

The background features a photograph of historic Krakow architecture, including the spire of St. Mary's Basilica on the left and the tower of the Cloth Hall on the right. The image is overlaid with a semi-transparent blue gradient. The text is centered in the upper half of the image.

XXII WORLD CONGRESS OF MEDICAL & CLINICAL HYPNOSIS

COOPERATION IN HYPNOSIS, BENEFITS & CHALLENGES

12-15.06.2024

KRAKÓW, POLAND



The Covert Anchoring Technique as a Therapeutic Multitool Connecting Hypnotherapy and EMDR

Dr. Christoph Sollmann



Covert Anchoring Technique = C.A.T.



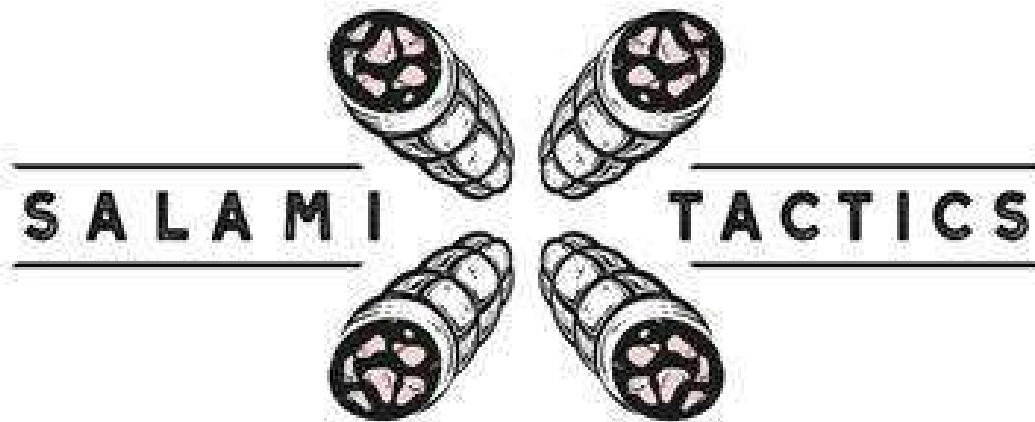


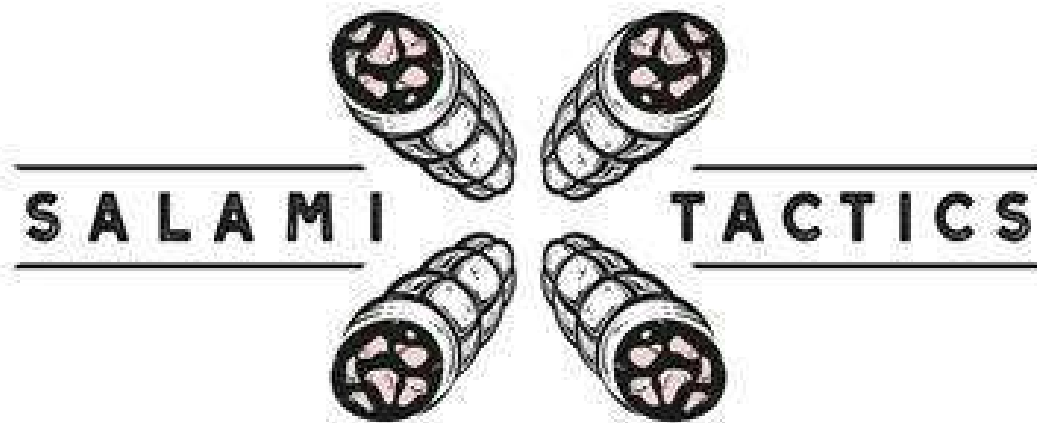
Addiction

PAIN

Trauma







also vegetarian



All rights reserved Dr. Christoph Sollmann 2024





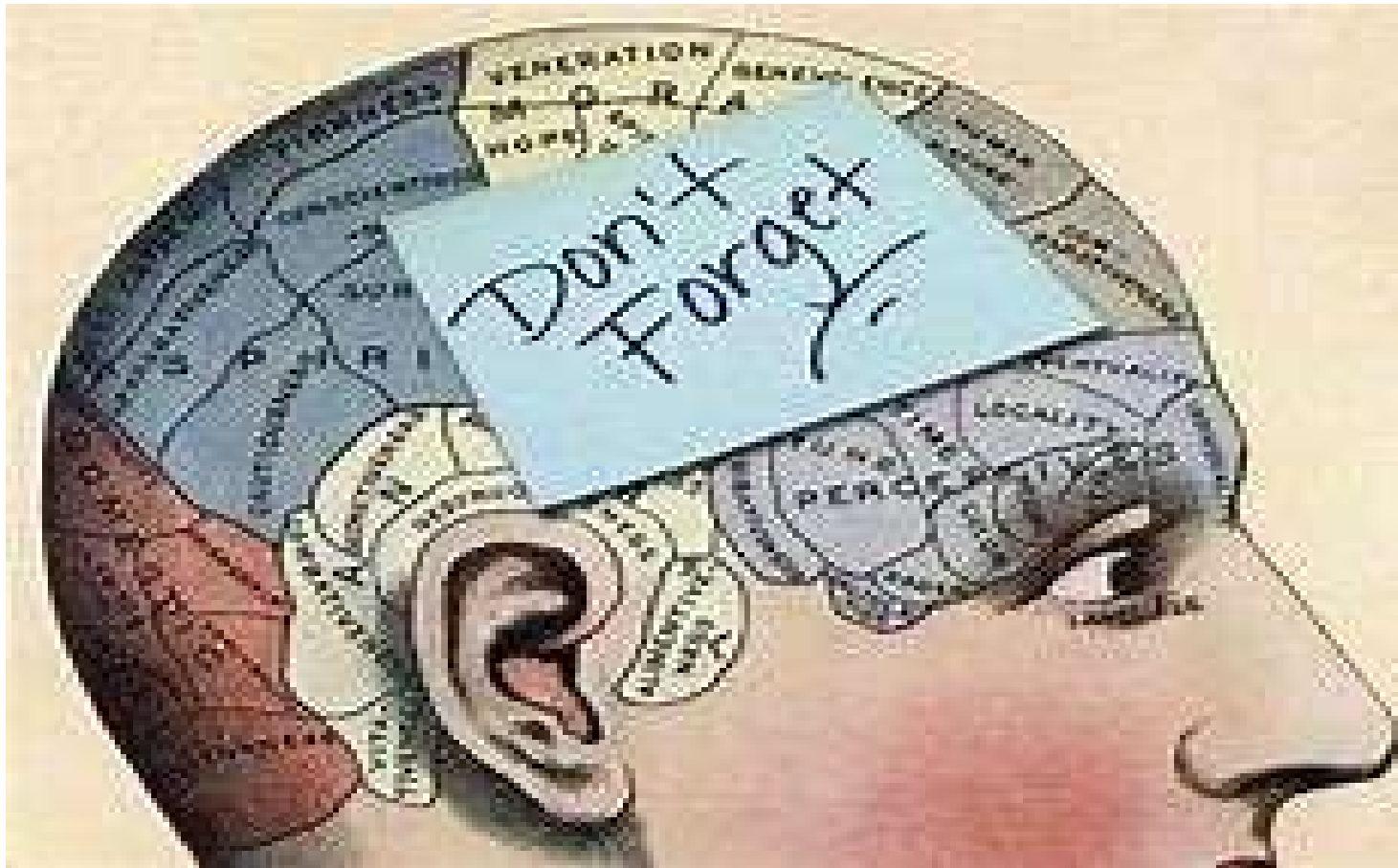
B. Winkelman fecit.
B. A. Bisschop sculpsit.

