

SUMMER 2012

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# Unlimited HUMAN!

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# MESSAGE FROM ROBERT OTTO, CEO

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*Hello and Welcome!*

I am always thrilled to report successfully fulfilling events. This year's conference was indeed a success in every sense of the word. The classes, halls and lecture rooms were buzzing with live demonstrations, real-world perspectives and timely, relevant information. The gracious hospitality of the hotel staff added to the charm of the overall conference experience. Situated directly on the beach, the calming ocean waves and fresh salty air instantly dictated a relaxing atmosphere that set the stage for fun, learning and networking. The weather, a perfect medley of warmth, light and energy played into the scene like a finely tuned instrument.

In our second year offering live-stream conferencing we find participants clearly satisfied and pleased with the opportunity to be a part of the global entity into which this technology has evolved. The revolutionary use of stream technology offers an easy alternative to physically attending. Streaming technology affords professionals the opportunity to continue their educational journey in hypnosis and mind/body wellness and nonprofessionals the opportunity for self-discovery and personal enrichment. This year we were represented by members in Australia, Canada, Denmark, Italy, Korea, Malaysia, Mexico, Puerto Rico, Portugal, Singapore, South Africa, Taiwan, the United Kingdom and of course the USA.

It is my ultimate pleasure to offer sincere congratulations to our newly certified master trainers and award winners. There are photos heralding these accomplishments on the ensuing pages of this journal. The Association's website also houses a photo gallery of many conference-related activities, the people and defining moments contributing to this year's event.

A great deal of time, thought and planning goes into conference preparation each year. Many talented, experienced individuals work long hours behind the scenes to ensure the delivery of a well-executed event. While there are too many to mention individually, the volunteers, technical team and our amazing staff are deserving of recognition, for without them none of this could be accomplished.

I wish to extend a special 'thank you' to our esteemed panel of educators. Their dedication to the profession is evident in their participation and performance; their deeply passionate desire to share so freely is one of many reasons why participants choose to return to the conference year after year.

Good news is on the horizon for 2013. We're moving the conference location - but not very far. While the current location has been wonderful, it's time for us to make a change that greatly benefits the members of this community.

It's been the best-kept secret for nearly a year and we're extremely excited to tell you all about it! The Daytona Beach Resort and Conference Center is a lovely oceanfront complex, complete with beachfront access and 4 swimming pools! That's right – 4 pools to relax the body, recharge the mind and renew the spirit.

If that's not enough to arouse your interest the location is surrounded by many local businesses and eateries within walking distance! Each room features a fully integrated eating/sleeping/living area kitchen with complimentary cooking utensils so you can prepare your meals right in your room. Imagine the convenience the new hotel amenities might bring to your stay.

The new location is just a short jaunt up Atlantic Ave - only three miles from the old location, and it promises to surpass the needs of our event in every way. The resort was selected because of the huge savings it affords members. Lower Pricing – Upgraded Rooms – Free Parking – Free Wi-Fi – No resort fee, and at just \$94/night it's an incredible deal. We trust you'll consider joining us next year.

In closing, I wish to thank our inspiring panel of authors for their contributions. I am always impressed with the diversity, social cohesion and shared values their skills bring to the vast richness of the journal. The common vision and messages are appreciated and positively valued. Further, it demonstrates an aptitude for collaboration that produces a climate for change that benefits us all.

My very best and most sincere regards,

Robert F. Otto



*“The greatest achievement of the human spirit is to live up to one's opportunities and make the most of one's resources.”*

- Marquis de Vauvenargues

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# CREATING A MANCHURIAN CANDIDATE – FACT OR FICTION?

by: Dr. George Bien



*George Bien has inspired and changed the lives of hundreds of thousands of people worldwide. He is the principal trainer for the International Association of Counselors and Therapists, a Lifetime member of IACT and conducts Hypnosis Certification Seminars and Training Programs around the world.*

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This may well be the most controversial article I have written for *Unlimited Human* magazine. However, as professionals, we should not “tip-toe” around controversy.

My wife Elena and I recently interviewed 24 of the top hypnotherapists in the world. My only regret is that, between time constrictions and scheduling issues, we were unable to interview more of the “giants” in the field. We will be interviewing another 10 or so in New York in the near future. All this for a documentary film on hypnosis, scheduled for release some time in 2013.

From what I heard, a number of the interviewees felt that some of the questions were a bit provocative. Perhaps they felt that hypnosis should only be shown in a positive light, as some of the questions were a bit controversial, and involved certain fears or myths about this modality. Hey, one has to make an interviewee think, and this was an opportunity to allay, or at least clarify, some of these concerns. Here is one of them:

“Concerning Sirhan Sirhan, and the Robert F. Kennedy assassination, although no credible evidence has ever been discovered that would indicate Sirhan's actions were the product of a hypnotized mind, there are people who believe that there were questions left unanswered. In fact, RFK assassination conspiracy writers are actually supported by two hypnosis experts, Dr. Milton Kline and Dr. Herbert Spiegel. Both agreed that Sirhan was hypnotized. Dr. Kline said, 'hypno-programming assassins cannot be done consistently, but it CAN be done.' Dr. Spiegel believed, 'It is by no means simple, but under the right circumstances it is definitely attainable ... Sirhan, being an outstanding hypnotic subject, was probably programmed through hypnosis to shoot Senator Kennedy and to experience a genuine amnesia of the shooting.' What is your take on this?” From the expressions on the faces of some of the interviewees, I could tell that they were “caught off guard” by this question.

The interviewees were told that, if they felt uncomfortable with a question, we would simply move on to the next one, and a few displayed an obvious discomfort and asked that we move on. The answers that we did get indicated that the interviewees felt it was possible only if Sirhan Sirhan already had an innate, inherent capacity to perform such a heinous act. I agree completely. However, let us delve a bit into just how much a person can be influenced. In addition, can in fact, a

“Manchurian Candidate” be created, and to what degree?

Some years ago, I was asked for my personal definition of hypnosis, and I came up with this one: “Hypnosis is an escape mechanism, caused by focus or distraction, interest or boredom, joy or sadness. It is this escape into inner self that can create power or debility.” Let's see to what degree we can capitalize on this.

Let me ask you a question. Would you be willing to walk naked in the streets of New York City, during “rush hour”? Probably not! But, let's “up the ante”! What if you were offered \$1,000? Still no? How about \$10,000? \$100,000? What if it meant the life of a loved one? For many people, each offer would probably bring them closer to a willingness of performing that “au natural” display, wouldn't it? If the stakes are high enough, there are very few things people wouldn't do. Some years ago, my wife and I were watching “Medium”, a popular TV show that ran from 2005 to 2011, about a woman, Alison Dubois (an actual person), who attempts to solve mysteries using her special gift. The dead send her visions of their deaths or other crimes while she sleeps. The show usually begins with one of these dreams, and the dream in this show was about a motivational speaker, so you know that it caught my attention. The speaker was offering money to audience members for their willingness to “make good” on his requests. He would say things like, “\$50 to the first person who will show me an American Express Card!” And he would give the money to the first person who responded. “\$100 to the first person who gives me \$2 in quarters!” he yelled. He kept “upping” the stakes! He then looks at a woman in the audience, and says, “\$10,000 if you take off all your clothes!” She says, “No way!” So, he continues to “up the ante”, “\$50,000!” She still doesn't do it! “\$100,000, in cash, and you know I'm good for the money!” he yells. At this point, her husband says to her, “Honey, we really need the money!” Yet, she still says, “No!” The speaker then screams out, “One million dollars in cash!” At which point her husband jumps on her and begins ripping off her clothes, and screams, “\$1,000 to anyone who helps me!” This got me thinking about six interesting words, “What are you willing to do?” if the stakes are high enough? For some people it's money. For others, it's safety and security. Then, there are some people who would do almost anything for “fame.”

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There is a show on “Crackle TV” called, “Who Wants to be on a Reality Show”? It highlights some of the most ridiculous, humiliating, and degrading behavior some people will engage in for their 15-minutes of fame. And this degrading behavior is for the world to see, and will haunt them for years! Now, you might be thinking that these people would probably do the same thing after a few drinks. Well, maybe. Then again, maybe not!

And there are those people who would “pull all the stops” for an “ideal” family, “love of country,” etc., and truly, put their very lives on the line!

So, here is our first premise: People will do things, often way out of their comfort zones, if the stakes are high enough.

Clinical psychologist, the late Margaret Singer (not to be confused with birth control activist, Margaret Sanger), conducted extensive research on indoctrination and coercive persuasion. She was one of the world's leading authorities on cults and brainwashing, and served as an expert witness in numerous high-profile court cases. Drs. Margaret Singer and Janja Lalich, wrote, “Cults in Our Midst: The Hidden Menace in Our Everyday Lives” (Jossey-Bass, 2003). In it, they list six pre-conditions for “Thought Reform”. Let me paraphrase them below:

1. Keep the person oblivious to what is going on and how attempts to psychologically condition him or her are directed in a systematic manner.

2. Control the person's social and/or physical environment, especially their time.

3. Methodically create a sense of powerlessness and ineffectiveness in the individual.

4. Deploy a system of rewards, punishments, and experiences in such a way as to inhibit behavior that reflects the person's former social identity.

5. Manipulate a system of rewards, punishments, and experiences in order to promote learning your ideology or belief system and approved behaviors.

6. Suggest a closed system of reasoning and an authoritarian structure that permits no feedback and refuses to be modified except by your approval or executive order.

In his book, Propaganda: The Formation of Men's Attitudes (Vintage Books, 1973), Jacques Ellul maintains that the “principal aims of these psychological methods is to destroy a man's habitual patterns, space, hours, the totality of one's surroundings, and so on.” He also says that “... techniques have advanced so much faster than the reasoning capacity of the average man that to close this gap and shape this man intellectually outside the framework of propaganda is almost impossible.”

Ellul further states, “... the educated man shrugs and is convinced that propaganda has no effect on him. This is, in fact, one of his great weaknesses, and propagandists are well aware that in order to reach someone, one must first convince him that propaganda is ineffectual and not very clever.

Because he is convinced of his own superiority, the intellectual is much more vulnerable than anybody else to this maneuver.”

Aristotle said, “All communication must lead to change”. Governments, politicians, charismatic leaders, etc., are known for their clandestine methods of influence. They must believe that we are just not smart enough to weigh the situations for ourselves, so we should let them make the important decisions for us. In a world where so many people spend more time watching “Jersey Shore”, the “Kardashians”, or “Real Housewives of New York City” than running their own lives, perhaps these so-called “leaders and elite” are right. Which also extends to the feature of controlling the social environment and temporal aspects of an individual. This, in turn, can create a sense of “powerlessness and ineffectiveness,” and help strip an often “clueless” individual of his/her individuality – people will do almost anything to belong. Being rewarded for specific behavior that enhances the very foundation of the manipulator, with little or no allowable feedback, often finalizes the desired outcome.

While we are all influenced and persuaded daily in many ways, our vulnerability to influence varies. We are more defenseless when we are rushed, anxious, worried, uncertain, isolated, lonely, desolate, apathetic, lethargic, unaware, preoccupied, or tired. On the other hand, a person with a sense of precision and assurance about his own philosophies and ethics, with a feeling of being rooted in meaningful relationships with others, and with a sense of having a mission in life that gives him support is less likely to be predisposed.

The status and power of the persuader can affect one's vulnerability. Further, certain people and groups often called, “compliance experts,” high pressure salespeople, con artists, promoters, fund raisers, and other people who have become skillful and clever at employing fundamental psychological principles that underlie the influence process, can also bypass the filters of an individual.

Social psychologist, Dr. Robert Cialdini, in his book, Influence, Science and Practice (Pearson Education, 2009), argues that mind control is possible through the covert exploitation of the unconscious rules that underlie and facilitate healthy human social interactions. He states that common social rules can be used to prey upon the unwary, and cites six principles reciprocity, consistency, social proof, liking, authority, and scarcity. If you have not examined his book, I urge you to do so.

Now, let us get back to the question that started this discussion. Can we create a Manchurian Candidate? One would think that a “true” Manchurian Candidate would honestly have no memory of anything one of his “alter egos” has done when interrogated in court or put under a lie detector. We know that a pathological liar can often beat a “lie detector” test. In addition, a well-trained person who has learned to control his/her mind and heart rate can also beat it.

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# CONTEMPLATING THE SELF IN HYPNOSIS

by: Flavio Souza-Campos, Ph.D.

*Flavio Souza-Campos studied engineering and philosophy at Florida International University. His Ph.D. in biomedical engineering delved into the etiology of degenerative diseases and the relationship between medical paradigms and health care provision. He started practicing hypnotherapy in 1996, the Miami chapter of IACT in 1998 and was awarded the IACT Humanitarian award in 2000. Flavio practices hypnotherapy full time, teaches basic through advanced courses, is a frequent guest on local radio and TV programs, and directly trained several successful hypnotherapists.*

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Once upon a time there was a planet far away called Kataan. Kataan was one of six planets orbiting a star that went nova about 800 years ago, killing all six planets. Scientists on Kataan first noticed a drought, then a pronounced drought that persisted longer than any other in the planet's history. Later, they discovered that the soil in the planet was devoid of bacteria ... the planet was dying.

Although Kataan's civilization would be somewhat primitive by our standards, they had developed space technology not too different from ours in the 1980s. When their scientists noticed that the planet was dying, they developed a space probe capable of lasting 1000 years in outer space and delivering "a message" to one person in particular. Unlike our own civilization, Kataan was a peaceful planet; people there lived happily in small communities where they cooperated with one another in their quest for learning and development.

The big day came and everyone was out, even though the sun was mercilessly burning the planet, to watch the launch of the probe. The probe carried the story of the people of Kataan.

About 1000 years later, Federation Star Ship Enterprise is on a routine mission when it encounters the probe from Kataan. The probe sends a beam into the ship that reaches its captain, sending him into some sort of coma. As Captain Picard "sleeps" on the bridge of his star ship, he "wakes up" in Kataan. His wife Eline calls him Kamin, patiently explaining that he has had a fever and has been in a coma for a while. Kamin grows old, watches his two children grow older, meets his grandchildren, and finally experiences the loss of his beloved Eline. Kamin lives a rich and full life on Kataan. When it is over, Captain Picard regains consciousness on the bridge of the Enterprise and discovers that he has been unconscious for 25 minutes.

The above is a brief description of a Star Trek episode from the early 1990s. I bring it up here because it illustrates a point we often talk about in classes and sessions alike ... something I would like to share with you.

We normally think of ourselves as a singular entity endowed with a complex mind capable of such things as reason, language and affects on one hand, and what amounts to a powerful storage facility on the other. We call that storage facility the subconscious mind.

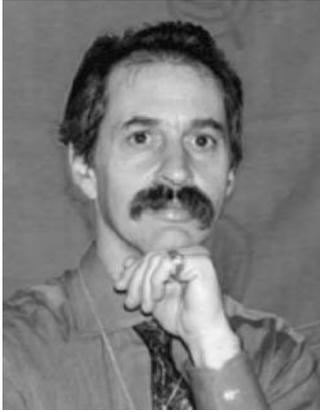
Consider a given desire, motive or objective. We engage in behaviors intended to get us from our present situation to our objectives. When the actual achievement matches its intended counterpart, we seldom congratulate ourselves, rather taking our achievement for granted. An example of that is the remarkable achievement involved in grabbing a delicate object without breaking it, or walking across the room. Both of these remarkable achievements require an amazingly complex integration of sensory and motor function, but we have grown accustomed to them.

Often the actual achievement differs from its intended target. The idea was to loose weight, for instance, but it did not happen. The standard hypnotherapeutic explanation for this shortcoming is that, in the subconscious mind, there is an idea recorded that differs from the intended target achievement; "the person sees himself as overweight," we say. By playing back the "movie" that caused the original image to be recorded and undoing it we believe we can "re-record" it in a way that supports the intended objective. The person would now "see himself" as slim, which would naturally result in different behaviors, such as eating less, perhaps differently, and exercise more. The natural outcome, over a period of time, would be the intended slim body.

It is not clear, or easy to discern, exactly when hypnotism was discovered. In his book [The Essence of Hypnotherapy](#), this author claims that the concept of hypnotism would be meaningless before the Atlantean period because the objective mind was not yet formed. It is clear, however, that for as long as we have recorded information of the use of hypnotism, although operators have used it for all kinds of purposes, the prevailing idea about what is happening matches the simpler weight loss example described above. The subconscious is a "massive information storage device" that tends to trump intentionally planned behavior under certain circumstances.

Notice what we mean by "singular entity" in the above description: the idea that we are only one thing, with many parts, just as one car is one object composed of many parts. The story depicted in the Star Trek episode described above suggests that we are not "singular entities" in the sense that we possibly live many realities simultaneously; with each reality being lived by a different entity. Kamin played a type of flute

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## THAT REMINDS ME OF A STORY – HYPNOTIC FABLES AND NARRATIVE TRANCEWORK

by: Peter Blum

*Peter Blum lives in Woodstock, New York, where he maintains a private practice in neo-Ericksonian hypnosis, and shamanic sound healing. After completing extensive study of the world's major spiritual traditions, Peter was ordained as an Interfaith Minister in 1995. He considers the practice of hypnotherapy to be a spiritual art form. Known for his humorous and engaging presentation skills, he has been a popular lecturer, trainer and seminar leader for the past 20+ years in the field of hypnosis.*

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The events and impressions of a lifetime are grouped in meaningful relationships. In and of themselves, they have no intrinsic meaning. It is only in how they relate to each other that they begin to take on significance.

According to Dr. Lewis Mehl-Madrona, author of *Narrative Medicine*, and *Healing the Mind Through the Power of Story*, “story” is the human brain's natural default setting. If left to its own devices, the brain will organize perceptual reality into story. He says, “A story is the most efficient way to save memory ... Our nervous system typically is limited to holding seven bits of information in consciousness at any one moment ... Stories clump information into larger chunks so that much more information is available to consciousness at any one moment.”

A leaf falls from a tree. A fox crosses a road. A person smiles. An ocean wave deposits a starfish on the beach. These are bare facts. As our minds begin to assemble them into some meaning, there is an automatic search for how these events are connected, as well as for more information. Stories start to emerge from the gathering of details.

It seems that the unconscious is the level of mental activity where archetypal images and patterns are stored and noted. Generalizations are made by experiencing repeated patterns. i.e., “leaves usually fall in the autumn,” therefore, when a leaf is observed falling, an immediate cross-reference is made. If a leaf falls, that means it is no longer connected to the tree which it was once part of - it is now, in a sense, dead. As the natural sequence of cause and effect emerges from stream of consciousness, it is noted that the dead leaf begins, over time, to disintegrate and become mulch, which is part of the fertilizer and nutrition in the soil, allowing for new growth to take place.

In working with students and clients, it is natural that we listen to their stories. Some of these stories are nurturing, uplifting, and empowering. Unfortunately, many of the stories that our clients tell are impoverished, and perpetuate feelings of victimization, repeated frustration, and suffering. After gathering this information, we can then help to re-structure with the client – to create a “better story.” Either covertly, or after inducing trance formally, the hypnotist can

then tell a version of this story – perhaps drawing from world literature, Scripture, fairy tales, Aesop's Fables, Disney, or Marvel Comics. The new, improved story would be one that parallels the client's personal version of the Hero's Journey or quest for salvation and illumination.

Just what is it about a story that enchants us? In understanding stories, their relationship to how we encode and decipher the world of information and experience, we can deepen our ability to utilize them consciously, as therapeutic tools. Dr. Milton Erickson, one of the most influential practitioners of hypnosis, made extensive use of stories in his practice.

A particular irony of our field of endeavor is the area of unconscious “resistance.” In other words, a client will come to us, pay us to influence them through hypnotic suggestions in certain ways, and then resent being “told” what to do. Though some clients are amenable to direct suggestions, Erickson and others who have furthered the “permissive” or “naturalistic” approach, often favored “indirect” suggestions.

One of the most magical phrases in the English language is “Once upon a time ...” We immediately become eager children, waiting for a story to unfold – waiting to be charmed and mesmerized by the adventures of other characters. And that is a key component to bypassing resistance – the adventures of “other characters.” Defenses go down ... curiosity is aroused by a well constructed tale. When a story does effectively capture our attention we frequently identify with one or more of the protagonists. The great storytellers – Shakespeare, Homer, Dante, Joyce, Williams – all had the ability to construct stories with elements of universal appeal. The client does not have to decide consciously whether or not the learning in the story apply to him or her. After all, this is just a story ... about someone or something else.

“A man wanted to know about mind, not in nature, but in his private, large computer. He asked it, ‘Do you compute that you will ever think like a human being?’ “ The machine then set to work to analyze its own computational habits. Finally, the machine printed its answer on a piece of paper, as such machines do. The man ran to get the answer and found, neatly typed, the words, THAT REMINDS ME OF A STORY.”

– Gregory Bateson, *Mind and Nature*,  
Bantam Books, 1980

during his life on Kataan. Once the probe delivered its "message" to Captain Picard about 1000 years after its launching from Kataan, it was brought into the ship. Examination of the probe revealed an object: Kamin's flute, which Captain Picard readily played.

This notion is different from thinking that there are many "parts" to the subconscious mind. Many ancient philosophies and some branches of modern science would agree that we live and exist on several dimensions and at all times simultaneously.

Many dreams could certainly be memories and reflections of actual alternate realities we are currently living. The fascinating revelation here is that the objective mind seems to be analogous to the anchor on a ship: it serves a useful purpose, which is to hold the ship in one location; on the other hand, the limiting reality of anchors is that they hold ships in one location! The objective mind keeps our attention focused on one aspect of reality only, the one we think of as the physical, the logical, the real.

Hypnosis happens when the focus of attention is shifted away from the rational mind. Hypnosis, therefore is like raising the anchor on a ship capable of traveling anywhere across space, time and even other dimensions. We find that we actually exist in each "place," "time" and "dimension" we are capable of experiencing while in the hypnotic state. Existence implies a body, and a complete life experience, just as Kamin experienced on Kataan, while Picard "slept".

Those friendly to the idea of reincarnation and past life regressions may find this notion familiar. Of course, they would say, I lived in the past, I had a body then that is different from the current one, and that life time was as rich in content and meaning as this one is now. When I experience a past life, the idea goes, I become aware of bits of events and emotions from that lifetime, from that period.

If I am at my favorite hypnotist's office, experiencing a past life, and if the experience is vivid and intense, how can I be sure that I am not dreaming in my past life of a future life in which I visit a hypnotist? Certainly the fact that we emerge from the regression cannot be what informs us of which "reality" is "real" and which is past and re-experienced. This is no different from dreaming. An intense dream feels so real to us that, while dreaming, nothing actually informs us that we are indeed dreaming. In those instances, waking up, at first, does not inform us as to which reality is real either, because the perception of waking up could, and often is, a part of the dream itself.

Notice the "glitch" in the above contention. It is only the rational mind that insists on the separation and distinction of experiences as "real" and "perceived," or "re-experienced". In every regression I was a part of, the awareness was always the same: it is real ...

