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# The International Society of Hypnosis

# NEWSLETTER

Building Bridges of Understanding  
2019, Volume 43, No. 1

## LETTER FROM THE PRESIDENT



March 2019  
Bernhard Trenkle

### A look behind the scenes

When Kata Varga asked me when my presidential letter for the newsletter will be ready, I answered that we were so busy with so many projects, I did not have the time to write the letter. She asked, "Why don't you describe these projects in your letter?" I thought that this was a good idea. Why not give our members a glimpse be-

hind the scenes? Which projects and topics are we currently working on?

Our new administrator, Shady Tonn, is currently reviewing more than half a dozen software solutions to make membership management easier and more efficient. Included in this process are Enayat Shahidi, Mark Jensen, Julie Linden, Suzanne Malik and myself. For this we need external advice from time to time. There are a number of good solutions but most of them are quite expensive, and the question is whether we can get good solutions that are less costly.

My son-in-law Manni Henke, Shady Tonn and I recently sat together in front of a big screen for more than 6 hours without a break on a Sunday to optimize the webpage [www.wholSHwho.com](http://www.wholSHwho.com).

Woltemade Hartman wrote a questionnaire to all Constituent Societies of ISH asking for information about the rules and legal regulations that exist in the different countries and continents: Who can work as a psychotherapist? Who can describe themselves as such? Which professional groups are taught hypnotic techniques? Which occupational groups can train others in the use of hypnosis?

The rules in China are different from those in Hong Kong and the rest of the world. And in Australia, different rules apply from province to province. America First or Europe First only works to a limited extent, if at all. Given this, how can we best set standards that fit all countries and constituent societies? Some ISH constituent societies and training institutes are waiting for us to set standards so that they can contain irregularities and excesses in their home countries.

Giuseppe de Benedittis, a long-standing member of the ISH Board of Directors, continues to work on the recognition of hypnotherapy by the WHO and other board members are also involved.



Katalin Varga produces together with Julie Linden and Nicole Ruyschaert the ISH newsletter, which is really worth reading. It's an immense job. For almost two decades I published the newsletter of the MEG in Germany, and know how much work goes into this.

Our Polish colleagues, under the leadership of Kris Klajs, are continuing to organize the World Congress on Hypnosis, scheduled for 10-13 June, 2021 in Kraków, Poland. The webpage with registration will be available soon.

Enayat Shahidi, Mehdi Fathi and I also work almost daily to organize the 1st Asian Conference in Mashhad, Iran. The programme will be available soon online at [www.iran2019.com](http://www.iran2019.com). A large number of international speakers from many different countries will be represented.

Our Chinese colleagues, under the leadership of Xin Fang, are also working on a large conference project, which will again serve as preparation for a 2nd Asian Conference in July 2022, in Beijing. At the same time, preparations are underway to establish an Asian hypnosis society.

Brian Allen and his wife, Irina Allen (who is originally from Russia), are helping us to make contacts in the former Soviet Republics.

Brian Allen is also supporting a former board member of the South African Milton Erickson Institute, Callie Hattingh, who immigrated to Australia. Callie Hattingh quickly established a new training concept and a new constituent society there.

Cecilia Fabre from Mexico is working together with some younger colleagues (Stephane Radoykov, Raphael Kolic), involving the Youth Committee of ISH, on concepts how to make work with social media fruitful for ISH.

Claude Virot is very active in France. France is one of the strongest countries at the moment in the field of hypnosis. Claude also works with the youth committee he initiated when he was the President of ISH, and maintains contacts in Latin American countries and organizes jointly organized congresses there.

Shady Tonn has also made some improvements to our ISH website. Shady is in training as a psychotherapist. To get a license she has to work for 9 months full time in a psychiatric hospital. With some emails and telephone calls it was possible for me to give her a place in her desired clinic. The whole board is satisfied with the very good and committed work of Shady Tonn. Since February of this year she is our chief administrator. And I am happy that I was able to find a training place for her in this renowned clinic so quickly.

Shady Tonn and I, in cooperation with many colleagues around the world, are preparing a complete list of hypnotherapists whom we would like to invite to the conference in Kraków. Already in 2010 - in preparation for the International Conference 2012 in Bremen - I had compiled a list of 850 colleagues worldwide. Although I had asked many insiders for additions to my list, even some prominent colleagues were forgotten. The total number on the list will certainly be over 1000 hypnotherapists throughout the world. Not everyone will be able to lecture in Kraków. But we hope to have a very well attended ISH World Congress again. This conference is something like a family reunion of our international hypnosis family that takes place every 3 years.

Here, now, is a special request: [Please send us the names and email addresses of colleagues whom you think we should include in this list.](#) Please send them to [info@ishhypnosis.org](mailto:info@ishhypnosis.org). We are also interested in getting information regarding their area of specialization and their home



country. Perhaps you have organized a conference once and, can send us the contact information of the speakers from that conference. Or perhaps you have edited a book, and you can send to us the addresses of the authors who have written a chapter for that book. Our goal is to gather, in one place, a list of the most innovative, prominent, and impactful hypnosis experts throughout the world in one place.

Once again, a very motivated board with a very small budget is doing a lot of work. At the end of May of this year, the ISH Board of Directors will meet for our annual in-person meeting. In addition to their time, most board members invest their own money to contribute to the costs of the lodging and airfare to attend this meeting.

Sometimes we have more ideas for advancing the field of hypnosis than the resources to realize these ideas. But as ISH grows – as we continue to increase the number of members and constituent societies – we will be able to be even more successful in these efforts. Please support us by motivating your colleagues to become members of ISH. And if you are not yet a member, please become one, by going to our website. As a member, not only will you be joining our family and supporting the growth and acceptance of hypnosis in the world, you will also receive a number of important personal benefits, which you can find, described on the ISH webpage [www.ishhypnosis.org](http://www.ishhypnosis.org)

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

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## LA LETTRE DU PRÉSIDENT (FR)

TRADUCTION NICOLE RUYSSCHAERT

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### Un coup d'œil derrière les coulisses

Quand Kata Varga m'a demandé quand ma lettre présidentielle pour le bulletin d'information serait prête, j'ai répondu que nous étions tellement occupés par tant de projets que je n'avais pas le temps d'écrire cette lettre. Elle a demandé : « Pourquoi ne décrivez-vous pas ces projets dans votre lettre? ». J'ai pensé que c'était une bonne idée. Pourquoi ne pas donner à nos membres un aperçu derrière des coulisses? Sur quels projets et sujets travaillons-nous actuellement?

Notre nouvel administrateur, Shady Tonn, examine actuellement plus d'une demi-douzaine de solutions logicielles afin de rendre la gestion des membres plus facile et plus efficace. Enayat Shahidi, Mark Jensen, Julie Linden, Suzanne Malik et moi-même s'occupent de ce projet. Pour cela, de temps en temps nous demandons conseil aux experts externes. Il y a un certain nombre de bonnes solutions, mais la plupart d'entre elles sont assez chères, et la question est de trouver de bonnes solutions moins coûteuses.

Récemment, un dimanche, mon beau-frère Manni Henke, Shady Tonn et moi-même ont travaillé devant un grand écran pendant plus de 6 heures, sans pause pour optimiser le web page [www.whoISHwho.com](http://www.whoISHwho.com)

Woltemade Hartman a envoyé un questionnaire à toutes les sociétés membre de l'ISH demandant des informations sur les règles et réglementations légales en vigueur dans les différents pays et continents: qui peut travailler en tant que psychothérapeute? Qui peut se décrire comme tel? Quels groupes professionnels apprennent les techniques d'hypnose? Quels groupes professionnels peuvent former d'autres



personnes à l'utilisation de l'hypnose?

Les règles en Chine sont différentes de celles de Hong Kong et du reste du monde. Et en Australie, des règles différentes s'appliquent selon les provinces. « America First » ou l'Europe avant tout ne fonctionne que dans une mesure limitée, voire pas du tout. Dans ce contexte, comment pouvons-nous définir les meilleures normes de formation, qui conviennent à tous les pays et à toutes les sociétés constituantes? Certaines sociétés constitutives et instituts de formation de l'ISH attendent que nous fixions des normes afin de pouvoir gérer des irrégularités et des excès dans leur pays d'origine.

Giuseppe de Benedittis, membre du bureau de l'ISH depuis longtemps, continue à travailler sur la reconnaissance de l'hypnothérapie par l'OMS avec d'autres membres du conseil d'administration.

Katalin Varga, avec Julie Linden et Nicole Ruyschaert publie le bulletin d'information de ISH, qui vaut vraiment la peine d'être lu. C'est un travail immense. Pendant près de deux décennies, j'ai publié le bulletin d'information du MEG en Allemagne et je sais combien de travail il faut y consacrer.

Nos collègues polonais, sous la direction de Kris Klajs, continuent à organiser le Congrès mondial sur l'hypnose, prévu du 10 au 13 juin 2021 à Cracovie, en Pologne. La page Web avec l'inscription sera bientôt disponible.

Enayat Shahidi, Mehdi Fathi et moi travaillons aussi presque quotidiennement pour organiser la 1ère Conférence asiatique à Mashhad, Iran. Le programme sera bientôt disponible en ligne sur [www.iran2019.com](http://www.iran2019.com) Un grand nombre d'intervenants internationaux vont représenter de nombreux pays.

Nos collègues chinois, sous la direction de Xin Fang, travaillent également sur un grand projet de conférence, qui servira à nouveau comme préparation à la 2e Conférence asiatique en juillet 2022, à Beijing. Simultanément, des préparatifs sont en cours pour créer une société asiatique de l'hypnose.

Brian Allen et son épouse, Irina Allen (d'origine russe), nous aident à établir des contacts dans les anciennes républiques soviétiques.

Brian Allen soutient également Callie Hattingh, un membre précédent du conseil d'administration du « South African Milton Erickson Institute », qui a immigré en Australie. Callie Hattingh a promptement initié un nouveau concept de formation et une nouvelle société constitutive.

Cecilia Fabre du Mexique collabore avec des collègues plus jeunes (Stephane Radoykov, Raphael Kolic), impliquant le comité de la jeunesse de l'ISH, sur des concepts permettant de rendre fructueux le travail sur les médias sociaux pour l'ISH.

Claude Virot est très actif en France. La France est l'un des pays les plus forts en ce moment dans le domaine de l'hypnose. Claude travaille également avec le comité de la jeunesse qu'il a créé lorsqu'il était président de l'ISH, entretient des contacts dans les pays d'Amérique latine et y organise des congrès organisés conjointement.

Shady Tonn a également apporté des améliorations à notre site Web ISH. Shady est en formation en tant que psychothérapeute. Pour obtenir une licence, elle doit travailler 9 mois à plein temps dans un hôpital psychiatrique. Avec quelques courriels et des appels téléphoniques, il m'a été possible de lui donner une place dans la clinique de son choix.



L'ensemble du conseil est satisfait du travail de haute qualité et engagé de Shady Tonn. Depuis février de cette année, elle est notre administrateur en chef. Et je suis heureux d'avoir pu trouver si rapidement un lieu de formation pour elle dans cette clinique renommée.

Shady Tonn et moi-même, en coopération avec de nombreux collègues du monde entier, préparons une liste complète des hypnotérapeutes que nous aimerions inviter à la conférence de Cracovie. Déjà en 2010 - en prévision de la Conférence internationale 2012 à Brême - j'avais compilé une liste de 850 collègues dans le monde entier. Bien que j'aie demandé à de nombreux initiés des ajouts à ma liste, même des collègues éminents ont été oubliés.

Le nombre total de personnes sur la liste sera certainement de plus de 1000 hypnotérapeutes à travers le monde. Tout le monde ne pourra pas donner des conférences à Cracovie. Mais nous espérons avoir à nouveau un Congrès mondial de l'ISH bien fréquenté. Cette conférence ressemble à une réunion de famille de notre famille internationale d'hypnose qui a lieu tous les 3 ans.

Voici, maintenant, une demande spéciale : [Merci de nous envoyer les noms et adresses électroniques de collègues qui selon vous doivent être inclus dans cette liste.](#) Merci de les envoyer à [info@ishhypnosis.org](mailto:info@ishhypnosis.org)

Nous souhaitons également obtenir des informations sur leur domaine de spécialisation et leur pays d'origine. Un jour, vous avez peut-être organisé une conférence et pouvez nous envoyer les coordonnées des intervenants de cette conférence. Ou peut-être que vous avez édité un livre et que vous pouvez nous envoyer les adresses des auteurs qui ont écrit un chapitre pour ce livre. Notre objectif est de rassembler, au même endroit, la liste des experts en hypnose les plus innovants, les plus influents et les plus percutants du monde entier.

Encore une fois, un conseil très motivé avec un très petit budget fait beaucoup de travail. À la fin du mois de mai de cette année, le conseil d'administration d'ISH se réunira pour notre réunion annuelle en personne. En plus de leur temps, la plupart des membres du conseil investissent leur propre argent pour contribuer aux coûts de l'hébergement et des billets d'avion pour assister à cette réunion.

Parfois, nous avons plus d'idées pour faire avancer le domaine de l'hypnose que de ressources pour concrétiser ces idées. Cependant, à mesure que l'ISH grandira - à mesure que nous augmenterons le nombre de membres et de sociétés constituantes - nous pourrions réussir encore plus dans ces efforts. S'il vous plaît, soutenez-nous en motivant vos collègues à devenir membres d'ISH. Et si vous n'êtes pas encore membre, devenez-en un en visitant notre site Web (<https://www.ishhypnosis.org/>)

En tant que membre, vous rejoindrez non seulement notre famille et soutiendrez la croissance et l'acceptation de l'hypnose dans le monde, mais vous recevrez également un certain nombre d'avantages personnels importants, que vous trouverez sur la page Web de l'ISH, [www.ishhypnosis.org](http://www.ishhypnosis.org)

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





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# GEDANKEN DES PRÄSIDENTEN (DE)

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## Ein Blick hinter die Kulissen

Als mich Kata Varga fragte, wann mein Präsidentenbrief für den Newsletter fertig sei, antwortete ich ihr – es sei momentan so viel zu tun. Daraufhin antwortete sie: Warum schreibst Du nicht, was wir alles zu tun haben. Das fand ich dann gar keine so schlechte Idee. Warum nicht unseren Mitgliedern einen kleinen Blick hinter die Kulissen gewähren. An welchen Projekten und Themen arbeiten wir gerade.