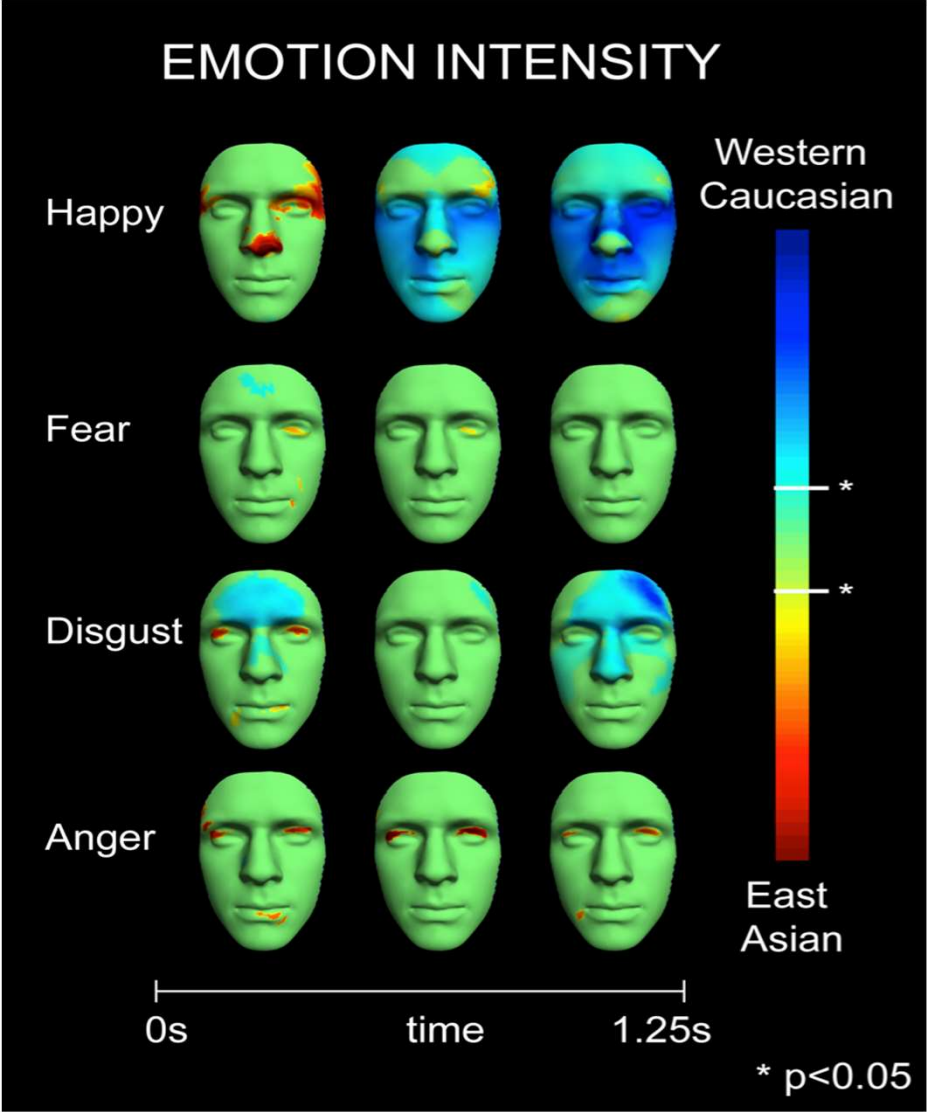
Cernis in incerto succumbant, omnia, Mortis;
Omnia, quævis quibus hic datur esse modus.

Mortales, Artes, Animantia quæq; Domusq;
Et quæ prælongo tempore fama volat.

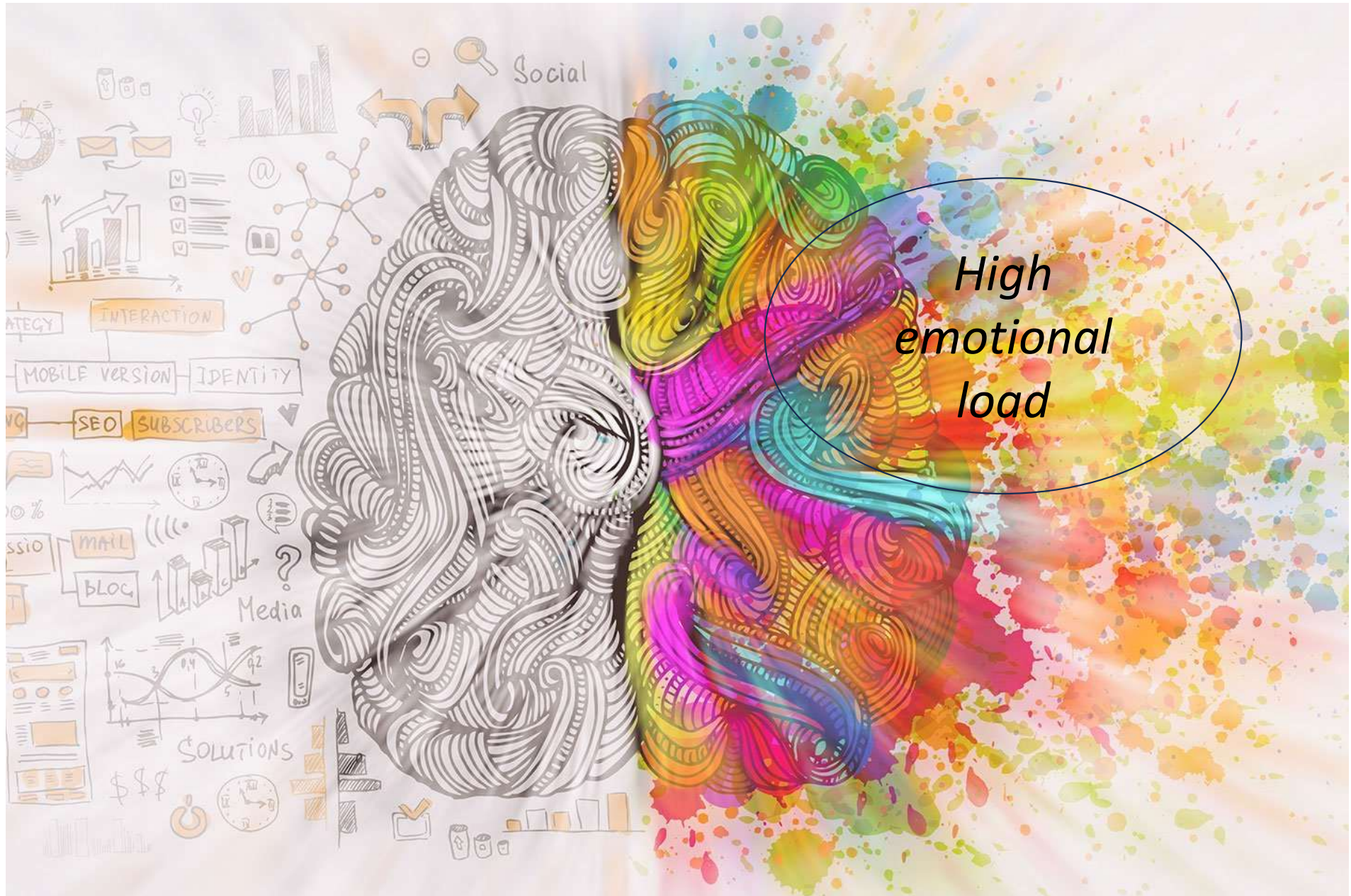
Ille sapit, qui sic præforti æterna cadens,
Flet ut solus velit, querat, amicitia pas.

