

INTRODUCTION TO HYPNOSIS



APPROVED BY: *The American Board of Hypnotherapy*

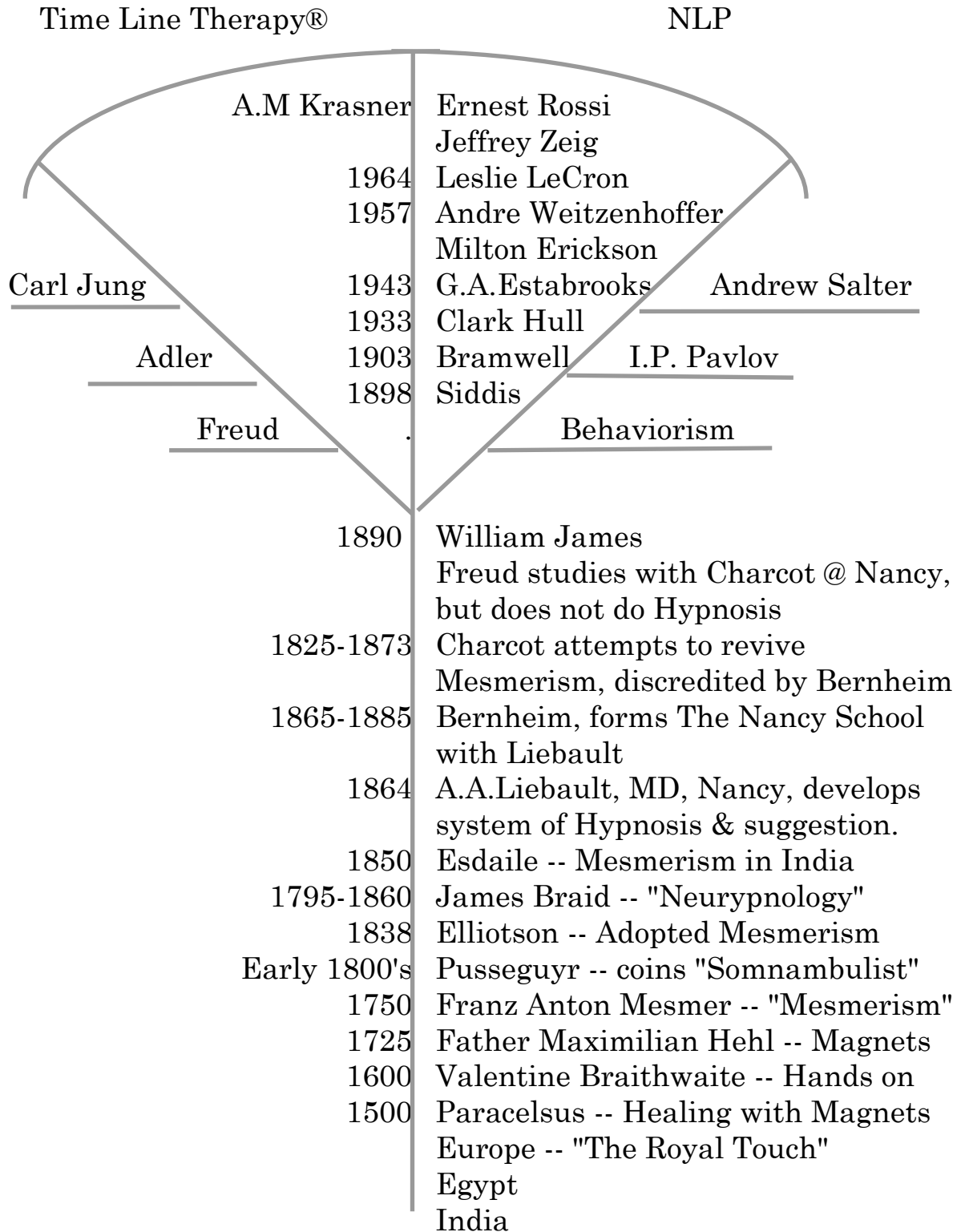
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HISTORY OF HYPNOSIS



HYPNOTIC PATTERNS

THE FUNDAMENTALS OF ERICKSONIAN HYPNOSIS

“Patients are patients because they are out of rapport with their own unconscious... Patients are people who have had too much programming - so much outside programming that they have lost touch with their Inner selves. - Milton Erickson, 1976

“My learning over the years was that I tried to direct the patient too much. It took me a long time to let things develop and make use of things as they developed.” - Milton Erickson, 1976

Letting things happen means Utilization.

The Utilization Approach has 3 stages:

1. PREPARATION

Explore the client’s repertory of life experiences and facilitate constructive frames of reference to orient them toward therapeutic change. This is the time to establish rapport.

2. TRANCE WORK

Activate and utilize the client’s own mental skills during the period of Trance. The Steps:

a. **Fixation of Attention**

Utilizing the client’s beliefs and behavior for focusing attention on Inner realities.

b. **Breaking Client’s Hold on Model of the World**

Distraction, shock, surprise, doubt, confusion, or any other process that interrupts the client’s model of the world.

c. **Unconscious Search**

Implications, questions, puns, and other indirect forms of hypnotic suggestion.-

d. **Unconscious Process**

Activation of personal associations and mental mechanisms by all of the above.

e. **Hypnotic Response**

An expression of behavioral potentials that are experienced as taking place, such as catalepsy, anesthesia, amnesia, hallucinations, age regression, and time distortion.

3. EVALUATION OF RESULTS

Recognize, evaluate and ratify the therapeutic change that takes place.



THE PREPARATION FOR TRANCE

Much is done before the induction begins. In fact, it is safe to say that this may be the most important time to create success by speaking to the client's fears and misconceptions, and discussing what to expect.

