



The International Society of Hypnosis

NEWSLETTER

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A LETTER FROM THE PRESIDENT

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KRZYSZTOF KLAJS

Dear ISH Members,

I am writing this letter in May 2026. The political and economic situation is far from stable. There are many indications that the stability we once took for granted in many parts of the world is becoming a thing of the past.

Moreover, the COVID pandemic brought the painful realization that both patient and therapist may inhabit the same reality: the risk of losing one's own life, the death of loved ones, and deep uncertainty about the future.

Until then, we often worked under the comforting illusion that overwhelming fear, depression, and trauma belonged primarily to those who came to us for help.

The pandemic revealed how fragile that separation truly was.

At a time when long-standing armed conflicts continue in many parts of the world, this sense of fundamental instability and a real threat to life persists. Across many regions of the world, trails of missiles are visible in the skies. Drones and falling bombs can be heard, and both therapists and patients hide in shelters and basements alongside their families. Armed conflicts, political violence, and internal unrest continue across parts of Europe, the Middle East, Africa, and South America.

This situation poses an important question to us as mental health professionals: **"What can we do?"**

We can certainly do little or nothing about wars, their course, or especially their end. Yet the inner world of those who need our knowledge and expertise remains accessible to us. No war can take away our professional skills, though it often makes it very difficult for us to access those resources ourselves.

What can we do?

Allow me to offer a few brief reflections here, though of course each of us could add many more. Clinical hypnosis is a valuable tool for directing attention inward, toward those areas that can still be influenced in any situation. It requires no additional equipment.

Sometimes only a moment of concentration is enough to enter a state of professional competence and build a collaborative relationship with the patient.



Milton H. Erickson popularized the belief that hope and the possibility of a meaningful future remain available even in the most difficult circumstances. Drawing from his experiences in a death camp during World War II, Viktor Frankl showed how essential it is to seek existential meaning in what the real world brings, in the time and place in which we live.

Four years ago, over the course of little more than a dozen days, approximately two million refugees fleeing the war in Ukraine poured into Poland. Safe urban spaces—parks, shopping malls, and streets—filled with children clinging tightly to their mothers’ hands. In those moments, the need to remain together, to stay connected, revealed itself as something deeply human and essential. Some of the children were only a few years old; others were much older.

Perhaps it is worth recalling that even the most dramatic experiences become deeply traumatic when accompanied by profound loneliness, exclusion, and isolation. In a world where the “I” increasingly dominates, the “We” is becoming increasingly rare—and increasingly necessary.

We as human beings. We as mental health professionals.

Given the current unrest and growing uncertainty, it is not surprising that so many international conferences, symposia, and congresses in the field of clinical hypnosis are scheduled for the coming months:

May 29 in Reykjavík, Iceland
June 13–20 in Wigry, Poland
August 26–30 in Glasgow, Scotland

October 14–16 in Nancy, France
November 19–22 in Rome, Italy
December 3–6 in Antalya, Turkey

It is always good to be in good company, and now this need feels particularly relevant. Terms such as sharing experiences, support, being together, creating shared space, and a sense of belonging take on additional meaning and significance.

Let us look around.

What can we do?

Krzysztof Klajs
ISH President

The initial translations were generated with DeepL and were subsequently reviewed and refined by the respective editors.



EIN BRIEF DES PRÄSIDENTEN

ÜBERSETZT VON ANITA JUNG

Liebe Kolleginnen und Kollegen,

Ich schreibe diesen Brief im Mai 2026. Die politische und wirtschaftliche Situation ist alles andere als stabil. Vieles deutet darauf hin, dass die Stabilität, die wir in vielen Teilen der Welt einst als selbstverständlich betrachtet haben, zunehmend der Vergangenheit angehört.

Darüber hinaus brachte die COVID-Pandemie die schmerzliche Erkenntnis mit sich, dass sowohl Patient als auch Therapeut derselben Realität ausgesetzt sein können: der Gefahr, das eigene Leben zu verlieren, dem Tod nahestehender Menschen und einer großen Ungewissheit hinsichtlich der Zukunft. Lange Zeit arbeiteten wir unter der beruhigenden Vorstellung, dass überwältigende Angst, Depressionen und traumatische Erfahrungen vor allem jene betreffen, die zu uns kommen, um Hilfe zu suchen. Die Pandemie zeigte uns, wie fragil diese vermeintliche Trennung tatsächlich war.

In einer Zeit, in der Kriege und gewaltsame Auseinandersetzungen viele Teile der Welt prägen, bleibt dieses Gefühl grundlegender Instabilität und einer realen Bedrohung für das Leben bestehen. In vielen Regionen der Welt ziehen Raketenspuren über den Himmel. Drohnen und Explosionen sind zu hören, und sowohl Therapeuten als auch Patienten suchen gemeinsam mit ihren Familien Schutz in Kellern und Bunkern. Politische Gewalt und innere Unruhen prägen weiterhin Teile Europas, des Nahen Ostens, Afrikas und Südamerikas.

All dies stellt uns als Menschen und als Fachleute für psychische Gesundheit vor eine wichtige Frage: „**Was können wir tun?**“

Sicherlich können wir Kriege, ihren Verlauf oder gar ihr Ende kaum oder überhaupt nicht beeinflussen. Dennoch bleibt uns die innere Welt jener Menschen zugänglich, die unser Wissen und unsere Erfahrung benötigen. Kein Krieg kann uns unsere fachlichen Fähigkeiten nehmen, auch wenn er es uns oft sehr erschwert, selbst Zugang zu diesen inneren Ressourcen zu finden.

Was können wir tun?

Erlauben Sie mir an dieser Stelle einige kurze Gedanken, auch wenn jeder von uns sicherlich noch vieles ergänzen könnte. Klinische Hypnose kann helfen, die Aufmerksamkeit nach innen zu lenken – hin zu jenen Bereichen, die selbst in schwierigen Situationen noch beeinflussbar bleiben. Sie benötigt keine besondere Ausstattung. Oft genügt bereits ein Moment der Sammlung, um wieder Zugang zur eigenen fachlichen Kompetenz zu finden und eine vertrauensvolle Verbindung zum Patienten aufzubauen.

Milton H. Erickson vermittelte die Überzeugung, dass Hoffnung und die Möglichkeit einer sinnvollen Zukunft selbst unter schwierigsten Umständen bestehen bleiben. Aus den Erfahrungen eines Konzentrationslagers während des Zweiten Weltkriegs heraus zeigte Viktor Frankl, wie wesentlich es ist, selbst in schwierigen Zeiten existenziellen Sinn zu finden – in der Zeit und an dem Ort, an dem wir leben.

Vor vier Jahren suchten innerhalb weniger Tage ungefähr zwei Millionen Menschen aus der Ukraine Zuflucht in Polen. Parks, Einkaufszentren und Straßen füllten sich mit Kindern, die sich fest an die Hände ihrer Mütter klammerten. In diesen Momenten wurde spürbar, wie tief das menschliche Bedürfnis reicht, zusammenzubleiben und verbunden zu sein. Manche der Kinder waren erst wenige Jahre alt, andere bereits deutlich älter.

Vielleicht lohnt es sich, daran zu erinnern, dass selbst die dramatischsten Erfahrungen besonders dann zutiefst traumatisch werden, wenn sie von tiefer



Einsamkeit, Ausgrenzung und Isolation begleitet sind. In einer Welt, in der das „Ich“ zunehmend dominiert, wird das „Wir“ immer seltener – und zugleich immer notwendiger.

Wir als Menschen. Wir als Fachleute für psychische Gesundheit.

Angesichts der gegenwärtigen Unruhe und wachsenden Unsicherheit überrascht es nicht, dass in den kommenden Monaten so viele internationale Konferenzen, Symposien und Kongresse im Bereich der klinischen Hypnose stattfinden:

29. Mai in Reykjavik, Island	14.–16. Oktober in Nancy, Frankreich
13.–20. Juni in Wigry, Polen	19.–22. November in Rom, Italien
26.–30. August in Glasgow, Schottland	3.–6. Dezember in Antalya, Türkei

Es ist immer gut, sich in guter Gesellschaft zu befinden, und gerade jetzt erscheint dieses Bedürfnis besonders bedeutsam. Begriffe wie Erfahrungsaustausch, Unterstützung, Zusammensein, gemeinsamer Raum und Zugehörigkeit gewinnen zusätzliche Bedeutung und Tiefe.

Schauen wir uns um.

Was können wir tun?

Kris Klajs
Präsident der ISH



LETTERA DEL PRESIDENTE (IT)

TRADUZIONE IN ITALIANO DI CONSUELO CASULA

Cari college e colleghi,

Scrivo questa lettera nel maggio del 2026. La situazione politica ed economica è tutt'altro che stabile. Vi sono molti segnali che indicano come quella stabilità che, in molte parti del mondo, avevamo imparato a dare per scontata stia progressivamente diventando parte del passato.

La pandemia di COVID ha inoltre portato con sé una dolorosa consapevolezza: paziente e terapeuta possono trovarsi immersi nella stessa realtà, esposti al rischio di perdere la propria vita, alla morte delle persone care e a una profonda incertezza riguardo al futuro. Per molto tempo abbiamo lavorato nella rassicurante convinzione che paura travolgente, depressione ed esperienze traumatiche appartenessero soprattutto a coloro che si rivolgevano a noi in cerca di aiuto. La pandemia ci ha mostrato quanto fragile fosse in realtà quella separazione.

In un tempo in cui guerre e conflitti violenti continuano a segnare molte parti del mondo, permane questo senso di instabilità profonda e di reale minaccia alla vita. In molte regioni del mondo, scie di missili attraversano il cielo. Si odono droni ed esplosioni, mentre terapeuti e pazienti cercano rifugio insieme alle proprie famiglie in scantinati e rifugi sotterranei. Conflitti armati, violenza politica e tensioni interne continuano a segnare parti dell'Europa, del Medio Oriente, dell'Africa e del Sud America.

Di fronte a tutto questo, emerge per noi professionisti della salute mentale una domanda importante: **“Che cosa possiamo fare?”**

Certamente possiamo fare poco o nulla rispetto alle guerre, al loro corso o, soprattutto, alla loro fine. Eppure il mondo interiore di coloro che hanno bisogno della nostra conoscenza e della nostra esperienza rimane accessibile. Nessuna guerra può privarci delle nostre competenze professionali, anche se spesso rende molto difficile ritrovare dentro di noi l'accesso a quelle stesse risorse.

Che cosa possiamo fare?

Permettetemi di condividere qui alcuni brevi pensieri, pur sapendo che ciascuno di noi potrebbe aggiungerne molti altri. L'ipnosi clinica può aiutare a dirigere l'attenzione verso l'interno, verso quegli spazi che, anche nelle situazioni più difficili, restano ancora influenzabili. Non richiede alcuna attrezzatura particolare. A volte basta un momento di raccoglimento per ritrovare accesso alla propria competenza professionale e costruire un legame di fiducia con il paziente.

Milton H. Erickson trasmise la convinzione che la speranza e la possibilità di un futuro dotato di significato rimangano accessibili anche nelle circostanze più difficili. A partire dalla propria esperienza nei campi di concentramento durante la seconda guerra mondiale, Viktor Frankl mostrò quanto sia essenziale ricercare un significato esistenziale in ciò che la realtà ci pone davanti, nel tempo e nel luogo in cui viviamo.

