



Diploma in Hypnotherapy

Diploma in NLP

Certificate in Discursive Empowerment

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Module 1

Unit 1

What is hypnosis and hypnotherapy?

The two terms 'hypnosis' and 'hypnotherapy' are used interchangeably. Yet hypnosis can mean stage hypnosis which uses the trance state for entertainment and with no therapeutic process involved. *Hypnosis* is therefore a term probably best thought of as the process which induces a *trance*, which can then be used for a variety of purposes, including entertainment, relaxation and 'hypnotherapy'. *Hypno-therapy* is the use of a hypnotic trance for therapeutic purposes.

Definitions

There is no agreed upon definition of hypnosis. Here are some examples:

Society of Psychological Hypnosis, a division of the American Psychological Association, 1993:

'Hypnosis is a procedure during which a health professional or researcher suggests that a client, patient, or subject experience changes in sensations, perceptions, thoughts, or behavior.'

James Braid, 1852:

The real origin and essence of the hypnotic condition is the induction of a habit of abstraction or mental concentration, in which, as in reverie or spontaneous abstraction, the powers of the mind are so much engrossed with a single idea or train of thought, as, for the nonce, to render the individual unconscious of, or indifferently conscious to, all other ideas, impressions, or trains of thought.'

The legal definition in the UK Book of Statutes which forms part of The Hypnotism Act 1952 is:

"Hypnotism" includes hypnotism, mesmerism and any similar act or process which produces or is intended to produce in any person any form of induced sleep or trance in which the susceptibility of the mind of that person to suggestion or direction is increased or intended to be increased but does not include hypnotism, mesmerism or any similar act or process which is self-induced.'

This definition is unsatisfactory because it mentions sleep - something which Freud and other medical practitioners discounted many years before. Yet it remains the legal definition.

The British Medical Association on the 'Medical use of Hypnotism', 1955:

'A temporary condition of altered attention in the subject which may be induced by another person and in which a variety of phenomena may appear spontaneously or in response to verbal or other stimuli. These phenomena include alterations in consciousness and memory, increased susceptibility to suggestion, and the production in the subject of responses and ideas unfamiliar to him in his usual state of mind. Further, phenomena such as anaesthesia, paralysis and rigidity of muscles, and vasomotor changes can be produced and removed in the hypnotic state.'

The BMA definition addressed the weakness in the legal definition.

Dave Elman, 1964, summed it up more succinctly and with the medical jargon:

Hypnosis is a state of mind in which the critical faculty of the human is bypassed, and selective thinking established.

Gil Boyne, 1985:

Hypnosis is a natural state of mind with special identifying characteristics:

1. An extraordinary quality of relaxation.
2. An emotionalized desire to satisfy the suggested behaviour: The person feels like doing what the hypnotist suggests, provided that what is suggested does not generate conflict with his belief system.
3. The organism becomes self-regulating and produces normalization of the central nervous system.
4. Heightened and selective sensitivity to stimuli perceived by the five senses and four basic perceptions.
5. Immediate softening of psychic defences.

When do we experience trance states?

A trance state in the therapy room is deliberately induced. However, we all experience trance states. Here are some examples:

Watching TV or a film
Reading a book
Driving e.g. not remembering the last few exits on a motorway
Watching sport
Doing a repetitive task e.g. mowing the lawn
Watching fluffy white clouds change shape on a summer's day
Playing computer games

Incidentally, you will read from time to time that a percentage of people cannot be hypnotised. The authors have not yet come across anyone who cannot be hypnotised and doubt this is true. If they have experienced trance while watching TV, driving, reading, doing a repetitive task, etc. they can be hypnotised *if they choose to* and with all other necessary factors in place e.g. rapport, trust and a feeling of being in control of themselves.

Questions & critical thinking

1. Can you think of any criticisms of the above definitions?
2. Which is your favourite at the moment? You might find that it changes over time.
3. Can you think of any other contexts in which you might experience a trance?

Further reading

Yapko, M. D., (2003) *Trancework: An introduction to the practice of clinical hypnosis* (3rd ed.). NY: Brunner-Routledge. Chapter 1.

Frequently asked questions

These frequently asked questions are taken from our website (www.sheffieldhypnosis.co.uk). As such, they are written with clients in mind but they will serve as a useful orientation for students of hypnotherapy too.

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What is hypnosis?

Hypnosis is the process of inducing a trance. It is the key that unlocks the door to the unconscious mind, allowing therapy at a deep and lasting level. The term is sometimes used in place of 'hypnotherapy'. This is not strictly correct as hypnosis itself does not involve therapy (therapy is what the therapist does while the client is in a hypnotic trance). [top](#)

What is a trance?

Almost everyone has experienced an involuntary hypnotic trance. Here are some examples:

- You are driving and you can't remember the last few minutes or you pass through some traffic lights before wondering if you really looked to see if they were green.
- Someone snaps their fingers or waves their hands in front of you to bring you back to full

conscious attention because you are entranced by a book or film.

- You daydreamed and wondered where your time went.
- A child's eyes glazed over as they became engrossed in a bedtime story.
- Daydreaming while performing a repetitive task such as mowing the lawn or factory work.
- You locked a door but had to go back and check because you don't remember actually doing it. Your mind was elsewhere.
- You're enjoying a drink that you don't remember making.

All these are examples of natural trance states. A hypnotherapist induces this pleasant, relaxed state deliberately for therapeutic gain. In this heightened state of awareness you become very focused and able to concentrate more on the things that will bring about solutions to your problem. [top](#)

What is hypnotherapy?

Hypnotherapy is a combination of hypnosis and therapy. Hypnosis has been dealt with above so we'll look at the 'therapy' part. Therapy deals with the mind and this has two parts - the conscious mind and the unconscious mind. We use our conscious mind when we think. It is rational and we are aware of ourselves and our thoughts. The unconscious mind is hidden beyond our awareness. In addition to its more positive aspects, it is the seat of our habits, impulses, irrational thoughts and some illnesses.

In most forms of therapy the therapist makes suggestions at a conscious level. The problem with this is that the conscious mind, whilst rational, is often defensive, challenging, overly critical, flooded by negative thinking, cynical or disbelieving of new ideas. Hypnotherapy is special. When in a trance, the clients' busy conscious mind relaxes allowing their unconscious mind to come to the fore. Now the therapist can speak to a more receptive and focused unconscious mind to create a deep-rooted and lasting change of old habits, thoughts, pains, memories, emotions, etc.

Hypnotherapy isn't something that is done *to* a client *by* a therapist. There is no magic or trickery involved. Although there are often magical moments when unexpected changes occur, for the most part, hypnotherapy is a straightforward partnership between a client that is motivated to change and a therapist that uses their skills to help the process along. [top](#)

Can you give me some examples of how it works?

A smoker can consciously know smoking is harmful and yet find themselves compelled to smoke. For many people, conscious knowledge of government health warnings, increasing social unacceptability, the cost, smell and taste, etc. do not override the powerful unconscious habit. Hypnotherapy tackles the unconscious desire to smoke.

An overweight person may be overeating or eating unhealthy foods despite consciously thinking it is unhealthy and wanting change. The unconscious mind has different ideas but these are hidden from view. The person cannot understand why they yo-yo diet. This is because the unconscious desire to eat unhealthily keeps silently pestering despite the conscious efforts to stop. Hypnotic suggestions to eat healthily can change this.

Everyone, including a person with a phobia, knows spiders in the UK pose no threat whatsoever. Despite this conscious knowledge, they still find their unconscious fears taking over when a spider is present. Hypnotherapy builds confidence and deals with the causes such as early exposure to a screaming parent, having one thrown on you, etc.

As a final example, hypnotherapy can be used for medical problems. Western society, including modern medicine, has split the mind and body as if they are separate entities. More and more people, including medical professionals, are seeking holistic explanations. It is well known that stress in the mind can cause ulcers in the body. Merely thinking about something can make your heart race. Clearly, the mind and body are highly interrelated or better seen at a higher logical

level as part of the same system. Hypnotherapy has been used successfully to treat, manage or improve lots of medical complaints including, asthma, burns, wounds, skin problems, menstrual problems, IBS and many more. Hypnosis has been used for dental work and even major surgery where people are allergic to anaesthetic. [top](#)

If hypnotherapy is so successful why isn't it used more?

