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8852 SR 3001, Laceyville, PA 18623

570-869-1021

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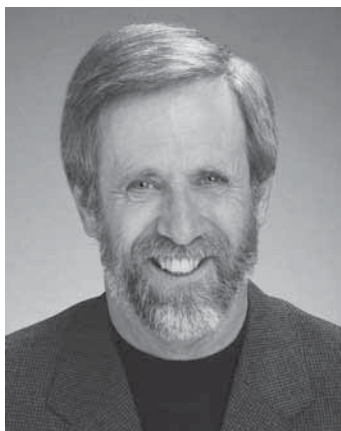
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MESSAGE FROM ROBERT OTTO, CEO

Hello and Welcome!

The telltale signs of spring are here! There's no denying it. For those of us who reside in the colder climates, the grass begins to turn a lush shade of green and our clothing takes on a lighter appearance. We can finally look ahead to a brighter sun, longer days and warmer temperatures. It's a time for cleaning out, sorting through, dusting off and preparing for the impending season. Each season having purpose; with a rite of passage opening up to the season which follows.

Like the seasons, we all want to live with purpose. We want our lives to matter. Purpose is what allows us to refine who we are, to put meaning in our work, and to discover our talents, skills, and sources of inner gratification. It's necessary and critical to a healthy, happy, and successful life.

Research shows that people work for a paycheck - but they live for a purpose. A 2006 Gallup poll of 540 adults employed full or part time found that the top three things that made people happy were "doing what suits me best/fulfilling," "interacting with the public/helping people," and "freedom/flexibility to do my job my own way." These represent 41 percent of responses, and all (plus a few others) ranked significantly above good pay, flexible hours, and job security. Such numbers show that we have to feel good about what we are doing in our work.

I've always admired those with purpose-driven goals. When you believe that what you are doing matters, it motivates others, stimulates change and inspires growth. I know from personal experience how rewarding it feels to be connected through a common purpose.

In the Fall issue of *Unlimited Human!* I promised you a final draft of the Association's position and Recommended Language. The project is a clear example of 'design with a purpose'. I am delighted to offer you a look at the completed project. You can find a list on the Association's web site (under the 'Member Information' tab). You can also find a completed list within the pages of this journal. I trust you'll take a moment to consider its use and join us as we continue to promote this movement and encourage others to do likewise.

In recent months there have been several incidents which resulted in hypnosis practitioners being shut down and served cease and desist orders. In looking at some (not all) of the advertisements related to those cases, it was clear that the practitioner overstepped their bounds in the use of improper terminology when defining their hypnosis service and scope of practice.

I certainly have no intention of downplaying what hypnosis can do. We all know of miracles that happen every day... especially in the medical field... using hypnosis as an adjunct for accelerated healing, situational stress, cancer support, pre and post surgical preparation and so much more. We cannot discount the role hypnosis plays in any categories on the list, but we must always be mindful of what we know can happen instead of what we hope to accomplish. Unless we are licensed to do so, this can get us into hot water. Language nowadays is extremely important so as not to arouse the ire of our professional nemesis. I cannot stress enough how imperative it is to use proper terminology in every form of communication.

Together we can make a difference. This spring, please join me in doing your part to dust off, clean out and spruce up our professional image by implementing the Association's Recommended Language in your practice. Take a moment to consider how many people you can influence by setting a good example. It may require a conscious effort at first. But once it is set in motion, you'll soon find the impact of your actions reaching far beyond the ripple effect of putting that first act in motion.

Each day we wake up to a new page and a new chance to make a difference. It is up to us what we do with the opportunities. We are communicators, relationship builders, strategic thinkers and doers whose values and vision are aligned with an utterly inspiring purpose - success for us means creating success in others. Let's make the best of each opportunity. My friend Wayne Dyer makes his case in a single statement "When you change the way you look at things, the things you look at change." I believe he's right.



My warmest and most sincere regards,

"Live in each season as it passes; breathe the air, drink the drink, taste the fruit, and resign yourself to the influences of each."

Henry David Thoreau

PERISH: THE THOUGHT

By Mark Babineaux

Mark Babineaux is an attorney, mediator, collaborative divorce professional, forensic hypnotist, peak performance coach and quantum focus© coach from Lafayette, Louisiana. He is past President of the Louisiana Hypnotherapy Organization 2006-2011, LHO Conference Coordinator, on the advisory boards of the International Medical and Dental Hypnotherapy Association, Inc.© and the International Association of Counselors and Therapists and is honored as a Life Diplomat in Hypnotherapy by the IMDHA. He is also District 1 Member and 2011 President of the Lafayette Parish School Board. He has a general civil law practice in Lafayette and is the only attorney in Louisiana certified by the IMDHA as a Forensic Hypnotist. His hypnosis practice includes helping individuals and groups overcome destructive habits and fears, deal with pain and stress, and improve beneficial habits.



The moment of our conception is our death sentence. The two gametes that unite to form our one zygote no longer exist in the form that they were created. They have changed. They have moved on to another level of existence; into a process and pattern of splitting and duplication and development that continues for about 280 days. Our zygote gradually grows into a fetus in a secure watery environment nurtured directly by our parent. Then we split and separate from our parent and emerge as an air breathing organism. That certain and predictable era of nourishment and protection in water within the womb ends with our birth.

Our birth is our life sentence. It is an unpredictable and uncertain sentence to be carried out in an unfamiliar environment revealed to us for the first time by sound and feeling and the newly activated senses of sight and smell. And from the very moment we open our eyes and direct our attention outward, we lose sight of the fact that we survive first and foremost on that molecular level with its continuum of death and rebirth.

The momentum of this continuum is such that, for example, we have a new outer layer of skin every 28 days or so with billions of cells dying and being replaced in the process. This cellular design is what allows us to physically heal as an organism. Our continued life as an organism is heavily dependent on this ability of our cells to replicate and rejuvenate.

Not only is this reliance on cellular design evident in our lives, it is also reflected in how we die. Although the manner of death is different for each and every one of us, the cause of death is always the same: our heart stops beating and we stop breathing. Ultimately, and for whatever reason, our bodies cease to acquire and distribute oxygen, nutrition and hydration to the cells that sustain them and we physically die as an organism. It is as though the unseen energy behind this continuum propelling us through this level of existence has either outpaced or outgrown the confines that our bodies have placed upon it – and it simply bursts through to the next level – leaving the cells behind to die

and deteriorate on their own.

Some of us regard this physical death as part of an eternal process, some as a singular event, and some of us view it as an event in an eternal process. At last count of the world population, there are 7,232,490,600 certain deaths ahead for mankind in the next century or so. Each death being the result of its own set of circumstances and each with the resultant impact on the rest of us. Naturally, just as death is reserved as a unique experience for each of us, so is our grief for the death of another a uniquely personal process. In addition to any religious and spiritual concepts or beliefs we have about death, our attitude toward life itself has a tremendous influence on how we accept death – our own as well as that of others.

Our life sentence can be as short as a single breath or as long as a century or more. Anne Wilson Schaefer retells, in her book “Native Wisdom for White Minds”, the cultural memory of the Hawaiian people being that they could live to 150 years old, in health, before the white men came with all their diseases. Yet, when she died in 1997 and to this day, Jeanne Calment of France has the longest confirmed human life span on record at 122 years, 164 days and she did nothing special to maintain her health. In fact, she gave up cigarette smoking at age 117 not for health reasons but because she was too blind to light up on her own and hated to ask anyone else to do it for her.

Jeanne Calment was born February 21, 1875 in Arles, France, before the Eiffel Tower was built. She outlived her husband, daughter, grandson and the person who held the reverse mortgage on her apartment. She rode a bicycle until age 100; lived on her own until age 110; drank wine and ate two pounds of chocolate every week; is credited with being the oldest paid actress in a film when, at age 114, she appeared in a movie about Vincent Van Gogh who she met in her father’s shop when she was 13; and at 121, became the oldest known recording artist when she recorded her memoirs to a background of rap music.

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EFFECTIVE USES OF IMAGERY

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 often hear the following questions from participants in my seminars: "How can I get my clients involved in imagery itself? George, what do you do with clients who say that they can't visualize"?

I cannot overstate the importance of training your clients to better utilize imagery. The brain and nervous system deal in mental images. It was Aristotle who said, "The soul . . . never thinks without a picture." Since we all dream, and in dreams the predominant sense modality is visual, we all are capable and do, in fact, experience visual imagery. It is rare to find a person without this ability. However, as we grow older and rely less and less on fantasy, this ability begins to dissipate. Many people end up having a very limited ability in the visual mode and hence, feel that they are unable to image.

It should be pointed out to these people that imagery involves all of the sense modalities, and an athlete, who perhaps has trouble seeing an image, may feel it very strongly. The more senses you involve, the greater the impact of the imagery. It is important, however, to understand that the success of imagery procedures is determined not only by the ability to form vivid images but also by the ability to control these images. If the individual can produce vivid images but is unable to control them, he/she cannot fully utilize their effectiveness.

I use the following four basic steps when using visualization and guided imagery exercises with a client:

Hypnotic relaxation exercises, since a relaxed mind can produce clearer images;

Imagining exercises, letting the images come to the client rather than forcing them to appear;

Focusing exercises to help the client sharpen his/her inner vision and awareness and to control these images. These exercises become mental visual "workouts" that tune up the mind, clear up inner vision, and help the clients gain mastery and control over their inner images;

Body/Sensory awareness exercises, suggestions that the clients see, hear, smell, touch/feel and taste their images. Basically, the client uses all five sense modalities.

If a client claims that he/she doesn't see anything, I explain that there are basically three types of imagery: Visual, auditory and kinesthetic. Taste and smell relate to kinesthetic processing of information. I then lead clients through

the following exercise: I have them close their eyelids and listen as I say certain words. I tell them to notice if they actually see the picture in their mind's eye; hear a sound or sounds associated with the words; feel the words in their body; smell or taste the words; or think about the words but do not actually see, hear, feel or smell them. You can use almost any descriptive words like "sky, lion, egg, staircase, snow, classical music, lemon, car, walking," etc. After this part of the exercise, I have the client utilize a multi-sensory experience of each word. For example: If I were to say the word "lemon," I would continue saying something like this: "Imagine a lemon in front of you. Picture the color and texture. Now imagine holding the lemon in your hand and feeling the texture. What does it feel like? Imagine cutting the lemon with a knife and squeezing it. What does it sound like as you imagine cutting the lemon and then squeezing it? Can you smell the juice inside that lemon as you're cutting and squeezing it? What does it smell like? What does it feel like? Are there any other sounds? Is anyone watching you? Now imagine the juice flowing out of the lemon. What does it look like? Can you feel it dripping? Is it making any sound? Can you almost taste that juice? Imagine sucking on that juicy, bitter, yellow lemon. How does it taste?" Once you have introduced your subject to multi-sensory experiencing, the process becomes more natural for them whenever they work with visualization and guided imagery.

Other good experiences to work with are to have your subjects imagine someone scratching a blackboard with a long fingernail. Just the thought of that creates responses in me immediately. Or have them imagine that they are standing on the roof of a forty story building, leaning over a rail watching cars and people below, and someone comes up from behind and gives them a gentle shove. Ask them what they are sensing. This may seem a little drastic, but it does create some dramatic results with someone who does not seem to experience the basic suggestions.

Although imagining ability is probably universal, some athletes still claim that they lack this ability. With these clients I use a simple yet effective procedure that I learned from Errol R. Kom. The client is directed to imagine that the therapist is a window washer contracting to clean the windows of the person's residence. In order to quote a price, the window washer must know how many windows are in-

volved. The client is asked to furnish this information. In response to this request, the client's eyes will usually turn to the side opposite the non-dominant hemisphere, which may indicate stimulation of the non-dominant hemisphere, and if the client is questioned at this point, he/she will reveal that he/she was actually counting the windows. How can one truly count the windows without visualizing them, even if the image is not clear and tends to be a mind's eye image? Yes, I know, they could touch them. But, this makes it more difficult to keep track.

Another effective method of demonstrating to clients that they are capable of producing imagery is one I learned from Dr. Shoor. He stated, "When people tell me they never see images, I ask them to imagine sexual scenes ... So far, this has resulted in no failures." Thanks to Dr. Shoor, I too, have had 100 percent results.

King Solomon, the richest person who ever lived, said, "Without a vision, the people perish". Alexander the Great had a vision to conquer the world. He ruled all of Asia. Thomas Edison had a vision for the light bulb. He invented that and so much more. Walt Disney had a vision for a massive theme park. This was realized in Disneyland. John F. Kennedy had a vision for a space program. Astronauts landed on the moon. Martin Luther King had a vision for a land where all people could be free. America thrives on its freedom. All these people were visionaries, and their visions became realities. Obviously, it would behoove us to have clear visions of what we strive for, by imaging more effectively, so let me continue

I tell clients that, although not all people can become phenomenal imagers, we all have an innate potential for imagery ability. It is not unlike an ability to paint or communicate, but not everyone can become a Picasso or a Winston Churchill. As with anything else, the proven ingredient in improving Imagery is practice.

On the other hand, neglect will eventually lead to an inability to create mental images. In his book, *Visualization: The Uses of Imagery in the Health Professions*, Earl R. Korn states: "Any system of ability that is not nurtured tends to atrophy. When we do not utilize the birthright of imagery experience, we eventually 'forget' the experience entirely."

Methods for improving vividness in imagery should include relaxed concentration, multi-modal sensory training and practice in deliberate, determined imagery. Relaxation should become common to everyone who utilizes hypnosis, and the ability to concentrate can be increased by various yoga exercises. Samuels and Samuels offer the following suggestions to help develop powers of concentration and suggest that regular practice will enable a person to hold an image for longer periods of time:

Have the person concentrate on a small object, and every time a different thought comes into mind, have him/her push that thought aside and return to the object.

Have the person count breaths and think only of the count, and if any other thoughts come in, have the person

cut them off as quickly as possible before they get a chance to unfold. Or simply allow the undesired thoughts to pass though unheeded, just as though they belonged to someone else.

I cannot overstate that imagery training should always be multi-sensory (Visual, Auditory, Kinesthetic, Gustatory, and Olfactory - VAKGO). Have the subject make an attempt to actually experience the object. The greatest effect is created when vividness is achieved in all the sense modalities. If, for example, the object to be imaged is an airplane, rather than simply focusing on the visual aspects, have the subject focus on the sound of the plane, the feeling of the seat belt, the smell of the cabin, the taste in the mouth, the feeling of the lift-off, including the increased heart rate, feelings of anxiety or exhilaration, etc.

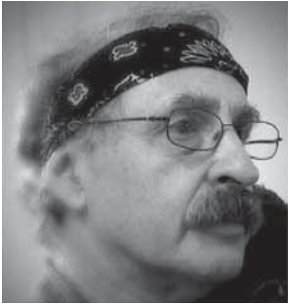
Here's another wonderful exercise that I learned from Samuels and Samuels. With their eyes closed, have the subjects image a two-dimensional object, such as a geometrical shape. Then have them repeat this process with a three-dimensional object. Next, have them visualize their childhood room, after which they are to imagine that they are doing several things in it, such as picking up items, switching the lights on and off, etc. Then have them visualize a person. Lastly, they imagine themselves as if they are looking in a mirror.

A wonderful technique that was created by Lazarus is the "blackboard technique". Have the subject image a blackboard, writing the letter "A" on it, followed by the letter "B", then "C", and so forth. The subject is to try to retain a clear image of all the letters on the board throughout the entire process, until they reach the letter "Z". Try it, it's not easy!

Still another technique is to have the client/subject close his/her eyes and imagine a dim light bulb suspended in front of him/her. While focusing on the light, the subject is to attempt to make the light get brighter and brighter until it illuminates everything, then dimmer and dimmer, followed again by brighter and brighter, etc.

One of my favorite techniques was developed by McKim. Have a person close his/her eyes and visualize a wooden cube whose sides are painted red. Then image two parallel vertical cuts through the cube, dividing it into thirds, and two more vertical cuts perpendicular to the first ones, dividing it into ninths. Next, have the person visualize two parallel, horizontal cuts through the cube, dividing it into twenty-seven cubes. Then have the person try to imagine how many cubes are red on three sides, on two sides, on one side, and how many cubes are unpainted on all sides. I don't know about you, but just thinking about this puts me into hypnosis.

Obviously, the hypnotic process will enhance any of these techniques, and often the techniques themselves will create the hypnosis since imaginative involvement is a primary ingredient.



HONORING THOSE WHO FORMED US

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.

"So I'd like to invite you to imagine, who is a part of you?" asks my friend, author and psychiatrist Dr. Lewis Mehl-Madrona. "Who formed you? Who are the beings that led to your existence today? Usually people name their parents, of course, and often their grandparents, and often their siblings. But what about important mentors, or teachers? For many people their spiritual teachers are very important..."¹

There are periods of time in my life which, when I look back, I realize were a sort of critical "nexus" - the introduction of new ideas that would form primary themes, and meeting of new people who would be major influences for many years to come. The years 1985 to 1989 was just such a juncture for me - a time of seeding and germination. Coincidentally, perhaps, right in the middle of that time frame the "Harmonic Convergence" (August 16-17, 1987) occurred - a prophecy allegedly from the Mayan calendar, predicting major global shifts.

During those years, I discovered the fields of hypnosis, transcultural shamanism, and sound healing. All three have become an integral part of the work that I do, and permeate every facet of my life. As I was reflecting back on a few of those very important teachers that I encountered, I thought it would be fitting to acknowledge and honor them. We all are always students and teachers, and we all stand on the shoulders of those who came before...

Almost 30 years ago, I began my formal studies of hypnosis with Richard A. Zarro, a brilliant hypnotist who had been practicing self-hypnosis since learning it in high school from his uncle, a dentist. Richard had used it to become a NJ state champion body builder and win a wrestling scholarship. Moving to NYC, Richard explored training in Zen, became involved in Scientology, studied quantum physics, and achieved recognition for his lithography and award-winning poetry. He and I had both moved to the Catskills in the 70's, but in the early 80's Richard had moved to California, and got further training and certification from John Grinder, one of the founders of NLP.

Richard had also been deeply influenced by the writings of Carlos Castaneda, and frequently made reference to the training and sometimes hallucinatory experiences that Castaneda had been led through by his shaman teacher, Don Juan. At the end of one of Grinder's seminars, each student

was given a specific task; Richard was told to duplicate all of Castaneda's seemingly supernatural experiences using hypnosis. In 1985 Richard moved back east and opened a practice in what he called Holographic Hypnosis. He encouraged me to join him in his practice, and offered to train me and bring me in as a junior partner.

I was transitioning - ending a 15-year career as a journalist, while preparing to begin seeing hypnosis clients. Occasionally, I would get a request from my old editor to write an article for publication in our local newspaper. In 1987, a gentleman named Joseph Rael, a Native American visionary and mystic from the Picuris Pueblo tradition, was visiting my home town, and was going to be giving some teachings. I was invited to meet, and interview him for a short article. He was a soft-spoken, humble man, who had grown up in New Mexico, on the reservation, but had gone on to get a college education, with a B.A. in Spanish, and a Masters in Political Science; so he "walked with a foot in each world".

When we met, I asked permission to record our conversation, and turned on a cassette tape recorder. Since I believed it was being recorded, I only made occasional notes. At the end of the interview I was dismayed to find that the tape machine had (apparently) turned itself off after recording less than a minute. Joseph, or Beautiful Painted Arrow (a translation of his name in Tiwa, his tribal language), explained that electronic things often went a little "haywire" around him. I did the best I could to reconstruct from my minimal notes and wrote the article.

