



1. Hypnosis – what it is



"the Skilful Use of Science"

Introduction

Hypnosis is a state of focused attention in which wider environmental stimuli may be ignored. It could be called a trance state, or merely a day dream. The state has many similarities with the REM sleep state. From our clinical perspective we are interested in the shared aspects and in particular association and dissociation.

We go in and out of hypnosis, day dream, throughout the day. We can be in a trance when listening to music, watching a film, driving a motor car or when we are deeply in thought. If you think about day dreams, we are acutely focused and the mind cuts out the things not within the day dream.

Part of the hypnotherapist's 'stock in trade' is using the trance state, that focused state of awareness, to achieve specific goals. When we have a specific goal in mind and when we apply ourselves to the acquisition of that goal in a state of focused awareness, all the abilities of our conscious mind, and more importantly, the resources of the subconscious mind are activated in the pursuit of that goal.

"There are many ways of inducing a trance", said Milton Erickson. "What you do is ask patients primarily to give their attention to one particular idea. You get them to centre their attention on their own experiential learning...to direct their attention to processes which are taking place within them. Thus you can induce a trance by directing patient's attention to experiences, to memories, to ideas, to concepts that belong to them. All you do is direct the patient's attention to those processes within themselves." (Erickson, MH & Rossi, EL (1976) *Hypnotic Realities*).

At The Clifton Practice we accept that trance is a very natural and easily contrived process. We therefore treat it in that way. For our purposes everyone is capable of the trance state although depth capability and susceptibility can vary. The Davis Husband Scale of Hypnotic Susceptibility divides Hypnosis into five depth categories (see Annex 1a) for research purposes the Lecron-Bordeaux Scale is used as a more detailed scoring system of depth (Annex 1b).

As our studies progress we will see how we use suggestion within the various phenomena of trance.

1a. What is it – A paper by Dr Ken Murray (*CPHT Intake 39*)

Imagine if you will, **as your** eyes interpret the meaning of these words printed on this page, as you **tune out** the awareness of the sounds inside the room... and sounds outside the room... and **feelings** of clothing on skin... and pressure of the seat against your body... that you are lying in a colourful hammock... in the shade of a coconut tree... on a tropical island...with soothing sounds of waves washing up against the sandy shore You may *begin to* notice that the muscles of face, head, shoulders and body are nicely *relaxing* and comfortable. A **cool breeze** stirs the page in your hand, you gaze out to sea where a yacht bobs gently at anchor, on board the crew nicely busy as they prepare lunch, a white jacketed waiter makes some friendly remarks as he brings you a fruity cocktail and you **settle** yourself in for a good **read**, taking a few deep **relaxing** breaths and wondering **curiously** about the contents of the paper you are about to read. Will I admire his use of language and ability to manually verify that there are no they're's there when he should have used there? How **interesting** will it be? How clearly reasoned and discussed will his argument be?

In so doing you are beginning to experience some of the methods of induction into a relaxed state of mind and body commonly termed 'trance' in the field of hypnosis. The narrative voice, that's me, starts with a process of 'pacing' your current experience, **seeing** the printed words on the page, **hearing** the sounds inside and outside the room, and **feeling** the sensations of clothing and pressure of the seat. Then as your mind confirms these stimuli as having a positive correlation to actual experience, a feeling of congruence and rapport with the voice may start to build – the author seems be in tune with what the reader is experiencing, and the reader gives him permission to carry on (by the continuation of reading). The attention is 'lead' or directed inward to an entirely imagined set of stimuli which again involve sensory modalities of seeing (colourful hammock, tropical island), feeling (the muscles of the body relaxing, the cool breeze), and hearing (sound of waves, the waiters' friendly remarks).

Certain **bold** and *italic* emphasis is made of certain words, this 'analogical marking' creates 'interspersed messages' (**imagine..as you..tune out..feel..a cool..breeze..** and *begin to.. relax*), which while visible to the eye as specially emphasised, would be perceived unconsciously as a separate message or instruction if the emphasis was spoken and thus adding more authority to the consciously perceived instructions of the speaker.

1. Hypnosis – what it is

Penultimately in the first paragraph a little confuddlement is added with the word play surrounding ‘their, there and they’re’ which sets the stage for the active arousal of curiosity in how interesting this paper will be and how well reasoned and discussed. Note the presupposition that the author uses to direct attention not toward whether the paper is in any way interesting etc, but simply to what degree. This serves as a further and subtle form of instruction: to find that which is interesting, well reasoned and discussed in this paper while ignoring that which is not.

These processes are the ‘loss of the multiplicity of the foci of attention’ from as described by the famous Psychiatrist and Clinical Hypnotherapist Milton Erickson (1981) as the essence of the trance state, he goes on to say:

“The hypnotic state is an experience that belongs to the subject, derives from the subject’s own accumulated learning’s and memories, not necessarily consciously recognized, but possible of manifestations in a special state of non waking awareness”.
(Erickson 1980)

“It is a state of consciousness – not unconsciousness or sleep – a state of consciousness or awareness in which there is a marked receptiveness to ideas and understandings and an increased willingness to respond either positively or negatively to those ideas. It derives from processes and functioning within the subject. And is not some mystical procedure, but rather a systematic utilization of experiential learning’s– that is, the extensive learning’s acquired through the process of living itself.” Erickson (1980b)

Traditionally this ‘loss of the multiplicity of the foci of attention’ may have been achieved by the swinging of a watch or an instruction to ‘look into my eyes’. Nowadays it is generally achieved through a direction of awareness to inner representations of (often imagined) experience. The contents of the induced state serve to relax the reader with pleasant and reassuring images.

The process of relaxation is one of the key elements of the induction phase of hypnosis. The rationale being that as the mind relaxes, the brains’ focus of neuronal activity moves towards the higher cortical regions of the brain where creativity and solutions based thinking can occur and away from areas associated with the more instinctive stress responses of anger and anxiety centred in the lower regions of the limbic system (amygdala, hippocampus and hypothalamus etc) (Newton 2007)

What happens in a clinical setting?

The introductory passage above serves to give you the reader a direct experience and explanation of the process of hypnosis, in a clinical setting for example the Clifton Practice of Whiteladies road in Bristol the patient presents to the clinic having perhaps been referred by their GP or a friend and seeks remedy for their particular complaint. An initial consultation will take about an hour and a basic history, discussion of presenting complaint and goals of therapy will be discussed. At the Clifton Practice the functionality of the brain in the context of typical presentations is explained in some detail. No actual treatment will take place at this stage except to say that the therapist will defuse any anxieties about the process itself and set expectations of what will happen during treatment. A future appointment will be arranged and the client sent home with a CD containing relaxing suggestions to listen to. Typical presentations are for depression, anxiety, irritable bowel syndrome, obsessive-compulsive disorder, to stop smoking, lose weight or to improve confidence. (Newton 2007).

During the second session of approximately one hour about 25 minutes will be spent discussing goals of therapy by use of a scaling tool ‘on a scale of one to ten with 10 being the goal, where are you on that line’ this serves as a bench mark for client and therapist to work from, this will be repeated at all subsequent sessions.

Susceptibility, phenomena and effects of hypnosis.