Quattro anni fa, nel giro di pochi giorni, circa due milioni di persone provenienti dall'Ucraina cercarono rifugio in Polonia. Parchi, centri commerciali e strade si riempirono di bambini aggrappati alle mani delle loro madri. In quei momenti divenne tangibile quanto sia profondo il bisogno umano di restare uniti e sentirsi connessi. Alcuni di quei bambini avevano solo pochi anni; altri erano già molto più grandi.

Forse vale la pena ricordare che anche le esperienze più drammatiche diventano profondamente traumatiche quando sono accompagnate da solitudine,



esclusione e isolamento. In un mondo in cui l'“Io” domina sempre di più, il “Noi” sta diventando sempre più raro — e al tempo stesso sempre più necessario.

Noi come esseri umani.

Noi come professionisti della salute mentale.

Alla luce dell'attuale clima di instabilità e crescente incertezza, non sorprende che nei prossimi mesi siano previsti così tanti congressi, simposi e incontri internazionali dedicati all'ipnosi clinica:

29 maggio a Reykjavík, Islanda
13–20 giugno a Wigry, Polonia
26–30 agosto a Glasgow, Scozia

14–16 ottobre a Nancy, Francia
19–22 novembre a Roma, Italia
3–6 dicembre ad Antalya, Turchia

È sempre importante trovarsi in buona compagnia, e oggi questo bisogno appare particolarmente significativo. Condivisione delle esperienze, sostegno reciproco, vicinanza, creazione di uno spazio comune e senso di appartenenza assumono un significato ancora più profondo.

Guardiamoci intorno.

Che cosa possiamo fare?

Kris Klajs
Presidente dell'ISH



**HYPNOSIS PROFESSIONALS AROUND THE WORLD:
VISIT: WWW.WHOISHWHO.COM**



LA LETTRE DU PRÉSIDENT (FR)

TRADUCTION NICOLE RUYSSCHAERT

Chers collègues,

J'écris cette lettre en mai 2026. La situation politique et économique est loin d'être stable. De nombreux signes indiquent que la stabilité que nous avons considérée comme acquise devient de plus en plus une chose du passé dans de nombreuses régions partout dans le monde.

La pandémie de COVID a également apporté une prise de conscience douloureuse: le patient et le thérapeute peuvent se retrouver plongés dans une même réalité, confrontés aux risques de perdre leur propre vie, à la mort de leurs proches et à une profonde incertitude quant à l'avenir. Pendant longtemps, nous avons travaillé avec l'idée rassurante que la peur envahissante, la dépression et les expériences traumatiques concernaient avant tout ceux qui venaient chercher de l'aide auprès de nous. La pandémie nous a révélé à quel point cette distinction était en réalité fragile.

À une époque où les guerres prolongées et les conflits violents continuent de marquer de nombreuses régions du monde, ce sentiment d'instabilité profonde et de menace réelle pour la vie demeure présent. Dans de nombreuses parties du monde, des traînées de missiles traversent le ciel. On entend des drones et des explosions, tandis que thérapeutes et patients cherchent refuge avec leurs familles dans des caves et des abris souterrains. Conflits armés, violences politiques et tensions internes continuent de marquer certaines régions d'Europe, du Moyen-Orient, d'Afrique et d'Amérique du Sud.

Face à tout cela, une question essentielle se pose à nous, professionnels de la santé mentale :

« **Que pouvons-nous faire ?** »

Il n'y a pas grand-chose que nous pouvons faire face aux guerres, à leur déroulement ou surtout à leur issue. Pourtant, le monde intérieur de ceux qui ont besoin de notre savoir et de notre expérience demeure accessible. Aucune guerre ne peut nous priver de nos compétences professionnelles, même si elle rend souvent l'accès à ces ressources beaucoup plus difficile pour nous.

Que pouvons-nous faire?

Permettez-moi de partager ici quelques brèves réflexions, même si chacun d'entre nous pourrait sans doute en ajouter beaucoup d'autres. L'hypnose clinique peut aider à orienter l'attention vers l'intérieur, vers ces espaces qui, même dans les situations les plus difficiles, demeurent encore accessibles et que nous pouvons influencer ou changer. Pas besoin d'un équipement particulier. Parfois, un simple moment de concentration suffit pour retrouver l'accès à sa propre compétence professionnelle et à établir un lien de confiance avec le patient.

Milton H. Erickson a transmis l'idée que l'espoir et la possibilité d'un avenir plein de sens demeurent accessibles même dans les circonstances les plus difficiles. À partir de son expérience dans un camp de concentration durant la Seconde Guerre mondiale, Viktor Frankl a montré à quel point il est essentiel de chercher un sens existentiel à ce que la réalité nous impose, dans le temps et le lieu où nous vivons.

Il y a quatre ans, en quelques jours, près de deux millions de réfugiés fuyant la guerre en Ukraine ont cherché refuge en Pologne. Des espaces urbains sûrs - parcs, centres commerciaux et rues - se sont remplis d'enfants agrippés aux mains de leurs mères. Dans ces moments-là, il devenait palpable à quel point le besoin humain de rester ensemble et de demeurer reliés les uns aux autres est



essentiel. Certains de ces enfants étaient tout jeunes, d'autres étaient déjà beaucoup plus âgés.

Important de se rappeler que même les expériences les plus dramatiques deviennent profondément traumatiques lorsqu'elles s'accompagnent de solitude, d'exclusion et d'isolement. Dans un monde où le « Je » domine de plus en plus, le « Nous » devient toujours plus rare — et en même temps toujours plus nécessaire.

Nous en tant qu'êtres humains.

Nous en tant que professionnels de la santé mentale.

Compte tenu des troubles actuels et de l'incertitude croissante, il n'est pas surprenant que tant de conférences internationales, symposiums et congrès dans le domaine de l'hypnose clinique soient prévus pour les mois à venir :

29 mai à Reykjavík, Islande
13–20 juin à Wigry, Pologne
26–30 août à Glasgow, Écosse

14–16 octobre à Nancy, France
19–22 novembre à Rome, Italie
3–6 décembre à Antalya, Turquie

Ça fait du bien de se retrouver en bonne compagnie, et aujourd'hui ce besoin paraît particulièrement important. Le partage des expériences, le soutien mutuel, le fait d'être ensemble, la création d'un espace commun et le sentiment d'appartenance prennent un sens et signification supplémentaire.

Regardons autour de nous.

Que pouvons-nous faire ?

Kris Klajs
Président de l'ISH

 THE INTERNATIONAL SOCIETY OF HYPNOSIS

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CARTA DEL PRESIDENTE (ES)

TRADUCIDO POR CECILIA FABRE

Estimadas y estimados colegas,

Escribo esta carta en mayo de 2026. La situación política y económica está lejos de ser estable. Todo parece indicar que aquella estabilidad que durante mucho tiempo dimos por sentada en muchas partes del mundo está convirtiéndose, poco a poco, en parte del pasado.

La pandemia de COVID trajo además una dolorosa constatación: tanto pacientes como terapeutas pudimos encontrarnos inmersos en una misma realidad, expuestos al riesgo de perder nuestra propia vida, a la muerte de seres queridos y a una profunda incertidumbre frente al futuro. Durante mucho tiempo trabajamos bajo la reconfortante idea de que el miedo abrumador, la depresión y las experiencias traumáticas pertenecían sobre todo a quienes acudían a nosotros en busca de ayuda. La pandemia nos mostró cuán frágil era, en realidad, esa separación.

En una época en la que guerras y conflictos violentos continúan marcando muchas regiones del mundo, persiste esta sensación de profunda inestabilidad y de amenaza real para la vida. En numerosos lugares del mundo, estelas de misiles atraviesan el cielo. Se escuchan drones y explosiones, mientras terapeutas y pacientes buscan refugio junto a sus familias en sótanos y refugios subterráneos. Los conflictos armados, la violencia política y las tensiones internas continúan dejando su huella en distintas regiones de Europa, Oriente Medio, África y Sudamérica.

Ante todo esto surge para nosotros, como profesionales de la salud mental, una pregunta esencial: **“¿Qué podemos hacer?”**

Sin duda, poco o nada podemos hacer respecto a las guerras, su desarrollo o, sobre todo, su desenlace. Sin embargo, el mundo interior de quienes necesitan nuestro conocimiento y experiencia continúa siendo accesible. Ninguna guerra puede arrebatar nos nuestras capacidades profesionales, aunque muchas veces logre dificultar el acceso a esos recursos dentro de nosotros mismos.

¿Qué podemos hacer?

Permítanme compartir aquí algunas breves reflexiones, aun sabiendo que cada uno de nosotros podría añadir muchas más. La hipnosis clínica puede ayudarnos a dirigir la atención hacia el interior, hacia aquellos espacios que, incluso en las situaciones más difíciles, continúan siendo susceptibles de transformación. No requiere equipamiento especial. A veces basta un instante de recogimiento para reencontrar el acceso a nuestra propia competencia profesional y construir un vínculo de confianza con el paciente.

Milton H. Erickson transmitía la convicción de que la esperanza y la posibilidad de un futuro con sentido permanecen accesibles incluso en las circunstancias más difíciles. A partir de su experiencia en un campo de concentración durante la Segunda Guerra Mundial, Viktor Frankl mostró hasta qué punto es esencial encontrar un sentido existencial en aquello que la realidad nos presenta, en el tiempo y el lugar en que vivimos.

Hace cuatro años, en el transcurso de apenas unos días, cerca de dos millones de personas procedentes de Ucrania buscaron refugio en Polonia. Parques, centros comerciales y calles se llenaron de niños aferrados a las manos de sus madres. En aquellos momentos se hizo visible cuán profundo es el deseo humano de permanecer unidos y sentirse conectados. Algunos de esos niños apenas tenían unos pocos años; otros ya eran bastante mayores.



Quizá valga la pena recordar que incluso las experiencias más dramáticas se vuelven profundamente traumáticas cuando van acompañadas de soledad, exclusión y aislamiento. En un mundo en el que el “Yo” domina cada vez más, el “Nosotros” se vuelve cada vez más escaso y, al mismo tiempo, más necesario.

Nosotros como seres humanos.

Nosotros como profesionales de la salud mental.

A la luz de la creciente inestabilidad e incertidumbre actuales, no nos sorprende que durante los próximos meses se celebren tantos congresos, simposios y encuentros internacionales dedicados a la hipnosis clínica:

29 de mayo en Reikiavik, Islandia

13–20 de junio en Wigry, Polonia

26–30 de agosto en Glasgow, Escocia.

14–16 de octubre en Nancy, Francia

19–22 de noviembre en Roma, Italia

3–6 de diciembre en Antalya, Turquía

Siempre es importante encontrarnos en buena compañía, y hoy esa necesidad parece especialmente significativa. Compartir experiencias, el apoyo mutuo, la cercanía, la creación de espacios comunes y el sentido de pertenencia adquieren un significado aún más profundo.

Miremos a nuestro alrededor.

¿Qué podemos hacer?

Kris Klajs
Presidente de la ISH



LETTER FROM THE EDITOR



Anita Jung

Dear Colleagues,

Clinical hypnosis has always lived in an interesting space between science and imagination, precision and presence, structure and human creativity.