Joseph was to become a major teacher of mine, but, as is often the case, we don't realize these things right away. Later that week, after the newspaper published my article, I attended his public talk, which consisted of him telling some captivating traditional Picuris children's stories. They were filled with surreal imagery, and fantastic creatures, like "Magpie Tail Boy", and "The Nostril Twins". I was curious, and when he returned the following year, I attended another talk, and a weekend of teachings.

There was something very different about the way Joseph taught; yes, his words were in English, but the way he used language was almost as if he were continuously speaking in poetry, rather than prose. Stories were interwoven with other stories - a stream of images and extensive use

of metaphor... it was fascinating and each time I attended one of his teachings I left feeling slightly befuddled, but definitely uplifted.

However, when I attempted to describe what he taught to others, it was almost impossible. "It was something about light... and sound..." I would begin, and then be at a loss to continue. As he returned once or twice a year for the next several years, I was more and more intrigued. Each time I vowed that I would pay attention and be able to re-iterate his teachings; and each time the same thing would happen. Simultaneously, I was learning about the work of Dr. Milton Erickson, and how he pioneered the use of story to induce trance and to make suggestions. Erickson was also famous for liberally introducing confusion into his communications. And Joseph's communications were often confusing.

In explaining Dr. Erickson's use of confusion, Ronald Havens² says "*Erickson noticed that few things capture attention more effectively than confusion. Perhaps because people are so highly dependent upon their ability to decipher the meaning of stimuli in order to decide how to respond appropriately, confusion or a lack of understanding is a startling and disarming event. When confused, people become dumbfounded and their awareness withdraws inward in a search for understanding or escape... Please note that confusion is not the same as misunderstanding, or believing that the speaker is not making sense. Confusion, or lack of understanding, leaves the mind open and searching for the missing meaning, whereas misunderstanding closes the mind upon a wrong meaning.*"

Joseph's oral teachings are reflected in his writings. Here's something from "Being and Vibration", published in 1993. I invite you to read the paragraph below to yourself, slowly, as if it were part of a hypnotic induction:

"In my research with vibration, I was also learning that the forms of the plate or the cup or the spoon are profound metaphors. One of the aspects of the spoon's vibration means beauty, so when we use the spoon to eat, what we are doing is feeding beauty into ourselves.

And the plate is the symbol of the slice of life that allows us to go beyond time into timeless awareness. When we eat out of the plate we are eating food that on an energetic level has been fused with the plate's energy of timeless awareness. Hence, we can say we are feeding beauty and timeless awareness into ourselves. The table on which the plate is sitting vibrates as the metaphor for the plane of goodness. The plane of goodness is where God's plan for us sits. Therefore, the act of sitting down at the table to eat is profound spiritual ceremony in itself.

Whether we sit down at a kitchen table or eat at a desk, we are being fed by our inner plane of goodness. We are manifesting some good effort out of what we do with our time."³

Contrast this with Erickson, "*Finally, a clear-cut, definitive, easily-grasped and understood statement is uttered*

and the striving subject seizes upon it." Joseph's language patterns are filled with nominalizations and unusual metaphoric imagery. What can the average American make of a statement like "*One of the aspects of the spoon's vibration means beauty*"? Or "*The table on which the plate is sitting vibrates as the metaphor for the plane of goodness*"? They are lovely, enchanting, confusing, and trance-inducing phrases.

And we are left at the end with a very clear-cut, easily grasped and understood statement: "*We are manifesting some good effort out of what we do with our time*" After several years I had formed a friendship with Joseph and had come to regard him as a significant teacher. Feeling comfortable enough to ask, at one point I inquired directly, "Joseph, did you ever study hypnosis?" "Oh sure," he replied, smiling.

From spending weekends in circle with Joseph, I also learned about the value of ceremony. Properly conducted, traditional ceremonies have long been acknowledged throughout the world, as a way of inducing trance, and aligning the consciousness of a community. I had two parallel realities developing side by side, which mirrored each other in some fascinating ways. Monday to Friday, I was in the office with Richard, in my tie and jacket, helping clients enter trance for purposes of weight loss, stress management, overcoming phobias, increased confidence, smoking cessation, etc. In that context I utilized primarily "overt verbal" inductions.

Friday night through Sunday, when Joseph was in town, I was learning about what Michael Harner, in his book, *The Way of the Shaman*, refers to as SSC - Shamanic States of Consciousness. Joseph taught us methods of entering hypnotic states utilizing chanting, drumming, and dancing... what would be referred to in hypnosis trainings as primarily "nonverbal" inductions. But he also excelled at verbal inductions. Followers of Erickson have identified some of what Erickson did so brilliantly and seemingly effortlessly, as "conversational hypnosis". With Joseph it was often the case that he would be talking to us - just, sort of lecturing, and without mentioning words like "trance" or "hypnosis" or "unconscious", he would lead a group into a completely altered state or group trance.

Joseph's world was different than almost anyone else I had ever spent time with for other reasons, as well. The linguist Benjamin Whorf, who worked with Hopi, pointed out that due to linguistic differences in grammar and usage, speakers of different languages conceptualize and experience the world differently. Tiwa, the language Joseph spoke as a child in New Mexico, is a language of doing - primarily verbs. As he was teaching us concepts from the mystic traditions of the Picuris Pueblo, he was constantly doing his best to translate actions to objects... and the results were a sort of weird, mind-bending poetic mash-up.

Also, In the shamanic reality, everything is alive. There is no such thing as an "inanimate object". To read about this in a book, or talk about it is one thing; but to be drawn

into the world through the transmission of a powerful teacher's perceptions, is a transformational experience. Like a true master hypnotist, gently, respectfully and gracefully brought his students/clients into states of expanded consciousness, of awareness of greater potentials.

Joseph continued to visit my community in the Mid-Hudson valley of NY for over a decade, as he travelled around the world, sharing his visions and his teachings. Finally, he retired from traveling, and for those who were interested, offered "Mystery School" teachings once or twice a year in New Mexico. I was fortunate enough to attend several of those. Devoted students would travel from Scandinavia, Australia, Europe and North and South America to spend a few days with this amazing man.

In 2007, with about 50 of us gathered in a circle, in a large conference room, he looked around and smiled lovingly, and said, "I see many familiar friendly faces here. How many of you have been studying with me for 5 years?" A number of hands went up. "Ten years?" More hands. "Fifteen years?" A few more hands. "Twenty years or more?" I proudly raised my hand along with several other long-time students. He chuckled and said, "Well, you should have 'gotten' this stuff by now. I'm not doing this anymore."

And it was, other than a very rare appearance last April at The Ghost Ranch, perhaps the final group teaching that was given. Like a responsible mother-bird, he kicked the little birds out of the nest so they could learn to fly on their own. Saying he had work to do with his tribe, he went more or less into retreat. He continues to paint, and to write and publish books. Perhaps some day he will return to share some of his light with us in public. Until then, I continue to practice and teach what I learned from him (yes, after 20 years I could finally remember some things!)

Once, in the early 90's, I was asked to lead some purification ceremonies, and was concerned about not having had adequate training. I approached Joseph and asked his advice. He thought for a moment and then said, "As long as you don't pretend to be anyone you're not, or know anything you don't, you'll be okay". These wise words still reverberate in my head and continue to guide my life.

¹The Spirit of Healing 3, 6CD set, 1 published by Sounds True

² *The Wisdom of Milton H. Erickson, Vol I - Hypnosis & Hypnotherapy*, Irvington Publishers

³ *Being & Vibration*, by Joseph Rael and Mary Elizabeth Marlow, Council Oak Books, 1993

"I listened to the conference call last night and it was great! Thank you!"

Cheri McKenzie, Georgetown, KY

"I am a member of the largest hypnosis organization currently focusing on hypnosis and health care in the world. This is impressive indeed!"

Michele Skaletski Boyd, Olney, MT

Perish: The Thought

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Researchers on the life of Calment believe that her sense of humor and her immunity to, or ability to deal with, stress contributed to her remarkable lifespan. Calment believed it was laughter in her life and about her life that helped her maintain that long hold on life. She said "Always keep your smile. That's how I explain my long life." "I never wear mascara, I laugh until I cry too often." And "I think I will die laughing." She also laughed at herself and laughed off adversity: "I see badly, I hear badly and I feel bad, but everything's fine." "I have legs of iron, but to tell you the truth, they're starting to rust and buckle a bit." And at age 104 said "I've only ever had one wrinkle, and I'm sitting on it."

Laughter, protection from disease and relief from stress all seem to have a beneficial effect on the prospects of a long life under uninterrupted ideal circumstances. Yet they have little or no effect on a life cut short by accident, violence or other tragedy. And in all situations, and with every death comes stress – and grief.

Grief is our normal, natural and necessary response to the emotional impact someone's death has upon us. Some regard it as an emotion in and of itself. Some view it as a complex of emotional issues. In any case, it is a uniquely personal process that each of us are bound to experience probably several times in our lives. It can be delayed yet it cannot be denied. Depending on what you read or who you listen to, it is categorized by a number of stages that may include shock, numbness, panic, denial, anger, irritability, resentment, confusion, fatigue, withdrawal, bitterness, fear, etc. I believe that there are only two general aspects of grief that need be of concern to anyone going through it or helping another through it: Dealing and Healing. Dealing with whatever characteristics present themselves in an appropriate manner and: Healing by readjusting, accepting and getting on with living. If you are helping someone through grief, whether personally or professionally, remember that the most important thing is to listen and allow your friend or client to express their emotion. Talk and tears are expected and healthy. Being there is more important than anything you can say.

Since high school, I have relied on a proverb, purportedly from India, for inspiration and motivation in my daily life as well as comfort and solace in times of grief. It confirms to me that we are all blessed from birth with both the ability and the need to express our deepest of emotions through laughing and crying. The saying goes something like this: "The day you were born, everyone was happy, everybody was laughing, and, you cried alone. Make your life such that in your last hour all others weep and you alone are without a tear to shed. Then shall you calmly face death whenever it comes."



THE ESSENCE OF ART HYPNOTHERAPY: WHAT IT HAS TO OFFER IN TREATING CHILDREN WITH EMOTIONAL DISTURBANCE

By Noel Kok Hwee Chia & Wolff Von Auer

Noel Chia Kok Hwee, a registered counselor with the Australian Institute of Professional Counselors, is an assistant professor with the Early Childhood & Special Education Academic Group at the Nation-

al Institute of Education, Nanyang Technological University, Singapore. He is a member of and certified specialty trainer with the International Association of Counselors & Therapists (IACT). He also sits on the IACT/IMDHA Educational Standards Collaborative Committee. He is the first and former group leader of the IACT-Singapore Chapter.

Wolff von Auer, a registered counselor with the Singapore Association of Counselors, is the managing director of the Counseling & Hypnotherapy Hub, Singapore. He is a member of the International Mental & Dental Hypnotherapy Association (IMDHA). A popular public speaker in Singapore, Wolff is the current group leader of the IACT-Singapore Chapter.



Everyone of us at anytime of the day can be thrown off balance if we meet negative events such as an accident, work-related stress, dismissal from job, a sudden demise of a loved one, relationship break-up, or even if events are positive, such as emigration, wedding day or move of house ... the list can be endless. Such happenings may (though may not always) result in some form of emotional disturbance, whose degree of severity varies. However, such affective challenges do not happen only to adults. Today, children also do experience emotional disturbances as a result of separation or examination anxiety, for example. Many of them are seeking professional help from counselors, therapists, psychologists and psychiatrists.

In this article, we hope to share our experience with fellow professionals and interested readers how we can go about working with such children through their drawings and hypnotherapy over several sessions of treatment.

What is emotional disturbance?

Under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004), emotional disturbance has been identified as one of the 12 disability categories. The term refers to a condition, which over a long period of time, shows a marked degree of severity that impacts on a child's performance in terms of learning, building or maintaining interpersonal relationships with others, behaving inappropriately, exhibiting pervasive negative mood and developing physical symptoms of fear associated with personal or school-related problems. Although emotional disturbance does include schizophrenia, this does not apply to socially maladjusted children until they are formally diagnosed with an emotional disturbance.

What is hypnotherapy and how it works

The use of hypnotherapy goes back to the 18th century. Initially it was applied as a substitute for anesthesia. Until the 1960s very few reports appeared about hypnotherapy with children. This changed dramatically in the 1970s. Today, (pediatric) health professionals offer hypnotherapy for treating a variety of emotional disturbances and problem behaviors. The reason for this is that hypnosis is an excellent method to exploit children's propensity to imagine and fantasize; hence it can be used to tailor therapy to the needs of the children. At what age can a child be hypnotized? At any age - as long as the child has the ability to understand what is communicated and the ability to respond to hypnotic interventions.

In fact most children naturally shift in and out of (self-) hypnosis, particularly when they are engaged and absorbed in playing activities. In other words, younger children often lack distinct boundaries between fantasy and reality and therefore frequently toggle between these two "worlds". We have termed this transitional condition *phantasmagoria*.

We define hypnosis - including hypnosis-like therapy (waking hypnosis) - as focused attention and an altered state of awareness and as a state of enhanced suggestibility. With children, however, we employ a more profane language and generally avoid the mentioned terms including hypnosis (Children often do not like to be asked to "sleep"). Instead we are inviting them to pretend, to imagine, to day dream, to undertake experiments in a playful manner with the therapeutic aim to get rid of 'emotional disturbances' (e.g., anxiety and anger). Thus, the key ingredient for a successful hypnotherapy with young children is the knowledge of the child's favorite leisure activities. With this knowledge any

hypnotist only needs to invite the child to employ a playful mind during the session. The focus then shifts from being viewed simply as a "troubled kid" to being a unique blossoming child, which can overcome childhood disturbances.

Why art and how it complements hypnotherapy

Art making is an innate human tendency. Contemporary writers and professionals from art therapy and other disciplines such as psychology, counseling and hypnotherapy continue to explore the notion of art practice for the purpose of personal exploration and growth (Moon, 2002) and to re-evaluate the traditional boundaries between personal and public art (Vick, 2000).

In this article, we use the word *art* (more correctly, *arts*) as a generic term to cover a wide creative field of arts including narrative story-telling, drawing and painting, sculpturing, skit or role-playing, journal writing and the list of creative activities can go on. However, because of space constraint, we have decided to focus on single human figure drawing (SHFD) here.

According to Kuan (2011) and Rubin (2010), art is a fantastic medium that can be used in hypnotherapy (or other form of therapy) for two reasons: firstly, it builds our understanding (assessment and evaluation) of our client with emotional disturbance, and secondly, it provides help (therapy and personal reflection) to the client. It is intrinsically healing for many reasons: "discharging tension, experiencing freedom with discipline, representing forbidden thoughts and feelings, visualizing the invisible and expressing ideas that are hard or impossible to put into words" (Kuan, 2011, p.1).

Children easily get absorbed in metaphors, stories and playful activities and positively respond to appropriate hypnotic communication. Consequently a variety of approaches like creative therapies such as drawing and sculpturing and didactic techniques like suggestopedia can be employed within hypnotherapy. It is quite easy to absorb a child's attention in artwork (= focused attention), and at this very moment, they are highly receptive to suggestions that fit into their own worlds. Therapeutic utensils like art materials (crayons and paper) and sand trays can help to assist subconscious changes and open up useful inner resources for necessary psychological changes. While the child in his subconscious mind is drawing on a piece of canvas during hypnosis or in 'waking hypnosis' in a sand tray, the therapist can sprinkle direct and indirect suggestions, to help alleviate the child's emotional disturbances. Of course suggestions need not be only verbal - they also can take place at any sensory level.

The use of various art tools (e.g., crayon, paint, color pencils) is comparable to ideomotor movements, which are important signals of a child client in hypnosis. These signals give meaning to a drawing, its colors and the inner emotional and mental state of the child. One could easily state that hypnotherapy utilizes key elements of suggestopedia, which include a sensory learning environment, a positive

expectation of the (therapeutic) outcome and the use of varied range of methods: art work, stories, fantasies, pretend games, music. The term *suggestopedia* derives from suggestion and pedagogy. Indeed, every hypnotherapy session is also about the art of teaching what we also call pedagogy. It is about how to best craft subtle suggestions and how to word positive acceptable instructions to the benefit of the child. Hence, the degree of responsiveness to this "hypno-teaching approach" is a good indicator whether the child effectively can deal with the problem at hand.

Procedure in art hypnotherapy

Having worked with many cases on emotional disturbance, we would like to recommend the following steps that can be taken or modified when working through the case using art and hypnotherapy:

Step 1: Administration of the Draw-A-Person: Screening Procedure for Emotional Disturbance or DAP:SPED for short (Naglieri, McNeish, & Bardos, 1991). This is "a screening measure to aid in identification of children and adolescents who may have emotional or, as termed by some, behavioral disorders" (Naglieri et al., 1991, p.3). There are three reasons why we have decided to use DAP:SPED as our measure: firstly, "[U]nlike other assessment procedures, such as psychometric tests, drawing requires little or no training for the client or for the psychologist to administer" Bekhit, Thomas, & Jolley, 2005, p.205); secondly, the user-friendly DAP:SPED manual provides the basic training on how to administer the measure; and thirdly, the scoring of the measure involves only three steps: (1) compute the drawer's chronological age, (2) add the raw scores for the three HFDs to obtain the DAP:SPED total raw score, and (3) convert the DAP total raw score to a standard score using the appropriate table provided in the manual by age (6-8, 9-12, 13-17 years) and gender. There are three possible indications basing on the DAP:SPED standard score: (1) if it is less than 55, there is no possibility of emotional disturbance; (2) if it is between 55 and 65, it is indicative and a further assessment is needed to confirm the presence of emotional disturbance; and (3) if it is above 65, this is strongly indicative of emotional disturbance.

Step 2: Conducting of a series of hypnotherapy sessions; during each session, the child client will be engaged in drawing and colouring several single human figures (or other schemata such as house, family, and tree): father, mother, sibling(s), friend(s), and him/herself. Each of these drawings are evaluated using the objective scoring system of the Koppitz Test (Koppitz, 1968), which assesses a child's current emotional state from a SHFD (Bekhit, Thomas, & Jolley, 2005).

Step 3: Re-administration of the DAP:SPED and compare the results with the previous results obtained in Step 1. If the DAP:SPED standard score has fallen from the previous results obtained in Step 1, this suggests that the client's

condition has improved. However, if the standard score has gone up, it means that the client's condition either has not improved or, in fact, has worsened. If this is the case, it is better for the client to be seen by a counseling psychologist or be referred directly to a psychiatrist. In such a situation, we must learn to accept things we are unable to change or do much to help and to have the courage to change things that we can, and the wisdom to know the difference between the two. More importantly, we must do what we think is best for the client and then think how to do our best for him/her.

Conclusion

The essence of art hypnotherapy that we have discussed in this article can be divided into two parts: diagnostic and dialogic. In the former, SHFD is used as a qualitative aid to identify specific issues of concern, to supply evidence of emotional disturbance, and to study children with a condition (Harris, 1963). It can also provide a very general idea of the level of emotional adjustment of children (Anastasi & Urbina, 1997). The latter concerns using SHFD to facilitate the discussion of the client's thoughts and feelings. This can be very useful where the client provides information about a traumatic event experienced. According to Veltman and Browne (2002), the extensive use of SHFD to assess maltreatment and neglect of children can help them to recall important events. It is also an essential tool for assessing (Peterson & Hardin, 1997) and accessing traumatic memories (Burgess & Hartman, 1993).

