop Scientific Program submissions (which includes research presentations, symposia, panels and posters).

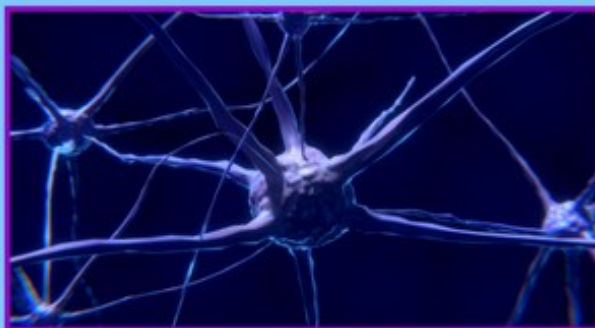
Community is especially important now, because this is a stressful time for many of us. Rapid changes in federal policies in the United States have reverberated worldwide. In my own academic medical community, there are multiple ways we have been impacted, including concerns about the future of federal funding for research; federal impacts on Diversity, Equity, and Inclusion (DEI) efforts in U.S. institutions of higher education; negative impacts on the health and well-being of transgender individuals; and the expectation that agents from Immigration and Customs Enforcement (ICE) will enter hospitals, clinics, research laboratories, and classrooms to target and detain people whom they suspect may have violated U.S. immigration laws. I know the levels of stress in the world go well beyond the borders of the United States.

At SCEH, as an organization, we remain committed to promoting excellence and progress in hypnosis research, education, and clinical practice. We have not refrained from responding to crises, as we have done in providing [Free Public Service Webinars](#) in response to the [COVID-19 Pandemic](#) and the [displacement of civilians from Ukraine](#) when that country was invaded by Russia. The [SCEH Policy on Diversity and Inclusivity](#) is detailed and reflects the belief that “diverse contributions lead to enhanced scientific and clinical knowledge and richer dialogue and inquiry with respect to hypnosis.”

As SCEH president, I have a duty to support the [Mission, Vision, and Values](#) of SCEH, and support our policies. I am honored to be a position to do so. I hope to see many of you at our upcoming live virtual offerings. Our strength comes from our community and common purpose.

Sincerely,  
**Barbara McCann, PhD,**  
SCEH President

# 76th Annual Conference: Call for Papers



## The Future of Healing Hypnosis in Multidisciplinary Care

76th Annual Workshops & Scientific Program

October 8-12, 2025

Live online - live attendance required

### *2025 Annual Conference*

**76th Annual Workshops and Scientific Program**

**The Future of Healing: Hypnosis in Multidisciplinary Care**

**October 8-12, 2025 (Wednesday-Sunday)**

**Live online via Zoom - live participation required - #SCEH2025**

[Conference Info](#) - event planning now underway.

[Call for Papers](#) - Deadline: April 15, 2025

Event registration: Opens Summer 2025

The Society for Clinical and Experimental Hypnosis invites proposals for Advanced Workshops, Scientific Research Presentations, Symposia and Posters.

### *About the Conference*

The SCEH Annual Conference includes Introductory, Intermediate and Advanced Clinical Hypnosis Workshops plus a Scientific Program and provides CE and CME. Workshops meet accepted Standards of Training in Clinical Hypnosis and count toward SCEH Hypnosis Certification Programs. This year's event will be held live online via Zoom. Live participation is required. Event planning is now underway.

**New this year! Scheduling Change -- Please Note.**

The Scientific Program will take place Wednesday afternoon and Thursday; workshops will run Friday through Sunday afternoon. Please note this schedule change when submitting a Workshop or Scientific Program Proposal and in planning your participation.

# SCEH 2025 Midyear Clinical Hypnosis Workshops

## Overview

**Friday and Saturday – Introductory or Intermediate Workshops (Concurrent Sessions)**

### ***100M - Introductory Workshop: Foundations of Clinical and Applied Hypnosis***

**Co-Chairs and Faculty Leads:** Eric Willmarth, PhD, and Chandler Broadbent, PsyD

Additional Faculty: Casey Applegate-Aguilar, PhD, LPCC; Louis Damis, PhD, ABPH, FASCH; Cassandra Jackson, MA, Nicholas Olendzki, PsyD, and Donald Moss, PhD

#### **Introductory Schedule**

##### **March 7, 2025 - Day one of two**

Workshop 8:00 AM - 12:00 PM PT (includes 30-minute break)

Lunch Break 12:00 Noon - 1:00 PM PT

Workshop 1:00 - 4:30 PM PT (includes 30-minute break)

Day One Workshop Hours: 6.5 hours. One hour meal break and two 30-minute breaks

##### **March 8, 2025 - Day two of two**

Workshop 8:00 AM - 12:00 PM PT

Lunch Break 12:00 Noon - 1:00 PM PT

Workshop 1:00 - 4:00 PM PT

### ***200M - Intermediate Workshop: Intermediate Training in Clinical Hypnosis***

**Co-Chairs and Faculty Leads:** Louis Damis, PhD, ABPH, FASCH and Akira Otani, EdD, ABPH

#### **Intermediate Schedule**

##### **March 7, 2025 - Day one of two**

Workshop 8:00 AM - 12:00 PM PT (includes 30-minute break)

Lunch Break 12:00 Noon - 1:00 PM PT

Workshop 1:00 - 4:30 PM PT (includes 30-minute break)

Day One Workshop Hours: 6.5 hours. One hour meal break and two 30-minute breaks

##### **March 8, 2025 - Day two of two**

Workshop 8:00 AM - 12:00 PM PT

Lunch Break 12:00 Noon - 1:00 PM PT

Workshop 1:00 - 4:00 PM PT

Day Two Workshop Hours: 6.0 hours. One hour meal break and two 30-minute breaks

Total Workshop Training Hours: 12.5

Intermediate Skills Workshop, Refining Skills & Treatment Applications, is offered as a cohort to assist attendees in preparing for certification in hypnosis and clinical practice. The workshop features hypnotic techniques for advancing induction and deepening skills and therapeutic applications for modification of implicit memory, ego strengthening, insight, anxiety, habit disorders, and pain management.

