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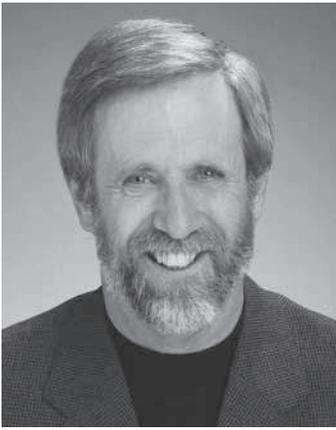
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MESSAGE FROM ROBERT OTTO, CEO

Hello and Welcome!

Can it already be autumn? If you are like me, you are wondering where the days have gone as we head into one of the most colorful seasons of the year.

There's truly nothing quite like the fall season in the Northeast. Watching the leaves turn vibrant shades of red and gold is a magnificent display of nature's splendor.

The fall season gives one cause to pause, and reflect on the successes of the year; serving as a marker of what you expected to accomplish for the year. It provides an opportunity to realign, adjust and tweak areas for future prosperity.

Whether you're a seasoned professional or just starting out on your journey, evaluating your progress makes good sense. Your business plan is an important step in building and growing a successful practice. Sustainable, long-term growth comes more easily when you focus on the right trajectory. Instead of committing yourself to simply "getting ahead," it may be worthwhile to do some self-reflection and perhaps identify a career "calling" or niche—then pursue that. It's easier to do when you have the support of the Association's resources behind you.

We are likened to a tightly-knit family that takes pride in the accomplishments of each and every one of our members. Like most tightly-knit families, we appreciate our relationship, respect our differences and are united by shared values and a common bond. What truly makes our Association so special is our sense of community.

Let me assure you that you have chosen the right alliance to support your craft. We are recognized among the best Associations in the world, offering you more opportunities for growth, expansion and community than many. Finding your passion — your purpose in life — and using that passion and purpose to better our society — is an important part of making a difference and real contribution to the world in which we live.

In this issue of the journal you will find several contributors referencing professionalism, integrity, education, wisdom and knowledge. All of which are of equal importance. Mark Babineaux states "There is a difference between knowledge and wisdom. Knowledge is knowing the consequences – wisdom is anticipating them." Will Rogers said, "Good judgment comes from experience, and a lot of that comes from bad judgment."

Professionalism means keeping commitments, doing high quality work, and continuing to refine your skills. It's a trait that's highly valued in the workplace with many characteristics, including: specialized knowledge, competency, honesty, integrity, respect, accountability, self-regulation, and image.

Michael Watson said "I believe that in order to maintain your 'edge' you must keep on learning, exploring and discovering ... taking advantage of continuing education programs and making a contribution to the profession by sharing what you're learning with your colleagues and associates. At a minimum I would encourage all graduates to continue to serve the community by holding yourself to the highest of standards and carrying yourself like a professional."

Our goal is to provide you with the tools you need to be the best professional you can be. We want to make sure that your experience with us is relevant and rewarding. That means you have opportunities to meet, make friends with, and learn from people who challenge you, who come from very different educational backgrounds, who hold different perspectives, and who may hold different theories than you.

As your president, I am honored to be a part of all that we do here and I am committed to staying in touch and being engaged at every level.



My warmest and most sincere regards,

Robert Otto

"Believe passionately in what you do, and never knowingly compromise your standards and values. Act like a true professional, aiming for true excellence, and the money will follow." David Maister

PARTS THERAPY SIMPLIFIED

By Paul Aurand

Based in New York City, Paul Aurand travels the world conducting sessions and teaching transformational workshops and training courses. He is an award-winning Master Practitioner who has worked in the field for nearly 30 years. Paul has been honored as “Educator of the Year” “Therapist of the Year” and “Hypnotherapist of the Year.” Paul has been featured in the films Flipside, On the Threshold, Dying to Know, and Discovering Regression Therapy for his ground-breaking work with NDE Regression and Life Between Lives Regression.



After years of running trainings around the world, I recognized the need for mentoring and community, for new and practicing Hypnotherapists. In answer to that need I created an online mentoring program I call Individualized Group Mentoring. I offer you the same opportunity for mentoring here through the Unlimited Human. I invite you to submit questions you have about cases or topics for this mentoring column to Paul@PaulAurand.com.

One of the questions we often get in our mentoring group is “What is parts therapy and how do you do it?” We include parts therapy and regression therapy in our basic hypnotherapy training, but parts therapy is not part of every hypnosis training so, I would like to present a simplified version of parts therapy here for you.

Parts Therapy Simplified

Our “Self” is really a composite of many selves or parts. The fundamental parts of the self are the physical self, the intellectual self, the emotional self and the spiritual self. In addition to these four fundamental parts there are many sub personalities that all come together to form our composite Self.

All too often these various parts are at odds with each other causing inner conflict.

“Part of me really wants to do this but another part of me is scared to death.” And, “I know I can do it but something inside keeps telling me I can’t.” “I know it’s killing me but part of me can’t live without it.” These few statements exemplify the struggles that often occur between various parts of the self.

Parts therapy allows us to see, communicate with, heal and integrate these various parts that make up our Self resulting in a more harmonious, healthy and fulfilled person.

In parts therapy we first identify the parts in need of attention. Then we work on meeting each part’s needs. Getting the seemingly opposed parts together to talk to each other, resolving their conflict and coming to some mutual agreement brings about healing and empowerment on the deepest levels. In the end we are able to release an unneeded part or help it integrate in a healthful way.

This is how the actual process of parts therapy works. As you know, one of the things that happen when one is in hypnosis is one becomes more open to suggestion. But, another very important thing that happens in hypnosis is that one can become the objective observer. It is in this objective observer state that the hypnotherapist can facilitate parts therapy and regression therapy.

When properly guided you can look at and even communicate with various parts of yourself. For instance, you can look at your physical self, noticing its posture, age and general condition. See-

ing your physical self as an observer, from the outside looking in, can be enlightening.

You may notice that your physical self looks a bit haggard. Perhaps it is in need of rest and recreation. Sometimes one notices a need to change one’s diet or that certain habits such as smoking or drinking are taking their toll. Clearly seeing the effects of such habits on your physical body as an objective observer can be a powerfully motivating force.

Often a simple question to the part you are working with such as: “What do you need most right now?” can open the way for profound change, healing and fulfillment. Although it makes all the sense in the world to me, I am continually amazed that the part in need can so clearly and simply say exactly what it is that it needs. And what a revelation this can be to the individual asking the question!

Once you know what it is that you need you can start getting it. Until then you are just shooting in the dark, or more likely shooting yourself in the foot.

By looking at various aspects or parts of yourself you can more easily recognize those areas in which you need to work, to heal and develop. You can see those areas in which you have made great progress and where progress still needs to be made. Ultimately you can bring each of these vitally important parts together in a balanced and harmonious blend, into a composite being, a new integrated you.

The following is excerpted from an actual session. I have edited some of the information in order to provide you with a clear picture of how a session might go while maintaining confidentiality.

After a few minutes of hypnotic induction and establishment of a safe place from which to work, the client has entered the objective observer state where he can communicate with his various parts.

Paul: As you look at your emotional self, describe to me as best you can what you see.

Client: He is curled up in a little ball. He is all alone and it’s dark. It’s so lonely.

Paul: Ask your emotional self what he needs most right now.

Client: To be held, loved and accepted.

Paul: Can you do that for him?

Client: He is afraid. He is not sure he wants me to hold him.

Paul: Ask him what he is afraid of.

Client: That I’ll leave him.

Paul: Will you leave him?

Client: No. I just want to hold him and love him.

Paul: In your own words tell him that.

Client: He said it's okay (crying) I'm holding him now. It feels so good. He just wanted to be loved. He felt so alone.

Paul: That's beautiful. Just feel the love. The acceptance. How good that feels. Just hold him and rock him for as long as you like. When you are ready, ask your emotional self what he did in the past when he was lonely.

Client: He drank. He would go out and get drunk. That made him feel better for a while. But then he would be alone again. God, he was so alone.

In this way the part is able to tell the whole conscious person how it feels and how it has unsuccessfully tried to deal with those feelings. The true condition - feeling lonely and curled up inside - becomes clear as does the unsuccessful attempt to fill or numb the loneliness with drinking.

After this kind of realization, we can usually negotiate a settlement with the parts that have been having difficulty.

Paul: Ask him if the drinking has ever helped his loneliness.

Client: Not really, it just numbed it for a while.

Paul: Ask him if he would give up the drinking if we could find more positive ways to fill the loneliness.

Client: He says "sure!" He doesn't like it anyway. It just makes him feel worse later.

And then we went on to find some positive alternatives to the drinking and made a contract of sorts between the client and his emotional self that he would be there for himself whenever he was needed. To hold, love and support him. And to find more loving, supportive relationships in his life. The drinking has stopped and he is learning how to take care of himself.

A session with a client who tended to over eat when she was stressed went something like this:

Paul: Ask your over eater self why she is eating so much?

Client: She says she is stressed and bored. She is sick of her job and eats to relax.

Paul: Ask her "If we could find more positive ways to relieve her stress and boredom would she help you lose weight?"

Client: Sure.

Paul: In your own words let her know that her tendency to over eat and gain weight seems to be causing even more stress in your life. Ask her if she is happy with the way she looks and feels now?

Client: No, not at all. She hates herself this way.

Paul: What is it that she needs most right now?

Client: A little time off. To go for walks.

Paul: Okay, can you do that for her?

Client: Yes.

Paul: What is something else you might do to relieve the stress that wouldn't cause you to gain weight and feel even more stressed and uncomfortable?

Client: I could exercise, read a book, and take some time for myself.

Paul: Great, now make that agreement with your fatter self to do these positive things that will help you lose the weight you want

to lose and free you from the stress of the day. Thank that over eater you for being so honest and helpful. And reassure her that you understand that in the past she ate to relieve her stress. Let her know that you will not neglect her need to be free from this stress. To the contrary you will do everything you can to relieve this stress in positive ways like: exercising, reading, and taking time for yourself. How does she feel about this?

Client: Much better.

Paul: Great! Is there anything more she needs to say to you?

Client: No.

Paul: Is there anything you want to say to her?

Client: Yes, thanks for your support. I understand now and will do my best to take care of you. She is smiling now and feels relieved.

This client has lost a significant amount of weight and finds her life much more enjoyable now that she is coping with the stress in her life in healthier ways.

Parts therapy is a dynamic method of dealing with one's own inner conflict. It empowers you to recognize those parts of yourself that are in need of attention and to find healthful ways to meet those needs. You can end the sabotage and self-defeating patterns from the past and integrate your parts on an ongoing basis nurturing a whole and healthy self. Parts therapy allows you to take care of yourself.

I have found time and time again that what might have taken months or even years of traditional talk therapy can often be accomplished in just a few sessions of parts therapy. Clients, too, are pleasantly surprised at how quickly and easily this parts work allows them to get to their core issues and make profound and lasting changes in their lives.

Here are some of the essential steps in parts work:

Identify Part

Specify what part you are addressing. Is it the overeater, the smoker, the inner child etc.? This may be accomplished in the intake interview or during a trance. You might even ask the part how it likes to be addressed. Once you have identified the part find out as much as possible about it.

Establish Purpose and Function

Every part has come to be for some specific purpose. Find out why the part exists. Ask its purpose. Find out whom it works for. If the part does not work for your client, who does it work for? It may work for Mom or Dad or someone else. All parts should be working for the client. If there is a part that does not work for the client it should be released or transformed in some way. Simply remind any rogue part who's the boss.

Questions for Part

What is your purpose?

Whom do you work for?

How did you come to be?

When did you come to be?

Acknowledge

What do you need?

Will you help (client) with (issue)?

Negotiate working together

CONVENTIONAL WISDOM

By Mark Babineaux

Mark Babineaux is an attorney with a General Practice who is also trained in both Collaborative Resolution and Mediation. He is honored as a Life Diplomat by the IMDHA, and is on the Advisory Board of the IMDHA and the IACT. He teaches many hypnosis related curricula and his practice includes helping individuals and groups overcome destructive habits, improve beneficial habits and forensic hypnosis.



I recently returned from Las Vegas after having participated in another hypnosis conference. After experiencing the charbroil temperatures of the high desert, returning to the crawfish boil weather and “air that you can wear” humidity of South Louisiana brought to mind how different the environmental shift must have been for everyone who attended. And think of the body clocks of the people from India, and Germany and China and even more the seasonal shock of those from South America and Australia and other parts of the Southern Hemisphere. Everyone there seeking and sharing skills, insights, information and thereby justifying, enhancing and corroborating their own.

Of course, continuing education, symposiums, conventions and conferences are nothing new to me. October 6, 2018 will mark forty years that I was sworn in as an attorney, an officer of the Court - with fifteen hours continuing education every year required to remain in good standing with the bar. After qualifying as a mediator, it was another twenty hours every other year. After certification as a hypnotherapist, it was another thirty per year with one organization, fifteen with another. I have made it a point to acquire and accumulate all of this required education and these required hours in person - even after the advent of the internet and online education. All added up, that is a lot of hours, a lot of information. Even more important to me than the information collected are the people I have met along the way who provided that information. It is a great advantage to talk to the attorney or judge who actually handled the case being studied or to converse with the author of a book or hypnosis technique than to just read about it or google it. And I keep all this information about the courses and classes and all that I have learned and the people that I have met in a section of my bookshelves I affectionately call – Conventional Wisdom.

Gone are the days of relying on a four year education to provide you with a thirty year career. Especially when one can pay two hundred thousand dollars for an education that provides you with a job that pays fifty thousand a year. And a job that may not even exist in ten years. Online education and degrees are certainly a more affordable option than attendance at a brick and mortar institution. So with information so easily accessed and the required continuing education hours available online, why would anyone want to expend the cost and time of attending a convention half-way across the country?

There is a difference between knowledge and wisdom. Knowledge is knowing the consequences – wisdom is anticipating them. Will Rogers said, “Good judgment comes from experience, and a lot of that comes from bad judgment.” Ann Wilson Schaefer expresses the value of experience at the January 20 entry of her book “Native Wisdom for White Minds” and puts it this

way: “Illiterate.” What does that mean? How often we have used that word to describe people who are not like us. When we do this, we miss so much wisdom. It is not only those formally educated in Western science and culture who are the brilliant teachers of this world. In fact, it is often those who have lived, experienced, known, and listened who possess the wisdom. Knowledge can be learned. Wisdom must be lived.”... And at her October 10 entry: “There’s lots of information in books. There’s lots of wisdom in people. Both are necessary.”

Conventional wisdom is the wisdom of the convention. It is the Process of Illumination. It is an opportunity to transform information received into wisdom conceived. For the novice. For the expert. For the infused and the confused. It is friends. It is frenzy. It is camaraderie. For some, it is like the Black Friday race to the mall. Everyone wanting the best deal on the best information in the best time. So many opportunities in so little time. For others it is a vacation. Everyone’s experience and purpose of being there may be different yet I think we are all drawn to these conferences for one reason – the personal connection – rapport – friendship - to experience the indescribable and unexplainable feeling of the unacknowledged power of telepathy.

Oh. That’s true. You have to be there.

Are You interested in submitting an article to *Unlimited Human?*

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WHO ARE THE TRAINERS TEACHING UP-COMING HYPNOTHERAPISTS?

By 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.

I wasn't going to address this issue, but it's been haunting me, so here goes!

I recently completed an advanced, continuing education, on-line training for professional hypnotherapists. It was a great class with a wonderful, energetic group. A number of the video excerpts that I played during the training showed me working with clients who were having some dramatic abreactions (crying, screaming, shaking, swinging, and punching) and how I dealt with these issues. I was shocked when one of the attendees said that he was taught not to deal with abreactions. More specifically, "If a client is experiencing an abreaction, bring him/her out of hypnosis!" Yes! You heard that right!

I did not want to berate the program attendee, and especially not his trainer. So, I took a deep breath, gained my composure, and explained my take on the subject. I was curious as to whom the trainer was, but out of courtesy, I didn't ask, and unfortunately never found out the name of his trainer.

Induced or spontaneous abreactions are a process of releasing repressed emotions by having the client "re-live" in their imagination, a previous negative experience. These can be expressed in different ways, including crying, shouting, punching, screaming, hysterical laughter, anger or panic; all of which are common reactions. So, what do I do?

Dr. Gary Null's Radio Program Natural Healing broadcast in 140 countries worldwide, included interviews with three of my clients, two of which were also featured in Gary's best-selling book, "*The Complete Encyclopedia of Natural Healing*" Here is an excerpt from one of them below: Michael's story: "*I was in great pain, and frightened. I went to see a traditional Chinese doctor, who told me that I had a tumor, and that I should begin taking herbs. I did but there wasn't much of a change. Meanwhile, I got sicker and sicker to the point of being bedridden with tremendous sweats.*

"I had trained with George, and had a three-hour session with him. The experience was profound, and I could only liken it to an exorcism. The man literally had my jaw open at one point. There was dry heaving stuff that had been so ancient, so toxic in me. I can't even give you a map of what took place during that session, but the next day, this thing broke and drained. This took place literally within 24 hours. And, the whole psychological situation that I had endured for over 40 years immediately went into a healing modality, and it has remained that way. There has been no recurrence."

What would have happened if I simply took Michael out of hypnosis when he had that abreaction? First of all, he would have

come out with all the ancient, frightening, worrisome, debilitating feelings. And, more importantly, he might not have been freed from this toxic growth (tumor). In the class, I also showed a segment from another dramatic session, filled with screaming, spitting, dry heaving, where the young man said after the hypnotic interaction, "I came for you"!

Or, how about this one, where a young lady was raped with a gun inserted inside her, and the monster even pulled the trigger a number of times? The gun may or may not have been loaded. Yes! I have that session on video! I didn't look for these things. But somehow, I've attracted them.

So, back to this class attendee. If you are reading this article, consider performing more than simple "band aid" hypnotherapy. I can definitely understand your concern, and wanting to bring a person out of hypnosis. Just keep in mind that if you do this, the client would be coming out with ALL the feelings associated with the abreaction. So, here's a thought: If you really feel uncomfortable dealing with the situation, have the client immediately focus on his/her breathing, and create a breathing cadence, gradually having him/her slow their breathing down, while giving supportive, positive suggestions, and helping the client relax. You can "THEN" decide whether to continue with the exploration, or simply bring him/her out. Just remember, you might never have the opportunity to help them through that trauma again!

Note: Most of my sessions are simply an interview, hypnosis explanation, suggestibility testing, induction, deepening, interactive work, and a final programming closure. But, somehow these intense, dramatic ones find me. Just luck, I guess!

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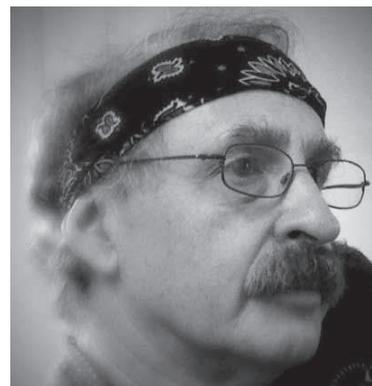
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104? AIN'T NO BIG DEAL

By Peter Blum

Peter Blum has had a full-time practice in hypnosis for over 25 years. A popular presenter for decades at hypnosis conferences, he is known for his humor and storytelling. Peter is a master musician who frequently incorporates sound-healing in his practice; his "Sounds for Healing" recordings have been used by many healers to augment their sessions. He considers himself fortunate to have been a student of Native American shaman Beautiful Painted Arrow, and has received mentoring from noted Native American psychiatrist and healer Dr. Lewis Mehl-Madrona.



For many years I worked for Family of Woodstock, a wonderful multi-purpose grassroots community service center. Family is the oldest continuously operating hotline in the country (since 1970). Their motto is "Any Problem Under The Sun". You can call Family 24 hours a day, 365 days a year and the phone will be answered by a real person who will listen patiently and compassionately to whatever you want or need to say, offering non-judgmental non-directive support. Even though I no longer work there, I still maintain ongoing contact with them - frequently referring people for their services. Besides being a telephone hotline, they are also a walk-in center, with a food pantry and free store.

A few weeks ago, I received a call from a Family staff member. He said, "Someone called looking for a hypnotherapist to work with their mother-in-law. It's rather urgent - she has a dentist appointment today and is terrified of going. Are you available - can you help?" It was about 11:30 and the woman's appointment was at 3 p.m. I told them to give my number and say that if we could fit it into the very small window, I did have time available.

Five minutes later the phone rang and it was the daughter-in-law. She explained that she did not live in the area, but that her mother-in-law did. "She has a bad toothache, but she's so anxious she can't/won't even open her mouth at the dentist's. We thought maybe hypnosis could help." I assured her that it was quite possible and that I had worked with others with dental phobia. I asked if the mother-in-law was on board with seeing me for hypnosis and was told "Yes, but she's kind of anxious about that, too."

