

Handbook of Modern Hypnotherapy

Basic techniques, methods and practices

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Hypnos, Ancient Greek god of sleep (*British Museum*)

I am dedicating this book to my daughter,
Machtelt Geraldine,

because I love you

Table of Contents

Preface

Acknowledgements

Introduction

Part I Basic Techniques

1 Hypnosis, trance, trance phenomena and hypnotic phenomena

Hypnosis and trance

Trance phenomena

Hypnotic susceptibility

The subconscious

Classic and modern hypnotherapy

Regression and reincarnation therapy

Hypnotic phenomena

Methods of hypnotherapy

Everything in a constant state of flux

Hypnotic susceptibility scale

2 Hypnotic language, pacing and leading

Hypnotic language

Conjunctions

Pacing and leading, hypnotic language

Cognitive language

3 Intake session, pre-interview, after session evaluation

Intake session

Step-by-step procedure for intake

Pre-interview

After session evaluation

Motivation test

Intake session form

4 Anchoring, representational systems, post-hypnotic suggestions

and future pacing

Anchoring

The representational system

Post-hypnotic suggestions

Future pacing

Progression and future pacing

5 Guided fantasy, content suggestion and process suggestion

Guided fantasy

Content suggestion

Process suggestion

Practical examples

6 Ego-strengthening techniques and deepening techniques

Ego-strengthening techniques

Deepening techniques

Hand levitation

Practical examples

7 Association and dissociation

Association

Dissociation

Three point dissociation

Step-by-step procedure for Three point dissociation

Practical example

8 Ideomotor finger signals

9 The Metamodel

Introduction

Deletions, generalisations and distortions

Practical example

10 Rational Emotive Behavioural Therapy (REBT)

Provocative therapy

11 Ericksonian therapy

12 Self-hypnosis for the therapist

Self-hypnosis and meditation

Contemplation

Methods

Sambhavi Mudra

13 The therapist's ethics and attitude

Introduction

The therapist's convictions and conduct

Touch and confidentiality

The therapist's responsibility

The therapist's congruence

Transference and countertransference

Positions of authority in therapy

Client autonomy

The square of trust

Guaranteeing the success of the therapy

Taking an oath

Part II Methods

14 Regression

Introduction

Obstacles during regression therapy

Contraindications for regression therapy

Several affect bridge techniques

Inner Child Integration Therapy

Step-by-step procedure for Inner Child Integration

Transactional analysis

Distancing rituals

Step-by-step procedure for distancing rituals

Practical examples

15 Working with subpersonalities

Introduction

‘The self’ and working with subpersonalities

Methods and practices when working with subpersonalities

Work with subpersonality polarities

Step-by-step procedure for working with subpersonality polarities

Kinaesthetic working with subpersonalities

Step-by-step procedure for kinaesthetic working with subpersonalities

Assembly of subpersonalities

Practical examples

16 Working with dreams

Introduction

Types of dreams

Three methods of working with dreams

Step-by-step procedure for working with dreams and subpersonalities

Practical examples

17 Reincarnation therapy

Introduction

Therapeutic interventions during reincarnation therapy

Affect bridge techniques during reincarnation therapy

Step-by-step procedure for reincarnation therapy

Practical examples

Part III Applications

18 Working with children

Introduction

Identity development (Erik Erikson)

Identity

Stages of identity development (Erik Erikson)

Hypnotic susceptibility in children

Cognitive development (Jean Piaget)

Conclusions regarding hypnotic susceptibility

Guidelines for working with children

Analogy and metaphor

Methods for working with children

Pedagogic strategies

Review and practical examples

Intake session form for children

19 Fears and phobias

Introduction

Rational fear and irrational fear

Diffuse fear and concrete fear

Anxiety disorder

Paranoia

Neuroses

Fear, strategy and resistance

Methods and treatment

Chronic and acute trauma

Therapeutic method for treating acute trauma

Step-by-step procedure for implosive desensitisation with use of resources

Therapeutic methods for treating chronic trauma

Working with components and fear

Practical examples

20 Couples therapy

Introduction

Intimate relationship issues

The communication star

Power and powerlessness

Sexuality

Incest

Guidelines for couples therapy

Stagnant relationships

Therapeutic interventions

Practical examples

21 Addiction

Introduction

Smoking and substance abuse

Alcohol

Eating disorders

Anorexia nervosa

Bulimia nervosa

Binge Eating Disorder (BED)

Practical examples

22 Depression

Introduction

Causes of depression

Types of depression

Characteristics of depression

Treatment and therapy

The Judge

Step-by-step procedure for The Judge

Practical example: dreams and depression

Practical examples: The Judge

23 Psychosis, schizophrenia and borderline personality disorder

Psychosis

Prodromal phase

Schizophrenia

Borderline personality disorder

24 Working with pain

Introduction

Types of pain

Pain perception

Hypnotic susceptibility with regard to pain

ALTIS model

Behavioural therapeutic and psychoanalytical pain treatment

Behavioural therapeutic methods and techniques

Psychoanalytical methods and techniques

The Mirror

The Cave

Phantom pain

RSI

Practical examples

25 Illness, terminal care and grief counselling

Introduction

Practical examples

Grief counselling

Providing support for partners and loved ones

Terminal care

Euthanasia

Treatment and care during illness

Glossary of Terms

Register

Bibliography

Publications by the author

Preface

For more than half of the 56 years of my life, I have been working as a doctor in direct patient care, and for the last twenty years I have been working as an independent neurologist. I vividly remember how my first trainer, the renowned Dr Gerrit Schouwink, who is a legend in every way, taught me that putting our profession into practice encompassed so much more than just using our knowledge of the nervous system. During my first week as his assistant, a man was admitted to my department who was suffering from back pain that was radiating to his leg. I closely examined the patient and was certain that he did not have a hernia and therefore did not belong to the category of patients with neurological conditions. I told the patient that I believed the best thing to do was to go home and move around a lot. I ended up receiving a sharp scolding from Schouwink. Who did I think I was, to simply dismiss such a man and send him home without helping him first? How did the patient end up in this situation that he came to see us, what kind of person was he and how were we going to make sure he was going to be okay? It was the beginning of my development towards becoming a holistic, biopsychosocial neurologist who pays attention to the person behind the patient. It was a gradual and very natural process. Looking back at the time of my education, I realise that I have often thought that figuring out the process of a disease was my sole mission. Only when I became an independent neurologist, did I realise the importance of the treatment. Even later, after having treated many people, I realised that I had to zoom in a lot more on the patient in order to be able to guide the illness, rehabilitation and healing processes. I noticed that the main issue to focus on was the way someone dealt with illness and healing, instead of focussing on the disease he was suffering from. This becomes even more interesting in cases where the nature of the disease has not yet been determined. For general practitioners, internists and neurologists, this is the case in half of the number of patients they see during consultation hours. As with my patient who was suffering from back pain, our bodies often display ailments that we do not yet understand from a medical perspective.

