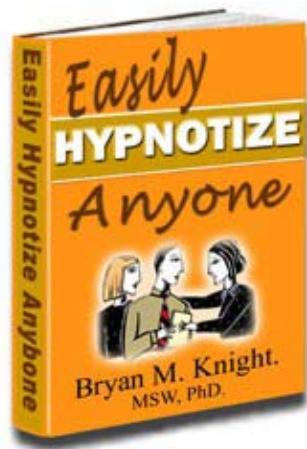




WE TRIP THE LIGHT
FANTASTIC

Easily HYPNOTIZE Anyone

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**edited by
Lisa Knight**

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Introduction

This ebook is for you, if:

- You're intelligent, and curious about hypnosis, or
- You just want to understand more about hypnosis, or
- You want to use hypnosis to help yourself and others, or
- You might add hypnosis to your professional toolkit, or
- You're considering studying hypnotherapy as a career.

You are about to discover how easy it is to hypnotize other people and what safeguards and responsibilities that entails.

One such responsibility is to understand that just reading this ebook will *not* qualify you to do therapy.

However, by the time you've finished reading you will have a greater understanding of:

- What hypnosis is
- What it can be used for
- What you can accomplish with it.

Who *can* you safely hypnotize? People who could benefit from positive suggestions. And who have no underlying pathology. Likely candidates are people who want to:

- Overcome exam anxiety
- Enhance sports performance
- Stop smoking
- Achieve specific goals.
- Amplify their creativity

You can induce hypnosis, give such people the positive suggestions they've requested and feel great about helping them.

Hypnosis is currently riding a wave of popularity among the public.

There are no side effects with hypnosis; it can relieve or banish so many psychological and physical ills -- and it's easy to learn.

It's not so easy to know what to do after you have someone in hypnosis so you are well advised to experience self-hypnosis before embarking on hypnotizing others.

Not only will you gain first-hand knowledge from the inside, so to speak, but you'll also enjoy the process, and obtain relief from your own problems.

The rewards are immense. Like millions of people, I used to be fearful of public speaking. But since I began to use hypnosis on myself I thoroughly enjoy giving a public talk.

It's so fantastic to stand in front of a crowd, impart useful information, have a few laughs, and learn from the questions and comments of the audience.

I vividly remember the first time hypnosis helped me be relaxed in public. I was scheduled to give a speech at a large convention of hypnotists in the U.S. There were a dozen or so competing seminars offered at the same time so I thought probably 6 or so hypnotists would choose my session.

When I located the room in which I was to speak I had to fight my way in, there were so many people trying to enter. To my amazement, not only was the room packed with hypnotists, (I stopped counting at 103) but video cameras had been installed!

Well, I followed the advice on the "Self-Confidence" hypnotic video, took a slow deep breath, and, on breathing out, said "This is easy." And it was!

You've already been hypnotized

The usual example given to support the idea that you've frequently been in hypnosis is that of driving from point A to

point B with no conscious awareness of having driven the distance.

Or did you ever finish a pile of ironing, with your mind “elsewhere”?

I plead guilty to using these examples with clients.

Why guilty? Because you see, these are really examples of dissociation, not hypnosis. Your conscious mind was occupied with, for instance, thinking about which restaurant to choose for supper, while your subconscious kept a wary eye out for red lights, straying pedestrians and lane-changing cars.

On the other hand your hypnotic experiences are characterized by *immersion*.

Like the times you have been so absorbed in a novel in which story seems so real, that you could even be one of the people in the book.

Or maybe you’re an athlete and you complete a marathon, amazed at how quickly the three hours have passed.

A few years ago I was so absorbed, so focused, during a cross-country media tour that the four and a half days seemed like six weeks. Time had been stretched because, for those few days, I was in a book-selling trance.

Upon my return, I briefly could not understand why my children were not more excited to see me, how come they had not changed considering I’d been away so long. ☺

Perhaps you paint. Or love movies. Then you’ve experienced hypnosis.

Hypnosis is a temporary setting aside of your usual, rational thinking coupled with a deep focusing of your imagination.

Perhaps you're saying to yourself, "hey, that's not hypnosis. Hypnosis is swinging watches and glazed expressions and doing silly things." Wrong.

You – and thousands of other people – believe that definition because your imagination has been filled with such images in movies, novels and television shows.

Actually, you have experienced hypnosis every time you have daydreamed.

To hypnotize others is to *guide their daydream*.

In other words, the person's conscious mind is bypassed and the subconscious is engaged.

To change a negative daydream into a positive one is often accomplished with ease by using hypnosis. In essence, that's how hypnotherapy helps people overcome their phobias.

[For more on this see my ebook, "How To End Phobias, Anxiety & Panic"
<http://hypnosis.org/phobias.htm>]

Psychologist Ernest Rossi claims we all drift in and out of trance every day, every one-and-a-half-hours.

The best orators and some authority figures put us into hypnosis. Politicians, preachers, salespeople, psychotherapists, military honchos, and doctors (deliberately or unwittingly), use hypnotic techniques to engage our imaginations.

Politicians, preachers, psychotherapists and physicians presumably believe they have their listeners' best interests at heart. Generals require obedience and salespeople desire sales.

Few of them are consciously setting out to hypnotize their audiences. Psychotherapists especially are generally unaware that their interaction with clients is basically hypnotic. Indeed, they would likely emphatically deny this.

This ebook is about *consciously* hypnotizing others.

Does that mean you'll be able to do therapy with them?
No. **Therapy is done in hypnosis not by hypnosis.**

You'll need special training to be ethically and competently able to do psychotherapy with a person you've hypnotized.

[For more on training, see my ebook, *How To Get Started As A Hypnotherapist*].

<http://www.dreamjobstogo.com/titles/djtg0061.html?10723>

Perhaps you're thinking that a hypnotist needs a special voice. No.

Your normal voice is *fine* for hypnotizing. While you might choose to speak more slowly than usual, and you must speak loud enough to be heard, you do not need to talk in a theatrical manner.

However, you do have to be careful about the ***tone***.

Any kind of negativity in your tone could prevent rapport being established.

- Boredom,
- impatience,
- superciliousness or
- annoyance,

could have the other person being bothered more about your tone than your message.

You don't even need a particularly quiet room.

I used to think that a quiet room was absolutely necessary, that noise would prevent a client going into hypnosis. While that is true for people who are super-sensitive to noise, it is not true for the majority of people.

This became obvious when I worked in a U.S. medical clinic. There was noise from down the corridor where patients chatted while awaiting their doctors, noise from the intercom, noise from piped-in music, noise from the massage room across the corridor, noise through the window of men and machines digging foundations for an extension to the clinic.

And yet every client drifted beautifully into hypnosis!

Why were they not disturbed by all that noise? Because they didn't know the room had to be quiet for hypnosis. Since they had no such expectations, they were free to relax despite the noise.

Similarly, I used to shiver with trepidation in my Montreal office when the fax machine rang loudly during a hypnotherapy session. My expectation was that the client would complain that the ringing had brought her out of hypnosis.

On the contrary, only *one* client was even aware the fax machine had rung! So focused and relaxed were most clients that such noise was something far off, unimportant compared to what was going on in their imagination.

For someone to go into hypnosis, they must be receptive to the idea, and the practice. People who proudly proclaim "I can't be hypnotized" are speaking from ignorance. It is not a contest. And those who think it is are misguided. Or scared.

It's best not to argue. And definitely not wise to enter a competition with such a person. It's unlikely they will enter hypnosis no matter how skilled you become; but even if they do they'll never admit it.

This reminds me of a client who I (privately) nicknamed "Mr Contrary". No matter what I said to him, he opted for the contrary. His talent for hypnosis was certainly sufficient for therapy but his habit of doing the opposite of what was asked initially precluded him relaxing enough to enter hypnosis. Eventually I learned to, as much as possible, say what I *didn't* want him to do, so he would do what I did want.

For instance, it was no use saying “when you’re ready, you can allow your eyes to close very soon” He would take that as a cue to keep his eyes open.

So I would say, “Probably you could keep your eyes open for the next ten minutes” And of course, he would promptly close them! Conducting therapy with Mr Contrary was exhausting.

Hypnosis has helped me to build my confidence, overcome two phobias, breeze through serious surgery and, during the last couple of decades, provide an avenue of rapid relief from their problems for hundreds of clients.

You are now about to enjoy some of the fruits of my experience as a hypno-psychotherapist.

I envy the novelty of your encounter with hypnosis and trust that you will be gentle in your treatment of both hypnosis and me.

Before proceeding, test your knowledge of hypnosis with:

The Hypnosis Quiz

Which of the following statements are true?

1. Hypnosis is safe.
2. When you are in hypnosis *you* are in control of your mind.
3. Anyone can learn to hypnotize themselves, or others.
4. You can tell lies while in hypnosis.
5. Hypnosis is a natural process.
6. Hypnosis cannot make you do something against your values.
7. You cannot become stuck in a trance.
8. Hypnosis does not make you dependent on the hypnotist.
9. You only need light hypnosis for therapy to work.
10. To go into hypnosis is a matter of choice, not weakness.
11. You can fidget, scratch or laugh while in hypnosis.
12. You remember everything that happens during hypnosis.
13. While in hypnosis you are awake.
14. Everyone has the ability to be hypnotized.
15. In hypnosis you are *not* in a strange, other-worldly stupor.
16. You have already experienced being in hypnosis.
17. You can be hypnotized only if you want to be.
18. Memories recalled in hypnosis are not necessarily true.
19. Your talent for hypnosis is biologically built-in.
20. Hypnosis is more than just being relaxed.
21. While in hypnosis, you are aware of your surroundings.
22. Hypnosis allows you easy access to your subconscious.

All the statements above are *true*.

Let's examine them:

1. Hypnosis is safe.

Hypnosis is like daydreaming. Most of us drift in and out of hypnosis every day. There is nothing dangerous about it. But it can be misused. (More about that later).

2. When you are in hypnosis *you* are in control of your mind.

Of course. You are fully conscious, fully aware of what is happening.

3. Anyone can learn to hypnotize themselves, or others.

We hypnotize ourselves or others informally, unknowingly, quite often. With this book, you can learn to formally hypnotize others. (There may be a *tiny* percentage of the population who, although they want to be hypnotized, or use it on themselves, find it too difficult.)

4. You can tell lies while in hypnosis.

For sure. Since you are conscious, and know what you're saying, you say whatever you choose to. Ideomotor techniques can be used by an experienced therapist to check your responses directly with your subconscious but even they are not foolproof.

5. Hypnosis is a natural process.

Yes. It's biologically built-in. Sort of the opposite of the "flight-or-fight" response.

6. Hypnosis cannot make you do something against your values.

Exactly. And that includes e.g., *not* stopping smoking if you have a reason for remaining a smoker.

7. You cannot become stuck in a trance.

Right. You'll either open your eyes, or drift off to sleep.

8. Hypnosis does not make you dependent on the hypnotist.

Correct. You could become dependent on a hypnotist but it's not the hypnosis that creates the dependency, it's your needs and/or the unethical behaviour of the hypnotist.

9. You only need light hypnosis for therapy to work.

Right again. Although "going deep" into hypnosis is usually more enjoyable, it is not necessary for change. Some professionals dispute this. But then, even the concept of "depth" is questioned.

10. To go into hypnosis is a matter of choice, not weakness.

Exactly.

11. You can fidget, scratch or laugh while in hypnosis.

Something I found out the hard way: the first person I formally hypnotized [the wife of my instructor!] complained afterwards of a crick in her neck – I'd neglected to mention that it was o.k. to wriggle.

12. You remember everything that happens during hypnosis.

Naturally, since you are conscious, awake and aware. Of course, you could request a post-hypnotic suggestion to forget what transpired.

Even people who spontaneously “forget” [known as ‘somnambules’ because of their extra-special talent for hypnosis] can recall what went on when prompted with verbal reminders.

13. While in hypnosis you are awake.

Yes indeed. Though your eyes may be closed, your mind is fully alert.

14. Everyone has the ability to be hypnotized.

Indeed. Although some professionals claim that psychotics and persons of low intelligence cannot.

15. In hypnosis you are *not* in a strange, other-worldly stupor.

Right. Enough said.

16. You have already experienced being in hypnosis.
Yes. Maybe not the formal experience in a therapist's

office but when you were engrossed in a movie, for example.

17. You can be hypnotized only if you want to be.

Right again. Of course, theoretically it is possible for some unscrupulous person to trick you into a hypnotic state. But at some level you *do* want to believe that politician or salesperson, don't you. ☺

18. Memories recalled in hypnosis are not necessarily true.

That's right. Memory is fallible and malleable. Hypnosis does not act as some kind of truth meter.

19. Your talent for hypnosis is biologically built-in.

Correct. MRIs show evidence of specific areas of the brain "lighting up" during hypnosis.

20. Hypnosis is more than just being relaxed.

Yes. It's a stage beyond simple relaxation.

21. While in hypnosis, you are aware of your surroundings.

Naturally. But the more you allow yourself to sink into hypnosis, the less concerned you are about your surroundings.

22. Hypnosis allows you easy access to your subconscious

That's right. The subconscious is a metaphor for the part

of your mind, or memory-store, that is usually outside of your regular awareness. Hypnosis lets you tap into it directly.

Talent for hypnosis

The talent for hypnosis varies from one person to another.

Some people have a great talent for hypnosis, others have a tiny capacity. And the rest of us are in between. Rather like the ability to sketch.

The late great psychologist Ernest Hilgard developed the “Stanford Hypnotic Susceptibility Scale” to standardize research into hypnosis. The scale provides a close-to-objective measurement of one’s ‘susceptibility’ to hypnosis. (I prefer the term ‘talent for’).

Researchers have generally considered one’s hypnotic talent to be a fixed trait. However, in clinical practice it soon becomes obvious that a person can enhance his or her ability. Again, rather like learning to sketch better.

A small percentage of people possess a terrific talent for hypnosis. Not only do these fortunate people make wonderful fodder for stage shows, they also display abilities the rest of us can only dream of.

It’s fascinating, for instance, to witness a person with a high hypnotic talent experience a negative or a positive hallucination.

This has happened rarely in my office but occurred quite frequently when I taught at a local college. Every group of 10 to 12 students (volunteers from four classes) included at least one person who could hallucinate on cue.

One student was able to negatively hallucinate a classroom empty of students, despite there being 40 or so people in front of her. In her hypnotized state she was amazed when I signalled a student in the front row to hand me a binder -- to her it appeared the binder floated through the air by itself!

The same student enthusiastically described a “postcard” scene of a tropical isle -- while looking at the blank cover of the binder. Her eyes moved as though scanning the “picture.”

This fascinating hypnotic talent almost brought her grief when someone in the class suggested a cat was nearby. Distress began to show on the student’s face so I immediately said the animal had happily left the room. Turned out the student is phobic of cats!

I learned a lot from teaching and demonstrating hypnosis in the college. For example, students who appeared to have little talent for hypnosis (as evidenced by their skepticism and non-response to certain suggestions) nevertheless were among those who acted out a post-hypnotic suggestion to find themselves “stuck” to their chairs at the end of the demonstration.

Does a person’s talent for hypnosis vary according to the medium used to induce hypnosis? People often claim hypnosis feels different when conducted with or without a therapist. Would there be comparable differences when someone is hypnotized through audiotapes, email, print, or DVDs?

Perhaps. But this would probably be due more to their belief systems than to any actual difference in talent from one medium to another.

What Is Hypnosis?

Despite its current popularity with both lay and medical persons, hypnosis is grossly misunderstood. Typical evidence comes from many people who've just experienced hypnosis for the first time, when they say, "I don't think I was hypnotized. I heard every word you said."

The reason they express doubt is that they hold false expectations of hypnosis.

The public's misconceptions about hypnosis come from several sources:

- The label "hypnotism"
- Outrageous claims for the curative power of hypnosis
- Criticisms of such claims
- Territorial disputes by professional and lay hypnotists
- Outright misrepresentation by novelists and filmmakers.

Such sources gave rise to myths like these:

- People can be hypnotized at a distance, simply by the hypnotist thinking of the person to be hypnotized.
Not so.
Long distance hypnosis is possible through telephone, email, letters or over the Internet but not by osmosis.
- The hypnotist controls the mind of the person hypnotized.
Rubbish.
Hypnosis only works with the client's cooperation.
- Weak-willed persons are the easiest to hypnotize.
On the contrary,
"it is always difficult and often impossible to induce hypnosis in weak-willed persons. The stronger the will of the subject – *always provided that she is willing* – the easier it is to induce hypnosis"
(Hartland, 1974, p.189).