As I moved through the pages of this newsletter, I found myself reflecting not only on the diversity of the work represented here, but also on the many ways our field continues to listen, adapt, and respond to changing human realities while remaining rooted in curiosity, connection, and care.

We begin with a thoughtful interview with the legendary Rubin Battino, whose work has influenced generations of clinicians through his writing, teaching, creativity, and deep attention to language. The conversation moves through his remarkable journey from chemistry to psychotherapy, Ericksonian hypnosis, poetry, theater, single-session therapy, healing language, and the small moments of wonder that continue to inspire him well into his nineties. There is something quietly moving in the way he speaks about language—not merely as information, but as something capable of shaping experience, opening possibility, and helping people rediscover movement where life has become fixed.

That spirit of curiosity carries gently through the rest of these pages. We are pleased to introduce a new category, Notes from Practice, beginning with a contribution by my dear colleague Alejandra Diaz who also resides in Texas. Her reflections on curiosity speak to something many clinicians know intimately: that moments of openness often emerge not from certainty, but from our willingness to remain present with what is not yet fully known.

You will also find thoughtful contributions from students at Eötvös Loránd University (ELTE), including reviews on hypnosis in oncology and psychological support during chemotherapy. Their work reflects a field continuing to stretch into complex medical and healthcare spaces while still asking careful questions about how we study, communicate, and care for human experience.

Research updates from Gary Elkins, the editor of the International Journal of Clinical and Experimental Hypnosis highlight current studies spanning perioperative care, chronic illness, pediatric radiology, diabetes management, and innovative clinical interventions. Together, these contributions reflect both the expanding reach of hypnosis research and the ongoing importance of thoughtful clinical application grounded in care, rigor, and human responsiveness.

A touch of humor arrives from Bernhard Trenkle, whose warm and supportive presence has become deeply woven into the international hypnosis community. Through his work and tireless commitment, he has helped build hypnosis societies around the world and connected people across countries and cultures. His work carries a rare ability to combine clinical depth with playfulness, humility, and human warmth. In a field that often engages profound suffering and complexity, his voice reminds us that humor can make some things lighter, open new perspectives, and sometimes reach places that seriousness alone cannot.

In Ideas in Focus, we reflect on *Preserving Presence Under Disruption*, exploring how professional hypnosis organizations adapted under rapidly changing conditions while continuing to preserve ethical grounding, continuity, and professional connection.



I also invite you to explore our event calendar. The months ahead carry many opportunities for encounter, exchange, and shared learning — across countries, languages, and differing lived realities.

In a world that often moves quickly toward certainty, hypnosis continues to remind us of the importance of listening carefully, remaining flexible, and staying connected to the deeply human dimensions of healing and change.

Warmly,
Anita Jung, LPC-S, LPA
ISH Newsletter Editor

The initial translations were generated with DeepL and were subsequently reviewed and refined by the respective editors.



CARTA DE LA EDITORA

SPANISH TRANSLATION: BY CECILIA FABRE

Estimadas y estimados colegas,

La hipnosis clínica siempre ha habitado un espacio fascinante entre la ciencia y la imaginación, entre la precisión y la presencia, entre la estructura y la creatividad humana. Mientras recorría las páginas de este boletín, me descubrí reflexionando no solo sobre la diversidad de los trabajos aquí reunidos, sino también sobre las múltiples maneras en que nuestro campo continúa encontrando caminos para escuchar, adaptarse y responder a las cambiantes realidades humanas, manteniéndose siempre arraigado en la curiosidad, la conexión y el cuidado por el otro.

Abrimos este número con una valiosa entrevista al legendario Rubin Battino, cuyo trabajo ha influido en generaciones de terapeutas a través de sus escritos, su enseñanza, su creatividad y su profunda sensibilidad hacia el lenguaje. La conversación recorre su extraordinario camino, desde la química hasta la psicoterapia, la hipnosis ericksoniana, la poesía, el teatro, la terapia de sesión única y el lenguaje terapéutico, así como esos pequeños momentos de asombro que continúan inspirándolo aún hoy, después de haber cumplido los noventa años de vida. Hay algo silenciosamente conmovedor en la manera en que habla del lenguaje: no simplemente como información, sino como algo capaz de dar forma a la experiencia, abrir posibilidades y ayudar a las personas a recuperar el movimiento, allí donde la vida parece haberse detenido.

Ese espíritu de curiosidad recorre suavemente el resto de estas páginas. Nos complace presentar una nueva sección, *Notes from Practice (Notas de la práctica clínica)* inaugurada con una contribución de mi querida colega Alejandra Díaz, quien también reside en Texas. Sus reflexiones sobre la curiosidad evocan algo que muchos clínicos conocemos profundamente: que los momentos de apertura con frecuencia no surgen de la certeza, sino de nuestra disposición a permanecer presentes ante aquello que todavía no se revela por completo.

También encontrarán valiosas contribuciones de estudiantes de la Universidad Eötvös Loránd (ELTE), incluyendo revisiones sobre hipnosis en oncología y apoyo psicológico durante la quimioterapia. Su trabajo refleja un campo que continúa expandiéndose hacia contextos médicos y de atención a la salud cada vez más complejos, al mismo tiempo que sigue planteando preguntas cuidadosas y profundas sobre la manera en que estudiamos, nos comunicamos y podemos acompañar de una mejor manera la experiencia.

Las actualizaciones de investigación presentadas por Gary Elkins, editor del *International Journal of Clinical and Experimental Hypnosis*, destacan estudios recientes sobre cuidados perioperatorios, enfermedades crónicas, radiología pediátrica, diabetes e intervenciones clínicas innovadoras. En conjunto, estas contribuciones muestran cómo la investigación en hipnosis continúa evolucionando con vitalidad, recordándonos al mismo tiempo la importancia de una práctica clínica sostenida por la atención, el rigor y una auténtica cercanía humana.

Bernhard Trenkle también acompaña este número con ese humor y esa presencia cálida y cercana que muchas personas de nuestra comunidad internacional de hipnosis asocian con él. A través de su trabajo y de su compromiso incansable, ha contribuido a construir sociedades de hipnosis en distintas partes del mundo y a conectar a las personas entre sí. Su manera de estar une profundidad clínica, ligereza, humildad y una gran sensibilidad para el encuentro humano. En un campo que con frecuencia se encuentra con el sufrimiento y la complejidad de la experiencia humana, su voz nos recuerda que el humor puede aliviar, abrir nuevas perspectivas y, en ocasiones, abrir puertas a las que la seriedad por sí sola no logra acceder.



En *Ideas in Focus (Ideas en Foco)*, nos detenemos en *Preserving Presence Under Disruption (Preservar la presencia en tiempos de disrupción)* y en la manera en que las sociedades de hipnosis encontraron caminos para mantener la conexión, la continuidad y una práctica responsable, incluso en tiempos de cambios acelerados.

Les invito a dar un vistazo a nuestro calendario de eventos. Los próximos meses traerán numerosas oportunidades de encuentro, intercambio y aprendizaje compartido, más allá de lenguas, fronteras y diferentes realidades de vida.

En un mundo que parece moverse cada vez más rápido hacia las certezas, quizá sea más importante que nunca, permanecer atentos, escuchar con apertura y mantenernos conectados con aquello profundamente humano que nos une.

Con cariño,

Anita Jung
Editora, Boletín de la ISH
anitajung.therapy@pm.me



BRIEF DER REDAKTEURIN

GERMAN TRANSLATION: BY ANITA JUNG

Liebe Kolleginnen und Kollegen,

Klinische Hypnose bewegte sich schon immer zwischen Wissenschaft und Vorstellungskraft, zwischen Präzision, Präsenz und menschlicher Kreativität. Während ich mich in diese Seiten vertiefte, dachte ich nicht nur über die Vielfalt der hier vertretenen Beiträge nach, sondern auch darüber, wie unser Feld immer wieder Wege findet, zuzuhören, sich anzupassen und den Veränderungen menschlichen Lebens zu begegnen – ohne dabei Neugier, Verbundenheit und Fürsorge zu verlieren.

Wir beginnen mit einem eindrucksvollen Interview mit dem legendären Rubin Battino, dessen Arbeit Generationen von Therapeutinnen und Therapeuten durch sein Schreiben, seine Lehre, seine Kreativität und sein feines Gespür für Sprache geprägt hat. Das Gespräch führt durch seinen bemerkenswerten Weg von der Chemie zur Psychotherapie, zur Ericksonschen Hypnose, zur Poesie, zum Theater, zur Ein-Sitzungs-Therapie, zur heilenden Sprache und zu den kleinen Momenten des Staunens, die ihn bis heute – weit über sein neunzigstes Lebensjahr hinaus – inspirieren. Es berührt auf stille Weise, wie er über Sprache spricht: nicht einfach als Information, sondern als etwas, das Erfahrung formen, Möglichkeiten eröffnen und Menschen helfen kann, dort wieder in Bewegung zu kommen, wo das Leben erstarrt ist.

Etwas von dieser Offenheit trägt sich auch durch die weiteren Seiten dieses Newsletters. Wir freuen uns, eine neue Rubrik vorzustellen: *Notes from Practice*, beginnend mit einem Beitrag meiner geschätzten Kollegin Alejandra Diaz, die ebenfalls in Texas lebt. In ihrem Beitrag über Kreativität berührt sie etwas, das wir wohl alle kennen: dass neue Möglichkeiten oft dort entstehen, wo wir bereit sind, offen zu bleiben für das, was sich noch entwickelt.

Beiträge von Studierenden der Eötvös Loránd University (ELTE) widmen sich unter anderem der Hypnose in der Onkologie sowie der psychologischen Begleitung während einer Chemotherapie. Beim Lesen wird spürbar, wie lebendig und relevant diese Arbeit auch weiterhin in medizinischen und klinischen Kontexten bleibt – und wie aufmerksam unser Feld für die Frage ist, wie Menschen schwierige Erfahrungen erleben, mit ihnen umgehen und darin vielleicht noch besser begleitet werden können.

Forschungsupdates von Gary Elkins, dem Herausgeber des International Journal of Clinical and Experimental Hypnosis, stellen aktuelle Studien zu perioperativer Versorgung, chronischen Erkrankungen, pädiatrischer Radiologie, Diabetesmanagement und innovativen klinischen Interventionen vor. Gemeinsam zeigen diese Beiträge, wie lebendig sich Hypnoseforschung weiterentwickelt und wie wichtig dabei eine klinische Arbeit bleibt, die von Aufmerksamkeit, Sorgfalt und menschlicher Nähe getragen wird.

Auch Bernhard Trenkle begleitet diese Ausgabe mit Humor und jener warmen, unterstützenden Präsenz, die viele in unserer internationalen Hypnosegemeinschaft mit ihm verbinden. Mit seiner Arbeit und seinem unermüdlichen Engagement hat er internationale Hypnosegesellschaften mit aufgebaut und Menschen miteinander verbunden. Seine Art verbindet klinische Tiefe mit Leichtigkeit, Bescheidenheit und einem feinen Gespür für menschliche Begegnung. In einem Feld, das sich oft mit tiefem Leiden und komplexen menschlichen Erfahrungen beschäftigt, erinnert uns seine Stimme daran, dass Humor manches leichter machen, neue Perspektiven eröffnen und manchmal Türen öffnen kann, die Ernsthaftigkeit allein nicht erreicht.