I had read about hypnosis before, and on one occasion I suggested that a young patient of mine, who was suffering from severe chronic nerve pain that

was completely disrupting her life, might try hypnosis-related therapy. She and her parents were not at all surprised by my suggestion. I inquired with a fellow therapist who was experienced in hypnotherapy. Of course, she immediately told me about her trainer, Barbelo Uijtenbogaardt. To cut a long story short: the girl healed herself with help of a few sessions at Barbelo's practice. I got to know Barbelo personally, and although I would still not call myself an established hypnotherapist, she also became my trainer. She is a brilliant therapist in all respects. A very compassionate, experienced and gifted therapist, and a teacher and founder of a Dutch hypnotherapy academy. As a neurologist with a special interest in physical symptoms that we are not yet able to sufficiently determine somatically, I am convinced that hypnotherapy is an essential addition to modern medicine. I'm also honoured to be writing this preface. This book bridges the gap between the hypnotherapist and the medical need for treatment. This excellent book about the practice of complementary therapy for patients with physical symptoms is just the beginning.

Emile Keuter, neurologist

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And last but not least, I would like to thank my students and clients for permitting me to share their sessions. Thank you for your trust and the lessons we shared. It is as if the pieces of life's puzzle fell into place, by listening to your subconscious.

Barbelo

Introduction

This book will help you get acquainted with the subject of hypnotherapy. Hopefully, this book can contribute to dispelling the prejudices that surround modern hypnotherapy. Hypnotherapy is a particularly comprehensive subject that warrants and requires thorough study.

This book comprises three parts. Part I is about the *basic techniques* of hypnotherapy, which will be the starting point for the application of the diverse methods described in this book. These *methods*, which will be described in Part II, form the hypnotherapist's basic toolkit. In Part III the *applications* of hypnotherapeutic techniques are presented. This part will explain which tools can be used to solve different kinds of problems. Special attention will be given to how the diverse techniques and methods can be used to treat specific problems and pathological processes, both physical and psychological. Furthermore, Part III will shine a light on which problems can and cannot be adequately addressed using hypnotherapy, and give special attention to the client's resilience.

Within modern hypnotherapy, the client takes a central position. A hypnotherapist follows the client in his experience, within the context of a set toolbox of techniques and methods. The image of the classical hypnotherapist who imposes his will upon a client is to be considered a thing of the past. Through modern hypnotherapy, a client will learn to get in touch with his inner resources, and, through this, gain insight into his own functioning. For instance, hypnotherapeutic treatment can uncover habitual responses to certain situations, which may have been caused by an emotional situation in the past. Hypnotherapy can teach us much about ourselves, and it has the power to bring us closer to who we really are.

By using hypnotherapy, it becomes clear how old traumas may have caused us to develop certain strategies and convictions. It can give insight into our inner conflicts and help to explain problems in the workplace, or explain why relationships fail.

Hypnotherapy makes use of theories from the fields of psychoanalysis and the cognitive learning theory. The use of trance as a therapeutic tool opens up new possibilities for treatment and enhances success.

Milton Erickson (1901-1980), an American psychiatrist and hypnotherapist (see Milton Erickson, chapter 11), has proven to be a major influence on the modern practice of hypnotherapy. Erickson was a therapist who worked largely on the basis of intuition. An inspiring teacher, Erickson's influence on the field, especially from 1960 onwards, resulted in him being considered the founder of modern hypnotherapy. Along with Virginia Satir and Fritz Perls, he was also a source of inspiration for the founders of Neuro-Linguistic Programming (NLP).

Other therapists who integrated hypnotherapy in different methods, such as NLP, REBT (Rational Emotive Behavioural Therapy), Gestalt and provocative therapy, are Richard Bandler and John Grinder, Barbara Witney, Robert Dilts, Frank Farrelly, Janet Konefall, Bruce Tannenbaum and Jeffrey Zeig. All of these therapists have had an important influence on my work and thinking. The eclectic foundation from which hypnotherapy can be applied, opens it up to a wide range of possibilities. The focus of this book will be on the therapeutical application of hypnotherapy: working with a trance state combined with use of hypnotic language. For NLP, please consult other authors specialised in the subject (*see Literature*).

Erik Erikson's astute elucidations on the development of identity from childhood to adulthood are, in my opinion, of critical importance for regression therapy. Children, especially those under five years of age, are very susceptible to hypnosis, and thus are very sensitive to what they experience in and around the family. Even during the mother's pregnancy, unborn children appear to be able to take on their mother's emotions, which can then be carried around for years in the assumption that these emotions are their own. Young children, who are still in a stage of being unable to distinguish between themselves and their environment, can have displaced feelings of guilt about events that have taken place in their families. This may cause trouble with romantic relationships later in life. For instance, when a child has felt responsible for the failures of his parents, a reversal of roles may take place

that can continue to be an obstacle to forming relationships well into adulthood.

By using reincarnation therapy, irrational convictions that have formed during the processes of dying can be brought to the forefront, allowing us to become conscious of them and conquer any fears that may be attached to these convictions. Believing in reincarnation is not a prerequisite for the success of such therapy. The key principle is to be conscious of what is bothering us. It is therefore possible to consider the events from “previous lives” in a metaphorical sense. With proper knowledge and care this process can have significant healing effects.

It is my conviction that everything can be transformed. We can always choose to walk a new path. People carry the solutions to their problems within themselves. The key is to find a way through the labyrinth of the subconscious.

