PART I

The Clinical Practice
CHAPTER 1

Understanding Hypnosis

Controversy has surrounded the definition of hypnosis. Is it a state of mind? Is it a trance state? Is hypnosis a magical ability that a person develops to control another person?

This last question may have emerged from so many entertainers using “stage hypnosis” to get people to do outrageous things in front of an audience. Still, even in stage hypnosis the subjects are not really controlled. They are simply following the commands because there is a part of them that chooses to do so. This discussion will be left for another time. Let’s just be clear that stage hypnosis is somewhat different from hypnotherapy, as practiced in the modern, holistic method.

By this definition, it would seem that most people would have to declare themselves to be in a trance, or in hypnosis, most of the time! In fact, this may be true. It is curious how little time we spend really appreciating the present moment. Mentally, the human mind races from worries about the future to regrets concerning the past. Physically, our bodies demonstrate the sum total of our condition, as faithfully as would a history book. Emotionally, it is all too common to put away our feelings with the intent to deal with them at a more appropriate time. And spiritually—well, who really pays attention?

Therefore, we are all frequently in a state of trance. Our self-image, our levels of confidence, the “baggage” we drag around from the past, our recounting of our stories—all represent the trances we live in. It is most
vividly shown when we drive past our exit on the highway, find ourselves
daydreaming, or fail to catch what someone says because our “mind was
somewhere else.”

Beyond this more esoteric view of hypnosis and trance, there is the
formal hypnotic state that a client enters when engaging in hypnotherapy
techniques. For the sake of a common use of the term, we will define
hypnosis as follows:

**Hypnosis is the profound state of relaxation, focused mind, and
heightened sensory awareness achieved when applied techniques
take the brain waves of a subject to the level of alpha or below.**

**Hypnotherapists Heal—Not Cure**

To heal is to return to a state of health and wholeness. To cure means
to remove the disease and its symptoms. Although these sound similar,
there is a fundamental, and legal, issue at stake. The term “cure” is left to
the medical community, their procedures, and their medications.

As hypnotherapists, we provide a space and deliver certain techniques
that assist the client in changing and healing. The clients themselves are
responsible for the results of the process. We cannot make them change
or heal. We cannot guarantee results.

**Hypnotherapists Cannot
Diagnose, Prescribe, or Evaluate**

Unless you are a licensed medical doctor, refrain from giving your
opinion on the labeling of symptoms, the cause, the solution, or the length
of time it will take to heal. These activities are the domain of a licensed
professional, whether medical doctor, psychologist, or other. Not only is
it unethical to practice medicine without a license, or even practice hyp-
otherapy beyond your trained competence, the legal ramifications of
diagnosing, prescribing, and evaluating are extensive.

When a client comes into the office with specific medical complaints,
advise them to consult a qualified medical professional before commenc-
ing hypnotherapy treatments. If they already have, it would be prudent to
contact that doctor and make sure that you are working in alignment with
the medical treatment the client may be undergoing. It is crucial that the
client seek a medical examination when they come to your office complaining of unexplained pain, migraines, or other symptoms, which could have serious medical implications. It could be life threatening to the client if pain were masked through hypnotherapy techniques, when it might be an indicator of a serious condition or disease.

Our bodies are equipped with the ability to give us pain as a warning that something is wrong. It serves a vital purpose. Once its purpose, its message, is delivered and is being acted upon, its severity can be diminished, through hypnotherapy or other means, for the comfort of the client.

**Is Hypnotherapy a Tool of the Devil?**

Let’s address this issue right away. There are fearful people who would label anything unfamiliar to them as the work of the devil. You may come to your own conclusions based on experience and knowledge, rather than on speculation and rumor.

Imagine holding a knife. Is that knife the tool of the devil? We can determine that by asking what purposes it serves.

