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# The International Society of Hypnosis NEWSLETTER

Building Bridges of Understanding  
2018, Volume 42, No. 4

## LETTER FROM THE PRESIDENT



December 2018  
Bernhard Trenkle

Dear ISH Member:

Already in my last newsletter I briefly introduced our new project  
[www.whoISHwho.com](http://www.whoISHwho.com)

If you go to the webpage you will see now already the start of this project.

You can find there some of the well-known international experts but also some you have not known before.

The lay-out and also the whole organization of the webpage is still in work. Actually I hoped it will be fully ready some months ago.

The problem and big advantage of this webpage is that a lot of work and support of this webpage are done by wonderful unpaid support of young psychology students or family members of ISH officers. One of the students supporting us has a grant to study one year in USA. I brought her in contact with President-Elect Mark Jensen who did a motivational interview with her and after this helped her to find a more than perfect place for her in USA. She is now very happy there but also is supporting us in checking and editing things sent for this webpage and uploading it finally.

The webmaster is my son-in-law. The advantage for ISH is – it is not costing much money, but the disadvantage is – unexpected happy things happened. My daughter – she is a neurologist and will be psychiatrist also in the future – got an excellent job offer in summer. The family is moving to a new place, they bought a house there and they move just now end of November. And my son-in-law and I a bit also myself too have been busy in going to the banks to finance things, to organize a lot of things and sometimes to take care for grand-children so the parents are free to work, etc.

This was a brief look behind the curtains of our organization and administration.

Anyhow – now I ask all members of ISH to send us the CV/bio sketch. It can be something what you use also when you teach at a congress or what you have already on your webpage. Additionally please send us a photo in good resolution and a publication list if you have.



Please also forward the information about [www.whoISHwho.com](http://www.whoISHwho.com) to all your colleagues working with hypnosis, teaching hypnosis, doing research, etc. We do not look for the very big names only. We like to include as many as possible using hypnosis in their field of expertise.

Trying to get acknowledged by WHO World Health Organization we have to demonstrate and show how many colleagues around the world are working in a serious and scientific way with hypnosis and practicing hypnotherapy.

For being included in WhoISHWho.com it is not necessary to be a member of ISH. If possible of course we also appreciate if you are able to motivate some of your colleagues also to join ISH as individual member.

This will support our work on many levels.

We are inviting you and your colleagues to participate in this exciting new project: WhoISHWho.

With best regards  
Bernhard Trenkle  
Dipl. Psych., Dipl. Wi.-Ing.

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## LA LETTRE DU PRÉSIDENT (FR)

TRADUIT AVEC [WWW.DEEPL.COM/TRANSLATOR](http://WWW.DEEPL.COM/TRANSLATOR)  
REVISÉ PAR VERA SÁRI

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Cher membre de l'ISH:

Déjà dans ma dernière lettre en tant que président, j'ai brièvement présenté notre nouveau projet: [www.whoISHwho.com](http://www.whoISHwho.com)

Si vous allez sur ce site, vous verrez déjà le début de ce projet. Vous trouverez ici quelques uns des experts internationaux les plus connus, mais aussi certains que vous n'avez pas encore connus.

La mise en page et toute la structure du site sont encore en construction. En fait, j'espérais qu'il serait prêt il y a quelques mois. Le problème et le grand avantage de ce site est qu'une grande partie des travaux sur ce site Web est fournie grâce au merveilleux soutien non rémunéré de jeunes étudiants en psychologie ou de membres de la famille de membres du conseil d'administration de l'ISH. L'un des étudiants qui nous soutient a une bourse d'études d'un an aux Etats-Unis. Je l'ai mise en contact avec le président élu Mark Jensen, qui lui a accordé un entretien de motivation et l'a ensuite aidée à trouver un endroit plus que parfait pour elle aux États-Unis. Elle est maintenant très heureuse là-bas, mais elle nous aide aussi à vérifier, éditer et enfin télécharger les choses soumises pour ce site web. Le webmaster est mon beau fils. L'avantage pour ISH – c'est que cela ne coûte pas beaucoup d'argent, mais l'inconvénient est que des choses surprenantes et heureuses se sont produites. Ma fille – elle est neurologue et continuera d'être psychiatre – a reçu une excellente offre d'emploi cet été. La famille change de maison en achetant une nouvelle et déménage à la fin novembre. Et mon beau fils et moi étions un peu occupés à aller à la banque pour tout financer, organiser beaucoup et parfois s'occuper des petits-enfants pour que les parents puissent travailler librement, etc.

Il s'agissait d'un bref coup d'œil dans les coulisses de notre organisation et de notre administration.



Quoi qu'il en soit, je demande maintenant à tous les membres de l'ISH de nous envoyer leur CV. Il peut s'agir de quelque chose que vous utilisez également lorsque vous enseignez lors d'un congrès ou de ce que vous avez déjà sur votre propre site Web. De plus, veuillez nous envoyer une photo en bonne résolution et une liste des publications si vous en avez une.

Veuillez également transmettre l'information sur le projet [www.whoISHwho.com](http://www.whoISHwho.com) à tous vos collègues qui travaillent avec l'hypnose, enseignent l'hypnose, font de la recherche, etc. Nous ne cherchons pas seulement les grands noms. Nous voulons inclure autant de personnes que possible qui travaillent avec l'hypnose dans leur domaine.

Pour être reconnu par l'Organisation mondiale de la santé de l'OMS, nous devons montrer et démontrer combien de collègues dans le monde travaillent sérieusement et scientifiquement avec l'hypnose et l'hypnothérapie.

Pour être inclus dans WhoISHWho.com, il n'est pas nécessaire d'être membre d'ISH. Dans la mesure du possible, nous serions bien entendu également heureux si vous pouviez motiver certains de vos collègues à devenir membres de l'ISH.

Cela soutiendra notre travail à de nombreux niveaux.

Nous vous invitons, vous et vos collègues, à participer à ce nouveau projet passionnant : [www.WhoISHWho.com](http://www.WhoISHWho.com)

Sincèrement vôtre  
Bernhard Trenkle  
Dipl.Psych., Dipl.Wi.-Ing.

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## GEDANKEN DES PRÄSIDENTEN (DE)

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Sehr geehrtes ISH-Mitglied:

Bereits in meinem letzten Brief als Präsident habe ich kurz unser neues Projekt vorgestellt.

[www.whoISHwho.com](http://www.whoISHwho.com)

Wenn Sie auf diese Webseite gehen, sehen Sie nun bereits den Start dieses Projekts. Hier finden Sie einige der bekannten internationalen Experten, aber auch einige, die Sie bisher noch nicht gekannt haben.

Das Layout und auch die gesamte Struktur der Webseite ist noch in Arbeit. Eigentlich hatte ich gehofft, dass es vor einigen Monaten fertig sein wird. Das Problem und der große Vorteil dieser Webseite ist, dass viel der Arbeiten an dieser Webseite durch die wunderbare unbezahlte Unterstützung junger Psychologiestudenten oder Familienangehörigen von ISH-Vorstandsmitgliedern geleistet wird. Einer der uns unterstützenden Studentinnen hat ein Stipendium für ein Jahr in den USA. Ich brachte sie in Kontakt mit dem President-Elect Mark Jensen, der ein motivational Interview mit ihr führte und ihr danach half, einen mehr als perfekten Platz für sie in den USA zu finden. Sie ist jetzt dort sehr glücklich, unterstützt uns aber auch dabei, die für diese Webseite eingereichten Dinge zu überprüfen, zu bearbeiten und schließlich hochzuladen.



Der Webmaster ist mein Schwiegersohn. Der Vorteil für ISH ist - es kostet nicht viel Geld, aber der Nachteil ist - dass unerwartete glückliche Dinge passiert sind. Meine Tochter - sie ist Neurologin und wird auch in Zukunft Psychiaterin sein - hat im Sommer ein hervorragendes Jobangebot bekommen. Die Familie zieht in einen neuen Ort, sie hat dort ein Haus gekauft und zieht gerade jetzt Ende November um. Und mein Schwiegersohn und auch ich selbst waren ein wenig damit beschäftigt, zu den Banken zu gehen, um alles zu finanzieren, vieles zu organisieren und manchmal für Enkelkinder zu sorgen, damit die Eltern frei arbeiten können, etc.

Dies war ein kurzer Blick hinter die Kulissen unserer Organisation und Verwaltung.

Wie auch immer - jetzt bitte ich alle Mitglieder des ISH, uns die CV/ Lebenslauf zu schicken. Es kann etwas sein, was Sie auch verwenden, wenn Sie auf einem Kongress unterrichten oder was Sie bereits auf Ihrer eigenen Webseite haben. Zusätzlich senden Sie uns bitte ein Foto in guter Auflösung und eine Publikationsliste, wenn Sie eine haben.

Bitte leiten Sie die Informationen über das Projekt [www.whoISHwho.com](http://www.whoISHwho.com) auch an alle Ihre Kollegen weiter, die mit Hypnose arbeiten, Hypnose lehren, Forschung betreiben, etc. Wir suchen nicht nur nach den ganz großen Namen. Wir möchten so viele wie möglich einzuschließen, die mit Hypnose in ihrem Fachgebiet arbeiten.

Um von der WHO Weltgesundheitsorganisation anerkannt zu werden, müssen wir zeigen und belegen, wie viele Kollegen auf der ganzen Welt seriös und wissenschaftlich mit Hypnose und Hypnotherapie arbeiten.

Für die Aufnahme in [WhoISHWho.com](http://WhoISHWho.com) ist es nicht erforderlich, Mitglied in der ISH zu sein. Wenn möglich, freuen wir uns natürlich auch darüber, wenn Sie einige Ihrer Kollegen motivieren können, Mitglied in der ISH als zu werden.

Dies wird unsere Arbeit auf vielen Ebenen unterstützen.

Wir laden Sie und Ihre Kollegen ein, an diesem spannenden neuen Projekt teilzunehmen: [www.WhoISHWho.com](http://www.WhoISHWho.com)

Mit freundlichen Grüßen  
Bernhard Trenkle  
Dipl.Psych., Dipl.Wi.-Ing.

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## LETTERA DEL PRESIDENTE (IT)

TRADOTTO DA [WWW.DEEPL.COM/TRANSLATOR](http://WWW.DEEPL.COM/TRANSLATOR)  
REVISIONATO DA CONSUELO CASULA

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Caro membro ISH:

Già nella mia ultima lettera come presidente ho presentato brevemente il nostro nuovo progetto [www.whoISHwho.com](http://www.whoISHwho.com)

Se andate su questo sito web, vedrete già l'inizio di questo progetto. Qui troverete alcuni dei più noti esperti internazionali, ma anche alcuni che non avete ancora conosciuto.