In working with trance and the deeper layers of consciousness, it becomes apparent that there are certain laws governing our conscious and subconscious mind. The methods and techniques given in this book are based on these laws. They are carefully designed frameworks with clearly defined steps, which allow for safe and client-centered application. However, especially to the more experienced hypnotherapist, these should not be seen as strict rules: the frameworks are supposed to allow for flexible application and selection of methods and techniques suitable for the specific situation of the client.

This book can be of value to anyone interested in hypnotherapy. However, I urge you not to experiment with hypnotherapy without proper training. If you are interested in hypnotherapy, it is worthwhile to consider following a three or four year course that is recognised by a professional association. If you are a client looking for a hypnotherapist, consider contacting such an organisation.

The sessions that are described in this book are real examples from my practice. The clients have given their express permission to publish their sessions as examples. To protect their privacy, names have been changed.

I love this job. It gives me the feeling that I am getting closer and closer to the

essence of life itself. Writing this book has been another important step in this direction.

Part I

Basic techniques

Hypnosis, trance, trance phenomena and hypnotic phenomena

Hypnosis and trance

Hypnotherapy is a form of therapy that uses trance, a state of deep relaxation and altered consciousness, during which we can make contact with our subconscious. A trance can be induced through the use of hypnotherapeutic language, such as the use of conjunctions, and through the use of affirmation breathing. This is called trance induction.

Hypnotherapy also makes use of therapeutic techniques that are necessary in order to guide a client in whatever he experiences in trance. Professional guidance is essential. When someone is in a trance, he can experience things that arise from the subconscious layers of his consciousness. In this induced trance, the client can let go of his thoughts. Because of this letting go of thoughts and going into another state of consciousness, the client is able to access deeper layers of his emotions. The sensation of being in a trance is comparable to that of daydreaming. The best moment to practice self-hypnosis is when you wake up in the morning and you are still lingering between a state of sleep and a state of wakefulness. In that moment, you may spontaneously know what to do that day, or how to solve a problem in the best way possible.

We all know trance-like sensations like these:

- Whenever you are daydreaming while sitting on a train and you don't seem to register that you've arrived at your destination, you are actually in a trance.
- Whenever you take the bus home (and you don't take the bus very often), you accidentally buy a ticket to the town you grew up in, because the bus also stops there. You seem to feel like you've gone back in time and you are actually in a trance.
- Whenever your employer or partner acts in a way that reminds you of the way one of your parents used to act, and you react to that in the same way you used to react to that parent when you were 5-years old, you are actually in a trance.

We all experience these moments every day, sometimes just for a short while, sometimes for a longer period of time. The experience of being in a trance can, just like a daydream, spontaneously arise and then disappear within moments. In some situations, the experience of a trance can take on the form of psychosis (which is in most cases caused by current events that evoke emotions that are associated with an old trauma). A trance can also arise as a result of therapeutic intervention.

Definition by Daniel Araoz: *"Hypnosis is a state in which you enter a targeted daydream in such a way that you separate yourself from the external world, and become fully immersed in your internal reality."*

When referring to hypnosis in this book, hypnosis is defined as a trance that has been achieved as the result of a purposeful therapeutic intervention. One could say that inducing a trance is like creating a very short term psychosis. The difference, however, is that the client will stay conscious and alert, remains in control of whatever happens and never loses touch with reality (*when someone is psychotic, he usually has lost control and has lost touch with reality*).

The trance is induced and deduced through set patterns. The physical phenomena that one can observe

when one is in trance, are called trance phenomena. These phenomena are recognisable to the therapist as signals of the connection the client has established with the subconscious. In hypnotherapy, hypnosis is the event in which these trance phenomena, that have been evoked purposely and to therapeutic ends, can be observed.

Trance phenomena

Trance itself consists of several layers of depth, which have their own trance phenomena. The hypnotherapist can observe these as physical signals expressed by the face and limbs of the client. An expert hypnotherapist is able to immediately deduce when the client has entered a state of hypnosis, the trance state. Moreover, the therapist knows the client is entering a trance when the sound of the client's voice is undergoing changes, or when his responsiveness changes. The latter are called trance phenomena. If the sound of his voice doesn't change, or he doesn't respond more slowly, one could argue that the client has difficulty letting go of his thoughts.

Apart from these phenomena, a therapist will note that the client is entering a state of trance, or that the trance is deepening, if at least one of the following trance phenomena occurs:

- Swallowing, eyelids blinking, eyes rolling back.
- Breathing deepens, becoming more calm and slow (one's pulse will also slow down).
- The occurrence of mild twitching and relaxation of the muscles in face or limbs. These mild twitches are known as involuntary muscle movements;
- Pupil dilation. A client's eyes may water because of the widening of blood vessels in the eyes. This need not be a sign that the client is experiencing emotions, however it is advisable that the therapist inquires: "What's happening now ...?";
- Smooth or smiling facial expressions when experiencing joyful emotions, and twitching of the muscles when experiencing stress or tension. For example, a frown may indicate that the client is confused or has trouble understanding something. These signals are of important diagnostic value to the hypnotherapist;
- Jerking motions of the limbs. A finger, hand or arm can suddenly be lifted.

Whenever the client is lifting an arm or a hand, it can be a sign that the trance is deepening and the client is experiencing an important personal event (*this is also known as ideomotor or ideodynamic response, see chapter 8*). In certain situations, it is advisable to inquire: "Why is your hand reacting this way?" However, in other instances, this inquiry may interfere with the process. Knowing when to ask and when not to ask, comes with experience. During the deepening of trance, the following physical responses may also occur:

The body will transmit pain stimuli when a certain part of the body is in need of attention. This may happen when a client is entering the trance, or when he is already in a deep trance. Through this part of the body, important messages are being delivered. By focussing the attention on this painful part of the body, the client can be sent back to a moment in the past which is associated with this pain or body part (*see Chapter 24, Working with pain*).

If the trance is deepening, the client will react more slowly. It is even possible that he is no longer able to use his voice. In such cases, the client can use ideomotor responses by answering yes/no questions with his fingers (*see Chapter 8, Ideomotor finger signals*). Catalepsy is a phenomenon that may arise whenever the client is in a deep state of trance. Catalepsy is described as a sometimes prolonged state in which one experiences fixity of posture and muscular rigidity, without experiencing fatigue.