I. Summus.

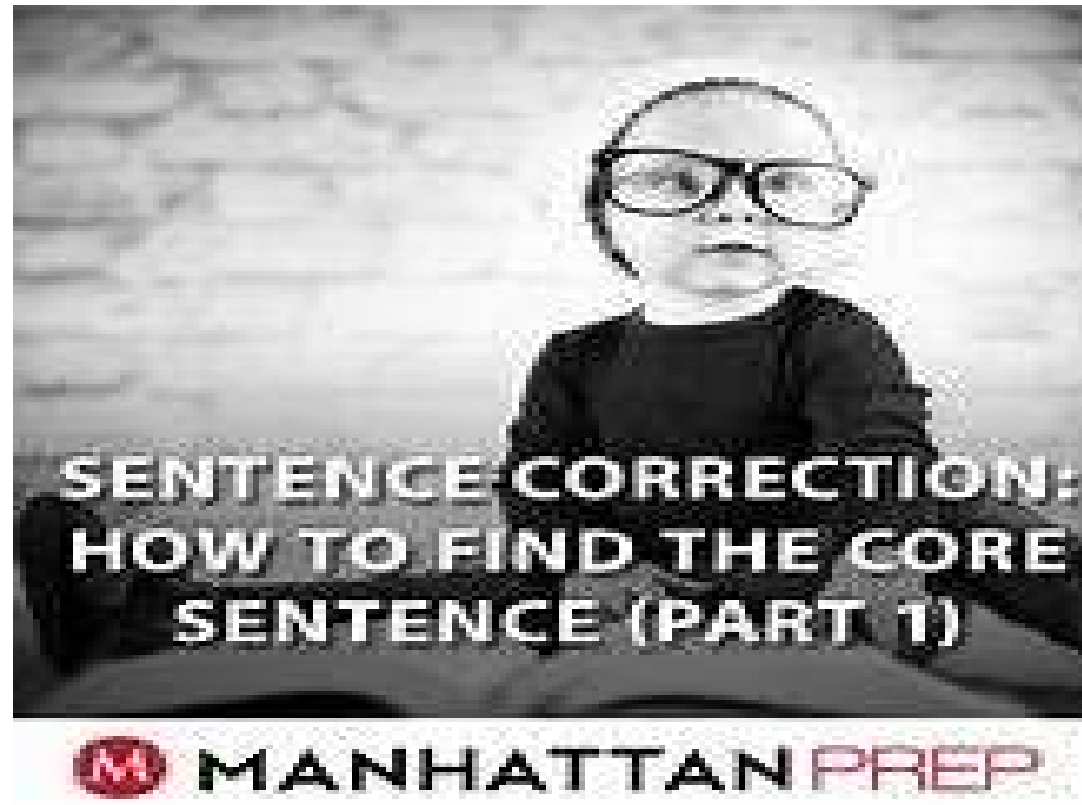


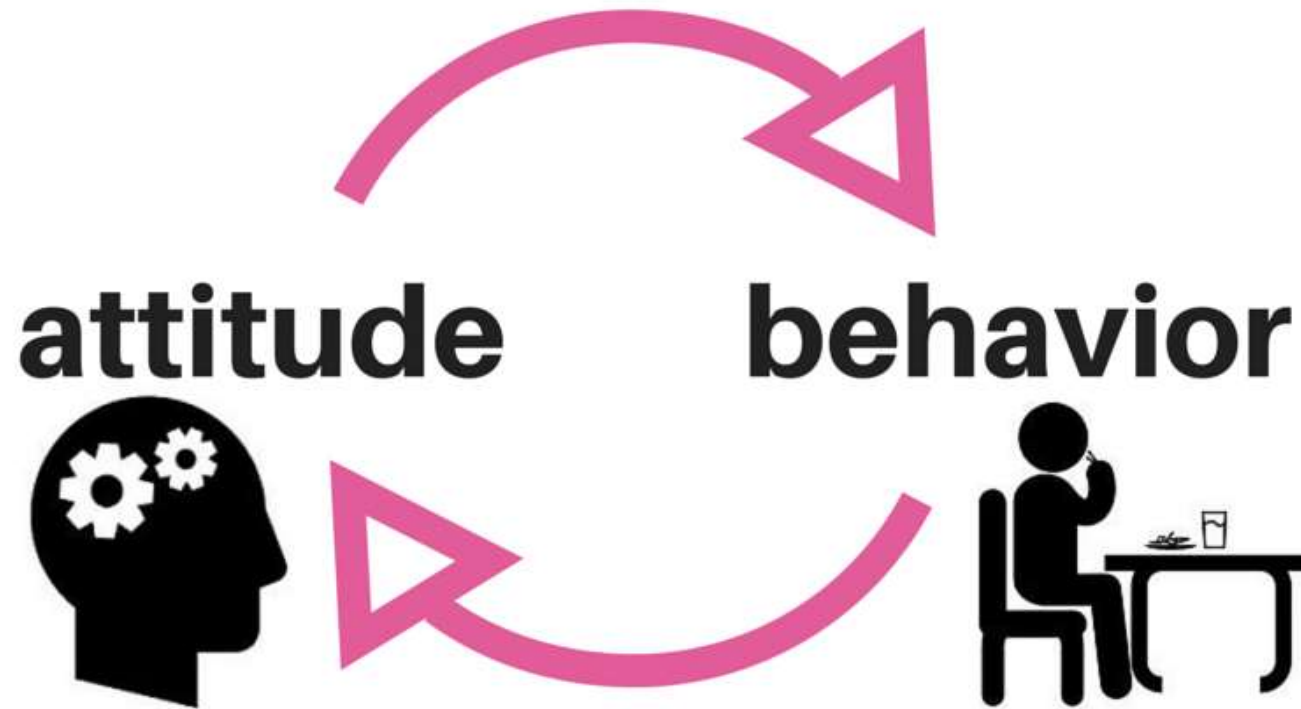






*High
emotional
load*





Post Treatment: Attitude change. Clients report:

"The pain can no longer harm me"

"I sometimes have pain, but I am not the pain".

"The pain no longer prevents me from doing things that I would like to do" etc.

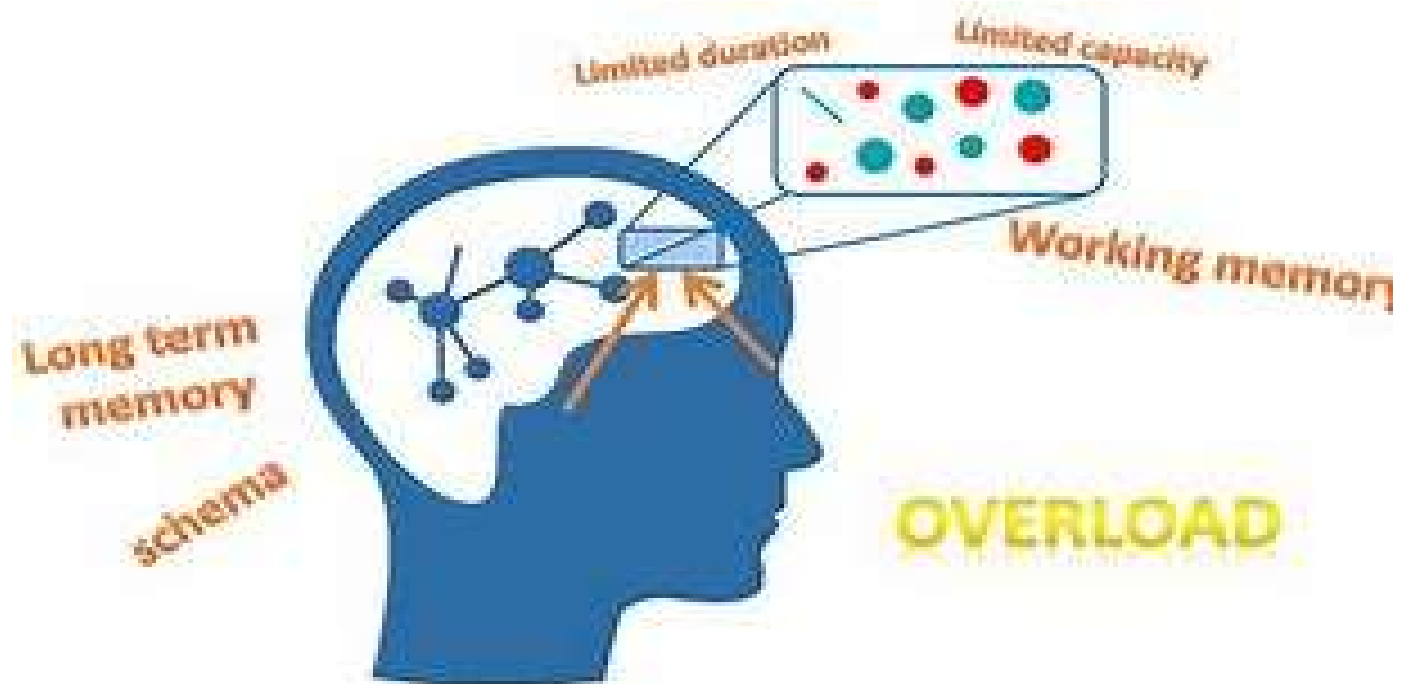


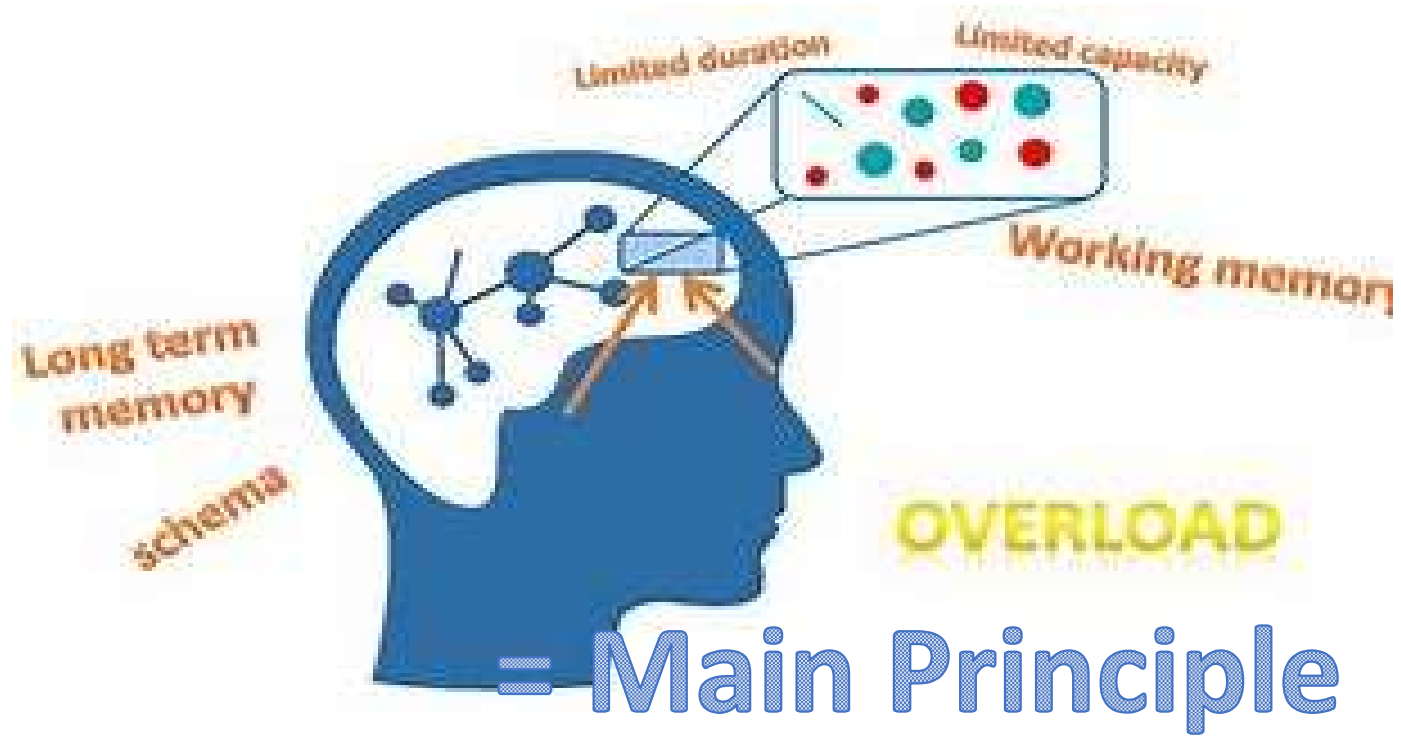
All rights reserved Dr. Christoph Sollmann 2024