This is where it gets interesting. The daughter then said, "My mother-in-law is 104 years old." I didn't blink and told her as long as she's lucid, chronological age doesn't matter. She explained that, due to her mother's advanced age, the dentist was understandably unwilling to administer any kind of intravenous sedative.

Under the circumstances, I offered, if it would be easier, to make a house-call, believing that the patient would be more at ease in familiar surroundings. 45 minutes later I arrived at a lovely private house nestled at the end of a long driveway on the side of a mountain, and was greeted by a young woman who identified herself as the aide.

In the living room, my client, Rivka (not her real name) was sitting with an erect posture in a large armchair. I introduced myself and opened the conversation by saying, "So, I hear you're not looking forward to going to see the dentist..." She fixed me with a direct look of piercing blue eyes and answered, "Does anyone?" I smiled and pulled a chair over to sit closer. "What do you hope that I can help you with?" I asked.

"When the dentist works on me, it won't hurt... (rising inflection, indicating a question)"

Maintaining eye contact and a smile, I said, "It's possible. Or

at least it will hurt way less. But before we get to the hypnosis, let me get some more information about you." I have a two-page form that clients fill out before we begin working together. Rather than the whole form, I just asked her a few key questions.

P. Where were you born?

R. Jerusalem. July 3, 1914.

P. Really? You know you're not the oldest person I ever worked with... I saw a woman last year for a few hypnosis sessions who was 105. (This happened to be true - also I thought it would interest Rivka and establish the fact that hypnosis was viable regardless of age). And how old were you when you came to the U.S.?"

R. Six.

P. How long have you lived in this house?

R. About 50 years. (She pointed to a portrait of a man hanging on the wall.) That was my husband. He was a Rabbi. He's been gone almost 40 years.

P. And what about you? Tell me a little about your life.

Rivka shared that she had been a professional dancer, giving performances all over America and other parts of the world. Her aide, who was in the back of the room (she had offered us privacy but I had invited her to stay close - at least at the beginning), pointed at other framed photos on the wall. "That's her", she said, "in some of her dance performances." There were also framed posters and playbills from various concert halls.

Rivka also mentioned that sometimes she spoke as part of her dance performances.

P. What did you speak?

R. My dances were Biblical, and I would recite sections of the Bible. As the conversation continued, Rivka sat up straighter and straighter in her chair. Her face and voice were becoming more animated.

P. Did you have a favorite passage?

R. "Isaiah 15!"

P. Can you still remember it?

She leaned forward and began to recite the first few lines. I found myself witnessing an incredible transformation. Her voice became stronger and sturdier and it looked as if decades were dropping away! Here was passion, undiminished by 50+ years that had passed.

There is a list of presuppositions that I teach my students at the beginning of every hypnosis training. One of them says "It is always possible to access a resource state that is powerful enough to collapse any stuck state". In this case, the "stuck state" was

one of fear and anxiety - in particular regarding the upcoming visit to the dentist. Her resource state, to which I was turning her attention, was her glory days, and the things that were closest to her heart.

I then proceeded to tell a story regarding my own experience many years ago when I was getting certified in hypnosis. The trainer gave a very dramatic demonstration of "waking hypnosis"... standing in front of a group of about 100 students, he explained that he was producing glove anesthesia in his right hand and wrist, lightly stroking it with his left hand. He then plunged it into a wolf trap which snapped shut on his hand. He did not appear to be experiencing any pain or discomfort and after about a minute had two people come up and with some effort, pull the jaws of the trap off his right wrist.

(There's nothing like a good story to get someone's attention. Rivka was following my words closely.) Following that demonstration, about a month or two later I had a dentist's appointment. I recounted how I induced self-hypnosis in the waiting room, having decided that if I were going to confidently offer to teach hypnosis to my clients, I wanted to be able to speak congruently from my own experience.

As I described the process of closing my eyes, following my breath, doing a body scan and consciously relaxing muscle tension wherever I found it in my body, I was in effect doing a covert hypnosis induction on Rivka, as well as beginning to teach her the process of self-hypnosis that she could use.

My experience had been successful - I was able to sit through a gum-line filling (and at a later session, a root canal) without novocaine, nitrous oxide, or any kind of sedative. In this story within a story, I wanted to give her two examples of how hypnosis had been used to temporarily block pain.

P. It's important here, Rivka, to make the distinction between acute pain and chronic pain. Chronic pain - like an infected tooth that's not extracted - is there for a long stretch, day in and day out. Acute pain, like 20 minutes in a dentist's office having that tooth pulled, is over in a very short period of time. And then it's over!

At this point, I asked if she was ready to experience hypnosis. She nodded and I pulled my chair closer. In preparation I told her, "You know for everyone the hypnotic experience is different. You can expect to be relaxed, and also may feel alert. Some people remember very little or none of what was said. Other's remember most or all of what was said while they were in trance. It doesn't matter." The last few statements are called 'covering all possibilities of a class of responses'.

P. And because of your extensive background in dance, I'm guessing that you are probably more familiar with your body and musculature than most. So it should be fairly easy for you to follow along as I mention the major muscle groups one by one, from head to toe (toes are very important to anyone who has ever performed classical ballet).

After a few minutes, as I was suggesting that she relax any unnecessary tension, Rivka began fiddling with the elastic waistbands of layers of skirts, slips, and underwear. I encouraged her, referring to the "Serenity Prayer" - "Give me the serenity to accept those things I cannot change, the strength to change those things I can, and the wisdom to know the difference." Adjusting her waistband so it wasn't so tight on her belly and diaphragm was one of the things that Rivka could change.

I suspected that an underlying fear going through much of this remarkable woman's life might have been loss of control. Sitting in the dentist's chair with him poking around in your mouth requires surrendering a fair amount of control. Here, with the direction to continue adjusting her waistband, Rivka's attention was being focused on something she could control.

As we finished the head to toe muscle relaxation and returned the attention to her breathing, I did some future pacing by suggesting that she visualize herself sitting calmly in the dentist's office waiting for him to begin, and then moved directly to visualizing herself in the car going home after the dentist, feeling surprised at how easy that had been.

During the reorientation, which typically involves my counting up from one to ten, with various post-hypnotic suggestions thrown in, Rivka was given a cue signal of moving her thumb slightly to induce a self-hypnotic state of the "relaxation response". After she opened her eyes, I went over with her how to set her intention and use her cue signal.

The next day I received a call from Rivka's daughter-in-law. She asked me if I thought Rivka had been hypnotized. "Why?" I asked. "Was she thinking that perhaps she hadn't been because she remembered what I said?" There was a moment of silence at the other end and then the daughter-in-law laughed and said, "Yes".

I asked how the visit to the dentist had gone. She told me that it was amazing, that Rivka had been able to get through the whole session successfully. "That's all the counts," I told her. "If she is more comfortable feeling like she wasn't really hypnotized, that's fine." About a week later, accompanying a check to pay for my time was a note from the daughter-in-law:

"Peter - Thank you so much for your kindness. Rivka was able to have her tooth fixed without problems. It's the first time in several years that she has been able to let a dentist work on her teeth."

Freudian Concepts: The Tripartite Psyche & the Four Parts/Levels of the Mind

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FREUDIAN CONCEPTS: THE TRIPARTITE PSYCHE & THE FOUR PARTS/LEVELS OF THE MIND

By Noel Kok Hwee Chia & Boon Hock Lim
Part 1



Noel KH Chia, an IACT-approved instructor, is currently a special needs consultant and trainer in private practice. BH Lim runs his own private special needs and training consultancy in Malacca, Malaysia. Both Chia and Lim are registered educational therapists and fellows of the Register of Educational Therapists Asia based in Singapore. They have been co-training together in different parts of South-east Asia including Singapore and Malaysia.

Introduction

To understand the human mind and hence, human behavior, it is important to know and understand the concept of the human psychological mindedness within the context of the Freudian concept of the tripartite psyche, which consists of the entities id, ego and superego (also known as the psychic apparatus) (Freud, 1923). The psychic apparatus does not represent the “physical areas within the brain, but rather hypothetical conceptualization of important mental functions” (McLeod, 2013, para.4).

Psychic Apparatus

Freud (1923) developed his model of tripartite psyche comprising of three entities id, ego and superego, and termed it as the psychic apparatus. Figure 1 shows the three entities with the figure of the Lady of Justice representing the superego, a man representing the ego (or self), and a black winged devil representing the id.

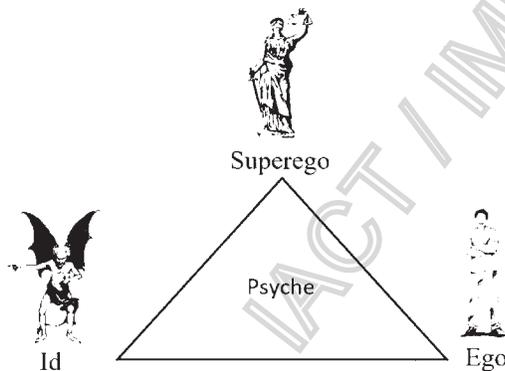


Figure 1. The Psychic Apparatus (Psyche)

Briefly, in Freudian terms, the id represents “the primitive, animalistic, instinctual element of the psyche. Entirely self-contained and isolated from the world about it, it is bent on achieving its own aims” (Reber, Allen, & Reber, 2009, p.366). Its sole governing device is pleasure principle. The ego or self represents “a cluster of cognitive and perceptual processes including memory, problem-solving, reality-testing, inference-making and self-regulated striving, that are conscious and in touch with reality, as well as specific defense mechanisms that serve to mediate between ... the id, ... the superego, and the knowledge of reality” (Reber, Allen, & Reber, 2009, p. 248). The superego is the hypothetical en-

tity of the psyche that associates “with ethical and moral conduct and conceptualized as responsible for self-imposed standards of behavior” (Reber, Allen, & Reber, 2009, p.789). In summary, the id is seen as more concerned with the pleasurable, the ego with the real or actual, and the superego with the ideal.

In our explanation about the psyche or psychic apparatus, we have chosen to illustrate with an iceberg as its representation (see Figure 2) in association with the different levels of the mind.

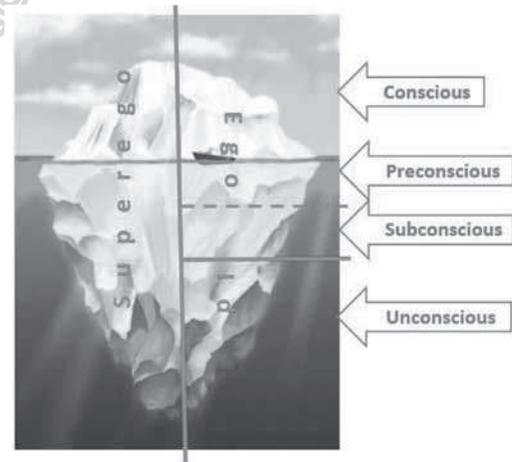


Figure 2. Iceberg Representation of the Psychic Apparatus

Briefly, the id in the unconscious mind comprises of instincts that can be divided into two types:

- (1) Eros, or life instinct: a set of life-sustaining forces (e.g., respiration, eating and sex) that an individual needs to survive (Freud, 1925); and
- (2) Thanatos, or death instinct: a set of destructive forces that exists within an individual (Freud, 1920).

The unconscious mental processes that are id-driven are governed by the Freudian Principle of Pleasure, which seeks immediate gratification of all needs, wants, and urges by striving to fulfill the most basic and primitive urges (e.g., hunger, anger, and sex). Such id-driven processes begin at infancy.

As a child matures, the ego develops and gradually differentiates itself from the id. However, the ego does not simply separate from the id but overlaps and merges with it. The unfulfilled desires, ideas, thoughts and wishes (*ditwis* for short) of the primitive and infantile part of the id may enter into the ego and either

stay hidden in the subconscious mind as repressed impulses or being deliberately blocked from entering the conscious mind to be temporally kept in the preconscious mind as suppressed impulses. However, if the instinctual ditwis are continuously being repressed, the psyche will become detrimentally affected with pathogenic symptoms, which, according to Freud (1926), arise “from an instinctual impulse which has ... found a substitute in spite of repression, but a substitute which is very much reduced, displaced, and inhibited and which is no longer recognizable as a satisfaction. And when the substitute impulse is carried out there is no sensation of pleasure” (p.94-95). This means the impermissible ditwis, being repressed and maladaptively dealt with, may lead to the rise of neurotic behavior.

Once these “wild” ditwis of the id enter the ego, they will create stress and anxiety. The only way to stop them from getting to the conscious mind is either to suppress them deliberately in the preconscious mind or repress them in the subconscious mind so that they do not end up creating problems for the psyche. The goal of the ego is to satisfy the id’s demands of pleasure in a safe way that is socially acceptable (McLeod, 2013) by operating according to the Freudian Principle of Reality, which weighs the costs and benefits of a behavioral act before deciding whether or not to abandon it by striving to satisfy the ditwis in realistic and socially appropriate ways (Cherry, 2016). This means the ego has to operate in both the conscious and unconscious mind, i.e., by seeking either to block or discharge the threatening stimuli in order to maintain the psyche’s equilibrium condition.

The psyche will always strive to maintain its behavioral excitation at a comfortable level. In order to attain this goal, the psyche has to avoid external stimuli that are likely to prove excessive, and seek those that are likely to affirm its awareness of being. This means there must be some kind of a compromise negotiated between the id and the ego and/or superego, an equilibrium established between the pleasure principle and the reality principle. For instance, if the id is too strong for the ego and superego, the psyche may manifest pathological or criminal behavior. To establish a healthy psychic equilibrium, which operates according to the Freudian Principle of Constancy, the ego has to find ways to permit sufficient gratification of the id but not at the cost of causing an overwhelming guilt to the outraged superego to ensure the moral standards are closely adhered to (McLeod, 2013). If the superego, which “operates on the morality principle and motivates us to behave in a socially responsible and acceptable manner” (McLeod, 2013, para.7), is too strong for the ego, the psyche will feel guilt-ridden or frustrated and suffers moralistic persecution of others.

Psychological Mindedness

Within the context of the psyche is the psychological mindedness (PM). There are several conceptual definitions of PM (e.g., Appelbaum, 1973; Conte, Ratto, & Karusa, 1996; Hall, 1992). According to the Psychodynamic Diagnostic Manual (PDM; Alliance of Psychoanalytic Organizations, 2006), PM is described as one’s ability to observe and reflect on one’s own internal life. Here, we have chosen a more generic definition given in the Wikipedia (2016): PM refers to one’s “capacity for self-examination, self-reflection, introspection and personal insight” (para.1). The definition also includes the following abilities: (1) recognition of meanings that underlie overt words and actions; (2) appreciation of emotional nuance and complexity; (3) recog-

nition of the links between past and present; and (4) possession of an insight into one’s own and others’ motives and intentions. (see Wikipedia, 2016, para.1).

Recently, PM is found to involve several facets of awareness (including a general sense of mindfulness, more specific awareness of self or self-consciousness and others) of self and others (see Beitel, Ferrer, & Cecero, 2005, for detail). Perhaps the difference between PM and mindfulness is that the former is the capacity for self-reflection, while the latter is the capacity of being here and now, without engaging in reflection. More research is needed to find the connection between mindfulness and PM, and how they affect each other. Such new findings can add to the current knowledge and also enhance the professional practice of healthcare practitioners.

Four Parts & Levels of the Mind: From Full Awareness to Total Unawareness

Our PM level can affect us in terms of what we do, how we behave and why we do and behave in certain ways which often have to do with our complex mind – be it at Conscious (C), Pre-Conscious (PC), SubConscious (SC) or UnConscious (UC) level (see also Chia & Lee, in press). These four parts of the mind constitute its different levels from full awareness to total unawareness (see Figure 3):

- The C mind: General state of awareness and ability to react or respond to stimuli;
- The PC mind: Below the level of awareness where the deliberately suppressed desires, ideas, thoughts and wishes are kept or put aside but are easily accessible;
- The SC mind: Below the level of preconscious level where the unconsciously repressed desires, ideas, thoughts and wishes are not easily accessible unless some form of mind-based therapy (e.g., hypnotherapy or psychotherapy) is introduced to elicit them; and
- The UC mind: Totally lacking of awareness or in the state of unawareness.

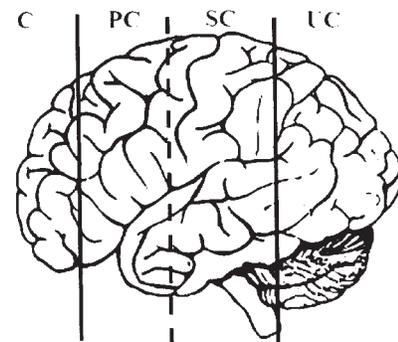


Figure 3. The Four Parts of the Mind

Sigmund Freud (b.1856-d.1939) did not differentiate between PC and SC. However, Chia and Lee (in press) differentiate the two parts/levels of the mind and they define *preconscious mind* “as the threshold level of mindfulness just below the level of conscious awareness, from which consciously suppressed memories and emotions can be recalled” (Chia & Lee, in press, p.). As for the *subconscious mind*, Chia and Lee (in press) define “it as the threshold level of mindfulness below the level of pre-consciousness, from which repressed ditwis of the primitive and infantile part of the mind are kept (closer to the UC) but they can influence

one's actions and feelings when brought to the level of consciousness" (p.xx) through hypnotherapy or psychotherapy for example. Hence, the idea of the PC mind as postulated by Chia and Lee (in press) differs from the Freudian concept of PC.

The brain capacity of the human mind refers to the cerebral ability of the mind to receive or contain information in terms of its measure of quantity and level of quality over a period of time. According to *The Mind Unleashed* (2014), the C mind occupies an estimated 10% of our brain capacity while the UC mind takes up 30-40% of it. The remaining 50-60% of our brain capacity is taken up by the PC mind and/or the SC mind (see Figure 4).

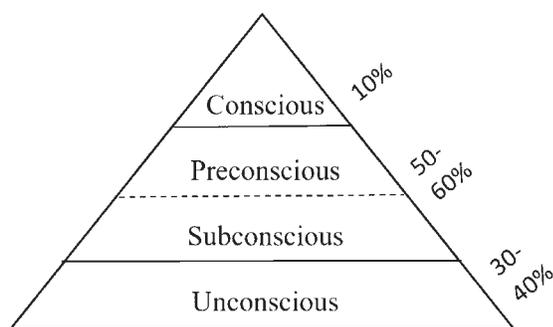


Figure 4. Brain Capacities of the Four Levels of the Human Mind

Unconscious Mind

The UC mind is hidden deeply in our mind and, hypothetically speaking, where it can be located. It serves as a repository – a cauldron of primitive or unrealized impulses/urges that are kept at bay and only to be mediated by the PC/SC mind (Freud, 1900,1905). The UC mind consists of the mind-based primary processes which operate according to the pleasure principle. These UC processes occur automatically and are not available to introspection. According to Weston (1999), these processes include repressed feelings, automatic skills, subliminal perceptions, thoughts, habits, and automatic reactions, and possibly also include complexes, hidden phobias and desires.

Preconscious Mind and Subconscious Mind

Sandwiching between the UC world inside the mind and the real C world outside are the PC mind (closer to the C mind) and SC mind (closer to the UC mind). As one entity, they constitute the largest brain capacity. Situated just outside the awareness of the C mind, the PC mind is where deliberately suppressed information will be temporarily blocked and stored away. The suppressed information is available for secondary process thinking, which operates according to the reality principle, as and when it is required or being called out. As for the repressed ditwis (usually negative), they are hidden away in the SC mind unless some form of intervention (e.g., hypnotherapy or psychotherapy) is used to bring them to the conscious level for a reason (e.g., to identify the perpetrator who has committed a rape). When that happens, the repressed negative ditwis (e.g., a sexual act with another person of opposite gender) will be displaced with something more positive and permissible (e.g., watching an RA movie).

Conscious Mind

The C mind serves as the interface between the individual and his/her immediate environment. The individual may interact

with the environment in two ways: (1) reaction, which is the emotion taking the central role, as “[W]hen a person reacts, s/he is taking a defensive stance because s/he is at a disadvantage” (Chia & Lim, 2017, p.5); and (2) response, which involves some rational thinking or reasoning and “is considered more positive and more civilized” (Chia & Lim, 2017, p.5). The C mind is very much controlled by “the ego ... which develops and becomes differentiated from the id” (Hunt, 2007, p.220) as an individual matures.