When the client goes into a deeper state of hypnosis, he will start to breathe more calmly. However, when

emotions rise to the surface during a trance, the client's breath may become more agitated. This agitation is not a sign of not being in a deep state of hypnosis, it is a sign that emotions are rising to the surface, and it is the therapist's responsibility to shift attention to this phenomenon.

Hypnotic susceptibility

Cladder, a renowned psychotherapist, indicates that one's hypnotic susceptibility is at its peak between the ages of six and twelve. He accounts for this fact that you must have reached a certain state of cognitive development in order to be able to understand certain verbal expressions. However, this doesn't mean that a child under the age of six is not yet susceptible to hypnosis (*see Chapter 18, Working with children*). Nor does it mean that people over the age of twelve are no longer susceptible to hypnosis. The more cognition (strategic thinking) controls our actions and decisions, the more difficult it will be to enter a state of trance. Our thoughts will block contact with the subconscious (*for more information on how to use specific techniques in such cases, see Chapter 15, Working with subpersonalities*).

If a traumatic childhood has resulted in someone developing strong coping mechanisms, these strategies may become control mechanisms that may interfere with the client's ability to easily enter a state of trance. These mechanisms will manifest as thought processes or convictions. In this book, the term cognition is defined as thought processes controlling one's ability to think logically.

Intelligence (our ability to form thoughts and understand concepts) in general is not a strategy, but if the intelligent part takes control of an emotional part, we would speak of strategy, and in this case, cognition. Jung speaks of the mental and the emotional as two sides of a lemniscate. There should be a perfectly balanced connection between the two.

If a client shows signs of strong cognitive abilities, a hypnotherapist may suggest a hypnotic susceptibility scale (a specifically designed test) before starting the therapy. You could say that everyone is susceptible to hypnosis, but that certain people only need seconds to enter a hypnotic trance, while others may need years. In some cases, you would be advised to refrain from using hypnotherapy as the only form of therapy for a client (*for more information on how to test a client's hypnotic susceptibility, see Hypnotic Susceptibility Scale*).

The subconscious

The subconscious can be defined as the sum of everything that a person has experienced personally during this life and all previous lives (the part of the subconscious which is called the subconscious mind). The subconscious mind can also be regarded as a collective subconscious, and as a source of higher knowledge (*'Soul' according to Jung. See Chapter 15, Working with subpersonalities*).

Only those experiences that are essential to the current process can be evoked. If the therapist tries to impose his own insights or knowledge on the client, he will soon observe resistance coming from his client. The subconscious will allow that which is useful to the client, and no more than he can handle. The person who is able to contact his subconscious during trance may become aware of unresolved emotions and fundamental postulates, but only if the guidance from the hypnotherapist is adequate. If an insight arises about something that has not yet been emotionally processed in the past, you may heal in such a way that it exerts an influence on life in the present. It can allow someone to become more assertive and more capable of following his intuition, without losing the ability to think rationally.

By using specific techniques and interventions, the therapist may help the client to put external, physical and sensory experiences aside for the time being and to give inner sensory experiences a chance to emerge. Then the therapist can guide the client towards past situations that lie at the root of the client's present lack of well-being and well-functioning. This technique is called regression: going back to past events that lie at the root of current issues. Growing up, many fundamental postulates can develop and take control over your life.

A fundamental postulate is an unproven assumption or hypothesis. In this book, a fundamental postulate is defined as a conviction (obstructing belief) that originates from a traumatic event and has subconsciously been allowed to continue to exist for years or even centuries, causing a part of reality to no longer be experienced as being so. If a client has developed many fundamental postulates, he will likely have strayed from his true being, causing his perception of reality to become more and more distorted (as if he sees the world through glasses that constantly change colour).

These fundamental postulates will emerge on a subconscious level. Generalisations and distortions of reality will occur. Because actions and reactions are controlled by these survival strategies, you will no longer act and react in a way that reflects your true being, or rather, your true core. These survival strategies manifest as the roles one has adopted in order to cope. The client has strayed from his true core and realises that his relationships aren't working, that he can no longer function professionally, or that he can no longer grasp the meaning of life.

A small child is highly impressionable, as he is very susceptible to suggestions from parents on whom he is still highly dependent. The parents are the role models that the child identifies with, and their patterns are adopted quickly. When children are mentally or physically abused or mistreated, they will stray from their core. In some instances this can be so severe that they are no longer capable of feeling anything, physically or emotionally. By healing old wounds, expressing emotions that haven't yet been expressed properly, and by gaining insight in his functioning, he may be able to create a new world of his own and step into a future where 'being yourself' is paramount.

All emotions that have not, for one reason or another, been expressed remain trapped in the subconscious. All events that have been experienced as threatening, or that have in some way affected this person, are safely hidden in the subconscious. However, when something has a serious effect on that person in the present, these trapped emotions may come to the surface. Through these 'triggers' he may easily go back to past events that, to a certain degree, have knocked him off-balance. By becoming aware of such subconscious processes, he may have a chance of healing these old wounds and of becoming aware of subconsciously created fundamental postulates. He may be able to heal his own soul.

Classic and modern hypnotherapy

The term *modern* hypnotherapy has been used from the 1960s onwards. Modern hypnotherapy differs from both classic and stage hypnosis. The main difference between modern hypnotherapy and the latter two forms of hypnosis is that in modern hypnotherapy the client remains alert and conscious when in trance, and that emotions of the client are being observed throughout the session. In classic and stage hypnosis, the hypnotist is the authority, and the client (or should we say: the victim) has no recollection of events after waking up from his trance. In modern hypnotherapy, the emergence of the latter aspect is only acceptable if it is considered to be for the client's good, and if the amnesia is temporary. Occasionally, this form of amnesia may occur spontaneously because the client is experiencing emotions that he is not yet ready to deal with. For example, if his cognitive side is not yet able to completely let go of control. The

cognitive side then covers up this memory, until it is ready to let go of control and the client is able to fully experience such emotions.