Film and TV portray the hypnotist as a magician who controls people's minds through some kind of mystical power or spell. In fact, the client always stays in control. They can refuse to enter a trance, bring themselves out of trance and reject suggestions. Stage hypnotism also gives the public a false impression. Clinical hypnosis very client-centred and professional (as opposed to ridiculing people for entertainment). Stage hypnosis is very much about acting and social roles. Subjects are carefully chosen for their extraversion and willingness to please rather than embarrass the entertainer. There will often be a certain number of chairs and an excess of volunteers is sought. People often compete with one another to be chosen. Non-compliant people are swiftly returned to the audience. Subjects could walk off stage at any point but there is pressure to perform. Stage is a place for performance and entertainment. No one wants to appear to not be playing ball or to embarrass the hypnotist. You won't be asked to 'milk a chicken' or do anything else that is demeaning in *hypnotherapy*!

The difficulty in explaining the process scientifically is also a problem for some people. It is important to remember that there was a time when people didn't know that air contained oxygen but oxygen still existed and proved rather useful! The absence of a scientific explanation for something is not sufficient reason to dismiss it. No one really knows how hypnotherapy works but it works for most people most of the time and the results can be astonishing. No one really knows how psychotherapy works, including mainstream approaches such as CBT! [top](#)

Why do people turn to hypnotherapy?

There are lots of reasons. Here are some of the common ones:

- Sadly, often as a last resort. This does motivate the client however.
- The client has tried other therapies and they are seeking something with proven results.
- Recommendation from another person who has benefited.
- Referral from a GP or another hypnotherapist.
- The client wants to tackle unconscious problems.
- Responding to an advert that triggers the person to act on something.
- Medicine is failing the client and they want something additional or different. [top](#)

What is the process of hypnotherapy?

First you will be invited to an initial assessment. This is a chance for client and therapist to get to know one another and for the therapist to find out more about the problem. The client is asked to fill in a questionnaire including contact details, any medical problems, etc. Therapist and client agree the main goal e.g. to stop smoking. The initial assessment allows the therapist to formulate a plan of action for future sessions. These will be a mixture of:

1. You talking about your problem/s
2. The therapist asking questions
3. The therapist offering hypnotic suggestions while you are hypnotised [top](#)

What does a trance feel like?

A trance state is pleasant, relaxing and peaceful. Some people experience mild tingling sensations, lightness or heaviness. It is so pleasurable that some clients have sessions purely for relaxation rather than therapy and some clients begrudge being brought out of trance! [top](#)

How do you feel afterwards?

Relaxed, refreshed, positive and ready for the challenges ahead. [top](#)

Does hypnotherapy work?

It works for most people and most problems most of the time. It is not a magic wand or miracle cure. The idea that the therapist snaps their fingers and cures you belongs to Hollywood and religious cults. The therapist does not 'do hypnotherapy on the client'. It is very much a partnership with the therapist acting as a facilitator - helping the client into a voluntary trance, offering suggestions while they are in trance and generally empowering them to achieve their goals and bring about the change they desire. [top](#)

How long is each hypnotherapy session?

Each session lasts around 60 minutes. Professional hypnotherapists that value their time and their client's time are very careful about this. They manage the session carefully to ensure the client gets maximum benefit in the minimum amount of time and that the session ends appropriately. Some people feel attracted to therapists that will spend an afternoon chatting but this is not a professional relationship and could signal that the therapist is trying too hard to be liked or has few clients to fill their time. [top](#)

How many hypnotherapy sessions does it take?

This depends on the nature and severity of the problem, whether there are lots of related problems or just one, the client's motivation, how challenging the client's goals are, and many other factors, some of which can change during the course of therapy.

A definite and known number of sessions can sound appealing if you are on a budget or short of time but this can cause problems. To offer a definite number of sessions, a hypnotherapist would have to do one of the following:

1. Put everyone through the same course of treatment and ignore their individual needs and differences.
2. Bring therapy to a premature close if necessary to meet the promises made.
3. Surprise the client by adding more unplanned sessions.
4. Overestimate the number of sessions required to buffer any problems that arise.

Experience has shown us that our clients would rather us invest in them individually and work flexibly to achieve a lasting solution. As a *rough guide*, however, most issues take between 3 and 6 sessions. Smoking is usually tackled in a single longer session. Depression can take 10 or more sessions depending on its severity. Hypnotherapy is far speedier than other major psychotherapies. CBT (cognitive behavioural therapy) can last 8-20 sessions and psychoanalysis can last years.

The decision to end therapy is ideally negotiated between client and therapist. We guarantee that we will 'terminate therapy at the earliest time, commensurate with the good care and continuing welfare of the client' (National Council for Hypnotherapy ethical guidelines). Of course, the client is free to terminate therapy at any time if they choose to leave sooner. [top](#)

Do you offer guarantees?

No responsible hypnotherapist would offer a guarantee of 'cure' as this would be unethical. Hypnotherapy is not a 'miracle cure'. All forms of therapy, whether they be hypnotherapy,

cognitive therapy, chemotherapy, relate, alcoholics anonymous, reiki, medicine, etc. work differently on different people and can fail to bring about the desired change in some people.

What we do guarantee is that we will bring all our knowledge, experience, skills and effort to bear on the problem and we will always have your best interests at heart.

Ultimately, therapy requires a partnership in which the client is highly involved and committed. [top](#)

Can you provide success rates?

This is a common and perfectly reasonable question to ask. It would help a client decide whether hypnotherapy *per se*, or a particular therapist, is right for them and for their particular problem. However, therapists are not supposed to provide success rates for a number of reasons:

1. Quoting a high success rate for a problem can leave people who don't succeed feeling even worse about themselves.
2. Quoting a low success rate for a problem could mask the fact that the therapist has recently taken on a batch of de-motivated clients or client's with very complex problems, perhaps from another therapist who has referred them on.
3. It is the individual that matters. Other people are different and they are not a reliable guide as to whether another person will be successful. Everyone has a different set of problems, personality, support structures, motivation, etc.
4. Verification of a therapist's success rates is awkward. Unscrupulous therapists could lie about their success rates and there are no independent auditing procedures.
5. How should we measure 'success'? The therapist might think they were successful but the client might not. The client might think they were successful but the therapist thinks the result could have been better. How long does a client go without smoking, putting on weight or experiencing a panic attack, for example, before they can be sure hypnotherapy has been successful? Is success a partial removal of the problem, enough to make it more manageable, or a full cure? Measuring success is very complicated (in other therapies and medicine too)! [top](#)

Do the effects of hypnosis last?

The pleasant relaxation effects of an individual session can last hours depending on the person and what life throws at them after they leave the therapy room. Techniques can be offered to enable the client to return to these feelings at will. There are no negative effects on driving, operating machinery, etc. They will feel wide awake, refreshed and ready for the challenges ahead.

The overall effects of therapy can last a lifetime. Quick fixes generally treat the symptoms rather than the problem. Where there is an underlying emotional problem it can take a few sessions for client and therapist to understand it. The results of hypnotherapy can then generalise out across many areas of client's lives.

Problems can return on occasion but they are usually 'new' problems. For example, treatment for a phobia of dogs would make a person comfortable stroking a dog, like most people are. However, if a dog bit them, they could develop a new phobia of dogs just like anyone else could - even if they had never had a phobia previously.

In sum, hypnotherapy clients don't become reliant on hypnotherapy to maintain the solution. However, they are still be subject to life's pressures, such as aggressive dogs! [top](#)

Can anyone be hypnotised?

Anyone who has experienced daydreaming, being totally 'lost' in a film, book, music, boring or repetitive task has already experienced a trance. People with severe learning difficulties and children under the age of 5 may find it more difficult to benefit from a 'talking therapy'. We would

not hypnotise someone against their will. [top](#)

How will I know if I have experienced a trance?

Trance states vary. Some people experience profound relaxation, feelings of warmth, peace, drifting, floating, strong imagery, etc. Usually clients find themselves going deeper in subsequent sessions. Any concerns usually disappear once the client realises how positive the experience is. Some people hardly notice the trance, or think they haven't entered a trance because they just felt their mind wander a little. There are certain clues that the therapist will notice and can discuss with you afterwards to assess this. [top](#)

What if I don't experience trance?