Unsere neue Administratorin Shady Tonn prüft gerade mehr als ein halbes Dutzend Software-Lösungen um die Mitgliederverwaltung einfacher und effizienter zu gestalten. Darin einbezogen sind Enayat Shahidi, Mark Jensen, Julie Linden, Suzanne Malik und ich. Dazu brauchen wir immer auch mal wieder externen Rat. Es gibt da sehr gute Lösungen aber die sind recht teuer und die Frage ist, ob wir mit weniger Geld auch zu guten Lösungen kommen.

Mein Schwiegersohn Manni Henke, Shady Tonn und ich haben kürzlich an einem Sonntag gemeinsam über 6 Stunden ohne Pause vor einem großen Bildschirm gesessen, um die Webpage [www.whoISHwho.com](http://www.whoISHwho.com) zu optimieren.

Woltemade Hartman hat alle Constituent Societies der ISH mit einem Fragebogen angeschrieben. Wir versuchen zu ergründen welche Regeln und gesetzliche Regulierungen es in den verschiedenen Ländern und Kontinenten gibt: Wer darf als Psychotherapeut arbeiten? Wer darf sich als solcher bezeichnen. Welche Berufsgruppen werden mit hypnotischen Techniken unterrichtet? Welche Berufsgruppen können die Trainerstatus erhalten.

Die Regeln in China sind anders als in Hongkong und dem Rest der Welt. Und in Australien gelten zum Teil von Provinz zu Provinz andere Regeln. America First oder Europe First funktioniert da nur bedingt. Wie können wir dann mit diesem Wissen Standards vorgeben? Einige Mitgliedsgesellschaften und Trainingsinstitute dieser Länder warten darauf, dass wir Standards vorgeben, damit sie Regellosigkeit und Auswüchse in ihren Heimatländern eindämmen können.

Giuseppe de Benedittis, seit langen Jahren im ISH-Vorstand, arbeitet weiter an einer Anerkennung der Hypnotherapie bei der WHO und auch da sind andere Vorstandsmitglieder involviert.

Katalin Varga produziert zusammen mit Julie Linden und Nicole Ruysschaert unseren so lesenswerten Newsletter. Das ist eine immense Arbeit. Ich habe über fast zwei Jahrzehnte den Newsletter der MEG in die Deutschland herausgegeben und weiß wieviel Arbeit da dahinter steckt.

Die polnischen Kolleginnen und Kollegen um Kris Klajs arbeiten an der Internationalen Hypnose-Konferenz 10.-13. Juni 2021 in Polen. Die Webpage mit Anmeldemöglichkeit wird demnächst zur Verfügung stehen.

Enayat Shahidi, Mehdi Fathi und ich arbeiten auch beinahe täglich an der 1. Asiatischen Konferenz in Mashhad. Das Programm wird demnächst auf [www.iran2019.com](http://www.iran2019.com) online stehen. Eine große Anzahl internationaler Referenten wird dort vertreten sein.

Die chinesischen Kollegen um Xin Fang arbeiten ebenfalls an einem großen Konferenz-Projekt, das dann wieder als Vorbereitung zu einer 2. Asiatischen Konferenz im Juli 2022 in Peking dienen soll. Parallel laufen



die Vorbereitungen eine asiatische Gesellschaft für Hypnose zu gründen.

Brian Allen und seine Frau Irina, die aus Russland stammt, haben mit Russisch-Kenntnissen geholfen Kontakte in frühere Sowjetrepubliken zu recherchieren.

Brian Allen unterstützt das frühere Vorstandsmitglied des südafrikanischen Milton Erickson Instituts Callie Hattingh, der nach Australien ausgewandert ist. Callie Hattingh hat dort in kurzer Zeit ein neues Ausbildungskonzept und eine neue Mitgliedsgesellschaft aufgebaut.

Cecilia Fabre aus Mexico arbeitet zusammen mit einigen jüngeren Kollegen (Stephane Radoykov, Raphael Kolic) unter Einbeziehen des Jugend-Komitees der ISH an Konzepten wie man die Arbeit mit Social Media fruchtbar für die ISH voranbringen kann.

Claude Virot ist gerade in Frankreich sehr aktiv. Dies ist eines der stärksten Länder im Moment im Feld der Hypnose. Claude arbeitet auch mit dem von ihm initiierten Jugendkomitee. Claude Virot hält Kontakte in die lateinamerikanischen Ländern und organisiert dort gemeinsam veranstaltete Kongresse.

Shady Tonn hat auch einiges an unserer ISH-Webpage verbessert. Shady ist in Ausbildung zur Psychotherapeutin. Um eine Lizenz zu bekommen muss sie demnächst für 9 Monate full time in einer psychiatrischen Klinik arbeiten. Mit einigen Emails und Telefonaten war es mir möglich, Ihr einen Platz in Ihrer Wunschklinik zu ermöglichen. Der ganze Vorstand ist mit der sehr guten und engagierten Arbeit von Shady Tonn zufrieden und ich freue mich, dass ich so schnell und unbürokratisch einen Trainingsplatz in dieser renommierten Klinik für sie finden konnte.

Shady Tonn und ich bereiten in Zusammenarbeit mit vielen Kollegen in der Welt eine Gesamtliste von Hypnotherapeuten vor, die wir zur Konferenz nach Krakau einladen wollen. Schon 2010 - in Vorbereitung der internationalen Konferenz 2012 in Bremen - hatte ich eine Liste von 850 Kolleginnen und Kollegen weltweit zusammengestellt. Obwohl ich auch damals viele Kenner der Szene nach Ergänzungen für meine Liste gefragt hatte, wurden trotzdem selbst einige prominente Kollegen vergessen. Diese Gesamtadressenliste wird mit Sicherheit eine 4-stellige Anzahl von Hypnotherapeuten in der Welt umfassen. Nicht alle werden in Krakau referieren können. Aber wir hoffen dort wieder eine sehr große Konferenz zu haben. Diese Konferenz ist ja so etwas wie das alle 3 Jahre stattfindende Familientreffen der internationalen Hypnose-Familie.

Unsere Bitte: **Schicken Sie uns Namen und Email-Adressen von Kolleginnen und Kollegen, die wir in diese Liste aufnehmen sollen an: [info@ishhypnosis.org](mailto:info@ishhypnosis.org).** Mailen Sie uns vor allem Kollegen aus ihrem Bereich der Spezialisierung und aus ihrem Heimatland. Vielleicht haben Sie einmal eine Konferenz organisiert und können uns die Referenten schicken. Oder Sie haben ein Buch editiert und Sie schicken uns die Adressen der Autoren, die in ihrem Buch ein Kapitel geschrieben haben. Etc. Erneut leistet ein sehr motivierter Vorstand mit einem kleinen Budget sehr viel Arbeit. Ende Mai wird sich der ISH-Vorstand zu einem jährlichen Live-BOD-Meeting treffen. Die meisten Vorstandsmitglieder investieren neben ihrer Zeit eigenes Geld für Hotel und Flug, um bei diesem Meeting dabei zu sein.

Wir haben manchmal mehr Ideen als Geld im Budget. Unterstützen Sie uns und motivieren Kollegen ISH-Mitglied zu werden. Wenn sie noch nicht Mitglied sind, werden sie Mitglied. Sie haben als Mitglied auch verschiedenen Vorteile, die sie auf der Webpage [www.ishhypnosis.org](http://www.ishhypnosis.org) finden.

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



# LETTERA DEL PRESIDENTE (IT)

TRADOTTO DA WWW.DEEPL.COM/TRANSLATOR  
REVISIONATO DA CONSUELO CASULA

## Uno sguardo dietro le quinte

Quando Kata Varga mi ha chiesto quando sarebbe pronta la mia lettera presidenziale per la newsletter, le ho risposto che eravamo così occupati con così tanti progetti, che non avevo il tempo per scriverla. Lei ha chiesto, "Perché non descrivi i progetti nella tua lettera?" Ho pensato che fosse una buona idea. Perché non dare ai nostri membri uno sguardo dietro le quinte? Su quali progetti e argomenti stiamo attualmente lavorando?

La nostra nuova amministratrice, Shady Tonn, sta attualmente esaminando più di mezza dozzina di soluzioni software per rendere la gestione dei soci più semplice ed efficiente.

Inclusi in questo processo sono Enayat Shahidi, Mark Jensen, Julie Linden, Suzanne Malik e io. Per questo, ogni tanto, abbiamo bisogno di consigli esterni. Ci sono molte buone soluzioni, ma la maggior parte di queste è piuttosto costosa, e la domanda è se possiamo ottenere buone soluzioni meno costose.

Mio genero Manni Henke, Shady Tonn e io una recente domenica siamo rimasti seduti davanti a un grande schermo per più di sei ore senza una pausa per ottimizzare la pagina web [www.whoISHwho.com](http://www.whoISHwho.com).

Woltemade Hartman ha inviato un questionario a tutte le Società costituenti di ISH chiedendo informazioni sulle regole e sui regolamenti legali esistenti nei diversi paesi e continenti: chi può lavorare come psicoterapeuta? Chi può definirsi come tale? A quali gruppi professionali vengono insegnate tecniche ipnotiche? Quali gruppi occupazionali possono insegnare ad altri l'uso dell'ipnosi?

Le regole in Cina sono diverse da quelle di Hong Kong e del resto del mondo. E in Australia, si applicano regole diverse da una provincia all'altra. America First o Europe First funziona solo in misura limitata, se funziona. Detto questo, come possiamo impostare al meglio standard che si adattano a tutti i paesi e alle società costituenti? Alcune società costituenti e istituti di formazione dell'ISH ci stanno aspettando per fissare standard in modo che possano contenere irregolarità ed eccessi nei loro paesi d'origine.

Giuseppe de Benedittis, un membro di lunga data del consiglio di amministrazione della ISH, continua a lavorare sul riconoscimento dell'ipnosi da parte dell'OMS, e anche altri membri del consiglio di amministrazione sono coinvolti.

Katalin Varga produce insieme a Julie Linden e Nicole Ruysschaert la newsletter ISH, che vale davvero la pena di leggere. È un lavoro immenso. Per quasi due decenni ho pubblicato la newsletter del MEG in Germania e so quanto lavoro comporti.

I nostri colleghi polacchi, sotto la guida di Kris Klajs, stanno continuando a organizzare il Congresso mondiale sull'ipnosi, in programma dal 10 al 13 giugno 2021 a Cracovia, in Polonia. La pagina web con la registrazione sarà presto disponibile.

Anche Enayat Shahidi, Mehdi Fathi e io lavoriamo quasi quotidianamente per organizzare la 1a Conferenza asiatica a Mashhad, Iran. Il programma sarà presto disponibile online su [www.iran2019.com](http://www.iran2019.com) Saranno rappresentati un gran numero di relatori internazionali provenienti da diversi paesi.





I nostri colleghi cinesi, sotto la guida di Xin Fang, stanno anche lavorando a un grande progetto di conferenza, che servirà ancora come preparazione per la seconda conferenza asiatica nel luglio del 2022, a Pechino. Allo stesso tempo, sono in corso i preparativi per istituire una società di ipnosi asiatica.

Brian Allen e sua moglie, Irina Allen (originaria della Russia), ci stanno aiutando a prendere contatti nelle ex repubbliche sovietiche.

Brian Allen supporta anche un ex membro del consiglio del sudafricano Milton Erickson Institute, Callie Hattingh, immigrato in Australia. Callie Hattingh ha stabilito rapidamente un nuovo concetto di formazione e una nuova società costituente in Australia.

Cecilia Fabre dal Messico collabora con alcuni giovani colleghi (Stephane Radoykov, Raphael Kolic), coinvolgendo il Comitato giovanile della ISH, sui concetti su come rendere fruttuoso per la ISH il lavoro con i social media.

Claude Virot è molto attivo in Francia. Al momento la Francia è uno dei paesi più forti nel campo dell'ipnosi. Claude lavora anche con il comitato giovanile da lui avviato quando era presidente ISH, mantiene i contatti con i paesi dell'America latina e organizza congressi congiunti.

Shady Tonn ha apportato alcuni miglioramenti al nostro sito ISH Web. Shady si sta formando come psicoterapeuta. Per ottenere una licenza deve lavorare per nove mesi a tempo pieno in un ospedale psichiatrico. Con alcune e-mail e telefonate mi è stato possibile farle ottenere un posto nella clinica da lei desiderata. Sono felice di essere riuscito a trovarle un posto di formazione in questa clinica rinomata così in fretta. Dal febbraio di quest'anno è la nostra amministratrice principale. L'intero consiglio è soddisfatto dell'ottimo lavoro di Shady Tonn.

Shady Tonn e io, in collaborazione con molti colleghi di tutto il mondo, stiamo preparando una lista completa di ipnoterapeuti che vorremmo invitare alla conferenza di Cracovia. Già nel 2010 - in preparazione del congresso internazionale 2012 a Brema - avevo compilato un elenco di 850 colleghi in tutto il mondo. Sebbene avessi chiesto a molti addetti ai lavori di aggiungere nomi alla mia lista, anche alcuni importanti colleghi sono stati dimenticati. Il numero totale sulla lista sarà sicuramente di oltre 1000 ipnoterapeuti in tutto il mondo.

Non tutti saranno in grado di fare conferenze a Cracovia. Ma speriamo di avere di nuovo un congresso mondiale ISH con una buona partecipazione. Questo congresso è come una riunione di famiglia della nostra famiglia internazionale di ipnosi che si svolge ogni 3 anni.

Ora, adesso, c'è una richiesta speciale: **per favore inviaci i nomi e gli indirizzi email dei colleghi che ritieni dovremmo includere in questo elenco.** Si prega di inviarli a [info@ishhypnosis.org](mailto:info@ishhypnosis.org). Siamo anche interessati a ottenere informazioni riguardanti la loro area di specializzazione e il loro paese d'origine. Forse una volta hai organizzato una conferenza e puoi inviarci i contatti dei relatori di quella conferenza. O forse hai curato l'edizione di un libro e puoi inviarci gli indirizzi degli autori che hanno scritto un capitolo per quel libro. Il nostro obiettivo è riunire, in un unico luogo, un insieme di esperti di ipnosi più innovativi, più importanti e di impatto in tutto il mondo.

Ancora una volta, un comitato molto motivato con un budget molto limitato sta facendo molto lavoro. Alla fine di maggio di quest'anno, il consiglio di amministrazione dell'ISH si riunirà per la nostra riunione annuale vis a vis. Oltre al loro tempo, la maggior parte dei membri del consiglio di amministrazione investe i propri soldi per contribuire ai costi dell'alloggio e del biglietto aereo per partecipare a questo incontro.



