The International Association
of Counselors and Therapists
8852 SR 3001, Laceyville, PA 18623 U.S.A.

Professional Hypnotherapy
Certification Seminar

Official Training Manual
Part 2 / Advanced

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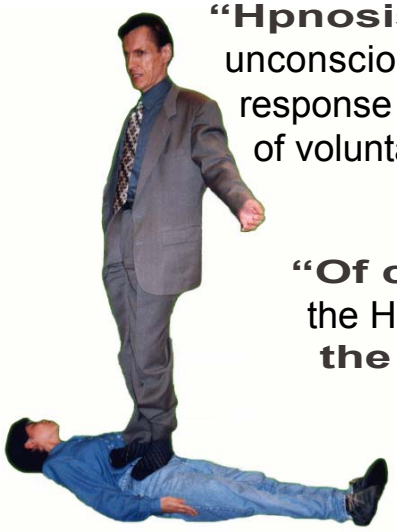
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NOTE:

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"Hpnosis is the process of communication with the unconscious mind recognizable by the presence of unconscious response to suggestion, such response being characterized by lack of voluntary initiation." (Barnett 1979)

"Of course it was not I who cured," said Black Elk, the Holy Man of the Oglala Sioux. **"It is the power from the other world, and the visions and ceremonies had only made me like a hole through which the power could come to the two-legged. If I thought that I was doing it myself, the hole would close up and no power would come through."**

Three Major Styles for Evoking or Inducing the Trance State (Spiegel 1978)

1. **Fear.** One can be frightened into a trance state by the use of fear and coercion.
2. **Seduction.** Under appropriate conditions a person can be seduced into a trance state. This can be sexual, nonsexual, or a combination of both.
3. **Instruction and/or Guidance.** A person can simply be guided or instructed into a trance state.

Six categories of experiences by subjects (Weitzenhoffer, 1980)

1. **Autonomy:** The hands are experienced as moving by themselves or are "wanting" to move (as if they had a will of their own)
2. **Compulsion:** The subject unsuccessfully tried to prevent the hands from moving, felt "compelled" to move his/her hands, hands seemed compelled, i.e., "were forced" to move.
3. **Unawareness:** The subject is unaware that his hands moved.
4. **Attraction or Force:** Hands felt drawn or pushed together by a physical force, hands felt "like magnets" being drawn together.
5. **Externalized control:** Hands felt like objects moved by some external agents (but no force experienced).
6. **Involuntary-automatic:** The subject used the words "involuntary" or "automatic" in describing his/her experiences.

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Beliefs About Hypnosis.....

Franz Anton Mesmer (1748) held that hypnosis or mesmerism was due to a magnetic force called “animal magnetism,” Which emanated from the body of the hypnotizer and affected the subject.
Animal magnetism was, of course, discredited in Mesmer’s time.

Jean-Martin Charcot (1889) considered hypnosis to be a symptom of hysteria. Theory was discredited by the fact that normal individuals are readily hypnotizable.

Pierre Janet (1920) believed that hypnosis abolished volition and left only a reflex-like type of behavior which was dissociated from consciousness. This theory was discredited when it was demonstrated that there was hyper-acuity of all of the senses during hypnosis, that amnesias could be removed by suggestions of the hypnotic operator and that amnesia would not always occur spontaneously.

Sigmund Freud (1922) compared hypnosis to being in love. He said that the hypnotic relation is the devotion of someone in love to an unlimited degree but with sexual satisfaction excluded.

Clark L.Hull (1933) based his theory of hypnosis primarily on two interrelated postulates: (1) hypnotic suggestibility is a habit phenomenon; and (2) the most important characteristic of a habit phenomenon is that it is facilitated by practice.

Lewis Wolberg (1948) held that hypnotic phenomena are due to a psychosomatic reaction consisting of a reciprocal and dynamic interaction of physiological and psychological factors. He regarded that hypnosis is both physiological and psychological in character.

Theodore Sarbin (1950) contended that the hypnotized subject strives to take the role of the hypnotized person, that there’s a similarity between role taking in drama and in hypnosis. Success in both mediums depends on: (1) the accuracy of the actor’s perception of the role demands; (2) the motivation to perform; and (3) skill or aptitude in role enactment.

André Weitzenhoffer (1953) contended that the voice of the hypnotic operator becomes an extension of the hypnotic subject’s psychic processes, resulting in a large variety of perceptual alterations.

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Beliefs About Hypnosis Continued.....

Ivan Pavlov (1957) believed that hypnosis was a partial sleep and compared hypnosis with the tonic immobilization in animals. Modern research has demonstrated that hypnosis has the psychological indices of the conscious state.

Theodore X. Barber (1957) believed that successful suggestibility does not depend upon a formal hypnotic induction procedure nor achievement of the so-called hypnosis state, but rather upon the careful selection of people who possess a natural suggestibility, whether in hypnosis or the normal walking state. He stated, "The good subject accepts the hypnotist's words as true statements, he 'perceives' and conceives reality as the operator defines it."

William James contended that the effects of suggestibility are the result of ideomotor actions and inhibition, and that suggestibility is merely an experience of imagining that which is actualized through ideomotor activities.
This time-worn theory gives no adequate explanation for the highly complicated psychological reactions characteristic of the hypnotic state.

William Kroger (1956) held that hypnotic behavior is an atavism that at one time may have been necessary in humans as a protective defense mechanism to ward off fear or danger.

Sydney James Van Pelt (1958) held that hypnosis is a super-concentration of the mind, a concentrating of the various mental activities into a single ray.

M.K. Muftic (1959) contended that hypnosis is due to psychokinetic field forces involving cortical areas through extrasensory perceptions in a manner similar to oscillating electromagnetic fields.

Ainslie Meares (1960) stated that hypnosis is a return to a more primitive form of mental functioning in which suggestion plays a major role.

Dave Elman (1964) held that hypnosis is simply a state of mind in which that part of the mind which passes judgment is bypassed and in which an idea is accepted wholeheartedly.

Myron Teitelbaum (1965) held that hypnosis is a state whereby consciousness remains but suggestions reach through consciousness to the subconscious mind. This dual existence results in the greater awareness and increased suggestibility of the mind.

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Useful Definitions of Hypnosis.....

"Hypnosis is essentially a psycho-physiological state of aroused, attentive, receptive focal concentration with a corresponding diminution in peripheral awareness" (Spiegel & Spiegel 1978).

"Hypnosis is not sleep. Whatever sleep is, hypnosis is not ....to put it succinctly, hypnosis is an altered state of attention which approaches peak concentration capacity." -Herbert Spiegel, M.D.

"Actually, the hypnotic state, like the conscious state and the sleeping state, is extremely complex and involves so many physiological, psychological, and interpersonal factors that no one theory has yet been able to account for all the intricate operations that take place within its range." -Lewis R. Wolberg, M.D.

"Hypnotism is simply exaggerated suggestibility." -George H. Estabrooks

"Hypnosis is a state of intensified attention and receptiveness, and an increased responsiveness to an idea or to a set of ideas." -Milton H. Erickson

"Hypnosis is largely a question of your willingness to be receptive and responsive to ideas, and to allow these ideas to act upon you without interference. These ideas we call suggestions." -Andre M. Weitzenhoffer and Ernest R. Hilgard

"Hypnosis is a consent state of physiological relaxation where the subject allows the critical censor of the mind to be bypassed to a greater, or lesser, degree ...we could even go so far as to say that hypnosis is preventive psychological medicine." -Peter Blythe

"It is recognized that there is no generally accepted definition of hypnosis, though considerable consensus exists at a descriptive level." -Martin T. Orne

"Hypnosis is an emotionalized desire to satisfy the suggested behavior." -Gil Boyne

"Hypnosis is an escape mechanism caused by focus or distraction, interest or boredom, joy or sadness. It is this escape into inner self that creates power or debility." -George Bien

"When thinking moves towards feeling, hypnosis is sure to follow." -George Bien

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Hypnotic Action Techniques and the Pre-Induction Interview

"You can look at disease as a form of disharmony....."
–Mitchell Gaynor, M.D. ("Sounds of Healing")



The first session is the most important session of the entire therapy. Most therapists lose at least 50% of their clients after the first session. Let clients know that you understand them and their problems. The purpose of the pre-induction interview is to establish rapport, allay fears, build mental expectancy, and gather information on the client. The primary role of the hypnotherapist in the **Therapeutic Alliance is** to control and direct the course of the therapy as responsibly and efficiently as possible. There are four **aspects** participating in this alliance: the **conscious aspect** of the client, the psyche of the client, and the **conscious aspect** and **psyche** of the **hypnotherapist** who, like an attorney, must ask pertinent questions and provide logical arguments to settle the differences between the antagonists.

The Intake Interview should include the following: 1) **the Client's age**; 2) **Marital status**: 3) **Children and/ or pregnancies**, 4) **Parents** - living or dead, together or separated, natural or adopted; 5) **Siblings** - living or dead, half-brothers and/or half sisters; 6) **Occupation** of the client, occupation of the mate; 7) **Hobbies** of the client, hobbies of the mate; and 8) the **Presenting Problem**.

When discussing the problem with the client, use the **Blame Frame**. Ask the client: "What is the problem? How long have you had this problem? How does this problem limit you? What does it stop you from doing that you want to do? Whose fault is it that you have this problem? When was the worst time that you experienced this problem?

Convert the problem utilizing the **Outcome Frame**. Ask the client What do you want? When do you want it? How will you know that you have what you want? When you get what you want, what else in your life will improve? What resources do you have available to help you with this? What are you going to begin doing right now to get what you want?

Make sure that you set realistic goals for your client. These are to be meaningful and achievable. Never promise unrealistic results in terms of time or achievement.

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Initial Hypno-Therapeutic Procedures

Listen to the client's choice of words and tone of voice during the interview. Watch for expressions, both verbal and non-verbal, that may provide clues to the client's primary learning system. When formulating therapeutic suggestions, consideration should be given to the client's primary mode of communication - **Visual, Auditory and Kinesthetic.** Check for anchors ("At what times is this a problem?"). Use rapport-building techniques including **pacing and leading. Discuss** appropriate imagery and preferred method of induction. The therapeutic objective should include the client's expectations, beliefs and desired results of hypnotherapy. The prognosis for therapeutic results follows the principles of the **"Law of Self-Fulfilling Prophecy."**
Never tell a client that he or she is resisting. Use the words **"inhibition on response."** Say, ***"Hypnosis helps a person break down inhibitions that may be holding them back in life."***

Pre-Hypnotic Verbal Reframe

One of the best uses of the pre-induction talk (other than for building hypnotic rapport, testing suggestibility, and utilizing disguised hypnosis) is to reframe the "context," the "process," and/or the "structure" of the client's past/present situation. **If the client describes what he/she considers to be an undesirable behavior, you can say, *"What if you acted this way while _____?" "I just wonder what might happen if you acted in the exact opposite manner? "Hmmm, could you teach me to feel this way?" "Would you feel better or worse if you simply left out the first part (middle part/last part) of your behavior?***

Another use of the pre-talk is to make the client aware of possibilities. ***"I'm not asking you if you can do this..... I'm simply asking if it is possible..... is it within the realm of possibility?" "What's stopping you now?***

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More on Reframing:

A person's model of the world evolves as a result of three universal human modeling processes: generalizations, deletions and distortions.
Reframing is a powerful persuasive tool. Changing the way in which a person perceives events can change the meaning the person associates with the events.