If we release the notion that only one "reality" can be

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“real,” if both can be real, the idea of linear time, the notion that events and life times happen one after another in linear fashion, disappears. It is possible that each reality we are capable of experiencing is happening simultaneously. This would imply that all of our life times are happening right now, because now is the only time that seems to exist.

This contention brings us to the question: Why does this incarnation feel more real to us than re-experienced ones? And more importantly, if “I” am all of those people simultaneously, who am “I” really? These two questions seem to be intertwined. Most likely, the true self, the “I” in the above question, is none of those, not even the one we currently think of ourselves as. An analogy would be the relationship between an actor and the characters he represents. There might be 80 movies on a shelf, each starring the same actor. All 80 “realities” exist simultaneously on the shelf, but the actor chooses to watch one of his own movies, right now. During the show, that “reality” will take precedence on this being, on his self, and will therefore seem more real than all others. But the actor is, ultimately, none of the characters in particular.

The actor, let us call it “the true self,” is the observer whose attention shifts from event to event, from life time to life time. But the actor is not limited to any life time in particular; in fact, the actor is not even limited to experiencing only so called “physical realities.”

Just as hypnosis can be used to encourage the focus of one's attention to “travel in time,” it can also be used to travel in space, and across dimensions and realms. We find that these kinds of speculations help us operators expand our consciousness. It is precisely that expansion which makes it possible for us to help our clients do the same, and overcome the problems for which they seek us. May you find abundant joy and success, as you help others achieve the same.

It would be naïve of us not to consider that the military has experimented with training to beat any method of obtaining information.

There are methods of interrogation that are taught by “SERE” a U.S. military training program (Survival, Evasion, Resistance, Escape), that many people say are essentially methods of torture and are illegal under the Geneva Convention. Based on the Kubark Counter-Intelligence Interrogation Manual (July 1963), released by the Freedom of Information Act, under the title, “The CIA Document of Human Manipulation: Kubark Counterintelligence Interrogation Manual” (CreateSpace, December 27, 2008) – a thorough description of how the CIA recommends interrogating a subject.

Just think about what some, or a combination of all of these techniques can do to the mind/body of an individual.

1. Isolation
2. Sleep deprivation
3. Sensory deprivation
4. Stress positions
5. Sensory bombardment
6. Forced nudity
7. Sexual humiliation
8. Cultural humiliation
9. Extreme cold
10. Phobias
11. Water boarding

And, if the person already had an innate, inherent, inborn, predisposition to do physical harm to another, with a narcissistic/sociopathic makeup, the possibilities can be downright frightening! A Manchurian Candidate would only be doing what he/she is already predisposed to do. And, simply do it better! I will leave that up to you to ponder! It is no wonder that some hypnosis practitioners do not want to touch the subject.

In exploring a possible manipulation by hypnosis, it is paramount that practitioners adhere to a very strict code of ethics, and that people seeing a hypnotist ensure that the practitioner is certified by a professional and ethical organization such as IACT or IMDHA.



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# ONE, TWO, THREE, PHOBIA FREE

## AN INTRODUCTION TO SYNERGISTIC HYPNOSIS FOR PHOBIAS

by: Mark Babineaux

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*This is a three step process using fractionation and/or compounding to help your client deal with unreasonable fears, phobias and anxious moments in life.*

Fears, phobias and anxieties stem from events in the past. Some events are more traumatic than others – so some therapies are necessarily more intense and take longer than other therapies. And, it is not so much a difference in kind but rather a difference in degree of trauma that determines the extent of therapy necessary in any particular case.

Although this three-step process is not meant to be a shortcut to a solution, it can greatly reduce the time necessary to free your client of his phobia. It all depends on the severity of the initial sensitizing event – and whether your client has been affected temporarily or more permanently. Mild phobia can conceivably be handled in one session – although this one session is, admittedly, much longer than the usual session and may not always be appropriate for that reason.

This process is actually three distinct techniques. Each technique provides a different approach to overcome the situation and each provides a convenient transition to the next. Each technique has been proven to be effective and the sequencing seems to have a synergistic effect. The combination in the particular order seems to be more effective than any one technique alone.

In order, the three techniques are: AUTOSUGGESTION, A CONVENTIONAL SESSION, and AN UNCONVENTIONAL EMOTIONAL DETOX SESSION. These techniques have been combined when possible into one continuous session with great success. And if your client knows the cause, then you may be just as effective with only autosuggestion and emotional detox. It may be noted that both autosuggestion and detox are known to be effective even if the cause is unknown.

I use the eye closure technique of the autosuggestion procedure as an induction for the conventional session – and I use the conventional session itself as a deepening in preparation for the detox and, in turn, the results of the detox improve client skills with the autosuggestion. The cumulative effect of this continuous compounding and fractionation is what I have perceived to be a relatively deep trance even with a first time client who has never been hypnotized before.

Here is how it works:  
AUTOSUGGESTION

Autosuggestion is just that – a suggestion that you give to yourself. Of course, in this process, we teach our client to give the suggestion to himself. It provides him with a tool to use when we are not available and gives him security in knowing that he can control how he feels. It takes practice but once mastered your client should be able to perform the procedure in a matter of seconds. The technique is well illustrated in Chapter 5 of *Hypnotherapy* by Dave Elman. Here is my adaptation. Instruct your client to:

- sit comfortably but upright;
- place hands palm down in his lap or on the arms of the chair;
- take three calming breaths;
- close the eyes;
- pretend or imagine that the eyes cannot open;
- when he is convinced that the eyes will not open, test them;
- once successfully tested and they do not open, suggest to client that “as long as you are pretending that your eyes cannot open, you allow yourself to experience the (ex. uncomfortable feelings you have when you give a speech in front of a group) and only as long as you are pretending that your eyes cannot open do you allow yourself to experience the (ex. uncomfortable feelings you have when you give a speech in front of a group)
- suggest to client that when he is tired of the feeling to “stop pretending and open your eyes - the uncomfortable feeling will immediately disappear”

Practice this a few times until your client can explain and demonstrate what he will do when the feeling comes upon him.

Note: If your client opens his eyes during the test, suggest that “you're pretending that your eyes work, we know they work, there is no need to pretend that they work – pretend that they do not work for whatever reason you want to imagine.”

Note: If your client says that he doesn't experience the uncomfortable feeling, use that as an opportunity to explain “although your fear is real to you when it happens, you cannot experience it now probably because your subconscious mind doesn't recognize it as a real and valid threat - there is no valid reason for you to feel uncomfortable, etc.”

Note: If he has an abreaction, allow him to revivify and

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desensitize - point out that if he can “make the feeling bigger, he can make it smaller” - he has complete control.

### CONVENTIONAL SESSION

Have your client change position and re-induce (deepen) trance.

A conventional session is just that – a session with induction, deepening, target process and de-hypnotization. With me, this could include music, environmental sounds, subliminal messaging and possibly light/sight effects and aromas. This session is sometimes recorded for the client to take with him. He is reminded that the recording cannot replace the power and energy of the personal session, but it will remind him of the positive aspects of the experience at any time he chooses. The content of this session is designed to allow the client to figure the solution himself.

In this session, I sometimes use scripts and a stopwatch. This assures that there is enough time on the tape and provides a record of what was said in the session. Ordinarily, this taped session is about a half hour or less and I suggest that the client listen to it once or twice or every day between sessions. If a tape is too long, it may discourage listening to the tape as often as suggested.

I inform the client beforehand that I may use subliminals. I use subliminals because I believe that they are directed toward the same level of awareness where these phobias originally developed. These subliminals are channeled below perceived perception. One is not consciously aware of the message but the mind gets the message anyway. This is very simplistic, yet a full discussion of subliminal messaging would take much longer than time now allows.

Use desensitization, going through the entire circumstance that causes the unreasonable reaction. Do this more than once if necessary.

Future pace. Have him look back on the experience after imagining he has already been through the experience that has caused the unreasonable reaction yet with a happy ending. Ex. After giving a speech the audience is applauding, asking questions, congratulating him. Point out that he is free of the unreasonable reaction.

If necessary, reverse the order of the experience. Go backward or “rewind the tape” and play it over.

### EMOTIONAL DETOX

Have your client reposition himself.

This technique was taught to me by Michael Ellner, author of “Quantum Focus.” He taught me two basic versions – one that involves touching and repositioning the body which is limited to usage for individual session; and one that involves no touching and easily lends itself to group experience as well. Both involve a very basic protocol of first giving the mind/body a negative input, then giving the mind/body a positive input and finally giving the mind/body both messages

simultaneously. The net effect is to neutralize the negative feelings.

Instruct your client to:

- sit comfortably but upright
- place hands palm down in the lap so that they do not touch
- close the eyes
- inhale/exhale deeply - (induce trance)
- allow the mind/body to experience disturbing feeling
- make fist with right hand (or touch and lift hand off right shoulder)
- exhale
- open fist
- open and close the eyes
- allow the mind/body to experience pleasant feeling
- make fist with left hand (or caress and lift hand off left shoulder)
- inhale
- open fist
- open and close the eyes
- take three deep, clearing breaths
- on count of three make fists with both hands simultaneously (or with hands on shoulders shift body toward the left)
- allow time to notice the shift (or describe shift and move body to center)
- open fists
- open eyes
- ask client to “try to get back in touch with the negative feelings - notice that they are gone”

You may notice that your client has difficulty experiencing any uncomfortable feelings by the time you get to the detox. Tack on anything else that may be bothering them and neutralize them as well.

Have fun and practice!

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*“What a great program this year. IACT/IMDHA is on the cutting edge and opening access and ongoing participation to the field of hypnosis more accessible for everyone.”*

- Michael Watson, Orlando, FL

*“I am grateful to be a part of your organizations; your continued support and recognition is deeply appreciated.”*

- Debbie Papadakis, Ontario, CA

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# WHAT HYPNOSIS CAN DO FOR CHILDREN

by: Del Hunter Morrill, M.S., B.C.C.H.

*Del is the author of the GREAT ESCAPES volumes of therapeutic hypnosis scripts and the "New Beginnings" recordings. Her books, now being translated into Spanish, French, Chinese and Danish, are being used in over 38 countries. Del's curriculum for working with children is used in doctoral programs in the US and Canada; and her course on Hypnosis With Children is being taught in China by a former student.*

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Hypnosis works well because there are less years of reinforcement of imprints on the mind. Children are more susceptible to hypnosis. They have the drive to discover and they hunger for new experiences. They are open to new learning and willing to receive and to respond to new ideas as long as they are presented in an understandable way. If they trust you, children are usually easily relaxed and focused. They have an ability to change and to be versatile and, before the age of twelve, to accept most ideas uncritically. They are not as dominated by rational questioning and concerns that adults have formed through their life experiences. Also, they do not have the fears and misconceptions about hypnosis that so many adults have. This makes it relatively easy to work with them. Hypnosis is a powerful tool in strengthening a child's confidence, helping them to feel empowered, where before they have been "victim." It releases their willingness to use their natural gifts. It elicits talent and creativity. It provides a wonderful foundation in their education. With a good hypnotherapist, children can experience true success in their lives in all areas, feel happier and have a sense of real freedom.

## THE POWER OF THE IMAGINATION

The doorway between the conscious and the unconscious mind is the imagination. For children, it is relatively easy to reach at the deepest levels, and in a much quicker time than required by a good many adults. The use of stories, adventures, visualization, imaginative games, role playing, magic, puppets, costumes and any other tools that one's imagination can bring forth are at the hypnotherapist's disposal, and work most effectively with children. The imagination of children is very keen until parents, teachers and others interfere. When adults consider daydreaming worthless, and associate imagination with lying, when they call attention to its "cuteness" to others, or otherwise imply ridicule, the child gradually lets it weaken. Also, in many schools, the style of teaching in the classroom can tend to rule out the playful and imaginative, once children pass the second or third grade.

## WHY CHILDREN MIGHT COME TO A HYPNOTHERAPIST

Issues for which hypnotic methods and tools are a helpful

response include doing homework, performing better in the classroom, getting to school and liking it, improving grades, a school bully, friendlessness, thumb- and finger-sucking, bed-wetting, nightmares and fear of the dark, stealing, low self-esteem, dealing with divorce or death in a family, a new child in the family, the illness of someone in the family, and a myriad of other problems. One of the most frequent reasons children are brought to hypnotherapists is for learning improvement. When it comes to school life, there are many problems children can develop. This may be one of the largest areas of concerns for parents, and one for which good marketing can reap good results. Such arenas as reading, writing, memory, getting homework done, grades, peer pressure and friendships, classroom deportment, self-esteem, and even wanting to be in school are effectively and easily handled, for the most part, by one or two hypnosis sessions.

## WHAT'S REQUIRED?

A child, just like an adult, has to want to change and be willing to work with the therapist. A hypnotherapist who works with children must, obviously, like them. They need to be able to establish trust with both parents and child. They must treat a child's case with as much confidentiality as an adult's. Some therapists, confident with adults, feel nervous working with children. They are afraid that they will not be able to transfer what they know to various age groups. They may not feel that they have enough training for it. Perhaps they make it more complicated than it need be. With adequate education and other training in dealing with children, they will find they are most capable with all ages. Just remember that children will come to you because you can help them. They are open to your help, and, therefore, if they feel you are "on their side," they will be receptive to your suggestions, whether couched in traditional suggestions, in stories or play. The best way to conquer the fear, at least enough to know whether this is a field that would appeal to you, is to DO IT! Practice on children as much as is possible. Encourage your friends to let you work with their children. A 15-minute session may be all that you need, at times, to do just the right thing for a child. It is their belief at work, just as it is with adults.



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## ABOUT ASKING QUESTIONS IN LIFE AND THERAPY: THE ART AND SCIENCE OF ASKING QUESTIONS

### PART I

by: Dennis K. Chong & Jennifer K. Smith Chong ©

*Dennis K. Chong & Jennifer K. Chong, have become known as leading authorities in the art of communication, Hypnotherapy, Psychotherapy, Neuro-Semantic Programmings and Neuro-Linguistic Programming. They have co-authored several books, video and audio programs and produced seminars on various topics. Their presentations have been well-received by forums around the world including U.K, Malaysia, Spain, Australia, Germany, Italy, the USA and in their home country of Canada. Many of their papers have been published in leading journals.*

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*In this paper, the male pronoun will apply to either gender. The nominal pronoun will apply to the first author. Spelling is British English. We respectfully present Part I of this article to you.*

*If you wish you can explore this matter further in Part II to Part V in our website: <http://www.neuro-semanticprogramming.com/>*

***We dedicate this paper to  
the memory of our friend, Paul Durbin***

What is not well appreciated or understood is that the answer to any question has its answer molded by the:

1. logic implicate to the question
2. semantics of the question
3. presuppositions in the question
4. Speech Act, SA, of the question.

In other words, the person is already biased to answer the question in a certain way!

Now, professional interrogators and lawyers know that it is a very serious matter to get biased answers. Yet, everyone is constantly doing it with blasé unawareness. For this, it becomes very important and critical to examine and review each of the above considerations:

1. the logic implicate to the question: Humankind thinks by Cause and Effect. This means that the operant philosophy of humankind is Causality. Therefore the logic we use in our lives is the logic that is part and parcel of causality. It is important to realize that this logic is carried in the language system of Cause and Effect.

However, no one really knows what this philosophy really is; and this includes professors of philosophy in universities. We know this because it was Roland Roye Fraser<sup>1</sup> and I who had worked out that the philosophy is a Virtual Philosophy. What we also found is that this state of affairs is also true about what the philosophies of Western Civilization, Christianity, Roman Catholicism, Buddhism, Confucianism, Islam, Western, Japanese, Chinese and India cuisines are. They are all virtual. For this, academic divas can talk ABOUT and write ABOUT

these matters. But the ABOUT of a thing is NOT it<sup>2</sup>.

Alfred Korzybski, AK, the father of General Semantics, discovered that the language system of A is insane! By extension it follows that its philosophy is insane.

This finding by AK was confirmed by Richard Bandler, RB, and John Grinder, JG of Neuro-Linguistic Programming, NLP fame. They found that it is semantically ill-formed<sup>3</sup>. We in our turn have declared it insane. and this is another fact that university professors do not know.

This being so, then all derivatives of Cause and Effect thinking are insane, semantically ill-formed and insane. What emanates from its philosophy is inevitably logically illogical. It is this that underpins the saying that this is a:

“Mad, Mad, Mad, Mad, Mad World”<sup>4</sup>.

Any logic can be logically logical or illogically logical. There is a third variation.

It is when it is totally chaotic. If it is logically logical, then the item of a proposition in a sequence is fitting to its antecedent. Thus:

I sat down and I said hello to the others who were already sitting at the table.

The sequence below is illogical:

I sat down and abused everyone sitting around the table.

Here is another example of a logical sequence:  
Finally at the line up to the bank teller it was my turn and I handed in my deposit.

It is illogical logical:

Finally at the line up to the teller it was my turn and I lunged at her bosoms!

What Neuro-Semantic Programming, NSP, has found is that:

All illogical logicality with humour is the foundation for laughter and fun. All illogical logicality without humour is the basis for human insanity.

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All questions have their implicate logic<sup>5</sup>. This is to say that the embedded logic is the structure that is determining its answer. For this question: "How is your mother?" it is NOT logical to reply with the answer: "Yes she has been having an affair with her postman! Its implicate logic is looking for an answer that concerns her health and well-being, it is not about her private life. This then is what NSP means when it puts: In all questions is it's implicate logic.

Whoever has a question put to him is constrained by this implicate logic. If he does not offer the item appropriate to the sequence he is open to being deemed insane.

#### 2. the semantics of the question:

The term semantics is derived from the Greek word, *samiens*. It means that which is significant. From this comes the term semantics and it concerns 'meaning that is significant.'

The significant meaning, the *samiens* of a question is what is embedded in the sentence. All of us derive it automatically by our neuro-semantic instincts.

It is NOT in the surface structure of a given sentence; nor the superficial content of the sentence. It is what in substructure is put to the person by the question. As a thing out of conscious awareness its implicate power will compel the person to respond to it.

Consider this sentence: Saddam Hussein has weapons of mass destruction.

Once upon a time it carried the semantics. He is a danger and must be eliminated.

From this flowed: Regime change.

And in turn: The Iraq War.

#### 3. the presuppositions in the question:

If I said to you: "I was speaking to John yesterday about his trip to Mexico," the presuppositions to the statement are that: John was alive yesterday; I met him; he did take a trip to Mexico.

So, if this question is put to you?

"Are you going to your Muskoka cottage this weekend?" has the following presuppositions that: you own a cottage in Muskoka; you go most weekends to it.

These presuppositions are obvious. However if I put to you:

"Now that he has graduated from Harvard, is he going to apply for a position at Goldman Sachs?"

The presuppositions here are not so obvious. However, we might infer that they might be following: he graduated with an MBA from Harvard; he is going into financial banking with Goldman Sachs; he is hoping to live and work in New York.

As the presuppositions of a question are embedded, they are therefore out of conscious awareness. It is because they are unconsciousness that they wield tremendous power over the thinking, feelings and doings of a person; they will influence how a person will answer a question. These issues concerning the power of variables that are unconscious has

been explicated in a series of articles that we have posted in our website.

#### 4. Speech Act, SA of the Question:

It was John R. Searle who discovered that every sentence is a 'Speech Act', SA.

Below are examples of sentences and their corresponding:

Sentence Speech Act

Can you please pass me the salt - *a request*

Get out! *a demand*

How are you? *an enquiry*

Did you do the bank deposit? *a question*

Damn you! *swearing*

Everyone is against me! *false claim or false belief*

The world is flat. *false belief*

Now that we have pointed this out to you, you can understand how you have been unconsciously responding to these speech acts as they were applied to you in life. It is with these considerations that you can begin to see the embedded and inherent power of questions and the possible consequences of questions.

#### NOTES:

- 1 Roland Roye Fraser was friend and confidante of Richard Bandler and the eminence grise of NLP and co-owner of the trademark of NSP and our only certificant trainer in NSP.
- 2 But the ABOUT of a thing is NOT it was a discovery by AK. We say this because we all believe what is said is IT; when it clearly is NOT!
- 3 Causality as a philosophy is described by Alfred Korzybski, the father of General Semantics, as *unsane*; by Richard Bandler and John Grinder, the co-founders of Neuro-Linguistic Programming as *semantically ill-formed* and by us as *insane*. The supportive evidence for the above statement is to be found in these two works: 1. *Science and Sanity* by Alfred Korzybski, 2. *Structure of Magic* by John Grinder and Richard Bandler, co-founders of Neuro-Linguistic Programming, NLP, 3. *Don't Ask WHY?!* by the founders of Neuro-Semantic Programming.
- 4 *Mad, Mad, Mad, Mad, Mad World*: However we all adapt to it, adjust to it, habituate and accommodate it. The end result is that we have all the reasons, explanations, excuses, justifications and rationalizations for all of life's madness ... even the wars we do.
- 5 implicate logic is the logic that is in substructure or embedded.

*"It appears that IMDHA and IACT have partnered! Makes membership more appealing than ever!"*

– William Breuer, Louisville, KY

*"I remain very excited to be part of this professional organization."*

– Kim Manning, Bloomfield Hills, MI

*"I just finished the Virtual Conference. Thank you so much for offering this option! I still got really great training and I could keep all the other balls that I juggle still in the air!*

*AWESOME!!!"*

– Mary Beth Lodge, Middletown, OH



# THE DAVE ELMAN INDUCTION REACHES ITS CENTENNIAL IN 2012!

**PART II** by: H Larry Elman, CH, CI (Dave Elman's son)

*Larry Elman boasts of graduating from his father, Dave Elman's course in Medical Hypnosis three times, and of a brief career as a stage hypnotist while in high school and college. He went on to earn a B.S. (S.B.) in Aeronautical Engineering from MIT, M.S. in Aerospace Engineering and Theoretical and Applied Mechanics from University of Oklahoma with post graduate work in Engineering Sciences from Rensselaer Polytech Institute (RPI) He was also a MIT Educational Counselor for 9 counties in NC; eventually retiring as Colonel, USAF. For many years, Larry has answered inquiries about his father's life, careers and the Dave Elman course in Medical Hypnosis. He is now a lecturer and writer on several subjects and has been a presenter for several international hypnosis conferences.*

## THE YEARS BETWEEN (1920-1949)

When Dave Elman arrived in New York in 1920, the world of Vaudeville was collapsing as “the movies” led to revisions of all the local theaters the troupes had played. “Movies” were cheaper for the theater owners, yet still brought in the audience. Dave had to go on to other careers. In New York, he worked as a stand-up comic in night clubs, a musician, and a song-writer. “Atlanta Blues,” a song made famous by Louis Armstrong and published by the great W.C. Handy, was written jointly by Handy and Dave Elman, as can be found on the original sheet music. Another advantage of working for Handy was that Dave met his wife, Pauline Reffe, in that building. But Dave's professional infatuation was with the new industry called RADIO. Over the next 25 years, Dave Elman became nationally known for his radio programs, as “MC” (host), writer, producer and director. These included Hobby Lobby, War Bond Auction, Victory Auction, The Old Curiosity Shop, and several others.

