



# The International Society of Hypnosis

# NEWSLETTER

## Building Bridges of Understanding 2026, Volume 50, No. 1

MARCH 2026

A LETTER FROM THE PRESIDENT

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KRZYSZTOF KLAJS

### Dear ISH Members,

As December turns into January, the year 2025 comes to a close and 2026 begins. For some, this moment invites planning and anticipation, a forward gaze filled with hope. Others look back, taking stock of what has passed. And many simply stay in the present—celebrating, enjoying the moment, unconcerned with what was or what might be. This turning point offers a natural opportunity to reflect on how we perceive time.

Time perception plays a significant role in psychotherapy. Analytically oriented approaches examine how past experiences shape present mental health.

Ericksonian therapy places strong emphasis on expectation, imagination, and the search for a better future. Gestalt therapy centers attention on what unfolds here and now. Beyond therapeutic models, the perception of time also appears to be an individual trait—one that can characterize not only individuals, but families, communities, and even entire cultures.

ISH’s motto, “Building Bridges of Understanding,” invites us to look more closely at how time is experienced across different parts of the world. What unites us in these perceptions, and what sets us apart?

I warmly invite you to share your reflections. How is time experienced where you live and work? How does your cultural background shape your relationship to past, present, and future? Please write to me or to the Newsletter so that we can deepen our understanding of the richness and diversity within our society. Getting to know one another more fully strengthens understanding—and makes cooperation easier and more meaningful.

The transition from December to January marks the end of one year and the beginning of another, but only within a particular cultural context. In many places, this turning moment occurs at a different time altogether. I encourage you to share when and how this transition is marked in your cultural homeland. And perhaps most intriguingly: what year is it now, where you are?

With warm regards,  
**Kris Klajs**  
ISH President



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# EIN BRIEF DES PRÄSIDENTEN

ÜBERSETZT VON ANITA JUNG

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**Liebe Kolleginnen und Kollegen,**

wenn der Dezember dem Januar weicht, geht das Jahr 2025 zu Ende und 2026 beginnt. Für manche ist dieser Moment von Planung und Vorfreude geprägt – ein hoffnungsvoller Blick nach vorn. Andere blicken zurück und ziehen Bilanz. Viele verharren im Hier und Jetzt – sie feiern, genießen den Moment und lassen Vergangenes wie Kommendes beiseite. Dieser Wendepunkt bietet eine natürliche Gelegenheit, darüber nachzudenken, wie wir Zeit wahrnehmen.

Die Wahrnehmung von Zeit spielt in der Psychotherapie eine bedeutende Rolle. Analytisch orientierte Ansätze untersuchen, wie vergangene Erfahrungen die gegenwärtige psychische Gesundheit prägen. Die Ericksonsche Therapie legt einen starken Schwerpunkt auf Erwartung, Imagination und die Suche nach einer besseren Zukunft. Die Gestalttherapie richtet ihre Aufmerksamkeit auf das, was sich im Hier und Jetzt entfaltet. Über therapeutische Modelle hinaus scheint Zeitwahrnehmung auch eine individuelle Eigenschaft zu sein – eine, die nicht nur Einzelpersonen, sondern auch Familien, Gemeinschaften und sogar ganze Kulturen charakterisieren kann.

Das Motto der ISH, „Building Bridges of Understanding“, lädt uns ein, genauer hinzuschauen, wie Zeit in verschiedenen Teilen der Welt erlebt wird. Was verbindet uns in diesen Wahrnehmungen, und was unterscheidet uns?

Ich lade Sie herzlich ein, Ihre Gedanken zu teilen. Wie wird Zeit dort erlebt, wo Sie leben und arbeiten? Wie prägt Ihr kultureller Hintergrund Ihre Beziehung zur Vergangenheit, Gegenwart und Zukunft? Bitte schreiben Sie mir oder der Newsletter-Redaktion, damit wir unser Verständnis für den Reichtum und die Vielfalt innerhalb unserer Gesellschaft vertiefen können. Einander besser kennenzulernen stärkt das Verständnis – und macht Zusammenarbeit leichter und sinnvoller.

Der Übergang von Dezember zu Januar markiert das Ende eines Jahres und den Beginn eines neuen – jedoch nur innerhalb eines bestimmten kulturellen Kontexts. In vielen Teilen der Welt findet dieser Wendepunkt zu einem ganz anderen Zeitpunkt statt. Ich ermutige Sie, mitzuteilen, wann und wie dieser Übergang in Ihrer kulturellen Heimat begangen wird. Und vielleicht am spannendsten: Welches Jahr ist es dort, wo Sie sich gerade befinden?

Mit herzlichen Grüßen  
**Kris Klajs**  
Präsident der ISH



# LA LETTRE DU PRÉSIDENT (FR)

TRADUCTION NICOLE RUYSSCHAERT

**Chères et chers collègues,**

Alors que décembre cède la place à janvier, l'année 2025 s'achève et 2026 commence. Pour certains, ce moment invite à la planification et à l'anticipation, à un regard tourné vers l'avenir et rempli d'espoir. D'autres se tournent vers le passé pour faire le bilan de ce qui a été. Et beaucoup restent simplement dans le présent — célébrant, profitant de l'instant, sans se soucier de ce qui fut ou de ce qui sera.

Ce moment de transition offre une occasion naturelle de réfléchir à la manière dont nous percevons le temps.

La perception du temps joue un rôle important en psychothérapie. Les approches d'orientation analytique examinent comment les expériences passées façonnent la santé mentale actuelle. La thérapie Ericksonienne met fortement l'accent sur l'attente, l'imagination et la recherche d'un avenir meilleur. La thérapie gestaltiste centre son attention sur ce qui se déploie ici et maintenant. Au-delà des modèles thérapeutiques, la perception du temps semble également être un trait individuel capable de caractériser non seulement les individus, mais aussi les familles, les communautés et même des cultures entières.

La devise de l'ISH, « *Building Bridges of Understanding* », nous invite à examiner de plus près la manière dont le temps est vécu dans différentes régions du monde. Qu'est-ce qui nous unit dans ces perceptions, et qu'est-ce qui nous distingue ?

Je vous invite chaleureusement à partager vos réflexions. Comment le temps est-il vécu là où vous vivez et travaillez ? Comment votre contexte culturel façonne-t-il votre relation avec le passé, le présent et à l'avenir ? N'hésitez pas à m'écrire ou à écrire à la rédaction de la Newsletter afin que nous puissions approfondir notre compréhension de la richesse et de la diversité de notre société. Mieux nous connaître renforce la compréhension — et rend la coopération plus facile et pleine de sens.

Le passage de décembre à janvier marque la fin d'une année et le début d'une autre, mais uniquement dans un contexte culturel particulier. Dans de nombreux pays, ce moment charnière a lieu à un moment complètement différent. Je vous encourage à partager quand et comment cette transition est célébrée dans votre culture d'origine. Et peut-être la question la plus intrigante : quelle année est-il actuellement là où vous vous trouvez ?

Avec mes salutations chaleureuses,

**Kris Klajs**

Président de l'ISH





# LETTERA DEL PRESIDENTE (IT)

TRADUZIONE IN ITALIANO DI CONSUELO CASULA

## Cari college e colleghi,

mentre dicembre si trasforma in gennaio, l'anno 2025 giunge al termine e inizia il 2026. Per alcuni, questo momento invita alla pianificazione e all'attesa, a uno sguardo rivolto al futuro e colmo di speranza. Altri si voltano indietro, facendo il punto su ciò che è stato. E molti rimangono semplicemente nel presente, celebrando, godendo dell'istante, senza preoccuparsi di ciò che è stato o di ciò che verrà.

Questo passaggio offre una naturale opportunità per riflettere su come percepiamo il tempo.

La percezione del tempo svolge un ruolo significativo nella psicoterapia. Gli approcci di orientamento analitico esaminano come le esperienze passate influenzino la salute mentale nel presente. La terapia ericksoniana pone una forte enfasi sull'aspettativa, sull'immaginazione e sulla ricerca di un futuro migliore. La terapia della Gestalt concentra l'attenzione su ciò che si manifesta qui e ora. Al di là dei modelli terapeutici, la percezione del tempo sembra essere anche una caratteristica individuale, capace di definire non solo le persone, ma anche famiglie, comunità e persino intere culture.

Il motto dell'ISH, "Building Bridges of Understanding", ci invita a osservare più da vicino come il tempo venga vissuto nelle diverse parti del mondo. Che cosa ci unisce in queste percezioni, e che cosa ci distingue?

Vi invito calorosamente a condividere le vostre riflessioni. Come viene vissuto il tempo nel luogo in cui vivete e lavorate? In che modo il vostro contesto culturale plasma il vostro rapporto con passato, presente e futuro? Scrivetemi o scrivete alla Newsletter affinché possiamo approfondire la nostra comprensione della ricchezza e della diversità all'interno della nostra società. Conoscerci meglio rafforza la comprensione, e rende la collaborazione più facile e significativa.

Il passaggio da dicembre a gennaio segna la fine di un anno e l'inizio di un altro, ma solo all'interno di un determinato contesto culturale. In molti luoghi, questo momento di svolta avviene in un periodo completamente diverso. Vi incoraggio a condividere quando e come questa transizione viene celebrata nella vostra cultura di origine. E forse la domanda più affascinante: che anno è adesso, dove vi trovate?

Cordiali saluti,  
**Kris Klajs**  
Presidente dell'ISH

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THE INTERNATIONAL SOCIETY OF HYPNOSIS



# CARTA DEL PRESIDENTE (ES)

TRADUCIDO POR TERESA ROBLES

Estimadas y estimados colegas,

A medida que diciembre da paso a enero, el año 2025 llega a su fin y comienza 2026. Para algunos, este momento invita a planificar y anticipar, a mirar hacia adelante con esperanza. Otros miran atrás, haciendo balance de lo vivido. Y muchos simplemente permanecen en el presente — celebrando, disfrutando del momento, sin preocuparse por lo que fue o por lo que vendrá.

Este punto de transición ofrece una oportunidad natural para reflexionar sobre cómo percibimos el tiempo.

La percepción del tiempo desempeña un papel importante en la psicoterapia. Los enfoques de orientación analítica examinan cómo las experiencias pasadas influyen en la salud mental presente. La terapia ericksoniana pone un fuerte énfasis en la expectativa, la imaginación y la búsqueda de un futuro mejor. La terapia Gestalt centra su atención en lo que se despliega aquí y ahora. Más allá de los modelos terapéuticos, la percepción del tiempo parece ser también un rasgo individual — uno que puede caracterizar no solo a las personas, sino también a las familias, las comunidades e incluso a culturas enteras.

El lema de la ISH, “Building Bridges of Understanding”, nos invita a observar más de cerca cómo se vive el tiempo en distintas partes del mundo. ¿Qué nos une en estas percepciones y qué nos diferencia?

Les invito cordialmente a compartir sus reflexiones. ¿Cómo se experimenta el tiempo en el lugar donde viven y trabajan? ¿De qué manera su trasfondo cultural da forma a su relación con el pasado, el presente y el futuro? Por favor, escríbanme a mí o a la redacción del Newsletter para que podamos profundizar nuestra comprensión de la riqueza y diversidad dentro de nuestra sociedad. Conocernos mejor fortalece el entendimiento — y hace que la cooperación sea más fácil y significativa.

La transición de diciembre a enero marca el final de un año y el comienzo de otro, pero solo dentro de un contexto cultural específico. En muchos lugares, este momento de cambio ocurre en una época completamente distinta. Les animo a compartir cuándo y cómo se marca esta transición en su cultura de origen. Y quizás lo más intrigante: ¿qué año es ahora, allí donde se encuentran?