The extent to which a subject experiences an alteration to his normal waking state of mind and the subsequent phenomena encountered are important in determining how much benefit the client will take from treatment. Waxman (1989) describes a range of common phenomena experienced by hypnotic subjects, which are graded formally in The Stanford Scale of Hypnotic susceptibility (Hilgard 1965). Table 1 shows a form used in the Stanford scale to score a subjects responsiveness to various suggestions, an average subject might score 5 that is they will demonstrate arm rigidity upon suggestion, while a very deeply entranced subject scoring 11 will negatively hallucinate, i.e. deny seeing, three boxes placed in their visual field.

1. Hypnosis – what it is

Table 1 Stanford scale of hypnotisability (form C)

0	Eye Closure (not scored)
1	Hand Lowering (right hand)
2	Moving Hands Apart
3	Mosquito Hallucination
4	Taste Hallucination
5	Arm Rigidity (right arm)
6	Dream
7	Age Regression (school)
8	Arm Immobilization
9	Anosmia to Ammonia
10	Hallucinated Voice
11	Negative Visual and Auditory Hallucination
12	Post-Hypnotic Amnesia

It is obvious from common experience that some people are able to drift off into spontaneous or daydream states without much difficulty, we talk about doing things on 'automatic pilot' such as driving the same route to work or while playing our favourite sport we might talk about 'being in the zone'; consider this from the Timesonline about new England rugby winger David Strettle describing his 'blinkers'

***Strettle's elusiveness means there is already a buzz of anticipation in the Twickenham stands when he gets the ball, but he says he is oblivious to the crowd.
"I notice the crowd when I run on and off the pitch, but otherwise I've got my blinkers on and don't hear a thing." (Timesonline 2007)***

'Not hearing a thing' from 82,000 rowdy Twickenham fans is a fairly good example of 'negative auditory hallucination' a phenomena associated with level 11 in the Stanford scale, a deep level of hypnotic trance. Waxman (1989) divides the phenomena observed, into responses of the voluntary muscles, the involuntary muscles, glands and organs and the special senses. Briefly these are reported as follows;

Common Phenomena of Voluntary muscles:

Relaxation, paralysis of muscle groups, rigid catalepsies (whereby an arm is held rigid and unbendable), increased muscular performance and automatic movements.

Of the involuntary muscles organs and glands he says:

'Many functions of the body are quite outside the voluntary control. They are controlled and regulated by the unconscious mind, by action through the thalamus and autonomic nervous system. The circulatory, respiratory, alimentary and excretory systems and endocrine glands are all largely controlled in this manner.

The effects that hypnosis can produce that transcend all voluntary control are important to our understanding of the use of this method in the treatment of psychosomatic conditions for the activity of both organs and glands can often be influenced by the emotions. Fear for instance causes an increase in the secretion of adrenaline and a more rapid heart beat.'

Suggestion, particularly in the hypnotic state, can exercise the same effect, which will be greatly heightened if the appropriate emotion is simultaneously evoked. The control by suggestion of the mind and body thus becomes more understandable' (Waxman 1989 page 160).

Of the Alterations of the sense organs he says:

In deep hypnosis the five special senses, sight, hearing, smell taste and touch, can all be influenced by suggestion, and the subjects perception through any one of them can be either increased or diminished. (Waxman 1989 page 165).

1. Hypnosis – what it is

b. Welcome to the Wonderful World of Hypnosis – Stuart Taylor

For this exercise you will require:

- 1 pocket watch
- 1 spinning spiral wheel gizmo
- 10 – 12 empty seats on a subtly lit stage ...

For many people hypnosis still conjures up images of sinister shadowy figures in Victorian melodramas, the very word synonymous with mind control and loss of control. Some stage hypnotists still trade off this traditional belief as nightly they hypnotise their volunteers to illustrate their seemingly supernatural powers. So it is no wonder that concerns about hypnosis are still just as alive as ever, promoted by such classic stories as the 'I couldn't stop squawking for days' claim of the stage volunteer, to the 'hypnotised man in 100 year coma' tabloid news headline. If hypnotists really could control our minds with such unnerving stealth perhaps we could expect to see more earth shattering demonstrations than the 'making a drunk man pretend he is speaking in an alien language to an invisible Martian' routine. Of course, this tried and tested nightclub routine is hypnosis used as *entertainment* and many people enjoy these nights out getting drunk on water and eating raw onions, so we really shouldn't be too down on our showbiz relatives.

So much as we may be wise as a hypnotherapist to distance ourselves from these demonstrations, they are often the public's first encounter with the phenomenon of hypnosis and it would be true to say that stage hypnotists have kept the skill alive as over the years trends in Mesmerism, Magnetism, and a whole host of evangelical styles, fashions, and techniques have come and gone. We can, in fact, learn a lot from that direct, confident approach of the showbiz mesmerist – although I shall leave it up to you to decide as to whether the spangly waistcoat is going just that bit too far!

Misconceptions around Hypnosis are full and varied but from now on we can concern ourselves with the actual mechanics of what hypnosis really is, how it works, what it can and cannot do, and how to spot the various stages of hypnosis in your volunteer/client.

What is Hypnosis?

Hypnosis

n. a sleep like state, artificially induced in a person by a *hypnotist*, in which the mind is more than usually receptive to suggestion and in which memories of past and apparently forgotten events may be elicited by questioning.

Oxford Medical Dictionary

Although the above dictionary entry comes quite close to explaining current opinion, there is no single agreed upon definition as to the nature of what hypnosis is. The area is confused all the more perhaps by the fact that there certainly is no such thing as a standard hypnotised feeling. People react as differently to hypnosis as they do to any other life experience, so tying the process down is more than a little complicated.

Modern advancements in diagnostic aids, such as electroencephalograph (EEG) machines have enabled researchers to record various patterns of electrical activity during sleep. These brainwave traces add further intrigue into the brain's physical responses to hypnosis by noting that subjects do not enter the delta wave patterns of deep sleep, rather that there is a distinct similarity with brainwave activity of normal consciousness or alpha rhythms – these are characteristic of an awake but relaxed person.

So a hypnotised person is not asleep. This means they are fully conscious and aware of their surroundings. As a general rule they will be in a relaxed state and, therefore, be more open to the ideas or suggestions put to them – in this case by the hypnotist. Obviously the resulting changes will differ according to the suggestion. In a therapeutic setting these suggestions will encourage reassessment of events or current thought processes to promote positive change – whereas in a nightclub setting it will more than likely be a suggestion to do something daft.

Put simply hypnosis is the natural harnessing of focused thought. It is what we focus upon that provides the emotional response. Being asked to imagine relaxing on a beach would provoke a different reaction to imagining winning a 100 meter sprint, but both involve a trance state of some description and when appropriately placed in a therapeutic setting both may be very helpful to our client.