During this period, Elman's involvement with hypnosis could not be public lest it hurt his career. Dave's hypnosis library was hidden. Larry Elman, age 4 or 5, had a contract most labor unions would be jealous of. He set his own working hours, the job was interesting, the pay (for his age) was at the top of the scale, and the fringe benefits were generous. The job? Dusting all the books in the Elman household. While doing so, he found a bookcase which allowed secret entry into another hidden bookcase behind it. He carefully dusted the books in the hidden bookcase and added those to the bill. About six years later, Larry saw the hidden books again, but on the normal shelves were the Dave Elman Hypnosis Library.

Another incident of the period involved having hypnotists on the radio program HOBBY LOBBY on several occasions. On at least two of these appearances, the guest hypnotist messed up his act. In both cases, Dave Elman stepped in with old Vaudeville stage hypnotist tricks and saved the show without this being obvious to the audience. Those who had been in the rehearsal, however, could see that something had changed. Pauline's comment was, “Well now, Dave, why is it that you knew more about hypnosis than the hypnotist?” Because he had been worried over how his prospective in-laws might view a hypnotist, Dave had never told them (or

Pauline) of his earlier career.

## THE DAVE ELMAN COURSE IN MEDICAL HYPNOSIS BEGINS (1949)

In 1949, Dave Elman gave a small number of stage hypnosis shows, primarily for charities, while still engaged in radio. Shortly after one of these, he was approached by a committee of physicians who had taken courses in hypnosis but had never been able to make hypnosis work for them in their offices. As a result, the first two (possibly three) times Dave Elman taught hypnosis to physicians was at the request of, and with the support of, a county medical society. When this came to the attention of the medical community at the national level, the local chapter was ordered to stop such heresy. For business reasons, this incident was not advertised or referred to, but it did lead by word of mouth to Elman's later classes being full. The Dave Elman Course in Medical Hypnosis was a success because of the extent to which the DEI fit the needs of a harried doctor's office. Remember the requirements of the stage hypnotist? Examine the three requirements again, but from the viewpoint of a doctor or dentist:

Be very fast – under two minutes so the office schedule will not be disrupted

Be totally reliable – induce well over 90 percent of patients every time

Go deep enough to insure that suggestions “took” because they are now important to the patient's health

## EVOLUTION: 1949-1967

The Course began in New Jersey, but spread rapidly, reaching California by 1962. At first, the Course was taught on the East Coast and in New England including Boston. As it moved West, Elman would pick a “hub” city and 6 other cities, each located such that Dave and Pauline could get from one to the next in several hours by car, in order to teach in each city. By the end of the week, Elman would be back in the “hub” city for class there, and begin the circuit again for the next week. (Additional teaching materials were stored in the “hub” city, and all mail went there.) Keep in mind that in the Fifties the Interstate Highway system did not exist, so city-to-city travel

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times were much different from today. Class would begin in the early evening and continue until quite late when Larry Elman took the Course, he remembers starting about 7:30 PM, officially ending sometime after 11, and then adjourning to an all-night diner where student questions and practice might continue until 2 or 3 AM. (Larry was lucky all three times he took it were in New Jersey rather than on the road! Remember that Larry was in school at the time, between 6th and 11th Grades.) That same exhausting schedule was adhered to whether locally or on the road, with Dave and Pauline sleeping until late morning or perhaps noon, packing the car, and leaving for the next city.

During this period, many changes were made in the Course. Dave Elman encouraged his students to improvise changes in procedures, test them, and if they worked they would enter the curriculum. Elman had not attended medical school, so the way the Course expanded beyond the initial basics of hypnosis was for the students to provide the changes in medical procedures. Elman arranged the tests and developed the theories which explained WHY the new procedures worked before he incorporated them into the Course.

The DEI, however, underwent only three significant changes. First, the original form had used an eye-tiring procedure before testing for eye-lock. That was replaced by the modern form of “Close your eyes. Concentrate on your eye muscles and relax them until they just won't work ...” Second, the initial test for total relaxation (preceding the “lose the numbers” step) had been the Rigid Arm Test commonly found in stage hypnosis of the time. This was replaced by the Wet Dish Rag Wrist Drop so common today, which is a better test, and is more in keeping with the intent of achieving relaxation. Third, the timing changed. The initial standard (which Larry Elman was trained to) had the subject into somnambulism from first contact in under three minutes. Four or five minutes was acceptable when one first learned the technique, but three minutes was the goal. The reason for this was that most students (physicians) were seeing patients at a rate of four or five per hour. That implies about 12 minutes per patient. Thus, an induction of over three minutes would interfere seriously with the time needed for further suggestions and medical treatments. About 1958, while Larry was at MIT, the goal was changed to somnambulism in one minute. That requires changes in patter, but the basic DEI is still the same procedure.

The “lose the numbers” step is actually a TEST, making the numbers disappear is not a goal, but only a convenience. Too many hypnotists get hung up on “the numbers” and forget that the purpose of this test is to see whether AMNESIA BY SUGGESTION has been achieved. The amnesia is usually an adequate test for whether somnambulism has been achieved, and after all, somnambulism is the goal. When Larry first attended the course (which was either the third or fourth time Dave Elman gave it), this point was emphasized, and methods using items other than numbers were available. However, this point still needs emphasis to this day.

In 1962, Dave Elman had a major heart attack and was pretty much house-bound for the five years from then until his death. During this time, he mentored some students, provided advice to former students, and wrote the book that is currently titled HYPNOTHERAPY. Dave Elman passed away in December 1967.

#### THE NEXT 10 YEARS (1967-1977)

Between December 1967, when Dave Elman died, and December 1977, at least three distinct editions of his book were published. Please remember that this was before the Internet before “print on demand.” Hard cover books printed for commercial sale then were only printed on orders of several thousand at a time.

The 1964 first edition of Elman's book was entitled “Findings in Hypnosis.” In 1968, shortly after his death, Pauline Elman published “Findings in Hypnosis, Memorial Edition.” (Not only was this intended as an act of love and of grieving, but also the previous printings had sold out.) In 1970, “Explorations in Hypnosis” was released by Nash Publishing. It was the same book re-titled and with a new binding and a new Foreword. Nash Publishing was fired by Pauline Elman for breach of contract in a dispute over advertising of the book. Subsequently, Gil Boyne's Westwood Publishing obtained distribution rights, and the first Westwood edition was released in December 1977 with a new Foreword and a new title, Hypnotherapy. The Elman family has copies of each of these three editions. Nash was also under contract to do a soft-cover edition, and other printings may have been contracted for. If the soft-cover edition was released, it would have made four distinct editions in ten years. The family currently does not own a copy of the soft-cover version, although the other editions mentioned here are all in the Dave Elman Hypnosis Library, located at the Dave Elman Hypnosis Institute.

#### AND AFTER THAT (1978 Present)

As mentioned, Westwood acquired the distribution contract in time to issue the 1977 edition. (The Elman family owns Gil Boyne's personal office copy of that edition as well as the other editions already discussed.) The book had to be reprinted several times because of demand. The 1981 printing is marked “Third Printing.” (Therefore, the second printing clearly was between 1978 and 1980.) The 1984 printing is marked “Fourth Printing. After 1984, Westwood no longer indicated year and number of printing. (The current new editions on the Internet are all advertised as 4th Printing 1984.) Printings are done every few years as stock is sold. For example, there must have been another printing in the period around 2010 because copies sold in August 2009 had different margins and bindings than those sold there in 2010.

Three (possibly four or more) editions in the first ten years after Dave Elman's death makes it quite clear that interest in and knowledge of Dave Elman's methods was quite wide-

## 2012 IACT

**HUMANITARIAN AWARD  
PAUL DURBIN**

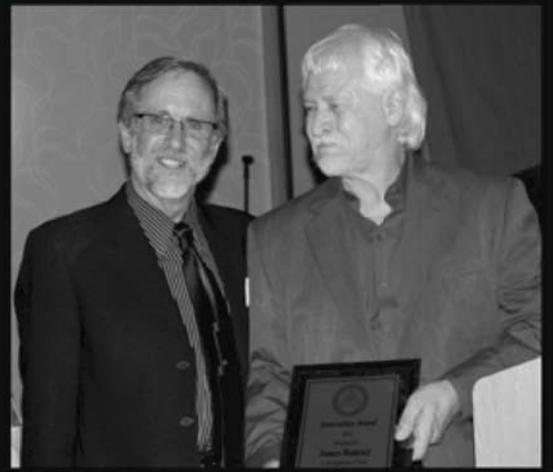
*Accepting on his behalf, Bonnie Miller (left)*

**CHAPTER OF THE YEAR  
ANN HAYES (right)**

**LIFETIME ACHIEVEMENT  
MARX HOWELL (below left)**

**HYPNOTIST OF THE YEAR  
JEFFREY COHEN (below center)**

**INNOVATIVE THERAPY AWARD  
JAMES RAMEY (below right with Robert Otto)**



## 2012 IMDHA

**DIPLOMATE  
DEBBIE PAPADAKIS (left)**

**FELLOW  
SCOTT SANDLAND (below center)**

**FELLOW - ED HORN (right)**

**PENN & QUILL  
KWEETHAI NEILL (below left)**

**EDUCATOR OF THE YEAR  
TERENCE WATTS (below right)**



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# HYPNOSIS FOR WAR TRAUMA: AN EXCERPT FROM A 2010 DISSERTATION

**Part 2** by: Monica Geers Dahl

*Monica Geers Dahl completed a doctorate in counseling psychology (Ed.D.) from Argosy / Sarasota in 2010 (thesis: Neurofeedback for PTSD Symptom Reduction), and has been exploring hypnosis and mind power techniques personally since 1970. She founded Experience Hypnosis, a private practice in hypnosis in 1985. In 1994, she completed a training manual for "what works" in hypnosis in response to the requests from health care providers eager to learn how she was getting the results with medical patients who had failed to respond to traditional allopathic treatment. She is a licensed Florida mental health intern.*

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Hypnosis to recover historic events and their emotional content begins with relaxation and creating a safe space before uncovering (Herman, 1992; Silver & Kelly, 1985). When relaxation is achieved, the simplest approach is to ask the client to go back in time to the situation or experience that triggered, started, or caused the problem. The client develops greater insight into himself, and self correction can occur (Hickman, 1985). "When I put my hand on your forehead you will relive the experience that you had at the time when you first developed your symptom" (Wolberg, 1945, p.236). A more complex age regression to reclaim memories can be initiated with an image of a line, ribbon, or rope leading from the present to the past. Projective methods can allow distance between the client and the memory. As a movie, the event can be reviewed, stopped, rewind, fast forwarded, played backward and paused based on the ability of the person to handle what is being revealed. There can be a volume control for emotions. When using hypnosis, the client needs sufficient time for stabilization before uncovering, and then sufficient time for integration and stabilization after uncovering and before the session is complete (Herman, 1992; James, 1989; James & Woodsmall, 1988; Silver & Kelly, 1985). Gruzelier (2006) reported that in over a century of hypnosis being used for war trauma, there are insufficient controlled studies to verify that hypnosis can help a person access and integrate the memories that have caused the disruptions in functioning.

Spira et al. (2007) suggested that while basic hypnosis is a helpful tool for learning how to enter and sustain a comfortable state of physical and mental relaxation, and hypnotherapy can help with remembering or recall of a traumatic episode from a distance, which is a form of deliberate dissociating, research indicated that exposure therapy had a greater capacity for trauma resolution. People may be unable or unwilling to deliberately visualize the traumatizing events due to their avoidant symptoms. Virtual reality equipment helps these avoidant individuals through immersing them in the stimulus that evokes the emotional load using a headset and mouse or joystick to navigate through computer induced reality. Silver and Kelly (1985) suggested that hypnosis is a useful adjunct to flooding, desensitization, and narcosynthesis.

Vietnam veterans treated with hypnosis learned relaxation in the initial stages of treatment when anxiety can be a major concern. The abreactive process involves reclaiming memories. This can be done with an affect bridge in which emotions are stimulated to gain access, or a cognitive bridge in which thoughts are used to gain access to old memories. Integrative aspects of hypnosis involve recovering splintered parts of self associated with the traumatic event or series of events (Brende, 1985; Geers, 1994; Ingerman, 1991; Tebbetts, 1987).

Shapiro (1995) argued that EMDR and hypnosis are different because EEG measures on EMDR reflected a normal waking state, and EEG measures of hypnosis showed "pronounced theta, beta, or alpha waves" (p.315). Sue Othmer (2008b) reported that brain wave activity is unique for each person and that there is no one standard of brainwave activity that is normal for all people. The question of what is and is not hypnosis has not yet been adequately defined or articulated (Tebbetts, 1985). According to Spencer (2002), hypnosis is any modality that creates a bridge between the conscious and unconscious minds. Boyne (1987) described intense emotions as a rapid hypnotic induction that bypasses logic and puts a person immediately into trance. EMDR specifically integrates the use of intense emotions.

Shapiro (1995) claimed that deep state hypnosis may interfere with EMDR processing. The fractionation of abreaction involves repeated entry and exit into traumatic material (Young, 1995). Fractionation is a common tool of deepening trance and enhancing insight (Geers, 1994; Watkins, 1949). The use of short, repeated bursts of emotional exposure appears to contradict Shapiro's assertion that deep trance may interfere with EMDR. Geers reported that debate in hypnosis regarding depth versus quality of response is ongoing. Depth is not always required for good quality of response, light states or waking hypnosis can be highly effective in eliciting human growth and development (Wolberg, 1948). Shapiro's report that hypnotic testimony may not be eligible in court proceedings is valid in states that disallow hypnotic testimony. The claim that EMDR appears to be eligible for legal proceedings failed to provide legal

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# HYPNOTHERAPY AND EVIDENCE (HOW THE MEDICAL PROFESSION THINKS ABOUT EVIDENCE-BASED MEDICINE

by: Fred Janke, MD and Sherry Hood

*"Dr. Janke completed his medical education at the University of Calgary in 1982 and has been practicing in Sylvan Lake, Alberta as a family physician since 1984. He became involved with the University of Alberta as site director in Red Deer for a new rural stream family medicine program in the year 2000. Since then he has become increasingly involved with teaching family medicine at the post-graduate level. He became the "Rural Program Director" for the Department of Family Medicine in 2008 and*

*more recently, in October 2011, took on a broader position as "Director of Rural and Regional Health" for the Faculty of Medicine. Although he is full time faculty his clinical work remains in Sylvan Lake."*

*Sherry M. Hood M.H., C.Cht is the founder, curriculum developer and head instructor for The Pacific Institute of Advanced Hypnotherapy where she teaches both full time and part time hypnotherapy courses. In August 2009 Sherry was appointed Clinical Lecturer in the Department of Family Medicine, University of Alberta. Her hypnotherapy course became a medical elective for post graduate residents from The University of Alberta in December 2010. A pilot study through The University of Alberta was conducted using Sherry's smoking cessation intervention. A two year study using her same smoking cessation intervention is planned for the future.*



In April 2012, Dr. Fred Janke and Sherry Hood were given the opportunity to present at a national conference for rural physicians held at Whistler, British Columbia, Canada. This was unique in that the topic of hypnosis and hypnotherapy is rarely seen on the program of conferences for medical professionals. It was an opportunity to present how hypnotherapy could compliment clinical care. The medical profession as a whole is somewhat skeptical of the effectiveness of hypnotherapy and, therefore, it is seldom on the radar as a tool to be used in clinical situations. The importance of presenting scientific evidence related to the effectiveness of hypnotherapy cannot be underestimated. The hypnotherapy profession (as with any other approach to care) will always be challenged to provide "evidence" before being accepted into the mainstream of clinical care. The intention of this article is to provide some background on what evidence really is; what it means to be "evidence-based" and how one can go about providing that evidence. The second part of this article (in the next issue) will provide an overview of the materials actually presented at the conference.

Any discussion around being "evidence based," must at the outset acknowledge its limitations. Science and evidence are tools, albeit important tools, but using these tools in the clinical setting always falls in the context of interacting with people. Science is one side of the coin in which art is the other. Not everything physicians do is "evidence based." As much as the medical profession seeks to back up management strategies with science and evidence, much of patient care continues to be based on personal experience including previous training and the expert advice of others.

Undoubtedly, a full breadth of knowledge and experience become part of the fabric that makes up the expertise that

patients seek in their care providers. However, patients generally seek much more. Display of knowledge without caring and empathy is cold and lifeless. In other words, the art of the therapeutic relationship using listening and communication skills along with deep-rooted empathy and caring will always be an important part of clinical care. Expanding and disseminating knowledge will never change this and therefore seeking to be evidence based will never diminish the importance of practicing the art of therapy skillfully.

Passion about the craft one practices is equally important. Hypnotherapy fundamentals and the scientific basis for hypnotherapy can be taught; however, the creative aspect that makes a hypnotherapist excellent is the same as those characteristics that make an artist or musician outstanding, that of being completely absorbed in their craft. This is not something that is taught, although it can be role modeled, mentored, cultivated and nurtured. Science provides a deeper understanding of the tools of hypnotherapy and how the mind works. The art of hypnotherapy, on the other hand, involves the creative delivery of suggestion, crafting of words, use of techniques, using the voice as a tool, creating a healing ambience, observational and listening skills, seeing through the eyes of the client, hearing what is left unspoken and wanting the best possible outcome for the client. The art of hypnotherapy involves, speaking from the heart and not just reading a written script; the art of hypnotherapy involves spontaneity and openness to exploration without advanced planning.

How does evidence fit into this and what does it mean to be "evidence based"? Evidence based practice has been defined as "the process of systematically finding, appraising and

Continues on page 19 ...

using contemporaneous research findings as the basis for clinical decisions.”<sup>1</sup> Evidence based practice aims to apply the best available knowledge gained from research studies to clinical situations and the management of patients. This process provides for a means of applying new knowledge to situations and also allows for prioritizing different approaches in a legitimate way; the management strategy shown to have the highest likelihood of success having a higher priority than other strategies. Also, strategies shown to be ineffective can be legitimately abandoned.

We as clinicians and therapists have a moral obligation to know as much as possible, as to what may be beneficial or what may be harmful in providing for the welfare of our clients and patients.

Many management strategies are not well researched. This situation applies to much of hypnotherapy. The jargon that is applied in this circumstance is that there is “insufficient evidence” to proclaim a particular treatment as effective or beneficial. This does not mean that the therapy does not work; it simply means that research showing the effectiveness of the therapy has not been published. Such research needs to be of high enough quality that it meets certain criteria to be respected among those who appraise this literature. In many areas of application, hypnotherapy has not been researched enough in well-designed studies to actually show its benefit.

In some ways this can be problematic. For example, when a group (such as the Cochrane Collaboration, well known for its rigorous systematic reviews) sets out to do an appraisal of the literature for a given topic they might come to the conclusion that there is “insufficient evidence” to recommend a specific therapy for a clinical condition. To reemphasize, this may

simply mean that there are no quality research studies published. One example of this situation is a review done by the Cochrane Collaboration on hypnotherapy for smoking cessation<sup>2</sup> in which the conclusion drawn was that there was insufficient evidence to recommend hypnotherapy as a treatment strategy for smoking cessation. A more recent review did not fair much better.<sup>3</sup> The conclusions drawn, “We have not shown that hypnotherapy has a greater effect on six-month quit rates than other interventions or no treatment ... Although it is possible that hypnotherapy could be as effective as counselling treatment there is not enough good evidence to be certain of this.”

Again, this does not mean that hypnotherapy does not work; it simply means that there are no really good studies published providing the evidence. Studies regarding hypnotherapy for smoking cessation have been published; however, these are generally not of sufficient rigor to pass the standards outlined for a Cochrane review.

By comparison, other Cochrane reviews have shown the effectiveness of medications for smoking cessation: namely nortriptyline, bupropion and varenicline.<sup>4,5</sup> A medical professional is much more likely to use the therapy for which there is research evidence, especially if he or she is unfamiliar with alternative strategies. Hence, the significant importance of producing and providing that evidence in the form of high quality reproducible studies.

A number of systems to stratify or rank the quality of evidence have been developed. An often-used system is one developed by the Oxford Centre for Evidence-based Medicine.

Table 1. Modified presentation of the Oxford Centre for Evidence-Based Medicine levels of evidence<sup>6</sup>

Grade of Recommendation	Level of Evidence	Type of Study
A	1a	SR (with homogeneity) of RCTs and of prospective cohort studies
	1b	Individual RCT with narrow confidence interval, prospective cohort study with good follow-up
	1c	All or none studies, all or none case series
B	2a	SR (with homogeneity) of cohort studies
	2b	Individual cohort study
	2c	Outcomes research, ecological studies
	3a	SR of case control studies, SR of 3b and better studies
	3b	Individual case control study, nonconsecutive cohort study
C	4	Case series/case report, poor quality cohort studies
D	5	Expert opinion, bench research

SR: systematic review; RCT: randomized controlled trial.

Randomized controlled trials (RCTs) are considered the gold standard in modern medicine for determining the efficacy of a treatment. The highest standard is when homogeneous RCTs (similar in methodology) can be combined to form strong conclusions level 1a.

Note that the type of support often cited by complimentary therapists, namely that of “anecdotal evidence” or testimonials, did not make it on the list. This is because testimonials are not considered evidence at all. It may be nice that certain celebrity personalities have used a therapy, and this may be used to promote the therapy to the lay public but with respect to gaining acceptance in clinical decision-making it means nothing.

Hypnotherapists can become more evidence based on a number of different levels:

First and foremost, hypnotherapists must become aware of and conversant around the published literature pertaining to their craft. Research literature can be used to support claims as well as to inform one another and clients. The more hypnotherapists become versed and aware of the research literature that involves what they do, the more orthodox and accepted in the main stream of the allied health professionals they will become. Listing evidence based literature studies on websites, social media sites and publications automatically provides an element of sophistication that elevates the overall image of hypnotherapy.

Because of copyright legislation, published literature is not always easily accessible and available to the public. University libraries make electronic journals available to the university's faculty. Medical associations, such as the Canadian Medical Association, also provide access to literature and up to date resources. Associations or group alliances may be able to advocate on behalf of the profession

to negotiate the access to a number of key journals for its members. Pertinent journals would include: The American Journal of Clinical Hypnosis, Contemporary Hypnosis and The International Journal of Clinical and Experimental Hypnosis. However, even without access to these journals, there are many available options that hypnotherapists can take advantage of to become more familiar with the literature. Simply doing an online search in a specific area such as “hypnotherapy in paediatrics” or “hypnotherapy and clinical trials” can yield amazing results. By using “PubMed” or “Google Scholar,” one can become aware of the kinds of research and literature available. Most of these gateways will provide an abstract of the publication at the very least. Perusing medical journals can also be useful. Even though most journals will not provide open access, one can often obtain the abstract for an article of interest. Examples of useful journals include: The Canadian Medical Association Journal, The Journal of the American Medical Association, Canadian Family Physician, American Family Physician and The British Medical Journal. Doing searches within these journals can be quite revealing. For example, just doing a search for “hypnosis” in The British Medical Journal will bring up a clinical review article on “Hypnosis and relaxation therapy.”<sup>7</sup> Becoming familiar with the medical literature allows one to gain insight into what being evidence based is all about. Furthermore, the medical literature can be a good source of information with respect to clinical conditions, which a

Continues on page 22 ...