This is not likely to happen. Even the most sceptical and analytical clients enter a trance if they want to, including people who believe they 'cannot be hypnotised'. In fact, such clients have a strong will and they can use this mind control to their advantage and *choose* to enter a trance when *they* feel ready. If a client and therapist have a good rapport and the client has trust in the therapist, a desire to enter a trance, and has ever experienced a natural trance, they *can* experience a hypnotic trance. A client does not have to want to relax, or be able to relax, although they might as well take time out and enjoy the process even more! The depth of trance is unimportant for most types of work we do.

Imagine it is bedtime. If you try hard to stay awake you will. Yet if you try too hard to sleep you will also stay awake (Law of Reversed Effect). Either way you are paddling hard against the flow. Although hypnosis is not sleep, the problem is the same. The client should neither resist hypnosis nor try too hard to enter a trance. The client will enter a trance if they accept their thoughts and feelings as they come, allow themselves the chance to relax, and communicate any concerns to the therapist so they can help. [top](#)

Is hypnosis safe?

Hypnosis and trance are 100% natural and safe - you already undoubtedly experience trance regularly in day-to-day life. You cannot get 'stuck' in a hypnotic state - you would naturally return to your normal state of consciousness after a short while even if the therapist walked off! You remain aware of yourself and your surroundings and you can voluntarily terminate the trance at any point. You can also speak at any time.

Only a therapist can be unsafe, which is why it is important for the public to make sure a therapist is qualified, experienced, insured, in supervision, and a member of a professional body so that they adhere to a code of ethics. [top](#)

Why doesn't my GP offer hypnosis?

Most GPs simply do not have the time to spend with patients. They usually refer people on to a professional hypnotherapist. [top](#)

Is it necessary for a GP or psychologist to refer me?

No. However, if the client's problem is a medical one, such as an allergy, IBS or skin complaint, it should be properly diagnosed by a doctor first and they should continue taking any medication. If it is psychological, again, they should continue with any support they are currently receiving and see hypnotherapy as an additional form of help. The therapist might want to speak to a client's doctor or psychologist before proceeding in some cases to make sure they thoroughly understand the condition and to make sure their work is complimented. [top](#)

How is hypnosis induced?

There are lots of different techniques. A common approach would be closing your eyes, breathing exercises, relaxing your muscles and then a pleasant visualised journey along a beautiful stream, beach or up a mountain, etc. Another induction involves staring at a picture or object. All methods are harmless and pleasant! [top](#)

Are drugs used?

Definitely not! It is even preferable to avoid caffeine (tea, coffee and cola) before therapy to make relaxation easier. Clients should tell their therapist (in complete confidence) if they are taking recreational or medicinal drugs. [top](#)

Will I reveal personal secrets?

Clients remain in control; hypnosis is not a 'truth pill'. [top](#)

Can I eat and drink before sessions?

Yes. However, please avoid alcohol. It might help to avoid stimulants such as tea, coffee, cola (and cigarettes) to help you relax more. [top](#)

What should I wear?

A client can wear whatever they feel most comfortable in. Occasionally people remove hard contact lenses if they are worried that rapid eye movements (like those you experience when falling asleep) will be uncomfortable. Most people leave them in without any problems. [top](#)

Will it be distressing?

Hypnosis is a very gentle, non-invasive process. However, the nature of some problems may mean revisiting memories or imagining things clients are fearful of in order to treat them. They can stop any therapeutic technique at any time - they are always in control, even when in a trance. Sometimes even difficult material can be processed whilst remaining remarkably relaxed. [top](#)

How will I feel afterwards?

Very relaxed! [top](#)

Are there any side-effects?

Only positive ones such as being more relaxed, realising your potential, problem-solving, being happier, less fearful, more content and/or sleeping better. [top](#)

Will I need to do anything between sessions?

Clients are sometimes given simple and manageable assignments (e.g. eating diaries for weight loss). Assignments are sometimes for the client's direct benefit and sometimes to help us to understand the problem better. [top](#)

How do you maintain confidentiality?

Client's notes and contact details are not shared with anyone. In exceptional circumstances we may be forced to by law or if it is in the client's interests because they pose an immediate danger to themselves (e.g. considering suicide) or to others (e.g. paedophilia). Therapist may discuss cases with their clinical supervisors so they can help if need be. They are bound by the same responsibility to maintain confidentiality. [top](#)

Are there any people or problems you don't work with?

Therapists need to feel comfortable and safe. They would not work with someone they felt posed a risk to them. Anyone who became abusive would be asked to leave therapy immediately and permanently, for example.

There are always problems that a hypnotherapist feels comfortable dealing with in terms of their knowledge, skills, interests, personal values, etc. and other problems they are not comfortable with. If a therapist is not comfortable with a problem they refer the client on to another therapist.

If someone became attached to the therapist they would be referred on to another therapist and, with permission, their case notes would be passed on.

Most hypnotherapists do not work with:

Children under the age of 5

Clients suffering severe mental problems where they pose a risk to us or themselves

Clients who are forced to come to sessions against their will e.g. by a partner. [top](#)

Can you provide testimonials?

Some therapists provide testimonials but they shouldn't. Unfortunately, there is potential for fabrication. To combat this the Advertising Standards Authority insists that testimonials must be based on dated and signed documents that are available to be checked. Making them available for checking, however, would break client confidentiality. Even where the client agrees to marketing using their comments, the therapist's role is to provide a service to the client, not the other way around. A testimonial falsely extends the therapeutic relationship - a relationship that should end as soon as treatment ends. [top](#)

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Dispelling the myths

Being an effective hypnotherapist (and business person) requires that we dispel the various myths around hypnosis. Some clients contact hypnotherapists with very rounded views of what it involves. Others have been influenced in less than positive ways by friends, family, TV, film, newspapers and so on. The following are the most common myths:

"I will be made to 'dance like a chicken'"

Please reassure your clients that we don't make them dance around the therapy room like a chicken, or moo like a dog. This is a professional relationship aimed at empowering clients rather than demeaning them for entertainment. Many clients are nervous but still intrigued by the power of stage hypnosis. They think 'if it can make people do that on stage it really could help me'. This mystery can be harnessed - but without deliberately misleading the clients.

"I will lose control"

This myth is sometimes in the extreme and clients think they will be unconscious. A less severe concern is that it will be partial mind control. The client needs to be reassured that *they* take themselves into a trance, *they* choose to deepen it when they are ready and *they* can choose to return to the room or lighten the trance at any point. Paradoxically, the more they feel in control the more they relax and surrender control (to the *process* rather than to the therapist).

"Hypnotherapy is a miracle cure"

This is a common myth that needs to be dealt with at the first point of contact. Many a potential client will call as a last resort having tried other approaches, desperate for a solution, after hearing of other people's success, or after witnessing the power of a stage performance. There are two opposing forces here and hypnotherapists do not always agree on the best route forward.

One argument is that if the client truly believes hypnotherapy is *that* powerful, they are likely to get a powerful placebo effect. This is ultimately empowering for clients. They will engage with therapy and its magical qualities and might hear key words and phrases that the hypnotherapist uttered during trance repeatedly in their heads after therapy.

The opposing argument is that this is disempowering to clients in the long run because the client feels no sense that they were responsible for their own successes. They then become reliant on hypnotherapists for other issues in the future. They also take no responsibility when therapy is not successful e.g. if they smoke again. It can lead to bitterness and disappointment with the therapist or hypnotherapy generally. Also, if there is no personal responsibility, there may be no personal motivation; everything is left to the miracle worker. In other words, the locus of control (see section on this) is external. The authors believe it is best to dispel this myth whilst retaining some level of excitement and mystery.

An even more serious side to the 'miracle cure' myth is when potential clients think it will overcome serious illnesses such as cancer. Although hypnotherapy could improve chances of survival and prolong life in terminal cases due to deep relaxation, imagery that boosts energy, etc., this needs to be handled in a sensitive way so that the client and their loved ones do not build unrealistic expectations.

Questions & critical thinking

1. How will you explain to potential clients the power of hypnotherapy whilst not misleading them or entertaining unrealistic expectations?
2. Can you think of any other myths? How will you handle them?

Further reading

Yapko, M. D., (2003) *Trancework: An introduction to the practice of clinical hypnosis* (3rd ed.). NY: Brunner-Routledge.