All rights reserved Dr. Christoph Sollmann 2024







CONSCIOUS AND SUBCONSCIOUS MIND

All rights reserved

Dr. Christoph Sollmann 2024





All rights reserved Dr. Christoph Sollmann 2024

Survey of experience

1. Which of you work exclusively with hypnotherapy?
2. Who works in any way "*integratively*"?
3. Who combines hypnotherapy with EMDR?



All rights reserved Dr. Christoph Sollmann 2024



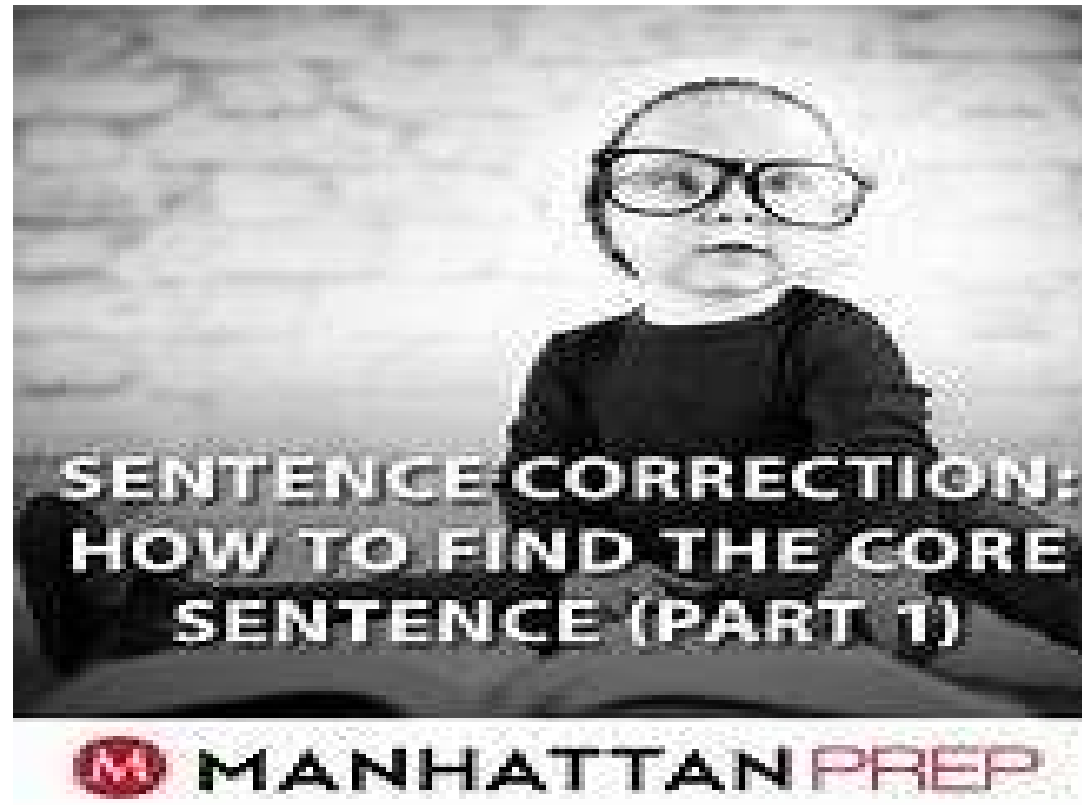








1. Do you have experience with trance work?
2. May I touch you by the hand or here by the arm? The other side too?
3. While you are going into trance, I would like to talk a bit to colleagues in between so that you have time to relax your muscles and go further into trance in your own way and enjoy the relaxation while you listen. Is that ok for you? You can also be private to yourself while I speak to the group, close or open your eyes as you feel comfortable.
4. Can you remember an event in the past where something hurt like hell and then, at some point, all at once or gradually, you realised that the pain subsided and how it finally subsided? ... Please note this exact moment when the pain subsided for later. We will work with this memory later.
5. Is there actually a feeling of pain in your body? A small physical pain? How intensely are you experiencing it right now, on a scale of 1-10?



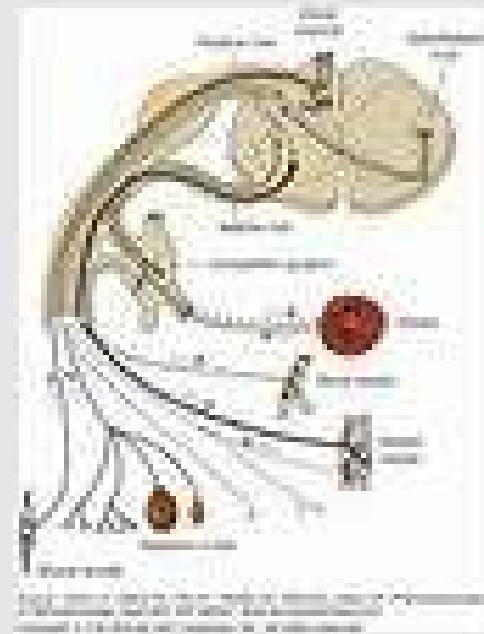
Moment of release (m.o.r.) = Specific experience of coping with pain

"Go back to a moment in your history when you had the experience that a strong pain (for example: bump on the shin, fall, injury) subsided... The exact moment when you realized that the pain, which had previously been omnipresent, had subsided..." (= Hypnotic definition).

Goal: Neurological activation of the resource that activates a specific memory quality of Pain release

History of Pain-Release!

- ca. The word pain is derived from the Latin *poena* and the Greek *poine*, meaning "penalty" or "punishment" from the gods.
- ca. Aristotle believed pain to be a passion of the soul - a belief that predominated for 2,000 years.
- ca. Today we realize that pain is due to a complex array of neural networks in the brain that are acted upon by afferent stimuli, thus producing pain.



Let's do a little survey

1. Who can remember a major, body-related pain event? Please show your hand as soon as you remember such an incident.
2. Remember a time in the past when a actual pain event was easing and relieving: How many of you remember that very moment of release now, please raise your hand if you were able to activate such a perceptual quality from memory. [This is the m.o.r.]
3. Who has a safe place in his mind and how long does it take to activate it? Please show your hand when you have activated your safe place.

Evaluation

Who found it easier to recall a pain incident instead of a m.o.r.-incident?

Who was able to recall her/his safe place faster than the m.o.r.?

Conversely: m.o.r. faster than safe place?

Expected results

mostly the memory of the pain incident is easy to recall. The safe place either. The m.o.r. is most difficult to (re-)construct in mind.