Il layout e l'intera struttura del sito web è ancora in costruzione. In realtà, speravo che sarebbe stato pronto qualche mese fa. Il problema è il grande vantaggio di questo sito è che la maggior parte del lavoro per supportare questo sito web è dato dal meraviglioso sostegno gratuito di giovani stu-



denti di psicologia o da familiari dei membri del consiglio di amministrazione ISH. Uno degli studenti che ci sostengono ha una borsa di studio di un anno negli Stati Uniti. L'ho messa in contatto con il presidente eletto Mark Jensen, che le ha fatto un colloquio motivazionale e poi l'ha aiutata a trovare un posto più che perfetto per lei negli Stati Uniti. Ora è molto contenta, e ci supporta anche nel controllare, farne l'editing e infine caricare le cose inviate per questo sito web.

Il webmaster è mio genero. Il vantaggio per ISH - non costa molto denaro, ma lo svantaggio è che sono successe cose inaspettate e felici. Mia figlia - è una neurologa che diventerà psichiatra - ha ricevuto un'eccellente offerta di lavoro quest'estate. La famiglia si trasferisce in un nuovo posto, ha comprato una casa e si trasferisce alla fine di novembre. E io e mio genero eravamo occupati ad andare in banca per finanziare diverse cose, organizzarne delle altre e a volte prenderci cura dei nipoti in modo che i genitori fossero liberi di lavorare, ecc.

Questo è stato un breve sguardo dietro le quinte della nostra organizzazione e amministrazione.

In ogni caso - ora chiedo a tutti i membri ISH di inviarci il loro curriculum vitae. Può essere qualcosa che usate anche quando insegna a un convegno o ciò che avete già sul vostro sito web. Inoltre, vi preghiamo di inviarci una foto in buona risoluzione e un elenco delle pubblicazioni, se ne avete una.

Si prega inoltre di inoltrare le informazioni sul progetto [www.whoISHwho.com](http://www.whoISHwho.com) a tutti i colleghi che lavorano con l'ipnosi, insegnano l'ipnosi, fanno ricerca, ecc. Non stiamo cercando solo i grandi nomi. Vogliamo includere il maggior numero possibile di persone che lavorano con l'ipnosi nel loro campo.

Per essere riconosciuti dall'Organizzazione Mondiale della Sanità, dobbiamo mostrare e dimostrare quanti colleghi in tutto il mondo stanno lavorando seriamente e scientificamente con l'ipnosi e l'ipnoterapia.

Per l'inclusione in [WhoISHWho.com](http://WhoISHWho.com) non è necessario essere membri di ISH. Se possibile, saremmo naturalmente lieti se voi poteste motivare alcuni dei vostri colleghi a diventare membri di ISH.

Questo sosterrà il nostro lavoro su molti livelli.

Invitiamo voi e i vostri colleghi a partecipare a questo nuovo ed entusiasmante progetto: [www.WhoISHWho.com](http://www.WhoISHWho.com)

Sinceramente vostro  
Bernhard Trenkle  
Dipl.Psych., Dipl.Wi.-Ing.





# COLUMNA DE LA PRESIDENCIA (ES)

TRADUCIDO POR [WWW.DEEPL.COM/TRANSLATOR](http://WWW.DEEPL.COM/TRANSLATOR)

REVISADO POR TABI ALONSO

Estimado miembro de ISH:

Ya en mi última carta como presidente presenté brevemente nuestro nuevo proyecto: [www.whoISHwho.com](http://www.whoISHwho.com)

Si vas a esta página web, verás el inicio de este proyecto. Aquí encontrarás a algunos de los expertos internacionales mejor conocidos, así como a algunos otros que aún conoces aún.

El diseño y la estructura de la página web están aún en construcción. En realidad, esperaba que estuviera listo hace unos meses. El problema y la gran ventaja de este sitio web es que gran parte del trabajo se ha hecho a través del maravilloso apoyo no remunerado de jóvenes estudiantes de psicología o integrantes de la familia de los miembros de la junta directiva de ISH.

Uno de los estudiantes que nos apoya tiene una beca de un año en los Estados Unidos. La puse en contacto con el presidente electo Mark Jensen, quien le hizo una entrevista motivacional y luego la ayudó a encontrar un lugar más que perfecto en los Estados Unidos. Ahora está muy contenta allí y también nos apoya en la revisión, edición y finalmente en la carga del material enviado para este sitio web. El webmaster es mi yerno. La ventaja para ISH - no cuesta mucho dinero, pero la desventaja es - es que han sucedido cosas inesperadas y felices. Mi hija, que es neuróloga y continuará siendo psiquiatra, recibió una excelente oferta de trabajo este verano. La familia se muda a un nuevo lugar, han comprado una casa allí y se mueven a finales de noviembre. Y mi yerno y yo estuvimos un poco ocupados yendo a los bancos para financiarlo todo, organizarnos mucho y a veces cuidar de los nietos para que los padres pudieran trabajar libremente, etc.

Esta ha sido una breve mirada entre bastidores de nuestra organización y administración. De todos modos, ahora les pido a todos los miembros de ISH que nos envíen sus CVs. Puede ser algo que también usas cuando participas en una convención o lo que ya tienes en tu propio sitio web. Además, por favor envíenos una foto en buena resolución y una lista de publicaciones si tiene una.

Por favor, también envíe la información sobre el proyecto [www.whoISHwho.com](http://www.whoISHwho.com) a todos sus colegas que trabajan con la hipnosis, enseñan hipnosis, hacen investigación, etc. No sólo buscamos a los grandes. Queremos incluir a tantos como sea posible que trabajen en el campo de la hipnosis.

Para ser reconocidos por la Organización Mundial de la Salud OMS, debemos mostrar y demostrar cuántos colegas en todo el mundo están trabajando seriamente y científicamente con la hipnosis y la hipnoterapia.

Para ser incluido en WhoISHWho.com no es necesario ser miembro de ISH. Si es posible, también nos complacería que motivara a algunos de sus colegas para que se conviertan en miembros de la ISH.

Esto apoyará nuestro trabajo en muchos niveles.

Le invitamos a usted y a sus colegas a participar en este nuevo y apasionante proyecto: [www.WhoISHWho.com](http://www.WhoISHWho.com)

Sinceramente suyo  
Bernhard Trenkle  
Dipl.Psych., Dipl.Wi.-Ing.



## LETTER FROM THE EDITOR



Katalin Varga

As I promised in the previous letter this issue would come on the heels of the last one. Now we are back to the usual schedule, thank you for your patience.

In the **Main Interview** we introduce one of our old-new board of directors (BoD) members, **Wollie Hartman**. He represents, in the truly international board, the continent of Africa. As he is not only a hypnosis but an ego-state expert we have the pleasure to post an interview done by Wollie's colleague from the ego-state group: Jenny da Silva.

In the column of "**Meeting our Mentors**" **Nicole Ruysschaert** is introduced. Nicole is one of the most precise persons I know. She is the one who replies on time, really –

and carefully – reads even the long documents, contributes to the various issues with her advice, viewpoints, ideas. No wonder that the new Board – elected in Montreal – insisted to have her as a guest on the BoD, and so invited her to participate. In this interview she speaks about the background of this enthusiasm.

We keep on "building bridges" between the clinical and research fields of hypnosis in the **Clinical Relevance of Research Findings**. In this issue we present a summary of the field of *burn out* by **Noémi Balázs** and **Anna Leszovszki**. Sadly the – correct – conclusion of this review is that there are very small number of research reports on the possible use of hypnosis in the prevention or the treatment of burn out.

As we have become accustomed to **Fanni Pusztai**, she again summarizes some exciting papers in his column "**Findings of Note**".

We continue our collaboration with the International Journal of Clinical and Experimental Hypnosis. **Gary Elkins** posts a "call for paper" in our Newsletter as well.

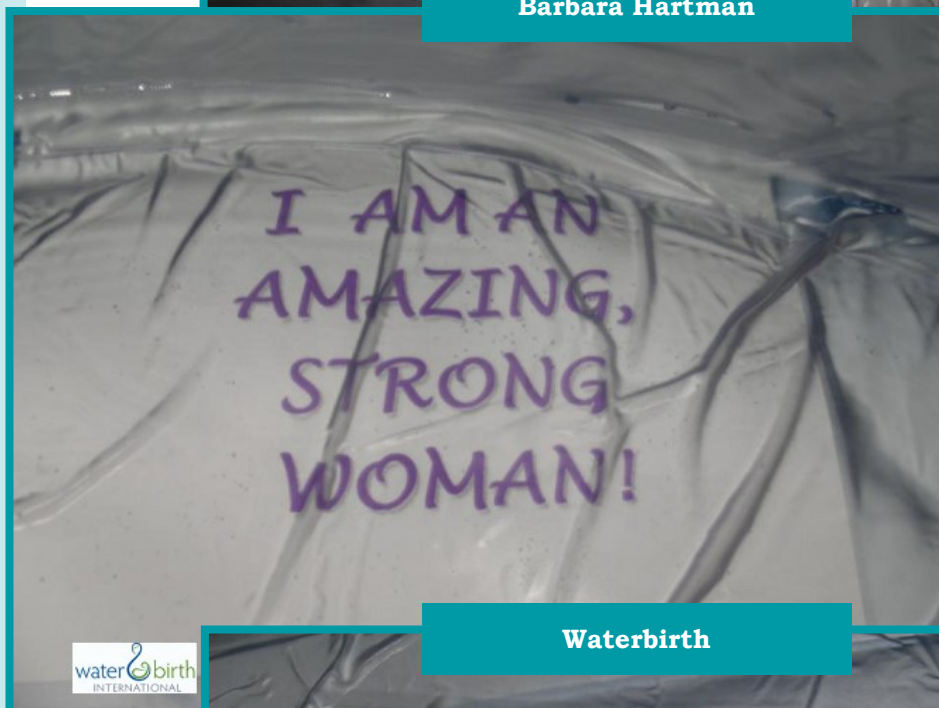
In the photo-album section we introduce the **awardees of ISH**, and the award ceremony held in Montreal.

In this issue I would like to share some photos of a very special application of positive suggestions. These pictures were presented by Barbara Hartman, a wonderful expert on Waterbirth. One of the midwives created this constellation – putting positive sentences and smiley under the nylon of the tube set for giving birth in water... Even if I have been collecting creative examples of suggestive messages in professional and private life for decades now, I found this example to be especially fascinating...