A brief history of hypnosis and hypnotherapy

Hypnosis was used in Ancient Greece and Egypt over 4000 years ago. In more recent times Franz Anton Mesmer (1734-1815) (who lends his name to the word 'mesmerised') achieved amazing success with clients in the 1700s although he believed 'animal magnetism' and its ability to draw out 'emotional crises', was the explanation. His dramatic inductions included wearing robes and using a wand which did nothing for the reputation of hypnosis despite his successes. Scientific investigations concluded that it was belief and imaginations, rather than magnetism, that accounted for his results.

Armand-Marie-Jacques de Chastenet, Marquis de Puységur (1751-1825) practised animal magnetism, also called mesmerism, but he noticed in one of his clients what he felt was a sleeping trance state similar to the state of sleep-walking called 'somnambulism'. This influenced others in the field who also continued to pursue this state.

In 1791 a boy was in hospital for an operation on a tumour. No anaesthesia was available and so his mother sat beside him and told him a story. It was so interesting that her son became totally entranced by it and felt no pain. The surgery was successful and many years later the boy published the story. The boy's name was Jacob Grimm and the story was Snow White.

Professor of Medicine, John Elliotson (1791-1868) (the person who introduced the stethoscope to England), championed the use of hypnosis in the 1800s but he was ridiculed by a disbelieving medical establishment, especially Thomas Wakley, then editor of the Lancet. Wakley had initially supported Elliotson and mesmerism but, possibly concerned about a backlash amongst medical professionals which threatened the authority of the new medical journal, he did an about turn and experiments challenged the animal magnetism theory.

Scottish eye doctor James Braid (1795-1860) was fascinated by how someone following a swinging pocket watch would find their eyes tired. He later realised that there were many other ways to induce a trance. He incorrectly thought hypnosis was a form of sleep and named the phenomenon 'hypnosis' after the Greek word for sleep, 'hypnos'. Later, realising hypnosis was not a form of sleep, he tried to introduce another name, 'monoideism' but by then the term 'hypnosis' was too widely used. Braid was keen to establish a more scientific theory and dismissed magnetism in favour of focused attention and suggestion.

Working in India, a British surgeon called James Esdaile (1808-1859) anaesthetised his patients using only trance states. He had amazing success with hundreds of operations. Despite the obvious success of his methods, he too was ridiculed by the medical establishment.

Ambroise-Auguste Liébeault (1823-1904) was largely influenced by Braid. He formed the Nancy School which favoured focused attention and suggestion. Sigmund Freud visited and was influenced by Liébeault. Émile Coué studied with Liébeault more extensively, as did Hippolyte Bernheim (1840-1919). The Nancy School became embroiled in fierce debate with the Paris School.

Jean-Martin Charcot (1825-1893) was a French Professor of anatomical pathology. He believed hysteria was a hereditary neurological disorder. This was the hallmark of his Paris School. He sought to induce hysterical states in clients and received a mixed response from a sceptical medical audience. Charcot taught hypnosis to Freud.

Unlike his predecessors, Coué (1857-1926) believed he did not heal people, but rather, they healed themselves. He pioneered the use of self-help methods such as autosuggestion - something popular these days, such as positive affirmations and self-hypnosis to train the unconscious mind to think differently through repetition. Most modern hypnotists (with the exception of stage hypnotists) act as 'facilitators' rather than all-powerful showmen and women.

Sigmund Freud (1856-1939) used hypnosis extensively in his own work before devising his own psychoanalytic therapy. Freud's insights into the unconscious mind and defence mechanisms are still widely used in hypnotherapy. Freud translated some of Bernheim's writings on hypnotism into German. His first book, 'Studies on Hysteria' (1895) which was co-authored with Josef Breuer, popularised the concept of hypnotic regression therapy.

Clark Hull (1884-1952) was a scientific researcher of hypnosis. He published Hypnosis and Suggestibility in 1933. His experimental work rejected the idea that hypnosis was, or was related to, sleep. Hull promoted behavioural theories of hypnosis, based on suggestion and motivation rather than the hypnotic 'state'.

Milton Erickson, MD (1901-1980) had, it is said, incredible success with his clients. He developed a form of hypnosis that utilises the client's thoughts, interests, fears, etc. to improve therapy by stepping into the client's world and walking a mile in their shoes. The approach used

was always tailored to the individual client. Erickson's main contribution to clinical practice is the use of indirect methods that bypass resistance.

Stanford University professor, Ernest Hilgard (1904-2001), worked with André Weitzenhoffer in the 1950s to devise the Stanford Hypnotic Susceptibility Scales. Hilgard, who specialised in pain management, developed the 'neo-dissociationist' theory of hypnosis. In this theory, a 'hidden observer' is created in the mind during hypnosis. Part of the evidence for this theory was provided in experiments where participants could observe their own pain without suffering.

Social psychologist Theodore Sarbin (1911-2005) is well known in psychology for his 'role theory'. Put very simply, people play particular roles, rather like actors. He believed that hypnotherapy clients were playing a particular role that was expected of them (rather than being in a particular 'state', for example). He was a prolific researcher of hypnosis and developed, along with Joseph Friedlander, an early hypnotic susceptibility scale which influenced later Stanford scales, called the Friedlander-Sarbin Scale. Cognitive-behavioural theories of hypnosis would later draw on this work.

Martin Orne (1927-2000) was professor emeritus in the Department of Psychiatry and adjunct professor emeritus in the Department of Psychology at the University of Pennsylvania at the time of his death. Orne dismissed the idea that age regression necessarily revived childhood memories, or that adult modes of thinking could be substituted from them. He also showed, in a classic experiment along with Frederick Evans, using antisocial behaviour as an example, that behaviours were actually a response to demand characteristics in research (participants pre-empting researcher expectations and steering results) rather than as a result of hypnosis per se. Other experimental work showed that hypnosis did not permit people to go beyond the usual limits of human performance. He also researched false memory and cautioned practitioners about the risks of false recall, including in forensic hypnosis.

Theodore Barber (1927-2005) was a prolific researcher. Following Sarbin, he developed a nonstate cognitive behavioural theory of hypnosis that concentrated on psychological processes that would be familiar outside of hypnosis, including imagination, motivation and expectation.

These days many medical doctors are receptive to complementary clinical hypnosis. Most refer patients to qualified hypnotherapists as few have the time they would need to spend with individual patients. Hypnosis is used in the psychological professions too, as well as in business and sport (e.g. to improve confidence and motivation), and for personal change, e.g. tackling weight, smoking, phobias, anxiety, stress, etc.

Further reading

Gauld, A. (1995) *A History of Hypnotism*. Cambridge: Cambridge University Press

Waterfield, R. (2004) *Hidden Depths: A History of Hypnosis*. New York: Macmillan

Conscious and unconscious mind

Our conscious mind can handle limited amount of information at a time. If we handled all the millions of bits of data arriving through our senses at the same time we would be overwhelmed. The conscious mind therefore focuses a narrow beam of attention at a given time. By contrast, the unconscious mind is holistic, dealing with everything else that the conscious mind cannot cope with. It will flag up anything that the conscious mind needs to take care of such as a danger. So, for example, someone might not see something in their peripheral vision on the road until it becomes a potential hazard, or they might not notice (unconscious) that they are getting hotter and hotter until suddenly they realise they have left the heating on for too long.

The conscious mind processes information in a sequential, logical and linear manner, whereas the unconscious mind processes simultaneously, intuitively and holistically.

The conscious mind asks 'why?' while the unconscious mind seeks experiential learning.

The conscious mind exercises free will, e.g. making voluntary movements, while the unconscious mind controls the physical body beyond our awareness e.g. digestion, breathing and pulse.

The conscious mind communicates through language while the unconscious mind communicates through physical sensation.

Some people believe the unconscious mind stores memories of everything we experience but the conscious mind does not always find it easy to retrieve them.

The conscious mind is concerned with wakefulness. The unconscious mind deals with sleep and dreams.

The conscious mind is often a defensive place and according to Freudian theory, protects itself from unconscious threats using defence mechanisms such as 'denial'. Some of our more troubling issues can be locked away in the unconscious and surface to consciousness as anxiety or manifest themselves as physical illness. Our unconscious mind is hidden and unknown to us. It is a place of fantasy, e.g. dreams and imagination and is more open to helpful suggestions.

Questions & critical thinking

1. Do you think the conscious and unconscious are so different? For example, is the conscious always so logical and rational?
2. Is it necessary for there to be such a thing as an unconscious mind to perform hypnotherapy?