KEEP
CALM
I'M
THE
DOCTOR



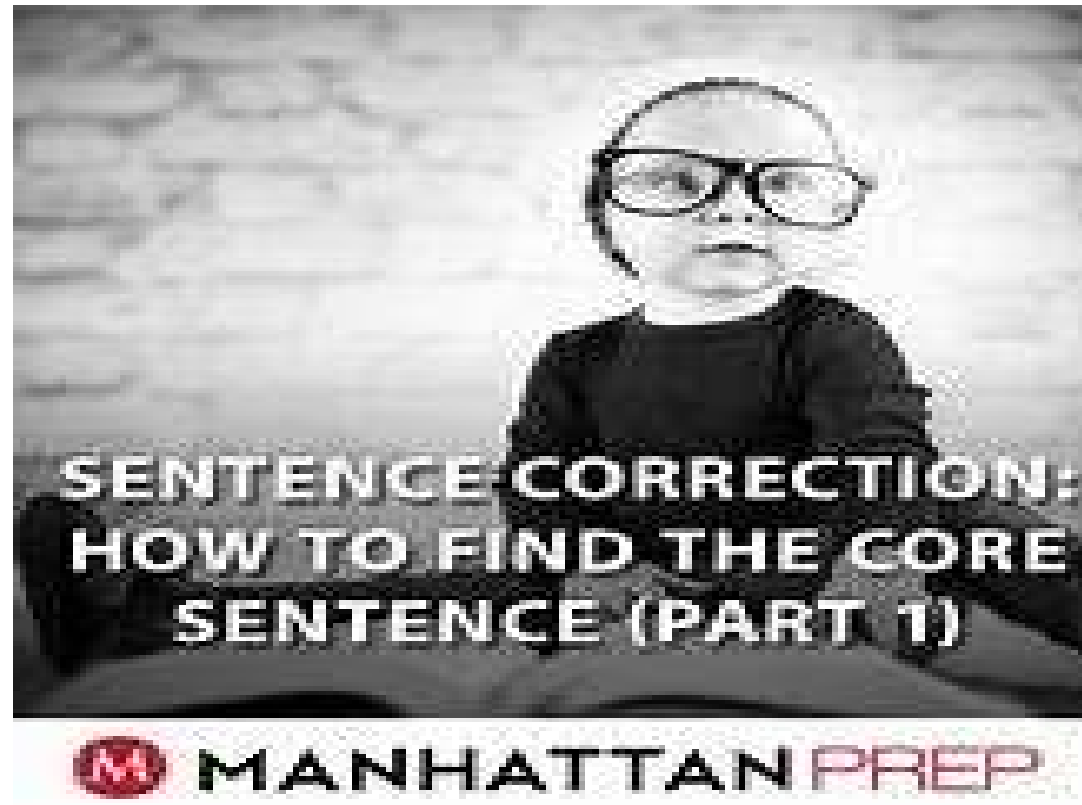
All rights reserved Dr. Christoph Sollmann 2024









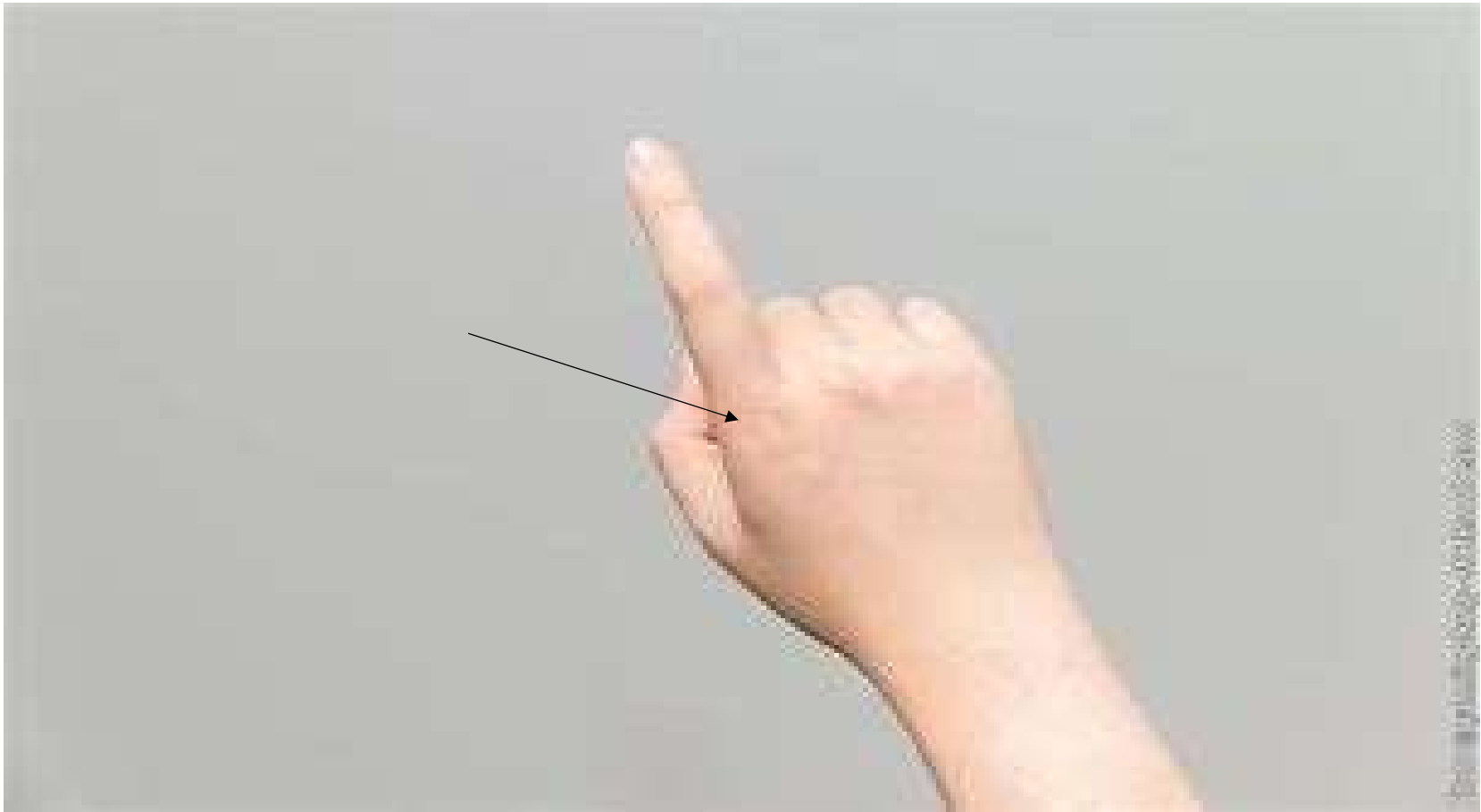


MANHATTAN PREP





Courtesy of Elisabeth Jecker



Moment of release (m.o.r.)



Emotion just
LOADING ... |

"When the experience of the easing of pain in you reaches a maximum, then the unconscious of [N.N.] gives me a signal with the finger whose knuckle I am touching here".

"Each additional touch of the knuckle makes you experience the feeling [of release from pain] more intensely/stronger" or "... makes the memory become even more intense and vivid".



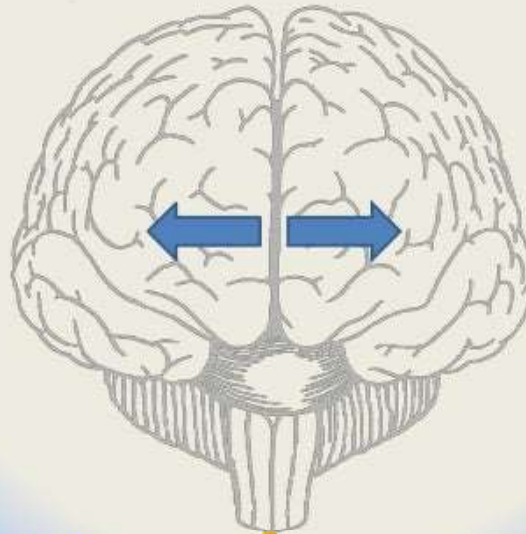
Pain only touch softly





All rights reserved Dr. Christoph Sollmann 2024

Bilateral Stimulation (BLS) is any rhythmic alternation of stimulation between the left and right hemispheres.



Yes, but...



Neurons that fire together wire
together.

— *Donald O. Hebb* —

... and re-wire

AZ QUOTES

EMDR ≠ Bilateral Stimulation-Process

Is there a difference between B.L.S. and EMDR? What do you think about it?

Write me:

praxis.sollmann@gmx.de



Rule of thumb for the B.L.S. phase

Number of passes

- 45min-session: 3 sets of 1.5-2 minutes per treatment session.
- 60min-session: 3x3 sets of 1.5-2 minutes





All rights reserved Dr. Christoph Sollmann 2024



Effect principle of C.A.T.



The anchoring in this part of the process contains simultaneous (!) digital [word] and analogue [feeling] information (the "new programming"), which replaces the client's previous concept of pain.