I encourage our readers to share similar experiences or examples.



Barbara Hartman



Waterbirth







## MAIN INTERVIEW

**This segment in our newsletter interviews a prominent psychologist/ psychotherapist that has contributed to the advancement of hypnosis and Ego State Therapy (EST) in their country and abroad.**

**In this newsletter, we interview Woltemade Hartman, Ph.D, first president of Ego State Therapy International (ESTI), board member of ISH.**

### BRIEF BIOGRAPHICAL NOTES

Woltemade Hartman, Ph.D  
South Africa

Woltemade Hartman (Ph.D) is a Clinical and Educational Psychologist, and psychotherapist in private practice in Pretoria, South Africa.

He received his training as an Ericksonian psychotherapist at the Ericksonian Foundation in Phoenix, Arizona, USA. Dr Hartman also trained as an Ego State therapist with Prof J. G. Watkins and Mrs H. Watkins in Missoula, Montana, USA. He is the author of "Ego state therapy with sexually traumatized children" and "Einführung in die Ego-State Therapie", as well as various articles on the topic of hypnosis and psychotherapy. Dr Hartman is the Founding Director of the Milton H. Erickson Institutes of South Africa (MEISA). He currently serves as Secretary and Treasurer of Ego State Therapy International (ESTI).

Woltemade is Board member of the International Society of Hypnosis (ISH) and also serves as Chairperson of the Council of Representatives on this board.

Dr Hartman is a Senior Research Fellow at the Department of Psychology at the University of Johannesburg and lectures in South Africa, Europe (Germany, Austria, France, Switzerland), Canada, China, Hong Kong, Singapore and Japan. He has been a Keynote Speaker at various international congresses.

Dr Hartman is the recipient of the 2009 Early Career Award for Innovative Contributions to Hypnosis from the International Society of Hypnosis.

He is also trained in Eye Movement Desensitization and Reprocessing (EMDR), Eye Movement Integration (EMI), EdxTM (Energy Psychology), Impact Therapy, Mindfulness Techniques, Soma and Somatic Experiencing (SE).



**Woltemade Hartman**

### INTERVIEW WITH WOLTEMADE HARTMAN

Interview by Jenny da Silva

#### **Was it always your plan to be a psychologist?**

No, my goal was to become a gymnast. I started gymnastics at the age of 4 and eventually became a member of the National South African team, so I wanted a career that included my love for sports. Our gymnastic teacher was one of my role models and I think that is where this desire came from, which contributed to my self-confidence and tenacity.

#### **Tell us a bit more about your career path.**

I wanted to then become a Physical Education teacher to continue focusing on my sporting career and first qualified as a high school teacher. I



then taught at a high school for 2 years and then decided to continue my studies in psychology.

### **Why psychology?**

Because I was interested in the combination of sport and psychology, I first qualified as an educational psychologist.

### **I believe politics also played a role in your career path. Tell us a bit about that.**

I come from a family who vehemently opposed the apartheid regime. My mother was very vocal in the resistance movement. This surely had an influence on my life and probably also contributed to my ability to persevere. I was then forced into conscription in the South African Defense Force, which was compulsory for all white male South Africans at that time and I ended up in the South African Prison Services. My duty was to work with political prisoners. This sparked my interest in Clinical Psychology, the psychology of racism and the psychology of evil. I pursued my studies in clinical psychology and was then incarcerated for putting up FREE MANDELA placards at the university. After my discharge from the South African Defence Force I finally qualified as a Clinical Psychologist and attended the International Society of Hypnosis in Konstanz in Germany in 1990. This was the beginning of my career in clinical psychology and hypnosis.

### **Where did your interest in hypnosis begin?**



**Woltemade Hartman**

My interest in hypnosis began in the 9<sup>th</sup> grade when I read a self-help book on hypnosis and I tried it out on my 4 year-old sister. Today I realize that I did succeed in inducing a hypnotic trance. What amazes me more, is that today I realize that she displayed signs of the hypnotic constellation as well as the hypnotic phenomena. My interest in hypnosis stayed and I was exposed to the theory of hypnosis in my pre-graduate years. However, I did not pursue my interest again because at that time we were told that there is no scientific basis for hypnosis.

### **Where does Ego State Therapy feature?**

During the ISH congress in Konstanz, Germany, I attended a workshop by Jack and Helen Watkins, the originators of Ego State Therapy. I was amazed and thrilled by ego state theory and method and then decided to write my Ph.D thesis on the topic. Prof Jack Watkins was one of my supervisors and I eventually received the Ph.D degree in 1994 on the topic of 'Ego State Therapy with sexually traumatized children.' The Watkins had a profound influence on my career as I spent many hours with them in Missoula, Montana where they lived between 1991 and 1994.

### **Who would you regard as your academic giants?**

Without a doubt, John and Helen Watkins, if it wasn't for their mentorship I probably would not have ended up in this field of specialization. The Watkins', Dr. Claire Frederick and Dr. Maggie Phillips were not only my role models but also my teachers. They were the ones who invited me to present internationally for the first time at a hypnosis conference in Vienna, Austria during 1993. This I regard as the beginning of my international career. I then had the privilege to receive my training as an Ericksonian therapist at the Ericksonian Foundation in Phoenix, Arizona (USA). I received many years of training under the marvellous tutelage of Dr. Jeffrey Zeig and Dr. Brent Geary. The Ericksonian perspective had a profound influence on my conceptualization of hypnosis and psychotherapy. This is when I began combining Ericksonian with ego state methods. This has continued until today. Other giants who have crossed my path were Jay



Haley who taught me about strategic therapy, Dr. Don Ebrahim from the United Kingdom and Prof Lenie Grové from South Africa.

### **How did your international career in the German-speaking countries start and evolve?**

I met Bernhard Trenkle from Germany during an ISH congress in San Diego in 1997. He took an interest in my work in Ericksonian and ego state methods and invited me to do my first workshop on ego state and Ericksonian methods in the treatment of sexually traumatized children in Germany in the December of 1999. Armed with my basic language course in German from high school, Bernhard believed that my German was good enough to present a German workshop. I was absolutely terrified and stressed out! But I survived! The rest, as they say, is history. I have been teaching in the German speaking countries in German now for almost 15 years.

### **What does your current interest lie?**

I have always been very interested in the psychology of racism and evil; a topic which still to this day interests me. Working with political prisoners, victims of racism and severe abuse and trauma, I developed a keen interest in the field of trauma. To this day I regard this as my field of specialization. This led me to discover the tremendous effect trauma has on the body. I then decided to start my training on Somatic Experiencing. I had two wonderful teachers, namely Dr. Maggie Phillips from the USA and Dr. Sonia Gomes from Brazil. I have just completed my advanced training in SE. My interest now lies in combining hypnosis, Ego State Therapy and SE in the treatment of trauma. It feels like I have started pursuing a new career path.

### **What do you consider your greatest contribution(s) to the field of psychology?**

What would make me happy would be to get enough professionals trained world-wide in hypnosis and Ego State Therapy as I firmly believe in its merits as a psychotherapeutic intervention strategy. I am still dedicated to pursuing that goal. My greatest contribution would probably be to convince colleagues and younger professionals to discover their own therapeutic selves. This would enable them to serve those that are in most need of our help.



**Woltemade Hartman**

### **What lies in the future?**

I have had the privilege to study and learn from some of the world's most respected psychotherapists, hypnotherapists and body therapists. My aim is to accumulate enough wisdom to influence younger generations of professionals and to make a contribution to help human kind.

### **Tell us something that nobody knows about you.**

Something that people don't know about me is that I value integrity, wisdom, joy and to celebrate life because to me life is not a quantity measured in chronological time, but a quality measured in experiential time.



## MEETING OUR MENTORS

**Each issue will introduce one of our distinguished teachers in this column. We learn a lot from these scholars, read their books, follow their approaches, use their techniques – but perhaps we do not know them well enough.**

### BRIEF BIOGRAPHICAL NOTES

Dr. Nicole Ruysschaert M.D.  
Psychiatrist-psychotherapist  
Past-President of the European Society of Hypnosis

Dr. Nicole Ruysschaert has been elected as Board of Directors member of ISH 2015.

After her medical degree at the university of Ghendt, she started specialisation in psychiatry. As a psychiatrist she worked in different Mental Health Centres and in a private practice, and took further training in CBT, hypnosis, EMDR and coaching. She currently works fulltime in her private practice in Antwerp (Belgium). She is trainer and supervisor in hypnosis, Ericksonian

hypnosis in solution-focused approaches and in psycho-traumatology. She is actively involved in training and supervision in hypnosis – basic training, information sessions on hypnosis, training in hypnotic communication in medical practices and hospitals, basic / specialized /advanced workshops in hypnosis. She joined VHYP – the Flemish society of Hypnosis – BoD since her training in hypnosis in the 1983. 2002 she was elected as ESH Board of Directors 'member, was elected president 2008, took over presidency in August 2011, has been president ESH through October 2014, and ended ESH BoD term August 2017. 2015-2018 she was elected ISH BoD member and still continues her ISH Bod activities. She has been ESH Newsletter editor 2005-2011 and co-editor 2011-2014. She is past-president of the VHYP, and after more than 20 years, still actively involved in the society.



**Nicole Ruysschaert**

In her private practice she offers individual therapy with integration of CBT, Hypnosis, solution-focused approaches and EMDR for a variety of problems. Clients come to ask therapy for (posttraumatic) stress and stress related disorders (burnout, CFS, fibromyalgia), dissociative disorders, (phobic) anxiety, performance enhancement, pain control, psychosomatics, functional syndromes, habit control, social anxiety, test anxiety and depressive disorders.

She teaches a basic training in hypnosis and training on hypnotic communication in medical settings in hospitals. She teaches intermediate / advanced training sessions on hypnosis for integrating hypnosis in psychotherapy, PTSD, dissociative disorders, stress, burnout, performance enhancement, functional disorders, pain control, resilience and happiness. She worked out an 8 – days training on integrating Ericksonian hypnosis in solution-focused therapy and a training curriculum on hypnotic communication in medical settings. She published some papers on hypnosis for burnout, stress control, happiness.

She has lectured and has given workshops in many international hypnosis congresses and was invited to give workshops and training in many hypnosis societies and psychotherapy societies, in Belgium, in different European countries, Turkey, Canada, China, Iran and all over the world in Dutch, English, French and German.