1. Hypnosis – what it is

So for our benefit here we can consider hypnosis as the term used to describe the condition brought about by selective thinking. This is the state of mind which involves the total concentration on a thought or idea. This state is often referred to as a 'trance' and can occur naturally throughout the day – an example of this would be when we experience episodes of 'day dreaming'. We also pass through this state as we fall to sleep. It is perfectly natural and doesn't involve any loss of control. Have you ever been reading a book or watching a film on television, so engrossed in the story line that you have found 2 hours flash by like 2 minutes or that a piece of music transports you back to that beach, that holiday, that special moment as those wonderful feelings of wellbeing wash over you again? That feeling of deep concentration can be described as a waking trance and is something we do time and time again throughout the day. Not all waking trance necessarily has that quality of ethereal warmth to it though; we can be in a trance as we go about our normal mundane business, allowing our subconscious to take care of the well rehearsed, tried and tested functions of our day to day life. We don't have to consciously concentrate as we tie our shoe laces, we can free our mind up from the task in hand to consider whether to take a brolly on our shopping trip. *(Although if I may make a simple suggestion here, if you live in England, even if it's summer – take a brolly!)*

It's difficult to describe that state of thought and we don't always even notice it when it happens so many people who have been 'hypnotised' will need convincing or reassuring that 'it worked' or that 'they did it right'.

We can help our clients to feel comfortable with the idea of hypnosis by explaining that it is perfectly natural, that they do not lose consciousness and that it's like daydreaming. It can even be advisable to refer to the first session simply as guided relaxation, an opportunity to relax and just let your mind wander.

What it isn't

Many people have concerns that a hypnotist may gain access to their subconscious and are able to read or control their thoughts in some way. You may be surprised to learn that there is still the belief that a suggestion could be inserted deep into their subconscious, ready to be reactivated days or even months later by a trigger word. We've all seen the films, read the magazine articles and heard the excuses for inappropriate behaviour but the truth is rather more mundane. A hypnotic suggestion cannot make you do anything that your own moral code of ethics would otherwise forbid. A person may claim to have been under the influence of an evil hypnotist when they robbed the village Post Office but the reality is that free will cannot be taken from you under hypnosis. Most people would never consider armed robbery an option, no matter what the circumstance, although sadly a small number do. On a similar albeit *slightly* lighter note, many people would cringe at the idea of being daft in front of an audience whereas volunteers for a hypnotism show cannot wait to get up on stage. As mentioned at the start, people are different, they react to situations differently but they always react in a manner that corresponds with their own personal code of conduct.

Another misconception regarding hypnosis is that you can get 'stuck', unable to withdraw from the trance state until the hypnotist commands it. Stories of hypnotists dying during sessions, leaving their clients in a state of deep, unshakable sleep are of course, nonsense. Sorry. A client can choose to leave their trance whenever they wish, perfectly capable of functioning just as fully as they did beforehand. A less dramatic version of the coma story is that of an inept hypnotist not fully de-hypnotising their client. Some people report a moment or two of disorientation after their trance and may be concerned that something's gone wrong. We can reassure them that all is well. Have you ever noticed how it takes a few moments to 'come back to reality' after watching a good film or reading a gripping book? This natural time delay goes unnoticed during most of the day but is no different in this situation as to any other time in which you need a few moments to refocus.

So as we mercilessly strip our hypnotist of any magical abilities, separating fact from fiction, we can clearly see that hypnosis isn't mind control. Nor does it harness supernatural occult powers. It isn't dangerous or threatening and it cannot damage us.

Trance is a natural state that we pass in and out of throughout the day. Each individual will interpret the experience in their own way. Therefore, a client walking glazed eyed and zombie like out of your clinic in an unshakable somnambulistic state doesn't need intensive dehypnotisation – they need to join an amateur dramatics society!

1. Hypnosis – what it is

What can it do?

As a hypnotherapist you will utilise that state of creative focus in order to promote a change in a currently held belief. By using positive imagery and suggestion the therapist is encouraging the client to concentrate upon, and therefore consider, alternative outcomes or emotions to any given event. The general start point for any trance work is with relaxation simply because a calm, quiet, contemplative person is more likely to drop any existing barriers and consider a new approach to learning.

It is when our client is in this trance state we can access the subconscious – that part of us that drives our responses and causes us to do such things as look both ways before crossing the road or to scream when we see a creepy crawly. By accessing this part our client can calmly look at those responses and create new informed decisions as to how to react in any given situation in order to deal with it more appropriately...

The applications for hypnosis are wide and varied. Anytime somebody needs help to focus on how to attain something or change the way they think in order to feel better, more confident, and more in control, then hypnosis can help. From fears and phobias, to breaking unwanted habits, to general anxiety, hypnosis has been shown to help when applied correctly, with an understanding of how suggestion works and a belief system within the client that will allow it to do so.

Hypnosis is simply one of the tools we can utilise in order to achieve that end. Always remember that it is far better to be a fantastic therapist who uses a bit of hypnosis rather than a fantastic hypnotist who does a bit of therapy!

What does hypnosis look like?

Have you seen those hypnotised people on stage, with one arm up in the air, body slumped deep into the chair, head lolled to one side? Well don't expect to see that too often in your consulting room, unless of course you work in a circus – or you suggest it. Remember that hypnotised people are just responding to suggestion so they may not change posture in any way at all as they *sink deeper and deeper into a wonderfully relaxing sleeeeeep!* They will probably look relaxed and calm but bear in mind that they should already be relaxed and calm having been put at ease by you as soon as they walked into your consulting room!

There are, however, some telltale signs to look for that reveal a person to be in a state of trance. Don't always expect to see all or even any of them but watch for:

- Calm, relaxed breathing. Often slowing down and becoming measured and even.
- A smoothing out of muscle tone – for example; suggest the jaw relaxing and watch to see if the mouth opens slightly.
- Look for movement behind the eyelids, a 'fluttering' effect known as Rapid Eye Movement. You will be learning about this phenomenon, what it is, what it's for and why it is helpful to us as you progress in your studies.
- Swallowing/ nose scratching/ sighing/ general movement – don't be put off by this and always remind people that it is fine to move around in order to remain comfortable and relaxed so they can feel in control and enjoy the experience.
- Flushing – don't be alarmed if you client flushes during their trance. Although it may look as if they are about to burst into tears at any moment they are just presenting a phenomenon of hypnosis that is very common for many people. It can be a good indicator that they are in a nice comfortable trance state.

As with all these possible signs though, don't be alarmed if they don't exhibit. Sometimes the opposite effect may occur. For instance a shallow breathing client may have noticeable deeper breaths during trance. Always bear in mind that you are looking for changes and an overall impression that your client has changed their awareness in some way.

Depth of Trance

It is generally accepted that there are various levels of hypnotic susceptibility and these have been conveniently graded and scaled by various researchers over the years. These scales differ in their approach and scoring and two examples have been provided (see annex 1a/ 1b). You will see that The Davies Husband Scale of Hypnotic Susceptibility divides Hypnosis into five depth categories, whereas the Lecron-Bordeaux scale offers a more detailed study which breaks down the stages into individual

1. Hypnosis – what it is

responses. These scales, although helpful for scientific research purposes, can be a little daunting so as a general rule we can accept that most people will comfortably pass into a workable depth of trance simply by following our initial start point of relaxation.

A client is led through these depths of trance by following suggestions which focus their concentration, narrowing in further and further. A general 'script' of, let's say, walking through a summer's meadow would gradually become more specific to the individual client's needs.