A volte abbiamo più idee per avanzare nel campo dell'ipnosi che risorse per realizzare queste idee. Ma mentre la ISH cresce – mentre continuiamo ad aumentare il numero di membri e di società costituenti – saremo in grado di ottenere ancora più successo di questi sforzi. Per favore sostienici motivando i tuoi colleghi a diventare membri di ISH. E se non sei ancora un membro, per favore diventalo, andando sul nostro sito web. Come ISH membro, non solo ti unirai alla nostra famiglia e sosterrai la crescita e l'accettazione dell'ipnosi nel mondo, ma riceverai anche una serie di importanti vantaggi personali, che puoi trovare descritti nella pagina web ISH [www.ishhypnosis.org](http://www.ishhypnosis.org)

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

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## COLUMNA DE LA PRESIDENCIA (ES)

TRADUCIDO POR TABI ALONSO

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### Una mirada tras bambalinas

Cuando Kata Varga me preguntó que cuando estaría mi carta para el boletín le respondí que estaba muy ocupado con tantos proyectos que no tenía tiempo para escribir y entonces ella me dijo “¿por qué no describes esos proyectos en tu carta?” Y pensé que sería una buena idea. ¿Por qué no darles a nuestros miembros una mirada tras bambalinas? ¿Cuáles proyectos y temas son en los que estamos trabajando?

Nuestra nueva administradora, Shady Tonn actualmente está revisando más de media docena de soluciones de software para administrar nuestra membresía mejor y más eficientemente. En este proceso también están incluidos Enayat Shahidi, Mark Jensen, Julie Linde, Suzanne Malik y yo mismo. Y para esto necesitamos de vez en cuando apoyo externo. Hay un buen número de soluciones, pero la mayoría son bastante caras y la pregunta es cómo podemos obtener soluciones buenas a un costo menor.

Hace poco mi yerno, Manni Henke, Shady Tonn y yo estuvimos un domingo sentados frente a una enorme pantalla durante más de seis horas, sin descanso, para optimizar la página web [www.whoISHwho.com](http://www.whoISHwho.com)

Woltemade Hartman les escribió un cuestionario a las sociedades constituyentes de ISH solicitándoles información sobre las reglas y regulaciones legales existentes en los diferentes países y continentes; ¿quiénes pueden trabajar como psicoterapeutas? ¿quiénes se pueden autodenominar así? ¿a qué grupos profesionales se les enseñan técnicas hipnóticas? ¿qué grupos ocupacionales pueden entrenar a otros en el uso de la hipnosis?

Las reglas de China son diferentes de las de Hong Kong y de las del resto del mundo Y en Australia se aplican diferentes reglas en cada provincia. America First o Europa First se aplica en forma limitada, si acaso. ¿Cómo podremos entonces, bajo estas condiciones, fijar estándares que apliquen en todos los países y sociedades constituyentes? Algunas de las sociedades constituyentes están esperando que nosotros fijemos estos estándares para que entonces ellas puedan contener las irregularidades o excesos en sus países.

Giuseppe de Benedittis, miembro durante mucho tiempo de la Junta Directiva de ISH, continúa trabajando en el reconocimiento de la hipnoterapia por la OMS y otros miembros del consejo también están involucrados en la misma tarea Kata Varga produce, junto con Julie Linden y Nicole Ruyschaert la revista de ISH, que bien vale la pena leer.



Es un trabajo inmenso. Durante casi dos décadas yo produje la revista de la MEG en Alemania y sé bien cuánto trabajo conlleva.

Nuestros colegas polacos, bajo el liderazgo de KK continúan organizando el Congreso Mundial de Hipnosis que está previsto del 10 al 13 junio del 2021 en Cracovia, Polonia. La página web para registro estará disponible muy pronto.

Enayet Shahidi, Mehdi Fathi y yo, trabajamos casi diario para organizar el 1r Congreso Asiático en Mashhad Irán, el programa estará pronto disponible en línea en [www.iran2019.com](http://www.iran2019.com) estarán representados un gran número de conferencistas internacionales de muy diversos países.

Nuestros colegas chinos, bajo el liderazgo de Xin Fang también están trabajando en un gran proyecto de congreso, que también será preparación para el 2º Congreso Asiático en julio 2022 en Beijing. Al mismo tiempo están en preparativos para establecer una Sociedad Asiática de Hipnosis.

Brian Allen y su esposa, Irina (originaria de Rusia) nos están ayudando a crear contactos en las antiguas repúblicas soviéticas.

Brian Allen también está apoyando a un antiguo miembro del consejo, del instituto sudafricano Milton Erickson Callie Hattingh, quien emigró a Australia. Callie Hattingh estableció ahí rápidamente un concepto nuevo de entrenamiento y una nueva sociedad constituyente.

Cecilia Fabre, de México está trabajando con algunos jóvenes colegas (Stephen Radoykov, Raphael Kolic) involucrando al comité juvenil de ISH en cómo hacer que el trabajo de redes sociales sea fructífero para el ISH

Claude Virot está muy activo en Francia. Francia actualmente, es uno de los países más fuertes en el campo de la hipnosis. Calude también trabaja con el comité juvenil que inició cuando fue el presidente de ISH y organiza congresos compartidos con Latinoamérica manteniendo contactos ahí.

Shady Tonn también ha hecho algunas mejoras a nuestro sitio web de ISH, Shady está entrenándose como psicoterapeuta. Para obtener su licencia tiene que trabajar a tiempo completo durante nueve meses en una clínica psiquiátrica. Gracias algunas llamadas y correos pude obtenerle un lugar en la clínica que ella deseaba. Todo el consejo está muy satisfecho con su trabajo. Desde febrero de este año es nuestra administradora en jefe. Y yo estoy muy feliz de haberle encontrado un lugar para su entrenamiento en esa renombrada clínica tan rápido.

Shady Tonn y yo, en colaboración con muchos otros colegas alrededor del mundo, estamos preparando una lista completa de hipnoterapeutas a quienes nos gustaría invitar al congreso de Cracovia. Ya desde 2010, en preparación para el congreso internacional del 2012 en Bremen había compilado una lista de 850 colegas de alrededor del mundo. A pesar de haber preguntado por otros nombres para añadir a esta lista muchos colegas prominentes fueron pasados por alto. El número total de la lista será ciertamente más de mil. No todos podrán exponer en Cracovia, pero esperamos tener otra vez un congreso mundial con muchos participantes. Este congreso es algo como una reunión de familia que hacemos cada tres años.

Ahora, hay aquí una petición especial; por favor envíanos nombres y direcciones de colegas que consideres que deben de estar en esta lista. Por favor envíalos a [info@ishhypnosis.org](mailto:info@ishhypnosis.org) también estamos interesados en su área de especialidad y su país. Quizá haya Ud. organizado un congreso por su cuenta y pueda enviarnos la información de contacto de los conferencistas de ese evento. O quizá haya Ud. editado un libro y pudiera enviarnos las direcciones de los autores en ese libro. Nuestra meta es reunir en un solo lugar una lista de los expertos más innovadores,



prominentes e impactantes expertos en hipnosis del mundo.

Una vez más un consejo muy motivado con poco dinero está haciendo mucho trabajo. Al final de mayo de este año, el consejo de ISH nos reuniremos para nuestra junta anual en persona. Además de su tiempo, la mayoría de los miembros del consejo invierten su dinero para contribuir con los costos de hospedaje y viajes para llegar a esta reunión.

A veces tenemos más ideas para avanzar en el campo de la hipnosis que los recursos para llevarlas a cabo. Pero a medida que ISH vaya creciendo, a medida que continuamos incrementando el número de miembros y sociedades constituyentes, seremos capaces de ser más exitosos en nuestros esfuerzos. Por favor, apóyanos motivando a tus colegas a ser miembros de ISH. Y si aún no es Ud. un miembro activo, únase a través del sitio como miembro no sólo será parte de la familia y apoyará el crecimiento y la aceptación de la hipnosis en el mundo sino que también recibirá un importante número de beneficios que se encuentran listados en la página de [www.ishhypnosis.org](http://www.ishhypnosis.org)

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

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## LETTER FROM THE EDITOR

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Katalin Varga

Dear Colleagues:

I send you, with pleasure, the March issue of the Newsletter.

This time the **Main Interview** introduces **Krzysztof Klajs**, who is a new ISH Board of Director member, and also the chair of the upcoming congress, to be held in Krakow, 2021. As the photos of him illustrate he has a very good balance of hard work and recreational activities. The attentive readers already met him in an earlier issue, when he was on vacation with his friend, Bernhard Trenkle.

This time the column of **“Meeting our Mentors”** is a re-published interview with **Hansjörg Ebell**, originally published in *Contemporary Hypnosis*. Mark Jensen had such an interesting discussion with him, that we asked permission of the Chief Editor, Peter Naish, to post it in our newsletter as well. Dr. Ebell “opened my eyes” on the phenomenon “resonance based medicine” that I like very much. So, I happily recommend this interview for everyone.

In the **Clinical Relevance of Research Findings** section two students of ours summarized some methodological issues concerning meditation and hypnosis: **Zsuzsanna Nagy** and **István Farkas**. This way they are perfectly fitting the aim of this column: bridging the gap between research and clinical practice.

In the **photo gallery** we share the enthusiasm of Dr Mehdi Fathi regarding the announcement of the opening of the first and the only **“Hypnotherapy Clinic” in Northeast Mashhad City, Iran.**





**Gary Elkins** and **Lynae Roberts** share the abstracts of the latest issue of the *International Journal of Clinical and Experimental Hypnosis*, the official journal of the International Society of Hypnosis, and invite us to submit papers.

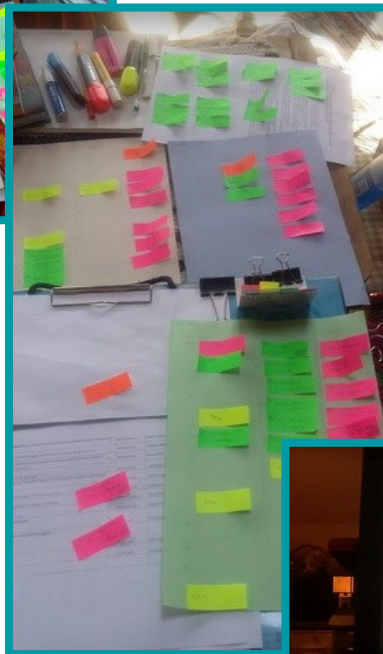
In the “**Behind the Scenes**”, **Kata Szaniszló** is introduced – one of the organizers of the upcoming Hypnosis: New Generation (HNG) Conference (May 30 – June 1 Budapest).

The last few weeks I have been really busy: On the one hand organizing the program of HNG with the “good old” post-its; On the other hand, as one of the members of Task Force initiated by Donald Moss and Zoltán Kekecs, we started to work on various ideas for improving the quality of hypnosis research.

These meetings are run utilizing the latest technology for online discussions. Another example of how hypnosis connects past and future...

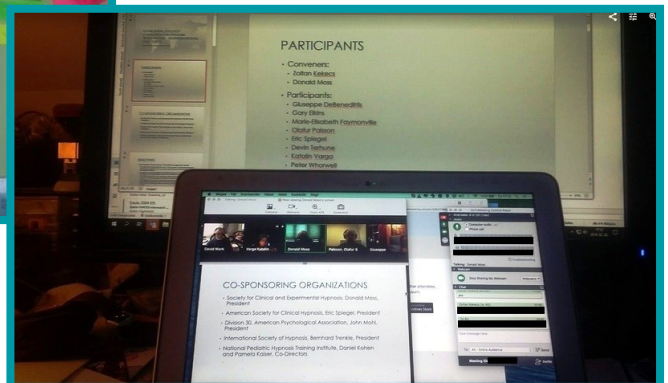
I repeat my invitation: please do contact me with your ideas, suggestions for topics, questions, or new columns – and of course your feedback on this issue.

Katalin Varga  
Ph.D., DSc



Katalin Varga is “really busy”

Hypnosis connects past and future

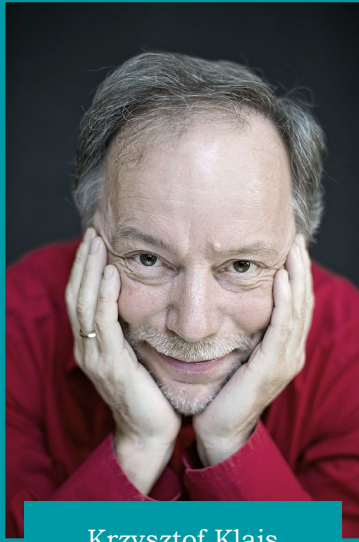






## MAIN INTERVIEW

**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.**



Krzysztof Klajs

### BRIEF BIOGRAFICAL NOTES

Krzysztof Klajs, Dipl. Psych.  
Poland

Krzysztof Klajs, Dipl. Psych., is the Founder (1993) and Director of The Milton H. Erickson Institute of Poland. He is an Approved Supervisor and certified psychotherapist of the Polish Psychiatric Association and an Approved Supervisor and certified psychotherapist of the Polish Psychological Association. Over the last 25 years M.H. Erickson Institute of Poland was the sponsor of two European Congresses of Ericksonian Hypnosis and Psychotherapy (2005, 2014) and a number of national conferences in Poland.

### INTERVIEW WITH KRZYSZTOF KLAJS

Interview by Katalin Varga

#### How did you get acquainted with hypnosis?

I got basic hypnosis training at Jagiellonian University, Medical College, Psychiatry Department in 1983 in Cracow. That was the classical, directive, and traditional approach. We had to learn a basic induction form and observe patients' responses. After a few months of clinical practice I was completely frustrated. That was very boring for me and I decided to quit. In that time M. H. Erickson was absolutely unknown in Poland.

#### What was your own path to hypnosis and where did you get your training?

In 1987, in Prague, then the former Czechoslovakia, The Family Therapy Congress took place. At that time traveling abroad from Poland, because of political reasons, was both extremely difficult and expensive. Czechoslovakia was one of a very few available countries for traveling. I met Bernhard Trenkle and Gunther Schmidt there. Coincidentally, I was unable to find a previously selected workshop. Time was running by, it was later and later, the long congress corridor became absolutely empty, and my frustration was rising up. I still was unable to fulfill my conscious goal, so I finally decided to enter the next door. That was my first meeting with modern hypnosis. Two years later we were free from communism and with a little (and long lasting) help of my friends I was able to start my hypnosis training in ZIST, Germany. It would not be possible without a scholarship from ZIST and from the Milton H. Erickson Foundation. In 1993 the Polish Milton Erickson Institute was established.