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# TENSE?

by: Philip Holder



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*Philip Holder is president of Master's Center for Personal Development, an IMDHA Approved School Director and offers certification courses in the Philadelphia vicinity. Philip is a college professor and teaches Hypnotherapy courses at Bucks College*

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Tense????? Oops ... Not the kind of tense you may have thought!

The tense I'm talking about are Past, Present and Future tense. One of the most common problems I see as an instructor and mentor (with both those new to the profession and even those who have been around for a while) is the accidental and inappropriate use of tense. Tense is important when applying direct and indirect suggestion as well as with regression, but for different reasons that I will outline for you later.

## THE CRITICAL FILTER OF THE CONSCIOUS MIND

If I were speaking to you right now, in your conscious waking state, and made a mistake in phrasing or semantics, your critical mind would step in and filter what I said, based on your life experience and fill in the errors in what I said so that you could most likely interpret the meaning of my statement. Look at the paragraph below which is analogous to what I'm saying and you'll see what I mean.

## INETRSETNIG !! TOUHGT YUO'D EJONY TIHS.

Aoccdnig to rscheearch at Cmabrigde Uinervtisy, it deosn't mtttaer in waht oredr the ltteers in a wrod are, the olny iprmoetnt tihng is taht the frist and lsat ltteer be at the rghit pelae. The rset can be a total mse and you can sitll raed it wouthit a porbelm. Tihs is bcuseae the huamn mnid deos not raed ervey lteter by istlef, but the wrod as a wlohe.

– “Author Unknown”

See ... you can easily put the pieces together. This quality of our minds can be quite useful at times, but not during hypnosis.

## CRITICAL FACULTY BYPASS AND THE SUBCONSCIOUS

The subconscious mind has no capability for critical thought. It can't filter and frame statements to better understand them. The subconscious is very simplistic and literal in the way it receives information. Also, most hypnotherapists, know the importance of avoiding statements that may result in “Unintended Consequences”. For example: If you were to make the statement, “Don't forget to drink your water,” the subconscious could very well process the idea, “Don't drink your water” or “Forget to drink your water.” A more clear statement for the subconscious would be to say,

Remember to drink your water.” Keeping in mind the differences in the way the conscious and subconscious mind process information is critically essential for quality hypnotherapy.

## TENSE AND DIRECT OR INDIRECT SUGGESTION

Tense is important in this respect, when working with direct and/or indirect suggestion. Read the following statement/suggestion.

“You will be confident and self assured”.

You would know exactly what I mean as you read that statement in a conscious waking state. Your critical mind puts the meaning of my words in context. The subconscious mind cannot put anything in context. Putting ideas in context requires critical thought. If you examine that statement closely you see that “You Will” implies something will happen at sometime in the future. As a suggestion during hypnosis, you don't want change to happen in the future. You want the change to happen now. In much the way a good sales person will usually use the “Assumptive Sale,” the statement/suggestion should be, “You ARE confident and self assured.” That statement/suggestion is far better as it suggests that the desired outcome is already a done deal. Also, the subconscious can be the lazy part of us. Given the option to put the change(s) off until some future date, it very well may take that option.

The most widely accepted definition of hypnosis this: Hypnosis is when we “bypass critical thought (or faculty) and implement selective thinking. That being stated, the subconscious mind has no capacity to sort out what tense it should be acknowledging. It will accept what the operator suggests. If the statement/suggestion is made is in future tense, likely the result will happen mañana.

[Note: For anyone reading this article who does not know what the assumptive sale is, the assumptive sale is where your semantics reflect that your customer has already decided to purchase your product or service. For example, saying to a prospective customer/client/patient, “IF” you decide to come in for sessions you will find hypnosis to be extremely pleasant and effective,” would not be an assumptive approach. To achieve the more effective assumptive approach you would say, “WHEN you come in for sessions you will find hypnosis

Continues on page 45 ...

therapist might be treating. Aligning with authorities that produce reputable information (universities and colleges), can raise the bar in becoming more evidenced based and building a solid reputation.

Secondly, one becomes more evidence based by embarking on systematic evaluation of what is done in practice. How does one know that any one approach is consistently better than another? One may have an intuitive feel based on experience, but unless evaluated in a systematic way ... one cannot really know. As an example, if one technique were effective in many more clients than another technique, it would make sense to use the more effective technique first. Patients and clients will always respond differently because of individual variation. However, it would be worth knowing if one intervention was consistently more beneficial. These kinds of studies become the method by which hypnotherapists inform each other in an evidenced based way. Any hypnotherapist could complete such a comparison case control study just from his or her own practice. The more one can involve objective third party reviewers (unrelated to the field of hypnotherapy) to assess the results, the less biased such a study is and in the mainstream, more accepted.

Many hypnotherapists claim success rates on their websites without a clear explanation of how those success rates were determined. Without proper follow-up, this might just be guesswork. How should follow-up be conducted and how should it be documented? It is always best to have data gathered by an objective third party (perhaps a student) to decrease the level of bias. What length of time for follow-up is appropriate (6,12,18 or 24 months)? This kind of data is the kind of information that could easily be gathered by an individual hypnotherapist and submitted for publication. This could form either a case series or, if done well, an individual cohort study. Such information would inform true success rates.

The third level of becoming more evidence based is by becoming involved in more sophisticated research. This may be a much more challenging endeavor, but not impossible. There are many ways one might accomplish this. Approaching experienced researchers with ideas and concepts for projects could open doors. Universities, colleges and other organizations often have newsletters that highlight some of the research that they are involved in. As an example see the following link for Alberta Innovates: [www.aihealthsolutions.ca](http://www.aihealthsolutions.ca). This will bring up the spring issue of Research News in which is an article on mental illness and addictions.<sup>8</sup> This article highlights several researchers in the field together with websites and contact information. So if addiction was an area of interest one might contact such researchers to explore ideas around conducting studies involving hypnotherapy and addictions. Even if the person contacted did not have interest, he/she might suggest other contacts. This is one way how such a research newsletter

might be used. A research organization's web site, such as the Cancer Society, might be used in the same way.

Often graduate students, or more likely undergraduate students are looking for topics to develop a research project around. Contacting such students may be worthwhile. Being involved in high quality research takes time and patience. For example, graduate students earning their PhD will often take four to five years to complete their dissertation.

Volunteering services at institutions of interest could lead to contacts and then research projects. Consider for example, volunteering at palliative care units, hospices or pain clinics.

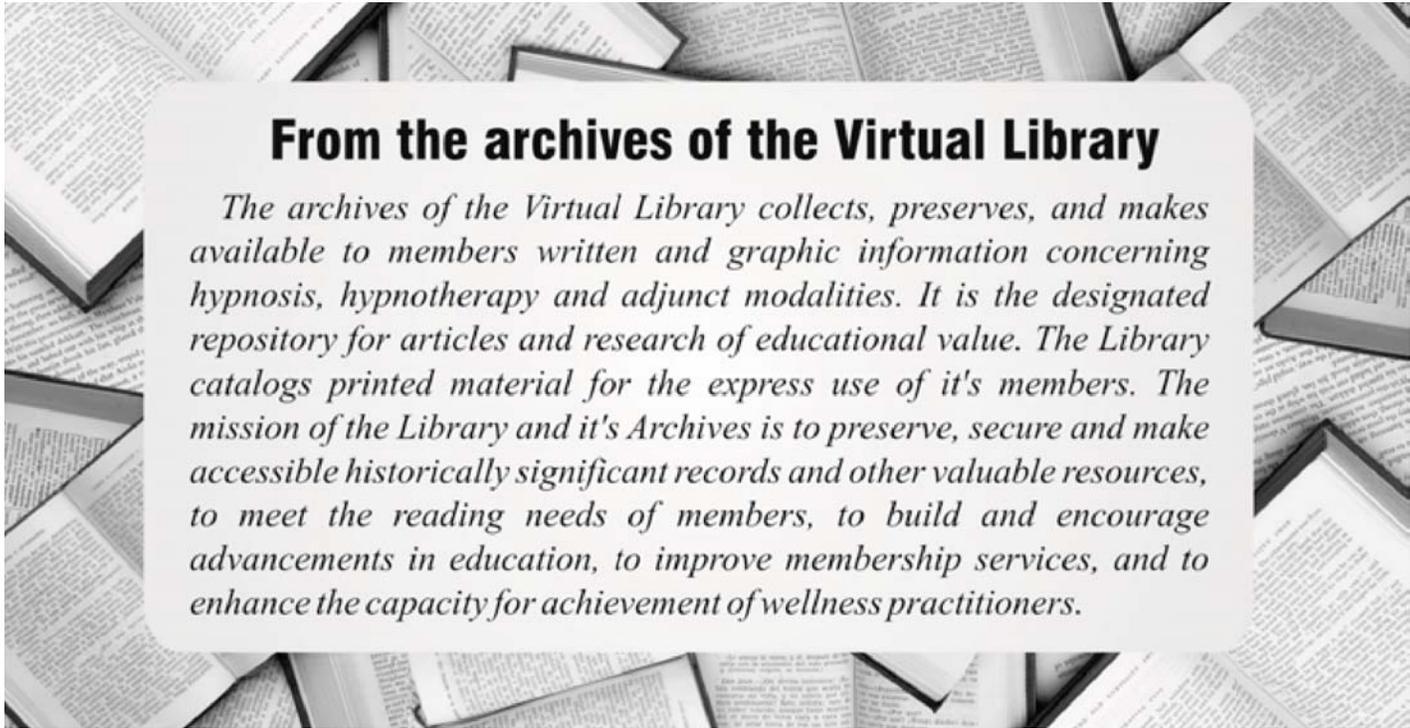
In summary, the more hypnotherapists become versed in what it means to be evidenced based and to practice this way, the more impact hypnotherapy will have in the mainstream of allied health professionals. There are manuals and books available on this topic, such as "User's Guides to the Medical Literature: A Manual for Evidence Based Clinical Practice"<sup>9</sup> for anyone who wishes to know more. Knowing what evidence is and presenting it in a credible form increases respect from potential clients, colleagues and other health professionals. Work in this direction will lead to a decrease in scepticism and an increase in partnership.

#### NOTES:

- 1) Evidence-based Medicine Working Group. "A new approach to teaching the practice of medicine." *Journal of the American Medical Association* 1992; 268:2420-5
- 2) Abbot NC, Stead LF, White AR, Barnes J. "Hypnotherapy for smoking cessation." *Cochrane Database of Systematic Reviews* 1998; 2: Art. No. CD001008
- 3) Barnes J, Dong CY, McRobbie H, Walker N, Mehta M, Stead LF. "Hypnotherapy for smoking cessation". *Cochrane Database of Systematic Reviews* 2010, Issue 10. Art. No.: CD001008.
- 4) Hughes JR, Stead LF, Lancaster T. "Antidepressants for smoking cessation". *Cochrane Database of Systematic Reviews* 2007, Issue 1. Art. No.: CD000031
- 5) Cahill K, Stead LF, Lancaster T. "Nicotine receptor partial agonists for smoking cessation". *Cochrane Database of Systematic Reviews* 2012, Issue 4. Art. No.: CD006103
- 6) Oxford Centre for Evidence-Based Medicine. Levels of evidence. <http://www.cebm.net/index.aspx?o=1025>. Accessed June 11, 2012
- 7) Vickers A, Zollman C. "Hypnosis and Relaxation Therapies." *British Medical Journal* 1999;319:1346
- 8) Bryson C. "Opening minds on mental illness and addictions." *Research News; Alberta Innovates Health Solutions* 2012; 1:10-5
- 9) Guyatt G, Rennie D, Meade MO, and Cook DJ. "User's Guides to the Medical Literature: A Manual for Evidence Based Clinical Practice" Second Edition, American Medical Association, McGraw Hill Companies Inc.

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*The archives of the Virtual Library collects, preserves, and makes available to members written and graphic information concerning hypnosis, hypnotherapy and adjunct modalities. It is the designated repository for articles and research of educational value. The Library catalogs printed material for the express use of its members. The mission of the Library and its Archives is to preserve, secure and make accessible historically significant records and other valuable resources, to meet the reading needs of members, to build and encourage advancements in education, to improve membership services, and to enhance the capacity for achievement of wellness practitioners.*

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# THE REINCARNATION OF JAMES

by: RICK BROWN. SUBCONSCIOUSLY SPEAKING: 1991 VOL 6 NO 3

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On February 11th, 1942, the U.S. Submarine Shark, on which James Edward Johnston was a crew member, was depth charged and sunk by the Japanese Destroyer Amatsukaze. All hands including James drowned. The spirit that occupied the body of James appears to have reincarnated again on January 19th, 1953 in the body of Bruce Kelly.

In hypnosis, Mr. Kelly has a clear and vivid recall of a past life as James. Past life regressionists rarely ever have the opportunity to research data presented by a client, but James Johnston lived so recently that many of the memories recalled by Bruce Kelly have been authenticated.

Documents from the Civilian Conservation Corps, the United States Navy, and civilian records such as a birth certificate and high school attendance records verify the life of James. In addition, several of James' friends and relatives are still alive and have substantiated information recalled by Bruce Kelly while in hypnosis.

I am a Certified Hypnotherapist, experienced in past life regression. Bruce phoned me initially to ask if I would answer some metaphysical questions. We discussed reincarnation and what effect it might have in his current life. I told him that regression into past lives is easy to accomplish and that anyone can do it.

Our first meeting was on the 17th of November, 1987, at the Covina Counseling Center in Glendora, California. During that session, I went through the normal preliminaries, explaining to him what hypnosis is, how it works, and why people are able to use hypnosis for past life regressions.

Bruce, a sales representative for a men's furnishing concern, was required to travel extensively. Most of his territory was accessible by car. Occasionally, it was necessary for him to fly, which terrified him. It was all he could do to board an airplane. We determined that his fear was of being in a closed place where he had no control. When the airplane's door was closed, terror overwhelmed him.

Bruce suffered another phobia: fear of water, even the water in a bathtub. Bruce could stand under the spray in a shower if his back was to the spray, but he could not face it. He could drink from a glass or wash his car. He could be near a lake or the seashore without difficulty, and he could even wade in shallow puddles or dangle his feet in a swimming pool. However, whenever the water got up to around his knees or approached his trunk, such as when getting into a spa or a swimming pool, or even a bathtub, he became anxious. Actual immersion in water brought on irregular breathing, dizziness, nausea, trembling and cramps.

Bruce had one other complaint, a chest pain that had bothered him for much of his adult life, a stabbing pain that started in his stomach and went into his chest, in the area of his left nipple. Several doctors, after examining him had found no cause for the pain, and concluded it was idiopathic – it was all in his head.

During Bruce's first session, we discussed his symptoms, we established a therapeutic objective, and I demonstrated past life regressive hypnosis. On the second visit, I

Continues on page 35 ...

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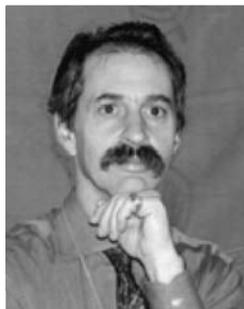
### Saturday AM Session (9-1)

#### THAT REMINDS ME OF A STORY

Narrative Trancework and Hypnotic Fables

The words "Once upon a time ..." may be one of the most overlooking and magical phrases for inducing trance. Stories can revision people's sense of what healing and curing means and how it comes to pass. In this workshop we will consider how words affect attitudes, change beliefs, and nurture faith. Through our words, deep inner resources for self-love are kindled which become physiological changes. We maintain our identities with the words of our stories about ourselves and perhaps our stories also maintain the integrity of our body. Learn how to elicit your client's core "story," and how (compassionately) to help them deconstruct and reconstruct it.

In hypnotherapy we aim to facilitate a movement toward greater health and the reduction of pain and suffering. Many indigenous cultures use storytelling, imagery and visualization as part of the healing and curing process. We will explore how stories inspire people to believe that they can be healed or cured. Students will learn how to select appropriate stories from fairy tales, fables, and the world's great spiritual literature, as well as how to create a tailor made story just for a specific client.



**Peter Blum** has been immersed in the study and practice of hypnotherapy for over 25 years. Certified as a "Practitioner of Hypnosis in NLP" by the NY Training Institute for NLP, he is considered one of the foremost practitioners and teachers of Ericksonian approaches to hypnosis. Peter is a member of IACT/IMDHA, and has taught at their annual conference many times.

Always fascinated by Eastern and Western mysticism, Peter has been practicing meditation and yoga since 1970. Peter is also in demand for his teachings and meditational events utilizing sound as a tool for healing, vision, and guidance.

### Saturday PM Session (2-6)

#### "KEYS TO HYPNOTIC PERSUASION!"

Motivate, and activate, your clients, friends and lovers!

Masters of the "Art of Persuasion" get others to take action. They build trust more naturally, and dramatically improve their relationships. For them, a "yes" response is a common occurrence!

We've all been influenced and persuaded sometime in our lives, and expert persuaders, have "broken through" some of our toughest resistance.

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- Converse and persuade hypnotically.
- Use hypnotic "trigger" words and phrases that reach beyond a person's consciousness, and entice.
- Think more quickly on your feet.
- Artfully turn conversations to fit the necessary agenda.
- Create a seductive atmosphere, more easily selling your idea(s).
- Offset superfluous, and often unnecessary chatter by clients, that often postpones change, and diminishes the opportunity for a solution.
- Make your business and personal conversations more spontaneous and engaging.
- Hypnotically sell your clients on their ability to take control of their lives.
- Enhance your self-esteem.



This program goes beyond the typical, voice modulation, eye-flickering and basic body signal approaches. It is an "experiential," "hand-on" training that will help make you a more confident, skillful and compelling

**George Bien** has inspired and changed the lives of hundreds of thousands of people worldwide. He is the principal trainer for the International Association of Counselors and Therapists, a Lifetime member of IACT and conducts Hypnosis Certification Seminars and Training Programs around the world.

**Sunday AM Session (9-1)**  
**HYPNOTHERAPEUTIC USE OF TIME FOR**  
**RELEASE OF NEGATIVE EMOTIONS**

Come to this experiential workshop with your thoughts on a goal that you have been stuck not achieving.

The exercises included will be:

- 1) goal identification,
- 2) getting a self report level of motivation,
- 3) elicitation of time line,
- 4) exploring movement along the time line,
- 5) release of negative emotions that interfere with relaxed, peak performance.
- 6) re-assess level of motivation.



This is a hands on presentation in which volunteers will be requested to demonstrate the exercises, and then you will pair up to practice the exercises with each other.

**Monica Geers Dahl, Ed.D.**, became a life member of IACT in 1987, has maintained membership in IMDHA since 1988, and her Hypnotherapy manual was accepted for certification with IMDHA in 1994.

Her special interests include medical applications of hypnosis (anesthesia, dentistry, surgery prep, accelerated healing, anxiety and depressive resolution, pain management, and end of life care), helping people stuck in allopathy without adequate resolution find complementary tools for health, veteran care, human development, peak performance (artistic, athletic, scholastic, professional, personal / interpersonal), and neurofeedback. Her website is [keywesthypnosis.com](http://keywesthypnosis.com).

**Sunday PM Session (2-6)**  
**DAVE ELMAN'S METHODS AS APPLIED TO**  
**TODAY'S HYPNOTHERAPIST**

Dave Elman's methods, as documented in his book HYPNOTHERAPY and the audio recordings of his classes, have been copied, modified, adapted, and occasionally abused while being central to the hypnotherapy profession today. After a discussion of the origin of both Dave Elman's understanding of hypnosis and of his Dave Elman Course in Medical Hypnosis, the Dave Elman Induction will be demonstrated and then taught in detail, including nuances usually not found in modern references on it. The emphasis will be on a Client-Centered Process approach, as differentiated from the more common Script approach. The Induction, and the Hypnotic Semantics implicit in its approach, forms a framework from which to improve the hypnotherapist's patter and understanding. Hypnotic Semantics, and its "cousin" Medical Semantics, will be explored. Waking Hypnosis, an often-neglected art, will be discussed in detail and its uses for the modern therapist developed. Regression-to-cause and the proper subsequent remedies for the client will be discussed. Participant practice, extensive Question-and-Answer discussions, and in-depth deliberations will be encouraged.

**Colonel H. Larry Elman**, Dave Elman's son, took his father's course several times as a teenager, and also performed as a stage hypnotist. Subsequently, he attended MIT, served in the United States Air Force eventually retiring as a Colonel. He also performed extensive aeronautical research both in the military and in industry. During this period, Larry had to restrict his hypnosis activities, but was often sought out with questions about Dave Elman's methods. Currently CEO of the Dave Elman Hypnosis Institute, Larry lectures and teaches hypnosis internationally, as well as producing CDs and DVDs teaching Dave Elman's medical hypnosis methods.



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# VIKTOR FRANKL PART III

## TRAGIC TRIAD, EXISTENTIAL VACUUM, PARADOXICAL INTENTION:

by: Paul G. Durbin

*The late Paul Durbin was a retired Chaplain (Brigadier General), author and retired director of Pastoral Care and Clinical Hypnotherapy - Methodist Hospital in New Orleans, LA. He is a past president of the International Medical and Dental Hypnotherapy Association and a Lifetime member of the International Association of Counselors and Therapists.*

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**THE TRAGIC TRIAD OF HUMAN EXISTENCE:** The tragic triad of human existence is made up of guilt, pain and death.

*(Logotherapy forms a chain of interconnected links: (1) freedom of will, (2) will to meaning, and (3) meaning of life.)*

So often unresolved guilt (whether real or imaginary) creates a need to make amends, to make restitution, to suffer enough to pay back the wrong, to set things right by damage to self and thus balance the account. This tendency has led Cecil Osbourne to write, "Guilt, whether real or imaginary can be handled in only two ways, it must be forgiven or punished." I don't believe God punishes anyone, but when we do not feel forgiven, we find a way to punish ourselves. We need to seek God's forgiveness, and forgive ourselves. Once you have accepted God's forgiveness, we can say, "I no longer have to feel guilty and separated from God, for I am forgiven. I am now free to experience a fuller, happier life."

Every person has experienced pain, guilt and will some day die. Speaking of the tragic triad should not mislead the reader to assume that Logotherapy is pessimistic. Logotherapy is an optimistic approach to life for it teaches that there are no tragic or negative aspects of life that cannot be, by the stand one takes to them, translated into positive accomplishment. One prerogative of being human is the ability to change and a constituent of human existence is the capability of shaping and reshaping oneself. In other words, it is a privilege of man to become guilty and his responsibility to overcome guilt. Man does not have the freedom to undo what he has done, but he does have the freedom to choose the right attitude to guilt. A man who has failed by a deed cannot change what happened, but by repentance he can change himself.