In summary, the tripartite psyche represented by ∇ and the four-parts/levels of the mind can be illustrated in the following diagram (see Figure 5):

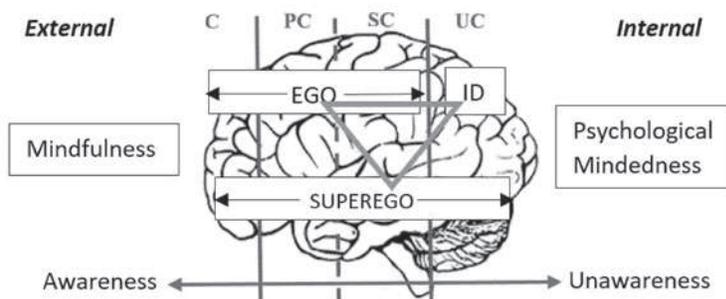


Figure 5. A Summary of the Freudian Concepts as discussed

In the second part of this article, we shall discuss how the ego would mediate the conflict between the id and the superego to prevent the psyche from experiencing stress and anxiety. It does so by deploying one of the defense mechanisms: Projection.

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ONE POSSIBLE WAY TO HAVE ADD/ADHD

By Dennis K. Chong and 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.

Abstract

Whatever is our ontology, it is something that we have somehow learnt/acquired the knowledge to be. What then is the way of acquiring the knowhow to being diagnosed with ADD/ADHD? Has parenting anything to do with it?

Background

This article is actually an abstract from our new book: *Human Nature, Is It Possible To CHANGE IT.*

We would like to begin with two quotes from Virginia Satir, the founder of the discipline of Conjoint Family Therapy¹:

1 Conjoint Family Therapy: *The raison d'être* of this study is because families can be in pain.

1.

I regard (parenting) as the hardest, most complicated, anxiety-ridden, sweat-and-blood-producing job in the world. Succeeding requires the ultimate in patience, common sense, commitment, humour, tact, love, wisdom, awareness, and knowledge. At the same time, it holds the possibility for the most rewarding, joyous experience of a lifetime, namely, that of being successful guides to a new and unique human being.

2.

Every word, facial expression, gesture, or action on the part of a parent gives the child some message about self-worth. It is sad that so many parents don't realize what messages they are sending.

Virginia Satir's first quote, delineates that being a parent is both a huge responsibility but also one of the most rewarding experiences we could hope to have. However it implicitly raises the question as to whether a 13-year-old with an unborn foetus is entitled to a license-in-law to be the parent of the child she carries. We raise this matter in this way because it is obvious that a 13-year-old simply does not have the adult maturity for "**patience, common sense, commitment, humour, tact, love, wisdom, awareness, and knowledge**" to care for her child. Put simply she does not have the wit and sense to do the job. She is just driven by the instincts: *I want it. I want it. It is mine. It is mine.* Of course, there is every Philosophical, Political, and Sociological argumentation to deny the legitimacy to such a claim. However, there is an anomalous PC conviction that this 13-year-old is entitled to have this child. However, is she really capable of rearing this child on her own?

Under normal circumstances it takes the combined earning incomes of two parents to secure the financial means to underpin all the requisite expenditures for an adequate home for the parent(s) and the infant. The expenditures begin with either the rent or the taxes to the municipality and insurance costs for the home and continues with the hydro, gas and water bills, the food bill for the parent and the child and cost for soap and the toilet paper, bills for the TV provider, clothing costs and travelling cost including car insurance and gasoline payments or public transport costs. For example can a 13-year-old honestly discharge all these obligations?

If a 13 year old attempts to undertake such a humongous task, her incompetency and semantically ill-formed parenting deficiencies, hold for her and the child the possibility of life in an abyss of fear and anger, anguish and frustration, pain and suffering, woe and tears. What do you think is the chance of a 13-year-old being a "**successful guide** (of her child) **to be a new and unique human being**" in society. We use this example as we have experienced this situation a few times.

Her second quote is about the importance and necessity of parents-to-be to attend semantically sound and well attested courses in Parenting and gain experience by example and reading. We have yet to finish publishing our text on: *Parenting, The Art and The Science.* If it were published and available, the 13-year-old would not be able to read it, study it and learn from it but many adults could.

Look about your community and find out which parents have reared their children to become the best of lawful taxpaying citizens. Their children became an attentive Anglican pastor, a kind Jewish Rabbi, an honest LLB/JD, a caring MD, a concerned CA, a candid MBA, the best attentive taxi driver, best waitress who ever served you, the top barman who ever attended you and so forth. Then respectfully befriend such parents and ask them what they did to bring forth such an excellent person.

This approach is necessary but it entails a problem. The problem is that **people who know to do, do not necessarily know about how they knew to do what they did.** There is a chasm between knowing to do versus, knowing about doing it. And one may have to go around more than 2/3 cycles to find parents who can offer the kind of insights re what to do to rear a child.

There are two-default assumptions relating to bringing up a child. The first is that we are to face the truth that parenting is the

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THE “AWARE” SELF-HYPNOSIS PROTOCOL FOR TAMING PERSISTENT PAIN

By Bruce Eimer



As a Board Certified Pennsylvania and New Jersey licensed clinical psychologist, Bruce Eimer is the Director of Pain Psychology and Behavioral Health at the Comprehensive Pain Center at Crozer at the Crozer Chester Medical Center in Upland, PA. He has been using hypnosis and conducting hypnotherapy since 1987 and has authored or co-authored a number of self help books and text books on hypnosis and hypnotherapy. He maintains a private hypnotherapy practice.

The reality of intense physical pain that refuses to go away despite every form of medical treatment disables millions of people every year in the United States. The burden of living without control of persistent pain is a terrible thing that only those who have it can really understand. It makes people desperate and can drive some of those affected crazy.

I have had recurrent chronic back and leg pain since 1994. I have specialized in the psychological treatment of people with chronic pain for longer than that. My personal experience and my clinical work have taught me that when medicine does not produce adequate relief and alternative treatments have failed, you can only rely on yourself and your faith (Eimer, 2008, 2018).

There is no magic bullet! But the human brain and the rest of the human body are remarkably resilient. Pain relief can come from learning to use your brain to tame the persistent pain (Eimer and Hunter, in preparation). The consistent application of simple methods of self-hypnosis can often accomplish what conventional pain medicine cannot, with the added bonus that there are no serious side effects.

Over the seven years during which I worked in a busy hospital-based outpatient pain clinic, I taught hundreds of pain patients how to reframe their pained predicament. I eventually codified five simple and sensible steps for developing mastery over one's pain problem. Practicing these steps using the tool of self-hypnosis helps to produce self-comforting momentum. This often increases a person's confidence as he or she becomes the master as opposed to the slave of the pain (Elkins, Jensen & Patterson, 2007).

The hypnosis pre-talk

In my hypnosis pre-talk, I explain to the patient or client that *“the good news is that you already know the basics because you undoubtedly have attempted—and maybe even have temporarily succeeded—using some of these steps at various times and in different places in your life. Now is your chance to learn how to use what I am going to teach you to tame your pain so that you can get real pain relief. This will serve you well in many ways that will last you a lifetime.”*

Step 1 — Accept

I explained to a client the other day that when my severe leg and hip pain returned last year, for a while, I felt defeated and hopeless. But I recognized that I had to “walk my talk”. Before I could do anything else, I needed to *accept* responsibility for my own pain management. I had to admit to myself that I had a problem, and I had reached “rock bottom”. I was drinking and laying down too much. And I was crying and whining a lot. But once I

accepted that it was *my* responsibility to do something about my predicament, my head was freed to look for options and alternatives to remedy and manage the problem.

Recognizing that you have choices and then making a choice is the essence of freedom. This can help you find relief from your pain and change your life.

Step 2 — Watch

Once you have decided to make changes in your life, you must learn to do so with a clear head. This means refusing to let bad judgment cloud your perceptions of what it is you wish to change. Learning to manage your chronic pain more effectively entails seeing your pain for what it really is without judging it, and then changing unhelpful habits you may have adopted for dealing with the pain out of fear. Just *watching* your pain *mindfully* without judgment in and of itself, can lead you to experience your pain in a different and more tolerant way. Then you will be free of fear and ready to change unhelpful habits.

Step 3 — Adjust and align

A chiropractic or osteopathic physician *adjusts* your spine to *realign* your vertebrae with your spine's natural curves, so your spine doesn't have to keep fighting gravity. This can often relieve your symptoms and help you live more comfortably. You can maintain your alignment and enjoy the effects of the adjustment longer when you adjust your own posture and sustain appropriate exercise habits.

Similarly, when you *adjust* your mental expectations and behavior to *realign* them with reality, you take unnecessary pressure off of yourself. Expecting a *cure* to “get rid of” all of your pain is unrealistic. However, expecting to learn more effective ways to manage the pain, and expecting to reduce some of the pain, is realistic. This can be accomplished through various methods of self-hypnosis.

The tool of hypnosis

I always point out that the tool of hypnosis can help you to gain control over your mind and your body. All hypnosis is self-hypnosis. Hypnosis is not about being controlled. It is about learning to control your own thinking and the way you feel. I tell patients with persistent pain that they have fallen into habits of negative self-hypnosis as a result of fighting the unrelenting pain. I say something like this:

“You have been hypnotized by pain to believe that there is nothing you can do but suffer. Living with pain every day has led

you to expect the worst. But you are here today to get help. I can teach you how to stop suffering and begin to reclaim your life. This will help you to get rid of a lot of unnecessary pain. All I ask is for you to give me a chance to show you how this is possible.”

Step 4 — Recognize and release unnecessary emotional burdens

I go on to explain that self-hypnosis is an effective, easy and natural approach for learning to control one’s daily thinking patterns and behaviors.

When you learn to control your thinking and behavior through the use of self-hypnosis, you will reduce the stress caused by your persistent pain. You will begin to recognize unnecessary emotional burdens you have been carrying that you need to release. This opens up new possibilities and the chance to rewrite the story of your life and reboot your life. You can become your own boss, and no longer be pain’s slave. By doing so, you get the opportunity to create a better future—for you and the people you love.

Step 5 — Envision and empower

We then discuss how making intentional, step-by-step adjustments in what you tell yourself, how you see yourself, how you experience your pain, and how you behave, begins to fill you with new positive energy.

You become empowered to take on new challenges you may never have imagined you were capable of when you were living in unmanageable pain. The pain becomes manageable, you conserve energy, you are able to enjoy yourself again, and you are motivated to engage in activities that give you a sense of pleasure and mastery. You will begin to envision yourself in a more positive way, and it will become your new reality.

In summary . . .

1. When you *accept* that it is your responsibility to manage your pain, and are ready to commit yourself to take charge of managing your pain, you can take the next step, which is *watching* or seeing your pain for what it is with a clear head.
2. *Watching* your pain mindfully without negative judgment allows you identify which aspects of your pain and how you deal them you need to adjust and change.
3. Then you can proceed to *adjust* your thoughts and behaviors to reduce how much you hurt and suffer.
4. As you gain more control over your experience and your pain, you become able to *reflect* on the changes in your experience. You will begin to *recognize* unnecessary emotional burdens you can release. This will enable you to *revise* your view of yourself and your past, and *create* a better future.
5. Reflecting on the positive changes in your experience will *empower* you to take on new challenges with greater confidence and you will *envision* a more comfortable and happier future existence.

A “self-hypnotherapy” pain management protocol

After the client has been taught how to enter and exit self-hypnosis, and how to use ideomotor finger signals, I teach the client to ask himself or herself the following questions in light trance and to answer based on his or her true feelings using ideomotor finger signals.

Acceptance

- Do I accept responsibility for my pain management and for

getting better? Yes or no?

- Do I totally accept myself even though I have this pain problem? Yes or no?

Watching mindfully (mindfulness skills should be taught first)

- Can I permit myself to watch the pattern of this pain without judging myself? Yes or no?
- Is my pain lower than a “6” now? Yes or no?
- If yes, is it lower than a “5”? Yes or no?
- If no, is it lower than a “7”? Yes or no?
- If yes, is it a “6”? Yes or no?

The client is taught how to question his or her unconscious feeling mind until his feeling mind settles on a number from “1” to “10” that feels like what the pain is currently. Then the client is taught to ask him or herself the following feeling questions:

- Is my pain covering up any emotional feelings? Yes or no?
- Is the feeling “anger”? Yes or no?
- Is the feeling “fear”? Yes or no?
- Is it “sadness”?
- Is it “grief”?
- Is it “shame”?

Adjusting and aligning

The client is next taught to ask the following questions:

- Can I make an adjustment in my thinking or behavior to feel better? Yes or no?
- Is there an adjustment I can make to get myself back into balance? Yes or no?

We then rehearse several hypnotic strategies for adjusting one’s thinking and attitude and the client is taught to ask:

- Do I feel more comfortable now that I made this adjustment? Yes or no?

Recognize and release

The client is then taught to ask:

- What do I recognize that I need to let go of?
- Can I give myself permission to let go of it?

Envision and empower

The last step is mental rehearsal. Key questions are:

- Can I envision myself better able to make comfortable adjustments after I let go of this?
- If “yes”, can I do it mentally right now?
- If yes, then mentally rehearse it. See it and feel it. Then check results by asking...
- Do I really feel it? Yes or no?
- If “yes”, I did it!
- If “no”, find out “why not?”

In my next article, I will describe how self-hypnosis pain relief strategies can be created based on your evaluation of your client’s behavioral, affective, sensory, imaginal, cognitive, interpersonal and physical excesses and deficits and our current understanding of the neurological basis of chronic pain (Jensen & Patterson, 2014).

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AN ANSWER TO THE DEFINITION OF SOMNAMBULISM IN HYPNOSIS

By H. Larry Elman

Colonel H. Larry Elman, Dave Elman's son, took his father's course several times before attending MIT. During careers in engineering and the Air Force, Larry had to restrict his hypnosis activities. Now CEO of the Dave Elman Hypnosis Institute, an IMDHA Approved School, Larry lectures and teaches hypnosis, both domestically and internationally, at the Certification level as well as more advanced classes. In addition, Larry produces CDs and DVDs (and books) demonstrating Dave Elman's medical hypnosis methods.



What is your definition of somnambulism in hypnosis, and what in your opinion causes it in some clients and not in others?

First, understand that there are many words in the hypnosis profession which have a different meaning depending upon context, and furthermore that a hypnotist can be in trouble over that. For example, my wife ceased smoking in about the 1990s as a result of hypnosis. If I used the word “cured” or said the sessions were “treatments,” there are places where I would be in serious criminal legal jeopardy for advocating the practice of medicine without a license. I am very much aware of such problems with words, so let me make it clear here that any word I use in what follows should be construed in its meaning in normal conversation – I am not talking medicine or psychology, and I shall attempt to keep the hypnosis references relatively non-technical.

Hypnotists in Europe carefully avoid the words SOMNAMBULISM, SOMNAMBULIST, and any related words because the LITERAL translation of them into German is SLEEP WALKING, whereas those words in the hypnosis profession refer to a specific STATE or DEPTH of hypnosis.

Hypnotists in the UK use both European and American terminology, so some professionals may use the word Somnambulism, etc. and others might not.

Hypnotists in the remainder of the World tend to follow either European, or UK, or US usage. I teach this Internationally and must be very careful that my choice of words matches the local preferences.

In the US, in a hypnosis context, SOMNAMBULISM refers to a very deep trance depth. In the US, in SOME medical contexts, it refers to a medical condition causing sleep walking. Because of this ambiguity, many/most physicians and psychologists whom I know prefer to call that medical condition sleep walking as that is also clearer to the patient's relatives.

In what follows, when I use the terms SOMNAMBULISM or SOMNAMBULIST, I am referring to the US hypnotist context of a deep stage of trance. In passing, in much of the world this is called “Profound Trance” in order to prevent confusion as to “how deep is deep?”

Among most hypnotists (US), there are three major States or Depths of hypnosis – Trance, Somnambulism, and Esdaile.

In passing, Esdaile used to be called Hypnotic Coma, but the profession has been trying to get away from that expression for some decades because it scares the H*** out of potential clients. Also, there is no conclusive proof as to whether Dr. Esdaile used the Esdaile State or not. There are specific tests to determine whether someone has transitioned from Somnambulism to Esdaile, but I will defer those to some later discussion.

Also, bear in mind that several additional States exist – Waking Hypnosis, Hypnoidal, Post-Esdaile, Hypnosis-Attached-to-Sleep, etc. These, also, are for a different discussion.

There are two commonly used definitions as to where Trance leaves off and Somnambulism begins. Hippolyte Bernheim of the Nancy School of hypnotists, a French physician in the 19th Century, defined it as the depth which caused total amnesia for the events and discussions during the hypnotic session. This definition presumes the hypnotist has given NO SUGGESTION for the amnesia and it is occurring naturally.

Dave Elman, writing in the mid-20th Century defined Somnambulism as the depth at which the subject will accept artificial amnesia by Suggestion. Notice that both definitions rely on *amnesia*.

The second of these definitions is the one commonly relied on in hypnosis schools today. It tends to “match up” with other items of interest to the hypnosis profession such as Hallucinations, Regression, and so forth.

In my opinion, both above definitions are inadequate. The only thing most hypnotists agree on is that Somnambulism is deeper than Trance without being Esdaile. Why do I say these definitions are inadequate?

When I first learned hypnosis (in the 1950s), an amazingly large percentage of Subjects claimed amnesia upon emergence, even when I knew they had not been deep enough to enter Somnambulism, and also that I had given no such Suggestion. Today, the percentage of such Subjects is quite a bit smaller, regardless of Depth achieved. It is my belief that the pre-induction beliefs of the Subject cause those reactions – in effect, does Society expect him/her to have amnesia for the hypnosis session or not?

Next, consider most health-related hypnotists. I can no longer call them Clinical Hypnotists as I would prefer to do. By health-related, I am considering those doing Weight Management, Smoking Cessation, Anxiety, Academic Improvement, and similar issues which are non-medical but are quite often health related. Most of these hypnotists have some stage hypnosis training simply so that they can provide short educational talks to civic groups. Among these, some stage tricks are very common. One of the most common is minor temporary amnesia. Make a person forget their phone number, or name, or brand of car, or I have done this in Waking Hypnosis, Light Trance, and other States; there is no need for Somnambulism for this trick. The number of health-related hypnotists who can also perform such temporary amnesia Suggestions successfully is very large. Thus temporary amnesia for specific things is NOT a good test for the State/Depth of the Subject.

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PRESUPPOSING SUCCESS

By Karen Hand

*Karen Hand is a Board-Certified Hypnotist, Trainer, International Best-Selling author, and World-Class Communicator. Her 30-year career as a Chicago radio personality was the perfect foundation for using language to help others exercise their imagination. Karen's transition to Hypnosis re-minded that skill set and since 2005 she has helped thousands of people take control of their lives and she's trained countless hypnotists and NLPers to help others change for good. Karen sees clients and conducts trainings in her Chicago office and globally via ZOOM. In 2018, she was honored with the IACT/IMDHA Penn and Quill Award for her book *Magic Words and Language Patterns*.*

You know what happens when you assume, right? Somebody's likely to start looking silly.

But what happens when you pre-suppose? Well, in my case, the NLP Presuppositions changed the way I practice hypnosis and make it far more likely that my client will be empowered to reach their goal.

For me, the NLP Presuppositions are to communication what the 10 Commandments are to Judeo-Christian beliefs—a very strong foundation on which to build communication success. We are always communicating—and all communication can be hypnosis.

We don't have the space to do a deep dive into all of the Presuppositions in this article, but there is one that I want to share here that serves me over and over again.

If what you're doing isn't working—do something else!

This is why it's so important for us to know a wide variety of techniques while also realizing that techniques are like a new pair of jeans. If they fit—wear them. If they don't—try on a different pair. When it comes to people reprogramming, there really is no “one-size-fits all”

That goes for both the hypnotist and the client. When hypnotists truly listen to our clients they'll give us all the clues we need to guide them to a change. Understand that if the feedback shows one technique isn't working exactly as anticipated, we can adapt and seamlessly move on to something else. And that's a good rule of thumb for the client. When they want to make a change, it behooves us first to find out how they're running their patterns now, and then almost anything different will yield at least a different result.

A recent client had 2 goals to accomplish. We'd already had some success with book writing. He'd gone from a thought concept to 70-thousand words and a decent first draft in the past several months and then he got stuck. Now he was ready to finish his novel, and BTW, he also wanted to get over his fear of crossing bridges. He had to walk across busy bridges for work several times a month and found himself nearly paralyzed with fear every time.

I was curious about that bridge walking as he hadn't mentioned it previously in working on his writing-paralysis but it seemed there might be a common thread.

Hypnotically he recreated his latest frightening walk across a bridge, recalling the crowded pedestrian traffic, cars rushing by just feet away, the noise, the fear of losing his balance, his racing heart, everything moving so fast... the...overwhelm...and he found himself stuck and too embarrassed to ask for help to get across the bridge. Up to now his only way to cross was to hold on

to that panic and hunker down until he reached the safety of the other side.