# 2025 Midyear Clinical Hypnosis Workshops

## *Sunday to Monday – Advanced Workshops*

Attendees sign up and attend each workshop separately. Total CE/CME will vary.

### **Advanced Workshops Schedule**

Refer below to the schedule for each individual workshop. Themes and potential attendee CE/CME vary by day.

- Sunday, March 9 Theme: Neurologically-Based and Functional Medical Disorders - 8 hours
- Monday, March 10 Theme -- Mindfulness, Meditation, and Hypnosis - 6 hours
- Total potential CE/CME if you attend all workshops - 14 hours

### *Sunday, March 9 -- Neurological and Functional Neurological Disorders*

#### **301M - Functional (Dissociative) Seizure Disorder**

*Barbara S. McCann, PhD*

**8:00 - 10:00 AM PT, 2.0 CE/CME – NO BREAKS 10:00 -10:15 AM PT - Break (15 minutes)**

#### **302M - Palliative Care, ALS, and Palliative Symptomatic Hypnotic Approaches**

*John E. Franklin, M.D., HMDC, FAAHPM*

**10:15 AM – 12:15 PM PT, 2.0 CE/CME – NO BREAKS**

**12:15 – 1:00 PM PT – Meal Break (45 minutes)**

#### **303M - Hypnosis for Functional Neurological Disorders**

*Rochelle Frank, MD, FAAN, Clinical Professor Department of Neurology, University of California Davis School of Medicine*

**1 :00 - 3:00 PM PT, 2.0 CE/CME – NO BREAKS**

**3:00-3:15 PM PT – Break (15 minutes)**

#### **304M - Hypnotic Approaches for Migraine**

*Elizabeth G. Walsh, PhD, Assistant Clinical Professor of Clinical Physical Medicine and Rehabilitation, Vanderbilt Univ. Medical Center; Lindsey C. McKernan, PhD, MPH, Associate Professor, Department of Psychiatry and Behavioral Sciences, and Associate Professor in Physical Medicine and Rehabilitation, Vanderbilt Univ. Medical Center.*

**3:15 - 5:15 PM PT, 2.0 CE/CME – NO BREAKS**

**5:15 PM – Advanced Workshops end for the day.**

# 2025 Midyear Clinical Hypnosis Workshops

## *Sunday to Monday – Advanced Workshops*

Attendees sign up and attend each workshop separately. Total CE/CME will vary.

### **Advanced Workshops Schedule**

Refer below to the schedule for each individual workshop. Themes and potential attendee CE/CME vary by day.

- Sunday, March 9 Theme: Neurologically-Based and Functional Medical Disorders - 8 hours
- Monday, March 10 Theme -- Mindfulness, Meditation, and Hypnosis - 6 hours
- Total potential CE/CME if you attend all workshops - 14 hours

### *Monday, March 10 - Mindfulness, Meditation and Hypnosis*

#### **305M - Mindful Hypnosis in Clinical Practice**

*Gary R. Elkins, PhD, ABPP, ABPH*

8:30 – 10:30 AM PT, 2.0 CE/CME – NO BREAKS

**10:30 -10:45 AM PT - Break (15 minutes)**

#### **306M - The Neuroscience of Hypnosis and Meditation: Neuroplasticity and Pain Management**

*Louis F. Damis, PhD, ABPP, FASCH*

10:45 - 12:45 PM PT, 2.0 CE/CME – NO BREAKS

**12:45 – 1:45 PM PT -- Meal Break (60 minutes)**

#### **307M - Mindfulness, Meditation, and Hypnotic Practice**

*Akira Otani, EdD, ABPH*

1:45 PM to 3:45 PM PT, 2.0 CE/CME – NO BREAKS

**3:45 PM PT – Advanced Workshops end**

### ***SCEH Policies for Attendees & Presenters***

All Presenters and Attendees are asked to familiarize themselves with [SCEH Policies](#).

## ***About SCEH***

As its mission, SCEH exists to promote excellence and progress in scientifically based hypnosis research, education, and clinical practice. The Society's goal is to grow understanding and clinical applications of hypnosis now and in the future. SCEH boasts a rich history in hypnosis training and research, and each year presents its Annual Workshops and Scientific Session. As the voice of professional hypnosis, SCEH provides benefits that include: education, *the International Journal of Clinical Hypnosis*, a mentor program, and the ability to network with leaders in the hypnosis community.

# SCEH 2025 Webinar Series

## Upcoming Dates & Topics

Mark your calendar now and plan to join us for these upcoming webinars.

All webinars occur on Fridays (unless otherwise noted) from 12:00 - 1:30 PM Eastern Time USA\*.