By definition, **to "reframe" means to change the conceptual, or emotional setting of some event or thing or to place it in another frame that fits the facts of the same concrete situation equally well or even better.** Its entire meaning is changed or reframed as a result.

Another way to view refraining is as thinking about things in a different way; re-labeling and redefining behavior, or finding the **"positive connotation"** of a behavior or situation.
In a therapeutic context, it is often useful to redefine certain behaviors. For example, withdrawal can be seen as "taking care of oneself." Passivity can be relabeled as a way to "accept things as they are." Insensitivity can be redefined as a way to "protect oneself from hurt." These are all examples of "Content" reframes.



Other examples of refraining that shift the meaning of the facts:
In marriage, the parents of the bride announce they are not "losing a daughter, but gaining a son."
The pessimist sees the glass as half empty; the optimist sees the glass as half full.
The shift from "live to eat" to "eat to live" gives a new and different meaning to a person who is on a weight reduction program.

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Reframing

Two Types of Reframing

1. **Context Reframing** involves finding a new context where the experience could be useful.
2. **Content Reframing** involves giving the experience (or behavior) new meaning. Instead of A meaning B, A means C, and that's better. "You were late from work. I don't think you love me". "The reason I got home late from the office is not that I don't love you, it's because I wanted to spend the little extra time at work, so that when I got home, I could be totally with you.".

How Reframing Works

- Meaning works in powerful ways.
- If in Framing, we create a mental context by which to think about something, then in Reframing, we attach to it a new meaning.
- This leads to a new response, a new experience and a new behavior.

A **Content Reframe** exists when the "content" is left the same and another meaning is put around it. The strategy for development of a content reframe is:

1. Ask yourself:
    a) Are there other aspects of this situation that are not apparent to the client that could provide a different meaning?
    c) What else could this behavior mean?
    d) How else might I describe this same situation?
2. Think of the reframe
3. State the reframe congruently and observe the client's sensory based nonverbal behavior.

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A **Context Reframe** leaves the "meaning" of an experience the same and shows how it is a proper response in another context. To develop a Content Reframe:

Listen for and evaluate meaning of the description/behavior.

1. Ask yourself: "In what context would this particular behavior be of value?", and think of different situations until you find one that changes the evaluation of the behavior.
2. Think of the reframe
3. State the reframe congruently and observe the client's sensory based nonverbal behavior.

Context Reframing

- Where would this be really useful and valuable?

Anytime you experience another person's behavior and you are puzzled by it, it says two things:

1. The majority of the person's mental context is internal to them and you are not aware of the other person's frames.
2. It may also mean that you are too locked into your own beliefs, ideologies (organized collections of ideas), values and mental impressions to be able to appreciate what frames the other person is operating from. You are locked into state dependency.

Simple Examples . . .

Content Reframe: You have a label on a picture, take it off, and put another label on it.

Context Reframe: Take the picture and put it in a different context. A puppy can be cute, but put it in a lion's den, and it might not be so cute.

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The Essence of therapeutic Suggestion

Effective suggestion is "the subconscious realization of an idea." Any thought, belief, mental impression, or image can act as a self-suggestion affecting perception, mood, and behavior.

Basic Teachings of the New School at Nancy...

1. It is not will (left-hemispheric functioning) that produces change but imagination (right-hemispheric activity).
2. The "law of reverse effect" states that conscious effort of the will is useless as long as the imagination is adverse to that effort.
3. Hetero-suggestions work only when they echo what the individuals are suggesting to themselves in truth.
4. Self-suggestion operates at the level of non-conscious thinking or what we would now understand as experiential, right-hemispheric thinking.

Baudouin (1922) described three types of suggestion:

1. Spontaneous
2. Induced
3. Reflective

Two elements are essential in all three categories...

1. An idea, mental representation, or image accepted by the subject – usually uncritically.
2. The "transformation" of it into some change, physical or mental, in the subject. "The idea takes on flesh," to echo a Biblical statement, but through a subconscious process.

Keys to Effective Suggestions

1. Use only **positive words.**
2. Use the **present tense** or present progressive.
3. Be as **specific** and detailed as possible.
4. Use universal and personal **metaphoric images.**
5. Use very simple, exciting, and **emotional words.**
6. **Personalize** the words.
7. Be **repetitive**.

(More info on Keys to Effective Suggestions, refer to WkBk 1, pages 15-16)

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Hints and Suggestions Regarding Hypnotic Inductions

1. **Be clear and specific** during the induction. Many failures are often due to the subject's inability to understand the full meaning of the operator's instructions.

2. **It's helpful to tell the subject** that as he/she follows simple suggestions such as looking at a point of fascination, counting, feeling, thinking, or imagining a heaviness or lightness in the arms or legs, he/she will be able to follow suggestions such as gaining more confidence, increasing self-esteem, feeling more positive, breaking down inhibitions, etc.

3. **It's often effective to tell subjects** that you cannot force them into hypnosis since all hypnosis is self-hypnosis, but if they follow your simple ABC suggestions, they will experience a nice, pleasant state of relaxation.
4. Use monotonous, repetitive stressing of key words such as "heavy" and "relaxed," since this increases relaxation.

5. **Sequentially build up** ideosensory and ideomotor responses since they limit voluntary movements and are conducive to hypnotic relaxation.

6. **Reinforce** a psychological suggestion (ideosensory) with a physiological effect (ideomotor), since this facilitates acceptance of suggestions. A master hypnotic real estate agent can make his/her prospect see a vivid image of himself/herself (ideosensory) enjoying the benefits of living in a home or apartment. A master hypnotist can tie the movements of a client's hand with their involuntary breathing (ideomotor).

Covering All Possibilities Of Responses

"Soon you will find a finger or a thumb moving a bit, perhaps by itself. It can move up or down, to the side or press down. It can be slow or quick or perhaps not move at all. The really important thing is to sense fully whatever feelings develop."

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About Speed Inductions . . .

There are no magical techniques or tricks that will produce instantaneous hypnosis or even ensure a successful induction in every case.
Legendary hypnotist, Charles Tebbetts, would often say, **"Want to be hypnotized, expect to be hypnotized, you WILL be hypnotized!"**

Hypnosis can be considered to be present whenever any evidence of unconscious communication is obtained and any unconscious attention secured. By this definition, in effect, **the induction of hypnosis is always rapid and in fact is probably instantaneous.**

David Elman (1964) in his writings, **repeatedly emphasized a rapid entry into hypnosis and taught it as the most efficient means of inducing hypnosis.**
He believed that hypnosis occurred when the critical faculty of the conscious mind was bypassed and communication with the unconscious mind (which he called **"selective thinking"**) was established.

The Elman Two-Finger Eye-Closure Method

Say to the client: ***"I would like to show you how you can use relaxation to your advantage so that nothing we do or say here will bother you at all, and you can remain comfortable the whole time……Just lean back in the chair and make yourself comfortable……..Now take a long, deep breath and, as you let it out, let go of all of the surface tension and feel relaxed……..That's right. See how much better that makes you feel……When you take another deep breath, you will feel twice as relaxed as you are right now……All right, now take another deep breath and open you eyes wide……Now, let me pull your eyelids shut……..Relax the muscles under my fingers so that your eyes stay closed……Now, as I take my fingers away, relax those eye muscles to the point where they just won't work……..When you are sure that those eye muscles just will not work, test them to make sure that they just won't work……..Test them hard, that's right……..Now, let that relaxation spread from your eyes right down to your toes. You will be so relaxed all over that when I lift your hand and let it drop it will be so limp and heavy that it will drop with a plop……Just let it drop with a plop and you are now more relaxed than you have ever been……..That's right. Now so long as you keep that relaxation in your eye muscles so that they just won't work and spread it all the way down to your toes, nothing we do here will bother or disturb you at all."***

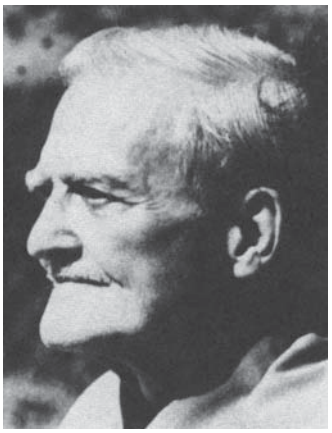
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Some thoughts about resistance...

A main part of Dr. Milton Erickson's effectiveness was his ability to avoid resistance, rather than worry about dealing with it — although he was an expert in that, as well.
Erickson skirted resistance by a technique called "conversational postulates".

A "command", whether in or out of trance, has a tendency to arouse a feeling of indignation. Even subjects who are highly motivated, eager for hypnosis and excellent candidate in every way, may experience fighting to some degree. At least, there mightl be confusion, and at the most, resistance.
The "conversational postulate" often avoids this kind of reaction. Basically, it is a question with an enclosed description of the desired behavior, stated or implied and delivered in a conversational tone, that can be answered either "yes" or "no".

"I wonder if you can sit back comfortably in the chair."
"Can you close your eyes?"
"Are you able to feel deeply relaxed?"
"Are your hands resting comfortably in your lap?"
"Is it possible for you to look at me?"
"Would you like to do this process now?



Milton Erickson, M.D.

The effect of this kind of suggestion is to bypass any resistance and allow subject to respond or not, as he/she wishes. The subject is not challenged, lowering the possibility of failure since he has not been "ordered" to do anything.

This helps you in several ways:
You can structure these postulates so as to elicit observable behavior that enables you to follow your subject's response progress.
The subject's comply to the implied command helps him/her "learn" to accept more and more complex suggestions. And you avoid having to use elaborate methods to combat resistance.