A stage hypnotist will use more direct approaches such as suggestibility tests to find his strongest volunteers and to provide visual 'proof' that something is happening. A common example of this would be to ask your volunteer to imagine holding a weight in one hand and a balloon in the other and allow one arm to raise and one to fall. This simple demonstration illustrates quite clearly how the imagination can provoke a physical response to a suggestion and of course also allows the hypnotist to select his more 'promising' volunteers for his night's entertainment.

The suggestions put forward by the hypnotist can, of course, be anything; from concentrating on relaxing, to focussing on the benefits of weight management, to dancing across a stage with a broom – note here that it's the thoughts and ideas given by the stage hypnotist that are different, not the trance state. When the imagination has become engaged with a specific task the physical body will respond to it. This means when we put our minds to it we can create for ourselves all kinds of new thought patterns, behaviours, opinions, and beliefs.

Hypnotherapy v. Stage Hypnotism

A brief aside into these two different approaches here. You will find as you begin practicing as a hypnotherapist that many of the questions you are asked will be about stage usage, and the commonly held belief that you are some kind of mind manipulator who can put people under your spell in order to make them do just about anything you wish them to. I would be keen to stress that although many practitioners may be tempted to dismiss the whole process of stage hypnosis as phoney or, at best, just plain pointless, be aware that this form of usage is often your client's first contact with the phenomenon, so do not discredit it – regardless of what your opinion of it may be. There's nothing more off putting to the general public or a potential client than to hear a practitioner rubbish someone else's belief system, and bear in mind that any potential concerns about the misuse of hypnosis haven't stopped this person from seeking your help. Reassure them that you are the right person to help them harness that amazing inner power, explain where the control really is, and discuss the positive uses of this natural phenomenon.

Hypnotherapy

A common view of Hypnotherapy is that of a client/patient entering the trance state whilst seated in a chair or lying on a couch. This is achieved via the guidance of the hypnotist/clinician who skilfully draws their attention to thoughts of relaxation and comfort by providing positive imagery and suggestion to encourage them to focus deeply.

How does hypnotherapy achieve this?

We all have within us a conscious critical faculty (CCF) – this is the automatic sensor that monitors all new information received. If a contradiction should arise between new material and currently held beliefs then the CCF will filter it out and not allow it to be accepted. Therefore, any information not consistent with the opinions already held in our data base will be rejected. The purpose of the CCF is to provide a stable sense of understanding about ourselves and the world in which we live. It aims to keep us safe by not allowing us to do anything which may cause us harm, encouraging us to only believe or act upon tried and tested information.

Hypnosis bypasses this filter system, thus allowing those new positive ideas and suggestions to take hold without being blocked by any feelings of threat or danger.

The hypnotherapist will focus on what positive changes the client is aiming for, what changes they can expect, and reinforce those goals whilst encouraging the mind away from any past limitations or negative thought as it begins to concentrate wholly on future success. This process involves conscious discussion and agreement, clarification of what the client seeks from each session (and therapy as a whole), and a continual reassessment and acknowledgement of the ground gained so far. The Hypnotherapist plays their part in helping the client to reinforce those changes, they do not create or in any way enforce them.

Self Hypnosis

It has already been pointed out that we go into trance states all through the day, and now that we have (*almost*) completely stripped the hypnotist of any mind-bending powers we can see that what is really taking place is an agreement between two people to work together and explore new ideas and

1. Hypnosis – what it is

approaches to life. It is for this reason that many practitioners hold the belief that all hypnosis is self-hypnosis – brought about by that agreement. Most practitioners would agree that being directed into hypnosis is, for the client, a learned skill and that the more you do it, the easier you find it, the deeper the trance, and so we can utilise this idea by teaching our clients self-hypnosis to take away and practice between sessions. Giving clients relaxation CDs and various techniques that promote trance offers them the chance to develop their ability to reach these states and also provides ‘tools’ that will help them to feel more confident about maintaining these new approaches to their life after finishing therapy.

This is why your first session of ‘guided relaxation’ can be so beneficial to your client. That session and the CD that the client takes home with them will be setting the precedent for what will be a wonderful, pleasant experience: just consider how much more you practise/study something when you enjoy it!

How to

Generally each session is approached with a structure designed to gently increase the client’s hypnotic experience through various stages, then lead on to any specific suggestion work, but it is worth noting that as the sessions progress many clients can go straight into their own trance – almost picking up where they left off – and there is no need for any pronounced lead in. It is called a trigger response.

However, a start point might read something like:

- Guided relaxation – designed to capture attention and to focus into the idea of relaxing each part of the body in turn.
- Deepener – this directs the mind into a further focused state e.g. counting steps down on a staircase.
- General Affirmations and Metaphor

These layers of working allow the client to form new awareness and observations at their own pace.

It is important to remind ourselves once again that trance states aren’t necessarily relaxing. It can be anything suitable to the need of your client, e.g. a champion sprinter seeks focus in winning their sprint; they want to be finely attuned to their body as every muscle works in unity to achieve that goal. Their trance experience will be decidedly energetic as they imagine that rush of adrenaline, that surge of confidence with each footfall, the power, and the reserves of energy ... well, I’m sure you get the picture now.

Remember too that hypnosis per se doesn’t relax you, the suggestion does.

There may be times when a client appears sluggish after their trance session, or claims to not be quite ‘back’, but you can reassure them with words of encouragement that they are fantastic and that they will notice just how great they feel, how much better they are coping etc. Allow any concern that they are still slightly hypnotised to work in your favour – *if they are still ‘under the influence’ then in theory they should still be responding to suggestion, shouldn’t they?*

A final word

It could be argued that the hypnotherapist does his or her best work a long time before the formal hypnosis begins. Always remember that your client is entering a specific environment of learning as soon as they enter your consulting room. Each and every part of the session should be informative and of interest to them. Remember that we pass in and out of trance all the time so it can be helpful to see the relaxation on the couch as a reinforcement of the suggestions already made during the conscious discussion of the session. We are not seeking to use hypnosis as a way of bending people to our will, we are encouraging them to teach themselves how to re-evaluate and make change in their own way, and at a rate that best suits them. By treating the whole process as perfectly natural we are encouraging the client to truly believe that they have all the necessary skills and resources available to make the changes they desire.

c. General history of hypnosis and hypnotherapy through the ages - JC

Hypnosis is ancient. Since the dawning of human awareness, people have been utilising trance states. Throughout archaic history, trance has traditionally been the main province of the “shaman” or “medicine man”. The shaman occupies many roles within an indigenous society, but his or her main role is as healer to the tribe or community. Traditionally, the shaman has journeyed into the unconscious realms on behalf of the patient. He or she will have done so by using trance to access a non-ordinary state of awareness. In the trance state the shaman can then access normally hidden information and forces which could be harnessed for healing. Today, we are in many ways asking our clients to make that journey for themselves,

1. Hypnosis – what it is

and although we may think of it in a slightly more scientific way, the parallels between archaic shamanism and modern hypnotherapy are particularly striking.