Further reading

Gross, R.D. (2005) *Psychology: the Science of Mind and Behaviour*. London: Hodder & Stoughton (an earlier edition will be fine)

Altered states of consciousness

Very often hypnotherapy courses, books and practitioners talk about trance as if it is a singular state. In fact, there are many different states of consciousness, recognisable to the person in the state and to observers. According to Wikipedia (2007) (edited):

'An altered state of consciousness can come about accidentally through, for example, fever, sleep deprivation, fasting, oxygen deprivation, nitrogen narcosis (deep diving), or a traumatic accident.

It can sometimes be reached intentionally by the use of sensory deprivation, isolation tank, or mind-control techniques, hypnosis, meditation, prayer, or disciplines (e.g. mantra meditation or yoga).

It can also be attained through the ingestion of psychoactive drugs such as alcohol and opiates, or psychoactive plants and chemicals such as LSD, DXM, 2C-I, peyote, marijuana, mescaline, *Salvia divinorum*, MDMA and psychedelic mushrooms.

Another effective way to induce an altered state of consciousness is using a variety of neurotechnological instruments such as Hemi-Sync, psychoacoustics, mind machines, light and sound stimulation, and cranial electrotherapy stimulation. These methods attempt to induce specific brainwave patterns.

Naturally occurring altered states of consciousness include daydreaming, dreams, lucid dreams, euphoria, ecstasy, psychosis as well as purported premonitions, out-of-body experiences and channelling (communicating with spirits or invisible beings).'

Hypnotic trance states can be 'light' or 'deep', hardly noticeable or profound, active or passive, and alert and engaging or lethargic and carefree.

In hypnotherapy, we are normally aiming for a 'downtime' trance state where the client relaxes and thought processes slow and become more focussed. There are times when an uptime state is valuable, however. These are more useful for teaching people such as sportsmen and women how to focus. New Code NLP games have been devised to enable people to reach these states. The effects are not new and can be found in Shamanism and tribal music and dance, for example, but these are simple games to encourage a rapid uptime trance. One of the best known new code games is the 'Alphabet Game'.

Questions & critical thinking

1. When might you use a New Code Game such as the Alphabet Game?
2. When would it be inappropriate?
3. How will you describe trance to your clients?
4. Do you think the hypnotic trance state is unique or are there other contexts in which we find ourselves in a similar state?

Where is hypnosis used?

Hypnosis is used in the following areas:

Stage hypnosis - almost universally just for fun. This is for entertainment, most often making the audience laugh by making the subject do embarrassing or silly things. Stereotypically, the subject is made to dance like a chicken. Most, but not all, clinical hypnotherapist distance themselves from stage hypnotism.

Medical hypnosis - a clinical application of hypnosis to bring about medical changes. This is concerned primarily with the body although the route to bodily changes can be via direct suggestion such as 'feel the healing taking place' or 'the pain diminishing', or via psychological health such as encouraging a stomach ulcer to heal by suggestions for stress management. It may be conducted by medical practitioners or hypnotherapists.

Dental hypnosis - this is dedicated to the use of hypnosis to manage dental fear and phobia and inducing anaesthesia in patients who are allergic to chemical anaesthetics or frightened of needles. It may be conducted by dentists or hypnotherapists. Patients can be encouraged to

develop new habits and dispense with old ones. They might, for example, be given suggestions to stop grinding their teeth (Bruxism), or to floss and brush more regularly or for longer.

Forensic hypnosis - this is used to help tackle crime. For example, a witness who cannot remember the details of a crime can find their memory greatly improved when in a trance. There has been much controversy around whether hypnotically derived memories can be relied upon in court so most work in this area is to supplement information available to the police. For example, if someone remembers a particular person being present at the crime scene the police can then add this to their corpus of data and investigate and obtain other sources of corroborative evidence. Another use of forensic hypnosis is for victims of crime, who may be given hypnosis to reduce fear and anxiety or deal with a traumatic memory. Memory and the court case controversy is explored further in the section on criminology.

Educational hypnosis - this is used for various reasons, including improvement of concentration and to reduce anxiety. Anxiety can block learning by decreasing attentiveness, involving negative self-talk, and reducing recall. Hypnosis can be used for teachers to reduce self-consciousness, anxiety, improve voice projection or eye contact, or tackle nervous tics or habits such as face rubbing.

Business hypnosis - is most often used to improve communication or selling skills, handling job interviews, dealing with anxiety and stress, and coping with difficult situations such as HR jobs involving telling workers with children and a mortgage that their job is at risk.

Sports hypnosis - can be used to improve concentration, reduce performance anxiety, dispense with old habits and build new ones, overcome self-imposed limitations, encourage positive thinking, improve coordination, and in overcoming negative thinking.

Psychotherapy - hypnosis (although it won't usually be called that) is used in most psychotherapies. Clients will temporarily focus highly (trance) on a specific fear, problem or solution, associate with solutions and dissociate from problems, be suggestible at times, relax, etc. '*Hypnosis by itself cures nothing. It's what happens during the hypnosis that has the potential to be helpful to people.*' (Yapko, 2003:118). This is why we believe it is important to have some general psychotherapy skills under your belt.

Some therapists using EMDR and other approaches use hypnosis to relax clients or create a safe place for them.

Questions & critical thinking

1. Can you think of any other areas in which you could use hypnosis?
2. Is hypnosis a 'tool' or a 'therapy'?

Further reading

'Contexts of hypnosis' in Yapko, M. D., (2003) *Trancework: An introduction to the practice of clinical hypnosis* (3rd ed.). NY: Brunner-Routledge.

Stage hypnosis

Clinical hypnotherapy and stage hypnosis have an uneasy relationship. The hypnotherapy community is split in terms of their views about stage hypnosis. Clinical hypnotherapists seek to empower clients rather than disempower them through demeaning performances for

entertainment. Yet people willingly volunteer and a stage is for entertaining people. Stage hypnosis also sends a message to the public about how powerful it is. People sometimes think 'If it can make people dance like a chicken, it could stop me smoking'. Although this can create work for hypnotherapists, it does give the impression of mind control. This puts other potential clients off as well as underestimating the motivation that is still required. In other words, it can create fear or unrealistic expectations.

So how come stage hypnotists can do the things they do? Potential clients often ask this so it is important to know. Stage hypnotists select audience members for extraversion, suggestibility and obedience and swiftly return introvert and non-compliant people back to the audience. Those that remain with the hypnotist now feel special. They know that any embarrassment can be explained away by the hypnotists power (diminished responsibility) so they are willing to do things clinical clients would never do in a therapy room.

The hypnotist makes leading statements such as "Only those people who are smart, secure, strong, successful and talented will carry out my suggestions, providing people with a flattering motivation to do as they are told. The subjects then perform - which is what you do on a stage. If they don't, they fear embarrassing the hypnotist, looking like a party-pooper, and risk rejection by an audience that wants to be entertained. In short, there are too many pressures to conform. Those that are not going to conform are weeded out very early in the process.

Questions & critical thinking

1. Do you think clinical hypnotherapists should be involved in stage hypnosis? Why/not?

Recognising the signs of trance

It is important to know when a client is in trance for a number of reasons. You need to know when to start offering hypnotic suggestions. You also need to know so that changes in the client that they might not be aware of can be fed back to them in order to ratify (make real/known) the trance. Some clients do not believe they have been in a trance and can soon start to think they are 'unhypnotisable'. It is important to be able to reassure them that they were in a trance.

Clients often react in idiosyncratic ways but Battino and South (2005, edited) list the main indicators of trance as:

- Pupil dilation
- Slowed pulse
- Altered respiration (slower, deeper abdominal breathing)
- Comfort and relaxation
- Smooth and relaxed facial features, expressionless ('the hypnotic mask')
- Response attentiveness
- Swallowing reflex
- Eye changes and closure, lachrymation (eyes 'watering')
- Body immobility
- Literalism
- Loss or retardation of blinking response
- Changed voice quality
- Catalepsy
- Psychosomatic responses
- Sensory, muscular and body changes (e.g. 'pins and needles', numbness, heavy/light limbs, temperature changes, twitching)
- Expectancy

Time lag in motor and conceptual behaviour

Hypnotic phenomena

- a. amnesia
- b. anaesthesia
- c. catalepsy
- d. regression
- e. dissociation
- f. time distortion

Body reorientation after trance

Feeling good after trance

Looking at some of these indicators in more detail, respiration (breathing being the noticeable part to the therapist) slows down. If the client was breathing higher in the chest - common in clients with stress and anxiety - you will notice it go significantly deeper down in the chest and their belly rises and falls. This is called *deep abdominal breathing* and is a sign of relaxation. It is possible to be in a trance whilst not being relaxed but clients are encouraged to relax simply because they might as well!

