



# esh

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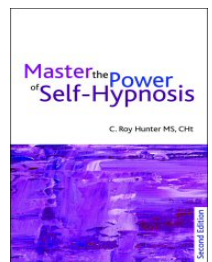
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#### **Mastering the Power of Self-Hypnosis: A Practical Guide to Self-Empowerment**

C. Roy Hunter MS, CHT. 2<sup>nd</sup> edition  
Crown House Publishing. 293 Pages.

#### **By Nicole Ruyschaert**

The book, as well as the idea that "trance has a valid place in the world today for all who desire to improve themselves, whether personally, professionally or spiritually, (p 210) deserves a significant place for working



with hypnosis and self-hypnosis, utilizing the benefits of trance. Other motivating ideas can be "be the captain of your subconscious programming and send your mind-ship at warp speed toward your dreams". (p 211)

One significant aspect of the book discusses the theory of "subconscious programming" which states that we can't just erase an old program, but that we must record a new program over the old and, thus, replace it. The next important pillar of the book's theory is about gateways to the subconscious based on the teachings of the author's late mentor, Charles Tebbets. Tebbets states that repetition, authority, desire for identity, hypnosis/self-hypnosis, and emotion are represented as 5 gateways to the subconscious. Self-hypnosis, in combination with positive emotion, is recommended for "success" and control over negative emotions and a means by which to have impact on the subconscious programming.

Readers get basic information on hypnosis and some ways to practice on their own to enter trance as the book promotes self-hypnosis, giving indications for it without omitting limits of it, and showing where professional help is indicated. A useful self-help part of the book is the "motivation map", with an overview of the ingredients in Chapter 7 and a detailed workout in the appendix for smokers and for weight reduction. I support the importance of seeing where a smoker wanting to quit is on the motivational scale and the motivational power of monitoring progress in motivation to quit.

The way to succeed in changes is metaphorically represented as "planning the journey", with one of the first steps being the clearing of obstacles. An important step in the book concerning alterations talks about focusing on what

you desire to become different. When you focus on what you want to change, this becomes enlarged in your mind and it is an important step to take to open up the way to a change. As the reader you are then already made familiar with some progressive relaxation and hypnosis exercises and assisted in discovering your personal style. Maybe you have listened to the CD as additional help or maybe made your own recording? The deep, in my opinion, forced "hypnotic voice" with numerous repetitions of deep, deeper, very deep, induces sleep and inactivity rather than creative or active work with hypnosis. You are thus invited to enter the "rehearsal room of your mind" where you can practice when faced with situations that "trigger your buttons" and learn how to mentally rehearse making choices: should you verbally express your feelings? If so, should you rehearse how to express, or should you release and let go? A full script of the recorded CD gives readers the choice to make their own recording with their own voice or the voice of a friend they prefer.

Empowerment, mentioned in the script as "activate your power point" is achieved by reliving a personal success experience found "in the storehouse of your mind....". The next steps in the journey are choosing goals and then prioritizing them. An original mathematical formula, comparing one goal with all the others, one by one, and deciding on the priority will let you know where to start. This can produce surprising results, and help every doubtful reader with decision making problems stay on track.

Creative *Daydreaming*, Part IV, is introduced by some "salesman" techniques talking about selling success to your subconscious – 'WII-FM or **What's In It For Me**' (p.149) and "buying the benefits of change before trying to sell the price of change" (p. 150). The most powerful self-hypnosis exercise for empowerment is clearly explained in the creative daydreaming and the different steps to follow: to select a particular goal, imagine you have reached the goal, the five senses involved, creating a positive emotional bond with that state, and thus making you feel empowered so that you can give up or replace an older bond. This method is illustrated in smoking cessation, weight reduction, sports enhancement, memory and study habits.

The journey is completed with adding words of power, affirmations and suggestions. One could critically examine the idea that "affirmations, hypnotic suggestions and/or autosuggestions should be constructed to convince the subconscious mind of the possibility of what the conscious mind already accepts", as stated here. Perhaps at the level of self-hypnosis or symptomatic work one can see it like that. In my opinion many problems have roots at subconscious or unconscious levels that need to be accessed in therapeutic hypnosis to make changes at the roots or at a deeper level, followed by changes in conscious conceptualization.

Personal experiences and success stories can be important motivators to convey ideas and methods. In this book the author shows how he himself and clients are helped with (self) hypnosis in reaching goals, improving self-image, overcoming adversity, becoming successful. In some passages you rather encounter the side of the "business man", emphasizing success, rather than the "hypno-therapist". In other passages, religion as a resource is clearly

present; reflected in a preaching style with citations from the bible.

I appreciate the way readers are guided in self-hypnosis with its possibilities and limits, and, where necessary, receive advice for hypnotherapy and/or professional "parts therapy".

More scientifically oriented readers might regret the simplification and misconception of the state of hypnosis, being simply equalized with an alpha state of mind, falling asleep and meditation. In the history of hypnosis I found information or interpretations different from what I read in other professional writings. The cynical tone stating that "a great blessing that the good doctor could not control his subjects, otherwise hypnosis might be totally controlled by psychologists and/or medical professions" (p37) shows some lack of respect for the research and work of pioneers in hypnosis. The book is written in common language, focusing on some easy to convey concepts and theories for a general public. Psychological theories or insights are simplified, sometimes reduced to an all too simplistic view ("clean plate" suggestions to explain weight problems later in life). The book may be recommended as introductory reading for a general non-critical public. Professionals with a medical and psychological background might find it an oversimplification of scientifically based work with hypnosis.

### Subliminal Therapy: Using the Mind to Heal

Edwin K. Yager PhD.

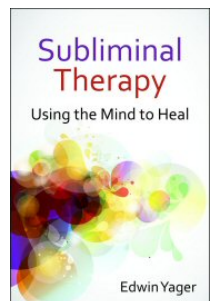
Crown House Publishing Limited, 263 pages

#### By Nicole Ruyschaert

A title making some readers curious and others rather suspicious stimulated me to find out what kind of method the author would introduce. The first chapters on background and concepts, where the specificity of the method is pointed out, couldn't convince me that it really was something "new". Working with subliminal therapy reminds me of ego-state therapy or other uncovering methods commonly used in hypnosis, and I see it as "old wine in new bags", the author exhausting himself in finding evidence for the specificity.

To work with ST therapists one needs to accept the four assumptions on which it is based and educate clients about them: intelligence, the existence of subconscious capability, subconscious domain can communicate with the conscious mind, subconscious domain consists of subsystems (parts) which may function autonomously, and "there is a 'higher intelligence", an entity that is not well defined, which I have named the "Centrum". (p 17) In ST conscious involvement in therapy can be minimized, and therapeutic work is done by the Centrum.