In *Ideas in Focus* widmen wir uns *Preserving Presence Under Disruption* und der Frage, wie Hypnosegesellschaften auch in Zeiten rascher Veränderungen Wege fanden, Verbindung, Kontinuität und verantwortungsvolles Arbeiten zu bewahren.

Vielleicht werfen Sie auch einen Blick in unseren Veranstaltungskalender. Die kommenden Monate bringen viele Möglichkeiten für Begegnung, Austausch und gemeinsames Lernen – über Länder, Sprachen und unterschiedliche Lebensrealitäten hinweg.

In einer Welt, die sich oft schnell auf Gewissheiten zubewegt, scheint es wichtiger denn je, aufmerksam zu bleiben, offen zuzuhören und mit dem Menschlichen verbunden zu bleiben.

Herzlichst,

Anita Jung
Editor, ISH Newsletter
anitajung.therapy@pm.me



LETTRE DE LA RÉDACTRICE

FRENCH TRANSLATION: BY NICOLE RUYSSCHAERT

Chers collègues,

L'hypnose clinique s'est toujours situé quelque part entre la science et l'imagination, entre la précision, la présence et la créativité humaine. En me plongeant dans ces pages, j'étais surpris par la diversité des contributions réunies ici, et aussi de la manière dont notre champ continue sans cesse de trouver des chemins pour accepter, s'adapter et rencontrer les transformations de la vie humaine — sans perdre pour autant la curiosité, le lien et le souci de l'autre.

Nous commençons ce numéro avec un entretien marquant avec le légendaire Rubin Battino, dont le travail a profondément influencé des générations de thérapeutes à travers ses écrits, son enseignement, sa créativité et son regard particulièrement sensible sur le langage. L'entrevue traverse son remarquable parcours, de la chimie à la psychothérapie, à l'hypnose Ericksonienne, à la poésie, au théâtre, à la thérapie en une séance, au langage thérapeutique et à ces petits moments d'émerveillement qui continuent encore aujourd'hui à l'inspirer bien au-delà de ses quatre-vingt-dix ans. Il y a quelque chose de discrètement émouvant dans sa manière de parler du langage : ne pas simplement un moyen de communiquer des informations, mais aussi un outil pour façonner l'expérience, ouvrir des possibilités et aider les êtres humains à retrouver du mouvement là où la vie semblait figée.

Les idées de cette introduction traversent également les pages qui suivent. Nous sommes heureux de présenter une nouvelle rubrique, « *Notes from Practice* », inaugurée par un texte de ma chère collègue Alejandra Diaz, qui vit elle aussi au Texas. Dans son texte consacré à la créativité, elle touche à quelque chose que nous connaissons probablement tous : les nouvelles possibilités apparaissent souvent là où nous acceptons d'assister patiemment à ce qui est encore en train d'émerger.

Des contributions d'étudiants de Eötvös Loránd University (ELTE) abordent l'hypnose en oncologie ainsi que l'accompagnement psychologique pendant la chimiothérapie. À travers de ces textes, on sent à quel point ce travail est actuel et essentiel dans les contextes médicaux et cliniques, et que notre pratique s'occupe également à prendre en charge les personnes qui traversent des expériences difficiles — et à améliorer nos pratiques pour les accompagner de manière efficace.

Les actualités de recherche présentées par Gary Elkins, rédacteur en chef de l'«International Journal of Clinical and Experimental Hypnosis», mettent en lumière des études récentes portant sur les soins per-opératoires, les maladies chroniques, la radiologie pédiatrique, le diabète et encore des interventions cliniques innovantes. Ensemble, ces contributions montrent comment la recherche en hypnose continue d'évoluer avec vitalité, tout en rappelant l'importance d'une pratique clinique basée sur l'attention, les soins et la proximité humaine authentique.

Bernhard Trenkle contribue également à ce numéro avec son humour et présence chaleureuse et soutenante que beaucoup associent à lui au sein de notre communauté internationale de l'hypnose. Par son travail et son engagement infatigable, il a contribué à construire des sociétés d'hypnose à travers le monde et à relier les personnes entre elles. Sa manière d'être associe l'expérience clinique, la légèreté, l'humilité et une grande sensibilité à la rencontre humaine. Dans un domaine où on est souvent exposé à la souffrance et à la complexité de l'expérience humaine, sa voix nous rappelle que l'humour peut parfois alléger les choses, ouvrir de nouvelles perspectives et permettre d'accéder à des espaces que le sérieux seul ne saurait pas atteindre.



Dans les « *Ideas in Focus* », nous nous penchons sur « *Preserving Presence Under Disruption* » et sur la manière dont les sociétés d'hypnose ont trouvé, même en période de changements rapides, des chemins pour préserver le lien, la continuité et une pratique responsable.

Je vous invite également à jeter un regard sur notre calendrier des événements. Les mois à venir offriront de nombreuses occasions de rencontres, d'échanges et d'apprentissages partagés — au-delà des langues, des frontières et des différentes réalités de vie.

Dans un monde qui semble souvent se précipiter vers les certitudes, il paraît plus important que jamais de rester attentifs, d'écouter avec ouverture et de demeurer reliés à ce qu'il y a de profondément humain.

Bien chaleureusement,

Anita Jung
Rédactrice, Bulletin de l'ISH
anitajung.therapy@pm.me



LETTERA DELL'EDITORE

ITALIAN TRANSLATION: BY CONSUELO CASULA

Care e cari colleghi,

L'ipnosi clinica si è sempre mossa in uno spazio particolare tra scienza e immaginazione, tra precisione, presenza e creatività umana. Immergendomi in queste pagine, mi sono ritrovata a riflettere non solo sulla varietà dei contributi qui raccolti, ma anche sul modo in cui il nostro campo continua a trovare nuove vie per ascoltare, adattarsi e incontrare i cambiamenti della vita umana — senza perdere curiosità, vicinanza e attenzione verso l'altro.

Apriamo questo numero con una intensa intervista al leggendario Rubin Battino, il cui lavoro ha influenzato generazioni di terapeuti attraverso i suoi scritti, il suo insegnamento, la sua creatività e la sua straordinaria sensibilità per il linguaggio. La conversazione attraversa il suo percorso singolare, dalla chimica alla psicoterapia, dall'ipnosi ericksoniana alla poesia, al teatro, alla terapia in singola seduta, al linguaggio terapeutico e a quei piccoli momenti di meraviglia che continuano ancora oggi a ispirarlo ben oltre i novant'anni. C'è qualcosa di profondamente toccante nel modo in cui parla del linguaggio: non semplicemente come informazione, ma come qualcosa capace di dare forma all'esperienza, aprire possibilità e aiutare le persone a ritrovare movimento laddove la vita sembra essersi fermata.

Qualcosa di questa apertura attraversa anche le pagine che seguono. Siamo lieti di presentare una nuova rubrica, *Notes from Practice*, inaugurata da un contributo della mia cara collega Alejandra Diaz, che vive anch'essa in Texas. Nel suo testo dedicato alla creatività, tocca qualcosa che probabilmente tutti conosciamo: spesso nuove possibilità emergono proprio quando siamo disposti a restare aperti a ciò che sta ancora prendendo forma.

Contributi degli studenti della Eötvös Loránd University (ELTE) affrontano, tra gli altri temi, l'ipnosi in oncologia e il sostegno psicologico durante la chemioterapia. Leggendo questi lavori si percepisce quanto questo ambito resti vivo e significativo anche nei contesti medici e clinici, e quanto il nostro campo continui a interrogarsi con attenzione su come le persone attraversano esperienze difficili — e su come possiamo accompagnarle ancora meglio.

Gli aggiornamenti di ricerca presentati da Gary Elkins, direttore dell'International Journal of Clinical and Experimental Hypnosis, mettono in luce studi recenti sulla cura perioperatoria, le malattie croniche, la radiologia pediatrica, il diabete e interventi clinici innovativi. Insieme, questi contributi mostrano quanto la ricerca in ipnosi continui a evolversi con vitalità, ricordandoci al tempo stesso quanto resti importante una pratica clinica sostenuta da attenzione, rigore e autentica vicinanza umana.

Anche Bernhard Trenkle accompagna questo numero con quell'umorismo e quella presenza calorosa e sostenente che molti nella nostra comunità internazionale dell'ipnosi associano a lui. Attraverso il suo lavoro e il suo instancabile impegno, ha contribuito alla nascita e alla crescita di società di ipnosi in tutto il mondo, creando legami tra persone e comunità. Il suo modo di essere unisce profondità clinica, leggerezza, umiltà e una particolare sensibilità per l'incontro umano. In un campo che si confronta spesso con la sofferenza e la complessità dell'esperienza umana, la sua voce ci ricorda che l'umorismo può alleggerire, aprire nuove prospettive e talvolta dischiudere spazi che la sola serietà non riesce a raggiungere.

In *Ideas in Focus* ci soffermiamo su *Preserving Presence Under Disruption* e sul modo in cui le società di ipnosi hanno trovato, anche in tempi di cambiamenti rapidi, nuove strade per preservare il legame, la continuità e una pratica responsabile.



Vi invito inoltre a dare uno sguardo al nostro calendario degli eventi. I prossimi mesi offriranno molte occasioni di incontro, scambio e apprendimento condiviso — oltre le lingue, i confini e le diverse realtà di vita.

In un mondo che sembra muoversi sempre più velocemente verso le certezze, appare forse più importante che mai restare attenti, ascoltare con apertura e rimanere in contatto con ciò che vi è di profondamente umano.

Con calore,

Anita Jung
Redattrice della Newsletter
anitajung.therapy@pm.me



MAIN INTERVIEW

Interview conducted by Nicole Ruyschaert



Rubin Battino

Rubin Battino, M.S., Ph.D.

Rubin Battino is a professor emeritus of chemistry and a licensed counselor specializing in very brief therapy, hypnotherapy, and guided imagery

Nicole: Can you give me an overview of your career?

Rubin: I grew up during the Depression and had three main interests as a teenager: chemistry, writing, and psychology. I could not figure out how to earn a living in the latter two interests, liked chemistry, and went on in that area for my first career, which lasted 38 years full-time. I earned my master's degree in counseling in 1978.

Please note that I never had any formal training in NLP. I decided early on that having a Ph.D. meant that I knew how to learn things.

Nicole: How did you enter the field of hypnosis?

Rubin: My first interest was in NLP, and I read Bandler and Grinder's first two books on language usage. Then I read their next two books (*Patterns*) and became interested in Erickson's work on hypnosis. I discovered that there was an Erickson Institute, one of the earliest ones, in Dayton. I joined that group and simply continued in hypnosis. We had monthly meetings exploring different avenues in hypnosis, especially Ericksonian hypnosis.

Nicole: Which people were your mentors?

Rubin: I taught a course on NLP and, in doing so, taught myself as well as the people attending how to use NLP approaches. I also had no formal training in hypnosis or Ericksonian approaches. For both areas, I read books, watched films, and listened to tapes. I took extensive notes on 5x8 index cards in both areas and read them over and over again until I had memorized procedures and language usage. [I admit that for a short period I actually talked like Erickson!] It wasn't until I started attending and presenting workshops at Erickson congresses that I learned directly from experts.

Nicole: Anything specific about your approach or clinical work in the field of NLP and hypnosis?

