



The International Society of Hypnosis

NEWSLETTER

Building Bridges of Understanding 2025, Volume 49, No. 1

**FEBRUARY 2025
A LETTER FROM THE PRESIDENT**

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KRZYSZTOF KLAJS

Dear ISH Members,

As we welcome 2025, the New Year brings with it hopes for the future, reflections on our aspirations, and the exchange of heartfelt wishes. We extend our best to our loved ones and, in turn, receive their kind words—a tradition that reminds us of the bonds that connect us.

At ISH, we are privileged to be part of a truly international and diverse community. With members representing a wide range of cultures and traditions, we have the unique opportunity to celebrate new beginnings throughout the year.

For many, the New Year begins in early January, while the Orthodox New Year follows two weeks later. In 2025, the Chinese New Year falls on January 29th. Nowruz, the Persian New Year, arrives with the spring equinox, marking a transition from winter to renewal. Later in the year, Rosh Hashanah will signal the start of the Jewish New Year. Each of these moments offers a chance to pause, reflect, and embrace new possibilities.

In hypnotherapy, every session is an invitation to step toward a better future—whether by relieving suffering, accessing inner resources, or restoring well-being. The vision of a brighter tomorrow is at the heart of meaningful therapeutic work, renewed with each interaction.

At ISH, we can exchange good wishes many times throughout the year, and that is something truly special. So, as we step into this new chapter—whichever calendar we follow—let us embrace renewal, growth, and positive transformation.

Wishing you all a year filled with inspiration, success, and joy.

Krzysz Klajs
ISH President



EIN BRIEF DES PRÄSIDENTEN

ÜBERSETZT VON ANITA JUNG

Liebe ISH-Mitglieder,

Mit dem Beginn des Jahres 2025 verbinden sich Hoffnungen auf die Zukunft, Reflexionen über unsere Ziele und das Austausch herzlicher Wünsche. Wir senden unseren Liebsten gute Gedanken und erhalten ihrerseits freundliche Worte – eine schöne Tradition, die uns an die Verbindungen erinnert, die uns zusammenhalten.

Bei ISH haben wir das Privileg, Teil einer wirklich internationalen und vielfältigen Gemeinschaft zu sein. Unsere Mitglieder repräsentieren eine Vielzahl von Kulturen und Traditionen, was uns die einzigartige Möglichkeit gibt, den Neuanfang mehrmals im Jahr zu feiern.

Für viele beginnt das neue Jahr Anfang Januar, während das orthodoxe Neujahr zwei Wochen später folgt. Im Jahr 2025 fällt das chinesische Neujahr auf den 29. Januar. Nowruz, das persische Neujahrsfest, bringt mit der Frühlingstagundnachtgleiche einen Übergang vom Winter zur Erneuerung. Später im Jahr markiert Rosch Haschana den Beginn des jüdischen Neujahrs. Jeder dieser Momente lädt dazu ein, innezuhalten, nachzudenken und neue Möglichkeiten zu begrüßen.

In der Hypnotherapie ist jede Sitzung eine Einladung, einen Schritt in Richtung einer besseren Zukunft zu machen – sei es durch die Linderung von Leid, den Zugang zu inneren Ressourcen oder die Wiederherstellung des Wohlbefindens. Die Vorstellung einer besseren Zukunft begleitet unsere Arbeit täglich und erneuert sich mit jedem therapeutischen Prozess.

Bei ISH können wir uns das ganze Jahr über gegenseitig gute Wünsche senden – und genau das macht unsere Gemeinschaft so besonders. Lassen Sie uns daher dieses neue Kapitel – unabhängig vom Kalender – mit Offenheit für Erneuerung, Wachstum und positive Veränderungen beginnen.

Ich wünsche Ihnen allen ein Jahr voller Inspiration, Erfolg und Freude.

Krzys Klajs
ISH President



LA LETTRE DU PRÉSIDENT (FR)

TRADUCTION NICOLE RUYSSCHAERT

Chers membres de l'ISH,

À l'arrivée de l'année 2025 bienvenue, nous associons des espoirs pour l'avenir, des réflexions sur nos aspirations et font l'échange de vœux sincères. Nous adressons nos meilleures pensées à nos proches et recevons en retour leurs mots bienveillants – une tradition qui nous rappelle les liens qui nous unissent.

À l'ISH, nous avons le privilège de faire partie d'une communauté véritablement internationale et diversifiée. Nos membres représentent une grande variété de cultures et de traditions, ce qui nous offre l'opportunité unique de célébrer de nouveaux commencements tout au long de l'année.

Pour beaucoup, la nouvelle année commence début janvier, tandis que le Nouvel An orthodoxe est célébré deux semaines plus tard. En 2025, la date du Nouvel An chinois était le 29 janvier. Nowruz, le Nouvel An persan, marquera le passage de l'hiver au printemps lors de l'équinoxe de mars. Plus tard dans l'année, 'Rosh Hashana' annoncera le début de la nouvelle année juive. Chacune de ces célébrations est une opportunité de faire une pause, de réfléchir et d'accueillir de nouvelles possibilités.

En hypnothérapie, chaque séance est une invitation à se diriger vers un meilleur avenir – que ce soit par le soulagement de la souffrance, l'accès aux ressources internes ou le retour du bien-être. La vision d'un avenir plus lumineux est au cœur de tout travail thérapeutique significatif et se renouvelle à chaque rencontre.

À l'ISH, nous avons la chance de pouvoir échanger des vœux tout au long de l'année – et c'est quelque chose de vraiment spécial. Alors, que nous entamons ce nouveau chapitre – quel que soit le calendrier que nous suivons – accueillons ensemble le renouveau, la croissance et le changement positif.

Je vous souhaite à tous une année remplie d'inspiration, de succès et de joie.

Krzysz Klajs
ISH President





LETTERA DEL PRESIDENTE (IT)

TRADUZIONE IN ITALIANO DI CONSUELO CASULA

Cari membri della ISH,

Con l'inizio del 2025 arrivano speranze per il futuro, riflessioni sui nostri obiettivi e lo scambio di auguri sinceri. Inviamo i nostri migliori pensieri ai nostri cari e, a nostra volta, riceviamo le loro parole gentili, una tradizione che ci ricorda i legami che ci uniscono.

Alla ISH abbiamo il privilegio di far parte di una comunità veramente internazionale e diversificata. I nostri membri provengono da culture e tradizioni diverse, il che ci offre l'opportunità unica di celebrare nuovi inizi più volte nel corso dell'anno.

Per molti, il nuovo anno inizia a gennaio, mentre il Capodanno ortodosso viene celebrato due settimane dopo. Nel 2025, il Capodanno cinese cadrà il 29 gennaio. Nowruz, il Capodanno persiano, segna il passaggio dall'inverno alla primavera con l'equinozio di marzo. Più avanti nell'anno, il Rosh Hashanah segnerà l'inizio del nuovo anno ebraico. Ognuna di queste festività ci invita a fermarci, riflettere e accogliere nuove possibilità.

Nella ipnoterapia, ogni sessione è un'opportunità per avvicinarsi a un futuro migliore, sia attraverso il sollievo dalla sofferenza, l'accesso alle proprie risorse interiori sia il ritorno al benessere. L'idea di un domani più luminoso è al centro di ogni processo terapeutico significativo, rinnovandosi a ogni incontro.

Alla ISH possiamo scambiarci auguri di buon anno più volte nel corso dei mesi, e questo è qualcosa di davvero speciale. Quindi, mentre ci addentriamo in questo nuovo capitolo, indipendentemente dal calendario che seguiamo, abbracciamo insieme il rinnovamento, la crescita e il cambiamento positivo.

Auguro a tutti un anno pieno di ispirazione, successo e gioia.

Krzysz Klajs
Presidente ISH



THE INTERNATIONAL SOCIETY OF HYPNOSIS

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CARTA DEL PRESIDENTE (ES)

TRADUCIDO POR TERESA ROBLES

Queridos miembros de la ISH,

Al comenzar el año 2025, nos encontramos con nuevas esperanzas para el futuro, reflexiones sobre nuestros propósitos y el intercambio de buenos deseos. Enviamos nuestros mejores pensamientos a nuestros seres queridos y, a su vez, recibimos sus palabras llenas de cariño, una tradición que nos recuerda los lazos que nos unen.

En la ISH, tenemos el privilegio de formar parte de una comunidad verdaderamente internacional y diversa. Nuestros miembros representan una amplia variedad de culturas y tradiciones, lo que nos brinda la oportunidad única de celebrar nuevos comienzos en distintos momentos del año.

Para muchos, el Año Nuevo comienza en enero, mientras que el Año Nuevo ortodoxo se celebra dos semanas después. En 2025, el Año Nuevo chino tendrá lugar el 29 de enero. Nowruz, el Año Nuevo persa, marcará el cambio del invierno a la primavera con el equinoccio de marzo. Más adelante en el año, Rosh Hashaná dará inicio al Año Nuevo judío. Cada una de estas celebraciones es una invitación a hacer una pausa, reflexionar y abrirse a nuevas posibilidades.

En hipnoterapia, cada sesión es una oportunidad para dar un paso hacia un futuro mejor, ya sea aliviando el sufrimiento, accediendo a los recursos internos o restaurando el bienestar. La visión de un mañana más prometedor está en el centro de todo trabajo terapéutico significativo y se renueva en cada encuentro.

En la ISH, tenemos la suerte de poder compartir buenos deseos a lo largo de todo el año, y eso es algo verdaderamente especial. Así que, mientras iniciamos este nuevo capítulo, sin importar el calendario que sigamos, abracemos juntos la renovación, el crecimiento y el cambio positivo.

Les deseo a todos un año lleno de inspiración, éxito y alegría.

Krzysz Klajs
Presidente de la ISH



LETTER FROM THE EDITOR



Anita Jung

Dear ISH Community,

In the ever-shifting landscape of our work, where science meets the subtleties of human experience, we gather once again to share, reflect, and grow. Like melodies intertwining in a rich composition, the voices in this issue bring perspectives from across the world—each offering a note, a rhythm, a whisper of something new to carry forward.

Featured Interview

We step into conversation with **Zoltán Kekecs** from Hungary, whose insights illuminate the evolving terrain of hypnosis research.

Dr. Kekecs examines how hypnosis shapes pain relief, sleep, and the mind-body connection while advocating for its broader role in medical and psychological training

Meet Our Mentors

For two decades, Stephen Lankton, (USA), has been the guiding hand behind the *American Journal of Clinical Hypnosis*, shaping its voice and advancing the field with insight and dedication. A prolific author, clinician, and mentor, his work has rippled across generations, leaving an enduring mark on hypnosis and psychotherapy. As he steps down as Editor-in-Chief, we honor his contributions with a two-part interview—this issue featuring the first, with the second to follow in the next and available online. Look out for it.

We also celebrate Dr. Gábor Filo, a distinguished dentist from Canada whose work bridges the intricate dance between hypnosis and dental health. His approach speaks to the quiet power of presence, the way a well-placed note can transform an entire piece.

Young Professionals Committee

The **Young Professionals Committee** emerges in these pages, a constellation of bright minds shaping the future of our field. Their names, their photos—each one a reminder that this work is alive, carried forward by those who step into it with curiosity and devotion.

Ideas in Focus

Michael D. Yapko explores *The “I Don’t Know” Response Set: Helping Clients Manage Ambiguity*. ‘I don’t know’—a phrase that can sound like hesitation, yet within it lies the potential for discovery, like a pause in music that allows the next phrase to emerge with clarity.

A Touch of Humor

Bernhard Trenkle from Germany brings warmth and wit in *Learning How to Learn: Exploring Deutero-Learning*. With playfulness and wisdom, he reminds us that learning itself is an art—an improvisation that keeps us attuned to life’s unfolding themes.



Hypnosis Blogs

We feature the work of **Anna Szűcs**, a psychology student at **Eötvös Loránd University** in Hungary. Her fresh voice adds a new movement to our symphony of thought, reflecting hypnosis as a dynamic conversation between tradition and discovery.

IJCEH: Updates from the Latest Issue

Gary Elkins (USA) shares the latest developments from the *International Journal of Clinical and Experimental Hypnosis*, keeping us connected to the pulse of research and innovation—like a steady rhythm that sustains our collective progress.

Events & Conferences

We highlight **upcoming conferences and workshops**, ensuring you remain part of the ever-growing dialogue in our field. We also reflect on **conference highlights from India**, where past discussions continue to resonate, shaping the future in ways yet to unfold.

May you find something here that stirs thought, sparks inspiration, or simply reminds you of the deep connection we all share in this work. Thank you for being part of this ever-evolving symphony.

With appreciation,

A handwritten signature in blue ink, which appears to read 'Anita Jung'. The signature is fluid and cursive, with a large initial 'A'.

Anita Jung, Editor



CARTA DE LA EDITORA

SPANISH TRANSLATION: BY TERESA ROBLES

Querida comunidad de la ISH,

En el paisaje siempre cambiante de nuestro trabajo, donde la ciencia se entrelaza con las sutilezas de la experiencia humana, nos reunimos una vez más para compartir, reflexionar y crecer. Como melodías que se entretejen en una rica composición, las voces de esta edición nos traen perspectivas de todo el mundo—cada una aportando una nota, un ritmo, un susurro de algo nuevo para llevar con nosotros.

Entrevista destacada

Nos adentramos en una conversación con Zoltán Kekecs, de Hungría, cuyas ideas iluminan el panorama en evolución de la investigación en hipnosis. El Dr. Kekecs explora cómo la hipnosis influye para el alivio del dolor, el sueño y la conexión mente-cuerpo, al mismo tiempo que aboga por su papel más amplio en la formación médica y psicológica.

Conociendo a nuestros mentores

Durante dos décadas, Stephen Lankton (EE.UU.) ha liderado el *American Journal of Clinical Hypnosis*, moldeando su voz y haciéndolo crecer con visión y compromiso. Autor prolífico, clínico y mentor, su trabajo ha trascendido generaciones, dejando una huella perdurable en la hipnosis y la psicoterapia. Ahora que deja su cargo como editor en jefe, honramos sus contribuciones con una entrevista en dos partes: la primera en esta edición y la segunda en la próxima, disponible también en línea. Esté atento.