**INTERVIEW WITH NICOLE RUYSSCHAERT**  
Interview by Katalin Varga

**Please describe your earliest awareness of hypnosis. This might have been a movie, a cartoon, a book...**

I lived in a touristic area at the seaside and we had a weekly annual market, frequented by tourists. One of the fascinating attractions was a couple, a woman sitting on a chair, her hands hidden in a kind of schoolbag, and the man going around to attract attention to her special talents. When someone asked questions about her- or himself or was curious about the future, her hands started writing, like automatic writing about that person. And all people around were puzzled, fascinated, about these hands moving and producing a text which could be read and was believed in and gave proof of her knowing things about the person in front of her, passed on to automatic movements of her hand.

Another experience had to do with a religious ritual. "The holy monstern" a flickering, ornamented golden piece of art, was exhibited now and then, on a shrine, put in a light beam, with darkness all around. We, as young children, were told it represented god or god was in it. Doing what was expected, in a complete silence, I focused on that object, immobilized, and hardly breathing, until I felt some lightheadedness. I forgot about time, feeling some connection with the universe, feeling connected with resources and feeling some empowerment. That time it would have been labeled as a spiritual experience. Reflecting on it afterwards, it has more to do with a hypnotic experience.

Studies at university in medicine and the later internship were not hypnotically inspired, but rather strictly scientific. Only later when I focused more on psychotherapy, familiarizing myself with relaxation methods and autogenic training, windows to the field of hypnosis opened.

**Who were important mentors for you?**

And it looks like the way to hypnosis was paved when I started my private practice in Antwerp leaving the residential setting of university, working in an ambulatory setting. An Antwerp psychiatrist, Jan Lehenbre who had had his training in hypnosis in the Netherlands, where the hypnosis society was established 1931, spread the word in Belgium. He established a society of hypnosis and autogenic training in Belgium in 1982. After my training in cognitive behavior as psychotherapy method, I attended some information sessions on hypnosis, and started the training 1983, and began my long career as board member of VHYP.

Attending the 1994 Evolution of psychotherapy congress in Hamburg, opened my view on the world of different new, empowering psychotherapy methods: I was impressed by Ericksonian hypnosis presented by (to name just a few), Ernest Rossi, Jeff Zeig, Bernhard Trenkle.

1998 ISH congress The Hague, I was impressed by the John and Helen Watkins, and their work with ego-state therapy, that became part of my therapeutic approach ever since, further developed by my work and the trainings in the field of PTSD and dissociative disorders.

1990, at the ESH congress in Konstanz I was fascinated by the work of Lars-Eric Unestahl and "mental training" and the way his belief in systematic training and somehow "programming" your mind for the better – I would call it now neuroplastic changes by imagination and working in your 'mental room', leads to empowerment and personal development. The importance of not restricting the methods to individuals but to somehow finding ways to reach out to populations, target groups, and improve the level of wellbeing to optimize your potential inspired me.

1996, I enjoyed Budapest congress and made some important decisions for my future professional direction, to be more involved in training / supervision, spreading the word of hypnosis and mental training, giving training for companies on stress- and time management and personal development, besides continuing clinical practice.

1999, I was nominated and elected ESH BoD member. Slowly and steadily my world in the field of hypnosis expanded, presenting at different hypno-



sis societies, attending congresses to promote ESH congresses, enlarging my network in the field of hypnosis professionals.

**You have been asked by the board members to continue on the Board as an invited member who brings much experience in the governance of hypnosis societies. How did the international society become so important in your life?**

Due to my interest in the field, and the need of people who want to volunteer for BOD positions and spend energy and time in it, it looks like part of my life is built around working in and for hypnosis societies. Since many years it's a daily activity – more than 30 years for VHYP, for 15 years in the ESH BoD and since +3 years in the ISH BoD. Society activities got priority in my life, and holidays are organized in function of society's work, attending meetings and congresses, trainings and organizational activities.

**One could suppose that the mostly administrative tasks of an organization are boring. What do you personally find enjoyable working in various BOD for so many years? What is your motivational basis?**

It's a stream of energy, pulled in that direction, because I believe in the power, in giving to the community, therapists, patients and clients, means and methods to work therapeutically, improve themselves, the world around them, the environment and their level of health and wellbeing. When you spend a lot of time in a particular job or profession, your social network is mainly formed by the people you meet in a professional interaction. It's inspiring to be together with people who share common ideas and knowledge, to reflect on what we do in psychotherapy, to know what we do and do what we know or start to become aware of deeper insights in brain mechanisms and hypnosis. In preparing a lecture on recent insights in working mechanisms of hypnosis, I discovered some new data which made me reflect on it. I like sharing this, discussing about it with seasoned clinicians and researchers and it's sometimes hard to find them.

I am getting tired from people at the first encounter, when they learn to know you and hear that I am psychiatrist, feel like being analyzed and judged on the spot, getting a second strange reaction, when I tell them I work with hypnosis and this odd reaction like ...ah, you are someone like with magic finger movements, resulting in taking them another step backwards, to create some distance from you. And I am fed up with explaining over and over the difference between medical hypnosis, hypnosis in psychotherapy, correcting misconceptions. Just a few days ago, 2 television presenters made a TV program on street hypnosis, walking at the seafront, putting people in a 'hypnotic sleep', suggesting hands sticking together and amnesia, and demonstrating their power... how after just a short "training" they were able to "hypnotize people"... and TV watchers being so surprised, waw... that's it... effect. So it's nice, and necessary to spend time with similar minded people

Working privately in therapeutic sessions is not always that spectacular or acknowledged. Sometimes a lot of efforts and patience result in just small changes. I think therapists deserve more respect, being honored for the hidden work in the privacy of a consultation room, because there you don't get the applaud or standing ovation, but just some discrete thank you now and then, or just not really getting approval for your creative, tailored approach.

**Working with stressed, phobic, traumatized and anxious patients is really demanding. What is your way of refreshing yourself?**

I practice different sports: Zumba dancing to be in a rhythm and as a basic condition training, having the beneficial effects of moving the whole body. I play tennis which needs my focus, reactivity and running, a combination of efforts and play. Tennis is a social activity putting you in touch with different people, from all sorts of life, as you play with / against different people, taking some time for socializing in the "after-tennis" moments. Now and then I go to the gym where I can practice yoga and pilates: developing



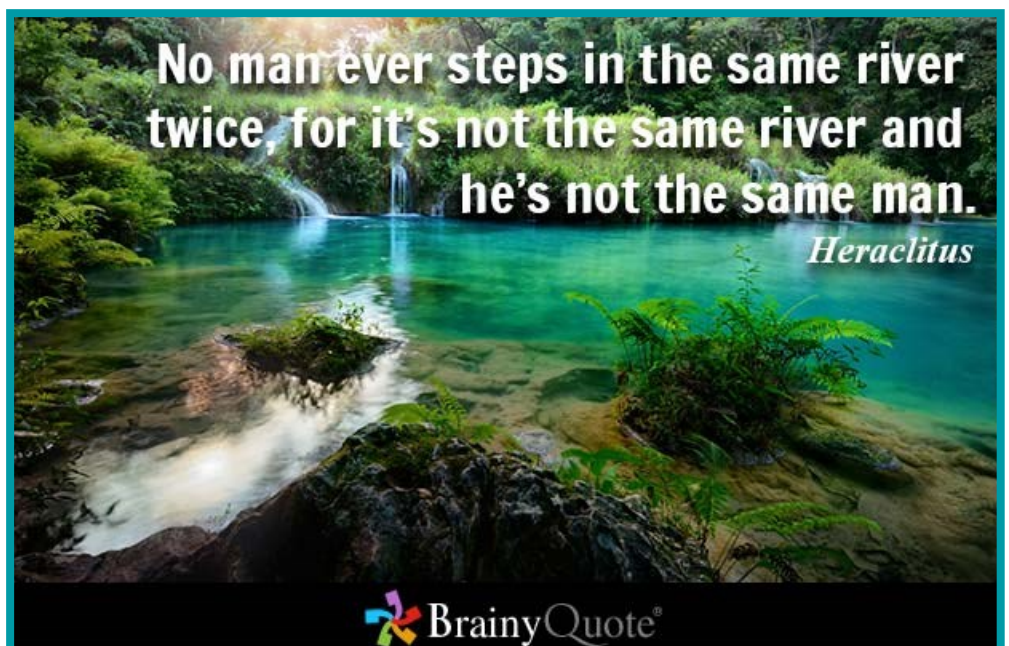
physical (and mental) balance, strength and flexibility, or group classes in cycling – 1 hour intensive cycling on a stationary bike, with the empowering stimulating rhythmic music, taking me in an active/alert hypnotic trance, where I can give myself some suggestions.... I enjoy spending time with my husband, walking, discovering hidden places in our environment, gardening, spending time home and reading or watching movies together.

**Please characterize briefly your career, and your current work.**

I made many transitions – and think could build bridges between my medical knowledge and knowledge from psychiatry and psychology, between psychology community and medical departments, between focusing on pathology, and focusing on resources and healthy aspects of a person, between focus on the past and focus on the future and solution-focused approaches and development. I think these changes match with the evolution and the place hypnosis deserves in the field of therapy. I enjoyed involving myself in contact with other societies in Europe and worldwide and inspiring my trainings by cross-fertilization. I worked in a variety of settings: psychiatric hospital, mental health center, working with individuals and groups, teams, European institutions and local, European and international boards of directors. My current activity focuses on private clinical practice in an outpatient setting, and training and supervision in basic, intermediate, advanced hypnosis, psycho-traumatology and hypnotic communication in medical settings.

**What do you personally see is your most important contribution to the field?**

I see myself as someone who worked hard for the field of hypnosis ...when a group farmers prepare the soil, seed and take care of the soil, remove weed and misconceptions, have some patients flourishing, going better and enjoying a rich harvest, it's hard to see or assess each one's contribution. I work and worked as member of BoD's and offered help and support in the different projects and priorities of the BoD's activities, where the result is the result of a team, and not really an individual accomplishment. Looking back, perhaps a lot of efforts and time spent got lost as nothing lasts forever and is just a small step in the evolution of time and organizations. "No man steps in the river twice, for it's not the same river and he's not the same man." Heraclitus.



As a psychiatrist with training in medicine, psychotherapy, communication, I feel confident and at ease in working with different professionals who can benefit from training in hypnosis. I didn't restrict myself to a specific field of application, and prepared lectures, workshops, trainings on a





variety of problem areas where hypnosis could be useful in different languages. I find it quite inspiring to attend congresses of main American, British, French and German Societies and discover differences in the way hypnosis is culturally interpreted and applied.