- Hypnosis should only be practiced by doctors and psychologists.
More rubbish.
Hypnosis itself is safe. Its misuse is not protected simply because the hypnotist has MD or PhD after his or her name.
- Hypnosis acts like a truth serum.
False.
If you choose to, you can lie in hypnosis.
- Hypnosis is the same as sleep.
No, it isn't.
Superficially it looks similar. But in hypnosis you are awake and aware.
- Hypnosis is magic.
Wishful thinking.
Actually it is a natural process which stage entertainers misrepresent as magic.
- You can become stuck in a trance.
No way.
You can walk out of hypnosis whenever you wish. Or allow yourself to drift off to sleep and wake up later naturally.
- You must be in deep hypnosis for therapy to work.
No.
“A light trance is sufficient for most therapeutic purposes...Its observable characteristics sometimes include a fixation of attention, slowed respiration rate, slowed eye blink reflex, a reduction in random bodily movements, and smoothing out of facial features due to relaxation of the musculature” (Hoorwitz, 1989, p.25).

The unfortunate label of ‘hypnotism’ is generally credited to a Scottish physician, James Braid. In the late 1800s he began promoting animal magnetism (as hypnosis was then called) in Britain after it fell out of official favour in France.

He intended the new label of ‘hypnotism’ to designate a physiological process in contrast to the earlier theories of some kind of invisible fluid flowing between magnetizer and subject.

Actually, “several decades before Braid, the ‘hypn-’ prefix had already been applied to numerous words associated with mesmerism and animal magnetism. By 1821, Baron Etienne Felix d’Henin de Cuvillers . . . had published 312 terms that began with the ‘hypn-’ prefix. These included *hypnotique, hypnotisme, and hypnotiste*” (Gravitz and Gerton, 1984, p.109).

Whatever its origin, the “hypnotism” label caught on. The word connotes sleep because of its Greek derivation (“hypnos” was the god of sleep) and because practitioners customarily used the command “SLEEP” to induce hypnosis.

Braid later made a belated attempt to rescue hypnotism from its misleading implication of sleep by coining the term “monodeism” but this never captured the public’s imagination.

Recently, the term “hypnosis” has generally replaced “hypnotism” to remove any intimation of one person controlling another.

Hypnosis is certainly more than a placebo.

“The surprising conclusion from a variety of well-controlled experimental studies comparing the placebo response with hypnotic suggestion is that there is no correlation or relationship between them” (Rossi, 1986, p.19).

Hypnosis is a built-in ability that we can “turn on” through psychological suggestion alone.

We have conscious control over hypnosis.

The placebo response, in contrast, is general, automatic and is “turned on” by belief in a physical treatment.

A sick individual given a harmless, medically-inactive pill but told it is very powerful will often recover from what ails

him. That's the placebo effect. A belief in something outside of oneself. This conscious belief positively galvanizes the health of the body.

Hypnosis is not something one person “does” to another.

It is an inborn talent. Its use, deliberate or unwitting, varies from person to person.

An individual's development of this skill can be enhanced with the guidance of an experienced hypnotist. Then the talent can subsequently be even more useful and enjoyable when employed by the person on his own.

Actually, all hypnosis is self-hypnosis because it is the *hypnotized person* who uses his or her abilities, including concentration and imagination, to produce what we recognize as 'hypnotic' effects.

Among practitioners the most common view of hypnosis is that it is an *altered state of consciousness*: your awareness differs somehow to your everyday sense of reality.

However, for many, perhaps most, people being in hypnosis does not seem much different from how they feel at other times.

One difference such people do usually note is that they feel relaxed. Often more deeply relaxed than they've ever felt before.

This has led to claims that hypnosis is nothing more than *profound relaxation*: e.g., after hypnosis the heart rate remains slowed down longer than after relaxation alone.

Another definition holds that hypnosis is a heightened state of *suggestibility*. What does this mean? That persons in hypnosis will accept suggestions more readily than if not in hypnosis? That explains nothing.

People are readily suggestible without hypnosis – the mammoth advertising industry attests to that – and people in hypnosis by definition want to cooperate. Of course they accept suggestions. They suspend their belief as they would while reading a novel.

But suggest something that is distasteful to them and they'll quickly stop cooperating – just as they'd drop a novel which offended them.

Perhaps hypnosis is simply *role-playing*. Some theorists say that people think or do things in hypnosis because it's expected of them and by them. They are fulfilling a role. They want to please the hypnotist. So there's no altered state of consciousness, there's simply a motivation to act as though hypnotized.

This theory might hold for stage performances and the like but can hardly apply to surgery. Yet thousands of hypnotized persons have benefited from operations with no chemical anaesthetic.

Hypnosis has also been defined as a form of *conditioning*. A person learns, through direct experience or the media, how to behave 'hypnotized'.

Another way to see hypnosis as something learned is to assert that a person becomes conditioned to a word stimulus such as "Relax".

Once having allowed himself to relax, the client is thereafter conditioned to repeat the experience of relaxing upon hearing the stimulus-word.

Yet another definition of hypnosis, one that has wide support among researchers, is that it is a form of *dissociation*. That is, that in some as yet unexplained way, the mental functioning of a person is compartmentalized and one part can be isolated from the others.

For example, when a person is engaged in conversation with someone else he is also talking with himself and thinking ahead to his next comments.

Dissociation is an everyday conscious experience which begins in childhood, according to Dr Josephine R. Hilgard, noted hypnosis researcher and author.

Children blithely slip in and out of fantasy lives, temporarily adopting make-believe roles which they discard at will. This capacity to fantasize can be retained through practice and makes the dissociation characteristic of hypnosis less surprising (Hilgard, 1979).

Altered state, relaxation, heightened suggestibility, role-playing, conditioning or dissociation, whatever hypnosis is, we can agree with the author who points out that **hypnosis enables a person to experience thoughts and images as though they are real** (Soskis, 1986).

Hypnosis is a form of relaxed concentration; what is relaxed is first the body, and second, the conscious part of the mind. (Therein lies its value as a tool of therapy.)

Everyone has been in hypnosis

Because there is no formal induction when someone is lost in thought or daydreaming, we don't usually realize a person in such an 'everyday' trance is in hypnosis. But she is.

When we are in an 'everyday trance' it's as though what we do happens without any deliberate effort by us.

This is what authors describe when they say a book 'wrote itself'. Or actors when they feel 'taken over' by the character they're playing.

More familiar to most of us are the everyday trances we experience while listening to music, or watching TV, or jogging, or reading an absorbing novel.

In each of these everyday trances we are pleasantly ‘lost’ in our imaginations, focused within on thoughts and images created by ourselves, or provided by others.

Biological basis

Several theorists believe hypnosis is rooted in our basic biology, that it is as automatic as its counterpart, the “flight or fight” response to danger.

Rather than gearing up to flee or battle, hypnosis allows the organism to let go of tension.

This relaxation response can be triggered from inside the person, or from outside.

Words or images can induce it as can a traumatic event such as when a child is physically abused.

Hypnosis appears to tap the resources of the right (or less dominant) hemisphere of the brain. The right hemisphere is the source of a person’s creativity, a fund of music, images, feelings and creativity. And one’s most profound sense of self.

However, there is more than a simple biological effect involved in hypnosis. And it is that ‘more’ which is the essential link not only in effective hypnotherapy but in all kinds of psychotherapy.

In therapy a special relationship is established between therapist and client; a relationship that usually takes time to develop.

With hypnosis an equally, if not more intimate (psychologically speaking) relationship is established – often instantly.

In the words of French psychiatrist Leon Chertok:

“the hypnotized subject loses his sense of individuality, he responds to the hypnotist’s suggestions as if they were an emanation of his own person... This is the paradox of hypnosis: ... this relationship can be established in the absence of any previous interpersonal link, in an almost mechanical way” (Chertok, 1982, p.101).

The explanation is that we readily return to basic human communication when our physical self is relaxed, when our left brain hemisphere, preoccupied with words and logic, is temporarily set aside.

Then we return to how we related as babies. We had no knowledge of words (which are representations of reality); *we “thought” in images and sensations.*

Our bodies were comforted with food and cuddles, dis comforted with hunger pangs and wet diapers.

We could rely on being comforted when we needed comforting, or, conversely, we learned that we could never be sure when we would be looked after.

We gradually learned the world was, for us, a trustworthy or an untrustworthy place.

The concept of self that resulted from our early experience with people taking care of us, combined with the abilities we were born with, made a profound impact on our identity.

A crucial aspect of our pre-language life was the oneness we felt with our parents.

According to Chertok, it is this fusional relationship which appears to be reactivated in hypnosis, with the hypnotist in the role of parent.

Images, feelings and sensations are everything. The “parent” is the guide. Of course, with adult client and therapist,

this fusion is never total: words and experience, conscious evaluation, never retreat entirely.

The client is far from completely dependent on the therapist in the way a baby is on its mother.

Suggestions by the therapist are accepted for the moment; they will not by themselves create permanent changes in the client.

An inner resynthesis is required for permanent change in the hypnotized person.

“It’s true that direct suggestion can effect an alteration in the patient’s behaviour and result in a symptomatic cure, at least temporarily. However, such a ‘cure’ is simply a response to suggestion and does not entail that reassociation and reorganization of ideas, understandings and memories so essential for actual cure. *It is this experience of reassociating and reorganizing his own experiential life that eventuates in a cure*” (Rossi, 1986, p.67).

On the physiological level, American psychologist Ernest Rossi developed a theory of how hypnosis works: brain and information substances flow through various systems of the body (such as the endocrine glands) to cells and genes.

“The limbic-hypothalamic-pituitary system is...the major translator between the languages of mind (in the forms of sensation, imagery, verbal language, etc.) and the languages of the body (information substances such the neuropeptides, hormones, immunotransmitters, etc.)” (Rossi, 1988, p.164).

Ernest Rossi’s proposals were anticipated 80 years earlier by Hippolyte Bernheim:

“Every brain cell, activated by an idea, activates the nerve fibres which arise from it and transmit the impression to the effector organs” (Bernheim, 1907, cited in Chertok and de Saussure, 1979, p.46).

Bernheim became acquainted with hypnosis through Ambroise Liebeault. This former doctor gave up the official

practice of medicine to offer free hypnotic care to people suffering from a variety of illnesses.

His experience with patients led him to conclude that hypnosis is not activated by physical but by psychological means, namely, suggestion.

In contrast, the opposite view was advocated by Jean Martin Charcot, eminent neurologist and a professor at the Paris Salpêtrière Hospital.

Charcot persisted in believing that the hypnotic state was brought about “by stroking with magnets or other external methods which then resulted in an altered state of the nervous system” (Waxman, 1984, p. 17).

Pierre Janet, a brilliant pupil of Charcot, considered that hypnosis came about through a dissociative process in which the subconscious became conscious. His theories thus anticipated those of Freud.

The concepts of Liebeault, Bernheim, Charcot, Janet and Freud are, in a sense, brought together by Chertok’s biological explanation of how the hypnotic ecosystem works:

“At the root of our exchanges with the environment there exists *an innate automatic relational function manifested in the release of a certain ‘quantum effect’*. The choice of this term is a provisional one insofar as the concept of energy is...devoid of any precise scientific content. *All that is meant is that the activation of this relational potential sets off a certain number of biological processes*” (Chertok, 1981, p.116). [Italics in original].

The Language of Hypnosis

You've already read about my preference for using the positive term "talent" rather than the derogatory word "susceptibility."

There are other words commonly used in hypnosis circles that convey out-dated concepts. One of these is "under."

Please don't refer to people, especially those *you* hypnotize, as being "under." So common is this misuse that unfortunately "under" even crops up in crossword puzzles as being intimately connected with hypnosis.

A person may be "in" hypnosis. He or she is not "under" hypnosis. That hints at control by the hypnotist.

Similarly, "I want you to" is a regrettable throwback to authoritarian hypnotists who cultivated the erroneous idea that they possessed Special Powers. That they could command unfailing obedience in people they hypnotized.

Also abhorrent to me is the custom of snapping fingers at the hypnotized person. This smacks to me of disrespect.

Use of impersonal terms such as "the hand" rather than "your hand" help to create dissociation, and therefore hypnosis, in the listener.

Can Hypnosis be Dangerous?

There's no danger in hypnosis, only in *hypnotists*. Do not number yourself among them. Only use hypnosis when you're sure you know what you are doing.

Hypnosis can be misused. Deliberately or unwittingly.

Deliberate misuse of hypnosis is what a philandering physician did when he tricked his hypnotized wife into swallowing a fatal overdose of pills.

Unwitting misuse is like the British stage hypnotist who was convicted of causing a volunteer extreme distress because he regressed her to an age when she recalled being sexually assaulted. He should have suggested she act *like* a six-year-old, rather than *be* six years old.

Deliberate misuse is when you knowingly attempt to do something with hypnosis that is outside your competence.

- Unless you're trained in gynaecology and the birth process you should not hypnotize a pregnant woman.
- Unless you're trained in psychology and psychopathology you should not hypnotize a depressed person.
- Unless you're trained in psychiatry or psychopathology you should not hypnotize a person suffering with a personality disorder.
- Unless you're trained in how to handle abreactions you should not hypnotize someone who's been through any kind of trauma.
- Unless you're trained in sexual and gender issues you should not hypnotize someone who's struggling with identity or relationship concerns.

If you know you can't recognize when someone has a personality disorder, or has been abused or is clinically depressed, *go for the necessary education.*

And that's not in hypnotherapy. It's in psychology, psychopathology, counselling and so on.

If you know you aren't competent to use hypnosis with a particular person or problem, *refer* them to someone who is. [See <http://hypnosis.org/kn-how.html> for sources].

Unwitting misuse can come about because you lack sufficient self-knowledge. Maybe you're unaware of:

- your need to control others, or,
- that you're dying to please, or
- that you're judgmental, or
- afraid of conflict, or
- terrified of anger, or
- embarrassed about sex, or
- uneasy about money.

The point is not that you have to be an all-knowing wonderful person to practice hypnosis. But that you need sufficient self-knowledge and skills to *do no harm*.

It seems the subconscious accepts instruction literally. So your words might be more significant than you realise.

For example, you may suggest to someone who wants to gain weight that, "From now on you eat more and more foods that you know will make you bigger and heavier."

What's wrong with that suggestion?

There's no time limit. So, after the weight-gainer has achieved his goal he'll likely continue to eat, and eat, and eat . .

A safe use for hypnosis is to change yourself:

- *your* feelings
- *your* attitudes
- *your* behaviours

But remember “DUH”:

Do not use hypnosis on yourself to:

D eal with mental illness
U ncover the “truth”
H ash over negativity.

Hypnotizing yourself when you suffer with schizophrenia or bi-polar disorder, for example, could make your condition worse.

If you have a mental illness, only use hypnosis with the guidance of a competent professional.

Hypnosis is not a truth serum. There is no point in you going into hypnosis with the aim of uncovering a “truth.”

In fact, the opposite could happen: your imaginings while in hypnosis could seem so real nothing will convince you such-and-such didn't happen, even though the event is entirely a figment of your imagination.

It's easy to use hypnosis in a negative way. That is, to reinforce negative wishes or experiences. For instance, rehashing cruel remarks someone made to you, or berating yourself for a failure.

Instead, use the power of hypnosis only in a positive way.

Imagine yourself impervious to cruel remarks, or forgiving yourself for failure. Even better, imagine yourself strong and successful.

The only person you can change is you.

The Sequence

Here's the sequence to follow each time you hypnotize someone:

- Rapport
- Permission
- Induction
- Deepening
- Suggestions
- Repetition
- Disengagement

(A qualified hypnotherapist could include "Analysis" and "Therapy" in the list).

Rapport

Rapport is essential for hypnotizing to be successful.

How *do* you develop a harmonious relationship? Well, with someone you already know, the groundwork is either already there or it isn't. It'll be easy to hypnotize your trusting daughter to heal quickly after having her wisdom teeth pulled, for instance.

Conversely, there's no way you're going to be able to hypnotize old Aunt Maud who still regards you as the irresponsible child you once were.

But what if the person to be hypnotized is an acquaintance, or a stranger? A workmate, for example, or someone you meet at a party who wants to know what hypnosis feels like?

Then you'll have a few moments to establish rapport. Here are the clues:

- Listen
- Make eye contact

- Smile
- Be natural
- Affirm
- Ask

Genuine listening to another person is so effective in making that person feel valued that it has been elevated to a whole school of therapy. Known as “Rogerian therapy” (after its founder Carl Rogers) or “Person-Centred Therapy” it includes reflecting back to the other person what he or she is saying, but in different words.

[For examples see <http://hypnosis.org/therapysite/art2.htm>]

You can also use the techniques of NLP (Neuro-Linguistic Programming) that include mirroring the body positions of the other person, matching your breathing pattern to theirs, and using language that appeals to their preference for audio, kinaesthetic or visual language.