I broke that state by utilizing a simple peripheral vision technique. The client opened his eyes and first stared intently at a specific spot and then, with a deep breath, softened and broadened his vision to evoke the parasympathetic nerve and a relaxation response. It works every time...until it doesn't.

In this case, my client experienced a different response than the norm. Hyper focusing on a spot relaxed him while taking a breath and opening his vision to the room increased his overwhelm. Interesting feedback. Flexibility around a technique outcome made it easy to think, “OK...we'll do it your way and see what happens”.

I wondered if that response reminded him of any other situation in his life and he instantly found times at work when overwhelm strikes; such as when he's given four hours-worth of work and only two hours in which to get it done. In those instances, he'd figured out a way to stay calm and get the work done. His strategy is to keep his eye on the end product and enlist help by delegating appropriate pieces of the job to co-workers or subordinates he trusts to work efficiently.

By this time, he'd bounced around in and out of several trance states so it was simple to help him build his curiosity around delegation of responsibility.

I asked him to travel back in time to when he was a baby... in his crib watching everyone else around him walk on two legs (plus his desire to do that too) prompted him to develop an understanding of balance, and putting one foot in front of the other, and even falling and laughing about it and getting right back up determined to make it right until he could trust his feet and legs and body to do the action of comfortably walking, freeing him to focus on his destination.

We then took that skill and traveled to the bridge scene just before the fear set in. He experimented with delegation in that scenario. In this case, he delegated the forward movement to his trusted and experienced feet and the balance to his muscle memory. And he focused his attention on the destination across the bridge where he has that feeling of success and safety. He immediately reported that everything slowed down and got quieter.

We ran that resource loop several times until the fear was neutralized and he could hardly wait to test it out on a real bridge.

And I wondered how that strategy might also serve him as he

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EFFECTIVITY WITH CHILDREN (AND THE ADULT CHILD)

By Del Hunter Morrill

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.



What brings about or exacerbates children's problems?

Much that goes on in our world can cause problems to children, just as well as to adults. Rapid physical growth over short periods of time, and concerns about changes in their bodies can cause stress and loss of self-esteem. Various problems in school, with studies, teachers or peers, may be troubling a child. There are many fears that can plague children: fear of the potential of danger in our schools today, fear of the dark, fear of going to sleep, fear of doctors, dentists and needles, etc. Many children experience the embarrassment of habits they find hard to break, like bed-wetting or thumb sucking. A new baby or other addition to the family can cause undue stress. Loss of their own bedroom space due to a new addition to the family, or having to move to a smaller place can make children unhappy. An underlying fear of kidnapping and other abuses is affecting our children far more than we realize. These days, it is difficult to keep such news away from a child's hearing.

How Stress Can Affect Children

When children are experiencing unrelenting stress or are worried, whether or not they are conscious of it, there are warning signs for those who have the eyes to see. Schoolwork may begin to slide. They may begin to lose things on a consistent basis, steal, become accident-prone, have headaches or stomachaches, bite their nails or pull hair or lashes. They may return to wetting the bed, after having been dry for some time. Health problems may start cropping up. Other people may notice a dramatic change in disposition. The child may begin to stop wanting to go to school, or begin to cause problems in the classroom. They may lie and have other avoidance patterns. They may turn to drugs or alcohol. They may begin to have trouble sleeping, experience frequent nightmares or sleep-walk. They may suddenly turn on their siblings or parents, when they haven't done so before, or become sullen and withdrawn.

How Stress Situations Create the "Adult Child"

With children, the world revolves around them, until experience helps expand that world. As they are the "center," then everything is where they are. If there are problems in the family, they take on those as their own. If parents are having trouble in relating well, their children can become fearful and guilty, as if they were the cause or should have prevented it in some way. This is what creates "adult children." For instance, recently, I had a male client man who was the oldest son of his family. As a child, almost nightly he saw his mother beaten; and both he and his brother received the rage of a drunken father. Yet, he couldn't help

his mother or protect his younger brother. This left him scarred with tremendous guilt and fear, which he carried into his marriage and relationships with his own sons. We worked on releasing that guilt by calling forth that young child and giving assurance that he was now safe, that he had been too little to do anything at the time, but now he was big and powerful, and need never fear again. It worked!

How Stress and Fear Can Be Released

A hypnotherapist can release fear and help a child handle their stress more easily. How that is done varies from child to child and age to age. One of the most effective methods I use to empower the child is that of creating some kind of adventure in which the child becomes powerful and able to conquer whatever is creating the fear or nervousness. For children who love animals, I ask the child what animal is the most fearless or the most powerful, and why. Then I use those traits in describing how the child becomes that animal and carries out its traits to conquer whatever fear they are facing. I might ask a child who, for them, is the most courageous person, and who is the most powerful. Then, using their imagination, I create a wizard with a magic wand who hits the child on the left shoulder, empowering them with the courage of the person they mentioned, and on the right shoulder, sending into them the strength or power of the other person they mentioned. Before doing so, I always check with each of those "persons" as to whether they wish to "pass on" their power or courage to the child. Many creative techniques can be employed by making use of the child's vivid imagination. It is quite amazing at how quickly a problem can be solved in working with an imaginative child.

Spiritual Hypnosis to Access Divine Wisdom

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within the hypnosis profession; and I am honored by their willingness to participate in the research to help bring this book into reality. Furthermore, they are also willing to go where few have gone before. All of the authors selected for this book have also facilitated spiritual hypnosis sessions with clients, working.

When I teach my full two-day parts therapy workshop, I devote the last hour or two to spiritual hypnosis, because my protocol is a variation of parts therapy. Upon request, I will teach a full-day course on spiritual hypnosis, either to hypnosis professionals or for the general public.



SPIRITUAL HYPNOSIS TO ACCESS DIVINE WISDOM

By C. Roy Hunter
Part 2, Summer 2018

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.

If you could ask God (or your perception of Higher Power) one question, and receive an immediate response, what would you ask?

Over the years I have facilitated a number of sessions where clients have been able to access Divine Wisdom. Their numerous successes, often with life-changing results, motivated me to write a book, which was finally published in 2016 with the title, *The Art of Spiritual Hypnosis: Accessing Divine Wisdom* (Blooming Twig Publishing).

It is encouraging to me that others in our profession have made the same discovery. Also, the book is more credible in that it contains amazing stories contributed by over two dozen respected professionals from around the world. Most authors are hypnotherapy trainers or authors, or both.

In this article I am including Chapter One verbatim, which provides some background from professionals who have done research and/or shared their own profound experiences.

Michael Newton, PhD

Michael Newton, PhD, holds a doctorate in Counseling Psychology, is a certified Master Hypnotherapist, and is a member of the American Counseling Association.

He made his mark in the hypnotherapy profession with a rather unusual type of approach: regressing clients into soul memories that he calls *Life Between Lives* (LBL). He wrote a book about this work called, *Journey of Souls: Case Studies of Life Between Lives* (1994). Newton has trained a number of hypnotherapists to do the same work. Although many consider his work to be somewhat controversial, a number of people experiencing an LBL sessions claim that they are life-changing.

Newton's work may provide an answer to the question: *If we do live more than once in physical form, is it possible to recall the soul memories of an afterlife between physical lives?* You can draw your own conclusions.

Ian Stevenson, MD

Dr. Ian Stevenson was a Canadian-born psychiatrist worked for the University of Virginia School of Medicine for 50 years, serving as Chair of the Department of Psychiatry for ten years. He investigated three thousand cases of children around the world who claimed to remember past lives; and established a reputation as one of the most respected 20th Century writers of reincarnation research (Woodhouse, M., 1996).

He authored and co-authored several books on the topic of reincarnation; but one of his most amazing books was *Twenty Cases*

Suggestive of Reincarnation, originally published in 1966, with a revised second edition published in 1980 by University of Virginia Press. What is remarkable about some of the cases in this book is that several subjects actually spoke in languages they did not know in this life (Stevenson, I., 1980).

A later book is entitled *Children Who Remember Previous Lives: A Question of Reincarnation* (2001, McFarland & Co. Inc., Publishers), and it contains more case histories.

Jim B. Tucker, MD

Jim B. Tucker, MD, continued the work of Dr. Stevenson, doing his own research as well. He also wrote about the work of Dr. Stevenson, who wrote the Foreword for Tucker's book entitled, *Life Before Life: Children's Memories of Past Lives* (2005, St. Martin's Press). The two worked together for years on this same research before Tucker took over in 2002 after Stevenson's retirement.

Tucker offers some possible explanations besides reincarnation, writing about this topic credibly. He is a board-certified child psychiatrist serving as medical director of the Child & Family Psychiatry Clinic at the University of Virginia.

Both Dr. Stevenson and Dr. Tucker documented numerous cases where children remembered accurate details about a previous family; but more astounding is that some children even recognized members of a previous family.

Carol Bowman, MS

Carol Bowman is an internationally known author, lecturer, counselor, past life regression therapist, and pioneer in reincarnation studies. The reason for including her in this chapter is because she (like Dr. Stevenson and Dr. Tucker) has interviewed hundreds of families with children who had memories of past lives at early ages. However, while Dr. Stevenson investigated cases from around the world, most of the cases Bowman researched happened in America.

She wrote two books regarding her research: *Children's Past Lives: How Past Life Memories Affect Your Child* (Bantam, 1997) and *Return from Heaven: Beloved Relatives Reincarnated within Your Family* (HarperCollins, 2001). What makes her work unusual is that many parents of small children with past life memories were Christian families who did not believe in reincarnation. Yet a number of the childhood memories of alleged past lives were documented to be accurate.

Both of her books are easy to read, and contain numerous case histories, beginning with her own son. Several years ago I

heard her give a presentation on her research, and found her to be a genuine person who believes totally in her work. While that does not constitute scientific proof, her two books provide considerable food for thought, and are well worth reading.

Carol is often invited to be a guest on TV and radio, and has appeared as a reincarnation expert on *Oprah*, *Good Morning America*, *The Katie Show*, *Unsolved Mysteries*, A&E, *Discovery Channel*, *ABC Primetime*, the *BBC* in England, *The Art Bell Show*, and on *Coast to Coast* with George Noory. She has lectured in Brazil, Norway, Belgium, Ireland, Spain, Canada, the Netherlands, and at the *Omega Institute and the Edgar Cayce Foundation*.

Other Books

Other books are available regarding life after life, past lives, and spiritual experiences. Some are written by doctors, psychotherapists (such as Roger Woolger, PhD), with others written by authors from various walks of life. If you are interested, you may google them on the internet.

You will find some sessions regarding the above included in this book even though the primary focus is on our ability to connect with a Divine presence.

Should you explore other books, take them with a grain of salt as well as an open mind. In my opinion, however, one of the most profound books ever written regarding the afterlife is the first one written by Dr. Raymond Moody, *Life After Life*.

Spiritual Hypnosis

Many cases presented in this book do not fall into any of the categories mentioned above. Rather, they resulted from *spiritual hypnosis*, which I briefly described in the Introduction of this book. The client goes into a state of deep hypnosis and receives help from a spiritual source.

Here is my own protocol for a type of spiritual hypnosis that I call the *Spirit Trek process*, which I frequently employ with clients who wish to experience spiritual hypnosis...

First, after the preliminary discussion, a client tells the hypnotherapist what question or concern he/she would like to ask God, or his/her perception of Higher Power. Second, I remind the client of the importance of BOTH client and hypnotherapist setting aside any preconceived opinions regarding the answer, because any preconceived opinions can taint the trance and distort the results.

Once the client achieves a deep hypnotic state (called somnambulism), I call out that part of the client's subconscious or inner mind that is most closely connected to his or her perception of God, and asks the question. Additional questions are asked about applying the response(s) in the present, and/or coming weeks and months; and also about any new information regarding the client's life path or primary purpose in life.

When any type of spiritual hypnosis is employed, I believe it is important that the hypnotherapist be trained in client centered techniques, and understand the difference between leading and guiding. Over the years I have witnessed a number of demonstrations where a hypnotist used an alleged spiritual trance to try to inject his or her own beliefs into a client; but that is not client centered. Instead, it is important for the hypnotherapist to work within the belief system of the client. I do not have the right to "convert" the client to my spiritual views. Rather, my job is to assist rather than to interfere. All the contributors of this book understand the concept of client centered hypnosis, even though they might use a different approach to Spiritual hypnosis than what I

described above.

We can also say that Spiritual hypnosis explores new frontiers of the subconscious, where only a few have gone before. To my surprise, as mentioned in the Introduction, I was not the only hypnosis professional to make this discovery.

Experts Visit New Frontiers

Gordon Emmerson, PhD, is a psychotherapist who has continued the work of the pioneers of *Ego State Therapy*, Drs. John and Helen Watkins. Emmerson is an Honorary Fellow in the school of psychology at Victoria University in Melbourne, Australia, and is a highly respected trainer as well as the published author of a number of excellent books. He discusses the "Inner Strength" part in the very first chapter of his highly praised book *Ego State Therapy* (2003), stating that it may refer to itself as "Higher Self" or "Spiritual self." Emmerson goes on to state that everyone appears to have an inner strength state.

John Rowan, a psychotherapist with decades of experience, devoted an entire chapter to this same topic in his book, *Discover Your Subpersonalities* (1993). On page 173 he writes,

Amazing insight can come from such parts of ourselves. When such a voice is contacted, a strong empowerment may take place. We are beginning to connect to inner sources of strength and wisdom.

Rowan goes on to warn us not to confuse this spiritual energy with an "inner pusher" that may be judgmental, critical and controlling. The Higher Self is compassionate, loving, wise, forgiving, nurturing or peaceful, etc.

Hal and Sidra Stone are recognized pioneers of a technique called voice dialogue. They devoted an entire chapter to spiritual selves in *Embracing Our Selves* (1989). On pages 218–19 they write:

In Voice Dialogue, we can contact another self—a self that can open us to our spiritual selves. This self is more concerned with being than with doing. When we experience this "being" energy, there is no goal and no task ...

The Stones go on to mention that the client is in a meditative state. Like Rowan, they describe the spiritual energy as nonjudgmental and uplifting. However, they believe that voice dialogue can work with spiritual energies only to a limited extent. In my opinion this may be due to the fact that most clients of voice dialogue are normally in lighter states of hypnosis rather than deeper states.

More recently I learned about the work of Edwin Yager, PhD, who is a Clinical Professor, Department of Psychiatry, at the UCSD School of Medicine. He pioneered a therapy technique that he calls Subliminal Therapy, and wrote a book with the same title (Yager, 2011). His documented success rate with individual patients is 83%, with many categories over 90% as disclosed on his website: <http://docyager.com>. His method involves calling out the part of the inner mind that has the patient's best wisdom and intelligence. While the process does not appear to be spiritual on the surface, Dr. Yager told me personally that a number of patients felt as though they experienced divine wisdom or guidance from a spiritual part.

All of the authors selected for this book have also facilitated spiritual hypnosis sessions with clients, working within each individual client's belief system. They are well known and respected

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STOP SMOKING, ONE CLIENT'S STORY

By Debbie Lane

2007 International Hypnotist of the Year, Debbie Lane has experience with high-profile and complex cases. Debbie was certified by the Naturalife Institute in Basic Hypnosis and Integrative Hypnosis in 2002 and Medical Hypnosis in 2009. She has been the keynote speaker for Anheuser Busch, Working Women Of Tampa Bay, WIN and Pinellas County Schools. She has appeared on numerous radio and television programs including Siren Media's Strange Sex. She is a contributing author to Real World Hypnosis and Natural Born Hypnotist, consulted for The Muse Unlocked, Writing Down Your Soul and One Breath Away: The Hiccup Girl. Debbie was previously a vice president of a national chain of child care centers, The Learning Center, Inc. She has combined her business, teaching and care giving experiences into a successful practice in Palm Harbor, FL.

A former client reached out to me to stop smoking. Jenny (not her real name) had seen me several years before and was successful at stopping at that time. She loved being smoke free and didn't miss it at all. Then one day, she reported pulling in to the parking lot of a convenience store and buying a pack. Without a thought, she lit up. Once again, Jenny was hooked.

When I asked Jenny what prompted her to take that action, she couldn't tell me. She didn't recall anything out of the ordinary, "it just happened". So for 2 years she smoked and struggled with stopping, too embarrassed to call me. Finally, as Jenny put it, "I came to my senses. I know the only way for me to quit was to call you, fess up and use hypnosis for good!"

We had a great session and at the end she stated she knew she was smoke free. Still, something was not right. When I pressed her, Jenny admitted she was hoping to find out why she had started back up and she still didn't know. I knew that in order for her to stay successful, this was important.

Back to Trance We Went

I told her that she could find the information written down on a pad that was locked in a box nearby. It was important that she unlock the box and read the information. It was not necessary to share what she discovered. I explained that her knowing was all that mattered, unless information came through that she felt I "needed" to know in order to help her better.

Jenny opened the box and read the pad. She said, "Oh my" and "aah" and even "I get it". Then she told me she had put it all away and she was good. At that point I suggested she use any and all information for her best interests and she now had permission and "the right" to be smoke free forever. She was to relax until she felt she was 100% smoke free and could then return her awareness safely, comfortably and in her own manner.

After a few minutes, she opened her eyes and gave a huge grin. She then told me she knew this time, it was for good. One year later, she checked in with me to report all is still good. I will never know what was on that pad in the locked box, but I do know it was a valuable tool for Jenny.

"You wonderful & knowledgeable healers are the reason I love this association so much. Thank you many times over for your kind help."

Patsy Hays, Galveston, TX

One Possible Way to have ADD/ADHD

Continued from page 10

hardest, most complicated, anxiety-ridden, sweat-and-blood-producing job in the world. Politicians and sociologists are to grasp this truth. Succeeding at parenting requires the ultimate in patience, common sense, commitment, humour, tact, love, wisdom, awareness, and knowledge. These are endowments that in fact exist amidst the few, not with the majority. Of course succeeding in parenting, holds the possibility for the most rewarding, joyous experience of a lifetime, namely, that of being successful guides to a new and unique human being who contributes and adds to the community that he is a part of and he is a lawful taxpaying citizen. Undoubtedly parental loving of the child is the definitive metric for good parenting; and this metric will guide the parents in all that they do. However, it is critical that we be aware of the distinction between: **giving love to our child** versus **giving everything to our child**.

With the latter, we will spoil the child into becoming a semantically ill-formed selfish, self-centred and self-serving adult.

The second default assumption is that of the current vogue to treat and relate with the child as an adult from the get-go. Do this and he will, whilst still a little boy, deem himself an adult and therefore - **equal to his parents**. As such, he will all too soon contend and contest his parents. In school, as equal to his parent he will deem himself superior to his teacher. Would he then be willing to stand down and humbly and willingly learn from his teacher? Well what do you think are the chances that his attention will NOT be on the teachers teaching efforts?

This is how it has come about that ADD/ADHD have assumed epidemic proportions. And from it now comes the idea in which adults, claim to suffer from this infantile problem. They do this as if it was a badge of honour!

"This organization is so amazing, doing everything it can to bring awareness and higher levels of skill to the field of hypnosis. I've been a proud member for over 16 years."

Katherine Welter, British Columbia, CANADA

EMPOWER YOURSELF WITH THE POWER OF YOUR OWN BREATH

By Norma Lent Auerbach
Part 1



Norma Lent Auerbach has a Ph.D. in Psychology. She is the President and founder of the Bodymind Learning Institute of Boynton Beach, Florida. As a former school administrator and college professor, she is listed in Who's Who in American Education and Who's Who Among America's Teachers. She is a popular speaker and taught a popular program at the Learning Annex in New York for many years entitled "Get Anyone to Do What You Want With NLP." In addition to a popular CD on Stress Management and other recordings, she also has numerous publications including articles about stress management, past life regression, the Akashic Record, and a popular handbook "Empower Yourself: Design Your Own Personal Stress Management Program from A to Z." Norma is a member the International Association of Counselors and Therapists.

Stress is a human condition. Each one of us experiences stress wherever we live continuously throughout the day because of our rapidly changing world. It was not just the September 11, 2001 terrorist attacks in New York and Washington or Hurricane Sandy, etc. that changed the world we live in but the fact that the pace of our living has become accelerated coupled with the fact that we need to absorb additional amounts of data from the myriad of new technologies that we are continuously forced to adjust to. In addition, the current economic condition where millions of Americans are facing loss of employment, home foreclosures, and accelerating debt along with other ambiguous and on-going stressors (money worries, environmental concerns, interpersonal conflicts, job expectations) and major life changes that occur with increasing frequency (moving to a new city, relationship upheavals, changes in employment) place us in self-perpetuating stress inducing cycles, unaware of exactly what we can do to release the destructive effects of this on-going stress on our bodies.