In conclusion it can be said that the use of hypnotherapy as an adjunct to arts or creative therapy or vice versa is useful and effective when we are working with children and adults in managing or drastically reducing their emotional disturbances.

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KNOWING

By Jennifer K. Chong and Dennis K. 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.

In the vernacular, it is asserted that:

This world thinks by Cause and Effect.

That is to say that every human being thinks within the Aristotelian system of Cause and Effect, $A, C \Rightarrow E, y \Rightarrow x$. It is the intrinsic power of this system, $A, C \Rightarrow E, y \Rightarrow x$ to automatically imbue the person who thinks by it:

to know with certainty that he is RIGHT in all things that he says.

This is based on the absolute surety of the relationship between an antecedent named: THE CAUSE and its following EFFECT. It was for this that in ancient times an indeterminate sequence of CAUSES and their EFFECTS was seen to be so solid in their interconnectedness that FATE was deemed to be founded upon it.

We now wonder if we may respectfully ask you to pause for a moment; and as you do so, could you please reflect and think of how true-to-personal-experience in which you were at a cocktail party. At this event you had an indefinite number of conversational exchanges. Whatever they were did you at any point suddenly think:

WHOA! I am WRONG, WRONG WRONG, WRONG, WRONG to think or to feel or to speak this?

At that moment, in your thinking, feeling and speaking, you were THE CAUSE of whatever might be the ENSUING EFFECT. Could you, in the context of the polite society of the cocktail party, deliberately and intentionally say THE WRONG THING? As a matter of fact across the span of your life, has it ever happened to you that you would set out to deliberately and intentionally say THE WRONG THING? The evidence is that what we say is right at that moment in time. By the power of Aristotelian system of Cause and Effect, $A, C \Rightarrow E, y \Rightarrow x$, we live the default assumption that in any context:

We are ALWAYS RIGHT with respect to what we think, feel, say and do.

However, for a true philosopher, a logician, an Epiepis-

temologist or a simple NSP soul, a.k.a. an intellectual *sans culottes*, such a default assumption, unfortunately, cannot stand as sometimes the information is not true-to-fact or accurate-to-fact. In reality, what we have said above is something that is true-to-fact in life. It is for this, that it amazes us that there are persons who can hold forth to dominate a social gathering, a dinner party, an English tea and so forth. They go on and on uttering what they assert, utterly confident in the rectitude and accuracy of what they say. The only grace of redemption is if the person is a witty *bon viveur*.

Therefore, at the back of whatever we say or do is the critical and significant question:

How do you know that you are RIGHT?

And to the back of the above is the meta question:

How do you know, what you know?

Now please pause and ask yourself the above question. Did you get the answer? Can you please ask someone to check if your answer is indeed accurate-to-fact?

So what is this paper about? This paper is about the fact, that in life:

1. There are things we know that we know.
2. Then there are things that we think we know, but really we don't know.
3. Then there are the things we do not really know, but think we do know.
4. Then, there are things we think we do not know, but in fact we do know.
5. Then there is the whole lot of things we do not know.

Based on this:

Do we really know everything?

And whatever it is we do know, is it ALWAYS RIGHT?

In wisdom:

Is prudence and caution and above all SILENCE.

USING HYPNOSIS TO HELP AN OPIATE DEPENDENT 79-YEAR OLD MAN LESSEN HIS HEADACHES: A CASE REPORT

By Bruce N. Eimer
Part 1

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.



Hypnosis is the oldest effective drug-free remedy for chronic pain. Its low risk to benefit ratio make it a no-brainer as a first line of treatment for properly medically diagnosed persistent pain. Unfortunately, it is often a treatment of last resort. But as the old saying goes, “better late than never”. What follows is a brief case report of how I used hypnosis to help a depressed 79 year old man in our comprehensive pain program find a better way out of chronic pain.

The approach and the hypnotic technique summarized here are described in more detail in my books, *Pain Management Psychotherapy* (Eimer & Freeman, 1998) and *Hypnotize Yourself Out of Pain Now* (Eimer, 2007), in my two-day workshop, *Hypnotherapy for Pain Management* to be conducted as a Pre-convention Workshop at the 2015 Annual IMDHA Convention in Daytona Beach, Florida, May 13-14, 2015.

Case Background

This patient was a pleasant 79 year old divorced Caucasian male who came with his ex-wife. They were married for 26 years and then they divorced. He moved to Louisiana and got re-married and was married 20 years. He got divorced from his second wife and then he moved back to the area. He was retired at that point. He bought a house and after a while, the headaches started. The pain was of the sub-occipital type. And then his ex-wife came running back and forth trying to help him out.

They had kept in contact after their divorce for the sake of their special needs son who lives at a residential placement and their divorced daughter who lived nearby with her three children. He was referred to us by his Primary Care Physician, or PCP. The patient was referred to me at the Crozer Comprehensive Pain Center to evaluate his psychological appropriateness for opiate pain medication treatment as well as for alternative forms of medical pain management of his persistent sub-occipital pain. He also stated that he got frontal headaches once in a while.

The patient had a sub-occipital nerve stimulator implanted at which had not worked. He had been on opiates

for about two years. The patient stated the problem began around four years ago and he could associate nothing with the headache’s origins. He also had a series of occipital nerve blocks performed by the Director of our pain center who is a pain management anesthesiologist. He stated they did not provide relief.

The patient reported he had been taking Morphine Continuous release in the form of Avinza 30mg qd, and occasionally Oxycodone 5mg qd prn both prescribed by his PCP. The patient stated he thinks they helped some. The patient was switched by our Pain management physician to Oxycotin 20 mg bid and Morphine Sulfate IR 10mg qid. He stated that sometimes they worked and sometimes they did not, but he had no way to know why. The patient reported he was also taking Cymbalta which he stated did not seem to help.

He admitted to being depressed. He smoked a pack of cigarettes a day, and admitted to drinking wine once in a while. He denied ever having D&A or mental health problems. He reported the pain problem was very disruptive of his life.

This patient was a colon and prostate cancer survivor. He was driven to the clinic by his ex-wife with whom he now lived who took care of him. This patient was retired about 14 years and had been a vending machine salesman.

On his third visit, for which we had agreed to do hypnosis, I greeted him in the waiting room where he sat with his right hand on his forehead looking agitated and in pain. His caregiver and ex-wife (one and the same person) sat next to him. I had already given him my hypnosis pre-talk and done my initial psychological intake and work-up.

Structure and flow of the hypnotic analgesia session

An annotated trance-script of the hypnotic analgesia session is provided below. The annotations mark the structure of the session. The flow transcribed below was as follows: Doing a brief Pre-talk, conducting a Naturalistic and Permissive Trance Induction using Pacing and Leading, Getting Permission to proceed, Utilization and Eliciting a “Yes

Set", Leading and Linking pleasant and comforting experiences, Suggesting and Asking for an Ideomotor Response for ratifying hypnotic phenomena, Direct but Permissive suggestions in hypnosis, Linking hypnotic responsiveness to motivation, Pain relief imagery, Linking pleasant experiences, Setting Expectancy that Counting will Deepen Comfort, Counting to deepen comfort, Ratifying Trance State Analgesia, Anchoring Comfort State with a Neutral Idea, Post-hypnotic suggestions for waking analgesia, Partial re-alerting, Post-hypnotic suggestion, Reinforcing suggestions for post-hypnotic analgesia, Overt Convincers, Ratifying trance experience of analgesia, Post Hypnotic Imprinting, Re-direction, Fractionation, Post-hypnotic suggestion, Re-alerting and post hypnotic suggestions with post-hypnotic cue card.

In my office, we began the session with some "small talk". I commented on how uncomfortable he looked in the waiting room (out there). I suggested we could do something "right now" to help him feel more comfortable. He liked that idea! He described to me that the pain was mostly pressing against the back of his head. He was sitting in a chair with the fingertips of his right hand pressed against the right part of his forehead. I obtained his consent to do some hypnosis with him. The transcript of the rest of the session follows:

Session Trance-script

BNE: You are sitting here right now. You are breathing as you listen to me, and your head is resting on your hand as you are looking at me and you're holding onto your cane. I'd like to invite you right now to just close your eyes for a few minutes so that I can help you to distract yourself from the discomfort so you can get more comfortable as I suggest some ways that the two of us can work together to help you find greater comfort. (*pacing and leading*)

PT: Closes his eyes.

BNE: What we will be doing together will come naturally to you once you experience it today and every time that you just do a couple things I'm going to suggest that you do when you're on your own at home. All right. So if that is all right with you, kindly let me know by nodding your head. (*Get permission*)

PT: Nods.

BNE: Okay then what I'd like to suggest is that you, just for a moment, just notice the feeling of your right fingertips on your forehead. Just concentrate on the feeling of your fingertips on your forehead. Do you notice that you feel your fingers on your forehead? (*Utilization*)

PT: Yes.

BNE: Good. Can you imagine what it would feel like if you could feel the normal circulation of the blood in that right hand into those fingertips? And if your forehead was more sensitive, it would notice the sensation of those fingers of your right hand pulsing as the blood flows normally into your finger tips. Just nod your head if you can imagine

right now, just imagine that you are noticing the pulsing in your fingertips... (*Eliciting a "yes set"*)

PT: Nods.

BNE: In fact, perhaps you can send some warmth into that area. If you focus on that pulsing, what will happen is - those normal sensations will begin to spread into your forehead and that pulsing will become more noticeable. Now there's no need to try and make this happen because it is happening naturally. It's natural. Simply notice what you are aware of and when you're aware of that pulsing, let more warming sensation flow into your forehead, and feel the warming in that area where your head is touching your hand, good. And signal with a little tap of your index finger when you feel that warmth. (*Leading and linking pleasant and comforting experiences and asking for an ideomotor response*)

PT: Signals.

BNE: Great. Now what I really would like to invite you to experience is your own ability to take something in your mind and make it happen in your body. So, you can think about, or just imagine that you can make your forehead begin to feel cool... like a cool damp compress is being applied to your forehead... And just imagine you are applying that cool damp compress against your forehead so that the warmth you were feeling becomes less and less and the coolness becomes more and more, and when you're aware that you can imagine the coolness increasing, and your forehead begins to feel cooler, just let me know by just nodding your head.... (*Direct but permissive suggestions in hypnosis*)

PT: Nods.

BNE: Because you know that will help you to begin to relax enough to begin to notice a way out of the pain. (*Linking to Motivation*)

BNE: That's great. Now remember that the coolness in your forehead is something that you can reproduce on your own, simply by imagining that your head is actually sitting in a big block of ice which is very cool and in fact, very cold and damp. In fact, notice there's a hole in the ice so that it allows you to breathe. There's a hole for your nose and one for your mouth and one for your eyes.... It's almost like a big donut made of ice and your head is in there and the donut is around the top of your head and as you just think about that, just let your head feel cooler and cooler and more comfortable And you can just notice that, and be aware of how cool and even numb your forehead is beginning to feel, more and more cool and numb and comfortable... And when you feel the increasing coolness and wetness and numbness, take your right hand away from your head and let your head just rest... and that block of ice is great to rest your head on. (*Pain relief imagery*)

PT: Removes hand and places on lap.

BNE: Let your head rest on that ice cold donut where it's

Continued on page 15

WORDS FROM THE FIELD

By Michael Ellner



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

Update

In my last column, I reported that the NV Psychology Board had issued cease-and-desist (C&D) letters to certified hypnosis, NLP, chiropractic and biofeedback practitioners in Nevada. Their action was based on their new interpretation of an existing law (NRS Chapter 461) that was adopted at the Board's Jan. 2014 meeting: "If a person is practicing hypnosis for entertainment purposes only that is allowed, however practicing hypnotherapy to help make a behavior change falls under the scope of psychology and is against the law"

Everyone concerned was waiting for the NV Attorney General to decide if the Board's new interpretation of the law was actually lawful. We are still waiting, but there has been a very interesting development. I recently learned that the Psychology Board has notified the Chiropractic Physicians Board (CPB) that it has reconsidered its position, but as far as I can tell local NV hypnotists and the hypnosis organizations that have been in contact with the Psychology Board and Attorney General have not received any indication that the Psychology Board has reconsidered its position concerning hypnosis practitioners that are not also licensed health care providers. Meanwhile, in what I consider a related situation, the U.S. Supreme Court recently agreed with the Federal Trade Commission (FTC) and found that the cease and desist letters sent by the North Carolina State Board of Dental Examiners to unlicensed teeth-whiteners was anticompetitive under the Federal Trade Commission Act. I feel this decision may very well stop state psychology and medical licensing boards from trying to regulate hypnosis as a way of eliminating competition in their tracks. I will update you on any new developments in my next column.

Out in the field

I recently received a surprising and delightful belated Valentine. I had been invited to submit articles to a new Alternative Health website called "Curejoy". I was listening to the radio and considering potential topics when the old Beatle's song "All the Lonely People" came on. I was immediately reminded that Valentine's Day is often especially

painful for people who are alone as I was enjoying the song and Wham! - I had a topic. The article kind of wrote itself. The words flowed through me as if I was channelling them. I submitted the article and the CureJoy editors loved it. I was told my article was scheduled to be published on-line on or before Valentine's Day. I was pleased thinking that my article had the potential to make someone's Valentine's Day a bit happier. I was kind of bummed when I learned that there was a screw up and my article was actually published on the Monday after Valentine's Day.

Imagine my delight when I received the following feedback from CureJoy the following week: "Your article Putting Your Heart Into Valentine's Day" was very engaging and did really well in our community. It was read by 2000 readers and shared 223 times in social media. It will get further coverage in this week's newsletter as well."

I am sharing the article here because today is as good as any day for being on the lookout for anyone who might benefit from your reaching out to them with kindness. You will lift their spirits, improve their mood and help them have a better day and it's good for you too!

Putting Your Heart Into Valentine's Day

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People tend to forget or are simply unaware that for many people, Valentine's Day is one of the loneliest, saddest and painful days of the year. My pointing this out is not intended to be a bummer. I want lovers of all ages to enjoy every minute of Valentine's Day and I want to expose you to the many benefits of reaching out and touching someone whose spirit might be lifted by a hug, a smile and a few kind words on Valentine's Day, 2015.

Please, take a moment and think about it... Has someone you know lost a loved one or a relationship, lost a pet or something that they really loved or felt they needed? I ask because that person may be feeling extra sad, lonely and isolated and be in pain on Valentine's Day.

Reaching out to them is really a win-win for everyone involved because that person is getting needed attention

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“STAYING IN SCOPE OF PRACTICE:” THE CPAP LESSON

By Larry Elman
Part 1 of 2

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.

All good hypnosis Certification training includes a lesson on the legal and ethical limitations of our profession. While the details of the restrictions vary from state to state, some common generalities are always made, of which the primary one is “Never violate the border between hypnosis and a separately licensed adjoining profession.” That, put in a less dignified manner is “Don’t Play Doctor”.... or “Psychiatrist”....or “Psychologist.” This article will discuss that problem, first using simple examples which most of us should be aware of but may need review. After that, we will consider an unusual example that is intended to highlight how complex your decisions in odd cases might have to be.

Sometimes the commandment to remain “In Scope of Practice” may be quite clear. Do not tell a client to vary the prescription medications of the physician – that is both illegal and clearly beyond your training and expertise. Do not give psychological diagnoses – again, illegal and beyond your abilities. Do not give a specific diet – you are not a licensed dietician. And possibly most important, do not use medical terminology where the use of the words can place you in jeopardy. The commonest example is that we may “relieve fears” but we may not “treat phobias.” From the viewpoint of hypnotic techniques, the two are often identical. If a person already has an existing diagnosis by a physician which states “phobia,” you may not touch that case without medical supervision.

A less clear example may be anesthesia when NOT directed by a licensed medical professional. Many hypnosis instructors advise to never do this, and cannot understand why a good course in hypnosis DOES include pain control. Relieving pain is clearly a medical task. Always? “Well, maybe not always...” Would you relieve a simple headache which you believe was created by a “hypnotic hang-over” upon an emergence? Clearly you should and probably would.

Would you relieve a series of repeating headaches? I probably would NOT because I don’t know whether a brain tumor or other serious problem is involved. Would you teach your child to use self-hypnosis for minor ailments

which might include a skinned knee or bruised arm? Most hypnosis trained parents would. Where do you draw the line? I use a simple rule. If I would give an aspirin or apply a bandage or do some other common first aid task, I certainly would use hypnosis when applicable. If I could conceive of a soldier giving a military first-aid kit’s morphine, then I would consider hypnotic anesthesia justified. (Think arriving at an auto accident where relief until the ambulance arrives is your objective.) In most such cases, Waking Hypnosis is totally legal and advisable. (I may write a separate paper on the how and why of that. After all, that skill is taught – but under a different name – to most military personnel assigned to a combat zone, particularly to those involved in casualty evacuation.)

Would I use hypnotic anesthesia for longer periods? My wife had such a case. A friend began feeling severe pain which she knew was from an ailment of an organ which was under treatment by her physician. He had specifically told her to NOT allow our local Emergency Room to treat her using their standard antibiotics because that had led to hospitalization in the past. This was a holiday weekend and that doctor was out of town. My wife gave the lady hypnotic anesthesia with the anesthesia to come off some time BEFORE the visit to the doctor when he returned. The only disagreement my wife and I had on that case was HOW LONG in advance of the doctor’s visit should the anesthesia disappear. I wanted a short time – why suffer? Cheryl wanted a longer time. In the end the time was chosen by the ill person and was longer in advance than either Cheryl or I would have picked. The woman was concerned because she knew that the extent and form or location of the pain was what the doctor used for his diagnosis. We could have used a shorter time and still had the anesthesia disappear before the doctor would see her, but she did not trust our “accuracy” time-wise. NEVER MASK A PAIN AS IT IS A TOOL THE DOCTOR USES. Pain is a message from the body asking for assistance or repair – you would not ignore the light on your car’s dashboard labeled “Oil” (which means “Oil Pressure is Low because the Oil is All Gone”) would you? So neither you nor your client should ignore

pain. But remember that although it is a signal, there are also times when it can or should be suppressed. Your job is to determine WHEN you can do so without need for a physician, and WHEN you cannot.

But now you get a client with a problem you have not encountered before. And there lies the rest of this tale. On a hypnosis website within a social media there was a thread involving medical hypnosis. A posting was made asking what suggestions should be used to help two persons who were on CPAPs – the person asking the question believed that shortening the time each had the mask on would help them. I at once posted that such a suggestion was clearly “Out of Scope of Practice,” dangerous, and illegal. The person next inquired as to what hypnosis could do for a CPAP user – the wording made it pretty clear to me that the same question was intended but worded so as to avoid my warning. I repeated the warning, adding that the only two items I could think of were suggestions for comfort and possibly removal of a fear of masks if that were indicated – and that in either case CPAP treatments were something that absolutely required medical supervision. Thankfully, other hypnotists chimed in supporting what I said. After another inquiry or two, the person disappeared from the thread. Later I tried to trace that person’s hypnosis training – if there were any, it was inadequate. So far as I can tell, the person was not yet in actual practice nor a member of any of the recognized hypnosis organizations. I suspect he was a Newbie who might conceivably do the entire profession a serious dis-service.

Also by that time I had written quite a bit on CPAPs on-line, and began to realize they make an ideal case for demonstrating WHY hypnotists need to tread carefully in medical areas. At the same time, we must make physicians aware of what we CAN do, for there may be areas where our support would be desirable, but which are not apparent to either the physician or the hypnotist.