Rubin: From the beginning I was very careful in language usage, especially after I realized that Erickson, in my studies of his work, was a "master of the precise use of vague language." In fact, the first workshop I did at an Erickson meeting was on poetry and hypnosis.

As an aside, may I mention that I wrote and published some poetry as a youth (and later), have written over five hundred three-line poems—the way I have been composing poems for decades—and am now a member of a monthly poetry reading group. Since I spend time writing my three-line poems in order to choose words that can be orated and are sonorous, may I also digress about delivery.

I started my acting career as a graduate student in chemistry with the Duke Players, have written twenty plays (only one professionally produced), and acted in and directed plays in community theater. I point this out because every therapy session is a mini-play, is it not? Therapists can use training in acting to become more effective in their delivery.



Nicole: Indeed, this can increase the impact of the approach—not only knowing what to say and offering content that inspires clients, but also the tone of voice and the use of variations to emphasize important aspects of the messages you convey.

Rubin: As another aside, readers may be interested in two of my published plays, which are biographies in play form of Viktor Frankl and Milton Erickson (both available via Amazon).

Nicole: What made you write those?

Rubin: On a trip to Vienna I met Dr. Frankl and his wife at his apartment and asked his permission to write the biographical play. He looked at me and said, “Why are you asking me? Go ahead and write it!” I was fortunate to know his son-in-law, a professor of physics (I was a visiting professor in chemistry at the time), who helped me obtain the photos used in the book.

For the Erickson bioplay I was fortunate to have the help of two of his daughters, Betty Alice and Roxanna, who also supplied family photos. A final comment here is that 90% of the words in each bioplay are those of Frankl and Erickson.

Nicole: You also wrote books on hypnosis ...

Rubin: The NLP books got me interested in Erickson, and I wrote to the MHE Foundation in Phoenix. They replied that there was an Erickson Institute in Dayton, close to where I lived. I joined the group, which held monthly meetings with members presenting approaches and doing demonstrations. There were discussions of Erickson’s work and opportunities to listen to or watch films of his work.

At one of the meetings I got the idea of writing my first book, *Ericksonian Approaches: A Comprehensive Manual*, with my Ph.D. colleague Tom South, the founder of the Dayton group. Being an academic, I decided that we had to make the new book an academic textbook, and we did that. I still believe it is the only Ericksonian—or hypnosis—book written like a textbook. It is now in its second edition, and it remains my bestselling book and the one of which I am most proud.

Nicole: Definitely a reason to be proud of it!

Rubin: My website, rubinbattino.com, contains information about both of my careers. In the psychotherapy section it lists all my publications, including eleven books and many articles. The opening screen in this section also lets you access seven podcasts with different clients, as well as my sleep and relaxation recording. There is also a video you can watch or download of a presentation I gave featuring selected scenes from my bioplay of Viktor Frankl. As perhaps an added bonus, there is a link in the chemistry section to a ninety-minute chemistry demonstration show I did with a colleague for middle and high school students.

Nicole: What other kinds of activities have you pursued over the years?

Rubin: Incidentally, I am a Fellow of three organizations: the American Association for the Advancement of Science, the International Union of Pure and Applied Chemistry, and the National Council for Hypnotherapy. For a number of years I taught training classes for a London hypnosis school, as well as two all-day training sessions in London for a different hypnosis training group.

Nicole: I met you recently at the “President’s Coffee,” an initiative of the International Society of Hypnosis. Are you still active in the field of hypnosis?

Rubin: During the past two years I conducted eight ninety-minute master classes per year on hypnosis through the kind help of Rob McNeilly and his website. Recordings of all those sessions, along with written outlines, are available through me. I also did one three-hour master class for ISH (recording available), and two for the North Carolina Erickson hypnosis group HIE (Hypnosis Idea Exchange; recordings available). [I may do another one this fall for HIE.]

I have also done two four-hour master classes for Feelink, a Mexican psychotherapy group, with recordings available through me.



Nicole: Thank you for all of these engagements ... I imagine you are deeply passionate about hypnosis, training, and conveying wisdom and experience.

Rubin: For the last ten years or so I have been developing methods for single-session therapy in which I elicit solutions from my clients and then deliver those solutions through a hypnosis session. My new book, *What Are You Willing to Change Today? Eliciting Client Solutions*, will be available in late spring 2026. It is full of case studies and ideas for single-session therapy.

For the last decade or so, many countries have established locations where single-session therapy occurs. (See books by Michael F. Hoyt on this subject.)

I mention this because it is the way I have been working with clients for several years. Effectively, my expectation that I can help a client in one session is accepted by my clients. One of the things I do is an exorcism in which the client accepts the idea that something inside them controls their behavior, names that entity, and then tells me the name of the person or force they choose as exorcist to remove the controlling entity permanently. [Descriptions of this approach have been published.] An article published in the most recent Milton H. Erickson Newsletter describes how I use adaptations of the NLP Fast Allergy Cure for a variety of conditions.

Nicole: Exorcism ... the word sounds quite radical. How do your clients or colleagues react to that idea?

Rubin: When I explain in detail what I have done, my colleagues may initially be surprised, yet they usually accept that it actually works. In a way, this approach is based on the Narrative Therapy statement, “The patient is not the problem, the problem is the problem.”

That is, when given the opportunity by the therapist to see that they are not responsible for their behavior, but that it is instead something inside them, clients often accept the exorcist idea. I have never had a client reject this concept or reject the possibility that I, using the exorcist they identify, can help them permanently remove the controlling entity. Please note that the client tells me who will perform the healing exorcism. [There are two podcasts on my website where interested therapists can listen to exorcisms.]

...

Nicole: And the shift toward one-session therapy ... fascinating.

Rubin: When a client writes down multiple issues on an intake sheet, what do you do? I was trained, as most therapists are, to ask which one was most important or which one the client would like to work on first.

One way to address multiple issues is simply to change a few words, as in the Miracle Question approach: “Just imagine that tonight while you are asleep a miracle occurs, and that miracle is that all of the things that have been bothering you will be satisfactorily and realistically resolved by the time you wake up in the morning.”

Changing one word covers all issues. Just think about how changing one word in this way can alter other approaches as well. Before continuing with multiple issues, notice the italicized word above. My clients do not have “problems,” since that word implies great difficulty. My clients instead have things that bother them, or troubles, or difficulties, or concerns—all of which are easier to work with.

Nicole: One precisely formulated question ... and it can make a world of difference!

Rubin: I also use two approaches designed to work with either single or multiple issues. The first is what I call Guided Imagery Therapy (GIT). There are four steps:

1. Relaxation, which usually involves paying attention to breathing.
2. Safe Haven, which is a real or imaginary place where the client feels safe and protected—they describe this place to me.
3. Healer or Healing Entity—the client tells me who or what will heal them of whatever issue or issues they have presented.



4. The Healing Entity enters the client's mind and body, bringing healing and realistic change.
5. The ending involves telling the client that they can relive whatever happened in the session by finding a quiet place, paying attention to breathing, returning to the safe haven, and recalling the Healing Entity's work. I then suggest that the client take a few minutes alone to reflect on what has happened in the session.

Afterward, I offer the client a choice of a small smooth stone from a jar that they may take with them as a reminder of the session. For some clients and issues, an exorcist of their choice visits and exorcises the internal entity that has been controlling their behavior(s). [Descriptions of the GIT and Exorcist approaches have been published.]

My greatest disappointment in publishing concerns my book *Healing Language*. Among other things—including comments by doctors, nurses, and patients regarding healing language—it contains 68 scenarios detailing healing language that can be used in specific situations. My dream was that this book would become required reading in all medical schools. The healing language book arose out of three decades of facilitating Bernie Siegel-style ECaP (Exceptional Cancer Patients) groups.

Nicole: How do you see the future of hypnosis? Any advice you would like to give to younger colleagues?

Rubin: In conclusion, I am sure that hypnosis will continue to be a wonderful way of helping clients worldwide, and I have enjoyed being part of this.

Nicole: As you have been so busy all your life, what keeps you going nowadays?

Rubin: For some time now the local weekly newspaper where I live has been publishing my “Morning Thoughts” essays every other week. You can read the first essay below. I actually do get the ideas for these essays when I am half-awake in the morning.

Rubin Battino's Morning Thoughts - 10/9/25

This morning I was sitting in the rocking chair in my bedroom, stretching in preparation for my morning exercises. The sun was shining into the room through the small window above the dressers. There was a vertical beam of sunlight and two shadows from the window area. I sat and watched while the earth turned and one of the shadows slowly disappeared.

A short time later, I was stretching again before doing my morning push-ups (I managed 16 this morning) when there was only a sliver of sunlight left on the wall above Charlotte's dresser. That sliver slowly disappeared.

This brought back a memory of my childhood in the Bronx, where our first-floor living room faced west and there was a Persian rug on the floor. Occasionally, as a small boy, I would lie on that rug and watch a bit of sunlight move across it in the late afternoon. I was watching and experiencing the earth turning, and it filled me with wonder.

I was also then—and still am now—in incomprehensible awe that the earth rotates, travels around the sun, and that nothing holds either the earth or the sun up in empty space. These thoughts still enchant me.

As a nonagenarian I have thin skin, and occasionally pieces of it tear off from bumping into something—or somehow simply appear. I protect those tears while they heal by using one of my sensitive-skin bandages. In a few days the bandage comes off, and I can watch the miracle of my body (and yours does this too) slowly heal itself back to “ordinary.”

The same thing happens with those purple marks called “liver spots,” which simply appear and then slowly vanish. Another wonder.

Thanks for letting me share these morning thoughts with you ...



Nicole: Thank you so much! The art of finding joy in small things.

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Click on the photo and then click on “Podcast.”

[If you have trouble accessing an article, please write to me at: rubin.battino@wright.edu]



A TOUCH OF HUMOR

Provided by Bernhard Trenkle



Bernhard Trenkle

Anthropology

According to Milton Erickson, anthropology is a subject worth studying in order to become a good psychotherapist. Developing sensitivity to different cultural perspectives and ways of life can help therapists become more aware of and responsive to the idiosyncratic perspectives within their own culture.

The following anecdotes and jokes reflect forms of cultural humor that circulated in psychotherapy and training contexts in previous decades. Whether experienced as humorous, uncomfortable, provocative, or outdated, they illustrate how societies express assumptions, anxieties, stereotypes, and collective narratives through storytelling. Read today, they also invite reflection on how cultural sensitivities and professional standards evolve over time.

The joke with St. Peter and the broken heaven's door reminds me of a story my Polish friend and colleague Pjotr Dworczyk once told me in a very particular situation.

We were on a kayak tour following our annual week of seminars in the Polish monastery of Wigry. I had placed my old Opel Kadett — already showing nearly 150,000 miles on the odometer — at everyone's disposal.

Pjotr returned from a shopping trip, visibly embarrassed. My car's filler cap was missing.

We improvised with an old cloth stuffed into the opening while he went searching for a replacement. Eventually he returned with a moderately fitting cap from a Ford model and, half apologetically, told me the following joke:

Every newcomer in heaven has to pass an entrance examination given by St. Peter. The first to arrive is a Frenchman. St. Peter hands him two large stainless-steel globes. The Frenchman creates an elegant mobile from them.

"That's French elegance," says St. Peter. "You may enter heaven."

Next comes a German. He carefully balances one globe perfectly on top of the other.