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More Induction Facilitators

Questions During Hand Levitation (in the style of Milton Erickson)



1) ***"Can you feel comfortable just sitting there looking at me? That's right, and simply breathing even more slowly and rhythmically?"***
2) ***"Are you willing to allow your hands to rest gently on your thighs?"***
3) ***"That's right. As they rest ever so lightly, do you notice how they tend to feel more and more relaxed with each and every breath that you inhale?"***
4) ***"Is your breathing remaining consistent or actually slowing down with every passing second and minute?"***
5) ***"That's right. And as your hands rest ever so lightly, do you notice how one or the other tends to lift up a bit all by itself with each breath you take?"***
6) ***"And does that hand begin to lift even more lightly and easily by itself as the rest of your body relaxes more and more?"***
7) ***"That's right. And is the lifting of that hand done with slight little jerking movements, or does the lifting become smoother as that hand continues moving upward towards your face?"***
8) ***"And, as that hand approaches your face, does it move more quickly or more slowly? Or does it pause momentarily before it finally touches your face so that you can fully understand that you are going deeper into hypnosis? And will that hand touch your face in the time you expected it to do so, or ever sooner?"***
9) ***"That's right. And do you wonder just how much more deeply you will go and just how wonderfully receptive to transformational suggestion you will be when you have skin contact? Will your body automatically take a deeper breath when that hand touches your face as you really relax and experience yourself going deeper?"***
10) ***"That's right. Will you even care about how long the process took when you notice that you hand has comfortably fallen back in your lap, and you go even deeper?"***

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Hypnotic Inductions

B.J. Hartman Induction Through Visual Imagery

While the client is still in the waking state, say the following: ***"What I am going to have you do is close your eyes and visualize or imagine some things, and when you do, let me know that you have done so by nodding your head. If you understand what I mean, please nod your head now. Good . . . . Excellent. I want you to visualize or imagine a house . . . . That's right . . . . Now, a tree . . . . good, very good. Now I'd like you to imagine a person . . . . That's right, and now an animal . . . . Good."*** After the client imagines each suggested picture, begin chunking it down (type of house; type of tree; type of person; type of animal). Continue this until the client is able to imagine or visualize a number of suggested objects. When the client successfully creates the suggested images, say to the client: ***"That's good. Now just keep your eyes closed, and in your mind's eye, see yourself as you are here, sitting in the recliner (chair, etc.), except for one thing—the image of yourself has his/her eyes open . . . . If you understand what I mean, just nod your head . . . . . Good."***

"My comments now will NOT be directed towards you. Rather, they will be directed to the image of you in your mind's eye. I want you to see that image of you with his/her eyes open, staring out into space…… Staring so much that your image of you has a desire to close his/her eyes. Eyes tiring…....oh so heavy….oh so drowsy……..oh so sleepy……. The image of you just wanting to close those eyes……feeling so good…….yet so…… drowsy……..so droopy……..so sleepy……. Now, just let me know by nodding your head, when that inner image of you closes his/her eyes. Eyelids……..so heavy……..so drowsy……..so droopy …….so sleepy. (Gauge your suggestions based on your calibration). ***Good…..now just go deeper into hypnotic sleep."***



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Verbal Involvement Induction

Have the subject extend his/her left or right arm and have him/her take the pulse with the index and middle fingers of the other hand. While the subject is staring at these fingers, have the subject repeat these words after you say them. ***"I will now go into the state of hypnosis for reasons of deep relaxation, a more positive attitude and better self-control . . . . I will count from seven down to zero, and with each number that I count down, my eyelids become heavier and heavier, and I become more and more relaxed . . . . And on or before the time I reach zero, I will go into deep hypnotic relaxation. Seven . . . . I begin to feel my breathing growing deeper, more gentle and rhythmic . . . . Six . . . . I feel my eyelids growing heavier and heavier and I can feel my feet on the floor . . . . Five . . . . Every muscle and nerve in my body is relaxing and my arm is getting heavier and heavier . . . . Four . . . . My eyelids are getting heavier and heavier and sleepier and sleepier. Three . . . . My arms, legs, my entire body is becoming more and more relaxed . . . . Two . . . . My arm is getting heavier and heavier and I'm going deeper into relaxation . . . . One . . . . My breathing is becoming more and more rhythmic, and my eyelids grow even heavier . . . . Zero . . . . Deep Sleep!"*** Touch the subject's forehead, shoulder or hand, while saying the words, **"Deep Sleep!"** Note: Many subjects have trouble continuing with the words. When the subject cannot say the words anymore, quickly count down the remaining numbers, and while touching the subject's forehead, shoulder or hand, say, **"Deep Sleep!"**

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Physical Induction

This induction is perfect for clients who have trouble letting go. Explain to the client that before you do any formal hypnosis, you want to help him/her relax. Explain that you will go behind them and rotate their body. Make sure that you get their permission to do this. Also, ask if the client has any physical challenge with this type of a maneuver.

When all is OK, say to the client: ***"What I would like you to do is to look at my thumb nail."*** (Hold your thumb in front of the subject's eyes and gradually raise you hand). ***"Just follow my hand with your eyes and as they move up into your head..... just allow them to close....."*** Get behind the client and say, ***"Now I'm going to place my hands on your shoulders and rotate your body and as I do, just allow every muscle and nerve to grow loose and limp..... Don't help me..... Just let me do the work..... Just let your body relax and let go..... I'm going to count from five down to the number one and as I do..... let your body relax more with every count.. . . "Five . . ,"*** (Press both of your thumbs on the subject's second vertebra and push the subject forward slightly with each number that you count, constantly giving suggestions for relaxation and depth, then pull the subject back up.). ***"Four . . ."*** (Push the subject slightly forward again, constantly giving suggestions for relaxation and depth, then pull the subject back up again.).***"Three. . ."*** (Push the subject slightly forward again, constantly giving suggestions for relaxation and depth, then pull the subject back up again.) ***"Two . . ."*** (Push the subject slightly forward again, constantly giving suggestions for relaxation and depth, then pull the subject back up again.) ***"One . . ."*** (Push the subject slightly forward again, constantly giving suggestions for relaxation and depth, then pull the subject back up again.)***"I will not let you fall..... Allow yourself to feel safe and secure..... Now I'm going to gently pull you to your right side*** (at this point, move to the subject's right side so that you can brace his/her body) ***and, as I lift and drop your right arm, just allow it to fall limply to your side just like a piece of over-cooked spaghetti."*** (Keep repeating this process until the subject relaxes his/her arm, then move to the subject's left side and do the same with the left arm). ***"Just let your arm drop..... So heavy..... just let it drop..... So relaxed..... Just let it drop..... Now, as I pull your body to the right side, you'll feel very safe and secure."*** (Using your body as a brace, pull the subject's body once again to the right side). ***"You will not fall. ..... Feel safer and more and more secure."*** (Give a signal for self-hypnosis utilizing an anchoring technique). ***"Anytime that you want to get to this place again..... all you have to do is to raise your right index finger and let it fall..... and you go right back even deeper into relaxation..... And, each and every time that you do this..... it happens much more easily and much more quickly than the previous time..... You will only allow this to happen in a safe and secure place."***

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Induction Utilizing Loss of Equilibrium

"Now, I'm going to place my left hand on your shoulder and, as I rock you back and forth and from side to side, I just want you to relax..... I'm going to pick up your left hand..... and as I release it..... just allow it to drop to your side like a piece of over-cooked spaghetti." (Repeat this step as many times as necessary for the client to relax the hand/arm). ***"Just allow your left arm to swing as I drop it.....That's good.....That's excellent .....Now I'm going to reverse my position and I'm going to pick up your right hand.....and as I release it .....just allow your right arm to drop and swing just like a rag doll."*** (Repeat if necessary). ***"Now I'm going to place my left hand on your shoulder and rock you gently back and forth again..... Just remain passive and do not move, speak, or nod your head..... You are about to experience an extremely wonderful and relaxing sensation..... Your ability to enter hypnotic relaxation depends on your ability to concentrate on the little fingernail of my right hand. Concentrate your entire attention on my fingernail and don't let your eyes leave it for a moment."*** (Hold your right hand approximately six inches above and away from the subject's eyes). ***"In order to relax your entire body..... I want you to take three long and deep breaths..... each longer and deeper than the previous one. Now, I'm going to count from five down to the number one..... and on or before I reach the number one, you will go into deep hypnotic relaxation..... Keep staring at my fingernail as though nothing else existed for you..... Number Five..... eyelids heavy, drowsy, droopy and sleepy..... Number Four..... heavier..... drowsier..... droopier..... and sleepier..... Three..... keep staring at my fingernail and your eyelids become ready to close..... so heavy..... so drowsy..... so droopy so sleepy..... Two..... They're closing, closing, closing, closing, closing, closing, closing, closing, closing, closing, close 'em, close 'em, close 'em, close 'em, close 'em, close 'em and..... One - Sleep!"*** (Before you say the words **"One - Sleep!,"** take your left hand off the subject's shoulder and grasp him/her by the back of the neck, pulling forward so that the subject's forehead rests on your shoulder. The word **"Sleep!"** should be shouted while the subject is experiencing a loss of equilibrium).

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Seated Speed Induction

Sit side to side with the subject - on their right side - holding his/her right hand with your left hand. The hands are reversed if you sit on their left side. ***"What I would like you to do is to take a deep breath and focus your attention right here on my right eye*** (point to your right eye with your right index finger. This would be reversed if you are sitting on their left side). ***I'm going to count form 5 down to the number 1 and with each number that I count down, your eyelids grow heavy ……. drowsy …… droopy ……. and sleepy ..... and on or before the time I reach the number 1, they just..... close right down and you go into a state of wonderful hypnotic relaxation…… Number 5 ……. eyelids getting heavy ……. drowsy…… droopy and sleepy. Number 4…….. the next time they blink that's hypnosis coming on you then…….. Number 3……. heavier and heavier……. just like watching a late night TV show……. just wanting to close right down……. just closing…… closing closing …… sleepier and sleepier …..they're closing……. closing……. closing……. heavier and heavier……. drowsier and drowsier……. droopier and droopier ....,,,,, sleepier and sleepier ……. Number 2…….. they're……. closing……. they're closing…… closing……. closing……. closing……. closing…… closing*** (increase the tempo of your words)***……. closing……. closing...closing…… closing, closing, closing, closing, close 'em, close 'em, close 'em, close'em……. and Number 1……. Sleep! "*** (while still holding the subject's right hand with your left, pull them towards you while bracing their fall with your other hand. Note: the hands are reversed if the opposite side was chosen).



Double Binds (Gregory Bateson)

A double bind is a situation from which there is no normal escape and in which, if an individual makes a certain response he will have a specific experience, and if he does not make this response or does the opposite he will also have the experience, possibly the same as the first. It is a no-win situation, i.e., ***"I wonder which one of your hands will rise first?……..The left one……or the right one?" "Would you like to go into hypnosis now, or later?" "Is the left side of your body going to relax more than the right, or is it your side that is going to relax more than your left?"***

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George Bien Style Inductions . . . .

These inductions are highly indirect and client-centered, and utilize statements like: ***"Perhaps....."*, *"maybe....."* , *"who can tell....."* , *"can it be that....."* *"one never knows....."*, *"it may not be so obvious....."*, *"people say....."*, *"it might take a little time....."*, *"if and when....."*, *"perhaps quickly or more slowly....."*, *"you will know....."*, *"it's the nature of your subconscious mind....."*, *"things sometimes happen....."* *"far be it for me to know....."*, *"I wouldn't even try to predict....."* *"not because I say so....."*** etc.



Dr. George Bien

Bien's Creating Sensitized Body Awareness

Say to the client: ***"People sometimes tell me that they don't recognize when they go into hypnosis. When I was first hypnotized by a hypnotist, I too, didn't recognize it at first..... Let me show you just how natural and simple this process really is..... What I would like you to do is look straight at me. That's it, look right at my face, into my eyes..... In a moment, you may sense a change, a shift, or a specific feeling. It can happen very quickly or it may take a little time. I don't know how quickly this will happen, but you will recognize it much more quickly than I could hope to..... It's not something that needs to be forced.....so just allow it to happen naturally..... It's interesting how things happen when we allow them to just take place naturally..... Your breathing is natural.....so is the beating of you heart..... It's beneficial to allow these natural processes to continue..... Just like the natural process that you can and are allowing to take place in you right now..... a change..... shift..... or specific feeling..... Far be it for me to predict if and when you will be feeling a bit differently than you did a few moments ago..... People sometimes say that these feelings, shifts, or changes are not so obvious initially, yet as they allow themselves to feel..... they find that these feelings, shifts, or changes are much more recognizable..... When and if you feel this change, shift, or specific feeling, just let me know by nodding your head."***

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More Bien Style Inductions . . .