= the concept of Milton H. Erickson's 2-Way-Communication

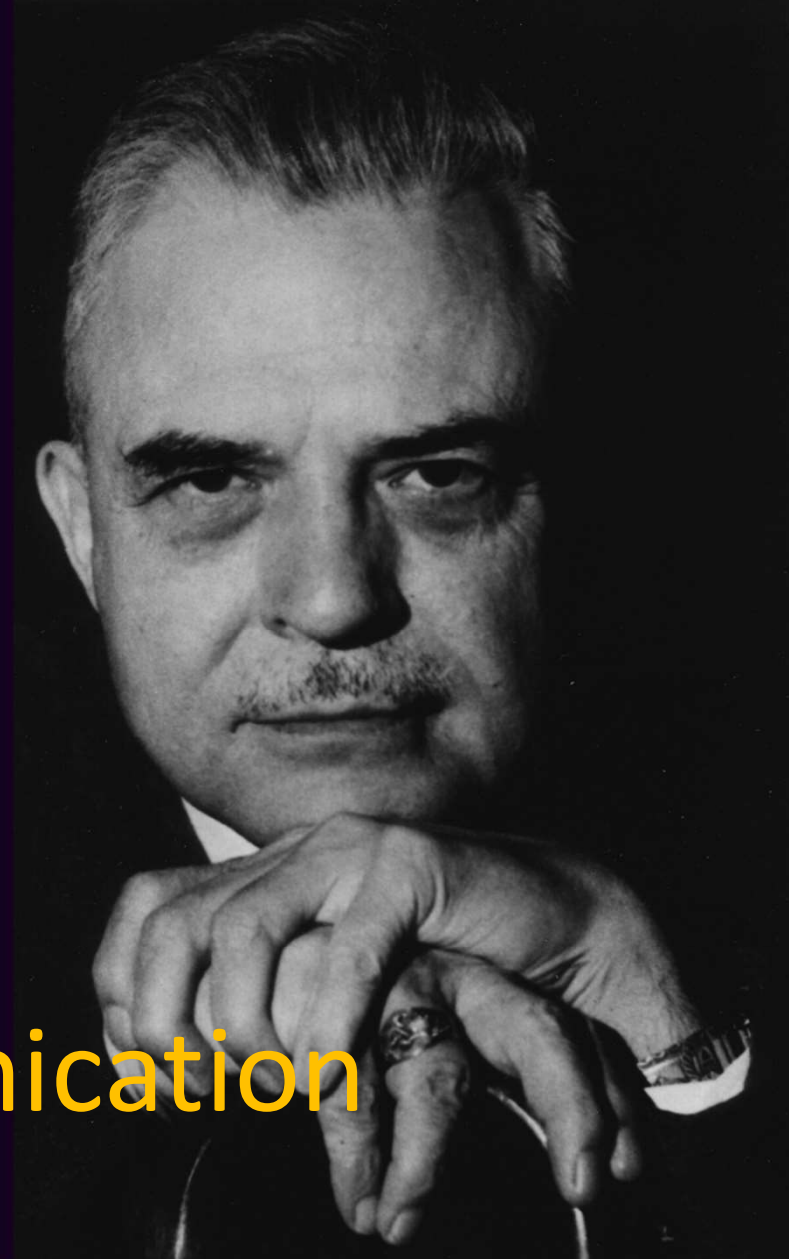
Milton H. Erickson

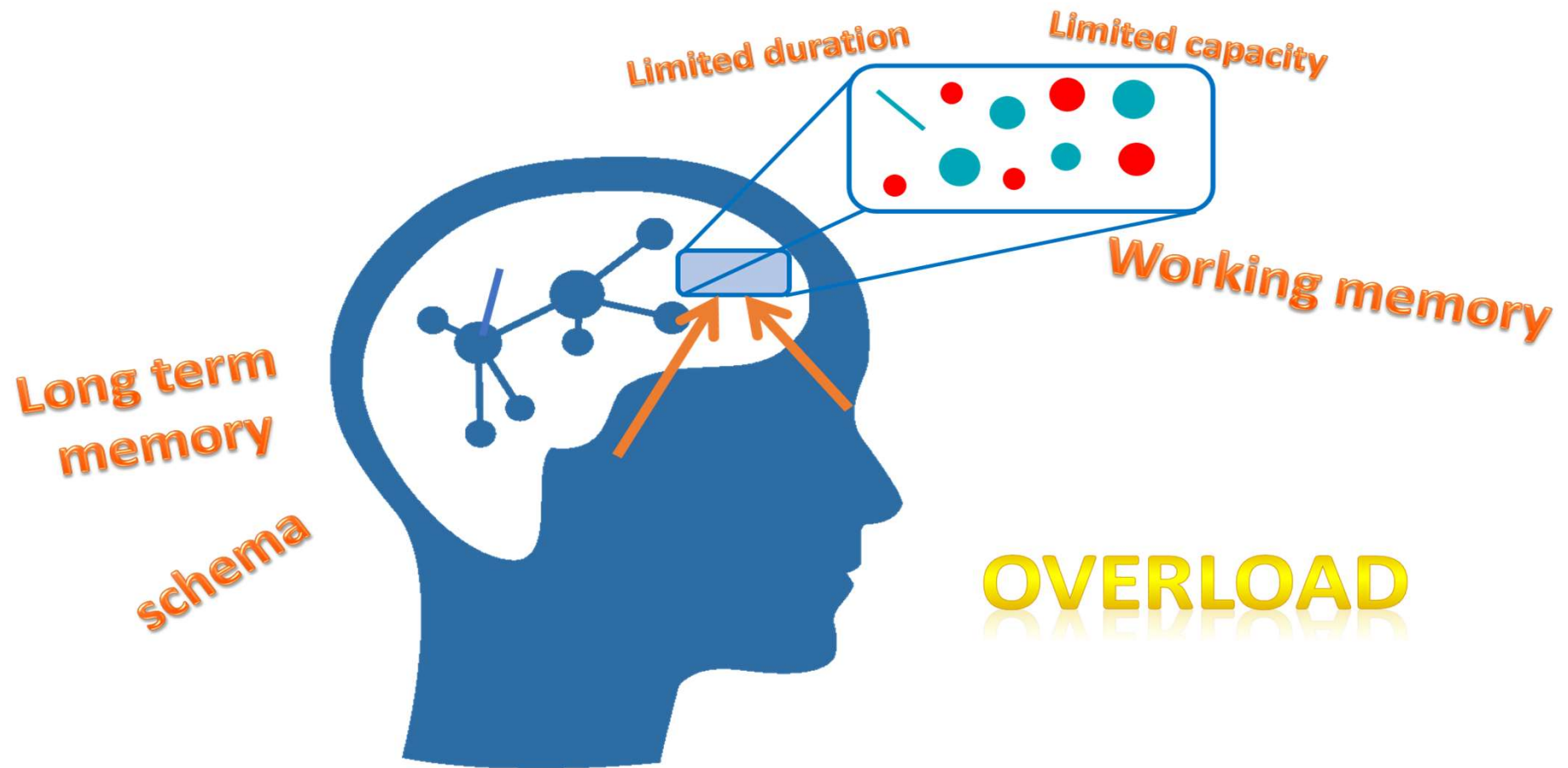
A Master of Creativity in Therapeutic Hypnosis,
Psychotherapy and Rehabilitation