All exploratory questions are addressed to Centrum, being the part that communicates with the therapist, and with other inner parts. Answers appear as words written on a chalkboard, an imagined computer screen, or as ideomotor



responses. Style used by the author sounds rather persuasive, to the point, not letting the client digress. "Any time I preface a question with the name, Centrum, the next word I hope to hear from you will be words that are written on the chalkboard, as opposed to what you might think should be written there. I cannot see your chalkboard and if you fill in a blank or change an answer we will go down the wrong road, wasting my time and your money". (p 38)

In the Process of ST, communication is established with the Centrum, by posing questions. Examples might be: "Centrum, are you aware of your conscious concern about this problem?" "Centrum, are you willing to cooperate...?" "Centrum, do you have the ability to look at memories of events that have happened in the past?" "Centrum, do you have the ability to communicate with other parts of the mind?" (p.40)

Questions follow a logical decision- tree format: flow charts, available in Appendix A, are very useful to make therapists familiar with the method and to continue the process where it risks to getting stuck. It gives proof of the author's personal experience with the method and the development he gave it since 1974, more than enough to assess possible obstacles for the process. The method allows the author to work on a problem, without knowing the (full) content, and even more surprising "the patient may not be consciously aware of the mental processes engaged or of the factors and influences addressed..." (p. 21)

The book is logically constructed and is an excellent didactic tool where the process of subliminal therapy is clearly outlined, as it defines the roles of therapist and clients, how to do the psycho-education, and how to deal with resistance.

Clinical examples, one being the complete transcription of the session with Barbara (p 62-99), are also available on a DVD and clearly illustrate the process. After having the client read and having explained the method, he teaches the client self-hypnosis and introduces the ST with a hypnotic induction and deepening, making use of direct suggestions as 'you can't erase what centrum wrote on the chalkboard.'. Questions are addressed to the centrum as "Are you willing to cooperate?", "Do you have the ability to access memories of events...?" "I ask that you conduct an investigation...into the roots of the anxiety", "Centrum, identify those parts of your mind that are causing you to feel anxious" (p. 74), "Select one of those parts....", "Find out from the part what it believes...", "Centrum...educate that part...persuade that part to your way of thinking" (p.75).

As convincing or motivating for wider use of his method, you find an extra chapter VII 'Research and the Efficacy of Subliminal Therapy'. (p.169) Evaluations have been done since 1977 with different research methods, and allowed him to come up with a very optimistic conclusion as a result of the study of efficacy of ST: "according to personal research data overall effect size of 2.11 showing it being significantly more efficacious than CBT and EMDR in terms of effectiveness, and efficiency as well". (p. 178)

After reading and studying the book, seasoned psychotherapists can feel ready to do the work, provided they have the experience in working with hypnosis and/ or ego-state therapy and/ or other exploratory and treatment methods.

An important merit of the work is to re-validate the earlier teachings on ego-state therapy which are rephrased, renamed (talking about parts), put in another context with emphasis on 'Centrum' and addressing all questions to Centrum. The therapeutic work is done on a subliminal level without interference of consciousness.

The writing style sounds like a teaching seminar, summing up guidelines or principles. Case reports are given by complete transcripts of sessions. Because of this, the reading of the entire book sometimes is rather boring. Selecting parts of the sessions to illustrate or highlight some aspects could contribute to a more easy-going-reading.

One could question: "Is it an advantage to circumvent or avoid the concept 'hypnosis' in the title? Why is he now feeling like doing a one-man therapy? Is he lonely and experiencing a disconnection from the larger hypnosis community, organizing specific ST trainings? Or is it rather on purpose? Is he proposing an entry or invitation to learn hypnosis by offering it in a different concept? Or is he offering 'old wine in new bags', further worked out by a personal and logically constructed style?"

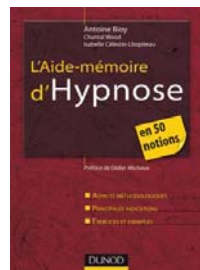
The title might attract people with interest in the field of 'subliminal therapy'. The subtitle: *Using the Mind to Heal*, could reach out to more people interested in mind-body interactions and sound more convincing for the professionals working with hypnosis.

### **L'Aide-mémoire d'Hypnose en 50 notions**

Antoine Bioy, Chantal Wood, Isabelle Celestin-Lhopiteau  
Dunod, Paris, 2010

#### **Compte-rendu de Christine Guilloux**

Aide-mémoire que cet ouvrage débroussaillant, certes, idées reçues, préconçues, fantasmées et brassant 50 facettes de l'hypnose ? Antoine BIOY, psychologue clinicien, maître de conférences en psychologie clinique à l'Université de Bourgogne, Isabelle CÉLESTIN-LHOPITEAU, psychologue clinicienne à l'Unité Douleur et Soins Palliatifs au CHU Bicêtre, Chantal WOOD, pédiatre et anesthésiste - réanimateur, enseignante à l'Hôpital Robert Debré, nous offrent une nouvelle fois l'occasion de chatouiller et de bousculer nos pratiques. Cinq grands thèmes charpentent l'ouvrage : concepts généraux et aspects méthodologiques, construction et emploi des métaphores, troubles de l'enfance et de la petite enfance, hypnoalgésie : douleurs aiguës et chroniques, autres situations d'hypnoalgésie et d'hypnosédation, démarche d'accompagnement, troubles psychopathologiques. Multiplicité des exemples et des vignettes cliniques, apports et données scientifiques s'alimentent mutuellement pour conforter la validité de l'hypnose.



S'interroger bien sûr sur la suggestibilité et l'hypnosabilité, tenter de caractériser les mécanismes psychophysiologiques, définir l'hypnose comme « état de fonctionnement psychologique par lequel un sujet, en

relation avec un praticien, expérimente un champ de conscience élargi » tout comme « une méthode qui structure plus que nulle autre approche la façon dont la question de l'imaginaire peut prendre sa place dans la pratique thérapeutique ». L'hypnose se met au service de la thérapie.

Tenter d'expliquer le rapport hypnotique, constater l'alliance thérapeutique « conséquence d'un travail thérapeutique adéquat (plus) qu'un paramètre garanti », préparer ses séances et laisser place à l'observation et la créativité de l'ici et maintenant pour de nouvelles pistes thérapeutiques.

Inviter à revisiter ses classiques, en particulier Carl Rogers, à développer l'attention portée au patient, à recourir à ses ressources intérieures, à impulser une dimension psycho-éducative pour « amener le patient à poser autrement les termes du problème et le faire envisager d'autres solutions en s'appuyant sur ses propres ressources de raisonnement, perceptives et autres ». Se nourrir des travaux de François Roustang, un auteur qui influence grandement la pratique de l'hypnose aujourd'hui en France : l'hypnose est axée autour du champ perceptif du patient et met au centre de la pratique la question du mouvement.

Rappeler que l'hypnose n'est pas un médicament et ne saurait guérir de tous les maux, de toutes les maladies, qu'« elle agit sur la façon dont un individu perçoit son corps, ses troubles et peut induire un soulagement sur la régression partielle ou totale d'un symptôme, et ce de façon scientifiquement démontrable. » L'hypnose ne saurait se suffire à elle-même et se greffe sur une pratique déjà constituée.

Rendre soluble le problème par le recadrage, en changeant de sensorialité, user d'inductions et de suggestions « pour pousser le patient à être au plus près de lui-même dans un état d'ouverture à lui-même, au monde, à ses propres ressources ».

Se nourrir du monde du patient mais aussi de multiples sources lectures, films, émotions ... S'immerger, s'inspirer et développer également ses propres ressources pour accompagner au plus près, au plus fin, au plus délicat le patient. Insister sur l'écoute, la présence à l'autre qui demeure la meilleure des sources d'inspiration et de mutuel enrichissement.