**Please tell us something about your everyday clinical work. Who are your patients? What is your general approach, preferred techniques?**



### What is the role of hypnosis in your clinical practice in general?

I work with individuals, couples, and families. During a therapeutic process I like to travel in time with individuals and especially with families. Forward - with time progression, backwards- with time regression. Searching for resources and looking for a better future. I enjoy discovering families' trans generation hidden suggestions and uncovering ways of transforming them for today and tomorrow. Working in psychiatry clinic a couple years ago I was very active as a group therapist; 90 minutes sessions, each working day, for three months. I routinely included hypnotic experiences there. During those years I was conducting more than 25 therapeutic groups. That kind of practice is very helpful for me as a teacher now. Lectures, seminars and especially group supervision with hypnosis are much easier after that previous experience.

### What is the situation of clinical hypnosis in Poland and how is the Polish Milton Erickson Institute involved?



Krzysztof Klajs and Mark Jensen

Variety, acceptance, and pluralism are among the highest values in the psychotherapeutic community here. There are more than 20 professional societies, however, the biggest, oldest and the most significant are Polish Psychiatric Associations and Polish Psychological Associations. In both of them different therapeutic modalities are really welcome. Polish Milton Erickson Institute is acknowledged as a psychotherapy-training institute in both of these societies. In April, 2019, I will start my three year presidency service time in Polish Psychiatric Association, psychotherapy division. In the last country survey done by a university in Warsaw, 12% of Polish therapists declared themselves as Ericksonian.

No doubt, clinical hypnosis is a part of psychotherapy field here.

### You volunteered (or could not resist Bernhard's suggestions 😊) to organize the 2021 ISH triennial congress. What does this mean in your personal career?



Krzysztof Klajs and Bernhard Trenkle

We are close friends for more than 30 years now and as friends we spend a plenty of time together. We did a number of common activities (including once a year Wigry teaching seminar) and that was always a good experience for me, and for Bernhard as well, I hope. Congress organizing during Bernhard's presidency is simply the next common undertaking but it is also paying back my own debts to the international hypnosis family for the support I got from colleagues during years of building my own professional strengths. The Congress will be held in a new University Congress Center.

### How is the academic support of the International Congress 2021 from Polish Universities? Who is involved in organizing this event and what are your goals for this congress?

We have a long lasting and good professional relation with Jagiellonian University, Medical School, Psychiatry Clinic and we have strong support from them. The goals of Cracow 2021 Congress are to promote clinical hypnosis as an effective tool in the medical and psychological fields. The next goal is to encourage academic fields here to build up research programs based on clinical hypnosis. Another perspective is to continue international community cooperation, intercultural exchange and "building



bridges of understanding”.

**As a clinician how do you see what topics should be researched?**

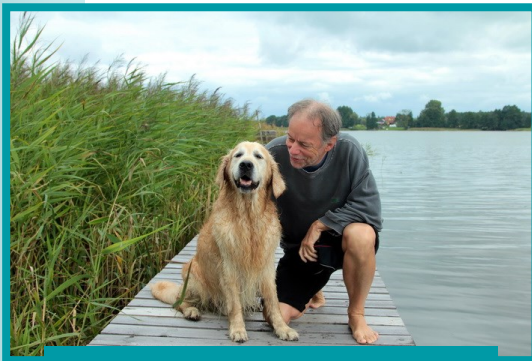
Clinical application and usefulness of hypnosis in different medical areas (dentistry, dermatology, pain control, gynecology, child birth, oncology, immune disseses, etc.) is the priority. In psychiatry or clinical psychology I would appreciate more research about therapists as an important factor in the psychotherapeutic process. We know more about our patients than about ourselves. What a paradox. How to effectively teach hypnosis seems to be another scientific terra incognita. We need more research, no doubt, but we still do not have congruent theoretical frames, I suppose.

**You are not only clinician, but an effective teacher as well. Please introduce your teaching forms and activities.**

I like to base my teaching on experience of my students. First experience, then exchange of ideas, discussions and eventually theory or explanations. Another form of teaching is group supervision, usually 7 - 8 participants, once a month. Some of them have been about ten years together and this is something that I really enjoy. Building a long lasting professional relation and creating a local support structure.

**All these activities require lot of time and energy. How do you manage your time so effectively?**

I am rather skeptical about my skills in that kind of effectiveness. If so, I try to match my energy rhythms. Seven hours of night sleep. Twenty minute nap after lunchtime, as often as possible. Rather lazy hot summer time with limited professional activity. Ten thousand steps a day or fifty minutes bike riding. All of it is not always possible but I am more than happy when yes I accomplish this.



Krzysztof Klajs with his dog

**What is your personal method of refreshing yourself? How do you charge the batteries?**

In three words: family, sport and literature. I am rather a social person, spending time with my family or with friends is the best medicine for me. Another one is sport or physical activity like swimming, sailing, bike riding, jogging or skiing in wintertime. When in special mode I like reading or fiction writing.

**And of course, our traditional question: your message, hints to the young(er) colleagues?**

Psychotherapy is a marathon running. After forty-second kilometer you will still need to be in a good shape. Take care of yourself during all the distance.





## MEETING OUR MENTORS

### WHY THERAPEUTIC HYPNOSIS? A CONVERSATION BETWEEN MARK P. JENSEN AND HANSJÖRG EBELL

Hansjörg Ebell  
Facharzt für Psychosomatische  
Medizin und Psychotherapie  
Munich, Germany

Mark P. Jensen  
Department of Rehabilitation Medicine  
University of Washington  
Seattle, WA USA

*Article originally published as:*  
Ebell, H., & Jensen, M.P. (2010). *Why therapeutic hypnosis? A conversation between Mark P. Jensen and Hansjörg Ebell.*, *Contemporary Hypnosis*, 27, 137-147.  
We post here this interview with the permission of the Chief Editor, Peter Naish.

#### Abstract

This article summarizes the key points of a conversation between Mark P. Jensen and Hansjörg Ebell, M.D., in which Dr. Ebell discussed his views of hypnosis and what he has learned to be most important and most effective as a clinician using hypnosis in his practice. His practice focuses on individuals seeking psychotherapy who also have significant medical illnesses. He finds it essential for effective hypnosis to be sure that the patient is the focus of attention in an intersubjective exchange in the context of a therapeutic relationship. To help facilitate the benefits of this, Dr. Ebell observes the patient very closely, while both following and leading the patient through the steps of therapy. Dr. Ebell believes that it is important to also maintain the patient's (and his own) curiosity – curiosity about how things will change and get better. He believes that true change primarily comes from inside the patient, so he begins therapy by enlisting the patient's help. He has found that significant change and healing can occur spontaneously and sometimes very quickly, so he seeks to facilitate this when possible. The article ends with an illustration of how he works - utilizing ideomotor signaling as major technique – with a case history of a patient with contracture due to Complex Regional Pain Syndrome Type I after elbow fracture.



Hansjörg Ebell

#### Introduction/Background

*Hansjörg Ebell first became interested in hypnosis as an anesthesiologist in 1976, when he was looking for a way to help his pediatric patients be more comfortable before surgical anesthesia. When he began his medical career in a university hospital, he was taught to restrain the child and hold the anesthesia mask over his or her face until any struggling stopped. As a parent, Dr. Ebell found this practice intolerable—he was certain it was traumatic for the children. Around this time he had read Milton Erickson's selected papers, edited by Jay Haley, and was inspired by a story Haley cited as typical of Erickson's approach. Erickson's son Robert had split his lip and knocked his upper tooth back into the maxilla. He was bleeding and screaming with pain and fright. Erickson said to him, "That hurts awful, Robert. That hurts terrible." By this he demonstrated that he had understood the situation fully.*

*Then, step by step, he led his son with suggestions that "maybe it will stop hurting in a little while, in just a minute or two." He encouraged the boy to be*



ready for any necessary medical procedures by asking his wife to “look carefully at the good, red, strong blood” of her son that had spilled on his hands and on the pavement. Finally, Erickson helped his son to reframe the situation from one of panic, pain, hurt, and danger into one of a healthy competition between him and his sister, who had a similar accident not too long ago. “When he went to the doctor for stitches, the question was whether he would get as many as his sister had once been given. The suturing was done without anesthetic on a boy who was an interested participant in the procedure.” (Erickson, 1967)

Ebell knew there was something here, an approach and a professional attitude, that he should use with his pediatric patients. But he was not sure how and where to begin. At that time, hypnosis was viewed with great skepticism in Germany, and as far as he knew there was no one in the medical community offering training and supervision. So he improvised, and started using stories to capture his little patients’ attention. For example, when beginning an anesthesia procedure with a child, he used as a basis one of Kipling’s stories, and asked if the child was interested to hear how the elephant got his trunk, because at the beginning all elephants had noses like all of the other animals. Most children were curious and agreed.

As he told this story, and as the child became more and more absorbed in it, he could bring the anesthesia mask closer and closer to the child’s face, saying that “elephants are very nosy (curious) animals, sniffing around everywhere at any object, even if it smells a little bit funny.” He tried to make the story as captivating, funny, and dramatic as possible in order to engage the child’s imagination. Pretty soon the child would close his or her eyes and relax, more due to halothane than hypnosis. But still, Ebell learned that the key to helping these children was to capture and focus their attention on something interesting and pleasant rather than the frightening surroundings and conditions of the medical setting.

In the ensuing years, working with adult patients and during his time working in an intensive care unit (1978-83), Ebell learned that hypnosis could be a powerful adjunct to medical procedures and could provide significant comfort for his patients, so his interest in it blossomed. Two national hypnosis societies were founded around this time, and on a professional level hypnosis was starting to be more accepted in Germany. Workshops and training by experienced clinicians and researchers became available. In the years following 1983, Ebell taught hypnosis and was in charge of developing an interdisciplinary access to pain therapy for the Department of Anesthesiology at Munich University clinic. He was lucky enough to have a dean who supported his efforts to use and study hypnosis for the management of pain and symptoms, mostly with patients who had cancer. (Ebell 2009)

A critical basis for this practice and research was his clinical experience that suffering from pain is not only due to the “transference of nociceptive impulses into the brain.” In his words, “As pain specialists or anesthesiologists we could do everything ‘right’ from a medical perspective, using all available traditional and efficient approaches (potent invasive procedures like peridural morphine included), and still some of our patients suffered from ‘pain’—due to such factors as anxiety, depression, despair, and familial conflicts. But with the aid of hypnosis, self-hypnosis, and psychotherapeutic support, many of these patients were able to cope much better and experience significant relief; maybe simply because morphine works better under the condition of not being stressed .”

In 1986, Ebell completed his education as a psychotherapist parallel to his clinical work, and became less interested in providing traditional medical treatment as a physician, and more interested in the use of hypnosis to help his patients deal with the many psychological issues related to medical care; especially with patients suffering from cancer disease and chronic pain. This included a research project (1988-91), funded by the German Cancer Society, on the effects of self hypnosis as an adjunctive measure in patients





*with cancer-related pain. (Ebell 1995, 2008) Since 1992 he has been working in private practice, mostly with the chronically ill, using hypnosis as a core element of his psychotherapy practice.*

### How do you view hypnosis?

The basic prerequisite of effective therapeutic hypnosis is the ability to put trust in the high regenerative potential, accessed through the relationship between client and therapist. On this basis, trance or hypnotic phenomena tend to emerge by themselves and can be ‘utilized’ for therapeutic goals. Or, putting it another way, the occurrence of hypnosis can be understood as a natural response to an appropriate interpersonal interaction.

I ask the patient for information and verify repeatedly that I have understood what the problem is. If I can establish this dialogue —like a back-and-forth in non-competitive table tennis— in which the patient is assured that I understand what is being said, trance or some relaxation responses tend to happen spontaneously. Take, for example, a typical situation on an oncological ward in the hospital: a patient with intractable pain cannot relax and fall asleep. The less sleep the patient gets, the more he or she will suffer from pain and fatigue. The more stressed the patient becomes, the less he or she will be able to relax and get to sleep. The patient is caught up in a vicious cycle.

If I succeed in interrupting the cycle, physiological homeostatic regulations will take over and this desperate person will find rest. I assist this process through focusing the patient’s attention on my voice and rhythm. I can ask the patient to shut his or her eyes, to breathe a little bit deeper, and to be aware of how it feels to be just a little bit more comfortable than before, and refer to whatever behavior I can watch. All I have to do is to support and encourage the patient’s tendency to let go.

This might even lead into a deep trance. What is decisive to help patients take initial steps is to focus their awareness on what is happening inside themselves, in order to let them discover that they have inherent resources and capabilities of which they were previously not aware.

In many situations—especially in emergencies and with invasive procedures in a medical setting—it is appropriate to execute hypnosis directly in a traditional way, demonstrating “power” to influence the patient’s behavior, thoughts, and physiology. In my work with the chronically ill (Ebell 2010), I have found it most efficient to use hypnosis indirectly to help patients help themselves. I use hypnosis in a very natural way. Indeed, a casual observer might conclude that he or she is only witnessing an intense conversation in which one person is sitting (lying) with his or her eyes closed. Aside from the fact that one hand is rising (levitation) or fingers are lifting to signal “yes” and “no” answers to questions, the observer might ask, “where is the hypnosis here?” To my mind, therapeutic hypnosis is essentially a relational process of interaction between the therapist and the client.

When the interaction is effective, processes of required change begin, or relevant emotional issues hitherto repressed will become conscious. In many cases this awareness does not even need to be targeted through induction or suggestion. After a therapeutically relevant session and interpersonal exchange, a pain might disappear, or a conflict might be resolved.

The essence of therapeutic hypnosis (Ebell 2004) in the medical field is an exchange between two individuals who are working together in the social roles of therapist and client. The therapist is determined to hypnosis techniques and hypnotic phenomena to achieve those therapeutic goals to which both have agreed. Solutions must be found within the system of the patient (the patient’s experiences, values, resources, and hindrances) and cannot be forced on the patient via hypnosis. I assume that it is always



worth trying to start and maintain this therapeutic dialog. It cannot be predicted whether the changes produced will turn out to be relevant – but often they are. Hypnosis and self-hypnosis in my experience are especially helpful, because they draw on intrinsic psychophysiological sources for well-being and change (Brown 1991), which cannot be accessed rationally (through logical reasoning) or induced by physical or chemical means.