También felicitamos al Dr. Gábor Filo, distinguido dentista canadiense, cuyo trabajo entrelaza con precisión la hipnosis y la salud dental. Su enfoque refleja el poder silencioso de la presencia, como una nota bien colocada que transforma toda una composición.

Comité de Jóvenes Profesionales

El Comité de Jóvenes Profesionales se presenta en estas páginas como una constelación de mentes brillantes que están dando forma al futuro de nuestro campo. Sus nombres, sus rostros—cada uno de ellos nos recuerda que este trabajo está vivo, impulsado por quienes lo abrazan con curiosidad y dedicación.

Ideas en foco

Michael D. Yapko explora *El conjunto de respuestas "No sé": Ayudando a los clientes a gestionar la ambigüedad*. "No sé"—una frase que puede parecer duda, pero que encierra en su interior el potencial del descubrimiento, como una pausa musical que permite que la siguiente frase emerja con claridad.

Un toque de humor

Bernhard Trenkle, de Alemania, nos trae calidez y humor en *Aprendiendo a aprender: Explorando el deuteroprendizaje*. Con un enfoque lúdico y perspicaz, nos recuerda que el aprendizaje en sí mismo es un arte—una improvisación que nos mantiene sintonizados con los temas cambiantes de la vida.

Blogs sobre hipnosis

Destacamos el trabajo de Anna Szűcs, estudiante de psicología en la Universidad Eötvös Loránd de Hungría. Su voz fresca aporta un nuevo matiz a nuestra sinfonía de pensamiento, reflejando la hipnosis como un diálogo dinámico entre tradición y descubrimiento.



IJCEH: Novedades del Último Número

Gary Elkins (EE.UU.) comparte las últimas novedades del *International Journal of Clinical and Experimental Hypnosis*, manteniéndonos conectados al ritmo de la investigación y la innovación—como un latido constante que impulsa nuestro progreso colectivo.

Eventos y conferencias

Resaltamos los próximos congresos y talleres, asegurándonos de que sigan siendo parte del diálogo en constante expansión de nuestro campo. También reflexionamos sobre los momentos más destacados del congreso en la India, donde las discusiones pasadas siguen resonando y moldeando el futuro de maneras aún por descubrir.

Que encuentren aquí algo que despierte el pensamiento, encienda la inspiración o simplemente les recuerde la profunda conexión que compartimos en este trabajo. Gracias por ser parte de esta sinfonía en constante evolución.

Con aprecio,

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Anita Jung, Redattrice



BRIEF DER REDAKTEURIN

GERMAN TRANSLATION: BY ANITA JUNG

Liebe ISH-Gemeinschaft,

In der sich ständig verändernden Landschaft unserer Arbeit, wo Wissenschaft auf die Feinheiten menschlicher Erfahrung trifft, kommen wir erneut zusammen, um zu teilen, zu reflektieren und zu wachsen. Wie Melodien, die sich in einer reichen Komposition verweben, bringen die Stimmen in dieser Ausgabe Perspektiven aus der ganzen Welt—jede einzelne bietet eine Note, einen Rhythmus, ein Flüstern von etwas Neuem, das wir mitnehmen können.

Exklusivinterview

In dieser Ausgabe tauchen wir in ein Gespräch mit Zoltán Kekecs aus Ungarn ein, dessen Einsichten die Landschaft der Hypnoseforschung mit neuem Licht durchfluten. Dr. Kekecs erforscht, wie Hypnose Schmerzen lindert, den Schlaf beeinflusst und die Verbindung zwischen Körper und Geist vertieft – und setzt sich zugleich für ihren größeren Stellenwert in der medizinischen und psychologischen Ausbildung ein.

Meet Our Mentors

Seit zwei Jahrzehnten hat Stephen Lankton (USA) als Chefredakteur das *American Journal of Clinical Hypnosis* geprägt und das Fachgebiet mit Weitblick weiterentwickelt. Als Autor, Therapeut und Mentor hat er Generationen von Fachleuten inspiriert und einen bleibenden Einfluss auf die Hypnose und Psychotherapie hinterlassen. Mit seinem Abschied würdigen wir seine Verdienste in einem zweiteiligen Interview – der erste Teil erscheint in dieser Ausgabe, der zweite folgt in der nächsten und ist auch online verfügbar. Bleiben Sie gespannt.

Wir würdigen ausserdem Dr. Gábor Filo, einen renommierten Zahnarzt aus Kanada, dessen Arbeit die subtile Verbindung zwischen Hypnose und Zahnmedizin meisterhaft vereint. Ansatz spricht für die stille Kraft der Präsenz—so wie eine geschickt gesetzte Note ein ganzes Musikstück verwandeln kann.

Young Professionals Komitee

Auf diesen Seiten tritt unser Nachwuchskomitee ins Rampenlicht – eine Konstellation brillanter Köpfe, die mit Neugier und Hingabe die Zukunft unseres Fachgebiets formen. Ihre Namen, ihre Fotos—jeder einzelne erinnert uns daran, dass diese Arbeit lebendig ist und von jenen weitergetragen wird, die ihr mit Neugier und Hingabe begegnen.

Ideen im Fokus

Michael D. Yapko setzt sich mit dem ‚Ich weiß nicht‘-Reaktionsmuster auseinander und zeigt, wie Klienten lernen können, mit Unsicherheit umzugehen. ‚Ich weiß nicht‘—eine Phrase, die nach Zögern klingt, in der jedoch die Möglichkeit zur Entdeckung liegt, wie eine Pause in der Musik, die der nächsten Phrase Klarheit schenkt

Eine Prise Humor

Bernhard Trenkle aus Deutschland bringt Wärme und Witz in *Lernen lernen: Die Erforschung des Deutero-Lernens*. Mit Spielfreude und Weisheit erinnert er uns daran, dass Lernen selbst eine Kunst ist—eine Improvisation, die uns mit den sich entfaltenden Themen des Lebens in Einklang hält.



Hypnose-Blogs

„In dieser Ausgabe teilen wir Blogbeiträge von Anna Szűcs, Psychologiestudentin an der Eötvös-Loránd-Universität in Ungarn. Ihre Texte fügen eine weitere Perspektive in den Dialog über Hypnose ein – zwischen Tradition und Entdeckung.

IJCEH: Neuigkeiten aus der neuesten Ausgabe

Gary Elkins (USA) berichtet über die neuesten Entwicklungen im *International Journal of Clinical and Experimental Hypnosis* und hält uns auf dem Laufenden über den Puls der Forschung und Innovation – wie ein beständiger Rhythmus, der unseren gemeinsamen Fortschritt trägt.

Veranstaltungen & Konferenzen

Wir informieren über bevorstehende Konferenzen und Workshops, damit Sie am wachsenden Dialog unseres Fachgebiets teilhaben können. Zudem blicken wir auf die Höhepunkte der Konferenz in Indien zurück, deren Diskussionen noch immer nachhallen und die Zukunft auf unerwartete Weise prägen.

Möge diese Ausgabe zum Nachdenken anregen, inspirieren oder einfach an die tiefe Verbundenheit erinnern, die uns in unserer Arbeit vereint. Vielen Dank, dass Sie Teil dieser stetig wachsenden Symphonie sind.

Mit Wertschätzung,

A handwritten signature in blue ink, which appears to read "Anita Jung". The signature is fluid and cursive.

Anita Jung, Redakteurin



LETTRE DE LA RÉDACTRICE

FRENCH TRANSLATION: BY NICOLE RUYSSCHAERT

Chère communauté de l'ISH,

Dans le paysage en perpétuelle évolution de notre travail, où la science s'entrelace avec les subtilités de l'expérience humaine, nous nous réunissons à nouveau pour partager, réfléchir et grandir. Comme des mélodies qui se tissent dans une riche composition, les voix de cette édition nous apportent des perspectives du monde entier—chacune offrant une note, un rythme, un murmure de nouveauté à emporter avec soi.

Entrevue spéciale

Nous engageons la conversation avec **Zoltán Kekecs**, de Hongrie, dont les perspectives éclairent le paysage en constante évolution de la recherche sur l'hypnose. Le Dr Kekecs explore comment l'hypnose influence le soulagement de la douleur, le sommeil et la connexion corps-esprit, tout en plaidant pour un rôle élargi de l'hypnose dans la formation médicale et psychologique.

À la rencontre de nos mentors

Depuis deux décennies, Stephen Lankton (USA) a été l'esprit qui guide *l'American Journal of Clinical Hypnosis*, façonnant sa voix et faisant avancer le domaine avec perspicacité et engagement. Auteur prolifique, clinicien et mentor, son travail a traversé les générations, laissant une empreinte durable sur l'hypnose et la psychothérapie. Alors qu'il quitte son poste de rédacteur en chef, nous rendons hommage à ses contributions à travers une interview en deux parties – la première dans ce numéro, la seconde à suivre dans le prochain et disponible en ligne. Restez à l'affût.

Nous célébrons également le Dr Gábor Filo, un dentiste éminent du Canada dont le travail tisse un lien subtil entre l'hypnose et la santé dentaire. Son approche incarne la puissance silencieuse de la présence, comme une note bien placée qui transforme une œuvre entière.

Comité des Jeunes Professionnels

Le **Comité des Jeunes Professionnels** se dévoile dans ces pages comme une constellation d'esprits brillants qui façonnent l'avenir de notre domaine. Leurs noms, leurs visages—chacun nous rappelle que ce travail est vivant, porté par ceux qui l'embrassent avec curiosité et dévouement.

Des idées en focus

Michael D. Yapko explore *Le Réflexe de Réponse « Je ne sais pas » : Aider les Clients à Gérer l'Ambiguïté. « Je ne sais pas »*—une phrase qui peut sembler être une hésitation, mais qui recèle en elle-même un immense potentiel de découverte, telle une pause musicale qui permet à la phrase suivante d'émerger avec clarté.

Une pointe d'humour

Bernhard Trenkle, d'Allemagne, apporte chaleur et esprit dans *Apprendre comment Apprendre : Explorer le Deutéro-Apprentissage*. Avec légèreté et sagesse, il nous rappelle que l'apprentissage lui-même est un art—une improvisation qui nous maintient à l'écoute des thèmes changeants de la vie.



Blogs sur l'hypnose

Nous présentons le travail d'**Anna Szűcs**, étudiante en psychologie à **l'Université Eötvös Loránd** en Hongrie. Sa voix nouvelle apporte un souffle inédit à notre symphonie de réflexion, illustrant l'hypnose comme un dialogue dynamique entre tradition et découverte.

IJCEH : Actualités du Dernier Numéro

Gary Elkins (États-Unis) partage les dernières avancées de *l'International Journal of Clinical and Experimental Hypnosis*, nous tenant connectés au rythme de la recherche et de l'innovation—comme un rythme régulier qui soutient notre progression collective.

Événements et conférences

Nous focalisons sur **les conférences et ateliers à venir**, afin que vous restiez pleinement impliqués dans le dialogue en constante expansion de notre domaine. Nous revenons également sur les **faits saillant du congrès en Inde**, où les débats antérieurs continuent de résonner et de façonner l'avenir de manières encore insoupçonnées.

Espérant que vous puissiez trouver ici quelque chose qui éveille la réflexion, suscite l'inspiration ou vous rappelle simplement à la profonde connexion que nous partageons tous dans ce travail. Merci d'être une partie essentielle de cette symphonie en perpétuelle évolution.

Avec gratitude,

A handwritten signature in blue ink, which appears to read 'Anita Jung'. The signature is fluid and cursive.

Anita Jung, Rédactrice



LETTERA DELL'EDITORE

ITALIAN TRANSLATION: BY CONSUELO CASULA

Cara Comunità ISH,

Nel panorama in continua evoluzione del nostro lavoro, dove la scienza si intreccia con le sottili sfumature dell'esperienza umana, ci ritroviamo ancora una volta per condividere, riflettere e crescere. Come melodie che si intrecciano in una composizione ricca e armoniosa, le voci di questa edizione portano prospettive da tutto il mondo, ognuna aggiungendo una nota, un ritmo, un susurro di qualcosa di nuovo da portare con sé.

Intervista in primo piano

Conversiamo con Zoltán Kekecs, dall'Ungheria, le cui intuizioni illuminano il panorama in continua evoluzione della ricerca sull'ipnosi. Il Dr. Kekecs esplora l'influenza dell'ipnosi sul sollievo dal dolore, sul sonno e sulla connessione mente-corpo, sottolineandone al contempo il ruolo più ampio nella formazione medica e psicologica.

Incontriamo i nostri mentori

Per due decenni, Stephen Lankton (USA) è stato alla guida dell'*American Journal of Clinical Hypnosis*, modellandone la voce e facendo progredire il campo con intuizione e dedizione. Autore prolifico, clinico e mentore, il suo lavoro ha attraversato generazioni, lasciando un'impronta duratura sull'ipnosi e la psicoterapia. Ora che lascia il suo ruolo di caporedattore, onoriamo il suo contributo con un'intervista in due parti – la prima in questo numero, la seconda nel prossimo e disponibile anche online. Restate sintonizzati.

Celebriamo inoltre il Dr. Gábor Filo, un rinomato dentista canadese il cui lavoro intreccia con maestria l'ipnosi e la salute dentale. Il suo approccio esprime la forza silenziosa della presenza, come una nota ben posizionata che trasforma un intero brano musicale.

Comitato Giovani Professionisti

Il Comitato Giovani Professionisti appare in queste pagine come una costellazione di menti brillanti, impegnate a plasmare il futuro del nostro campo. I loro nomi, i loro volti, ognuno di loro ci ricorda che questo lavoro è vivo, portato avanti da chi lo abbraccia con curiosità e dedizione.

Idee in primo piano

"Non lo so", una frase che può sembrare un'esitazione, ma che racchiude il potenziale della scoperta, come una pausa nella musica che permette alla frase successiva di emergere con maggiore chiarezza.