Au-delà de ces précisions, de ces cadrages, l'ouvrage aborde les aspects méthodologiques de la séance d'hypnose, de l'induction, des suggestions, de l'apprentissage de l'autohypnose et fait la part belle à la construction et l'emploi des métaphores. Expliquer le lien entre métaphores et principe d'analogie. Inviter encore et encore à revisiter Milton H.Erickson, à approfondir ce processus actif. Aller au centre du symptôme pour la pratique médicale ou paramédicale, questionner les sens du symptôme et ses incidences dans la pratique psychothérapeutique. Les métaphores naissent de l'enracinement dans la relation, des images et de la dynamique du patient. Résonances mutuelles. Et créativité.

Les troubles de l'enfance et de la petite enfance sont évoqués comme les retards d'apprentissage, les troubles de l'attachement, les troubles du contrôle sphinctérien. Les

particularités de l'hypnose chez l'enfant sont esquissées et pour qui en a le besoin, l'ouvrage de Karen OLNESS et Daniel P.KOHEN est vivement à recommander – *Hypnose et hypnothérapie chez l'enfant*, collection Le Germe, Satas, traduction française, 2006 -.

Deux grandes parties sont consacrées au traitement de la douleur. Douleurs aiguës, douleurs chroniques. Au-delà des définitions et des champs d'application, des principes de base bien connus comme la distraction, la détente, la distorsion du temps, les suggestions d'analgésie..., sont décrites différentes techniques autour du symptôme dont l'apprentissage du contrôle de la douleur et notamment la réduction des anticipations, du catastrophisme, du stress. La douleur chronique invalidante, où le patient se trouve limité dans son rapport à lui-même et à l'environnement peut conduire à des dépressions réactionnelles. « Il s'agit d'avoir accès à l'individu douloureux et pas seulement à la douleur de l'individu. C'est l'orientation de l'hypnose qui amènera le patient douloureux chronique à travailler sur tous les liens, lien à son corps, à ses pensées, à ses émotions, aux autres, au monde qui l'entoure, au travers de la relation hypnotique. »

D'autres situations d'hypnoanalgésie et l'hypnosédation sont étudiées comme la prévention de la douleur que ce soit pour un soin, une opération chirurgicale, la préparation à l'accouchement ou encore la gestion de douleurs musculosquelettiques comme l'algodystrophie, la fibromyalgie ou de douleurs d'un membre fantôme.

Les parcours d'accompagnement par l'hypnose peuvent être nombreuses : un parcours de soin, des troubles psychosomatiques, du stress, des dermatoses, des pathologies viscérales, des problèmes dentaires jusqu'aux soins palliatifs. Troubles dépressifs, anxieux, phobiques comme troubles du sommeil, traumatismes psychiques, troubles de l'affirmation de soi, de l'alimentation, des conduites sexuelles... participent d'un accompagnement par l'hypnose. Trois parties extrêmement illustrées et étayées d'exemples pour nous conforter dans le rôle d'adjuvant de l'hypnose dans le cadre de diverses autres approches thérapeutiques et psychothérapeutiques.

Un bel ouvrage à mettre en nos mains, fort bien structuré et documenté, doté de nombreux points de repère, dont les « règles d'or » présentées à la fin pourraient nous convier à un point d'orgue. Nous laisser inspirer, respirer et continuer la danse de l'hypnose.

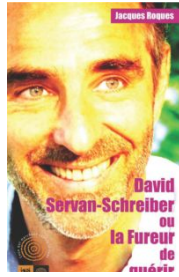
**David Servan-Schreiber  
ou la Fureur de guérir**

Jacques ROQUES  
Indigène Éditions, Montpellier, 2011

### **Compte-rendu de Christine Guilloux**

« Ceux qui marchent contre le vent ». Une collection d'Indigène Éditions pour nous indigner, pour désobéir, pour sortir des sentiers battus et des vérités assénées. Une collection pour nous ramener à nous-mêmes.

David SERVAN-SCHREIBER, neuro-psychiatre, professeur de psychiatrie clinique à l'Université de Pittsburg et chargé de cours à l'Université de Lyon 1, et vous l'avez peut-être connu de par votre pratique assidue de l'hypnose et de ses fructueuses ramifications, avait pris le relais de François BONNEL, psychiatre hypnothérapeute d'Aix-en-Provence, pour diffuser plus largement l'E.M.D.R. (Eye Movement Desensitization and Reprocessing) en France. Son ouvrage « Guérir le stress, l'anxiété et la dépression sans médicaments ni psychanalyse. » avait également participé à l'ouverture à d'autres pratiques, moins classiques, du soin psychique. Petits et grands pas vers des controverses, des révolutions et surtout une prise en considération de ces autres approches, d'autres moyens de guérir. L'E.M.D.R. se veut un outil thérapeutique à part entière et néanmoins s'adapte à d'autres pratiques comme celle de l'hypnose. Savantes et délicates combinaisons pour le bien-être du patient. Faire fi de la dépression, du stress, de l'anxiété, dépasser les traumatismes psychiques.



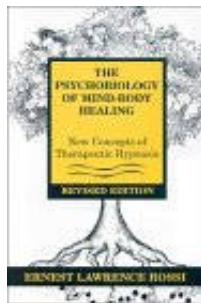
50 ans de vie dont 20 à lutter contre le cancer, à redonner à chacun son pouvoir d'acteur de sa santé, à œuvrer pour la vie. Son « jumeau spatio-temporel », le psychanalyste et psychothérapeute Jacques Roques, lui rend ici un bel et émouvant hommage.

## The Psychobiology of Mind-Body Healing New Concepts of Therapeutic Hypnosis

Ernest Lawrence Rossi  
Norton, United States of America  
First Edition, 1993  
(Hard Cover) - 362 pages

By Maria Escalante de Smith

*The Psychobiology of Mind-Body Healing* is an interesting book that invites readers on a journey for understanding how healing occurs based on neurobiology, information processing, wave energy medicine, and hypnosis.



Chapter 1, "The Placebo Response: A Rejected Cornerstone of Mind-Body Healing", narrates at the beginning, how a patient named Mr. Wright who was terminally ill with cancer, reacted when he heard that there was a miraculous drug named "krebiozen" that could make him heal completely even though the odds against him were quite high. His condition improved greatly as a result of his beliefs even though later it was proven that the drug was useless. Once he heard the bad news, his condition worsened dramatically and he died. Although this situation was quite unfortunate, it served scientists to understand how a patient's beliefs can play a major role in the healing process.

Chapter 2, "Information Transduction in Mind-Body Healing and Hypnosis", explains that the basic idea of the psychobiology of mind-body healing is that "information is

the central concept and connecting link between all the sciences, humanities and clinical arts" (Rossi, 1993 p.23). This chapter includes a very useful chart about the "Evolution of the concept of information transduction as the basic of psychobiology and mind-body healing", where a large number of researchers and their concepts are listed. Here we can learn for example about how "Hypnosis can modulate psychophysiological mechanisms of the immune system" (Black, 1969).