As for pain, man by virtue of his humaneness is capable of rising above and taking a stand to his suffering. A human being, by the very attitude he chooses, is capable of finding and fulfilling meaning in suffering. It is a basic tenet of Logotherapy that man's main concern is not to gain pleasure or to avoid pain, but experience meaning to his life. That is why man is ready to suffer, on the condition, that his suffering has meaning. Suffering does not have meaning unless it is absolutely necessary. For instance, a dangerous growth that

can be cured by surgery must not be shouldered by the patient as though it were his cross. This would be masochism rather than heroism. In spite of suffering, life can have meaning up to the last moment and it retains this meaning latterly to the end.

Life's meaning is an unconditional one for it even includes the potential meaning of suffering and death. Frankl proposes the question, "can death make life meaningfully?" Death does make life meaningful for if we were immortal, we could postpone every action forever. With the fact of death, we are under the imperative of utilizing our lifetime to the utmost, not letting the singular opportunities pass unused. Man's positioning life is like that of a student at final examination: in both cases, it less important that the work be completed but that its quality is high. The student must be prepared for the bell to ring signaling that the time at his disposal has ended and in life, we must always be ready to be "called away" (to die).

**THE EXISTENTIAL VACUUM:** The existential vacuum is a widespread phenomenon of the twentieth century. This is due to a twofold loss that man has undergone since he became truly a human being. At the beginning of human history, man lost some basic animal instincts in which an animal's behavior is embedded and by which it is secured. Such security is closed for man, as he has to make choices. Beyond this, man has suffered another loss in his more recent development: the traditions that had fortified his behavior are now rapidly diminishing. No instinct tells man what he has to do and no tradition tells him what he ought to do and often he does not even know what he basically wishes to do. Instead he wishes to do what other people do (conformism) or he does what other people wish him to do (totalitarianism) or he refuses to follow anyone directions or guidance (rebellionism)

The existential vacuum is often experienced as a state of boredom. Frankl refers to this let down due to leisure time as the "Sunday Neurosis." This kind of depression affects people who become aware of the lack of content and meaning in their lives when the rush of the busy week is over and the void within themselves becomes manifest.

The existential vacuum leads to a neurosis that shows itself in four main symptoms.

- 1) First, there is the planless day-to-day attitude toward life.
- 2) The second symptom is the fatalist attitude toward life. The day-to-day man considers planned action unnecessary while the fatalist considers it impossible.
- 3) The third symptom is collective thinking. Man would like to submerge himself in the masses. The conformist or collectivist man denies his own personality.
- 4) The fourth symptom is fanaticism. While the collectivist ignores his own personality, the fanatic ignores that of others. For the fanatic, only his views are valid.

Ultimately, all four symptoms can be traced back to man's fear of responsibility and his escape from freedom. These attitudes lead to nihilism that is that response to life that says that being has no meaning. A nihilist is one who considers that life is meaningless. Responsibility and freedom comprise the spiritual domain of man so today man must be reminded that he has a spirit and that he is a spiritual being. The spirituality of man is a "thing-in-itself." Man has freedom in spite of his instincts, inherited disposition, and environment. Certainly man has instincts, but these instincts do not have him. One can accept or reject his instincts. Regarding heredity, Frankl talks about twins, one of which was a cunning criminal and the other a cunning criminologist. Both were born with cunning, but each used it differently. As for environment, it does not make the man, but everything depends on what man makes of it: on his attitude toward it.

Frankl referred to Freud who said, "Try to subject a number of very strongly differentiated human beings to the same amount of starvation. With the increase of the imperative need for food, all individual differences will be blotted out and in their place, we shall see the uniform expression of the one unsatisfied instinct." Frankl's response was, "In the concentration camps we witnessed the contrary: we saw how, faced with the identical situations one man degenerated while another attained virtual saintliness."

**PARADOXICAL INTENTION:** It is commonly observed that anxiety often produces precisely what the patient fears. Frankl calls this anticipatory anxiety. For instance, in cases of insomnia, the patient reports that she has trouble going to sleep. The fear of not going to sleep only adds to the difficulty of trying to go to sleep. Many sexual problems may be traced back to the forced intention of attaining the goal of sexual intercourse: as in the male seeking to prove his potency or the female her ability to experience orgasm. It seems that anticipatory anxiety causes precisely what the patient fears. It is upon this fact that Logotherapist bases the technique known as "paradoxical intention." For instance, when a phobic patient is afraid that something will happen to him, the Logotherapist encourages him to intend for precisely what he fears. Hypnotherapist uses the same techniques in "desensitization" and "circle therapy." Frankl tells the story of a young physician who sweated excessively when in the presence of his chief. At other times, he was not bothered by excessive sweating. The patient was advised to resolve

deliberately to show the chief just how much he really could sweat. He was to say to himself, "I only sweated out a liter before, but now I'm going to pour out at least 10 liters." Through this paradoxical intention, he was able to free himself of his excess sweating. The treatment consists not only in a reversal of the patient's attitude toward his phobia but also that it is carried out in a humorous way if possible.

This procedure is based on the fact that, according to Logotherapeutic teachings, phobias and obsessive-compulsive neuroses is partially due to the increase of anxieties and compulsions caused by the endeavor to avoid or fight them. (The subconscious cannot tell the difference between a fear and a wish and so attempts to bring either into reality.) A phobic person usually tries to avoid the situation in which his anxieties arise, while the obsessive-compulsive tries to suppress and fight his problem. In either case, the result is a strengthening of the symptoms. If we can succeed in bringing the patient to the point where he ceases to flee from or to fight his symptoms, then we may observe that the symptoms diminish and the patient is no longer haunted by them.

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DEI, Continues from page 15 ...

spread in the hypnosis community. After all, his 10,000 students could not by themselves be responsible for the sales of the 1964, 1968, 1970, and 1977 editions. Three additional printings by Westwood in the next seven years (Printing #2 probably in 1979, #3 in 1981, and #4 in 1984) make it abundantly clear that interest in Dave Elman's methods continued. Many of the finest hypnosis schools in the US as well as overseas made Hypnotherapy a required text. The Dave Elman Hypnosis Institute (DEHI) has received statements to this effect from hypnosis students covering every decade from the 1960's through the 2000's. A recent book, sold as a history of hypnosis, claimed that Dave Elman's methods were unknown except to his physician students for "almost 50 years." This is clearly in error. Why was this said in light of facts which were well known not only to the hypnotic community, but also to that book's author?

And what of the future? The DEI is firmly established as one of the leading inductions in the world, and is taught in hundreds of hypnosis courses around the world. Hypnotherapy has been in print continuously for over 47 years. The Elman family still teaches hypnosis and sees clients. While there have always been debates over the best way to do Elman procedures, most of the methods have stood the test of time and are still fairly close to the original form as taught in the 1950s. And Dave Elman's original policy of being receptive to attempts at expanding and improving his hypnosis methods is still the policy of the Dave Elman Hypnosis Institute.



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# RAPID TECHNIQUES TO REWIRE THE BRAIN

## EXCERPT FROM “THE ANTI-ANXIETY TOOLKIT”

by: Melissa Tiers

*Melissa Tiers is the founder of The Center for Integrative Hypnosis with a private practice in New York City. She teaches classes in Integrative Hypnosis, In-Depth NLP, Energy Psychology, Medical Hypnosis and Mental Health Coaching. Melissa is a published author and an adjunct faculty member of The Open Center, The Tri-State College of Acupuncture and The Nursing Continuum at Beth Israel School of Nursing. Her new book Integrative Hypnosis: A Comprehensive Course in Change is available through Amazon.com*

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When I work with my clients to overcome anxiety, my approach is two-fold. First I teach them different techniques to address the cognitive, emotional/biochemical, structural and energetic aspects involved. For many people, just learning about these things decreases the intensity of episodes.

Then we work together to systematically neutralize the triggers and reprogram the responses. So even though they have many techniques to stop anxiety, the reprogramming process makes it so they rarely have to use them.

It's like learning a martial art. First, you learn how to kick ass. Then you learn how to never need to use it. It's interesting how the more skilled you get, the less you have to fight.

Think of anxiety as a network of neural clusters in the brain that create an area of association as some neuroscientists like to say, "the cells that fire together, wire together." For instance, a violin player will have an area of association that correlates to the hand she uses to finger the instrument. The more she practices, the more robust the area becomes. If she stops playing for a while, the cluster shrinks back to normal size.

This corresponds to research on London taxi drivers that shows more density in the area of the brain associated with navigation. (Because unlike New York, London cabbies actually have to know the city.)

As you can see, the more we reinforce the pattern the thicker and stronger the cluster of neurons becomes. And as that happens, it becomes much more difficult to control them. My friend John Overdurf refers to these clusters of neurons as “the bully on the block who is strong, thick and overly sensitive. This makes it easily triggered.”

But new research in neuroscience tells us that the brain is malleable and capable of changing even the most ingrained patterns. So, each time you stop the pattern of anxiety, you are working to rewire the brain. Google neuroplasticity if you want to learn more.

Luckily the brain can be rewired more easily than most people imagine, and by practicing all the techniques in this book you will become an expert in neuro-plasticity.

That's because if you can interrupt the anxiety and then connect that cluster to a more resourceful state like relaxation, you will be cross connecting those neurons and loosening up the area of association that had been keeping that cluster

strong.

So not only do you get immediate relief, you are slowly but surely dismantling the neural network that used to keep that anxiety active.

And this book will give you many different ways to calm, inform, and change the bully in your brain.

Here's another way to think about it. Anxiety has a structure. Some people will see something external and then say something inside their heads and then feel anxious. Others will hear something or tell themselves something and then make an internal image and then feel anxious.

Other people will remember something as an image and then react to it by feeling anxious. There are many different combinations of the above.

Once you understand that you are generating the anxiety and that it doesn't just descend out of nowhere, you can begin to change it.

That freeze, fight or flight response you go into during panic is mediated by the unconscious mind. Your breathing, heart rate and every other system of your body is controlled unconsciously. And lucky for us, it is. Can you imagine having to remember to breathe?

All of your habituated patterns, emotional responses, long term memory, cognitive filters and core beliefs are in the domain of the unconscious mind. This is why, when you learn to use it strategically, you will be able to change much faster.

Unconscious patterns and programs are formed by repetition. Anything done, felt or even imagined repeatedly begins to create habituated programs. Think about when you first learned to drive. It took all your conscious awareness to focus on steering and being aware of the gas, brakes, rearview mirror, speedometer and everything else you needed to pay conscious attention to. Then you drove for a while and before you knew it, your unconscious took over, and you found yourself chatting, daydreaming, eating, and listening to the radio all while driving the car.

It's the same reason why they say you never forget how to ride a bike. It takes all your cognitive awareness to program the balance and fine motor skills involved in riding a bike, and once it's done, you never have to consciously think about it again because your unconscious rides the bike. And although that's great for an afternoon bike ride, it's not so great when it triggers anxiety.

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# PAST LIFE REGRESSIONS: FACT OR FANTASY?

by: C. Roy Hunter, M.S., FAPHP

*C. Roy Hunter, is an IMDHA member and practices hypnotherapy near Seattle, in the Pacific Northwest region of the USA. His experience includes providing hypnotherapy part-time for terminal patients of the Franciscan Hospice from 2001 thru 2008, and 21 years teaching a 9-month professional hypnotherapy training course based on the teaching of Charles Tebbetts. Roy is the recipient of numerous awards, including awards from three different organizations for lifetime achievement in the hypnosis profession. His workshops are in demand worldwide.*

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Hypnotherapy enjoys greater public acceptance today than ever before. Yet even as we move forward into the new millennium, people still debate over various techniques. One of the most controversial techniques can be summarized in three words: past life regressions.

While this article will neither prove nor disprove the concept, it is written to provide food for thought regarding a controversy that will not go away.

First, it is a known fact that clients in hypnosis may be intentionally guided into a past life regression (often referred to simply as a "PLR"). Stranger yet is the fact that some clients who do not believe in former lives may also, on rare occasions, trip out spontaneously into an alleged past life during what was intended to be a regression back to childhood. Why does this happen? Skeptics often claim that a PLR is the result of false memories, while believers claim that past life regressions provide evidence of reincarnation.

Some highly educated people believe that the concept of living more than once is totally unscientific; yet others with medical degrees and other advanced degrees do believe that we live more than once. Also, while most theologians argue vehemently against the concept on Biblical grounds, there are ordained Christian ministers who believe in reincarnation.

Most available information regarding the PLR phenomenon either attempts to promote the theory of reincarnation, or attempts to discredit PLR's altogether. Believe it or not, there are enough possible explanations available to justify being undecided on this issue. This article is written to provide some food for thought, regardless of your own views on this controversial topic.

## Possible Explanations:

There are several popular theories to explain what may be taking place during a past life regression. You are free to choose the theory (or theories) which fit comfortably into your own personal and/or professional beliefs. Let's consider some possible explanations of the phenomenon, beginning with the two most common ones.

### Fantasy or metaphor (false memories)

Any competent hypnotherapist knows that hypnosis enhances one's own ability to imagine or fantasize; and this most certainly is a logical explanation for many of the supposed past life regressions. Such fantasy could result from

a number of causes: curiosity, fascination for a particular time period in history, and/or identifying with a certain historical person, or it could be the result of inappropriate leading. In the best case scenario, such fantasy could easily be a subconscious metaphor which may facilitate change in your client. There could be other reasons for the fantasy, such as a movie, a TV program, or a dream or event that made a subconscious impact during one's present life even if forgotten consciously.

While this explanation is the one normally chosen by skeptics of past life regression, there are other possible explanations besides the next one...

### Actual soul memories (reincarnation)

There are people from all walks of life who believe that past life regressions prove reincarnation, as is evidenced by the many books written on the subject. Even some Christians claim that the family of Jesus belonged to the Essenes, who believed in reincarnation. In fact, Elizabeth Clare Prophet stated in writing in 1997 that 28 million Christians believe in reincarnation. It is likely this number has changed over the past fifteen years.

A Methodist minister of many years, the late Arthur Winkler, PhD, was once a past life skeptic. After a Jewish client had a spontaneous past life regression into a former life as a Christian, Dr. Winkler decided to conduct his own research. He facilitated thousands of past life regressions and came to believe that many of them were valid. (Of course, there are millions of Christians who believe that reincarnation is in total conflict with Christianity; and this is not the place to debate it.)

You are encouraged to draw your own conclusions regarding the validity of this explanation for past life regressions, and to avoid simply being persuaded by neither the believers nor the skeptics.

### Soul-tapping or channeling

One theory believed by many proposes that the person in hypnosis may "tap into" the actual memories of another soul who lived in the past, finding those memories from the Universal Book of Life or from the Akashic records.

The subconscious and/or super conscious finds something relevant for the client at the time for the person's soul growth, and we "play" the memories much like a DVD player playing

Continues on page 31 ...



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# HYPNOSIS YOU CAN SINK YOUR TEETH INTO

by: Michael Watson

*An international trainer and consultant, Michael has been practicing hypnotherapy for over 25 years. He is a former president of the Hypnosis Education Association and a certified trainer of hypnosis and NLP. Known for his lighthearted and caring style, his trainings are as enjoyable as they are practical. Michael's developmental work in Generative Hypnosis is "cutting edge" and offers a new skill set to hypnotists in contemporary practice. He is on the training staff of NLP Comprehensive, Salad Ltd., UPHypnosis Institute and several other organizations and was honored as the IACT "Educator of the Year" for 2009.*

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Recently a client came to see me complaining of bruxism (teeth grinding). She told me that she had only just become aware of this when she went to the dentist for a chipped tooth. The dentist told her that she was grinding and had apparently been doing it for a long time. After a second trip to the dentist for another repair, she decided that she wanted to use hypnotherapy sooner than resort to mouth guards and other implements that the dentist had suggested.

I began the session by talking about bruxism as a device to relieve/release tension or stress in the body.

She said she wasn't in particularly high stress in current time ... (although she's been through a number of serious challenges including the death of a child in recent years).

I understand that for many hypnotists, regression-to-cause might be the first thought, yet this client is a therapist ... and has worked through her personal issues with professional assistance and it didn't seem appropriate to me to intervene in that way. She seemed to have responsibly attended to those issues and the remnant was a habit she no longer wanted.

I explained to her that with this understanding it was nice to realize that we didn't need to go mucking around in her past or in her current life to find the sources of tension ... although I was confident that she would responsibly continue on her healing journey. We could point our efforts directly at the grinding.

NLPers take note ... 6-step re-framing might be the way to go here ... but even that seemed more invasive than necessary especially as she had already accepted/agreed with my presupposition that it was a natural way of letting go of stress or tension during the night. In fact, at this point in the discussion I began referring to grinding as "a technique". In that way, we had indirectly implied that it was being used purposefully by her unconscious mind. So we already seemed to have "unwanted behavior "(grinding), "parts" (I may have said that 'a part of her' or, in this case, I might have said 'her unconscious mind' – had generated this response), and "positive intention" (as a technique to release tension and stress).

So before I did the hypnotic work, I gave her some homework. I taught her a process to dissipate the tension that she'd been holding in her jaw that she was to practice at least once a day at bedtime. I guided her through the process in a

paced, quiet, indirect induction ...

Having her take a moment to relax and notice any tension in her jaw ... or just allow some to gather there. I then instructed her to transfer the tension from her jaw into her hands. The way to do this is to close the hands into fists only as quickly as you can let the tension flow out of your jaw and down into your hands. Then take a nice gentle breath and on the exhale ... relax the hands. You could even shake them out gently if you want to and then let them just drop to your sides .

After the instruction, I pointed out that she could practice it any time she wanted a stress release "break" ... AND that she could use it silently in real-time if the need were to arise.

I instructed her that when she does the technique at bedtime, she should do it ten times ... counting down from ten to one and let herself relax a little more deeply. This entire conversation took place in a light trance with no formal induction.

Then, as she'd come for hypnosis, I continued the session with a formal induction reinforcing the value of having a technique that works ... and the instruction that I'd given her about the homework and I generated some metaphors about "holding on and letting go" ... and responded in trance to a couple other things we'd discussed.

I wished her well and sent her on her way.

The session took place about three months ago. I followed up with her and she reported no further damage to her teeth. The dentist has also followed up with her and is quite pleased with the result.

I recorded the session for her occasional use and titled it "Hypnosis You Can Sink Your Teeth Into".

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RAPID TECHNIQUES, Continues from page 28 ...

So think of these habituated patterns like pathways in a forest. Every time you feel anxious in certain situations you are treading down a certain path. One that is a little too easy for your mind to traverse. But as soon as you start using these tools and feeling differently in those same situations, it's like you are cutting a new path.

At first it might be a bit difficult because, just like in a forest, when you cut a new trail, you have some clearing to do.

But every time you travel down this new path, every time you interrupt your old anxiety pattern, you are widening out that trail and it will get easier and easier for the mind to choose the new path as the old one begins to get overgrown.

a DVD, or by telepathically reading or "channeling" thought patterns from the departed soul of another who is in spirit form. Some who object to the idea of reincarnation on religious grounds may find this a very acceptable explanation for past life regressions.

#### Universal consciousness

This theory is similar to the one above. The belief is that we are all interconnected through the spirit of God, and therefore all memories of all lives ever lived, both past and present, are instantly available through hypnosis if needed for one's own personal or spiritual growth. This theory is like a metaphor of some sort of spiritual internet that we can access. It differs slightly from the first in that some people propose that past lives, present lives, and future lives are all happening simultaneously in another plane of existence. (If you think this theory is difficult to understand, try explaining it to someone!)

#### Genetic memory

Some people believe that memories may be passed on through heredity, through the genes and chromosomes. This theory does not hold water with regressions where one remembers his/her death, as those memories for a particular life would seemingly expire after one's last child was conceived, nor would it explain a Japanese client of mine regressing into an apparent former life as an American Indian. Nonetheless I've discussed this theory with at least one scientist who firmly believes it, and can offer explanations for the two concerns mentioned above.

You are free to consider still other possible explanations besides these; but perhaps this gives you a starting point for opening your mind to possible explanations for those regressions which seem to be more than just fantasy. But even if you don't wish to choose an explanation, there still remains the mystery of the occasional spontaneous past life regression.

#### Spontaneous Past Life Regression

Whether or not you believe in past lives, on rare occasions a client who is regressed may spontaneously "trip out" into a real or imagined past life even when that was not the intention of the therapist! The spontaneous PLR is more common with the "affect bridge" technique than with any other regression technique. One of my former students, a licensed physician, witnessed this while facilitating her very first regression, even though both she and her patient expected the cause to originate during childhood of the current life.

If this happens to one of your clients, stay calm. Take a deep breath and say "relax" to yourself (and to your client) if you need to calm any of your own anxiety, since this can be picked up by the client's subconscious. If you are comfortable dealing with what emerges, guide the client through the experience. Remember to ask open ended questions and avoid inappropriate leading. Handle the spontaneous PLR much the same as a present life regression, making sure to suggest a total return to the present day before awakening.

Remember to allow (but not force) abreactions, and know how to deal with them!

If you are not comfortable handling the situation, bring your client back to the present life quickly but gently, but do NOT awaken from hypnosis just yet. You might take him/her to a safe place and use the verbalizing technique to discover possible relevancy to the present life, etc.; or you could just give some soothing post-hypnotic suggestions for peace and well-being if you do not know what else to do. Then, after awakening, ask the client to tell you how he/she feels about what happened during hypnosis.

What do we tell the client?

After a spontaneous PLR, it is best to keep quiet about your own opinions regarding PLR's, regardless of whether you are a believer, skeptic, or undecided.

Under absolutely no circumstances should you criticize any client for regressing back too far in time. If he or she believes in former lives and you are a PLR skeptic, then you would serve him/her better with a referral to an ethical hypnotherapist who is comfortable working with past life therapy. Also, you have no obligation to accommodate a client's request for past life therapy, as long as you decline with courtesy and sensitivity to the client; however, with a little experience, you just might find yourself able to facilitate a PLR upon request.

A devout Lutheran who saw me to deal with the fear of flying regressed back to a former alleged death experience. She did not believe in past lives, yet she vividly described suffocating to death. With the verbalizing technique, she said that it was not being in the sky that she feared while flying, it was the fear of running out of oxygen and dying again like before! When I awakened her, she exclaimed, "That seemed pretty real! Did I really live before this life?"

My response was that it was not my place to say whether or not her experience was real. She could have seen a movie or heard a story as a small child, or her subconscious could simply have produced this story as a metaphor to help her. I finished by saying, "Whether or not you really lived that life isn't nearly as important as your release from the phobia, is it?"

To invalidate her experience might have neutralized the therapy. To validate it might have caused anxiety over her religious convictions. The most considerate response from me was to summarize the possible explanations above and allow her to explore her own personal conclusions. By the way, her release from the phobia was permanent.

Now let's explore ethical considerations...

#### ETHICS

I always encourage my students to do for the client what you would want done if the roles (and beliefs) were reversed. Let's explore the ethics of three possible situations...

If you are a PLR believer

In my professional opinion it is unethical to initiate a past life regression intentionally unless your client requests it.

Continues on page 34 ...