More than ever today we find that people themselves are much more willing to explore altered states of awareness. In fact, we can go further. We can see that actually for many people the need to experience altered states of consciousness is literally hard wired into the human psyche. We see this need manifested today within the context of modern life by the present cultural obsession with drugs and alcohol. Our lives, culturally speaking, are awash with drugs. Modern life gives us coffee, sugar, chocolate, cigarettes, marijuana, alcohol, amphetamines, hallucinogens, opiates, tranquillizers, herbs, tinctures, and medicines. In some way or another, almost everyone uses drugs, and that's only mentioning the drugs which are physically tangible. There are other highs too; adrenaline, gambling, sex, food, exercise, power and work to name but a few. Throughout history people have consistently starved themselves, flogged themselves, poisoned themselves, all in the name of altering awareness. Our faith in altered states of awareness, however that is achieved, is great.

In understanding ourselves it's important to acknowledge therefore that altering consciousness is central to being human. We have always sought to expand awareness. By our very nature, we crave new experiences, greater understanding, and different perspectives. The expansion and clarification of awareness has offered a significant adaptive advantage throughout the evolution of our species. Ever more efficient forms of organisation have flourished as understanding and awareness have developed, and this has ensured the continued survival of the species through the development of farming, agriculture, house-building, trading etc. Later in history, we see the development of reading, writing, printing, and industry, all of which have served to streamline the process of survival. It has been noted that the greatest evolutionary and technological discoveries have often arrived fully formed in the minds of men and women throughout history. Einstein called his the "Eureka" moment. Today we might call the mindset where such events occur.....a trance. Strangely sometimes, we do our best thinking when we're not trying! Since Nature favours and encourages survival, Nature also includes consciousness expansion as an evolutionary necessity, and therefore rewards good work in this respect. This means that we are naturally pre-disposed to seek out expanded awareness since we are rewarded with that "feel good" feeling when we make a successful discovery or solve a difficult problem.

Today, we in the West live in a world where individually most of our basic survival needs are met, and we naturally therefore turn our attention towards self-actualisation; towards the pursuit of happiness. This process requires, perhaps more than ever, that we evolve our awareness by creating new perspectives, and new perspectives require that we shift our internal vantage point. Hypnosis provides us with a safe, manageable, and effective tool for doing this, and it's no surprise therefore that hypnosis is enjoying a resurgence in popularity both as a tool for self-improvement and for healing. We can recognise that the word "hypnosis" is a relatively new term for something very old and very human...the ability to develop and utilise trance.

A History of Modern Hypnosis

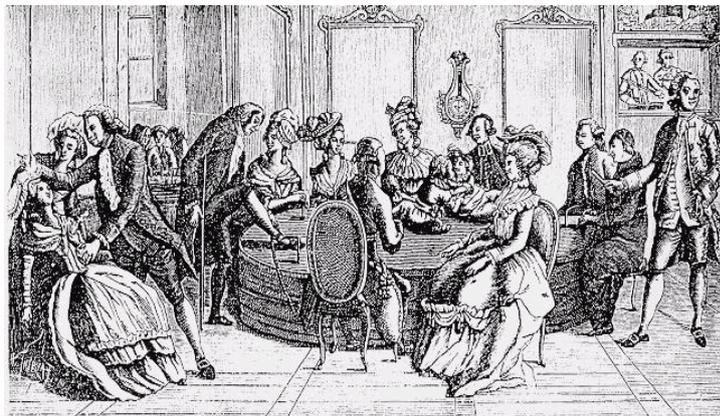
We begin with

Franz Anton Mesmer (1734-1815).

Mesmer was born in Iznang, Germany. He completed his medical training at the University of Vienna at the age of 32 and went into medical practice. In 1774 he was inspired by a demonstration of "magnetic cures" by Father Maximillian Hell. Though his primary interest up until that point had been in the influence of the planets on human disease, he then also began experimenting with magnets and soon developed his theory of "animal magnetism". Animal Magnetism, according to Mesmer, pointed to the existence of a physical magnetic fluid interconnecting every element of the universe, including human bodies. Mesmer proposed that disease resulted from a disequilibrium of this fluid within the body. Disease could be cured, he believed, by the redirection of this magnetic fluid within the body. The physician would serve as a kind of conduit by which animal magnetism could be channelled out of the universe at large and into the patient's body via "magnetic passes" of the physician's hands. Bear in mind that magnets in the age of Mesmer were still viewed as very mysterious and considered by some to have magical properties. Also at the time it was believed that cures would be painful. Mesmer's first successfully "cured" subject experienced a recovery which was both dramatic and "agonizing". This was a young girl called Franzl Oesterlin who had suffered with hysteria, convulsions and all manner of "other terrible symptoms". Magnets were tied around her neck and feet and she was asked to swallow a solution containing some iron. She was soon in the grips of a "magnetic crisis" involving burning sensations in all her joints, hot piercing pain and spasms. After sufficient suffering she was finally "rebalanced". She was then pronounced insensitive to the magnets and was cured of her attacks. The cure was permanent! Mesmer's fame grew. He was soon asked to cure a protégé of the

1. Hypnosis – what it is

empress by the name of Maria Theresa Paradies, and although he was successful in using his Animal Magnetism to restore her sight, he was unable to help with her loss of equilibrium. Following disputes with her father and three years of continued slurs upon his name, Mesmer was eventually told to leave Vienna in no uncertain terms. He headed for Paris to continue his work. From here, Mesmer became somewhat of



Eighteenth-century engraving of the salon of Dr. Mesmer

From the book *Anton Mesmer* by D. M. Walmsley

a showman (perhaps even the World's first stage hypnotist!). He purchased a hotel in the Rue Mootmarte and his clinic became a showplace for his talents. It was here that he developed the marvellous Bacquet. This was a round contraption which contained jars of the invisible healing magnetic fluid which could be circulated to numerous recipients via iron rods which poked up through the top of the device. This was enhanced by lighting and music to make for a powerful experience. Even sceptics were able to enjoy healing and trance under such conditions. They were apparently, as we still say today, "Mesmerized!"

Mesmer's showbiz style eventually brought him public scorn in Paris (practitioners beware!) and he died in 1815 following a quiet, and apparently rather sad, forced retirement in Switzerland. Mesmer never did understand the role the imagination and suggestibility had played in his work, and Mesmerism continued underground as a spiritualist pursuit. Still, he remains famous today as one of the unwitting forefathers of modern hypnosis and suggestion.

Father Gassner (1727-1779)

Father Gassner was a catholic priest and a contemporary of Mesmer. Historical rumour has it that he worked briefly with Mesmer. What we do know for sure though is that Father Gassner mastered the art of hypnosis and suggestion as a means of faith healing. He was aided by the favourable conditions for a hypnotic response found in the expectation generated by the religious faith his subjects had in him. One of his demonstrations involved lowering one woman's pulse rate to the point where doctors pronounced her technically dead. Two and a half minutes later he "brought her back to life again". One can imagine the profound faith people might have had in a man who could perform such miracles. Indeed as truly a man of God, Gassner was able to have people fall into deep trance states in seven seconds! Evangelist churches even today are filled with people swooning to the "Power of the Lord".