Cordialmente  
**Kris Klajs**  
Presidente de la ISH



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## LETTER FROM THE EDITOR

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Anita Jung

**Dear Colleagues,**

As President Klajs opens this year by inviting us to reflect on time—how it is experienced across cultures and traditions—we are reminded that perspective shapes everything. Past, present, and future are not merely dates; they are lenses through which we understand ourselves and one another.

Across this issue, those lenses unfold in many ways: in the evidence surrounding hypnosis and body- and weight-related struggles in the continued refinement of Ericksonian thought within the *International Journal of Clinical and Experimental Hypnosis*; in reflections on artificial intelligence and how it subtly reshapes communication, trust, authority, and care; in conversations that emphasize both human resourcefulness and grounded realism—and even in the lighter reminder that sometimes the true alternative is not found within the same system at all.

Beyond our pages, the wider world moves with intensity. Divisions can feel pronounced. Histories differ. Political realities shape daily life. Borders shift. Conflicts rise and fall. Voices grow louder.

Yet, across continents, within this community of hypnosis, something quieter persists: a shared commitment to relieving suffering, a belief in human resourcefulness, a discipline built on listening—deeply, carefully, respectfully.

We may live under different political skies and begin our year on different dates. But when we sit with a patient—whether in a clinic, a hospital, or a modest office somewhere in the world—we enter the same essential space: one human being accompanying another toward relief, clarity, or renewed strength.

Hypnosis has always required attention to context—to what is spoken and what is implied, to what is visible and what unfolds beneath the surface. In that sense, our field carries a quiet relevance in uncertain times. We know how to frame experience in ways that restore agency without denying reality. We know how to cultivate trust. We know how to hold complexity without collapsing into it.

Wherever you are reading this—whatever year your culture names this moment - may we continue building bridges not only of understanding, but of care.

With respect and solidarity,

**Anita Jung**

Editor, ISH Newsletter

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# CARTA DE LA EDITORA

SPANISH TRANSLATION: BY TERESA ROBLES

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Queridos colegas:

Al iniciar este año, el Presidente Klajs nos invita a reflexionar sobre el tiempo y sobre la manera en que se vive en distintas culturas y tradiciones. Esto nos recuerda que la perspectiva lo cambia todo. El pasado, el presente y el futuro no son solamente fechas; son formas de mirar desde las cuales nos comprendemos a nosotros mismos y a los demás.

A lo largo de este número, esas perspectivas se despliegan de muchas maneras: en la evidencia en torno a la hipnosis y los conflictos relacionados con el cuerpo y el peso; en la continua depuración del pensamiento ericksoniano dentro del International Journal of Clinical and Experimental Hypnosis; en las reflexiones sobre la inteligencia artificial y la forma en que, sutilmente, transforma la comunicación, la confianza, la autoridad y el cuidado; en conversaciones que subrayan tanto la capacidad humana de encontrar recursos como un realismo bien fundamentado; e incluso en el recordatorio, más ligero, de que a veces la verdadera alternativa ni siquiera se encuentra dentro del mismo sistema.

Más allá de estas páginas, el mundo avanza con intensidad. Las divisiones pueden sentirse marcadas. Las historias son distintas. Las realidades políticas moldean la vida cotidiana. Las fronteras cambian. Los conflictos surgen y disminuyen. Las voces se vuelven más fuertes.

Y, sin embargo, a través de continentes, dentro de esta comunidad de hipnosis, persiste algo más silencioso: un compromiso compartido con aliviar el sufrimiento, una convicción en la capacidad de las personas para encontrar sus propios recursos y una disciplina construida sobre la escucha profunda, cuidadosa y respetuosa.

Podemos vivir bajo cielos políticos distintos y comenzar el año en fechas diferentes. Pero cuando nos sentamos con un paciente —ya sea en una clínica, en un hospital o en un consultorio modesto en cualquier parte del mundo— entramos en el mismo espacio esencial: un ser humano acompañando a otro para lograr el alivio, la claridad o una fuerza renovada.

La hipnosis siempre ha requerido poner atención en el contexto: a lo que se dice y a lo que se sugiere, a lo que es visible y a lo que se despliega debajo de la superficie. En ese sentido, nuestro campo tiene una relevancia discreta en tiempos inciertos. Sabemos cómo reencuadrar la experiencia de maneras que restauran pero sin negar la realidad. Sabemos cómo cultivar la confianza. Sabemos cómo sostener la complejidad sin derrumbarnos dentro de ella.

Dondequiera que estés leyendo esto —sea cual sea el año con el que tu cultura nombre este momento— sigamos tendiendo puentes no solo de comprensión, sino también de cuidado.

Con respeto y solidaridad,

Anita Jung  
Editora, ISH Newsletter  
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Translation: Initial DeepL translation, edited, and finalized by Teresa Robles



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# BRIEF DER REDAKTEURIN

GERMAN TRANSLATION: BY ANITA JUNG

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## **Liebe Kolleginnen und Kollegen,**

Präsident Klaus eröffnet das neue Jahr mit einer Einladung, über Zeit nachzudenken – darüber, wie sie in unterschiedlichen Kulturen und Traditionen erlebt wird. So wird spürbar, dass Vergangenheit, Gegenwart und Zukunft nicht nur Zahlen im Kalender sind, sondern Blickwinkel, durch die wir uns selbst und einander verstehen.

In dieser Ausgabe entfalten sich diese Perspektiven auf vielfältige Weise: in der Evidenz zur Wirksamkeit von Hypnose bei Körper- und Gewichtsproblemen; in den Innovationen und therapeutischen Ansätzen des Ericksonianischen Denkens im *International Journal of Clinical and Experimental Hypnosis*; in Reflexionen über Künstliche Intelligenz und darüber, wie sie Kommunikation, Vertrauen, Autorität und Fürsorge subtil verändert; in Gesprächen, die sowohl menschliche Ressourcen als auch einen realistischen Blick auf konkrete Lebensbedingungen betonen – und selbst in dem augenzwinkernden Hinweis darauf, dass die eigentliche Alternative mitunter ganz woanders zu finden ist.

Jenseits unserer Seiten bewegt sich die Welt mit eigener Dynamik. Politische Realitäten, unterschiedliche Geschichten und historische Erfahrungen prägen den Alltag; Grenzen verschieben sich, Konflikte flammen auf und klingen wieder ab.

Gleichzeitig bleibt in dieser internationalen Gemeinschaft der Hypnose, über Kontinente hinweg, etwas Leiseres bestehen: ein gemeinsames Engagement für die Verlingerung von Leidensdruck, ein Vertrauen in menschliche Ressourcen, eine Disziplin, die auf aufmerksamem, sorgfältigem und respektvollem Zuhören gründet.

Wir leben in unterschiedlichen politischen Realitäten und beginnen das Jahr zu verschiedenen Zeiten. Doch wenn wir mit einem Patienten oder einer Patientin zusammensitzen – ob in einer Klinik, einem Krankenhaus oder in einer kleinen Praxis irgendwo auf der Welt –, entsteht derselbe Raum: der Raum der Begegnung, in dem ein Mensch einen anderen auf dem Weg zu Erleichterung, Klarheit oder neuer Orientierung begleitet.

Hypnose verlangt Aufmerksamkeit für den Kontext – für das Ausgesprochene ebenso wie für das Unausgesprochene, für das Sichtbare ebenso wie für das, was sich unter der Oberfläche entfaltet. Gerade in unsicheren Zeiten zeigt sich die Bedeutung unserer Arbeit. Wir wissen, wie sich Erfahrungen so einordnen lassen, dass neue Handlungsspielräume entstehen, ohne die Realität zu verleugnen. Wir wissen, wie Vertrauen wachsen kann, und wie man inmitten von Komplexität handlungsfähig bleibt.

Wo immer Sie diese Zeilen lesen – welches Jahr Ihr Kalender diesem Moment auch zuschreibt –, bauen wir weiterhin Brücken des Verständnisses und der Fürsorge.

Mit Respekt und Verbundenheit,

**Anita Jung**

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Translation: Initial DeepL translation, edited, and finalized by Anita Jung



# LETTRE DE LA RÉDACTRICE

FRENCH TRANSLATION: BY NICOLE RUYSSCHAERT

**Chères et chers collègues,**

Le Président Klajs ouvre cette nouvelle année par une invitation à réfléchir au temps — à la manière dont il est vécu dans différentes cultures et traditions. Il devient ainsi perceptible que le passé, le présent et l'avenir ne sont pas seulement des dates inscrites au calendrier, mais des 'lentilles' à travers lesquelles nous nous comprenons nous-mêmes et les uns les autres.

Dans ce numéro, ces perspectives se déploient de multiples façons : dans les preuves concernant l'efficacité de l'hypnose face aux problématiques liées au corps et au poids ; dans les innovations et les approches thérapeutiques issues de la pensée Ericksonienne au sein de l'*International Journal of Clinical and Experimental Hypnosis* ; dans les réflexions sur l'intelligence artificielle et comment elle transforme subtilement la communication, la confiance, l'autorité et le soin ; dans des échanges qui soulignent à la fois les ressources humaines et le point de vue réaliste sur les conditions de vie — et même dans l'humour qui nous rappelle qu'une alternative se trouve parfois ailleurs.

Au-delà de nos pages, le monde évolue avec sa propre intensité. Les réalités politiques, les histoires différentes et les expériences collectives marquent le quotidien ; les frontières se déplacent, les conflits surgissent puis s'apaisent.

Pourtant, au sein de cette communauté internationale de l'hypnose, quelque chose demeure — au-delà des continents : un engagement commun à réduire la souffrance, une confiance dans les ressources humaines, une discipline fondée sur une écoute attentive, rigoureuse et respectueuse.

Nous vivons dans des réalités politiques différentes et commençons l'année à des dates différentes. Mais lorsque nous nous asseyons avec un patient — dans une clinique, un hôpital ou un cabinet modeste quelque part dans le monde — le même espace se crée : un espace de rencontre, où un être humain accompagne un autre pour y trouver du soulagement, de clarté ou de la force.

L'hypnose exige une attention au contexte — à ce qui est dit comme à ce qui ne l'est pas, à ce qui est visible comme à ce qui se déploie sous la surface. Notre travail apparaît pertinent en période d'incertitude. Nous pouvons cadrer les expériences et ouvrir de nouveaux espaces d'action, sans nier la réalité. Nous pouvons donner de la confiance. Nous sommes prêtes à agir au cœur de la complexité.

Où que vous lisiez ces lignes — quel que soit le nom que votre calendrier donne à cette année — nous continuons à construire des ponts non seulement de compréhension mais aussi de soin.

Avec respect et solidarité,

**Anita Jung**

Rédactrice, Bulletin de l'ISH

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Translation: Initial DeepL translation, edited, and finalized by Nicole Ruyschaert

# LETTERA DELL'EDITORE

ITALIAN TRANSLATION: BY CONSUELO CASULA



**Care e cari colleghi,**

Il Presidente Klajs inaugura il nuovo anno invitandoci a riflettere sul tempo — su come venga vissuto nelle diverse culture e tradizioni. Diventa così evidente che passato, presente e futuro non sono soltanto date sul calendario, ma prospettive attraverso cui comprendiamo noi stessi e gli altri.

In questo numero tali prospettive si esprimono in molteplici modi: nelle evidenze relative all'efficacia dell'ipnosi nei disturbi del corpo e relativi al peso, nelle innovazioni e negli sviluppi terapeutici del pensiero ericksoniano all'interno dell'*International Journal of Clinical and Experimental Hypnosis*; nelle riflessioni sull'intelligenza artificiale e su come essa modifichi sottilmente la comunicazione, la fiducia, l'autorità e la cura; nelle conversazioni che mettono in luce sia le risorse umane sia un solido realismo— e persino nel leggero richiamo che talvolta la vera alternativa non si trova all'interno dello stesso sistema.