Learn more and register: <https://tcsppofficeofce.com/sceh/>

Friday, March 14, 2025

**Mindfulness-Oriented Recovery Enhancement (MORE):  
MORE Relief from Pain and Addiction with a Neuroscience-Informed Mind-Body Approach**  
Eric Garland, PhD, LCSW

Friday, April 11, 2025

**Hypnobiome: A New Promising Frontier of Hypnotherapy in Functional Gastrointestinal Disorder (FGID)**  
Giuseppe De Benedittis, MD, PhD

Friday, May 9, 2025

**Suggestive Communication with Critically Ill**  
Katalin Varga, PhD, DSc

Friday, June 13, 2025

**Using Science about the Unconscious to Promote Hypnosis and Psychotherapy**  
David Patterson, PhD, ABPP, ABPH

Friday, July 11, 2025

**Clinical Hypnosis for Fibromyalgia and Autoimmune Disorders**  
Louis F. Damis, PhD, ABPP, FASCH

Friday, August 1, 2025

**Hypnosis for the Curious: Everything You Need to Know about Hypnosis**  
Donald Moss, PhD, Lisa Lombard, PhD and Janna Henning, JD, PsyD

Friday, September 12, 2025

**Hipponosis: Helping Children Help Themselves with Hypnosis**  
Presented by Linda Thomson, PhD, APRNN, ABMH, ABHN, FASCH

Friday, October 3, 2025

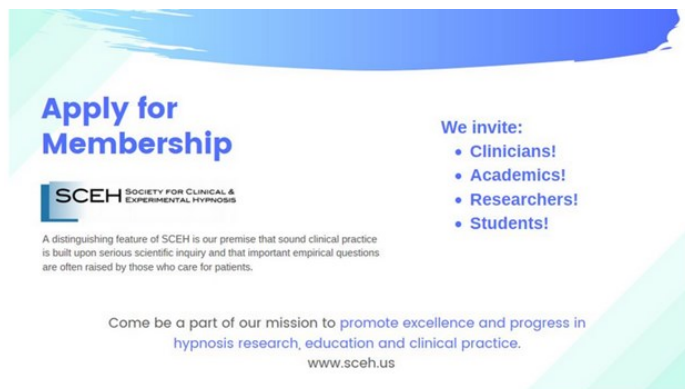
**Bridging Hypnosis with Psychedelic-Assisted Psychotherapy: Preparation and Integration Strategies**  
Presented by Ciara Christensen, PhD

Friday, November 14, 2025

**Hypnosis for Pelvic Pain and Lower Urinary Tract Symptoms**  
Presented by Lindsey McKernan, PhD, MPH and Elizabeth G. Walsh, PhD

*No webinar in December.*

# Join SCEH & Volunteer Today



## *Help Us Grow:*

How did you first learn about SCEH? Chances are, it was through a colleague or professor. Please help us locate more people who could benefit from SCEH membership as you have by forwarding a quick note to a colleague, telling them about SCEH and sharing this [Membership Application Form](#). The link to a list of member benefits may be found here:

[Membership Benefits](#)

## Call for Volunteers

You are the Society, and we need your help in supporting our shared mission of promoting excellence and progress in hypnosis research, education, and clinical practice. Volunteering on a SCEH Committee is a great way to give back to the Society and influence its future. Your service can prove to be a meaningful and worthwhile experience with personal and professional benefits. It's a great way to share your expertise, have your voice heard, and make a difference in a field you love. In exchange for your time and support, you will gain leadership experience, sharpen collaboration skills, enhance your network, and gain visibility and recognition from your peers.

In addition to serving on a committee, we can also make use of your active support in completing "microvolunteering" activities like sending us a member testimonial, creating a post that mentions SCEH on social media, or submitting an article to FOCUS. You can also sign up to serve as a **Mentor**, where the amount of hours you contribute is up to you. Mentorships can take the form of a single phone call or regular meetings and are negotiated between mentor and mentee. Mentorships can be related to clinical or experimental research, or the development of teaching skills.

Let us know your interests, and we will work with you to find ways you can contribute. To express interest, please email us at [info@sceh.us](mailto:info@sceh.us)

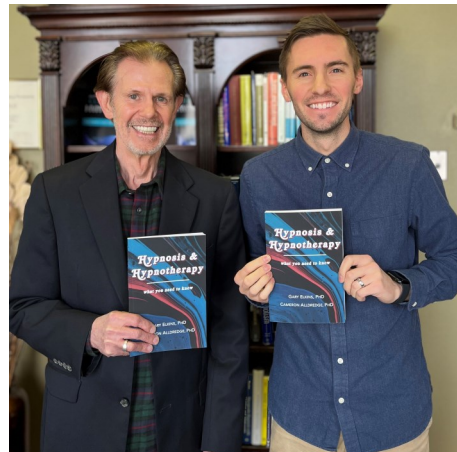
Thank you for all you do to support the field of hypnosis!

## SCEH Member News

### • From Gary Elkins & Cameron Alldredge

Dr. Gary Elkins and Dr. Cameron Alldredge (*right*) have published a new book titled “Hypnosis & Hypnotherapy: What You Need to Know.” This book is unique as it is 1) rooted in the science, but 2) written for the general public and healthcare providers interested in clinical hypnosis. The eBook and paperback are available at:

<https://www.amazon.com/Hypnosis-Hypnotherapy-What-Need-Know/dp/B0DRDGVZLF>

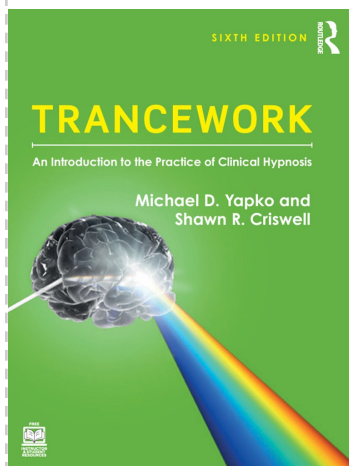


### • From Cameron Alldredge (*lower right*)

Dr. Cameron Alldredge has started social media pages dedicated to bringing a more academic/clinical/professional presence about hypnosis. He is posting regularly with the intent to inform the general population. Your support and engagement will help propel more accurate information into public awareness. You can follow him on Instagram, YouTube, and TikTok using this handle: @cameronalldredge



### The New 6th Edition of Trancework is Coming Out in early March!



*photo left*) was co-authored with Dr. Shawn Criswell, a skilled practitioner and talented author.