Response attentiveness means that when the therapist asks the client to do something such as 'go deeper', 'breath deeper', or 'raise a finger' the client obliges. If they do not, they may be wakeful and choosing not to follow requests or sleeping!

Swallowing is quite heavy. If the client is asked to open their eyes or already has them open they look glazed and often the eyelids only open partly. You might see the whites of their eyes under their eyelids. Clients can move during a trance, e.g. to relieve any discomfort from sitting in the same place. However, they are mostly very still.

Requests can be taken literally and uncritically but only if the client feels safe with them and they do not override personal values, etc. The client will maintain enough critical capacity to avoid taking something literal if it is not in their interests. Catalepsy can occur in various parts of the body but most usually in the hands. When the client talks, their voice is more slow, lethargic, sleepy sounding.

Psychosomatic responses are those where the mind clearly influences the body. For example, if it is suggested that the room is getting warmer, a client's face might flush. Suggestions that the tiniest beginnings of a smile is forming on the client's face can create just that as they smile about the thought of smiling.

Body changes can include changes of temperature, flushing, skin appearing waxy, twitches, and the head leaning to one side. Expectancy builds in the client. They wonder what they are going to be asked to do or think of next. They wonder with anticipation how the trance will feel or how deep they might go this time. Silences leave the client wondering what will happen next and as they think about this, and go inside in search of answers, their trance deepens even more.

Clients may spontaneously regress (go back) to earlier points in their life or at the suggestion of the hypnoterapist. They might not remember certain aspects if they enter a deeper trance but amnesia can also be suggested by the therapist. Anaesthesia can be light or so powerful that people allergic to chemical anaesthetics can undergo surgery and dental work. Some clients may dissociate i.e. feel that they are not in situations they are asked to recall or imagine, but rather, they are watching from the outside e.g. on a screen or as a third person/observer.

Time distortion is almost universal amongst clients. Typically they seriously underestimate how long they have been undergoing hypnosis, usually estimating a 30 minute session to have lasted about 10 minutes. It is always worth asking clients on their first hypnotic session. Some already know they have been in a trance anyway and this information simply builds on that with evidence. For other clients who feel they have not been in a trance it comes as a revelation. This evidence usually has much more value than a therapist trying to convince them with things they

can't measure e.g. saying "You look like you was in a trance to me". Going against their beliefs is usually antagonises them but evidence does win most clients over.

Questions & critical thinking

1. How many of these indicators have you seen in someone doing a repetitive task such as mowing the lawn?
2. Which of these indicators do you think are *exclusive* to trance i.e. are not normally a part of our everyday experiences?
3. Most therapists start out by using hypnotic scripts. Given what you have learnt in this section, can you think why it can be a good idea to *not* use scripts?

Further reading

'The Phenomenology of Hypnosis' in Yapko, M.D (2003) *Trancework: An Introduction to the Practice of Clinical Hypnosis* 3rd ed. Brunner-Routledge

References

Battino, R. and South, T.L. (2005) *Ericksonian Approaches: A Comprehensive Manual*. 2nd ed. Norwalk, CT, USA: Crown House Publishing

Use of music

Hypnotherapy was conducted for thousands of years without music so it is not essential. It can help clients relax, however, and is a nice addition to your service. The music needs to be relaxing and slow to help people slow into its rhythm. Drums can sometimes make a track too intense. Drifty, melodic music played on instruments people associate with relaxation or holidays is good e.g. acoustic guitar and panpipes. The sounds of nature can be relaxing too, e.g. dolphins, birds and waves.

The track length needs to be long enough to cope with the longest session without stopping unless you can leave it on repeat play. Typically 45 mins is a good length even though many trance sessions will be less than this.

Keep the volume low so that the client can hear your instructions and to maintain a sense of calm. There is no need for a fancy hi-fi system - a basic mp3 player will do although avoid the really cheap, small, trebly speakers and opt for some with some warmth, bass and richness preferably.

Some therapists use headphones. This is not essential. The argument for them is that it provides a more 'intimate' experience and keeps out other noises. This may be useful if you have neighbours doing building work or who have a noisy pet. However, sounds in the environment can be beneficial and are lost with headphones. For example, it is possible to work in the sound of the wind outside as 'the wind of change' or the sounds of birds as relaxing. You can use rain hitting the window as a deepener by saying, "with every drop of rain, feel yourself relax deeper and deeper". Headphone and mic sets do have a further advantage when the hypnotherapist has a weak voice. Seeing lots of clients can lead to a sore voice box with all the talking and this reduces a microphone and headset reduces the your speaking volume.

If you are going to create your own CDs for clients do remember to respect the owners' copyright. They have spent hours creating the music. Some will require a license allowing, say, 40 copies before you have to purchase a further license. Other may be at a certain cost per copy. If you do not want these ties seek out *copyright free* relaxation music. This is sometimes free and sometimes costs a one-off purchase fee. Generally speaking, as with most things, you get what you pay for.

Professional bodies

All practising hypnotherapists need to join at least one professional body. The benefits to the therapist are magazines and newsletters, discounted insurance schemes, help with ethical issues, conferences, further training and referrals through their website. The benefit for the public is that members are bound by codes of ethics that guarantee them a minimum standard of service.

There are lots of professional bodies and we don't not ask that you join a particular body, although we do ask our students to join those that accredit us. As a student member they can experience what the professional body has to offer, usually for free. Whether they go on to join as a higher grade member upon qualification, or join a different body is a personal choice. It will normally be a smoother process to join professional bodies that accredit a particular course as they will already know it meets their standards without further evidence.

Typical considerations when choosing a profession body are the quality of magazines and newsletters, conferences, recommendation by current members, and a website entry for potential referrals. The cost should not be a deciding factor as they all have a similar annual fee. Some are run for profit. Others are not-for-profit and member's money all goes back into the organisation to the benefit of members.

Questions & critical thinking

1. Do you see any potential problems with professional bodies that are intimately bound with, or run by, particular training schools?

Further reading

Look at professional body websites for more information. Please contact them with specific membership questions:

Some examples of professional bodies:

[National Council for Hypnotherapy](#)

[National Council of Psychotherapists](#)

[General Hypnotherapy Register](#)

Unit 2

Inducing and maintaining trance and general hypnotherapy themes

It comes as a surprise to some beginners to find that inducing trance is actually quite easy. We will come to some actual inductions later but for now we focus on the theory. There is no 'right way' to induce trance and the altered state of consciousness is so robust that you can in fact do quite a lot 'wrong' without negatively impacting it. It is common for beginners to feel anxious that they might do something wrong or to see a failed attempt at induction as saying something about their voice, or worse, them as a *person*. All skills can take practice. To give yourself the best possible chance of being effective, study the general pointers below until you are really familiar with them before continuing:

Rapport

Rapport is essential to all therapies. The process of rapport-building begins with the first contact (first impression). We do have a second chance when we first physically meet our client to make another powerful impression. The client must be comfortable, trust the therapist and believe they are empathic and understanding. Hypnotherapy is one of the most intimate psychotherapies, and often seen as 'weird' frankly, so rapport is essential. Without it clients may resist trance induction or fail to take suggestions on board.

Education

Hypnosis has a mystical quality and you may choose to retain some of this. However, it is important to allay any fears or concerns that the client has and to dispel myths that could get in the way of therapy, e.g. that no motivation or will power is necessary on the part of the client.

Expectancy

Expectancy begins well before the first contact e.g. through seeing stage hypnotists or hearing of a friend's success using hypnotherapy. The lack of understanding of what hypnosis actually is creates a kind of magic. When they hear you are studying hypnosis, some people will no doubt feel excited or refuse to look into your eyes! Without playing on it and disempowering your client, build the expectation of how positive and likely trance is and how great the results will be. Different schools of thought disagree on how much to work this up. On the plus side, working up expectancy brings greater chances of successful induction and a strong placebo effect. On the negative side, if it does not work as planned, clients can feel they, hypnotherapy, or their therapist has failed. The more you build up expectations, the further they could fall and then you need good recovery skills. The more sophisticated approach is to treat each client individually. Some are already excited and need no encouragement. There is little point undoing this. Others are highly sceptical and need to be encouraged to be positive and expect good things.