Un tocco di umorismo

Bernhard Trenkle, dalla Germania, porta calore e ironia nel suo articolo *Imparare a imparare: Esplorare il deuterio-apprendimento*. Con un approccio giocoso e illuminante, ci ricorda che l'apprendimento stesso è un'arte, un'improvvisazione che ci mantiene sintonizzati con i temi mutevoli della vita.

Blog sull'ipnosi

Anna Szűcs, studentessa di psicologia presso l'Università Eötvös Loránd in Ungheria, porta una voce fresca che aggiunge un nuovo movimento alla nostra sinfonia di pensiero. Il suo lavoro riflette l'ipnosi come un dialogo dinamico tra tradizione e scoperta.

IJCEH: Novità dall'Ultimo Numero

Gary Elkins (USA) condivide gli aggiornamenti più recenti dell'*International Journal of Clinical and Experimental Hypnosis*, mantenendoci connessi al ritmo della ricerca e dell'innovazione, come un battito costante che sostiene il nostro progresso collettivo.



Eventi e conferenze

Vi indichiamo le prossime conferenze e workshop, garantendo che restiate parte del dialogo in continua espansione del nostro campo. Riflettiamo anche sui momenti salienti della conferenza in India, dove le conversazioni scambiate continuano a risuonare, plasmando il futuro in modi ancora da scoprire. Che possiate trovare qui qualcosa che stimoli il pensiero, accenda l'ispirazione o semplicemente vi ricordi la profonda connessione che condividiamo in questo lavoro. Grazie per essere parte di questa sinfonia in continua evoluzione.

Con gratitudine,

A handwritten signature in blue ink, appearing to read 'Anita Jung', is written over a light blue rectangular background.

Anita Jung, Redattrice



MEET OUR MENTORS

Interview conducted by Nicole Ruyschaert

INTERVIEW WITH STEPHEN LANKTON (Part 1)



NR: We would like to take the opportunity to interview you as one of our mentors in the field, about your numerous contributions, inspirational changes and in your long career in the field of hypnosis.

NR: How did you first come in contact with hypnosis – when / where / how?

SL: Well, I started out pretty well-read in the field ...Here's the long story on how that happened. My original university major was in engineering ... but I ran into a psychologist in one of my undergraduate classes who was also the wife of the head of the Michigan State University's psychology department. And she was just kind and understanding and empathic. I didn't even have all the words she used in my vocabulary. She answered questions that I hadn't even asked. And you need to know that all of my life, my motivation...my motivation has been to figure out how things work.

For example, while growing up, I must have heard my mother say hundreds of times, in the car, "Steve, don't take that apart before we get home. You're going to lose some parts of it. It won't work anymore." But I always had to take things apart to figure out how they were assembled and worked. And apparently this has to do with the way my mind thinks, for one thing, and that's what led me into engineering.

The thing is, once you memorize the periodic table, chemistry is pretty easy. And once you memorize a few laws of motion and physics and mass, engineering isn't too hard. But this psychology thing she knew about — it was beyond me – and, I was very curious to figure it out!

NR: A new, different challenge?

SL: Yes. So I switched majors, and it took me six years to get through undergraduate school. In the meantime, though, I was voraciously reading things that weren't assigned readings. You know, somebody may have assigned Durkheim in sociology, but I would also reading Mead, Yablonsky, and Goffman—people who weren't on the syllabus—because I wanted to see how other experts viewed, if at all, that assigned expert. And so, I did the same within psychology itself, I became familiar with its major voices. This was the era of humanistic psychology, when people actually *knew* things. We had Fritz Perls and Laura Perls, Carl Rogers, Maslow, Assagioli, Weakland and Watzlawick. And of course there was Jung, Adler, Sullivan, Moreno, Reich, Existential and Developmental psychologists, and so on—people who weren't assigned in coursework, but whose ideas were referenced by others, leading me to go read their work.

My engineering mind was constantly synthesizing: *How is this concept of an internalized mother different from or the same as an unconscious aspect of the superego?* "Is Fenichel's definition of true neurosis the same as that used by given by Freud?" "And did Progoff use the same definition?" That kind of questioning, searching, comparing gave me a pretty good depth of knowledge that led me to a great deal of local opportunities.



I got tuition scholarships to the University of Michigan and was even asked to teach once a month, integrating Gestalt therapy and transactional analysis.

One of the highly respected (and feared) professors, Richard Stewart, famous for Operant Interpersonal Marriage Therapy, asked me to teach a course with him when I was still a student. This was unheard of. All my peers came to the class expecting to see him eviscerate me. But he actually liked what I knew and encouraged me.

NR: Feel free to follow the crossing and cross-sections of your mind ...

SL: I had a dream when I was in high school—it was what we would call a *lucid dream*. I have no memory of what it was about, but I remember it being the first time a dream was so sensorially rich that I actually didn't know I was asleep.

At my school, the structure was that if you had a question, you went to your homeroom teacher, who then referred you to someone else. I was referred to the librarian. I told her about my dream, but she didn't know anything about it—except how to use the card catalog system. She directed me to the psychology section.

Now, as an engineering and math student, I had *never* visited that section before. I didn't even know the words I encountered—words like *schizophrenia*. And then there was *Boszormenyi-Nagy* and *Silvano Arieti*. I didn't even know how to pronounce these names, much less interpret *The Interpretation of Schizophrenia*. It was very foreign.

NR: The human mind is even more puzzling than objective facts in engineering—it's an endless study.

SL: There was a little book sitting there—*Strategies of Psychotherapy* by Jay Haley. I recognized the word *strategies*, but I knew nothing about psychotherapy, so it seemed like an interesting choice. Plus, it was small, which was a definite advantage. The book on schizophrenia was massive in comparison, and Haley's book... well, it was much more approachable.

So, I read it. It was about this psychiatrist living out in Arizona, and as I followed the pages, I gathered that it was set in the later years of his life. His name was Milton Erickson. Naturally, I assumed he had long since passed—like everything else I was studying in school. The Ottoman Empire was gone, the Library of Alexandria was gone, and this guy, I figured, was gone too. Just like Bertrand Russell, who I was pretty sure was no longer around either.

I didn't think much more about it. I went on with my studies, spending two years majoring in engineering and chemistry. That book and that name—Milton Erickson—drifted somewhere into the back of my mind. I wasn't even aware it was still there.

NR: Interesting ...

SL: Let's skip ahead to what I was doing before graduate school. At that point, I had started seeking out training in Gestalt therapy. I had read about it and wanted to learn more, so I attended several weekend seminars. I was completely flabbergasted by how creative the leader was, which only deepened my curiosity. Still an undergraduate, I looked for a more systematic way to study it. There was a year-long program that met one weekend a month, plus four weekend therapy marathons a year. The leader, a psychiatrist, incorporated a cognitive framework to help us better understand and explain Gestalt therapy—specifically, he used Transactional Analysis. I read everything I could on the subject as quickly as possible, just to avoid walking in completely unprepared. My very first day in the program was actually the start of their second year. Nobody wanted to step into the therapist role, so I volunteered. I was eager to learn and seemed to be well accepted. The first person willing to be the client was a woman, a social worker from Michigan. She sat down and, after a moment, said, "You kind of remind me of my brother."



Now, if you've ever done Gestalt therapy, you know that's an invitation. I immediately pulled up an empty chair and said, "Well, put your brother in the empty chair. Speak to him as if he were here."

Then something unbelievable happened. Within about five sentences, she was sobbing—deep, uncontrollable sobbing—and speaking in another language. I had no idea what to do. This was not what was supposed to be happening. She had regressed so quickly, unraveling into something far beyond what I had anticipated.

I looked up at the psychiatrist leading the group and gave him the universal *uh-oh* look—for guidance. Testing me, no doubt, he simply asked:

"What's the second rule of communication?"

In transactional analysis, that means that crossing a transaction—eliciting a response from another ego state—will stop the current interaction. In other words, cross transactions stop communication.

So I turned to her and said, *Kristen, precisely how much money would you estimate is in your checking account right now? Round it off to the penny or the nickel.*

She blinked. "What?"

I repeated the question. She started drying her eyes, coming back to the present. "You want me to tell you how much money is in my checking account?"

I shook my head. "Not really. I just want you to step into your adult ego state and tell me what's happening right now, here in this room."

She sniffled, gathered herself, and eventually, a memory surfaced—when she was five years old, her brother had forcibly placed her hand on a hot burner. And that was the memory that she just hadn't sufficient ego defenses for, and she flopped right into it— a regression.

NR: Okay

SL: Now let's look at graduate school at the University of Michigan. There were two camps. One half of the population of students were there to study behavior modification—because they just wanted simple deterministic answers like Spinoza and Hume would embrace ... Well, I mean, they were gypped out of learning humanistic psychology. They thought everything boiled down to stimulus, response, and reinforcement. This was the B.F. Skinner era, where cognition didn't even matter.

Skinner himself had said, *Thoughts are a nuisance*. That was the prevailing mindset. And concepts like *regression in service to the ego* were dismissed as fantasy and baloney.

Meanwhile, the other half of the student body was caught in the psychodynamic trance.

NR: Trance everywhere, right?

SL: Not *trans*—good word, though. I mean *Track*. The psychodynamic track—primarily Freudian. And they thought behavior modification and reinforcement contingencies were just superficial baloney, that it didn't get to the heart of the matter.

And here I was, saying, *Wait a minute – both of you groups*. That woman had *regressed*. No question about that. It wasn't role-playing or bullshit. But then, on the other hand, she came back to, or reestablished, her Adult ego state and could talk to me in English because she had a conditioned response to people using complicated words like *finance*, *approximately*, and *estimate*. That wouldn't have happened if Skinner wasn't also partially correct. And the traumatic memory was real, because regression was real, too. My thought was, "So you guys need to get together and share your knowledge if you want to become effective therapists."

That's how my education unfolded—from my late undergraduate years when I shifted from engineering into psychology, social sciences, anthropology, and linguistics, all the way through graduate school.

I originally had to put myself through undergrad school. I worked "on the streets" with adolescent youth who had dropped out of school and were becoming addicts and the many pit falls follows that—kids who weren't making rational decisions and whose lives were shaped by self-images built with the help of their parents, teachers, and peers.



I also became a coordinator of a crisis intervention center for substance abuse, depression, and problem pregnancy counseling. It was the second center of its kind established in the U.S.—the first had been in San Francisco, and we followed their model in East Lansing, Michigan.

NR: Another thing to find out more about it?

SL: I want to come back the crisis intervention model as it is very important in my understanding of hypnosis. But, in the sequence of events, I was given a scholarship to attend graduate school at the University of Michigan in Ann Arbor. I continued my training in the Gestalt and T.A. year-long programs as it was providing a rich learning that was greater than my graduate school academic classes and clinical practicums.

NR: Integrating, analyzing experiences and learning from different fields...

SL: One of the things I helped facilitate during the Gestalt and Transactional Analysis training program—which I did for four and a half years—throughout graduate school and beyond – was bringing in experts in other fields of therapy. For example, Alexander Lowen (training in Bioenergetics), Ilana Rubinfeld (who was well-known for her work in body therapy). We also brought in Moshe Feldenkrais (for his approach to body movement and awareness). There were many other therapist such as new identity therapy by Dan Cassriel, George Bach, and others whose work never became widely accepted. We brought them in as those as lecturers, and marathon workshop trainers, expanding the scope of our Gestalt and T.A. training and learning how to integrate their assessments, diagnoses, theory and techniques. And through that, I ended up getting connected with Gregory Bateson. I even went to his home in Santa Cruz on one occasion. But that’s... is another interesting story. The best part is how it lead to Erickson.

NR: You make me feel curious ...

SL: A couple of months later, I had lunch with Gregory Bateson in Snowmass. We were talking about family influence on problem development (of course!) and I mentioned that one of the speakers we had brought in had sparked my interest in R. D. Laing and his ideas about how families inadvertently act as hypnotists for their children. I’d read this also in the works of Eric Berne. He too had said nearly the exact same thing—that parents, often unwittingly, hypnotize their children by telling them what to notice and what not to notice (helping the parent regulate their own anxieties), selective reinforcing the child’s feelings and perceptions. Along with the child’s eventual decision about how best to respond, this creates a Life Script - some more rigid than others but similar to posthypnotic behavior.

I was seeing patterns like that emerge in my clients. Some would say comments like, *“There are no nice men out there. I’ve looked—at my school, at work, in bars—there just aren’t any.”* That kind of selective perception reminded me of what I had read regarding successful posthypnotic suggestion. You know...suggesting the subject that there’s no red book on the bookshelf, and the person simply wouldn’t be able to find one after trance.

So I asked Bateson, *“What do you think about the idea that many clients are, in a way, hypnotized into their psychological frame of reference by their parents?”* Since he was the communication and family therapy expert par excellence, I wanted to hear his take. Now, if you’ve ever heard Bateson speak—you’d know he had a way of talking. You know how John Lennon had that casual British accent, where he’d throw out a thought like [Editor’s note: Steve mimicked the accents of Lennon for fun] *“Well, it’s not meant to offend anyone about Christ or family or anything.”* Well, Bateson took a deep British accent to a whole different level!

And then, he said something unexpected: [Steve then mimicked the accents of Bateson to illustrate.] *“Oh, this is Milton Erickson’s area - that’s hypnosis, you know.”* That threw me. *I thought Erickson was dead - like the Byzantine Empire and most everything else I’d ever read about.*



"Oh no." Bateson said, "He's quite alive. Just call him. Tell him you'd like to study with him."

At that point, I was running therapy training groups in Jackson, Michigan, and my goal was to invite experts, like Erickson, to speak at a training weekend. For example, I had called Sheldon Kopp—the author of *If You Meet the Buddha on the Road, Kill Him*—along with a few other books. But Kopp couldn't travel because of his health condition. Neither could Harry Harlow come, and others. A few had accepted my invitation, like John Grinder, the linguist. Soon, I called Erickson. Bateson had told me, "There are two of them in the phone book. Make sure you get Milton Erickson, the psychiatrist." I called. And I still didn't realize I had already read Haley's book about him years before.

NR: Yeah. In the back of your mind.

