

HYPNOSYSTEMIC APPROACHES FOR ANXIETY IN CHILDHOOD AND ADOLESCENCE

**XXII World Congress of Medicine and Clinical Hypnosis International
Society of Hypnosis**

Krakow 12th -15th of June 2024

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CONTENT

Anxiety and Fear

Hypnotherapy

Treatment

General

Meaning of the symptom, systemic,
inter- and intrapsychic

Two accesses, tracks at the same time:

More control over the symptom → self-efficacy
to work on topics, meaning behind the symptom

2 Interventions to get better control

Summary

FEAR, ANXIETY AND MORE

Noah, 11 years old, often freaks out, can't sit at the family table because of younger brother

Noah's fears:

- Fear of going to school
- Fear of sleeping alone in a bed
- Fear of swimming and swimming lessons
- Fear of crossing tramway tracks
- Fear of nuclear power plants
- Fear of someone stealing his clothes after gym class
- Fear of the unexpected and unknown
- Fear of not being able to do something
- Fear of being laughed at by other people
- Fear of being hurt, of being in pain

FEAR AND ANXIETY

According to Gibson 2023 fear and anxiety are closely related. Both are a reaction to danger and possibility of injury.

Fear is seen as a reaction to a perception of threat posed by a **specific**, observable danger, attached to a specific thing or circumstances.

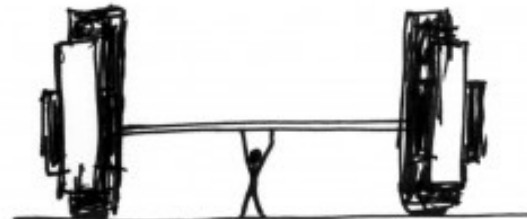
Anxiety, on the other hand, is seen as **diffuse**, a kind of unfocused, objectless, future-oriented feeling, also related to emotional states such as doubt, boredom, mental conflict, disappointment, and bashfulness or arousal associated with the perception of fear. Not necessarily a triggering stimulus, but rather an anticipation of danger that can become chronic, resulting in hypervigilance to all possible or potential threats, real or imagined.

FEAR HAS AN IMPORTANT FUNCTION

- Alarm function



- Mobilization of strengths



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FEAR AND SAFETY

Good balance:

- A little fear can be fun: e.g. ghost train, ghost stories

Too little fear:

- Too much risk is taken
- No attention

Too much fear can be debilitating:

- Actions not taken, more and more withdrawal
- Impairments: sleep, well-being, doing something fun
- Effektive risk assessment with a clear head
- Protect yourself in case of danger

CLARIFYING FEAR AND SAFETY

- **Whether real protection is adequately guaranteed**
- How great the real danger is
- Whether all that is reasonable is being done for protection
- Can the danger be avoided or are there uncontrollable forces at work?
- Is there knowledge of „what do I do if...“?
- Are these real or magical fears?
- That absolute safety does not exist, that it is worth taking reasonable risks
- That fear is helpful, to be appropriately cautious or to mobilize strengths, but should not be a brake or limiting factor.
- What is behind the fear, meaning, function

HYPNOSIS AND HYPNOTHERAPEUTIC METHODS

HYPNOTHERAPY PAYS ATTENTION

That the client:

- Trance and the here-and-now-state
- Can control the quality and depth of the trance state
(eg Anxiety, panic attack is unhealthy trance state)

In addition:

- Be able to perceive and influence association and dissociation
- Be able to distinguish between imagination and reality, fiction and reality, fiction and fact

HYPNOSIS

Hypnosis is rarely used as a term because it is often misunderstood.

- Clients think they don't have to do anything, that magic is being performed
- That they are being put into hypnosis, trance, unintentionally and uncontrollably

Other terms that are often more appropriate:

- Mental or Imaginative Methods, Interventions

SPECIAL CONSIDERATIONS FOR CHILDREN AND ADOLESCENTS

- Caution with Power and Influence
- Strengthening self-responsibility and self-control
- Wide range of therapeutic methods
- Involvement of the system, especially interpsychic systems such as family, school class, etc.
- Setting the pace

HYPNOSYSTEMATIC METHODS IN RELATION TO FEAR AND ANXIETY

- Fear and panic are often a form of an unhealthy trance
- Practicing in a light trance can be more frequent than in reality
- Mastering coping in a light trance can lead to greater safety and self-efficacy

DEALING WITH ANXIETY

DEALING WITH FEAR, ANXIETY

Before working with hypnotic or other methods:

- Jointly assess how large the proportion of real danger is
- Everything that can be done with reasonable effort should be done to counteract the real danger
- Discuss with children and adolescents what they can do in the event of danger, e.g. what to do in the event of a fire, robbery, burglary, imminent flooding, avalanches, dog bites, etc.