Why would I be so sensitive on CPAPs? Do I even know what I am about to discuss? I have been on a CPAP (or later a BiPAP) since 1999. My wife Cheryl went on a CPAP in 2013. My daughter, currently an obstetrician, earned the money to put herself through medical school by five years in Sleep Labs (the places where CPAP diagnoses are made and where they are fitted), first as a Sleep Tech, and later as the Lab Manager. But probably of most interest is Dave Elman. His Death Certificate in December 1967 says “Heart Attack.” That Heart Attack was a side effect of Obstructive Sleep Apnea, the ailment that almost all CPAP users have. CPAPs became available in the US about three to five years after Dad died – we realized what killed him only after reviewing his medical records in light of later knowledge.

Obstructive Sleep Apnea is the ailment almost all CPAP users have. It occurs when the airway is obstructed (usually at the throat) and oxygen is cut off during sleep. In Sleep Apnea such an interruption occurs dozens of times each hour – perhaps even several times in a minute. This is

a very serious problem, which can lead to or worsen heart disease and cause:

Heart arrhythmias Heart failure
High blood pressure Stroke and even death.

That is why Sleep Apnea and CPAPs are a serious health issue which you might unexpectedly encounter in your hypnosis practice. So, yes I know something of CPAPs, and as a result I will use them to illustrate the thought processes which should go through a hypnotist’s mind when encountering a health problem not encountered before.

While you await the next installment, please bear in mind that the divide between what is “In Scope of Practice” for a hypnotist/hypnotherapist and what crosses over into “Practicing Medicine Without a License” may be subtle. Do not take chances in that realm, but seek professional guidance.

Using Hypnosis to Help an Opiate Dependent 79-Year Old Man Lessen His Headaches: A Case Report

Continued from page 12

comfortable, and just concentrate on the cold sensations being absorbed into your head from that block of ice, that donut block of ice. Isn’t that great? Just let yourself soak in the cool and comfort of that block of ice that is around and in your head, so it’s also on the back of your head, the sides of your head, and the front of your head. And the back of your head; that donut ice, it’s supporting your head and it is very easy to imagine, and once you can imagine it, you can actually feel it. It’s just very similar to seeing something that you’re very hungry to enjoy eating. A piece of food that you want to eat, maybe it’s pasta, or steak, mouthwatering, or cake, or anything you can crave right now...really satisfying and delicious, and just by looking at it, you begin to salivate. Your body responds by imagining more of it, and it satisfies you and comforts you more and more. So continue to allow your head to lean in this block of ice, this donut around your head and you can just feel that cool icy comfort penetrating into your scalp and into the back of your head, and into the muscles around your head....And I’m going to count right from 1 to 10 now. And I’m going to give you a very important suggestion. I’m going to invite you to let me increase the amount of coolness and comfort that you feel as I count from 1 to 10, and if it’s all right with you, I would like to invite you to continue to allow me to help you to increase the cool comfort in your head, as I count the numbers. So, just nod your head to let me know, just let me know, if it’s okay for me to begin counting slowly from one up to 10, and with each number I say, you will feel more comfortable. *(Linking pleasant experiences, and setting expectancy that counting will deepen comfort)*

PT: Nods.

(Part II continued in the next issue of Unlimited Human!)



PTSD COMPLICATIONS: ENTITIES AND ATTACHMENTS

By Monica Geers Dahl
Part One in a series

Monica Geers Dahl, a licensed Florida mental health intern, completed a doctorate in counseling psychology (Ed.D.) from Argosy / Sarasota in 2010 (thesis: Neurofeedback for PTSD Symptom Reduction). She has been exploring hypnosis and mind power techniques personally since 1970. Her present area of primary interest is post traumatic stress reduction (PTSD) and the use of neurofeedback to eliminate the hyperarousal issues in order to restore healthy sleep patterns. Monica Geers Dahl is a member of IMDHA and IACT and is the recipient of the 2013 IMDHA Life Fellowship Award in Hypnotherapy.

Introduction

This article will present a brief introduction to spiritual methods used in working with veterans, survivors of rape, domestic or criminal assault, accidents, and natural disaster. These strategies are useful with veterans to reduce or eliminate some of the symptoms known as Post Traumatic Stress Disorder (PTSD). The first article in this three part psychoeducational series traced my path into private practice as a hypnotherapist, the second described my entry into neurofeedback (NF) as a research clinician and a NF case study.

I have learned from veterans of WWII (German and American), the Korean and Vietnam Wars, and occasional members of other services (Canadian, Israeli, South American). I've heard ghost stories, near death and out of body experiences, meaningful coincidences, events and perceptions that stood out in service members' memories as important to their war making and present state of mind. Each taught me "what works" for them to feel better, sleep better at night, function more optimally by day.

Observing, listening, perceiving and bearing witness to an unfolding narrative, it is my job to regulate my internal state to one of relaxed well being. In that way, I establish a sacred space within which something bigger than me and the veteran / client / student can emerge within the session. If my anus goes tight, I've just shifted from a relaxed state of parasympathetic nervous system functioning, into sympathetic fight or flight. I need to reboot my nervous system, make a note in the margin of the client notes that I have stumbled across one of my own unresolved issues, things I need to address with my own therapist. I can only give my full attention, create that sacred space for organic unfolding, when I am in a relaxed state of well being. If I fail to notice what triggers my own fear / stress response, I may use an automatic silencing strategy to avoid my discomfort. Silencing is a form of client abandonment.

When I am able to self-regulate and sustain a state of relaxed well being, I have witnessed phenomenon outside of the scientific model of what it means to be human. I have borne witness to things that appear miraculous, epiphanies,

AHA experiences, spiritual emergencies, memories / spirits of the dead, dark / demonic energies, lost and fragmented souls, entities and attachments, spirits of love and healing. I know it is more polite to refer to the discarnate beings as "the visitors", I generically refer to them as "the ghosties".

Prior to my exposure to the Silva Mind Control methods, I had a school yard accident where the other children put me into a game I didn't want to join. They tossed me up in the air, my head found the concrete surface before the body did when I came down. I was unconscious for 20 minutes, and have seen things differently since then, like the moving shadows around everything that I later learned are "auras". Jose da Silva's methods gave me a language and skill set to cope with the multi-dimensional world of muses, spirit guides / helpers / healers / educators, angels and demons. Learning to move through the spiritual realms is the same as learning to move through all cultural environments, we are not alone. These entities can be viewed as thought forms, fragmented emotions, or as discrete beings unto themselves. They are similar to all other human contacts; some are pleasant, some are not. Veterans who find me are often able to reduce or resolve physical and emotional pain, restore lost memories, and resume enjoying life. I like to use what works. If these phenomenon frightened me, I wouldn't be able to do this work. I've got a defective fear gene.

I have lived my life surrounded by people who have known military service. As a daughter, sibling, and spouse to military men, I know what it is like at home. Some veterans look upon their service as a shining chapter in life, some of these high octane men and women have difficulty reintegrating into the civilian world. I am familiar with some of the patterns of behavior that set military men apart from most humans.

One of the interesting phenomenon is the desire to go invisible, lean back against anything and disappear. "If you were seen by the guards in the POW camp, it was bad . . . better to become still like a rabbit hiding in plain sight" (WWII POW). "If you don't go invisible in the jungle, the snipers will find you" (Vietnam Vet). This is not a knack lim-

ited to veterans of foreign warfare, I was out to dinner with a detective and his wife late one evening, and he dropped out of sight as we left the restaurant. I lost track of him in an empty, dark night, city street. I stood with his wife, wondering where he had gone, couldn't perceive him until he moved, detached himself from a wall and approached us. I asked, "How do you do that?" "I had to do that when I was doing surveillance, otherwise the bad guys could catch me." There appear to be skills developed by humans who specialize in warfare, both the foreign, and the criminal activities of the home nation, that transcend the skills of most humans who do not work in these arenas.

Wise Practice: Grief and Forgiveness

One of my assumptions for healing is that the practice of forgiveness is an important part of loving oneself, healing wounds. Forgive and let go. I'm not saying forget it, I'm saying forgive it. Forgive oneself and others. Some veterans refuse to forgive, "I'll never forgive Hitler." Ok. I accept that some folks are contented with their inner states, it doesn't bother them to call something like "Hitler" an evil that can never be forgiven. Some veterans struggle to forgive themselves for doing what they did, seeing what they saw, and surviving when others didn't. Sometimes we have to forgive those who died for doing what they did, saying what they said, and even for leaving us behind, alone. Leave no man behind, sure, yeah, all alone, no one to talk to.

Grief takes its own time. In the era of Achilles, the warfighters took time to grieve the dead: withdraw from war making, build the funeral pyre, place coins on the eyes to pay the boatman for passage across the River Styx into the land of the dead. Modern war fighters are not given the same organic capacity to withdraw from battle to tend to the fallen, grieve the loss. I observe ungrieved loss as a destructive influence on the human capacity to feel anything, much less compassion for another person. A loss grieved organically, in its own time, can harness the individual's power to overcome obstacles, as Achilles did when he finished grieving his loss of Patroclus during the siege of Troy.

Grief and forgiveness have a common element, I need to practice both until I am done. Both are organic. Both take their own time. I perceive refusing to forgive as a toxic I choice of self hatred. I have to practice loving myself to practice forgiveness. If I fail to forgive, it is like I am eating poison and expecting the person I refuse to forgive will die from my poison. A more realistic assessment would inform me that I might be better off adjusting my state of mind, changing my thoughts, selecting more upbeat feelings to run in my life, and seeking out the environment within which I find a goodness of fit. The best environment has a goodness of fit with my gifts, talents, skills, and desires. I'm a hedonist, a pleasure seeker. I prefer to engage with emotions that polish me up, rather than those that grind me down. I don't serve others for altruistic reasons, I do it because it feels good, there is a goodness of fit, it's usually fun, and I like it. I do it because I am so called.

Did You Know??

The Association created a FREE quiz for you to use on your own website. Are You Stressed out? A fun, easy-to-use quiz you can add to your web site - no strings attached!

Learning to listen closely, follow the calling even when it is only a whisper, or the path is hard, I have evolved into a spiritual monist. In my theistic, existential humanism, I believe we are all one within a divine presence. Taking a less Christian more Eastern perspective, there is that balance between light and dark, male and female. The polarization of knowing discussed by the pre-Socratic philosophers is still used today in qualitative research; if I hear about the mother, I remember to ask about the father. If I hear about only sorrows, I notice the absence of joys and ask about them. Polarizing thought allows us to fill in the blanks to find a fuller range of what it means to be human. In the Buddhist traditions, things are not this or that, God is present when things are this AND that. Evil is real in my world. There are aspects of my work with veterans striving for freedom from the adverse effects of symptoms known as PTSD that require a less scientific, more esoteric approach.

Words from the Field

Continued from page 13

and we also help ourselves when we help others. I know, it sounds like woo woo, but researchers have found that people who help others, feel better physically and emotionally. They also report experiencing less stress and having a generalized sense of well-being. Neuro-scientists using fMRI scans have found that just thinking about helping someone else activates the parts of our brains associated with feeling joy and releasing feel-good chemicals. How cool is that?!?

So, by all means, plan on making Valentine's Day a day to remember for you and that special someone in your life but also be on the lookout for anyone who might benefit from your reaching out to them with kindness! You will lift their spirits, improve their mood and help them have a better day and it's good for you too!

Till the next time



BILATERAL HEMISPHERIC STIMULATION (BHS)

By Aline Hoffman

Aline Hoffman, BCH, CMT, CPTT, has worked within the helping profession for over forty years as Educator, Art Therapist, School Counselor, and Hypnotherapist. She holds a BS in Art Education, MS in Counseling Psychology, 6th Year Degree in Gestalt Theory & Techniques, and an alternative Ph.D. in Behavioral Science. Hoffman is a Board Certified Hypnotherapist, Certified Master Trainer of Hypnosis, Certified Parts Therapy Trainer, and is trained in Bilateral Hemispheric Stimulation. Hoffman practices "solution oriented" hypnotherapy in Coventry, CT. She is a professional artist.

Bilateral Hemispheric Stimulation (BHS) is an effective tool for manifesting emotional health and well-being. The foundation of any approach that uses bilateral stimulation is engaging both lobes of the brain at the same time. In essence, this is what occurs during REM (rapid eye movement) sleep. As the eyes rapidly and repeatedly move left and right, the brain is processing experiences.

The following is an activity that will give you a better idea of how Bilateral Hemispheric Stimulation works. Begin by holding a ball about the size of an apple. Think about something that is causing you to feel anxious. When you feel it, notice where it is located within your body, and rate the feeling on a scale of 0 (feeling nothing) to 10 (severe discomfort). The higher the number, the more likely you will experience a change. When you have established where in your body and to what degree you have that feeling, you are ready to begin. Gently pass the ball horizontally (do not throw it) back and forth between your hands, making sure to move your hands across the vertical mid-line of your body so that you are stimulating both hemispheres of your brain at the same time. For example, as you pass the ball from your right hand to your left hand, your left hand/arm swings gently to the left as your right hand/arm swings gently just past your body's mid-line. The more rapidly you do this the better, remembering to not throw the ball. This will not work if you keep dropping the ball. Do this activity for about a minute. Stop. Take a deep breath. Notice what that number is on the scale and what is going on in your body. You might become aware that the anxiety you were feeling has diminished. Do the activity again, each time for a minute until that uncomfortable feeling is gone from your body and the scaled number is zero. (Adapted from Melissa Tiers, The Anti-anxiety Toolkit.)

One of my clients in a high stress position shared with me that this activity instantly lowers her anxiety level at work. Whenever she starts to feel stressed or anxious, she simply passes her water bottle back and forth. She taught this exercise to her employees and now gets a kick out of seeing them using fruit, keys, or whatever they have on hand to reduce stress. She describes her office as a more

comfortable and efficient place now.

When both hemispheres of the brain are activated at the same time, it becomes almost impossible to hold on to negative thinking. Check for yourself. Think of that same situation you began with. Chances are you will be unable to bring up that same level of anxiety.

We tend to experience anxiety as a sensation in our bodies, yet anxiety is a function of the brain, largely within the left hemisphere. It is understood that the left lobe is generally associated with the subconscious, which is the realm of sensing and emotions. When someone is caught up in emotions and/or their senses (visual, auditory, kinesthetic), they are operating primarily from this part of their brain.

Although we often think of external experiences being the cause of our anxieties, it is really our internal perception of and reaction to those experiences that are the foundation of anxious feelings. We may not be able to change what is happening in our environment, yet we are able to change our anxiety responses. (<http://overcomingpain.com>). This change occurs when the brain releases the emotional charge through reprocessing, and can work with problems with sensory overload, anxiety related issues as well as Post-Traumatic Stress Disorder symptoms.

Bilateral Hemispheric Stimulation is one of the most effective ways to neutralize anxiety because it stimulates the sensing part of the brain. Although there are bilateral therapies that use physical and/or auditory stimulation, the focus of this article is on a protocol that uses visual stimulation. Please note, the therapist must be trained in this process to be effective.

I learned this Bilateral Hemispheric Stimulation protocol from Swiss hypnotherapist Hansruedi Wipf. As mentioned earlier, the foundation of BHS is the healing capacity of rapid eye movements (REM). It is still unknown how the brain reprocesses experiences, yet studies have shown this work to be valid and long lasting. (*EMDR: The Breakthrough "Eye Movement" Therapy for Overcoming Anxiety, Stress, and Trauma*, Francine Shapiro. 2004).

Bilateral Hemispheric Stimulation employs what we call sets. A set, lasting from fifteen to thirty seconds, is conduct-

ed with the hypnotherapist rapidly moving two fingers left and right at a comfortable distance from the client's face. During the set the client, holding their head steady, follows the therapist's fingers only with their eyes. By moving the eyes rapidly from side to side, we activate both sides of the brain in a whole brain activity, which gives the brain tools to reprocess memories so they can be experienced normally.

A BHS session begins with the client defining and rating the specific issue. The rating, as in the above activity, is on a scale of 0 to 10. This scale is called the SUD, Subjective Units of Disturbance. The client is also asked to locate where they feel the issue exists within their body. It has been my experience that anxiety is often felt in the throat, chest and/or stomach areas. When the client is ready, the hypnotherapist guides them into hypnosis; defining hypnosis as focused attention and selective awareness, with the understanding that all hypnosis is self-hypnosis.

The client is asked to create a safe secure place in the privacy of their mind. While in this safe place they are asked to identify what we call a "Captain America" feeling; a moment of excellence in the client's experience (perhaps a victory, a goal reached or reward achieved, earning an excellent grade or passing a test). The client is taught how to anchor this feeling non-verbally. For example, the client's hand is placed on his own shoulder with the instructions that this physical connection, like a pat on the shoulder, anchors the "Captain America" feeling within the client's mind. Once the safe place and moment of excellence are established, it is time for the client to bring up the feeling related to the problem, scale the feeling from 0 to 10, and then identify where that feeling exists in the body. It is best for the number to be at least at five for the client to be able to experience any real relief.

The hypnotic trance is deepened, the client is asked to open their eyes for the first set, and the BHS trained hypnotherapist rapidly speaks about the negative aspects of the problem while moving her fingers bilaterally in front of the client's eyes, as described above. During this first set the brain has already begun reprocessing. At the end of this first set the client is instructed to close their eyes, deepen their trance, and rate themselves on the SUD. Even though the hypnotherapist's patter has focused on the negativity of the stated problem, the SUD is usually reduced and, how the problem is felt in the body is often changed. The client is again instructed to open their eyes and follow the hypnotherapist's fingers while only moving their eyes. The patter now becomes focused on the positive, overriding any negative feelings and memories. At the end of the set the client is asked again to close their eyes, take a deep breath to deepen their trance, and rate themselves on the SUD. At this point, the brain has often completed its reprocessing and the SUD is at a zero. If not, the task of the hypnotherapist is to guide the client to discover what might be standing in the way of that achievement. Let us assume for now that the SUD is zero. The third and final set, eyes open and following the hypnotherapist's fingers only with the eyes, the

client is challenged to find the feeling. By this time, if the reprocessing has been successful, the fear, anxiety or whatever the client's focus had been is gone. When the client discovers that they cannot find the problem, the hypnotherapist anchors the "Captain America" feeling.

If the SUD at the end of the second set is not at zero, there tends to be something else that needs to be explored such as a different fear, anxiety or stress experience. In this case, the process begins all over again with the negative patter followed by positive overriding talk. There are other times when nothing else is standing in the way other than the client needing more than two sets to reach resolution. I have had several clients who needed two to three extra sets focused on overriding negativity to achieve success.

Bilateral Hemispheric Stimulation is not magic, although it may sound almost too good to be true. During the course I took with Hans Wipf, I watched him work with one of my classmates whose phobia of snakes was rated at a 10+. Wipf began by displaying photographs of snakes on a large screen in front of the class. This woman reacted by cringing and crying out loud. By the end of the third set, she stood facing the same photos with a grin on her face, telling us how thrilled she was to feel such relief, knowing that the snake phobia she used to have had vanished.



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

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*Congratulations to Will Chapman of Victoria, Australia!
Winner of the 2014 Essay Contest.
Will won over \$1,000 in prizes!!*

HOW I USED THE BENEFITS OF THE ASSOCIATION TO ENHANCE MY PRACTICE

By Will Chapman

The first year of starting my clinic came as a shock to me. A clean professionally set out office amongst the city centre, a modern advertising campaign together with an exciting vision and enthusiasm to match. Yet amongst all of this something was missing and without this something my business would remain in limbo for some time to come. This element was of course the clients. As I stood out on that busy intersection with my bright modern sign, in my mind I am saying "Where are you?" Where are all the people who approached me earlier? And where is the group of people in need of assistance the local media promote so much?