When I called him, I expected to hear an office manager ... but, he picked up the phone. "Yes," He said.

I said: "I'm calling for Milton Erickson." "This is he."

I added: "I'm calling for Milton H. Erickson, the psychiatrist." "This is he."

I was unnerved: "Oh, well. Gregory Bateson told me it would be okay to call you. I was speaking with him about hypnosis in families, and I wondered if you'd be willing to come to the training group I run in Jackson, Michigan...."

He interrupted me, "I'm in a wheelchair. I can't travel."

It was hard to understand him and I thought the phone connection was terrible. "I'm sorry, could you repeat that?"

"I'm in a wheelchair. I can't travel. You have to come see me."

I hesitated. "I really hate to ask you to say that again, but I can't understand you—the phone connection is awful."

"We don't have a bad phone connection. My damn lips are paralyzed! Write me a letter suggesting some dates."

And then he just hung up the phone.

That was my introduction to Dr. Erickson—(He wasn't being all kind and soft and cuddly). So, I wrote him a letter suggesting some dates. He accepted, and I went to see him. And, I could *not* quickly figure out Milton Erickson at all. He interacted like nothing like I had read in any therapeutic approach. I had also read about hypnosis—Those old texts only elaborated on how you tell the person to relax, repeat *sleep* a thousand times, then directly suggest that their symptom will disappear, and presto—everything's copacetic and the client awakens all cured. And I thought that entire approach was stupid. *Why would you need to study psychology or psychiatry if that's all it takes to cure someone?* Of course, when I met in the summer of 1975, that wasn't what Erickson was doing. I didn't understand what he was doing. He was compelling, engaging, perhaps even beguiling, and completely different from anything I had seen or read about before. He wasn't like any of the authors I had read, or the therapists I had seen in action. So I was strongly compelled to go back and figure out his processes—take them apart and put them back together so I could figure out how he was being successful and maybe do it with my clients.



Steve Lankton (left) working with a client in his practice in Phoenix, Arizona, USA



NR: Yeah, and another inspiring challenge...

SL: He had me hooked from that first moment. When I first visited, I brought him a couple of books. He thanked me and said, "*Oh, how did you know I had an interest in the work of Eric Berne?*" That made me think we were somewhat on the same wavelength—that he had an interpersonal aspect to his model. But he wasn't telling what his model *was*.

Back in those days, we didn't have the language to discuss his approach that we have now. We didn't have subcategories like *indirect suggestion*, *metaphor*, *confusion*, *therapeutic binds*, *reframing*, or *paradoxical interventions*, as we do now—well, we did have *paradox prescription*, but not in the way we understand it now. Even the idea of an *induction* wasn't framed as a *conscious/unconscious* dissociation split; it was more about direct suggestion for evoking a sleep state or hidden observer or some other obscure idea like that.

His assignments were yet another mystery. I coined the term *ambiguous function assignments* to describe a class of them. We had extramural homework assignments in other training models—things like "write a letter to your ex-partner and then burn it." But what Erickson was doing with his clients was completely different.

I encouraged people from the training groups to see him and several occasionally did, and we would try to break down and analyze what we took away from studying him. But it was tough—for the most part, there wasn't even a clear and solid place to *begin* deconstructing his work. As a result, those of us who visited him couldn't easily figure out how to conceptualize the patient and problem and then formulate and replicate his interventions.

His cases, though... they were incredible. And that's the story of how I got into it. Eventually, I started understanding some of what he was doing and why...and about to do next. By my third year of visiting him, I decided I needed to *mimic* him if I wanted to understand what he was doing. I was pretty good at mimicking. I went every four months, like clockwork. Back then, as in many European countries, the agency where I worked allowed a full month of vacation. I would take a long weekend—the weekend, the full week, the following weekend—nine days total. Then three months later, I'd do it again. By my third year, I knew I had the idea to more closely mimic him during the training sessions. I would sit in the corner while the rest of the group gathered facing him in the rear of Erickson's office. As he would be speaking, and I could observe both what he did and how different people responded.

Very subtly, I would mirror him. (I'm sure he noticed—he was too perceptive not to have noticed). After all, being unable to move for so long due to polio had sharpened his ability to *watch* people. But held my hands the way he did. When he moved his hands across his body, I made a slight motion—not enough to draw attention. When he shook his head, I barely shook mine. I formed his words and inflections sub-vocally to match his cadence, and so on. Little by little, I got good at *role-playing* him. To the point where I could come up with things he *hadn't* said, but that *sounded* exactly like something he probably *would* say. And within a year or so, I had become able to decode it into my *own* voice.

NR: Yeah. So, by mirroring, you were able to analyze, understand, and even do the work.

SL: Yes. By mirroring, I was simultaneously analyzing—watching everything unfold in real time. I could recognize: *Oh, look at that person over there, I'd think, responding to what Erickson just said by looking away and rubbing his eyes. But wait—what he said was supposedly directed at someone else.* For instance, there was one day when a well-known anthropologist—semi-famous, not Margaret Mead—was in the room. He asked Erickson, "*Why is it that every culture has something like God, or the unconscious, or some other force that we have to evoke to explain behavior away?*" And Erickson, without missing a beat, said, "*Have you seen the painting hanging on the wall in the bedroom?*"

Now, this anthropologist sometimes stayed overnight at Erickson's guest house, so it was a fair question. The person hesitated, then said, "*No, I don't think so.*" Erickson said, "*It [painting] looks like a weird man striding on two legs, a stick in the mud. It's just a stick in the mud.*"



And there it was—seemed he might be telling this person *he* was a “stick in the mud.” But the anthropologist didn’t realize it. That’s the kind of thing I was watching.



And then, as if that weren’t enough to conclude that was part of his plan, he layered in more confusion. He started telling a story about an artist who wanted to paint something but didn’t know what. So the artist got in his car and drove around randomly, turning left, turning right, letting the roads guide him. The next day, he did the same thing. And every time, he found himself staring at the same *stick in the mud*.

So finally, he decided to be intentional and avoid this swamp. He drove west, then east, then south, then north—and yet, somehow, *again*, he ended up staring at that same *stick in the mud*. So Erickson just kept calling this person a *stick in the mud*—layering it in, embedding it within a story, weaving in confusion—while the student sat there, oblivious. Or course, Erickson eventually explained the artists’ amnesia, time distortion, automaticity for painting, and even his final bewilderment at the product he’d eventually painted. This was not therapy for the student...but was very likely to have subsequently stimulated some delayed insight given what he evoked that afternoon. Others in the room may have thought it was a story about how he got the painting from his artist friend. Of course, I’m truncating this entire event, but that was the type of exchange I was able to witness from my vantage point.

Later, during break, we’d all went out into the parking lot, and people would say, “*He was talking about me.*” And someone else would say, “*No, I thought he was talking about me.*” And the ambiguity of the story allowed *everyone* to make their own personal meaning from what he said. Little by little, I started figuring it out. Ah, so we need to categorize these ambiguous statements because some are little stories, some are something else entirely: part of capturing attention, part of depotentiating the conscious mind, part of creating a mental search to evoke experiences, etc.

Then one day, I was sitting in a conference in 1993. Jay Haley was previewing a videotape he had made, interviewing a group of us. When the video had been created, the MRI (*Mental Research Institute*) people were still alive — Don Jackson was there, Watzlawick was there, I was there, Zeig was there, and I’m pretty sure Kay Thompson and Sid Rosen were too. I was watching the screen when suddenly... *there I was*. I had completely forgotten that a year and a half or so earlier, Haley had videotaped me.

And that’s when it hit me—*holy cats!*—I remembered something else I’d forgotten: I read a book by Jay Haley about Milton Erickson when I was a senior in high school. And here I was, *twenty eight years later*, in a video being interviewed about Milton Erickson by *the guy who wrote the book I read back then*. Ah! What an interesting provenance of my own journey!? Was it an accident? Was it self-determination that led me there? What in the world...? That was my journey.

NR: Yeah, it’s a surprising and interesting long journey. Right.

SL: Yes, and basically driven only by curiosity and a desire to discover how things work.

NR: Okay. Well, we have some...other questions like what we can learn from the past, what kind of changes you’ve noticed during your long career. In the field of hypnosis?

I did. Back in the “old days,” before I met Dr. Erickson, and you can read this in his collected papers, his work after graduating from medical school in 1929, his approach to inducing hypnosis was traditional.



His approach to *hypnosis* evolved over the years, but his approach to *therapy*—the actual therapeutic process—didn't change much. I'll come back to that.

For simple experiences he would use direct suggestions to evoke them. But for more complex experiences, evoking them seemed to be about giving people just enough information so they would *hunt* for an answer that was personal to *them*.

For example, in therapy with someone for whom a sense of confidence was rare and even ego dystonic, to bring a sense of confidence into the foreground, he wouldn't just say, "*Now go find confidence and bring it forward.*" He wouldn't use a direct suggestion like that. Instead, he would start telling stories—stories where confidence was at the root. And as you listened, you'd find yourself wondering, "*Why is he telling me this story?*" And the only common thread would be *your own personal understanding* of confidence—whatever name you had given that experience in your life.

His writing show that he did that from the beginning. But I think it was in the same way he had *relearned* to move his muscles after polio. He didn't just tell himself, "*You can move your leg now, you can move your calf, move your toe.*" He wasn't repeating cognitive commands. Instead, he watched and imagined—*How do you dig a hole? How do you use a shovel? What has to happen when you lift a shovel or push a lawnmower?* The common connection was movement—moving a toe, moving a foot. That, in my opinion, was the same approach he took in therapy.

Now, back to his early approach to induction. In his early years, he used an authoritarian induction style—repeating the words *sleep* and *deeper* redundantly. That was part of his paradigm. I didn't understand that, though as I hadn't read all of his collected papers—not by any means. They weren't even available to me until 1979. I only got to read his early work occasionally if he happened to loan me something he'd written.

So when I wrote *The Answer Within* in 1981-82 (published in '83), I broke hypnosis down into phases—the induction phase, the work phase, and the reorientation phase. At that time, my inductions often involved providing some kind of cognitive structure for incrementally deepening trance—going down a stairway, counting, something like that. But over the years, that dropped out of my repertoire. Nobody *needs* to do that. Yet, I never mentioned *sleep*.

I had never even seen Erickson use that authoritarian approach other than in his old kinescope recordings. Because by the time I met him, all of that had changed. In 1959 and 1960, he had already written and published the *naturalistic induction* article, as well as the *utilization* article, where he stated that those wasn't just for *difficult* clients—it was something from which *everyone* could benefit.

I noticed that his inductions had become *faster*, more fluid, and therapy often began right from the start of the induction. What I saw wasn't the traditional, authoritarian approach. It was *egalitarian, indirect, and permissive*. And over time, my own work shifted in the same direction. Once *rapport* is established—and I learned this well working at the Crisis Intervention Center in the late 1960s and early 70s—everything becomes *easy going*. Can I digress?

***Please, look for part 2 of this interview in the next newsletter (video interview coming soon)**



MEET OUR MENTORS

Interview conducted by Nicole Ruyschaert

INTERVIEW WITH GABOR FILO, DDS



How did you first come in contact with hypnosis?

I met hypnosis on the dark side. The public library had a great reference section when I was a child. I read everything about hypnosis while in middle-school and then practiced on my classmates. In high school I gave it up feeling that I did not know enough. Clinical hypnosis was formally introduced to 3rd and 4th year medical and dental students through a weekend course by the now defunct Ontario Society of Clinical Hypnosis. (It was the largest component society of ASCH at the time. Years later it was superseded by the Canadian Society of Clinical Hypnosis - Ontario Division).

I took the course and after being let loose as a dentist on an unsuspecting world, one of my first tasks was to get signed up with OSCH and take my first acknowledged formal training. Through them I also ended up at ASCH where I am a Life Fellow some 41 years later. Among my first instructors was Victor Rausch, a fellow hypnodentist, who to this day is a dear friend.

What was your first impression in contact with therapeutic hypnosis? How did colleagues around you react to that?

Since I already had an awareness of what was possible, my impressions were skewed in favour of hypnosis. After the introduction in dental school, we could not use anything on the clinic floor as none of the clinic demonstrators were willing to accept the liability. My skills languished. In my first year of practice, the principals of the group practice I was working in were familiar with hypnosis, having taken the introductory course, but thought it took too long to use in a high overhead environment. This obviously did not deter me.

Can you give a brief overview of your career, and your work and the place hypnosis has in it.

In my four decades of practice I have worked in 2 group practices, had 2 private practices of my own (still puttering in the second today) and spent 16 years working part time in the Hamilton Psychiatric Hospital doing dentistry on all manner of mental health afflicted patients. That was interesting working with tertiary care psychiatric patients. Hypnosis played a role in all of my clinical venues. To borrow from the business vernacular in a very competitive environment, you need a unique business proposition.

What is your main area of practice with hypnosis?

Of the practice patients are fearful, anxious and phobic dental patients for whom hypnotic interventions have been applied. It has also been utilized with the other dental concerns: bruxism, pain -acute and chronic, bleeding, anesthesia, etc. Stress management has also been proffered to patients and colleagues.

What is the place, the importance of hypnosis in your work?

I tell folks to '*be hypnotic, not to do hypnosis*'. So, for me a conscious/subconscious utilization in my clinical work is *always* present. Ultimately, like my hard tissue dental laser, I can't imagine working without hypnosis.



Anything specific that makes you / your work different from others in the field?

I'm not sure that I work uniquely or differently to anyone else in the hypnodontics field other than perhaps my devotion to rapid inductions as the entrée to care. I also teach all of my patients self-hypnosis. They are given an incentive – if I have to assist hypnotically at chair side they are charged for both the dental work and the hypnosis.

Who are / were your mentor(s)? people who influence your way of thinking and working?