In my life volunteering in all aspects of running hypnosis and psychotherapy societies plays an important role. I contributed to many committee's activities, congress organizations and newsletters. I had a few publications in hypnosis journals, on hypnosis in the field of stress control, burnout, happiness, developmental hypnosis.

### Any recommendations, hints, or advice to young colleagues?

To specialize in specific areas of expertise, to integrate all kinds of app's and virtual reality experiences, into the field of hypnosis and to provide devices for self- help. Although it can sound contradictory to combine our hypnotic work and individually tailored approach, I think fields could be mutually inspiring. In some university hospitals in Belgium, virtual reality has been implemented. I like the way my colleague, anesthesiologist Sabine Maes, described it this month in their hospital magazine as: VR not just being a gadget but "VR is a method based on medical hypnosis" and "while being in the experience of **f.i. swimming** with dolphins, the patient receives suggestions to relax and experience less anxiety and pain". I also would appreciate that young people, inform about the medical and therapeutic hypnosis using all media to correctly inform future clients and trainees.



Nicole Ruysschaert





# BUILDING BRIDGES OF UNDERSTANDING

CLINICAL RELEVANCE OF RESEARCH FINDINGS

**In each section of the NL we introduce you to a summary of recent research with short and easy explanations of some research concepts. Scientific reports are more and more complex and complicated; only a small portion of hypnosis experts enjoy them. For the majority of professionals it can even be frightening or boring. The aim of these letters is to bring researchers and clinicians closer together, to highlight the clinical relevance of research findings of hypnosis in a very simple user-friendly way. Clinicians are also encouraged to propose questions to be studied, clinically relevant phenomena to analyze, and hypnotic processes to be understood. Let's build the bridges of understanding together...**



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Noémi Balázs is a health psychologist working at a Hungarian Foundation called Mental Health for Wellbeing, and a PhD student at the Doctoral School of Psychology, ELTE Eötvös Loránd University, Budapest, Hungary. Her research is connected to stress and burnout, and interventions for preventing them. Prof. Róbert Urbán is her supervisor of the PhD studies, at the Department of Personality and Health Psychology, ELTE.



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Anna Leszkovszki is a psychology BA student at Eötvös Loránd University in Budapest. Her areas of interests are sport psychology, and work and organisational psychology. She is looking forward to start her master psychology studies next year.



## IS HYPNOSIS AN EFFECTIVE INTERVENTION FOR BURNOUT?

**Burnout** is a psychological reaction to chronic work stress that may result in serious consequences both for the individual, and for the work organisation. Consequences for the individual involve far-reaching impacts on mental and physical health, such as coronary heart disease, type 2 diabetes, common infections, musculoskeletal pain, depressive symptoms, increased risk of severe injuries, and even premature death. Consequences for the organization may involve increased risk of absence from work, more work days lost due to illness, inability to work, low work satisfaction, and giving up work completely (Westermann, Kozak, Harling, & Nienhaus, 2014; Aloha, Toppinen-Tanner & Seppänen, 2017). Therefore, burnout has been investigated by many researchers during the past few decades, and although various theoretical models, research studies and measures have been developed to contribute to a better understanding of its causes and consequences, there is still no consensus on the concept of burnout (Maslach et al., 2001; Maslach & Leiter, 2016). Nevertheless, the conceptualization of Christina Maslach (Schaufeli, Leiter, Maslach, & Jackson, 1996) can be considered as the most widely used one, according to which burnout manifests itself through symptoms of exhaustion, cynicism, and diminished professional efficacy (Aloha et al., 2017). These are known as the three dimensions of burnout.

**Exhaustion** is the most widely reported and most thoroughly analysed dimension. It represents the basic individual stress dimension of burnout, referring to feelings of being overextended and depleted of one's emotional and physical resources. *Depersonalisation* or cynicism represents the interpersonal context dimension of burnout, referring to a negative, callous, or excessively detached response to various aspects of the job, especially a detached approach to people under one's care. *Diminished professional efficacy* represents the self-evaluation dimension of burnout, referring to feelings of incompetence and a lack of achievement and productivity at work, and low self-efficacy and negative feelings towards one's self. (Maslach et al. 2001; Awa, Plaumann, & Walter, 2010).

One main group of contributing factors that increase vulnerability to burnout is work characteristics. This includes, for example, high workload, role conflict and ambiguity, low predictability, lack of participation and social support, and experienced unfairness. Another group of predisposing factors that are related to higher odds of suffering from burnout are Individual traits, such as low sense of coherence, alexithymia, neuroticism, low extraversion, agreeableness, and conscientiousness (Aloha et al., 2017).

Despite abundant research on burnout and the disagreements about the concept, there is also no consensus on how to treat it (Aloha et al., 2017). However, a consensus of the published studies is that most intervention programs for preventing burnout aim to empower individuals and reduce their experience of stressors. Interventions can be categorised as person-directed (individual/groups), organization-directed or a combination of both person- and organization directed aspects. Person-directed intervention programs are usually cognitive behavioural measures aimed at enhancing job competence and personal coping skills, containing social support elements or different kinds of relaxation exercises. Organization-directed interventions on the other hand are usually changes in work procedures, containing task restructuring, work evaluation and supervision aimed at decreasing job demand, increasing job control or the level of participation in decision making (Awa et al., 2010).

If one intends to learn about the effectiveness of scientifically established interventions for a psychologically significant phenomena like burnout,



meta-analyses or systematic reviews are usually the first sources to examine. These are acknowledged as reliable resources for evidence based intervention strategies. However, these reviews usually include only a few relevant research articles, due to their restrictive study-selecting procedures and inclusion criteria in regard of the quality of research design and reporting statistic indices.

As an unfortunate result, recent meta-analyses and systematic reviews that investigate the effectiveness of interventions aiming to prevent occupational stress or burnout include none (e.g Awa et al., 2010; Ruotsalainen, Verbeek, Mariné, & Serra, 2015; Maricutoiu, Sava, & Butta, 2016; Aloha et al., 2017) or only a few (e.g Fisch, Brinkhaus, & Teut, 2017) interventions that use hypnotherapy or medical suggestions, despite including interventions that use relaxation or meditation techniques. Nicole Ruysschaert in her essay on the topic (Ruysschaert, 2009) also emphasises that her search on Pubmed and the National Library of Medicine of the terms 'hypnosis and burnout', 'hypnosis and vicarious traumatization', 'hypnosis and compassion fatigue' yielded no results.

There are, however, some published studies on promising interventions that exemplify how hypnosis can be effectively used in stress reduction and burnout. Fisch, Brinkhaus & Teut (2017) collected evidence in their systematic review for how hypnosis influences perceived stress.

One such example is that of Norman R. Barling and Susan J. Raine (2005) who examined the effect of hypnosis on stress-related diseases like depression, burnout and anxiety. They used three types of treatment processes, which were designed to differentiate the deepness of hypnosis. Level one, light trance induction was progressive muscle relaxation (PMR), level two was guided imagery, and level three was deep trance, using specific mind-body healing language, which targeted the boosting of the immune system response. The participants were randomly allocated to a treatment group, and hypnotised according to the standardised script for that particular group and the intervention for each session was also recorded on audiotape. Participants were asked to continue listening to the recorded intervention for three to four weeks, and to record their frequency of use. In order to assess the level of burnout, stress, anxiety and depression, self-reported Depression Anxiety Stress Scale and Burnout Assessment Test were administrated before and after the treatment session. They also took a sample of Saliva Immunoglobulin A as an indicator of prolonged stress and humoral immune system response.

The scores of burnout and anxiety decreased after the light-trance hypnosis, but there was no significant change for depression, stress, and immunity. According to the authors this means that PMR is an indicator of light trance, as it physically relaxes the person and may reduce anxiety symptoms and in turn may reduce burnout pressure to a significant degree. But their results also suggest that PMR as a hypnotic intervention is not powerful enough to modify depression and stress measured by Depression Anxiety Stress Scale and Saliva Immunoglobulin A.

The guided imagery group also showed significant changes in all the negative effect variables (burnout, stress, anxiety, depression) but there were no significant changes in Immunity measures (in saliva). In the authors' opinion this supports the suggestion that hypnotic induced guided imagery, releasing negative feelings and memories, taking a subject into a deeper level of trance after relaxation, lays the groundwork for powerful change, but an extra component is required to affect immunity. There were also significant differences in changes in burnout, depression and anxiety between the control group and the deep-trance group. In this case, significant difference was recorded between the pre-and post-saliva Immunoglobulin A, as well. The authors say, this shows that deep trance significantly reduces negative emotional affect and improves immunocompetence.



Based on their results they concluded that hypnosis can be an effective way to prevent or cope with stress-influenced diseases (Barling & Raine, 2005). Fisch, Brinkhaus & Teut (2017) in their systematic review, however, highlight a methodological concern that Barling & Raine (2005) did not report in detail what kind of hypnotherapeutic techniques were used in their study, which makes it difficult to understand exactly how to use effectively hypnosis in such diseases.

When trying to pursue more ways of using hypnosis in burnout, we can also follow a practical approach. Nicole Ruysschaert (2009) in her essay describes possibly effective hypnosis techniques in burnout, based on theoretical considerations. She raises the question, whether prevention is the responsibility of organizations or the individual. Her answer is that working and offering help on both sides increases the chances of the effect of the intervention. She describes in detail different methods and levels of possible intervention, based on the thought that recovery from burnout can take months so prevention is the best cure. She presents a variety of techniques for self-care, stress control, debriefing, self-awareness and affect management, setting boundaries, increasing resilience, getting access to resources, reconnecting with engagement and reliving or celebrating job satisfaction. She describes a technique, an example of a strategy for self-protection, where in order to experience safety and protection the individual can imagine a protective shield or a bubble around themselves. After this, and after each described technique, she also gives the text of induction. In her essay she concludes that hypnosis can be integrated into different aspects of prevention: possible relationships between empathy and hypnotisability can be seen as an additional motivation to give hypnosis more attention in the approach.