Marquis Chastenet de Puységur -Armand-Marie-Jacques de Chastenet, (1751-1825)

The Marquis was a former student of Mesmer, and it has been said of him that he should be credited as the forefather of modern psychotherapy. From Mesmer's theories on "Animal Magnetism" Puységur developed his own theories and decided that the power used in magnetic healings flowed from the Magnetizer himself and that there was thus no need for magnets to be used. In fact, he went further and decided that objects could be imbued with this magnetic power so that the magnetizer would not even need to be present in order for people to receive his healing. To this end he "magnetized" an elm tree. People would visit the tree to be cured (magnetized) and lo and behold... many were!



Figure 24

Puységur and the "magnetized" elm of Buzancy. The patient seen falling into a state of somnambulistic sleep as he leans on the Marquis is Victor Race. From the third edition (1820) of Puységur's *Memoires ... du magnetisme animal*.

1. Hypnosis – what it is

Puysegurs real contribution came in 1784 when working with Victor Race, a young local shepherd. Until this time it had been usual for people being "magnetized" or "mesmerized" to fall into convulsive states as a part of their healing, but Victor Race was quite different. Victor fell into a deep sleep-like state, and Puysegur found that the boy could speak whilst still appearing to be asleep. During the conversation that ensued Victor confided in the Marquis that he was troubled. Despite the fact that their social standings would normally have made such intercourse improper (a shepherd speaking of his problems to an aristocrat!) he continued to explain that he was troubled by a quarrel which had taken place between himself and his sister. Puysegur suggested that he might do well to resolve the situation and upon awakening Victor acted upon the suggestion apparently without conscious memory of Puysegurs words during their "magnetized sleep" conversation. Puysegur called this state "Somnambulism", which literally means "Sleepwalking". This term is still commonly used in hypnosis today.

The reason that Puysegur can be considered to be the forefather of modern psychotherapy is because in developing his understanding of magnetic cures, he came to realise that successful cures depended in part on the force of the magnetizers personal belief in the usefulness of the treatment as well as the will to use that cure, and lastly on **the strength of the rapport between the magnetizer and the patient**. He can also be credited with discovering that it was possible to "diagnose" a problem using trance. Here we can see that social stigma ordinarily would have precluded such information being shared, but in the trance state the Marquis was able to elicit the information necessary to suggest a new strategy. We would recognise this today as bypassing the conscious critical faculty. Again, these principles today remain absolutely central to any successful psychotherapeutic relationship.

Puysegur didn't quite get it all worked out though. He and Mesmer (and Mesmerism) decided that magnetic cures were more akin with spiritualism and ESP (extra sensory perception) than they were with science. As far as we know, they never recognised that the power to enter trance belonged to the patient, and they continued along these lines of investigation for the whole of their careers. Many of the followers of that time also followed the ESP route of explanation, but some, the men and women of science, found these explanations lacking in credibility and a more scientific understanding of the phenomena came from a number of other figures of that time including Général François Joseph Noizet, Étienne Félix, Baron d'Hénin de Cuvillers, and Alexandre Bertrand. All had some influence in terms of a new understanding and exploration of magnetic cures but most notable of all was Abbe Jose Castodi de Faria.

Abbe Jose Castodi de Faria

Faria, in his "De la cause du sommeil lucide" (1819), formalised the modern trance induction through a process he called "fixation"- the fixed eye gaze method of inducing trance. His work emphasised the importance of the will of the subject in achieving trance as well as noting that different people exhibited different levels of susceptibility to somnambulistic sleep. He also was the first person we know of to articulate the principle of "suggestion". He recognised that suggestions could be active not only during "magnetized sleep" but also during the waking hours too. His success was brought to an ugly end when he was publicly framed by some jealous doctors. They hired some stooges to publicly discredit Faria during one of his demonstrations by awakening from trance at a pivotal moment and announcing that they were shamming the audience under the bribery of Faria.

John Elliotson- Born 1791-1868

John Elliotson was a professor of theory and practice at University Hospital in London England. He began his experiments in 1837 after learning about "Magnetism" from a student of Farias. As a doctor he found he was able to put the magnetism to work with patients who were to undergo surgery. He was able to help people to undergo major surgery without agony and continued to use these techniques wherever possible. Because of this he fell out of favour with some of his fellow physicians since they were of the mind that healing was necessarily painful. He was, like Faria, publicly discredited by the medical profession, who associated his private belief in clairvoyance with his clinical work. Nonetheless, such was Elliotsons faith in the efficacy of his experiments that he continued to fight for acceptance for over thirty years. With most of his work ignored he died a bitter man in 1868. His work was not in vain however. He published a journal called "Zoist" which influenced the work of James Esdaile who continued to carry the torch for surgical hypnosis with a greater measure of success, but even he was later sadly discouraged by the English medical orthodoxy.

James Braid (1795-1860)

James Braid was the man responsible for coining the term "hypnosis". Braid, a Scottish surgeon, was a scientific man, and he began his hypnotic career by challenging the mystical claims of Mesmerism. In fact upon first exposure he branded "magnetism" an insult to scientific intelligence. He was however, curious, and after a second demonstration of Mesmerism by the Swiss mesmerist, Charles Lafontaine, he became

1. Hypnosis – what it is

firmly convinced that the magnetized subject was unquestionably under the complete control of the magnetizer. Being a man of science he set about understanding the phenomena. After numerous days of experimentation he concluded that the state was "a peculiar condition of the nervous system, induced by a fixed and abstracted attention ...". He decided that the phenomenon was not induced through the mediation of any substance or power from magnetizer to patient, thus dissolving the original assumption that one was magnetized by the Mesmerists "magnetic passes". It was this change of direction away from "magnetism" and towards a more scientific understanding which led Braid to coin the term "hypnosis" (from the Greek word "hypnos" meaning sleep), in order to differentiate his work from the spiritualists of the time, with which magnetism had become almost uniquely associated.

He concluded instead that the phenomena must be the result of a physiological response. Initially he believed it might be triggered by fatigue caused by the continued straining of the eye. Since he was using the eye fixation methods, this would have been a reasonable assumption. It was, however, incorrect, and although Braid had more or less single-handedly dispensed with the idea that the power of magnetic sleep lay with the magnetizer, he had still failed to identify the exact mechanism by which hypnosis occurred. He did take the World one step closer to understanding though by linking hypnotic phenomena with the brain. He understood that the trance state could be attained through the use of physical agents (eye fixation, light etc), and that the hypnotic sleep required the right psychological conditions to be achieved. Those conditions, he noted, were belief and expectation! One step closer to "All hypnosis is self hypnosis!"

He soon realised that trance could also be induced whilst in a waking state, thus making the term "hypnosis" (sleep) a slight misnomer. He tried to change the name to "monoidesm" (single idea) in an effort to correct the misleading title but it was too late. Hypnosis had caught on and to this day that's what we call it, and to this day, many people still think it's sleep!

In 1843 Braid published "Neurypnology"; or, the "Rationale of Nervous Sleep, Considered in Relation with Animal Magnetism". Though the contributions he made were not recognised immediately, he did make a long term difference because his scientific approach paved the way in making hypnosis accessible to the future medical and scientific community. Throughout the last years of Braid's life Magnetism and Hypnosis were falling into disrepute and this process continued until some time after Braid's death. Meanwhile though, such public opinion was not enough to dissuade everyone from experimenting, and other hypnotic pioneers continued to do their work.