The new 6th edition incorporates “up-to-the minute” recent studies with nearly 1000 references. It features introductions to luminaries in the field and suggests discussion topics as well as skill building exercises, making it the ideal textbook for group training programs as well as individual study. It’s a big book of nearly 500 pages and addresses the most important topics for encouraging the knowledgeable and effective applications of clinical hypnosis. We’ve also developed a companion website, allowing us to expand the range of offerings to include audio and video clips of hypnosis sessions, case examples, session transcripts, and more. The book can be ordered directly from Routledge (<https://www.routledge.com/>) or Amazon.



### • From Michael Yapko

The Australian Psychological Society (APS) is sponsoring an exciting 2.5 day conference May 16-18 on the Gold Coast, a stunningly beautiful

stretch of beach famous for Surfer’s Paradise and the laid back beach communities of Queensland. I was honored to be asked to serve as a keynote speaker at the conference. As APS describes it, “the festival is a celebration of psychology, in all its forms. It is a place for every psychologist and psychological scientist to come together to share their knowledge, experiences, skills and to share your thoughts on the future of your profession.”

My keynote address is titled, “Depression is Contagious: Have We Been Looking at Depression Through the Wrong Lens?” It will address the limitations of a medicalized view of depression. I will also be providing an additional presentation titled, “Re-discovering Hypnosis Again... for the First Time.” It will serve as an introduction to the merits of hypnosis in treatment. For further information and to register, go to the APS website (<http://www.psychology.org.au/>) and click under the “Education” tab on the homepage.

## SCEH Member News *(continued)*

### Research Update: Clinical Hypnosis More Effective than Cognitive-Behavioral Therapy in Reduction of Hot Flashes in Menopause and Breast Cancer Survivors

I am excited to share news regarding the positive attention that our latest publication “Clinical Hypnosis and Cognitive Behavioral Therapy for Hot Flashes: A Scoping Review” (currently published open access in the journal of *Women’s Health Reports*) has been receiving since this past year. This past October, I had the honor of presenting my research at the 2024 Menopause Society’s annual meeting (formerly known as the North American Menopause Society). Resulting in a very successful press release on clinical hypnosis for the relief of hot flashes, and numerous media mentions across several medical newsletters, as well as video and radio station interviews since then. I am very fortunate to be able to assist with the dissemination of knowledge regarding hypnotherapy across so many different medical news outlets! Below is a list of several publications and interviews published thus far regarding this research:



#### Press Release for The Menopause Society

<https://menopause.org/press-releases/clinical-hypnosis-vs-cognitive-behavioral-therapy-whats-better-for-managing-hot-flashes>

#### Healio (Women’s Health & OB/GYN)

[\*Clinical hypnosis consistently halved menopausal hot flash frequency, severity\*](#)

#### Contemporary OB/GYN

[\*Clinical hypnosis found more effective against hot flashes vs CBT\*](#)  
[\*Vanessa Muñoz discusses benefits of clinical hypnosis against hot flashes\*](#)

#### WebMD

[\*Dealing with Hot Flashes? Try Hypnosis\*](#)

#### Medical Xpress

[\*Clinical hypnosis vs. cognitive behavioral therapy: What's better for managing hot flashes?\*](#)

#### MED India

[\*Surprising Nonhormonal Cure for Hot Flashes in Menopausal Women\*](#)

#### News Medical

[\*Study finds clinical hypnosis more effective than cognitive behavioral therapy for hot flashes\*](#)

**Vanessa Muniz, M.A.**

**Department of Psychology and Neuroscience**

**Mind-Body Medicine Research Laboratory**

**Baylor University**

## SCEH Student Column: Interview with David Patterson, PhD

### **SCEH: Can you tell us a little bit about yourself?**

I'm recently retired from the faculty at the University of Washington (UW) Medical School, and I was there for around forty years. But I haven't fully retired. I've stopped seeing patients, which has freed me up to do a lot more writing. I went to school at Emory, then I went to Florida State University, then I did my internship at the University of Southern California, and I completed my post-doc degrees at Emory University and Oregon Health Sciences Center in Portland. My first and only job was at UW. I spent most of my time at Harborview, which is a Regional One Trauma Center that takes care of the northwest part of the United States and has a Burn Center, and this experience had a lot to do with me getting into hypnosis. So now, as I said, I'm not seeing patients, and I'm not doing formal teaching. But I'm doing a lot of speaking and writing, and I have a couple of huge yellow labs that I walk every day.



*Dr. Patterson enjoying retirement with the help of Bosco, one of his yellow labs.*

### **SCEH: Tell us your views on hypnosis and psychotherapy?**

Firstly, I would start off with one of my mantras: I really disagree with the term hypnotherapy. If someone's talking about doing hypnotherapy, they could be doing almost anything. They could be doing dynamic therapy, regression therapy, positive imagery, and so on. There's really no way to define it consistently. So, what I've always favored is talking about hypnosis as an intervention and combining it with some type of model of behavior change. Research really supports this, starting with Kirsch's 1995 meta-analysis, when hypnosis was shown to strengthen the effects of psychotherapy. I think hypnosis almost always has to be nested in psychotherapy. However, there are instances where hypnosis can be used as a treatment in itself, and really good examples of that are for the treatment of dermatological conditions and acute pain. Those don't necessarily have to be used in conjunction with psychotherapy because by hypnotizing someone, you can remove a lot of their pain. So there are instances where I think hypnosis in itself is also a viable treatment.

### **Your first edition of this book was published back in 2010. In the past 10-15 years how do you feel that your views on using hypnosis for pain management have changed.**

Mark Jensen led a couple of large studies that I worked on with him. In one of the studies, we had four groups—cognitive therapy, hypnosis alone, education, and cognitive therapy plus hypnosis. We did this large trial, and I was the therapist on that and helped write some of the inductions. We got the strongest effects by combining hypnosis and cognitive interventions. I think that's a really important finding because it harkens back to what I was saying about combining hypnosis with psychotherapy. Cognitive behavioral therapy is the standard psychological treatment for chronic pain, but it's clear now that if you throw hypnosis in the mix, you're going to really strengthen these interventions. So, it indicates that combining hypnosis with other modalities might be the best use of it.