WORKING WITH THE SYMPTOMS

- 1. Working with the symptom --> better control- self-efficacy - self-worth, self-confidence
- 2. Working on the issues behind the symptom, the meaning
- 3. Parallel work on the control of the symptom and the underlying issues

SYSTEMIC METHODS: UNDERLYING ISSUES

Intrapsychic:

- For the individuum: Parts of the person, e.g. personality traits

- interpsychic:

People who are around the person e.g. the family, his colleagues, friends, club, schoolmates

FEAR, HELPLESSNESS TOWARD SELF-EFFICACY

2 hypnotic interventions

- more control over anxiety
- Self- efficacy
- Self-reliance
- self-responsibility

MASTERING A PROBLEM SITUATION WITH THE RESOURCE

In two steps:

1. Building up access to the appropriate resource to the symptom, the fear, usually serenity
2. Applying the resource at the trigger and mastering the situation

FINDING TRIGGERS AND RESOURCES (1)

Here and now:

1. Ask about the problem, the specific situation in which control could not be maintained (e.g. too much fear, anger ...)
2. Find the trigger together. This is usually visual (e.g. facial expression) or acoustic (e.g. tone of voice)
3. Ask for a resource that matches the problem. It should be a small challenge and preferably come from a different area of life. Situation, with the question: what would you like instead?

Trance:

4. Walk through the resource situation to the top and stop, ask for a bodily sensation (Where in the body do you feel it most? What does it feel like?) and an appropriate symbol for it.

Here and now:

5. Practice with open eyes: symbol → body sensation
6. The client is usually instructed to practice this 10 – 15 times before the next session, interspersed with everyday life. This allows the brain to get used to the new track, the healthy feeling

MASTERING A PROBLEM SITUATION WITH THE RESOURCE(2)

Here and now:

1. Ask about a specific situation in the future. It should be similar to the original situation
2. Train again: with open eyes: Symbol → Body sensation
3. Discuss the following trance step
4. Ask about a specific difficult situation in the future. Should be similar to the original situation.

Trance:

5. Run through this future situation up to the trigger, stop, and fetch the symbol of the resource body feeling, reinforce if necessary, continue until conclusion. Sometimes the process has to be repeated. If the resource sensation is not strong enough, make it stronger (e.g. with a rotary switch); if it disappears, stop, get the symbol and add the body sensation

Here and now

6. Discuss for the future: e.g. when triggers are encountered: Stop briefly, Symbol → Body sensation first and then move on

MASTERING A PROBLEM SITUATION WITH THE RESOURCE 1 STEP

Here and now:

1. Identify the problem, symptom, anxiety
2. Find the resource that matches the problem
3. Find the trigger together. This is usually visual
4. Find a concrete situation in which the resource, the serenity, was noticeable

Trance:

4. On the basis of the resource situation find the body feeling (where, how perceptible) and connect it with symbol. Memorize

Here and now:

5. Practice with open eyes: symbol → body sensation
1. Ask about a specific situation in the future. It should be similar to the original situation