This leads us back to the field of research studies, in which reside the necessary tools for examining the effectiveness of such techniques. Such studies with accurate research methods are needed especially because burnout interventions focusing on individuals seem to reduce burnout in the short term (6 months or less), and although a combination of both person and organization-directed interventions seem to have longer lasting positive effects (12 months and over), eventually in both cases, positive intervention effects tend to diminish over time (Awa et al, 2010). Could the effectiveness of burnout interventions be enhanced by involving hypnosis techniques? Meta-analyses of research studies on burnout interventions also highlight that cognitive-behavioural interventions and interventions based on relaxation techniques seem to be effective only for reducing emotional exhaustion symptoms of burnout, thus new types of interventions would be needed, to address depersonalization and personal accomplishment as well (Maricutoiu et al., 2016). Could interventions using hypnosis techniques address these two dimensions of burnout effectively?

Overall the effectiveness of hypnosis or hypnotherapy in stress reduction and burnout prevention remains unclear, as current reviews studying the question conclude that the role of hypnosis in stress reduction has to be investigated more thoroughly by using precise research methods (Fisch, et al., 2017). Until then, with some promising research results and theoretically based practical approaches we may move in small steps towards answering the title's question – Is Hypnosis an Effective Intervention in Burnout?

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## A 2019 HIGHLIGHT EVENT

Hypnosis and Self-hypnosis is an important element in the VIII World Congress on Mind Training for Excellence in Sport and Life at Gävle University in Sweden 12-16 June, 2019.

The program covers most known Mind Training methods, where alternative states of consciousness like hypnosis, meditation, etc. often plays a crucial role.

You will have the opportunity to attend lectures and workshops with famous speakers from 20 different countries worldwide, from the field of hypnosis and related fields, like mental training, meditation, yoga! There will be ample opportunities to exchange experience among professions, between East and West!

Michael Yapko (USA), one of the keynote speakers, will explain "How to use hypnosis for depression"

Check the website to find out who else will be there to present about (self)hypnosis and which specialists from related fields, like mental training, meditation, yoga you can meet there! Take the opportunity to register before 31 December 2018 to enjoy the early bird rate!

The number of participants is limited to 1000.

More information and registration on:  
[www.wcecongress.com](http://www.wcecongress.com)



# FINDINGS OF NOTE

BY FANNI PUSZTAI



Fanni Pusztai

The “Findings of Note” section serves as a review of current hypnosis literature published not in the hypnosis journals but in the wider scientific – medical and psychological – area. In this section I attempt to provide an insight into a wide range of practical applications and theoretical developments in the field of hypnosis.

In this edition of Findings of Note, I would like to present four recent articles from the world of hypnosis. The first by Schmidt and colleagues provides experi-

mental data for a rather well-known phenomenon that can occur during hypnosis, the change of visual perceptions following hypnotic suggestions. Even though this phenomenon in general has been described before, the authors of this article looked at a very specific form of altering visual perceptions under hypnosis and with an elegantly simple yet thorough design they showed how brain, behavior and subjective experiences converge during the process.

The following two articles sought out to research the effects of combining psychosocial interventions, including hypnosis of course, in the treatment of different problems: for chronic nonspecific lower back pain and for weight-loss. The authors of the last article describe a whole array of problems for which hypnosis can be utilized when working with adolescents; they hold a similar approach however that hypnosis can be highly effective either as an adjunct or in itself, and they bring short case studies to show what that means in the daily clinical work.

**SCHMIDT, B., HECHT, H., NAUMANN, E., & MILTNER, W. H. R. (2017). THE POWER OF MIND: BLOCKING VISUAL PERCEPTION BY HYPNOSIS. *SCIENTIFIC REPORTS*, 7(1), 4889.**

The authors took on an interesting quest to objectively show a subjective phenomenon long associated with hypnosis, the alteration of certain perceptions under hypnotic altered states of consciousness. Specifically, they wanted to examine what happens to visual perception when subjects receive suggestions under hypnosis to not see what they are actually looking at.

For this reason, they recruited healthy participants and presented the Oddball paradigm to them: they were looking at a screen where simple stimuli, such as triangles, circles and squares appeared in random order and with different frequency, meaning that triangles (so called frequent stimuli) appeared on screen 80% of the time, while circles and squares (so called rare stimuli) appeared 10-10% of the time. The participants' task was to count how many times only one of the rare stimuli, that is the squares appeared on screen. Each participant completed this task once under hypnosis that served as the experimental condition and once in a control condition, in counterbalanced order. The most important notion of the hypnosis condition was that subjects received suggestions about a wooden board blocking their perception of the screen. Before the experimental condition, subjects received a real wooden board to hold and examine so this board would serve as a model for the upcoming perceptual blockage, and their hypnotizability was also assessed. The researchers measured the counting performance of participants by the percentage of correct answers, their brain activity by EEG electrodes, the number of eye



blinks by eye tracking and their subjective experience of the perceptual blockade by a 5-point Likert rating scale. Their results showed that indeed in the hypnosis condition counting performance was significantly worse, with a mean 20.8% more mistakes made while counting squares on the screen. They also found that while counting performance was worse for all participants in the experimental group, high hypnotizables showed a greater reduction. Moreover, highly hypnotizable participants subjective experiences also related to their counting performance, meaning that they had a more realistic experience of the wooden board blocking their perception. The main goal of eye-tracking was to show that any differences between groups were not caused by possible eye closure, that is, the authors wanted to make sure participants eyes were open during trials. Interestingly their results showed that during the experimental condition under hypnosis, participants actually blinked less often than in the control condition; yet their counting performance was worse. Regarding brain activity the authors examined different event related potentials measured by the EEG and found that while earlier responses (occurring around 100-200 ms after stimulus) were unaffected, later responses (occurring around 300-400 ms after stimulus) were significantly reduced in the hypnosis condition. Earlier responses are associated with basic sensory processing while later responses are associated with higher-order cognitive processing of stimuli. Here again the experimental group showed an overall decline with high hypnotizables showing the biggest effects.

Concluding, the authors argue that these results show that the extent of reduction in event related brain potentials are related to counting performance and the subjective experiences of participants: the smaller the specific response in the brain, the more stimuli was missed and the more realistic the visual blockage felt, thus brain response, behavior and subjective experience were all in synchrony during hypnosis. The fact that only later brain responses were reduced also tells us that during hypnosis participants could still see the stimuli, but its further processing was impaired, pointing to a dissociation between sensory and higher perceptual processing areas in the brain. They point out that this simple task itself could show how powerful our mind is, as it is able to modify how we process what we see in response to a few suggestions.

**RIZZO, R. R., MEDEIROS, F. C., PIRES, L. G., PIMENTA, R. M., MCAULEY, J. H., JENSEN, M. P., & COSTA, L. O. (2018). HYPNOSIS ENHANCES THE EFFECTS OF PAIN EDUCATION IN PATIENTS WITH CHRONIC NONSPECIFIC LOW BACK PAIN: A RANDOMIZED CONTROLLED TRIAL. *THE JOURNAL OF PAIN*.**

Based on the well-known beneficial effects of hypnosis on pain perception, Rizzo and his colleagues wanted to assess the effects of hypnosis in a specific pain condition that affects a high number of people and for which currently available medical interventions do not show high efficacy, namely chronic non-specific low back pain. More precisely they wanted to see the efficacy of a combined intervention of two relatively low-cost, short and easy to execute procedures, patient education and hypnosis. Pain biology education was chosen since it has shown promise in decreasing disability, catastrophizing and increasing function; hypnosis was chosen because besides fostering improvement in the above mentioned qualities it has also been shown to decrease pain intensity. Pain education served as a control, and participants from both groups received the same information about pain as a normal experience, the danger alarm system, altered central nervous system alarms and education about "hurt does not necessarily equal harm". In the experimental group patients took part in additional hypnosis sessions as well, four sessions altogether. These addressed for example information about hypnosis itself, suggestions about openness to the possibility of change, relaxation, dissociation between body and mind, analgesia, decreased pain unpleasantness, experiencing comfortable bodily sensations, and recalling adaptive pain responses. The researchers measured pain intensity in terms of average and worst pain experience over the past week, disability, catastrophizing and global impression of change; measures were taken first prior to the experiment, then after two weeks and at three months. Regarding average pain intensity, the authors



found no difference between the two groups. However, patients in the hypnosis group reported lower worst pain intensity at both 2 weeks and 3 months follow-up. Disability and global perceived benefits were also improved for the hypnosis group after 2 weeks, and catastrophizing was significantly reduced in the hypnosis group after 3 months.

According to the authors it is unclear why, regarding pain, hypnosis was only favorable for worst pain intensity and not average pain intensity. They discuss the possibilities, noting however that compared to average pain intensity, worst pain intensity tends to be more strongly associated with certain factors of everyday life such as mood, social relationship, walking, work and enjoyment of life. They argue that this improvement therefore is indeed meaningful and that their findings show that clinical hypnosis can enhance a greater variety of pain experience domains than pain education alone, at least in the short and medium-term. Since hypnosis is a relatively low-cost procedure that can be offered in group settings, they suggest that hypnosis be used in the treatment of chronic non-specific low back pain, making an argument to combine different psychosocial interventions to enhance their overall efficacy.

**BO, S., RAHIMI, F., GOITRE, I., PROPERZI, B., PONZO, V., REGALDO, G., BOSCHETTI, S., FADDA, M., CICCONE, G., DAGA, G. A., MENGGOZZI, G., EVANGELISTA, A., DE FRANCESCO, A., BELCASTRO, S. & BROGLIO, F. (2018). EFFECTS OF SELF-CONDITIONING TECHNIQUES (SELF-HYPNOSIS) IN PROMOTING WEIGHT LOSS IN PATIENTS WITH SEVERE OBESITY: A RANDOMIZED CONTROLLED TRIAL. *OBESITY*, 26(9), 1422-1429.**

The authors of this study wanted to see if hypnosis can help boost weight-loss treatment. Their aim was to teach rapid-induction techniques to participants in the experimental group by which they can easily utilize self-hypnosis. Their hypothesis was that these techniques could be useful for subjects in their daily lives before eating occasions to overcome overeating and in cases of irrational food cravings, since these factors contribute greatly to obesity. The control group received standard care, an individualized diet plan and behavioral recommendations, whereas the experimental group took part in three individual hypnosis sessions in addition to standard care. Participants in the experimental group were taught how to enter into hypnosis by themselves rapidly by a self-conditioning symbolic signal (for example joining the thumb with the index finger); they were also taught self-hypnosis use by receiving instructions on safe-place thinking and relaxation and deinduction. The skills the participants acquired were evaluated by the hypnotist based on typical muscle changes, physical appearance and their subjective alterations of consciousness. To determine the outcome of the interventions, physiological, behavioral and experiential measures were all taken from the participants: weight change, changes in waist circumference, arterial blood pressure, metabolic and inflammatory variables, satiety, quality of life and eating and exercise patterns were measured.