### **SCEH: You recommend integrating mindfulness and hypnosis into treating chronic pain**

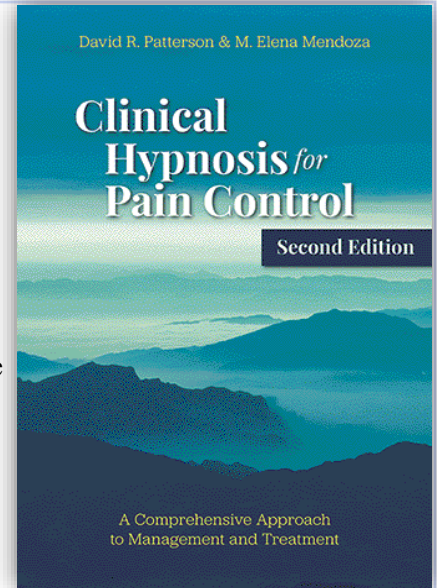
Well, first of all, mindfulness or meditation, as I understand it, holds a type of purity when it's done right. The objective is to get people to really focus their attention in a way that can be therapeutically beneficial. So when meditation—and I see mindfulness as a subset of meditation—is done correctly, we train people to be in the present moment. In contrast, with hypnosis, you add suggestion, which may be experienced as a directive. At its heart, I think pure meditation is not directive. It's just getting people to be in a moment. So, having said that, you can combine the two and can use hypnosis to potentiate meditation and to further some of the wisdom that you get out of it. But I always maintain that it's better to use hypnosis to potentiate something rather than derail it.

*(continued)*

## Interview: David Patterson, PhD

**SCEH: What would you say is the difference between pain control, and pain management?**

It's interesting, when I wrote the first edition of the book, the APA really wanted me to use the word "control" in the title because it's a simple heuristic. But with chronic pain, that misses the point. When I differentiate between pain control and pain management, it reflects the difference in treatment between acute pain and chronic pain. And this is the case with medical and psychological interventions and hypnosis. Acute pain is transient; it's excruciating, but it's circumscribed within a short amount of time. We can use interventions such as nerve blockers, morphine, and fentanyl to just make the pain go away. But with chronic pain, those interventions don't work. One of the things about chronic pain is that it's notoriously refractory to most medical approaches. With chronic pain, all we can really hope to do is manage it. The notion of management applies to a lot of chronic diseases as well. For instance, you're not going to cure diabetes, and you're not going to cure a lot of forms of cancer. But you are going to be able to make it much more manageable for the patients. So there's a big distinction between acute and chronic pain and also between cure versus management.



**SECH: In the final chapters of your book you touch on how there's multiple facets that must be accounted for in the treatment of chronic pain including social, biological, and psychological factors. Would you mind expanding on this?**

The biopsychosocial model is a fantastic way to look at chronic disease and chronic pain. You have to look at all three of these dimensions. Very often, people get stuck in the medicalization of a problem—they want a cure, they want it to be fixed, and they get frustrated when there is no improvement. I should mention that some types of chronic pain can be treated solely with a medical intervention. But unfortunately, that is often not the case. So when you're looking at all three factors, it's not to the exclusion of the medical factors. If we're just looking at psychology, this often has to do with how people cope. Are they doing yoga, meditation, and exercise? Or are they lying in bed, drinking beers and watching TV? Regarding the social aspect, it is well known now that chronic pain is very often held in place by a social system. For instance, we know now that there's a phenomenon of a solicitous spouse or a family member, and when people show pain behavior, they react. And very often, the reaction of the environment is what keeps the pain in place. So this is a long-winded way to convey the importance of a biopsychosocial case conceptualization.

**SCEH: We understand that you lost your son while you were writing this book. Would mind telling us how this loss affected you, as well as the writing process?**

My beloved son Billy passed away about two years ago when I had just started writing a book. When I was about six months into the book, he died of a fentanyl overdose. I wasn't aware that he was using drugs. He was a very successful contract construction manager and was doing this wonderful project on the waterfront walk bridge from Pike Place Market in Seattle that you can now see online. What happened is he got one of time-release morphine M30 pills on the street that were counterfeit and laced with fentanyl. You can get one pill, and it can have 50 times the amount of fentanyl that's needed; one pill at one time and it was all over for Bill.

There are a couple of ways that it affected me because it was, as most people say, the worst emotional pain you could ever expect. But it drove me into writing a book because it was an escape, and I think I did a much better job of writing this book. The other thing is, ironically, one of the missions that we do with hypnosis is that we offer one of the strongest alternatives to pharmacological interventions, and a subset of these are opioid analgesics. I'm not going to be a person who criticizes the use of opioids for pain control because I worked in a burn center, and I know they're very necessary in some situations. However, with the increasing illegal distribution of fentanyl-laced drugs, the risk of more deaths among adults and children becomes even more prevalent. So, hypnosis offers a viable alternative to this really bad problem.