"That's German precision," says St. Peter.

Finally, a Polish man arrives. St. Peter gives him the same two steel balls.

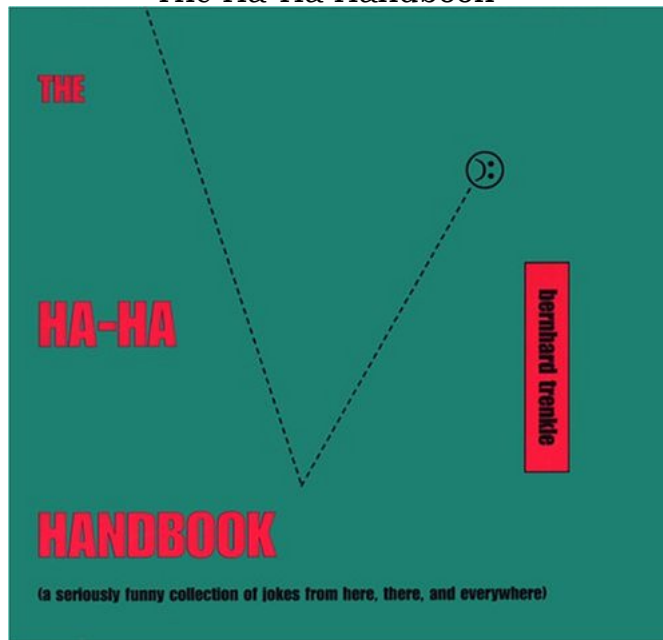
The Polish man breaks one and loses the other.

A person who can tell me this joke in such a situation is also allowed to lose filler caps, as far as I'm concerned. My old Kadett eventually reached 180,000 miles, and the replacement filler cap still made me smile years later.



Footnote: The books of Edward T. Hall offer valuable insights into intercultural communication and recurring cultural patterns.

The Ha-Ha Handbook



IDEAS IN FOCUS



Anita Jung

Anita Jung, LPC-S, LPA is a psychotherapist, international speaker, and past President of the American Society of Clinical Hypnosis known for her work integrating clinical hypnosis, rhythm, and therapeutic communication.

Preserving Presence Under Disruption

The COVID-19 pandemic forced professional hypnosis organizations around the world to confront a question that had long remained largely theoretical: how can education, training, and clinical responsibility continue when in-person gathering suddenly becomes impossible? Long-standing assumptions about safety, containment, and proximity were no longer being debated in theory. They were being tested in real time.

In March 2020, the American Society of Clinical Hypnosis faced the cancellation of a fully planned in-person congress only days before it was scheduled to begin. The decision was made on a Monday; the congress was to open that Thursday. At the same moment, a presidential transition within the organization was underway, while rapidly changing global conditions disrupted assumptions that had shaped hypnosis education and professional gathering for decades.

The congress had been developed under the leadership of Anita Jung, then President-Elect of ASCH, who was scheduled to assume the presidency that March. Rather than dissolving the congress amid uncertainty and significant financial loss, the organization undertook the difficult task of redesigning the event entirely online at a time when many questioned whether hypnosis could be taught responsibly outside physical co-presence.

An organization built around in-person hypnotic education suddenly had to decide whether the very thing it considered unsafe might become necessary for continuity itself.

The concerns were real and were not dismissed lightly. For many clinicians, hypnosis training had long been understood as inseparable from physical presence, particularly around questions of pacing, safety, containment, and ethical responsibility. Yet clinicians themselves were also confronting isolation, disruption of care, and the sudden loss of professional community. Under those conditions, continuity became more than an administrative concern. It became a way of preserving connection, structure, and professional presence during a period of widespread uncertainty.

Drawing upon ASCH's prior experience with webinar-based education, the congress was redesigned between March and August into a fully online format. Although the formal presidential transition was deferred until after the congress, responsibility for maintaining continuity remained with the President-Elect throughout this period. What emerged was not simply an online replacement for a canceled congress, but a new way of thinking about continuity, access, and professional presence during disruption. At the same time, preserving continuity online also carried recognition that something meaningful about physical gathering had been interrupted.



The online congress demonstrated something many had previously considered unlikely: hypnosis education could be conducted responsibly online when structure, pacing, consent, supervision, and professional accountability were made explicit and carefully maintained. Not all concerns disappeared, and many clinicians remained uncertain about what might be lost without physical co-presence. Educational quality was preserved, clinicians reported meaningful engagement and safety, and the congress provided continuity during a period when many professionals were themselves struggling to adapt to rapidly changing realities.

What had previously been framed as a risk proved to be a capacity.

Over time, the implications extended far beyond a single congress. The experience contributed to a broader reevaluation of how hypnosis training could be delivered without abandoning ethical standards or clinical depth. Online congresses did not remain a temporary response to crisis; they became part of ASCH's ongoing educational structure. Today, ASCH offers Level 1 and Level 2 trainings online as a standard part of its educational pathway—something that, prior to the pandemic, had often been viewed as untenable.

The lesson was not that hypnosis is without risk, but that safety lies in structure, clarity, and professional accountability rather than physical proximity alone. The field did not abandon its standards; it discovered that those standards could be upheld in new ways.

In retrospect, the field was being asked to do what hypnosis itself has long required clinically: respond adaptively to changing conditions without losing structure, clarity, or ethical grounding.

None of this work occurred in isolation. The transition from an in-person congress to a fully online format depended upon a deeply committed and collaborative team. Faced with uncertainty, time pressure, and widespread concern about feasibility, the planning group adapted quickly and worked with remarkable cohesion and shared responsibility. At times, decisions were made under conditions of exhaustion, uncertainty, and rapidly shifting information. At a moment when fragmentation would have been easy, the planning group remained remarkably cohesive.

Technical, educational, and clinical challenges were addressed collectively, allowing the congress to move forward without compromising professional standards. The success of the online congress reflected not only a shift in format, but the strength of a professional community willing to rethink assumptions, tolerate uncertainty, and work together across unfamiliar terrain.

At a time of widespread isolation, the congress became more than an educational event. It became a way of preserving professional connection, continuity, and shared purpose under extraordinary conditions.

For an international field accustomed to working across cultures, distances, and differing realities, this experience carries lasting relevance. Disruption will occur again, though in different forms. The question is not whether change can be avoided, but whether it can be met with clarity rather than fear. The experience of adapting under pressure suggests that hypnosis remains not only resilient, but capable of evolving without losing its ethical center.

The challenges that emerged during the pandemic were not unique in requiring rapid adaptation under conditions of uncertainty. While the contexts differ profoundly, around the world today, clinicians and professional organizations continue to work amid war, displacement, political instability, and social disruption. Under such conditions, the question is no longer simply how to preserve educational structures, but how to preserve connection, ethical clarity, and professional presence when ordinary forms of continuity are disrupted.

The experience of adapting during the pandemic suggested that hypnosis, at its best, remains capable of evolving without losing its ethical center. Perhaps this remains one of the field's enduring strengths: the capacity to respond creatively



and responsibly to changing human realities while continuing to preserve meaningful connection, reflection, and care.

This experience represents only one response within a much broader international field. Across countries and professional contexts, hypnosis associations faced distinct cultural, regulatory, and clinical challenges during the pandemic. Each response carries its own lessons and insights.

ISH therefore invites international hypnosis and psychotherapy associations to share brief reflections on how they navigated this period of disruption. Contributions may address how assumptions were challenged, what adaptations proved most effective, and what insights continue to shape practice and training today. By gathering these perspectives, the field can begin to document not only what was lost during this period, but also what was discovered.

Reflections may be submitted for consideration in future *Ideas in Focus* features, contributing to a collective record of how the international hypnosis community adapted under unprecedented conditions.

Anita Jung
Presidential Term 2020-2024
American Society of Clinical Hypnosis
ISH Newsletter Editor



NOTES FROM PRACTICE



Alejandra Diaz

Alejandra Diaz, LPC, integrates hypnotherapy to explore the mind-body connection.

At age 14, I discovered a book on self-hypnosis that belonged to my dad. I had no idea what hypnosis was. However, curiosity -my lifelong companion- made me sit and read it instead of cleaning the room I was supposed to. I tried the exercises suggested. Nothing happened. I don't recall what I expected, but I do remember the disappointment.

Still, a seed was planted.

Years later, as a psychology student, I came across a flyer at my university announcing a conference on hypnosis. A sprouting impulse made me sign up immediately. Self-directed motivation? Personal determination? There's a saying in my country that goes, "Curiosity killed the cat..." Poor cat...though I like to imagine he died with a sense of adventurous satisfaction.

Twenty-two years after that conference, I believe curiosity has been the catalyst in shaping the hypnotherapist I have become. Curiosity in hypnosis awakens our inner resources to expand possibilities, revealing doors, and sometimes inviting us to build new ones.

Think of three familiar types of patients:

1. The one whose story is so complex you don't know where to begin.
2. The resistant one.
3. The one for whom you are the last hope.

What if curiosity were the starting point for all three?

I'd like to share with you a metaphor I often use. Sometimes I share it during hypnotic conversation, sometimes in formal trance. Do you know the difference between a **maze** and a **labyrinth**?

A maze has multiple paths. Turns. Dead ends. Entrances that don't guarantee exits.

A labyrinth has one path. One entrance. One exit.

Isn't it interesting to have choices in life? I once had a patient who told me he hated having choices and preferred the certainty of a single option.

Curiosity, to me, is the lantern we carry in both structures. It begins in the gentle tension of "not knowing" and moves us toward understanding and creativity.



It has played an important role in human evolution, in the ways we adapt, process emotions, and update our belief systems. It helps us learn new skills, exercise caution, and connect with innovation.

It sharpens attention in an overstimulated world and supports a healthy, engaged presence with our patients. So, when you encounter a complex, resistant, or last-resort patient, consider asking yourself:

Am I entering a maze or a labyrinth?

Does finding an exit mean I have succeeded?

How many perspectives do I have—only my eye-level view, or a wider one?

How do I stay present when the path turns unexpectedly?

I hope your curiosity meets you wherever you are walking, maze or labyrinth, known or unknown.

I am deeply grateful to my 14-year-old curious self for opening that book.

AI-assisted proofreading was used to review grammar and language clarity.



RESEARCH

Editor's Note:

Many of the interventions discussed in this review—supportive communication, anxiety reduction, coping enhancement, patient education, and the strengthening of personal resources—are familiar to clinicians who utilize hypnosis. While the article does not focus specifically on hypnosis, it highlights the growing recognition that psychological support is an essential component of medical care. Anastasiia Pevneva's review offers a valuable look at how healthcare professionals and caregivers can help reduce distress and improve well-being for individuals undergoing chemotherapy.

PSYCHOLOGICAL SUPPORT DURING CHEMOTHERAPY: PATIENTS, NURSES, AND CAREGIVERS

Anastasiia Pevneva is an international master's student in psychology at ELTE.

While reviewing the literature and considering the structure of this summary, it became clear that the evidence can be organized into two main clusters: (1) the role of medical staff—particularly nurses—in supporting patients' psychological well-being and implementing interventions during chemotherapy, and (2) the support needs of relatives and informal caregivers of patients undergoing chemotherapy.