Oltre le nostre pagine, il mondo più ampio si muove con intensità. Le divisioni possono essere marcate. Le storie sono diverse. Le realtà politiche plasmano la vita quotidiana. I confini cambiano. I conflitti aumentano e diminuiscono. Le voci si fanno più forti.

Eppure, attraverso i continenti, all'interno di questa comunità internazionale dell'ipnosi qualcosa di più silenzioso persiste: l'impegno condiviso nel ridurre la sofferenza, la fiducia nelle risorse umane, la disciplina fondata su un ascolto profondo, attento e rispettoso.

Possiamo vivere in realtà politiche differenti e iniziare l'anno in momenti diversi. Ma quando ci sediamo con a un paziente — in una clinica, in un ospedale o in uno studio, ovunque nel mondo — entriamo nello stesso spazio essenziale: uno spazio di incontro in cui un essere umano accompagna un altro verso il sollievo, la chiarezza o la forza rinnovata.

L'ipnosi ha sempre mostrato attenzione al contesto: a ciò che viene detto e a ciò che è implicito, a ciò che è visibile e a ciò che si dispiega sotto la superficie. In questo senso, il nostro campo ha una discreta rilevanza in tempi incerti. Sappiamo come dare forma alle esperienze affinché si aprano nuovi spazi di azione, senza negare la realtà. Sappiamo come coltivare la fiducia. Sappiamo come gestire la complessità senza crollare al suo interno.

Ovunque leggate queste righe — qualunque anno la vostra cultura nomini questo in corso— continuiamo a costruire ponti non solo di comprensione ma anche di cura.

Con rispetto e solidarietà,

**Anita Jung**

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Translation: Initial DeepL translation, edited, and finalized by Consuelo Casula



# MAIN INTERVIEW

Interview conducted by Nicole Ruyschaert



Frauke Niehues

Frauke Niehues is a licensed psychotherapist as well as a personnel and organizational development trainer. She is qualified in clinical hypnosis, behavioral therapy, client-centered counseling by Rogers as well as emotional competence training.

Thank you for accepting our invitation to be interviewed for the ISH NL

**NR** “What was your first encounter with hypnosis? How did you feel about it? Which impressions did you have?”

**FN** During my psychology studies and even in the three-year postgraduate training as a psychological psychotherapist, I hardly came into contact with hypnosis at all.

The only scene I still remember is an arm-levitation exercise in a seminar on a completely different topic – I do not even recall which one – where the lecturer briefly mentioned that hypnotic phenomena could be used, for example, in the treatment of chronic pain. I found this intriguing, but it was presented without any in-depth exploration or follow-up, and the experience disappeared from my awareness soon afterwards.

After graduating I was licensed as a cognitive behavioural therapist, but I always had the feeling that I was not fully at home in this approach – as if something important was missing. I repeatedly ran into the same kinds of problems. A typical example was patients telling me: “In my head I understand everything; in my head I know, for instance, that I am worth something – but I cannot feel it, not in my gut,” or: “I now know where it comes from and what I would have to do differently, we have practised it – but in real situations, under stress, I have no access to it.” I also had the sense that many of the solutions we developed were not individual enough. I was bothered by the degree of manualisation and by the underlying idea that I, as the therapist, supposedly knew better than my client and should often persuade or convince them.

This is why I attended many additional trainings and eventually ended up in a seminar with Manfred Prior on hypnosis and his MiniMax interventions – and there, for the first time, I had the feeling: “This is where I belong.” Right at the beginning he gave a demonstration using a MiniMax intervention: The conversation appeared completely organic, as if it simply evolved on its own, and at the same time I could sense that he was doing “something” that changed the whole atmosphere. I watched how the client suddenly gained a very different access to herself and, from within, developed creative and very fitting solutions – ideas I would never have come up with myself and that went far beyond what my previous repertoire of standard methods had to offer.

I have always been fascinated by **language**; I used to read linguistics articles and books just for pleasure, and it was precisely these subtle linguistic nuances that caught my attention in this demonstration. Interestingly, I was extremely skeptical about the group trance Manfred guided us through in that seminar and remember thinking: “Well, this is really a bit of hocus-pocus.” Still, I was so enthusiastic about the rest of the seminar that I decided: If trance work is part of the training, I will accept that – I do not necessarily have to use it in my practice.

However, this changed very quickly during the curriculum. Already in the second seminar I experienced a trance that was so intense and helpful that I went home



in the evening, told my husband about it in great excitement and realised: Now I am fully “on board”. The initial skepticism had turned into deep curiosity and a strong conviction that something genuinely meaningful and effective was happening here.

**NR** Nice to hear how these experiences opened a door to your hypnotic practice and training! How did or do your colleagues react when you talk about hypnosis?

**FN** When I talk to colleagues about hypnosis, I encounter often almost exactly the same ambivalence that runs through the history of hypnosis itself: It is seen either as a near “miracle cure” or as something rather dubious, almost charlatan-like. Some colleagues are extremely interested, very open and curious, and immediately want to know more or consider doing a training themselves. Others react much more skeptically, with a rather defensive or rejecting attitude, and primarily associate hypnosis with stage shows, loss of control or questionable promises.

**NR** Yes, these kinds of reactions and ambivalence are quite common. I hear them all over the world. But despite of that you have found a way to integrate hypnosis in your work and in your career. Can you give a brief overview of your career, and your work and the place hypnosis has in it.

**FN** After my formal training in psychology, client-centred counselling based on Carl Rogers’ approach, I became a licenced cognitive behavioural therapist, I soon started to explore further trainings and almost simultaneously discovered both hypnotherapy and emotion-focused methods such as training emotional competencies. At that time behaviour therapy was still strongly influenced by the “black box” model, focusing mainly on observable input and output, and emotions played, in my view, a surprisingly small role – so learning both hypnosis and emotion-focused work at the same time felt like filling up an important gap. Because I found both perspectives so helpful, I quite early began to teach in these areas. I have always enjoyed developing concepts, creating teaching materials and diving into new topics, and through previous work on the boards of childcare centres – while my own children were little – I had already gained experience in training and consulting, which I then gradually transferred to my core profession in psychotherapy and coaching. Over the years, my collaboration with Manfred Prior has become increasingly close: after completing his hypnotherapy curriculum, we realised how fruitful our professional exchange was; today we jointly lead the MEG-Institute Frankfurt-Gießen, with Manfred focusing more on new projects while I am responsible for most of the organisational aspects.

**NR** You make me feel curious about the further development of these approaches and how they shaped your work...

**FN** In terms of content, my main interests are solution-focused interviewing, metaphors and impact techniques – “materialised metaphors” that make inner processes tangible. Because I value impact techniques so much, I wrote the Kompetenz!Box „Impacttechniken“, which became the first box in a new professional multimedia series that I now co-edit together with Ghita Benaguid. In this ongoing Kompetenz!Box and Multimedia!Box series, two new boxes are published every year, each devoted to a different topic, yet all sharing a basic attitude that is fully compatible with modern hypnotherapy – resource-oriented, respectful and focused on utilizing clients’ own strengths and experiences.

Further thematic focuses of my work include the development of my own self-esteem model, the training programs for self-esteem trainers based on it, and a broad range of methods to foster emotional competence in clinical, coaching and educational contexts.

Another important strand of my work is high and exceptionally high ability: I run a free online portal on giftedness in German and English and have developed models and materials to make knowledge about giftedness easily accessible and useful for everyday life.



A central project of my heart is the “MethodenSchatz”, a donation-based community project that offers more than 300 methods and lectures as free downloads, including many hypnotherapeutic approaches; colleagues from different schools contribute their favourite methods, users can download them without charge and, if they wish, support charitable projects in return. In addition, we host the online lecture series “HypnoSalon”, where renowned speakers present topics related to hypnotherapy, solution-focused work and psychotherapy more broadly.

**NR** That’s a broad range of activities!

**FN** Alongside my clinical practice, I work in organisational development and coaching, and together with Timo Schlöger I co-host the podcast “Aktiv zugehört”, in which we look at change processes from both clinical and business perspectives. Across all these activities, hypnosis has become a kind of **hub**: it shapes the way I conduct conversations, the way I use language and metaphors, and the way I teach and design methods – always with the aim of helping people to develop their own creative, individual solutions.

A personal pattern that runs through all of this is that I get bored quite quickly and therefore almost always need a new project to develop, something I can think about and shape. This creative side gives me a tremendous amount of joy and energy ...and sometimes I even **curse** this side of myself a little, because all these ideas and parallel projects are not only inspiring but also occasionally push me right up to my limits.

**NR** But despite that ... it generates energy and inspiration, isn’t it ... and hypnosis plays a role in one way or another in these different applications.



**Frauke Niehues**

**FN** In my work, the attitude and worldview of modern hypnosis in the tradition of Milton Erickson form the foundation on which everything else has to fit: a deep trust in the client’s resources, respect for their autonomy and a genuinely curious, cooperative stance. I view every client as a complex, self-organizing system, and from this perspective the likelihood that I, from the outside, could find the one “right” solution for such a system seems very small – which is why I see my role primarily in creating conditions in which clients can sense themselves finely, feel safe and become creative enough to discover and implement their own ways forward. As a consequence, I work in a very non-directive and highly individualized way, paying close attention to pacing and to how each client processes information and responds to different kinds of stimuli. Over the years, colleagues have repeatedly fed back to me that this differentiated pacing is something of a hallmark of my work.

I use “pacing” in a broad sense, starting with observing how a person takes in and processes stimuli, how they experience and regulate emotions, and how much time they typically need to integrate new experiences.

I then try to align the design of the situation, the choice of methods and even the frequency and timing of sessions with these individual patterns – for example, offering a denser sequence of appointments to clients who process things quickly and intensely, and spacing sessions more widely for those who tend to work through topics step by step over a longer period. In this way, hypnosis and therapy become a finely tuned process that follows the rhythm of the client rather than the other way round, which, I believe, is one of the things that characterizes my work. And I have to say that this kind of fine-tuned pacing gives me enormous joy: It is deeply fulfilling to notice when things “click”, when therapist and client are in such good resonance that a great deal can happen – an experience that I find both wonderful and profoundly sustaining in hypnotherapy.



**NR** Pacing ... matching ... co-existing ... co-working ... mutually inspiring as nice processes in therapy and perhaps also in your personal hypnotic development when one finds mentors and teachers, when mirroring is at work and you feel the click ....

**FN** One of my central mentors is Manfred Prior, through whom I discovered hypnotherapy in the first place. From him I learned the very subtle, precise use of language, the attention to seemingly small details, and the great importance of contact, relationship and also of slowing down, giving space and time.

I am also strongly influenced by the hypnosystemic approach, especially by the work of Gunther Schmidt, which combines systemic thinking with Ericksonian hypnotherapy.

In the field of emotional competence, I owe a great deal to Professor Matthias Berking, who developed the “Training Emotionaler Kompetenzen” and with whom I work closely. Through him I gained, for the first time, a truly comprehensive understanding of the functions, dynamics and inner logic of emotions, so that I felt I could really navigate this field conceptually; our close collaboration and the ongoing exchange with research are extremely enriching for me and continuously feed back into my clinical and teaching work.

**NR** besides personal interactions perhaps some hypnosis books are quite inspiring for you?

**FN** Alongside Manfred Prior’s “MiniMax-Interventionen”, one of my favourite professional books is George Lakoff and Mark Johnson’s “Leben in Metaphern: Konstruktion und Gebrauch von Sprachbildern” (“Metaphors We Live By”). Both books have deeply influenced the way I think about language in hypnosis – Priors work through its minimal, high-impact interventions, and Lakoff & Johnson through their inspiring perspective on how metaphors shape our perception, thinking and interaction.