The modern hypnotherapist is not authoritarian, but guides the client whenever necessary. His therapeutic methods are always attuned to the client. The therapist should always control the balance between being attuned to the client and guiding the client. The therapist creates the framework within which the client can be observed. Experience plays an important role in finding this balance between being attuned to the client, and leading the process in the right direction (*see Chapter 2, Hypnotic language, pacing and leading*).

Regression and reincarnation therapy

Regression is the process during which the client relives past events. The client focuses his attention on an event that has happened in the past. Reincarnation therapy is a component of regression therapy.

In reincarnation therapy, the client focusses his attention on a moment in a past life or a moment between two lives, the in-between state. By reliving such a moment, in a current or past life, the client may gain insight into why specific situations and interactions have happened the way they did. By gaining this insight, the client may experience a sense of acceptance. Furthermore, he will be able to let go of unresolved emotions. By becoming aware of emotions and fundamental postulates that were created during such past moments, the client is able to relive these emotions or give them back to important subjects. Postulates will be spontaneously adjusted accordingly in a positive way and will become useful.

Old emotions such as guilt, powerlessness, shame or feelings of self-condemnation have often proven to belong to other important subjects, and have over time been incorporated by the client as his own. By returning these emotions, such as the feeling of powerlessness, to its owner, the client may feel less guilty. The client will realise that the other person may have been unable to act differently in past situations, and recognises the other person's feeling of powerlessness, which leads to the client feeling less guilty about not getting what he needed in the past.

Inner Child Integration Therapy is often a component of regression therapy and can be defined as working with the 'younger self' of the client in a past situation that has not yet been dealt with. The client can, as an adult, give his younger self whatever his younger self did not receive from people that were important to him in situations that took place in his younger years. However, before the client can relive a situation that took place in his youth, it may be necessary to relive a more recent moment in his life. During such a moment, the client becomes aware of a problematic emotion. By reliving this emotion, the client can return to a more specific emotion that he experienced during his youth. In this book, the term regression will be used when speaking of reliving a moment in one's current life. (*see Chapter 14, Regression*).

Reincarnation is based on the idea that after your death, many more lives will follow. According to this theory, we experience many events during all our lives that give us the opportunity to learn and grow. Hypnotherapists who share this philosophy may use reincarnation therapy to help their clients. When reincarnation therapy is used, the therapist assumes that specific incidents that have taken place in former lives exert a certain influence on the client's current life. Occasionally, a session is considered to be a reincarnation therapy session, when in fact it is a metaphor for the client's current life. In such instances, the client seeks an indirect approach, because a direct approach to handling the issues at hand may prove to be too confrontational (*see Chapter 17, Reincarnation therapy*).

Hypnotherapy does not always include the use of regression therapy and reincarnation therapy. Hypnotherapy can be used to solve a wide range of problems without there being any need to revisit and

relive moments from the past. Several methods of behavioural treatment can be applied. For example, the client can get to know the different aspects of his personality that at some point represent different interests for the overall personality. For example, during an internal conflict. Similar to an interpersonal conflict, in which a lack of attention towards the other person and a feeling of 'not being heard' may both play a role, internal conflicts can be about a lack of attention for what a certain aspect of the personality is trying to reveal. Sometimes it appears that some aspects of the personality are unaware of each other's existence, or that one aspect dominates another aspect. A shadow aspect is defined as an aspect of the personality that remains hidden, often because of fear and anxiety. In other instances, this shadow aspect may hide in the shadows because of other, more dominant aspects.

The method of working with subpersonalities can be applied not only when solving internal conflicts, but also when a client is experiencing physical illness or pain. By connecting the healthy aspect with the aspect illness or pain they both seem to have messages, like a person does. They often seem to be unaware of these messages, or they are not listening. This inner communication proves to have a healing effect on the client. Strategy components (aspects that have temporarily ensured survival) can be difficult to distinguish from the real aspects of one's personality. In such cases, it is essential that the therapist is capable of being aware of the strategy component and is able to define this component as such (*see Chapter 15, Working with subpersonalities, and Chapter 24, Working with pain*).

Hypnotherapy can also be used to work on interaction in the present. Sometimes a client feels the need to talk things out with a friend, family member or significant other. While in trance, the client can imagine himself being in a conversation with that other person about these issues. The therapist can observe and encourage the client, so that during this conversation, the client may find his inner resources. By discovering and using these resources, the client can find the courage to strike up a real conversation with that person at a future moment. The response of the other person that is imagined by the client in his trance often turns out to be remarkably similar to the response of that person during the actual conversation. Such a method is particularly suitable when a client is facing an important conversation in the near future (for example, when the client is invited to a job interview). Such a method can also be applied in rituals in which the client is letting go of harmful emotional ties between himself and a parent. (*see Chapter 14, Regression, and Chapter 20, Couples therapy*)

Hypnotic phenomena

Rapport: a high level of focus, trust and connection between client and hypnotist. Rapport is more than just making contact with another person. Transference and counter-transference may be involved in this.

Suggestibility: the degree to which an individual is responsive to ideas or suggestions given. In trance, the client will be more suggestible than during his waking consciousness. This means that, in relation to this phenomenon, the therapist bears a great responsibility. In modern hypnotherapy, a client will be less suggestible if he doesn't feel safe or if he wants to control.

Post-hypnotic suggestion: the linking of an act or a sensory experience to a positive emotion in order to let a similar sensory (post-trance) experience invoke the same emotion.

Post-hypnotic behaviour (as a consequence of a post-hypnotic suggestion): after trance the client follows suggestions or performs assignments that have been given during trance. (*for post-hypnotic suggestion, see Chapter 4, Anchoring, etc.*)

Amnesia: selective memory loss or suppression of information, events and experiences. For example, a client may have been a victim of incestuous behaviour, but does not remember a single detail from these past events.

Hypermnnesia: spontaneous memory recall, resulting in an improved, clearer memory. After a hypnotherapeutic trance session, the client may remember what he has experienced or revisited during this session more clearly than visual or other forms of sensory stimuli that are presented to his waking consciousness. Therefore, it is important to guide a session to a positive conclusion.

Regression: directing attention towards the past under therapeutic guidance. During regression, situations or events are being relived in order to remove barriers in the present; revisiting previous cognitive patterns in order to gain new insights and freedom.