Part 1: The Role of Nurses and Medical Staff in Supporting Cancer Patients

Chemotherapy is an essential component of cancer treatment, yet it carries a significant emotional and physical burden for everyone involved. Patients frequently experience anxiety, depression, fatigue, and feelings of helplessness. The reviewed studies provide strong evidence that psychological support delivered by trained nurses can substantially improve patients' emotional well-being, coping abilities, and overall quality of life.

A recurring theme across multiple studies is that nurses are uniquely positioned to provide meaningful psychological interventions. For example, cognitive behavioral therapy (CBT)-based interventions delivered by nurses (Given et al., 2004; Abbas et al., 2022) significantly reduced depression, anxiety, and stress, even among patients with high symptom burdens. These interventions were not resource-intensive; rather, they relied on regular, structured sessions focusing on cognitive restructuring, stress management, and coping strategies.

The Chemo-Support program further illustrates how a brief yet structured intervention can positively transform patients' treatment experiences (Coolbrandt et al., 2018). By combining emotional support with practical education, nurses helped patients feel less isolated, more confident, and better prepared to manage treatment-related symptoms. Notably, the informational brochure emerged as a key component, serving as a reliable source of guidance and reassurance.

Similarly, a fatigue-focused intervention demonstrated that teaching patients energy conservation strategies and emotional coping skills reduced distress associated with treatment-related fatigue. Participants reported improved mood, increased activity levels, and greater hopefulness (Ream et al., 2006).

In a more recent and innovative approach, virtual reality (VR) was examined as a tool to reduce anxiety during chemotherapy sessions (Buche et al., 2023). Short, 10-minute VR sessions were effective in lowering emotional distress, particularly when patients engaged with calming, nature-based virtual environments. VR provided a temporary sensory escape from the clinical setting



and enhanced patients' sense of agency during treatment. Importantly, by supporting patient self-regulation, VR also reduced emotional strain on nurses and caregivers.

Collectively, these studies suggest that:

- Psychological care should be integrated into routine oncology practice rather than treated as optional.
- Interventions should be individualized, as patient needs and responses vary.
- Nurses require adequate time, training, and institutional support to deliver effective emotional care.
- Even low-cost interventions—such as educational materials, structured conversations, phone follow-ups, or VR—can have meaningful impact when paired with compassionate communication.

Part 2: Supporting Caregivers of Chemotherapy Patients

Although considerable attention is directed toward patients, the emotional and physical burden carried by family caregivers is often underestimated. Caregivers—including spouses, children, and close friends—frequently assume multiple roles: home nurse, emotional supporter, and healthcare advocate. Research by Ream et al. (2013, 2020) and Stolz-Baskett et al. (2021) demonstrates that caregiver well-being is closely linked to patient outcomes, yet caregivers' own needs often remain insufficiently addressed.

Informal caregivers commonly report feeling unprepared, particularly regarding symptom management at home. They express the need for clearer guidance, greater emotional support, and improved access to healthcare professionals during crises. Many transition abruptly into caregiving roles and experience stress, social isolation, and financial strain (Ream et al., 2013).

A significant barrier is that caregivers often do not seek help. Many perceive healthcare services as being exclusively patient-focused and hesitate to voice their own needs. Consequently, their mental health may deteriorate over time. This burden is particularly pronounced among caregivers of older cancer patients, who may simultaneously manage treatment-related tasks and end-of-life planning.

The literature calls for:

- Recognizing caregivers as integral members of the healthcare team and providing tailored resources.
- Implementing psychological screening for caregivers and offering referrals when appropriate.
- Developing structured educational programs addressing symptom management, self-care, and emotional resilience.
- Acknowledging the emotional labor and identity shifts associated with caregiving responsibilities.

Caregivers require individualized care plans. When caregivers receive appropriate support, patient outcomes improve, and overall psychological distress within the family system decreases.

Conclusion

Psychological support during chemotherapy is as critical as medical treatment itself. Nurses and medical staff play a central role in delivering both emotional and practical support. Interventions such as nurse-delivered CBT, structured educational programs, fatigue management strategies, and VR-based relaxation are feasible and effective within oncology settings.

At the same time, family caregivers must not be overlooked. Their needs differ from those of patients, yet they are equally important to the overall treatment process. Strengthening caregiver training, emotional support, and access to services contributes to a more compassionate and effective cancer care system. Supporting the psychological well-being of both patients and their caregivers should be considered a fundamental component of comprehensive cancer treatment.

A REVIEW OF SELECTED STUDIES ON HYPNOSIS IN ONCOLOGY BY SOFIJA MIJOVIC



Sofija Mijovic

Sofija Mijovic is an international master's student in Psychology at Eötvös Loránd University with a strong interest in clinical hypnosis, particularly its application in oncology and palliative care for patients facing terminal illness.

Hypnosis is increasingly recognized as an adjunctive therapy in cancer treatment and is gaining growing support from clinical research.

Evidence suggests its effectiveness across psychological, social, and physical symptom domains. Cancer patients often endure substantial emotional distress, severe pain, and debilitating fatigue, making supportive interventions aimed at improving quality of life a clinical priority. In this context, hypnosis offers a non-invasive, patient-centered approach that addresses these challenges from multiple angles.

Emotional distress—including anxiety and depressive symptoms—is highly prevalent in oncology settings. Hypnosis has been shown to reduce these psychological symptoms. A meta-analysis by Chen, Liu, and Chen (2017) demonstrated that hypnosis significantly reduced anxiety across different stages of cancer treatment. This finding is clinically important, as elevated anxiety can exacerbate psychological suffering and potentially interfere with treatment adherence and recovery. Through self-hypnosis techniques, patients may develop improved anxiety management and enhanced coping abilities.

Similarly, Grégoire et al. (2018) evaluated a hypnosis-based intervention designed to improve well-being among prostate and breast cancer patients. The study reported significant psychological improvements among breast cancer patients, suggesting possible differences in response between men and women. These findings underscore the importance of tailoring hypnosis interventions to individual patient characteristics and reinforce the adaptability of hypnotic techniques in oncology care.

Hypnosis also shows promise in the management of physical symptoms associated with cancer and its treatment. Cancer therapies frequently produce side effects such as pain, nausea, and fatigue. Cramer et al. (2015), in a systematic review of randomized controlled trials involving breast cancer care, found that hypnosis reduced pain, emotional distress, and fatigue. These findings suggest that hypnosis may directly mitigate treatment-related side effects, offering meaningful relief to patients experiencing significant physical and emotional burden.

Brugnoli (2016) further emphasized the palliative benefits of hypnosis in severe chronic diseases, including cancer. The review highlighted hypnosis as a modality capable of addressing physical symptoms while simultaneously offering psychological and spiritual support. Such an integrative approach is particularly valuable for patients facing life-threatening illness. While conventional medical care may focus primarily on physical symptom control, hypnosis-based interventions may also help patients cultivate meaning, acceptance, and inner peace, especially during advanced stages of illness.

Long-term benefits of hypnosis have also been documented. In a two-year follow-up study, Brugnoli et al. (2018) examined the effects of self-hypnosis in palliative care patients and reported sustained reductions in pain and anxiety. These findings suggest that hypnosis not only provides immediate symptom relief but also equips patients with self-regulation skills that support long-term well-being. Feasibility within clinical oncology settings is another critical consideration. Fabbro et al. (2023) conducted a feasibility study examining hypnosis among breast cancer patients receiving adjuvant chemotherapy. The intervention was



well accepted and successfully integrated into treatment schedules. This is particularly important, as complementary interventions must be practical and non-disruptive to standard medical care to achieve widespread implementation.

The study supports the usability of hypnosis in real-world oncology environments.

Emerging research has also explored potential biological mechanisms associated with hypnosis. Kusuma, Andriatno, and Seno (2024) investigated the effects of medical hypnosis on depression and interleukin-6 (IL-6) levels in patients with lung cancer. In addition to reducing depressive symptoms, hypnosis was associated with decreased IL-6 levels, an inflammatory marker linked to poorer cancer prognosis. While further research is necessary, these findings raise the possibility that hypnosis may influence psychoneuroimmunological pathways beyond symptom management.

Hypnosis has also demonstrated value in end-of-life care. Montgomery et al. (2017), in a systematic review, concluded that hypnosis may alleviate pain, breathlessness, and emotional distress in terminal cancer patients. Effective symptom management during the final stages of life is essential for preserving dignity and comfort. The authors also noted the limited volume of rigorous research in this population, highlighting the need for further investigation in end-of-life contexts.

In pediatric oncology, hypnosis has been shown to reduce procedure-related pain and distress. Richardson et al. (2006), in a systematic review, found that hypnosis effectively decreased pain and emotional distress in children undergoing cancer-related medical procedures. These findings demonstrate the adaptability of hypnosis across age groups and support its use as a compassionate intervention for young patients facing invasive treatments.

Taken together, the literature supports the broader integration of hypnosis into oncology care. Across studies, hypnosis is consistently associated with reductions in pain, anxiety, fatigue, depression, and emotional distress. It can be adapted across diverse populations, from pediatric to palliative care settings, and provides patients with self-hypnosis skills that promote autonomy in symptom management. Feasibility studies further demonstrate that hypnosis can be incorporated into busy oncology clinics without disrupting standard treatment protocols.

Although additional large-scale and methodologically rigorous studies are warranted, current evidence supports hypnosis as a safe, effective, and patient-centered adjunct to supportive oncology care. By addressing both physical symptoms and psychological or existential concerns, hypnosis enhances comprehensive cancer care and empowers patients with coping strategies that improve overall quality of life.

In conclusion, hypnosis represents a valuable adjunctive therapy in oncology. Its capacity to address multidimensional aspects of suffering—physical, psychological, and spiritual—positions it as a meaningful enhancement to standard cancer treatment. As research continues to expand, hypnosis may become increasingly established as a core component of integrative oncology care.

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- **YouTube:** @IJCEH (Link: <https://www.youtube.com/@IJCEH>)

The latest IJCEH post on YouTube is an interview with Chris Corlett regarding the recent publication, ***“Feasibility of a Hypnosis Intervention for a Mystical Experience.”*** You can watch the interview by clicking on the link below to learn more about how a hypnosis intervention can facilitate powerful mystical experiences without psychedelics.

Interview: <https://www.youtube.com/watch?v=HtY2GyHtkMg>

Looking to the future, the next upcoming Author Spotlight Interview will be with Dr. Kwartarini Wahyu Yuniarti from Malaysia. Dr. Yuniarti will be interviewed about the recent IJCEH publication ***“Clinical Hypnosis for Chronic Illnesses: A Scoping Review of Randomized Controlled Trials.”*** Dr. Kwartarini Wahyu Yuniarti is a Professor of Clinical Psychology at Gadjah Mada University.