**NR** What can we learn from the past of hypnosis?

**FN** What fascinates me most about the history of hypnosis is how clearly you can see processes of professionalization and how strongly social and cultural contexts have shaped explanations and levels of acceptance. We can trace a path from exorcistic understandings, as in the work of Johann Joseph Gassner, to Mesmer’s ideas of animal magnetism and healing magnetic fluids, and later to James Braid’s concept of “nervous sleep” and focused attention as a more neuroscientific explanation that opened the door to modern scientific discourse.



**Frauke Niehues**

For me, this interweaving of explanatory models, scientific developments and social debates is a powerful reminder that our current views are also historically situated and that we should remain curious, self-critical and open to dialogue with other disciplines. This perspective has led me to engage more deeply with philosophy of science, critiques of science and sociological perspectives on psychotherapy, and it keeps me aware that, even today, the way we talk about hypnosis has a strong influence on whether it is taken seriously and made available to those who could benefit from it.

**NR** Yes, culture, community and history contribute on conscious or unconscious levels to our perspectives and to the opinion about hypnosis in society. There is also an evolution in patient- therapist interactions, where we come from a one up/one down perspective in the past, to a horizontal interaction and empowerment of clients...



**FN** Over the years, one of the biggest changes for me has been a growing trust in my clients' competencies and a deepening confidence that there is almost always a way forward, even in situations that initially look hopeless. This hypnotherapeutic way of seeing people – as fundamentally resourceful and capable of change – has not only transformed my professional work, it also helps me personally to stay more hopeful and to look for creative pathways in my own life.

At the same time, hypnosis has made my work more realistic and grounded, although that may sound paradoxical at first. On the one hand, trance opens up many inner possibilities, so that external circumstances can seem less limiting; on the other hand, the highly individual solutions that clients develop in hypnosis have sharpened my eye for the fine details of their real lives – their everyday routines, obligations, constraints and support systems – and for how strongly these details shape what is actually feasible. Again and again, I have seen solutions that I initially considered “not ideal” turn out to be very wise once all these concrete conditions were taken into account, and I have learned how even small changes in the outside world can have a huge impact when they fit well with a person's inner process. This experience has strengthened my sense of reality and practicability and has made me integrate clients' real-life contexts into my work much more carefully than in earlier phases of my career, when I still relied more on pre-formed therapeutic solutions.

**NR** As the world is changing, we are facing quite a lot of people being affected by war, refugees, natural disasters ... that's another reality. What kind of contributions can be made by hypnosis in dealing with these people?

**FN** In addition to addressing specific war- and disaster-related symptoms such as sleep problems, pain, intrusive memories or dissociation, hypnotherapy can offer something that goes beyond symptom reduction. It is rooted in a deeply humanistic view of people – one that assumes inner resources, the capacity for growth and a fundamental worthiness of care and respect.

In such a framework, hypnosis does not only provide techniques for calming the nervous system or processing traumatic memories; it also makes it possible to *experience* a very different kind of contact in an immediate way: encounters characterized by safety, reliability and goodwill, in which the person is seen as more than their trauma. For many people who have lived through war or catastrophe, this can become an important alternative learning experience to what they encountered during the crisis and can support them in slowly rediscovering trust, hope and the possibility of constructive relationships – a foundation that is crucial for whatever comes next in their life story.

**NR** Listening to you, I hear your enthusiasm about hypnosis in your work ... reaching out to people suffering in different circumstances ... I have another question about the field and the world of hypnosis, local societies, European and International societies ... anything you like or dislike in the field?

**FN** I experience the culture and atmosphere in the hypnotherapy community as very open, appreciative and authentic, very much in line with its humanistic view of people. Among colleagues, it often feels possible to show ourselves quite honestly and realistically, sometimes more so than I have experienced in other professional contexts. What I do not like, however, is that resource activation is sometimes misunderstood. In some cases, I have the impression that the very real constraints, burdens and suffering in a client's life are no longer taken seriously enough and that external realities are insufficiently included, so that the work risks drifting into something unrealistic.

**NR** I noticed that one of your fields of interest is in AI and I had the opportunity to watch the webinar you gave on that ... what inspires you to examine the chances and challenges of digitalizing the field of hypnosis/psychotherapy/coaching?



**FN** The intense push towards digitalisation during the Covid-19 pandemic made it unmistakably clear to me that artificial intelligence will fundamentally change our lives – and that this change may be **disruptive**, meaning that it can rapidly and deeply transform existing structures, routines and professional roles if we do not actively help to shape it. At first I looked rather broadly at the risks and opportunities, but very soon I moved into areas that are directly relevant to our field: AI systems that can already reconstruct images from brain activity, algorithms that infer highly sensitive information from patterns in language and behaviour, and the historical fact that, as early as 1966, ELIZA showed that some people could no longer reliably distinguish whether they were talking to a therapist or a computer program. Today, AI is becoming increasingly powerful in diagnostics; systems can often detect emotional states or mental health risks from voice or text more finely than humans, and the responses appear surprisingly empathic – from a psychological perspective, we are seeing an empathic-looking result, even if it is no empathic process. At the same time, societies like Germany are facing a marked rise in loneliness and psychological distress while more and more domains of life shift into digital spaces and people increasingly turn to chatbots instead of human conversation partners.

**NR** Yes, it's a serious issue not only in Germany, but all over the world ...

**FN** Against this backdrop, questions become urgent that go far beyond therapy rooms – for example, what it means psychologically and ethically if wars can increasingly be fought with AI-supported drones that are operated from a safe distance, without the operators' own lives being directly at risk. Such developments have massive psychological consequences and will profoundly change the nature of warfare. All of this convinced me that psychologists, psychotherapists, hypnotherapists and coaches – professions that are often not very tech-affine – need to engage much more actively with AI and digital technologies. We need to bring our expertise into the public debate, help shape how these technologies are used and regulated, and insist on being consulted when societies, and hopefully one day the global community, decide how they want to deal with them and which ethical boundaries and safeguards are necessary.

**NR** Being part of the further development? But do we really want that as healthcare workers? How far will that bring us, our clients, when AI takes over our roles ...or can we cooperate with AI and integrate it...

**FN** Even though I have just described many risks, there is of course also a wide range of chances and opportunities. For Example:

#### **Early detection**

AI can support screening for mental and physical health problems from text, voice or questionnaire data and can help flag at-risk patients earlier

**In emergency and crisis services Learning Language Models (LLMs)** could become decision-support tools that help staff sort cases by urgency and suggest next steps, while humans keep final responsibility

**Personalisation of care.** By analysing large amounts of outcome data, AI systems may help identify which types of interventions tend to work best for which kinds of patients, supporting more fine-grained, truly individualised treatment planning. In the longer term, adaptive systems could tailor the pacing, modality (text, audio, VR) and content of interventions to a person's preferences, cognitive style and moment-to-moment state, while clinicians oversee and adjust, extending reach of psychotherapy and counselling. AI-supported programs and chatbots can offer low-threshold psychoeducation, self-help exercises and elements of structured therapies such as CBT, especially where access to human therapists is limited.

Training and supervision **Clinical decision** support for professionals LLMs can **summarise patient histories**, suggest differential diagnoses and check treatment plans against current clinical guidelines, especially when they are explicitly linked to those guidelines Training and supervision Virtual patients and



AI-driven simulations can help students and practitioners practise diagnostic interviewing, case formulation and therapeutic skills in a safe environment, with immediate feedback.

**NR** A real eye-opener to discover what kind of opportunities this gives ... on the other hand I wonder what the risks are?

**FN** I see several areas of risk that we need to take very seriously. To begin with, large language models can be factually wrong even when their answers sound very confident and empathic; they can “hallucinate” content, overlook important risk signals or offer advice that is clearly problematic from a therapeutic point of view. At the same time, these systems ultimately reproduce the data they were trained on, which means there is a real danger that existing biases, blind spots and inequalities in healthcare are not only mirrored but actually amplified if we do not recognize and actively counteract them.

I am also deeply concerned that we may gradually unlearn our own skills if we let AI take over too much. AI is most useful where it supports time-consuming tasks and where we can still reliably check the results – but that requires solid expertise and experience; if we outsource too much, we may eventually lose the very competence we need to evaluate what these systems produce. In addition, we do not yet know what happens when people mainly or exclusively interact with “artificial relationships” – whether key human capacities such as empathy, conflict skills and the ability to build and maintain real relationships may slowly erode, even though we urgently need them in our societies.

On top of this, there are the classical risks around data protection and security: mental-health and medical data are extremely sensitive, and AI systems can derive far-reaching profiles and predictions from them, which in turn can become attractive targets for criminal misuse and commercial exploitation. In such scenarios, people risk losing control over who knows what about them and how this information is used.

**NR** Opportunities and risks ... as a matter of fact it looks like very useful to keep track of the AI evolution to have some impact and find ways to involve health care workers who play an active role in mental health and psychotherapy. What kind of challenges do you expect?

**FN** We have already discussed many psychological risks of AI; in addition to that, I would like to highlight another risk that is initially more structural and societal but will also have strong psychological consequences. AI is going to reshape labour markets and social structures in depth: some professions will disappear or change radically, new competencies will become decisive, and existing hierarchies and status structures will shift accordingly. At the same time, AI products can be scaled almost infinitely and require enormous up-front investment, which favours a strong concentration of power and capital in the hands of a few large players, as we already see with the big tech companies.

I see a substantial risk that the conflicts arising from such far-reaching changes will, in many places, not be resolved in a constructive or peaceful way. Questions of distributive justice, participation and the future of work will have to be renegotiated, and wherever people feel left behind or at the mercy of opaque decisions, frustration, polarisation and social tension are almost pre-programmed. One of the central challenges, in my view, will be to develop forms of dialogue and regulation – nationally and, in the long run, also globally – that shape this transformation in ways that as many people as possible can experience as fair, comprehensible and bearable.

**NR** a whole new world to deal with, negotiate, interact ... jobs that will disappear, new talents and skills required ... and ultimately ...is there a risk that AI will replace our work as psychotherapists, and become empathetic, solution focused ...



**FN** I do not believe that AI will be able to fully replace our work as psychotherapists, because the real, mutual human bond and the shared history within a therapeutic relationship cannot be replicated by an algorithm. Even if chatbots can simulate empathy in their wording and sometimes even be rated as “more empathetic” than humans, they do not *feel* anything and cannot take real moral responsibility; their “empathy” is a pattern in the data, not a lived, reciprocal experience.

What I do expect, however, is that our roles will change: there will be strong economic pressure to let AI systems take over parts of low-intensity or standardized work, and many of us will increasingly find ourselves coordinating, supervising or embedding digital tools rather than doing everything ourselves. Personally, this is not the core role I aspire to – I will do my best to preserve spaces in which I can work directly, creatively and relationally with clients, and I think as a profession we should actively advocate for the right to decide *how* and *whether* we integrate AI into our work instead of being reduced to “AI moderators”

**NR** Do you see an additional value of integrating AI in the field of hypnosis right now?

**FN** In addition to the possibilities mentioned above, there is one very concrete way in which AI can already support hypnotherapists in everyday practice. AI tools can help therapists draft and adapt hypnosis scripts very quickly, based on the client’s goals, language and preferred metaphors, which can save time and increase individualisation. For example, I have repeatedly taken stories that I find therapeutically useful and asked an AI system to adapt them to different age groups; it was remarkably good at adjusting vocabulary and complexity so that a five-, ten- or eighteen-year-old could each receive a version that felt natural and developmentally appropriate

**NR** Waw ... that’s surprising ... makes me feel curious to explore it!

**NR** And besides reality ... sometimes it is nice to dream, isn’t it? If you had a dream ... about the future of hypnosis ... what happens in your dream?

**FN** In my dream, there is much more interest in hypnosis and far greater openness towards it, so that it becomes a natural and respected part of everyday life rather than something exotic or reserved for specialists. People would be taught how to use self-hypnosis in a grounded, responsible way, so that they can draw on it not only in therapy, but also independently – to support their well-being, make clearer decisions and navigate important life choices in a way that is more connected to their own inner wisdom and complex reality.