In Chapter 3, "State-Dependent Learning in Mind-Body Healing and Hypnosis" readers can find an interesting definition about hypnotism quoted by Braid: "Hypnotism is a process of dissociation or reversible amnesia giving rise to the *double conscious state*". (Rossi, 1993, p. 47). Modern researchers call this a "process of state-dependent memory and learning". In this chapter it is also interesting to remember that spontaneous hypnosis occurs in times of stress. A very useful section regarding "Multiple Personality as a consequence of multiple traumas and the pervasive nature of paradoxical communication during childhood" is also included in this chapter.

In Chapter 4, "Stress and Psychosomatic Phenomena", Rossi states that the aim of this chapter is to integrate the work of two major pioneers: the physiologist Hans Selye and hypnotherapist Milton H. Erickson. At the beginning the General Adaptation Syndrome (GAS) is reviewed. Here, Rossi recalls how French physiologist Claude Bernard referred to GAS as "the ability to maintain the *constancy of its inner milieu*, the environment within its skin." this is homeostasis, "the characteristic of maintaining a steady internal physiological state despite external changes in the environment". According to Selye's GAS, there are three stages that constitute this phenomenon: (1) The alarm reaction; (2) the state of resistance; and (3) the state of exhaustion.

Chapter 5, "The New Language of Mind-Body Communication: Ten Teaching Tutorials", focuses on effective approaches for facilitating mind-body communication. A concept named "SDMLB" or "State-Dependent Memory, Learning and Behavior" is emphasized and Rossi does not even use the term, suggestion. Instead, the locus for control of the healing process remains within the patient at all times. The therapist is a "facilitator, guide, and consultant".

Chapter 6, "An Overview of Mind-Body Communication and Healing", explores the question of "whether mind can move molecules". The author advises to turn to a simple picture that shows a tree that represents the connection between mind, mood and memory (the three of them located in the leaves), and the genes which can be found in the roots. The trunk that represents the messenger molecules links both parts. This type of diagram and others can help readers become familiar with physiological processes, and with other concepts such as the cybernetic communication loop between the mind-brain and the cell-gene levels.

Chapter 7, "Mind Modulation of the Autonomic Nervous System", emphasizes how hypnosis has been long recognized as an effective means for modulating the autonomous nervous system. Nevertheless, most

investigators do not normally address how this happens. When readers observe a diagram that explains the “*Mind Modulation of the Autonomic Nervous system and Its Two Branches*,” the sympathetic (activating), it is easy to remember how stress can affect the normal functioning of organs such as the heart, intestines and bladder. As the author states: “During times of stress, state-bound patterns of information may be generated in the regulation of any individual organ or the combination of them.” These patterns may then become manifest as the unfortunate response that we call “psychosomatic symptoms”. The diagram then could be useful for example, to explain a client how she can develop heartburn if she is overly stressed.

Chapter 8, “*Mind Modulation of the Endocrine System*”, begins by explaining that this system is “comprised by many organs located throughout the body that secrete hormones into the bloodstream to regulate cellular metabolic functions, such as the rates of chemical reactions for metabolism, growth, activity level, sexuality, etc.” (Rossi, 1993 p. 186). Afterwards, we can find an illustration about Mind-body communication via the endocrine system.

Chapter 9, “*Mind Modulation of the Immune System*”, begins by addressing “the seemingly anomalous and miracle cures and faith healings that have been reported from time to time” (Ellenberger, 1970). This chapter is a very good reminder of how the immune system works because it addresses concepts such as “*innate immunity*” which provides a general, *nonspecific defense* against all invaders”. Then we can learn about the second line of defense within the blood that is made of white blood cells and proteins such as lysosomes. Even though understanding how the immune system works can be complicated, Rossi is able to present this concept in a simple and yet thorough manner by including diagrams (drawings) that give readers the opportunity to remember not only how the immune system works but also realize how, for example, in “*Mind Modulation of the Immune System*”, some of the major tissues and cell types of the immune system are directly or indirectly responsive to stress and psychosocial cues. Organs such as the spleen and thymus are shown as well.

Chapter 10, “*Mind Modulation of the Neuropeptide System*”, addresses the latest research regarding mind-body communication integrating the autonomic, endocrine, and immune systems. This chapter is a good source of information regarding how we learn and how neurons change during this process. The author makes reference to a concept named Long Term Potentiation (Kimble, 1992), which is the basic psychobiological phenomenon that underlies memory and learning at the neural and cellular-genetic level.

This section is also a good reminder of how hypnosis can be used for dealing with emergency burn patients. This is an excellent book. I highly recommend it.

## DVD Angst-Patienten erfolgreich behandeln. Hypnose und Kommunikation in der Zahnarztpraxis. HypnosVerlag

Albrecht and Gudrun Schmierer

By Nicole Ruyschaert

How to treat and desensitize patients with dental anxiety or phobia? In this DVD you discover how to work efficiently as you see, hear and experience how Albrecht and Gudrun Schmierer demonstrate their approach, the result of more than 30 years of experience in this area, and of fine-tuning the work to develop the best approach.



Therapy starts right from the beginning, the initial phone call with the dental assistant, to fix an appointment! You see how the approach increases comfort of the patient, the dentist and the dental assistant. You discover how suggestive communication, seeding, pacing and leading are part of the approach. Experiencing hypnosis brings security and offers a holding environment within the dental practice, preceding the real dental work. Diagnostic work, decision making, prevention and dental hygiene all are done in a relaxing, hypnotic climate desensitizing anxiety and changing the attitude of the patient towards the dental treatment. In Chapter (and session) 7, the first dental treatment, you see how the dentist, Albrecht Schmierer, establishes rapport, lets the patient choose where to start the treatment (some control), induces the trance according to patient's preferences, and gives the patient control with the kataleptic arm, allowed to move when the patient wants to interfere. Eye-fixation, combined with going back into a nice memory, and thinking about the 3 personal keywords are calmly induced, following the pace of the patient, giving freedom to accept the head in thinking what it thinks, to experience what the patient wants, and to skip from one good memory to the other. Some deepening is the result of non-verbal guiding with shoulder pressure and other kinesthetic experiences (pressure on forehead). Ultimate permission to start comes from the patient with the suggestion “when your mouth is ready for the therapy, it opens, and you can take all the time you need for it.” By listening to an already familiar induction (Beim Zahnarzt ohne Spritze), the state of hypnosis is continued, and in this way dentist can optimally focus on his technical work and intersperse positive appreciation about how good the patient is doing it. The induction with the CD is actively supported by the dentist taking over, giving positive feedback, inviting to reorient to the present, to the external world. To ease work in the future, a posthypnotic suggestion is given to go back in trance when in this dental office the patient hears the music, and her seat is reclined and the patient can even go deeper every time.

The DVD illustrates how dental anxiety can be treated step by step to resolution. In 9 chapters you follow the steps of the treatment starting with the initial step at the phone,

asking the patient to bring a good memory with him, and so being distracted from his dental phobia and catastrophizing thoughts. On the DVD every different intervention (dissociation, anchor, post-hypnotic suggestion...) is clearly named while you see the technique practiced. It's inviting to be welcomed in this dental practice feeling safely protected, supported, and participating at the dental treatment as a nourishing experience, where a patient actively can exert control! It's an excellent didactic tool illustrating the most efficient (indirect, permissive) hypnosis methods in treating patients with dental anxiety. Many discover how this gentle, often indirect work contributes to efficacy. I recommend the DVD for professionals working in dental and medical practices who want to make the treatment as comfortable as possible for their patients, and for those professionals who offer training to their students in mentioned practices as helpful demonstration material of information they convey.