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## WORDS FROM THE FIELD

by: Michael Ellner

*Michael Ellner, an internationally prominent medical hypnosis educator and practitioner is a major force in educating healthcare professionals. Based on his extensive training and experience, he teaches a wide range of behavioral techniques that utilize language, metaphor, and imagery that heal at the most personal and biological levels. His blog can be found on the multi-award-winning web site [TherapyTimes.com](http://TherapyTimes.com) and his column can be read in *Hospital Newspaper*, a leading trade journal for doctors, nurses and hospital administrators.*

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I am going to use my column to briefly highlight and let you know about some of the very exciting things going on in the field! I will balance that by sharing information I believe can help you assist your clients more effectively based on recent activities in my sphere of teaching, mentoring and assisting clients.

In my last column, I honored two very special human beings - hypnosis practitioners and educators who had recently died. Dr Paul Durbin and Dr Patricia A. Trowbridge. Since then I have had an opportunity to share two wonderful resources "the General" (Paul Durbin) contributed to the field in the very controversial world of hypnosis and religion.

I participated in a discussion about a young man who asked if hypnosis could help him stop wetting his bed. The hypnotist advised it could, but parental consent was necessary and we subsequently learned that the young man's parents believed hypnosis was not compatible with their religious beliefs and thus would not consent. I sent the hypnotist the following links and suggested he share them with the boy's parents. I am not sure if he followed up or not, but I wanted to share them with you. File them away for a gloomy day and Durbin's insights just may help you shed some light:

Christianity and Hypnosis: Answers from an Academic and a Minister.

<http://www.hypnosisnetwork.com/articles/christianity-and-hypnosis-answers-from-an-academic-and-a-minister>

### ASK THE HYPNOTIST- PAUL DURBIN

<http://www.ask-the-hypnotist.com/paul-durbin-christian-hypnosis-religion-and-hypnosis-mind-body-spirit-hypnosis-hypnotherapy.html>

Disclaimer: Just to be very clear -- I am not recommending prescribing eliminating anything unless you are also a licensed health care professional.

FYI- In my opinion, parental permission to assist this young man would not be necessary if, and pretty much only if, one is simply providing information and resources. I'd start by establishing that a licensed health care provider has ruled out possible medical/physical causes of the bed-wetting. It can be as easy as asking, "What have you already

tried to stop wetting the bed? Have you seen a doctor?" Once I know the young man or woman has had medical attention and physical causes have been ruled out, I am confident that the info/patter that follows would help a very high percentage of young people stop wetting their beds without conventional hypnotic assistance. My patter might go like this: "Self-hypnosis can be a very effective way to wake up dry, if additional help is needed, but like many hypnosis professionals, I have found that when my potential bed-wetting clients eliminate dairy and sugary soft drinks for a few weeks, they stop wetting their beds and hypnosis is not necessary."

I might give him or her a link to self-hypnosis info or provide an outline of a basic self-hypnotic technique and suggest, "Imagine that you are setting a self-hypnotic 'alarm' that can program your mind and brain to automatically wake you up if you have to pee during the night but that probably won't happen if you cut out dairy and soft drinks, blah, blah, blah..."

Think of my patter as an introduction to effective communication. And speaking of effective communication, I am very happy to report my new book, *BEDSIDE MANNERS: The Pain Clinicians' Guide to Effective Medical Communication* continues to win friends and influence hypnosis practitioners and health care professionals! Change happens when we are able to communicate persuasively. I am confident that readers can learn how to talk their patients and/or clients into resource states for creating change and help them motivate themselves to maintain the change with or without conventional hypnotic entrancement.

### HAPPENINGS --

Kudos to - Seth-D!

Seth-Deborah Roth gets a hat tip for her "Stress, Disease & Hypnosis" seminar, which was very well received at the 14th Annual Integrative Medicine Forum, sponsored by UCSF on May 19, 2012. Way to go - SD!

Moving right along, please join me in congratulating the members of the International Medical and Dental Hypnotherapy Association and the International Association of Counselors and Therapists' who were honored during the

Continues on page 34 ...

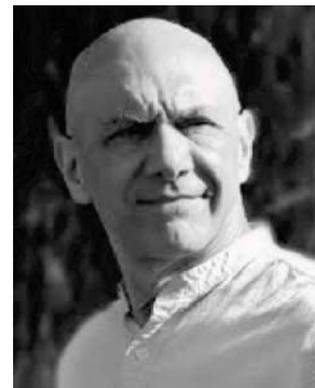
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# PARENTING AND HEALTH

by: Bernie Siegel, MD

*Dr. Siegel, who prefers to be called Bernie, not Dr. Siegel, was born in Brooklyn, NY. He attended Colgate University and Cornell University Medical College. He holds membership in two scholastic honor societies, Phi Beta Kappa and Alpha Omega Alpha and graduated with honors. His surgical training took place at Yale New Haven Hospital, West Haven Veteran's Hospital and the Children's Hospital of Pittsburgh. He retired from practice as an assistant clinical professor of surgery at Yale of general and pediatric surgery in 1989 to speak to patients and their caregivers. In 1978 he originated Exceptional Cancer Patients, a specific form of individual and group therapy utilizing patients' drawings, dreams, images and feelings. The physical, spiritual and psychological benefits which followed led to his desire to make everyone aware of his or her healing potential. He realized exceptional behavior is what we are all capable of.*

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There are two aspects of the relationship between parenting and health. One is the health of the parents and the other of their children. First let me address the parental issue since, it is not often looked at, and then discuss why parental love, for self and one's children, is the most significant public health factor on this planet.

As the father of five children, born within seven years, and including twins, I know the role my wife's and my exhaustion played in our health. We only slept a few hours each evening as we cared for the kids, prepared formula, cleaned diapers, played with them and watched over them. We were acting out of love but the fatigue also had its effect upon our immune system and stress hormone levels. The result was that I ended up in the hospital with a severe staphylococcal infection and my wife developed multiple sclerosis.

This awakened me to the fact that one cannot separate one's health from one's life and I began questioning my patients about changes in their lives when they developed a new affliction. Their response was, "How did you know that?" I answered simply, "That's what happened to me." Because of this experience I have been running support groups for the last thirty years to help people survive life's difficulties. Remember life isn't unfair. We are all wounded but if you know how to deal with the wounds you are more likely to be a survivor. So when a disease leads to someone being reborn and their life healed, life's labor pains become worthwhile and many afflictions are cured.

One of the things all parents should do is take time to get away and restore themselves. Every few months my wife and I would go off for several days while our friends, family and my patients took our place and shared their time and affection with our children. Everyone benefited from the separation as our children found a new set of parents who were willing and ready to listen to their problems and love them while my wife and I had a chance to restore ourselves and relate to more things than diapers, schedules and meals.

Before I discuss how parenting affects the health of our children let me share the wisdom of Elisabeth Kubler-Ross. She and I became very good friends many years ago and while

I was attending one of her workshops filled with anger over all the family problems I couldn't fix and all the diseases I couldn't cure she waited until I was finished expressing my anger and then said quietly, "You have needs too." Those words have always stayed with me.

If someone in your family asked you to do something you did not want to do what would you answer? When asked, nurses have a very hard time saying no to things they really don't want to do. What we have to remember is when we say yes to what we do not want to do we are saying no to ourselves and that is not survival behavior.

So Monday morning adults have more heart attacks, suicides, strokes and illnesses because of their work. They are burning out. When you ask kids what day of the week is bad for their health they tell you Saturday and Sunday. Why? Because they get so exhausted running around doing all the things they love to do they think that makes them vulnerable. It doesn't. Do what you love and you are burning up, not out, and a nap will restore you. Do what makes you unhappy and you are being self destructive. That's why parental love and self worth and self esteem are so important for your health. They empower you to care for yourself and not be submissive.

Children who grow up addicted to food, drugs, cigarettes and self destruction are not living that way because of a lack of information. What they lack is inspiration and a sense of worth. A study of Harvard students revealed that only one fourth of those who felt loved by their parents developed a major illness by midlife while well over ninety percent of those who didn't feel loved had. To quote someone I know, "My mother's words were eating away at me and maybe gave me cancer." Her mother constantly belittled her accomplishments and only dressed her in dark colors. The problem is that up to the age of six a child's brain wave pattern is similar to that of a hypnotized individual. By the time a child becomes conscious and capable of evaluating their parents' words they have a real struggle on their hands to free themselves from the negative messages most parents deliver.

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2012 IACT/IMDHA Awards Banquet Dinner, in beautiful Daytona Beach, on May 19, 2012.

THE "WINNERS" WERE:

### 2012 IACT

Chapter of the Year - Ann Hayes (Pensacola)  
 Lifetime Achievement - Marx Howell  
 Humanitarian Award - Paul Durbin  
 Innovative Therapy Award - James Ramey  
 Hypnotist of the Year - Jeffery Cohen

### 2012 IMDHA

Life Diplomate - Debbie Papadakis  
 Life Fellow - Scott Sandland  
 Life Fellow - Ed Horn  
 Pen & Quill - Kweethai Neill  
 Educator of the Year - Terence Watts

Heads Up -- Congratulations and best wishes to IMDHA Fellow and Mentor Scott Sandland and his fiancé, Meredith, on their engagement! Wishing them a healthy, prosperous and enjoyable life together!

I'll close with a suggestion: Now is a good time to start planning on attending HYPNO-EXPO 2013! The EXPO is an OUTSTANDING educational weekend and great way to earn your CEUs.

FYI - The Expo will be moving into a New Hotel Complex (Still in beautiful Daytona Beach) - The great news is the move means better rooms at lower prices and lots of perks like eat-in kitchenettes and free parking! Again -- Plan on joining us - You will be glad you did!

PAST LIFE REGRESSION? Continues from page 31 ...

Even if you believe his/her problem originated in a real or imagined "former lifetime," you risk the credibility of hypnotherapy by taking it upon yourself to force the person back into some real or imagined past life unless that is what the client, of his or her own free will, desires.

Furthermore, some people may feel it is an infringement on their own beliefs even if you solicit their consent prior to the hypnotic session. The client should bring up the topic of past lives rather than the therapist. To do otherwise could be construed as bordering on diagnosing.

If you are a PLR skeptic

The flip side of the coin is that you may appear as being cold and insensitive if you try to convince a client that it is stupid or unethical to believe in past life therapy just because of your scientific or religious views, etc.

Paul Durbin, who was a legend in hypnotherapy, told me personally before his passing that he honored a client's request to facilitate a PLR even though he was a past life skeptic. He knew there were other explanations besides reincarnation...and he practiced client centered hypnosis.

What parents are often doing is literally taking their child's life away as they impose behavior patterns, careers and more. The sweet identical twin sister who pleases Mom and Dad and the family and internalizes anger is far more likely to develop breast cancer than her little devil of a sister who is always doing her thing.

So parents please love your children even when you do not like what they are doing. Do not attack them with words like, "There's something wrong with you." Let them know you do not like their behavior while you love them. The opposite of love is indifference and aggression is a normal feeling. But the unloved and rejected child will act out and turn healthy aggression into violence and destruction, rather than sports, work and hobbies, in order to get attention and revenge. A child can be a rebel in healthy ways and not as a bully. They can empower love rather than love power like Gandhi or Mother Teresa.

If I had to summarize how to raise a healthy child I suggest you get a puppy and go to a veterinarian and ask how to raise your puppy. Then go home and do the same thing with your child. To quote some vets I know, "Love, trust, respect, consistency, discipline, affection and exercise." Sounds good to me. For more details read my book Love, Magic & Mudpies about how to raise children to feel loved, be kind and make a difference.

Also do get a pet because when you do get a pet; a dog or cat your oxytocin and serotonin levels go up and you bond with other people. Survival rates for many diseases are higher in homes with animals. We had a house and yard full of every species of animals and our children developed a reverence for life and connections which helped them to feel needed, meaningful thrive and keep them healthy.

I also recommend that you give your children a week of health days every semester of the school year. I did. That teaches them that they do not need to be sick to get a day off, or sick day, but that they can come to their parents and say they are taking a health day to enjoy life and stay well.

Last but not least be patient. Many years ago when our children were wearing me out I went to a healer for help. She told me that if I brought her a hair from the chest of a bear, which lived in a cave on the hill near us, she could make a potion which would calm our children. I spent six months befriending the bear with food and when it finally accepted my presence I walked up and pulled a hair from its chest. When I handed it to the healer she threw it into the fire. I was more than just upset telling her what I had to go through to get the hair and the time involved.

She turned to me and said softly, "Now go home and be as patient with your children as you were with the bear."

transferred Bruce's recollection to his past lives. Bruce was instructed to recall the time and place where he was first affected by the terror he feels in an airplane. Bruce said: I'm in a submarine. I'm dying. What is the name of the submarine I asked. It's number? Where was it? Bruce answered easily. The submarine was the Shark SS-174. It was part of the Asiatic Fleet, stationed in Manila Bay. He was a crewman aboard the submarine and his name was James Johnston. I asked for, and without apparent effort, Bruce gave me the time and date of James' death. He was able to recall where he was on the submarine and what was happening around him. As James, he drowned in an elongated, cylindrical pressure vessel which was similar to an airplane in form, fit and function. Bruce observed the separation of the spirit from James' body. If a subject recognizes and accepts separation, then the subject can and will abandon symptoms manifesting in their current lives.

The terror that had lived with James died with James. After the hypnotic past life regression, Bruce no longer felt afraid. He had left all of James' terror and anxiety in the submarine, and was relieved of the signs and symptoms of claustrophobia and hydrophobia.

Even though the therapeutic objective had been accomplished, Bruce and I agreed to investigate the life of James Johnston. In hypnosis, Bruce poured out information about his prior life as James.

I began writing letters, and the information which verified Bruce's past life recollections began to come in. A trickle at first, then more, then a flood.

The U.S. Navy Historical Center and Operational Archives at The U.S. Navy Yard in Washington, D.C. is open to the public. I was able to verify many of Bruce's recollections by searching through the mountains of documents there and at the Military Reference and Service Branches of the National Archives in Washington, D.C.

I traveled to James' hometown in Alabama and interviewed several of James' boyhood friends and relatives. I ran an ad in the local newspaper, asking people who knew James to please contact me. I also distributed fliers to the local Senior Citizens lunch program, and to the organizer of James' 1937-1938 High School Reunion. Everywhere I turned, I received verification of the information Bruce had recalled while he was in hypnotic trance.

James' mother Annie, was unmarried. During the 1930's she and James lived in the Profile Cotton Mill Village, a company owned village, complete with a company store and a tract of company owned houses, which were occupied only by employees of the mill. Life within Depression Era company-owned villages was a dismal existence. James and his mother lived together in one rented bedroom of a company owned house. James' mother was a gentle woman whose death in March of 1936 was a surprise to many, and a traumatic blow to her only son. Her death left him even more isolated and alone.

In July of 1938, James joined the Civilian Conservation Corps (CCC) and was immediately sent to Tule Lake in Northern California. He also served in CCC camps at Scottsboro, AL, and Guntersville, AL. James resigned from the CCC's and joined the Navy in July of 1940. After Naval Recruit Training School in Norfolk VA, he was transferred to the South Pacific where he became a crewman aboard the Submarine Shark.

In the taped regression that follows, Bruce is recalling James' prewar days on board the Submarine Shark. The transcript is not verbatim. Persons in trance do not communicate in the same manner as those who are in the normally aware state. They are lethargic and sometimes require many repetitions of the same question. Sometimes the dialogue flows. Other times it is so clear and eloquent that one may question if the subject really is in hypnosis. Frequently a subject thinks a verbal response has been made when it has not. Many times, responses are not complete sentences. Occasionally, responses are too colorful to print.

Rick: Where are you?

Bruce: Manila.

Rick: Is there a submarine base in Manila?

Bruce: I suppose there is, that's where the operations headquarters are. (Cavite, in Manila Bay, was the headquarters of the Sixteenth Naval District. Manila Bay was the home of the Asiatic Fleet. Several submarine squadrons were permanently stationed there).

Rick: Do you have a particular friend? A crew member, someone you spend your time with?

Bruce: I don't see anyone really close. There is another person that works with me in the escape chamber. He had the same training that I did. He was with me through training.

Rick: Let his name come to you.

Bruce: Robert Miller. (Robert Francis Miller, Fireman Second Class, is listed as a crew member on Shark. Miller was born in Evansville Indiana, May 24, 1918. Miller was twenty two years old on the date of his death).

Rick: Did you and Robert Miller come together from school?

Bruce: I think we graduated together.

(In order for a man to be assigned to regular duty on a submarine in 1941, he had to have received training in the use of the Momsen Lung, an underwater breathing device used to escape from a disabled submarine. Both men were probably trained and certified to use the device.

Bruce: Yes, momentarily. I haven't gotten to my feet and I am just getting to a hatch and I'm going through the hatch when we are hit again and the lights go out again. This one was a lot more severe. This one is a direct hit. No doubt that this is a direct hit and I am knocked off my feet again.

Rick: Must have been a very severe hit.

Bruce: There's water in the compartment. This ship is flooding.

It's flooding fast. The last hit definitely ripped a big hole in



# THE TRIPLE-D FRAMEWORK (DIAGNOSTICS, DIALOGICS AND DIDACTICS)

FOR TRAINING OF SPECIAL EDUCATION PROFESSIONALS IN SINGAPORE

by: Noel Kok Hwee Chia, EdD & Norman Kiak Nam Kee, MEd

*Dr Noel Kok Hwee Chia is an assistant professor and Mr Norman Kiak Nam Kee is a lecturer. Both are with the Early Childhood & Special Needs Education Academic Group at the National Institute of Education, an autonomous institution of Nanyang Technological University, Singapore. Both are board certified in special education and registered with the American Academy of Special Educational Professionals, Washington, DC.*



In Singapore, training of special education professionals (SEPs), i.e., special needs therapists (SNTs), special school teachers (SSTs) and allied educators who provide learning and behavioral support for students with special needs (AEDs/LBS), varies from one institution to the next. There are many private course providers such as the Academy of Certified Counselors and the College of Allied Educators that conduct part-time and full-time classes for those who want to practice in the field of special education. Only the National Institute of Education (NIE) at Nanyang Technological University is publicly funded to provide all levels of teacher education, from pre-service teacher training programs to professional development programs for in-service teachers and executive school leadership programs covering a wide scope of domains in education including early childhood education, general education, special education and specialized academic subject education.

At the NIE, the training of SSTs and AEDs/LBS involves a systematic approach involving Assessment, Planning, Implementation and Evaluation (APIE) cycle and the model is presented as a systematic manner of approaching intervention planning, implementation, and evaluation of programs for students with special needs (Poon, Conway, & Khaw, 2008). The model complements the ecological framework that covers the classroom, the school and the external (outside school) environments. Within the classroom context, four factors: peer, teacher, physical setting, and curriculum and resource, are taken into careful consideration in terms of their impact on the student as an individual in his/her class.

However, the training for SNTs is more specialized and is very different from that for SSTs and AEDs/LBS. It involves a clear understanding of the role of an SNT to be able to perform the following professional duties: (1) diagnosing a learning and/or behavioral issue of concern, (2) dialoguing with the client to establish a clear understanding of his/her issue of concern, and (3) didactisizing (as coined by Oerbaek, 2009) so that the client can learn to manage or cope with the issue of concern. Hence, a different systematic approach known as psychogogy, which involves diagnostics, dialogics and didactics, is used in training of SNTs. This SNT training is one of three specialty programs approved by the International Association of Counselors and Therapists offered in Singapore.

## PSYCHOLOGY: ORIGIN OF THE TERM

In the field of special education, especially in training SEPs in Singapore, we have introduced psychogogy, a cross-mix between psychology (study of the mind) and pedagogy (art or science of teaching). This is an instructional approach that concerns psychological influence on a learner's learning and thinking, feeling and will to act and whose behavioral traits interlinked by various senses through different sensory processes in order to establish his perception and belief through interaction with others within a given socio-cultural context (National Clearinghouse for Professions in Special Education/NCPSE, 2008).

Briefly, the term psychogogy originated from Germany and it was first coined by a German author of *Psychogenese und Psychotherapie Körperlicher Symptome* (1925), Oswald Schwartz, who used the term to describe a possible process for helping people to become self-actualized. This is a contradiction in terms. If we help people to actualize their potential, they are other actualized, not self-actualized. We are concerned here, however, with changing the norms of society and then letting people actualize their potential within that new society. Later, Abraham Maslow borrowed that term psychogogy for his classic treatise on *Eupsychian Management* (1965). In one of his short essays *The Farther Reaches of Human Nature* (1971), Maslow defined psychogogy as the education of the psyche.

In fact, long before Maslow came into the picture, another person, Dr Roberto Assagioli (1888-1974), an Italian psychiatrist and pioneer in the fields of humanistic and transpersonal psychology, defined psychogogy as a way for the investigation, domination and the use, and above all for the harmonious integration of all elements of the personality. His attention was always focused on normality and the evolutive and growth processes in the subject so as to draw him towards psychopedagogy more than towards psychology. The former term was later shortened into psychogogy in his classic book *Psychosynthesis: A Collection of Basic Writings* (1965/2000).

The most recent usage of psychogogy can be found in a paper presented by two German professors at the European Conference on Educational Research held at the University College, Dublin, Ireland, from 7-10 September. Dr P. Viktorija and Dr R. Nijole used the term psychogogy here to describe

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# NOT EVERY BAD HABIT IS A PROBLEM

by: Kweethai Neill & Steve Stork

*Dr Kweethai is founder and president of iHealth Center for Integrated Wellness. Her iChange Therapy TM combines hypnotherapy, Life Enhancement Training TM and Feng Shui to produce health and happiness inside and out. Steve Stork is Director of Education and Programs at iHealth Center. He is a specialist in early childhood education.*

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**B**eware of complying too quickly with a client's wishes. Very often they do not know what they want; either because they are addressing the wrong problem, or because they have not considered the unintended consequences of change.

Bob came to me for smoking cessation. He entered hypnosis easily and we ended the session confident that he was now a non-smoker. I ran into him several months later. A few minutes into friendly chit-chat I asked if he was still smoke-free. He hesitated, looked for a moment at the ground, then looked at me sheepishly, "Well, the session worked and I did quit for a while. But I eventually went back to it, though now I only smoke about half what I used to." Then adding, with a sly grin, "But if it's any consolation, it don't taste as good as it used to," a reference to an aversive suggestion that, should he ever return to smoking, the taste would worsen with each successive puff.

We arranged a time for Bob to come by my office for a cup of tea and to talk a bit more. It was early in my career, so I wanted to learn from my perceived failure. I recall the conversation going somewhat as follows.

Bob: I love going to the casinos; not so much for the gambling, as to meet the ladies and go dancing. I am a widower and this is where I get to meet my ladies and have some fun.

DrK: Let's say we make you a non-smoker again; couldn't you maybe go to a smoke-free casino?

Bob: (as a true aficionado explaining one's passion to the non-initiated) No, ma'am. All the places I like to go to are not smoke-free.

He described at length the ambience of casinos, and that smoking was an integral part of it. Indeed, it was not just about gambling. He had many friends and acquaintances, and knew much of the staff, at the casinos he frequented. His eloquence and passion indicated this was not mere recreation; casinos were integral to his lifestyle, his social outlet. And smoking was integral to the casino experience (at least for him).

DrK: (sensing there was more to the story) You didn't really want to quit smoking, did you? (A statement of fact, not an accusation)

Bob: Well...(long pause)...my doctor says it's bad for me...and my children have been after me for years to quit.