James Esdaile (1808-1859)

James Esdaile was a Scottish Doctor stationed in Hoogly, India. He was experimenting with hypnosis for surgery, and was enjoying excellent results. Even by today's standards we can recognise that Esdaile's results were impressive. Esdaile submitted reports at the end of 1846 detailing his success with mesmerism for surgery. He had performed several thousand minor operations and approximately 300 major ones including 19 amputations, apparently painlessly. At the time post operative trauma was a major killer. Aside from the fact that there was no truly effective anaesthetic available (Chloroform's anaesthetic properties were first discovered in 1847), in Britain there was also the expectation that healing should involve pain, and patients' expectations were therefore suitably grave! In India, however, Esdaile was able to produce fantastic results since the Indian people were much more open to occult science, and he was able to cut the post operative mortality rate from 50% to 8%! Upon returning to the UK however, he found that scepticism and negative expectation contributed to his being unable to reproduce the results he had achieved in India, and he, like Elliotson, finished his days with his career in decline. Nonetheless, historically his contribution was profound, and he was honoured by Dave Elman, a well respected medical hypnotherapist of our time, who named the deepest hypnotic state of all after him. To this day, the depth of hypnosis required for successful surgery is referred to as "The Esdaile State". In Elman's famous book entitled simply "Hypnotherapy" there is a whole chapter which explains exactly what this state is and how it can be attained.

Hypnosis – Resurgence and Clarification (almost!)

Liebault & Bernheim – The Nancy School.

The years following Esdaile's death were interesting. In 1864 in Nancy, France, a country doctor called Ambroise August Liebault was providing free ten minute hypnosis treatments to patients. He made it quite clear that there was no supernatural power at work but that the work was only a matter of suggestion. For this insight we can give Liebault part credit for a new understanding. He correctly identified that the state of hypnosis was created by psychological forces as opposed to physical forces.

1. Hypnosis – what it is

Hippolite Bernheim originally pronounced Liebault a fraud, but after watching his work he became convinced by the good results Liebault was producing and took the doctors' methods back to his own clinic. Soon after he joined Liebault at the Nancy Clinic and together their practice became a major success, even claiming cures in the 85% range.

Charcot- The school of Salpetriere

Parallel to Liebault and Bernheim's clinic ran Dr James Martin Charcot's practice in Salpetriere (also in France). Charcot was misguided in many respects with regards to the causes of hypnosis. He still believed that the state must be physical in origin and described "hypnogenic zones" which should be pressed in order to achieve the trance. However, he still made a valuable contribution in identifying and naming different levels of hypnosis. He called the three main depth stages of hypnosis "Lethargy", "Catalepsy", and "Somnambulism".

Charcot was also a very well respected neurologist of his time, and his enthusiasm for hypnosis rubbed off on the medical community at large, once again making hypnosis an area worthy of mainstream attention. Within the hypnotic community however, the debates continued!

Sigmund Freud & Dr Joseph Breuer

Dr Joseph Breuer

It is Dr Joseph Breuer who we could hold loosely responsible for giving us regression and free association techniques. In 1880 he was working with a hysterical girl who was unable to drink water from a cup. The girl was found to be able to speak clearly and rationally whilst in the hypnotic state and was easily able to answer Breuer's questions. Breuer's enquiries led the girl to remember and explain that she had once seen a dog drinking from a cup she had used which left her feeling nauseated. When Breuer explained this fact to the girl in the waking state she regained her ability to drink from a cup. Understanding the cause of her symptom (and its innocuous nature) was apparently enough to release her from it. Breuer also developed "Free Association"; a technique whereby the mind of the patient is encouraged to wander freely whilst relating impressions, emotions, and events to the therapist. In doing so, the mind could freely locate the causes of hysterics and release them. In fact, Freud and Breuer in their book "Studies on Hysteria" -1895, quoted the following:

"Each individual hysterical symptom immediately and permanently disappeared when we had succeeded in bringing clearly to light the memory of the event by which it was provoked and in arousing its accompanying affect, and when the patient had described that event in the greatest possible detail and put the affect into words." -Sigmund Freud

Sigmund Freud

Ah! Here's a familiar name. We might assume that Freud might have done the world of hypnosis a good service? Alas not.

Freud was a student of hypnosis at both the schools of Salpetriere and Nancy. By his own admission he found the long drawn out procedures which were believed necessary to produce hypnosis "monotonous". His induction technique was apparently poor too, and in a fit of desperation one day when unable to "hypnotize" a patient he decided to try free association in the waking state. To his great surprise it worked, and he quickly seized the opportunity to drop "hypnosis" from his methods, instead coining a new term for waking analysis which he called "psychoanalysis". Talking therapy was born. With the need to circumvent "resistance" via hypnosis apparently an unnecessary complication, Freud then taught that psychoanalysis was now "the executor of the estate left by hypnotism". Alongside this new way of thinking, it was emerging that many of the cures effected by suggestion based hypnotism were impermanent. People were presenting with substitute symptoms and again, for a short time, interest dwindled in hypnosis.

20th Century Hypnosis

It's almost with a sense of relief that we come now to the 20th century, although there was still much to be understood!

Emile Coue (1857-1926) - a Frenchman. Coue is best known for coining the autosuggestion phrase "Day by day, in every way, I am getting better and better". Incidentally, he was also the man who pioneered the idea of autosuggestion. Coue understood that healing must happen through the power of the patient and not through any power that the physician might have. Hence, he devised auto-suggestion as a means by which people could self-empower through the use of self-suggestion. He also recognized the great power of the imagination. His most famous example of this being that if you get someone to walk across a plank on the floor it can be done without concern. But, if you ask someone to imagine that the same plank is

1. Hypnosis – what it is

suspended between two tall buildings, then the mind will introduce wobbles and sway. It is Coue who taught us that the imagination is more powerful than the will; a lesson which remains central to good hypnotherapeutic practice today!

Coue's Laws of Suggestion

The Law of Concentrated Attention

"Whenever attention is concentrated on an idea over and over again, it spontaneously tends to realise itself"

The Law of Reverse Action

"The harder one tries to do something, the less chance one has of success"

The Law of Dominant Effect

"A stronger emotion tends to replace a weaker one"

World War 2

Hypnosis enjoyed its next resurrection around the end of World War Two. A shortage of doctors and an influx of mentally and emotionally disturbed casualties of the war encouraged a reappraisal of hypnosis as a medical aid. Again it was noted to be successful, particularly where surgery was required in the absence of chemical anaesthesia. A side effect which was also noted was that improved recovery time and healing was promoted.

Modern Clinical Hypnosis

We come now to the folks we mostly all recognise and admire. There are many names which could be mentioned in relation to modern day hypnosis, all of which deserve their own slice of credit for brilliance and innovation. The two hypnotists who really shine as exemplars of our time, however, are Dave Elman and Milton Erickson.