Progression: directing the attention during trance towards the future. Going into the future in order to find out what is needed in that future moment: what exactly is required in order to properly handle the future situation? This technique is used to give the client the confidence to properly handle this situation, like an operation or a job interview.

Future pacing: in trance the client is in future moments. This technique is part of a method and is used to research behaviour and feelings in the future after skills have been acquired in the same session. (*see Chapter 4 Anchoring, etc.*)

Sensory distortions: a change in the intensity, quality or spatial form of sensory perceptions. When the client is in a trance, all sensory stimuli will change. The client will notice fewer background noises (e.g. aeroplanes flying overhead, a rooster crowing next door). His eyes are closed, in order to focus only on inner images. The client will remember and experience smells or tastes from his childhood. If the client is in a very deep trance, he may not notice any form of physical touch, or he may experience physical touch as an intense sensory stimulus, in which case the trance will be interrupted immediately (*see Representational systems in Chapter 4*).

Analgesia/anaesthesia: the inability to consciously perceive pain stimuli; in the case of analgesia, a part of the body does not perceive stimuli; in the case of anaesthesia the entire body is numb or less sensitive to pain stimuli.

Time distortion: a distorted perception of time. For example: one hour can seem like three hours. In trance, time usually seems to pass more quickly than in reality.

Dissociation: the internal disconnection of the elements of certain experiences or of one's personality (for example subpersonalities or sensory elements). Detachment from aspects of the personality or from immediate surroundings. In hypnotherapy: the client feels that he can observe himself or is able to observe the interaction between personality aspects.

Depersonalisation: a state in which thoughts and feelings seem unreal, as if not belonging to yourself. The self - that which connects all aspects - can no longer function properly.

Catalepsy: immobility and muscular rigidity without experiencing fatigue. During a hypnotherapy session, catalepsy can only occur when the client is in a very deep trance. In such cases, the hypnotic suggestibility scale is likely to indicate that the client is highly suggestible (a score of 5 is to be expected).

Autonomous processes and ideomotor signals: psychological and physical responses, which are caused by subconscious processes instead of conscious processes.

Literalness: taking a statement or remark literally (similar to the way young children tend to interpret remarks or statements literally). The client is unable to put things into perspective and is unable to be in different situations or emotions at the same time. The mental aspect is temporarily put aside and does not function as well as it would during the client's waking consciousness.

Somnambulism: sleepwalking. The client walks around while apparently asleep. After waking up, he has no recollection of his actions during that state. Artificial somnambulism can occur when classical hypnosis is applied (including stage hypnosis). Milton Erickson used somnambulism in his method of deep trance state.

Methods of hypnotherapy

For many physical and mental issues, hypnotherapy can be a suitable treatment. With respect to inducing a trance however, caution is advised when a client has experienced or is experiencing psychosis or depression. Hypnotherapy can be very helpful when it comes to overcoming relationship issues, addictions, phobias and diffuse anxieties, childhood trauma, inappropriate behaviour, professional dysfunction, inner conflict or everyday issues. It can also provide tools for illness and pain management, or help a client to understand and process his dreams.

By way of introduction to hypnotherapy, relaxation exercises can be practised to induce a relaxed state of mind. These relaxation exercises can also be a way of getting familiar with the inner world. In combination with practising breathing techniques, relaxation exercises are particularly suitable for pain and stress reduction when the client is not receptive to hypnotherapy.

Hypnotherapy can play an important role in working with children. Methods and techniques should, however, be adapted to be appropriate for working with children. Also, knowledge of developmental psychology and insight into education models and structures are an important prerequisite when offering advice to parents. Hypnotherapy can be a quick and effective form of treatment for children, provided that the hypnotherapeutic methods and techniques are applied with great care and attention, and that the therapist pays attention to the role and vulnerability of the parent. (*see Chapter 18, Working with children*)

Each therapeutic method has its own charm. Modern hypnotherapy includes 55 methods. Of these 25 could be considered as Medical Hypnosis, surface trance, particularly suitable for physical problems. (*see Chapter 4, 5, 6, 24, 25*)

Several methods can be integrated during a hypnotherapy session. The best part of working with hypnotherapy is that the client himself always finds the solution to his problem. The therapist provides the framework within which the client's subconscious will determine which path to choose. Within this framework, it is the client who has his own experience.

Where other methods may fail, hypnotherapy often provides new and useful opportunities. During a hypnotherapy session, the client is always in touch with his subconscious. This helps the client to relive emotions and experiences that have remained deeply hidden. This enables the client to rid himself of any obstacles that have hindered his functioning. Effective and permanent results appear quickly, often after only a few sessions.

Everything in a constant state of flux

Hypnotherapy proves that everything is in a constant state of flux. Experience has shown that processing childhood traumas or acknowledging and fully experiencing grief can reduce phantom limb pain or even make it disappear; processing 'old traumas' can improve one's relationship. Creativity, physical or mental activity can improve after having let go of parents on an energetic level.

There is more than meets the eye: there is more than one can prove or demonstrate. Our nervous system is a familiar physiological system, but neurologists have still not answered all questions relating to this system. How our brains accommodate emotions of days gone by, hence blocking the way we function, still remains a mystery. Hypnotherapists know that the subconscious offers many resources for anyone who accepts the challenge to let their subconscious speak. They assume that each individual carries a certain truth within himself, a truth that should not be tinkered with, but which can be unlocked when one finds the key to open its doors.

Hypnotic Susceptibility Scale

(From: *Dutch Magazine for Directive therapy, behavioural therapy, family therapy and hypnosis quarterly*. Adaptation of the Stanford Hypnotic Clinical Scale (SHCS) by Hilgard, edited by Barbelo Uijtenbogaardt.)

Important notes: It is advisable to read the instructions before beginning. Read out loud, without exaggerating your intonation. Text is to be read out loud during individual or group sessions. Instructions in ***bold italics*** are not to be read out loud, these are for the therapist: what to say or do in a group session or in an individual session. Introductory remarks are to be read out loud during the introduction.

“We will soon start with the hypnosis exercise, during which I will suggest a few experiences that you may or may not go through, and I will suggest a few actions that you may or may not perform. Not everyone can have the same experiences or perform the same actions while under hypnosis.