### **What kinds of problems do you use hypnosis for?**

For the most part I work with people who are motivated for psychotherapy and who suffer from significant medical illnesses (chronic pain syndromes and cancer disease, chronic psychosomatic and somatoform disorders). The German health insurance system provides for a collaboration of between 25 and 50 one hour-sessions to enhance coping or self management. Although therapeutic goals are geared toward the control of symptoms - often pain - they can also include other issues such as traumatic experience and relational conflicts.

### **What are the key elements of effective hypnosis?**

#### **First: The patient is the focus of attention**

For therapeutic hypnosis to happen, the client needs to experience, consciously and unconsciously, that he or she is the focus of my full professional attention. The patient needs to experience that I, as the therapist, can really relate to him or her, that I care and genuinely want to achieve something valuable. This is, as I indicated before, central to encouraging trance or other hypnotic phenomena that we ‘utilize’ therapeutically. We have all experienced this kind of focused attention, I hope, at some time in our lives. Perhaps it was a nurturing mother or another person in a caring relationship. It permits the client to trust and let go. I know this might sound idealistic or romantic, but I am convinced that underlying an effective, meaningful therapeutic relationship, one human being is aware of the fact that someone else wishes him or her well. This can be felt, and it is what produces hypnosis and makes hypnosis work.

#### **Second: Observe the patient and flexibly follow and lead him or her**

Focusing my attention on the client encourages, facilitates, and enhances whatever spontaneous trance phenomena occur. I do not necessarily suggest specific trance phenomena, nor do I push the client; I just notice the occurrence of such phenomena and try to follow them. In fact, as I have gained experience I have suggested less and less, following the patient more and more. Although there are also many times, especially when exploring conflict-related issues, when I may take the initiative and, referring to the work of David Cheek (Cheek, 1994), work with ideomotor signaling.<sup>1</sup>

### **What are factors that, although they may not be essential, make hypnosis more effective?**

#### **Maintaining the patient’s curiosity, and my own, about how things will change and get better.**

In order to facilitate therapeutic change through hypnotic phenomena it is important to encourage the patient's curiosity about what is going to happen. Curiosity opens up the possibility of change, and when change is

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<sup>1</sup> Ideomotor signaling is a technique widely used in hypnotherapy, with or without formal hypnosis induction. For example, answers are signaled through movements of fingers that represent "yes" or "no". The typically slow, often jerky or trembling movements are not the result of conscious reasoning. Their occurrence is experienced as involuntary and usually surprises the person who is sensing them or other similar ideomotor responses, such as levitation or catalepsy. (Damsbo 1987)



viewed as possible, it is more likely to occur. In order to facilitate the patient's curiosity, I try to uphold my own. Thus I see each patient as a new opportunity for learning. Too often, patients enter treatment with the goal of fighting their symptoms. When symptoms alone are the focus of attention, they tend to become more and more important. Consequently, the client is left with the feeling of being stuck. So instead of fighting the symptom, I want to help patients reorient for change and start to wonder about how the symptom is going to change, with the implicit suggestion that the only basic question is what the imagined change will look like.

If I feel that the patient cannot change, I will no longer be able to provide effective help. When this is the case, I seek out collegial supervision in order to find out whether my feeling of being stuck relates to our relationship, or sometimes my medical knowledge and training may lead me to believe that the patient cannot improve (especially in cancer patients with progressive disease). A number of extraordinary patients have convinced me that I have to take care that my medical knowledge does not create or maintain negative suggestions of this kind. I cannot foretell the future; no one can. That is why I think it is important to maintain a sense of curiosity, and thus be able to maintain a hope that things are going to get better for the patient – but accept to be powerless, too.



**DEMONSTRATION IN MANCHESTER.  
PICTURE: WITH PERMISSION BOTH OF DR  
BRAID AND MIKE GOW**

**Are there specific techniques or exercises that you have found particularly useful that you use routinely in many or most cases, or in particular situations?**

Change comes from inside the patient, so start by enlisting the patient's help

I always try to enlist the patient's help. I may be an expert on different hypnotic techniques and psychotherapeutic interventions, and I also have scientific knowledge through my medical training and clinical experience, but the patient is and will always remain the expert on himself or herself. So I try to take full advantage of my client's expertise.

The longer the patient's medical history with a particular condition, and the more experience he or she has with failed therapeutic interventions, the more desperate he or she may feel about the experience of chronification, the more it is necessary to start enlisting the patient's help. There must be lots of experiences that can be utilized for therapeutic change, but access to them has to be

gained in a context of looking for solutions rather than one of describing the development of symptoms and problems.

I remember a patient suffering from chronic intractable pain with a long history of treatment failures. When I asked her, "Do you want things to change?" she answered, "Yes." I said, "I do, too. But how?" I talked with her about how she had tried everything that medical science had to offer, including multiple surgeries and many different drugs, and nothing had worked. Although I repeated a history of bad news, she agreed openly (creating a "Yes-Set"), and her attention was focused on what I was saying. Technically this strategy is called 'pacing'. Then I started 'leading': I told her there was something that we had not tried yet. This made her curious, and she wanted to know what it was.



At this point, she was well prepared to accept a suggestion. I told her that we had not yet asked her “unconscious” (meaning all the knowledge and resources we have accumulated all our life, that we cannot put into words) for help and/or cooperation.

She seemed to become very curious at this point. I then suggested that we might do this with a finger signal (one finger for “yes,” one for “no,” and a third for “maybe”), and that this reaction only would take place if there was something inside her which held a promise that her symptoms could change. This might be a big or a small change, but it would still be a change. She was not sure what I meant, so I suggested, “If your unconscious mind is prepared to help us, then one of the hands will feel a little bit different than the other.” She noticed here that her left hand started to feel a little warmer.

This was interesting to both of us, since she had many medical problems and significant feelings of helplessness. Yet now we had had a small sign, a promise of change. And with a beginning as promising as this, it became possible to generate changes throughout her whole “system.” Over time, and after many months of complex cooperation on many medical and psychotherapeutic levels, she changed from suffering with chronic, daily, severe pain, to a person who enjoyed life, married, and had a baby. And this positive change began with a single question asking her unconscious for help.

When using this technique to signal messages from the so-called “unconscious,” one has the choice of many different involuntary movements. One can ask for a levitation of one hand, or ask the patient to put both hands in front of him or her and for the hands to move together when or if the unconscious mind is prepared to give an answer. It is a fail-safe method, for if a question or situation is not appropriate, nothing will happen. When the feeling in the hands does not change at all, or a finger does not lift, this too can be useful and valuable. In this case, I can proceed by asking about which experiences, thoughts, or feelings might be contributing to the patient not being ready for change or not believing in the possibility of change. On the other hand, when the patient sees or feels the signal, he or she is convincing himself or herself that there is a possibility for change. Sometimes, with this simple technique the patient can experience decisive changes; perhaps just because I, in the context of a good relationship, dared to ask the unconscious about a possibility for change.

I remember a cancer patient who had good pain relief through morphine. But his dreams under morphine felt as if they were real, and in them he relived horrifying experiences from his youth as a soldier in World War II. So it seemed as if he had to decide either to suffer from physical pain now (without morphine) or his emotional pain from the past (with morphine). Asking the unconscious to help find a solution for this dilemma resulted in slow and hesitating movements of the little finger. After that, with no other intervention at all, morphine no longer produced any unwanted side effects. I assume a causal relation. (Ebell 2008)

Asking the unconscious mind—in other words, our implicit memories and our basic homeostatic regulation processes—for help is one of the primary techniques I use. This has much to do with my basic assumption that the solution for most any problem exists in the personal system. From outside the system, therapists cannot really control the process, though they can provide input and encouragement. But you don’t have to control it.

### Healing can occur spontaneously, and sometimes very quickly

If you prepare the field to make change possible, then positive changes can come about quickly, and sometimes in big ways. I view the individual as a homeostatic system that is perfectly regulated, even if it’s producing problems or symptoms. The problem is actually the best possible solution under the given circumstances. The symptom always has a reason, a





sense. And of course I, as an outsider, cannot know the reason. I cannot know, ahead of time, if the system can function without the symptom or replace it with another that is “better” in subjective experience or that is more manageable. I have to work with the conditions of the client’s system. This is my challenge and basic function. By offering my curiosity about possible changes, in the context of a close therapeutic relationship, I can provide stimuli that allow or help a system to regulate itself in a different, “better” way.

### **Case history:**

#### **Contracture (Complex Regional Pain Syndrome) after fracture of the right elbow**

A 46-year-old man had had a right elbow fracture that caused significant muscle contractures. The elbow joint had become so stiff that he was unable to move the forearm at all. The man was working as a computer specialist and would lose his job if he could not be treated successfully. Under anesthesia, the elbow was moved and mobilized so that there was no longer any mechanical hindrance. After the patient came out of anesthesia, his caregivers were ready to begin physiotherapy in order to strengthen his arm. However, he was still so anxious about moving the arm that he was unable to participate cooperatively in therapy.

The surgeon was afraid that the elbow was going to stiffen again, and felt angry because the patient was being uncooperative. While he was forcing the elbow to move with the patient awake and resisting, the surgeon broke the joint fracture again. Even worse, the surgeon did not admit that he had caused the second fracture. Of course this was traumatizing for the patient, so further therapeutic measures were extremely difficult. The patient’s trust seemed to be completely destroyed. The physiotherapist who was working on this case knew of my interest in using hypnosis in difficult cases and asked if I would help.

When I first met the patient, he was panicking. He already saw himself as a wreck, unable to ever move his arm again and losing his job. He had a good relationship with the physiotherapist and trusted her, allowing her to touch his arm although he no longer allowed the surgeon to do so. We both explained to him that he would be unable to heal or move his joint and arm at all if he did not stretch it and use it. We also assured him that we understood his concerns, and we reframed his “problem” as a basic and entirely understandable wish to protect himself from further injury. At the same time we made it clear that, by avoiding the use of his arm, he was preventing progress. I then suggested to him that he allow the physiotherapist to move his arm. He agreed.

I also added that she would stop at once if she encountered significant resistance or risked going too far, or whenever he asked her to stop. I then suggested that, providing he trusted her to stop whenever she encountered physical resistance, it would be better for him to pay less attention to the arm. In fact, it would be better to imagine he were somewhere else. So I suggested a dissociative experience: that he close his eyes and go on vacation someplace where he might feel relaxed and have a good time, leaving behind this hospital ward where they had damaged his arm. He agreed that all of this seemed a good idea. We tried this out for some minutes, and it worked fine. We demonstrated to him that it was possible to move his arm without pain and damage, and with greater success than when his anxious attention had been focused on the traumatized joint.

The next day I suggested that it would be good for him to go even deeper into the dissociative experience of feeling completely relaxed and well, and that something inside of him would be able to monitor the arm automatically even better without his conscious attention, and provide the physiotherapist with a signal to stop or a signal to continue. I established finger signals using the healthy left hand by saying, “if the hand is





prepared to collaborate on this, then the hand will feel a little bit funny,” and I held it in an unusual but comfortable position. After a while, when the hand felt pretty stiff (due to the hypnotic phenomenon of catalepsy) I removed my hand without any formal hypnosis induction. I then suggested specific finger signals to indicate “stop” (index finger) and “go on” (little finger) for the physiotherapist, just like red and green on a traffic light.

During this physiotherapy session I provided the patient with suggestions for imagery and relaxation. The physiotherapist could then estimate how far the patient’s arm could move safely, and we watched the fingers of his other hand to determine when to continue and when to stop.

The physiotherapist was instructed to stop as soon as she saw the “stop” signal. When the patient’s hand gave the “go” signal, she had permission to continue a little bit longer, extend the range of motion even further. I accompanied the first few sessions, and was then no longer needed. They had a good relationship, and the patient was able to use his own imagination to go to a comforting place, which he used from then on as a self-hypnosis ritual. The communication conducive to this good progress—which, by the way, was a big relief for the surgeon and the whole ward—had become available through delegating control to ideomotor signaling. Several months later I received a thank-you card from this patient, telling me that he had progressed enough to be able to return to work.

This patient was initially on his way to a lengthy bout with chronic pain and disability, as well as many medical treatments with a high probability of failure, time and energy consuming legal retaliation efforts, etc. By acknowledging the catastrophe, and by looking for change against all odds, we were able to reframe a horrifying dread of permanent disability into the challenge of achieving complete rehabilitation - with the help of the unconscious mind. My task was to facilitate conscious and “unconscious” cooperation, and give optimal directions during physiotherapy.

A 1,000-mile walk begins with one step, followed by a second step, and so on. After finding trust in the relationships with me and the physiotherapist and learning to use his ability to dissociate, and to use ideomotor stop and go signals, the patient was able to progress rapidly. This involved the enlistment of the patient’s help, rather than forcing treatment on him—which had been tried already, with very negative results.

### Understanding current medical treatment as potentially traumatizing

In my work I have met many patients who have been traumatized by medical treatments such as invasive procedures, surgery, and chemotherapy. These can be traumatizing even when (although?) they are necessary for life or health and cognitively accepted. I have also met many patients who experienced conflicts in their relationships with physicians and institutions as ‘traumatizing’, especially when medical treatments did not go well. It is important in these cases not to blame the patient, the doctors, or the institutions, for there are always relevant and understandable contributing factors. But being traumatized often contributes to a psychophysiology or even pathophysiology that might explain many of these patients’ symptoms. Because biologically a primary coping mechanism for trauma is dissociation, many patients who have symptoms related to their history of experience with the medical system can be seen as skilled in hypnosis – rather negative hypnosis.

I try to help these patients understand that dissociation is a natural resource and, despite the fact that they became acquainted with it in a problematic context, it can be useful to help them feel better, and even to reintegrate traumatic memories. So hypnosis is not only helpful for patients who have classic dissociative problems or Post-Traumatic Stress Disorder; it is also useful for patients who present with general distress or who have medical problems and a history of medical treatments.



## Anything else?

Hypnotic skills can be used for coping. They are part of the equipment we are born with for life management. For those patients who are aware of this equipment and use it, it can make life easier, especially in relation to chronic illness (resilience). Part of my job as a medically trained psychotherapist is to help patients unaware of these possibilities and skills become aware of them, and to help those who know or come to know that they have these resources to use them more effectively. It is easier to climb a mountain with the right equipment; it is also easier to climb a difficult mountain with a guide. I see myself as a guide for my patients, as a travelling companion for a while on the path of life.