DrK: (more forcefully) But, YOU didn't really want to quit, did you?

Bob: Well...(another long pause)... no, not really. I LIKE smoking, and I like dancing with the ladies at the casinos.

Dr K: (cutting to the chase) Bob, you're over seventy years old. You are a successful businessman, apparently with the resources to continue the lifestyle of your choice. And if smoking contributes to your enjoyment of that, I can understand why you wouldn't want to quit.

Bob: If being a non-smoker means giving up my social life, then no, I don't really want to quit. I may or may not live longer according to my doctor BUT, it would definitely SEEM longer.

Dr. K: Well then, Bob, you know you have made a conscious choice for yourself. Now you can smoke with no guilt. You are choosing to smoke and enjoy the rest of your life, rather than quit and be miserable the rest of your life. You have exercised your own power of choice and take full responsibility for it. Go in peace and enjoy your life to the fullest. Best of life to you!

Bob smiled, thanked me, and paid my fee. At that moment I was not sure if I had been a successful hypnotherapist, but I knew I had been a successful health educator; i.e., to have given my client an informed option.

I have had many occasions since then to revise my work in a similar manner, because it taught me several important lessons that I now apply with my clients.

1. Not every 'bad' habit is a problem behavior. Not everyone who drinks is an alcoholic. Not everyone who gambles runs up massive debt. And not everyone who smokes is consigned to cancer. To be certain, engagement in such habits increases the risks of a negative outcome; but life is full of risks, to the extent that a totally risk-free life would be dull and boring.

As a Health Educator I do not encourage people to smoke, drink, or gamble having seen the negative outcomes for many. But as a hypnotherapist I have to balance those risks with other, unintended, consequences. Perhaps I acceded to Bob's wishes too quickly due to my own proclivities. Had I taken more time to understand his motivation, he may have been spared several days of agonizing over yet another failed attempt to quit smoking.

2. People seek hypnotherapy to get control, not to be controlled. Any client who indicates they are seeking a

Continues on page 40 ...

it. I get the impression it was close to where I was, maybe back close to the mid-section, behind the conning tower. That's where it took the hit.

Rick: On which side?

Bruce: Right on the top.

Rick: And so the water is rushing in very fast?

Bruce: Very fast.

Rick: Do you hear sounds of shouting around you?

Bruce: Not that much in the hatch that I'm going through. I am still in the hallway. I still haven't gotten to my post. There is one other person there. He's in the same situation I am. A panic. He's not hurt at this time, but there is water rushing in and filling up real fast. My thought is to get to my post with the possibility of getting out of the ship. But at the same time I am aware of the impossibility of this. Just that everything had gone wrong in a hurry. We are definitely going down.

Rick: Uh-huh.

Bruce: The blast was so close to the conning tower that it may have ripped into it. There may have been two depth charges, the one that I felt and maybe the sensation of another. I was kinda in a twilight because the first one knocked me out.

Rick: Uh-huh.

Bruce: More like one and then very possibly another one right afterward.

Rick: How long does it take for the water to fill the compartment? Bruce: Not long, a minute or so.

Rick: What are your thoughts as the water is rushing in?

Bruce: The realization that I am dying. There is no way out.

There's definitely no way out. No way that I can go anywhere. The water's too strong, the current is coming in. I have the sensation, the feeling that everybody on board is going through the same thing that I am. We are all dying quickly.

Rick: Is there anyone nearby?

Bruce: Walter Pilgram.

Rick: Describe Walter Pilgram.

Bruce: He is older than I am.

Rick: Considerably older?

Bruce: Maybe mid-thirties. He's someone I haven't been close to on the ship. Just know of him. I know him by name.

(Pilgram was born December 21, 1909. He was thirty one years old on the date of his death).

Rick: What does he do on the ship?

Bruce: A mechanic or an engineer.

(Walter Pilgram was a Chief Electrician's Mate).

Rick: Uh-huh.

Bruce: Something like that. Never have really taken the time to talk with him or to discuss what he does. I just believe that is what he does. (Fireman Second Class do not associate with Chiefs).

Rick: Do you in any way attempt to exit the submarine?

Bruce: There's no way. The compartment, the hallway we

are in just filled up too fast with water, and there is no way out. We just can't get out of this compartment.

Rick: Is that the compartment with the escape hatch?

Bruce: No. That's where I am trying to get to. The submarine is filling up with water so fast and was hit so violently that I'm sure that there is no way anybody can get out.

Rick: Uh-huh. Were you dead before the submarine got to the bottom?

Bruce: Yes.

Rick: Was everyone dead before the submarine got to the bottom? Bruce: Yes, I think so.

(Pause).

Rick: I'm going to count from five to one, When I reach the number one, your spirit will have rejoined your body and the time will be early in the morning of February 11th. Long before the attack, long before any problems. A time when you were very relaxed and calm and very much at ease. Five, back to being in the body, being a part of the body, the spirit and the body are together. Four. Going back to the time and the place and to the morning when you were in your quarters, relaxing. Three, you are ...

(I terminated the hypnotic trance and brought Bruce into full physical and mental awareness).

The memories of James' past life episodes which flow so easily from Bruce's subconscious mind have freed Bruce from his irrational fears and resolved his claustrophobia and hydrophobia. Just as his doctors concluded, the phantom pain in his chest was without any physical cause. It was all in his head. Now it is gone. Extensive research indicates that Bruce Kelly's memories of James Edward Johnston's life and death are accurate. Still, there is no proof, only converging lines of evidence suggesting Bruce Kelly is The Reincarnation of James.



*"Just a quick note to say, thank you. I just registered for the virtual conference. It was so easy. I wish every computer interaction was as effortless."*

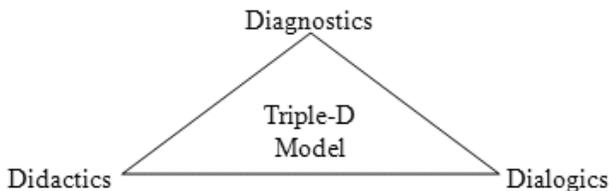
- Joanne Selinske, Rockville, MD

“curing with the help of fairy-tales is one of the oldest methods of psychology and pedagogy, i.e., psychogogy” (para.27) in their paper presentation Correction of Behaviour and Cognitive Activity of Children with AD/HD by Story Telling: Case Study (2005).

One must take note that the term psychogogy is evolving over time. Different disciplines have defined the term differently to mean different things. The term psychogogy can be inferred from other writings, too, e.g., Goldstein and Mather (1998) and Zinkevic-Jevstignejeva, (1998). In fact, we have noticed that the East European academicians use the term more often than their western counterparts. This is just one of the many terms that many are not very familiar and tend to reject them as quickly as they come to read or hear about it. Another example is the term oligophrenia (western equivalent term will be mental retardation or to be politically correct, mental challenges). A third example is heilpedagogie (Western equivalent term will be special education or educational therapy).

In this paper, our concept of psychogogy embraces three essential components: diagnostics, dialogics and didactics which triangulate to form what we have termed as the Triple-D Model for Special Education Training (see Figure 1). This framework fits in nicely for the training of SEPs. It can also be applied to any other training programs for other professionals such as hypnotherapists and counselors as well as allied health professionals. Each of these three components will be defined and briefly discussed below.

FIGURE 1: Triple-D Model for SNT Training



**Diagnostics.** Also known as educational diagnostics, it refers to evidence-based psycho-educational assessment, evaluation and profiling of a student suspected to have learning and/or behavioral challenges. Diagnostics adopts a trans-disciplinary approach that requires a SEP to know and understand different levels and types of assessment (formal and/or informal) in order to evaluate and profile the students with special needs that he/she is working or going to work with (NCPSE, 2008).

**Dialogics.** We have defined the term dialogics as the process whereby communicating parties mutually reaches agreement of the intended communication with verification of each other perceived perspective and contextual understanding, perceived use and relationship of communicated concepts and perceived meanings (Bakhtin,

1939, as cited in Todorov, 1984).

**Didactics.** The term didactics means to teach, to educate, but it can also mean “having the ability to teach, the people who have the ability to teach, the content taught, teaching aids, including methods and media, the school and the classroom where learning takes place, and learning as the main activity of pupils” (Gundem, 1998, p.19-24). It is also defined as a practitioner's reflection of practice that concerns how he can realize his educational objective. This must not be confused with pedagogy “the theory of second order educational reflection that concerns the unity of education and reflection of education. The subject of didactics is educational methodology, while the subject of pedagogy is educational theory” (Qvortrup, 2007, para.3).

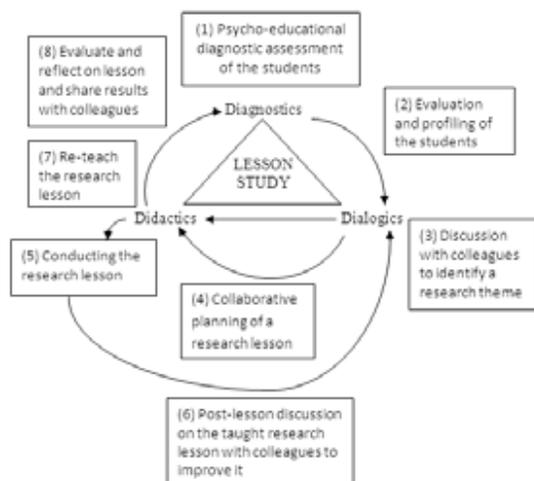
**Lesson Study and Its Modified Format**

Psychogogy has evolved over time to become a process of professional development for both qualified and trainee SEPs. One good example is the Lesson Study, originated in Japan, as a result of a concerted effort initiated by a group of dedicated Japanese teachers committed to improving their lessons (Fernandez, 2002).

In simple terms, Lesson Study caters to students who have yet to grasp the full understanding of subject matter or skill being taught or to be learnt through instructional improvement. Lewis (2011) has identified four main phases in the original Lesson Study cycle: (1) Study curriculum and formulate goals; (2) Plan a research lesson based on the formulated goals; (3) Conduct research lesson to be taught by one teaching staff while the others observe and collect data; and (4) Reflect: share data and use data to illuminate student learning.

Placed within the Triple-D framework for SEPs, the four phases of Lesson Study are modified and extended into the following eight phases (see Figure 2):

FIGURE 2: Modified Lesson Study within the Triple-D Model



Continues on page 40 ...

- (1) Diagnostics:
  - (i) psycho-educational assessment of the students; and
  - (ii) evaluation and profiling of the students;
- (2) Dialogics:
  - (i) discussion among colleagues to identify a research theme; and
  - (ii) collaborative planning of a research lesson;
- (3) Didactics:
  - (i) conducting the research lesson;
  - (ii) post-lesson discussion on the taught research lesson with colleagues to improve it; and
  - (iii) re-teach the research lesson; and
- (4) Dialogic-Diagnostics:
  - (i) evaluate and reflect on the research lesson before sharing the results with other colleagues; and
  - (ii) check on the students' psycho-educational assessment results using the new data collected from the research lesson to see if there is any improvement.

## CONCLUSION

The underlying practice of Modified Lesson Study within the Triple-D Model of psychogogy is the idea that SEPs can best learn from and improve their practice by observing how their colleagues teach. According to Chia (2011) and Stephens and Isoda (2007), there is an expectation that SEPs who have developed deep understanding of and skill in subject matter teaching should be encouraged to share their knowledge and experience with colleagues. While the focus seems to be on the SEP, the final focus is on the student's performance in terms of the quality of his learning and behavior. With regular cycles of refinement that constitute the core of Lesson Study, it only makes sense in terms of quality of improvement in student's learning as well as behavior (Chia & Kee, 2010, 2011; Stephens & Isoda, 2007).

In brief, Modified Lesson Study is an excellent approach to professional development whereby SEPs collaborate with one another to develop a lesson plan based on the students' diagnostic assessment reports and profiles as well as their respective individualized education plans, teach and observe the lesson as well as to collect data on student learning and behavior, and also use their observations to refine their lesson (Stepanek, Appel, Leong, Mangan, & Mitchell, 2007). "It is a process rather than a product, a means through which SEPs continuously engage in learning more about best or effective teaching practices in order to improve the student learning and behavioral outcomes" (Chia & Kee, 2010, p.2).

Below is the table summarizing the phases of the Modified Lesson Study.

change in order to accommodate someone else's wishes will not be successful with hypnotherapy. The desire to change has to come from within.

I put the client in control by helping them to make a best choice for themselves, and then strategizing to resist and overcome external forces such as the well-meaning but misplaced concerns of others. Bob left behind the guilt he had been carrying about not complying with the wishes of his family and doctor. And that gave him the strength to assert his right to make choices that resonated from within himself. He no longer had to fear the responsibility of his choice.

3. Clients who are allowed to direct their own therapy have an ineffective hypnotherapist. As much as they think they know what they need, they don't. It takes skilled and persistent inquiry to get to the essential issue. And the essential issue usually comes as a complete surprise.

Bob only 'thought' he needed to quit smoking. What he really needed was permission to make decisions for himself. Smoking wasn't a problem for him, but he needed to go through the motions of attempting to quit in order to please others. A creative solution acknowledging that his smoking was a conscious choice led to a deeper understanding that his acquiescence to those external needs was producing greater negative consequences than his smoking. So, he left my office not having quit smoking, but having regained a sense of control over his life. Notwithstanding that smoking could indeed become a health problem for him; he was 75 years old past the average lifespan for an American male (according to health statistics) meaning he had earned the right to live as he chose.

4. The role of the hypnotherapist is to de-sublimate emotional responses.

Aversion therapy was a short-term fix for Bob. It was a logical punishment (bad taste) attempting to extinguish the behavior (smoking). It failed in the long term because it only temporarily sublimated whatever emotions were underlying the behavior. If Bob had really wanted to quit smoking, after multiple attempts using simpler means, we would have needed to explore those emotions. Perhaps that is what distinguishes the hypnotherapist from the ordinary hypnotist. What I do know is that the process of un-hiding emotions from deep within the subconscious mind is what makes my current work infinitely fascinating and rewarding.

Today, I no longer go for a quick and easy solution. The most effective solutions are typically buried several layers deep. And despite my years in practice, the best solutions are usually creative and unplanned. I have learned that in life there is no such thing as failure, we only have lessons to learn.

citations to support that allegation.

Boyne's (1987) hypnotherapy training involved use of an initial sensitizing event (ISE), an original experience in which a traumatic event and maladaptive decision began to influence a person's behavior. Subsequent sensitizing events (SSE) are built upon the ISE and strengthen the maladaptive behavior. Shapiro (1995) used the term nodes to describe memories linked to emotions, thoughts and decisions that are stuck in maladaptive patterns. The same process of finding the earliest experience of dysfunction is used in both hypnotherapy and EMDR. NLP eye accessing cues (Brooks, 1989) appear to be the foundation for the eye movements of EMDR. The second half of the NLP smear technique (Thom Hartmann, personal conversation, 2003) involves similar bi-lateral movement of the eyes that appears in EMDR. The swinging back and forth of a voice in bi-lateral stimulation was a hypnotic deepening method taught by McGill (1987) who integrated his Western concepts of hypnosis with Eastern traditions of spirituality and meditation. The EMDR suggestions to blank out and breathe are all introductions of new thoughts, a hypnotic method of direct suggestion to clear the mind. Young (1995) indicated that hypnosis is not thought to demonstrate such predictable, rapid trauma resolution as EMDR clients report. As a hypnotherapist in private practice for a quarter of a century, I have observed rapid resolution of trauma, but these clinical findings are anecdotal and lack empirical evidence.

The methods Shapiro (1995, p. 175) proposed to decrease client distress during abreaction using visual alterations are strategies known to NLP practitioners as sub-modality shifts (James, 2000). It is common in hypnosis to begin a session with basic relaxation using progressive relaxation, a creative visualization of creating a safe space, a body scan to identify the body's wisdom for directing uncovering, and the NLP strategy of future pacing by asking what will be possible when a problem is resolved that can't be done right now (Geers, 1994).

Shapiro wrote, "many psychological modalities dovetail in EMDR" (1995, p.51), and a review of her writing revealed the integration of many hypnosis strategies without giving credit to other authors and educators. As a practicing hypnotherapist and hypnosis educator, I will attest to the difficulty of teasing out where a specific method originated when learning what works in hypnosis and NLP conferences, weekend trainings, and in personal conversation with other hypnotists. Hypnosis education involves learning to identify, practice, and articulate innate healing modalities that have existed throughout human history. Just as the processes known as mesmerism were rejected until these natural phenomenon were renamed hypnotism, Shapiro appears to have integrated the best of what works in hypnosis and NLP, integrated the best of what works in the traditional models of therapy, and renamed it, making it more palatable to those who might otherwise be

turned off by the word hypnosis. Hypnosis in its many forms are natural processes which are observable to those who are trained to recognize and use the phenomenon.

The peer reviewed literature regarding hypnosis for treating combat trauma lacks a transpersonal or spiritual perspective. These issues tend to resist scientific discourse and study due the challenges of integrating spiritual concepts into an empirical design. The modern trauma literature (Herman, 1992) mentions the dissociative capacity of a human to observe one's own body being violated. What is not discussed is the mechanism that is occurring with this changed vision of self. How did the perspective shift from a within skin, to outside the skin perspective? What/who is watching the body? Is this evidence of the soul? How does the person regain a perspective from within the body? If a human does not regain an inside the skin perspective, how does the dissociated aspect watching what is going on exert influence or control over the bodily functions? What happens if/when the original inhabitant of a body is not in full possession/control and use of the corporeal body?

Some individuals have a "felt sense" (Ehlers, 2006, p.135) of deceased people still being present. Intrusive images of the dead are some of the most disturbing effects linked to what is referred to as PTSD in Western society (Tick, 2005). Ehlers proposed that this is one of the symptoms of complex grief triggered by environmental cues, a symptom Ehler's proposed is best extinguished. Some cultures do not believe a dead person leaves the community upon death of the body. In the Mayan society of Guatamala, thirty-six years of fighting with ninety percent of the dead being male, and seventy five percent of those being indigenous adult males, re-internments from mass graves has allowed people to re-establish relational links with the dead that had been ruptured through violence (People, n.d.). Tick described the Buddhist traditions of Vietnam, and the concept that dead relatives have a century of lingering to help and guide the family, four generations of helping. After this time of helping has passed, the soul is free to move on with its karma into a spirit world. This cannot occur when a body did not receive proper burial. The lost souls are perceived in shadows and sounds. The Vietnamese build a "windy tomb" (Tick, p.146-147) on the family plot to house the spirit of the one whose body was not properly buried, attempting to help the wandering soul on its karmic journey.

Ehlers (2006) observed that in treating veterans, they are often distressed at the idea of letting go of the intrusive memories of the dead, that it is an offense or dishonor to the memory of the deceased, and that these experiences are difficult to resolve with cognitive processing alone. Ehlers' argument that it is important to resolve the automatic retrieval of memories of the dead through breaking the connection between the external trigger and the memory

reveals the Western science bias of materialism and reductionism. The materialistic assumption is that biological death is the end of living. Tick (2005) described how the Lakota believed that when a person killed another, he became responsible for the dead one's soul. If the soul of the dead was properly tended, their powers become an aid to the survivor, if not properly tended, it turned against the survivor and caused him harm. From a spiritual, transpersonal, non-Western, non-materialistic perspective, embodied life is just one aspect of human living and physical death is not an end of life (Baldwin, 1988; Baldwin, 2002; Fiore, 1987; Hickman, 1985; Hickman, 1997; Ingerman, 1991; Wickland, 1924).

Spirit Release Therapy (SRT) (Baldwin, 1988; Baldwin, 2002) has concepts that run parallel to the studies of dissociative identity disorders, and the older term, multiple personality disorders. The issues of most relevance in the study of PTSD are that of evil known as demonic and the possibility that the spirits of dead war fighters are not just figments of a veteran's imagination. The assumption of SRT is that the body dies but the soul/spirit does not. A physically dead person may not realize he is dead, or if he does, may want to continue living and attach to or step into another person's living body (Fiore, 1987; Wickland, 1924). True heroism includes acknowledging one's experiences, not denying them (Ingerman, 1991; Levine & Frederick, 1997).

Western science does not adequately address issues of the soul, moral aspects of war, or the nature of evil. A discussion of the nature of war, trauma, and treatment are incomplete without mention of soul treatment. In my hypnosis practice, audio and visual recording failures are common during transpersonal and spiritual occurrences. These phenomenon exist outside of the scientific model, rely on anecdotal evidence, and are beyond the scope of this paper.

## WORKS CITED

Dahl, M. G. (2010). A Case Study Dissertation: Neurofeedback for PTSD Symptom Reduction. Sarasota, FL: Argosy University. pp. 77-92.

## REFERENCES

Baldwin, W. J. (1988, May). (Educator). Entities and Attachments. A three day training session. Irene Hickman (Sponsor). Kirksville, MO.

Baldwin, W. J. (2002). Spirit release therapy: A technique manual. (2nd ed.). Terra Alta, WV: Headline Books, Inc.

Boyne, G. (1987, July/August). (Educator). Hypnotherapy certification course 150 hours. American Council of Hypnotist Examiners (Certification). Glendale, CA.: Hypnosis Training Institute.

Brende, J. O. (1985). The use of hypnosis in post-traumatic conditions. In W. E. Kelly (Ed.), Post-traumatic stress disorder and the war veteran patient (pp. 193-210). New York: Brunner/Mazel, Inc.

Brooks, M. (1989). Instant Rapport. New York: Warner Books.

Ehlers, A. (2006). Understanding and treating complicated grief: What can we learn from posttraumatic stress disorder? *Clinical Psychology: Science and Practice*, 13(2), 135-140.

Fiore, E. (1987). The unquiet dead: A psychologist treats spirit possession. New York: Ballantine Books.

Geers, M. (1994). Hypnotherapy: Volumes I, II, & III. Key West, FL: Author.

Gruzelier, J. (2006). Theta synchronization of hippocampal and long distance circuitry in the brain: Implications for EEG-neurofeedback and hypnosis in the treatment of PTSD. *Novel approaches to the diagnosis and treatment of posttraumatic stress disorder*, 13-22

Herman, J. L. (1992). Trauma recovery. New York: Basic Books, HarperCollins.

Hickman, I. (1985). Mind probe hypnosis. Kirksville, MO: Hickman Systems.

Hickman, I. (1997). Remote de possession. Kirksville, MO: Hickman Systems.

Ingerman, S. (1991). Soul retrieval: Mending the fragmented self. New York: Harper San Francisco

James, T. (2000). Accelerated NLP training series: The accelerated NLP practitioner certification® training pre-study program. Honolulu, HI: Advanced NeuroDynamics, Inc.

James, T., & Woodsmall, W. (1988). Time Line Therapy and the Basis of Personality. Capitola, CA: Metapublications.

Kelly, W. E. (Ed.). (1985). Post-traumatic stress disorder and the war veteran patient. New York: Brunner/Mazel, Inc.

Levine, P. A., & Frederick, A. (1997). Waking the tiger: Healing trauma. Berkley, CA: North Atlantic Books.