Sometimes, people will share many details about themselves. It is important to know which experiences you may have, because we can then build on these fundamentals and know what kind of hypnosis will be most suitable for you.

Please bear in mind that you only have to react to what you are experiencing and what you are feeling. Thus hypnosis can be used in a way that feels as natural as possible for you.”

Induction

“I would like you to close your eyes and listen carefully to what I say. When we continue, you will, if you are comfortable enough, start feeling more and more relaxed ... you can start with letting your whole body relax ... let all your muscles relax ... they will start feeling heavy ... you will be able to feel how certain muscles, big muscles and small muscles, will start to relax. If you pay attention to your right foot, you can feel how its muscles are starting to relax...feel how the muscles in your right lower leg are starting to relax ... and the muscles in your right upper leg Now, pay attention to your left leg ... feel how the muscles in your left foot are starting to relax ... how your lower and upper left leg are starting to relax, the relaxation is going deeper and deeper Now you will be able to feel the muscles in your right hand relax ... and in your right lower and upper arm ... focus your attention on your left hand and relax these muscles ... relax your lower and upper arm ... and as soon as you feel completely relaxed, your body may start to feel heavy ... notice how strong the chair that you are sitting on is ... it will hold your heavy body as it feels

heavier and heavier ... settle deep into the chair ... your shoulders ... neck ... your head ... feel your relaxation going deeper and deeper ... the muscles of your head, of your forehead ... let them relax more and more ... and as more time goes by, you will find such a comfortable position in your chair that your relaxation increases even more

Your state of deep physical relaxation allows you to enter a state of mental relaxation ... now you are able to forget about worries ... your mind becomes calm and content ... you feel more and more comfortable ... if you like, you can feel pleasantly relaxed, while listening to my voice ... you have no trouble understanding my words ... you are reaching a state of deeper relaxation, without having to make any effort to understand what I am saying. You can remain in this state of deep relaxation, until I ask you to come back Soon I will start counting from one to twenty, and while I am counting you will feel yourself entering an even deeper state of relaxation and concentration ... you will be able to do anything I ask you to do, things that you find appealing and acceptable ... you can do these things without interrupting the deep state of relaxation you are in now ... one ... you become more and more relaxed ... two ... deeper and deeper you go into a state of inner peace ... three, four, a state of even deeper relaxation ... five, six, seven ... as you sink deeper ... nothing can interrupt your state of relaxation ... you have no trouble listening to what I am saying ... eight, nine, ten ... you're halfway ... deeply relaxed ... and while you keep listening to my voice, all the sounds you hear in the background fade away and become less important ... eleven, twelve, thirteen ... you can just let anything happen ... and open yourself up to whatever may come ... fourteen, fifteen ... although you are completely relaxed, you can still clearly hear my voice ... you will always be able to hear my voice, regardless of how deeply relaxed and focussed you are ... sixteen, seventeen, eighteen ... deeply relaxed ... nothing can distract you ... nineteen, twenty ... completely relaxed.

You can change the way you are sitting in the chair whenever you like ... be as comfortable and relaxed as possible ... you can be very relaxed in a pleasant state of concentration, and it is easy to keep listening to my words I will help you discover how you can influence your subconscious thoughts ... without any effort you keep listening to my words, you remain in contact with my voice ... and with everything that I suggest, you simply experience whatever rises in you ... just let it happen, whatever comes up ... even if it surprises you ... just let it happen”

Item 1 (bringing the two hands together)

“Thank you ... now I want to ask you to hold your hands in front of you, palms facing each other, keep them approximately 30 centimetres apart”

If necessary: “Let me help you a little” (during individual test: gently move the hands of the client until they are approximately 30 centimetres apart from each other).

“Now I want to ask you to imagine a force that pulls your hands towards each other ... let your hands be pulled together. You can do it in your own way ... for example, think of a rubber band on both wrists that is pulling them together ... or imagine two magnets, one on each hand, that is pulling both of them together ... the more they approach each other, the stronger the force that is pulling them together ... closer and closer together ... as if a force is controlling them ... pulling your hands closer together.”

Wait 10 seconds before making any more suggestions; during an individual test, write down the distance between the hands before the exercise and after the exercise.

“Okay, you can bring your hands back to their original position.”

Item 2 (regression)

“Something interesting may happen during the next exercise ... if you like, you can go back in the past, to a day when you were still in elementary school ... you can choose for yourself which grade you prefer to go back to”

During group sessions you can ask participants to think of the answers without mentioning them out loud, and write down the scores afterwards. During individual sessions, let the participant answer verbally and write down the answers.

“Okay ... in a little while, you can focus your attention on a moment in one of those years that you were still in elementary school. While I count from one to five, you are becoming younger and younger, you are also becoming smaller and smaller, and at the count of five you will be back in that grade at elementary school

One ... you are going back into the past ... two, you are becoming younger and younger ... three, smaller and smaller ... four, back in time ... five ... you are now back at elementary school

How old you are now ?

Where are you right now ?

What are you doing right now ?

Who is your teacher ?

What kind of clothes are you wearing ?

Who is there with you ?

Okay ... soon I will start counting from one to five, and at every count you are growing older and bigger, and at the count of five you are fully grown up again, back at your actual age in this present moment, without leaving that state of deep relaxation. One, you are growing more and more ... two ... becoming older and older ... three ... it happens naturally ... four ... still in that state of deep relaxation ... five ... and while you are still in this state of deep relaxation, you realise that you are grown up again, in the present ... the date is [current day of the week and date] and you are still in a state of deep relaxation.”

Item 3 (the dream)

“I now ask you to remain fully relaxed. You may start dreaming, you may have a dream, just like the dreams you have at night ... and when I stop speaking, you can start dreaming ... you may have any kind of dream ... your subconscious is showing you certain images, letting you have certain experiences that are important to you now ... you can dream about whatever you want in a little while ... as soon as I stop speaking, you can start dreaming And when I start talking to you after one minute and you are still dreaming, your dream will stop and you will be able to listen to me again, just like you were able to do all this time ... if you stop dreaming before I start speaking again, you will still feel comfortable and completely relaxed ... you can start dreaming now, let the dream come to you.”

Wait for one minute and then follow the instructions below, depending on whether you are leading a group session or an individual session.