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# 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...**



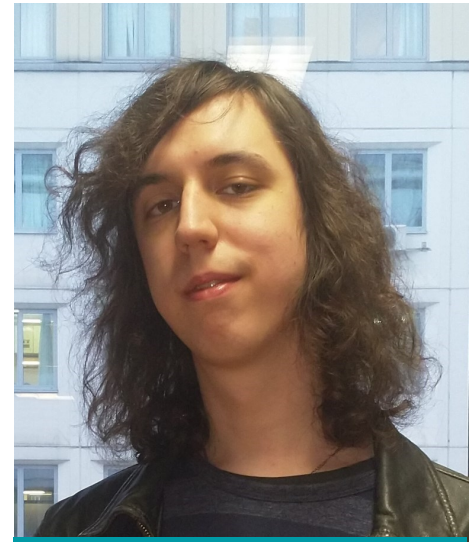
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She is a toy inventor with a masters degree in history and journalism.

She never planned to 'play' while working, but her kids were the inspiration to innovate products that develop spatial and cognitive skills.

Currently she enjoys the challenge of exploring the possibilities of human consciousness.



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## THE METHODOLOGY OF MEDITATION AND HYPNOSIS ZSUZSANNA NAGY & ISTVÁN FARKAS

While at first glance hypnosis and meditation seem easily distinguishable by the presence of external guidance and suggestions from a hypnotist, considering self-hypnosis and guided meditation this task turns out to be much more complicated.

Hypnosis and meditation have many similarities both culturally and practically. In this article our goal was to better understand the special connection between the two and the methodological difficulties they face in research.

### Introduction

Both hypnosis and meditation show the connection between mind and body. This connection gained attention in modern medicine mostly during the previous century, with the growing evidence of the psychosomatic approach, that mental and physical wellbeing affect each other. Parallel to this, hypnosis and meditation gained gradually more and more acceptance in western medicine.

After a brief summary of the cultural and historical background of hypnosis and meditation we will collect the possible factors that could facilitate the differentiation of these two processes. Then, we will reflect on some misgivings about efforts to compare or to contrast these two practices. Finally, we summarise what potential value there may be classifying the depth and characteristics of altered states considering different subjects.

### Cultural and historical background

Hypnosis and meditation have many traits in common, both regarding their historical/cultural aspects and the practical ones. Both of them might be described as a form of altered state (Holroyd, 2003).

The ancient rituals and methods from which the modern hypnosis and meditation originates were a way to reach an altered state of consciousness, which is strongly connected to the original context of meditation, that was religious-spiritual, and to the mystical and medical background of hypnosis.

The earliest recorded historical rituals performed by shamans, healers, priests seem to have many elements in common with hypnosis, like focusing attention, and producing trance-like states, such as catalepsy, anaesthesia or hallucinations. In many ancient cultures, such as India, Egypt, Greece, Rome, Mongolia, China, America, and Africa these trances were used both in healing rituals as well as considered as a connection to the world of the spirits, and used for prophecies, clairvoyance and medical diagnosis (Hammond 2013). The modern history of hypnosis started with the Austrian physician Frantz Anton Mesmer, more than a hundred years ago (Stewart, 2005), whose original theory was criticised by such respected scientists as Benjamin Franklin, Lavoisier, and Dr. Guillotine. After an investigation they concluded that imagination and suggestion could have curative results in hypnosis (Tinterow 1970), which lead to an increase research about hypnosis.

Esdaile, a Scottish surgeon, was the first who reported performing numerous operations using hypnotic suggestions as the sole anaesthetic. He was convinced that hypnosis was effective in the reduction of inflammation and not only for pain relief (Hammond 2013). Charcot, a French neurologist, precipitated a discussion about whether hypnosis was a psychological or a physiological state, leading to a period of growth in research, in various fields, among country doctors, neurologists, physicians, and psychotherapists, who tried to discover the practical benefits of hypnosis. Similar to hypnosis, the meditation used in modern western medicine is also based on ancient sacral methods. Most contemplation techniques originated from the same theoretical principle, that God only speaks to the





soul when the creature is silent (Weber 1916). Similar to the attention focus procedures in hypnosis, many kinds of meditation Hindu, Buddhist, Christian, Sufi or Jewish stressed concentration and letting go of thoughts. The relationship to silence is quite different in India, where the yoga teachings are based upon controlled breathing, self-observation to the point of completely emptying consciousness, by gaining deliberate control over the inner motion of heart and lungs and finally, the meditative state. In that process the highest, the greatest possible form of consciousness sought by the practitioner is catalepsy (Weber, 1916).

### Hypnosis

Hypnosis might be thought of as applying a method of strong concentration the result of which the subject disregards most stimuli from outside. This requires such an intense focus, that the individual becomes capable of controlling memory, awareness and bodily functions. To achieve a hypnotic state, a patient goes through the stages of intake, detachment and suggestibility. During the stage of intake, the patient goes through the absorption in an experience while neglecting peripheral information such as thoughts, motoric actions or emerging memories. This state results in a detached condition that boosts suggestibility. People in a hypnotic state respond to suggestions automatically (Qualls and Sheehan, 1981). Nowadays, hypnosis is a legitimate therapeutic tool, widely acknowledged as an alternative to analgesia and as a helpful tool in therapy.

### Meditation

Inspired by a later, Buddhist form of meditation, Mindfulness, so called in western meditation, excluded the ascetic, religious and magical features compared to meditation's original form. In the state of mindfulness, the control of the senses, comes through practicing the habit of simply noticing sensory perceptions, but not allowing them to stimulate the mind into thought chains of reactions (Davison & Goleman 1977).

Self-healing often means in this context, techniques in which the aim is to overcome the distress, sorrow, pain and sadness caused by living a material life. The attitude is analytic, and the goal is to cease suffering through stopping behaviours and habits that appear to be defensive (Loizzo, 2004). We call this intervention between mind and body meditation, but this term can refer to a variety of practices.

While it is nearly impossible to perfectly classify the different types of meditation (Sedlmeier, et. al., 2012), a frequently used classification of different meditation forms is based on the type of attention. This approach distinguishes focused attention or concentration techniques, which are characterized by the concentration on a given internal or external object, and open monitoring or awareness techniques, which can be best described as an uncontrolled observation of reality in the stream of experience (Davidson & Goleman, 1977, Lutz, Slagter, Dunne, & Davidson, 2008.)

### Are suggestions really the distinguishing feature?

One of the seemingly easiest ways to find the difference between hypnosis and meditation would be to separate them by the presence of a hypnotist, who gives suggestions in the one, and no hypnotist in the other. But what should we consider as a suggestion? It is common that novice meditators need the help of a master, to guide them (Facco, 2017). Some argue that the hypnotist in the process of hypnosis has a completely different role than a teacher to practitioners in the process of meditation. However, while the interaction may differ from one another, the trust and resonance could still be very likely one of the most important factors in the success of both processes (Grant, 2012). The definition gets even less clear, if we consider self-hypnosis. What one scientist considers as self-hypnosis, might be described as meditation by another (Halsband, Mueller, Hinterberger & Strickner, 2009). Yapko, (2011), the clinical psychologist in his book describes how hypnotic suggestions may operate in a mindfulness context, arguing that meditation is a form of hypnosis.





If we try to take spontaneous hypnosis, ---- the alteration in human awareness, like daydreaming, or the maximization of focal awareness during intense concentration on a task – into account, we find that not even the modern definition of hypnosis succeeds in recognizing it (Barabasz & Barabasz, 2015).

Weitzenhoffer (2000) describes suggestions as a form of communication, that results in an automatic response. This definition of suggestion does not require a hypnotic state and makes it possible to understand, that a suggestion is not necessarily intended, and even if there is an intention, it does not necessarily result in an automatic response, therefore it might not be considered a suggestion.

The difficulty in trying to separate hypnosis and meditation using this definition is present, because the responses might be non-observable, as it is in the case of covert responses. Even in the case of observable reactions, it is hard to decide whether they are automatic or voluntary.

Because of the reasons above, in many cases it is problematic to decide whether any suggestions are present. This makes it almost impossible to clearly distinguish hypnosis and meditation based solely on the presence of suggestions in cases like guided meditation.

### **Physiological approach**

Observing the activity of different brain areas in hypnosis and meditation might seem to be an objective way to distinguish them. Halsband, Mueller, Hinterberger & Strickner (2009) found some brain plasticity changes that can be clearly differentiated from the neurophysiological changes observed during meditation. It is important to note however, that other studies have shown that depending on the type of meditation and the individuals experience in meditation we might find very different physiological changes as well (Facco, 2017). Given that different meditation techniques or the same techniques but for different individuals show very different physiological changes further research is needed to decide whether this approach is applicable.

In addition to the differences, there are also some strong similarities between the physiological changes during hypnosis and the different types of meditation. For example, the blood flow in the anterior cingulate cortex is increased both in open monitoring meditation, focused attention meditation and in hypnosis (Facco, 2017). Interestingly this area of the brain was shown to be a part of pain processing (Devinsky, Morrell, Vogt, 1995), memory (Vogt, Finch & Olson, 1992), and mental and emotional regulation (Bush, Luu & Posner, 2000), whose functions are also strongly connected to hypnosis and meditation. Both hypnosis and concentrative meditation result in inhibitory patterns, particularly in the midline and frontal cortical areas associated with executive function and cognitive control (Holroyd 2003).

### **Other possible distinctions**

The scientific literature on comparison or contrast of hypnosis and meditation offers several other possible factors, such as motivation, expectancy, goals, or practising the skill (hypnosis patients rarely spend years developing their hypnotisability as do meditators), that would have to be considered to make a statement about the two phenomena (Holroyd, 2003).

### **ASC (Altered state of consciousness)**

The subjective experience during meditation and hypnosis can often be perceived as similar to each other, and very different from the everyday experiences of the mind. Because of that, both the hypnotic and meditative states are often considered as altered states of consciousness. An altered state of consciousness may be defined as:

“a qualitative alteration in the overall pattern of mental functioning such that the experiencer feels his or her consciousness is radically different from the ‘normal’ way of functions “ (Tart, 1972 as cited in Pekala and Cardeña, 2000, p.95)



New studies aim to bring neurophysiological methods and phenomenological reports together, because the “first person” experience, which is a central element of an ASC, is not itself objectively and reliably measurable. In meditation the two main types, - open monitoring and focused attention, - have different preliminary and advanced stages of altered states of consciousness, but at the end of the process they become less distinguishable from one another (Goleman, 1996). In studies of mindfulness practices there is also a clear attempt to separate different states. During hypnosis, when we try to observe the inner experience, a considerable amount of information is lost about it, because researchers stop at the point of identifying the hypnotisability of the participants. Some even argue that we do not know what actually happens in hypnosis when qualitative shifts occur as one goes deeper (Holroyd 2003). A study of Hinterberg et al. (2011) found that selecting relevant measures is key if our goal is to describe the different stages of meditation and hypnosis.

### Conclusion

According to Holroyd (2003), people seeking hypnosis are usually interested in a specific outcome, such as symptom removal, while meditators are more interested in long term goals, generally connected to self-improvement. Using this approach hypnosis and meditation could be told apart based on the goals of the individual. This alone however, would be a highly subjective way of deciding whether something is hypnosis or meditation, but if we take the physiological differences of the two into account as well, that could lead to a better understanding of these two concepts.

Grant and Rainville (2005) proposed to interpret hypnosis as a version of meditation because both phenomena showed many similar brain functions. However, later these same researchers warned that not having clearly defined constructs for comparison can lead to further misconceptions. Understanding the exact mechanism behind the differences of the two is still an open question.

A useful direction for research could be to bring together meditation and hypnosis, making comparisons within subjects and to conduct longitudinal design studies (Grant 2012). Perhaps the most sophisticated way to do this would be to study trained “career meditators” with regard to their hypnotisability. The aim would be to have some consensus about how to separate the different stages, or processes occurring when somebody is meditating or is in a hypnotic state. Creating a more intimate relationship between hypnosis and meditation could help to overcome the methodological impediments in a field of a cross disciplinary collaboration.

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# “HYPNOTHERAPY CLINIC” IN NORTHEAST MASHHAD CITY, IRAN

## OPENING ANNOUNCEMENT HYPNOTHERAPY ACADEMIC CLINIC

We are thrilled to announce the opening of the first and the only „Hypnotherapy Clinic” in Northeast Mashhad City, Iran.



Qaem General  
Hospital

Accommodated by a central referral centre – Qaem General Hospital – the clinic is intended to provide help to those affected by a variety of physical and mental conditions.

With each given a separate section, the four stages where clients are helped according to their complaints are planned. The first section, as it is called „**The Visit Room**”, is where the client’s condition is evaluated.

At this stage, a certified licensed psychologist does the interview and the client is required to fill in a questionnaire if need be. The expert psychologist also ensures that hypnotherapy is not contraindicated for the client, as for instance in cases of psychosis.



Visit Room

If proved indicated, hypnotherapy will commence in the second stage – **The Hypnosis Room** – by an expert hypnotherapist, who is a certified psychiatrist, or psychologist, or medical doctor.

All therapists have received a comprehensive two-year training by Dr.Mehdi Fathi, who also monitors and supervises their practice on a constant basis and through weekly meetings in the third section or – **The Meeting Room**.

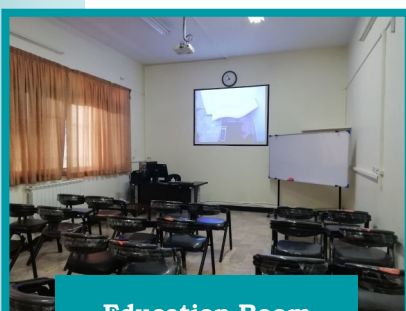


Hypnosis Room

Hypnotherapy sessions can be observed live by novice trainees via a large-screen TV in the fourth section – **The Education Room** – after obtaining written consent from the client prior to the commencement of therapy.

Appointments, either therapeutic or educational, are made by an administrative assistant in the clinic.

As for now, there are plans to run a „Hypnodontic Clinic” in the Faculty of Dentistry at Mashhad University of Medical Sciences (MUMS) for the first time in the coming months.