- Slice meat
- Cut wood
- Protect from harm
- Stab someone
- Open a box
- Substitute it for a screwdriver

Is the knife good or bad? It appears that it can save a life or take it away. The answer is that the knife is neither good nor bad. The morality lies in the intention of the user. For any item you wonder about, simply put it through the same test. Certainly, you will come to the same conclusion. An item, or a technique, cannot be deemed good or evil, in and of itself. That is determined by the intentions of the individual wielding it.

So, are hypnosis and hypnotherapy good or evil? You are invited to put them through the test.

**Self-Hypnosis, Autohypnosis, and Meditation**

There are strong similarities between self-hypnosis, autohypnosis, and meditation. A simple explanation will lend clarity to their differences.
Self-hypnosis  Inducing hypnosis and administering self-help by using self-talk, chants, affirmations, and memorized scripts.

Autohypnosis  Same as above, since the prefix “auto” refers to “self” or “same.” Popularly this term is used in reference to listening to prerecorded cassette tapes and compact disks.

Meditation  Passive observation of ideas and images and/or the clearing of the mind. Meditating does not popularly include the intent and plan for self-help or healing, though these may be by-products of the activity.

Techniques for Self-Hypnosis

Autohypnosis requires repetition to be effective. Although success can be achieved by listening to a guided visualization tape once or twice, results will be enhanced when this is practiced regularly over time. When using a tape that has been prerecorded, little preparation is needed. Simply find a quiet place, free of distractions, and settle in comfortably, whether sitting or lying down.

When preparing for self-hypnosis, without a recorded tape, it is wise to have written goals for the session. In a given session, optimal results will be achieved when only one or two of these objectives are addressed. It may also be helpful to have written suggestions or affirmations that can be read or recited during the session. Refer to chapter 18.

Keeping a notebook and pen handy is also practical. While you go into trance, you can deposit distracting thoughts on the paper for later consideration. Additionally, any breakthrough realizations, creative ideas, or helpful messages that are obtained can be recorded immediately so they are not soon forgotten.

When ready for the session, simply follow the above directions for locating a quiet place and relaxing comfortably. Staring at a candle, or at a spot on the wall at about a forty-five-degree angle upward, can aid in achieving trance. Both of these activities will create eye fatigue and flutters. When that occurs, simply close your eyes with the thought that doing so will take you deeper and deeper into trance.

Follow this with the Progressive Relaxation script in chapter 14, which is an easy one to memorize and administer to oneself. Use any desired visualization technique that encourages relaxation, release, and turning the attention inward.
Hypnosis—a State of Mind

We experience the trance state daily throughout our lives, whether by choice or by default. It allows us to respond automatically to stimuli and to take care of routine activities without constant attention and decision making. The intentional use of hypnosis techniques allows us to shape our lives, our responses, and our perceptions, creating the health and happiness we desire.
In the previous chapter, the modern concept of trance was introduced. The following will give you an understanding of the traditionally accepted levels of trance as they pertain to the induction of formal hypnosis.

There is a controversy as to the number of levels of trance possible, and as to their descriptions and uses. Several detailed scales have been created, including:

- Davis-Husband Scale—Divides hypnosis into five major depths, with twenty-three separate levels.
- Cron-Bordeaux Scale—Displays six depths, with fifty indicators.
- Arons Six-Stage Scale—Describes six stages, with their correlating indicators.

**Traditional Levels of Trance**

Combining the various scales will produce a list similar to the following:

- Hypnoidal—Physical and mental relaxation; eye flutters
- Light trance—Catalepsy of small muscles; feelings of lightness or heaviness; will accept simple posthypnotic suggestions
- Medium trance—Catalepsy of large muscles; tactile, olfactory, and gustatory illusions; partial amnesia
- Deep trance—Somnambulism; complete amnesia; analgesia; positive hallucinations
- Deep somnambulism—Negative visual and auditory hallucinations; posthypnotic hallucinations, amnesia, and anesthesia
Recognition of Trance

There are various clues that will indicate to the hypnotherapist that trance is being achieved. Carefully observe your clients for the following overt indicators:

- **Attentiveness**—Are they focused on you, your words, or your actions? Are they undisturbed by minor distractions?
- **Glazed eyes**—If you are choosing eye fixation to initiate trance induction, it is typical to notice filminess over the eyes.
- **Eye blinking**—Once the filminess begins, the eyes will start to blink rapidly or “flutter.”
- **Eye movement**—Once the eyes are closed, frequently there is rapid eye movement. On occasion, clients have commented that it is alarming or disturbing. If you notice it to be extreme, you may want to comment that eye movement and “fluttering” are normal indications of trance or hypnosis, so they feel assured.
- **Bodily changes**—You may notice in a client slower and rhythmic breathing and pulse rate, a change of color in the cheeks, and a change of skin temperature (if you should touch the client—which I rarely recommend).
- **Swallow reflex**—A client’s swallow rate may decrease, unless a suggestion to the contrary is given for the sake of preventing dry mouth or proving suggestibility as in the Tasting Lemons test.
- **Relaxation**—This is particularly noticeable in clients who fidget and are restless during the intake interview and preliminary process of induction. Later in the session, you may begin to observe that they are fully relaxed and immobile. They may even state that they feel unable to move their arms or hands.
- **Response to suggestions**—These may include suggestibility tests or other observable movements.
- **Reorientation**—Upon emergence, the client may appear drowsy, move slowly, talk softly, or appear to have difficulty readjusting to the present time and place.

Besides the above observable indicators of trance, your clients may comment on the experience. They may describe the following:

- **Plenary trance**—Stupor condition; no response to suggestions other than to move to higher levels
• Visual alterations—If you are using an eye-fixation induction, the clients may notice their vision blurring, the object moving or appearing to vibrate, or changes in size or shape of the object or items in their peripheral vision.
• Sense of relaxation—Many clients state that they have never previously been so relaxed.
• Body sensations—Some clients experience their bodies melting into one with the environment or feel as if they are flattening or expanding. Their limbs may feel numb, cold, or warm.
• Enhanced or selective awareness—The client may experience an acute awareness of the surroundings as well as a “meta” awareness of their life, or they may narrow the focus of their attention to the exclusion of their surroundings and all but the nucleus of their session.
• Weight alterations—The body may feel heavier or lighter.
• Disorientation—Clients may temporarily be unaware of where they are or may experience events and memories in a dissociated state.
• Unexpected responses—They may comment that they were surprised to respond in a certain way to a suggestion. They may be surprised by emotional abreactions.
• Time distortion—Frequently clients will state that the session seemed to take only from half to a quarter of the time actually spent in trance. Alternatively, they may state that it felt they were in trance for a long, long time.

When you acknowledge their experiences, clients can trust that they have experienced trance, their reactions have been normal, and they can gain confidence in the successful outcome of their therapy.

**Facts about the Trance State**

In this trance state, anyone can be hypnotized. While everyone can, and frequently does, enter a hypnotic trance state, they remain capable of controlling their actions. No one will commit an act unless at some level they morally agree with it.

Any dangers in the use of hypnosis lie mostly in the ability of the hypnotherapist. Even with the best of intentions, when the techniques are not skillfully applied, or if the practitioner uses leading questions, implants improper suggestions, or in some other way abuses the client, there can be great danger.
A frequent question concerns whether a person could get lost in trance and not come back. There is no danger of clients failing to emerge from the hypnotic trance state. The worst that could happen is that they would fall asleep and awaken naturally sometime later.

The purpose of hypnosis is to allow our bodies to relax deeply and our minds to focus with clarity. It facilitates the ability to see life from a different perspective and receive information from our subconscious minds that may not have been readily available otherwise. Under hypnosis, we are more susceptible to accepting suggestions, which can lead to rapid changes in behavior and healing.

When the techniques are thoroughly studied and the hypnotherapist is vigilant in remaining client centered, nonleading, gentle, and compassionate, the work can be very powerful and safe.