Years of hard work, countless challenges and looming debt staring me down, I watched people drive by glancing occasionally at my sign seemingly uninterested as they went about their daily business. Whilst everyone was telling me to quit, I knew there had to be more to this or something that I was missing.

Sitting with a blank piece of paper in hand, I looked up and spotted the sign I had put up in the window. The sign was the International Association of Counselors and Therapists professional decal. I had purchased it from the IACT a few weeks prior. There were so many things that I was managing at that time in holding down a full time job, studying and building my business, that I realised I had neglected an amazing resource of which would assist me greatly in reaching out to potential clients.

I began reading an article in *Unlimited Human!* which spoke about providing clients with a card after an appointment to remind them of important aspects of change. In thinking about this, I changed my flyers to include a pocket card that people could write their goals on. I strapped a box to my bike and rode around handing them out and putting them in people's letter boxes. A month later I went and visited a lady - and as I walked in to her house there upon her fridge was one of my pocket cards! I smiled to myself as she mentioned what a great idea it was (not knowing I created it) and how it was a great reminder of her career goals. She then offered me a spare one that she got from her neighbour. As I left her house (with my own flyer) I thought to myself, "Maybe I am making a difference after all".

That very next day I received an email from the IACT with a link to the new Hypnosis Quiz. I immediately included the link on my website together with the "Are you Hypnotizable?" graphic. I then promoted it on my Facebook page with a link to my website and a short summary of how Hypnotherapy can help. Together with posting the video information, links from the Association created traffic to my site and generated interest.

While researching articles on the IACT Virtual Library, I came across an idea of using recordings to promote my business. Continuing on my path of creativity, I researched recording programs, sound equipment and editing programs and sought to acquire professional background music from an Australian Composer who specialises in Hypnosis. Using these resources, I was able to motivate myself to learn the sound programs, graphics and web design to develop a variety of professional and unique recordings that I have made available for sale. Not only do these bring me passive income but they've also begun to attract new clients to my clinic.

The IACT resources are uniquely diverse in comparison to other International Associations. The diverse nature of ideas inspires such creativity and encourages a partnership of professionals throughout multiple countries. The depth of passion the leaders have for the profession has been inspiring for me. IACT membership resources have provided me with the encouragement to continue in searching for new and innovative ways to promote my business.

What I have learnt this year is to be creative and unique in exploring ways to reach new clients and customers beyond the session room. Along with promoting professional and ethical guidelines, IACT has been a superb resource that has sparked my creativity; and when I have lacked faith in myself, lent a helping hand in so many ways.

The most important lesson learnt is - if you want to capture people's attention there is no point in reinventing the wheel. There are so many superb resources offered by the IACT to help my business grow. IACT is a great place to find ideas, techniques, lessons, videos, scripts, cases studies, abstracts and the list goes on and on. I am proud of being a member of the most progressive Association on the planet!



From the archives of the Virtual Library

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

HYPNOTIC ANAESTHESIA & PAIN MANAGEMENT

By R.D. Longacre [1988]

Government statistics and various surveys indicate that approximately 20 million Americans suffer from perpetual pain due to arthritis and the projected cost to the economy due to lost wages, medical care and various types of therapy to alleviate pain is 13 billion dollars annually. These figures do not take into account other painful and debilitating disorders such as low back pain or chronic pain associated with traumatic injuries. With continued increases in the cost of medical care and the public's interest in participating in and being responsible for their own health and wellness, hypnotherapy is gaining nationwide acceptance as an efficacious and cost effective modality of therapy for pain management.

Dr. Art Uleen, a medical consultant for a major Los Angeles, California television station says that far too many physicians think of pain as a thing. In other words, pain is like a splinter, an object from the outside that has penetrated the body. According to Dr. Uleen, traditional medical treatment begins with an aspirin, if that doesn't work - an aspirin with codeine and if that doesn't work the next step is to block the nerve carrying the pain with a drug or surgically short circuit the nerve. Unfortunately modern medicine with all of its dazzling technology has yet to come up with a satisfactory protocol of treatment for the insidious and debilitating monster of pain. When all the medical intervention, treatment, management and surgical procedures fail, the final word from the doctor is generally, "You will just have

to learn to live with it" To help the patient learn to live with pain, the doctor might prescribe pain pills and muscle relaxers. Dr. Uleen questions the benefits of pain pills. He says pain pills and muscle relaxers are given at a strength that only allows the patient to feel sleepy and does not really cause any significant relaxation of the muscles. "The theory behind giving pain medication is that if you have a good night's sleep you can tolerate pain better the next day," according to Dr. Uleen. Hypnotherapists with advanced training in hypnotic anaesthesia for pain management, childbirth and dentistry know that the client's subconscious mind can create a profound state of muscle relaxation and alleviate unwanted and unnecessary pain. Hypnotherapy for pain management, childbirth and dentistry is a rapidly growing specialty that does not require an extensive background in nursing, allied health or medical training. Almost weekly I hear from students who have attended my advanced seminars on hypnotic anaesthesia who report that they are readily accepted and receiving referrals from physicians in their local communities. These students often attribute their success to the in-depth training, clinical applications and professional marketing techniques presented in the seminars. Ask any mother who has experienced labor pain if they would like to experience only a sense of pressure during the delivery of their next child, and they will respond with an enthusiastic

Continued on page 29



EXPLAINING HYPNOSIS

By Philip Holder

Philip Holder is medical coordinator for BodySmart Wellness. He is the president of Master's Center and the Institute of Hypnosis Sciences. He is a motivational speaker, and published author. He has appeared in many magazines, on television, on talk radio, and is featured in a number of instructional tapes. He is an instructor of hypnosis, hypnotherapy, and meditation. He is a college professor and teaches a hypnotherapy program at Bucks College.

COMFORT LEVEL

The single most important thing in grooming a new client or patient (We'll use Subject) for hypnosis is to increase their comfort level so that, not only have you eliminated fears, but additionally you have created excitement and enthusiasm. To accomplish this it's not enough to simply tell them facts about hypnosis. In any profession, what a person well schooled in that field takes for granted, may not be at all clear to someone unfamiliar with that particular profession. The Subject who is properly prepared and in the right mindset will have an incredibly greater rate of success. I tell students many times each year the proper prep is 90% of the battle. Inductions are easy. Facilitating critical faculty bypass is not the challenge. The fact is, preparation is essential, a well conducted intake is indispensable, and knowing how to implement the data gathered during the intake is a fundamental skill for success. The intake, induction and implementation of the material are all moot points if the Subject has not been properly prepared.

ANALOGIES

I found that using analogies and metaphors in describing hypnosis is one of the best ways to create a comfort level with the Subject. When the Subject is able to personally identify with what you, the Operator are explaining to them about hypnosis from their own life experience or base of knowledge, it becomes easy to increase their comfort level and create enthusiasm. I have included below some of the analogies that I use when prepping BodySmart Wellness patients. They are written in the same manner that I would deliver them to a newbie to hypnosis.

EVERYBODY USUALLY HEARS THIS FROM ME DURING THE PRE-TALK

The fact of the matter is, if I were King of the earth, I would do away with the word hypnosis completely. Thanks to the news media, movies, TV shows and the like, many people have a really skewed view of hypnosis. I would simply call it critical faculty bypass, because by definition, that's what hypnosis is. Hypnosis is a science that follows specific criteria and protocol and is repeatable. It's not the

mystical thing that's presented in movies. (And then I ever so briefly explain the science of hypnosis, the properties of the subconscious and conscious mind, dispel myths, etc.)

ARE THOUGHTS A PROBLEM IN HYPNOSIS

Thoughts are perfectly fine in hypnosis. It's okay to have thoughts in hypnosis. People aren't in some wacky alternative dimension when in hypnosis. There is however one particular type of thought that needs to be bypassed and that's critical thought. Let me give you an example of critical thought: Let's say you're sitting there in my comfy chair, and I have you in the beautiful state of hypnosis, and all the sudden your nose begins to itch. The fact of the matter is, if you just reach up and scratch it, the movement won't bring you out of hypnosis. I have people talk, move, and open their eyes, while in hypnosis and easily remain in hypnosis. But this type of thinking could either reduce the depth of trance or bring someone out of hypnosis... Oh no... My nose is itching. Maybe I shouldn't move to scratch it. I'm afraid that might bring me out of hypnosis. I'd better not scratch it, but it's driving me crazy. That **critical thinking** might reduce the depth of trance or bring you out of hypnosis entirely. So relax and enjoy. If you need to switch your position in the chair or to scratch an itch just go for it.

MISSING YOUR TURN WHILE DRIVING

You've been in hypnosis hundreds of times in your life. Let me give you an example. I bet you've had this happen before. You're driving down the road and while you're driving you're daydreaming about maybe something you did over the weekend or something you're going to do next weekend and you zip right past your turn. Guess what - you are in hypnosis. The selective thought you were having was your daydreaming. Missing your turn, shows that you had bypassed the critical part of your thinking that was navigating your route. By definition you were in hypnosis.

FILM MAKING

Another example of times you've been in hypnosis... I'm sure you've gone to a movie where you become emotionally involved in the movie. Perhaps a character in the movie that you made an emotional connection with was killed and a

tear comes to your eyes, or there's a villain that is so despicable and evil that you find yourself actually getting angry. In the filmmaking industry that's called "A Suspended State Of Disbelief". When you went to the movie, you essentially said, I want to be entertained so I will allow a suspended state of disbelief while I watch this film. Essentially you suspended critical and rational thinking. The plot was your selective thinking. You were in hypnosis.

PASSENGER IN THE CAR

Here's an example of how some people feel when in hypnosis. Imagine that you're the passenger in a car. It's late at night, and you're really tired. You close your eyes and sort of nod out, but are not fully asleep. Others in the car are talking and you hear someone say, "Don't talk to (your name), he/she is sleeping. You don't answer but you think to yourself, I'm not sleeping but it is too much effort to respond.

DAY AT THE BEACH

Another example... You're at the beach. You've been in the sun all day and finally you stretch out on the blanket, or lay back in a recliner to rest. And you begin to drift and dream as you enjoy the feeling of the sun and the breeze on your body. If at that time, I were to tap you on the shoulder and say to you, what did those people sitting next to you on the other blanket just say, you probably reply, "I don't know I wasn't listening". If however, someone by the water's edge yelled shark, you'd likely lift your head and look because although not fully awake, you were not fully asleep.

BEFORE OPENING YOUR EYES IN THE MORNING

Imagine that it's morning. You're not quite awake yet, but you hear someone else talking in the house or you hear birds, or a dog barking outside, but they're just background noise. It feels so good to be so relaxed, that you're just not ready to open your eyes and be fully awake yet. This is often similar to the feeling people get when in hypnosis.

I GIVE SUBJECTS INFORMATION ON A NEED TO KNOW BASIS

I only give patients that come to our office the information they need in order to create comfort and enthusiasm... Nothing more. It's important to remember that you're not training a Hypnotherapist when you prepare a Subject. Providing too much information can lead to additional objections and/or fears that would never have come to the Subject's attention, but for you bringing it up. Less is more.

PREP IS THE KEY TO SUCCESS

Frequently students as well as practicing hypnotherapists contact me for ideas on how to improve their technique. One of the most common problems I see is that often times too much focus is placed on the induction and on the delivery of suggestion etc, while an inadequate amount of effort is put in the preparation. I like to do all the heavy lifting on the front end. In session, by the time I get to the induction, the vast majority of my work is already done. All I have to do from that point forward is lock it down for the

long haul. All sessions you conduct will only be as good as the foundation you lay. As well, from a time management standpoint, laying a solid foundation just makes good sense. Analogous to what I've suggested in this article... I build deepening techniques into each induction. Simple, quick, effective, triggers. If someone that I am working with begins to lose depth of trance, I already have a quick easy method in place to get them right back where I need them. That eliminates the need for elaborate deepening techniques during a session. (We'll leave that topic for another article.) So lay a good foundation and be sure your preparation is thorough and it will make your life easier and increase your success rate.

Join Our Social Networks

IMDHA has a listing on MySpace

– Join now and be a part of the MySpace community. Joining allows you to view profiles, connect with friends, blog, and much more! You can find the IMDHA MySpace page at: www.myspace.com/imdha



Sign up on Facebook to connect with International Medical and Dental Hypnotherapy Association. Here's the link to join IMDHA:

http://www.facebook.com/r.php?page_id=120667928509&r=111&locale=en_US



IMDHA is represented on Hypnothoughts – the fastest growing social networking hypnosis community in the world. Here's the link: <http://www.hypnothoughts.com/>

IACI has a listing on Twitter! The New York Times calls Twitter "one of the fastest-growing phenomena on the Internet." You can find IACI at IACI NEWS! Come join our group of friends:

<http://twitter.com/IACI NEWS>



Sign up on Facebook to connect with International Association of Counselors and Therapists (IACI). Here's the link to join:

http://www.facebook.com/r.php?page_id=143160513273&r=111&locale=en_US



View our Facebook homepage by accessing this page: <http://www.facebook.com/pages/International-Association-of-Counselors-and-Therapists-IACI/143160513273>



BUILDING RAPPORT

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.

Building rapport with the Child

Although not required, other additions that help create a successful atmosphere and process may include such things as a game that can be played by two, talking to the child about their life and school, etc., or taking home some kind of little gift or reminder of the visit together. (I keep little boxes of various kinds filled with interesting items. The child, when introduced to the room, can go through them to decide on something to take home, while I have a brief conversation with the parent.) Some therapists find that letting a child touch things in the counseling room helps them to feel comfortable. A smaller child might like to choose a stuffed animal or a doll to hold while talking with you. Many therapists learn a simple magic trick, which serves the dual purpose of "breaking the ice" and showing the wonders awaiting them, in terms of their problem.

Building Rapport with the Parent

What makes working with the child unique is not so much their problems, or even the techniques or tools you are able to use, but having the parents as a contributing factor. From the time you first meet a child, you are also dealing with that parent. Establishing rapport with them is as important as establishing rapport with the child. In one way or another, a parent can support or ruin the work you do. They can be supportive or detrimental to the child. The child's problem may well be brought about by a parent, or, at the very least, acerbated by them. Keeping the parent feeling that they are part of the process, without revealing the confidence the child has given you, is important. Explaining some of this to the parent, at the beginning, and speaking to the parent after a session, goes a long way in keeping the communication open, and in justifying the parent's confidence in you.

Building Rapport

Building rapport with a client is as important with a child as it is with an adult.

The child's concerns about being in your office may be

quite different from the concerns a parent might have about hypnosis. Very simple explanations, finding out whether the child has any questions, and assuring the child that you're out to help them reach success is usually all that's required, with most ages.

Children need to trust adults. They need to trust the therapist. Once they trust you, they will do what you request and accept your suggestions. Children respond easily to those who actually listen to them and are interested in their own interests.

There are many things a therapist/guide can do that help create a successful atmosphere and process. Here are some of them:

A game that can be played by two people

Talking together about the child's interests, friends and school

Letting the child take home some kind of little gift, or other reminder of your visit together.

Letting a child touch things in the counseling room to help them feel comfortable.

Letting the child choose a stuffed animal or doll to hold while talking with you.

A simple magic trick or two, in order to "break the ice"

Talking to the child through a puppet

TIP: Have something available for the child client to enjoy before you do direct work with them. I have special little toys in various sized boxes, which I call "Magic Boxes." The child is allowed to open them and to choose something to take home, while I talk for a few minutes with the parent.

PARTS THERAPY RELEASES CHRONIC PAIN

By C. Roy Hunter

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.



At the 2013 IMDHA Convention, Bruce Eimer told me that he was successfully using parts therapy with a number of chronic pain patients. My ears perked up, as it never occurred to me over my three decades of practice to consider parts therapy for clients suffering chronic pain.

As a result of Dr. Eimer's brilliant work, before the summer of 2013 ended, I unexpectedly had the opportunity to help a participant at one of my parts therapy workshops.

Severe Back Pain

Barbara (not her real name) asked to be hypnotized to see whether parts therapy could help her overcome chronic back pain that plagued her for several years. On a scale of zero to ten, she rated it higher than "4" as a constant pain, sometimes more painful than other times. There did not seem to be an apparent cause for the pain to continue.

After some additional discussion, I decided to use ideomotor responding to determine whether there was more than one category of psychodynamics involved...

1. Authority imprint (suggestion or idea imprinted in the mind by an authority of past or present)
2. Current unresolved issue (stressful unresolved problem occurring now)
3. Secondary gain (subconscious gets a benefit from current problem)
4. Identification (emulating a mentor, etc., from past or present)
5. Inner conflict (two conflicting desires)
6. Past painful experience
7. Self-punishment (guilt)

(Note that in 2014 Bruce Eimer re-arranged the above categories and used different words in order to spell SUCCESS as an acronym to help us remember the psychodynamics. Read his article in the Fall 2014 edition of "Unlimited Human!")

As it turned out, the cause of Barbara's chronic pain was linked to an imprint from her mother, who had passed on several years earlier.

There was a part of her that believed it was necessary to carry the pain permanently. Meanwhile, another part of Barbara felt that it was time to let go of the pain and get on with life. As Barbara became aware of why her subconscious retained the pain, some inner dialogue resulted in her being able to finally release it. She also forgave herself for carrying it so long.

There is more to the story; but suffice it to say that before concluding the session I gave her suggestions and imagery to reduce the pain. Afterwards she claimed that the pain was completely gone...down to zero on the pain scale!

Parts Therapy in a Hospital

Even though I am known for continuing the work of Charles Tebbetts, this time I must give credit to Bruce N. Eimer, PhD, ABPP. He is a practicing (and still practicing) clinical psychologist in Philadelphia with more than 26 years of experience treating people with chronic pain and other problems. He uses hypnosis frequently in his work as a pain psychologist working full time in a hospital in the Philadelphia area...and is breaking new ground by using parts therapy with a number of his patients.

After he and the patient discuss the application of parts therapy during the hypnotic process, he begins by inducing somnambulistic hypnosis and setting up ideomotor finger signals. Then he uses an ideomotor response question to obtain permission from the client's subconscious (or unconscious) to help the client better control his or her pain.

From there he invites any inner part that has a role in keeping the pain persistent to come forward, and follows a parts therapy process...the name it wishes to be called, its purpose (why it created and maintains the persistent pain), and more. He follows a process very similar to the 11-Step Process, facilitating mediation of the parts involved.

The results have been so successful that we jointly made revisions in the participant workbook for my two-day parts therapy workshops, incorporating a section about Dr. Eimer's application of parts therapy in the hospital.

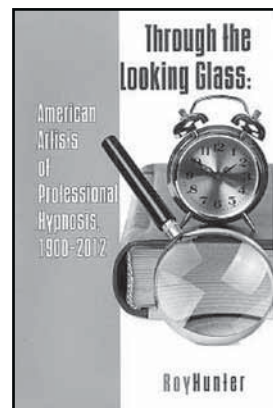
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Excerpts from *Through the Looking Glass:* American Artists of Professional Hypnosis, 1900-2012

By C. Roy Hunter

With permission from the author, we are pleased to publish excerpts from Through the Looking Glass: American Artists of Professional Hypnosis, 1900-2012, written by Roy Hunter. This book was published in 2013, and has received considerable praise by readers.

In this issue, we present excerpts from Chapter 9.



Dr. Anne H. Spencer was the first woman to found an international Hypnosis organization, the International Medical and Dental Hypnotherapy Association (IMDHA), founded in 1986.