A bit too manipulative in my opinion. To me, the best way to build rapport is to *be yourself*. Genuineness is appreciated. (Even though it can be faked by psychopaths.)

Making eye contact in a natural way is part of being yourself. Most normal people look briefly into the eyes of the person they’re chatting with, and then look briefly away. Too much of either and the other person is going to feel uneasy.

Smiling can help with rapport. And here’s another reason for you to pay close attention to what the individual is saying: you don’t want to shatter rapport by smiling at an inappropriate moment.

I once responded with a smile to a female client’s grinning description of having fallen in lust with a man who has the same first name as myself. Turns out she was smiling, not from pleasure, but embarrassment. And was angry with me for apparently being flippant.

Do affirm what the person tells you. Be sure to agree with anything that is positive. Plus it's a good idea to indicate that the hypnosis will be beneficial.

Just don't go overboard. First, because that overconfidence in positive results is unwarranted. Secondly, because the individual is unlikely to believe you. And then, rapport would be destroyed.

Do ask relevant questions. For instance, it helps to establish rapport with a frightened exam-taker when you ask how long he's been suffering with this, did something dreadful happen during a particular exam, do other family members fear exams and so on.

Here's what to *avoid* when you want to establish rapport:

- Disagreement
- Politics
- Jokes
- Untruths
- Physical contact

Disagreement

Unless you're preparing to hypnotize a person who relishes arguing you'll likely put off an individual who finds you arguing with him or her. Especially if the argument touches upon the person's belief system. That is, anything the person considers to be a truism.

Politics

The adage about not discussing politics, religion or sex has relevance here. In other circumstances you can chat all you want about these subjects. But they are risky when you want primarily to establish rapport.

Rapport once established can easily be lost. After a fruitful hypnotherapy session a client was at the exit door when

I made some deprecating comment about the then-current Prime Minister, a man despised by thousands of Canadians. The client turned to me and icily said, “You should be careful who you say things like that to. It happens that the former Prime Minister is a close personal friend of mine. A wonderful man.”

Jokes

Similarly, jokes can cement rapport -- or destroy it. Trouble is, you don't know how a joke is going to be received until after you've told it. Better to keep jokes for audiences with whom you're not attempting to build trust.

Untruths

Better to say “I don't know” than to tell a lie, if you want to build rapport. Not everyone will be able to tell you're uttering an untruth, of course, but the likelihood of the other person responding with inner unease (and therefore, diminishing rapport) is high.

Physical contact

This is a tricky subject. Some people connect better when you touch them (handshake, or light grip on their shoulder for instance) but others shudder.

Perhaps the simplest way to build rapport with or without physical contact, is to follow the other person's lead. In our multi-cultural world, this is crucial. An innocent handshake in one culture could be a grave offence in another.

Induction itself develops rapport

“Hypnotic induction can be looked upon as a technique for establishing a very strong rapport, for establishing a greater confidence, a greater belief in the therapist, whereby the latter's words will be much more effective” (Barrios, 1970, p. 6).

Permission

Always be sure you first have the person's permission before hypnotizing him or her. This is not just a courtesy. If a person does not want to be hypnotized she won't be.

On the other hand, because your friend, family member, lover or acquaintance agrees to be hypnotized does not necessarily mean they will easily relax into hypnosis.

Likely reasons for not relaxing easily are:

- Lack of trust in you.
- Fear of losing control
- Fear of being under your control
- Fear of revealing a secret
- Skepticism about hypnosis
- Religious qualms

Doubt and fear impede hypnosis. So if the person has any reason to be unsure of you his fear will make it difficult for him to be hypnotized.

Much more likely, however, is fear that arises from the myths that still dog hypnosis.

You can tackle these myths in your *pre-talk*. This is when you briefly explain what hypnosis is, and is not. You could, for example, reassure the individual that she always remains in control.

Do not expect your pre-talk to have much impact.

A person new to hypnosis is unlikely to change the perceptions of a lifetime from misleading books, movies, TV shows and even crossword puzzles, simply because you offer a few words of clarification – no matter how true.

In a way, this resistance buttresses our argument that ***imagination is more powerful than reason***: It's precisely

because those silly, frightening or misleading images have made a hypnotic dent on the person's subconscious that your words alone will not dislodge them.

Experience with hypnosis is the best antidote.

Of course, that depends on the kind of hypnotic experience.

A hypnosis stage show – because it is designed to fit into the preconception of ‘subject controlled by hypnotist’ – will probably only reinforce misconceptions.

In this ebook we are referring to hypnotic experiences that **strengthen** the person's **self-control**, not undermine it.

Thus people you hypnotize should not only enjoy the experience but learn how to use hypnosis on their own.

If a person is fearful of losing control you could give them the option of keeping their eyes open throughout the hypnotic experience.

You're more likely to find newcomers to hypnosis afraid of falling *under your control*, your “spell.”

Although this is laughable it is not to be laughed at. Your verbal reassurance will not convince the person. But if they allow the hypnotic process to proceed they will discover for themselves that they, not you, are in control.

Some people will worry that, while in hypnosis, they may reveal a secret. Again, only experience will teach them otherwise.

Skepticism about hypnosis may or may not interfere with your hypnotizing success. It's a matter of degree. Some skeptics will allow themselves to relax despite their uncertainty. Others will remain so analytical that they cannot be hypnotized, firmly

convinced that “it’s all a scam” (as one ignorant young man wrote to me recently).

Belief systems (i.e., how we explain the world and our experiences to ourselves) are of vital importance to each of us.

We unquestioningly consider certain things to be True. A great example of this was the time I wrote something about how EFT (Emotional Freedom Techniques, a sort of acupuncture without needles) could free a person from a serious problem -- without him or her having to endure a catharsis.

I received an adamant email from a hypnotherapist who insisted (in capital letters) that catharsis (an outpouring of emotion) is absolutely, unequivocally *necessary* for the successful outcome of therapy.

That is his belief, based on what he learned in his hypnosis training and reinforced each time a client is rid of an issue after she abreacts.

Other hypnotherapists have different training and/or different experiences leading them to a totally different *belief* about abreactions.

The most obvious of belief systems is religion. Although they are most unlikely to ask you for hypnosis, some religious people are convinced that hypnosis is a tool of the devil.

Others lump hypnosis in with the occult.

[For an illogical example of this, go to:
<http://www.rapidnet.com/~jbeard/bdm/Psychology/hypno.htm>]

So unless they are daring themselves to plunge into the Darkness, both kinds of Believers are going to be on guard against allowing themselves to be hypnotized.

Do not attempt to argue them out of their beliefs.

The fear is too great, the emotional investment too deep.

It would be as futile as my arguing the metaphorical nature of past-life regression with someone who is convinced that the process actually takes you to a previous life.

If fears remain after your pretalk, you have these options:

- proceed with an induction as though the person is not nervous,
- use the “Repeat” induction that is ideal for fearful people,
- use an informal induction, or
- shrug, smile and change the subject.

Induction

Described in detail in the next chapter, this is the phase in which hypnosis is *induced*. That is, when you gently or abruptly guide the other person into a state of hypnosis.

Deepening

“You allow yourself to drift deeper and deeper into a very pleasant state of relaxation” is a typical phrase you might use to encourage someone to relax more and more.

The experience of “depth” is, of course, subjective. Which is why some hypnotherapists prefer not to use the term and instead rely on such expressions as “you now feel more and more comfortable”, or “let yourself relax more and more...”

Some people in the field have calibrated various depths. Others have named the various levels of such gauges of hypnotic strength. Some even claim a person *must*, for example, enter the “*somnambulistic*” [extremely deep] stage for therapy to be effective.

You can safely leave such notions to practitioners with vested interests in their patented methods, or to university

researchers with vested interests in perpetuating fine distinctions that forever require “more research.”

To hypnotize someone to help themselves, only a light trance is necessary, and whatever “depth” they choose to go to is not only subjective but irrelevant to a positive outcome.

In other words, your “client” may not be deeply relaxed in hypnosis but will nevertheless be relaxed about going for job interviews – if you’ve given the appropriate suggestions.

“Deepening” can be accomplished by using an induction. The same words that are an induction at the beginning of your hypnosis session can be used as a “deepener” later.

For example, you can count someone into hypnosis (“10-9-8-7-6-5-4-3-2-1”) or deepen their experience the same way. (“As I count from 10 to 1 you allow yourself to go deeper and deeper into a very pleasant state of relaxation”).

Suggestions

This is the meat of your hypnosis sandwich. (The bread is the induction and disengagement).

The main point to remember about suggestions is that *they must be acceptable to the person’s subconscious.*

So, for example, if a person says she wants to stop smoking but has some reason for *not* wanting to stop, no amount of hypnosis or suggestions will have any effect.

Like Fred, the priest I wrote about in *Health and Happiness with Hypnosis*:

“Smoking served a purpose in his life. It provided an effective smokescreen (pardon the pun) that enabled Fred to avoid certain people. He was expected to take an active part in certain charity groups on a volunteer basis. But Fred suffered with low self-esteem (related to severe rejection by his family when he was little).

His shyness, and acute sensitivity to the opinions of others, meant he preferred to minimize contact with other people, especially groups outside the seminary.

Since the groups in question abhorred smoking Fred was able to convince himself that, if they knew he was a smoker, they would reject him.

Thus to hold on to his identity as a smoker provided him with protection from facing his fear of rejection.”

To help a person become a *non-smoker for life* [I love that phrase, and use it often with clients] your suggestions have to be relevant to the particular person.

This means you have learned everything you can, either through discussion about the person’s habit and her reasons for wanting to stop, and/or by her filling out a form (like the one you can adapt from <http://hypnosis.org/register.html>)

Only when she’s **decided** to stop will hypnosis have any effect.

Two Kinds of Suggestions

There are two kinds of suggestions: **post-** and **pre-**hypnotic.

Post-hypnotic suggestions are given while the person is in hypnosis, to take effect after (post) the session.

Pre-hypnotic suggestions are statements a person listens to before (pre) going into hypnosis.

For detailed instructions on how to compose effective positive suggestions see my ebook ***SELF-HYPNOSIS: Safe, Simple, Superb.*** <http://www.hypnosis.org/self-hypnosis.html>

Repetition

Repetition appears to be essential for change. Thus only once saying, “you enjoy being calm and relaxed while writing exams” is hardly likely to change a person’s behaviour.

Repetition can be with identical words or with variations on the same theme. For example, “as you breathe slowly and deeply while writing exams you enjoy feeling calm and relaxed...”

Disengagement

Sometimes a person will pop out of hypnosis spontaneously. They suddenly open their eyes and the process is over. Perhaps the hypnotic purpose has been achieved; perhaps the person consciously or unconsciously became frightened.

Usually an individual expects to be guided out of hypnosis by the person who guided them into it. The simplest way to do this, especially if you used a countdown for the induction, is to count up.

That is, “In a moment I’m going to count from 1 to 3. On the count of 3 [10, 15, 23, whatever number you’ve chosen] you can open your eyes. Soon after that you’ll feel refreshed and alert.”

Some hypnotists still use the archaic command “SLEEP” as an induction. And, consequently, bark “AWAKE” as an exit from hypnosis.

Since, as you know, a person in hypnosis is not asleep and therefore cannot “wake up” from the state, this can be confusing to everyone involved.

Be sure to allow enough time for the person exiting hypnosis to return to his or her normal awareness. During that time they are still somewhat hypnotized for a few moments. So it’s helpful to add only positive comments.

Here are four examples:

- “Well, you certainly enjoyed the relaxation.”

- “So, now that you’ve let go of that habit of procrastination, what’s the first thing you’re going to do?”
- “Doesn’t it feel great to be a non-smoker for life?”
- “You have a good talent for hypnosis.”

Inductions

The common elements of all inductions are:

- narrowing of attention
- use of the imagination
- physical relaxation

If the person you're about to hypnotize has no previous experience with hypnosis almost anything you suggest will be accepted as normal.

If, however, he or she has been previously hypnotized they will expect a similar induction to what they're used to.

Like the new client who stormed out of my office because I didn't offer her earphones, classical music and a recliner.

Seems her previous hypnotherapist had used that approach and “*that's* how you do hypnosis!”

Inductions can be grouped into four categories:

- verbal
- mechanical
- physical
- electronic

Let's take these in reverse order:

Electronic inductions

Some hypnotherapists set up elaborate electronic equipment for clients to listen through headphones to audiotapes of music, relaxing sounds, and to recorded or live voice instructions.

Music

Many kinds of music can induce trance – the genre varies from person to person. However, classical music is known to relax many people. And the rhythm of drums has been used for centuries to numb the minds of listeners.

Sounds

Sounds of nature can be comforting. Ocean waves caressing a beach, for example, are the epitome of relaxation for many. The call of the loon, or a babbling brook, or the sound of summer rain, are others.

Be aware though, that the sound of *running water* can induce not peace, but alarm. This happens particularly for people who were sexually abused as children. They may not consciously recall the abuse but because many such violations begin in the bathtub, their bodies respond to the trigger of the sound of running water.

If you choose to use music or relaxing sounds be sure your selections are copyright free – or that you’ve paid for permission to play them.

Live or audiotaped voice instructions through earphones would, of course, be similar to verbal inductions employed by non-electronic approaches.

Before using an electronic induction you should verify that the music or sounds you want to use do not carry negative implications for the listener.

For example, a particular piece of music may have frequently been played in the boarding school the person hated as a child.

Or those beach sounds you’re so fond of might conjure up a near-drowning memory for the person you want to hypnotize.

A musician once begged me not to use any kind of musical induction. She said she would be so busy analysing the

piece and how it was played that there's no way she would be able to relax.

The point is that you should fit the induction to the individual. That's why several types are described in this ebook.

The right DVD can be an excellent induction mechanism. Several senses of the viewer are engaged at once. And a hypnotic DVD is ideal for a person who wants to experience hypnosis but is, for whatever reason, unwilling to close his or her eyes.

The Psychovisual Therapy DVD most suited to use as an induction is "Serenity" (<http://hypnosis.org/DVD.htm>)

Physical inductions

These are popular with hypnotists who prefer an authoritarian approach – and those who favour "instant" inductions.

Suddenly grabbing the individual, or shaking hands forcefully, are two such methods.

The idea is to "shock" the person into hypnosis. Often, the hypnotist yells the anachronistic "SLEEP" at the same time as she shocks the person.

Less drastic physical approaches include the *postural sway*, the *forehead touch*, the *head clasp* and the *arm drop*. (And, of course, receiving a massage is likely to lull you into a hypnotic state).

I do not recommend any physical induction.

Unless you are working with a close friend, or in a group situation, (therefore with witnesses) the potential for misunderstandings and lawsuits is too high.

A fantasy in hypnosis seems so real it could well be impossible to convince a sexually-hallucinating woman that all the hypnotist did was press her head to his shoulder as they stood close.

[To avoid accusations of sexism let me hasten to add that a male could equally well misunderstand the behaviour of a female hypnotist. And hallucinations or misunderstandings could, of course, arise between two persons of the same gender].

Postural Sway

The *Postural Sway* has become well-known in corporate circles as a trust-building or trust-testing exercise. In essence, it involves you standing with one leg a little back from the other (to brace yourself) and asking the person, who is facing away from you, to allow himself to fall back. To induce hypnosis you could extend this into a rocking motion.

Forehead Touch

This has mystical overtones (e.g. the mythical “Third Eye”).

Basically, the induction consists of pressing a finger to the centre of the person’s forehead. If the client is standing, you gently press until she sits down. If already seated she’ll respond to you adding a verbal instruction along the lines of “as I press gently on your forehead you relax more and more and feel more and more comfortable.”

Head Clasp

The Head Clasp is not a wrestling move. (Well, it is, but not in our context.) It requires one of your hands on the person’s forehead, the other at the back of his head. You could gently rock the head in a nodding position, while uttering suitable verbal relaxation instructions.

Arm Drop

Probably the least intrusive of physical contact inductions, the Arm Drop can either be part of your induction, or a “deepening” device. Essentially, you gently grasp one of the person’s wrists, lift the arm and let it flop down onto the individual’s lap. You’ll note a characteristic looseness of the arm if the person is indeed in hypnosis.

Mechanical inductions

What comes to mind immediately is, of course, the swinging watch. This induction is ingrained in the public’s mind. It is standard in poor drama shows and silly commercials on television.

Essentially the swinging watch is one version of the *Eye Fixation* induction technique. (See below).

Other mechanical induction devices include the *egg-timer*, the *metronome* and the *hypnodisk*. Historically the latter was a card mounted on a spindle driven by an electro-magnetic engine that spun the card faster and faster.