1. “Don’t expect to feel Hypnotized.”

Many people come to the Hypnotherapist thinking that there is something about trance which is markedly different from their “normal” state of consciousness. This is definitely not the case. A Light Trance will likely feel no different from relaxation. Since trance is a normal, natural state, then clients will likely feel a feeling of familiarity, no matter how deep in trance they go. You can say, “Don’t expect to feel hypnotized. Trance is not about feeling “zonked out,” it is a normal natural state.

2. “Do expect to feel relaxed.”

“Hypnosis is a natural state where you feel increasing levels of relaxation.”

3. “You ARE in control.”

“During the trance induction, you need to know that you are in charge. For example, if I told you to stand up, and it was OK, you would, right? But if I told you to rob a bank you wouldn’t do that. Well it’s the same in Hypnosis. You are in charge. You only accept the suggestions that are given that are consistent with your own internal values and beliefs.

4. “Trance is about learning how to go into trance.”

“So the process we are about to learn is just that, a learning process. Each step of the way there are several tests, and we will see how many tests you succeed at. The more successful you are the deeper you can go.”



STAGES OF HYPNOSIS

(LeCron Depth Scale)

1.
 - Lethargy
 - Relaxation
 - Eye Catalepsy

ARM CATALEPSY

2.
 - Catalepsy Of Isolated Muscle Groups
 - Heavy Or Floating Feelings

COMPLETE MUSCLE GROUPS

3.
 - Rapport
 - Smell And Taste Changes
 - Number Block

PARTIAL AMNESIA/ GLOVE ANESTHESIA

4.
 - Amnesia
 - Analgesia (No Pain)
 - Automatic Movement

PARTIAL HALLUCINATIONS

5.
 - Hallucinations (Positive)
Visual And Auditory
 - Bizarre Post-Hypnotic Suggestions

ANESTHESIA (NO FEELINGS)

6.
 - Negative Hallucinations
 - Comatose
 - Somnambulism

Light
20%

Medium
60%

Deep
20%



SUGGESTIBILITY TESTS

1. THE DICTIONARY/BALLOON

“Please hold both hands outstretched and close your eyes. Now turn your right (or your left) hand over and imagine as clearly as you can, a large balloon tied to your hand which is palm down and an unabridged dictionary in your other hand. Now open your eyes.”

2. THE FINGER VICE

“Please take your hands and clasp them together, with your index fingers outstretched, and close your eyes. Now, imagine a vice squeezing your fingers together and notice your fingers are becoming more and more tightly clasped together. Tighter and tighter. (etc.) Now try to open them. Try to pull your fingers apart. Try and find you cannot. The harder you try the harder they clasp themselves together.”



DEEPENING TECHNIQUES

DIRECT & INDIRECT

Keep in mind that any suggestions that successfully produce trance phenomena will, of their own accord, deepen the trance and the responsiveness of the client.

1. BY DIRECT OR INDIRECT SUGGESTION:

“(Each time I touch your forehead) notice that you can go even deeper. Go even deeper now.” “With every breath you take, you may find a sense of the deepening relaxation that allows for deep trance to occur.” “Can you imagine walking down a flight of stairs that goes down ten steps for each of ten floors, and as you do go deeper in trance. With each step you take go deeper. 1...2...3...4...5...6...7...8...9....and now you are at the first floor landing,” etc.

2. BY REPEATED INDUCTION:

Repeating the induction of trance, often called “fractionation,” deepens the trance. Typically, the more times a client is hypnotized, the deeper the client will go. If trance is induced several times in succession in a short period of time without allowing the client to fully wake up each time, the client will go deeper.

3. BY USING EMBEDDED METAPHOR:

Using embedded metaphor will deepen the client’s trance. In fact, the more levels of embedded metaphor used, the deeper the trance which follows. (There seems to be a point of diminishing returns which happens after 12 or so embedded metaphors.)



CONTRAINDICATIONS FOR HYPNOSIS

WHEN NOT TO HYPNOTIZE, OR BE CAREFUL

1. WHEN CLIENT IS DANGEROUS TO SELF OR OTHERS:

If the presenting problem or the personal history that you gather from the client indicates to you that the client is dangerous to self or others, then the client is beyond the scope of treatment by an unlicensed Hypnotherapist. Someone of this kind is best referred to a practitioner who is trained to handle clinical issues.

2. WHEN CLIENT IS DEALING WITH HIGHLY REPRESSED OR TRAUMATIC MATERIAL

Under certain circumstances, highly traumatic or highly repressed material could indicate that Hypnosis alone would not be appropriate to use. If you are not trained in interventions that deal in this area, it would be best to refer the client to a practitioner who is trained to handle these issues. (Time Line Therapy® may be indicated.)

3. WHEN CLIENT IS DEALING WITH A LIFE-THREATENING DISEASE:

A client who seeks treatment by Hypnosis for a physiological and/or a life-threatening disease should be advised that such treatment is “controversial” and should be encouraged to get a diagnosis or referral from a Medical Doctor before proceeding. NOTE: It is not illegal to use hypnosis for, say, helping to alleviate an ulcer or its symptoms. It is, however, illegal to claim to use Hypnosis to cure any physical condition.

4. WHEN A CLIENT IS DEALING WITH CERTAIN PSYCHIATRIC OR NEUROLOGICAL DISORDERS:

If a client is dealing with certain disorders which are Psychiatric in nature, such as Multiple Personality, Schizophrenia, Bipolar Disorder, Hysteria, and others, as well as Epileptic Seizures, it would be appropriate to seek a referral from an MD or Psychiatrist before proceeding.

5. MEMBERS OF THE OPPOSITE SEX:

Members of the opposite sex should only be Hypnotized when there is a reliable witness present.