Education Room

This clinic will conduct hypnotic treatments for a variety of purposes including pain control during and after dental surgeries, management of bruxism, reducing and managing dental phobia and anxiety, facilitating pediatric dentistry procedures and raising awareness of devices and instruments used by a dentist.

Dr Mehdi Fathi  
Associate professor of cardiac anesthesia  
Mashhad university of medical sciences  
BOD member of ISSCH  
Mashhad, Iran





**Gary Elkins**, PhD, ABPP, ABPH is a Professor in the Department of Psychology & Neuroscience and the Director of the Mind-Body Medicine Research Laboratory at Baylor University in Waco, Texas, USA. He is the Editor-in-Chief of the International Journal of Clinical and Experimental Hypnosis.



**Gary Elkins**



**Lynae Roberts**

**Lynae Roberts**, MA is a doctoral student in the Department of Psychology & Neuroscience at Baylor University in Waco, Texas, USA. She is the Managing Editor of the International Journal of Clinical and Experimental Hypnosis.

## THE INTERNATIONAL JOURNAL OF CLINICAL AND EXPERIMENTAL HYPNOSIS

Editor-in-chief: Gary R. Elkins, PhD  
Managing Editor: Lynae Roberts, MA

IJCEH has been a leader in the field for over 60 years, quarterly publishing peer-reviewed articles which represent 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.

### Submitting Manuscripts

The IJCEH ScholarOne online submission site is now open at [mc.manuscriptcentral.com/ijceh](http://mc.manuscriptcentral.com/ijceh) and our website has been updated to reflect the new procedure. We are still accepting submissions via our email address ([ijceh@baylor.edu](mailto:ijceh@baylor.edu)), and we are available via this email address for questions at any time.

### Types of submissions accepted

Empirical research (including clinical trials evaluating the efficacy of hypnosis interventions, neurophysiological studies of hypnosis, mechanistic studies of hypnosis, hypnotizability, feasibility studies, replications); Clinical papers (including well-designed multiple or single case studies); systematic reviews, meta-analyses, research-informed theoretical papers, and significant historical or cultural material.

### Topics can include

Hypnosis and hypnotherapy in psychology, psychotherapy, psychiatry, medical and dental specialties, wellness, nursing, allied areas; and studies relating hypnosis to germane phenomena such as mindfulness, contemplative practices, and consciousness.

### Website

[www.ijceh.com](http://www.ijceh.com) is a great tool for prospective authors seeking more information, with links to the journal publisher's site ([www.tandfonline.com/nhyp](http://www.tandfonline.com/nhyp)) for more detailed instructions and information about subscribing. Follow us at [www.twitter.com/ijceh](https://www.twitter.com/ijceh)



We are pleased to share abstracts from the articles published in the most recent issue of the International Journal of Clinical and Experimental Hypnosis

#### ABSTRACTS FROM THE JANUARY 2019 ISSUE

### **THE ROLES OF RESPONSE EXPECTANCIES, BASELINE EXPERIENCES, AND HYPNOTIZABILITY IN SPONTANEOUS HYPNOTIC EXPERIENCES**

**Etzel Cardeña & Devin B. Terhune**

This study evaluated factors underlying individual differences in spontaneous (unsuggested) experiences during hypnosis. Participants varying in hypnotizability (low, medium, and high) completed a questionnaire about various dimensions of consciousness they would expect to experience at the “deepest level of hypnosis” (expectancy), an eyes-closed resting condition (baseline), and their actual experiences during “neutral hypnosis” (hypnosis). Responses during hypnosis were characterized by higher scores in dimensions related to alterations in conscious experience, affect, and imagery, and lower scores in rationality and agency. Only highs and mediums evinced increases in altered experience and body image. Across conditions, highs reported greater alterations in time experience and lower self-awareness than other groups. Participants overall tended to overestimate the changes they would experience in hypnosis. Baseline and hypnosis correlated in various dimensions, including affect, arousal, and internal dialogue. After controlling for baseline scores and hypnotizability, expectancies correlated with some dimensions having to do with alterations in consciousness. In sum, spontaneous experiences during hypnosis are driven by response expectancies, hypnotizability, and baseline experiences, which show differential effects.

### **CAN SUBJECTIVE RATINGS OF ABSORPTION, DISSOCIATION, AND TIME PERCEPTION DURING “NEUTRAL HYPNOSIS” PREDICT HYPNOTIZABILITY?: AN EXPLORATORY STUDY**

**Audrey Vanhauzenhuysse, Didier ledoux, Olivia Gosseries, Athena Demertzi, Steven Laureys, & Marie-Elisabeth Faymonville**

This study explored absorption, dissociation, and time perception on visual analogue scales (VAS) after a neutral hypnosis session to predict hypnotizability. Sixty-two subjects completed the Stanford Hypnotic Susceptibility Scale, Form C (SHSS:C) and, during a neutral hypnosis session, VAS ratings of absorption, dissociation, and time perception. The findings indicated that 44% of subjects scored high, 35% medium, and 21% low on hypnotizability, as determined by scores on the SHSS:C. Dissociation VAS ratings significantly differed when comparing low to high and medium to high hypnotizable subjects. However, ratings were not significantly different between medium and low subjects. Significant positive correlation was found between dissociation VAS ratings and SHSS:C total scores. Future research is needed to validate this proof-of-concept study.

### **THE NEUROPHENOMENOLOGY OF OUT-OF-BODY EXPERIENCES INDUCED BY HYPNOTIC SUGGESTIONS**

**Enrico Facco, Edoardo Casiglia, Benedikt Emanuel Al Khafaji, Francesco Finatti, Gian Marco Duma, Giovanni Mento, Luciano Pederzoli, & Patrizio Tressoldi**

Inducing out-of-body experiences in hypnosis (H-OBEs) offers an almost unique opportunity to investigate them under controlled conditions. OBEs were induced as an imaginative task in a resting condition (I-OBE) or in hypnosis (H-OBE) in a group of 15 high hypnotizable subjects. A 32-channel EEG was recorded, and the spectral power and imaginary coherence of each frequency band and each couple of electrodes were calculated. At the end of each session, the Phenomenology of



Consciousness Inventory (PCI) was administered to assess the phenomenological aspects of the subjects' experience. Significantly higher scores in the altered state, positive affect altered experience, and attention subdimensions of the PCI were reported in H-OBE than in I-OBE, which were associated with a significant decrease of power in beta and gamma band activity in right parieto-temporal derivations. These results suggest that the H-OBE may offer a useful experimental model of spontaneous OBEs.

### **SKYPE HYPNOTHERAPY FOR IRRITABLE BOWEL SYNDROME: EFFECTIVENESS AND COMPARISON WITH FACE-TO-FACE TREATMENT**

**Shariq S. Hasan, James S. Pearson, Julie Morris & Peter J. Whorwell**

Gut-focused hypnotherapy is an effective treatment for irritable bowel syndrome but is not widely available. This study assessed whether providing hypnotherapy by Skype might partially overcome this problem. Using a 50-point or more reduction in the IBS Symptom Severity Score as the primary outcome measure, 65% of subjects responded to Skype hypnotherapy with all other outcomes significantly improving. The primary outcome figure for face-to-face hypnotherapy was 76%. When other outcome scores for Skype and face-to-face treatment were compared, the mean changes were these: symptom severity (-94.1 vs. -129.2), noncolonic score (-52.3 vs. -64.8), quality of life (+56.4 vs. +66.2), anxiety (-3.3 vs. -3.0), depression (-1.7 vs. -2.5), and a 30% or more pain reduction (44% vs. 62%). Skype hypnotherapy is effective but slightly less so than face-to-face treatment. However, many patients would have been unable to access treatment without the Skype option.

### **AUDITORY EVOKED POTENTIALS EVIDENCE FOR DIFFERENCES IN INFORMATION PROCESSING BETWEEN HIGH AND LOW HYPNOTIZABLE SUBJECTS**

**Anna V. Kirenskaya, Zinaida I. Storozheva, Svetlana V. Solntseva, Vladimir Yu Novototsky-Vlasov & Mikhail N. Gordeev**

N100 and P300 auditory evoked potentials in 2-stimulus oddball paradigm were analyzed in high (HH, n = 18) and low (LH, n = 15) hypnotizable participants under waking condition. LH subjects committed more errors than HH subjects. HH subjects demonstrated shorter N100 latencies at frontal electrodes and significant N100 differences between target and nontarget stimuli (higher N100 amplitude and increased latency at parietal sites to targets vs. nontargets), whereas LH subjects failed to show any differences. The overall increase of P300 amplitude with frontal-central localization of P300 maximum was found in HH subjects compared to LH subjects. The obtained results support the psychophysiological model of HH individuals having more effective frontal attentional systems involved in detecting, integrating, and filtering relevant information.



### CALL FOR PAPERS: EVIDENCE-BASED CLINICAL CASE STUDIES

As hypnosis has many applications in medical, dental, and psychological practice, I am issuing an invitation for authors to submit relevant and innovative Evidence-Based Clinical Case Studies for consideration for possible publication in the *International Journal of Clinical and Experimental Hypnosis*. Well-conducted and empirically reported case studies can provide very useful information for clinicians and researchers.

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.

The aim of Evidence-Based Case Studies will be to 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 *IJCEH*.

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 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, procedures, and specific suggestions.
- Appropriate 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.

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## 26TH – 29TH AUGUST 2020 – BASEL, SWITZERLAND

For further information please visit: [www.esh2020.ch](http://www.esh2020.ch)



**NOW CALL FOR ABSTRACTS!**

**15<sup>th</sup> ESH Congress of Clinical Hypnosis and Research**  
 BUILDING BRIDGES AND TRAVELLING CROSSROADS  
 26–29 August, 2020 Basel, Switzerland

**KEY SPEAKERS OF ESH2020**

<b>PRE-CONGRESS WORKSHOP SPEAKERS</b>	<b>CONGRESS KEYNOTE SPEAKERS</b>
Prof. Eric BONVIN, CH	Dipl.-Psych. Consuelo C. CASULA, IT
Tony ROUSMANIERE, PhD, US	Dr. Régis DUMAS, FR
Prof. Bruce WAMPOLD, US	Prof. Marie-Elisabeth FAYMONVILLE, BE
Dr. Philip J. ZINDEL, CH	Prof. Mark P. JENSEN, US
	Dr. Veit MESSMER, DE
	lic. phil. Susy SIGNER-FISCHER, CH
	Dipl.-Psych. Bernhard TRENKLE, DE



**WWW.ESH2020.CH**

Hypnosis bridges mind and body while recognizing their connections and their crossroads. Research through neuro-science is making important strides to uncover the relationships between brain and body while answering these questions: «What happens during therapy? What new options will develop from these discoveries?»

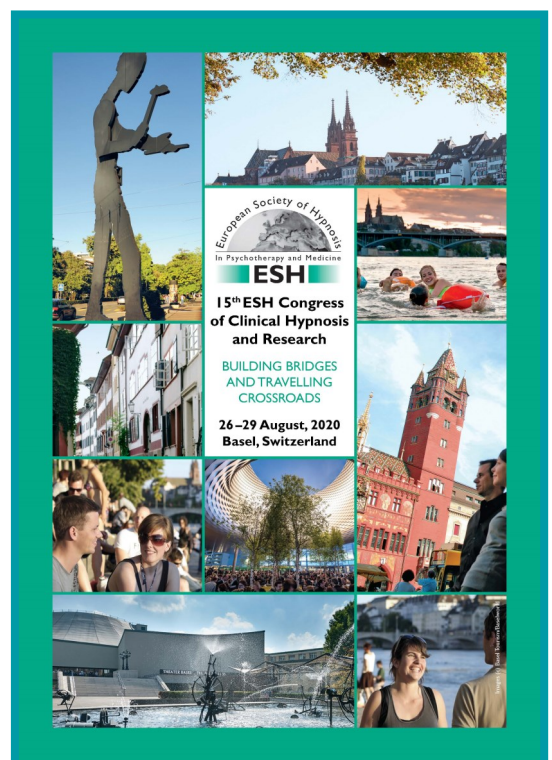
During our congress in Basel, Switzerland, hypnotherapists will share with you in workshops and by presentations in English, French or German language. The capturing of their methods and ways, we hope, will facilitate your own creativity. Whether by the acquisition of new approaches or the consolidation of your methods, your patients will most certainly benefit from your participation.

You are invited to contribute to the congress by submitting an abstract, either for an oral presentation, session or workshop or to be presented as a poster. The submission deadline for your abstract is the 31st October 2019.

Further information may be found on the congress website [www.esh2020.ch](http://www.esh2020.ch)

We are assured that you will feel at home in Switzerland, which by its central location bridges east and west, as well as north and south. The well-developed public transportation provides excellent mobility to and within Basel. The congress centre is located in the heart of the city.

We are looking forward to welcoming you to the 15th ESH Congress of Hypnosis in Basel, Switzerland.





## THE STAGE CREW

**Just like in other organizations, ISH has, standing behind those in the spotlight, many who are working almost unnoticed, “behind the scenes”. In this section we would like to express our appreciation and thanks for their valuable work. Each issue will introduce one person who is working for ISH, either as a volunteer or as a paid employee but without having an official title (yet ☺).**



**Kata Szaniszló**

### **Kata Szaniszló**

*one of the organizers of the upcoming Hypnosis: New Generation (HNG) Conference (May 30 – June 1., Budapest)*

Can you please introduce yourself, giving us the basic information about yourself (name, profession, country, town, affiliation)?

Convention Budapest Ltd has been operating as a Professional Congress Organizer (PCO) since 1995. Our main area of activity is the organization of conferences for medical and healthcare professionals, but we also organize other events and cultural programs (operetta ball, opera gala, concerts of classical music, and musical festivals).

How long have you been connected with ISH / hypnosis? Please describe the way you got connected to this organization.

We started to more deeply connect to hypnosis when we organized the 1<sup>st</sup> International Conference of Hypnosis in Medicine, 2013, Budapest. It was a memorable event even for the members of our company. Then, during the past years we have had several invited hypnosis experts in our medical conferences, like M-E. Faymonville, E. Hansen or K. Szentagothai.

What is your current task here?

I am the registration manager of Hypnosis: New Generation conference. ISH is one of the nominal co-sponsors of this event, what increases its prestige. I am on the “other side” of the emails, registrations and abstracts. Looking forward to meeting in person all the professionals whose data are already familiar for me.

It is our pleasure to collaborate in a project that is focusing on the young people, helping the new generation to be involved in the field.