Now such spinning spirals can be viewed on several websites. [I even have a page of them for people who want to hypnotize themselves. <http://hypnosis.org/spiralpage.htm>]

And there’s a website devoted to a museum of hypnotic mechanical devices. <http://www.angelfire.com/pr/hypno/>

Verbal Inductions

The spoken word is the most common way to induce hypnosis. And almost any words will do. Although, of course, usually you’d emphasize relaxation. Here are some typical examples of verbal inductions:

Deep breathing

Breathing slowly and deeply counteracts anxiety – and can induce the hypnotic state. So, telling someone to enjoy slow deep breathing can be an induction in itself, or an adjunct to another induction of your choice.

We're referring here to *really* deep and *really* slow breathing. Anything less and you could bring on a panic attack.

Similarly, *focusing* on their breathing can be an induction in itself.

Special Place

Before starting the hypnotic process you ask the person in what kind of **imaginary** place he or she would feel “calm, confident, relaxed and strong.”

Common responses are “the beach,” “a meadow,” “in the mountains.” But some are unusual. Such as, “Flying like Peter Pan”, “sitting on a bus” or “stretched out on a hammock.”

The reason you ask for an **imaginary** place is that real places have connotations that might derail your hypnotizee from focusing on your suggestions.

Counting

One of the simplest (and the first method I learned) is simply to count. Usually downward.

[Conversely, then, to disengage from hypnosis, you would count *upward*].

The count can be straightforward, i.e., “ten-nine-eight-seven-six-five-four-three-two-one” said out loud or in your head, or complex: “beginning at 100, subtract 3 --- 97, 94, 91, 88, 85, 82 “

If you use a complex countdown, be sure to tell the person “if you lose track, simply start over.”

Counting can also be interspersed with suggestions of relaxation: “Ten--becoming more and more relaxed--nine--feeling very comfortable and relaxed--eight--continuing to breathe slowly and deeply--seven--with each slow, deep breath allowing yourself to drift deeper and deeper into a very pleasant state of relaxation--six--every part of you deeply relaxed now--five--allowing yourself, if you wish, to drift even deeper and deeper--four--letting any remaining tension just drain away--three-- with each slow, deep breath allowing yourself to drift deeper and deeper into a very pleasant state of relaxation--two--allowing yourself to feel completely comfortable, safe and relaxed—and----one.”

Confusion

The purpose of this technique is to so confuse the hypnotizee that he or she gives up conscious fears or questions -- and slips into hypnosis.

Confusion can be created by asking the person to do several things at once (e.g., slow deep breathing, imagining their Special Place, and repeating your relaxation suggestions in their head).

Or two hypnotists, seated on either side of the person, could speak simultaneously.

Here's yet another variation. It's republished with permission from the ezine of the United Fellowship of Hypnotherapists:

“Allow your eyelids to close and allow your mind to just drift wherever it will.

You know that you are aware of everything but somehow it seems, also, that you are not aware of everything, you're just listening to your subconscious mind, and whilst your subconscious mind may be very far away and in a world of its own, not even listening to your thoughts.

Your conscious mind is also very far away, without a care in the world. but even still, your subconscious mind is very awake and listening

to everything you say whilst your conscious mind is very lazy and very relaxed.

You can feel relaxed and peaceful knowing that your subconscious mind can take charge of everything, just let your subconscious mind do all the work, your subconscious mind knows that your conscious mind does not need to know, and because your subconscious mind knows your conscious does not need to know then your conscious mind allows your subconscious to take control.

Your subconscious has incredible potential, potential which is not within your conscious mind as you become relaxed, your subconscious can remember everything and it knows also that your conscious cannot remember everything and sometimes it just forgets what to remember certain things whilst it remembers other different things, like, remembering what to remember and forgetting about remembering what you forgot to remember about, it doesn't matter if you can't remember what you forgot for you don't need to remember what's already been forgotten.

Whilst your eyes are closed, just breathing deeply, you can remember to let your subconscious allow your conscious to forget, even to forget what it was remembering, for your subconscious does not care if your conscious forgets, it will remember to remind the conscious about what it had forgot.

You just relax, breath deeply and listen, listen to my voice, your subconscious can listen whilst your conscious forgets, and whilst you remember, you just simply relax more and more, deeper and deeper and deeper into relaxation.

You should repeat the script once more starting from paragraph three (you can feel relaxed and peaceful etc). “

Eye Fixation

This is one of the oldest induction techniques.

Its most famous example is the swinging watch. But any object will do. Even the person's finger held at arm's length.

The individual to be hypnotized stares at the object until he or she relaxes into hypnosis.

Staring at a candle or a spot on the wall or indeed at any object, can induce hypnosis. People with a good talent for hypnosis can be induced by staring into a penlight. And some hypnotists (again those who are more likely to lean toward the authoritarian approach) favour using their own eyes as the fixation point.

Sometimes I've even used a small rock, that has the word 'IMAGINE' inscribed in it.

Eye Blink

Another name for the *Rapid Eye Flutter* induction .

Rapid Eye Flutter

This induction has ancient roots. It is part distraction, part physiological and part authoritarian.

The Rapid Eye Flutter is useful with clients who:

- have difficulty with voluntary focusing, or
- who like to be told what to do or
- who have a tendency to over analyse, or
- who are in a hurry.

Because of its comparative swiftness, this is a handy induction when you want to guide someone quickly into hypnosis.

After your pre-talk, you can begin by encouraging the person to breathe slowly and deeply. Then *rapidly* tell him or her, "Close your eyes, open your eyes, close, open, close, open..."

As you continue this, slip in such suggestions (commands?) as "soon your eyes will be too heavy to open," "your eyes become so heavy you can't open them", "so pleasant when they're closed", "so tightly shut now that you can't be bothered to open them", "so tight you can't open them no matter how

much you try". And/or "the harder you try to open the eyes the more they stay shut."

Rapid speech is important to create confusion within the hearer who thus escapes into hypnosis as a refuge from your commands. This induction is best used with people who favour, or expect, a somewhat authoritarian approach.

The "tightness test" provides you with a built-in check on the person's progress into hypnosis.

Progressive Relaxation

As the label implies, this is a technique of gradually relaxing one part of the body after another. There are many variations.

One that's encouraged on the Psychovisual Therapy DVD "Relax & Let Go" is to sequentially tighten and release each muscle, beginning with tightening one's hands into fists and then releasing the tension. <http://hypnosis.org/DVD.htm>

Another variation of the progressive relaxation technique is the permissive *Repeat* induction outlined below.

Ma or Pa

If you're thinking "it seems almost anything can be used as an induction" – you're right!

Not only that, but inductions can be *commanding* or *permissive*.

In pre-PC [that's Politically Correct, not Personal Computer] days these approaches were known as *Paternal* or *Maternal*.

Paternal meant an authoritative, commanding manner of ordering the person to do or to imagine something while in

hypnosis. This approach lives on in stage shows. It is occasionally required in therapeutic situations.

It is not advisable for you to employ a paternal approach without extensive training in either therapeutic or stage hypnosis.

Maternal, or better said, *Permissive*, inductions acknowledge that the person, not the hypnotist, is in control.

You ask, you gently suggest, you request, that he or she *allow* whatever it is you want them to imagine.

The authoritarian approach has wilted in face of the contemporary emphasis on

“supporting the patient’s capacities to enter and to experience trance and to use that experience to release his/her innate capacities for coping and adaptation [and especially to develop]...an emerging sense of efficacy and autonomous mastery” (Baker, 1987, p.205).

This focus on non-direction and on facilitating the hypnotizee’s mastery reaches its apex with *ideomotor* questioning.

Ideomotor techniques

Ideomotor methods are ways of communicating directly with another person’s subconscious.

This may be done, for example, through the use of a Chevreuil pendulum or by the person signalling with pre-selected fingers representing “yes”, “no”, and “don’t want to answer yet,” in response to questions from the hypnotist.

Clearly, you do not have to be a commanding, directive person to hypnotize others. Indeed, as psychologist Ernest Rossi indicates, the art of hypnosis in the hands of a skilled, trained therapist is especially effective when ideomotor techniques are used:

“When the therapist focuses his efforts not on his own power and prestige but on his skill in facilitating the patient’s own inner resources ideodynamically, then, with surprising efficacy, cure and problem-solving manifest themselves as a natural healing process”. (Rossi, 1988, p.78).

Here are some more verbal inductions. You decide if they are *Commanding* or *Permissive*. Or perhaps a mixture.

The Inner Search

This induction has the advantage that the onus is clearly on the person choosing to go into hypnosis. The focus on her inner body engages the person so much that distractions are minimised. As well, she is fully aware that she, not you, is in control.

[This induction is probably inadvisable for use with someone who has cancer, or who has a family member or close friend with the disease.]

“Good. Now perhaps you’d like to use your imagination to look around inside your body for one spot, or area that is more relaxed than the rest of your body. This place may feel warmer, or tingly or even cooler. It may be a small place or it may be fairly large. It can be anywhere between your head and your feet.

Take your time. There’s no need to tell me in words where it is when you find it. When you’ve located that place within you that’s more relaxed than the rest of your body, just let a finger on your left hand lift to let me know you’ve located the spot. No need to tell me where it is.

[After finger lifts]. Ah, good. Now if you wish, if that spot doesn’t already have a colour, you can imagine it coloured with whatever colour symbolizes relaxation. If you don’t actually “see” a colour, that’s okay. Perhaps you just have a sense of that area and a sense of it being more relaxed than the rest of your body, and that’s okay.

Now imagine the relaxation spreading out from the original area. If you do imagine a colour watch it spread through your body bringing a feeling of comfort and relaxation as it flows through every part of you, leaving you calm, relaxed and confident.”

The Repeat

This is ideal for individuals who have a strong need to be in control, or who suffer from an anxiety disorder, or who, on their first visit, remain nervous about going into hypnosis, even after your pre-talk.

It is a variant of the well-known *progressive relaxation* induction. It is not recommended for use with people who you’ve hypnotized three or more times, or who prefer you to be more authoritarian.

“O.K. You can begin by breathing very slowly and very deeply....As you breathe slowly and deeply -- good -- you begin to drift into a very pleasant state of relaxation....as you continue to breathe slowly and deeply please repeat in your head what I say as you continue to breathe slowly and deeply and continue to drift into a very pleasant state of relaxation.

O.K. Here we go: I allow the muscles around my eyes to relax. [pause long enough for the client to repeat the suggestion]

I allow the muscles in my face to relax.
[pause]

I allow my neck and throat to relax.
[pause]

With each slow, deep breath I take I allow myself to drift deeper and deeper into a very pleasant state of relaxation.
[longer pause]

I allow my shoulders to relax.
[pause]

I allow my right arm from the top right down to the fingertips to go loose and limp.
[pause]

I allow my left arm from the top right down to the fingertips to go loose and limp.

[pause]

With each slow, deep breath I take I allow myself to drift deeper and deeper into a very pleasant state of relaxation.

[longer pause]

I allow the muscles in my back to relax.

[pause]

I allow my stomach muscles to relax.

[pause]

With each slow, deep breath I take I allow myself to drift deeper and deeper into a very pleasant state of relaxation.

[long pause]

I allow my pelvic muscles to relax.

[pause]

I allow my right leg from the top right down to the toes to go loose and limp.

[pause]

I allow my left leg from the top right down to the toes to go loose and limp.

[pause]

I allow my whole self to relax.

[pause]

I take a slow, deep breath and stop repeating what Dr Knight is saying."

The Elevator

Here's an induction from J.W. of Georgia, USA. Do not use this with clients who are claustrophobic!

"I developed this script to facilitate my son's sports performance in baseball. It should not be used by anyone having a problem with closed places, e.g., elevators.

I use this script with soft repetitious music playing in the background. I have the remote in one hand to control the volume. It is important to lower the music as the client descends into deep relaxation, and to bring the volume up proportionately as he returns to the room. There is no need to

hide the fact that you are doing that... that would only cause distrust and the session would not be successful.

I would like for you to get comfortable in the chair, you may want to drop your hands to your sides and spread your feet a few inches apart...good.

Now I would like for you to look at the corner of the ceiling that is directly over your head... pick a particular spot and concentrate on it.

It's OK to blink if your eyes become tired or heavy, and when you want, you can close your eyes and lower your head.

As you stare at the spot on the ceiling, I want you to imagine that from this spot come all things good, positive goals ... relaxation...a feeling of calm and serenity.

To increase the warm and comfortable feeling of relaxation, you may want to take three or four deep breaths; each time you feel yourself becoming more and more relaxed... more and more at peace... more and more without worries ... as you start to relax every part of your body.

(Note: at this time the music is decreased and progressive relaxation techniques are applied from the feet to the head with special emphasis on the shoulders, also by this time his eyes are closed, and the head is bowed).

I would like for you to imagine in your mind's eye, that you are on an elevator, it may be a modern type with lights on the control panel that tells what floor you're on... or it might be an old-fashioned one with wrought iron double doors that you can see the floor number as you descend, it really doesn't matter, which ever one you want it to be is OK.

If you want, you can start going down from the tenth floor... down to the first floor... with each floor you become more and more relaxed... deeper and deeper...more and more relaxed.

(Note: take him down one floor at a time, pausing a couple of seconds to make sure he sees the floor in his mind's eye).

Good, now I want you to step off the elevator into a world filled with lights, people, and sounds, it is a baseball stadium, but nothing is more important than the sound of my voice right now... as you continue to go deeper and deeper... with every breath... more and more relaxed.

As you prepare to throw the first pitch, you will remember that you have the ability to pitch the ball exactly where you want it to go, with the exact speed and rotation, and you have the ability to visualize the ball as it crosses the plate.

Each time you throw the ball, you may want to think that every pitch is singular, and that the amount of strikes, balls, and outs are not really important... only the flight of the ball, because you have the ability to place the ball wherever you desire.

The amount of outs or the "count" doesn't change your ability to throw the ball.

Now, visualize that you have succeeded in your baseball game, and now you need to return to the elevator that will bring you back to the room. (Have him visualize the elevator returning to the 10th floor, more and more alert, etc, etc.)

There are some personal suggestions that won't apply to anyone but my son that I have left out, but as always, a personalized script is much more effective.

Thank you for letting me share it, I hope it helps someone! After all, that is what we are about, right?"

Here's an induction from hypnotherapist Ed Tokarchik:

"An induction I use with most first appointments. I start with this chart 3'x3', professionally made. It looks

like this:

IT IS IN YOU

HEALTH	WEALTH
LOVE	
SUCCESS	HAPPINESS

I use this visual to explain that our purpose is to go to a Normal situation.

If you have been eating too much, normal eating is good. If you have been killing yourself with smoking, not smoking is normal. The talk is specific to the session.

Two purposes are accomplished here:

- a. The client relaxes, "It's just a visual, and I'm ok."
- b. The client starts getting used to my voice.

The flip-side of my 3x3 has another visual that looks something like this:

THE HUMAN MIND

Conscious	SubConscious
	Memory bank
Information processor	Image bank
A	Imagery
Hypothesis	
C	Habits
T	Compulsions
Evaluation	
I	Autonomic Nervous System

O

N Voluntary Muscles Involuntary muscles

I am giving them a crash course in Hypnotherapy and how hypnosis works. They are put even more at ease by this and get more comfortable with the session.

Next I explain that we are going to first do a relaxation exercise, and then we will shift into hypnosis.

I consider all of the above part of the induction.

Now the formal induction begins. I say the following verbatim:

We will begin by relaxing your voluntary muscles. I am going to mention a muscle group and you will be able to relax those muscles. You will be surprised at how well you can relax those muscles the first time you try it. You can signal to me that you are ready by just closing your eyes.

Now that your eyes are closed, please think of the muscles in your face, start with your forehead and make it smooth. Let go of your frown lines and even your smile lines.

Now let the relaxation go down your face, relax your upper lip, lower lip, cheeks, even your tongue can relax. Let this relaxation spread down your throat. Relaxing the muscles of swallowing, and the muscles of speaking.

Now let the relaxation spread to the back of your neck, relaxing all of the muscles that are used to hold your head upright, you will keep just enough tension to hold your head against the pillow.

Let the relaxation spread to the points of your shoulders, down the big muscles of your fore-arm, your wrists, your hands, even your fingertips.

Now let the relaxation spread from your neck down your spine right to your tailbone. You will keep only enough tension to remain sitting. Now let the relaxation spread down to your hips, your legs, your knees, ankles, feet, even to the tips of your toes.

Your body is now very, very, relaxed. In this relaxed state you are ready to participate in deepening your relaxation and going from there into your hypnosis.

Please visualize with me that you are standing at the shore of a small lake. It is a wonderful day, the sun is shining, the sky is blue, there are only enough clouds to make the sky interesting. Look at the small waves as they blow in and break up upon the shore. They break up upon the shore and flow out again.