Her hypnotic story actually began in January of 1980, at a graduate class of the Silva Mind Control methods, which she had studied since 1969. That particular class involved goal setting. Here are Dr. Anne Spencer's own words, sent by email to this author:

My goal, as I wrote it out that day, was to start my own business. The instructor said we had to put a date behind the goal and thinking; why not? I wrote March 1980. Shortly after that class, I was in the Silva business office and they asked me to come to work for them in sales. I said sure. Here's the catch – I was 'fired' from that sales position in March of 1980. Be careful what you wish for; you may very well get it, especially when there is great desire and opportunity! (Spencer, 2006)

Upon returning home, her family and friends encouraged her to use the methods she already mastered in order to help others with stress management and relaxation training. Spencer also stated her opinion that the Silva methods incorporated many hypnotic techniques even though her teacher denied that they employed hypnosis. She added:

That was it. In that moment I became a Stress Management Consultant. I had a Masters in Education and I was comfortable in conducting classes. Over the weekend I designed a brochure and on Monday went to the typesetter ... and then to unemployment. I had exactly three hundred dollars in the bank. I put a classified ad in the local paper: Manage Stress, Stop Smoking and Loose Weight, CALL TODAY! (Spencer, 2006)

Thus began Dr. Anne Spencer's career in the hypnosis profession. Her email went on to state that she attended formal Hypnosis training (in those days it was two weekends and out the door) and traveled on credit cards across the USA, going to every Hypnosis convention she could find. By 1981 she was speaking at nationally recognized hypnosis conventions in Chicago, Las Vegas, New York, California, and Washington State.

In 1982 she started a two-year process to become a state licensed hypnosis training school in Michigan, called Infin-

ity Institute. To the best knowledge of this author, she was the first woman to own a state licensed hypnosis training school. She also started writing regularly for a local metropolitan newspaper, which helped to promote both her practice and her school.

In 1985, another owner acquired the newspaper. Spencer then used her writing skills to create her own newsletter, *Subconsciously Speaking*, which by 2006 attained a readership of about 6000 around the globe.

The other major event in 1985 was a family crisis that sparked her interest in founding the IMDHA. Spencer's father faced serious surgery that would last for several hours, and he agreed to let his daughter use hypnosis to lessen the amount of anesthesia that would be required.

Dr. Spencer then consulted with her father's surgeon, saying, "I'm a Hypnotherapist, and I have a few questions I want to ask you. What do you do in the operating room?" The surgeon replied that he played classical music.

"That's a good start," said Dr. Spencer. "Now, my father's going to be sedated for hours, and I want to make sure that everybody only talks about positive things while the surgery's going on, because he will still hear everything you say. I'm going to hypnotize my father, and I'm going to program his subconscious mind so that at a key phrase, his body will work with you as part of the medical team. Would you like that?" (Spencer, 2006)

The Infinity Institute developed a program that grew into a 120-hour foundational curriculum, which spread to other hypnosis schools throughout the United States and Canada, as well as in several countries abroad. It was based on a college model of lecture, demonstration, practicum and testing.

Spencer also added: "The vision I have held is a door marked HYPNOTHERAPIST in every health care facility worldwide, staffed by a certified International Medical and Dental Hypnotherapy Association member." She mentioned to this author that other leaders in the hypnosis profession told her that she could not do this. Her response was: "I smile; because I've done what was said could not be done."

By establishing the IMDHA, Anne Spencer built a number of bridges with mainstream healthcare, as increasing

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INTEGRATIVE HEALTH AT THE UNIVERSITY LEVEL

By Fred H. Janke and Sherry M. Hood

Fred Janke completed his medical education at the University of Calgary in 1982 and has been practicing in Sylvan Lake, Alberta as a family physician since 1984.

He became involved with the University of Alberta as site director in Red Deer for a new rural stream family medicine program in the year 2000. Since then he has become increasingly involved with teaching family medicine at the post-graduate level. He became the "Rural Program Director" for the Department of Family Medicine in 2008 and more recently, in October 2011, took on a broader position as "Director of Rural and Regional Health" for the Faculty of Medicine. Although he is full time faculty his clinical work remains in Sylvan Lake."



Sherry Hood is a Clinical lecturer in the Department of Family Medicine, Faculty of Medicine and Dentistry, University of Alberta. She teaches Clinical Hypnotherapy at her school, The Pacific Institute of Advanced Hypnotherapy in New Westminster, B.C. The course has been approved as a post graduate elective in family medicine. In 2014, Sherry became an "Allied Health Professional" within the College of Family Physicians of Canada. Her interests include the application of hypnotherapy to clinical problems, specifically pain management and cancer care, maternity care including labour and delivery, smoking cessation, fears and phobias, pre and post-operative care, wound healing and hypnoanesthesia. Sherry has a keen affinity for working with children.

Over the past several years Dr. Fred Janke and Sherry Hood have been working diligently in an effort to bring more support and recognition to the field of hypnotherapy. They have done this through a variety of means including providing workshops at different medical conferences, writing about clinical applications of hypnotherapy that include literature reviews, having hypnotherapy included as an approved elective in family medicine training and implementing small research studies.

An entirely new development in moving clinical hypnotherapy forward in Canada was the recent inauguration of the Integrative Health Institute (IHI) at the University of Alberta. Both Dr. Janke and Ms. Hood have become a part of this consortium. What is integrative health? There are many ideas, however Boon and colleagues put a fairly encompassing definition forward:

"Working Definition: Integrative healthcare

- Seeks, through a partnership of patient and practitioner, to treat the whole person, to assist the innate healing properties of each person, and to promote health and wellness as well as the prevention of disease ... ;
- Is an interdisciplinary, non-hierarchical blending of both conventional medicine and complementary and alternative healthcare that provides a seamless continuum of decision-making and patient-centered care and support ... ;
- Employs a collaborative team approach guided by consensus building, mutual respect, and a shared vision of healthcare that permits each practitioner and the patient to contribute their particular knowledge and skills within the context

of a shared, synergistically charged plan of care ... ;

- Results in more effective and cost-effective care by synergistically combining therapies and services in a manner that exceeds the collective effect of the individual practices ..."
- (Boon H et al.)

The IHI had its beginning in September 2014, under the leadership of Dr. Sunita Vohra who is internationally recognized for her expertise in integrative health care as well as being a paediatrician and educator within the Faculty of Medicine and Dentistry, University of Alberta. A Board of Directors leads IHI with guidance from a Scientific Advisory Board. In October of 2014, IHI surveyed University of Alberta faculty to identify IHI scholars, i.e. faculty members with clinical research or educational activities, expertise and interests in integrative health.

As of December 16th 2014, there were 112 Scholars from 11 faculties as members (Scholars) forming the IHI. The membership is broken down as follows:

Faculty:

Agriculture, Life and Environmental – 6.5%
Arts 24.2%
Augustana Campus 24.2%
Engineering 2.4%
Medicine & Dentistry 55.5%
Nursing 2.4%
Pharmacy and Pharmaceutical Sciences 9.8%
Physical Education and Recreation 7.4%
Public Health 4.9%
School of Rehabilitation Medicine 2.4%

An IHI retreat was held on December 16th 2014 in Edmonton, Alberta at The University of Alberta campus. Both authors of this article were in attendance. *The following is taken directly from the University of Alberta, Integrative Health Institute Report on Inaugural IHI Scholars Retreat:* “The purpose of this retreat was to foster generative thinking, utilize principles of appreciative inquiry and encourage relationship building among scholars. Networking was encouraged, break out groups were mixed and remixed over the course of the retreat.

The goal of this first retreat was to bring IHI Scholars together face to face to:

- Meet each other and explore potential points of collaboration
- Share in creating a vision for the IHI
- Understand the benefits of affiliation with IHI
- Learn about IHI leadership and activities already planned for year one

The benefits of creating IHI at the university include opportunities to:

- Harness University of Alberta faculty experience
- Provide novel interdisciplinary research opportunities
- Promote teaching and mentoring
- Build capacity
- Further collaboration between academic, industry and public institutions
- Lead innovation in health care practice and policy
- Attract new funding to the university

IHI Scholar Interest / Expertise by Therapy:

Mind-body therapies and practices – Mindfulness / meditation, yoga, hypnotherapy, spirituality, music therapy 45.6%
Natural health products (NHP) /functional foods – Food as medicine, herbs, probiotics, Vit D, fatty acids, vitamins, mineral, NHP drug interactions 42%

Traditional healing practices – Aboriginal healing, traditional Chinese medicine, acupuncture, Ayurveda 23.4%

Manual therapies – Massage, spinal manipulation therapy 15%

Other – Physical activity, light therapy, environment, ethics 7.4%

Some IHI interests include:

Health promotion / wellness

Chronic Illness

Mental Health

Health Behavioural / Consumer Health

Aboriginal People's Health

Paediatrics

Pain (acute or chronic)

Population Health

Diabetes

Global Health

Nutrition

Neurological Health

Obesity

Exercise / Athletic Performance

Geriatrics / Aging

Cardiovascular

Maternal / Women's Health

Oncology / Haematology

Endocrine / Metabolic Health

Gastrointestinal, Hepatic, and Biliary Health

Musculoskeletal / Rheumatologic Health

Immunological Health

Dental and Oral Health

Skin Health

Respiratory Health

Renal Health

Health Professionals / Health Professional Students”

The IHI webpage can be found at:

<http://uofa.ualberta.ca/integrative-health-institute>

The University of Alberta houses many impressive scholars and researchers who have collectively brought in a large amount of research funding. However, this has happened individually and within various silos. By collaborating there is the potential of building on collective wisdom and synergy to bring in much more research funding for broader integrative projects. Through the IHI, connections are being made that will allow scholars to collaborate on projects, which might include rigorous scientific study, education and patient care. There are plans for the eventual creation of an integrated health care clinic on campus which may be the first such university based clinic in Canada.

Next Steps:

The IHI staff will use the information gathered at the retreat over the next weeks and months to develop a five-year strategic plan. Faculty associated with the IHI have already put together a large research proposal for the Canadian Institutes of Health Research (CIHR). The specific proposal is for a coalition in Strategies for Patient Oriented Research looking at the use of complementary therapies in cancer management and in mental health.

For hypnotherapy, the authors have been strategizing, regarding future directions within the IHI. This includes exploring further funding opportunities for smoking cessation research and in managing paediatric procedures. In addition we have been exploring some collaboration with interested individuals from engineering regarding some innovative ideas melding engineering, information technology and hypnotherapy for various forms of rehabilitation and physical pain management. We are investigating the possibility of a university-based course in clinical hypnotherapy, which has the potential of creating some accredited standards in hypnotherapy training.

The IHI presents the opportunity for a collective effort in many areas of complementary health care. In the past hypnotherapists have tended to work individually and have

tried to move hypnotherapy forward in this way. Strength in numbers provides a collective wisdom. An interprofessional approach to achieve a common goal has much more energy. Moving toward integrative health with different professionals working as a team is more patient centred and allows for more patient autonomy. The authors very much believe this is the way of a productive future.

Boon H et al. Integrative Healthcare: Arriving at a Working Definition. *Alternative Therapies* 2004; 10(5): 48-56

Parts Therapy releases Chronic Pain

Continued from page 25

APA Approval

We also submitted the revised parts therapy program to the American Psychological Association, along with Hypnotic Regression Therapy and Dr. Eimer's pain management workshop. The result of many months of effort was both successful and historic.

The Behavior Therapy Center, P.C. & Bruce Eimer, Ph.D., ABPP, are approved by the American Psychological Association to sponsor continuing education for psychologists. The Behavior Therapy Center, P.C. & Bruce Eimer, Ph.D., ABPP, maintain responsibility for this program and its content. Roy Hunter is the scheduled presenter unless otherwise indicated.

The IMDHA will be partnering with both of us to promote the workshops that offer CE credit for psychologists; and the first two will be at the IMDHA/IACT annual conference this May in Daytona Beach: Parts Therapy (Hunter), and Hypnotherapy for Pain Management (Eimer).

Excerpts from *Through the Looking Glass*

Continued from page 26

numbers of licensed health care practitioners became affiliated with the IMDHA, including Dr. Bernie Siegel and Dr. Irene Hickman. Before the end of the 1980's, the IMDHA was becoming increasingly well-known on the West Coast of the USA, as well as elsewhere around the country.

Prior to his passing, Sol Lewis personally told this author that he helped Dr. Spencer found the IMDHA.

PUBLISHER'S NOTE:

This book retails for \$19.99 at the IMDHA bookstore. Hypnosis instructors may buy at wholesale for their students by contacting the IMDHA/IACT office directly.

To buy online, go to: www.hypnosisalliance.com/shop/ - Click on "books" under "Professional" tab, and it is listed towards the bottom of the third page.

From The Archives:

Hypnotic Anaesthesia & Pain Management

Continued from page 21

yes. Ask a fearful dental patient if they would like to day-dream during their next dental visit and they will respond with an enthusiastic yes. The hypnotherapist of the 80's can respond to the chronic pain client, yes you will have to learn to live with it, but I can teach you how to control your experience of pain and alleviate unwanted tension, anxiety and improve your total sense of wellness. I recently conducted a pain management seminar attended by a group of medical doctors, dentists and psychologists. When I asked for a volunteer so that I could demonstrate "pain or anxiety as the object imagery" a young lady came forward and stated that she was not taking the class for credit but was experiencing pain and hoped that the training could help her. Her instantaneous relief was so remarkable it started an hour and a half discussion about enormous benefits a patient could derive from self-hypnosis for pain management. We learned that this young woman had undergone five major surgeries for cancer in the past eight months and due to the damage caused by surgical scars and radiation therapy, was in a perpetual state of agony and pain. A prestigious pain clinic had given up on her with the promise to prescribe all the pain medication she wanted. This young lady stated she was still in pain, but had a new way of controlling the intensity of the pain by herself without depending on the help of others or medications that caused her to feel sleepy, disorientated and resigned to a life inside the walls of her small apartment.

The viability and efficacy of hypnotic anaesthesia therapy for selected dental patients is also well documented and increasing numbers of dentists are referring fussy patients to hypnotherapists. The goal of hypnotic anaesthesia techniques is not to eliminate pain, since pain can be a warning signal for the body and in certain situations is necessary for diagnostic work by a physician. However, chronic pain and unnecessary pain may be alleviated with a greater degree of success with hypnosis than chemical drugs or surgical intervention. Today's hypnotherapist with advanced training in pain management has the opportunity to expand their practice and play a vital role in health care in cooperation with the various medical and psychological professions. Hypnotherapy schools across the nation are meeting the challenge of providing training in this needed area of health care. The challenge for the student is to take advantage of the opportunity to learn new and innovative techniques for helping others help themselves.





MYSTICISM AND HYPNOTHERAPY: IT IS ALL ABOUT ENERGY!

By Kweethai Neill & Steve Stork
Part 3

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.

In Part 1 I talked about my initial introduction to the energy of the Universe. Part 2 described several ways in which the Universe communicated its support that I was climbing the right mountain. In this entry, Part 3, I return from the Qigong retreat to apply new skills in my work with a client suffering from Irritable Bowel Syndrome (IBS). Part 4 will round out my mystical journey; though, like a graduation commencement, it is not as much an ending as it is a new beginning.

“Coming down the mountain, I feel...” is an exercise I learned at a Nei Gong course led by a lady Qigong master, (Nei Gong refers to internal alchemy, an advanced form of Qigong practice). The purpose of the sentence stem is to stimulate reflection on what one has learned during a training. As a metaphor, one is to imagine climbing the mountain of knowledge, overcoming obstacles along the way, arriving at the summit and receiving wisdom from the Universe, then “coming back down the mountain,” presumably to apply this knowledge to real-world circumstances in one’s life.

“Coming down the mountain...” from the Qigong retreat (see Part 2), I was immediately faced with an interesting case. Irena, my client with IBS, was returning for her second session. As you will recall, I had given her a short session before my trip, to tide her over until my return. Responding to my inquiry about her current state, “It was amazing! I had five perfect days, and then a relapse.” She began with a smile and ended in a frown.

“Tell me about your experience,” I probed. After the session she had felt considerably better. The IBS symptoms subsided and she was able to eat without the pain she normally experienced. She slept nine hours that first night (insomnia being one of her many issues), and reported good sleep the following four nights.

She happily improved over those few days until receiving a letter from her mother, an event that threw her backwards. Stress, stomach pains and other IBS symptoms returned.

As I listened to her narrative, I also intently observed her body language. It was evident she was mad at herself for allowing the letter to affect her so negatively. The pace of her speech picked up. She started twiddling her thumbs, and then said she felt one of her migraines coming on (another

of her issues).

As she reached for migraine pills in her purse I asked if she would be interested in doing a little experiment with me.

“First, take a long deep breath and slooowly exhale.”

“Now do it again, that’s great.”

“Please, one more time.” By the third breath, she was looking more relaxed.

“Now, I want you to take that pill out of your purse; and only pretend you are taking it. Touch the pill to your lips and then put it back in the bottle. Now close your eyes and pretend you have taken the pill. Now imagine the medication dissolving in your blood and being sent to your head where the migraine is.”

“Okay, now, I want you to imagine that this migraine is a form of energy in your head. Can you locate it? Great. Is it liquid, solid or gas?” She reported it felt like a heavy solid mass. “Okay, let’s imagine it to be a block of ice. Now, imagine the medication to be little molecules of heat. Now I want you to direct that heat to the ice, to melt and then evaporate. This heat will not affect any other part of your head.”

“Now, as the ice melts, you begin to feel more and more relaxed, and your head begins to feel comfortable and normal.”

“Let’s say normal and comfortable is zero and 10 is downright painful. Give me a scale on how your head feels right now.” She reported an 8. “Now pay attention. When I say go you let the molecules of heat from the medication treat the ice until it evaporates, and you let the evaporating completely leave your body. As you do that I want you to count down from 8 until you reach a number where you want to stop. Zero means completely comfortable.” As Irena complied, within mere minutes her face relaxed and she managed a smile. “Well done! Now take a deep breath and gently open your eyes, feeling good and relaxed.”

Irena was amazed at herself and said she felt wonderful. We did not plan to do a migraine fix that day, but I went there because it was appropriate for the client.

This event served to validate Irena’s ability to heal herself. She got very excited and was encouraged to do more work.

Moving on, we talked about the five days of wellness she experienced after the first session. I call this part of my work *intuitive listening*, in that 90% of my listening attends to what the client is not telling me. Not that the client purposely withholds information. Rather, I listen beyond mere words, beyond the client's conscious mind to the subconscious.

A crucial moment was revealed for Irena as she talked about the letter from her mother. Continuing with her life history it seems the relationship with her mother had deteriorated over the past several years.

The problems with eating, and stomach and abdominal pains; what she now identified as IBS; went as far back as 40 years. I saw no coincidence that the problem had gotten worse in the three years since her elderly mother came to live with her, upon the death of her father. Neither was I surprised that three different gastroenterologists had been unable to provide any relief. As I tuned into Irena's energies, I sensed dark clouds of dread and disdain. Somehow I *knew* if I could help her resolve the relationship with her mother, the IBS would go away.

It was the beginning of a journey of success for Irena. We had established a level of trust that allowed me to work with her however I deemed necessary. I engaged dowsing to show her where her energies were stuck. I used energy medicine techniques to "Qi-whack" her energy channels open, and applied Qi-massage (manual manipulation of energies) to improve the flow of her energies.