McGill, O. (1987). (Educator). Stage Hypnosis. Presentation at the American Council of Hypnotist Examiners Annual Conference, Anaheim, CA.

Othmer, S. (2008b, Sept 11-14). (Educator). Four day clinical course in neurofeedback. Woodland Hills, CA: EEGInfo.

People Building Peace. (n.d.). Restoring the power of speech: The REHMI initiative in Guatemala. Retrieved online July 26, 2010 <http://www.peoplebuildingpeace.org/thestories/print.php?id=95&typ=theme>

Shapiro, F. (1995). Eye movement desensitization and reprocessing: Basic principles, protocols, and procedures. New York: The Guilford Press.

Silver, S. M., & Kelly, W. E. (1985). Hypnotherapy of post-traumatic stress disorder in combat veterans from WWII and Vietnam. In W. E. Kelly (Ed.), Post-traumatic stress disorder and the war veteran patient (pp. 211-233). New York: Brunner/Mazel, Inc.

Spencer, A. (2002). (Educator). Hypnoanalysis. Royal Oak, MI: Infinity Institute.

Spira, J. L., Pyne, J. M., & Wiederhold, B. K. (2007). Experiential methods in the treatment of combat PTSD. In C. R. Figley & W. P. Nash (Eds.), *Combat stress injury: Theory, research, and management* (pp. 205-218). New York: Routledge.

Tebbetts, C. (1985). Miracles on Demand: The Radical Short Term Hypnotherapy. (2nd ed.). Edmonds, WA: The Hypnotism Training Institute of Washington.

Tebbetts, C. (1987). (Educator). Parts Therapy. Presented at the American Council of Hypnotist Examiners Annual Conference, Anaheim, CA.

Tick, E. (2005). War and the soul. Wheaton, IL: Quest Books.

Watkins, J. G. (1949). Hypnotherapy of war neuroses: A clinical psychologist's casebook. New York: Ronald Press Company.

Wickland, C. (1924). Thirty years among the dead. Los Angeles, CA: National Psychological Institute.

Wolberg, L. R. (1945). Hypnoanalysis. New York: Grune & Stratton, Inc.

Wolberg, L. R. (1948). Medical hypnosis: Volume I: Principles of hypnotherapy. New York: Grune & Stratton.

Young, W. C. (1995). Case Report: Eye movement desensitization reprocessing: Its use in resolving the trauma cause by the loss of a war buddy. *American Journal of Psychotherapy*, 49(2), 282-291.

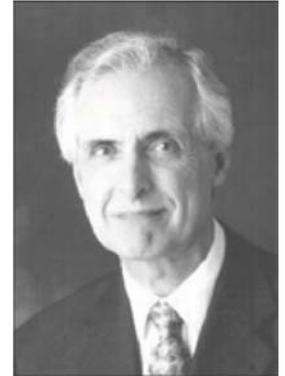
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# WARRIORS, SETTLERS & NOMADS – WHICH TRIBE ARE YOU?

by: Terence Watts

*Terence has been in private practice as a hypnotherapist since 1989 and in that time has conducted around 35,000 sessions of hypnotherapy. He has also written several books and manuals on specialist aspects of hypnotherapy and has lectured extensively around the world. He is a Fellow of the Royal Society of Medicine and the only member of the psychology-related professions world-wide to have been awarded the MCGI (Membership of the City & Guilds Institute of London), in recognition of his work with psychosexual dysfunction.*

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I started researching the 'Warriors, Settlers and Nomads' concept in the early part of 1997 after a late-night nature programme on television jolted my half-asleep brain wide awake. The programme was about sea turtles and I had suddenly realised something amazing.

After three years of research work and much testing, the book was written up and published. I started to teach the concept at the same time and now, well over a decade later, it has helped many thousands of people to discover a new and wonderful 'way of being' that was not available to them before. Sometimes, that change has taken only a few seconds to create. And it's not just the clients, either, because a lot of therapists have discovered enlightenment for themselves, along with a work tool that is fun and easy to use.

Back to that late-night TV programme. It was a film of turtles laying eggs in the sand – you've probably seen the same thing yourself. Time-lapse photography then showed hundreds of baby turtles coming up out of the sand and scurrying to the sea, as fast as their flippers could carry them. That's when I suddenly woke up. It was the magnificence of the fact that the baby turtle had to know so many things: to use its beak to break out of its shell; to go up through the sand, even though it had never seen sand before (and had never experienced 'up' before, either); how to use its flippers; and to get to the water quickly even though it could have no idea what water is. It doesn't sound much and, of course, it is 'only' instinct.

But that's the point. I had suddenly realised that the turtle has a huge advantage over the human animal. It simply follows the instincts it is born with and nobody says it should not do so. But pretty much from the moment a human is born, it is taught that so many natural instincts are bad, unwelcome or just plain wrong.

Of course, there's no choice in the matter. We live in an environment in which following those instincts would be sometimes antisocial, and sometimes even downright disgusting according to our modern concept of what does and does not constitute acceptable behaviour. So a child has to learn to suppress, redirect, ignore, even deny those instinctive urges that come with the territory of being human. Instinctive behaviour, though, is energy and if you suppress energy, it will always find a way of expressing itself.

Prior to seeing that TV programme, I had been researching personality-related illnesses and psychological conditions

and I realised this suppression of natural drives might be extraordinarily relevant. As it turned out, I was right.

Some of what follows here is an improvable hypothesis but one which, as you will see, must be close to the truth. A truth, anyway.

Modern humans first appeared around 100,000 years ago and lived in groups of twenty-five to fifty individuals, all hunter-gatherers. It's likely that the females did the gathering while the males did the hunting – and that contributes to the reason why men and women are so different from each other, though that's another story. These people were all Nomads, moving from one territory to another as the weather and food supply dictated. But the crux of my hypothesis is that there were two major differences. Some of them had a tribal chief, an 'overlord' who called all the shots; others worked as a collective, maybe with a council of elders but no omnipotent chief.

In the first scenario, the overall ecology of the tribe would have been about control of self and others. In the second scenario, it would be about sharing and combining with others. The first is about the individual; the second is about the community. Their off-spring would have been educated and encouraged in these respective ways and so, over thousands of years, epigenetics would ensure that those traits were selected for, becoming a natural part of their personality.

But then, 10,000 years ago, something happened that was to reshape humanity. The beginnings of civilisation, the earliest agriculture, probably started by one or more of the community-minded groups... the Settlers. It is likely that they had never had much of an appetite for fighting and up until now they could escape the attentions of the control-orientated Warriors, if necessary, by simply hiding or running. Now, though, that was not an option. They had something that the Warriors would want to take from them – a permanent and sustainable base. It was a rout.

So now we have the situation where breeding between the two types – personality types, not species – produced offspring with both the urge to control and the urge to share. Not only that, but the original Nomadic traits were still active. Talk about a built in conflict of interests!

Fast forward to the current day. There are no longer any

Continues on page 44 ...

'pure' Warriors, Settlers or Nomads; all over the world, people have a mix of all three instinctual urges (though the 'mix' does tend to vary in different countries sometimes). Almost always, though, one of the genetic traits will dominate and that will tend to set the basic behaviour of the individual. In this article, the descriptions are necessarily brief:

**Warrior:** Practical, down-to-earth, forthright and a natural planner who hates things getting in the way of what they want to do. They don't suffer fools gladly and are inclined towards irritability when life doesn't go their way.

**Settler:** 'Nice', extraordinarily intuitive, seeking and finding the best in people, they are happy to 'go with the flow' most of the time. They have trouble speaking their mind but, whilst helpful, cannot be made to do anything.

**Nomad:** The world's natural enthusiasts, they can be irrepressible and inspiring, expansive and outgoing, and love to be different from the crowd. They can also be reckless, irresponsible and prone to exaggeration.

The degree to which an individual is 'governed' by their particular combination of traits is further influenced by their upbringing. And this is where the therapist comes in, for we can help people to discover their true self, the self they were born to be, and how to use that true self to get the best out of life. Just one of the ways of working is to create a virtual persona for each type – for instance, a Native American for the Warrior, A Homesteader for the Settler, and a Travelling Entertainer for the Nomad. It is then an easy matter to perform a type of 'Parts' session, since the personas between them will always embody everything the individual wants to do or wants to stop doing. Quite often, as the client develops their personas (I sometimes call them 'Archetypes') they begin to realise the source of their difficulties in life, and how to fix them. Sometimes it takes a little longer but some fantastic work has been carried out around the world by therapists who have trained in the concept.

So who are you? It's easy to find out. Just answer these three questions in the way that you think best describes you.

- If you had to choose, would you prefer to be (a) Rich, (b) Loved or (c) Famous?
- If you were going to be rich anyway, would you prefer to (a) Save it, (b) Share it, or (c) Spend it?
- Where does the part of you that you call 'I' or 'Me' live in your body? (a) Head; (b) Heart or Torso; (c) Somewhere else.

Now, if you have one a, one b, and one c, answer this next question: If you could choose, would you have people think of you as (a) Determined; (b) Pleasant; (c) A Personality?

Key: 'a' answers indicate Warrior; 'b' shows Settler; while 'c' is Nomad.

This is not a full profile test, of course, (though such does exist) but two or more of 'a', 'b' or 'c' answers will indicate your predominating drives and instincts so that:

- If you are Warrior, you will want to be in control, no

matter how nicely (Settler) you do it, or how expressive (Nomad) you are.

- If you are Settler, you will want to be liked, no matter how secretly irritated (Warrior) you are or how 'smiley' (Nomad) you make yourself.

- If you are Nomad, you want admiration, no matter how modest (Settler) you pretend to be, or how determined (Warrior) you are to get it.

That predominating behavioural response will govern almost everything about you, your dress, the way you talk and move, your sex-life, relationships, even the type of psychological difficulties that befall you in life. In fact, when you have studied the concept for a while, you can recognise the underlying personality of most people within just a few seconds of observing them.

Sometimes, your personality can even influence your response to this article! If you are Warrior, you might well be seeking to prove that none of this is very accurate; if you are Nomad, you might be believing that the test is wrong because you are really a Warrior; and if you are a Settler, you are probably beating yourself up right now because you think you are weak... But embrace the truth and you will discover how to get the best out of your life!

© Terence Watts, 2012

*The book, "Warriors, Settlers & Nomads discovering who we are and what we can be" is published by Crown House, ISBN: 978-1899836482*



Your Virtual Library contains nearly 70,000 pages that include hypnosis-related articles, passages, research, newspaper articles, press release templates, scripts, sample disclosure forms, intake forms, metaphors, patient outcomes, insurance reimbursement forms, affirmations, physician referral forms and practice management information. The expanded Virtual Library also includes a comprehensive Video Library and Hypnosis Glossary.

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All of us are entitled to our own belief systems, and that includes our clients! In my professional opinion, our job is to assist, but not to meddle or try to change their religious beliefs. We as hypnotherapists have a responsibility to do our best to work with our clients as much as possible within the framework of their own spiritual beliefs. Yet I've heard complaints from several clients who experienced criticism from a psychotherapist or a hypnotherapist after expressing a belief in reincarnation and/or after requesting a PLR.

Worse yet, more than one client has complained to me about another therapist claiming it is unethical for any hypnotist to do past life regressions. This is easy for me to believe, because I personally heard a well-known legend in the hypnosis profession publicly denounce past life therapy as unethical in 1990! This type of criticism hurts our profession and creates more division.

The ethical thing for the past life skeptic to do is to give the clients who request past life regressions the courtesy of tactfully referring them elsewhere without putting them or their beliefs down! Remember that we are here to serve the client, NOT to convert clients to our own spiritual, mental, medical, philosophical or other beliefs. The client's need is more important than our own religious beliefs or ego.

We want the general public to be open-minded about hypnosis; so we owe it to our clients, ourselves, and our entire profession to keep an open mind about ideas we might not choose to use in our own practice! Asking others to be open-minded about hypnosis while remaining closed-minded about the benefits of past life therapy has a rather strange ring of hypocrisy in the ears of many of us.

If you are undecided

The late Charles Tebbetts sometimes facilitated past life regressions in his class, but avoided saying whether or not he believed in them. He did not feel that a past life regression would harm a client who requested it, as long as the therapist avoided projecting his or her opinions into the client. But when asked by a student about his own belief, Charlie kept us guessing.

If you are in this group, it is easy and relatively safe to be honest about your undecided opinions with some of your clients. It would be totally acceptable and professional to admit to a client that you do not know whether or not the experience was real or metaphoric, and the client will most likely respect your honesty. Perhaps both the believer and the skeptic might consider a similar statement as well, because when everything is said and done, do you REALLY know with ABSOLUTELY CERTAINTY whether or not we live only once?

My goal is to empower my clients to achieve their desired goals, and that can be accomplished without the client knowing my own spiritual beliefs.

Watch for my new book from Crown House Publishing entitled, The Art of Hypnotic Regression Therapy: A Clinical Guide. My co-author is Bruce Eimer, PhD, who is a well

known clinical psychologist and published author.

*You may visit Roy's website at: [www.royhunter.com](http://www.royhunter.com)*

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TENSE?, Continues from page 21 ...

to be extremely pleasant and effective”.]

### TENSE AND REGRESSION

When performing regression it is important that the operator's semantics reflect and/or also never conflict with the time frame that the client/patient is experiencing. For example, if a person is experiencing a past event (or a past life event) and the operator makes the statement, “What were you experiencing?” it may cause critical thought to come into the process because there is confusion as to “time frame”. For that person, the events are happening in the here and now but the operator is framing them in the past tense. If this occurs, the following could very well happen: 1. The subject may lose depth of trance and therefore lose the regression experience. 2. The person may emerge completely from hypnosis. 3. The person may phase from regression to hyperamnesia. This error can be avoided simply by the operator always assuming him or herself to be accompanying the subject on his or her journey (At least in respect to time frame). In doing so, the semantics of the time frame will be accurate for the patient or client. The example given above of, “What WERE you experiencing should be stated in this way ... “What ARE you experiencing?” Using this phrasing maintains consistency with what time frame the subject is experiencing and therefore eliminates the problem of the return of critical thought.

### BE ON TIME

For the best therapeutic results, be aware of the implied or stated use of time frame. Misuse of tense can sabotage an otherwise productive session. If you are referring to either past, present or future tense, be certain that your statements are unambiguous and accurately reflect the time that you intend the subject to relate to. Remember ... the subconscious mind cannot sort that out. It will respond to exactly what the operator says. If there is confusion critical thought may return to sort things out and that, you don't want. Be on time!

TRIPLE D FRAMEWORK	MODIFIED LESSON STUDY
Diagnostics	<ol style="list-style-type: none"> <li>1. Psychoeducational assessment of the student(s)                             <ol style="list-style-type: none"> <li>1a. Check and cross-check assessment results</li> </ol> </li> <li>2. Evaluation &amp; profiling of the student(s) based on the assessment results                             <ol style="list-style-type: none"> <li>2a. Check and prepare a diagnostic summary of the student concerned</li> </ol> </li> </ol>
Diagnostics → Dialogics	<ol style="list-style-type: none"> <li>3. Discussion with colleagues to identify a research theme                             <ol style="list-style-type: none"> <li>3a. Check on the available resources and/or expertise to meet the research theme</li> </ol> </li> <li>4. Collaborative planning to meet the research lesson                             <ol style="list-style-type: none"> <li>4a. Check to see if the research lessons meets the research theme</li> </ol> </li> </ol>
Dialogics → Didactics	<ol style="list-style-type: none"> <li>5. Conducting the research lesson                             <ol style="list-style-type: none"> <li>5a. Check during the lesson observation on the verbal and/or non-verbal response of the student(s) to the research lesson taught</li> </ol> </li> <li>6. Post-lesson discussion of the research lesson with colleagues                             <ol style="list-style-type: none"> <li>6a. Check those areas of the research lesson that need to be revised or improved</li> </ol> </li> <li>7. Re-teach the research lesson                             <ol style="list-style-type: none"> <li>7a. Check during the repeated research lesson observation on the verbal and/or non-verbal response of the student(s) to the revised research lesson taught</li> </ol> </li> </ol>
Didactics → Dialogics	<ol style="list-style-type: none"> <li>8. Reflect and record findings with others interested to know &amp; learn</li> </ol>
Dialogics - Diagnostics	<ol style="list-style-type: none"> <li>8a. Check on the results of the psycho-educational assessment reports of the student(s) using the new data collected from the research lesson to see if there is any improvement</li> </ol>

REFERENCES

Assagioli, S. (1965/2000). *Psychosynthesis: A collection of basic writings*. Los Angeles, CA: University of California & Synthesis Center Inc..

Chia, N.K.H. (2011). *Psychogogy*. Singapore: Pearson.

Chia, N.K.H., & Kee, N.K.N. (2010). *Teaching practicum workbook for special education trainees: A modified lesson study approach*. Singapore: McGraw-Hill (Asia).

Chia, N.K.H., & Kee, N.K.N. (2011). Lesson study as a formative assessment of special education teacher trainees' teaching practicum. *ASCD Review*, 16, 52-62.

Fernandez, C. (2002). Learning from Japanese approaches to professional development: The case study of lesson study. *Journal of Teacher Education*, 53(5), 393-405.

Goldstein, S., & Mather, N. (1998). *Overcoming underachieving*. New York, NY: John Wiley & Sons.

Gundem, B.B. (1998). *Understanding European didactics: An overview on didactics*. Institute for Educational Research Report 4. Oslo, Norway: University of Oslo.

Lewis, C. (2011). Lesson study: Can it promote student, teacher, and system learning? Paper presented at Singapore Lesson Study Symposium 2011: Enhancing learning through Lesson Study, June 2-3, Singapore.

Maslow, A.H. (1965). *Eupsychian management: Making good management better. A psychologist's observations about effective management practice*. Homewood, IL: Richard D. Irwin.

Maslow, A. (1971). *The Farther Reaches of Human Nature*. New York, NY: Viking Press.

National Clearinghouse for Professions in Special Education (2008). *Educational diagnostician: Making a difference in the lives of students with special needs*. Airlington, VI: The Author.

Oerbaek, K. (2009). *Didactics and didactisizing*. Unpublished Doctor of Philosophy (PhD) dissertation, University of Southern Denmark-Odense.

Schwartz, O. (1925). *Psychogenese und psychotherapie korperlicher symptome*. Vienna, Austria: Verlag Julius Springer.

Poon, K.K., Conway, R., & Khaw, J. (2008). The assessment, planning, implementation and evaluation (APIE) cycle as a linked system of support. In K.K. Poon, J. Khaw, & J-Y Li (Eds.), *Supporting students with special needs in mainstream schools: A linked system of support* (pp.1-9). Singapore: Pearson/Prentice Hall.

Qvortrup, L. (2007). Media pedagogy, media education, media socialization and educational media. *Seminar.net: International Journal of Media, Technology and Lifelong Learning*, 3(2), 1-20.

Stepanek, L., Appel, G., Leong, M., Mangan, M.T., & Mitchell, M. (2007). *Leading lesson study: A practical guide for teachers and facilitators*. Los Angeles, CA: Corwin Press.

Stephens, M., & Isoda, M. (2007). Introduction to the English translation. In M. Isoda, M. Stephens, Y. Ohara, & T. Miyakawa (Eds.), *Japanese lesson study in mathematics: Its impact, diversity and potential for educational improvement* (pp.xv-xxiv). Singapore: World Scientific Publishing.

Todorov, T. (1984). *Mikhail Bakhtin: The Dialogical Principle* (W. Godzich, Trans). Minneapolis, MN: University of Minnesota.

Viktorija, P., & Nijole, R. (2005). Correction of behaviour and cognitive activity of children with AD/HD by story-telling: Case study. Paper presented at the European Conference on Educational Research, 7-10 September, University College, Dublin, Ireland.

Zinkevic-Jevstignejeva, T.D. (1998). *Teamwork educational organization: Pedagogoge attitude*. Master of Education (MEd) dissertation, University of Vilnius, Lithuania.

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Conference 2012



Conference 2012





## MEMBERS ON THE MOVE ...

Congratulations to the newest group of IMDHA school directors **Ralph Allocco**, **Padman Pillai**, **Gilbert Kwong-hing Wong**, and **Yonghai 'Chengxian' Michael Yu**. This marks a professional milestone and an extraordinary accomplishment for this group of practitioners. We wish them continued success and look forward to receiving their students into the organization.

\* \* \*

**Sherry Hood** and **Dr Fred Janke** led a hypnotherapy presentation at the "On The Edge" medical conference in Whistler, B.C. It was the only presentation that was not medical mainstream. Here is an overview of the event in Sherry's own words.

"There were 650 physicians and 13 presentations going on at one time over three days. All of the presentations were medical in nature i.e. oncology, obstetrics, intubation, emergency medicine etc. It was an excellent opportunity and very telling that things are changing because we were invited to present here.

We spoke about hypnotherapy in relation to areas such as; obstetrics, oncology, chronic pain, fears and phobias, anxieties, enuresis, weight management, smoking cessation, wound healing, peri-operative anxiety, post-op healing, burn management, gastric-banding, distress associated with medical procedures, cancer pain, chronic low back pain, fibromyalgia, tmj, mixed chronic pain syndromes, headache and migraine, IBS, breast cancer hot flashes associated with treatment, labour and delivery, night terrors, grief management, sleep disorders, fatigue management, performance anxiety, chronic urticaria and more. We backed up our information with empirical evidence based studies, randomized control trials comparing hypnotherapy to other stress management strategies, visual analogue scores for anxiety and pain control, which is vitally important to get the physicians on board. We definitely got their attention."

\* \* \*

**Dan Cleary** and **Michael Ellner** will be presenting a series of lectures and classes during PAINWeek, September 5-8. PAINWeek is a convergence of multiple pain and primary care organizations presenting educational sessions at a single national conference. This year marks the 6th year IMDHA has been invited to participate. If you live, work or play in or around the Las Vegas area, please consider joining us and supporting your colleagues at this exciting event.

Best wishes to **Gilbert Hoepelman**, **Ralph Allocco** and **Gilbert Kwong-hing Wong**. These fine practitioners recently completed their IACT Certified Master Trainer training during conference week under the direction of **George Bien**. We'd also like to congratulate **Ashley Reid Morse** for his evaluation and subsequent approval as an IACT instructor. We look forward to welcoming their students in the near future.

\* \* \*

Congratulations to **Jeffrey Rose** who did a fine job when recently interviewed on 'Fox and Friends'. The topic of discussion was the recent media publicity surrounding the girls put in a trance in Canada after a hypnotist show. The show is archived here [http://www.foxnews.com/on-air/fox-friends/index.html#v/1699678354001/you-are-getting-sleepy-hypnotists-act-goes-awry/?playlist\\_id=86912](http://www.foxnews.com/on-air/fox-friends/index.html#v/1699678354001/you-are-getting-sleepy-hypnotists-act-goes-awry/?playlist_id=86912)

\* \* \*

**Linda Gentry** is preparing to retire her private practice. She will be turning her focus on training hypnotists, writing hypnosis books for hypnotists and the public and public speaking. We wish her a long and prosperous journey as she embarks on this new chapter of her life.

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