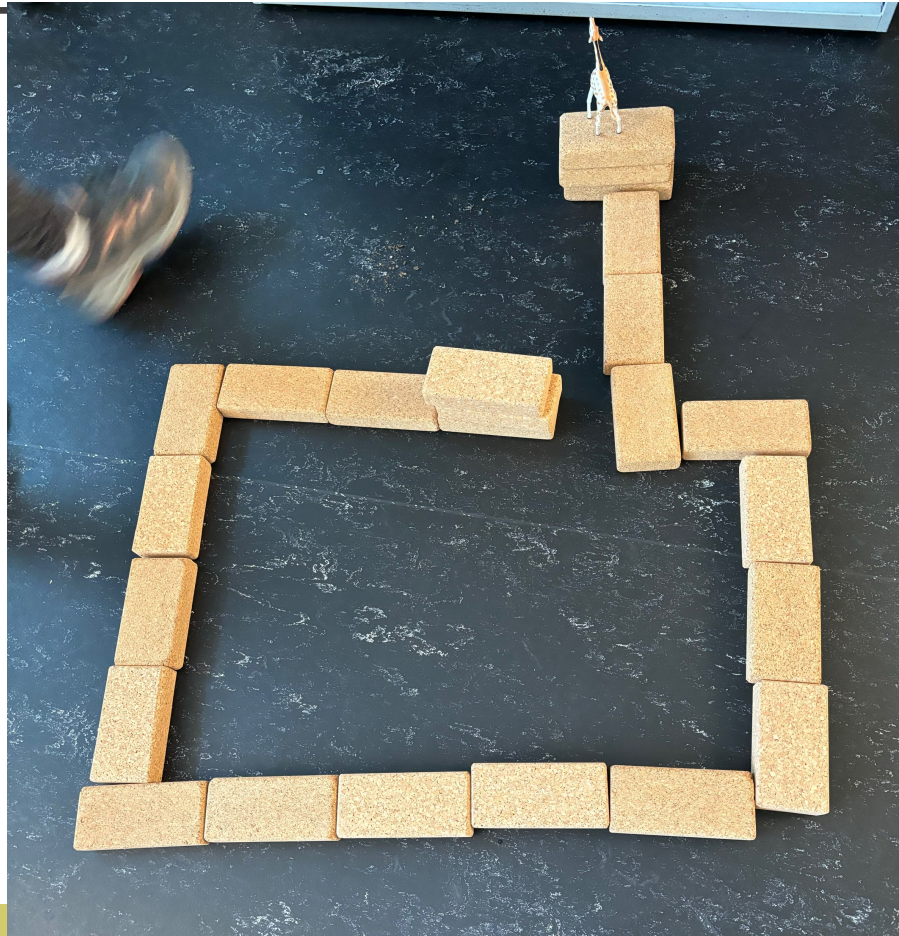
Trance:

5. Run through this future situation up to the trigger, stop, and fetch the symbol of the resource body feeling,

Here and now

6. Disuss for the future: e.g. when triggers are encountered: Stop briefly, Symbol → Body sensation first and then move on

WORKING WITH A 6-YEAR-OLD BOY TO WALK TO SCHOOL INDEPENDENTLY WITHOUT BEING ACCOMPANIED BY HIS MOTHER WITH THE HELP OF THE 2 INTERVENTIONS PRESENTED



TRANSFORMING UNHEALTHY SELF-TALK INTO HEALTHY SELF-TALK

Here and now:

1. Describe the situation, in which unhealthy self-talk occurred
2. List unhealthy phrases, self-talk
3. Find healthy ones to match

Trance:

4. Go to a future situation in which unhealthy self-talk is occurring. Say, as soon as the unhealthy thoughts want to come.
5. Remove any unhealthy thoughts from the body (e.g. with spaghetti tongs). Hear them from the outside as a voice.
6. Make the unhealthy voice softer, weaker (e.g with a rotary switch)
7. Listen to the healthy voice the outside. Say when you hear the healthy voice.
8. Make the healthy voice stronger, louder, clearer
9. Take the healthy voice completely inside you so that you can feel it

Here and now:

10. Is there something to say?

TRANSFORMING UNHEALTHY SELF-TALK INTO HEALTHY SELF-TALK

Here and now:

1. Find healthy thoughts that match the unhealthy ones and are realistic

Trance:

4. Go to a future situation in which unhealthy self-talk is occurring..
5. Remove any **unhealthy** thoughts from the body. Hear them from the outside as a voice.
6. → softer, weaker
7. Listen to the **healthy** voice the outside.
8. → stronger, louder, clearer
9. → inside you so that you can feel it and keep it

Here and now:

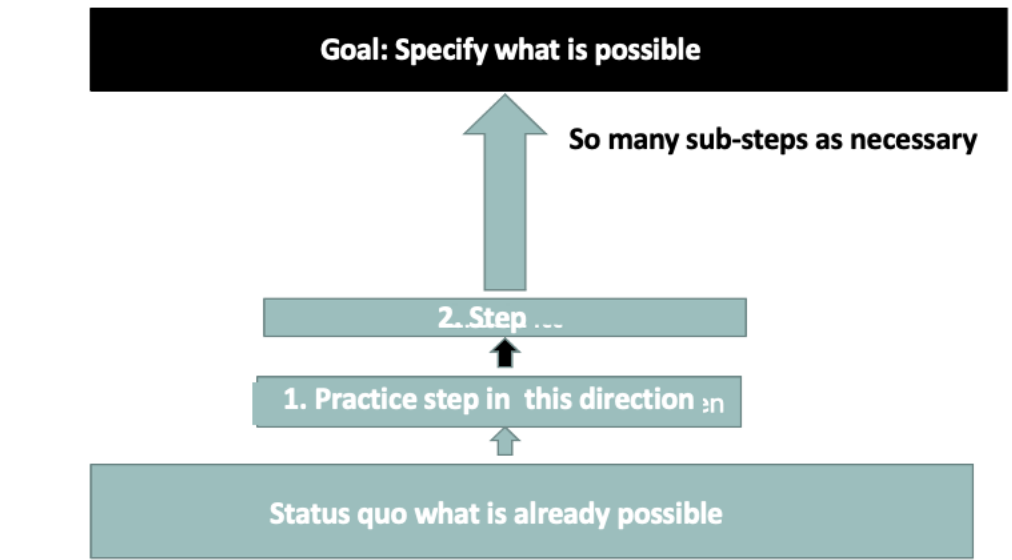
10. Is there something to say?

TREATMENT OF THE SYMPTOM OF ANXIETY

Goal: Be precise and specific

1. Step towards the goal
2. Current Status: what's working, what's not?

TREATMENT FOR ANXIETY



WORKING WITH SYMPTOMS AND THE UNDERLYING ISSUES

Example of how a consultation session can proceed:



- Light blue: Start, ask what went well and what contributed, what didn't go so well, today's topic. At the end summarize what was done today, what to watch out for in the near future, maybe a final flash trance
- Yellow: Practice
- Green: Working on a topic, e.g identity., self-efficacy, life transition, mood,...

DO'S AND DON'TS WITH ANXIETY DISORDERS

Do's

- First think about the **meaning** and function of fear and take precautions to achieve the goal in a healthier way. E.g. praise, reinforcement for autonomy, steps taken.
- Form a **team** with the parents and possibly the teacher
- Adults decide what to do and when to do it
- Then involve the child. If there is a complete lack of **motivation**, sometimes extrinsic motivation (reinforcement through rewards, praise or consequences) must sometimes be used to help
- Together: The adults and the child should set a verifiable, concrete, important, long-term goal (e.g. attend all school lessons, too sleep in one's own bed with the door open).

DO'S AND DON'TS WITH ANXIETY DISORDERS(2)

Do's

- Define small feasible, concrete **steps** and verifiable intermediate goals, e.g. sleeping on the mattress next to mother's bed, then gradually moving the mattress toward the door, then toward one's own room and bed.
- Work out the steps, e.g. in imagination, then in role play, then in reality
- The child must then take the steps **independently**. However, adults can encourage this, e.g. I trust you to be able to do this
- The adults should form a team and work together
- Praise appropriately (not too much, also no exaggerated rewards, otherwise blackmail can occur, such as: I will only sleep in my own bed if I get CHF 20.- for it. The child should praise himself.

DO'S AND DON'TS WITH ANXIETY DISORDERS (3)

Don't's

- The child shows panic, anxiety, tantrums, vomiting, faints even when taking a small step, says I can't and won't take the step. The **parents give in** and don't want to be brutal.
- The parents or teachers are merciful, insecure, feel brutal, maybe they have been blamed by the child and therefore seem insecure. The caregivers make exceptions, show compassion, have the impression that there is a «deeper» fear that needs to be dealt with first.
- Sometimes they demand, sometimes they give in. Then the unwanted behavior is reinforced. This is known as intermittent reinforcement. Caregivers are inconsistent.