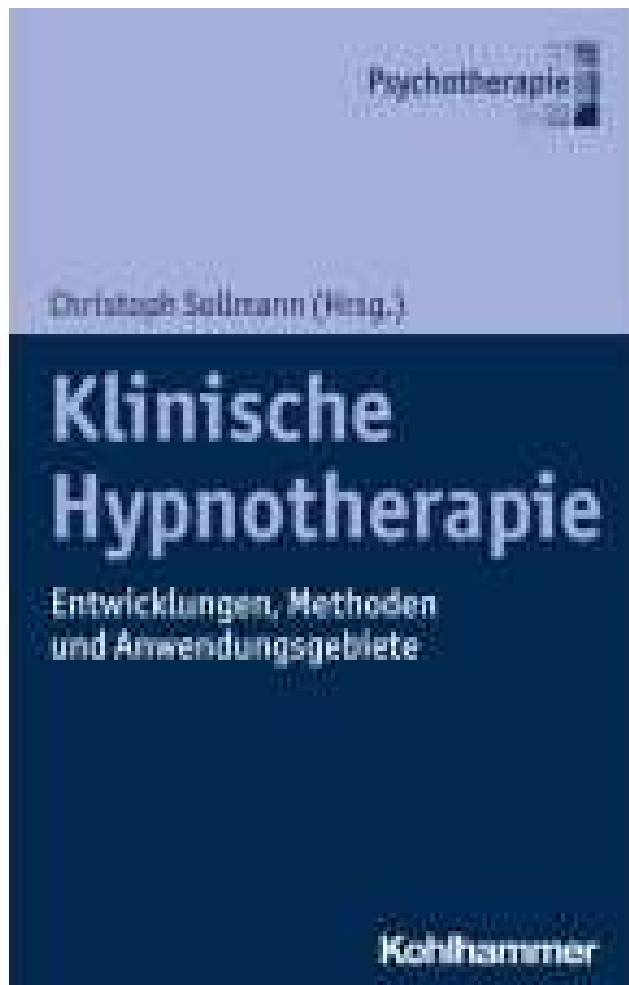
INTERVIEW

2-Levels of communication

All rights reserved Dr. Christoph Sollmann 2024





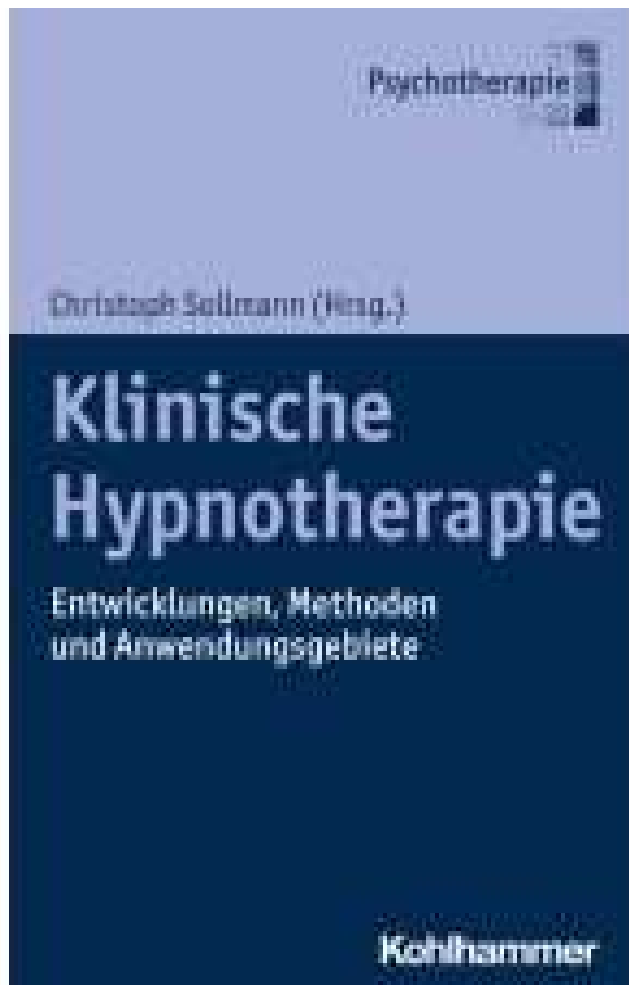


Bypassing conscious mind



Bypassing conscious mind





Some Crucial elements of induction



Please do not film or photograph people in the demo.
Thank you very much!



Step 1: Trance-Induction

„Have you got used to the situation by now and relaxed a little while listening? ... Then take two or three easy breaths and close your eyes softly. Feel how your muscles relax more and more with each exhale. That's good. The muscles of the eyelids too: heavy and relaxed with each exhale. And when you are ready, let the muscles of the eyelids become very heavy and then close them tightly”.

Step 2: Moment of Release (Anchoring)

"Go back to a moment in your history when you had the experience that a strong pain (for example: bump against the shin, fall, injury) subsided ... The exact moment when you realised that the pain that was omnipresent until a moment ago subsided...". And I ask the innermost part of [name]: Give me a sign with the finger whose knuckle I am touching here when the experience of the pain subsiding in you reaches a maximum... Take your time. Exactly". [Anchoring]

Step 3: Anchoring Pain

"While you can still dwell on the good feeling inside, you hear my voice moving to the other side and allow yourself a little pause:

Focus on the pain for a moment, just touch it and when you have localised it, give me a signal with the finger whose knuckle I am touching here". [Anchoring]

Step 4: Bilateral stimulation (B.L.S)

The new path - according to Hebb's Law

"If you want to take a new path, a shortcut, across a meadow, and you walk across this meadow for the first time, only a few bent blades of grass will remind you of where you went. So you walk back and forth and forwards and backwards a few times and with the number of repetitions a path emerges. The path widens and soon it becomes a real path. You now walk along this path every day because it takes you comfortably to your destination. How practical this path is, because you save a lot of time and it is your own path. You now walk it every day with pride, because it is a practical shortcut for you and you walk it back and forth and forwards and backwards and soon this path, which was just a small path a short time ago, becomes a comfortable hiking trail and you continue to walk back and forth every day and invite your friends to walk with you on your hiking trail and soon this wide path is very familiar to you, you associate many good memories with it, because you have spent many hours exercising in the fresh air here. And the comfortable hiking trail is still getting wider and more comfortable from day to day ..." [continue the instructions for 1.5 to 2 minutes]

Step 4: Bilateral stimulation (B.L.S)

Another narrative: The malfunction in the alarm system

"An alarm system that emits a continuous tone is missing the point. Instead of warning of a break-in in the house, it sounds continuously until the whole neighbourhood is annoyed. Nobody pays any attention to the sound of the alarm system because everyone thinks that the continuous tone is terribly annoying. The neighbours cover their ears and have long since stopped wanting to hear the annoying continuous sound. Finally, an alarm system mechanic (electrician) comes round and takes a closer look at the alarm system. He takes the cover off the alarm system. There are a lot of wires underneath that are connected to each other. However, one connection appears to be damaged and the alarm system mechanic mumbles something to himself that sounds something like this: "Aha, we've finally found the fault". The annoying continuous tone becomes quieter and finally disappears completely. The mechanic replaces the faulty connection and screws the housing back on. The alarm system is now working again. It does what it is supposed to do. A short warning tone and then the burglar takes flight. ..." [continues the instructions for 1.5 to 2 minutes]

Step 5: Neutral Story

"And now relax again. Say to yourself: "It's time, / am going to recover" and go for a walk on the beach or somewhere else where you *feel* comfortable and feel the ground under your feet and say to yourself: "I am going to ground myself" and develop a sense of how *free* this feeling can become *and* how it affects you positively, sustainably and *alive*".

Step 5: Neutral Story – The core sentence

"And now relax again. Say to yourself: "It's time, I am going to recover" and go for a walk on the beach or somewhere else where you feel comfortable and **feel** the ground under your feet and say to yourself: "I am going to ground myself" and develop a sense of how **free** this feeling can become **and** how it affects you positively, sustainably and **alive**".

Step 6: Future Pacing & Posthypnotic Suggestion

"You are looking at a monitor that gives you a view of your near future, in which you feel free and alive [key phrase]. Observe yourself. What are the significant differences? How do you recognise that you really feel free and alive and have learned to deal with pain differently than before? Listen to yourself tell your friends and family about the improvement in your health in the near future. What do you tell them? How do you explain to them the steps you are taking to improve your health? Do you like what you observe, see and feel? If so, step into your own shoes and feel the change fully, enjoy it in your own way and start your new, healthy future. Now".

Dissolving Trance

“Take two or three slightly deeper breaths so that your circulation begins to return to optimal levels for you, then return your full attention back here, in the room, on the chair, feel your arms and legs begin to feel normally proportioned and mobile again and when you are on your way to being wide awake, fresh and clear, your eyes will open all at once or gradually. At your own pace ...”

Summary: Most important steps

- (1) Trance induction
- (2) Resource activation (m.o.r) and anchoring (ideomotor finger signal!)
- (3) Confrontation (in sensu) with the current pain stimulus ("briefly") and anchoring
- (4) Triggering both anchors during the confrontation ("BLS-passage")
- (5) Re-evaluation of the pain stimulus by applying the new core set (anchor digital + analogue information)
- (6) Future Pacing [Re-Integration] and Posthypnotic Suggestion
- (7) Dissolving the Trance (Hypnosis, Relaxation etc.)

Summary: Definition of C.A.T.

C.A.T. is a psychotherapeutic method that combines analogue and digital anchoring with the aim of bringing about sustainable behaviour and attitude change. In the combination with EMDR, it opens up a wide range of treatment options (multitool):

Chronic Pain, PTSD, Depression (learned helplessness),
Anxiousness ... and many others (mental, physical and psychological barriers)

Question & Answers

Contact and Download

Contact

praxis.sollmann@gmx.de

Download

Text, PowerPoint slides and the bibliography for this workshop:

<https://training-coaching.com/shop/>

Password: 2512

Epilogue

When will the WHO finally include Hypnotherapy in the set of rules for the treatment of chronic pain?

Therapie chronischer Schmerzen

> alles schließen IMPP-Relevanz ● Lesezeit: 5 min





✓ Steckbrief

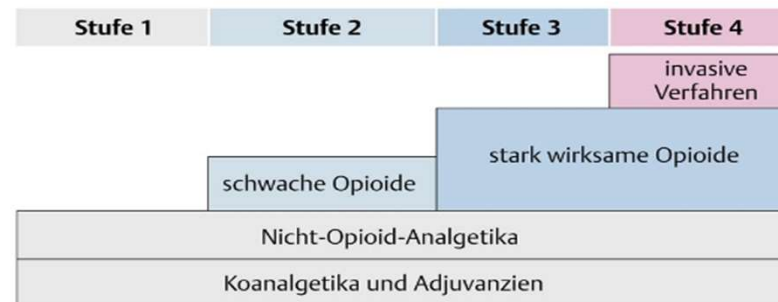
Chronische Schmerzen, d.h. Schmerzen, die länger als 3 Monate anhalten bzw. länger andauern als für ein Krankheitsbild erwartet, stellen für Arzt und Patient eine große Herausforderung dar.