To start with, it is important to understand that the human body is designed to deal with stress because a complex part of our brain and body called the autonomic nervous system. The response of our nervous system can be traced to prehistoric times and the everyday encounters of cave dwellers. Imagine, for a moment, that you live in a cave and while sitting near a small fire in the safe comfort of your cave you suddenly encounter a menacing shadow of a saber-toothed tiger or other menacing creatures. Your body would react instantly by either **"fighting or fleeing."** Below are some of the responses set up by your own autonomic nervous system.

- Our digestion slows to enable blood to go to our muscles and our brain to allow us to be alert and strong in the face of danger.
- We breathe faster to supply oxygen to our muscles.
- Our heart speeds up and our blood pressure increases to force blood to parts of the body needing it.
- Our perspiration increases to cool the body and burn off excess energy.
- Our muscles tense to prepare for important action.
- Our body releases chemicals to speed up the process of blood clotting to reduce blood loss.
- Our body pours sugars and fats into our blood stream to provide us with quick energy.

Everyone's body reacts exactly the same way, as indicated above, as a reaction to stress. However, *"fighting and fleeing"* are rarely useful responses to modern day stresses, but our bodies still react the same way our ancestors did when confronted by a predator or threatening situation. But while our ancestors could relax and recuperate after the danger passed, our stress is continuous and every type of stress has a negative impact and weakens our entire immune system since our mind and body cannot differentiate between different types of stressors.

Scientific studies have documented the impact of inescapable, continuous stress on the suppression of the immune system and its concomitant health consequences. Although no one's sure yet how nonstop production of stress hormones weaken the immune system by suppressing the growth of immune cells, scientific studies appearing in major medical journals have documented the fact that stress damages almost every system in the body while a prolonged stress response can worsen conditions such as arthritis, chronic pain, diabetes, etc. There is even increasing evidence about the relationship between chronic stress, disease, and aging.

Although modern humans don't experience the kind of life-threatening experiences faced by the cave people of the past, the stress we experience is more deleterious. We do not have outlets to release the extra chemical energy produced by our bodies and often have no way of burning off these chemicals. However, scientists who study the human body point out that our bodies possess the ability to modify the reaction to stressful situations. They describe the two parts of our autonomic nervous system: the one part, or the *sympathetic nervous system*, that enables us to adapt to fearful situations, and the other part, or the *parasympathetic nervous system*, that modifies the sympathetic nervous system by decreasing the heart rate, slowing down breathing, retarding perspiration, and accelerating stomach and gastrointestinal activity for the proper digestion of food. Studies have documented that a peaceful reaction to stress cuts down the number of times your body is flooded with adrenaline and other stress hormones that tear down your immune system and wear down your heart. Documented brain-wave changes are visible with immediate results as people alter their attitude toward a given stressor.

Stress will always be with you because contrary to popular belief, *stress is not pressure from outside - - those are the stressors. It is your individual response to those stressors that con-*

stitutes stress. Stress is not caused by our problems but by our attitude toward these problems, hence, each person's reaction to different stressors is quite different. While one person might react to a given stressor, another wouldn't react at all; and neither would two or more people facing a common stressor necessarily react the same way. Moreover, one person's stress may be another person's elixir.

As discussed above, the human body is designed to deal with stress. Scientists have learned that people can manage their stress and enable the *parasympathetic nervous system* to be activated through a variety of stress management activities. There are more than 300 scientific studies that prove that people who regularly engage in stress management activities (meditation, relaxation, prayer, and other spiritual practices as well as a myriad of stress-buster activities) can prevent chronic stress by lowering blood pressure as much as 17 points, accelerate the body's rate of healing and prevent disease and give people a feeling that they can exercise control of their lives. Relaxation is the key to moderating the damaging effects of long term stress and its positive effects have been documented in a vast array of physiological and emotional conditions, ranging from hypertension to dermatosis. Tests also show improved motor skills, nonverbal intelligence, and visual sensitivity in subjects who utilize formal relaxation techniques with regularity. These subjects also required 56% fewer hospitalizations than the national average. Recent studies of Americans age 55 and up, meditating twice a day for 20 minutes, resulted in lowering blood pressure as much as medication did. People who do daily stress management activities experience stress during the day as a "series of discrete short-term stresses" while the rest face an elevated stress threshold that suppresses the ability of the immune system to ward off disease and plays havoc on their sense of well-being.

To reiterate, stress itself is not caused by our problems but by our individual reaction and attitude toward these problems. Life's ups and downs are inevitable, but how you react to them is a choice. Stress is not what occurs to you but how you see what happens to you. You cannot eliminate stress, but you can change your reaction to it and reduce or eliminate its negative effects on you. Stress is like spice. In the right proportion, it enhances the flavor of a dish and your life. Too little or too much spice can destroy the dish. The trick is to find the right mix. Make stress work for you rather than against you. Change your response to stress and turn a negative into a positive. The benefits of changing your attitude toward stressors are better health, an increased mind/body/spirit balance, and increased productivity.

As indicated above, stress is not the same for everyone, hence, there are no universally effective stress reduction techniques or even a magic bullet that will work for everyone. Since we are all different, our lives are different, our situations are different, and our reactions are different.

While the purpose of this article is not to provide you with a definitive plan on how to manage your stress, it is critical for you to understand that the best thing you can do for yourself towards this end is to do **deep abdominal breathing**.

The first and most basic strategy to move from a high anxiety state to one that is more relaxed, peaceful, and tranquil is to slow down your breathing and breathe deeply through your abdomen (diaphragmatic breathing).

The amount times we breathe per minute depends upon many variables such as air pollution, a person's general health, an individual's age, sex, level of exercise, etc. As a very general

rule, the following chart would be useful:

Newborns: Average 44 breaths per minute
Infants: 20-40 breaths per minute
Preschool children: 20-30 breaths per minute
Older children: 16-25 breaths per minute
Adults: 12-20 breaths per minute
Adults during strenuous exercise 35-45 breaths per minute
Athletes' peak 60-70 breaths per minute

An Answer to the Definition of Somnambulism in Hypnosis

Continued from page 13

Thus the only good definition for Somnambulism is "deeper than Trance, but not Esdaile." That definition stinks. When I am teaching, I do use the Dave Elman definition and his tests for Somnambulism. Why? They work and are useful.

The main advantages of Somnambulism over Trance are in Regression, Pain Control, certain classes of Post-Hypnotic Suggestion, Hallucinations, and several other areas. (All of these effects can be produced in lighter States, but not as reliably or as powerfully.) If one needs any of these items as part of the regimen for the Client's Presenting Problem, then insuring that the Client is in Somnambulism makes professional sense. But I recognize the limitations of this as a definition.

When Dave Elman taught many thousands of physicians Medical Hypnosis, the vast majority of the physician-students could induce Somnambulism in upwards of 90% of all their patients. Elman's teaching was that 100% of those who could be hypnotized can be induced into Somnambulism. As to what percentage of humanity can be hypnotized, 100% LESS ONLY THOSE ONE CANNOT COMMUNICATE WITH. Do not try hypnosis on a week-old baby nor try it on a person with advanced Alzheimer's. But to achieve these percentages, one needs proper hypnosis education and certain particular methods and approaches.

If almost 100% of the population can be hypnotized, and of *that* 100%, 100% can reach Somnambulism, then Induced Somnambulism can be achieved virtually universally. This is vitally important for such therapeutic uses of hypnosis as Regression, Pain Management, etc. (I should insert here a disclaimer that the border between hypnosis and medicine should not be breached, and some items require a physician's concurrence, and so forth...)

NATURALLY OCCURRING Somnambulism is less common. Most estimates are 30 to 40% of hypnosis Subjects. Why the differences? In my opinion, one difference is how much fear or trust the Subject has in the hypnotist. In my opinion, another difference is how pleasurable the trance is for that person. If the first Trance was quite pleasurable and the outcome was positive – help with some problem or other – the Subject is more likely to want to go deeper on later sessions.

In summary, *the definition of Somnambulism in hypnosis is "Deeper than Trance, but not Esdaile,"* and the *inadequacy* of such a definition is cheerfully acknowledged. What percentage of Subjects reach Somnambulism? *About 100% can be brought to Induced Somnambulism* — enough to make that useful for many purposes. *Naturally occurring Somnambulism* involves a much smaller number — *perhaps 30 to 40%*. Why? *Individual differences* — perhaps trust, perhaps previous experiences, perhaps sub-conscious beliefs in what Society expects, perhaps....

CASE STUDY: ELEVATOR PHOBIA CAUSED BY HYPOGLYCEMIC EVENT

By Cindy Locher



Cindy graduated with B.A. in Education from Michigan State University; She completed coursework for her Master of Arts in Leadership at Augsburg College, Minneapolis, MN.

She is an honors graduate of Hypnosis Motivation Institute, Tarzana, Calif. As an instructor at Normandale Community College, she teaches classes on medical hypnosis and self-hypnosis. She's the owner/operator of ChangeWorks Hypnosis Center in the Twin Cities, with a full-time hypnosis practice. She is the host of the ChangeWorks Hypnotic Radio Hour, broadcasting from KDWA in the Twin Cities, a live broadcast show dedicated

to featuring hypnosis topics and experts. Co-author, with Jack Canfield and Mark Victor Hansen, of Mastering the Art of Success (2011), and the self published books, Creating Resilience: Ego Strengthening Hypnosis Scripts, and EFT: From the Basic Recipe to Personal Peace.

In this month's Ask the Professional I was asked to give some additional information about a topic I've spoken on at the conference numerous times: how phobias can be caused by a drop in blood sugar.

Originally I learned about this connection in my training with the Hypnosis Motivation Institute, and it made such an impression on me that it gave me "ears" for listening for this issue ever since, in my now 12 years of professional practice. Having this understanding has helped me to help many clients over the years.

Basically, when a person's blood sugar drops too low, there is a fight or flight response. This creates symptoms like a queasy tummy, sweaty palms, shaking, especially in the hands and arms, and sweating — all symptoms of an anxiety attack. The body goes into fight or flight because a hypoglycemic episode is a threat — the brain runs on blood sugar and if the blood sugar drops too low or very quickly, then you can pass out which leaves you in a vulnerable state, and possible injury can happen.

When this hypoglycemic state happens, then, the primitive areas of the brain perceive a threat and the associative mechanism of the mind look for a reason why. As you know from your training and work, the mind must always have a reason why, for everything. Even if it's not the right reason! And rather than looking internally and recognizing that there is low blood sugar the mind looks outward for the threat. This makes sense from a survival standpoint. The extra time it might take to look within may be the millisecond of time that is needed to escape a threat.

So in this short time during the hypoglycemic event the mind looks for an external threat and makes a connection, an association, between whatever situation a person is in, and the feeling of anxiety. If the person is driving a car at that moment, suddenly there is a "fear" of driving, or driving on the highway or at night, etc. Or they suddenly have a fear of flying, even though there was nothing upsetting about the flight itself and they've flown without issues for years leading up to the incident. This type of situation is definitely something to consider with fear of flying, especially when the client reports that the flight itself was fine, because so often a travel day involves a considerable change in a person's schedule. They might have a shorter night's sleep, skip meals or choose quicker foods such as donuts, have more than their usual amount of coffee, and be to some degree emotionally keyed up about the day; or all of the above. Any of these or combination of

these sets them up to have a blood sugar drop, aka a hypoglycemic event.

Joe and the Elevator

This type of situation is illustrated very well by my past client, "Joe." Joe was 42 when he came to see me. He worked in a downtown high rise office building and since 9/11, 2001, he had struggled with a phobia of elevators. After 9 years of avoiding elevators he decided to seek hypnosis to eliminate his fear.

Joe remembered the event where it all changed for him regarding elevators. And he stated that prior to this event he had never had any concern about elevators whatsoever. This is one of the statements to listen for, especially when the phobia/fear starts when the person is an adult. When Joe said this, my thought was that there were two possible root causes of the fear/phobia — either he had experienced an incident earlier in life that was not available to conscious memory, or he had experienced a phobia creation due to a hypoglycemic event.

As Joe told me the story of the day his "fear" had started, it was like hearing a text book example of phobia formation due to a drop in blood sugar.

On 9/11, 2001, Joe had been in New Orleans for a work event. That morning they all assembled in the hotel conference room for their meeting. Coffee and donuts/rolls were served. There was no healthier option; no protein was made available and Joe did not have breakfast before the meeting. He hadn't slept very well the night before; he said that he usually slept poorly in hotels.

As the morning progressed, the reports of 9/11 started coming in. Like most of us, the group was stunned into non-action for quite some time, spending the next two hours in the conference room hearing the reports, wondering what was happening and what they should do.

At that point the decision was made to cancel the meeting for the rest of the day and the group of them got into a (warm) New Orleans elevator, having had nothing but coffee and donuts (both impact blood sugar) about 90 to 120 minutes previously — the right amount of time for the blood sugar to be poised to drop.

As Joe stood in the crowded, warm elevator his heart began to race, he started to shake and sweat and feel slightly nauseous. When he was able to get out of the elevator and move he began to feel somewhat better. From this event on, Joe found himself

nervous about getting on elevators and avoiding them more and more.

What happened to Joe?

Joe experienced a classic phobia creation due to a hypoglycemic event. While his history didn't 100% rule out an earlier ISE, I proceeded to work with him based on this information and his phobia resolved quickly with taking this track.

On 9/11 Joe experienced "the perfect storm" of conditions for a drop in blood sugar, (high glycemic load, caffeine, poor sleep, heightened emotion, the warmth of the elevator) at which point his mind looked externally for the cause of the fight/flight response—being in an elevator. The fact that he began to feel better once he exited the elevator solidified that unconscious conclusion. The reality is that once he stepped off the elevator into the cooler hallway he was able to move and therefore start reducing the adrenaline in his system, and that's why he began to feel better. But the "logic" of the subconscious had already made up its mind, and the phobia was formed.

Rewriting history with new knowledge

When a client shows this type of history, the first thing I do is explain how the blood sugar/phobia formation connection works. Information in this article, in the Ask the Professional interview and my YouTube video linked from there give you the information to help people understand how that works, and accept the strong possibility that that's what happened to them. This is the waking hypnosis that cracks open the door to create the desired change. Since the subconscious can only accept a belief as 100% true or not at all (including the belief "I should be afraid of elevators"), this pre-trance conversation goes a long way toward creating the change. During this part of the session the response I see from clients is statements like, "that makes so much sense!" And of course it does make sense, because with this type of phobia formation, they have been feeling all along that their fear response doesn't make sense to them. It also feels good for them to hear the message, "there's nothing wrong with you. This is how the brain works and yours did exactly what it was supposed to do. Now with this new knowledge it will be easy to reverse that subconscious decision so you can go back to feeling the way you used to feel — without that fear."

After this, I do one of my usual hypnotic inductions based on the client's responses to the suggestibility exercises, and I focus the session on re-writing personal history with the new knowledge. I have them rewind the experience in an associated state and in the moment that the phobia was formed, I have them instruct their mind to do an "internal audit" or words to that effect, of the status of their blood sugar and how that was affecting their fight or flight response, rewriting the old conclusion with a new conclusion — "I need to tend to my blood sugar by getting something healthy to eat" — and then experience their system calming down as they do that.

I have to add that I always use the TOTE process in my work (Test Operate Test End), so prior to the session I would get the client's subjective experience of the feeling on a scale of 1 to 10 (10 being the worst) and then after the session ask them where that feeling is now. I usually see it move from a 7/8 down to a 3/4 or even lower after that first session. You may choose to record that session for your client to continue to reduce the subjective discomfort and usually I expect to see that number come down steadily and be either extinguished completely by the third session

or be low enough that the client feels that they can take it from there, with instruction in self hypnosis.

If the feeling does NOT resolve along this pattern, then there may be need for deeper work and there may in fact be a prior ISE that needs to be uncovered, and that is how I judge whether or not I am taking the right approach. In that case I will always "follow my client" and may use Parts Therapy, affect bridge regression, rewind technique, Paris Window dissociative techniques, any of a number of NLP patterns, along with direct suggestion and metaphor, as I work to progressively reduce and extinguish the fear response pattern.

I hope this has been helpful and gives you a new framework for working with clients who may have fear/phobic issues with inexplicable onsets.

The "AWARE" Self-Hypnosis Protocol for Taming Persistent Pain

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Presupposing Success

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continues to write his book. He then detailed a just hatched plan to take the best parts of his draft story and finish the novel that had emerged. He decided to schedule 2-hour writing sessions 4 days a week. He then told me how much calmer he feels when things are chunked into manageable bits. And he was excited to put his new writing schedule onto his daily calendar.

In real time now, several weeks later, he's very pleased with the progress he's making on his novel...and, oh yeah, he doesn't get stuck on bridges anymore and finds it pretty funny that it was once even a thought pattern in his head.

If what you're doing isn't working...do something else!

Isn't it amazing that we get the privilege with every client to see the diversity of human thought? Remember, you are suggesting the client try on something different...and then you wait and listen to discover what difference it makes. Resist the temptation to fit your client into the technique. Let them try on something different and discover how they process it so the next smallest adjustment can be made to get a change for good.



CRITICAL PRE-TALK AS A CRUCIAL CONVERSATION: IDENTIFY COMMITMENT

By Kweethai Neill & Steve Stork
Part 2

Kweethai is Founder & President of iHealth Center for Integrated Wellness in Roanoke, TX. Kweethai's iChange Therapy produces health and happiness inside and out. Steve Stork is Director of Technical Support at iHealth Center. Both are former university professors with extensive experience in health promotion. Kweethai was awarded the 2012 IMDHA Pen & Quill Award.



Steve is a health educator, consultant and hypnotherapist. He is a Certified Health Education Specialist (CHES), with academic specialties in teacher education and early childhood education. He is currently Director of Technical Support for iHealth Center and an Adjunct Professor at the University of North Texas at Dallas. He has taught and coached at all levels, from preschool thru high school and university.

I can't afford it. It sounds like a statement of financial need, but is more often an excuse, and therefore a lie. People who contact me for hypnotherapy want to change their life. I offer a transformation from fear, anger and pain to anticipation, joy and comfort. *I hear I can't afford it* as a statement of low self-worth. The client identifies with poverty of mind, body and spirit. Whether or not one has the financial means to pay my fee, it is more likely the client merely assigns her own needs a low priority. Therefore, the lie is *I cannot afford...* while the truth is *I do not consider myself worthy of the expenditure.* And thus begins the Crucial Conversation related to self-worth.

In Part 1 of this series I described how to keep a caller on the line long enough to generate interest in you and your services. This is a particular bugaboo for hypnotherapy. Many callers, whether they admit it or not, are concerned about hypnotherapy's reputation as quackery, but are desperate to try 'a last resort'. This is compounded by a notion of...*even if it works, I don't deserve to be happy or healthy.* If you understand the nature of such maladaptive thinking, you are better able to respond appropriately to it.

My interest in Crucial Conversations comes from the book by that name (Patterson, et al., 2011). The subtitle, *Tools for talking when stakes are high*, drew my attention at a time when I was studying the topic of emotional trauma. From that perspective a pleasant conversation transforms to Crucial when one or both parties experiences an emotional trigger. In hypnotherapy terms we would say the conversation has transformed from the logic and reason of the conscious mind to the emotional orientation of the subconscious.

Relevant to the critical pre-talk, an interested party has made a choice to explore hypnotherapy and is researching providers. Such communication begins easily with a simple exchange of information. *Tell me a little about your issue. Have you ever tried hypnosis? Here is a summary of how I work.*

Where the conversation goes crucial is the point at which the interested party must decide whether or not to become a client (i.e., make an appointment and pay for your services). Whereas you would like to think the information you have provided will lead logically to an easy conclusion in your favor; placed in the position of having to make that decision, emotions within the client's subconscious take over.

As I continue to describe my strategies for conducting a critical pre-talk; it is not about you making better arguments, listing more benefits, or even establishing your credibility; it is about addressing the client's fears. In the context of a Crucial Conversation you must be aware of and accept that fear leads to illogical reactions (as opposed to a mindful choice). But, of course, this is where hypnotherapists have an advantage; as we are trained and practiced in communicating with the subconscious.

[In Part 1 I identified a 'client' as someone who has paid to receive services; as distinct from merely an 'interested party'. As I continue to address the critical pre-talk that takes place as an 'interested party' transitions to 'client', I am predicting a favorable outcome and will therefore refer only to 'client'.]

Even if I can afford it, I don't deserve it

The challenge of the crucial conversation is to address the client's emotion-based negative messaging. In Part 1 I provided some strategies to prepare for and respond to *I can't afford it*. It sounds like an objective statement of financial ability to pay; but it's not. In most cases it is a subjective excuse based on *I am unlovable. I don't deserve to be helped* (though not stated that explicitly).