Sensitized Hand Awareness

Say to the client: ***"What I would like you to do is to take both your hands and place them on your knees..... That's right, just place them on your knees..... and let me know when you can sense your knees under your hands by nodding your head..... Let me know when you are aware of the material of your clothing under your hands by nodding your head..... In a moment, you may find that one of your hands senses the material more, or at least differently, than the other..... and, if and when you feel this difference in your hands, just nod your head..... the hand can be more aware of the material or it might simply have a more distinctive feeling....."*** (When the client nods his/her head, continue.....) ***"You may also notice that one of your hands, itself begins to feel slightly differently than the other. It might be a bit warmer or a bit cooler.....a bit heavier or a bit lighter..... more sensitive or less sensitive..... It might even have a tingling feeling more so than the other. It could be your right hand that feels differently than your left, or it could be your left hand that feels differently than your right. A bit warmer or cooler, heavier or lighter. It even might, or might not have a tingling sensation..... I wouldn't even try to predict which hand, the right or the left, will feel differently than the other, and you will know much more quickly than I could hope to know..... And if and when you notice that your right hand begins to feel differently than the left, or your left hand begins feeling differently than your right, just let me know by nodding your head..... Good."*** (When the client nods his/her hand, continue.....) ***"Now tell me, which hand it is that feels differently, is it your right hand, or is it your left hand?"*** (The hand that the client picks is the ideal one to use for levitation, finger spreading, arm drop, etc.).



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Induction Protocol

Eye Fixation

Good to use with subjects who have no visual problems and who can relax well. Often utilized with experienced subjects.
If the subject does not respond adequately, switch to the **"Eye Blink technique"** (Rather than staring, the client continues to blink continuously until eye closure is attained) **"Flower's method"** (Workbook # 1, page 31).
If the subject seems to be defying or challenging you, appeal to the resistance, and pace the resistance.

Hand Levitation

Good to use with subjects who exhibit some degree of muscle tension or nervousness. Perfect induction for inexperienced subjects because of the high overload it creates or for experienced subjects who relate well to feeling light.
If the subject appears to be relaxing so much that his/her hand is not likely to move or may in fact, appear to be getting heavier, switch to **Arm Drop.**

If the subject appears to be able to visualize well, switch to **Fantasized Hand Levitation** (Subject imagines his/her hand lifting higher and rising).
If the subject is noticeably pushing his/her hand down, switch to:

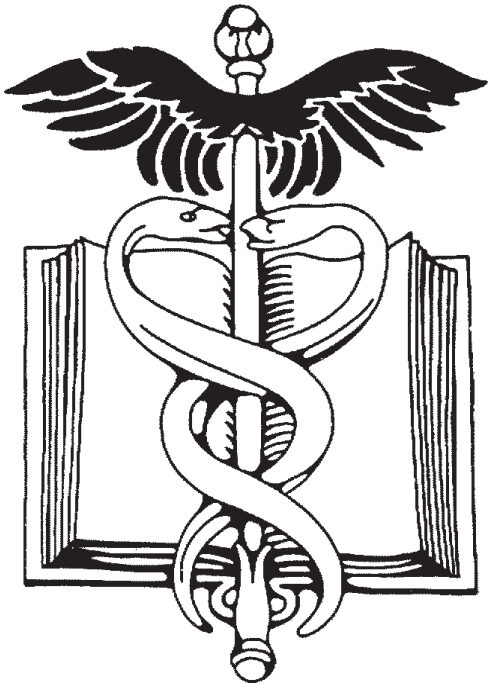
1. Opposed Hand Levitation
2. Repetitive Movement, or
3. Appeal to and pace the resistance.

Arm Drop Good to use with subjects who have no visual problems and who can relax well (can be utilized with eyes open). For subjects with visual problems, use with eyes closed. Also effective with experienced subjects who relate well to feeling heavy. If the subject appears to be holding his/her arm out indefinitely,

1. Switch to Hand Levitation, or
2. Appeal to, and pace the resistance.

If the subject's hand moves down, but stops before reaching his/her leg, switch to **Hand Clasp!**

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Hypnotic Pain Management

Note: Direct Pain removal is contraindicated without a written referral from a medical doctor.

Exploring Subconscious for Causes

You check using ideomotor signaling (finger signals/pendulum, to see if unconscious factors contribute to the problem.

Creating Anesthesia (anaesthesia) - the condition of having the perception of pain and other sensations blocked. This allows patients to undergo surgery and other procedures without the distress and pain they would otherwise experience. The word was coined by Oliver Wendell Holmes.

Analgesia - loss of sensation of pain that results from an interruption in the nervous system pathway between sense organ and brain.

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Changing Perceptions of Discomfort

Suggest to the subject that the perception of the discomfort is changing, diminishing, or gradually disappearing.
Say to the client, ***"You may remember a feeling of numbness that you experienced in the past, and even now, perhaps imagining that such a numbness is starting take place, ever so barely . . . . . yet, even now becoming even more apparent . . . . Just let me know when and if you begin feeling that sensation, now."***



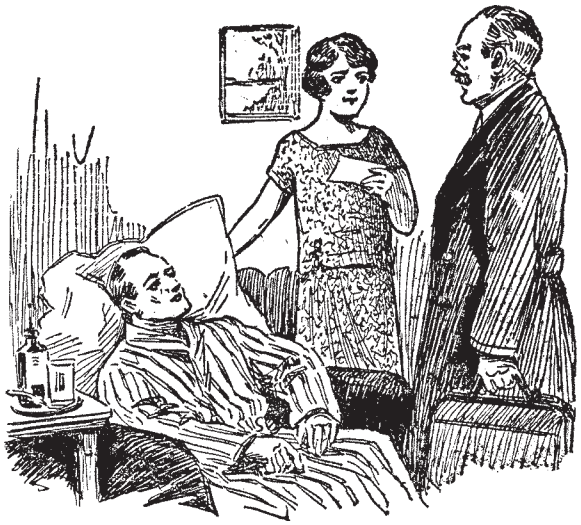
Suggest to the subject a focal displacement of the discomfort.
Say to the client, ***"I want you to pay careful attention to that discomfort in your back*** (or other area) ***. . . . and let me know when and if you feel a slight movement of that discomfort . . . . As that discomfort begins to move round and round . . . Far be it for me to even suggest where and when it might move . . . . it could be into your right foot, or it might move into your left index finger."*** *(*Continue with suggestions of movement until you help the client move the pain to a part of his/her body that might be less vulnerable, and/or out of his/her body completely - the desired outcome).

Creating Dissociation

Say to the client, ***"You've heard how people can actually project their minds outside of themselves and watch themselves from a new perspective . . . . This can even happen in a daydream . . . . Even as your awareness can float outside of your body . . . . perhaps to the other side of the room, or the ceiling overhead . . . . you can allow yourself to watch yourself from the world outside."*** *(*Continue with suggestions of floating, even outside of the room).

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Creating Anesthesia or Analgesia



Gradual raising and diminishing the discomfort by having the client assign a number to the pain from "1" to "10."

Say to the client, ***"Focus on the discomfort and rate it from '0' to '10' . . . . '10' being the most intense, and '0' being free of the discomfort."*** *(*When the client gives you a number, have them increase the discomfort to the next higher number. Note: if the client says "10", even though that was the highest suggested number, have them take it to "11"). Say to the client, ***"What I want you to do now is to increase the discomfort to _____*** *(*next number above client's initial number). ***"Let me know when the discomfort becomes _____*** *(*next number above client's initial number). ***"Now what I want you to do is bring the discomfort back down to _____*** *(*client's initial number). ***Good, now bring it back up to _____*** *(*next number above client's initial number) ***and back down to _____*** *(*client's initial number). ***"What I want you to do is to again bring the discomfort up to _____*** *(*next number above client's initial number). ***"Now bring the discomfort down to _____*** *(*one number below client's initial number). ***"Now bring the discomfort up to _____*** *(*client's initial number) . . . . ***"Good, now bring it down to _____*** *(*two numbers below client's initial number). ***"Now bring it up to _____*** *(*one number below client's initial number) . . . . ***Now bring it down to _____*** *(*three numbers below client's initial number). Keep making suggestions in this manner until you get the client down to . . . . ***"Good, now bring it down to '0', free and clear."***

The idea is to have the client rate the severity of the discomfort, let's say, "9." Then have him/her bring the discomfort up one number to "10", and back down to "9". The back up again to "10", back down to "9", back up one more time to "10", now back down to "8". Then up to ""9", and down to "7". Up to "8", and down to "6". Up to "7", and down to "5". Continue until you can have the client bring it down to "0".
A variation on this can be having the client rate the level of discomfort to an imaginary yardstick, and apply the process.

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Creating Anesthesia or Analgesia continued . . .

Glove Anesthesia

Glove anesthesia is a powerful pain control technique that is highly effective when the subject can easily reach/touch the painful area.



Say to the client, ***"What I would like you to do is imagine that your left (or right) hand is immersed in a bucket of ice cold water . . . . imagine the cold ice surrounding your hand . . . . so very, very cold . . . . becoming colder and colder . . . . Feel just how cold that water is . . . and feel just how cold your hand is becoming. . . . colder and colder, so very, very cold. . . . And when and if you begin to feel your hand becoming numb . . . tell me so . . . . as your hand continues to remain in the ice cold water. . . . so very, very cold . . . . ice cold . . . . your hand becoming numb . . . . the feeling in it diminishing . . . . just as if you were anesthetized . . . . so numb that you begin to lose sensation in your hand . . . . And, as you begin to become aware of having less and less sensation in your hand . . . . tell me so . . . . becoming more and more numb . . . . all sensation disappearing . . . . so numb . . . . just as if it was completely anesthetized . . . . with all feeling gone."***

You can even test the extent of glove anesthesia by pinching the client's hand with a pair of tweezers. Sometimes people would use a sterilized needle and prick a hand - in which case no blood would appear because the imagery of hands being immersed in ice cold water has constricted the blood vessels. Use this intelligently at your discretion. Pricking the hand with a needle is usually contraindicated without the presence of a medical doctor or nurse.

Note: Once you establish glove anesthesia, to help the client get rid of the discomfort in some other part of his/her body, have the client place his/her anesthetized hand on that part, and imagine that this feeling of numbness is spreading or transferring from their hand into that part of the body until all of the discomfort is gone. **Note: It's usually better to replace the word, "pain" with the word "discomfort."**

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The Creation of Most Problems

The "Essence of Significant Failure" - Anytime a person does something that they feel is an expression of themselves and it gets rejected or ignored.

Conclusion - **"I cannot win!"**

A. In certain areas of life.
B. In life in general.



When "B" (**"I just can't win in life"**) is the conclusion, the focus is NOT on trying to win. It is instead on "**Not Losing.**"

How People Avoid Losing:

1. They don't play.
2. They don't complete anything.
3. They play the nice-person routine.
4. They keep others from winning.
5. They destroy the game.
6. They become a problem.