**DVD**  
**Angst-Patienten erfolgreich behandeln**  
**Hypnose und Kommunikation in der**  
**Zahnarztpraxis**  
**HypnosVerlag**

Albrecht and Gudrun Schmierer

**Translation into German by Hans Kanitschar**

Wie behandelt und entängstigt man Patienten mit Angst vor Zahnbehandlungen oder Phobie? In dieser DVD entdecken Sie, wie man effektiv arbeitet, weil Sie sehen, hören und erfahren, wie Albrecht und Gudrun Schmierer ihren Zugang demonstrieren, der das Ergebnis von mehr als 30 Jahren Erfahrung auf diesem Gebiet und von Feinabstimmung dieser Arbeit ist, um den besten Zugang zu entwickeln.

Die Therapie beginnt schon mit dem ersten Telefonanruf mit der Zahnarztassistentin, um einen Termin zu vereinbaren! Sie sehen, wie der Zugang das Wohlbefinden des Patienten, des Zahnarztes und der Zahnarztassistentin steigert. Sie entdecken, wie suggestive Kommunikation, Seeding, Pacing und Leading Teil dieses Ansatzes sind. Hypnose zu erfahren bringt Sicherheit und bietet eine haltende Umgebung in der Zahnarztpraxis und geht der eigentlichen zahnärztlichen Arbeit voraus. Diagnostische Arbeit, das Treffen von Entscheidungen, Prävention und Dentalhygiene geschehen in einem entspannten, hypnotischen Klima, das Ängste mindert und die Einstellung des Patienten gegenüber der zahnärztlichen Behandlung verändert. In Kapitel (und Sitzung) 7, der ersten zahnärztlichen Behandlung, sehen Sie, wie der Zahnarzt, Albrecht Schmierer, den Rapport wiederherstellt, den Patienten wählen läßt, wo die Behandlung beginnen soll (etwas Kontrolle), eine Trance nach den Vorlieben des Patienten induziert und dem Patienten Kontrolle mit dem kataleptischen Arm gibt, der sich bewegen kann, wenn der Patient unterbrechen will. Augenfixation in Kombination mit dem Zurückgehen in eine schöne Erinnerung und das Denken an drei persönliche Schlüsselwörter werden sanft induziert, den Schritten des Patienten folgend, dem Kopf Freiheit gebend zu denken was er möchte, zu erleben was er möchte und von einer Erinnerung zur anderen zu wechseln. Vertiefung ist auch das Ergebnis von nonverbaler Führung durch leichten Druck

auf die Schulter oder andere kinästhetische Erfahrungen (Druck auf die Stirn).

Die letzte Erlaubnis zu beginnen kommt von der Patientin mit der Suggestion: "Sobald Ihr Mund bereit für die Behandlung ist, öffnet er sich und Sie können sich dafür all die Zeit nehmen, die Sie dafür brauchen." Durch das Hören einer schon bekannten Induktion (BeimZahnarzt ohne Spritze), setzt sich der Zustand der Hypnose fort. So können die Zahnärzte sich optimal auf die technische Arbeit konzentrieren und bewundernde Bemerkungen darüber einstreuen, wie gut die Patientin dies tut. Die Zurücknahme durch die CD wird vom Zahnarzt aktiv unterstützt und übernommen, indem er positives Feedback gibt und die Patientin einlädt, sich in die Gegenwart und in die äußere Welt zu orientieren. Um zukünftige Arbeit zu erleichtern, wird die posthypnotische Suggestion gegeben, wieder in Trance zu gehen, wenn sie in dieser Zahnarztpraxis diese Musik hört und ihren Sitz eingenommen hat und daß sie jedes Mal sogar tiefer gehen kann.

Die DVD veranschaulicht, wie Zahnarztangst Schritt für Schritt aufgelöst werden kann. Sie folgen den Behandlungsschritten durch 9 Kapitel, beginnend mit dem ersten Schritt am Telefon, indem man die Patientin bittet, eine schöne Erinnerung mitzubringen, um so von der Zahnarztangst und von Katastrophengedanken abgelenkt zu werden. Auf der DVD wird jede einzelne Intervention (Dissoziation, Anker, posthypnotische Suggestion . . .) klar benannt, während Sie sehen, wie die Technik durchgeführt wird. Es ist einladend, in dieser Zahnarztpraxis willkommen geheißen zu werden, sich sicher behütet und unterstützt zu fühlen, und an der zahnärztlichen Behandlung als eine nährnde Erfahrung teilzunehmen, während man als Patient die Kontrolle ausüben kann! Es ist ein ausgezeichnetes didaktisches Werkzeug, das die effektivsten hypnotischen Methoden der Behandlung von Menschen mit Zahnarztangst veranschaulicht. Viele erleben, wie diese sanfte, oft indirekte Arbeit zur Effizienz beiträgt. Ich empfehle diese DVD für Professionisten, die in zahnärztlichen und ärztlichen Praxen arbeiten und die Behandlung so angenehm wie möglich für den Patienten machen wollen und jenen Fachleuten, die Studenten in den genannten Techniken unterweisen, als hilfreiches Demonstrationsmaterial zu den Informationen, die sie weitergeben.

**Réflexions croisées autour de la cure chamanique,**  
**des performances thérapeutiques, des**  
**psychothérapies et de la création comme procédé**  
**thérapeutique**

**Exposition. LES MAÎTRES DU DÉSORDRE**

**Musée du Quai Branly**  
37 quai Branly 75007 Paris  
Tél. : 01 56 61 70 00

**Compte-rendu de Christine Guilloux**

Quand un anthropologue rencontre un psychiatre psychothérapeute, le feu n'est pas d'artifice, les questions fusent. Que se joue-t-il dans le désordre de la maladie ?

Au sein de l'exposition « Les Maîtres du désordre », se déroulant au Musée du Quai Branly à Paris, Bertrand HELL et Édouard COLLOT ont interrogé ce vendredi 18 mai 2012 l'efficacité symbolique de la cure chamanique et la cure psychothérapique. Approches apparemment différentes, approches parallèles et néanmoins similaires : s'y noue quelque chose d'essentiel autour de l'alliance thérapeutique et de l'expression des affects.



Bertrand HELL, anthropologue, est spécialiste du chamanisme et de la possession, professeur titulaire d'ethnologie à l'Université de Franche-Comté et chercheur au Centre d'Études Interdisciplinaires des Faits Religieux de l'EHESS. Il est aussi conseiller scientifique de l'exposition,

Édouard COLLOT, est médecin psychiatre psychothérapeute, responsable de l'Unité d'hypnothérapie de l'Institut Paul Sivadon (Association l'Élan Retrouvé), président du GEAMH (Groupement pour l'Étude et les Applications Médicales de l'Hypnose) et responsable médical de l'IFH (Institut Français d'Hypnose).

Trois aspects principalement ont été développés lors de cette conférence dont le propos n'était ni de théoriser, ni de « scientiviser » (\*1), ni de se raccrocher à un prêt-à-penser (\*2) : la dimension sociale, l'alliance thérapeutique et l'invisible.