Results show that both groups achieved significant weight loss and decrease in waist circumference values. Most of the physiological measures did not show significant changes, except one of the inflammatory variables that decreased significantly only in the experimental group. This variable, the high-sensitivity C-reactive protein (CRP) is the most commonly used marker of acute-phase inflammation and the authors argue that this result could have clinical implications, since obesity is associated with a chronic subclinical inflammatory state, and chronic inflammation is associated with psychological and physical health problems. Congruently, quality of life has significantly increased in only the hypnosis group. Regarding feelings of satiety, the hypnosis group showed significant increase by trial end even though both groups reduced their energy intake to a similar extent.

The authors also checked the frequency of self-hypnosis use and found two interesting results. First, unfortunately self-hypnosis use decreased over time. Second however, the frequency of hypnosis use was significantly associated with changes in weight, so that those who practiced hypnosis at least once per day reached a much greater weight loss. This could





also underline the efficacy of hypnosis in weight reduction, an intervention which the authors argue is cost-effective, noninvasive, free of side effects and therefore should be warranted further trials with greater samples.

**SAWNI, A., & BREUNER, C. (2017). CLINICAL HYPNOSIS, AN EFFECTIVE MIND-BODY MODALITY FOR ADOLESCENTS WITH BEHAVIORAL AND PHYSICAL COMPLAINTS. *CHILDREN*, 4(4), 19.**

The authors discuss hypnosis as one of the mind-body therapies that help regulate the autonomic nervous system by activating the parasympathetic branch thus reducing the stress response, reversing disease processes through psychoneuroimmunologic connections. They emphasize the importance of this in adolescence, as the developing adolescent brain is especially sensitive to stressful experiences. Stress has been shown to alter the developing brain both structurally and functionally, possibly resulting in, for example, diminished executive functions such as directing attention, decision making, problem solving, and/or other functions such as memory and learning. Self-regulation, including the ability to modulate stress responses, is associated with overall adjustment and well-being, however adolescents who experience stress often report physical symptoms that do not respond well to medical interventions. The authors argue that clinical hypnosis can be a teachable coping skill for most adolescents that is safe, effective, may reduce the impact of stressful events and improve quality of life. Kids' natural hypnotic abilities, that is, being able to enter into the hypnotic state easily and rapidly and being highly responsive to suggestions, only make this argument more pressing. Sawni and Breuner bring multiple clinical vignettes, short examples of case studies to exemplify the above mentioned claims. These clinical vignettes include for example the case of a 16-year-old girl whose physical symptoms were chronic headaches that interfered with her daily life and with pain medications bringing little relief and no neurological background for her problem. After explaining the mind-body connection and how hypnosis can help her take control of her headaches, she was taught hypnosis techniques such as muscle relaxation, focused breathing and visual imagery. As the patient described her headaches as a hammer pounding her head, together with the hypnotist they devised a method how to stop the hammer throughout imagination. The therapist also helped develop an individualized plan for her on how to practice these techniques at home. At one month follow up the headaches were infrequent and not interfering with her daily life anymore.

Another expressive example the authors bring is the case of a 14-year-old boy with nocturnal enuresis problems. Similar hypnosis techniques as in the latter example were taught to him along with behavior modification techniques (e.g. instructing him not to drink anything one hour before bedtime). Upon describing the functioning of the bladder, the hypnotist also explained to him the mind-body connection relative to his specific problem: because he was a deep sleeper, his brain and bladder forgot to "talk" to each other as they did during the day, when he was perfectly able to control his bladder. The hypnotist then encouraged him to remind his brain and bladder before going to sleep to talk to each other, as they did in the daytime, such as "Bladder, tonight let the brain know when you are full. (...) When the bladder says it's full, tell me to wake up (...)" (p. 6).

Throughout these and other examples, the authors stress a few generally important points, such as the necessity to build a positive rapport with the adolescent and if possible their parents too in order to successfully treat any problem or symptom. Another is empowerment and reinforcing that the adolescent herself is in control thus strengthening their ego and self-regulation processes. Altogether they make a strong case for the utilization of hypnosis in treating adolescents either as a first line treatment or as an adjunct depending on given context.



# IJCEH

INTERNATIONAL JOURNAL  
OF CLINICAL AND EXPERIMENTAL HYPNOSIS

**We start a regular column from the International Journal of Clinical and Experimental Hypnosis (IJCEH): Editor, abstracts, updates, call for papers, etc. in each issue of the NL. Now we are pleased to share abstracts from the articles published in the previous two most recent issues.**

The International Journal of Clinical and Experimental Hypnosis (IJCEH) has been a leader in the field for over 60 years. Four times a year, we publish peer-reviewed articles representing the interests and needs of those in disciplines related to hypnosis. With readers and authors on every populated continent, the IJCEH has a global reach. Of the articles published in 2018, the authors represented 17 different countries, across 4 continents.

## CALL FOR PAPERS

### Evidence-Based Clinical Case Studies

The International Journal of Clinical and Experimental Hypnosis is issuing an invitation for authors to submit relevant and innovative Evidence-Based Clinical Case Studies for consideration for possible publication. As the Editor-in-Chief I am initiating this call for papers as clinical case study research can identify new theoretical ideas and show the potential of combining hypnosis with other therapies. Such studies can also reveal innovative applications of hypnosis and potential feasibility.

Rich clinical data helps to bridge the gap between empirical research and clinical practice, as thoroughly described interventions provide clinical methods for further research and replication.



Submissions should review relevant literature, offer verbatim hypnosis transcripts, and provide empirical outcome data, discussion, and recommendations. Authors must provide scientific justification for the intervention, clearly identify the rationale, describe the intervention, and provide objective outcome data. The following guidelines should be followed by those that are interested in submitting an Evidence-Based Clinical Case Study for peer review and consideration for publication in the International Journal of Clinical and Experimental Hypnosis.

### Evidence Based Clinical Case Studies should include the following components

- Cover page and Abstract of 140 words or less.
- Comprehensive and relevant review of previous research.
- Appropriate informed consent must be obtained before any measures are administered.
- Description of case(s) with well-substantiated clinical diagnosis or symptom presence.
- Patient's history, referral source, and relevant details.
- At least two standardized assessment measures (completed by the patient or an independent rater) of the target symptom, problem, and/or global rating.
- Measures should be administered at least twice – at baseline and end of treatment, and may also be reported at long-term follow-up.



- Details of the hypnotic induction used, procedures used, specific suggestions.
- Data analysis of results/outcomes.
- Discussion of findings (successful or unsuccessful).
- Discussion of study limitations, implications for clinical practice, and future research recommendations.

#### Additional components recommended for clinical case studies:

- Assessment of hypnotizability is strongly encouraged as well as measures of treatment expectancy.
- Use of both self-report and objective (e.g. physiological) data, if available.
- Clinical transcripts and vignettes should be included to illustrate the intervention and provide enough detail to allow for clinical use or for potential replication by other investigators. Hypnosis intervention transcripts may be included as an appendix.

#### Submitting your paper

All manuscripts for The International Journal of Clinical and Experimental Hypnosis must be submitted to the Editor:

Email submissions as an attachment to: [IJCEH@baylor.edu](mailto:IJCEH@baylor.edu)

Instructions to authors can be found at:

<https://www.tandfonline.com/action/authorSubmission?show=instructions&journalCode=nhyp20>

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Managing Editor: Lynae Roberts

**Thank you for being a  
member of the ISH family.**

**Healthy wishes for the new year.**



# The International Journal of Clinical and Experimental Hypnosis

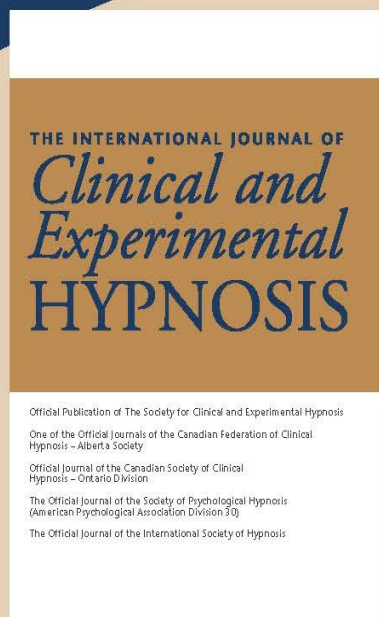
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*The International Journal of Clinical and Experimental Hypnosis*, official journal of the ISH, SCEH, and APA Division 30, publishes only original research and clinical papers dealing with hypnosis and psychology, psychiatry, the medical and mental specialties, and allied areas of science. Submissions include clinical and experimental studies, discussions of theory, and significant historical and cultural material. Unsolicited commentaries on articles appearing in the journal are not accepted for publication. It is the purpose of this journal to present in an integrated manner the best research in scientific hypnosis and to encourage support continued through inquiry.

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## SELECTED RECENT CONTENTS

- Use of Neurofeedback and Mindfulness to Enhance Response to Hypnosis Treatment in Individuals with Multiple Sclerosis: Results from a Pilot Randomized Clinical Trial, Mark P. Jensen, Samuel L. Battalio, Joy F. Chan, Karlyn A. Edwards, Melissa A. Day, Leslie H. Sherlin & Dawn M. Ehde
- Revisiting the Safe Place: Method and Regulatory Aspects in Psychotherapy when Easing Allostatic Overload in Traumatized Patients, Anna Gerge
- The Effectiveness of Hypnotherapy in the Treatment of Chinese Psychiatric Patients, Ling Chiu, Hing Wah Lee & Wai Keung Lam
- Ability of Hypnosis to Facilitate Movement Through Stages of Change for Smoking Cessation, Samantha O. Munson, Arreed F. Barabasz & Marianne Barabasz
- Hypnosis is More Effective than Clinical Interviews - Occurrence of Trauma in Fibromyalgia, Francisco Xavier De Almeida-Marques, José Sánchez-Blanco & Francisco Javier Cano-García
- Feasibility of Music and Hypnotic Suggestion to Manage Chronic Pain, Alisa J. Johnson, Zoltan Kececs, R. Lynae Roberts, Russell Gavin, Kathleen Brown & Gary R. Elkins
- Impact of a Hypnotically-Based Intervention on Pain and Fear in Women Undergoing Labor, Véronique Waisblat, Bryan Langholz, Franck J. Bernard, Monique Arnould, Aurélien Benassi, François Ginsbourger, Nicolas Guillou, Karine Hamelin, Philippe Housset, Pierre Hugot, Sylvie Martel-Jacob, Moustapha Moufouki, Hervé Musellec, Said Nid Mansour, Daniel Ogagna, Xavier Paqueron, Sihem Zerguine, Patrice Cavagna, Sébastien Bloc, Mark P. Jensen & Gilles Dhonneur
- Advancing Research and Practice: The Revised APA Division 30 Definition of Hypnosis, Gary R. Elkins, Arreed F. Barabasz, James R. Council & David Spiegel

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## ISH AWARDS

The 2015-2018 Award Committee was chaired by Peter Bloom and Camillo Lorioed with members as Mark Jensen, Giuseppe de Benedettis and Nicole Ruysschaert.