Individual session: “You may now stop dreaming, and you are able to remember your dream clearly and vividly I now want to ask you something about your dream, and you can remain in your state of deep relaxation.

Tell me about your dream ... you can start from the beginning. Please tell me as much about your dream as you can right now.”

Write down everything the client tells you. It's okay if the client has not had a dream, not every client will have a dream during such sessions. If the client is hesitant or only gives a vague description of the dream, you can ask the client to tell you more about the dream after the exercise has ended.

Group session: “You may now stop dreaming and you are able to remember your dream clearly and vividly I now want to ask you to repeat your dream in your mind, and you can remain in your state of deep relaxation ... repeat your dream ... in silence ... you can start from the beginning. Please repeat the details of your dream, the details that you can remember at this moment.

Okay, thank you ... and you can remain in the same state of deep relaxation.”

Item 4 (post-hypnotic suggestion: coughing and dry throat) and item 5 (post-hypnotic suggestion: amnesia)

“Before I ask two more questions, I will first give you more information. We all have many experiences in our lives, and we often forget many of those experiences. You simply can't consciously remember everything. You can get up and walk to the other side of the room to get something, only to forget what it was that you wanted to get in the first place. Sometimes you can't remember someone's name for a second, but then, when someone else is saying something, you instantly remember that name. Everyone has these experiences, sometimes or often. In a little while, I will ask you to experience this phenomenon by using the ability to temporarily forget about something.

I also want to tell you something about the ability that everyone has to give himself an assignment only to realise afterwards that you have already performed this assignment, but subconsciously. An example of this phenomenon is the following: imagine that you have to get up at a certain time in the morning, you must not sleep through your alarm. That morning, you realise you've woken up all by yourself, right before the alarm goes off. In a little while I will ask you to do something using this ability to give yourself an assignment, and then to perform it naturally without consciously focussing your attention on this task.

While remaining fully relaxed, you can listen carefully to what I am going to say. In a little while, I will ask you to count back from ten to one. You will gradually come out of this state. However, during most of the numbers that you are counting, you will still feel like you do now. When you are at the count of five, you will be able to open your eyes, but you will not have fully come out of your current state yet. At the count of one you will be back in the present moment and you will feel very relaxed. However, because of the state of relaxation and concentration that you are in during this exercise, and because you are counting from ten to one, your throat will feel so dry, that when you have finished counting, you will feel the uncontrollable urge to clear your throat or to cough. You will then notice that you are clearing your throat or that you are coughing, but at that moment, you will not remember that after you have counted backwards from ten to one and felt your dry throat, you were planning to do so.

When you've come back, you will notice that you are just as relaxed as you are when you wake up in the morning. You will also notice how hard it is to remember what I have said and to remember what you have experienced during this exercise. It will be so hard to remember, that you will prefer to not even try to remember. It will be so much easier to stay relaxed and to just allow yourself to forget all those things, until I tell you that you can remember everything again. Forget about all those things, everything I have said, everything you have experienced during this exercise, until I say the words: ‘Now you are able to remember everything?’.

And after you've come back, you will feel relaxed and refreshed. I will now ask you to count backwards from ten to one. You can say the numbers out loud, and at the count of five you can open your eyes, but you will only have come back completely when you reach the count of one... .

Okay, you can start counting backwards from ten to one out loud now."

At the count of one, wait a few seconds to observe whether a post-hypnotic response occurs.

"I now want to ask you about your experiences during this exercise. Can you tell me, in your own words, what has happened since I asked you to close your eyes?"

In a group session you can let the participants think in silence about what has happened (and you could ask them to write down what they remember about what has happened). After a while, you can have a group discussion about what they remember.

Write down what the client tells you. If he pauses, you can say: 'Is there anything else you remember?'

Write down the client's answer, until the client pauses again or stops talking.

"Please listen carefully to what I am saying now: 'Right now, you can remember everything again'. Is there anything else you can tell me about your experience during this exercise?"

Write down the answer. Remind the client of the items he has forgotten about.

Instructions and record score

Test item 1, bringing the two hands together

If the hands were raised and were pulled together: Score 1

If the hands have been pulled together, but remained in the client's lap:
Score 0.5

If the hands didn't move: Score 0

If hands moved very quickly, this may indicate that the movement was conscious and not caused by the subconscious.

Test item 2, regression

Are there responses to the following questions:

How old you are now ?

Where are you right now ?

What are you doing right now ?

Who is your teacher ?

What kind of clothes are you wearing ?

Who is there with you ?

Individual score (*you may inquire after a group session*):

Regression experience: the client did experience a younger self, looking at or sensing (dissociation, association) with answering 4 or more questions: Score 1

Unspecific, brief regression experience, 2 or 3 answers to questions:

Score 0,5

No regression experience: the client did not experience a younger self (dissociation or association):
Score 0

Test item 3, the dream

If the client had a dream-like experience: Score 1

If the client has experienced vague emotions and colours Score 0.5

If the client didn't have a dream-like experience: Score 0

The experience can be visual, but it can also be of a different nature. The client may have sensed emotions or colours. The dream must contain fantasy as well as some level of reality, and must not seem like it was controlled by the conscious mind.

Test item 4, post-hypnotic suggestion: coughing and dry throat

Write down the nature and intensity of the response: the client clearing his throat or coughing:

Long or short period of coughing or clearing throat;
the client indicates that he has a dry throat: Score 1

An urge to cough, but no actual coughing, dry throat: Score 0.5

No cough or clearing throat: Score 0

Test item 5, post-hypnotic suggestion: amnesia

Ask the client which items he has forgotten, if the client remembers no more than two items before restoration of the memory and if after restoration at least one more item is mentioned by the client:
Score 1

If the client remembers no more than three items before restoration of the memory, and if after restoration at least one more item is mentioned by the client:
Score 0.5

If the client didn't forget anything, he remembers everything: Score 0

Score form

Date: _____

Name client: _____

Name therapist: _____

Total score: _____

Specifications:

Score

- (1) Bringing the two hands together
- (2) Regression
- (3) The dream
- (4) Post-hypnotic suggestion
- (clearing one's throat and coughing)
- (5) Post-hypnotic suggestion (amnesia)
- Total score