Negative messaging reinforces an underlying emotion of *I am not good enough*. As a component of the Crucial Conversation, I know it for what it is (a self-reinforcing lie) when I hear it. But the pre-talk is not the appropriate time to guide the client to that conclusion. Rather, I accept it as their current emotional state and adapt my own communication to accommodate it.

Commitment

For example, some clients want a *test. Sure, it works for other people, but I need proof it will work for me.* I do not do test sessions, or even single sessions. I stated earlier I accept their current emotional state, but that doesn't mean I pander to it. Test sessions don't work very well. Agreeing to a test session validates the client's fears. The result is a self-fulfilling prophecy.

Rather, I turn to trust-building as a counter to the client's fears. I patiently explain *I only do my own form of work. I insist that all clients make a commitment to the full 20-hour protocol. I will also hold you accountable to homework and other action steps. THEN, if you really want to change, change will happen. In my fourteen years of practice NO CLIENT HAS LEFT MY OFFICE WITHOUT A CHANGE.*

I am not making a logical argument. I am not trying to convince. That would be addressing the conscious mind; and that is not where the client is making a choice. I am making an authoritative statement. I am expressing it with my own firm belief, conviction and commitment. It goes directly into the client's subconscious, where the intent is for my Authority to outweigh her Fear.

I accept referrals from physicians, spouses, parents, even friends; but I have never accepted a client without speaking directly to her first. The referrer may have good intentions, but I want first-hand evidence of the client's commitment. A client who merely agrees to an appointment (particularly if someone else is paying) will be minimally committed, and therefore resist change. Authority at that point is of little use because the client has no

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HELPING CLIENTS BECOME HYPNOTIC

By Richard Nongard

Richard Nongard is a university professor, and the 2017 recipient of the IMDHA "Lifetime Achievement Award." You will enjoy his relaxed teaching style, and his interactive approach to learning. He has authored some of the most popular books in our industry, including "Medical Mediation" and "Magic Words in Hypnosis".

My idea of hypnosis is not that I'm doing hypnosis to somebody but rather, I am helping my clients become hypnotic!

I've had the opportunity to travel all over the world, I love to travel, it's actually my favorite thing to do. Last year I was in 17 different countries and every time I got off a plane in a new country, I was in trance. Hypnosis is not something we do to somebody, it's something really that we share with somebody.

When clients ask me, "Have you used hypnosis in your own life," I can give them concrete examples of how I have used hypnosis in my own life with very specific things, but I can also share with them that each and every day I use self-hypnosis in one way or another to better improve my own life. I don't do this so that I can achieve Maslow's Hierarchy and self-actualization and be a guru somewhere, I do it simply so that I can share with other people more effectively the gift of hypnosis.

The first question for you is, are you practicing what it is that you're sharing with clients? Because it becomes extremely easy to do hypnosis when we are doing hypnosis in our own lives. We should be our own best clients. In fact, when you are your own best client, you'll find that you don't hypnotize people anymore, what you do is you enter into rapport with them, you share an experience with them and both of you emerge better and catch this... they pay you for it!

Sometimes hypnotists ask me the question, "Do you ever go into trance with your clients when you're doing a hypnosis session," and my answer to that is, "If I'm doing it correctly." I should always be sharing a trance with my clients, but my goal with my clients is not when the session is over they reemerge from trance. My goal is that when I've worked with them successfully, that they have used the ability to tap into a resource state that we all identify as a formal trance process but I give them this post-hypnotic suggestion, by the way, all post-hypnotic suggestions come from my client and I know that my clients want this post-hypnotic suggestion because they've paid me. They made an appointment with me.

The post-hypnotic suggestion I give them is that:

"When you leave my office, when you step over the threshold or the door, when you enter the elevator, when you ride down to the bottom and you walk out the front door of the building and leave those glass doors and step into the parking lot, you're entering into a new chapter of life, one where at any time and at any place, where it's a day from now, a week from now a month from now, a year from now or ten years from now, you can take and use what we've learned in this session at any moment and in any place, to accomplish that which is most important to you."

Or some variation of that type of post-hypnotic suggestion.

Because in every session that I do with my clients, I want my clients to go back to their real world with something that's of value to them from the session so that they cannot just be hypnotized in my office but be hypnotic 24 hours a day!

I view myself and my hypnosis sessions really in many ways as a teacher of hypnosis, much like a yoga teacher or some other type of spiritual teacher might be or a personal fitness trainer. That's really the role that I see myself in because my goal is to help people, not to hypnotize them, but to help them become hypnotic!

Let's talk about ways to be hypnotic. Obviously in our own lives we can practice the principles that we all know, we can do self-hypnosis etc.

Let's take a look at the first of Tony Robbins Human Needs and let's put it in the context of being hypnotic. The first Tony Robbins Six Human Needs is the need for certainty. I was talking about PTSD yesterday and I used the phrase 'homeostasis' and 'equilibrium.' Tony Robbins uses that word 'stability.' We really don't like it when things are not consistent with our expectations. We are creatures of habit. Most of the time you do almost always the same thing each and every day, don't you? In fact, you've set your alarm for 7:00 in the morning but you get up automatically at 6:50 right before it goes off don't you? Then you wake up and you go down the stairs and make a cup of tea or a cup of coffee or a cup of orange juice, whatever it is that you drink in the morning and you make yourself a bagel or an English muffin or some rice soup or whatever it is that you eat in the morning for breakfast, right?

Most of the time you actually eat the same thing, don't you? Most of the time. You might throw in some variety every now and then, today I'll have toast, but by tomorrow you're back to English muffins and cream cheese. You leave the house to do whatever it is that you do in the morning, whether it's to take your kid to school or whether it's go to an office or whether it's to do a job different than hypnosis or whatever it is that you do and you do that almost every day. You come home, you go to bed about the same time after really doing about the same things. Stability, certainty, we like that a lot. So, I've gotten in the habit many years ago of being much better at money than I was many years ago because I learned it's just a lot better to live life with stability and so my bills are paid far in advance and I put a certain amount of money to cover all of my expenses in my checking account that covers my expenses every month, but I actually do that for the next month, so all those autographs are always there, I never have to worry about it, certainty, we love that.

Homeostasis, equilibrium, we love that. When our clients

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A FLICK OF THE WRIST

By Donald Pelles

Donald Pelles is a hypnotherapist in Kensington, MD. He works with his clients to resolve their difficult issues and thus transform their lives, utilizing hypnosis and Neurolinguistics (NLP).

Hypnotherapy is his third successful career; he was previously a mathematics professor, making significant contributions to the field, and then a software developer.

Donald is very happily married to Rosalyn Pelles; they have three grown sons, five grandchildren, and three great-grandchildren.



My new client, Aurora; had suffered a stroke which affected her left side and limited her mobility. Aurora was a pediatrician, at 85 still seeing patients on weekends.

Tall and slender and for 20 years a widow, Aurora was used to being independent and taking care of herself. It rankled her that at this point she could not be fully in control and had to depend on her daughters. When I asked her what it was she wanted, working with me, she replied that she wanted to be healthier, moving around freely, to be more independent, and “better than before [the stroke].” She admitted to being anxious and worrying a lot, “dwelling on things.”

Because of her mobility problem I agreed to make house calls – she lived about 12 minutes from my home; we decided on six hours work, which ended up being over six sessions.

I began with my pre-talk, which includes the Twist Visualization exercise (I learned this from Melissa Tiers. See <https://www.youtube.com/watch?v=I0ttenvpQEA>), a wonderful “convincer” which introduces hypnosis (“You *hypnotized yourself to twist* further. Congratulations!) and visualization. I intended to do a lot of visualization with Aurora.

As I do with all of my clients, I took her through *The Zone* (https://www.youtube.com/watch?v=_PC-E4BZE54&t=13s), a blend of self-hypnosis and meditation, and assigned her to practice it several times a day. As clients do this regularly they change, *just from this*, in positive, sometimes unexpected, ways.

I had intended to have her do mirror therapy, where a mirror placed between the legs or arms tricks the brain into allowing the impaired limb to mimic the movements of the intact leg or arm on the other side. I discussed this with her in our first session, but later found out from a daughter that Aurora was going to a rehab specialist who was using this technique.

Over the course of the next several sessions I continued to lead Aurora through visualizations, including “Power Self” (you, exactly the way you want to be: https://www.youtube.com/watch?v=3Dniw_RJ380) and “Healed Self.” We addressed the control issues with several sessions of Core Transformation, a powerful form of parts work (<https://www.coretransformation.org/>), and Wholeness (<http://wholenessprocess.org/>, which also helped with her sleep), and with exercises from *How to Get Unstuck*, by Michael Ellner and Alan Barsky.

It became apparent that we needed to do some work around Aurora’s relationship with her daughters, as is to be expected when someone so used to being independent finds herself suddenly being cared for (even very lovingly). I taught her *Aligning Perceptual Positions*, an Andreas exercise that led her to shift freely and cleanly amongst perceptions of Self, Observer, and Other in interactions with her daughters (and others – see <https://www.youtube.com/watch?v=Ex8sQdVT18M>).

Midway through our work, I recalled reading Dr. Milton Erickson’s account of recovering his movement after nearly dying from the effects of polio at age 17. As he lay in bed, able to move only his eyes, he would *imagine* lifting a particular finger. Imagining (or remembering) the movement was all he could do. But after imagining over and over for some days, the finger moved! Erickson continued other fingers and limbs and eventually recovered all of his movement. I told this story to Aurora and had her, sitting in a chair, place her left hand on her thigh. I asked her if, keeping her fingers down, she could lift her wrist. She could, but only by using the muscles of her upper arm and shoulder. The smaller muscles in her hand and wrist would not work. I then asked her to lift her *right* wrist twice, which she had no trouble doing, and then to imagine – to *visualize* - lifting her left wrist in the same way. I assigned her to practice this over and over again over the following days, and the same with lifting her heels. And sure enough, by the time of our last session, Aurora was able to lift both the wrist and the heel on her left side! [There was no control group here, so we could not be sure that this was not due to the natural progression of her brain’s healing process. But I like to think that visualizing helped, sped up the process, and perhaps made the crucial difference.]

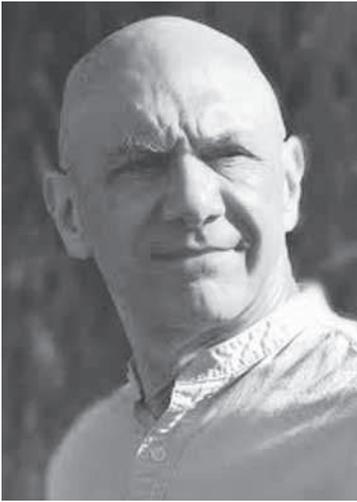
It was a pleasure working with this proud and intelligent woman (“I am a good patient,” she told me at the beginning.) and we both delighted in her progress.

Members on the Move

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Best wishes to IMDHA member **Wes Rocki** who has semi-retired and relocated to the sunshine state of Florida. Wes has a medical career that spans more than 35 years, specializing in OB/Gyn (Poland), Internal Medicine (USA.). He went on to share the following: “My deep gratitude and best wishes to my patients in Virginia as I have retired from practice of medicine and moved my residence to Florida. Once I finish my book, I intend to offer coaching/ teaching in wellness. Also, I will offer limited services in hypnotherapy, Reiki, essential oils and dietary supplements.” Way to go Wes. Follow your dream!

Hypnosis around the world! That surely could be a working title for these two hypno-dynamos! **H. Larry and Cheryl Elman** have traveled the globe speaking and training on the benefits of hypnosis; using the training that his father, the infamous **Dave Elman** taught to medical professionals for many years. Their trainings have taken them to Brazil, Iceland, the United Kingdom, the Netherlands, Portugal, Denmark, Australia, Switzerland, Germany, Hungary, Poland, Romania, Slovenia, Canada and Singapore to name a few. Whew. Talk about world travelers!



GROW OLD ALONG WITH ME THE BEST IS YET TO BE

By Bernie Siegel

Bernie 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.

My advice for aging is actually the opposite of the title of this article. I say grow young along with me because though I know there are benefits which come with aging I want to preserve my body and my health and keep them from aging and enjoy the present moment. I always remember the words of George Halas, the owner of the Chicago Bears football team. When he was well into his eighties a friend found him in his office on Sunday, and asked him why, at his age, he was working on a Sunday. His response, "It's only work if there's someplace else you'd rather be."

Just stop and think about that for a moment. How can you age if you never know what time it is? I know from experience and as a physician that the healthiest state one can be in is when you are doing something which makes you lose track of time. When I am painting a portrait or operating upon someone I have no sense of time or self. I am in a trance state and I believe when we are being creative our physiology gives our body a profound live message. The sad part is too many people wait until they are told they have a limited amount of time left to live before they start living their chocolate ice cream.

That expression comes from one of our children who, when I asked him what he would do if he had fifteen minutes left to live, said, "I'd buy a quart of chocolate ice cream and eat it." What I had to learn is that we each have our own flavor and brand of chocolate ice cream. I have letters from people who moved, took off their tie, took violin lessons and did all the things they wanted to do before they died. So they were not denying their mortality just enjoying their life time; their letters often end with, "I didn't die and now I am so busy I am killing myself. Help, where do I go from here?" I tell them to take a nap because they are burning up and not out.

When you ask adults which day of the week is detrimental to their health they will tell you, Monday. When you ask kids they tell you Saturday and Sunday. Why? Because they are doing so much they get exhausted. But they are doing what they love and so a rest will restore them while the adults are not helped by physical rest. So do not wait to start behaving the way you want to and living your life.

Now let me share some of the things I have learned from ninety year olds. One I shall never forget is a woman who, in her nineties developed breast cancer and gall stones. She was quite

upset with God for doing this to her at her age but accepted the surgery and moved on in her life. I asked her to join our cancer support group because I knew she had lessons to teach us about survival behavior. One day when everyone in the group was caught up in their fears and what problems the future held I turned to her for help and asked, "What are you afraid of?" After several minutes of silence she sat up and said, "Oh I know; driving on the parkway at night." That resolved everyone's issue as we went from fear to laughter.

I have also learned to not keep family problems from aging parents. When I would call my ninety year old mother and ask her how she was she would tell me her problems with one exception. The exception was if one of her children, grandchildren or great grandchildren had a problem. Then she was focused on advising and assisting them to overcome their problem and move on in life. This gave her a sense of meaning and helped her to feel healthy too. So use the wisdom of the aged, do not hide your problems from them and let them be your guide.

I loved it when I asked my mother what advice she had for seniors that I was going to lecture to. She said, "Tell them to lie a lot." I asked how that would help and she said, "If you tell people how you really feel they'll put you in a nursing home. So lie about it."

Another ninety year old was asked how he kept from falling. His answer, "I watch where I am going."

I also advise seniors to find the oldest doctor they can to take care of them. Then they are less likely to hear this in response to their troubles, "What do you expect at your age?" Years ago there was an internist in a nearby town who practiced well into her eighties and the seniors loved her because she was always there to help and never blamed their age for their problem.

To survive we all need to have a sense of meaning in our lives, and express our emotions, including anger, when we are not treated with respect. Make our own therapeutic choices, ask for help when we need it, respond to our feelings when making choices, maintain an authentic life not just a role and say no to what we do not want to do.

Basically we need to find our way of expressing our love while keeping a childlike sense of humor. I ask seniors how they can die laughing. The answers relate to having accomplished what

we are all here to accomplish, which is to serve the world in our unique way rather than a way imposed by others and to have your family tell stories about your life when you are ready to die. My father literally died laughing as my mother told wonderful stories about their early relationship. So you need to embarrass your family regularly and give them material to use when you are ready to hear their stories.

When my father was tired of his body he said to my mother, "I need to get out of here." That is when we all gathered and made his transition an unforgettable one that gave the children in the family a very different feeling about death.

My father in law was a great teacher too. He lived to be ninety seven in a body rendered quadriplegic by a fall twenty years earlier. When I asked him for advice for the elderly he said, "Tell them to fall on something soft." A few days later he said to me. "It doesn't always work. They stood me up in therapy and I fell on my wife and broke her leg. So tell them to just fall up." I thought that was a joke until the evening he told us he was tired of his body, refused his dinner, evening vitamins and died that night. As far as I am concerned he just fell up. When love is involved and guilt is not a part of dying how easy it can be to leave at the appropriate time; either with loved ones beside you or when they leave your bedside to make it easier for them. As many mothers do.

For many seniors the family needs to be there and express the anger they are feeling over their care in various healthcare facilities. In my father in laws record it said, "Son in law causing a problem." Yes, I spoke up because he was afraid that if he complained they wouldn't respond to his needs when he was alone at night with no family there to help him. Some of my complaints were to get them to treat him like a person. When his forehead itched they sedated him instead of scratching his forehead. To have a quadriplegic sleeping all day seemed to me to make his life meaningless. So I complained. There is more to caring then writing prescriptions.

Many years before he died he developed a multitude of symptoms, was unable to eat and was close to death. When a new nursing home was built near our house I said I was going to move him so we could be close to him in his final week of life. I was told I would have to pay his medical bills since I was not in charge of making those decisions. I said I would since he looked only days from his end and I arranged the move.

Within a few days after he was moved he was smiling, eating and not dying. I asked him, "How come you're not dying anymore?" I didn't tell him I was asking for financial reasons. He answered, "I was dying to make the people in the other nursing home happy. They were tired of taking care of me." He lived for many years after that. Again it shows us how important our connections and relationships are to other living things.

We know the benefits of people and pets but even plants and goldfish can prolong survival when they give us meaning. In one nursing home study they put plants in all the rooms but only half the residents were told the plants were their responsibility to water and care for. The others were told they were simply room decorations. Those who were given responsibility lived an average of six years longer.

Let me close with two simple techniques for knowing what the aged are thinking without having to verbalize things they do not want to share. One is to ask, "How would you feel if placed in a totally white room?" and "What is your favorite animal and why?"

When a senior is tired of living or physically exhausted the white room is a spiritual sanctuary they are happy to be in because there is no stimulation and they can rest there. When there is still an active life force they will want to leave, redecorate or put in a picture window.

The description of one's favorite animal is always related to one's feeling about one's self. So an active meaningful description also speaks about the same thing in that person's life and self. When there is no animal, life or energy in their choice they are ready to move on to become dreamless, unalive and perfect again. Please remember that leaving our bodies is a therapeutic decision at some point. When we leave we do not take our afflictions with us. That is another topic we can discuss in another issue; related to near death experiences.

I also see the life force when I ask seniors to draw pictures of themselves as they are today and as they were twenty five years ago. Ninety percent of the time I receive two pictures. One picture revealing a slim happy individual in the past and the other fat and unhappy one today. A small minority hand me one picture saying, "That's me then and that's me now." They understand their attitude is what creates their world. As a blind senior shared after her husband died while she was being wheeled into a nursing home for the first time. "What a lovely place."

"You can't see and have been here for less than five minutes. How can you say that?"

"I decide what I see."

And so it is at every age. So grow young along with me. The best is presently. I have learned from Helen Keller that, "Deafness is darker by far than blindness." So when in doubt about how to help a senior, listen, listen, listen and only say, "Ummm" in several ways. By your listening they will get to know themselves and their needs and then you will receive credit for being an enormous help. I know from experience.

Helping Clients Become Hypnotic

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come to us, one of their big needs is that they are living really an unstable life and they're living an unstable life because of their own choices. If you eat unhealthy foods and you get up to 450 pounds and you don't have any physical activity, there's a lot of uncertainty about what you can and cannot do and whether you'll live or not live. That's a horrible way to live life. Smokers, by the way, when I do hypnosis for smoking cessation, nobody is 23 and makes an appointment with me. My clients are 58 years old. Why? Because at 23 you can smoke a pack of cigarettes a day and everything is stable. When you're 58 and the doctor tells you have COPD and you're wondering if you have to have stints put in your heart, you make an appointment to see a hypnotist because now things are not certain.

You love your grandchildren and you want to spend time with them, but because you're smoking you wonder if you're going to see their 10th birthday or not. These things drive our clients' needs and the approach to hypnosis that we take is one to help them to achieve homeostasis, equilibrium or certainty.

When the interventions we create and the techniques we empower them with lead to stability, our clients become hypnotic and take the answer of hypnosis to every area of life.



HYPNOTIC RAIN

By Michael Smith

As a clinical psychologist and hypnotherapist, Michael Smith has an extensive background working with cancer patients using hypnosis to manage pain, relieve the side effects of chemotherapy and as a substitute for chemical anesthesia in surgery. He is involved in research studies with Parkinson's patients and stroke victims.

In addition to his achievements in medical work, Michael Smith is a university lecturer, group facilitator and is in-demand as a public speaker.