DO'S AND DON'TS WITH ANXIETY DISORDERS (4)

Don't's

- An event occurs, e.g. stomach flu, vacation, and there are setbacks. After the event, there is no demand to continue what has been achieved.
- Too many steps are taken and demanded at once, which are not feasible for the child or adolescent in one step.
- The adults, e.g. the parents, disagree, e.g. the father is in favor of the «soft» life, or giving in and the mother wants to go through with the agreed steps. Sometimes one adult stabs the other in the back.

WHAT HELPS?

Statement of a 16-year-old male adolescent

At the beginning 10 years old, strong fears, compulsion, could go to school with difficulty, no excursions, hardly any trips with the family
Recent crisis: Fear of losing something, starting over.

Helps: analyzing the situation. Compulsions: to turn them into thoughts.

He also plays volleyball, reads and works out (strength training)

- Back then: Fears: Fear of the camp, being kidnapped, nuclear attack.
- Main method is **transforming thoughts** and realizing that it is not real, leaving the situation and looking down from above → Reality Check
- Don't let yourself be flooded by unhealthy voices.
- Do it so often and don't give up, fight it off and stay strong until it's gone.
- Has helped with compulsions:
- Mind Shifting, Sleep, Parking and Calm Body Feeling. Sleep is important.
- It helped me to become more independent. I was able to take things into my own hands and fears and compulsions decreased.

WHAT HELPS?

Father says:

- Parental Counseling: how can we do it as a **team** → who has the main responsibility in a given situation? Other parent leaves the field
- When one parent gets tired, the other parent encourages him or her..
- Hang in there, **don't give up**
- **Steps: If one is too big, cut it in half**
- **React quickly** when an incident occurs
- Find out when to allow something and when not to (e.g. leaving the soccer team ...)
- Confidence
- **Knowing they are good parents** versus feeling guilty.

SUMMARY

- Always keep an eye on the **interpsychic** system (family, school...), involve them if possible
- Clients, whether children or adolescents, also work in an **individual setting**, manage their steps.
- Advise the **parents** as well
- Real **protection** comes first
- Understand the **meaning** and function of fear for the individual and the system → **Adapt the steps** and speed of treatment accordingly
- interventions accordingly
- When dealing with significant fears and anxiety proceed gradually and with great caution.
- **Hypnosis**, mental and imaginative methods can be a of great help

THANK YOU VERY MUCH FOR YOUR ATTENTION!

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Scope of the program: 18 course days* in Basel, supervision/self-experience**, case work, literature study and final interview

Length of the program: 2 years (starting September 2024, graduation in August 2026)

Tuition fee: CHF 5,840 (incl. registration and graduation fees)

Plus the cost of individually organized supervision and self-experience training

*It is also possible to attend only the course days. In this case you will receive a certificate of attendance for each course. Binding registration for all 18 course days is required.

**Supervision can be offered on a half-day or hourly basis. If you are interested, please contact Ms. Signer-Fischer melden: susy.signer@unibas.ch

Information und registration: We welcome questions and registrations at wb-kjp@unibas.ch / 061 207 61 00

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Information und registration: We welcome questions and registrations at wb-kjp@unibas.ch / 061 207 61 00

Publikationen

Signer-Fischer, S. (2024). Identität und Kontrolle: Der Weg zu mehr Selbstvertrauen. In H. Ebell & H. Schulball (Hrsg.), *Therapeutische Hypnose. Fallgeschichten aus Medizin und Psychotherapie* (S. 417–425). Carl-Auer.

Signer-Fischer, S. (2022). Schlafhund, Schutzanzug & Co. Hypnosystemische Methoden zur Unterstützung der jugendlichen Entwicklung. Heidelberg: Carl-Auer

Signer-Fischer, S. (2019). Hypnotherapie-effizient und kreativ. Bewährte Rezepte für die tägliche Praxis. Heidelberg: Carl-Auer

Signer-Fischer, S. ; Albermann K. (2016) Angststörungen. Da ist ein Drache unter meinem Bett...). In K. Albermann (Hrsg.), Wenn Kinder aus der Reihe tanzen. Psychische Entwicklungsstörungen von Kindern und Jugendlichen erkennen und behandeln. (S. 40-53). Schweiz: Ringier. Beobachter-Edition.