**NR** do you have any recommendations, hints, or advice you would like to give to young(er) colleagues?

**FN** I would encourage younger colleagues to stay relaxed and a bit playful, to dare to be creative and to develop their own style instead of trying to become a “perfect” therapist. In my view, not being perfect is itself a therapeutic intervention: It would be quite awful if we appeared as people who always know everything and never make mistakes, while at the same time telling our clients that they should accept themselves with all their quirks and rough edges.

If we can model a loving, appreciative and realistic attitude – a quiet confidence in the person in front of us, but also in ourselves – then we embody exactly the message we want to convey. I am saying this very lightly here, not because it always works for me, but because, whenever I manage it, I experience how powerful it can be.

Thank you very much for this inspiring interview

Dr. Nicole Ruysschaert MD Psychiatrist.  
On behalf of ISH and our ISH Newsletter committee



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# A TOUCH OF HUMOR

provided by Bernhard Trenkle

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## Deutero-Learning or Learning How to Learn



**Bernhard Trenkle**

It is possible to learn, and to learn how to learn. Simply learning is first-order learning, and learning how to learn is second-order learning. Gregory Bateson called second-order learning “Deutero-Learning.” Idries Shah, the famous writer and Sufi, wrote an excellent book titled *Learning How to Learn*.

The following story addresses this concept in a witty way:

A man comes to a Rabbi. He asks the Rabbi, “Rabbi, what is this—an alternative?”

The Rabbi hesitates and begins to study the man’s face carefully. Finally, he starts to answer:

“An alternative? That is not an easy question. Best I give you an example. Just imagine you have a hen. You can slaughter this hen and have soup or fried chicken. Of course, you can also wait, and you will have an egg.”

“Aha!” the man says, and his face shows the beginning of enlightenment. “That is an alternative.”

“Just wait,” the Rabbi answers. “The story has not ended yet. Just imagine you have decided to wait for an egg. So you will have a hen and an egg. Chickens are animals you can eat after death and before birth. Of course, you can eat the egg. But you can also wait until a young chicken comes out of the egg. Then you will have two chickens.”

Again, the beginning of enlightenment appears on the man’s face. “Aha! That is an altern—”

The Rabbi interrupts him. “Just a moment. That is not yet the end of the story. Just imagine you always decide to breed them. After a while, you will have eight chickens, twenty chickens, sometimes more than one hundred chickens. In that case, you might think about starting a hen farm. With a hen farm, you have different possibilities. You can start the business close to your home. You are always there, always have fresh eggs, and are always in control of the whole thing. But of course, you should consider that the smell is not so pleasant. On the other hand, you can start your hen farm in a river valley. There the hens always have fresh water and very green grass. But you are not there. Perhaps one morning you arrive and overnight the fox has been there and all the hens are killed.”

“Aha? That is an—” the man tries to say.

“Just a moment. Why so impatient? The story has not ended yet. Just imagine you have decided to run the business in the river valley. There are ideal conditions, and the business grows and grows. You have 200 hens, 500 hens, and in the end more than 1,000 hens. You are making brilliant business and are very proud of it. But suddenly it starts to rain. And it rains and rains and rains—



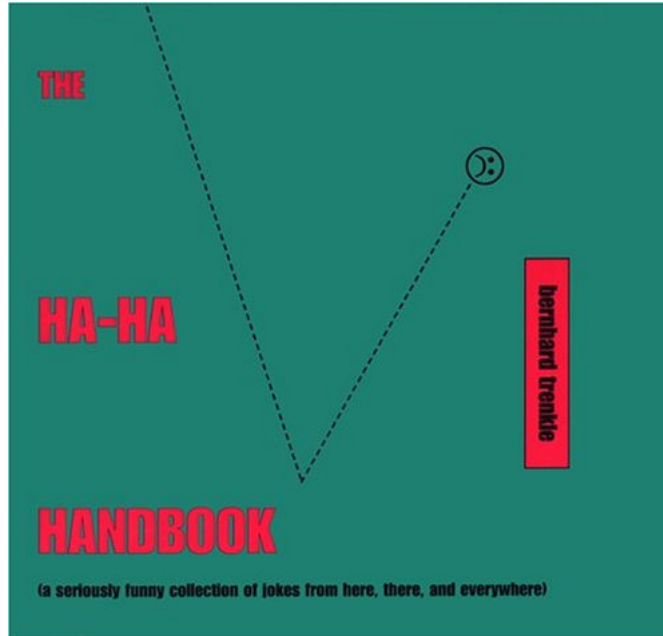
endlessly. The river rises higher and higher, floods the whole farm, and all the hens are dead.”

The Rabbi stops the story and sits silently.

The man waits and seems confused. “But what is the alternative?”

The Rabbi smiles. “Ducks, my friend. Ducks.”

### The Ha-Ha Handbook





## IDEAS IN FOCUS



**Daniela Hütwohl, Dr. med**

**Dr. Daniela Hütwohl** is a German neurologist working at the intersection of medical informatics and medical hypnosis, integrating somatic medicine, computer science, and clinical communication.

### **When AI Speaks: Effects on Clinical Communication and Care**

Recently, I spoke with a patient who had undergone a brain MRI due to persistent headaches. She had received access to the examination via a QR code, along with two written reports describing the MRI findings. One report was generated by an AI system, the other written by a radiologist. The AI, based on image recognition, described so-called “hyperintensities”—simply put, white spots within the brain tissue. These findings were listed descriptively, without interpretation or recommendations for further steps. In contrast, the radiologist’s report essentially stated that the MRI was unremarkable. The white spots were not mentioned in this context.

The patient quite reasonably began to ask herself: Did the radiologist—the human professional who reviewed the images—actually see these white spots? Is AI perhaps better at detecting them? And if so, what do they mean? Did the radiologist even read the AI-generated report?

The situation could be clarified relatively quickly. The white spots were indeed present and had been correctly detected by the AI. What was missing was the human clinical judgment that these “hyperintensities” were nonspecific and therefore without pathological significance. Based on their location, signal characteristics, and size, they showed no suspicious features. As a clinically experienced physician, it was not difficult to assess and articulate this. The crucial step, however, was explaining these connections to the patient. Why does the AI find something if it is not relevant? Why do I receive two reports that seem to contradict each other at first glance?

AI systems are tools that are increasingly being used in hospitals and outpatient practices. Thus, they have become part of the medical landscape and exert effects beyond their immediate function. In other words: once AI “speaks”—for example by analyzing images, generating reports, or writing documentation—the communicative frame changes.

A new player enters the field, automatically influencing trust, authority, and the sense of responsibility of everyone involved. This example illustrates that we as therapists and physicians are facing a new task: providing a framework for the effects of AI technologies on patient communication and care. As hypnotherapists we know that some of these influences are processed consciously, but many occur implicitly and, therefore, outside of awareness.

We are familiar with the power of language and suggestion, and their impact on relationship and trust particularly in doctor–patient and therapist–client communication. It, therefore, seems only logical that clinicians and therapists trained in hypnotherapy are especially sensitive to—and highly competent in—working with these effects.

For this reason, it is essential that we understand how AI technologies affect patient communication and care. In the following sections I will briefly outline the most important AI systems currently in use and their primary effects.



“Ambient listening” refers to a group of systems that can transcribe and summarize conversations. The major advantage is that clinicians can focus fully on the patient without simultaneously taking notes. The system processes relevant information in the background and can distinguish between medically relevant content and general conversation. This clearly reduces the burden of documentation and allows for greater presence in the clinical encounter.

At the same time, patients may experience the feeling of a “third person in the room,” as if someone was listening and processing data beyond their control. This effect can often be prevented through appropriate framing. For example, the clinician can state:

*“Instead of taking notes, turning my back to you, or focusing on a screen I decided to give you my full attention. I, therefore, use a supporting technology that takes transcription notes for me. As always, everything you say remains confidential and follows the same security standards as my handwritten notes. Is that okay for you?”*

With just a few sentences, the communicative space opens up, and the patient’s need for safety and privacy is acknowledged. It is important to describe the system as a helpful tool and not to humanize it. From a hypnotherapeutic perspective, this framing could also be used to gently invite awareness of the patient’s inner experience. For example: *“Some people have certain thoughts or emotions in situations like this. What do you notice right now?”*

In addition, beyond the patient’s experience, it may be helpful for clinicians to observe and reflect on their own responses. How does my way of communicating change when an AI system is running in the background? This kind of self-observation helps prevent unintended negative effects from quietly entering the human encounter.

Another important group of AI systems increasingly used in hospitals and clinics are Clinical Decision Support Systems (CDSS). These systems act as early warning tools by analyzing large amounts of data and identifying, for example, an increased risk of systemic inflammation (sepsis) or delirium in intensive care patients. This enables clinicians to initiate timely interventions and prevent serious outcomes.

Whilst the benefits of such systems are evident they also carry the risk of a false sense of security. If no alerts are shown everything may indeed be fine or, important assessments may have been overlooked. Where no data exist no prediction can be made. Conversely, an excess of alerts can lead to alarm fatigue causing warnings to be ignored altogether. Here, too, effective use depends on communication. When all relevant professionals are involved—e.g. through a central display integrated into team discussions—the responsibility is shared. The system neither replaces clinical judgment nor shifts responsibility to a single individual; instead, it becomes part of a collective decision-making process.

Finally, large language models (LLM) deserve particular attention. The diverse applications of systems such as ChatGPT are now widely known, and their psychological effects are frequently discussed. At the same time, there is little doubt that automated report writing and summarization offer significant relief in the increasingly complex demands of medical documentation.

From my perspective, it is essential to understand the basic principle behind large language models. Put simply, LLM use AI methods to learn patterns from enormous amounts of text. Once training is complete, these models usually enter a “frozen state”—they no longer learn or adapt. Importantly, the system processes language without understanding its meaning. Instead, it performs calculations. Sentences are broken down into smaller units known as tokens, which are transformed mathematically and related to one another based on patterns learned during training.

To generate an output the model calculates—given the context—which token is most likely to follow the previous one. Step by step, sentences and entire passages are generated through probabilistic calculation without any understanding of meaning behind the words.



In other words, an LLM does not “know” what it is “saying”. It generates language based on probability not on experience, intention, or understanding. This is why LLM are particularly effective at tasks such as summarization or translation, but perform poorly with current information or content outside their training data. Nevertheless, AI-generated language can feel meaningful to us even though meaning played no role in its generation. As hypnotherapists, we are well aware of the power of words and the role of personal experience in how language is processed. The same sentence can take on an entirely different meaning depending on the person or the context.

At the same time, these systems also have an effect on us as therapists and physicians—particularly in situations where information or decisions feel incongruent. What happens inside me when a system identifies something I may have overlooked? How does this change my attitude or emotional response toward the tool itself? Such experiences can subtly alter how we communicate about AI systems. If I feel monitored, corrected, or influenced by a system, this will inevitably shape how I talk about it with patients. Trust plays a central role here as well. What happens when we rely on a system that fails in a critical situation? We are familiar with placebo and nocebo effects throughout medicine—why would similar effects not also occur on the clinician’s side? All of these examples illustrate that although AI systems are in themselves technical tools, they exert immediate influence on communication and human relationships.

At the same time, AI-generated language clearly has the potential to induce trance-like effects. In the example of the seemingly contradictory radiology reports, the mere mention of “hyperintensities” was sufficient to evoke anxiety in the patient. We cannot fully eliminate these effects, but we can notice them, name them, and provide a frame for them. As hypnotherapists, we already possess the skills required to do so. Asking yourself and others the right questions can be helpful: What does this situation do to you? What expectations arise automatically, and often unconsciously? How does this affect your inner experience? What do you need right now to feel more secure?