The cast of characters that have influenced me is extensive. I've already mentioned Victor Rausch. Ashley Goodman and I taught together over 20 years, from ASCH to ESH and ISH meetings, enjoying each other's company and unique sense of humor. I am in regular contact with these two as they are more family than colleagues. Dabney Ewen, Kay Thomson, Albrech Schmierer, Eva Banyai, Lou Dubin, Harold Golan, Phil and Norma Barretta, P.O. Wikström to name a few of the others that have directly influenced me and I consider them friends. I've been around long enough to have had the pleasure and privilege of knowing many of the luminaries and notables of the field on both sides of the pond.



What is your favorite professional hypnosis book?

My favourite book has to be my newly released *Rapid Hypnosis The clinician's guide* (Amazon)! Now that I have shamelessly self-promoted, my seminal book is Elman's *Hypnotherapy*.

Edmonston's *The Induction of Hypnosis* has had an esteemed place, as has Franz Polgar's *The Story of a Hypnotist*. Having spent 50 plus years spelunking in libraries and antiquarian book shops for hypnosis tomes the list is too expansive to list here.

What can we learn from the past of hypnosis?

'There is nothing new under the sun' is an expression that has been around for some time and it underscores the fact that there is useful and relevant knowledge in the past. Thus, one really can't appreciate hypnosis without being aware of the past. Esdaile's *Mesmerism in India* is a good example of hypnoanesthesia regardless of the manner of induction and is still germane. Mesmerism could be reframed as biofield therapy to better resonate today. We should not discount the past, rather we should familiarize ourselves with the metaphors and concepts to understand them through today's lens.

During your career what kind of changes have you observed in the application of hypnosis (in general and/or in your own practice)?

Perhaps it is my professional bias, but since my first professional workshop 4 decades past, I perceive two things. Most workshops, meetings and conferences seem to lose the hypnosis amidst the applications forest, while hypnodontia and subjects that might be germane to the hypnodontist (and perhaps other hands-on clinicians) seem to be disappearing; or are at least are few and far between. When I started out, hypnosis was evolving from an authoritarian approach to a more permissive one. The method of induction was also quite laborious and involved in the dental world, which in the crushing burden of ever-increasing overhead, limited its utilization.

Thankfully, this has evolved. Today, therapeutic communication is a better appellation for greater acceptance, while the astute hypnotist will understand the mechanisms at play in their clinical context.



You put a lot of energy in teaching and giving lectures at (medical) dental congresses. How well was hypnosis accepted (or rejected) in the world of dentistry?

In the last 25 years I have had the opportunity to present at the Ontario Dental Association Annual meeting many times (5-7,000 attendees), the Pacific Dental Conference (about 13,000) several times, the Chicago Midwinter Conference (30,000 attendees) and the Yankee Dental Conference (30,000). In Chicago, my first proselytizing session had 1000 participants in the city where ASCH was headquartered. My understanding is that one participant followed through with further training at ASCH. Over the years, a few have gone on to train from my soap box stumping. Unfortunately, many are curious, but few join the faith.

There are many reasons for this, the advancement of technology and anesthetics, coupled with the misconceptions about hypnosis. Patients perceive high tech as high touch, yet they may not even be aware of hypnosis, so dentists are unaware or reluctant to invest in training. The training content may also seem irrelevant to them as the emphasis is more mental health oriented. Another very germane problem is very few workshops actually address how to incorporate hypnosis into day- to- day practice, i.e., practice management for the non-mental health practitioner. Lastly, membership and training participation requirements preclude many health care providers from joining the ranks of the informed. If we are serious about protecting the public, patients, then where should healthcare providers of all fields and levels get their training – the National Guild? Never mind if I’m trained and can’t belong; where then do I get further training and exchange ideas?

What stimulated you to work with hypnosis in dentistry?

Having been a sickly child, I learned to go into trance to escape the context of treatments both medical and dental. When I learned what I was personally doing for those many years, it seemed a natural facet to add to my practice.

Which research do you see as important for hypnosis in dentistry?

Dentists are by nature gadget and technology-oriented folks (just look in our closets). We like to know how ‘it’ works to apply it in our creative dental interventions (dentistry is micro carpentry, biochemistry and bioengineering) on Monday morning, so I would think that any research that elucidates a mechanism at the biological level for safe clinical applications would be important and perhaps a basis for greater utilization in the profession.



Truly International Dental Crew in Krakow, Poland

Left to right: Mike Gow (Scotland), Albrecht Schmierer (German), Gabor Filo (Canada), Marcello Romei (Uruguay), Price Lemaire (France)



What do you personally see as your most important contributions to the field?

My proselytizing for the faith.

How do you see the future of hypnosis? in the medical field? In dentistry?

The future is bleak unless... We have not yet learned the lesson from the pharmaceutical industry to market directly to the public or the health care consumer. No amount of research, no matter how good and informative, is going to stimulate a bottom-up demand from patients of their health care providers if they don't know about *clinical hypnosis* being different from entertainment-based hypnosis. It seems almost pathognomonic that if you want to get something in practice the patients have to pressure the staff who then pass that to their superiors to break their inertia. The second marketing target must be insurance companies, whether government single payers or the marketplace companies. Here is where the research should be used to underscore the cost savings, efficacy and efficiency, and general safety of hypnosis in its various applications.

To do this, I would recommend ISH hiring a well vetted global marketing firm to produce a framework or template that can be customized by constituent societies for their unique needs along with the guidance of how to get the message out in a prolonged and consistent manner (preferably with the least expense). Here at home, it took cancer more than 20 years to lose its social stigma and mental health is still in the process. They had suggested 7 years would be sufficient back when I worked in the psych hospital, sadly they were very optimistic as that was more than 20 years past. If meditation can do it, what is stopping us?!

Any recommendations, hints, or advice you would like to give to young(er) colleagues?

Read everything, study, practice and find a mentor with whom to consult. Dentistry can be a very lonely profession, hypnodontics due to the rarity of hypnodontists, even more so. Coffee breaks are the most valuable features of conferences as the freest, most informative conversations take place – never miss them! Carpe diem.



INTERVIEWS

Dr. Zoltán Kekecs, Assistant Professor at ELTE
[Eötvös Loránd University], Institute of Psychology
Conducted by: Máté Kovács, Psychology Student at ELTE
[Eötvös Loránd University]



Dr. Zoltan Kekecs is an Assistant Professor at ELTE, Institute of Psychology. He holds a PhD in Behavioral Science. His research focuses on the effects of mind-body medicine interventions (especially hypnosis) in medicine, and understanding the psychological, psychophysiological, and endocrine mechanisms underlying these effects. His research efforts on this field have been recognized by the early career achievement award of both the American Society for Clinical Hypnosis and the International Society for Hypnosis.

He is also an active member of the “reformist movement” in psychological science. His lab is involved in developing methodological tools for improving the credibility and acceptability of research findings. He is a methodologist in and a member of the Data and Methods Committee in the Psychological Science Accelerator, and a member of the Society for the Improvement of Psychological Science.

Máté: Thank you for accepting the invitation. One thing I wanted to ask before we start—is it okay to use informal language, or do you prefer formal?

Zoltán: Informal is perfectly fine. The readers of *Hipnoinfo* are mostly people affiliated with the Hungarian Hypnosis Society (MHE), and the tone there is pretty casual.

M: Alright. We'll begin with a couple of personal questions. Feel free to decline answering if you're uncomfortable. What was your original or formative experience with hypnosis?

Z: My formative experience?

M: Yes.

Z: That's a great question. I probably should've prepared for something like this, but no one has ever asked me this directly before. My alma mater is the Psychology Institute at ELTE [Eötvös Loránd University], where it's almost impossible to go through your studies without encountering hypnosis. I'm pretty sure I saw a demonstration by Professors Éva Bányai or Kata Varga early on during my studies. My first close interaction with hypnosis likely happened when I was a group hypnosis assistant in Professor Kata Varga's research. She was also the first person to hypnotize me. However, none of these stood out as a defining “formative experience.”

M: How significant was that first group hypnosis experience for you?

Z: As an observer and assistant in group hypnosis, it wasn't particularly significant. To be honest, I initially got into hypnosis because of a girl—it was one of her favorite topics. I decided to enroll in the same course as her, hoping it would improve my chances. It worked; she's now my wife. Originally, hypnosis wasn't a passionate subject for me. What intrigued me more was the mind-body connection—psychological interventions and other mental techniques that influence physical processes, things traditionally seen as purely somatic. During my undergraduate studies, for example, I was fascinated by how psychological tools could affect the immune system, like through conditioning.



Hypnosis became an extension of this curiosity because there are many anecdotes about its effects on physical recovery, such as speeding up post-surgery healing or controlling bleeding. These aspects grabbed my attention later on, after I was already familiar with hypnosis. I saw it as a psychological intervention to better understand the mind-body relationship and make it a researchable topic.

M: Thank you for such a detailed response. Could you share your most memorable personal experience with hypnosis?

Z: So far, my most memorable experience occurred during a clinical research project in the U.S. when I was a postdoctoral researcher at Baylor University. We were studying the effectiveness of hypnosis for improving sleep. Before the therapy, we assessed participants' hypnotizability using a standardized hypnosis scale. This assessment didn't involve deeply personal content—it was just a standard scale. At the end of the session, one participant broke down in tears of joy, thanking me for the experience. They said they felt as if they stood before the throne of God and experienced divine love. This moment showed me how much depth and potential even a simple, neutral hypnosis session can have. If such profound spiritual and emotional content can emerge in this context, imagine what could be achieved with personalized, therapeutic hypnosis.

M: That sounds fascinating. If I understand correctly, this was part of an experiment, not a therapeutic setting?

Z: It was a clinical study. Every participant received some form of therapy aimed at improving sleep. There were four groups, each with a slightly different treatment. While I wouldn't call it psychotherapy, it was more about providing practical, behavioral methods to enhance sleep hygiene and quality. If any psychotherapeutic issues arose, we had to refer those cases to trained psychotherapists.

M: Thank you for sharing that. Now let's move to professional questions. I researched the history of hypnosis and learned that written and archaeological evidence suggests that hypnosis might have been practiced thousands of years ago by the ancient Greeks and Egyptians, primarily in religious rituals. The word "hypnosis" itself derives from Hypnos, the god of sleep. However, despite its long history, modern medical acceptance of hypnosis is limited, especially in Hungary. Why do you think hypnosis remains surrounded by mystique?

Z: There are likely several reasons for this. Counterintuitively, the mystique surrounding hypnosis can sometimes benefit its practitioners, consciously or unconsciously. For instance, there are legends about Charcot intentionally creating a mystical aura and making people wait long periods before his dramatic entrances. This mystique can enhance hypnosis's effectiveness because people often expect miraculous things to happen under hypnosis. However, the downside is that some people fear hypnosis, believing it could lead to something harmful.

M: Would you say hypnosis is truly magical?

Z: Arthur C. Clarke once said that any sufficiently advanced technology is indistinguishable from magic.

So, if you want, you could call it magic. In a classical sense, though, I don't see it as magic, rather, as a scientifically explainable phenomenon.

M: Can hypnosis be fully explained scientifically?

Z: I don't think we can fully explain even the simple act of looking at a doorknob scientifically. Instead, what I mean is that we don't need supernatural explanations for hypnosis. Like other therapeutic modalities—such as cognitive-behavioral therapy or meditation—hypnosis can be studied scientifically. While complete understanding may never be achieved in a Popperian sense, science can continually get us closer.

M: How has the perception of hypnosis evolved over time, especially in scientific and medical contexts?

Z: The perception of hypnosis has changed significantly over the years. There have been golden ages and times when it was outright banned. Professor Éva Bányai often discusses this. Currently, I think hypnosis is gaining traction in medical fields, although I'm less familiar with its acceptance in clinical psychology and psychotherapy. Still, the trend is generally positive.

M: What is the current state of hypnosis in Hungary in medical, psychological, and educational practices?

Z: In Hungary, hypnosis is primarily used by a small group of trained professionals who have completed specific medical or therapeutic training.

M: Approximately how many certified hypnotherapists are there in Hungary?



Z: I'm not sure, but I'd estimate a few hundred. Those who practice hypnotherapy or similar methods without certification might number around a thousand. The Hungarian Hypnosis Society (MHE) likely has more accurate statistics.

M: How about its use in education?

Z: Hypnosis doesn't have much presence in education. There might be a handful of teachers trained in hypnosis or suggestion techniques, but they are few and far between. It would be valuable to integrate these methods into teacher training to help students harness their mental resources early on.

M: During the recent MHE meeting, you mentioned that hypnosis shouldn't remain confined to an ivory tower, as this mystifies it further. Could you elaborate?

Z: I believe that many abilities demonstrated under hypnosis are possible without it. Hypnosis serves as a ritual that helps people believe they can achieve their goals or experience something extraordinary. Teaching people more broadly how they can harness their inner resources and healing abilities to better achieve their goals could make a huge difference for the quality of life of the general public.

M: Do you think there's a positive side to the mystique, such as the placebo effect?

Z: Absolutely. The belief in hypnosis's "magic" can enhance its effectiveness, but scientific studies suggest that the hypnotic induction itself may not be as critical as many think.

Máté: Could you identify a specific area where hypnosis offers a clear advantage over other therapeutic methods? Let's set aside the placebo effect for now and focus on the technique itself.

Zoltán: One comparative advantage of hypnosis lies in addressing physical and psychosomatic conditions. Pain management, particularly, is one of its strongest applications. Traditional psychotherapeutic methods are less effective for acute pain, and hypnosis can provide significant relief under certain circumstances and for certain individuals. It's also effective for treating functional and somatic disorders, like irritable bowel syndrome (IBS). In fact, hypnosis is listed as a recommended treatment method for IBS in the guidelines of leading international gastroenterology associations. It's usually a third-line treatment when dietary changes and medications fail.

M: Is there a protocol in Hungary for medical professionals on how hypnosis should be used?

Z: There are instances of this, often tied to research conducted by Hungarian hypnosis experts. For example, in one study involving patients undergoing eye surgery, we used a hypnosis-based audio recording to prepare them for the procedure. This recording, in an updated form, is still being used in that hospital. Similarly, at the National Spine Clinic, hypnotherapy is employed for pre-operative preparation, postoperative recovery, and chronic pain management.

M: So, there are examples of hypnosis being used in Hungary's medical field?