Auditory anchor

This is discussed in 'the hypnotic voice' section below.

Repetition

The unconscious mind responds well to repetition, unlike the conscious mind which tires of it quickly. Repeated suggestions to relax really help smooth an induction and repeated words or phrases really sediment in the clients unconscious mind. A small number of repeated suggestions can be more effective than a lots of one-off suggestions and trying to do too much.

Focus

A trance is a highly focussed state of mind. Everything is aimed at encouraging the client to focus, whether it be eye fixation on an object, focus on the therapist's voice, focus on their own thoughts, feelings or physiological changes, for example.

'Stick' or 'carrot'?

It is often said that the carrot approach works best - giving clients pleasant reasons to change rather than beating them with a stick. This is in keeping with our desire to be friendly, approachable, listening, gentle, caring and so on. However, some clients respond well to a harsher, more direct approach. If in doubt, there is no harm in asking them. You could say, "which way do you generally learn new things best?"

It depends how it is done too. A client could feel like they are being abused and the therapist doesn't like them, isn't listening, empathising or understanding, or is being judgemental if they use a stick approach insensitively.

As well, it depends on whether rapport has been established. When you have a really sound rapport, you can get away with almost anything because the client contextualises this amongst all the positive things you have said and done and they know it is likely to be in their best interests.

It also depends on the problem. If a client is seeing a therapist for assertiveness training because they have an authoritarian partner that constantly tells them what to do, they are probably not going to turn up to see a therapist who tells them what to do or says, as they see it, hurtful things.

Ultimately, your approach is down to clinical judgement. Either way, it is normally better to keep everything positive for the first couple of sessions.

Positive language

The mind does not respond to negation. To demonstrate this, if we ask you *not to think of a blue tree* you probably just did. However, this valid observation about negation sometimes gets confused with whether or not you can say negative things to clients such as "You will *not* smoke again" or "You *won't* see chocolate in the same way any more". This is not the same issue, though. Although these statements focus on the negative side of things ('sticks' rather than 'carrots'), they are said in a straightforward, positive, progressive way. The client isn't going to smoke because they have been told not to in the same way that they think about a blue tree when told not to. In sum, asking someone 'not to smoke' presents no paradox.

Positive reinforcement

Most of us like to be rewarded and praised when we do something good. Without being patronising, try to be positive about the changes and efforts they have made. Never make the client feel bad for not achieving their goals, etc. For some clients with very entrenched problems, changes that appear small to everyone else could be huge strides for them, for example, a client with depression who starts to like something about themselves or their life.

Utilisation

This means working with whatever the client brings to the therapy. A client who says they don't think they can be hypnotised invites the comment, "You obviously have a lot of control over your mind and this will help you to induce your own trance". If a client comments on your beautiful garden, utilise this by doing a pleasant garden introduction that involves lots of sensory talks such as smelling the roses, feeling the grass flower heads, listening to the birds, etc. This could

be followed by growth metaphors such as planting a seed that they can nurture in their unconscious mind and reap the harvest later. Talk about the 'path' to success and 'turning over a new leaf'.

It is always a good idea on the first session to ask if the client has any hobbies and interests. Not only is this positive, and builds rapport, but it gives the therapist something they can utilise. Someone who likes sport might respond well to language such as 'goals', 'defence', 'boundaries', 'level playing field' and 'spectator or participator'. The client's work or study can be utilised too. A student who is studying chemistry might respond well to you describing the therapist's role as a 'catalyst', or to you using language such as 'experiment', 'substance' and 'chemistry'.

Utilise their physiological changes too. There are few things more powerful for inducing a trance than commenting on things such as their twitches and how their unconscious is communicating through them and what it might be trying to say. They might have an amazing insight or simply 'go inside' themselves and become even more focussed as they seek to understand. Truisms such as saying, 'as your head rests back against the chair' or and 'as this makes you swallow' (following swallowing) are a form of utilisation and serve a similar purpose.

It is also possible to utilise anything in the environment which proves useful. For example, if birds are singing outside, this could be worked up as part of the trance. The client, being absorbed in their problems, may not have heard this previously and it sends a powerful message as to how your senses open up in trance, i.e. trance ratification.

Novice hypnotherapists are sometimes concerned that certain noises will spoil trance. Yet usually such noises can be used to good effect with a little creativity and confidence. Imagine builders are banging next door. Here, you can suggest the client drifts deeper and deeper with every bang they hear, or to feel their 'confidence *building* with every *knock-back* that life throws at them'.

Confidence

This means *demonstrating* confidence (not necessarily *having* it). Confident therapists (or those who act confident) try not to do too much. Beginning hypnotherapists will often try to cram in every technique they can muster and every suggestion possible into each session. This rarely benefits the client and is more to do with the anxieties of the therapist e.g. worrying they might not get a result or the client isn't getting value for money. It is always worth remembering that some psychotherapies, such as psychoanalysis, can go on for months, even years. The most popular psychotherapy of the moment, CBT, might take 8 - 20 sessions. Hypnotherapy, averaging at about 4 sessions is already extremely efficient. There are other ways to make sure clients *feel* they are progressing. One is doing good therapy by doing just enough to get the result. Others are using a waking state technique, giving a client homework or providing them with a practical tool that they can use.

Confidence also means accepting resistance with grace rather than seeing it as a reflection on you. It means remaining appropriately positive in the face of negativity from clients. It means not being (or seeming) flustered when a client is sceptical or believes hypnotherapy is not working.

Knowing when to use silence

This aspect is also to do with confidence in some respects. Therapy can involve some uneasy silences and both novice and experienced therapists often have a problem with knowing when to keep quiet. One of the authors once asked a client who had been late 3 times if he was taking therapy seriously. An uneasy silence ensued. The author wondered if he had been too challenging but instead of rushing in with an apology or defusing the situation he sat quietly for nearly a minute while his client went quiet and scanned the ceiling in deep, focussed thought (a mini trance). He eventually said, "I tend to think of it like going to the hairdressers". They then

went on to explore why therapy was important enough to come to but not important enough to arrive on time which turned out to reach into the heart of his problems. These were then tackled.

This is an example of psychotherapeutic work outside of trance but silence is a great way to deepen trance too. Novice hypnotherapists often think being quiet would lead the client to open their eyes and break trance to find out what is going on but it rarely does, especially if you say you are going to remain quiet for a moment while they find a deeper relaxation.

Questions & critical thinking

1. Are there any of these aspects that you think you might have difficulty with? If so, how will you get round this obstacle?
2. Some of these tactics can appear to some people as a form of mild manipulation. Should we be concerned that they might be manipulative? Or should we look at the bigger picture of the client's best interests and helping them achieve their goals? If it *is* manipulation, is this disempowering or empowering in this context?
3. How will you decide whether to use a stick or carrot approach?
4. Are there any circumstances when you *wouldn't* use positive language with a client?

The hypnotic voice

A common concern of people who are considering becoming a hypnotherapist, or who have recently trained, is that there is a specific voice that has to be used. Although there are helpful guidelines, there is no such thing as a perfect hypnotic voice. The revered hypnotherapist Milton Erickson spoke in a deep, gravelly voice. Some hypnotherapists have higher pitched voices and different tones.

The originators of NLP, Richard Bandler and John Grinder, modelled Milton Erickson and found that what was important was the fact he used a *different voice* for hypnotic work than waking state work. This marks out to the client that something different is about to happen. It builds expectancy. It is also a form of anchoring called an *auditory anchor* - something we explore in more detail later in the manual.

Although there is no 'right' hypnotic voice it is fair to say that there are some cultural expectations that you can tap into. It is stereotypically a lower pitched voice than your usual speaking voice, perhaps a more 'chesty voice' rather than 'head voice' or 'throat voice'. It tends to be a richer tone and more 'exciting' (but not excitable) - like something is about to happen to create curiosity and expectancy. This also gives the client the impression that their appointments are with someone who is out of the ordinary. Being memorable is no bad thing. One rider to that though is to avoid silly voices that sound like you are a stereotypical mystic - "You are feeling sleeeeepeeee". It needs to be believable and quite natural.