Self-esteem

Bandura, A. (1977). Self-efficacy: Toward an Unifying Theory of Behavioral Change. *Psychological Review*, 2, 191–215.

Bandura, A. (1995). *Self-efficacy in Changing Societies*. Cambridge: Cambridge University Press.

Baumeister, R. F. (1993). *Self-esteem. The Puzzle of Low Self-regard*. New York/London: Plenum.

Baumeister, R. F., & Vohs, K. D. (2011). *Handbook of self-regulation: research, theory, and applications*. 2nd ed. New York: The Guilford Press.

Blaine, B., & J. Crocker (1993). Self-esteem and Self-serving Biases in Reactions to Positive and Negative Events: An Integrative Review. In R. F. Baumeister (Ed.), *Self-esteem*(pp. 55-86). New York: Plenum.

Bowlby, J. (1975). *Bindung*. München: Klett.

Campell, J. D. (1990). Self-esteem and Clarity of the Self-concept. *Journal of Personality and Social Psychology*, 59 (3), 538–549.

Campell, J. D., & Lavalley, L. F. (1993). Who am I? The Role of Self-concept Confusion in

Self-esteem

Understanding the Behavior of People with Low Self-esteem. In R. F. Baumeister (Ed.), *Self-esteem* (pp. 3-30). New York: Plenum.

Ceppi Cozzio, C. (2020). Medizinische Hypnose. *Pädiatrie*, Nr. 3, 6-10.

Donahue, E. G., Rip, B., & Vallerand, R. J. (2009). When Winnig is Everthing: On Passion, Identity, and Aggression in Sport. *Psychology of Sport and Exercice*, 10, 526 – 534.

Filipp, S. H. (1981). *Kritische Lebensereignisse*. München: U&S Psychologie.

Flammer, A. (1990). *Erfahrung der eigenen Wirksamkeit. Einführung in die Psychologie der Kontrollmeinung*. Bern: Huber.

Gergen, K. J. (1990). Die Konstruktion des Selbst im Zeitalter der Postmoderne. *Psychologische Rundschau*, 41, 191-199.

Gilovich, T., Keltner, D., Chen, S., & Nisbett, R.E. (2019). *Social Psychology* (5th ed.). New York: W. W. Norton & Company

Gopnik, A., Meltzoff, A. & Kuhl, P. (2006). *Forschergeist in Windeln*. Zürich: Piper.

Grob, A. & Jaschinski, U. (2003). *Erwachsen werden*. Berlin: Beltz.

Self-esteem

Härter, H. & Stapf, K. H. (Hrsg.). (1994). *Dorsch Psychologisches Wörterbuch. 12. Auflage.* Bern: Huber.

Heckhausen, J. & Heckhausen, H. (2006). *Motivation und Handeln.* Berlin: Springer.

Henderlong Corpus, J., & Lepper, M. R. (2007). The Effects of Person Versus Performance Praise on

Children's Motivation: Gender and age as moderating factors. *Educational Psychology, 27(4),*

487

508. <https://doi.org/10.1080/01443410601159852>

Hobart Mowrer, O.: Learning theory and behavior. John Wiley & Sons, Hoboken 1960, S. 555.

Kahl, T., Grob, A. & Möhring, W. (2021). Does emotion regulation compensate deficits in various executive functions in children's and adolescents' mathematical achievement? *Learning and individual differences, 89, 102034*

Kegan, R. (1986). *Die Entwicklungsstufen des Selbst.* München: Kindt.

Kernis, M. H. (1993). The Roles of Stability and Level of Self-esteem in Psychological

Self-esteem

Functioning. In R. F. Baumeister (Ed.), *Self-esteem* (pp. 167-182). New York: Plenum.

Kernis, M. H., Grannemann, B.D., L. C. Barclay (1992). Stability of Self-esteem: Assessment, Correlates, and Excuse Making. *Journal of Personality*, 60, 621–643.

Kohlberg, L. (1996). Die Psychologie der Moralentwicklung. Frankfurt a. M.: Suhrkamp.