Une question clé : comment les hommes conçoivent-ils leur place dans l'univers. Comment aborder la complexité du réel ? par l'«Éloge de la pensée obscure et confuse». L'ethnologie « doit cesser de coucher, en quelque sorte, les civilisations entre les feuilles d'un herbier... elle doit déchosifier les faits sociaux pour les humaniser. » \*3 Le « Penser, Classer » ne suffit pas, ne peut en aucun cas rendre compte de la complexité du réel.

En hypnothérapeute, Édouard COLLOT observe les sujets venus consulter, accompagne dans la souffrance. L'hypnose comme outil d'observation exceptionnel. Le marquis de Puységur l'avait bel et bien démontré. Une commission scientifique mit à bas le pouvoir de l'imagination, Mesmer fut fustigé. Aujourd'hui, définir la conscience reste un défi. La pratique de l'hypnothérapie ouvre un champ de conscience qui dépasse la rationalité dans laquelle nous baignons et à laquelle nous sommes réduits, ce qui nous rapproche de la pratique chamanique. Carl Gustav JUNG s'était courageusement aventuré sur ces terrains et n'a alors guère été suivi. L'inconscient fait partie de l'invisible, ce qui peut peut-être expliquer que des gens en lien affectif peuvent tomber malades... Liens subtils.

La maladie, indissociable de la présence d'un invisible. Les réparateurs du désordre, du chaos, du conflit, quelles que soient les cultures chamaniques, se mettent à l'œuvre avec la communauté familiale et villageoise. L'individuel et le collectif sont toujours associés. « Le village expectore » pour que le patient guérisse comme dans la sorcellerie.

Le principe soignant en psychothérapie n'est-il pas l'alliance thérapeutique, ce lien entre le patient et le thérapeute ? Un lien affectif d'échanges qui dépasse la logique, qui développe des synchronicités. « Beaucoup de bons thérapeutes ne savent pas ce qu'ils font sinon ils ne le feraient pas. »

Blouse blanche ou costume chamanique. Le patient croit au pouvoir du sorcier. Le cadre, les objets constituent les instruments de la légitimité, les supports des esprits. Le chamane est un intercesseur entre les esprits et le patient. La transe est partagée. L'hypnothérapeute joue-t-il ce rôle d'intercesseur ? Édouard COLLOT nous rappelle aux propos de RABELAIS « Je soigne et Dieu guérit. »

Le chaman vit souvent sa tâche comme un fardeau. Il a traversé des épreuves, les épreuves de la maladie, du désordre. Il a fait son chemin, il s'est lui-même guéri. Son rôle est de soigner le « guérisseur blessé » (\*4), d'en appeler au guérisseur intérieur du patient par l'entremise du guérisseur extérieur, le chaman.

Le thérapeute n'apprend pas son métier dans les manuels, subit un certain nombre d'épreuves dans sa vie, les dépasse. Un parcours initiatique qui l'amène à se dépasser, à se réaliser, à s'épanouir. Il accompagne, il mobilise les ressources intérieures du patient, le « réservoir de ressources » cher à Milton H. ERICKSON, au chaman Milton H. ERICKSON.

Cure chamanique, cure thérapeutique. Ces parallèles et ces rapprochements illustrés par les conférenciers nous montreraient combien la maladie ne peut être dissociée de la présence d'«un invisible».

Dialogue fécond entre un anthropologue et un hypnothérapeute qui nous incite à relire nos anciens, FREUD pour le sel, JUNG pour le sucre. Silence, les esprits ne seraient-ils pas à l'œuvre ? Dialogue fécond qui questionne nos transformations, nos métamorphoses. Dialogue fécond qui nous incite à réfléchir sur le rapport entre conscience individuelle et conscience cosmique.

L'individuation, seul progrès pour l'homme ? Dialogue croisé sur la mise en scène de la maladie pour guérir pour nourrir une véritable anthropologie d'Homo Sapiens. Pour nous transformer.

\*1 NDR : le monde dans lequel nous vivons a une certaine propension à la rationalisation, à la recherche d'une compréhension scientifique « qui abrase la complexité du réel ».

\*2 NDR : Bertrand HELL se réfère au modèle psychanalytique utilisé par les anthropologues, un modèle qui n'expliquait rien.

\*3 Roger BASTIDE, L'ethnologie et le nouvel humanisme, *Revue philosophique*, octobre - décembre 1964

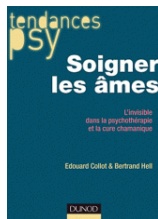
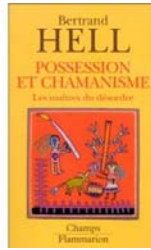
\*4 concept du « guérisseur blessé » développé par Carl Gustav JUNG.

<http://www.quaibrany.fr/fr/programmation/exposition/s/a-l-affiche/les-maitres-du-desordre.html>



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### Interview with Michael Heap (MH)

by Consuelo Casula (CC)

**CC:** You are well known by ESHNL readers for books you have authored – “Hypnosis in Therapy” (1991) and “Hartland’s Medical and Dental Hypnosis” (2002) that has now reached its 4<sup>th</sup> edition - and also for books you edited, such as “Hypnosis: Current Clinical, Experimental and Forensic Practices” (1988), “Hypnosis: Theory, Research and Application” (2006), and especially for “Hypnosis in Europe”. In 1998 you had this brilliant idea to put together a group of scholars from different European countries, asking them to present the state of the art of hypnosis in their own country and you personally presented hypnosis in Britain and Ireland. Since then many changes in the field of hypnosis and in the field of psychotherapy have occurred. From your

**perspective, what is the biggest positive change and what is the worst negative change in the field both of hypnosis and psychotherapy.**

**MH:** I should say first that “Hypnosis in Europe” was Peter Hawkins’ idea!

I believe that the biggest positive change in the field of hypnosis has been the much greater agreement now about what is meant by the term “hypnosis” and what exactly needs explaining, and the much greater cohesiveness of the theoretical landscape after the fierce state/ non-state debates of the second half of the last century. I was impressed by this when reading the theoretical chapters of Michael Nash and Amanda Barnier’s Oxford Handbook of Hypnosis which appeared in 2008. This progress has been assisted by the growing number of neuroscientific investigations of suggestion and suggestibility.

I’ll say something about *clinical hypnosis* in a moment. So far as psychotherapy in general is concerned, the worst that I can say is that different types of psychotherapy continue to proliferate with no regard to their effectiveness, although many make rather dramatic claims. One reason for this is that we know that a huge factor determining outcome is not so much what the therapist does as how he or she does it and what the quality of the therapist-client relationship is like. As with the placebo effect, this allows a wide range of therapies to flourish. Despite this, in the UK at least, what the media like to call “talking therapy” has been presented in a much more positive light in recent years. This is largely due to the continuing progress made by cognitive behavior therapy (CBT). CBT is not without controversy but it lends itself well to the model of “evidenced-based practice” – evidence-based both with respect to process (rationale) and outcome. CBT is mentioned positively in reports by the National Institute for Clinical Excellence and the last UK government took this on board and put in place an initiative called IAPT (Improved Access to Psychological Therapies) to make “talking therapy” – i.e. CBT - more widely and easily available to the public.