When not for ISH: what is your professional work?

I am the head of registration; my task is the same what I do for this conference.

And something about your free time. Hobby, preferred pastime?

In my free time I like to travel, watching movies, reading, and I love my cat, called Lush. ☺

Please share with us a memorable moment, or the aspect of your work you prefer the most?

It was one of our congress for dermatologist, called Bőrákadémia. The scientific organizer – Sárdy Professor – at the end of the conference in front of 300 congress participants said “Kata, thank you for your help and work”, gave me a bouquet of flower and everybody applauded. That’s why it is worth it!



# EVENT CALENDAR

## 2019

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, FB, etc.      [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, FB, etc.      [www.mega-2019.at](http://www.mega-2019.at)  
 Further info                         Great anniversary program. Mostly in German language.

Name / title                      Hypnosis: New Generation (HNG)  
 Location                            Budapest, Hungary  
 Date                                    May 30 - June 1, 2019  
 Organizer(s)                        Hungarian Association of Hypnosis, ELTE Affective Psychology Department, SE Anesthesiology and Intensive Therapy Clinic  
 Contact, website, FB, etc.      [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 2, 2019  
 Organizer(s)                        Bernhard Trenkle & Team; Woltemade Hartman  
 Contact, website, FB, etc.      [www.ego-state.de](http://www.ego-state.de)  
 Further info                         German Language Ego-State-Conference

Name / title                      Integrating Ego State Therapy with Creative, Ericksonian and Psychodynamic Therapies; Advanced Workshop  
 Location                            Toronto, Canada  
 Date                                    June 7-8, 2019  
 Organizer(s)                        Canadian Society of Clinical Hypnosis, Ontario Division (CSCH-OD)  
 Contact, website, FB, etc.      [www.csch-od.ca/upcoming\\_workshops/june-2019\\_piret.koppel@yahoo.ca](http://www.csch-od.ca/upcoming_workshops/june-2019_piret.koppel@yahoo.ca)  
 Further info                         Workshop with Susanna Carolusson

Name / title                      4th World Congress on Excellence in Sport and Life  
 Location                            Gavle, Sweden  
 Date                                    June 12-16, 2019  
 Organizer(s)                        [Lars-Eric Unestahl & Colleagues](http://www.wcecongress.com)  
 Contact, website, FB, etc.      [www.wcecongress.com](http://www.wcecongress.com)  
 Further info                         Mentalcoach legend Lars-Eric Unestahl organizes an international congress with a strong international cast



## EVENT CALENDAR

### 2019

Name / title 3<sup>rd</sup> Congress Talking is Not Enough  
 Location Bremen, Germany  
 Date June 20-23, 2019  
 Organizer(s) Trenkle Organisation GmbH  
 Contact, website, FB, etc. [www.redenreichtnicht.de](http://www.redenreichtnicht.de)  
 Further info Founded by Gunther Schmidt, Michael Bohne, Matthias Ohler and Bernhard Trenkle this congress brings together many innovative concepts and speakers

Name / title Begegnungen auf Augenhöhe - Verrückte Wahrheiten; Die hypnosystemische Tagung, Innsbruck (eng. Encounters at Eye Level - Crazy Truths; The Hypnosystemic Conference, Innsbruck)  
 Location Trend Hotel, Innsbruck, Austria  
 Date July 10-12, 2019  
 Organizer(s) MEI-Innsbruck  
 Contact, website, FB, etc. [www.mei-innsbruck.at](http://www.mei-innsbruck.at); [websiteoffice@mei-innsbruck.at](mailto:websiteoffice@mei-innsbruck.at)  
 Further info In July 2020, MEI-Innsbruck will host the second hypnosystemic conference: "Encounters at Eye Level" in Innsbruck, this time with the subtitle "Crazy Truths". The second hypnosystemic conference in Innsbruck will once again bring together people and topics who will present and exchange convincing examples of the constructive design of development processes at eye level under these conditions.

Name / title XXIX. German-Polish Seminar and Supervision Week: "UtiliSEAsation"  
 Location Monastrery Wigry, Poland  
 Date August 24-31, 2019  
 Organizer(s) Polish Milton Erickson Institute & Milton Erickson Institute Rottweil  
 Contact, website, FB, etc. [www.wigry.de](http://www.wigry.de)

Name / title Annual Congress DGZH  
 Location Berlin, Germany  
 Date August 29 - September 1, 2019  
 Organizer(s) DGZH  
 Contact, website, FB, etc. [www.hypnose-kongress-berlin.de](http://www.hypnose-kongress-berlin.de)

Name / title First Asian Congress of Hypnosis  
 Location Mashhad, Iran  
 Date October 15-19, 2019  
 Organizer(s) Mehdi Fathi, MD  
 Contact, website, FB, etc. [www.iran2019.com](http://www.iran2019.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) Society for Clinical and Experimental Hypnosis (SCEH)  
 Contact, website, FB, etc. [www.sceh.us](http://www.sceh.us)





## EVENT CALENDAR

### 2019

Name / title 9<sup>th</sup> Kindertagung (*Hypnotherapy for children and adolescents Conference*)  
 Location Würzburg, Germany  
 Date October 31 - November 3, 2019  
 Organizer(s) Milton Erickson Institut Rottweil & Trenkle Organisation  
 Contact, website, FB, etc. [www.kindertagung.de](http://www.kindertagung.de)  
 Further info Hypnotherapeutic and systemic concepts for working with children and adolescent. Focus topic: Family Cultures in Transition.

Name / title XIII Congresso Nazionale della Società Italiana di Ipnosi (XIII National Congress of the Italian Hypnosis Society) - RAPPORT La relazione ipnotica: una relazione speciale che cura; Responsività, reciprocità e sincronismo nella psicoterapia naturalistica ericksoniana (RAPPORT The hypnotic relationship: a special relationship that cures; Responsiveness, reciprocity and synchronism in ericksonian nature psychotherapy)  
 Location Torino Hotel Golden Palace  
 Date November 7-10, 2019  
 Organizer(s) Camillo Loriedo  
 Contact, website, FB, etc. [www.societaipnosi.it](http://www.societaipnosi.it); [camillo.loriedo@gmail.com](mailto:camillo.loriedo@gmail.com)  
 Further info Invited Speaker: Katalin Varga

Name / title DGH Jahreskongress in Bad Lippspringe, HYPNOSE - Schmerz, lass nach! (HYPNOSIS - Pain, ease!)  
 Location Bad Lippspringe, Germany  
 Date November 14-17, 2019  
 Organizer(s) Deutsche Gesellschaft für Hypnose und Hypnotherapie e.V. (DGH)  
 Contact, website, FB, etc. [www.dgh-hypnose.de/jahreskongress](http://www.dgh-hypnose.de/jahreskongress)  
 Further info [DGH-Geschaefsstelle@t-online.de](mailto:DGH-Geschaefsstelle@t-online.de)

Name / title The 35th Annual Congress of the Japan Institute of Hypnosis - Hypnosis as Psychosomatic Therapy Problems in Clinical Hypnosis  
 Location Sakae Gas Building, Nagoya, Japan  
 Date November 26-27, 2019  
 Organizer(s) Hitoshi Ishihara  
 Contact, website, FB, etc. [info@ishihara-clinic.jp](mailto:info@ishihara-clinic.jp)

Name / title DGH Jahreskongress in Bad Lippspringe, HYPNOSE - kreativer Dialog mit dem Unbewussten (Creative Dialogue with the Unconscious)  
 Location Bad Lippspringe, Germany  
 Date November 19-22, 2020  
 Organizer(s) Deutsche Gesellschaft für Hypnose und Hypnotherapie e.V. (DGH)  
 Contact, website, FB, etc. [DGH-Geschaefsstelle@t-online.de](mailto:DGH-Geschaefsstelle@t-online.de)

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  
 Contact, website, FB, etc. [www.erickson-foundation.com](http://www.erickson-foundation.com)



# EVENT CALENDAR

## 2020

Name / title	MEG Jahrestagung; Die Geister, die ich rief: Bewusstsein und Beziehung im digitalen Zeitalter (MEG Annual Conference; The spirits I called: Consciousness and Relationship in the Digital Age)
Location	Bad Kissingen, Germany
Date	March 19 - 22, 2020
Organizer(s)	Milton Erickson Society (MEG)
Contact, website, FB, etc.	<a href="http://www.meg-tagung.de">www.meg-tagung.de</a>

Name / title	7th World Ego State Therapy Congress
Location	21 April 2020: Pre-Congress Workshops, Vineyard Hotel, Cape Town 23-25 April 2020: Main Congress, Vineyard Hotel, Cape Town 27-30 April 2020: Post Congress Safari, Mabula Lodge (Congress days: 29 and 30 April 2020)
Date	April 23-25, 2020
Organizer(s)	Milton H. Erickson Institute of South Africa
Contact, website, FB, etc.	<a href="http://www.meisa.biz/meisa-congress-april-2020.php">www.meisa.biz/meisa-congress-april-2020.php</a>
Further info	The Milton H. Erickson Institute of South Africa (MEISA) is hosting a psychotherapy congress: Trance, Treasures, Trauma, Touch and Transformation. Although this congress is a psychotherapy congress it will also include the 7th World Ego State Therapy Congress. The workshop programme will be in English and German. The workshops will cover a wide variety of topics in the fields of psychotherapy, psychology and psychosomatic medicine. We are planning an interesting programme at two different locations in South Africa, namely the Main Congress at the Vineyard Hotel, Cape Town from 23-25 April 2020 and the Post Congress Safari at Mabula Lodge on 27-30 April 2020. This will give you the opportunity to attend the congresses and simultaneously also experience the beauty of our wonderful country and its diversity. The setting of both venues is truly beautiful, and the cultural and recreational opportunities offered during the both congresses are matched by the warm hospitality with which we welcome visitors who grace our shores. On 21 April 2020 a Pre-Congress Workshop in both German and English will be hosted. Dr. Jochen Peichl will present an advanced Ego State Therapy workshop for German speaking delegates and Dr's. Woltemade Hartman and Maggie Phillips will present an advanced workshop in English focusing on Hypnosis, Pain, Ego State Therapy and Body therapeutic approaches.

Name / title	15 <sup>th</sup> European Hypnosis Congress
Location	Basel, Switzerland
Date	August 26-29, 2020
Organizer(s)	ESH
Contact, website, FB, etc.	<a href="http://www.esh-hypnosis.eu">www.esh-hypnosis.eu</a>

## 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, FB, etc.	<a href="http://www.hypnosis2021.com">www.hypnosis2021.com</a>



# EVENT CALENDAR

## 2019

### New highlights

Name / title 2019 Midyear Clinical Hypnosis Workshops - Second Annual  
 Location Holiday Inn Hotel & Suites Denver Tech Center-Centennial, Centennial (Denver), CO  
 Date April 26-27, 2019  
 Organizer(s) Society for Clinical & Experimental Hypnosis (SCEH)  
 Contact, website, FB, [www.sceh.us/2019-midyear-workshops](http://www.sceh.us/2019-midyear-workshops)  
 etc.  
 Further info Introductory, Intermediate and Advanced Workshops.

Name / title 2019 SCEH Annual Conference, 70th Annual Workshops & Scientific Program: Clinical and Applied Hypnosis: Evidence-based Practice and the Therapeutic Relationship  
 Location Ace Hotel, New Orleans, LA  
 Date October 16-20, 2019  
 Organizer(s) Society for Clinical & Experimental Hypnosis (SCEH)  
 Contact, website, FB, [www.sceh.us/2019-new-orleans](http://www.sceh.us/2019-new-orleans)  
 etc.  
 Further info Introductory, Skills and Advanced Workshops plus Scientific Program.

Name / title BSCAH National Conference 2019 - Integrating hypnosis into primary and secondary care  
 Location Queens Oncology and Haematology Centre at Castle Hill Hospital, Cottingham HU16 5JQ  
 Date June 7-8, 2019  
 Organizer(s) BSCAH  
 Contact, website, FB, [www.bscah.com/book-event/natcon-2019](http://www.bscah.com/book-event/natcon-2019)  
 etc.  
 Further info --

Name / title BSCAH: MIDLANDS BRANCH - INTRODUCTION TO CLINICAL HYPNOSIS  
 Location Tettenhall, Wolverhampton, UK  
 Date April 7, 2019  
 Organizer(s) BSCAH - British Society of Clinical and Academic Hypnosis  
 Contact, website, FB, [www.bscah.com/book-event/introclinicalhyp](http://www.bscah.com/book-event/introclinicalhyp)  
 etc.  
 Further info --

Name / title **1st Franco-Mexican Congress of Hypnosis**  
 Location Hotel Emporio Cancún, Cancun, Rivera Maya, México  
 Date Pre-congress: November 19, 2019; Main-congress: November 20-23, 2019  
 Organizer(s) Centro Ericksoniano de México y Emergences  
 Contact, website, FB, [www.hypnoses.com/congres-cancun-2019](http://www.hypnoses.com/congres-cancun-2019) ; [www.grupocem.edu.mx](http://www.grupocem.edu.mx)  
 etc.  
 Further info Dr. Claude Virot, Director of Emergences and Mrs. Teresa Robles, Director of the Ericksonian Centre in Mexico City, join forces to offer you. During 4 days, 6 Mexican and 10 French speakers followed one another during conferences and workshops, translated into both languages. **Price from 25 January to 14 June 2019: 340 €**; From 15 June 2019: €390



## MARK THE DATES

# H:NG

Here and Now!



HYPNOSIS: NEW GENERATION

**Budapest**  
**2019 May 30 – June 1.**

A conference for young / new generation of researchers and therapists in the fields of hypnosis, suggestions, and altered states of consciousness.

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

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 Hotel Golden Palace**  
**7-10 Novembre 2019**

INVITED SPEAKER

**KATALIN VARGA**

MTA-ELTE Lendület Adaptation Research Group,  
Direttore, Institute of Psychology, ELTE Eötvös Loránd University di Budapest  
ISH Jay Haley Award

**Pre-Congress Workshop**  
Techniques of rapport management

**Keynote Address**

Interactional synchrony – is this the key to rapport?

**Società Italiana di Ipnosi**

Corso Trieste, 146 - 00198, Rome, Italy  
TEL & FAX 06 8548205 CELL. 392 9944240  
ipnosi@gmail.com - www.societaipnosi.it

EARLY REGISTRATION AND CALL FOR PAPERS

## 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!

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





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