Z: Yes, but it's still relatively rare compared to the number of medical practices and practitioners. However, there are some notable examples.

M: Thank you for clarifying that. Let's move to a critical area—education and systemic challenges. Do you see a way for hypnosis to be formally integrated into psychology or medical training?

Z: There's certainly a need to make these techniques more accessible. However, I'm not sure they should be implemented in the traditional canon of psychotherapy training. Digital solutions, for instance, could offer an alternative for those hesitant about traditional therapy. That said, incorporating hypnosis into psychology training at the university level—teaching induction techniques, for example—would be very feasible. In Hungary, hypnotherapy training is currently an optional specialization, focused on its use in psychotherapy. In other countries, like the U.S., hypnosis is often taught as a therapeutic tool during university studies.

M: So, more as a complementary skill?

Z: Exactly. Similar to how you might learn to administer Progressive Muscle Relaxation, hypnosis could be one of many tools in a therapist's repertoire. For example, a psychologist might decide to use hypnosis during sessions if it seems appropriate, but switch to acceptance-commitment therapy elements or mindfulness techniques in another session. However, the comprehensive hypnotherapy training offered by MHE likely wouldn't fit into a standard undergraduate or master's program due to its depth. Still, teaching basic hypnosis as a tool is both feasible and practical.



M: Could combining specialized training with basic instruction create a more balanced system? For instance, highly trained hypnotherapists could handle complex cases, while general psychologists and other professionals use hypnosis as a supplementary tool.

Z: That approach could work well. Many pain management applications, for example, wouldn't require full hypnotherapy training—rapid induction techniques for pain relief during medical procedures could be taught to nurses, physicians, or paramedics. Meanwhile, psychotherapy-specific uses would remain within the domain of trained psychotherapists familiar with hypnosis.

M: Given your experience in the U.S., how does the perception and application of hypnosis differ there compared to Hungary?

Z: The general public's acceptance of hypnosis is similar in both countries, though the U.S. might have slightly more openness. However, misconceptions persist everywhere. One advantage I had in the U.S. was access to institutions like the Society for Clinical and Experimental Hypnosis, which offered workshops and research opportunities. This accessibility made hypnosis much more approachable for someone like me, focused on research rather than clinical practice.

M: Could promoting hypnosis on a societal level create greater acceptance, or would it lead to challenges like unmet demand?

Z: Promoting hypnosis widely would likely overwhelm existing resources. For instance, professor Éva Bányai receives dozens of emails daily from cancer patients seeking help, and even with her wide professional network, currently it's impossible to meet that demand. Thus, a successful campaign promoting hypnosis might backfire and lead to people turning to unqualified practitioners because their demand for hypnosis cannot be met by the qualified ones. Strengthening the foundation—training more professionals across disciplines—should come hand-in-hand with broader societal education.

M: Would you agree that systemic reform is necessary to integrate hypnosis into various fields—like psychology, medicine, and education—while also educating the public about its potential benefits?

Z: Yes, but the supply of qualified professionals must increase in tandem with demand. It's equally important to teach people about their own mental resources. If more individuals understood how to harness these inner resources, they could use techniques like self-suggestion effectively and seek professional help when needed.

M: Lastly, where would you personally like to see hypnosis evolve in Hungary?

Z: I see two main paths: advancing hypnosis research and developing its clinical applications. While systemic change in psychotherapy and resource utilization may be slower, I'd like to see hypnosis embraced more as a tool than as a distinct therapeutic modality. Expanding access to hypnosis training and clarifying its ethical use would also be valuable.

On the research side, I'd love to see more funding for clinical studies, as opportunities in Hungary are currently limited.

M: Is there anything else you'd like to share before we conclude?

Z: I'd just add that my international experience has significantly broadened my perspective. When I first trained under the aegis of MHE, I accepted its approach entirely. For example, hypnosis-related literature, especially induction scripts, were considered guarded resources, that only the initiate should get access to, because of the potential for misuse. This contrasts with the open-science principles I encountered later, which advocate for greater transparency. While I deeply respect MHE's roots and culture, I believe there's room to integrate these more open approaches, striking a balance between tradition and innovation.

M: That's a perfect note to end on. Thank you for this insightful conversation.



Meet the Young Professional Committee

Youth Committee Announcement

We are excited to introduce the members of our **Youth Committee**, a group of emerging professionals dedicated to exploring and advancing hypnosis in various fields.

Chair

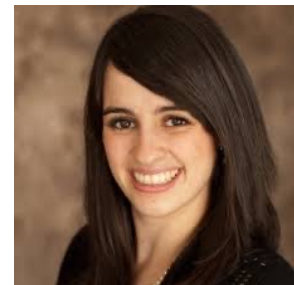


Banafsheh Yaloodbardan (Dentist, Iran)

Committee Members



Shady Tonn
(MSc Psychology, Germany)



Kaltrina Gashi
(MD, PhD Candidate, Germany)



Raphael Kolic
(Registered Psychotherapist,
Cognitive Therapy, Austria)



Vanessa Muñiz
(M.A. Psychology, PhD Student in
Behavioral Neuroscience, USA)

Stay tuned for more updates on the exciting work of our Youth Committee!



A TOUCH OF HUMOR

provided by Bernhard Trenkle



A Touch of Humor provided by Bernhard Trenkle

In 1985, Bernhard Trenkle began publishing jokes in the newsletter of the Milton Erickson Society (MEG) in Germany. Using a playful approach, he incorporated humor into definitions of terms like amnesia, catalepsy, dental hypnosis, and confusion techniques, blending lightheartedness with informative content. His goal was to make the newsletter more engaging while exploring how far political correctness could be stretched without jeopardizing his society membership.

About seven or eight years later, members began requesting jokes from earlier issues, sparking the idea of compiling them into a book. The result was a resounding success, selling over 50,000 copies in Germany and eventually being translated into Russian, English, and Italian.

Learning How to Learn: Exploring Deutero-Learning

It is possible not only to learn but also to learn how to learn. This distinction is significant. The first is often referred to as first-order learning, while the latter is second-order learning—a concept Gregory Bateson called *deutero-learning*. Idries Shah, the celebrated author and Sufi teacher, explores this deeper level of learning in his book *Learning How to Learn*.

The following story illustrates this concept in a lighthearted yet profound way.

A man goes to see a rabbi and asks, “Rabbi, what is meant by an alternative?”

The rabbi hesitates and carefully studies the face of the questioner. After a moment, he begins to answer:

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



“Aha!” the man says, his face lighting up with a look of enlightenment. “That is an alternative.”

“But wait,” the rabbi says, “the story isn’t over. Just imagine you decide to wait for an egg. Now you have a hen and an egg. Chickens are animals you can eat after they die or before they are born. Of course, you can eat the egg. But you can also wait until a baby chick is born. Then you will have two chickens.”

Once again, the man’s face shows understanding. “Aha! That is an altern—”

The rabbi interrupts him: “Just a moment. That is not the end of the story. Just imagine you always opt for breeding. After a while, you’ll have eight chickens, then twenty, and eventually more than a hundred chickens. With so many chickens, you can start a chicken farm. With a chicken farm, other possibilities open up. You can start the business close to your home. You’re always there, you always have fresh eggs, and you are in control of the whole thing. But you might find the smell unpleasant. So, instead, you could start your chicken farm in a river valley, where the chickens will always have fresh water and green grass. Of course, you won’t always be there. Perhaps one morning you arrive and find that, during the night, a fox has been there, and all the chickens are dead.”

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

“Just a moment,” the rabbi says again. “Why so impatient? The story has not ended yet. Just imagine you establish the business in the river valley. Conditions are ideal, and the business grows. You have 200 chickens, 500 chickens, and eventually more than 1,000 chickens. You’ve built a thriving business and are very proud of it. But then it starts to rain. And it rains and rains. Endless rain. The river rises, floods the farm, and all the chickens die.”

The rabbi stops talking and sits silently.

The man waits, now thoroughly confused: “But what is the alternative?”

The rabbi smiles and replies, “Ducks, my friend. Ducks!”

Indirect Suggestions: Strength and Possibilities

The following episode demonstrates the profound strength and potential of indirect suggestions:

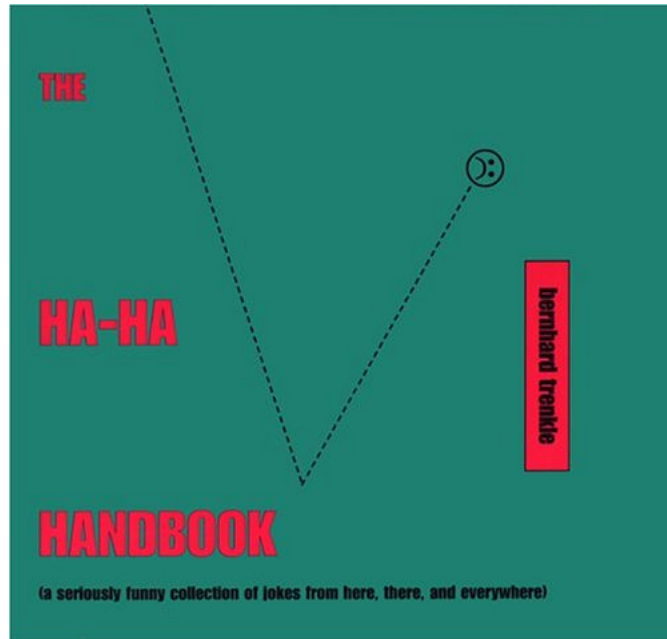
A doctor is examining a patient's x-rays while the patient is present in the room. At the same time, the doctor is speaking to his wife on the phone. He says, “Darling, I just found out that an apartment will be vacant very soon.”

Note: Hypnosis, particularly in therapeutic settings, trains individuals to avoid negative suggestions while fostering wordings that support healing. This principle applies across medicine and psychotherapy, where carefully chosen language can significantly influence outcomes. Indirect suggestions, such as the example above,



subtly encourage positive expectations without directly confronting resistance or anxiety.

Excerpts from the "The Ha-Ha Handbook: A Seriously Funny Collection of Jokes" by Bernhard Trenkle is a paperback published by Zeig, Tucker & Theisen Inc. on September 5, 2012.



ARTICLES IN BRIEF

10 BLOGPOSTS ABOUT HYPNOSIS



Created by Anna Szücs nn.szucs98@gmail.com
Student of Psychology at Eötvös Loránd University



Studies demonstrate that hypnosis during childbirth effectively **reduces labor pain, shortens labor duration, and improves** outcomes such as higher infant **Apgar scores**. Techniques like self-hypnosis empower mothers to **manage discomfort naturally** and **with fewer medical interventions** (Landolt & Milling, 2011). <https://doi.org/10.1016/j.cpr.2011.06.002>



Hypnosis is an effective therapeutic method for managing **Irritable Bowel Syndrome**, helping reduce abdominal pain, bloating, and irregular bowel habits. Studies show significant long-term symptom improvement through techniques like **gut-directed hypnotherapy** (Tan et al., 2005). <https://doi.org/10.1080/00029157.2005.10401481>



Losing Control in Hypnosis: The Myth Debunked



The idea that **people in a hypnotic state lose complete control and turn into robots** controlled by the hypnotist **is a myth**. Research shows that even deeply hypnotized individuals retain voluntary control over their actions. Often, they act in ways that align with the hypnotic context, such as failing to resist a suggestion, not because they can't but because it fits their role and expectations in the hypnotic situation (Spanos et al., 1985). Think of a hypnotic state of mind like day-dreaming while driving a familiar route – in case of an emergency, you'd be able to snap out of it and respond accordingly.

<https://doi.org/10.1080/00332747.1985.11024288>



Sports hypnosis helps athletes stay focused and perform their best by teaching them how to enter a '**flow state**'—a mindset where everything feels effortless. Using mental exercises, you can stay calm under pressure **and reach your full potential** (Unestahl, 2018). <https://doi.org/10.1080/00029157.2018.1491387>



Facing Your Fears with the Power of Hypnosis



Let go of your phobias with the help of hypnotherapy. Hypnosis helps people **manage phobias** by reducing anxiety and reshaping fear responses. It provides a safe way to **confront fears and build confidence** (Ersan & Ersan, 2020). <https://doi.org/10.29082/IJNMS/2020/Vol4/Iss1/256>



Achieving a **healthy body** by successful weight management is possible with the aid of **hypnotherapy**. Studies show that hypnosis can help change eating habits, **reduce overeating**, and support **long-term weight loss** by fostering healthier behaviors. It has also been found to reduce **BMI** and improve serum leptin, adiponectin (ADP), and irisin levels, which are crucial for **metabolic health** (Ersan & Ersan, 2020). <https://doi.org/10.1089/acm.2020.0104>



Overcome Test Anxiety with Hypnosis

Excessive stress during exams can feel overwhelming and have debilitating effects on mental health, physical well-being, and academic performance.

Hypnosis can help reduce test anxiety by easing stress and enhancing focus.

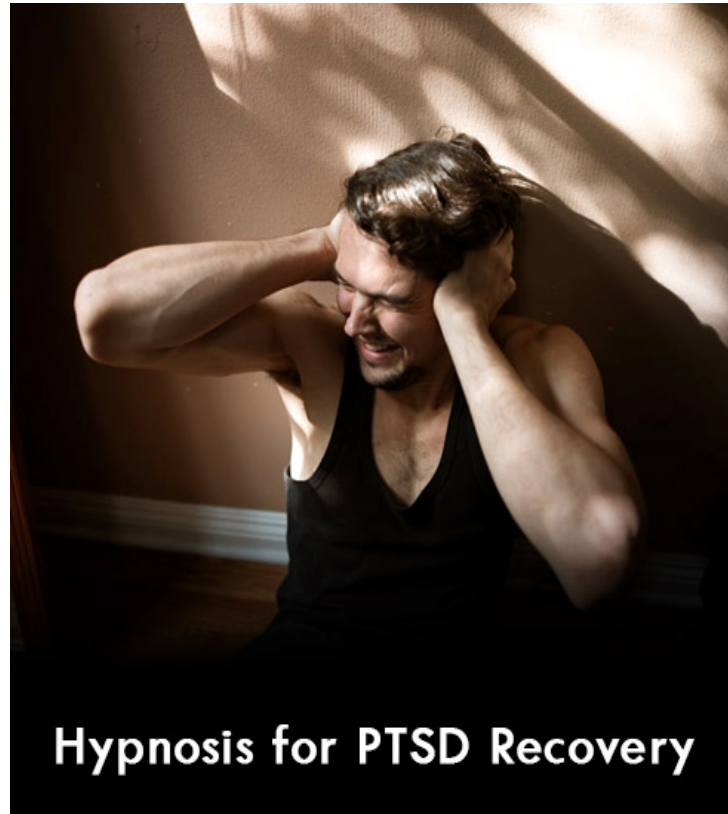
Studies show it's an effective way to stay calm, confident, and perform better during exams

(Pachaiappan et al., 2023).