NICE has identified hypnosis as an effective treatment for irritable bowel syndrome (IBS) but that’s about all. Hypnosis continues to prove itself to be an effective component in pain management and this needs wider recognition. Clinical trials claiming to demonstrate efficacy in other medical contexts continue to appear in the journals, but again little interest is shown by “non-hypnotists”. Could it be that there something wrong with clinical hypnosis? If so, what is the diagnosis and is there a remedy?

It seems to me that there is no coherent theory underpinning the range of interventions that we call hypnotherapy, except for outmoded and overworked concepts such as “trance” and “the unconscious mind”, which appear to mean whatever any therapist wants them to mean. Indeed, I recently (2011) wrote a paper for Amir Raz’s online “Journal of Mind-Body

Regulation” entitled “Does Clinical Hypnosis Have Anything To Do With Experimental Hypnosis?” (<http://mbr.synergiesprairies.ca/cjh/index.php/mbr/article/view/487>). I made a case for saying that hypnosis as investigated in the laboratory on normal subjects and hypnosis as practiced therapeutically have little in common. So what exactly is clinical hypnosis?

I’m not going to try to answer this but may I be a little self-indulgent? I often find it difficult to accept the authenticity of ideas and practices without considering their context. (I believe this is called a “systems approach”, but I haven’t studied this in depth.) That is, I like to stand well back and ask questions such as “What are the origins of this belief?”, and “Why are people behaving in this way?” So let’s say a person with “a weight problem” is with “a hypnotherapist” and during the interaction the hypnotherapist tells the other person to close her eyes and then says that her arm is about to float up in the air. A naïve observer would seek an explanation for this behaviour and there is a standard one that can be found in many books on hypnosis (including my own) with which readers will be familiar. However, this explanation does not really satisfy me: there’s a lot more going on here! But a full understanding will elude us unless we are prepared to set aside the dogma, stand well back, and study the broader context. (Whether this makes us better therapists is good question!)

Now, in the field of hypnosis those who have influenced me most have been people like T.X. Barber, Theodore Sarbin, Nick Spanos, Graham Wagstaff and, in my earlier career, Brian Fellows. These were, or still are, people of intellectual integrity who were prepared to “stand well back” and look at the wider context. In doing so, they could be very provocative – dare I say “subversive”? Take, for example, Spanos. I do not think his position now is completely tenable, but his experimental work was certainly very challenging to the accepted dogma, clinical hypnosis included. (People often think of him as simply being intent on “debunking” hypnosis, but in fact his experiments reveal much about social influences on human behaviour.)

There are few, if any, subversives in the field of clinical hypnosis. There is little dialectical discourse, unlike that which characterized experimental and theoretical hypnosis in the second half of the twentieth century and which is now bearing fruit, as evidenced by the growing consensus noted earlier. This has not happened in clinical hypnosis and that is not healthy for its development; it stagnates and we are fated to go round in circles, repeating worn-out phrases and asking the same questions without reaching any definitive answer. We should not be afraid to challenge this state of affairs from within. For example, permit me to “stand well back” (metaphorically, if not literally!) and say to you, “Trance is an idea invented by therapists to legitimize their role”. This is very provocative but I want you to reply, “I understand what you are saying, but....etc.” and then we can have a dialogue and learn from each

other. Or how about, “Milton Erickson is a phenomenon partly based on a 20<sup>th</sup> century American psychiatrist of the same name”? Who dares say such things?

It takes a scandal such as the false recovered memory debacle or the nonsense around multiple personality disorders to create this kind of debate, and even then the challenges came mainly from outside the field.

**CC:** Do you think it is time to make a new edition of the book “Hypnosis in Europe” augmenting the material with updated information coming from each ESH constituent societies? Nicole and I were thinking of doing so, what do you think?

**MH:** Well, at this point allow me to advertise the fact that the second edition of “Hypnotherapy: A Handbook”, will soon be on the bookshelves. The first edition (1992) was edited by Windy Dryden and me, but this time I am the sole editor. I am still recovering from this ordeal and I have vowed never to edit another book again! But it’s not as bad if there are two of you, so go ahead. If it were me I would - of course – stand well back and think about what the various aims and purposes of the book would be. In the 1998 book many intriguing questions were raised concerning differences between countries, such as why hypnosis has made little headway in some of them – e.g. France – compared to others - e.g. Israel; why Ericksonian hypnosis is so strong in Germany; why some countries have laws about who should undertake hypnosis and others don’t; and why empirical research is virtually absent at universities in some countries.

**CC:** Now with the new book “Universal Awareness: a Theory of Soul” it seems that you have changed topic. Tell me about the origin of the idea of writing this book that differs from the previous ones and the path you followed that brought you to this field of interest.

**MH:** I suppose I am like most people in wondering whether life has any purpose or meaning, how intelligent life came into being, how consciousness is possible, and so on, and contemplating profound personal issues such as one’s personal identity, what happens to one’s self-awareness after death, and whether it’s possible to have had a previous existence. It may not be possible to answer any of these questions, but I would like to be able to contemplate *some* answers that are at least feasible. I am not a religious person and I seek answers from a rational and scientific analysis, rather than pure faith, Holy Scriptures, esoteric philosophies, and so on. I am fascinated by what modern science is telling us about our universe, how it might have come into being, and how life evolved. In fundamental ways, many modern scientific discoveries, theories and ideas are in complete contradiction to our everyday way of thinking – they are highly provocative and subversive - and I believe that in seeking answers to the above questions, we need to take these ideas and discoveries into account.

So, the way I have approached *my* search for answers is similar to the way I tend to approach hypnosis; that is to suspend the usual ways of thinking and stand well back. Thus my approach is from the top down rather than the bottom up. The “bottom up” approach characterizes that of many scientists who investigate consciousness by investigating the human brain, both at the macroscopic level (e.g. by brain-scanning) and at the microscopic level (e.g. by studying neurotransmission). This is essential in order to understand how consciousness arises, but to address the fundamental questions I have posed, it is also, I believe, essential to take into account what modern science is telling us about the universe and this means standing well back (as far as one can, in fact) and thinking about the universe as a whole (“top down”).

So it is with this motivation and from this vantage point that I began, quite a few years ago, to think about what *might* be some rational answers to these profound questions.

**CC:** The title “Universal Awareness” is intriguing and I find it has a double meaning. One implies that the reader, through this book, will reach his/her own awareness regarding universal issues; the other is that the “universal awareness” that you identify and on which you expand in the book will transform the awareness of the reader. What do you think of this way of reading your title?

**MH:** I shall answer this question by first referring to the end point (so far) of what I call my quest for answers, namely that it is, in my opinion, a reasonable and feasible conjecture that one’s awareness of being (as opposed to the person we are aware of being) is perpetual or eternal. So, when I am not aware of being Michael Heap (say before MH was born or after MH is dead) I am aware of being some other entity in the universe and this could be *any* sentient being. (Of course, language is inadequate to express this and one’s immediate reply might be “Who is the ‘I’ in that statement if it isn’t MH?”)