It was a gentle rain. The kind that could last for days but after the stifling heat of summer, you were happy to see it. If you sit quietly, close your eyes and listen, you will find yourself drifting away into your imagination, into your memories, into magical places you haven't visited for way too long.

Rain really is magical for some people...and opportunity for a hypnotist. It is so easy to inspire vivid memories associated with gentle rain. My own memories of rainy days span a lifetime.

As a child in a small Texas town, rain was a break from the oppressive summer heat, pre-air conditioning. We could run and play outside, getting soaking wet, and the adults got a break from the whining. Just thinking about it gets the memories flowing. I remember the feelings, I remember my playmates. I can even remember what we looked like, both before and after splashing in the puddles.

As a young adult, the period I like to call "early matrimony", a rainy day represented opportunity. It was like a day off with nothing to do but enjoy being alive.

A lot has changed over the years, but I still look forward to a rainy day. Now the question is do I take a nap or binge watch Netflix. Both represent something I won't do on a sunny day.

I have found that first paragraph to be an easy hypnotic induction...one that leads to your client starting the work without a lot of guidance. When memory combines with imagination, there are no limits.

Don't we all enjoy reliving the good memories from our lives? What we may not realize is that most of our memories are enhanced by imagination. Our memories are weak and unreliable, so the important details are filled in by imagination. Of course, it doesn't feel that way. Those memories seem real. That is the way we remember things happening.

I have vivid memories of my third birthday. Wonderful memories. But when I think about it, they are more likely created from stories and photographs that I have heard and seen in my adult life. Memories that are more imagination than reality, but they are my memories in my mind.

The very real memories of gentle rain combined with the opportunity to stimulate the imagination is like gold for the hypnotist. It can be a shortcut to finding comfort in a (formally) fearful situation. A fear of flying can become eager anticipation of an exciting new experience.

Certainly we all can remember the unethical practices from a few decades ago; Psychiatrists were found to be creating false memories of sexual abuse in children. Obviously, ethics should play a leading role in your practice. That was a terrible time that cast suspicion over the practice of hypnosis. We have survived and our profession has gained recognition. Unfortunately, the fear of the past has kept many hypnotists from using enhanced memories as a therapeutic device. There is so much to gain from the positive enhance-

ment of memories. Fears, habits, most forms of negative behavior can be improved by turning on the positive side of memories.

When the rain stopped, the sun came out, and the world was fresh again. The air smelled fresh, the sky was clean and beautiful. Even the blades of grass perked up embracing a new and hopeful world.

Training the Hypnotic Mind: A Conspiracy of Three

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At a maximum, I would suggest that you find your own best way to make the world a more welcoming and supportive place for hypnosis and hypnosis clients. Perhaps for you it will be through educating the public via seminars and workshops, TV and radio, webinars, magazine articles, blogs, etc. Or maybe by serving on a committee or as a volunteer. Helping the profession and giving back to the association that has supported you, directly and indirectly for all that they have done to provide for, support, and validate your education and progress.

It works best when we all support one another. And as a co-conspirator, I wouldn't want anything less.

The Maintenance Phase

Continued from page 35

- Focus on the quarter until the urge goes away.
- Who can you count on for continuing support if you need it down the road?
- List as many people as you can. Every single one of your friends, neighbors, coworkers, and family members have something different to offer; they each have a strength and skill that can help you in a unique way. Recruit each person based on his or her talents.

Maintenance Phase Summary

Maintenance means to keep the change and continue to work on making positive progress. The incredible news is that the longer you maintain change, the easier your new life becomes. Your change is now a daily practice. Statistically, the longer you maintain change, the less likely you are to relapse. Several dangers are typical in this phase, including fatigue, Superman Syndrome, Crappy-day Syndrome, Random Temptations, and Unresolved Triggers. The best way to keep the change you created is to actively plan for the challenges that are unique to you and to plan for possible pitfalls. Make sure you build a support team around you to keep you accountable during this phase and to help you if you feel weak.

BEYOND THE HYPNOTIC STATE

By Lincoln Stoller



Lincoln Stoller is a NASA astronomer from Berkeley, CA (1978); with a PhD in Quantum Physics from the University of Texas at Austin (1985). His education also includes Neurofeedback Training (2006-2009). LENS at Stone Mountain Center, Tilton, New York; 2006 and EEG Institute, Woodland Hills, California; 2007: The Enhancement Institute, Houston, Texas (2009). His hypnosis education includes successful completion of the hypnosis courses taught at HPTI and ICBC

The Evidence

Charles Tart was an academic crank when I started research in the 1970's. Today, I'm happy to say, he's called "the father of altered states of consciousness theorizing." Since then, the blossoming of cognitive psychology extended his ideas to hypnosis, notably through Ron Pekala's Phenomenology of Consciousness Inventory (PCI). This is a review of that work, why it's important, and where it may take us.

Tart and Pekala work to establish a universal map of subjective states of consciousness. This is a radical departure from behaviorism and neurophysiology which focus on the objective measurement of objective stimulus and response. That is to say, artificially constrained responses to machine generated stimuli. Unfortunately for hypnotherapy, behaviorism and neurophysiology have regained favor and, as a result, measurements of artificial parameters again predominate. This resurgence is evident in the currently popular "evidence-based" psychology.

Lacking a reference and a measure, evidence does not form a basis for scientific conclusions. This is evident from centuries of theology, whose adherents have no shortage of self-referential evidence. Without measure evidence is just data; without reference evidence is a statement of relationship. So it is that most of today's evidence-based psychology fails to meet scientific standards. Unless evidence pertains to facts and the data has a measure of error, the evidence is self-referential. In avoiding the subjective experience at the heart of psychology, evidence-based psychology undermines its own truth.

For example, Cognitive Behavioral Therapy (CBT) is an evidence-based approach to Attention Deficit/Hyperactivity Disorder (ADHD). But ADHD is socially and not scientifically based, so CBT's efficacy is socially based. That is, CBT is effective in addressing a dysfunction that doesn't exist (Stoller, 2014). That's fine and it's very well received, just don't call it science. In a similar manner, religion is an evidence-based approach to anxiety, and war is an evidence-based approach to disagreements. As we pretty well know, you can find evidence for anything.

Here is the bottom line and the root of the problem: you cannot succeed in being reductive if there is nothing to reduce to. The importance of Tart, Pekala, and others lies in their not being reductive. They are not interested in operant conditioning or effective potentials, instead they are mapping the territory these actions create. To use a metaphor, they are looking for understanding in the meaning of the image, not in the dots on the photographic plate.

The alternative to reductionism is the concept of emergent structure. Emergent structures are those that evolve as the activity unfolds. They have an effective reality, and they do not exist out-

side of the context that creates them. This is the heart of humanistic psychology, autopoiesis, systems theory, and a lot of the hard science of the last 50 years, including epigenetics and chaos theory. Life emerged from chemistry, the transistor emerged from quantum physics, and consciousness emerged from — and is still emerging from — the brain. Once you've made this jump, you stop focusing on underlying atoms and start working with the modular elements.

The Modular Elements

In the book *Hypnotherapy and Hypnoanalysis*, Brown and Fromm (1986) define hypnosis as composed altered states of consciousness, expectation and suggestibility, and the hypnotic relationship. Beyond this, researchers considered the additional aspects of altered motor, perceptual, cognitive, and memory function. Not all hypnotized subjects manifest all of these features, and not all states of hypnosis involve all of these aspects. There is instead a complex of foci, like peaks in a mountain range, that localize and distinguish hypnotic from "normal" states of consciousness.

It should not be overlooked that some of the differences between hypnotic and normal states reside in the order, and duration, and connections or lack thereof between states. By taking an emergent systems approach we can understand hypnosis as dynamic relationships between the modular elements of consciousness; not simply as one state, and certainly not as one neural signature. Neurology and behaviorism are still relevant — just as a compass and altimeter are still necessary for navigation — but without a map of the territory all of these tools are useless.

Add careful experiment, statistics, many researchers and years of work and out comes the Phenomenology of Consciousness Inventory. To be sure, there are other personality inventories, from The Seven Deadly Sins to The Enneagram, but the PCI is most useful to hypnotherapy because it measures hypnotizability and trance depth. The PCI finally provides a useful language to discern highly from lowly hypnotizable people.

The difficulty in any theory, emergent or otherwise, is putting it in practice, and in this the PCI distinguishes itself. It is designed to be easy to apply and to use. Not incidentally, this also results in the PCI being Pekala's proprietary, copyrighted system. I am not authorized to present the PCI, so what follows is my interpretation of it; fault me first and give the PCI the benefit of the doubt.

The PCI's 11 major dimensions are altered experience, positive and negative affect, attention, imagery, awareness, arousal (decreased relaxation), volitional control, internal dialog, rationality, and memory. So as not to leave you feeling something has been left out, the PCI has subdimensions that include body image, time sense, perception, unusual meanings, joy, sexual excitement, love, anger, sadness, fear, direction of attention, absorption, imag-

ery amount, vividness of imagery, self-awareness, altered state of awareness. The PCI's claim is not that these are the only parameters of consciousness, but that these are the unique dimensions of hypnosis, and that all other aspects of the hypnotizable state map onto these. As I say, I am not an expert, so I must leave clarification to others.

Applying the PCI means administering a simple, 53-item questionnaire to a subject after their experience of a state of consciousness and soon after returning to "normal." In order to measure the effects of hypnosis one would administer the PCI in a quiescent normal state, and again after emerging from hypnosis. However, it can also be applied to predict a person's hypnotizability. Granted, "hypnotizability" is being used in a formulaic way, but if you're looking for generality, that's something you must accept.

What is Hypnotism?

The PCI is more interesting than other personality inventories because it distinguishes what we have for so long identified but could not previously specify as the hypnotic state. Scores on the PCI show significant differences according to a standard measure of a subject's hypnotizability using the Harvard Group Scale score.

It matters little that Harvard Group Scale obtains this score using a method that does not match your method of hypnotic induction. What matters is that this research scoring mechanism, created as a repeatable protocol used in conjunction with the PCI, quantifies significant differences in the normal mental state of those who are easily hypnotized versus the normal mental state of those who are not. That is to say, the constellation of subjective personality traits measured by the PCI can predict a person's hypnotizability.

Without the PCI we have vague and qualitative measures. We call poorly hypnotizable people "analytical resisters," and from this we infer something about their condition and our therapeutic approach. With the PCI we might have — if we can get a PCI score for our client — a set of metrics that pinpoint our client's place on a topography of possible hypnotizable highs and lows. We can go beyond our one-size-fits-all definition of hypnotizable and enter our client's territory of mind. "The hypnotic state" now becomes a plethora of paths not just to "the subconscious," but possibly many alternate subconscious states.

Measured on the PCI, highly hypnotic subjects, according to the Harvard Group Scale, score highly for increased absorption, and decreased memory and internal dialogue. High hypnotizables also score higher for increased alterations in experience and an altered state of consciousness, along with losses in volitional control and self-awareness. These are parameters clinicians already have on their radar, in one form or another, but the PCI codifies a language, a metric, and provides a means of measuring individuals. There are other dramatic and suggestive differences in the hypnotic states of highly and lowly hypnotizable subjects. Refer to Pekala (2000) for details.

Many questions can be asked, such as regards suggestibility, imagination, expectancy, and attitude. These questions can be better focused using the PCI, and answers generated. Most of the questions researched so far have been theoretical, pertaining to theories of mind and terminology. This reflects more on the interests of those using the PCI and not intrinsic limitations of the tool.

In the hands of the more clinically, philosophically, spiritually, or artistically minded there is no limit to the questions that can be asked. For example, what are the characteristics of mind associated with introspective subjects, how do these aspects develop, and can hypnosis alter or empower people? Similar ques-

tions could be asked of any aptitude or pathology. Despite being nearly 30 years old, the PCI has hardly been applied. Disappointingly few people appreciate its potential.

What's In It For You

Pekala is a dyed in the wool researcher and a practicing therapist. He uses the PCI in his normal therapy practice, god bless him, though it's not something that fits my style. It is my feeling that much of what is extracted from the PCI is already looking for by a sensitive hypnotherapist. What the PCI gives is a complete and quantifiable measure, and this has its uses. In particular, its first use for me is as a tool to explore those aspects of my client's experience of which I am less sensitive than I should be.

You might apply these parameters to yourself and consider how thoroughly you're considering your client's altered state experience. How thoroughly are you aware of their positive and negative affect, attention, imagery, awareness, arousal, volitional control, internal dialog, rationality, and memory. How do these things change for your client in hypnosis, and how is this affecting them? Most importantly, is the manner in which you approach these aspects of the hypnotic state a reflection of your experience or theirs?

We can use the PCI to reflect on what new state of awareness we're trying to create, and along what path of awareness we and our client can navigate. That is to say, we can use the terminology of the PCI to better define the experience we seek to create.

Reductionism focuses backwards, toward reducing things to fundamental categories. Psychology, to the extent that it remains reductionist, falls victim to this. The escape from this limitation is hypnosis's great appeal. The effects of hypnosis are not limited to the concepts on which hypnosis is formulated, but allow for the emergence of new structures.

Using the PCI's cognitive map we might trace a path from our client's conflict to states of resolution. We can do even better. We can use the PCI's cognitive map to encourage new states of awareness with powers not yet conceived. For example, in some of the past life regressions I have done my clients have had life-changing experiences in merging with the divine. Before we "created" this state, it was not even in the picture.

The essential difference between the PCI and other cognitive maps is that its paths lend themselves to hypnotherapeutic navigation. The PCI is a map of your client's state in the terms of which a hypnotic toolset is designed to apply. The PCI provides an X-ray of the veins in the marble, as it were, where hypnotherapy is the chisel. Might the inscrutable subconscious now be revealed? Perhaps you'll find an answer at quantifyingconsciousness.com, Ron Pekala's website.

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RIGHT PLACE, RIGHT TIME

By Melissa Tiers

Melissa Tiers is the founder of The Center for Integrative Hypnosis with a private practice in New York City. She is an international lecturer and trainer in clinical hypnosis, NLP and mental health coaching and an adjunct faculty member of The New York Open Center and the Tri-State College of Acupuncture. Melissa is an award winning author of the books "Integrative Hypnosis: A Comprehensive Course in Change", "The Anti-Anxiety Toolkit: Rapid Techniques to Rewire your Brain" and her new book, "Keeping the Brain in Mind: Practical neuroscience for coaches, therapists and hypnosis practitioners" co-written with Shawn Carson, is now available at amazon.com



This is a fantastic time to be a hypnotist. Almost daily, research in neuroscience is confirming and verifying the things we have been doing for years. Now that it's possible to look inside a brain in action we can see the effects of hypnosis, visualization, mental rehearsal, anchoring and many other techniques we use in our practice. Research in priming and embodied cognition is proving that unconscious biases, filters, and heuristics influence every single aspect of perception, belief, behavior and decision making. The growing field of Epigenetics gives us a glimpse of how some of our hypnotic interventions have been actually turning on or turning off gene expression. Amazing, right?

It's almost common knowledge that we can rewire our brain more easily and quickly than we ever imagined. That because "neurons that fire together wire together" we have been helping our clients to change their brain long before we could prove it. By diving a little deeper into the science of synaptic connections and pruning we can create even more strategic interventions to help these processes along. What's really exciting about this research is not only can we teach our clients to rewire almost any habituated pattern and create alternative pathways, we can actually recode implicit emotional memories. And that's a game changer.

Memory reconsolidation is being studied in labs all over the world, breathing new life into some old hypnotic standards while allowing us the flexibility to improvise. What we are only now beginning to understand, neurologically speaking, is that memories are not only active and malleable, but with the right circumstances, they are actually re-writable. In my classes I teach the necessary steps to this process so that they are incorporated into almost every intervention that has early childhood primes. Understanding the mechanics of how memories get recoded allows us to innovate and adapt to a more client centered approach.

Some of my favorite studies are coming out of the field of embodied cognition and research into the adaptive unconscious. The mainstream is only beginning to understand the extent to which we are driven by unconscious processing. How exciting is it, that we, as agents of the unconscious, have direct access to these systems? By taking this research and developing ways of turning it into practical interventions, we can create a bridge from the lab to the hypnosis chair. A process that is rarely seen in more traditional forms of therapy and coaching.

The studies on priming have had a huge impact on my work and how I think about change. Not only does the research validate Milton Erickson's interspersal method of trance work, it confirms the primacy of the unconscious as well as its adaptability. We are being primed from our internal and external environments every

single moment. By being a bit more strategic, you can use this influence to help your clients get the change they want even before the session has started.

When my students come in to my center they are offered a wide assortment of teas and coffee, knowing that if they are holding a warm cup of liquid they will feel warmer towards me. Yes, it's true. If they are drinking ice water, I have to work a wee bit harder. I make sure to clean before class so that the subtle smell of lemon will not only make them clean up after themselves but, research is indicating, they will act more honestly. Even department stores will use different scents for men and women's sections (vanilla for women, rose maroc for men) that have been proven to increase sales.

Did you ever hear of "drunk tank pink"? That's what they call the color on the walls of a holding cell for violent or inebriated prisoners. Research found that the color pink had such a sedative effect on mental patients and violent offenders that prisons and hospitals broke out the paint. Now don't get me started on what that means for our history of dressing little girls in pink.... If you have plants in your office you are actually having a positive impact on the immune system of your clients. Research suggests that if you can't have a window looking out into nature then even pictures of green plants and trees have a healing effect. Hospitals across the world are beginning to put pictures of nature in their rooms to enhance and speed up recovery.

In another study on priming, having a briefcase visible in a room made participants more financially competitive than having something neutral like a backpack. Filling out your intake with a heavy clipboard will register as being more important than a light one, the firmness of your chair will make it easier or harder to get clients to change their minds....I could write this entire article on some of the cool research done in this field and how to utilize it in your practice. It's that fascinating. I suggest you google priming, embodied cognition and unconscious bias and then take a closer look at your office or classroom.

Environmental priming is just one of the ways you can begin incorporating this research into your practice. Studying cognitive filters and biases allows you to better understand your client's internal influences and how to change them. You can add exercises as well as perceptual shifts to the work you're already doing to create a more generative change that goes way beyond the issue they came in for. It also keeps us as practitioners engaged more fully. The brain thrives on novelty. Introducing new techniques or ideas into our practice keeps the dopamine flowing and our sessions interesting. It is indeed a fantastic time to be a hypnotist.



TRAINING THE HYPNOTIC MIND: A CONSPIRACY OF THREE

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.

I've been a student of hypnosis since 1978. In my quest I've been fortunate enough to have learned from some of the best and some of the worst trainers and teachers and colleagues and gurus, and from a lifetime of experience working in the field and of living in the world and inside my head.

And in some form or fashion that's probably true about you as well. If you're reading this article, then you've already got some background in hypnosis. Maybe a little. Maybe a lot. You were exposed to it and it got your attention. You wanted more, and one thing led to another ... and here you are today.

Because whether you're brand new or a seasoned professional, the learning never stops. There's always more to know and explore and discover.

We do not stop learning. We are all on the road to becoming our best. It is our evolutionary responsibility.

THE JOURNEY BEGINS

When I began looking into hypnosis, I'd seen some things on television and in the movies about the subject and then, through studying meditation and creative visualization, I began to appreciate that there were other ways to utilize this intriguing phenomenon. And in 1978, the best resource I was aware of was the public library. Nowadays I'm sure one of the first stops is You Tube – a source of unsorted great and awful and often confusing, conflicting information with no professional scrutiny whatsoever ... and Amazon, home of both academically validated and self published variability. It can be difficult for the uninitiated to know what is what.

And it seems to me that the professional education of a Certified Hypnotist is a conspiracy of at least three parts. There is the School or Trainer(s) offering the coursework, there is the Association offering the certification, and there are of course the students and graduates themselves. Each has their own responsibility in the process and the three together can form a collaborative triangle that will often last a lifetime.

THE TEACHER APPEARS

So when the student is ready, it's time for the next step. Finding a teacher. Sometimes that's what got you interested in the first place. You saw a demonstration or went to a program and signed up for a training. Others asked around, got recommendations, and made a choice. But whether it's your first training or a continuing education program, a good hypnosis student will always be looking for someone that they can learn more from. And each of you has your own criteria of what makes a good teacher/trainer that will be just right for you. Some of us respond better to a formal lecturer with graphs and charts and tables and reasoned under-

standings. Others prefer to dance on the tables or firewalk our way down the path of integration and skill development. Personally, I make a distinction between teaching and training and while BOTH are essential in the education of a hypnotist, the difference is an important part of my decision-making process. To me "teaching" is about passing on information ... sharing data. So that's going to be really important. "Training" is about acquiring a skill through engagement in controlled experiences and practice ... practice ... practice. And you've got to have that if you're going to be comfortable working with clients.