Hypnotherapeutic Intervention

Hypersuggestibility

If a client begins fading on the spot while talking to you, that person is probably hypersuggestible to his/her environment or hypersuggestible to what is going on inside him/her. You must take the client deeper to block the client from what is overloading him/her, then lighten their hypersuggestible state by programming more critical awareness. **The outcome is to give the client back his/her logic and reason (critical mind).**

Note: In hypersuggestibility all filters are down, hence the person becomes highly receptive to everything he/she is exposed - good or bad.

Hypersuggestibility can be a chronic condition and is more dangerous to the high inferential suggestible and the somnambulist than to the literal suggestible individual.

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Body Syndromes as Diagnostic Aids

Rule of the Mind

"Every thought has a physical response"

1. **Crying Syndrome:**
   Solar plexus upward (chest, head, back of neck)

   Cause: Inability to make a decision; suppressing sadness. Frustration (from indecision), brain signals muscles in scalp to tighten, causing pain.

   Symptoms: Headaches, crystallization of eyes (relaxation of tear ducts causing eyes to water), sinus congestion, constriction of throat muscles, gastric pressure (chest area), tightening of muscles in the back of the neck, canker sores, tightening of jaw muscles, grinding of teeth.

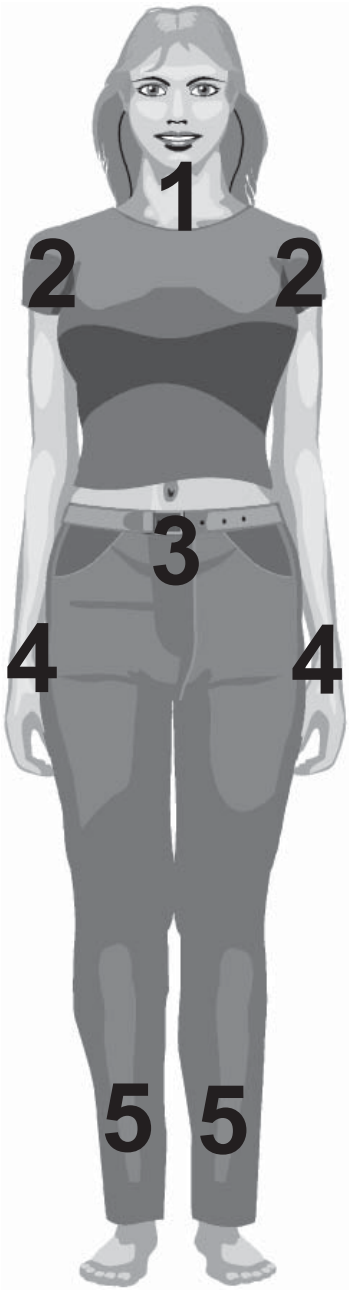
   Head pressure - inability to make decision.
   Watering of eyes/Sinus congestion - not wanting to see situation that is causing indecision.
   Constriction in throat/tightening of jaw muscles/ grinding of teeth
   - not wanting to express anything about area of indecisiveness.

2. **Responsibility Syndrome (also called the Atlas Syndrome):**

   Shoulders, upper back, upper spinal area

   Cause: Too much responsibility. Fear of weight of responsibility. Neglecting, not accepting, or not facing responsibility. repressed natural inclinations towards fun and frivolity.

   Symptoms: Tightening of back and shoulder muscles, stiff back, arthritis.



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Body Syndromes Continued . . .

3. **Frustration/Guilt Syndrome:**
   Stomach, groin, lower back.

   Cause: Sexual frustration. Religion - linked to sexual guilt. Guilt about infidelity. Sexual inadequacy. Repressed feelings of frustration, anger, resentment, sexual acceptance, and/or self-acceptance.

   Symptoms: Stomach cramps, constipation, acid stomach, excessive menstrual cramps or bleeding, no bleeding, vaginal and bladder infections, prostate or testicle pressure/pain, kidney problems.

4. **Fight/Reaching Syndrome:**
   Arms, hands, fingers

   Cause: Need to express with concomitant denial or suppression of need. Inability to reach for something one desires because of lack of feelings of self-worth. Feelings of deep rejection as a result of reaching for unattainable goals.

   Symptoms: Warts/little blisters on the hands or fingers, tightening of joints and muscles in the hands, extremely hot or cold hands, arthritis, rheumatism.

5. **Flight Syndrome:**
   Thighs to the feet

   Cause: Need to run or escape (emotionally or physically) from a particular situation or involvement. Fear of facing certain situations because they may be painful. Boredom. Fear of disaster. Fear of success. Repressed need to walk away from threatening or unhealthy situations or people.

   Symptoms: Blistering between toes or bottoms of feet, cold feet (circulation), leg pains.

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Body Syndromes Continued . . .

When working with body syndromes, regress the client though a "Connection of Feelings".

1. Regress the client to the original sensitizing event at the time of its onset.

2. Help the client identify any belief(s) they formed about themselves as a result of this event, and facilitate the client's ability to feel and understand the impact this(these) belief(s) has(have) made on his/her life.

3. Help the client identify the actual truth about the incident as now understood by their adult self and help facilitate the client to feel his/her collected feelings.

4. Direct the client to ask the affected branch of the body to a picture or image that would allow the discharge of the distress.

5. Give suggestions of comfort, while safeguarding any specific warning purpose of pain.



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Dealing with Fears and Phobias

The control/handling of the feared object or situation is a crucial aspect of the hypnotherapy. **The key to systematic desensitization is to take it step by step and build up, rather than to go immediately into the phobic situation through Hypnodrama.**

Systematic Desensitization for Phobias

In this procedure the fears are minimized and eliminated through degrees of exposure to the feared object or situation. It works by the principle of **"Reciprocal Inhibition" -** a person cannot be relaxed and anxious simultaneously since one inhibits the other.

Steps to be taken:

1. Relaxation training/hypnosis.
2. Establish a hierarchy of fears - list of things associated with the person's fear, ranked in the order of how much anxiety they produce from the least anxiety-producing to the most anxiety-producing.
3. Use imagery to create feared stimulus.
4. If the client experiences anxiety, instruct him/her to pass the image and relax deeply.
5. Once an image can be considered repeatedly without anxiety, have the client imagine the next stimulus in the hierarchy of fears.

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Fast Phobia Relief

This technique helps neutralize the powerful negative feelings of phobias and traumatic events. Most people learned to be phobic in a single situation that was actually dangerous, or seemed dangerous.

Say to the client, ***"Individuals can do what psychologist call "one-trial learning." That ability to learn rapidly enables you to learn a new way to respond to any phobia or trauma. The part of you that has been protecting you all these years by making you phobic is an important and valuable part. We want to preserve its ability to protect you in dangerous situations. The purpose of this technique is to refine and improve your brain's ability to protect you by updating its information."***

Continue saying the following:

1. ***"Close your eyes and imagine you are sitting in the middle of a movie theater and you see a black and white snapshot of yourself on the screen. This is just before the incident happened, when you still felt safe."***
2. ***"Now, imagine floating out of your body and up into the projection booth. See yourself sitting in the movie theater seat, and also see the black and white photo on the screen. You may even wish to imagine plexiglass over the booth's opening, protecting you."***
3. ***"Now, watch and listen, protected in the projection booth, as you see a black and white movie of a younger you going through one of those situations in which that younger you experienced that phobia. Watch the whole event, starting before the beginning of that incident. Observe until beyond the end of it, when everything was OK again. Now, freeze that frame when everything was OK again and you felt safe."*** (If the client is not fully detached, have them make the theater screen smaller and farther away, make the picture grainier, and stop and start the film so that when they're done viewing it, they're completely detached. End the movie after the phobia-causing event, with a freeze frame of themselves).
4. ***"Next, leave the projection booth and float down into the "present you" in the theater seat."***
5. ***"Next, walk up to the movie screen and step into the freeze frame photo of the 'younger you,' who is feeling OK again, at the movie's end."***
6. ***"Now, run the entire movie of that experience backwards in color, taking two seconds or less to do so. Be sure to go all the way back to before the beginning. See, hear, and feel everything going backwards in those two seconds or less, adding a swoosh sound if you wish."***
7. ***"Now I want you to attempt to return to the phobic state in any way you can. What if you were in that situation now? When will you next encounter one of these situations?"*** Running the process a number of time, faster each time, enhances the effectiveness of the process.

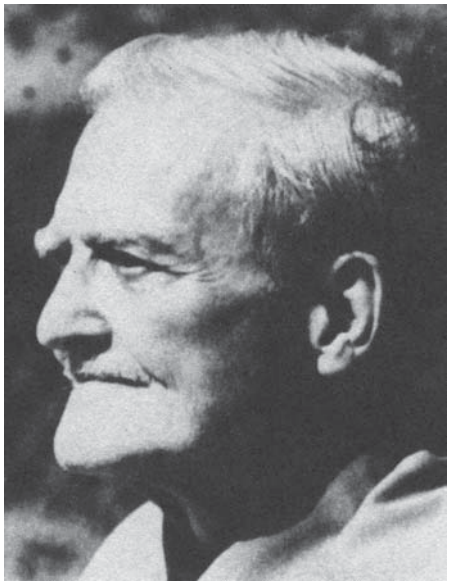
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Basic Therapeutic Schools

Psychoanalysis - (Sigmund Freud, Carl Jung) Consciousness raising, raising awareness of both conscious and unconscious motivators, emotional arousal, analysis of resistance, free association, dream interpretation.
Freud said that the basic objective of psychoanalysis was **"to make the unconscious conscious."**
Humanistic/Existential - (Carl Rogers, Rollo May) Social liberation, commitment, helping relationships, clarification and reflection, empathy and warmth, free experiencing.
Gestalt/Experiential - (Fritz Perls, Arthur Janov) Self-re-evaluation, emotional arousal, choosing and feedback, confrontation, focusing.
Cognitive - (Albert Ellis, Aaron Beck) Countering, self-evaluation, education, identifying dysfunctional thoughts, cognitive restructuring.
Behavioral - (B. F. Skinner, Joseph Wolpe) Environment control, reward, countering, assertion, relaxation training, managing reinforcements, self-control training.

Four Basic Principles of Dr. Milton Erickson's "Hypno-Psychotherapeutic" Work:

1. The unconscious need not be made conscious. Unconscious processes can be facilitated so that they can function autonomously to solve each patient's problems in an individual way.
2. Mental mechanisms and personality characteristics need not be analyzed for the patient. They can be utilized as processes, dynamisms, or pathways facilitating therapeutic goals.
3. Suggestion need not be direct. Indirect suggestions can frequently bypass a patient's learned limitations and thus better facilitate unconscious processes. By such an indirect suggestion the patient is enabled to go through those difficult inner processes of disorganization, reorganization, re-associating and projection of inner experience to meet the requirements of therapeutic goals.
4. Therapeutic suggestion is not a process of programming the patient with the therapist's point of view. Rather, it involves an inner re-synthesis of the patient's behavior achieved by the patient himself.



Dr. Milton Erickson

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Dr. Milton Erickson stated that he rarely gave therapeutic suggestions until hypnosis had developed over a period of twenty minutes (Erickson & Rossi 1974).



Basic Ericksonian Hypnotic Utilization

"That's right, you _____ and because _____, you can _____."