Dave Elman- 1900-1967

Dave Elman by all accounts was a terrific guy! He made hypnosis truly respectable within the medical establishment with his no nonsense approach to hypnosis. Most people would agree (though it's debatable) that he is responsible for creating the "rapid induction". Even today, his most famous induction, known simply as "The Elman Induction", forms the basis for many stage hypnosis formats because it is quick, reliable, and deep. He realised that he could condense a number of hypnotic inductions into a single induction thus compounding the effect very quickly. Since his primary initial interest was in the clinical application of hypnosis within the fields of dentistry and medicine, a rapid and reliable induction was of paramount importance. He trained hundreds, perhaps thousands, of doctors and dentists in the successful application of hypnosis and was truly a selfless teacher. Dave Elman defined hypnosis as "a state of mind in which the critical faculty of the human mind is bypassed, and selective thinking established." His book entitled "Hypnotherapy" remains a valuable resource for understanding hypnotherapy and is largely considered to be a national treasure within the world of hypnotherapy.

Milton Erickson 1902-1980

Dr Milton Erickson (Milt to his friends) is generally considered to be THE forefather of modern hypnosis and good therapeutic practice. He remains somewhat an enigma. Many have studied his work as a therapist extensively in an effort to define what he actually did to get results but his work has eluded scientific definition...and yet, he was immensely successful! As a child, Erickson didn't speak until he was four years old. He was found to be colour-blind, profoundly dyslexic, and tone deaf. He was later struck down with Polio at the age of 17 and paralysed for a year. He recounted that this afforded him an almost unique opportunity to simply "watch" the world and people, and to understand why people were they way they were. He spent his later years apparently in a great deal of pain, but was able to manage this through the use of self hypnosis. Unsurprisingly, therefore, he also became very proficient in using hypnosis for pain management. He is recognised as being an "intuitive master of the art". He was able to make "indirect" suggestion work very powerfully with many of his clients which was a new concept at the time.

He can also be recognised as a valuable contributor to what we know today as "brief solution focused therapy". One of the most frequently told stories about Dr Erickson, is that of the African Violet lady. A long story short... Dr Erickson had the luxury of only one visit to meet an old lady in Milwaukee who was a friend's Maiden Aunt. She was financially secure but she had few friends and no close relatives. She was essentially waiting to die. Dr Erickson noticed that her house was dreadfully cluttered and disorganised. He knew the lady was depressed, but he found that there was one area of her house which was cared for, and here were many African violet cuttings. When he remarked that she must delight so many people with these gifts she retorted that she never gave them away. He "suggested" to the lady that she might like to

1. Hypnosis – what it is

make more cuttings of these violets and that she could scan the Sunday papers for Weddings, Funerals, Births, Anniversary's and any other occasions of note. What a nice thing it would be to share these lovely flowers by sending a violet to mark the occasion.

Ten years later a newspaper headline revealed that the "Violet Queen of Milwaukee Dies" Over 5000 people attended her funeral!

When Milton was later asked why he had chosen to make such a suggestion to her he said "I looked around her house and the only sign of life I saw were those African violets. I thought it would be easier to grow the African violet part of her life than to weed out the depression."

Neuro-Linguistic Programming (NLP) – John Grinder and Richard Bandler

Scary sounding title! But just consider what it means. Neuro (of the brain/mind), Linguistic (language based) Programming. "Programming the mind using language". Sounds familiar? Actually NLP is a little more than just that. NLP is really a system of understanding and technique application devoted to achieving excellence. It is a huge field of knowledge, but is centrally concerned with how the mind knows what it knows and how that knowing can be transferred. The idea was to study the people who had excelled within their fields and figure out how it was that they had excelled. What did they do differently and how could that be recreated? They arrived at "modelling". Modelling essentially is based on the idea that if someone can do something well, then we only need to know HOW they did that thing well in order to be able to do it well ourselves. NLP is a large field of study and it would be unjust to define it too narrowly but it remains essentially a set of techniques and understandings designed to re-programme the mind with new skill sets, states, and approaches. In this respect we could say that although the techniques and approaches are different, hypnosis and NLP certainly have a lot in common. In fact there is often an overlap with each field borrowing from the other. This is not overly surprising since Bandler and Grinder used Milton Erickson's work as one of their central models of excellence, particularly with regards to the effective use of language within a therapeutic context. Even the "Rewind" technique (Fast-Phobia cure/VKDT) which we use ourselves is a development by Bandler and Grinder of an earlier Ericksonian dissociative technique. Their first NLP related works were published in the mid 1970's and today NLP stands as a highly respectable model, both for therapy and within the business community too as a model for business excellence.

The future of hypnosis?

So! "What a long strange trip it's been". From the rattle of an ancestral seed pod to the Visual Auditory Kinaesthetic Sub Modalities of NLP. It couldn't have been easy for our hypnotic ancestors to figure out what was going on, and if we are reflective we could recognise that even today there remains an element of mystery about the mind and healing. We still have much to learn before we can reliably "heal" all of our psychosomatic illnesses. Perhaps it's the nature of the mind to elude absolute definition? We are wise to remember that the journey of understanding is not yet complete. Where will we be in another hundred years time? Will future generations gaze upon some of our methods with the same wryness we may feel for Mesmerism? Probably yes. But undoubtedly elements of understanding will stand the test of time, and we can be proud to inherit a system of understanding today that works as well as it does. We can be sure we have a lot of things right, and the rest, as they say, remains "true enough".

All world changing, paradigm shifting discoveries seem to appear when the time is right. Like mind, this too is a great mystery. The annals of history are full of accounts of great discoveries being made by different people with no connection to one another in different countries, all within months of each other. It would seem that great ideas and understandings emerge into the World all at once. It's as though understanding crystallizes into the mind of many simultaneously. These things won't be rushed! If we look at the history of modern hypnosis, we see that this unfolding was similar. With a current resurgence in the popularity of hypnotherapy, we can only wonder how much are we a part of a new development in understanding? But to look at the pattern of history, we can see also that we have our work cut out too. We have come a long way, but many in the medical orthodoxy remain uneducated about the positive impact hypnotherapy can have on health when properly practiced. We are still trying to shake off Braids misnomer that hypnosis is "sleep". We are still trying to shake off the notion that the subject remains under the power of the hypnotist, and yet it was over 150 years ago that such notions were first being dispelled. We are still trying to separate ourselves from the spiritualist and ESP movement. Some people still believe that hypnosis is an occult force. We are terribly misunderstood. Thankfully though, the message is getting through, and the field of hypnotherapy is being recognised as mainstream and scientific. Indeed technology is playing a central role in "proving" the existence of hypnosis and measuring its effects as a tool for change. The existence of technology able to tell us more about the brain and its responses will almost certainly open up an entirely new field of understanding. As we learn more about the brain and how it responds, this will

1. Hypnosis – what it is

encourage a more precise knowledge of cause and effect. Being able to actually see what happens to our client when we make a suggestion or enter a certain state will be invaluable in creating a new understanding which will undoubtedly take us ever closer to a perfect science. For now, we have only our guts, our GSR meters, and our psychological models to follow. In a hundred years time it's not unthinkable that we might each have a brain scanner in our consulting rooms which will show us if we're actually hitting the right spot! It's really not improbable.

So it seems that hypnosis is here to stay, and what makes it so interesting is really the fact that it is a science **and** an art. It really is both of those things at the same time, and since people are not machines, perhaps working **ONLY** with the brain will never be enough. It is likely that the human element will remain forever an indispensable part of good therapy, just as history shows us...it always has.