Let these waves, that blow in and break up upon the shore and flow out again, take any remaining stress or tension away from your body. This leaves you relaxed and free. Relaxed and free.

Now keep your mood and come with me, relaxed and free, to the top of a nice high hill.

It is beautiful up here. You can see for miles in all directions. You can see woods, streams, fields, even a shining little river winding its way.

Now you look down and there is a path at your feet. It is perfectly safe and perfectly ok for you to go down this path.

The further you go down this path the deeper you are going into your relaxation. It feels wonderful.

Now you come to a part of the path that is too steep to walk. Someone has built a set of stairs so you can continue down the hill.

Now we are going to make the change from relaxation to hypnosis.

Let me take you down the stairs now. When we get to the end of the steps you will be in a state of hypnosis and ready to do some work.

We will go one step at a time, the first step is step ten, down to nine, eight, seven, six, five, four, three, two, one and we are on the ground.

Now go further down the hill and deeper into your hypnosis.

At the end of the path you see a sports field. There is a track around the field, some ball diamonds, tennis courts, jumping stands, the usual things for this type of facility.

To your right is a building. It is the club house. It is perfectly safe and perfectly ok for you to go into the building.

You see that it is set up as a small gym, complete with a rest area. In the rest area is a cot. It has gleaming white sheets, gleaming white pillows, and it's just calling for you to lie down.

It is perfectly safe and perfectly all right for you to lie down on this cot. Feel the pillow cool on the back of your neck. Feel your entire body settle into the mattress. You can even feel your heels sinking into this mattress.

You are now ready to start working on being a slim, attractive non-smoker.

First let us deepen your hypnosis. I will count backwards from ten. On one you will be in a deep hypnosis ready to change the rest of your life.

Counting now: 10-9-8-7-6-5-4-3-2 and one.

At this point the client is in an altered state of consciousness and ready to let me reprogram the subconscious mind so that they will be changed into a non-smoker, normal eater, free from certain fears etc.

I use different metaphors from here on in depending on the situation.

Hope this is of help to anyone in the field."

Ironie note re inductions

Formal induction techniques are unnecessary!

Many a person will drift off into hypnosis without any formal induction. Especially if in a place (such as a hypnotherapist's office) where hypnosis is expected.

"Hypnotic methods can usually be employed without the fanfare, the anxiety, or the time-consuming explanations which sometimes accompany formal hypnotic inductions. Formal inductions sometimes put too much pressure on the client, risk the therapist's credibility as a hypnotist if he should fail to induce a formal trance, or draw too much critical attention to the therapeutic suggestions. A formal trance induction sometimes requires explanations about hypnosis which consume more time than the explanations are worth relative to the therapeutic goals" (Hoorwitz, 1989, p.26).

The legendary Milton Erickson would undoubtedly agree with Hoorwitz.

Milton Erickson "was a virtuoso hypnotherapist who developed highly innovative communicational strategies. Although now hailed by his 'disciples' as the greatest theorist in the field of hypnosis, he really cannot be considered to be a theorist in the true sense of the word, because he never could or did explain scientifically clear manner what the role of hypnosis was in his highly varied and original psychotherapy. He was a charismatic man. During the last years of his life, he attracted many pupils from all over the world. After his death in 1980, some of his American 'disciples' of the latter years put him on a pedestal and exploited and overpopularized his work" (Fromm, 1987, p.220).

While the exploitation of his name and methods is regrettable, there is much of value to be learned from Erickson's work.

This includes:

- Spontaneity
- Metaphors/Story telling
- Client focus

Erickson "tuned in" to the client. He adapted his role as a facilitator of the client's own in-built healing process to whatever would be meaningful to the particular individual.

Offering indirect suggestions through metaphors or telling a story was characteristic of the way Erickson worked. He did this as a natural part of his personality, not as an artificial technique.

The Reverend Dr Scot Giles tells us:

"I was trained by one of Dr. Erickson's students and so my familiarity with that hypnotic method is deep.

I am always amazed at how many hypnotists cite the "instant miracle cures" of Erickson as an argument for brief hypnotic interventions.

In fact, Erickson's work was anything but brief. After you consulted him for your intake, you were expected to do six to eight sessions of purely "skill building" hypnosis where you learned how to go into trance, how to depersonalize, how to regress, etc.

Then, once Erickson was satisfied with the level of your hypnotic skill he would work with you to address your therapeutic issues. When he wrote up a case study he focused only on the last "therapeutic" sessions that had achieved the result, and this has let some people to not realize that all of his subjects had excellent hypnotic skills honed through multiple sessions.

All of which he charged for.

I think the rumor of "instant transformation" got started from his training seminars where he did some amazing things quickly.

But the people in those training seminars were all licensed mental health professions who had prior years of psychotherapy, good self-knowledge and most were already trained as hypnotists. That's hardly the profile of the standard client!"

Erickson was evidently skilled in the use of the "everyday" trances into which we fall but would sometimes hasten this along by boring the client into hypnotic relaxation.

I am reminded of the glazed expression on the face of my editor during contract negotiations with the publisher of my book *"Enjoying Single Parenthood"*: so boring and repetitious was the discussion that the editor escaped by drifting off into her own world.

What does all this mean for you? It means that, with the proper training and practice, you can induce hypnosis without a lot of fanfare. However, to start with it is advisable to use scripts or the guidance offered above.

Then, when you are comfortable with various induction procedures, you can modify them to your heart's content. And invent your own.

Once when I was in great pain in hospital (they'd provided me with a lavish meal too soon after a serious operation) a friend endeavoured to hypnotize me. She knew very little about hypnosis and nothing about formal hypnotic inductions.

Her eager suggestions that "the pain is going away, your stomach doesn't hurt ..." had a beneficial effect. And that was despite the phrasing not being what I would consider therapeutic. [Because of the use of the words "pain" and "doesn't."]

Scripts

One of the chief reasons you could benefit from formal training in hypnosis is that you'd be taught what to do *after the induction*.

In the meantime scripts are a good starting point. Bear in mind, however, that, as with inductions, no single script is applicable to everyone. You should adapt the script to the individual.

Here's an example of a *Stop Smoking* script (courtesy of Sir Michael Carr-Jones). It leans a little too much towards aversion for my liking. I prefer to emphasise the person's decision to be a *non-smoker for life*.

Smoking Script

"You find from now on you are more and more strongly aware of the reasons for becoming a non-smoker...more and more conscious of the threat to your health, of the increased chances of dying an ugly, painful death from heart disease or cancer...of fighting for each breath with bronchitis or emphysema...or causing severe damage to the arteries and veins in your limbs...you might comfort yourself that those things are a long way off, and that's true it takes time...but now you find you are more and more aware of interference to the way you would like to be...the gradual lowering of fitness that smoking brings about, the shortness of breath when you try to walk or play sports or climb stairs...the raw throat that you get from time to time...the bad taste that you get in your mouth...the loss of taste and smell.

You dwell on the cost of smoking....per month....per year, and how you could spend that extra money you would save...you are more and more aware that smoking is less acceptable to others, that it is regarded as anti-social, that smoking is dangerous to those around you and you are forcing them to become passive smokers against their will.

(You say that smoking relaxes you, but you know deep down that it doesn't at all...it really makes you more tense.)

You find that if you do continue to smoke, you'll be so disgusted and disappointed with yourself that the cigarettes will taste foul, like dead ash which has been lying overnight in an ashtray...you'll be overwhelmed by unpleasant feelings, you'll feel sick and queasy, as if you want to throw up but cannot...the room may spin...you'll have a vile metallic taste in your mouth, you may break out in a sweat.

The unpleasant, dangerous aspects of smoking take over in your mind, you find you do not want to pick up the cigarette in the first place, or you put it back without lighting it...the very thought of smoking brings

a mental picture of a cigarette with a big red stroke through it telling you that cigarettes are forbidden, strictly forbidden.

We know that a rise in tension levels signals the urge to smoke...from now on you cut that urge off before it starts by relaxing and slowing down your breathing...as you keep doing this, the urge to smoke disappears.

Your subconscious mind knows all of your reasons for becoming a non-smoker. It finds a safe way to rid you of the habit of smoking...soon you find that you just can't bring yourself to smoke...you have no desire to smoke, your craving has disappeared, smoking is repugnant to you and quite remote from your needs...more and more remote from your needs.

From this time on you do not smoke, you lose your awareness of the smell of other smokers, smoking rarely enters your consciousness ... you suffer no withdrawal effects ... the unpleasant effects accompanying stopping smoking are kept to an absolute minimum.

As your mastery over the habit increases you become more and more proud of your self-control and willpower...you are healthier...your lungs are clearer...you have more energy...you feel good about yourself and the world in general...you enjoy life more and more...you feel more calm, more relaxed.

You find that as food tastes better and better, you enjoy what you are eating and have no need to increase your consumption...your weight remains steady, you have no need for unhealthy, rich, high-calorie foods, you maintain your natural body weight, your subconscious mind looking after you all the time, protecting you and your body...you feel stronger...healthier...resistance to illness and disease increases day by day.

You find that your natural reaction to becoming a non-smoker takes on a new meaning and you lose the feeling of stubbornness that you experienced in the past...you feel proud of the fact that you have taken charge of your body for the good of your well-being...your friends (and family) are proud of you now that you have accepted responsibility to protect and respect your body...each day you feel more and more proud of taking responsibility to protect and respect your body.....”

Scripts can be similar to, or extensions of inductions. They can include direct suggestion or metaphorical stories. One source of scripts is Terence Watts' site at <http://www.hypnosense.com>

Hypnosis and Therapy

(A description, not a prescription. Thorough training is necessary before you embark on the methods described in this chapter).

Since a person is always conscious during hypnosis whatever happens can only happen with his or her cooperation.

Once the process begins, such cooperation often comes more easily because the client feels comfortable and fascinated at being at one and the same time participant and observer.

There are three ways hypnosis is used formally in therapy:

- to uncover causes of distress,
- to suggest specific changes, and
- to change personality.

Hypnosis as an uncovering technique

As a means of reaching the root of a problem hypnosis has no equal.

In hypnosis a client can regress to any earlier time in her life.

The search may focus on a particular request (“I want to know what happened when I was six and in summer camp”), or on a general discomfort (“I feel like there’s a lump in my throat but the doctors say there’s nothing wrong”), or as a generic suggestion (“Now, let yourself drift back to the first time this problem occurred”).

The latter suggestion may produce some surprising results.

Clients recall traumas they had blocked out of their minds for decades.

Others believe they've drifted back to a past life wherein an unresolved difficulty is at the root of their problem today.

Most common is an illumination of an event, or series of events, that the client already knows about but which, before hypnosis, seemed vague.

Hypnosis to suggest specific changes

This is perhaps the most common use of hypnosis. Such goals as stopping smoking, controlling weight, studying effectively, are all examples of what can be accomplished with post-hypnotic suggestions.

Relevant positive statements are made to the hypnotized client. Some therapists use standardized scripts but individualized suggestions based on an in-depth interview with the client are preferable.

Personalised suggestions will be more meaningful than ones designed for general use.

Hypnosis to change personality

To change a habit may well result in personality change.

For example, the client who learns in hypnosis how to stop biting his nails may generalize that experience to being relaxed and confident in various circumstances which used to provoke anxiety.

However, hypnosis as a deliberate tool for personality change is something else. What is usually meant by this is doing psychotherapy with a client who is in hypnosis.

Can hypnosis by itself create a real, permanent change in a person? Most professionals say no.

“Therapy is done in hypnosis, not by hypnosis.”

Yet hypnotized clients have been known to silently work through a problem. If that includes an integration and synthesis of insight, with a determination to put the new-found solution into practice, who's to say that's not personality change?

Whether hypnosis is used as a vehicle for personality change or to uncover causes of distress or to change habits, four of its characteristics explain why it helps a person in therapy:

- dissociation,
- decrease of reality orientation,
- availability of emotion, and
- vividness of imagery.

Dissociation

First utilized by Pierre Janet, a contemporary of Freud, dissociation appears to confirm the existence of a subconscious.

How it works is not clear; that it works is indisputable.

A Gestalt therapy technique, for example, is to encourage a client to talk to an empty chair in which an imaginary parent or other significant person is seated. The purpose, especially if the client also plays the role of parent, is for unconscious parts of the personality to 'surface'.

A dissociation technique frequently used in hypnotherapy is for the client to picture a traumatic event from his past as though it were a scene on television. The client then has control over which 'channel' he will 'view'.

Another dissociation technique is for the therapist (at the client's request) to suggest amnesia for all or part of the session.

Decrease of reality orientation

This frightening-sounding phenomenon simply means the client is less concerned about the reality around her and is preoccupied with the reality inside.

She is oriented to images and sensations within. This focus means the client is not distracted by office furnishings, traffic noise, cold draft, or logical thought.

Therapy is enhanced because the client is in touch with the most basic part of herself, the emotional-feeling-creative part that preceded language.

Because of the access provided by hypnosis, skilled therapy can help the client more easily change the self-definitions which reside in this basic part. Also, for therapies which utilize them, dreams are more readily recalled by a client in hypnosis.

An equally important aspect of decreased reality orientation is that of being able to anticipate the future.

Imagining, for example, how thin one will be in two months' time sends a powerful message to the subconscious.

All experience is accepted by the subconscious as real, whether it has actually happened or is only imagined.

The subconscious will thus act upon the message of thinness to make the client's body conform to the image.

Availability of emotion

Emotion is also more readily reached when the client is in hypnosis. A relaxed body and focused mind allow the person to release emotions which are otherwise held in.

Sadness, fear, joy and excitement are some of the emotions clients feel safe in releasing while they are hypnotized.

Many therapies consider recognition and release of feelings to be of prime importance.

This release of feeling while the client is in hypnosis may come in response to therapeutic questions or suggestions.

Other feelings surface spontaneously as the hypnotized client relives a particular event, or simply relaxes sufficiently to let go of negative emotion or, conversely, to allow himself to enjoy positive feelings.

Vividness of imagery in hypnosis

For many people, imagery in hypnosis is even more vivid than in their everyday experience.

It is a potent tool, given that imagination is always more powerful than willpower. And that what you imagine, can come to pass.

Use of imagery can be *undirected* or guided in:

- analogous,
- problem-focused, or
- rehearsal modes.

Undirected Imagery

Undirected Imagery is simply encouraging the client to experience and describe his or her own spontaneous imagery.

The vivid reliving of a trauma in imagination and the subsequent discussion outside of hypnosis, often defuses its debilitating power in the present.

The vividness of this access to otherwise forgotten memories should not be mistaken for accuracy.

Just because a person in hypnosis relives being molested as a child does not mean that he or she necessarily sees the actual perpetrator.

The imaginative capacity of the right side of the brain may provide incredibly detailed pictures that sometimes seem more real than everyday existence.

It is this remarkable ability of persons in hypnosis to create memories that means a sexual abuse trauma can be “re-drawn”.

For example, the therapist may encourage the client to develop a fantasy in which he or she as a child is rescued by the self as an adult. This adult self then (in imagination) confronts and thoroughly punishes the perpetrator of the abuse.

Analogous imagery

Analogous Imagery uses symbols to enable a client to tackle conflicts indirectly. Such images as climbing a mountain, beating a boulder, entering a house, encountering a cow in a meadow – all popular images in psychosynthesis -- help a client either discover inner conflicts or overcome them.

Frequently analogous images will lead to the client describing intense feelings as he or she lives the imagined experience.

For instance, a depressed 33-year-old man fell back exhausted from futile attempts at climbing a mountain; his images became more and more bleak (“unable to escape from the mountain, angry at car that won’t start, no one around to help me...”) until “I feel like curling up like a baby...oh God, I’m so alone...”

The abreaction which followed was a rare encounter for this client who had hitherto been a stranger to his emotions.

Problem-focused

Problem-focused imagery tackles a specific problem that the client has brought to the therapist.

A mother who is concerned about her active dislike for her son may, in hypnosis, be taken back to the first instance when she realized this feeling.

Whether this would be any more therapeutic than a similar memory-search out of hypnosis is unclear. Although it would not be more “true” it would likely seem so to the client.

Anyway, what is most important is her tackling the emotional truth. The mother could be helped to uncover the cause(s) of the hostility, to “redraw” the memory, or to form an image of new behaviour for the future.

Rehearsal Imagery

Rehearsal Imagery centres on changing problem behaviour, or enhancing a skill.

If a client is phobic of public speaking he can be helped, in hypnosis, by visualizing himself giving a speech successfully.

Of course, no amount of hypnosis will make up for inadequate preparation: the client has to know his material thoroughly and be familiar with techniques of eye contact, paced breathing, enunciation, etc.