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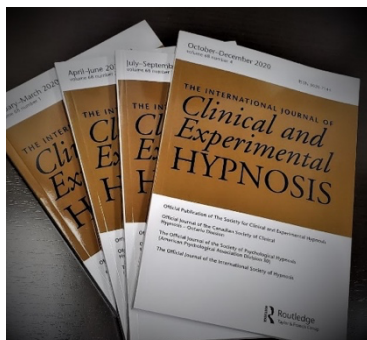


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Topics can include:

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THE INTERNATIONAL JOURNAL OF
*Clinical and
Experimental*
HYPNOSIS

April Issue – Volume 74 (2)

Recent Issue: Volume 74, Issue 2

The latest issue of the *International Journal of Clinical and Experimental Hypnosis* (Volume 74, Issue 2) offers articles exploring the use of clinical hypnosis across diverse medical and psychological applications. This issue brings together clinical trials, systematic reviews, and a case study exploring how hypnosis may support patient care. An article featured in this journal includes a clinical trial on



hypnosis for post-operative pain following shoulder replacement. Complementing this article, several reviews synthesize current evidence on hypnosis for chronic illness and perioperative care, pointing to meaningful reductions in anxiety, medication use, and improvements in quality of life. Overall, this issue spotlights innovative applications of hypnosis, such as a pilot study demonstrating the effectiveness of medical hypnosis in reducing procedural anxiety in pediatric radiology. We encourage readers to read the abstracts of included articles.

Effects of Hypnosis Therapy on Pain and Opioid Use Following Shoulder Replacement Surgery: A Clinical Trial

Georges Haidamous, Mark P. Jensen, Lynne A. Couchara, Kaitlyn N. Christmas, Peter Simon, & Mark Frankle

This study aimed to evaluate the effectiveness of therapeutic hypnosis as an alternative to or adjunct treatment with opioid medications for post-operative pain management following shoulder replacement surgery. A prior pilot study assessed the feasibility of a clinical trial by comparing standard care and hypnosis therapy groups, finding moderate reductions in pain and opioid consumption in the therapeutic hypnosis group. The design of the current trial was informed by findings from the pilot study. Participants in the therapeutic hypnosis group were given access to a video with therapeutic hypnosis narration, while the control group viewed the video without narration. Pain intensity (primary outcome) was assessed at baseline, at the preoperative visit, as well as 10 and 49 days post-surgery. Secondary outcomes included anxiety, pain medication use, and sleep disruption. Despite initial positive results from the pilot, the current trial revealed no significant differences between the treatment groups across all measures. Further research should consider alternative control conditions and examine outcomes in the immediate post-surgical period to better capture potential effects.

Clinical Hypnosis in the Management of Type 2 Diabetes Mellitus: A Critical Review of Psychological and Physiological Outcomes

Martaria Rizky Rinaldi, Gilles van Luijtelaa, Nida Ul Hasanat, & Kwartarini Wahyu Yuniarti

Type 2 diabetes mellitus (T2DM) is a chronic condition with significant psychological and physiological challenges. Clinical hypnosis has emerged as a complementary intervention to support emotional regulation and self-management in T2DM care. This critical narrative review evaluates empirical studies on the use of clinical hypnosis for managing psychological and physiological outcomes in individuals with T2DM. Systematic search procedures were applied in Scopus, PubMed, and Google Scholar, yielding six eligible studies published between 2011 and 2025 for inclusion in this critical narrative review. The findings suggest potential benefits in reducing stress and anxiety, enhancing self-care, and improving glycemic control. However, methodological limitations – such as non-randomized designs, small samples, and heterogeneous protocols – limit causal conclusions and replicability. Clinical hypnosis shows promise as an adjunctive approach in T2DM management, but further research using rigorous designs and objective measures is needed to establish its effectiveness and mechanisms.

A Novel Hypnotic Intervention for the Treatment of Ornithophobia. A Case Study

Deborah R. Vivo

This case study explores the successful treatment of severe ornithophobia in a 25-year-old woman, referred to as Emma, through a novel hypnotic intervention that integrates mindfulness and autogenic training. Emma's chronic fear of pigeons had significantly impacted her professional life. The Severity Measure for Specific Phobia-Adult (SMSP-A) was used to assess her level of phobia pre- and post-intervention, as well as at a 6-month follow-up. Emma's hypnotizability was measured using the Stanford Hypnotic Susceptibility Scale – Form C (SHSS:C). Following a single hypnotic session, Emma experienced accidental physical contact with a pigeon. This incident activated the resourcefulness response elicited during hypnosis, leading to an instant healing of her phobia. This positive outcome not only persisted but showed further improvement at follow-up. Additionally, Emma resumed her university studies and overcame her driving phobia. These findings suggest that the intervention was efficacious in treating



Emma's ornithophobia and promoting her overall personal growth. The study provides a comprehensive account of the intervention and discusses its implications for treatment.

Clinical Hypnosis for Chronic Illnesses: A Scoping Review of Randomized Controlled Trials

Martaria Rizky Rinaldi, Gilles van Luitelaar, Nida Ul Hasanat, & Kwartarini Wahyu Yuniarti

Chronic illnesses require a multifaceted treatment approach, and clinical hypnosis has shown promise as a complementary intervention. This scoping review maps the evidence on clinical hypnosis for chronic illness management, focusing on randomized controlled trials (RCTs). Following PRISMA-ScR guidelines and scoping review framework by Arksey and O'Malley's (2005), a systematic search in PubMed and Scopus identified 16 RCTs involving adults with conditions such as fibromyalgia, cancer, obesity, and heart disease. Studies were conducted primarily in Europe and the USA, with sample sizes ranging from 20 to 169, predominantly among middle-aged adults. Hypnosis interventions varied, including relaxation induction, positive imagery, and self-hypnosis, often combined with therapies such as cognitive-behavioral therapy (CBT). Positive outcomes were found in pain reduction, emotional distress, quality of life, sleep, and fatigue, particularly among patients with fibromyalgia and cancer. This review underscores the potential of clinical hypnosis to reducing pain and enhancing well-being. However, the methodological heterogeneity across studies highlights the need for more rigorous research to optimize hypnosis-based interventions for chronic conditions.

The Role of Medical Hypnosis in Alleviating Procedural Anxiety in Pediatric Interventional Radiology: A Pilot Study

Naomie Condé, Vicky Fortin, & Tatiana Cabrera

Pediatric interventional radiology procedures often use general anesthesia to manage pain and anxiety, but general anesthesia carries risks. Medical hypnosis, a noninvasive technique, has shown potential, though its application in pediatric interventional radiology is underexplored. This pilot study compared medical hypnosis and general anesthesia in pediatric interventional radiology, focusing on pre- and post-procedural anxiety and overall patient experience. The mean age of the medical hypnosis group was higher than the general anesthesia group. Post-procedural anxiety was significantly lower in the medical hypnosis group compared to the general anesthesia group ($p = .003$). Additionally, the overall patient experience was rated higher for medical hypnosis ($p = .037$). Medical hypnosis offers a viable, noninvasive approach to reducing procedural anxiety and enhancing the patient experience in pediatric interventional radiology. Larger-scale studies are needed to validate these findings and optimize medical hypnosis implementation.

Effect Hypnosis on Perioperative Outcomes Among Patients Undergoing Non-cardiovascular Surgeries: A Systematic Review of Randomized Trials

Youssef El-Allam, Yassine Hafyani, Mohamed Khalyfa, Jawad Bouzid, Mohamed Mouhajir, & Naoufal Himmouche

Surgery is a disturbing factor of perioperative outcomes in surgical patients. This study aims to explore the effects of clinical hypnosis in diverse perioperative disturbances among non-cardiovascular surgical patients. This is a systematic review according to PRISMA guidelines, using following databases: Cochrane trials, Scopus, Web of Science, Medline and Google Scholar with various keywords in English and French. Study quality was assessed using Cochrane Rob 2 tool. Thirty randomized controlled trials published between 2012 and January 2025 were included in this review. Results showed that clinical hypnosis revealed a significant effect on decreasing pre- and intra-operative anxiety, medication consumption (especially opioids and hypnotics intra- and post-operatively), and risk of post-operative nausea and vomiting. A higher level of prolactin was also observed in women on post cesarean section. Hypnosis is an interesting perioperative strategy, particularly in decreasing pre-operative anxiety and medication consumption. Its impact on pain is uncertain and it can be related to techniques, patient hypnotic profile, or type of surgery.



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AMERICAN SOCIETY OF CLINICAL HYPNOSIS

ASCH Upcoming Workshops & Events — 2026

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Advanced Workshop: Integrating Clinical Hypnosis and EMDR

June 20, 2026 | 11:00 AM–6:00 PM ET | Live Zoom | 6.5 CE Hours

This advanced virtual workshop is designed for clinicians trained in clinical hypnosis and EMDR therapy who want to deepen integrative treatment skills across all eight phases of EMDR. Participants will explore hypnotic interventions, ethical considerations, treatment planning, and practical case integration through expert instruction and clinical discussion led by Brittany, an experienced trauma counselor, EMDR Consultant, and ASCH Certified Clinical Hypnosis practitioner. [Workshop Registration & Details](#)

July 2026

ASCH Webinar: Integrating Acceptance and Commitment Therapy (ACT) and Clinical Hypnosis to Enhance Psychological Flexibility and Experiential Change

July 9, 2026 | 6:30 PM–8:30 PM ET | Live Zoom Webinar | 2 CE Hours

Presented by Dr. Laurie Emmer-Martin, this experiential webinar explores how Acceptance and Commitment Therapy (ACT) and clinical hypnosis can be integrated to increase psychological flexibility, support meaningful behavioral change, and deepen therapeutic effectiveness through experiential interventions and values-based therapeutic work. [Webinar Information & Registration](#)

September 2026

ASCH Level 1 Clinical Workshop (West Coast-Friendly Schedule)

September 18–20, 2026 | Virtual Training Workshop

Level 1 introduces licensed healthcare professionals to the foundational principles and practical skills of clinical hypnosis through instruction, demonstrations, and supervised experiential practice. Participants learn hypnotic inductions, therapeutic suggestion techniques, and ethical clinical applications for patient care. [Level 1 Workshop Information](#)

ASCH Level 2 Clinical Workshop (West Coast-Friendly Schedule)

September 18–20, 2026 | Virtual Advanced Clinical Workshop

Level 2 strengthens and expands clinical hypnosis proficiency by deepening understanding of when, why, and how to apply hypnotic interventions across diverse clinical presentations. Participants develop advanced therapeutic language skills, creative intervention strategies, and practical treatment applications through interactive learning and expert feedback. [Level 2 Workshop Information](#)

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

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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**.

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LIST OF CONTRIBUTORS

Anita Jung
EDITOR
anitajung.therapy@pm.me

Krzysztof Klajs
PRESIDENT
krzysztof.klajs@gmail.com

Rubin Battino
Main Interview
rubin.battino@wright.edu

Consuelo Casula
Italian Language Editor
consuelocasula@gmail.com

Alejandra Diaz
Notes from Practice
alediaz73@gmail.com

Gary Elkins
Editor IJCEH
Gary_Elkins@baylor.edu

Cecilia Fabre
Spanish Language Editor
ceci@grupocem.edu.mx

Anastasia Ivanova
Research and Student
Eötvös Loránd University Budapest, Hungary
voskresnaya@gmail.com

Sophia Mijovic
Research and Student
Eötvös Loránd University Budapest, Hungary
sofi.bd.2002@gmail.com

Julie Linden
English Editor
julie@drjulielinden.com

Anastasiia Pevneva
Research and Student
Eötvös Loránd University Budapest, Hungary

Paloma López Valencia
Layout Editor
valenciapaloma@hotmail.com

Nicole Ruyschaert
Interviewer
French Language Editor
nicole.ruyschaert@skynet.be

Shady Tonn
ISH Administration/Headquarters
info@ishhypnosis.org

Bernhard Trenkle
Humor and Stories Contributor
mail@bernhard-trenkle.de