Markus, H. (1977). Self-schemata and Processing Information about the Self. *Journal of Personality and Social Psychology*, 35, 63–78.

Markus, H. R., & Kitayama, S. (1994). The Cultural Construction of Self and Emotion: Implications for

Social Behavior. In S. Kitayama & H. R. Markus (Eds.), *Emotion and culture: Empirical studies of mutual influence* (pp. 89-130). Washington, DC: American Psychological Association Press.

McRae, K. (2020). Emotion Regulation. *American Psychological Association*, 20 (1), 1-9

Metzmacher, B. (2002). *Viele Seelen wohnen doch in meiner Brust. Identitätsarbeit in der Psychotherapie mit Jugendlichen*. (Berufsverband der Kinder- und Jugendlichenpsychotherapeuten)

Self-esteem

Mischel, W. (2014). *The Marshmallow Test: Mastering Self-Control*. Barnes and Noble.

Morschitzky, H.: *Angststörungen: Diagnostik, Erklärungsmodelle, Therapie und Selbsthilfe bei krankhafter Angst*. Springer-Verlag, 2013, ISBN 978-3-7091-3729-1,

Nuber, U. (2011). *Leben mit der dicken Haut*. *Psychologie Heute*, Vol. 07, 1-11.

Liechti, J. (2009). *Dann komm ich halt, sag aber nichts. Motivierung Jugendlicher in Therapie und Beratung*. Heidelberg: Auer.

Oerter, R. & Montada, L. (2002). *Entwicklungspsychologie*. Berlin: Beltz.

Otto, A. (2020). *Die Macht des Selbstbilds. Ich über mich*. *Psychologie Heute*, 47 (10), 17-25.

Pelham, B. W. (1993). *On the Highly Positive Thoughts of the Highly Depressed*. In R. F. Baumeister (Ed.), *Self-esteem* (pp. 183-200). New York: Plenum.

Piaget, J. (1988). *Das Weltbild des Kindes*. München/Stuttgart: Klett.

Resch, F. (1994). *Magisches Denken und Selbstentwicklung*. *Praxis Kinderpsychologie Kinderpsychiatrie*, 43, 152–156.

Richter, H. E. (1992). *Umgang mit Angst*. Hamburg: Psychosozial.

Self-esteem

Roberts, J. E., & Monroe, S. M. (1992). Vulnerable Self-esteem and Depressive Symptoms: Prospective Findings Comparing three Alternative Conceptualisations. *Journal of Personality and Social Psychology*, 62 (5), 804–812.

Rollett, B. & Werneck, H. (2002). *Klinische Entwicklungspsychologie der Familie*. Berlin: Hogrefe.

Rosen, S. (1988). What Makes Ericksonian Therapy So Effective? In J.K. Zeig & S. R. Lankton (Eds.), *Developing Ericksonian Therapy* (pp 5–21). New York: Brunner & Mazel.

Schmidt-Traub S. (2013) Zum Verständnis von Angst. In: *Angst bewältigen*. Springer, Berlin, Heidelberg.

Swann, W. B., Griffin, J. J., Predmore, S. C., & Gaines, B. (1987). The Cognitive-affective Crossfire: When Self-consistency Confronts Self-enhancement. *Journal of Personality and Social Psychology*, 52, 881–889.

Szasz, P. L., Szentagotai A. & Hofmann, S. G. (2011). The Effect of Emotion Regulation strategies on anger. *Behaviour research and Therapy*, 49, 114-119

Self-esteem

Taylor, S. E. (1991). Asymmetrical Effects of Positive and Negative Events: The Mobilisation-minimization Hypothesis. *Psychological Bulletin*, 110 (1), 67–85.

Thompson, C. P. (1985). Memory for Unique Personal Events: Some Implications of Self-schema. *Human Learning*, 4, 267–280.

Tiago V. Maia: Two-factor theory, the actor-critic model, and conditioned avoidance. In: *Learning & Behavior*. Februar 2010, Volume 38, Issue 1, S. 50–67.

Tubman, G. T. & Windle, M. (1995). Continuity of Difficult Temperament in Adolescence: Relations with Depression, Life Events, Family Support, and Substance Use Across a One-Year Period. *Plenum Publishing Corporation* (pp 133–153).

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