Resistances and Defenses

1. **Resistance to Entering Hypnosis**
   Restlessness, Distractibility, Over-Curiosity, Over-Cooperation, Simulation, Startle Reaction, Negativism, Depreciation, Defiance, Sleep, Second Session Resistance.
2. **Resistance to Bodily Responses.**
   Suggestibility tests, eye closure; hypnotic challenges eye catalepsy/arm catalepsy; relaxation, etc.
3. **Resistance to Feeling Emotions** (see page 37).
4. **Resistance to Seeing Or Experiencing a Memory** (see page 37).
5. **Resistance to Reliving Traumatic Incidents - Terror** (see page 37).
6. **Resistance to Coming Out Of Hypnosis**
   Use the **"invasion of territory" technique,** or say to the client: ***"If you do not come out of hypnosis now, you will never be able to reach this depth again. However, as you come out right now, you will be able to reach this depth and even go deeper next time."***

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Dealing with Resistances to Feeling Emotions

1. If the client is inhibited about feeling the emotion, pace the resistance. Say to the client: ***"I can certainly understand why you don't want to feel that emotion. Why would anyone want to feel something that could be painful? You don't have to feel that emotion if you don't want to, and I would never expect you to do more than you wish. Yet, you know as well as I do how releasing negative emotions also releases tension and helps prevent illness. I am here for you every step of the way . . . . . "***
2. If the client has feelings of abandonment, say, ***"I am here for you every step of the way. You can count on my support."***
3. If the anger towards the perpetrator is blocked by false guilt, say, ***"You were a victim and you have every right to be angry. You were hurt and at the mercy of this villain. Every child needs and deserves love. He/she (the villain) needs to be stopped once and for all. He/she needs to learn that his/her behavior is not acceptable. Let your body express what it needs to express . . . Release what you feel and free yourself finally from all of this . . . Take full control!"***
4. If important emotional expression is blocked because of religious programming, say: ***"Look at the hypocrisy of many of today's religious leaders - the unethical televangelists and others using religion as a means to gain power and wealth. Moses got angry at the Hebrews who were worshiping a golden calf. Jesus got angry with religious hypocrites - the money changers in the temple."***
5. If needed, use reverse suggestion. Say, ***"You don't have to help this little child . . . You can just turn you back on him/her . . . And s/he again becomes the victim . . . Don't you feel that s/he would want to be helped . . . S/he needs you so much! Of course, you can just ignore this little boy/girl and let him/her suffer. Look at this child. S/he needs to be protected, loved and nurtured."***

Note: Never try to force your client past a resistance since this will only create animosity and mistrust and will destroy rapport.

"Never tell a client that he/she is resisting. Use the term, "inhibition on response."

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Word Association Techniques

While the client is in hypnosis do one or more of the following:

1. Count from number “three” down to number “one” and tell the client to say a word or a phrase that has something to do with what is giving him/her the problem that he/she is having today.
2. Count from number “three” down to number “one” and ask the client to use the word or phrase in a sentence.
3. Begin a sentence and ask the client to finish it.
4. Ask the client to pick a series of letters of the alphabet.
5. Make a statement and ask the client whether it is “true” or“false” .

“I’m going to count from the number 3 to the number 1, and a word, sentence or phrase will come out. Something having to do with what is giving you the problem you are having today……. 3……. 2……. 1.”

Say to the client, ***“In a moment I may say a word or a phrase, and I want you to respond with the first thing that comes to you . . . . If nothing comes to you, you don’t have to say anything at all, and I’ll just continue speaking . . . . . I may begin a sentence and ask you to finish it. Again, if something comes to you, just say it. If nothing comes to you, you don’t have to say anything at all, and I’ll just continue speaking . . . . . Or, I may ask you for a letter of the alphabet. . . . . If one comes to you . . . . A . . . . B . . . . L . . . . M . . . . N . . . . O, etc., just say it. If nothing comes to you, you don’t have to say anything at all, and I’ll just continue speaking . . . . . .***

(Dr. George Bien's "Word Association" style—below).

"I'm going to make a statement and ask you if it’s true or false. If it’s true, say ‘True.’ If it’s false, say ‘False.’ If you’re not sure which it is, you don’t have to say anything at all, and I’ll just continue speaking . . . . . If you understand what I mean, just nod your head.”

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Materialization of problem . . .



Suggest that the client imagine his problem in some material form or object familiar to him/her. If the problem is confusion, can the confusion become a fog or a deep darkness or a cacophonous sound like the experience of falling from a great height? Is there any mental image for the confusion?

Activation of parts

This consists of not having a client consider any feeling, thought, mood, or action as "emanating from themselves per se" but as "coming from a part of themselves." Every time clients say, "I feel....." or "I keep thinking....." the hypnotherapist reminds them to check what an opposite part in them is thinking, feeling, or saying. If the person is depressed, for instance, one may ask to listen to what the depressed part is saying inside.

Then say, ***"Is there another part, perhaps, that is not agreeing with the depressed part."*** What the hypnotherapist does is to allow the client to really identify with the new part, to become the new part completely, and to be aware of how the new part feels. Rather than asking a client to describe the part, suggest that they take their time to experience deeply that new part, and talk later.



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Parts Work . . .

Explain to the client that every individual is made up of parts and that these parts may be mental as well as physical.



C. Roy Hunter
Continues the work of
Parts Therapy Pioneer,
the late Charles Tebbetts

1. Say to the client, ***"Every individual is made up of parts and these parts may be mental as well as physical. You may have a clever part, a shy part, a curious part, a thoughtful part, a fun-loving part, a critical part, a daring part, etc. Sometimes one part of you might want to do something but another part of you wants to do just the opposite."*** If the client says that it's just him as one identity, say, ***"Hasn't a part of you been holding on to this unwanted pattern for all these years, but another part of you wants things to be different?"***

2. Gain rapport with the **part** of the client that is of concern. Ask the part to come forward and let you know that it has come forward by saying the words ***"I am here." NOTE: The part is not to be censored,*** rather it should be admired for doing a good job of what it believes is right for the client.

3. Say to the part, ***"Thank you so much for coming forward. What name do you wish to be called?"*** (The names that a client gives **parts** are usually symbolic). If the client does not come up with specific names for parts, you can refer to parts as the "Part that is X-ing," with the "X" referring to the specific unwanted behavior. For example, the Part that is Smoking, the Part that is Overeating, the Part that is Lacking Confidence, etc.



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Parts Work Continued . . .

4. Ask the part holding on to the unwanted behavior, ***"What are you doing positively for*** (client's name) ***by holding on to this behavior?"*** If you do not get an answer, there has not been enough rapport developed. Pace the inhibition by saying to the part, ***"You are to be admired for doing your job so well, and doing it for such a long time."*** Ask the question again, and attempt to get the positive intention behind the behavior. If the Part is still reluctant to share the positive intention, pace a few more times, and/or move on. The positive intention of the behavior might soon become apparent. NOTE: Even if the positive intention seems to be apparent, the Part in question must acknowledge it.

5. Then say ***"There is another part that is unhappy and believes that if you were made aware of a few things it can help make*** (client's name) ***a happier person. Are you willing to hear what it has to say?"*** If the part holding on to the unwanted behavior doesn't want to cooperate, again it's because you have not established enough rapport. As previously stated, pace the inhibition by pointing out to the part that you know that it is displaying this behavior because it has a positive intention and believes that it is in the client's best interest. Compliment the part on maintaining its mission so well. **Note: It's important for the initial part to agree to hear what the other part has to say.**

6. Have the Parts debate (often called the Great Debate). "Ping-Pong" back and forth between the parts, paraphrasing the statements. For example, let's say that the client has an overeating problem and named the parts ***"Comfort"*** (the part that is holding on to the unwanted behavior, and ***"Freedom"*** (the part that wants to change that behavior). And let's say that during the Debate, you are speaking to ***"Freedom"*** paraphrasing what ***"Comfort"*** just said: You could say, **"*Comfort says that eating many sweets allows John to escape from the stress of his job. What do say about that?"*** After the part makes its objection, paraphrase the objection. For example, you might say, ***"Aha, Freedom says that John's escape in only temporary, and causes more unhappiness for him in the long run."*** Continue "Ping-Ponging" back and forth between the parts, paraphrasing the statements, until an agreement is reached. This can sometimes take some time.

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7. Ask whether there is/are any other **part(s)** that wish to come forward. If there is/are, invite the part(s) to enter the debate. Act as an arbitrator between the parts as above.

8. Give the part that was previously holding on to the unwanted behavior the job of implementing the new negotiated behavior (eating more moderately, eating healthier foods, exercising, or any other more beneficial behavior). Ask the part questions such as, ***"Are you willing to take one this new responsibility? Can you make this commitment? Are you capable of being a watchful scout?"*** And so forth. If the part is unwilling, go back to building more rapport (as above) and debate as necessary. You can also ask, **"How much of the new behavior are you willing to implement?"** This will give you a point of reference with which to continue.

9. When an agreement is reached, thank the parts for cooperating, and have the client imagine the parts hugging each other and merging.

Conference Room Technique

Although similar in approach to "Parts Therapy," Conference Room Therapy has the advantages of more imaginative involvement.
Have the client imagine walking into a building and going either up or down a flight of stairs into a conference room. Have the client describe the room, the conference table and state the number of chairs at the table (chairs can be added or deleted as necessary during the therapy). Suggest to the client that the participants will soon appear at the table and ask the client to describe each as he/she/it appears. There may be some empty chairs which will probably be filled by late arrivals or split-offs. Often, sub-personalities who agree on a particular subject sit next to each other while those with opposing attitudes, sit across from each other.

1. Determine the specific issue and present it to the conference table.
2. Have the attendees (sub-personalities) sit at the table (around a campfire, in a living room, in a meeting hall, etc.).
3. Work with one character at a time (ask for the character's name, viewpoint, etc.).
4. Pace the character (sub-personality).
5. Appeal to the sub personality's desires.
6. Have the client become the character.
7. Challenge the sub-personality (not the client).
8. Create possible alliances.
9. Give character a new role and stress the importance of this new role.

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The Connection of Feelings

When you become aware of an emotion related to the client's symptom, do the following:

1. Tell the client to feel the emotion (fear, anger, hate, loneliness, helplessness, etc.).
2. Ask the client whether the emotion is felt in any part of his/her body.
3. Tell the client that he/she is going back in time to an incident having to do with this feeling (the emotion in question).
4. Count from ten down to one while giving suggestions of going back in time.

This technique has also been called an **"emotional bridge,"** taken from Dr. John Watkins (1971) who calls it the **"affect bridge."**

The current emotion acts as a bridge to other past instances of the same feeling, allowing the person to broaden his/her awareness, and thus to learn something new about him/herself. The connection with a previous similar emotional experience leads to either separating the two or learning how to handle the current situation from the way the previous one was handled.



Dr. John G. Watkins

Somatic Bridge

The general concept of this technique is also taken from Watkins' (1971) "Affect Bridge". Rather then being used to activate older ego states by focusing on a feeling common to something both current and past, the somatic bridge is a way of utilizing awareness of one's body to facilitate awareness of repressed feelings, since authentic self-transformation must include the whole being rather than be merely intellectual. Because of this, the somatic bridge is effective with people who are too left hemispheric, or who have never developed intuitive, symbolic, and emotional capacities, which are the functions of the right cerebral hemisphere.