As an internal guideline for working with AI systems I would like to propose the following principles:

*Transparency before efficiency* — The use of AI should always be made visible. Transparency takes precedence over optimization of outcomes.

*Relationship before technology* — The therapeutic or clinical relationship remains the highest priority, regardless of which systems are used.

*Experience before interpretation* — Before forming a final judgment about a technology we should notice what it actually does, and how it affects interpersonal dynamics.

It is certain that AI systems will not disappear from clinical practice. It is equally clear that they will continue to change language, communication, and experience. One could interpret this as leading toward an increasingly technologized and distant future. Yet, as hypnotherapists, we have the opportunity to shape this transition consciously. As bureaucratic and documentation-related tasks decrease other spaces may open up—for more presence, more relationship, and more attentiveness in therapeutic and clinical dialogue.

Perhaps our task lies less in evaluating or controlling this development, and more in becoming aware of its effects, naming them, and providing an appropriate frame. From this perspective, AI technologies may enable not less but even more humanity in clinical care.

### Disclosure

For the sake of transparency, I would like to disclose that this article was originally written in German and translated into English using a large language model.

You may notice whether this information changes anything for you as a reader — and what it does to trust, expectation, or meaning. Would your experience of reading this article have been different knowing this earlier?

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# HYPNOSIS AND BODY WEIGHT REGULATION: A REVIEW

The following article was developed by MA Psychology students from the Eötvös Loránd University (ELTE) in Budapest during their training and presents a thoughtful review of the literature on hypnosis in relation to body and weight concerns. The piece reflects careful attention to clinical responsibility, evidence, and scope, and offers an overview intended to support informed reflection rather than prescriptive practice.



## HYPNOSIS AND BODY WEIGHT REGULATION: A REVIEW

### Introduction

Many people face issues concerning body and weight, such as eating disorders, obesity, and even body dysmorphia. Hypnosis can be a helpful strategy for targeting these problems according to a person's characteristics—for example, food intake, food purchase, eating times and places, and reactions to food. With great motivation to lose weight, people seek the help of hypnosis through online resources, often referring to self-hypnosis. However, it is not easy to find and evaluate the effectiveness and safety of such resources (Shrestha et al., 2025). Therefore, we present a literature review of valid hypnosis strategies and evaluate their effectiveness and long-term outcomes.

### Eating Disorders

Very common severe eating disorders are anorexia and bulimia nervosa, which will both be addressed in the following paragraphs, respectively. Bulimia nervosa can be defined as a disorder in which binge eating and inappropriate compensatory behavior to control weight (mostly through dangerous methods) are alternately practiced (National Library of Medicine, 2023b). Together with positive suggestions, hypnosis was applied in an eight-week CBT study for people with bulimia nervosa (Griffiths, 1995). The aim of this study was to improve self-esteem and self-control, advance better eating habits, raise participation in social situations, as well as enhance control in situations that trigger binge or purge behaviors. In total, the study showed a significant decrease in binge eating as well as vomiting in the short and long term.

A similar study on people with bulimia nervosa (Barabasz, 2007) examined the effect of CBT therapy compared to CBT therapy that included both hypnosis and self-hypnosis. Participants in the group that included hypnosis ended up with less binge eating compared to the other group.

Moreover, hypnosis also seems to improve the therapeutic alliance between patients with bulimia nervosa and their therapists in CBT treatments (Vanderlinden et al., 1993), which is indispensable for psychotherapy in general. Apart from that, stimulus control techniques are specifically employed for patients with bulimia nervosa. These techniques empower patients to eat meals at certain times of the day and apply hypnosis (Kroger & Fezler, 1976).



The hypnosis sessions concentrated on guided imagery, in which affected individuals learned to apply a set eating routine and learned to eat normal meals in their imagination (Coman, 1992). In addition, new habits such as mindfully tasting meals and subsequently relaxing by taking walks were strengthened in hypnosis.

Further, individuals affected by anorexia nervosa restrict their nutrient intake drastically and thus have an exceedingly low body weight (National Library of Medicine, 2023a). Hypnosis combined with psychotherapy proved to decrease distortions in the body image of patients with anorexia nervosa and to strengthen their sense of self (Nash & Baker, 1993). More than three-fourths of the people using hypnosis had stable weight and fewer symptoms after a year. In contrast, only about half of those who received psychotherapy alone showed the same results. The hypnosis sessions focused on how patients perceived their bodies. They were asked to imagine their body image on a screen or board and then replace it with a healthier one. Since this caused anxiety, calming and relaxing suggestions were also used.

To improve food intake in people with anorexia, another study used hypnosis in combination with psychotherapy (Kroger & Fezler, 1976). In that study, post-hypnotic suggestions connected food with positive memories, which helped patients gain weight. Similarly, direct suggestions to eat more during hypnotherapy helped most anorexic patients reach and maintain a healthy weight (Crasilneck & Hall, 1985). Nevertheless, there are still many methodological issues concerning the application of hypnosis in people with eating disorders (Loriedo & Di Giusto, 2024). Therefore, it is not yet fully recommended or validated.

### **Body Dysmorphia**

Body image disorders, weight struggles, and body dysmorphia are on the rise today, often due to social standards and media images of the “perfect body.” A person with body dysmorphic disorder (BDD) is overly concerned with their appearance and feels dissatisfied with their body shape or weight, which can affect eating behaviors (Phillips, 2005). A variety of psychological conditions can lead to detrimental outcomes, such as eating disorders, anxiety, depression, and reduced quality of life (Veale et al., 2016).

Among various therapeutic interventions, hypnosis has emerged as a complementary approach aimed at addressing both physiological and psychological factors involved in weight regulation and body image distortion. Hypnosis, defined as a focused state of attention with increased suggestibility (American Psychological Association, 2014), has demonstrated efficacy in facilitating behavioral change, improving self-perception, and managing stress-related eating patterns (Barabasz & Watkins, 2005).

For individuals with body dysmorphia and long-standing struggles with weight, hypnosis can be particularly beneficial, as it targets subconscious beliefs and self-schemas related to body image. It enables access to deeper cognitive-affective patterns that contribute to distorted self-perceptions and maladaptive behaviors (Hammond, 2007). Furthermore, when integrated with cognitive-behavioral therapy (CBT), hypnosis can enhance therapeutic outcomes by fostering motivation, increasing body acceptance, and reducing compulsive behaviors associated with BDD (Kirsch et al., 1995).

Given the increasing prevalence of body dissatisfaction and the limitations of traditional interventions, exploring hypnosis as a tool in clinical settings offers promise. This paper examines the role of hypnosis in addressing body weight challenges and body dysmorphia, assessing both its psychological mechanisms and therapeutic effectiveness.



## Obesity

Obesity is a common topic within the field of hypnosis, with approximately 2.5 billion people seeking help to end destructive eating habits that lead to physical and mental consequences in the human body (World Health Organization, 2024). The role of hypnosis in weight control dates back to the 20th century, during which extensive investigation and practice aimed to improve treatment outcomes and patients' well-being, with a focus on long-term recovery after sessions (Pellegrini et al., 2021).

Overeating can result from inhibition problems—which refer to the ability to stop impulsive behaviors—or emotional eating used to cope with negative thoughts and emotions. This, in turn, sends signals to the brain that encourage the use of food to create positive or calming feelings, especially foods high in sugar, fat, carbohydrates, and salt (Shukri & Noor, 2017; Delestre et al., 2022). Hypnotherapy helps alleviate obesity symptoms by improving food awareness, supporting weight loss, reducing impulsive and emotional eating, and improving body image. It works by addressing stress and emotions, modifying behaviors, and teaching more effective problem-solving strategies (Pellegrini et al., 2021).

Hypnosis has been tested as a supportive intervention for CBT in individuals with obesity and has shown strong short-term results. However, there is limited evidence regarding its long-term effectiveness. While hypnosis alone can be helpful, it appears to be more effective when combined with CBT, particularly given the tendency for individuals to revert to previous eating habits (Milling et al., 2018).

Additionally, given that obesity is considered a complex chronic illness, the use of self-hypnosis is recommended for patients with chronic conditions to help manage symptoms in the absence of a professional (Milling et al., 2018; World Health Organization, 2024). Patients with obesity who regularly practiced self-hypnosis were associated with increased satiation, improved quality of life, and reduced inflammation, which further contributed to weight loss (Bo et al., 2018).

A treatment program called HYPNODIET aimed to reduce overeating and impulsivity in adults with obesity in an effort to support weight management through assisted hypnosis and guided self-hypnosis, yielding promising results. This treatment consisted of eight sessions, beginning with an introduction, followed by assessments of conscious and unconscious obesity-related issues, exploration of resources and obstacles, self-esteem and stress response training, exploration of balance, strategies for adaptation and redevelopment, self-confidence and change development, and concluding with consolidation and empowerment (Delestre et al., 2022).

Self-hypnosis has also shown improvements in symptoms among children and adolescents with obesity, as well as in combination with biofeedback, which refers to increased awareness of bodily sensations (Kohen et al., 1984; Dikel et al., 1980, as cited in Shrestha et al., 2025). However, questions remain regarding whether the effectiveness of hypnosis persists years after treatment.

Interestingly, another study evaluated patients who practiced self-hypnosis once per day for 12 months following initial training. These individuals demonstrated better long-term outcomes, including lower calorie intake, suggesting that self-hypnosis may exert a stronger effect at later stages due to its reinforcing influence on motivation for healthy behaviors and increased satisfaction with stress-reduction techniques (Bo et al., 2018). Nevertheless, hypnotherapy appears to be best suited as an adjunctive tool in the treatment of obesity. Combined approaches enhance individual responsibility in lifestyle choices and improve the effectiveness of long-term positive outcomes in weight loss and healthy emotional and eating behaviors (Bo et al., 2018).



## Conclusion

In conclusion, the combination of hypnosis and established therapies, such as cognitive-behavioral therapy, appears to be an effective approach for treating eating disorders, body dysmorphia, and obesity. Several studies by Griffiths (1995), Barabasz (2007), and Crasilneck and Hall (1985) have demonstrated reductions in binge eating, improvements in body image, and weight stabilization among individuals with anorexia and bulimia. Similarly, integrating hypnosis with psychotherapy can help individuals with body dysmorphia improve self-perception and reduce compulsive behaviors (Kirsch et al., 1995; Hammond, 2007).

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# HYPNOSIS FOR TREATING FUNCTIONAL NEUROLOGICAL DISORDER

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**Ibtissam Akdim**

My name is Ibtissam Akdim, and I am a graduate student in Clinical and Health Psychology at Eötvös Loránd University. I am particularly interested in the relationship between psyche and soma, and in the role hypnosis can play as a therapeutic bridge through which psychological meaning may emerge in somatic form and be reshaped within the therapeutic process.

## **Hypnosis for Treating Functional Neurological Disorder**

### Literature Review

The historical relationship between hypnosis and functional neurological symptoms dates back to the nineteenth century. Early neurologists, most notably **Jean-Martin Charcot**, demonstrated that functional symptoms could be both elicited and alleviated through hypnotic suggestion. This observation established an early conceptual link between hypnotic processes and what are now referred to as **Functional Neurological Disorders (FND)**, historically labeled conversion disorders. Contemporary scholarship has revisited this relationship, most prominently through the work of **Deeley (2016)**, who proposed hypnosis as a useful model for understanding the cognitive and neuropsychological mechanisms underlying functional symptoms.

Deeley argued that behavioral responses observed during hypnosis parallel certain mental processes involved in the emergence of functional neurological symptoms. Both involve alterations in attention, agency, and the experience of voluntary control. From this perspective, hypnosis serves not only as a potential therapeutic intervention but also as a research model for investigating the mechanisms through which functional symptoms develop and are maintained. This conceptual framework has contributed to renewed clinical interest in hypnosis as a treatment modality for FND.