A good trainer is going to be one that you can use to get it into your conscious mind and into your unconscious mind ... into your head and into your body. And the right balance of those things varies for each of us.

Often trainers run other programs or evening seminars that you can attend to check out their style and determine if it's a good match before you sign on for a big-dollar long-term commitment. You might also check them out on you tube or find out if they're speaking at any of the conferences or online hypnosis groups so that you can decide if they're right for you.

The Hypnosis Trainer has a responsibility to deliver a comprehensive curriculum. One that "opens the doors" for new hypnotists and equips them to begin their career. S/he must be enthusiastic about hypnosis and keep current with ongoing development in the field. If a trainer isn't studying, they aren't growing ... and there are a number of trainers that teach the state of the art as it was in 1958. For me a good trainer doesn't think that they've "got it" but has a passion for continued learning, exploring, experimenting and discovering/developing new material. My favorite kind of trainer is one who isn't hung up on their own ego ... but will cooperate with other trainers and share material from others in any area where their own training might be weak ... and will make themselves available to other trainers in their stronger areas. This becomes increasingly possible in a digital age when remote trainers can visit your class through an internet connection. I really appreciate it when a trainer embraces and utilizes the vast resources of the digital age in their program.

I mentioned earlier the variability of educational quality in book and online and the confusion that may come from trying to sort it out. Here's a rule that ALWAYS seems to apply for me – I want my trainers to be validated by someone other than themselves. If they hold a degree from their own unaccredited university and are only certified by their own school ... I tend to be suspicious. I feel more comfortable about trainers whose courses have been approved by an association not under their control. It's

fine if you tell me you're wonderful and I'll appreciate your high self-esteem ... but if I'm going to give you a lot of money, I'd prefer to hear it from someone else.

And lastly, in my personal opinion ... the best hypnosis trainer I can think of would be one who would provoke me! Those who remember our great friend and teacher Michael Ellner will know what I'm talking about. Provocation may not be what would work for you, it's just my personal preference ... because I like to learn by finding myself in a position where I have to respond. When the response is automatic and effective, then I will know that I've learned.

BECOMING CERTIFIABLE

Not only do I want trainers to be qualified ... but as students of hypnosis, it's our objective to become qualified ourselves. And so, we seek a meaningful professional credential from a recognized certifying organization. There are several such associations in the US alone. And a variety of reasons why a student might choose one over another. I wanted the training that I received to be validated. I chose IACT and IMDHA because their standards were higher than the others ... they required more hours of training for students, had a track record going back decades, and were international in scope. And while our clients rarely notice or ask about it, the certificates that I have received from these associations are the most meaningful in my collection.

Professional associations have a number of responsibilities in this conspiracy of hypnosis education. They establish a code of ethics for their members and maintain the standards required for certification. They certify or approve trainers. They approve the curriculum of training programs. While some stop there, others (such as IACT and IMDHA) are membership organizations who provide support for members before, during and after their training through continuing education courses, mentorship programs, conferences, conventions and workshops. IACT/IMDHA has local and online chapters for members to get together with one another for continued study. They offer 24/7 access to online resources in the Virtual Library consisting of thousands of scripts and articles about hypnosis and hypnotherapy as well as the members Forum. They provide access to insurance for practitioners and a variety of other benefits (including *Unlimited Human!* Magazine).

Professional Associations help us to stay knowledgeable about legal issues and news items, they offer support and assistance with professional matters, and their staff is happy to be there for you when you need them.

Professional Associations are just that – *ASSOCIATIONS*. And this I believe to be the most important feature that they offer. They make us a part of a community of people. Divergent viewpoints and applications around a common theme ... a source of collegial connections, friends, support, new information ... a professional family. That's especially important to me. Through IACT and IMDHA I have a huge circle of hypnosis friends that I can call on, and it is a real blessing to me.

The trainer and the certification body are only two part of the triple conspiracy. And the most important third is the student.

BEING A STUDENT

The first principle of evolutionary hypnosis is that the client has all the needed resources within themselves. The idea is that good therapy is about bringing those resources forward ... letting them emerge and find expression in the world. For me, training is quite similar in that regard.

Students generally are pursuing hypnosis training because something within them found it attractive in the first place. They resonated with the idea. Education means "to draw out" and hypnosis training provides a great opportunity for natural wisdom to find its way out.

A good candidate for hypnosis training is one who has sense of vocation about it. It's not the right job for everyone. For me a prerequisite would be a deep desire to help people in need. A willingness to encourage and empower the dreamers of the world, and to ease the pain of the distressed

From time to time, I run into someone who tells me that they want to make a lifetime career out of hypnosis ... but they don't want to spend too many days training for it ... and they don't want the training to cost very much money. They arrive late for class or don't show up at all. They don't do their homework, and they're sure they'll get by. And they don't get certified ... or if they do ... they never get around to starting a business. They simply don't have the dedication or discipline required.

When a student is zealous and enthusiastic about the possibilities hypnosis offers, it's not unusual for them to apply it personally and begin making changes in their own life. Some can be quite transformational. It's good for hypnotists to "walk their talk" so I'm really heartened when I see students using it this way.

Being a good student is the student's responsibility. When you decide that you want to study hypnosis, you took a step out onto a road that you will never reach the end of. That's why it's so important that you're passionate about it. You're going to be a student for life.

The primary distinguishing quality of a great student is curiosity ... it's what got us into this in the first place ... and it's what will take our understanding deeper and deeper.

In a recent poll, hypnosis trainers said that the best students show up on time, to be fully present and not distracted, to participate fully and without hesitation, support others in the class, exhibit an eager willingness to "try things" and explore, an openness to new ideas.

In the beginning, being a hypnotist in training can be intriguing, frustrating, exciting, demanding, and rewarding. And through time, if you're in the right place, it can only get better.

POMP AND CIRCUMSTANCE AND ACTS OF SERVICE

Some hypnotists graduate, take their credentials and disappear after the training. They start their careers and may or may not be heard from again. Other hypnotists remain connected through their schools or association or chapter. They've come to recognize that they are now a part of a community.

We've discussed the responsibilities of each of the three conspirators – Trainers, Associations, and Students – but now that these students have transformed into graduates, they have a few additional responsibilities.

I believe that in order to maintain your "edge" you must keep on learning, exploring and discovering ... taking advantage of continuing education programs and making a contribution to the profession by sharing what you're learning with your colleagues and associates.

At a minimum I would encourage all graduates to continue to serve the community by holding yourself to the highest of standards and carrying yourself like a professional.

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THE MAINTENANCE PHASE

By William Wood
Part 2

William Wood is a Certified Master Practitioner and Trainer of Neuro Linguistic Programming. He has advanced trainings in the medical and dental applications of hypnosis, and contextual hypnotherapy. Since being introduced to powerful personal development concepts derived from the life work of Master Hypnotist Milton Erickson in 2005, his work has had huge impact on his personal life and professional career.

Superman Doesn't Play with Kryptonite

William: Several other dangers show up in the maintenance phase besides just fatigue. Another danger that clients face is overconfidence. It's what I call the Superman Syndrome.

Many people have early victories in the action phase and say, "I did it. It was hard. I had to push, but I'm not being tempted anymore. I'm over it. I have Conquered!"

Let me emphasize: Superman doesn't play with kryptonite. If smoking cigarettes is your kryptonite, don't go near cigarettes. If alcohol is your kryptonite, don't play with alcohol.

Superman knows that kryptonite can hurt or even kill him.

I remember working with a guy to quit smoking. He successfully quit for about three months. On a phone call, he told me, "Will, I know you warned me about this, but one day I was at a party and a guy handed me a smoke and I thought, I'm over this. I can probably just have a puff since smoking doesn't control me anymore."

So he took a puff. Then he took two. By the end of the night, he "bummed" three more. A week later he was on the phone with me saying, "I've got to quit again—I have smoked a pack a day for the last three days."

He knew what we had done before worked, so he wanted to do it again. When he got overconfident, he forgot that cigarettes were his kryptonite. He forgot that kryptonite hurts and kills Superman.

Having a Really Crappy Day

William: The third problematic pattern I see in the maintenance phase is what I call Really Crappy Day Syndrome. Unwanted behaviors are often tied to an individual's coping strategies. We have ways we cope with stress, ways we cope with bad feelings, and ways we cope with excess sadness in our lives. We have good days in life and bad days, too.

Imagine you stopped smoking thirty days ago. You wake up late for work in the morning. As you finally open your eyes, your partner yells at you because she had a nightmare about you cheating with your neighbor. Stressed and hurt, you hurry to get dressed for work, and on your way out the door you realize someone has stolen all of your tires and the transmission has dropped out of the bottom of the car.

So you're in your best suit trying to fix the car and you get grease stains all over your clothes, ruining them. You go into your drawer and find only a pair of flannel pants. You have nothing else to wear. You have a big promotion interview at work.

Now you've got to interview in flannel pants and some ratty T-shirt from the 1960s that you haven't worn in a long time.

You go to work and your boss tells you that the company has to have layoffs. Fortunately, your job has been preserved, and you can stay if you take a fifty percent pay cut.

Dejected, you finally drive home exhausted. As you pull into your neighborhood, you see flames rising fifty feet in the air. The neighbor's house is on fire and you're worried your house is going to catch fire next.

You're having a terrible, rotten, good-for-nothing day—an absolute day from hell. In that moment, you're thinking, "A cigarette would really help me relax right about now."

You have to be prepared for the crappy days that will come along in your life. Everyone has bad days. You can't escape them.

I probably exaggerated a little bit with my example, but you get the point. Days like this come along every so often. Whether it's some unexpected stress from the kids, spouse, or work situations, you must be prepared.

Ned, Cigars, and the Boat

William: The fourth problematic pattern in the maintenance phase is what I call *The Random Temptation*. Generally speaking, the longer you go maintaining your change, the less likely you're going to fall back into your old ways. As time passes, it does get easier to live your new life, but you're not completely out of the woods, either.

You could be doing great for a month, without any real temptation, then out of the blue, bang, there it is, and it's out to get you. The good news is that urges to lapse back into old behaviors at this phase usually don't last longer than a few minutes at a time. The bad news is that it can get pretty intense for those two minutes, five minutes, or half a day.

One common variation of this theme is The Unresolved Trigger. By six months out, you've probably dealt with your most common triggers: social triggers, financial triggers, stress triggers, etc. Whatever your main triggers happened to be, they are not triggering you anymore.

Now you don't have to deal with those triggers on a daily basis. So you get a little lazy and might even forget some of the strategies that worked early on because you don't have to use them day in and day out anymore.

Imagine a smoker named Tom who quit twelve months ago. Once a year, he goes fishing with his buddy, Ned, and Ned likes to smoke a cigar when he's fishing.

There Ned is, smoking his cigar in the boat. The weather is perfect, and the cigar smells extra good. In that moment, Tom thinks, "I really need a cigar right now."

Just because he hasn't smoked in twelve months doesn't mean that the temptation has completely disappeared.

The good news is that these temptations aren't game enders. In fact, most people succeed in dealing with these temptations if they are prepared for them.

Christian: The first month or two months for me, as a clinician, are the easiest stages working with an individual. The client is hyper-vigilant and will avoid—at almost any cost—anything that could undermine his efforts to change.

It's when clients become comfortable, maybe overconfident, that they become complacent. They forget their why. That energy, that motivation, seems to evaporate.

The purpose that initiated the journey for change fades into the background of daily living.

One client recently reported, "Christian, I don't know what happened. Everything seemed to be going peachy. Then all of a sudden, when I least expected it, these overpowering, random temptations came along."

Because of a client's complacency, her personal vulnerability to relapsing has increased. Oftentimes, it's because she has been playing with her personal kryptonite, thinking she's become invincible. But eventually she realizes that the kryptonite in her hands is far too powerful. It still has control over her. Now she feels weak. And when people feel weak, it's incredibly hard to resist temptation, to maintain and not relapse.

That is why I believe the maintenance phase is the most critical stage in sustaining Change.

A lot of my clients ask, how long does the maintenance phase last?

I've read some experts suggest that the maintenance stage lasts approximately three to five years. And that may be true. Some people, however, will spend the rest of their lives working to reinforce the changes made in order to maintain lasting progress.

In psychology there is a principle called spontaneous recovery where a learned behavior or response to a stimuli will unexpectedly resurface. The body continues to retain memories and subtle triggers, such as a certain smell or level of lighting or even a soft touch, which can reignite old associations that incite past behaviors. My caution for clients is to always keep the mind sharp and renew their commitments to healthy change.

Having said that, people can develop a high level of self-mastery. Riding through the waves of temptation gets easier.

William: Usually the longer you go, the easier it gets. Change is something you're continually working on. The old saying is, "Either you are green and growing, or you are ripe and rotten."

Always have your guard up, at least enough to remember that there's a danger. You don't want to swim in the water where the sharks like to go.

She Won the Marathon on Accident

Christian: Maintaining change is a mindset. To me, maintenance is not labor or sadistic punishment. I enjoy the challenge of keeping others and myself improving. I make it a game. When you can turn it into something that you enjoy, it's an adventure.

I love the excitement and unpredictable nature of life. I ask myself, "Maintaining my change seems to be a real challenge for me. How can I change my mindset and turn a potential pitfall into something that is fun to overcome?"

One of my sisters is a phenomenal world-class marathon runner. Through college she won a number of national awards. She was a member of the Brigham Young University cross-country national championship team. But her true athletic stardom didn't manifest itself until after she graduated from college and kept competing on her own.

What happens to most college-level athletes when college is

over—unless they become professional athletes?

William: They fade away.

Christian: Exactly. They fade away and let their bodies get out of shape.

My sister, who loves the sport of running, continued to run competitively as a hobby.

My brother-in-law signed her up to run a marathon without her knowing. He'd told her that he was going to run the marathon. About two days before the marathon, he approached my sister and said, "Hey, Devra, you're running this marathon. I signed you up."

She said, "What?" She hadn't been training to run a marathon—meaning she wasn't deliberately focused on running that marathon. But she had kept her intense daily personal training routine going since graduating college.

She ran the race and left everybody in her dust. She set the course record that day. Why? Because after she graduated, not only did she continue to run, but she ran even harder because it was something she was passionate about.

Since then she has run several marathons, winning all but two—taking second place in each of her "losses." After one of those races where she took second, she said, "This sucks. I should've won!" What did she do in response to her defeat?

One week later, she went out and ran another marathon, winning by a huge margin.

How was she able to do that? She was able to turn around a personal setback. She kept her chin up high and renewed her determination. She recommitted to be the best. She continued to work daily on her skill set so she could compete on a moment's notice.

William: That's what maintenance is about. It is about taking daily action. Back to the gardening metaphor, you don't plant your seeds and walk away. You've got to tend the garden. The good news is that when you get into the game, you find out how much fun it is. When you really make a change, it becomes a pleasure.

Maintenance Activity

There is a proverb: "If you are prepared, you will not fear." Preparing for long-term change is the best way to make sure you navigate the problems that might find you in the maintenance phase. Another well-known quote boldly declares: "Courage is resistance to fear—mastery of fear, not absence of fear." Get a pen and paper and spend some time answering these questions to help you prepare for change:

- What actions will you commit to take if you become fatigued while you maintain your change?
- Meditation, prayer, and a stroll through the park may help you overcome fatigue.
- What are you going to do if you start to notice thoughts of overconfidence?
- What safeguards are you going to create to help you when you have a really crappy day?
- How will you handle a temptation or trigger that shows up months down the road?
- Keep a quarter in your wallet or purse. Anytime you feel temptation, take it out and rub it between your fingers. Press it tightly in your palm and feel its edges digging deeply into your hand (but not too hard!).
- Look at the quarter closely. Pay attention to the scratches, dents, and shine of the metal.

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MEMBERS ON THE MOVE

IMDHA member **Brenda Sissons** of British Columbia, Canada is retiring from practice. Brenda received her training at Island Hypnosis and the Centre for Integrative Hypnosis, NY, NY. She is a HypnoBirth Childbirth Educator and maintains a Post Graduate Diploma in Early Childhood Education; Bachelor of Social Work BSW.

“No act of kindness, no matter how small, is ever wasted” ~Aesop. This applies to IACT members **Birgit Zottmann** and **John Souglides** who selflessly donated the revenue generated from their participation at Hypno Expo, to a member in need. The proceeds will be used to assist a struggling practitioner with continued education by attending Hypno Expo in 2019. Thank you both! Your generosity is greatly appreciated.

Mitchell Bloom, a medical doctor with an interest in integrative medicine and hypnosis recently relocated from Auckland, New Zealand to Greensboro, NC. Mitchell is a member in good standing with IACT and IMDHA. If you live in or around the Greensboro area, reach out to Mitchell with a friendly welcome. I’m sure he would appreciate the kind gesture.

IMDHA member **Jo Anne Conard** has retired from full time practice however she continues to pay it forward by doing volunteer work in her local community. Thank you for your service Jo Anne!

The **Southwest Institute of Healing Arts**, an IMDHA approved facility in Arizona has moved to a new location in Tempe. Their new location is located at 1538 E. Southern Ave. Tempe, AZ 85282. We’ve

personally visited the old facility and found it to be ideal for all things related to mind/body wellness. The new one promises to be just as awesome! We wish them well in their new home.

Congratulations are in order for IMDHA Member **Matthew Hooks** who recently assumed the title of Director of Education at the Transformational School of Hypnotherapy, a state approved facility in Columbus, Ohio. Matt has been a certified member of the IMDHA since 2012. We wish him well in his new venture.

Pain educator and IMDHA Lifetime member, **Daniel Cleary** is planning his return to the US after a lengthy stay in Germany. We welcome the opportunity to learn more from his vast background over conference week 2019.

We just heard of a devastating loss. IACT member **Cheryl Ann Stenn** of Dallas, TX has recently encountered the complete loss of her home due to fire. The Association has stepped up and contributed materials to help re-establish her professional toolbox. If you are so inclined, you may donate to the cause through the corporate office. Any extra books, recordings or training materials will be gratefully accepted. Donations are also tax deductible.

Congratulations to **Patti Scott** on making the move to a new location in Dunedin, FL at the Holistic Center for Vibrant Health. Previously Patti ran a successful practice in Tarpon Springs, FL. We wish her great success in her new location.

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Critical Pre-Talk as a Crucial Conversation: Identify Commitment

Continued from page 23

skin in the game. In other words, most strategies I describe in this article are effective only if the client is predisposed to change, actively engages in problem-solving, and is making a personal sacrifice of some type in order to achieve the change they desire.

So I am firm but compassionate. *I expect full commitment. It is 20 hours payment up front. Here is what will happen in the 20 hours. It is very intense, emotional work. When I work with you, I work ONLY with you. The protocol takes 20 hours of my life. I put my life on hold for you, to make sure you get the change you deserve.*

Grow the commitment

In rough numbers, let’s say a client is 20% interested as she calls you on the basis of a referral. Make that 30% if she calls after seeing only the landing page of your website. That may jump to 40% if, in the first minute of the call, you come across as accessible, knowledgeable and professional. Then 50% as you listen and validate; *No, you are not crazy. You indeed have a problem and I can help you with it.*

Fifty percent is only a coin toss. You have to keep moving the odds in your favor. Avoid the temptation to use jargon or describe specific techniques. Yes, I describe how I work, but I am mindful of the client’s background, education level, etc. I select language that is accessible, familiar and inviting. But that is not as important as many people believe, increasing maybe to 60%.

I get to 80% by telling success stories. I am careful not to vio-

late client confidentiality, but new clients want evidence that I am good at what I do; and the quickest way to that end is storytelling. I give examples of how prior clients have benefitted, changes they have experienced, occasions where the presenting issue was not the real issue. And it is not all about therapy; I recount creative ways people have found to pay my fee, housing arrangements for out-of-town clients, etc.

Just as I apply metaphor and analogy in the therapy room, storytelling during the pre-talk appeals to the client’s subconscious emotions. Relevant, well-told stories create the inference that other unlovable people (*Just like me*) have changed their life (overcome their fear). And this approach works in a way no manner of logical convincers can hope to achieve.

Keeping in mind my scale is a very rough estimation...I have reserved the last 20% for commitment. If I sense a highly motivated and committed client, it motivates me to close the deal; because I know she will get the change she wants, and that makes us both look good. If I sense a low level of commitment I may gently release a client to the universe, knowing that a poor result is a waste of her money and my time. So, I am looking for commitment in the client...but I must have it myself as well.

If you have done everything else well – which, in this scenario means you have got the client to eighty percent – you still have to close the deal. That means you have to ASK FOR THE MONEY; and do it in a way that supports your right to earn it. That is where Part 3 begins.

Reference

Patterson, K., Grenny, J., McMillan, R., & Switzler, A. (2011). *Crucial Conversations: Tools for talking when stakes are high*. McGraw-Hill.

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