If clients feel "they have nothing to talk about," or feel "flat," with no emotion, have them focus on their body and make a report on what, if anything, they are feeling. This can lead to a better awareness of buried emotions.

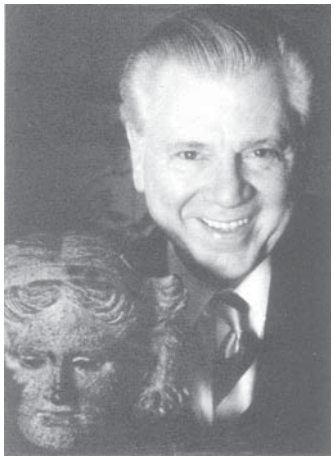
Subjective Biofeedback utilizes a mental image, or a memory, provided by the client. Then attention is paid to the way the body reacts to that mental activity. Out of this connection meaning finally emerges.

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Connection of Feelings



When you become aware of a specific emotion that the client is feeling, and suspect that it is related to the client's symptom, say, ***"I want you to focus on this feeling of _____. I'm going to count from 1 up to 10, and the feeling becomes stronger and stronger. Number 1, the feeling is emerging……. 2, it's getting stronger . . . . The feeling of_____ Number 3 . . . . . stronger yet. 4 . . .*** (client's name) ***is getting (feeling) very . . .*** (the emotion)***. 5……. stronger feeling of _____ Number 6……. even stronger. Number 7, like the flood gates of a dam opening up, the feeling of _____ is getting stronger and stronger. 8…….. stronger yet, feeling more and more _____*** (the emotion)***. Number 9 . . . . even stronger. 10 . . . . . Now, we're going back to a previous time having to do with this feeling of_____. 10, 9, 8_____ going back in time_____7,6,5 _____ getting younger. 4,3,2 _____ back, further and further in time.1 - Quickly, what are you sensing, feeling, experiencing, hearing or seeing? Quickly, what are sensing, experiencing, seeing or feeling?"***



Gil Boyne

Connection of Feelings

(Gil Boyne Style)

"I'm going to count from ten down to one. As I do, we're going back to a time and place that has to do with this very same feeling." (Boyne taps the client's forehead as he begins counting). ***"Ten, nine, eight. You're drifting back . . . . . Seven, six, five. You're growing younger now. Four. Your arms and legs are shrinking, growing smaller. Three, two, one.***

"Where are you now, indoors or outside? Make a choice quickly! "Is it daytime or nighttime? "Are you alone or are others with you or around you?

"How old do you feel?

You're (?) years old. You're (in/out)doors. It's (day/night time) and you are "(alone/with -?-). Make a report. Tell me what is happening."

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Gestalt Therapy

Gestalt Therapy is largely an outgrowth of the work of **Dr. Frederick (Fritz) Perls**, who said that "Freud invented the couch because he could not look people in the eye." Gestalt set the groundwork for hypnotic dialogue.



Fritz Perls

Hypnotic Dialogue

While he/she is in hypnosis, say to the client, ***"I'm going to count from the number 3 down to the number 1, and I want to imagine*** _____ (the person or object in question) ***in front of you about 6 to 8 feet. What would you like to say to this person (object)?"*** (If the client says that the other person is not really there, ask what they would say if the person were there). Next, encourage the person (object) to speak with the client. Have the client role-play as the person (object) in question.

Say: ***"Now I want you speak as the other person (object)."*** (If the client says the person or object won't speak, pace the inhibition and say: "I know that the person won't speak and I can understand why they wouldn't speak. I don't blame them for not wanting to speak. But, what if they would speak, what would they say? I know that they won't, but if they did speak, what words would come out?) When the person or object speaks, continue:

"Now, _____, (person, object) ***said*** (repeat what he, she, it said). ***What do you say about that? What do you want to say to him (her, it)? Say something."*** (Ping-pong back and forth until a possible resolution is established. If not, this process can, at the very least, give some insight into the relationship).

Such interaction between people and their environments makes them more aware of their real feelings and helps them to recognize their disguised ones. It also enables the client to vent repressed feelings and change his/her perception of the present situation.
If the client says that the other person or object is not really there, ask: ***"What would you say if he/she/it were there?"***

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Dialogue at time of Sensitizing Event (Boyne Style)

Hypnotherapist: ***"This time when I count to three, your father (mother, etc.) is seated in a chair about six feet in front of you, and you are seated in a chair facing him (her, etc.)." "One, two, three. There sits your (father). I want you to talk to (him) now. How would you address (him)? Do you call (him) (Dad, Daddy, Father)?"***
Say, ***"(Dad), I want to talk to you. I want to tell you my true feelings." Now tell (him.) (Wait for statement of feeling to begin."***
Then say, ***"Now I want you to change places. Be the (father). Answer your (son/daughter). Speak to your (son/daughter) who says (he/she) feels this way about you. Be the (son/daughter). Answer your (father)."***

Body Part Dialogue . . . . "Separate yourself into two parts. Be the (head) and be the (chest). Be the pain in your (chest). Talk to your (head). Say: ***"I am the pain in the (chest)."***

Inanimate Object Dialogue . . . . Client: ***"I say 'yes' to everything. I'm just a doormat."***
Hypnotherapist: ***"Be a doormat. Give your size, shape, color, purpose, function. Start with, "I am a doormat and. . . . . "***

Possible Challenges During Hypnotic Dialogue

When performing Hypnotic Dialogue with a client, some snags can occur. For example, if you set up a process for a person to dialogue with his father, and you say, ***"You're father is in front of you about 6 to 8 feet. What do you want to say to him?"*** And the person says, ***"I can't talk to my father. I've never been able to talk to my father."*** You say, ***"Of course you can't talk to you father. You've never been able to talk to your father. But what if you could? I know you can't. But what would you say if you could?"*** This often encourages dialogue.
If the dialoging stops because, let's say for example, the imaginary father says, ***"I just don't want to talk to my son anymore".*** Step in and ask, ***"Would it be alright if I spoke with the father?"*** When the client agrees, and they will if the rapport is very strong, you can say something like, ***"I can appreciate that you don't want to talk to your son anymore. But your son is an adult now, and he's really hurting. Do you really want him to continue hurting? Do you really not care at all?"*** Again, the kind of response you get will depend on the amount of rapport. If the father says, ***"Well, of course I care!"*** say, ***"Well why don't you just say that to your son right now".***
If the father says, ***"No, I really don't care!"*** challenge the statement. ***"Sure you don't care. Why should you care? Probably no one ever cared for you either!"*** Statements such as these often stimulate a continuation of the dialogue.

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Running and Changing the Incident Emotional Clearing (Dr. Freda Morris)

(When the client is regressed to a traumatic incident). Say, ***"OK., what is happening, make a report. Would it be OK if I entered the incident?"*** (Client says, "yes. " - simply enter the incident). (Client says, "no, " say: ***"Would you feel more comfortable if I didn't enter the situation? And this is because _____"*** (Wait for an answer. Sometimes the incident may be too emotionally charged or dangerous that the client feels that your presence would only escalate the trauma or danger). ***"Would it be OK if you brought in your present self?"*** (If the client feels that he/she can stand up to the perpetrator with the help of his/her present self, let him/her do so, otherwise, ask the client) ***"What could we bring in to help, the police, marines, guard dogs, weapons, heroes or other helpers? Who do you feel could help you there?*** (Have the client see the invited helpers, and have him/her instruct the helpers to help alter the outcome of the incident). Say to the client, ***"See _____*** (helpers) ***standing up to _____, and protecting you so that you have total power over the situation."*** (Anchor the joy of the rescue). ***"Anytime you think about this incident, you remember how you were rescued, how you made the decision, how you were in control. You focus on your ability to make the decision to take action. You are free, totally free!"*** (Give positive affirmations with repeated anchors of the rescue and control. Have the client get in touch with his/her inner child with love, forgiveness if necessary, and have him/her nurture their inner child).

Running and Changing the Incident Outline . . .

1. **Regress** the client to the traumatic incident.
2. **Ask** the client to enter the incident as their adult self and give you permission to enter the incident.
3. **Bring** help if necessary (police, guard dogs, the marines, heroes, other helpers, weapons if necessary).
4. **Alter** the outcome of the incident to clear the trauma.
5. **Give** positive affirmations.
6. **Anchor** the bliss of the rescue.
7. **Allow** the client to get in touch with his/her inner child, love the child, forgive if necessary and nurture the child.
8. **Have** the client create an inner family if you believe it would be helpful.

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Inner Child Process

This is an excellent way to close the hypnotherapeutic part of a session, especially if there was any interactive work done. Say to the client: ***"Within you there is a little child. It is the child of you as you once were. This child still needs love and nurturing. Can you visualize or imagine this child?"*** (If the client says "no," help him/her visualize or imagine the child by creating a scenario. If the client says "yes," continue): ***"What does the child look like?"*** (Wait for client's response). ***"What feelings is the child experiencing?"*** (Wait for client's response). ***"Could you become the child and express these feelings?"*** (If the client says "no," pace the resistance. If the client says "yes," continue): ***"Would you like to hold this child of you in your arms and promise to take care of him/her?..... Take this little child of you and hold him/her in your arms."*** (At this point, pull the client's arms out in front of him/her and have the client hold and hug the imaginary child. A stuffed animal can be used as an anchor). ***"Do you promise to love this little child?..... Do you promise to nurture this little child? …….. Do you promise to love this little child forever?"*** It is very important to maintain a very strong rapport with the client during this part of the therapy, since the client's adult mind will sometimes unintentionally put up defenses to this process.

The following points can help the client accept his/her Inner Child.

1. Our Inner Child helps us feel free of the boredom of adult life.
2. Our Inner Child is our source of creativity.
3. Our Inner Child helps us to express our inner feelings.
4. Our Inner Child is a source of happiness, laughter, fun, spontaneity, creativity, etc.

"The consummate therapist does not boast of a job well done, but acknowledges that to a "Higher Power" belongs the Glory!." —George Bien

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17-Step Hypnotherapy Process

1. Gathering Information. Utilize the eight step intake interview. Client's Age; Marital Status; Children and/or Pregnancies; Parents - together or separated, living or dead, natural or adopted; Siblings - living or dead, half brothers/half sisters; Occupation of Client/Mate; Hobbies of Client/Mate; Ask what is the presenting Problem.

2. Determine the client's language and vocabulary ability, and mode of learning. Visual - Auditory - Kinesthetic.

3. Bring generalities to more specific responses - ambiguity to specificity.

4. Convert "Blame Frame" into "Outcome Frame", and utilize "Keys to Effective Outcomes.

5. Reframe as needed - content and context reframes.

6. Explain Hypersuggestibility - tell the client how he/she can easily be overloaded by the many bits of information that keep pouring in from the four major areas: Environment - Body - Conscious Mind - Subconscious Mind.

7. Explain what hypnosis is and what it is not.
   a. Allay misconceptions.
   b. 10-Step "I'm In Control" Presentation.

8. Determine the client's type of suggestibility by administering appropriate tests.
   a. Falling Forward Test
   b. Handclasp
   c. Rising and Falling Arms
   d. Finger Spreading
   f. Pendulum; etc.