Prinzipiell unterscheidet man zwischen **Schmerzsyndromen mit Chronifizierungstendenz**, wie z.B. Rückenschmerzen, und **chronischen Schmerzen aufgrund eines progredienten Tumorleidens**.

Die Therapie basiert im Grunde auf dem **WHO-Stufenschema**, welches ursprünglich auf die Tumorschmerztherapie ausgelegt war.

WHO-Stufenschema der Schmerztherapie

In Stufe 1 der Schmerztherapie werden zunächst Nicht-Opioid-Analgetika (COX-Hemmstoffe) gegeben. Auf Stufe 2 werden die Nicht-Opioid-Analgetika mit schwachen Opioiden (z.B. Tramadol , Tilidin, Codein), auf Stufe 3 mit starken Opioiden (z.B. Fentanyl , Morphin , Oxycodon ) kombiniert. Auf allen Stufen können Koanalgetika und Adjuvanzien gegeben werden. Stufe 4 beinhaltet als letzte Alternative die invasive Schmerztherapie (z.B. Neurolyse). (Quelle: Schulte am Esch, Bause, Kochs et al., Duale Reihe Anästhesie, Thieme, 2011)



Epilogue

Answer: If all hypnosis-associations work together to influence the decisions of the WHO. YES, WE CAN.

Therapie chronischer Schmerzen

> alles schließen IMPP-Relevanz Lesezeit: 5 min





✓ Steckbrief

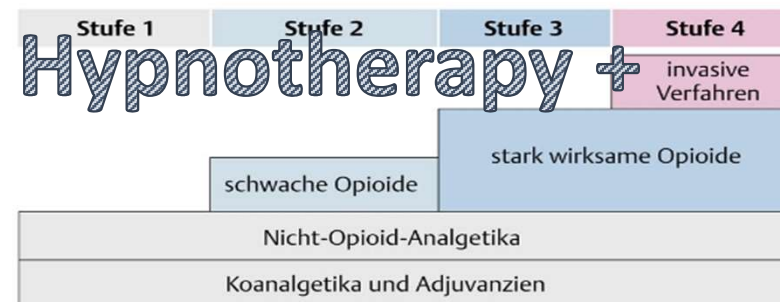
Chronische Schmerzen, d.h. Schmerzen, die länger als 3 Monate anhalten bzw. länger andauern als für ein Krankheitsbild erwartet, stellen für Arzt und Patient eine große Herausforderung dar.

Prinzipiell unterscheidet man zwischen **Schmerzsyndromen mit Chronifizierungstendenz**, wie z.B. Rückenschmerzen, und **chronischen Schmerzen aufgrund eines progredienten Tumorleidens**.

Die Therapie basiert im Grunde auf dem **WHO-Stufenschema**, welches ursprünglich auf die Tumorschmerztherapie ausgelegt war.

WHO-Stufenschema der Schmerztherapie

In Stufe 1 der Schmerztherapie werden zunächst Nicht-Opioid-Analgetika (COX-Hemmstoffe) gegeben. Auf Stufe 2 werden die Nicht-Opioid-Analgetika mit schwachen Opioiden (z.B. Tramadol , Tilidin, Codein), auf Stufe 3 mit starken Opioiden (z.B. Fentanyl , Morphin , Oxycodon ) kombiniert. Auf allen Stufen können Koanalgetika und Adjuvanzien gegeben werden. Stufe 4 beinhaltet als letzte Alternative die invasive Schmerztherapie (z.B. Neurolyse). (Quelle: Schulte am Esch, Bause, Kochs et al., Duale Reihe Anästhesie, Thieme, 2011)



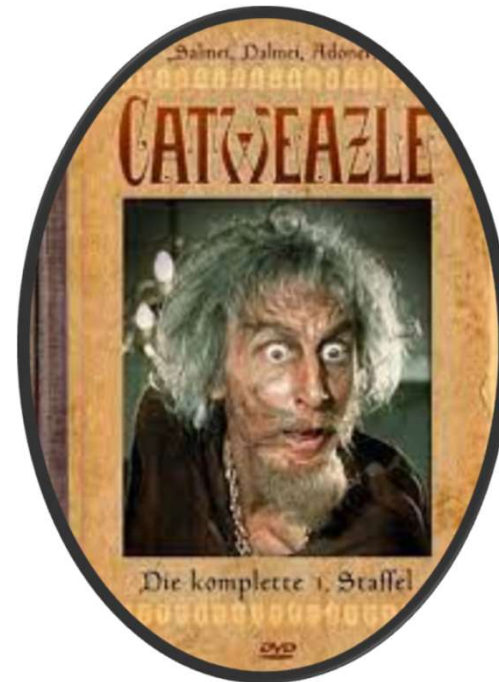
Success with C.A.T.

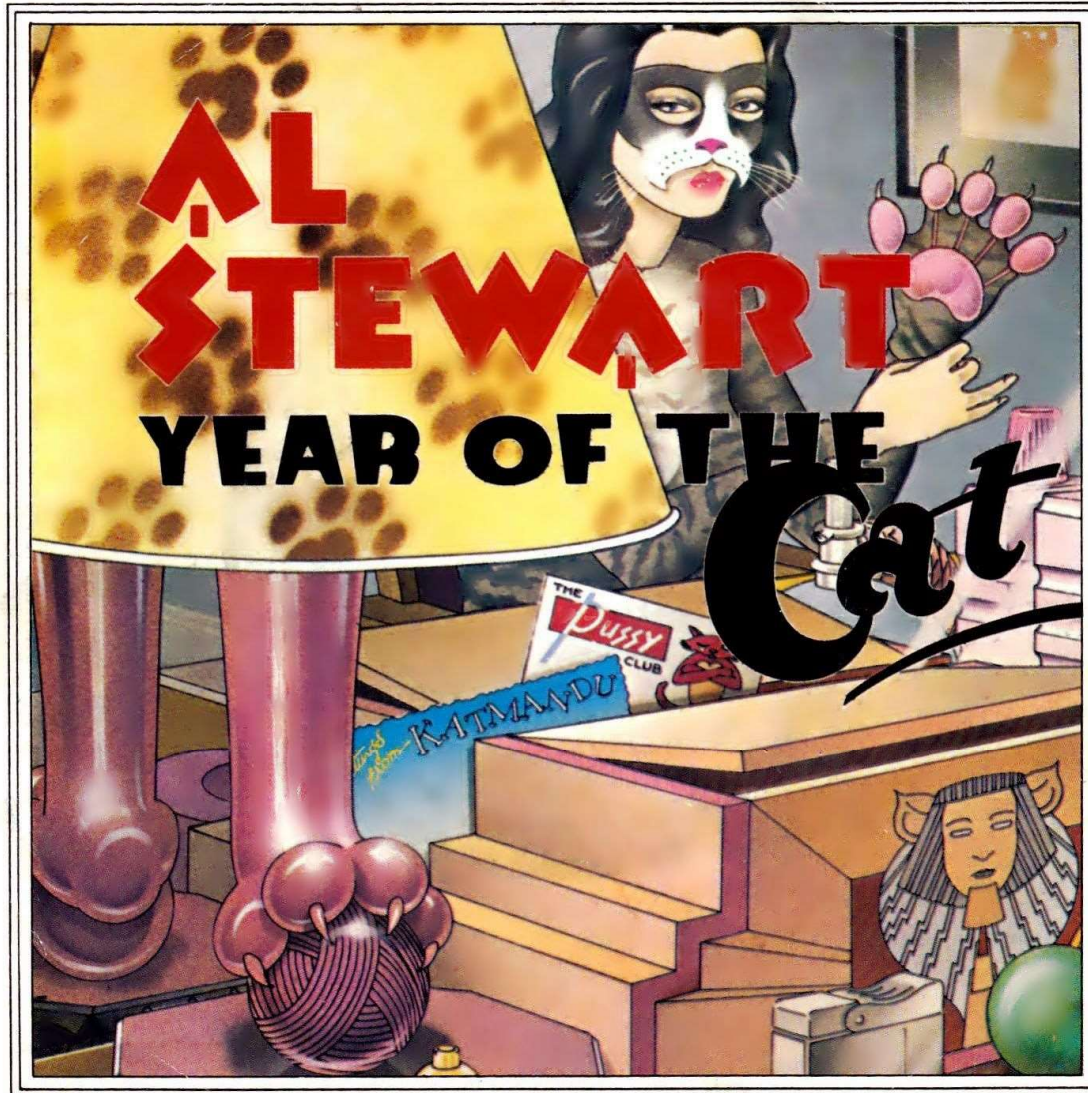




All rights reserved Dr. Christoph Sollmann 2024

C.A.T is everywhere





Do it like the superheroes ... use C.A.T



C.A.T is everywhere - to bypass your conscious mind