(continued)

## Interview: David Patterson, PhD

**SCEH: Throughout your book you put in a heavy emphasis on having a scientifically based understanding of the unconscious to help enhance the effects of hypnosis. Can you explain this a bit more.**



Yeah, I really enjoyed writing that part of the book. And I really think that there's almost two whole fields of hypnosis. What we typically do with SCEH and with our labs is we look at conventional hypnosis and factors like hypnotizability. And when we deliver hypnosis, it's very often in the conscious realm. When I started using hypnosis, we used very old-fashioned approaches. I got my first training with SCEH, and then I certainly got a lot with ASCH (American Society of Clinical Hypnosis), as well. Then, I started working with Steve Gilligan, who was trained at Stanford with Milton Erickson. A lot of what Steve is focused on is the unconscious. When I wrote the first edition, and even more with the second, I went back to Erickson's original writing, and I realized that so much of what makes the Ericksonian approach popular is that he's

dealing with the unconscious. And it's interesting, when you're dealing with the unconscious, it's very hard to capture and research it in a way that's easy to replicate. Dr. Olafur Palsson came out with an international survey that showed the majority of clinicians say they prefer Ericksonian approaches. And it's kind of a misnomer, but still, it's very popular. I think that the popularity is because it's tapping into the unconscious very efficiently.

I think there's a very strong science that we're overlooking, and it's interesting to look back at John Kihlstrom's work from the mid-eighties when he was publishing on the scientific unconscious. There's a series of scientifically substantiated phenomena of communicating with the unconscious and creating behavior change in the conscious realm. I'll just list three of them: One is *priming*—and you can look at John Bargh's work at Yale, showing how you can prime the unconscious to work in a certain way. The second is *dissociation*, and part of what dissociation does is it keys into the automaticity of behavior. The third is the *incubation effect*, which is the theory that our brains continue to work on a problem even after we have shifted attention from that task. I think that the essence of using the incubation effect in hypnosis is that we try to put seeds in or prime a patient to solve a problem. And then, when hypnosis is done right, people are working on solving the problem for days or even months after we work with them. I think we're getting much better at being able to understand the science of the unconscious and, hopefully, further research will continue to validate Ericksonian approaches moving forward.

### Could you share one of your most interesting experiences with hypnosis?

Yes, I think anyone who's been in the field of hypnosis long enough will have an experience where they see something happen that just makes their jaw drop. The most remarkable phenomenon I saw was when I first started working at Harborview. I was the psychologist for the Burn Unit, but I also started a consult service that we used all over the level one trauma center. It was a surgery-paced hospital, and very often, people were in crisis, and there wasn't a lot of time. One of the patients that really got me involved in hypnosis in the first place was in the Burn Unit. There was a man over 60 who had a 40% burn, and they were throwing everything at him—morphine, valium, laughing gas, and so on. He said, "I just want to die; I'm not going to do this again." And they asked me to see him. I asked Bill Fordyce, "Bill, what do I do with this guy?" And he says, "Have you tried hypnosis?" I was really surprised that an operant guy would say that, but I went ahead, and I read an induction out of a book. I brought the patient down 20 stairs, touched him on the shoulder, and said, "Whenever the nurses touch you on the shoulder, you'll go to sleep, and you won't feel anything." So, I left the ward, thinking that I was going to have no impact at all. When I came back and went up to the intensive care unit, the whole place was buzzing. They said, "What did you do to this guy? We touched him on the shoulder, like you said, and he just fell asleep." Now, in burn care, you debride the wounds every day, and the pain from debridement is worse than that sustained in the initial burn. So, for the rest of his hospitalization, they touched him on the shoulder, he would go to sleep, and they would do all this debridement. About a month or two after that, he went home, and I came to the clinic, and I saw him in the hall. I said, "Joe, how are you doing?" I touched him on the shoulder, you know, kind of affectionately, and the guy almost collapsed in my arms. So that was a very compelling experience.

*Submitted by Katie Seidenberg & Victor Padilla.*

## Latest News from IJCEH



### Recent Issue: Volume 73, Issue 1

Welcoming the year 2025, our latest issue of the *International Journal of Clinical and Experimental Hypnosis* (IJCEH) features a collection of studies examining the efficacy and feasibility of hypnosis-based interventions across diverse health conditions. In our feature article, Zimmerman et al. investigate variables influencing a self-administered hypnosis intervention for sleep improvement. This manuscript's findings suggest that a "general factor" may best account for hypnotizability! Moreover, Mohammadi et al. assess the feasibility of hypnotherapy for managing fatigue and sleep disturbances in patients with multiple sclerosis, and Rhodes and colleagues explore the use of immersive virtual reality hypnosis for post-surgical pain and anxiety management, opening avenues for future research. Finally, this issue includes two systematic review articles that critically evaluate the quality and evidence base of hypnosis for smoking cessation and publicly available hypnosis-related mobile apps. Together, these studies contribute valuable insights into the remote, virtual, and self-delivered applications, limitations, and future directions of hypnotherapy in healthcare. You can read each of the articles' abstracts below for more information.

### Up next at the IJCEH

We are excited to announce that this upcoming April issue will feature a special issue dedicated to the works of Dr. Steven Lynn. This special issue will be composed of seven peer-reviewed articles and a guest editorial letter from Joseph P. Green, Ph.D. Thank you to all of our contributors and Dr. Green for making this special issue possible!

### Special Issues coming soon.

Additionally, we have planned a special issue entitled "*Intersections of psychedelics, psychedelic and mystical experiences, and hypnosis*" targeting the exploration and novel findings on the therapeutic benefits, mechanics, and theoretical frameworks of psychedelics and mystical experiences, as well as its potential parallels between psychedelics and hypnosis. This issue is scheduled for publishing in our October issue, but early online access will be provided for select articles.