<https://doi.org/10.1080/23311908.2023.2281745>



Stress can be overwhelming, affecting both mental and physical health. **Hypnosis** offers an effective way to **reduce stress** by helping individuals relax deeply, reframe negative thoughts, and improve coping skills. Studies show significant reductions in stress levels after hypnotherapy sessions (Alizamar et al., 2018). <https://doi.org/10.1097/ADT.0000000000000140>



If you experience **PTSD symptoms** like recurring nightmares, flashbacks, and heightened anxiety, hypnosis can offer relief. Studies show that **hypnosis reduces** these symptoms by **promoting relaxation** and helping patients **process traumatic memories in a safe way, without retraumatization** (Rotaru & Rusu, 2015). <https://doi.org/10.1080/00207144.2015.1099406>



Hypnosis can enhance creativity by unlocking latent potential and fostering new ways of thinking. It boosts **focus, emotional engagement, and inspiration**, helping people excel in activities **like art, music, and problem-solving**. Skills gained during hypnosis often persist, empowering individuals to explore their creative abilities long after the session ends (Raikov, 1977). <https://doi.org/10.1080/00029157.1977.10403878>

IDEAS IN FOCUS

The “I Don’t Know” Response Set: Helping Clients Manage Ambiguity

By Michael D. Yapko, Ph.D.



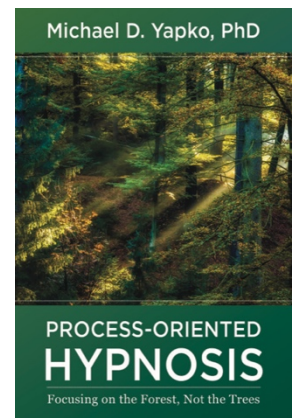
Ran Michael D. Yapko, Ph.D.

Michael D. Yapko, Ph.D., is a clinical psychologist internationally recognized for his work in advancing clinical hypnosis and outcome-focused psychotherapy especially in the active, non-pharmacological treatment of depression. He is the author of 16 books and editor of three others, as well as numerous book chapters and articles about hypnosis and the use of strategic psychotherapies. His widely used hypnosis textbook, *Trancework: An Introduction to the Practice of Clinical Hypnosis*, co-authored with Shawn R. Criswell, Ph.D., is now in its new sixth edition (Routledge, 2025).

Dr. Yapko is the recipient of numerous major awards for his innovative contributions in advancing the fields of hypnosis and brief therapy, including lifetime achievement awards from The American Psychological Association’s Division 30 (Society of Psychological Hypnosis), the International Society of Hypnosis (the Pierre Janet Award), and The Milton H. Erickson Foundation. The Society for Clinical and Experimental Hypnosis (SCEH) honored Dr. Yapko by giving him the “Living Treasure” award. Recently he has developed a hypnosis-based mental health digital therapeutic program called *Claria* in association with Mindset Health (mindsethealth.com). More information about Dr. Yapko’s teaching schedule, programs, and publications can be found on his website: www.yapko.com.

Don't ask the meaning of life. Life is asking the meaning of you.
Viktor Frankl

There’s a popular bumper sticker that says, “Life is uncertain. Eat dessert first!” It’s a lighthearted piece of advice but it reflects a deeper truth: Much of life *is*, indeed, uncertain. In my lifelong study of depressed and anxious individuals, I have found it particularly interesting to study how people’s differing responses to the ambiguities of life affects their mental health. In the face of uncertainty, people may make bad decisions that cause them to suffer hurtful consequences. In this short article, I’d like to offer some perspectives about the ambiguities of life, the importance of evolving effective decision-making strategies, and the role hypnosis can play in helping people make better decisions in the face of uncertainty. After all, the decisions we make directly determine our quality of life. We can use hypnosis to help people make better, life-enhancing decisions.



Why Focus on Ambiguity and Decision-Making?

Early in my clinical training, I was encouraged to believe that people made poor decisions because of some hidden or unconscious need. In the face of uncertainty about the “meaning” of people’s symptoms, therapists developed



elaborate theories and rationales for their approaches to treatment. Unfortunately, to my way of thinking, too many of these approaches defined people as pathological by making seemingly insightful interpretations. But to me, they were unprovable, reductionistic, and provided therapists with an unwelcome permission to go digging around in someone's inner world for self-confirming evidence of a presumed pathology.

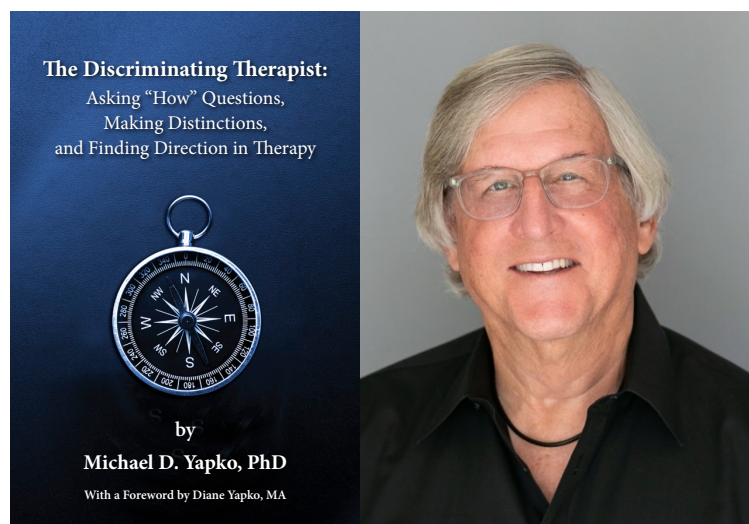
The level of certainty that all people – including clinicians - can have about things they can't possibly be certain about represents a potential vulnerability for emotional difficulties. On one hand, when you are sure about something that works in your favor (e.g., "I can do this!"), certainty can be a great asset to you in confidently rising to meet life's challenges. On the other hand, when you are certain about something that works against you (e.g., "I'll never get better"), certainty can be the basis for poor choices, missed opportunities for improvement, self-destructive behavior, and more.

Understandably, people want and feel better with certainty. Uncertainty raises anxiety, clarity reduces it. It's easy to understand, then, why people strive to avoid uncertainty, often jumping to conclusions despite the lack of any supportive evidence merely to *have* a conclusion. In the therapeutic context, the client's certainty that gives rise to poor choices (e.g., "Why should I bother to try to help myself? It'll never change") seems a routine and inevitable target of treatment. The pioneering family therapist Salvador Minuchin captured it insightfully and succinctly when he said, "Certainty is the enemy of change." Certainty and suggestibility are inversely related: The more certain you are about something, the less likely you are to accept any input that challenges that certainty. This has enormous implications for how we view hypnotizability or what I prefer to call hypnotic responsiveness.

Ambiguity and the Discriminating Therapist

Psychologists use the term "discrimination" to describe the process of making distinctions between different situations that give rise to one's reactions (Yapko, 2016). A "discrimination strategy" is a vehicle for skillfully distinguishing between two or more available options in a specific context. The problems in people's lives arise most frequently, though, when they don't have a discrimination strategy for making effective choices. (My book *The Discriminating Therapist* identifies dozens of discriminations one would need to make to live well and highlights the necessity of focusing on *how* people make their choices rather than theorizing *why*.) If clients are unable to distinguish ambiguous situations from unambiguous ones, it becomes too easy for them to be certain about things they can't realistically be certain about. The net effect is to reduce their receptivity to new ideas and their willingness to experiment with new behaviors thereby staying "stuck."

The greater therapeutic goals, then, are three-fold in helping the client: 1) learn how to quickly recognize ambiguity in situations; 2) be on guard against one's own tendency to interpret such events in some patterned and hurtful way that may not be objectively true; and 3) develop a tolerance for ambiguity that permits comfort with not knowing (Yapko, 2021).





Hypnotic Responsiveness, Uncertainty, and the “I Don’t Know” Response Set

Directly contradicting people is generally an ineffective strategy for any change and we know certainty can work again responsiveness in general and hypnotic responsiveness in particular. The challenge, then, is how to encourage people to be less certain about those beliefs that get in the way of effective decision-making.

I would guess that most practitioners of hypnosis are familiar with the “Yes set” that is a key component of conversational hypnotic inductions. Milton Erickson originated the “yes set” as a way of increasing the likelihood of the client accepting further suggestions once the tendency to respond agreeably had been established (Erickson & Rossi, 1979). The “yes set” involves offering suggestions you know the client is likely to accept because they are so obviously true there’s no legitimate basis for rejecting them (e.g., “Sometimes life can be complicated...sometimes people discover abilities they didn’t even know they had...it’s wonderful that people are capable of learning new things...”). Such suggestions are called truisms. When the client’s internal response is agreement - silently saying yes - with each truism offered, a momentum begins to build for a tendency to agree with the subsequent suggestions. Hypnotic responsiveness can grow as the session unfolds.

But the “yes” set is just one type of response set. Another type is the “I don’t know” set, an approach that encourages people to recognize and tolerate the ambiguity of the hypnotic interaction. When someone is steeped in certainty, and the clinician hopes to move the client from “too certain” to “less certain,” building the “I don’t know” response set can be especially useful. It, too, employs truisms as the basis for furthering the aims of the hypnotic induction and building responsiveness. In this case, the truisms relate to uncertainty, the things the client can’t credibly be certain about (e.g., “*You really don’t know* just what you might discover during this hypnosis session that will be of the most help to you... and *you really don’t know just yet* how what seemed to be true to you at one time in your life can now seem so obviously untrue...and *you really don’t know* just what I’m going to say in the next few minutes that can give rise to a much different view of yourself...”). Not knowing is not only acknowledged as obviously true in these suggestions but is actively utilized as a steppingstone to greater personal growth. The therapeutic goal of helping the client recognize and get more comfortable with ambiguity is embedded within the hypnotic induction itself.

The rest of the hypnosis session then strives to help the client distinguish between facts and inferences, more readily recognize what is knowable and what is not, and when action is needed to gather salient information before forming conclusions. (A full session transcript illustrating the process is in Yapko, 2021.)

Conclusion

For as long as individuals are unable to tolerate uncertainty, they will be motivated to form meanings about life experience with little or no insight into their interpretive process and thus suffer the mood and other consequences (e.g., anxiety) when they are negatively distorted yet accepted as “true.” Thus, one of the most basic goals in treating therapy clients in general, and anxious and depressed clients in particular, is to teach them how to *recognize* and *tolerate* ambiguity. By addressing the issue of ambiguity in therapy and making it a primary target of hypnotic intervention, the larger goals of therapy, such as teaching skills in rational thinking and better decision-making, can be well facilitated.

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Recent Issue: Volume 73, Issue 1

Welcoming the year 2025, our latest issue of the *International Journal of Clinical and Experimental Hypnosis* (IJCEH) features a collection of studies examining the efficacy and feasibility of hypnosis-based interventions across diverse health conditions. In our feature article, Zimmerman et al. investigate variables influencing a self-administered hypnosis intervention for sleep improvement. This manuscript's findings suggest that a "general factor" may best account for hypnotizability! Moreover, Mohammadi et al. assess the feasibility of hypnotherapy for managing fatigue and sleep disturbances in patients with multiple sclerosis, and Rhodes and colleagues explore the use of immersive virtual reality hypnosis for post-surgical pain and anxiety management, opening avenues for future research. Finally, this issue includes two systematic review articles that critically evaluate the quality and evidence base of hypnosis for smoking cessation and publicly available hypnosis-related mobile apps. Together, these studies contribute valuable insights into the remote, virtual, and self-delivered applications, limitations, and future directions of hypnotherapy in healthcare. You can read each of the articles' abstracts below for more information.

Up next at the IJCEH

We are excited to announce that this upcoming April issue will feature a special issue dedicated to the works of Dr. Steven Lynn. This special issue will be composed of seven peer-reviewed articles and a guest editorial letter from Joseph P. Green, Ph.D. Thank you to all of our contributors and Dr. Green for making this special issue possible!

Special Issues coming soon. Additionally, we have planned a special issue entitled "***Intersections of psychedelics, psychedelic and mystical experiences, and hypnosis***" targeting the exploration and novel findings on the therapeutic benefits, mechanics, and theoretical frameworks of psychedelics and mystical experiences, as well as its potential parallels between psychedelics and hypnosis. This issue is scheduled for publishing in our October issue, but early online access will be provided for select articles.