I did not hold back. The Qigong retreat had restored my own energies and confidence. I trusted the Universe to guide my knowledge and skill, intuiting an appropriate approach. That meant not relying on energy work alone. I also educated Irena on healthy eating, suggested a daily routine of food and exercise, and advised her to keep a daily record of her emotions.

In sessions that followed over the next few weeks Irena and I role-played circumstances and communication skills necessary to establish a better relationship with her mother. Her crowning glory was a pleasant Mother's Day with her mother. Irena was thrilled, as was her mother and her husband.

Positive energies started to flow and good things continued to happen for Irena. She regretted a strained relationship her son; yet he showed up one day uninvited and stayed to talk with her for four hours!

After twenty hours of work over five weeks, Irena was happily well. She reported having gained five pounds and feeling better than she had in years!

"Where have you been all my life?" she wondered. "I cannot imagine that my life could be changed in such a short time." I asked if she was willing to extend another ten hours to clean up the rest of her issues and she agreed without hesitation.

Plot twist

Irena had not originally sought help for IBS. She found me in the Yellow Pages while looking for a hypnotherapist

to help her quit smoking. During that initial phone call I had determined that smoking was the least of her problems. But now, five weeks later, "Given all you have accomplished, are you ready to quit smoking?"

"I need to," she began, "I have COPD and a collapsed lung. I have to go back to the lung doctor soon. I know he will not be happy I am still smoking."

That was not the answer I needed. "I asked you if you WANT to quit, not if you NEED to quit. Do you WANT to quit?"

"You have taught me to be radically honest, so I will have to say that I don't not really WANT to quit."

"You LIKE smoking, don't you."

"Yes, how did you know?"

"Told you I was psychic," I joked.

Most smokers enjoy smoking. There are chemical and emotional benefits. Irena had used smoking as a coping mechanism for the stresses in her life, claiming that smoking helped her escape the stress, to be alone and enjoy the smoke.

As we continued to "chat" (intuitive interview) an insight hit me. "If I can help you achieve the same feeling that you enjoy when you smoke, would you be able and willing to trade your cigarettes for that? After all, life is a series of trade-offs. You have already done the 'impossible' by healing your IBS. To quit smoking is a small task compared to your other achievements over the last five weeks, don't you think?"

She agreed; so I threw her into trance and reeducated her on how to achieve a sense of peace and calm naturally, without smoking. I included a "clean up" process to energetically restore any damaged lung tissue. As the session closed Irena declared herself to be a nonsmoker with healthy lungs.

When we next met she reported not having smoked for 72 hours with no side effects. "I cannot believe I have not touched a cigarette after leaving your office. In the past I would be struggling with a desire to smoke. Now I am smoke free and I can look at the cigarettes and not want them. The other day I was in a place where people were smoking and, just like you told me, I did not like the smell anymore!"

Two weeks later she was still smoke free and convinced of her ability to manage her own journey as a healthy and happy woman. She had taken up walking an hour and a half every day, was eating full meals, and found that she enjoyed better interpersonal relationships.

Coming down the mountain...

Irena's success affirmed that I will continue to be a catalyst for change with my clients. My initial training in hypnotherapy addressed symptom management, offering three-session packages to eliminate symptoms (e.g., to stop smoking, lose a certain amount of weight, or deal with specific phobias). I could have stopped there but, instead, I continued to explore additional options and strategies.

The result is that I now go directly to the root cause of each symptom, restoring energy flow within the client that

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REWIRING THE SELF-SABOTAGE SCRIPT

By Kristin Prevallet

*Kristin Prevallet is a writer, professor, and hypnotherapist with a private practice in Manhattan. She is the author of four books of poetry and three books on creative mind-body healing: *You, Resourceful: Return to Who You Want To Be*, *TrancePoetics: Your Writing Mind*, and *Pain Management and the Unconscious Mind*. The B.F.A. writer-in-residence at Spalding University, she teaches workshops on poetics, hypnosis, and consciousness at the Open Center, Poet's House, and Naropa University.*

I work with a lot of people for whom procrastination is a problem—and goodness knows I suffer from it as well sometimes. We're either stuck in a rut and not doing the things that we want to be doing with our lives, or we're feeling that there is some enormous, unconscious force that renders us a puppet to our laziest inclinations.

I don't know anyone who has been spared the virus of self-sabotage at some point. But I would be willing to guess that it wasn't such an epidemic among the more tribal, communal cultures of the past. And so I find myself wondering: is the cultural move towards a more individualistic society based on personal freedom and individual liberty actually an evolutionary force? And if so, is self-sabotage a side-effect of that relentless spirit of manifest destiny?

Because when I am in the dregs of full-fledged self-sabotage mode, there is no one who is more individualistic and self-centered than I am. It's as if I have activated the forces of individualistic, ego-centered, survival-of-the-fittest mentality.

And those are strong voices. They go something along the lines of, "You suck, you'll never amount to anything, of course you can't do that, see all those people thinking that you're stupid, I can't believe you just said that..."

And this persistent, nagging voice, that mode of "self, thou art not worthy of thy species" just makes me want to hit the self-destruct button.

Taking a broader look, it sure looks as if our entire species is hell bent on hitting that button. We're exhausting natural resources, over-building factories spewing carbon-monoxide emissions, and polluting the oceans. Depression is an epidemic and toxic environments trigger cancers that are indiscriminate in their killing spree.

If evolution is supposed to be about the survival of the species, how come there's this huge force that threatens to wipe out the fit, the weak, and everyone else in between? It makes me wonder if "Survival of the Fittest" should be called "Death-Drive: Pass It On."

I find it somewhat comforting to know that there's nothing wrong with me—that my internal wrestling matches are biological. But if that's true, then maybe—maybe—quell-

ing our personal sabotaging voices has much larger implications for the future of the species.

Consider this interesting debate happening between evolutionary biologists:

On the one hand there is Darwin who proposed his theory of evolution based on the survival of the fittest. This is called "individual" or "kin" selection," meaning that the traits of certain "top of the heap" individuals pass down their strengths to their offspring; what is strong and "fit" replicates and evolves, generation after generation. And what replicates, survives. Darwinian logic assumes that this is a biological law, a scientific fact.

On the other hand there is Edwin Wilson and other biologists who have dared to challenge Darwinian dogma. Wilson believes that although the struggle to wipe out the weak and perpetuate the strong does indeed happen among certain species, it doesn't happen within all of them. Not all organic beings are locked into the be-fit-or-die evolutionary script. In fact, some life forms actually survive because of co-habitation, shared resources, and the passing down of cooperative—as opposed to individualistic—social traits. Biologists call this "eusociality."

According to Wilson in his controversial book, *The Social Conquest of the Earth*, "Individual selection is responsible for much of what we call sin, while group selection is responsible for the greater part of virtue. Together they have created the conflict between the poorer and the better angels of our nature."

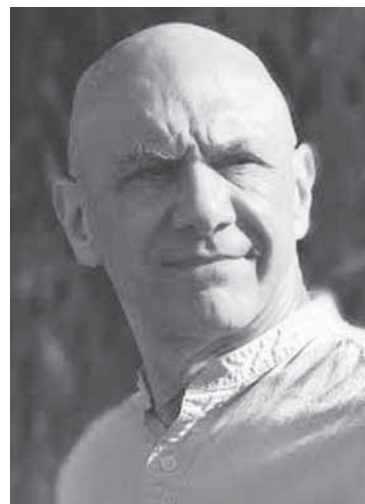
So are our deep inner conflicts actually indicative of larger biological and social forces that are at play in the field of unconscious evolutionary battles between co-habitation and strident individualism?

There are a lot of philosophical and logical problems with this rather simplistic and binary view of human psychology, but I wonder: is it possible that as we start paying more attention to group/community/social dynamics that the unregulated industrial and technological progress that now threatens the earth in unprecedented ways can be steered in a different direction? One that uses industry and

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MAGIC OPENINGS

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.

TODAY MY LIFE UNFOLDS

As this paper unfolds so does my life
I will have faith and not judge events
Our creator often unfolds things in ways I do not understand
I will learn from the new set of directions

TODAY I WILL BE A LOVER

I will look in the mirror and love who I see
I will act as if I am the person I want to become
I will see all living things through the eyes of love
I will judge no one

TODAY I WILL FORGIVE

I will forgive myself
I will forgive all those in my life I need to forgive
I am free of the past
I receive the benefits of forgiveness

TODAY I AM NOT AFRAID OF THE DARK

I do not need to see where I am going
I do need to feel my way
I accept that all new life begins in the dark
I will labor to grow and find the light
I have the wisdom of a seed within me

TODAY I WILL USE MY LIFE TIME WISELY

I will say no to what is not creative
I will say yes to my way of loving the world
I will accept that today is the best day of my life time
I will be a co-creator today and have no sense of time
I will rest when I am tired

TODAY I WILL MAKE MY OWN WEATHER

I will dispel the clouds of fear and bring sunshine into my life
I am cleansed and softened by the showers
I will light the moon and stars and make my darkness bright
I will marvel in the miracle of the weather and seasons of my life

TODAY I AM THE MASTER GARDENER

I will turn death and loss into compost with which to fertilize my life and soul
I will enjoy the diversity of my garden
I will see the beauty in all living and growing things
I will let a child know s/he is loved today

Today I am not I was
Today I am not I will be
Today I AM

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WHY DON'T HOSPITAL ADMINISTRATORS LISTEN TO US?

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.

As we all know, hypnotists are the experts on anything human. So when we try to help the medical community to do a better job of communicating, why don't they listen?

Let me back up a little. This is not just a random rant. No, this is a discussion based on recent experience working with the staff at my hospital, Seton Medical Center Williamson, Round Rock, Texas (metropolitan Austin).

This wonderful facility was opened 6 years ago and has won praise for the way patients are treated. People in the community actually treat the hospital cafeteria as a lunch destination. The rooms are spacious and well appointed. I have yet to meet any member of the medical staff with a negative attitude. It is a special place.

When Seton was built they had the foresight to install an IPC (interactive patient care) system. The chosen system has amazing capabilities. The in-room television requires the incoming patient to view a welcome message and brief "Slip and Fall Prevention" video before entertainment (TV and movies) can be enabled.

The system allows the patient to access TV, Movies, music and meditation. In addition, they can order food, surf the internet, view information on the doctors, comment on the staff, review their medications and, when assigned, view educational videos specific to their illness or malady. This is an amazing system when it is properly utilized. In 6 years, nobody had fully implemented this system.

There is no doubt nurses are some of the busiest people in medicine and yet, they were tasked with implementing this network "when they had time". As a result, the intro videos were run as the patient was being settled into the room so they could watch TV, but nothing else was being done.

Late last November, I was given the responsibility of implementing the patient education part of the system. Task #1 was to select and train well qualified volunteers to visit patients and engage them in their own recovery and wellness. Our immediate success, while small, is growing steadily.

Included in the training is a list of "script suggestions" using language designed to gain compliance from patients. While I was creating this training, it occurred to me that this might be the opportunity to change the language of medical professionals, at least in this one facility.

In a recent meeting of department heads and hospital

administration I had the opportunity to express my opinion on the subject of pain management. As I explained to those in attendance, the word "pain" elicits a pain response. Doing what we hypnotists so often do, I suggested substituting the word "comfort". Much to my surprise, the suggestion was well received and, with the approval of hospital administrators, the new language was implemented immediately.

My small victory was short lived. About 2 weeks later, that change was rescinded. The fatal flaw; when patients check out of a hospital, they are asked to complete a survey on their experience. The score hospitals receive from patients can impact not only how they are viewed in the community, but also their funding.

The survey is HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems). It is based on requirements from Medicare and the wording is not negotiable.

Included in this all important survey is the question "How was your pain managed?" On review, administration decided that many patients would not connect the dots. They would not realize that helping with comfort would be the same as pain management, and the score for our facility would suffer. The official language of our medical staff reverted back to pain management.

Why don't hospitals listen to us? As it turns out, sometimes their hands are tied. They may want to do the right thing but change carries high risk.

My immediate response was to email the nice folks at Medicare (<http://www.medicare.gov/hospitalcompare/search.html>) (Hospitalcahps@cms.hhs.gov) who are responsible for HCAHPS. I know better than to ask them to abandon the word pain. That word is part of our language and is never going away. All I am asking is the inclusion of the word "comfort". Anyplace you see the word pain, change it to pain and comfort (or pain/comfort). This one small adjustment can change the language of medicine. I will continue to send this suggestion from time to time. If any of you would like join the campaign, I am confident numbers matter.

One small step on a very long journey.

I hope to see you at Hypno-Expo 2015 at my seminar "Hypnotic Language in a Hospital Setting".

FLY ON THE WALL PERSPECTIVE: FROM THE CLASSROOM OF MELISSA TIERS

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](https://www.amazon.com)

Melissa: What would you like to change today?

Jane: My sister always ticks me off.

Melissa: And Thanksgiving is coming. Fun. So when was the last time your sister ticked you off?

Jane: She & my other sister went out to dinner.

Melissa: When?

Jane: A couple of months ago.

Melissa: And...

Jane: And she just kind of took over like she always does.

Melissa: OK. Stop. We need to slow it down. So when was the moment where she ticked you off? Because you 're having a decent time, you're all together and then she does something.

Jane: She basically, she like detailed all the plans.

Melissa: Back up.

Jane: OK.

Melissa: Now here's how we do this. (turning to class) She's already into "she detailed all the plans". And her body has tensed, her lips thinned and her voice is tight. She's already in the negative state. So I missed where we need to paste. Remember, this about finding the moment where we need to repattern. So let's back up. There was a moment when you were feeling fine and then she pissed you off. So rewind.

Jane: OK

Melissa: (to class) Notice her eyes go up to remember. Visual remember, then she goes down to question herself. Then she goes down to the right to tap into the feeling. Always look out for what her body is showing you about how her internal process flow. She has wonderfully obvious eye accessing cues. Remember that the body answers first. (laughter from the class as Jane nods her head.) It's a teach-

ing moment.

Jane: Alright. So she basically took the issue and decided how everything would work, just decided...

Melissa: Stop. Rewind just a little bit. When she decided that. When she starts to do her typical thing. What is it you're focusing on? Is it her face?

Jane: No. I can't even look at her.

Melissa: Hold up. You're already down the sliding board. I need to get you when you're still on the stairs. Otherwise it's harder to change. Back up. You're fine. You were all discussing something and your sister does her typical thing. So rewind.

Jane: OK so we're sitting there talking about the issue. It was helping my brother. We're still in the middle of talking about it and Karen just says, "Well, what we need to do is..." and then she's off.

Melissa: OK. (asking the class) Did you see it? Her shoulders tightened, her face changed, her eyes rolled.....Good. Now. Knowing that we all have our versions of reality, our own filters, and even our sisters have their own maps of the world....Some of them feel like that's their role to fix everything and they are clueless as how they come off. They really think they're helping. They really think, "Oh I've got a great solution". They don't realize that once again they're monopolizing the thing.

But you don't know because inside her own mind she may think that you guys would appreciate her fixing everything. But you don't know. We can never really know. And that's family dynamics. Right? So knowing that she probably didn't plan to do this to piss you off. Probably, from what it sounds like, she didn't come into this thinking "how can I piss her off?" So she's just a little clueless. (Jane is nodding her head and rolling her eyes)

So knowing that this is your sister, and when push comes to shove, she is your sister. And sisters are good to have. Even when they're annoying. I know I've got many.

I love them all dearly and at times I could throttle every one of them. (laughter) But I wouldn't give them up. Not for anything. So..... How do you want to feel when you're sitting at this dinner and your sister starts doing her thing?

How do you want to be feeling now, so you can either respond in a way that says "Well before you decide on that course of action maybe let's bring up this and this and maybe you all join in and decide that you can all fix it together OR you can just sit back and be amused as once again your sister is taking the wheel and driving you into a tree. (laughter). So. How do you want to feel?

Jane: Ok. I want to feel that she's doing her best.

Melissa: And when you really know that and you can step back and say, we're all doing our best and she's obviously not trying to piss me off. She didn't just stick a fork in my hand... and when you are confident and self assured inside knowing that nothing that anybody does can shake that.

So that you can look and go, "She's just doing her thing. She's just trying to fix the world. She's trying to control everything. But she thinks she's doing a good thing." And you can actually own that and feel it. What would that feel like inside?

Jane: It would feel warm and tender and very soft.

Melissa: (Melissa shifts into a softer tonality) And as you're feeling warm and tender and soft. Feeling this now, where is it in your body?

Jane: Right here.

Melissa: So feeling that feeling right through here (gesturing as Jane did) now imagine being at that table and your sister takes the wheel. How do you feel now?

Jane: Better.

Melissa: So. Feeling more open and tender and now a little hopeful because wow – I do feel a little better. Isn't that funny? So start to own it, because as a change worker, what if change is this easy? Wouldn't that be awesome?

Jane: Hmm. That's cool.

Melissa: As you're feeling that warm kind of open feeling, sitting at the table, see your sister's face as she tries to take over the world. And how do you feel now?

Jane: (laughs) It feels better. Yeah. It feels softer.

Melissa: And when you're feeling softer and open and you can just sit back and no matter what your siblings are doing, you can appreciate the fact that you have a family and that they're still alive. Feel how good that feels and now see your sister's face.

Jane: Hmmm. It's getting there.

Melissa: It's getting there. That's right. So this is why we loop it around. And loop it around. We're widening out the path and conditioning it in. So go back to feeling that

warmth and that openness, but more importantly I want you to access some of that inner strength that comes with being able to respond in a way you want. That comes with the ownership of "I'm in charge of my emotional states."

Jane: Hmmm.

Melissa: So not only am I open and tender towards my sister, who's doing the best that she knows how to do. As you're feeling that, own the fact that you are in control of your emotional states. And how strong you are inside. And as you're feeling this, now see your sister's face.

Jane: Yeah. That feels great. Yeah. That's perfect.

Melissa: So when it feels great and it's perfect and you imagine seeing your sister at Thanksgiving. How do you feel now?

Jane: Oh. Much better.

Melissa: That's right. Much better. And then you're joking and you're doing stuff and imagine that she tries to take over the place settings, or whatever. How do you feel now?

Jane: It just makes me kinda laugh.

Melissa: Great!

Janet: So do you find that after a session, it stays with them?

Melissa: It does.

Melissa: Now if she were in my office, I would go to many other situations in the past, present and future with her sister, so the brain will generalize out. That's what the brain does. So we use it. So when she was in that resourceful state, I could have had her think of another incident where her sister ticked her off and looped it till she felt better as she thought about it. And then while still feeling good, do another, and another.

Pretty soon, you know what would happen? She wouldn't be able to conjure up another incident where she could feel that anger. All of a sudden she's like "I know there was more. It's been 40 years. There has to be. Why can't I feel it?" Why? Because her brain has jumped ahead and generalized out.

So let me explain some of what I did in that demo. I wasn't getting a change that was powerful enough. She was feeling better – tender, open. But I wasn't seeing the non verbal shift that tells me it's done. Remember, we are looking for the unconscious responses. So instead of just going with how she wanted to feel, which is tender and open and warm, because when I said "What's it like as you're feeling tender and open and you imagine seeing your sister.

And she's like, "Yeah, a little better."

But when someone goes like this (one sided shoulder shrug). That's like "eh". She's not fully congruent. Her body is telling me she's not fully there.

So what did I do? I threw something out to see if she tried it on. I said, "so not only are you feeling tender and

open, what's it going to be like when you're in control of your emotions?", Then I had her consider how it feels to know that change can happen this fast. Why? Because she's in my class and she does change work.

So I saw her take a little of that on. But it wasn't big enough So I added, and now imagine you're in control of your emotions so that no matter what happens, you are the one in control.