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9. Induce the Hypnotic State (Pick one or more), Ratifying the Experience.
   a. Progressive Relaxation (Fractionalization)
   b. Eye Fixation
   c. Elman Induction
   d. Flower's Method
   e. Arm Raising
   f. Hartman Induction
   g. Arm Drawing
   h. Hand Press Induction
   i. Verbal Involvement
   j. Physical Induction
   k. Loss of Equilibrium
   m. Sensitized Hands Awareness
   n. Bien's Seated Speed Induction.

10. Do deepening procedures.
   a. Gentle Rocking
   b. Silent Periods
   c. Counting
   d. Descending Stairs
   e. Elevator/Escalator (if appropriate)
   f. Hypnotic Patter
   g. Timed Breathing
   h. Rapid Arm Drop
   i. Shoulder Press
   j. Compounding/Pyramiding
   k. Homoaction
   l. Guided Imagery/Visualization
   m. Misdirection

11. Hypnotic Challenges
   a. Eye Catalepsy
   b. Arm Catalepsy

12. Instant Seep Suggestion (I.S.S.)
   a. Reactional Hypnosis/Fractionation

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13. Perform Unconscious Hypnoanalysis (if waranted).
    a. Ideomotor Finger Signals
    b. Pendulanalysis

14. Therapeutic Intervention
    a. Systematic Desensitization
    b. Body Syndromes
    c. Fast Phobia Technique

15. Interactive Hypnotherapy
    a. Word Association
    b. Parts Therapy
    c. Connection of Feelings
    d. Hypnotic Dialogue
    e. Running and Changing the Incident
    f. Inner Child Process
        1) Forgiveness Pattern
        2) Forgiveness of self

16. Give Positive Affirmations utilizing the client's mode of learning.
    a. Positive words.
    b. Present / present progressive tense.
    e. Specific and detailed as possible.
    d. Universal / personal metaphors.
    e. Simple / exciting / emotional words.
    f. Personalize suggestions.
    g. Be repetitive.

17. Trance Termination. Bring the client out of hypnosis utilizing the **Four "R's"** for trance termination: "Return" "Remember", "Refreshed", and compliment the client. Say to the client, ***"You will come out of hypnosis totally relaxed . . . . you will feel completely refreshed . . . . You will remember whatever is necessary for you to remember . . . . You can return to this state anytime you choose."***

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Evaluating the Work of Your Hypnosis Partner:

(Use "Feedback Sandwich". Make sure your feedback is honest and constuctive).

1. **What, if anything, was positive about it?** _____

_____

_____

2. **What was effective? Why? Why not?** _____

_____

_____

3. **What could be improved?** _____

_____

_____

4. **Did the hypnotist create an air of confidence? Explain:** _____

_____

_____

5. **Was he/she congruent? Explain:** _____

_____

_____

6. **What, if anything, gives this person the potential to become a brilliant hypnotherapist?** _____

_____

_____

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Name of Your Hypnosis Business

Please complete this form at initial session. Note: All information is STRICTLY CONFIDENTIAL

Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____/_____/_____ oMale oFemale oSingle oMarried oSeparated oDivorced

Home Phone: ( )_____ Work Phone: ( )_____

Occupation: _____

How did you hear about The Achievement Center? _____

_____

Have you ever been hypnotized? oYes oNo If, yes, describe when, where, why, by whom?_____

_____

Have you ever walked in your sleep? oYes oNo Talked in your sleep? oYes oNo

MEDICAL HISTORY:

Have you ever been under treatment (physical or psychological) in the past year? oYes oNo

If yes, describe: _____

_____

Name of physician: _____ Phone: ( )_____

Have you ever been treated for an emotional problem? oYes oNo

If yes, are you currently receiving treatment or counseling? oYes oNo

Have you had any prolonged illness? oYes oNo If yes, when? _____

_____

Hve you ever been treated for? (Check all that apply): oDiabetes oEpilepsy oHeart Disease

If yes, when? _____

Nature of present problem (Reason you wish hypnotherapy treatment): _____

_____

Any previous efforts to solve this problem? oYes oNo Results? _____

_____

Are you currently undergoing medical or psychological treatment for above problem? oYes oNo

Name of physician/therapist: _____ Phone: ( )_____

Are you presently on any medication? oYes oNo If yes, describe: _____

_____

Signature: _____

By signing this form you acknowledge that you understand this questionnaire, and all information provided is complete and accurate to the best of your knowledge.

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Name of Your Hypnosis Business

Your name followed by initialed credentials
Your title

Your address
City, State, Zip
Your phone number

WAIVER & ASSUMPTION OF RISK

I, _____ ,VOLUNTARILY AGREE TO SIGN THIS WAIVER AND ASSUMPTION OF RISK WITH FULL UNDERSTANDING THAT ***(Your Name)***, HEREAFTER REFERRED TO AS THE HYPNOTHERAPIST, IS NOT A MEDICAL DOCTOR, NOR A LICENSED MENTAL HEALTH PRACTITIONER, AND DOES NOT DIAGNOSE OR TREAT ANY PHYSICAL OR MENTAL DISORDERS.

I DO HEREBY WAIVE AND RELEASE ANY AND ALL CLAIMS OF PERSONAL INJURY THAT MAY ARISE FROM THE HYPNOTHERAPY SESSIONS.

I FURTHER AGREE THAT THE HYPNOTHERAPIST ASSUMES NO RESPONSIBILITY FOR THE OUTCOME OF THE PROCESS AND FOR GUARANTEEING ITS EFFICACY.

I CERTIFY THAT I AM A COMPETENT ADULT ASSUMING THESE RISKS AND I TAKE FULL RESPONSIBILITY FOR THE RESULTS. I FURTHER CERTIFY THAT I AM SIGNING THIS WAIVER WITH MY FULL LEGAL NAME.

THIS WAIVER AND ASSUMPTION OF RISK IS EFFECTIVE AS OF TODAY AND MAY NOT BE REVOKED, ALTERED, AMENDED, RESCINDED OR VOIDED, WITHOUT PRIOR WRITTEN CONSENT OF THE HYPNOTHERAPIST.

_____
Name (please print)

_____
Signature

_____ _____
Address City, State, Zip

____(_____)_____ _____
Phone Number Date

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WAIVER & ASSUMPTION OF RISK

I, _____ ,VOLUNTARILY AGREE TO SIGN THIS WAIVER AND ASSUMPTION OF RISK WITH FULL UNDERSTANDING THAT ***(Your Name)***, HEREAFTER REFERRED TO AS THE HYPNOTIST, IS NOT A MEDICAL DOCTOR, NOR A LICENSED MENTAL HEALTH PRACTITIONER, AND DOES NOT DIAGNOSE OR TREAT ANY PHYSICAL OR MENTAL DISORDERS. I FURTHER UNDERSTAND THAT THE HYPNOSIS SESSIONS ARE FOR EDUCATIONAL AND MOTIVATIONAL PURPOSES ONLY. FUTHERMORE, I UNDERSTAND THAT ANY SUGGESTED REINFORCEMENT IS ONLY PART OF AN EDUCATIONSL, PERSONAL MOTIVATION PROGRAM, WHICH IS SOLELY INFORMATIONAL, AND NOT INTENDED AS MEDICAL OR PSYCHOLOGICAL ADVICE INA NY FORM, WHICH MAY ONLY BE GIVEN BY A QUALIFIED MENDICAL OR MENTAL HEALTH PROFESSIONAL.

I DO HEREBY WAIVE AND RELEASE ANY AND ALL CLAIMS OF PERSONAL INJURY THAT MAY ARISE FROM THE HYPNOSIS SESSIONS.

I FURTHER AGREE THAT THE HYPNOTIST ASSUMES NO RESPONSIBILITY FOR THE OUTCOME OF THE PROCESS AND FOR GUARANTEEING ITS EFFICACY.

I CERTIFY THAT I AM A COMPETENT ADULT ASSUMING THESE RISKS AND I TAKE FULL RESPONSIBILITY FOR THE RESULTS. I FURTHER CERTIFY THAT I AM SIGNING THIS WAIVER WITH MY FULL LEGAL NAME.

THIS WAIVER AND ASSUMPTION OF RISK IS EFFECTIVE AS OF TODAY AND MAY NOT BE REVOKED, ALTERED, AMENDED, RESCINDED OR VOIDED, WITHOUT PRIOR WRITTEN CONSENT OF THE HYPNOTIST..

_____
Name (please print)

_____
Signature

_____ _____
Address City, State, Zip

____(_____)_____ _____
Phone Number Date

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WAIVER & ASSUMPTION OF RISK

I, _____, VOLUNTARILY AGREE TO SIGN THIS WAIVER AND ASSUMPTION OF RISK WITH FULL UNDERSTANDING THAT ***(Your Name)***, HEREAFTER REFERRED TO AS THE HYPNOTHERAPIST, IS NOT A MEDICAL DOCTOR, NOR A LICENSED MENTAL HEALTH PRACTITIONER, AND DOES NOT DIAGNOSE OR TREAT ANY PHYSICAL OR MENTAL DISORDERS.

FURTHERMORE, I AM RECOMMENDING THAT MY SON/DAUGHTER _____ UNDERGO HYPNOTIC CONDITIONING AND SUGGESTION FOR:

_____

_____ AND TAKE FULL RESPONSIBILITY FOR THE RESULTS.

I DO HEREBY WAIVE AND RELEASE ANY AND ALL CLAIMS OF INJURY THAT MAY ARISE FROM THE HYPNOTHERAPY SESSIONS.

I FURTHER AGREE THAT THE HYPNOTHERAPIST ASSUMES NO RESPONSIBILITY FOR THE OUTCOME OF THE PROCESS AND FOR GUARANTEEING ITS EFFICACY.

I CERTIFY THAT I AM A COMPETENT ADULT ASSUMING THESE RISKS FOR MY SON/DAUGHTER, AND I TAKE FULL RESPONSIBILITY FOR THE RESULTS. I FURTHER CERTIFY THAT I AM SIGNING THIS WAIVER WITH MY FULL LEGAL NAME.

THIS WAIVER AND ASSUMPTION OF RISK IS EFFECTIVE AS OF TODAY AND MAY NOT BE REVOKED, ALTERED, AMENDED, RESCINDED OR VOIDED, WITHOUT PRIOR WRITTEN CONSENT OF THE HYPNOTHERAPIST.

_____ _____
Name (please print) Signature

_____ _____
Address City, State, Zip

____(_____)_____ _____
Phone Number Date

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Your address
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Your phone number

DOCTOR: _____

Your patient, _____,
wishes to undergo hypnotic conditioning and suggestion for the following purpose:

_____

_____

_____

Since I require a physician's referral in such cases, I would appreciate your signature below indicating your approval. Please be advised that I shall keep you informed as to your patient's progress.

Sincerely,

_____
(Your Name)

I have examined _____
and see no contraindication to the use of hypnosis and hypnotic suggestion in this case.
I have these additional comments and instructions for you:

_____

_____

_____

Dr. _____ Dr. _____
Please print name Signature

License #: _____

Address: _____ _____ _____ _____
Street City State Zip

Phone: _(_____)_____

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