Early clinical literature on hypnosis and conversion symptoms consisted largely of case reports demonstrating the capacity of suggestion and post-hypnotic suggestion to alleviate symptoms such as paralysis, sensory loss, and motor dysfunction. Although these early reports lacked rigorous methodological controls, they established a clinical tradition that continues to inform modern investigations.

More recent case studies provide illustrative evidence of hypnosis as a therapeutic intervention for severe functional symptoms. **Kundalia et al. (2019)** described a case involving functional blindness and deafness without identifiable organic pathology. Hypnotherapy resulted in rapid symptom resolution following a single intervention session, with the patient demonstrating substantial clinical



improvement. While such cases represent uncontrolled observations, they highlight the potential responsiveness of functional symptoms to suggestion-based treatment.

Similarly, **Coogle et al. (2021)** reported successful treatment of pediatric functional neurological disorder using the “magic glove” hypnotic technique. In this case, a nine-year-old patient presenting with psychogenic diplegia experienced significant improvement in mobility following hypnotic intervention. At a six-month follow-up, motor symptoms had resolved entirely, and additional psychosomatic symptoms such as chronic pain had subsided without relapse. These findings underscore the capacity of imaginative and suggestion-based interventions to influence motor function in pediatric FND.

Beyond individual case studies, empirical investigations have sought to evaluate hypnosis within larger patient samples. **Gironell et al. (2021)** conducted an open-label study involving fifty patients presenting with a range of functional neurological symptoms. The intervention utilized a structured hypnotherapeutic protocol derived from the Loredio method. Outcomes indicated that 25% of participants achieved full recovery following the initial course of treatment, while an additional 40% became symptom-free after further sessions. Overall, 87% of participants demonstrated significant symptom reduction. Although the absence of a control group limits causal interpretation, the findings suggest that hypnotherapy may provide meaningful symptom relief in FND populations.

A broader synthesis of the literature was conducted by **Connors et al. (2021)** in a systematic review examining thirty-five studies spanning more than a century of clinical research on hypnosis and functional neurological symptoms. Across case reports, case series, and small clinical trials, the authors observed consistent evidence of symptom improvement or remission following hypnosis-based interventions. Despite variability in methodology and study quality, the review concluded that hypnosis represents a promising therapeutic approach warranting further controlled investigation.

Recent research has also examined hypnosis in specific FND subtypes. **Sanyal et al. (2022)** explored the application of hypnotherapy in patients presenting with **functional stroke**, a condition in which individuals display stroke-like neurological symptoms in the absence of structural pathology. Functional stroke cases can exhibit significant recurrence risk when untreated. The authors reported positive therapeutic outcomes using hypnotherapy, suggesting that suggestion-based interventions may be effective in addressing this particular manifestation of FND.

In parallel with treatment research, investigators have explored psychological characteristics that may contribute to the effectiveness of hypnosis in this population. **Wieder et al. (2022)** conducted a meta-analysis examining hypnotic suggestibility in individuals with dissociative and related disorders. Their findings indicated that patients with conversion disorder or FND demonstrate significantly higher levels of hypnotic suggestibility compared to healthy control groups. Although the mechanisms underlying this heightened suggestibility remain unclear, the results offer a possible explanatory framework for the responsiveness of functional symptoms to hypnotic interventions.

More rigorous clinical evaluation has begun to emerge in controlled study designs. **Tibben et al. (2024)** conducted a controlled pilot trial examining the efficacy of hypnotherapy combined with catalepsy induction in patients with motor FND. Forty-six participants were initially placed on a waiting list before receiving ten hypnosis sessions. During the waiting period, symptoms remained unchanged or worsened slightly. Following treatment, however, participants demonstrated significant reductions in symptom severity along with improvements in overall quality of life. These findings provide preliminary controlled evidence supporting hypnosis as a therapeutic intervention for functional neurological disorders.



Recent work has also explored innovative approaches to tailoring hypnotherapy to individual psychological dynamics. **Sengupta et al. (2023)** described a case study in which projective psychological assessments, including the **Thematic Apperception Test** and **Sentence Completion Test**, were used to identify underlying psychological conflicts in a patient with dissociative conversion disorder. These insights informed personalized post-hypnotic suggestions tailored to the patient's emotional and psychological profile. Significant improvements in insight and symptom reduction occurred within two sessions, and full recovery was achieved after nine sessions of treatment. This case highlights the potential value of integrating psychological assessment with individualized hypnotic intervention.

Taken together, contemporary research on hypnosis for functional neurological disorder reflects a gradual evolution from anecdotal case reports toward more systematic empirical investigation. While methodological heterogeneity and limited controlled trials remain important limitations, a consistent pattern of symptom improvement has been documented across multiple studies and clinical contexts. As research quality continues to improve, hypnosis is increasingly recognized as a promising component of **multidisciplinary treatment approaches** for FND, particularly when integrated with psychological and neurological care.

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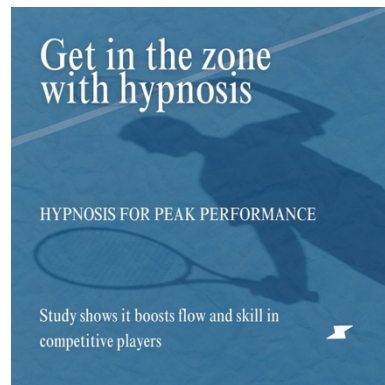
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# BLOGS

Blog posts by Anna Szücs [ann.szucs98@gmail.com](mailto:ann.szucs98@gmail.com)  
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## 1. Sports performance

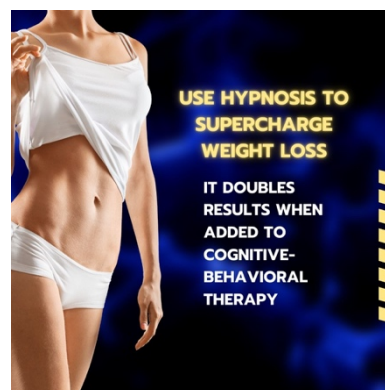


Athletes use hypnosis to improve focus and manage performance anxiety. Research indicates that hypnotic training enhances physical performance and mental toughness

(Pates et al., 2002). <https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=c99dda5b217412943586b9c597af85c9b6ef6ef5#page=48>

**Reference:** Pates, J., Maynard, I., & Westbury, T. (2002). The effects of hypnosis on flow states and performance in sport. *Journal of Applied Sport Psychology*, 14(1), 18-38.

## 2. Weight loss



Studies reveal that adding hypnosis to cognitive-behavioral therapy (CBT) could be a game-changer for weight loss. On average, participants who combined hypnosis with CBT lost nearly 15 lbs, compared to just 6 lbs with CBT alone—and the benefits kept growing over time! Hypnosis might be the key to unlocking lasting weight loss success

(Kirsch, 1996). <https://pubmed.ncbi.nlm.nih.gov/8698945/>

**Reference:** Kirsch, I. (1996). Hypnotic enhancement of cognitive-behavioral weight loss treatments--another meta-reanalysis. *Journal of Consulting and Clinical Psychology*, 64(3), 517–519. <https://doi.org/10.1037//0022-006x.64.3.517>



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# IJCEH

International journal  
of clinical and experimental hypnosis

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LATEST NEWS FROM

THE INTERNATIONAL JOURNAL OF  
*Clinical and  
Experimental*  
HYPNOSIS

Recent Issue- Ericksonian Hypnotherapy and Psychotherapy: Volume 74, Issue 1  
We are excited to announce that our January issue of the International Journal of Clinical and Experimental Hypnosis (IJCEH) featured a special issue on Ericksonian hypnotherapy and psychotherapy. The articles included in this issue encompass the innovations and therapeutic methods developed and taught by Milton H. Erickson, M.D. Dr. Erickson (1901-1980) has had a profound effect on the practice of clinical hypnosis and psychotherapy, and this issue aims to contribute to the evidence-based clinical practice and research of Ericksonian hypnotherapy and psychotherapy. Readers can expect to find articles that provide evidence for the efficacy of Ericksonian therapy, identify key concepts and movement toward a manualized resource, and integration of theory into practice.



Sneak peak into the following issue: This year holds many exciting issues for the IJCEH and our readers! It is our mission that through the upcoming issues, we can emphasize the advancements in medical and experimental hypnosis reflected in contemporary research. In our second issue of 2026, the IJCEH will feature a curated number of original research articles covering medical applications of clinical hypnosis. Then, our third issue of the year will showcase the advancements in hypnotizability and experimental hypnosis research.

End of year highlight – Increased readership

We are pleased to share that the IJCEH made record-breaking progress in number of articles downloaded last year! The IJCEH went from 79,005 downloads in 2024 to 85,288 in 2025 – an 8% increase!

IJCEH Social Media-Author Spotlight Series

As part of our Author Spotlight series, the IJCEH is proud to present an interview with Dr. Guy Montgomery regarding his and his colleagues' recent publication, "Hypnosis at the Crossroads: A Primer of the Past and Visions for the Future." Dr. Montgomery is Mt. Sinai Professor and Vice Chair in the Department of Population Health Science and Policy, and Director of the Center for Behavioral Oncology. Watch the fascinating conversation between Dr. Montgomery and IJCEH team member Mike Vinson on the IJCEH YouTube channel!



Look forward to the next upcoming Author Spotlight Interview:

Chris Corlett, MA, will be interviewed about the recent IJCEH publication “Feasibility of a Hypnosis Intervention for a Mystical Experience.”

Follow Us on Social Media

Here are some updated social media accounts to follow! You can keep up to date on recent articles, event information, the latest news from hypnosis societies, and discussion on hypnosis research. We will also be spotlighting select authors per issue, so stay tuned to hear from our expert authors!

- YouTube: @IJCEH (Link: <https://www.youtube.com/@IJCEH> )
- Instagram: @ICEH\_ (Link: <https://www.instagram.com/ijceh/> )
- Facebook: International Journal of Clinical and Experimental Hypnosis (Link: <https://www.facebook.com/IJCEHyp/> )
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Stay in the know when new articles or issues are published by signing up for new content alerts at the IJCEH publisher’s website: <https://tandfonline.com/ijceh>. Click “New Content Alerts”, enter your email, and select your preferred frequency! Interested Authors:

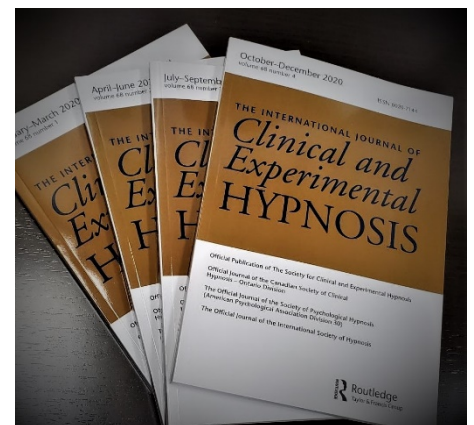
Submissions are accepted and article are published on a rolling basis. The International Journal of Clinical and Experimental Hypnosis receives all manuscript submissions electronically via Taylor & Francis’ submission portal located at <https://rp.tandfonline.com/submission/create?journalCode=NHYP>

Instructions to authors can be found at:

<https://www.tandfonline.com/action/authorSubmission?show=instructions&journalCode=nhyp20> Contact us at: [IJCEH@baylor.edu](mailto:IJCEH@baylor.edu)

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

Empirical research (e.g., clinical trials, neurophysiological studies, mechanistic studies, feasibility studies, replications); Clinical papers (e.g., well-designed multiple or single case studies); systematic reviews, meta-analyses, research-informed theoretical papers, & significant historical or cultural material. Topics can include: Hypnosis, hypnotizability, and hypnotherapy in psychology, psychotherapy, psychiatry, medicine, dentistry, wellness, nursing, and related areas; and studies relating hypnosis to other phenomena (e.g., mindfulness, contemplative practices, & consciousness).