The combination of rehearsal imagery, posthypnotic suggestion, skills training and self-hypnosis enabled a student to conquer his fear of giving a class presentation.

However, he was unwilling to delve into the fear of his father’s disapproval -- which the therapist suspected was at the root of the client’s phobia.

If the therapist’s assumption was correct, hypnosis in this case could not be more than a stop-gap measure, having to be used each time the young man was required to speak in public.

As an alternative to psychotherapy, the therapist referred the young man to Toastmasters International. The therapist hoped that such real-life practice would enable the client to develop enduring self-confidence despite his fear of facing his hostile feelings towards the disparaging father.

In other cases imaging new behaviour to, for example, counteract impotence, has proven very beneficial.

In all imaging, the more senses that are invoked the more real the experience will seem and the better the results will be.

Barrios claims that words act as conditioned stimuli (in the manner of Pavlov). He offers an illuminating example of someone who wishes to change from feeling inadequate to feeling self-confident. That person's negativity about himself would render ordinary positive suggestions ineffective. His negative self-image would overpower a suggestion, for instance, that he has high self-esteem.

But in hypnosis, things are very different:

"The patient's negative self-image is now more easily inhibited and should therefore be less likely to interfere when we attempt to evoke the positive self-image through suggestion. As a result, the conditioning can take place and new associations can be made. The person can truly picture himself feeling self-confident in various situations and these new conditioned associations in turn can lead to new behavior. This new attitude can now become permanent by means of self-reinforcement, just as his old negative attitude had been kept permanent by self-reinforcement" (Barrios, 1970, p.7).

Such a client would now be open to accepting compliments. He would find the world a friendlier place wherein positive things happen where before he saw only negative.

Is Hypnosis a Panacea?

There are so many applications for hypnosis that you might consider it a panacea -- i.e., a solution for all emotional, psychological and physical problems. Especially since hypnosis can be used with people of all ages and with a myriad of problems.

Here are a few:

- phobias,
- weight control,
- insomnia,
- alcoholism,
- depression,
- psychosis,
- hypertension,
- eating disorders,
- sexual dysfunctions,
- smoking cessation,
- medical illness,
- post-traumatic stress, and
- bipolar affective disorder.

Of course, to practise hypnotherapy for most of the above, you'd need specialised training.

One of the most common applications of hypnosis is for Weight Control.

Here's what I had to say on the Web about Weight Control (under the heading "*Dump Your Diet -- Before It Kills You*").

Note particularly the importance of language, and how informal hypnosis can have insidious effects.

The article should provide you with inspiration and guidance in the use of formal hypnosis for many issues, not just weight control.

* * *

Ever find yourself snacking and being unaware until later how much you had tucked away? You were in a hypnotic state.

Were you ever overwhelmed with an irresistible urge to eat fast food?

You were probably acting on a post-hypnotic suggestion from the Junk Food Industry.

One of the most likely reasons for your excess weight is *hypnotic techniques*. The Diet Industry [DI] uses television -- one of the most mind-glazing hypnotic mediums ever invented -- not only to promote diet plans, books and substitute “foods”, but to play upon our need for food, our tendency to conform.

Repetition is one of the most effective hypnotic techniques used by the DI.

Along with filling your imagination with images of wealth, popularity, (thin equals romance, for example) fashionableness and sparkling health, repetition drums the diet message into your subconscious as you gaze at the television screen.

The DI supplements the hypnotic power of television with a never-ending stream of diet-promoting articles and pictures in newspapers and magazines plus ads and interviews on radio.

At the same time, the Junk Food Industry uses similar techniques to persuade you to consume unhealthy, artificial “foods”.

The best way to counteract these efforts of the DI and the JFI is to remain *out of hypnosis* while eating.

Be conscious of what you are putting into your mouth.

Take control. You can give yourself positive post-hypnotic suggestions to shed excess weight – and to be conscious of what enters your mouth.

Ever faithfully follow a diet, only to gain back all the weight -- plus more?

Why is this extra weight -- *caused by dieting* -- so dangerous? Because it leads to despair and increased danger to your health.

The main reasons diets fail is that they focus on *loss* and *deprivation*.

When the body is *deprived* of food it follows the ancient "famine or feast" syndrome: as soon as food becomes available again the body stocks up, storing more than it needs against the probability that you'll deprive [diet] it again soon.

Most diets require measuring, calculating or eliminating. Unless you have an obsessive personality, you'll likely rebel at having to measure or calculate every gram or calorie of what you eat.

And if certain foods are forbidden on your diet, guess what you dream and daydream about, while the very thought of that delicacy causes your mouth to salivate?

Is it any wonder that that spoonful of forbidden chocolate cake leads to abandonment of your diet -- and a gorging on chocolate cake?

Fortunately, you can hypnotize yourself to enjoy any food you desire – in small quantities.

First, though, do you really have excess weight to shed?

Maybe the size and weight you are is normal, natural and healthy for you.

Perhaps you've succumbed to the barrage of publicity from the DI. Are you convinced you should be stick-thin, like the half-starved models on the runways of fashion?

Perhaps your problem is not fat, but conformity.

Focusing on weight can distract us from feelings of low self-esteem, or provide a ready excuse to distance ourselves from others.

If either of these underlies your problem with weight, use hypnosis to bolster your self-esteem and to feel relaxed around other people.

On the other hand, perhaps your problem is not fat, but fitness.

You could be large, but healthy. Or petite, and sick. Check with a physician about your unique body, and its level of fitness.

Let's say your doctor says you do need to shed a few pounds or run the risk of serious health problems. Why would you choose a diet as the solution?

You know it will likely just lead to the well-known yo-yoing of weight loss and gain. So what makes diets so popular?

The combination of dieting and consumption of junk food creates **guilt** and **excess weight**.

Guilt and excess weight lead to more ingesting of junk and more dieting and the depressing spiral feeds on itself.

How do you combat this avalanche of propaganda?

By learning and practicing positive self-help hypnosis techniques.

To begin with, note that the words you use are important. Positive language breeds positive results. Here are three key terms: "choose", "release", "excess weight".

Instead of feeling helpless about being overweight, you *choose* to take control.

Instead of losing weight (and therefore priming your body to later regain the loss) you *release* the *excess*.

[Full details of the role of self-help hypnosis in controlling weight are offered in our **Weight Controllers™ System** – <http://hypnosis.org/weight-control.htm>]

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* * *

Hypnosis and Creativity

You'll be pleased to know that hypnosis can do more than deal with problems. You can hypnotize people to boost their creativity. To paint, write or play music with abandon.

One of the best ways you can do that is to employ the powerful technique of visualization.

Your hypnotizee is encouraged to send a strong message to his subconscious by visualizing himself painting a masterpiece or playing the violin at Carnegie Hall or being fêted as a best-selling novelist.

Here's a less direct approach: Tell the individual to first imagine her favourite creative hero. Then encourage her to gradually superimpose her face onto that of her idol. Use as many senses as possible to heighten the identification.

Writers are among the creative people who can benefit from your hypnotic encouragement.

Use the following example about authors to glean how you could use hypnosis to help musicians, dancers, painters and other creative persons develop their talents.

Hypnosis can help writers to:

- overcome writer's block
- generate ideas
- improve concentration
- end procrastination
- increase motivation
- enrich characterization
- deal with rejection

Writer's Block

Writer's Block is about fear. Fear of failure or fear of success. Either is paralyzing. Neither is necessarily conscious.

But both failure and success are excused if the writer refrains from committing words to paper or screen.

(The writer has not really "failed" because the work is not finished; he or she has postponed success because there's nothing to judge).

Hypnosis can be used either in advance of a Block or during one.

Hypnosis can conquer the Block in several ways:

- by getting to the root cause
- by post-hypnotic suggestion
- by imaginative destruction.

With *hypnoanalysis*, the writer can delve into his or her subconscious to uncover the underlying reason(s) for the Block. [Caution: hypnoanalysis is difficult to do on oneself. And to hypnoanalyse someone else first requires excellent training].

There are scores of possible underlying reasons.

Typical would be a fear of failing like the writer's father failed, or conversely, fear of succeeding because this would signify outstripping the father.

Another deep cause could be the fear of rejection (see below).

There might even have been a long-forgotten traumatic incident of a teacher scoffing at the writer when he or she was a child, and saying something like, "You're hopeless, Jimmy, you'll never learn how to write properly."

Yet another cause could be the fear of being judged.

Conceiving of the Block as an object or symbol of some kind, and then destroying it while the writer is relaxed in hypnosis, is yet another way to overcome Writer's Block.

Generate Ideas

The well-worn advice to "sleep on it", when you are confronted with a tough problem, really means "prime your subconscious."

And so it is with hypnosis. Instead of drifting off to sleep, you drift into hypnosis. You could ask your subconscious for ideas, or just let yourself flow with whatever it pops into your conscious mind.

Ideas for articles, non-fiction books or for fictional plots and subplots -- in fact, for anything to do with writing -- can also be discovered by using the House of Ideas or the Wise Author in the Forest imagery.

The House of Ideas is an imaginary house which you explore while in hypnosis. What's inside the House is up to you.

For instance, you could begin with a series of doors on which appear the names of characters in your novel, or you might imagine meeting up with a historian who is going to guide you into various epochs of the House, for that new history text you're writing.

Or perhaps there are key documents hidden in the House which you uncover so as to make your mystery novel more complex. The possibilities are endless.

The Wise Author in the Forest is an adaptation of a popular hypnotherapy technique. Briefly, you imagine yourself in a safe, friendly forest where, in a beautiful clearing, you meet up with The Wise Author.

You then ask whatever questions you wish, including a request for ideas.

Here's a version of that script by British hypnotherapist Sir Michael Carr-Jones:

Visualisation - The Wise Old Man

Imagine that you are walking along a trail in the mountains, in the moonlight.

You are walking up the trail to meet the wise old man who lives in a cave near the top of the mountain. The wise old man, who can answer any question.

Look at the trail. What does it feel like? What does it look like in the moonlight? Look at the growth and vegetation on either side of the trail. Think of how you feel walking up the trail.

Now, as you look ahead, you see a path leading off to one side. A path that leads to the clearing and the cave in which the wise old man lives. So, turn up onto the path and see how it differs from the trail. As you look ahead, you see the path bend slightly, but looking ahead through the trees, you see the first flickering flames of the campfire outside the cave.

Now, as you turn the bend in the path, you get your first clear glimpse of the fire, the clearing and the mouth of the cave. Walk into the clearing and up to the fire. Beside the fire you will find a stack of fuel. Put some fuel on the fire and then sit down by the fire facing the mouth of the cave.

In a few moments, the wise old man will leave the cave and walk towards you, giving you the opportunity to observe him closely.

Now the fuel that you put on the fire is catching alight.

The fire is burning brightly and the light from the fire is showing up the mouth of the cave.

Look and see what you can see inside the wise old man's cave.

And now the wise old man walks out of the cave. Observe as he walks towards you. What does he look like? What kind of clothes does he wear? As he sits down opposite you, look closely at his face and deep into his eyes. How do you feel about the wise old man? What particular quality about him pleases you most?

In a moment, it will be time to put your question to the wise old man. He will answer you in words, or gestures, or pictures, or feelings. However he chooses to answer you, you will understand the answer.

So, put your question to the wise old man now and pay attention to the answer. If you like, you can ask a second question. Or you can just enjoy conversation with the wise old man.

Now become the wise old man. What does it feel like being the wise old man, living in a cave at the top of the mountain? How do you spend your life up here in the mountains? And how do you feel about your visitor? Do you have anything else you wish to tell your visitor? If so, tell your visitor now.

Now become yourself again.

Soon it will be time to say goodbye to the wise old man. Before you go, he reaches down into an old leather satchel, fumbles among the contents and selects a gift for you. Take the gift. Examine it carefully. What does it look like? What does it feel like? What is it for?

Now say goodbye to the wise old man and carry your gift with you. Go back down the path, looking around you carefully, so that you can find your way here again should you wish. As you get to where the path meets the trail, just

stop, and under the moonlight examine your gift once more. Look at it carefully. What is this thing chosen specially for you?

Now become the gift. What does it feel like being this thing? What special qualities do you have for the person you've been given to?

Now become yourself again, and, as you look at the gift once more, see if it's changed in any way, and then put the gift away very carefully in your memory.

Come back down the trail, bringing all those experiences with you, knowing you can visit the wise old man whenever you wish.

Post-hypnotic suggestion can also be used to generate ideas.

The most straight-forward way to do this would be to give your subconscious instruction and permission to allow ideas to pop up into your conscious mind as needed. You could also add a suggestion that ideas will come to you from a more acute awareness of your environment.

Another way, this time with "eyes-open" hypnosis, is to give yourself the "idea-creation" suggestion and then relax into hypnosis as you watch the Psychovisual Therapy DVD [Serenity](#)

Improve concentration

Most of us enter a hypnotic state when we write. This applies to non-fiction writers but especially to authors of fiction. We want our readers to suspend disbelief, to enter our make-believe worlds and experience them as real as they were to us when we created them.

And when we wrote, it was with *concentration*. Our attention was focused; our critical mind was on hold, our imagination engaged. This is hypnosis.

So the more we formally practice going into such a trance, the more we develop our capacity to concentrate.

Post-hypnotic suggestions and imagining ourselves (while in hypnosis) relaxed in concentration, can also be helpful.

End procrastination

The hypnotic approach to ending procrastination is similar to that for conquering Writer's Block: a combination of rooting out the cause and positive post-hypnotic suggestions.

Just as the knowledgeable hypnotherapist talks about "discomfort" rather than "pain", you would feed yourself images and words about "doing it now", "writing immediately", "enjoying the process of writing".

You would not give yourself suggestions which include the actual word "procrastination." The point is to avoid negative reinforcement.

A useful aid to bucking procrastination is the Psychovisual Therapy DVD "Positivity" which puts you into a light hypnotic trance and subliminally offers your subconscious mind encouraging messages about letting go of negativity and taking positive *action*. <http://hypnosis.org/DVD.htm>

Increase Motivation

Writers need motivation to write, *and to sell their writing*.

Hypnosis can build your motivation through similar ways to those mentioned above in answer to other challenges.

Visualization in hypnosis is one of the most powerful ways to build motivation. You enter hypnosis (either with direction from a hypnotherapist, or on your own) and visualise your goal.

For one writer this would be her finished book so she imagines the cover, complete with title and her name emblazoned thereon.

Another writer's goal may be fame. Thus he might visualize himself on a book tour, being interviewed on television.

Yet another writer's goal might be to become rich, so she would use her session of hypnosis to imagine a stack of royalties.

Enrich Characterization

Fiction writers go into trance when entering into their characters. This is the common experience often described as "the story wrote itself", or that "the characters say and do things which I hadn't thought of."

Relaxing into hypnosis enables you to imagine details of your character's appearance, speech and actions.

One way to use hypnosis for character development is to let yourself drift into hypnosis while becoming "absorbed" in the fictional mind of your creation.

You could write the experience immediately after the hypnotic session or, if you choose to talk during the hypnosis, you could tape-record the character's activities for later transcription.

Deal with Rejection

Almost every writer has to face rejection. That marvellous memoir is returned with a curt refusal, or no note at all; that book outline you slaved over is turned down by a score of publishers; that novel in which you bared your soul sells only 20 copies.

How can hypnosis help you deal with such hurt? By enabling you to *continue writing*.

As long as you are churning out more articles, more books, more essays, any single rejection has less power to hurt.

And hypnosis helps you to generate ideas, improve concentration, end procrastination, increase motivation, and enrich characterization. It creates all those positive ions!

(Incidentally, this section was written through the use of several of the hypnotic techniques mentioned within it. Additionally, I made use of the hypnosis-like state just before falling asleep and just after awakening, to prime myself with positive suggestions and images about writing worthwhile content.)

Hypnosis on the Job

Hypnosis can be a fantastic tool for helping someone to build a business. And it has other uses on the job, so to speak.

The procedure for using hypnosis to achieve a person's goals in business is well described in the classic *Think & Grow Rich* (not that the author ever calls it hypnosis!).

You make yourself comfortable in your favourite chair, let yourself relax, and picture your goal.

That could be seeing yourself in front of your successful shop, or receiving an award as Best Businessperson of the Year or owning a mountain of cash . . . whatever your business goal may be.

You may wish to use some kind of induction to more formally enter hypnosis.

Repeated practice of this creative visualization will send a powerful message to your subconscious. That, in turn, will help you be open to opportunities, energy, and motivation to achieve your aims.

Remember, whatever your mind can conceive and believe you can achieve.

This is the key to hypnotic benefits in other aspects of work, too.

Hypnosis is an ideal technique for enhancing skills, building motivation, tapping creativity and relieving stress.