Finally, a special issue dedicated to the diverse applications, theoretical advancements, empirical research, and clinical outcomes associated with ***Ericksonian Psychotherapy*** will be available in January 2026. We are currently accepting manuscript submissions, with an approaching deadline of June 01, 2025. For more information on this and any future call for papers and special issues of the *IJCEH*, visit our journal's website at: <https://think.taylorandfrancis.com/special-issues/ericksonian-psychotherapy/>

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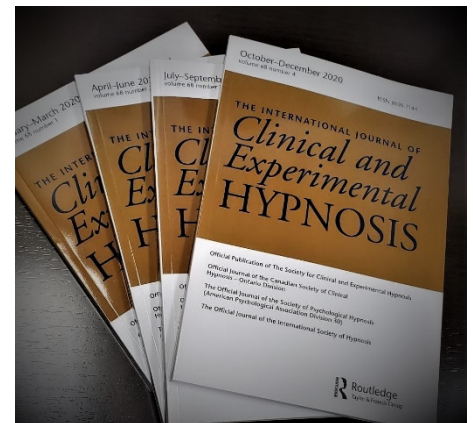
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We are pleased to share abstracts from the articles published in the most recent issue of

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January 2025 Issue – Volume 73 (1)



Editorial Letter: Hypnotherapy for Smoking Cessation, Sleep, Pain, and the Potential of Hypnosis Apps

Gary Elkins, PhD

This issue of the *International Journal of Clinical and Experimental Hypnosis* provides a systematic review of hypnotherapy for smoking cessation as well as a systematic review of hypnosis apps. These reviews are followed by articles that examine hypnotherapy for sleep disturbances in patients with multiple sclerosis, and provide results from a randomized clinical trial of immersive virtual reality to reduce pain and anxiety in individuals undergoing orthopedic surgery. In addition, an important new study, with findings that suggest a “general factor” may best account for hypnotizability is presented. Together, these articles address important emerging research on applications of clinical hypnosis and methods of intervention.

Exploring Variables Associated with the Effects of a Self-Administered Hypnosis Intervention for Improving Sleep Quality

Kimberly Zimmerman, Vindhya Ekanayake, Cameron T. Alldredge, Morgan Snyder, and Gary R. Elkins

The objective of this study was to determine the model fit of a standardized hypnotizability measure in a targeted clinical sample. The Stanford Hypnotic Susceptibility Scale, Form C (SHSS:C) was administered to 168 post-menopausal women aged 39 to 75 years. Confirmatory factor analysis was conducted, and comparative fit index (CFI) and root mean square error of approximation (RMSEA) were used to determine goodness of fit. Results indicated that the single-factor structure modeled with twelve indicators based on the individual items on the SHSS:C provided the best description of fit. Results of the present study demonstrate that the SHSS:C has a single-factor structure. These findings suggest that new scales of hypnotizability can be optimized by focusing on the use of items that correlate highly with the overall score representing the unidimensional construct of hypnotizability. The findings should be interpreted with caution due to the small sample size, and further research is needed with other populations to clarify generalizability.

Feasibility of Hypnotherapy in Fatigue and Sleep Disturbance Management in Patients with Multiple Sclerosis Disease

Masoud Mohammadi, Maryam Owjfar, Arashk Mallahzadeh, Amir Masoud Farahmand, Etrat Hooshmandi, Tahereh Fereydoonzhad, Sadegh Izadi

The aim of this study was to test the clinical feasibility of hypnotherapy in the management of fatigue and sleep disturbances among multiple sclerosis (MS) patients in the south of Iran. Forty patients aged 25 to 47 were enrolled, and 22 (19 females, 3 males) completed eight 50-minute sessions of hypnotherapy for 10 weeks. Patients were required to practice the hypnotherapy sessions at home throughout the week. Participants completed the Multidimensional Fatigue Inventory (MFI) and Pittsburgh Sleep Quality Index (PSQI) at baseline and after the final hypnotherapy session. The



mean MFI score was significantly reduced by 8.19 points following hypnotherapy ($P < 0.05$). The mean PSQI global score following hypnosis treatment significantly decreased from 7.4 ± 3.3 to 5.52 ± 3.12 ($P < 0.05$). Our results suggest that MS patients might benefit from hypnotherapy for controlling fatigue and sleep disturbance symptoms. Confirmative assessment is required in a randomized controlled trial after feasibility has been established.

Systematic Review on Hypnotherapy and Smoking Cessation

Vindhya Ekanayake and Gary R. Elkins

The main objective of this systematic review is to comprehensively describe and evaluate the evidence on hypnotherapy for smoking cessation. Included studies were comprised of adults, had measurable objective/subjective data reflecting smoking cessation, hypnosis or hypnotherapy studied alone or as part of a multicomponent intervention, and at least ten participants. A total of 745 nonduplicate publications were screened, and 63 papers were included for analysis. Based on 33 of these studies, 66.7% reported a positive impact of the hypnosis intervention for smoking cessation. Positive impact studies had longer average treatment duration, greater number of hypnotherapy sessions, and utilized both self-report and objective measures of smoking cessation outcome (40.9% vs 20%). The efficacy of hypnotherapy for smoking cessation is positive; however, more studies using biologically confirmed abstinence and reduction in the number of cigarettes smoked are needed. Hypnotherapy is a useful approach for smoking cessation that warrants additional inquiry. Future studies are needed that assess treatment fidelity and hypnotizability, provide information on race/ethnicity, and report on side effects and adverse events.

Hypnosis Apps: A Systematic Review

Katherine Scheffrahn, Cameron T. Alldredge, Morgan Snyder, Gary R. Elkins

For over a decade, the growing use of smartphone apps provided a way to make hypnotherapy more widely accessible. However, available apps vary widely in the quality of hypnosis provided to users. This study systematically reviewed apps delivering some form of hypnotherapy intervention and summarize their characteristics. Using hypnosis related search terms, a list of apps was generated, yielding 708 unique hypnosis apps across both Android and iOS stores, and 168 apps met inclusion criteria for this review. The most common app targets were sleep ($k = 94$, 56.0%), relaxation/meditation ($k = 92$, 54.8%), and stress ($k = 62$, 36.9%). Only 34 (20.2%) of the apps indicated that the developer or person providing hypnosis was trained in hypnosis. Thirteen (7.7%) apps included some claim of evidence-based treatment. Only four apps reported inclusion in a clinical efficacy trial. Relationships between key app characteristics were explored using chi square analysis. Though hypnotherapy apps have much potential in health care, apps based upon evidence-based protocols and empirical research are limited at this time.



Immersive Virtual Reality to Reduce Pain and Anxiety in Individuals Undergoing Orthopedic Surgery for Acute Trauma: A Randomized Clinical Trial

Joshua R. Rhodes, Chris E. Corlett, Mark P. Jensen, & David R. Patterson

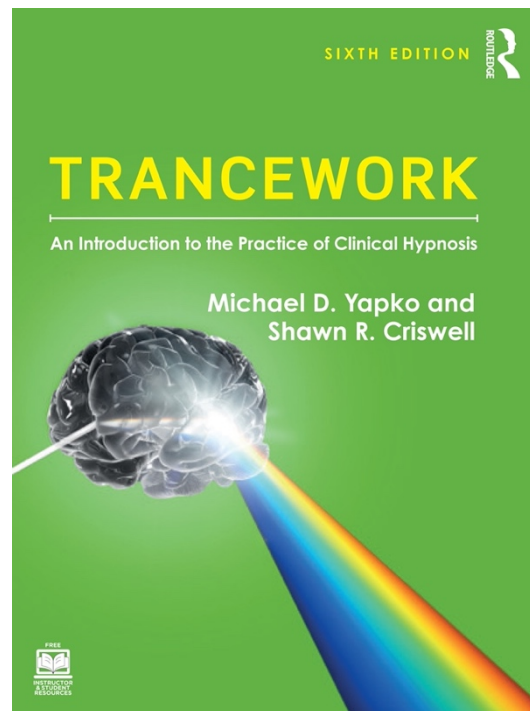
Controlling acute pain for individuals undergoing orthopedic surgery is highly desirable as it is related to various treatment outcomes. Immersive, virtual reality hypnosis (VRH) is one potential treatment modality to aid in pain management. This three-arm, randomized clinical trial evaluated the efficacy of two hypnosis interventions for reducing post-surgical pain and anxiety in addition to evaluating the effects on sleep quality, mental health, and physical functioning. Results indicated no statistically significant main effects associated with intervention groups for pre-post change scores of pain intensity ($F(3, 177) = 0.35, p = .71, \text{partial } \eta^2 = .004$), anxiety ($F(3, 177) = 0.20, p = .81, \text{partial } \eta^2 = .002$) or sleep quality ($F(3, 175) = 0.81, p = .45, \text{partial } \eta^2 = .009$). Additionally, there were no statistically significant group effects of treatment condition on mental health ($F(2, 162) = .71, p = .49, \eta^2 = .009$) or physical functioning ($F(2, 165) = .43, p = .65, \eta^2 = .005$). Issues and future directions for this line of research are discussed.



TRANCEWORK:

*An Introduction to the Practice of
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Announcing a New 6th Edition of the Popular Hypnosis Textbook
Trancework: An Introduction to the Practice of Clinical Hypnosis
by Michael D. Yapko, Ph.D., and Shawn R. Criswell, Ph.D.
Published by Routledge, March 2025



The first edition of *Trancework* appeared in 1984 and now, more than four decades and six editions later, it continues to be the definitive textbook in the field for those wishing to learn about the art and science of clinical hypnosis. Previous editions have been translated into multiple languages making it even more accessible across international lines. This latest 6th edition was co-authored with Dr. Shawn Criswell, a skilled practitioner and talented author.

The new 6th edition incorporates “up-to-the minute” recent studies with nearly 1000 references. It features introductions to luminaries in the field and suggests discussion topics as well as skill building exercises making it the ideal textbook for group training programs as well as individual study. It’s a big book of nearly 500 pages and addresses the most important topics for encouraging the knowledgeable and effective applications of clinical hypnosis. We’ve also developed a companion website, allowing us to expand the range of offerings to include audio and video clips of hypnosis sessions, case examples, session transcripts, and more.

Shawn and I are passionate about clinical hypnosis. We hope the new 6th edition of *Trancework* and its companion website will continue to inspire others, too, to discover the many benefits of learning and practicing clinical hypnosis. More information about the new edition of *Trancework* is available on Dr. Yapko’s website: www.yapko.com



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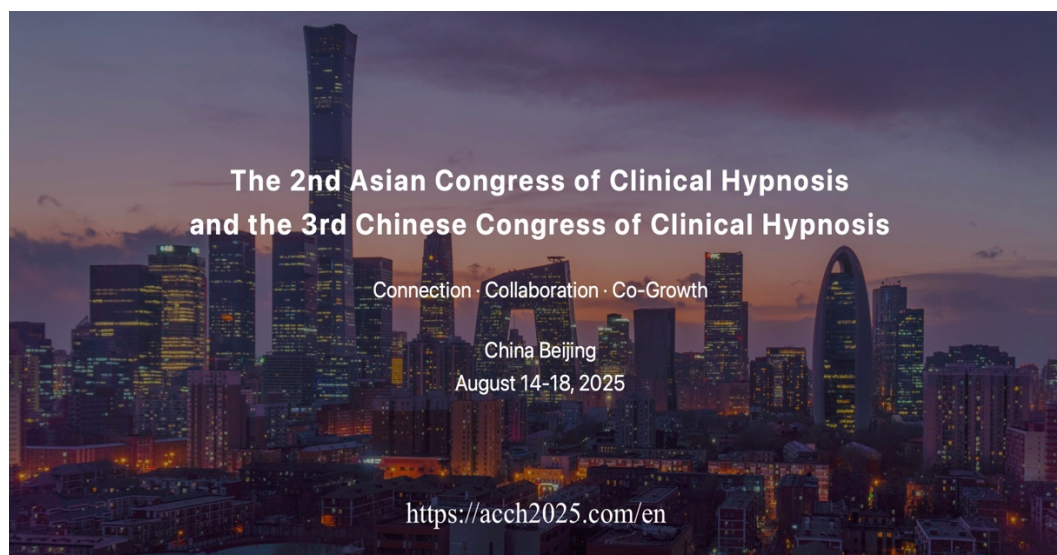
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ISH World Headquarters

info@ishhypnosis.org
http://www.ISHHypnosis.org



Become an ISH Member Today!

The International Society of Hypnosis (ISH) is a global, non-profit organization dedicated to advancing the field of hypnosis among health professionals. Membership includes individual members and society memberships from around the world, uniting professionals committed to excellence in hypnosis.

Who Can Join ISH?

ISH welcomes members from diverse professional backgrounds in the health field who are dedicated to advancing hypnosis.

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- Non-CS members who meet ISH's qualifications.
- Representatives to the ISH Council of Representatives (COR).

• **Constituent Societies:**

These societies share similar missions and by-laws with ISH, fostering global collaboration and alignment. To learn more about ISH's mission and by-laws, visit our website and become part of a community committed to advancing hypnosis.

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Constituent Society Members

In addition to the benefits above, Constituent Society members enjoy:

- A dedicated space to share information about your organization.
- The right to represent your society at Council of Representatives (COR) meetings.

Required Documents for Constituent Societies:

- A copy of your bylaws and ethics code (in English).
- A list of officers and contact information.
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Join ISH Today!

By becoming a member of ISH, you'll join a global network of professionals advancing the art and science of hypnosis. Don't miss out—apply or renew your membership today and unlock these amazing benefits!



LIST OF CONTRIBUTORS

Anita Jung
EDITOR
German Language Editor
anitajung.therapy@pm.me

Krzysztof Klajs
PRESIDENT
krzysztof.klajs@gmail.com

Consuelo Casula
Italian Language Editor
consuelocasula@gmail.com

Gabor Filo
Interviewee, Meet our Mentors
drgfilo@gmail.com

Gary Elkins
Editor IJCEH
Gary_Elkins@baylor.edu

Zoltan Kekecs
Interviewee
kekecs.zoltan@ppk.elte.hu

Máté Kovács
Interviewer
komate1227@gmail.com

Stephen Lankton
Interview, Meet our Mentors
steve@lankton.com

Julie Linden
English Editor
julie@drjulielinden.com

Paloma López Valencia
Layout Editor
valenciapaloma@hotmail.com

Teresa Robles
Spanish Language Editor
tere@grupocem.edu.mx

Nicole Ruysschaert
Interviewer, French Language Editor
nicole.ruysschaert@skynet.be

Anna Szücs
Blog Creator and Student
Eötvös Loránd University Budapest, Hungary
nn.szucs98@gmail.com

Shady Tonn
ISH Administration/Headquarters
info@ishhypnosis.org

Bernhard Trenkle
Humor and Stories Contributor
bernhard@bernhardtrenkle.com

Michael Yapko
Ideas in Focus
michael@yapko.com