Other factors are mostly to do with relaxing the client and may not be essential. The hypnotic voice should be slower than usual to encourage a different, slowed pace and to give clients time to react, think, imagine, etc as their brain slows. The voice is better if it is gentle and reasonably soothing rather than fast and harsh. A person's accent, provided it is understood by the client, is not relevant. There is no reason to sound posh if you have a strong regional accent or to adopt a regional accent just because a client does. If they can tell you are incongruent, it will spoil rapport.

Read in phrases and pause between them. Neophyte hypnotherapists read scripts like they are reading a story - continuously, or like lecturing or conversing. Be prepared to leave long gaps sometimes, a minute or so when deepening trance. Novice hypnotherapists often rush, mistakenly believing that if they stop the client will wonder what is happening, open their eyes and come out of trance.

Some therapists claim that using a monotone is important to induce and maintain trance. The authors do not agree. It is awful to listen to some new hypnotherapists as they speak like robots! Be yourself. However, a very dynamic voice can be too stimulating when a client needs to relax and could startle them if it was extreme and loud. So a quiet voice that is relatively stable is preferable. You can also emphasise key words, especially hypnotic suggestions, or emphasise words that would not normally be emphasised. A sparing use of this 'oddness' makes the client 'go inside' to try to work out why you emphasises the word, e.g. "And as you *drift* deeper and deeper into trance..."

These are just suggestions. Do lots of experimentation with friends and relatives (just trance inductions rather than therapy) and find an approach that works and that you feel comfortable with.

Questions & critical thinking

1. Do you have any concerns about your voice? Can you think of solutions to this? If not, talk to other hypnotherapists and your supervisor or course tutor about your concerns.

Further learning

You might want to download freely available mp3 recordings of hypnotherapists in action and listen to various CDs to explore the large spectrum of voices out there. Some will be authoritarian like Paul McKenna. Others will use gentle, soothing tones.

Disengagement (wake up)

It is time for the client to be returned to the room when post-hypnotic suggestions are complete or after a period of further relaxation if emotional material has been processed. Sometimes the client will show signs of wanting to return back to the room by stretching and surfacing and, provided it is not a form of avoidance, this is also the time to terminate the trance.

'Wake up' (or 'awakening') is a term often used by therapists and it does have the advantage of being a well-known phrase amongst the general public. No one would be in doubt as to what it means and it doesn't carry the negative connotations of 'trance termination' which is one of the official terms. 'Wake up' does, however, reproduce the idea that there is something to wake up from i.e. 'sleep'. And hypnosis isn't sleep, so it perpetuates this myth. Probably the best official term is *disengagement*. With clients, asking them to 'return back to the room' is sufficient.

The therapist can simply say, "OK, wake up now". However, there are some drawbacks. Some clients that are disengaged quickly will get a 'hypnotic hangover' (a slight headache). It passes quickly but it can feel disorienting - just like being woken from sleep abruptly. Unless your therapy room is on fire you might as well do it in a relaxed manner.

A slower disengagement provides opportunity for *reviewing trance learnings, ratification of the trance experience, reorientation, feeling empowered and relaxed, and distraction*.

'Reviewing trance learnings' means asking the client to think, before they return back to the room, about what they have learnt, visualised, thought about, etc., during the trance. 'Ratification

of the trance experience' means asking the client to consider as they slowly come round how the trance state has been different to normal consciousness. Tell them that they will have their own way of experiencing trance but perhaps they noticed time go faster or slower than usual, sensations in parts of their body, changes of temperature, breathing, pulse or muscle tone, and that some of these might change as they return back to the room. These observations are sometimes called '*convincers*' because they convince the client that they have been in a trance. 'Reorientation' means asking the client to become more consciously aware of sounds e.g. the sound of your voice as it becomes louder and faster.

If the client can disengage at their own pace they will have a greater sense of control and power. Their memory is likely to be for the most recent events so a gentle surfacing will leave them feeling that the whole experience was relaxed and under their control rather than hurried and controlled by the therapist as can be the case with counting them out of trance. So, with this approach, you would ask them to return to the room in their own time.

'Distraction' is a good way to prevent a client's conscious mind undoing changes they have been making in trance. So when they are asked to return to the room, you ask a distracting question about what they are wearing, their thoughts on artwork in the room, the weather, etc. Alternatively, continue conversation as if nothing has happened, e.g. "Now you say that _____" or "And maybe you could try a different approach to _____" (fill the blanks with the topic discussed before trance work).

A further technique is to ask the client about their future plans so they have no time to reflect back. Or you could be really clever and ratify the trance at the same time by asking, "Did you enjoy the trip?", "Are your hands and legs still feeling strange?", "Do you think you are fully awake or shall I continue bringing you round?" or "How long were you in that trance do you think?".

Some therapists are comfortable with this kind of sleight of hand, others might think it is manipulative. The authors' view is that ultimately we are there to empower the client and the most empowering thing we can do is obtain results. These excursions are serving this higher level purpose. Your decision may be different or depend on the individual client. Some clients have a need for control and might feel upset, others are simply enjoying the whole experience, or don't care about the route as long as the destination is a solution, for example.

A further power issue is that spontaneous amnesia is more likely to occur following distraction. From the client's perspective, this means you could have told them anything - even to rob a bank - for all they know! Again, you might consider their greater empowerment in overcoming their problem makes this worthwhile on balance. Obviously, explaining the reasons why you are using distraction or asking the client what they would prefer undermines the process. Ultimately, this is a clinical judgement call.

It is a good idea to obtain *feedback*. This feedback will improve future sessions. Some clients might find visual imagery difficult or they comment that as soon as you used a particular deepener they were 'off with the fairies'. A good, open question is to ask, "How was your experience?" Acknowledge anything they say as 'correct'. There is no point contradicting people's experience because they rarely have reason to lie - even if what you saw as a therapist does not match their experience.

On the rare occasion when you know they have obviously been in trance and they say they have not, it is preferable to adopt an 'exploratory' rather than 'no actually...' tone and ask about time distortion, physical sensation, etc. Very often they genuinely thought trance would be more profound, or they say, "Come to mention it...". Reassure the client they have done well and address any concerns. Respect the client's wish to not say much about the experience or to discuss it at length if they so choose.

An interesting suggestion you can give to clients is that they will find trance even quicker and deeper on future sessions. Avoid a tone that might suggest they have done badly.

If you decide to not employ the techniques mentioned above, and forego their benefits, please simply ask the client to 'Come back to the room in their own time' rather than snapping your fingers, which is degrading and authoritarian. If a count is used, count to 10 or 20. The count does not have to be in the opposite direction to any deepening counts; it is taken by the client as a separate instruction. However, walking people back up steps that they have gone down as a deepener can be a good metaphor for reversing the state. A count is less empowering as it is at the therapists rate. Clients will often open their eyes ahead of time to demonstrate that they are in control.

If a client does not return to full normal consciousness (sometimes called 'waking state'), they are likely to be in a very deep trance, be enjoying the experience so much that they resist coming round (some clients admit it later), or they have fallen asleep. Raise your voice and shuffle your paperwork, etc. If all else fails, say you are going to touch their elbow and give them a gentle nudge! Some clients may need reassurance that they have not been asleep. Opinion is split on whether this would be a problem. They have no doubt received some suggestions in a deep trance before they slept anyway. We do process noises in our sleep and our unconscious wakes us if they are a concern. There seems no reason why suggestions would not be processed similarly. Offer the key hypnotic suggestions again as they wake to be sure.

Post-trance reports from clients are not a reliable guide as to how well hypnotherapy has gone. Some clients are not aware of changes. A client will often 'own' an idea that you suggested and not even recognise it as being different from pre-trance thinking. As well, the effects of hypnotherapy can take days, sometimes weeks, to occur.

Questions & critical thinking

1. How will you disengage your clients?
2. Will you use the 'distraction' technique?

Further reading

Havens, R.A. and Walters, C. (2002) *Hypnotherapy Scripts: A Neo-Ericksonian Approach to Persuasive Healing* (2nd ed.) New York and Hove: Brunner-Routledge. Chap 17.

Yapko, M. D., (2003) *Trancework: An introduction to the practice of clinical hypnosis* (3rd ed.). NY: Brunner-Routledge. p385.

~ End of manual sample ~

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