It is also useful in the resolution of personal problems that interfere with work performance. Personal troubles often spill over into the workplace, resulting in lower productivity and higher absenteeism.

Hypnosis can be used with people of all ages and with a myriad of problems such as phobias, anxiety, insomnia, alcoholism, depression, eating disorders and sexual dysfunctions.

Hypnosis is natural and safe. In hypnosis you are not asleep. Neither are you unconscious.

It's what you experience, for instance, when so engrossed in writing your business plan or visualizing your company's expansion, that nothing around you can disturb your concentration.

Hypnosis is not something one person "does" to another. It is a built-in ability of your brain.

One theory is that hypnosis taps into the resources of your brain's right hemisphere. In contrast to the left brain's logical, rational emphasis, the right brain teems with images, intuition and creativity.

Usually most of the right brain's activity is outside of your conscious awareness. But it has a deep influence on your behaviour and feelings.

With hypnosis you can use this power to the full by harnessing your imagination to achieve your personal and professional goals.

President or typist, you can use hypnosis to enjoy your work more. For example, a swift session of self-hypnosis will drain stress and refresh you.

This is particularly helpful in boring, bustling or bureaucratic workplaces.

Potential conflicts with clients, colleagues or superiors can be reframed as win-win dialogues by rehearsing effective, low-anxiety approaches in hypnosis.

Other uses of hypnosis in business include:

- preparation for exams
- conquering the fear of public speaking
- enhancing the learning of a language
- overcoming shyness
- ending procrastination
- learning to fly without fear
- conceiving fresh ideas
- developing the motivation to make cold calls
- strengthening the determination to achieve sales-targets.

In a very real sense all hypnosis is self-hypnosis. Many of us are adept at negative self-hypnosis (NSH). These are the thoughts with which we constantly belittle ourselves:

"I'm bound to fail."
"I'm not good enough."
"I'm too short [or tall, or fat, or thin]."
"I'm stupid"
"I'm a klutz"
"People don't like me"
"It won't work out"
and the classic:
"I *can't*"

Successful businesspersons use PSH: Positive Self-Hypnosis:

"I can do it"
"I'm competent"
"I'm a good person"
"I deserve the best"
"I know what I'm doing"
"I will achieve what I'm working for"
and the essential,
"I **can**."

Nothing is more powerful than imagination harnessed to effort. Create that engine of profit by putting hypnosis to work.

Hypnotizing Friends, Family, Lovers and Strangers

Whether someone is intimately known to you or is a perfect stranger, the same general rules apply:

- Only hypnotize with permission
- Only hypnotize within your expertise
- Only hypnotize with personalized suggestions
- Only hypnotize to be helpful.

We might add that, with mutual agreement between you and the other(s) you could also hypnotize them for *fun*.

That could include, for instance, suggesting to a person in hypnosis that she no longer recognises the number 4.

Be sure to set a time limit on the amnesia by including a limit in your induction (e.g., “until 2 o’clock,” or “until I say the word ‘rainbow’”).

Then, after she emerges from hypnosis, ask her to write the numbers from 1 to 10 on a piece of paper, or on a blackboard. Or to count on her fingers.

Enjoy her bewilderment at the “absence” of the number 4.

Mind you, at my age I’m already so forgetful that the above process would no longer seem funny to me. Or at least, not as funny as it did 10 years ago.

Which points to the importance of being aware of what you’re doing, and with whom.

Family and Friends

There’s nothing wrong with calming your child with hypnosis into having a deep, refreshing sleep.

My elderly father once complained that he couldn't drift off to sleep for his afternoon nap. No problem with night-time sleep but in the afternoons, he was afraid he would not wake up ever.

I recorded a short hypnosis audiotape for him. I made sure, not only to suggest pleasant, refreshing sleep whenever he wanted to drift off, but that he *would awaken at the time of his choosing*. Problem solved.

A family member might be intrigued to know that hypnosis could free her of her fear of needles, or of dental work. So you could likely help her.

However, you would be careful, even abstain, from hypnotizing her to relieve stomach pain. Unless her physician had given the go-ahead.

Pain can often be lessened or controlled through hypnosis.

Except in emergencies, though, you should only use hypnosis in the relief of pain with the guidance or supervision of a doctor.

Pain arises for a reason. Masking that reason could lead to serious ill-health consequences.

Of course, if you have a friend or a family member who has just had his wisdom teeth pulled there's no reason to hold back from using hypnosis to relieve the pain.

Maybe you have a buddy who wants to improve her golf, or a child who wants to be relaxed while writing exams. These are excellent avenues for even the least experienced hypnotist.

Perhaps your spouse wants to be calm during the annual extended-family gathering. Again, no reason to hold back from hypnotizing him or her to be calm, relaxed and confident.

Caution is required, however, with symptoms that persist or that are beyond your competence. If your child's nightmares continue, for example, or your spouse's mood swings continue unabated. Outside professional help is then necessary.

Lovers

Similarly, it is not advisable to hypnotize a lover to put an end to his ongoing erectile dysfunction (the PC term for what we used to call "impotence") or for her inorgasmia.

Such serious conditions require consultation with a professional health care worker who is not emotionally involved.

Indeed, it is emotional involvement that, in the view of many therapists, precludes *any* formal hypnotic contact between people close to one another.

But if your partner asks you to hypnotize her to relieve her headache, why not? (Apart from the cautions listed above).

On the other hand, it could provoke a self-defeating argument were you to proclaim, "Hey, I could relieve that with hypnosis" after she's said, "Not tonight, dear, I have a headache." ☺

You'd be on safer ground if your lover wants help, not with your relationship, but with, for example, more confidence in applying for a job.

In that case, you could hypnotize him to imagine himself calm, confident and relaxed in a job interview.

One great use of hypnosis with your lover is that of *time distortion*. Tell your partner that "every pleasurable minute seems to last for hours; the enjoyment goes on and on and on."

Strangers

By “strangers” I don’t mean people you bump into on the street.

The “strangers” I’m referring to are people who don’t fit into the categories already discussed. They could be workers from an office near yours, friends of friends, new acquaintances at a party, fellow travellers on a plane, other patients in your doctors’ waiting room.

In other words, people with whom you have no personal history.

Obviously the occasions for hypnotizing strangers (especially before you have enjoyed thorough training in the art of hypnotizing) are limited.

Here are a few:

- Emergencies: someone in a cafeteria accidentally cuts himself. You could help him calm down, slow the flow of blood while awaiting medical help.
- White coat syndrome: someone in a dentist’s waiting room says they wish they weren’t so scared. You could offer to help alleviate their phobia.
- Exam nerves: your son’s schoolmate mentions his anxiety around exams. With the parents’ okay, you could teach the child how to be relaxed.
- Networking: you could demonstrate hypnosis to your networking group, especially for public speaking and cold calling.

A good way to begin your demonstration would be to show the audience the power of their imaginations. How do you do that?

With what are sometimes called “suggestibility tests”.

Here’s one:

The Handclasp.

(Do what you're suggesting so everyone can see as well as hear what you mean).

"Put both of your arms out in front of you.
Now turn your hands to face each other.

Stare at the space between your hands and in a moment you will notice something very interesting.

The more you stare at that space, the more you feel your hands moving slowly together as if they have a mind of their own.

As I count down from ten to one, those hands move closer and closer as if they are magnetic. 10 --- 9 ---8---7---
Soon they come together. And then the fingers interlace.
6----5----

When I get to the number one, the fingers stick tight together. It's as though warm, comforting glue cements the fingers and hands together. 4----3---2---

You may already notice how stuck the hands are. Pressing tighter and tighter... now stuck so tight that the harder you try to pull them apart the more tightly they stick.... and 1.

[after a pause]

Now when I count to three they will come apart easily.
1---2---3."

And here's a "suggestibility test" that usually provokes a few laughs.

The Lemon.

"Close your eyes. Now imagine you are opening your fridge. The light comes on as you peer in and perhaps you even feel a rush of cold air pouring out.

You reach for a lemon. You see its bright yellow skin. Pick up the lemon, feel the ridges, smell that fresh odour.

Now take a sharp knife, slice open the lemon. Look at all that juice.

Pick up a piece of the lemon, bring it to your lips. Now suck in that abundant lemon juice, feel it fill your mouth...

O.K. Open your eyes. Wasn't that great. Delicious.

How many of you have increased saliva in your mouth?"

Past Lives, UFO Abductions & Spirit Possession

You may be asked to hypnotize someone who wants to visit a past life, or to explore their abduction by aliens aboard a UFO, or to release an evil spirit that consumes them.

Not everyone with these ideas is mentally ill. In fact, *most* believers in past lives, alien abduction or the spirit world, are as sane as you.

What these concepts have in common is that **they are beliefs. Therefore, by definition, neither provable nor unprovable.**

Believers will cite anecdotal evidence by the truckload.

Skeptics will demand concrete evidence. And dismiss the medieval language uttered by a hypnotized person regressed to a past life.

Similarly, they do not accept photos of UFOs, the skin marks on abductees nor messages from the “other side”, as valid.

Indeed, skeptics can describe ways in which all this proffered evidence can be faked. Or explained through natural means. (Most notorious is the Bridey Murphy fable).

However, as I wrote earlier, belief systems are notoriously impervious to change. (Except through brainwashing, religious revelation or near-death trauma).

So neither “side” in the debate over the veracity of past-lives, UFOs or spirits, is likely to change their position. Actually, there is no debate.

People believe what they choose. Just as you do.

How does this affect your hypnotizing efforts? Well, it is important to not plunge into areas of faith with which you disagree.

Believers generally seek out fellow Believers. So, the person convinced he was abducted into a UFO is more likely to be comfortable with a Believing hypnotist.

Similarly, a person who has no belief in reincarnation would look askance at a hypnotist who suggested his problems arose in a past-life.

Until you have thorough training in hypnotherapy (plus psychology, psychopathology and psychotherapy) it is best to restrict your hypnotizing to less controversial issues.

One thing you should be aware of is that, whether or not past-life regressions are “real”, the process is often therapeutic for the regressed person.

Perhaps this is because a past-life regression provides a safe, metaphorical, way for someone to deal with his or her problems.

Just as a UFO abductee is perhaps unwittingly interpreting sleep paralysis (a common experience) or childhood sexual abuse, in a metaphorical manner.

Hypnosis and Psychoanalysis

There is an intimate connection between hypnosis and psychoanalysis.

- Hypnosis theory and practice anticipates much of psychoanalysis.
- Hypnotic procedures were adopted by the founder of psychoanalysis.
- And the practice of psychoanalysis induces hypnosis.

Dr Josef Breuer, a close friend of Sigmund Freud's, elaborated the then novel view that hysteria was due to earlier trauma. He developed the use of hypnosis as a treatment for such problems.

His most famous case was Anna O., in reality Bertha Pappenheim, later to become a renowned social worker.

Her hysteria "was characterized by various paralyses, disturbances of vision, speech disorders, and mental changes. He hypnotized her and allowed her to speak about her problems. He invited her to recall details of their origin and while she was unburdening herself to him she gave vent to feelings of severe emotion. These were the original feelings which she had experienced when her problem had started. In this way Miss O. was able to retrace her buried memories of the events that she had considered to be the cause of her troubles. In the terms of Janet, her subconscious had come to the surface. The result was that with the recovery of these memories and with the fact that she had simultaneously given vent to her feelings, the symptoms now disappeared" (Waxman, 1984, p.19).

Freud sought to escape the hypnotism label for his work; he began to use free association with no apparent awareness of that technique's basic similarity – with its couch, relaxation, closed eyes, occasional touch on the client's forehead – to the formal hypnosis he had renounced.

Not that Freud underestimated the power of hypnosis. He used it for years. But he met with some discouragements, such as

“difficulty in inducing hypnotic states in a high percentage of patients, inability to produce and maintain post-hypnotic reactions of a therapeutic nature, and the intensification of both transference and countertransference reactions elicited through the hypnotic relationship” (Kline, 1958, p. viii).

These published reasons for Freud’s inevitable recognition of individual differences in hypnotisability take no account of his overwhelming ego.

Because of that, and the authoritarian credo of 19th century Vienna, Freud failed to realize that the client, not the therapist, is in control of his or her ‘depth’ and use of hypnosis.

One might speculate that Freud’s invention of transference arose from his attempt – not just to protect himself from amorous women as the myth would have it – but unwittingly, to resolve the mystery of people’s individual variations in hypnotherapy.

Kline, who gathered everything Freud ever wrote about hypnosis, quotes the founder of psychoanalysis as practically equating hypnosis with love:

“From being in love to hypnosis is evidently only a short step... There is the same humble subjection, the same compliance, the same absence of criticism toward the hypnotist just as toward the love object” (Kline, 1958, p.27).

This gross misperception of hypnosis, placing the client in a weak, dependent role, is fortunately clarified by Kline:

“Even in reference to our understanding of a love relationship this would not necessarily be a rational nor adequate description. Nevertheless, the element of power, the element of control that Freud assigns to the hypnotist is true only of the form that some hypnotic relationships may assume because of the needs of the hypnotist, not because of the characteristics of hypnosis nor of the hypnotic relationship” (Kline, 1958, p.40).

French psychiatrist Leon Chertok wonders

“whether the hypnotic origins of psychoanalysis may not...to some extent guarantee its scientific character. At a time when doubt is being cast upon the effectiveness of psychoanalysis, the hypnotic element contained in it ought to reassure analysts, if only by virtue of its experimentally proven ability to influence behavior” (Chertok, 1981, p. 133).

An American psychiatrist, Thomas Szasz, considers all forms of psychotherapy to be rhetoric and relationship, rather than science and medicine.

Therefore, whether hypnosis or psychoanalysis,

“in each case, ‘suggestive’ influence is exerted on the patient. Moreover, the process is reciprocal; the patient ‘suggests’ certain messages to the doctor by means of ‘symptoms’ (hysteria, neurosis), and the therapist ‘suggests’ certain other messages to the patient by means of ‘treatments’ (hypnosis, psychoanalysis)” (Szasz, 1978, p.98).

Whether Szasz’ explanation is correct or not, clients do enter trances in both hypnosis and psychoanalysis.

So light is the therapeutic trance in psychoanalysis

“that many traditional psychoanalysts respond with indignation when it is suggested that their patients are in continually varying states of trance as they free associate on the couch” (Rossi, 1988, p.49).

Indignation is hardly called for because people frequently lapse naturally into a hypnotic state.

According to Rossi, hypnosis is triggered anytime a person is remembering a sequence of events.

Since such a recall process is a crucial part of many therapeutic methods, it is hardly surprising that

“A number of therapists are gradually realizing that most effective therapeutic relationships are equivalent in form to the peculiar form of the hypnotic relationship, even in therapies which are not identified as hypnotic and in which the therapist may have no familiarity with ‘hypnosis’ and its trappings” (Hoorwitz, 1989, p. 56).

Should the practice of hypnotherapy be restricted to doctors?

Definitely not.

Physicians cannot even agree among themselves about hypnotherapy.

There has been an ongoing feud within medical circles since the beginnings with [Dr] Franz Anton Mesmer.

In the early years of the last century, surgeons were jeered at, even struck off their registers, for daring to reveal they had operated hundreds of times on patients with only hypnosis as an anaesthetic.

Hypnosis in psychotherapy fared no better. When Dr Ambroise Liebeault began to practice hypnotherapy in 1860 he was ridiculed by his colleagues - despite the cures his patients enjoyed.

In the 1950s both the British and the American Medical Associations endorsed hypnotherapy. Today hypnosis is widely used by all kinds of medical personnel.

However, a widespread belief among many physicians, dentists and PhD psychologists, is that the use of hypnosis should be restricted to themselves.

They accuse outsiders of not having adequate understanding, training or ethical standards to responsibly employ hypnosis, especially in psychotherapy.

Typical of this view is the following accusation:

"Stage hypnotists and other lay people...have trifled with hypnosis for a long time, mainly for sensational display. Many of them fancy themselves to be hypnotherapists and advertise themselves as such. Physicians and psychologists across the country have warned that the irresponsible practices of these lay people endanger the public interest, and attempts have been made to outlaw them" (Brown & Fromm, 1986, p.147).

Brown and Fromm are right to be concerned about irresponsible practices but wrong to imply that only physicians and psychologists behave in the public interest.

Integrity is not something that is conferred along with a medical or psychological degree.

If it were, 7% of psychiatrists and 12% of psychologists would not have had sex with their patients nor abused them in other ways such as enmeshing them in cults.

As for abuse specifically involving hypnosis perhaps the most startling is *murder*. By a doctor.