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

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

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

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Interested in learning more about hypnosis?

March 27, 2026  
Understanding Meta-Analysis for the Clinician  
Barbara McCann, PhD

April 10, 2026  
Creating Reliably Effective Hypnosis Interventions for Chronic Physical Symptoms

Olafur S. Palsson, PsyD

Sign up or find more information on upcoming seminars in 2026 using this link:  
<https://mam.memberclicks.net/webinars>

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

THE INTERNATIONAL JOURNAL OF  
*Clinical and  
Experimental*  
HYPNOSIS

January Issue – Volume 74 (1)

Editorial: Ericksonian Hypnotherapy and Psychotherapy

There are few, if any, individuals that have impacted the practice of clinical hypnosis as much as Milton H. Erickson, M.D. In fact, a recent international survey found that Ericksonian hypnotherapy is the most widely endorsed approach in clinical hypnosis. At the same time, the development of treatment/training manuals and rigorous research has lagged far behind the practice of Ericksonian hypnotherapy and psychotherapy. This special issue of the International Journal of Clinical and Experimental Hypnosis (IJCEH) partially fills this gap by addressing a number of important questions, such as: What is the essence of Ericksonian psychotherapy? What are key contributions of Milton H. Erickson, M.D. to the contemporary practice of hypnosis and psychotherapy? What does research tell us about Ericksonian hypnotherapy in the treatment of pain, obsessive-compulsive disorder, or prolonged grief? How may Ericksonian hypnotherapy influence hypnotically informed psychotherapy in the future? Addressing these important questions can provide essential information for cultivating research and enhancing evidence-based practice of Ericksonian hypnotherapy and psychotherapy.

The Essence of Ericksonian Psychotherapy: Toward a Manualized Resource  
Dan Short

Ericksonian therapy, distinguished by its adaptive and individualized methods, is simultaneously celebrated for its innovation and critiqued for its lack of



theoretical structure. To address this issue, we explore the essence of Ericksonian therapy, emphasizing the need for a structured yet adaptable operational framework to support its application in clinical, educational, and research contexts. Recognizing the challenges posed by the fluid and client-centered nature of Ericksonian methods, we review a framework grounded in six core competencies that are distinct within Ericksonian therapy. The identified competencies: tailoring, utilization, strategic interventions, destabilization, experiential methods, and naturalistic change; aim to balance the therapy's inherent adaptability with the necessity for teachability and empirical validation. Drawing on empirical evidence and theoretical insights, the article underscores the importance of operationalizing Ericksonian therapy to bridge the gap between its dynamic artistry and the structured demands of modern scientific inquiry. By advancing a manualized resource grounded in six core competencies, this article seeks to reconcile Ericksonian therapy's complexity with the demands of research, training, and diverse clinical applications.

**From Maverick to Mainstream: Four Key Contributions of Milton H. Erickson to Hypnosis and Psychotherapy**  
Michael Yapko

At the time Milton Erickson began his clinical practice, the field of psychotherapy was in its infancy and heavily influenced by psychoanalytic theory and methods, generally a past-oriented approach. Hypnosis was not commonly used and when it was it tended to be rigidly formulaic in method and based on the belief that the success of hypnosis was determined more by an individual's hypnotizability and less by the methods of the clinician or quality of the therapeutic relationship. Erickson diverged sharply from those methods and perspectives in evolving his strategic approaches. While there are many contributions Erickson made to our understanding of the potentials of clinical hypnosis in treatment, this article describes four contributions the author considers to be key to Erickson's singlehandedly transforming the fields of clinical hypnosis and strategic psychotherapy. These include: 1) Shifting from an intrapersonal to interpersonal view of hypnosis and psychotherapy; 2) Emphasizing the importance of utilization of client attributes; 3) characterizing people's problems as evidence of rigidity rather than pathology; and 4) Focusing on future possibilities rather than analyzing the past.

**Eight Modules of Psychotherapy for Chronic Pain Informed by Hypnosis**  
David Paterson & Elena Mendoza

Chronic pain is a health issue for millions of people and costs billions of dollars in health care and work productivity. Medical interventions, while sometimes beneficial, often fail, and issues surrounding opioid analgesics constitute a significant concern. Hypnosis has shown great promise in reducing suffering from chronic pain, but it is often applied incorrectly or insufficiently to address this problem. This article discusses using a biopsychosocial model for managing pain centered on hypnosis, based on recent publications. We present eight modules of psychotherapy informed by hypnosis, meditation, and motivational interviewing. The modules include a biopsychosocial assessment, motivational interviewing, cognitive interventions, hypnosis, meditation, activity, psychological factors, and sleep. We stress that a linear progression through the modules is not expected. Further, the proportion of attention to each module will vary from patient to patient.

The ultimate goal of this approach is to manage rather than cure pain, and successful treatment outcomes focus on increased movement, productivity, and overall life satisfaction rather than solely pain reduction.

**Comparing Cognitive Behavioral Therapy and Ericksonian Hypnotherapy for Obsessive–Compulsive Disorder: A Randomized Controlled Trial**  
Metin Çınaroğlu, Eda Yılmaz, Cemre Odabaşı, Selami Varol Ülker, Selin Tan, Gökben Hızlı Sayar

Obsessive–Compulsive Disorder (OCD) is a chronic condition that often responds well to Cognitive Behavioral Therapy (CBT), though many patients fail to achieve full remission. Ericksonian Hypnotherapy (EH) has been proposed as a promising



alternative. This randomized controlled trial compared the efficacy of CBT and EH against a waitlist control in 99 adults with OCD. Participants received 12 weekly online therapy sessions. Outcomes were assessed at baseline, mid-treatment, and post-treatment using the Padua Inventory-Revised, Yale–Brown Obsessive Compulsive Scale–Self-Report (Y-BOCS-SR), and Beck Anxiety Inventory (BAI). Both CBT and EH led to large, statistically and clinically significant reductions in OCD symptoms compared to waitlist. CBT was more effective for compulsive behaviors such as washing, while EH produced greater reductions in obsessive rumination and general anxiety. No serious adverse events occurred. These findings suggest that EH is a viable and comparably effective treatment to CBT, with distinct therapeutic benefits. EH may offer a particularly useful option for patients with obsession-dominant symptom profiles or comorbid anxiety.

Effects of Ericksonian Hypnotherapy Versus Cognitive Behavioral Therapy on Prolonged Grief Among University Students: A Randomized Clinical Trial  
Metin Çinaroğlu, Eda Yilmazer, Selami Varol Ülker, Fadime Çinar

This study evaluates the comparative effectiveness of Ericksonian Hypnotherapy (EH) and Cognitive Behavioral Therapy (CBT) in addressing prolonged grief among university students in Istanbul. Transitioning through critical developmental phases, 39 students who had experienced significant loss and demonstrated symptoms of prolonged grief participated in this randomized controlled trial. They were divided equally into three groups: those receiving EH, those undergoing CBT, and a control group placed on a waiting list. Assessments utilized the Prolonged Grief Scale and the Beck Depression Inventory to measure the interventions' impact on grief. Findings revealed significant improvements in both EH and CBT groups compared to the control, with EH showing marginally higher effectiveness in reducing grief symptoms. This research underlines EH's potential as a culturally adaptable and effective treatment for prolonged grief in a diverse academic setting, advocating for its broader application and further exploration across various populations.

Hypnotically Informed Psychotherapy: Erickson and Beyond  
Robert Staffin

As Milton Hyland Erickson told us, “Each person is a unique individual. Hence, psychotherapy should be formulated to meet the uniqueness of the individual's needs, rather than tailoring the person to fit the Procrustean bed of a hypothetical theory of human behavior.” (Erickson, 2000 xvii). Erickson's mastery and creative genius has invited clinicians to imitate and emulate his style of working and identify themselves as “Ericksonian.” But what does it mean to be Ericksonian? Utilizing the microdynamics of trance induction (Erickson et al., 1976), and the six “core competencies” outlined by Short (2019) as the foundation, this paper notes how the confluence of embodiment, influence, vivification, unconscious thought, spread activation, gestures, and “being hypnotic” rather than “doing hypnosis,” form what is here being defined as, Hypnotically Informed Psychotherapy.

Hypnotically Informed Psychotherapy (HIP) is offered as an alternative to the poorly defined, yet frequently employed, term, “hypnotherapy.” In its most rudimentary form, the hypnotically informed clinician is attuned to the impact of the palette of communication – verbal, nonverbal, and paraverbal - and harnesses it with strategic intent.

Understanding and appreciating the ways in which we respond without being aware of what it is that invites our responsiveness (i.e., influence) is at the core of hypnotically informed psychotherapy. Inherent in this approach is a recognition of both conscious and unconscious “thinking” (Bargh, 2017; Dijksterhuis & Nordgren, 2006; Gilhooly, 2019; Kahneman, 2011; Short 2022). How the clinician utilizes the domains of self, other, and circumstances, (Staffin, 2018) to facilitate what Alldredge and Elkins (2023) characterize as a movement from the “rational system” to the “experiential system,” is central to HIP.

Being hypnotically informed is independent of one's theoretical orientation. When one begins to engage in the therapeutic encounter from a posture of utilization and with an eye towards the microdynamics of the moment, one is engaged in or poised for Hypnotically Informed Psychotherapy.



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# EVENT CALENDAR ISH

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Paestum (Italy), 2027



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  - Thursday 27 August: Pre-congress workshop
  - Friday 28 - Sunday 30 August: Main Conference

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# PHFD

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Bridging basic research and clinical innovation

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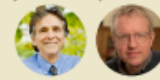
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This event is supported by the Society for Interdisciplinary Placebo Studies.

### Welcome to the intersection of the mind, body, and society

Bienvenue au croisement entre le corps, l'esprit et la société

There is a fundamental mystery at the intersection of the mind, body and society that has eluded the scientific community for more than a century.

How is it that certain contexts, interactions, and expectations can shape or even outright produce somatic dysfunctions?

This is particularly important as these conditions are often distressing, disabling, and resistant to treatment.

Conversely, how can other contexts, interactions, and expectations promote healing, improve bodily experience, or enhance performance?

Over the decades, these questions have generated diverse experimental findings, spawned various theories, and motivated a wide range of clinical practices.

Unfortunately, much of this work is scattered across the fields of **placebo, hypnosis** and **functional disorders**, which have advanced in isolation.

It is now up to us to come together, integrate 'state of the art' findings, and widely promote best clinical practices.

Malgré plus d'un siècle de recherche, un mystère persiste à l'intersection entre le corps, l'esprit et la société.

Comment certains contextes, interactions et attentes, produisent des *dysfonctionnements* somatiques, souvent pénibles, handicapants et résistants aux traitements ?

A l'inverse, comment d'autres contextes, interactions et attentes, aident la guérison, améliorent l'expérience somatique ou promeuvent la performance physique ?

Au fil des ans, ces questions ont engendré des résultats expérimentaux fascinants, une véritable richesse théorique et des savoir-faire cliniques complémentaires.

Malheureusement, ces savoirs se retrouvent disséminés dans trois champs qui ont évolué en isolation, autant sur le plan méthodologique qu'institutionnel. Il s'agit de l'étude de l'effet **placebo / nocebo**, de l'**hypnose** et du vaste champ de la **médecine psychosomatique**.

Il ne tient qu'à nous de nous rassembler autour de nos fondations scientifiques communes et de partager nos meilleures pratiques.

A short video presentation is available at : [PHFD-conf.org](https://phfd-conf.org)

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- Non-CS members who meet ISH's qualifications.
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In addition to the benefits above, Constituent Society members enjoy:

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**Required Documents for Constituent Societies:**

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- A list of officers and contact information.

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