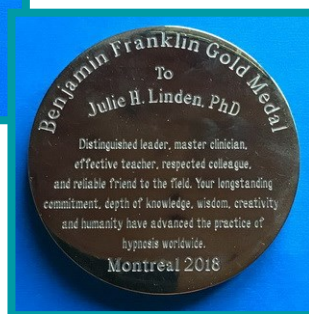


The following awards were given at the Montréal Congress Awards Ceremony.



### 1. The Benjamin Franklin Gold Medal (created 1976)

The Society's highest award is given to the ISH member honored for the most distinguished life career in promoting hypnosis worldwide clinically and experimentally. This award is given every three years; however, it was not given in 1988, 1992 and 1994. While it is usually given to members of ISH, notable exceptions can be made (e.g. Milton H. Erickson).



This 2018 award was given to **JULIE LINDEN** for being a “distinguished leader, master clinician, effective teacher, respected colleague, and reliable friend to the field”. And for “her longstanding commitment, depth of knowledge, wisdom, compassion and creativity that have advanced the practice of hypnosis worldwide”.



**JULIE LINDEN**



## 2. Ernest R. Hilgard Award for Scientific Excellence (created 1997)

This award is given to an individual whose lifetime of published experimental work substantially advances the understanding of the process of hypnosis and the ability to predict the outcome of its applications.

This 2018 award was given to **PIERRE RAINVILLE**



**PIERRE RAINVILLE**

## 3. Pierre Janet Award for Clinical Excellence (created 1997)

The Pierre Janet Award for Clinical Excellence is given to an awardee whose lifetime of published clinical experience substantially advances the understanding of the uses of hypnosis in obtaining effective results in clinical practice.

This 2018 award was given to **DAVID WARK AND MATTHIAS MENDE**



**DAVID WARK**



**MATTHIAS MENDE**

## 4. Kay F. Thompson Award for Clinical Excellence in Dentistry (created 2009)

Is given to an individual whose lifetime of demonstrated clinical experience substantially advances the understanding of the uses of hypnosis in obtaining effective results in dental practice.

This 2018 award was given posthumously to **CLAUDE VERREAU**



**Dr. Claude Verreault**  
**1938 - 2017**



**CLAUDE VERREAU**



### 5. Jay Haley Early Career Award for Innovative Contributions to Hypnosis (created 2009)

To awardees early in the career stage whose writing, teaching, leadership and clinical/scientific work have shown substantive advances in the understanding and practice of hypnosis.

This 2018 award was given to **KATALIN VARGA**



**KATALIN VARGA**

### 6. Helen H. & John G. Watkins Award for Excellence in Teaching (created 2015)

To an awardee who exemplifies a lifetime of excellence in the teaching of hypnosis for use in clinical and research settings.

This 2018 award was given to **BERNHARD TRENKLE**



**Helen H. & John G. Watkins Award**



**BERNHARD TRENKLE**



**AMIR RAZ**



# ISH GALA

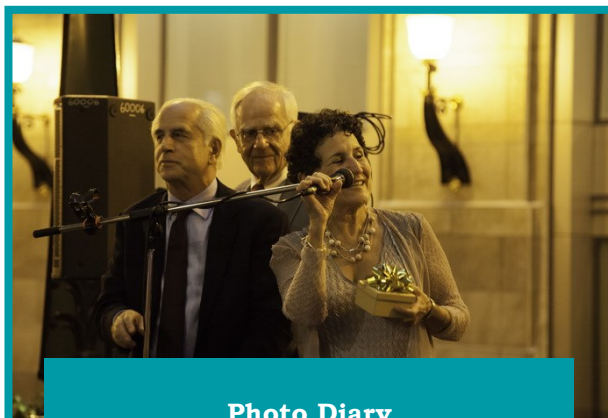


Photo Diary



Montreal, 2018





## EVENT CALENDAR

### 2019

Name / title **SSCH annual meeting  
Workshop with Mark Jensen, PhD. Professor, Washington University: Brain oscillations and Hypnosis, empirical data and treatment implications. Chronic Pain and Hypnosis for enhanced well-being.**

Location Göteborg, Sweden

Date March 9-10, 2019

Organizer(s) SSCH

Contact, website [erika@erikamarklund.se](mailto:erika@erikamarklund.se)

Name / title **M.E.G.- Annual Congress: Gender, Sex and Identity: Hypnotherapy and Diversity**

Location Bad Kissingen, Germany

Date March 21-24, 2019

Organizer(s) MEG - Milton Erickson Foundation Germany

Contact, website [www.meg-tagung.de](http://www.meg-tagung.de)

Further info Annual Meeting of MEG. Always 1000-1300 participants. German language Congress. Sometimes few English presentations.

Name / title **Introductory and Advanced Clinical Hypnosis Workshops**

Location Denver, Colorado, USA

Date April 26-27, 2019

Organizer(s) Society for Clinical and Experimental Hypnosis

Contact, website [www.sceh.us](http://www.sceh.us)

Name / title **30 years MEGA Milton Erickson Society Austria**

Location Vienna, Austria

Date May 1-5, 2019

Organizer(s) MEGA - Milton Erickson Foundation Austria

Contact, website [www.mega-2019.at](http://www.mega-2019.at)

Further info Great anniversary program. Mostly in German language.

Name / title **Hypnosis: new generation**

Location Budapest

Date May 30-June 1, 2019

Organizer(s) Hungarian Association of Hypnosis, ELTE Affective Psychology Department, SE Anesthesiology and Intensive Therapy Clinic

Contact, website [www.hypnosisnewgeneration.com](http://www.hypnosisnewgeneration.com) ; [hng@convention.hu](mailto:hng@convention.hu)

Further info A conference mostly (but not exclusively) for young/new generation of researchers and therapists in the fields of hypnosis, suggestions, altered states of consciousness.

Name / title **15 years of Ego-State-Therapy in Germany: State of art and innovative developments**

Location Rottweil, Germany

Date May 30 - June 1, 2019

Organizer(s) Bernhard Trenkle&Team / Woltemade Hartman

Contact, website [www.ego-state.de](http://www.ego-state.de)

Further info German Language Ego-State-Conference



## EVENT CALENDAR

### 2019

**4th World Congress on Excellence in Sport and Life**  
Gavle, Sweden  
June 12-16, 2019  
Lars-Eric Unestahl & Colleagues  
[www.wcecongress.com](http://www.wcecongress.com)  
Mentalcoach legend Lars-Eric Unestahl organizes an international congress with a strong international cast.

**3rd Congress Talking is not enough**  
Bremen, Germany  
June 20-23, 2019  
Trenkle Organisation GmbH  
[www.redenreichtnicht.de](http://www.redenreichtnicht.de)  
Founded by Gunther Schmidt, Michael Bohne, Matthias Ohler and Bernhard Trenkle this congress brings together many innovative concepts and speakers.

**XXIX German-Polish Seminar- and Supervision week**  
"UtiliSEAsation"  
Monastrery Wigry, Poland  
August 24-31, 2019  
Polish Milton Erickson Institute & Milton Erickson Institute Rottweil  
[www.wigry.de](http://www.wigry.de)

**Annual Congress DGZH**  
Berlin, Germany  
August 29 - September 1, 2019  
DGZH  
[www.hypnose-kongress-berlin.de](http://www.hypnose-kongress-berlin.de)

**First Asian Congress of Hypnosis**  
Mashhad, Iran  
October 15-19, 2019  
[www.iran2019.com](http://www.iran2019.com)

**9th Kindertagung (Hypnotherapy for children and adolescents Conference)**  
Würzburg, Germany  
October 31 - November 3, 2019  
Milton Erickson Institut Rottweil & Trenkle Organisation GmbH  
[www.kindertagung.de](http://www.kindertagung.de)  
Hypnotherapeutic and systemic concepts for working with children and adolescent. Focus topic: Family Cultures in Transition.



## EVENT CALENDAR

### 2019

Name / title **13th International Congress of Ericksonian Hypnosis and Psychotherapy Jubilee congress – 40 years Milton Erickson Foundation in Phoenix.**  
Location Phoenix, AZ  
Date December 12-15, 2019  
Organizer(s) Milton Erickson Foundation in Phoenix  
Contact, website [www.erickson-foundation.com](http://www.erickson-foundation.com)

Name / title **70th Annual Society for Clinical and Experimental Hypnosis, Workshops and Scientific Program, Clinical and Applied Hypnosis: Evidence-Based Practice and the Therapeutic Relationship**  
Location New Orleans, Louisiana, USA  
Date October 16-20, 2019  
Organizer(s)  
Contact, website [www.sceh.us](http://www.sceh.us)

### 2020

Name / title **Ego-State-World Conference**  
Location Capetown, South Africa  
Date April 16-19, 2020  
Organizer(s) organized by MEISA Woltemade Hartman  
Contact, website [www.meisa.co.za](http://www.meisa.co.za)  
Further info with post-congress in Erindi / Namibia

Name / title 15<sup>th</sup> European Hypnosis Congress  
Location Basel, Switzerland  
Date August 26-29, 2020  
Organizer(s) ESH  
Contact, website

### 2021

Name / title **22<sup>nd</sup> International Congress of Hypnosis ISH**  
Location Krakow, Poland  
Date June 10-13, 2021  
Organizer(s) ISH  
Contact, website [www.hypnosis2021.com](http://www.hypnosis2021.com)

#### Editors' Meeting, 2018





## MARK THE DATES

### XIII CONGRESSO NAZIONALE DELLA SOCIETÀ ITALIANA DI IPNOSI

RAPPORT:  
LA RELAZIONE IPNOTICA  
UNA RELAZIONE SPECIALE  
CHE CURA

Responsività, reciprocità e  
sincronismo  
nella psicoterapia naturalistica  
ericksoniana

**Torino**  
**7-10 Novembre 2019**

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