It is ironic that the case is cited by psychologists who want to restrict the use of hypnosis to professionals:

"Some years ago, a physician/hypnotherapist who was having an extra-marital affair with a woman whom he wanted to marry hypnotized his wife and suggested to her that she was developing a headache. When the headache would become very severe, he told her, she would swallow all the pills in the bottle he had put in her lap. They would make her fall asleep, so she would not feel the pain any longer. After a while she reached for the pills and took them all. It was a lethal dose." (Brown and Fromm, 1986, p.146).

Another example of physician misuse of hypnosis is cited by a lawyer/psychologist who first says,

"While the evidence appears overwhelming that hypnosis *per se* is a safe procedure that carries little risk to a subject, no such claim is made here with regard to the effect of ill-advised suggestions that have been made to subjects. Usually such suggestions are made by either lay hypnotherapists or persons with no psychological training, practicing outside the limits of their professional competence" (Udolf, 1981, p.276).

Udolf then condemns two such "foolish" and "idiotic" suggestions by lay hypnotists.

However, he does not condemn a fatal suggestion made *by a doctor*:

"...an obstetrician, angered at a patient for not complying with his suggestions for weight reduction, [told] her that if she did not stick to her diet she should kill her pet dog. While this suggestion may have been given by the physician with the intent of 'motivating' the patient, it probably resulted from his own unrecognized countertransference feelings in response to this ego-bruising therapeutic failure. In any event, it was followed by the patient's actually killing the dog and her subsequent hospitalization with a diagnosis of paranoid schizophrenia."

Even if the number of professional abusers is very small, it is still absurd for physicians and psychologists to imply that their training or ethics makes most of them immune to temptations of the flesh, incompetence, and self-delusion.

Doctors and psychologists are as frail as the rest of us.

The supposed higher ethics of the professionals is unmasked by their willingness to lie.

Many psychologists who shy away from the term 'hypnosis' nevertheless employ techniques (such as progressive relaxation coupled with visualization) that are virtually identical to hypnosis.

Such professionals apparently have no ethical qualms about misrepresenting what they do:

"A certain number of subjects will be found who could benefit from hypnotic treatment but who fear being put into a trance and resist all attempts at reassurance. Such a subject can be hypnotized without ever using the words 'hypnosis' or 'sleep' [sic] by simply referring to what you are trying to attain as a 'deep state of relaxation'". (Udolf, 1981, p.63).

Other restrictors are proud to openly admit,

"We even lie to patients, and we believe that is OK too as long as it is done for the purpose of helping them" (Citrenbaum, et al, 1985, p.14).

Given the controversial nature of psychotherapeutic practice and the contradictions of its various theories, how can this minority of practitioners have the gall to insist that they are the only ones who know how to use hypnosis?

Especially when some research suggests that two out of three trainee psychologists will be taught by a therapist who is himself either ineffective or harmful? (Cole, 1982).

Condescension is rife among restrictors. For example, they assert that only a doctor or a psychologist would realize the futility of using hypnosis to help an intoxicated person give up drinking (Getzlaf and Cross, 1988).

The spreading of fear of hypnosis by some medical people is a gross disservice to the public. How many thousands of persons have consequently steered away from the opportunity to harness this natural tool for relaxation, self-control, problem-solving and creative development?

The restrictors claim that hypnosis can be dangerous -- but not if it's in their hands.

This preposterous notion is belied by their own guidelines on how to reduce risks.

Because it is not hypnosis itself but the unique interaction of the subject, hypnotist and environment which yields the occasional unwanted effect, the guidelines quite properly address these factors.

The most important of which is the character of the hypnotist.

"Significant hypnotist risk factors are personal and professional.

Personal risk factors are:

- Personality dynamics,
- Verbal and non-verbal behaviours, and
- Style and sexual factors.

Professional risk factors are errors or deficiencies in:

- history taking,
- screening
- informed consent

- observation
- diagnosis

[and] unclear, ambiguous or confusing:

- Suggestion,
- Time and timing,
- Word and imagery choice,
- Interventions or lack of them,
- Debriefing,
- De-hypnosis and follow-up.”

(MacHovec, 1988, p.63). [emphases added].

There is nothing intrinsic to being a doctor or a psychologist that automatically eliminates the hypnotist risks listed by MacHovec.

On the contrary, the would-be restrictors themselves say that **being a medically trained person may in itself pose a risk!**

The hypnotized client can be harmed by the professional's habitual, non-hypnotic, ways of making suggestions or asking questions (Brown and Fromm, 1988).

All the professional factors can be learned and indeed are often taught by the 'lay' hypnotists to medical and psychological practitioners.

The battle for restriction of who can use hypnosis is really about power.

Physicians want as much as they can grab.

To add hypnosis to their monopoly has nothing to do with protecting the public, but everything to do with aggrandizing physicians.

Psychologists, eager to garner a little prestige by cloaking themselves in medical rhetoric, are being used by doctors.

Doctors know disease, not health. Yet they attempt to medicalise almost everything (e.g. childbirth).

Physicians cannot make even a pretence to expertise with the problems dealt with by psychologists and hypnotherapists.

Shyness, low self-esteem, phobias, bad habits, sexual and other relationship difficulties are rarely medically based.

But the restrictors *are* correct in suggesting

"Ideally, associations of hypnotists would protect the public from inappropriate use of hypnosis and from claims that it will cure the incurable" (Getzlaf and Cross, 1988, p.265).

"Lay" hypnotists are well advised to ask clients to have a thorough medical check-up before they perform any hypnosis.

This protects both hypnotist and client.

If, for example, your doctor tells you that your headaches are caused by a tumour, the responsibility for choice of treatment -- hypnotherapy and/or surgery -- rests where it should: on you as an informed client.

Training

It should be clear by now that I think learning hypnotic techniques from a book is far from enough to legitimate your use of hypnosis in all but the most benign of situations.

Certainly you should refrain from any attempts to use hypnosis therapeutically (apart from on yourself).

You can learn hypnotic techniques within minutes. But to use hypnosis responsibly requires proper training. And the best training is to work alongside an accomplished, experienced hypnotherapist.

There are scores of schools, video courses, weekend seminars, even Internet programs, from which you can refine the techniques described in this ebook.

But to learn the *art* of hypnosis, in contrast to *robotic imitation*, you need the experience of working live with a professional. An internship.

And to help as many people as possible, you also need serious training in psychology, psychopathology, history, literature, philosophy, biology and whatever else you are inspired to investigate to enlarge your knowledge of the human condition.

Historical Notes

Hypnosis has been used in one form or another (e.g., the sleep temples of Ancient Egypt and Greece) for thousands of years and is possibly even mentioned in the Bible (Genesis 2:21, 1 Samuel 26:12, Job 4:13, 33:15, Acts 10:10).

Its modern use dates from the Viennese doctor, Anton Mesmer, in the late 1700s.

He built upon the folklore and wisdom of the past, while, like the 16th century gadfly Paracelsus, not being afraid of experimentation and learning by doing.

Although the public's appreciation was vast, the medical establishment, because of its vested interests, was as outraged with Mesmer as it had been with Paracelsus.

It is not clear if, or how well, Mesmer was acquainted with the historical antecedents to his work.

But one early influence may have been the fifteenth-century book by Thomas Fienus, also a physician.

“Briefly, Fienus proposed that there existed two types of influence on man's imaginative capacity. The first came from inside the person; the second, from the influence of one person on another...Fienus described a number of illnesses that could be cured using the second type of influence on the imagination of the patient.

He argued that both imagination and the beliefs one had in the curing power of the physician were responsible for the successful treatment of these illnesses” (Laurence and Perry, 1988, p.13). [Italics added].

Mesmer was introduced to magnetism through the healing work of a Jesuit priest, Father Maximilian Hell, in 1774.

Hell used to apply magnets to the bodies of persons suffering from various spiritual ailments.

Mesmer gained a great following in France. He believed there was some kind of invisible force (which he subsequently referred to as fluid, though it remained invisible) which traveled from the magnetizer to the person seeking a cure for whatever ailed her. (Most magnetizers were men and most disciples were women).

Mesmer built on ancient Masonic concepts of illness being evidence within the individual of an imbalance of a universal fluid. The induction of convulsive attacks, or crises, created a healthy redistribution of the fluid.

Thus Mesmer,

“believed that he was propounding a physiological theory, related to those of electricity and magnetism (as this term is understood in physics) which were a focus of interest in scientific circles at the time” (Chertok and de Saussure, 1979, p.5).

Or, put more cynically:

“Mesmer stumbled onto the literalized use of the leading scientific metaphor of his age for explaining and exorcising all manner of human problems and passions, a rhetorical device that the founders of modern depth psychology subsequently transformed into the pseudomedical entity known as psychotherapy” (Szasz, 1978, p. 43).

Mesmer’s ‘scientific’ explanation for the creation of healing convulsions, in contrast to the faith cures of contemporary exorcists, has earned Mesmer the credit for founding dynamic psychiatry.

From today’s perspective, Mesmer’s cures were no less ‘magical’ but his explanations suited the temper of the times just as computer models suit ours.

Mesmer used to magnetize objects which his patients could then touch (or in the case of “magnetized” water, drink or pour over themselves).

Large gatherings were held in which people would all be connected by a rope to a magnetized tree, or share an 18th century version of a hot tub.

Later, Mesmer found that simple “passes” of his hands were sufficient to put patients into a trance. Whatever the means, patients usually went into convulsive hysterical motion following which they felt relieved and refreshed.

Once he had dispensed with actual magnets,

“The mesmeric cure consisted, through a series of bodily manipulations (or passes), in inducing ‘somatic discharges’, ‘salutary crises’ which relieved the patient, and sometimes brought about the disappearance of the symptom. There was no talking during the treatment, so there were no direct verbal injunctions. However, these were implicit in the therapist’s attitude. The passes, the music, the setting, the atmosphere round the tub (‘baquet’) were factors which were indirectly to increase the effect of the suggestion, but also contributed in producing a kind of ‘sensory deprivation’ which induced an alteration of the state of consciousness, gradually ending in the ‘crisis’. Mesmer’s patients did not all have attacks. Some showed, rather, *a sort of lethargy, while still being able to walk, talk, etc. In other words, they were hypnotized*” (Chertok, 1981, p.91). [Italics added].

A popular method, adopted by most of Mesmer’s male imitators, was to sit facing the patient, with the woman’s knees between those of the mesmerist.

A secret report submitted to the King of France in 1784 describes the dangers of this procedure:

“the knees and all the lower parts of the body are, consequently, in close contact. The hand is applied to the hypochondriac regions, and sometimes lower down, to that of the ovaries...It is not surprising that the senses are inflamed... The crisis continues, however, and the eye becomes glazed; this is an unequivocal sign of the complete disorder of the senses. This disorder may be unperceived by the woman who experiences it, but it did not escape the observant eye of the physicians. As soon as this sign has appeared, the eyelids become moist; the respiration is shallow and intermittent; the chest rises and falls rapidly; and convulsions set in, together with precipitate and sudden movements of the limbs or the whole body. In lively and sensitive women, the last stage, that ends the sweetest of emotions, is often a convulsion. This state is followed by lassitude and prostration, a kind of torpor of the senses which provides a necessary rest after severe agitation” (Chertok and the Saussure, 1979, p.10).

One doesn't know whether to be more astonished by the male doctors' arrogance or their obtuseness.

While never stating that the women enjoyed sexual climaxes, the investigators did cast a cloud over mesmerism, and subsequently, hypnosis, for its supposed threat to morality.

However, Mesmer, unlike many of his imitators, was never suspected or seriously accused of sexual impropriety.

The French Royal Commission of 1784 into animal magnetism (Mesmer's term) dismissed the cures they observed by explaining them away as caused by the imaginations of the subjects.

The Commission overlooked the same important facts as do many of hypnosis' critics today.

A modern doctor explains:

“Unfortunately no report was made of the positive results of Mesmer's work or of the psychological implications of the illnesses and the results of his treatment. Unfortunately too, the Commission also “failed to comprehend that the cures were genuine enough even if there appeared to be no physical or organic origin to the illness” (Waxman, 1984, p.6).

If imagination can be that powerful surely it should be dignified, not disgraced.

Mesmerism was forever altered when the Marquis de Puysegur, a disciple of Mesmer, focused his attention on what happened to people in what we would call deep hypnosis and which he named magnetic somnambulism.

He observed that, in this state, symptoms could be acted upon by speech. “Passes” and magnetism were unnecessary.

Chertok tells us Peysegur's fresh perspective led to the following principles (that influence therapists still to this day):

- Convulsions were not necessary; words were sufficient,
- The magnetist had to *listen* to the person seeking relief,
- Often the patient had to re-experience painful feelings,
- Sessions had to be of regular frequency and duration,
- The magnetist had to be neutral and patient, and
- Symptoms might return temporarily.

Of course, not only therapists have used hypnosis. The CIA and the KGB futilely experimented with hypnosis as a means to control operatives.

For a highly detailed account of the history of hypnosis, read Laurence and Perry's "*Hypnosis, Will, and Memory*".

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More books are recommended in the vast bibliography on my website (<http://hypnosis.org/kn-bibli.html>)

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Bryan M. Knight, MSW, PhD, holds a degree in psychology from Sir George Williams University, a master's in social work from McGill University, and a doctorate in counselling from Columbia Pacific University for his dissertation, *Professional Love: The Hypnotic Power of Psychotherapy*.

His 38 years in private practice have taught him to appreciate the uniqueness of each individual, and how to strengthen the client's positive values.

Dr. Knight is the author of numerous articles and several books, including:

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Love, Sex & Hypnosis: Secrets of Psychotherapy;
Health and Happiness with Hypnosis.

And these ebooks:

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SELF-HYPNOSIS: Safe, Simple, Superb;
How To End Phobias, Anxiety & Panic;
How To Avoid A Bad Relationship;
How To Get Started as a Hypnotherapist;
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Dr. Knight has frequently been a speaker at the National Guild of Hypnotists. Consulting Hypnotherapist to the Westside Medical Clinic in Montreal, Canada, he is also the distributor of Psychovisual Therapy hypnotic DVDS.

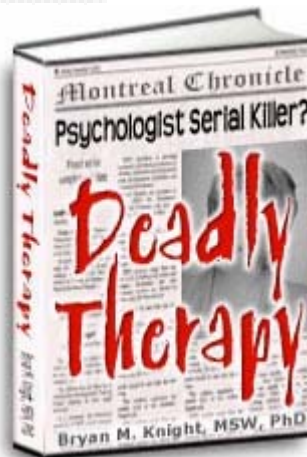
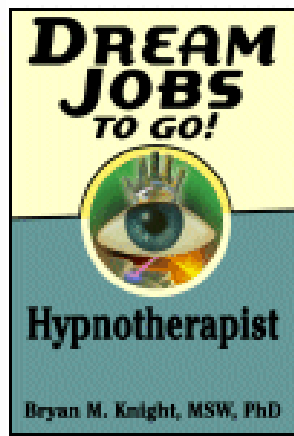
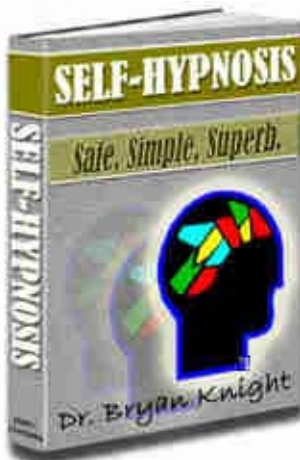
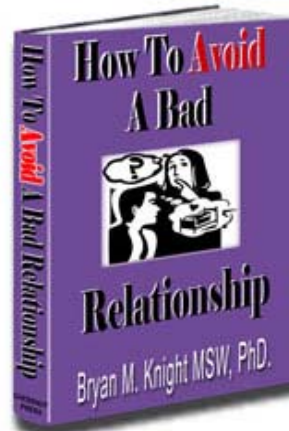
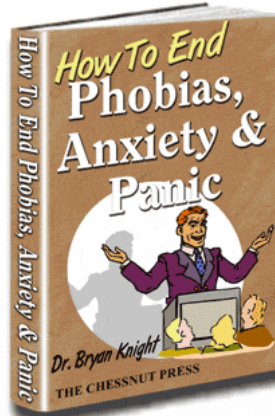
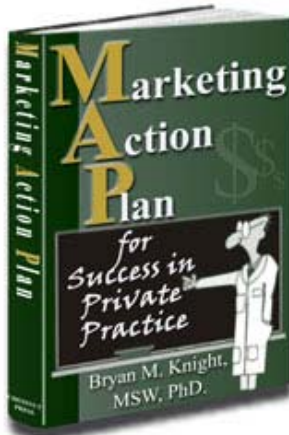
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He created The International Registry of Professional Hypnotherapists. <http://hypnosis.org/newirph.htm>

His pioneering website, Hypnosis Headquarters, is packed with information and resources. <http://www.hypnosis.org>

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