As I say, I think this is a reasonable possibility but, like a good scientist, I did not set out with this hypothesis and then look for reasons why this could be true. The conclusion only emerged over the course of my search for answers. So, I did not know what the title of the book would be until I had finished it. I think that “universal awareness” conveys the idea expressed in the book that the universe is aware of itself and its own activities at minute localities in its space-time structure that we call “sentient beings” (in the book, I call these “hosts”). In a sense, therefore, awareness “belongs” to the universe.

**CC:** Also the subtitle “a theory of the soul” sounds ambiguous because it seems ambitious that you finally discovered a theory of the soul and at the same time sounds modest because you diminish your position with the indefinite article “a”.

**MH:** I have called this “a theory” because I think that this is

what my ideas comprise, even if it is not possible to test them scientifically (i.e. in a manner that could disprove them). But who knows in the future? I would hate it if people thought that the theory is what I believe for sure. I also emphasize that I hope readers will form their own ideas and theory, even if they are different to mine.

**CC:** Each word of the title is heavy, rich with layers of meaning settled down through years of philosophical, scientific and spiritual thinking and you use them with lightness, promising the reader who will follow you to the end of the book to “find clear and unequivocal answers”, as you say in your prologue. I think this might be considered a strong promise, and suggests that you are confident to have an answer that will satisfy the reader. Where does your confidence come from?

**MH:** Of course I could only make this promise to readers once I had arrived at these possible answers. It is true that the title and all the questions that are asked at the beginning of the book have layers of meaning and assumptions and so I ask the question whether any of them are really meaningful and whether they are based on assumptions that are questionable – cf. the question “Why was I born me and not somebody else?” By saying that the answers I provide are clear and unequivocal I do not imply that they are correct, only that there is no ambiguity or vagueness in the answers. Whether I achieve this is for others to decide.

**CC:** The promise of clear and unequivocal answers also seems a way to help readers to cope with the anxiety, ambiguity and complexity of life, with uncertainty about our origin and our future, and also to accept whims and tricks of destiny. What do you think of that?

**MH:** To be honest, if readers are willing to contemplate that what I am suggesting may be true then I am not sure what their emotional response will be and I am sure (and I know from feedback) that people will have different reactions. Speaking for myself, the theory brings me no comfort whatsoever!

**CC:** You reached the conclusion that “the human mind” is itself an activity of the universe. Can you explain what you mean by that?

**MH:** I describe the book as “a journey of exploration” in search of the answers posed in the book’s prologue. There are different stages along the way, and one common theme is that we set aside our subjectivity – that is the meaning and assumptions that we, as observers of the universe, impose upon it. (Notice that I have just made a subjective distinction between “we” as observers and “the universe” as what we are observing. I make use of this distinction early on in the book, but eventually set it aside, since we ourselves are part of the universe. Thus, “the universe is observing itself”.)

One everyday way of thinking that I challenge early on is

that a person is a thing or object. In 2000, I gave a talk at the International Society of Hypnosis Congress in Munich entitled - provocatively, as usual – “Let’s Wave Goodbye To The Unconscious Mind” (see my website [www.mheap.com](http://www.mheap.com)). Many hypnotherapists have a fetish for something called “the unconscious mind” as though it were an object that engages in various activities. I myself adhere to the notion that the mind is something the brain *does*: it is an activity. So, for example, there are no such *things* as memories that are “stored” somewhere in the brain; the brain is so structured as to engage in the *activity* of remembering. The same applies to thoughts, images, ideas, dreams, and everything else we experience. So, throughout the book, I make a distinction between objects and activities (which may, in fact, be a subjective distinction that can be relinquished, but not, I believe, for our purposes). So, we can say that any person, let’s say Consuelo Casula, is an *activity*, not an object or thing. The actual object, of course, is the physical body (and we are now talking predominantly about the brain and nervous system) but the *person* is the activity that that object performs. So the next time I see you I might say, “Excuse me - are you the object that is doing Consuelo Casula?”! (Of course, for everyday purposes this would be very silly indeed!)

Unless we set aside our usual ways of thinking and our subjectivity, it will be our fate to ask the same questions and to be blind to possible answers that reveal themselves only when we have taken this step. So, for example, I ask the reader to set aside what seems to him or her to be so obvious, namely that our personal identity is preserved over time. If we did this for everyday purposes we would be in a lot of trouble, but when it comes to seeking answers to our questions, perhaps this is essential. Similarly I ask readers to suspend the everyday notions of the past, present and future and the assumption that only the present defines what is “in existence”. Likewise we may set aside the idea that the universe consists of many objects engaged in a myriad of activities; instead we think of the universe as one organic whole, engaged in one activity. (An analogy here might be the human brain. We can ask which part of the brain “does” facial recognition and point to an area which is very active when people are performing this task. However, the answer ultimately is “the brain itself”, and that includes such structures as the vessels that supply the brain with blood and nutrients.)

So we can think of what we identify as an activity as something that is undertaken by the universe itself. (In the book I ask the reader to consider the question “Who wrote Beethoven’s Fifth Symphony?” from the standpoint that the answer is “the universe”.)

It is therefore sensible, in my view, and in fact revealing, to say “consciousness and self-awareness are activities that the universe engages in.....etc.”, as I stated earlier.

**CC:** You invite readers to set aside their normal way of thinking about time and space dimensions -past-present-future; here-there; activity-doing and happening; things and objects; body and soul. You invite readers to pause and meditate following your universal conundrums such as “why was I born the person I am?”, and find their own way to solve them, giving your answer in the last pages of your book.

## What is the main purpose of this enthralling interaction with the reader?

**MH:** I intended the book to be read by the interested lay person (i.e. member of the public) and not by people qualified in philosophy (I myself am not). It is not didactic, except where it is important to make sure the reader is familiar with scientific discoveries and ideas. I tried to write it in such a way that readers are allowed to think in depth about the issues and problems that present themselves along the way, anticipating if possible the direction in which I am guiding them, but ultimately coming to their own conclusions. I try to create some suspense – e.g. “We seem to have got stuck; where can we go next? How about considering this.....” - and then usually suggest we suspend our subjectivity some more. I hope that I have managed to achieve some of these goals so that at the end of the book the reader may say, “I understand what you are saying and you may be right, but have you considered this....etc.” That is all I am entitled to expect.

**CC:** The question that made me think a lot is “If I never experience consciousness in the form of self-awareness before I was born, and will never again experience this after I have died, then does this mean I have only one chance of living as a conscious self-aware being?” I liked it because your answer opens the door to a world full of possibilities and pushes us to find our chances in the universal awareness. This is what you wanted to convey with this book?

**MH:** This is a question that really intrigues me because I do think it is valid to ask it (even accepting the pitfalls of counterfactual questioning). As I have said, if I ask myself the question “Why was I born the person I am?” then an effective response is that this question is based on a false duality, namely “I” and “the person ‘I’ am”: “I” is integral to “the person ‘I’ am” so the question doesn’t make sense (maybe). But I think that the question you have identified here *is* meaningful: it is possible to answer it. The answer may be yes or no (perhaps there is another possible answer, but let’s stick with these two). Either way they raise further fascinating questions.

And now I invite the reader to consider these!

**CC:** I thank you very much for your inspiring words and your heartfelt collaboration, and I wish you good luck.

For a summary of the book and readers’ comments visit:  
<https://sites.google.com/a/sheffield.ac.uk/soul/>

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