Finally, a special issue dedicated to the diverse applications, theoretical advancements, empirical research, and clinical outcomes associated with *Ericksonian Psychotherapy* will be available in January 2026. We are currently accepting manuscript submissions, with an approaching deadline of June 01, 2025. For more information on this and any future call for papers and special issues of the IJCEH, visit our journal's website at: [https://think.taylorandfrancis.com/special\\_issues/ericksonian-psychotherapy/](https://think.taylorandfrancis.com/special_issues/ericksonian-psychotherapy/)

### Interested Authors:

Submissions are accepted and article are published on a rolling basis. The *International Journal of Clinical and Experimental Hypnosis* receives all manuscript submissions electronically via Taylor & Francis' submission portal located at <https://rp.tandfonline.com/submission/create?journalCode=NHYP>

**Instructions to authors can be found at:** <https://www.tandfonline.com/action/authorSubmission?show=instructions&journalCode=nhyp20>

**Contact us at:** [IJCEH@baylor.edu](mailto:IJCEH@baylor.edu)

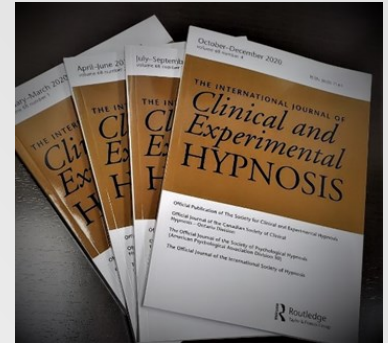
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# Latest News from IJCEH

## As a reminder, the IJCEH accepts many types of papers, including:

Empirical research (e.g., clinical trials, neurophysiological studies, mechanistic studies, feasibility studies, replications); Clinical papers (e.g., well-designed multiple or single case studies); systematic reviews, meta-analyses, research-informed theoretical papers, & significant historical or cultural material.

**Topics can include:** Hypnosis, hypnotizability, and hypnotherapy in psychology, psychotherapy, psychiatry, medicine, dentistry, wellness, nursing, and related areas; and studies relating hypnosis to other phenomena (e.g., mindfulness, contemplative practices, & consciousness).



## Have you considered what Open Access Publishing can do for your research?

Open Access publications are a great way to extend the reach of your work. Publishing your accepted article in the IJCEH is free, but some authors elect to cover the costs of publishing, making their paper freely available to anyone online. The number of authors electing to publish their articles with Open Access in the IJCEH has been increasing. Open Access papers have many more views, more readers, and usually more citations. This is beneficial to the authors and to the journal! If your manuscript is accepted, consider Open Access publishing, and email us with any questions.

*Editor-in-chief: Gary R. Elkins, PhD*

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# Latest News from IJCEH

*We are pleased to share abstracts from the articles published in the most recent issue of*

THE INTERNATIONAL JOURNAL OF  
*Clinical and  
Experimental*  
HYPNOSIS

**January 2025 Issue – Volume 73 (1)**

**Editorial Letter: Hypnotherapy for Smoking Cessation, Sleep, Pain, and the Potential of Hypnosis Apps**

*Gary Elkins, PhD*

This issue of the *International Journal of Clinical and Experimental Hypnosis* provides a systematic review of hypnotherapy for smoking cessation as well as a systematic review of hypnosis apps. These reviews are followed by articles that examine hypnotherapy for sleep disturbances in patients with multiple sclerosis, and provide results from a randomized clinical trial of immersive virtual reality to reduce pain and anxiety in individuals undergoing orthopedic surgery. In addition, an important new study, with findings that suggest a “general factor” may best account for hypnotizability is presented. Together, these articles address important emerging research on applications of clinical hypnosis and methods of intervention.

**Exploring Variables Associated with the Effects of a Self-Administered Hypnosis Intervention for Improving Sleep Quality**

*Kimberly Zimmerman, Vindhya Ekanayake, Cameron T. Alldredge, Morgan Snyder, and Gary R. Elkins*

The objective of this study was to determine the model fit of a standardized hypnotizability measure in a targeted clinical sample. The Stanford Hypnotic Susceptibility Scale, Form C (SHSS:C) was administered to 168 post-menopausal women aged 39 to 75 years. Confirmatory factor analysis was conducted, and comparative fit index (CFI) and root mean square error of approximation (RMSEA) were used to determine goodness of fit. Results indicated that the single-factor structure modeled with twelve indicators based on the individual items on the SHSS:C provided the best description of fit. Results of the present study demonstrate that the SHSS:C has a single-factor structure. These findings suggest that new scales of hypnotizability can be optimized by focusing on the use of items that correlate highly with the overall score representing the unidimensional construct of hypnotizability. The findings should be interpreted with caution due to the small sample size, and further research is needed with other populations to clarify generalizability.

**Feasibility of Hypnotherapy in Fatigue and Sleep Disturbance Management in Patients with Multiple Sclerosis Disease**

*Masoud Mohammadi, Maryam Owjjfard, Arashk Mallahzadeh, Amir Masoud Farahmand, Etrat Hooshmandi, Tahereh Fereydoonnehzad, and Sadegh Izadi*

The aim of this study was to test the clinical feasibility of hypnotherapy in the management of fatigue and sleep disturbances among multiple sclerosis (MS) patients in the south of Iran. Forty patients aged 25 to 47 were enrolled, and 22 (19 females, 3 males) completed eight 50-minute sessions of hypnotherapy for 10 weeks. Patients were required to practice the hypnotherapy sessions at home throughout the week. Participants completed the Multidimensional Fatigue Inventory (MFI) and Pittsburgh Sleep Quality Index (PSQI) at baseline and after the final hypnotherapy session. The mean MFI score was significantly reduced by 8.19 points following hypnotherapy ( $P < 0.05$ ). The mean PSQI global score following hypnosis treatment significantly decreased from  $7.4 \pm 3.3$  to  $5.52 \pm 3.12$  ( $P < 0.05$ ). Our results suggest that MS patients might benefit from hypnotherapy for controlling fatigue and sleep disturbance symptoms. Confirmative assessment is required in a randomized controlled trial after feasibility has been established.

*(continued)*

# Latest News from IJCEH

## Systematic Review on Hypnotherapy and Smoking Cessation

*Vindhya Ekanayake and Gary R. Elkins*

The main objective of this systematic review is to comprehensively describe and evaluate the evidence on hypnotherapy for smoking cessation. Included studies were comprised of adults, had measurable objective/subjective data reflecting smoking cessation, hypnosis or hypnotherapy studied alone or as part of a multicomponent intervention, and at least ten participants. A total of 745 nonduplicate publications were screened, and 63 papers were included for analysis. Based on 33 of these studies, 66.7% reported a positive impact of the hypnosis intervention for smoking cessation. Positive impact studies had longer average treatment duration, greater number of hypnotherapy sessions, and utilized both self-report and objective measures of smoking cessation outcome (40.9% vs 20%). The efficacy of hypnotherapy for smoking cessation is positive; however, more studies using biologically confirmed abstinence and reduction in the number of cigarettes smoked are needed. Hypnotherapy is a useful approach for smoking cessation that warrants additional inquiry. Future studies are needed that assess treatment fidelity and hypnotizability, provide information on race/ethnicity, and report on side effects and adverse events.

## Hypnosis Apps: A Systematic Review

*Katherine Scheffrahn, Cameron T. Alldredge, Morgan Snyder, Gary R. Elkins*

For over a decade, the growing use of smartphone apps provided a way to make hypnotherapy more widely accessible. However, available apps vary widely in the quality of hypnosis provided to users. This study systematically reviewed apps delivering some form of hypnotherapy intervention and summarize their characteristics. Using hypnosis related search terms, a list of apps was generated, yielding 708 unique hypnosis apps across both Android and iOS stores, and 168 apps met inclusion criteria for this review. The most common app targets were sleep ( $k = 94$ , 56.0%), relaxation/meditation ( $k = 92$ , 54.8%), and stress ( $k = 62$ , 36.9%). Only 34 (20.2%) of the apps indicated that the developer or person providing hypnosis was trained in hypnosis. Thirteen (7.7%) apps included some claim of evidence-based treatment. Only four apps reported inclusion in a clinical efficacy trial. Relationships between key app characteristics were explored using chi square analysis. Though hypnotherapy apps have much potential in health care, apps based upon evidence-based protocols and empirical research are limited at this time.

## Immersive Virtual Reality to Reduce Pain and Anxiety in Individuals Undergoing Orthopedic Surgery for Acute Trauma: A Randomized Clinical Trial

*Joshua R. Rhodes, Chris E. Corlett, Mark P. Jensen, & David R. Patterson*

Controlling acute pain for individuals undergoing orthopedic surgery is highly desirable as it is related to various treatment outcomes. Immersive, virtual reality hypnosis (VRH) is one potential treatment modality to aid in pain management. This three-arm, randomized clinical trial evaluated the efficacy of two hypnosis interventions for reducing post-surgical pain and anxiety in addition to evaluating the effects on sleep quality, mental health, and physical functioning. Results indicated no statistically significant main effects associated with intervention groups for pre-post change scores of pain intensity ( $F(3, 177) = 0.35$ ,  $p = .71$ , partial  $\eta^2 = .004$ ), anxiety ( $F(3, 177) = 0.20$ ,  $p = .81$ , partial  $\eta^2 = .002$ ) or sleep quality ( $F(3, 175) = 0.81$ ,  $p = .45$ , partial  $\eta^2 = .009$ ). Additionally, there were no statistically significant group effects of treatment condition on mental health ( $F(2, 162) = .71$ ,  $p = .49$ ,  $\eta^2 = .009$ ) or physical functioning ( $F(2, 165) = .43$ ,  $p = .65$ ,  $\eta^2 = .005$ ). Issues and future directions for this line of research are discussed.

### Meet the IJCEH Editorial Board

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And a BOARD OF EDITORIAL CONSULTANTS.

# UPDATE ON FOCUS EDITORIAL TEAM

*We are excited to welcome two new graduate students to the FOCUS editorial team:*

**Katie Seidenberg** (she/her/hers) completed the B.S. in psychology and pre-medicine at James Madison University in 2021. Over her four years at JMU, she worked in two neuroscience labs and gained experience conducting research and writing scientific literature. Following her undergraduate studies, she spent three years as a clinical trials coordinator with the Georgetown Memory Disorders Program. She worked on studies investigating pharmaceutical treatments for the prevention of Alzheimer's and dementia-related disorders, and wrote news articles for the company website about advances in the field. Katie is very interested in the use of clinical hypnosis in medical settings, particularly for the management of chronic illness and pain. She is currently a Clinical Psychology Doctoral Student, in the Dept. of Psychology & Neuroscience at Baylor University.



**Victor Julian Padilla** is a doctoral student at the Mind-Body Medicine Research Lab at Baylor University working towards their PhD in psychology and neuroscience. They completed their bachelor's degree in Biology and their Master's degree in Behavioral and Social Health Sciences at Brown University, with an interest in behavioral intervention development. Victor Julian's research focuses on investigating the use and mechanisms of hypnotherapy and mindfulness meditation for treating symptoms of stress, anxiety, and depression.

**Co-editors Content & Design:**

[Cassandra Jackson, MA](#) (in photo, right)  
[Jillian Ballantyne, PhD](#)  
Kaitlin Seidenberg, BS  
Victor Padilla, ScM

[Barbara McCann](#), SCEH President

[Anne Doherty Johnson](#), Executive Director



*Are you a member of SCEH who would be interested in being interviewed for our newsletter? If you would like to discuss your research findings or share your clinical experiences, just drop us a line and we will contact you. We are also always interested in sharing member news, reviewing new publications, or interviewing subject matter experts. All input, suggestions, and ideas are welcome.*

*Please send your news items to: [Focus@sceh.us](mailto:Focus@sceh.us)*

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*Term of Office: November 2023- October 2025*

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ABPP  
Deanna Denman, PhD

### **Non-Voting Student Member:**

Yeganeh Farahzadi, MS

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