And I did this (pushes hands forward) and I backed up. That says, dissociate. Why? Because I wanted her to see a more objective view.

And that's when she said "My sister is just doing the best she can." Because when you back up you can see that. **Jane:** And the response in my head was that the picture moved away. It was like I could see her at the table but when you said that, it was like "oh. It's way over there". It was cool.

Melissa: So here you have true rapport. When you pay attention to the non verbal communication and you pace it, the lead just happens naturally. My goal is to mirror her to the point where when I'm doing this, (leans forward) She automatically does it too. When I slow down my breathing, so does she. So there's this unconscious connection. Once I know I have that, and I do this (leans back and pushes hands out), I know. I know that that pictures going to go over here.

So I'm just giving you a sneak peak into some of the other layers going on here. Because there's this basic four step format and it can seem like this is way too simple. And in its simplest form, with just the four questions, it works. But please understand there are layers of subtleties that you can incorporate as you continue to learn, that make this work a playground to grow in.

Mysticism and Hypnotherapy: It is all about Energy!

Continued from page 31

has become stuck, unclogging obstacles, and re-orienting clients along a path leading to healthful energies and emotions. My goal is to set clients free, teaching them how to navigate a new state that focuses on handling future challenges with confidence and trust in their own abilities.

I find it most satisfying to know that I won't need to see a client again as a client. Rather, as I release a client from my services, I know I have established a grateful friend.

Coming down the mountain, I am certain that this work is a gift, a blessing from the Universe for me to integrate all that I know, all that I have and to welcome all that is to be, to facilitate a client's journey to health and happiness. The two bumps on my head (see Part 2) were a reminder that I am meant to integrate energy medicine with hypnotherapy to help clients heal. It is a mode of practice that works best for me.

The crux of energy medicine is that one must heal from

inside out; fixing symptoms alone will not help the client in the long term. One reason I left higher education was because I wanted a greater opportunity to put Spirit first in the Mind-Body-Spirit paradigm. I have been pulled inexorably to energy medicine because health and wellness can only emerge from the inside out (the influence of Spirit on Mind and Body).

In Part 4 I will address how my own 'mystical' experiences might inform you as a practicing professional.

Rewiring the Self-Sabotage Script

Continued from page 32

technology as eusocial tools as opposed to individualistic profit machines?

This is already starting to happen and I applaud companies such as Microsoft and Honda for transitioning destructive practices into cooperative/future-sustaining ones. But the momentum needs to greatly increase.

And it seems that for this to happen—for a vast amount of people to begin creating new infrastructures to sustain social/community/eusocial dynamics— that anyone, from poets to bankers, who is of sound mind and body can quell those inner tendencies towards self-sabotage and start living our lives not from the vantage place of suffering past afflictions, but creating meaningful, systemic changes at the level of both our personal psychology and social practice.

It seems like wacky, circular logic to imagine that doing what I really want to be doing with my life is somehow less individualistic than beating myself up about everything I'm not doing.

But when I'm not mired in negative thoughts about my sorry lot in life, there are so many other things I can begin thinking about that allow me to take action towards creating a meaningful existence, one that isn't centered around my own suffering but is, rather, centered around supporting other people, creating small constellations of community, and becoming a more activated human being who is engaged with the world around me. Compassion, helpfulness, gratitude, and connectivity with other people is so much more *natural* when self-sabotage is out of the picture.

The future—in terms of the planet, social injustice, and our own personal psychology— isn't over yet. And hypnosis provides some of the most useful re-patterning tools and techniques that work to transform mental inertia into positive, life saving and life affirming, action.

"I am so glad you have kept reminding me to join the new forum. I have missed the mentoring forum, and this new site is great!"

Janice Vick, Waco, TX



WHAT YOUR CLIENTS WANT

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.

Aside from the usual social and professional protocols of rapport building and orienting toward the task at hand, establishing an outcome for our work with clients is the first order of business.

And depending on our training and our personal style, how we go about it varies from one practitioner to another.

I'm a strong believer in giving my clients what they want. And yet, they're often not very forthcoming about what that is. In some cases, they don't even know. Often my clients begin the conversation with a description of some problem that they have. Maybe they tell you a story about something that happened to them a long time ago. Or perhaps it's a more recent trauma. Or maybe there's some habit or belief that they DON'T want to have. But what DO they want?

Most NLP practitioners have been taught to ask the question directly. "What do you want?" is often the starting point of an intake interview. I like to think of this phase of the process as being similar to placing an order in a restaurant. If a server were to come to your table and ask what you wanted, can you imagine the response you'd get if you replied, "I don't want any more hamburgers"? Just as the server needs to know what to bring you, the practitioner needs to know what to deliver ... and so does the unconscious mind of the client.

One of the conditions of well-formed outcomes in NLP is that they be stated in positive terms. Once, a client told me he wanted to stop losing his temper. When I explained to him that I wanted a positive outcome he said, "I'm positive I want to stop losing my temper." But the important thing in working with him was to create a possibility in which he was responding differently in those situations where he used to get angry. The outcome was to make those new behaviors available.

In fact, the best outcomes are ones that add choices. Many of our clients want to eliminate a default behavior ... they've only got one choice. John Grinder, co-creator of NLP said, "One choice is NO choice, two choices are a dilemma, it takes three choices to have choice."

To have a positive outcome we need to know what it is we are trying to create. Not what we're trying to get away from, but rather a new response that will run in their lives. In establishing a goal we give the unconscious mind a target. Something to direct itself toward.

This is one of the things that I really love about NLP. Having its origins in brief therapy, it is a solution oriented approach. It doesn't generally spend much time and attention on the past, but instead on developing skills that will help a person get more of what they want.

Another important aspect of what we do in NLP or hypnosis is to create experiences. Compelling experiences that allow people to develop new understandings, open up new options, create new programs.

Some outcomes are simple, first order change where we're working toward a specific new behavior in a specific context. But some outcomes operate at a higher logical level. On one level a person might want to stop smoking ... but a more generative approach would occur at the identity level. No longer about merely stopping cigarettes, it manifests in an evolved self who is able to handle those old triggers, who is committed to being healthier, and who wouldn't even THINK about smoking. Rather than merely eliminating an unwanted behavior, we are changing the client ... transforming them beyond the problems they brought to us.

As a practitioner, once you've established a positive well formed goal, then the work becomes easier ... you know what you're up to and you know when you're on track and what you need to do to get there ... and you know when you're done.

The frame of developing skills like an athlete in training works quite well in a coaching practice and with many of our clients who are motivated to focus on accomplishing something important to them. It helps them to keep their eyes on the prize. You can use mental rehearsal techniques and lead your clients through a work-out that helps integrate the skills.

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SOME IDEAS AND CASES ABOUT WORKING WITH FEARS

By William Wood
Part 3

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.



The Rewind Technique

I believe in using simple, reliable and easy to use processes. This technique qualifies on all fronts. If you have a fear or know someone who does, “The Rewind Technique” can help you eliminate a fear fast—often in under an hour.

This technique is described in detail in the famous NLP book “Frogs Into Princes,” which is now out of print, but can often be found on Amazon, as a used book.

In the early 1970s, there weren’t many options for getting help if you had a fear or phobia. Richard Bandler and John Grinder were convinced that there was an easier way to overcome fears and decided to study how people overcame fears or phobias by asking people who had actually overcome a fear on their own—spontaneously.

So Bandler and Grinder put an advertisement in the paper offering to interview people who had spontaneously recovered from a fear. They got an overwhelming response to their ad. And so the interviews began.

As the interviews progressed, a pattern emerged in the language many people used to describe what happened in the key moment that they overcame their fears: “One day, I stepped back and saw how ridiculous I looked.” Bandler and Grinder interpreted people’s statements to be literal descriptions of what they were doing in their minds to undo the fear response. People literally needed to “step back and see themselves look ridiculous.”

From that moment, Bandler and Grinder used these two ideas as guiding principles to develop techniques to help people overcome their fears. They experimented with different approaches to help people “step back and see themselves look ridiculous.” Eventually, they found a pattern that worked consistently to do just that.

In the early days of NLP, this technique was called “The Fast Phobia Cure.” Today it is often known as “The Phobia or Trauma Process” or simply “The Rewind Technique.” This technique works well to help a client reduce intense negative feelings associated with a memory in just a few minutes.

In my opinion, the keys that make this pattern work are as follows:

1. **Dissociation:** Most clients recall fear-based memories as if they were actually reliving them. Create distance between the client and the event or help the client step back from the event. Get the client to see himself doing the phobic response—over there.
2. **Emotional state change:** Change the emotional response to the visual memory. Any change in the emotional state of the person re-experiencing a memory will produce change. However, getting a client to “feel ridiculous” instead of “afraid” works well in the case of fears.

If you are using the rewind technique to reduce other types of negative feelings, you may want to help a client feel some other emotion. For example, if you are qualified to work with trauma, it would be totally inappropriate to make someone feel ridiculous as they reprocessed a rape trauma. That would likely increase the negative feelings, not make them better.

In releasing other negative emotions from past memories, I have helped clients access feelings of compassion, forgiveness, strength and confidence, just to name a few. Usually the process works best if the client supplies the desired state. To find an appropriate emotional resource, you might simply ask, “How would you like to have felt in that memory, way over there [as you point to the imaginary movie screen in the distance away from the client].”

This is one variation on The Rewind Technique. This technique requires that the client is capable of visualizing.

1. Before starting, I like to have the client “rate” the emotional intensity of the fear or memory on a scale of 0-10, with zero representing no emotion and 10 representing the most intense fear possible. I record the number and then continue to step #2.
2. Make sure that the client has narrowed the context down to one specific memory. I don’t need to know the content of the memory, but I will ask the client, “How old

were you when this happened?" I might add, "Is this a specific one-time event?" This memory doesn't need to be the first memory the client has of the problem, just one that is significant to the client.

Help the client find the beginning, middle and end of the memory. Often, I will say something like this, "I don't know much about this memory, but most people tell me their memory has a beginning, middle and an end. There was likely a moment before this memory started when everything was fine, you were feeling normal, maybe even safe."

Immediately after saying that, I watch the client's body language carefully for agreement or nonverbal signs of disagreement. If I see the client stop breathing or tighten the facial muscles, I check in and ask them to confirm if the memory had a beginning, middle and end.

Sometimes, the client feels that they had never been normal or safe before the memory and might object to your word usage. At that point, I help the client imagine a moment before the event took place and then have the client describe what exactly he or she was feeling. Then I match the language of the client to help them relax into the process.

Some clients feel that the memory never stopped. So have the client acknowledge that there was an end to the memory. Usually, I will say something like this: "There was also an end to the memory. There was a moment when the worst was over. In a moment—but not yet—I am going to have you create a mental movie of that event and watch it from the moment of safety before the memory started to the moment at the end of the movie when the worst was over."

Again, I watch the body language for nonverbal agreement or disagreement. Don't proceed until the client has found the beginning and end of the memory. This step is usually critical to make the process work because many clients will naturally loop a bad memory many times, which escalates the intensity of the memory.

3. Next, have the client imagine that he or she is sitting in a movie theater which is going to play the movie of their memory from the moment of safety at the beginning of the movie to the worst is over at the end of the movie.
4. If the content of the movie is sufficiently frightening, the client can be instructed to further separate or dissociate from the emotion in the movie in this way: "Imagine now floating out of your body and entering the projector booth where you are safe behind a shield of glass. Up there, you can look down below and see the back of your head of the you down there getting ready to watch the movie." In essence, you would ask a client to "watch himself, watch himself" have the fear response.

I see new hypnotists and NLP coaches get caught up in the imagery of the movie theater and miss the real purpose of this step, which is to completely dissociate the client from the negative feelings in the movie.

Sometimes, just having a client imagine sitting in the movie theater is enough to create sufficient dissociation to safely watch the movie. Sometimes, I need to create another layer of dissociation, like by having the client imagine being in the projection booth, behind bullet-proof glass.

However, there have been cases when I have had to add a further element of protection and dissociation for the client to feel safe. Sometimes, I have had the client add an imaginary force field or add special protective glasses and full body armor, to ensure emotional distance while he or she watches the movie.

There are other ways to create emotional distance. You can have the client shrink the movie screen down in size or move the movie screen out onto the horizon until it is no larger than a thumbnail. The possibilities are endless.

For example: have the client imagine having a control board or computer that gives all the controls he or she needs to adjust the movie to watch it in a safe way. You might have the client make the movie black and white, which for most clients further accomplishes the goal of feeling less emotionally intense about the memory. An alternate way to get the same effect is to have the client make the movie screen really, really small before watching the movie. I have also asked clients to imagine watching the movie "upside down." Sometimes, just getting the client to watch the movie in a different, detached way is enough to neutralize the fear response.

However, some clients may have a hard time with any one visual change you ask them to make—at least at first. So be flexible and work with the client's natural abilities. However you accomplish it, the ultimate goal of this step is to create enough emotional distance for the client, so he or she can experience the memory in a new way.

5. Before watching the movie, have the client project the movie onto the screen, pausing the movie at the scene of "safety." This step automatically helps the client create visual dissociation and emotional distance, instead of re-experiencing the event as if it were happening. Once you have the client watch the movie in his or her imagination, watch the nonverbal responses carefully. If you the client's non-verbal responses show that he or she has started to relive the movie instead of watch the movie you need to act quickly. Interrupt the client and help break the state. You are helping the client break the pattern of reliving the movie and teaching the nervous system to create emotional distance by doing so.

After the client has watched the movie forwards in a mostly detached way, have the client pause the movie at the end, after the fear “movie” is over and the client knows “the worst is over.”

6. Then ask the client to step into the end of the movie, into the moment when he or she knew that “the worst was over.” Then direct the client to relive the movie in super high-speed reverse (one to two seconds), seeing, hearing and feeling the movie in rapid reverse. I make a fast rewinding sound effect to help the client imagine going quickly backwards through the movie. This sound also serves as a verbal anchor to repeat the process unconsciously later, if needed.

Some clients have had difficulty with stepping into the movie during the rewind step. I often have those clients imagine watching the movie in reverse and progressively changing the imagery while holding an anchor for another state, like confidence, power, forgiveness, etc.

However, in general, the technique is much more effective if the client can actually step into the movie and “experience” the movie in high speed reverse. This reverse reliving is a powerful way to scramble the old feelings in the memory.

7. Then I ask the client to step back into their detached place in the projector booth and rate the intensity of the fear on a scale of 0-10, with ten being the worst. Generally the fear will have already subsided. This will be evident in the client’s verbal rating of the fear and in the client’s nonverbal response to the memory. I continue to have the client re-experience the movie in reverse until the intensity of the fear decreases substantially—which becomes evident in the body language and the 0-10 responses. If there is ever a discrepancy between the nonverbal responses and the verbal responses, I always believe the body language.

Most people will experience significant emotional detachment in three to five repetitions of “rewinding” the movie backwards extremely quickly. Speed does matter here. Remember this is not a slow rewind.

Sometimes, I have noticed that a client will get stuck emotionally. Even after several rounds of rewinding, some emotional intensity remains. In those cases, I have found it useful to ask the client, “What do you need to learn from that event [pointing to the movie screen across the room] to let the fear go?” Most of the time, when the client acknowledges the learning, another few rounds of movie rewinding will drop the emotional intensity significantly.

Also, I might ask: “What does your younger self need emotionally to completely let go of the fear?” The client may report any number of things, but it is common to hear things like safety, love, comfort, understanding,

forgiveness, protection, etc.

Once the client gives you an emotional state, anchor the state by asking, “What does it feel like when you feel [love, peace, joy, etc.]?” When you see the client’s facial expression and body language change, anchor the response by lightly touching the arm of the client if you have permission to touch or create a visual anchor by placing your hand over your heart. Tell the client, “Transfer this emotion over there [pointing at movie screen] to help your younger self let go of the fear.”

After transferring the anchor to the younger self, continue to hold the anchor during another three rewind experiences. Almost always, this will finish the emotional release process when a client becomes stuck.

8. After confirming that the emotional intensity has released. I have the client think about related memories to notice if the effect has generalized or not.

Sometimes using the rewind technique on one memory is enough to completely release the fear response and sometimes several memories must be processed with the technique before the effect generalizes and the fear disappears.

If the client does not release the negative emotion after processing several memories with this technique I used “an anchored guided search”—which works like an affect bridge. I ask the client to bring up the fear response. As soon as I see evidence of the response in the nonverbal responses of the face, hands, and body, then I anchor the response with a light touch or with a gesture, like holding a hand over my heart where the client can easily see the movement. I then say, “Follow this feeling to it’s source—to the memory that needs to be processed to let go of the fear once and for all.” Once the memory is found with the anchored guided search, I repeat the rewind technique with this new memory. Usually I don’t need to use an anchored guided search to release a fear, but if nothing else has worked, the anchored guided search will usually help me get the client unstuck.

For example, I recently helped a woman let go of a dental fear. She had had three very intense memories at the dentist office as a child, all of which she could remember in our pre-talk interview. Now she was an adult and desperately needed dental work done, but couldn’t bring herself to go to the dentist, even though she was experiencing intense pain.

In the pre-talk, she identified her earliest and most traumatic dental memory. We started our work there. As a young child, a dentist had forcibly extracted a tooth without using any anesthetic.

We created emotional distance from the memory by having her imagine she was in a movie projector booth behind bullet proof glass. I helped her identify her point of

safety and a moment after the tooth was extracted and the pain was mostly gone. I had her shrink the movie screen to half its original size and run the memory forward in black and white.

Then, I had her step into the end of the movie and quickly experience the memory in high-speed reverse three times. After three repetitions, I had her watch the memory in forward motion, pausing it at the most intense scenes to test her response. Most of the emotional energy had been released, but not all of it.

Next, I had her pull up still images of the most intense scenes and I had her alternate between whiting out and blacking out the scene until she couldn't get the visual representation anymore. After that, she couldn't get any emotional connection to the memory and commented, "It almost feels like this happened to someone else."

After using the rewind process with the first memory, I had her think about a second later dental memory. In the memory, she was ten years old. The same dentist had apparently forcefully covered her mouth because she was screaming in his office.

She still felt some emotional intensity around that memory, although it had significantly reduced after releasing the fear in the first memory. We repeated the rewind process several times until the emotional intensity had abated.

I then had her test the third dental memory for fear. She had a minor fear response. In her memory, she was now in a dental chair, but this time with another dentist who drilled on her teeth without any anesthetic, because she was "too young to feel pain." We ran the rewind pattern three times before the memory was neutralized. At that point, we tested five successive dental memories and fear had been totally released in each one. Each subsequent memory was now emotionally neutral. The entire process took less than twenty minutes to complete.

While she was still in my office, I had her call a dentist who had a reputation for being very gentle and caring so she could get the help she needed. I wanted to see her response to setting an appointment. Her body language showed complete relaxation through the entire process. She also reported being absolutely calm after she got off the phone.

At the end of the session, I told her to call me if she needed a "tune-up." She later called me to report on her visit to the dentist. She said that for the first time in her life, she sat in the dental chair totally calm.

If you go to this link, you can watch Steve Andreas, a highly skilled NLP instructor, working with a woman who has a bee phobia, using this same process (This process was formerly known as the NLP Fast Phobia Process):

<http://www.youtube.com/watch?v=VtUatMghbHg>

At this link, you can watch a 25 year follow up with the same client where the bee phobia is still gone:

<http://www.youtube.com/watch?v=TjjCzhrYJDQ&feature=related>

This process is simple to do, easy to learn and is probably the single most researched technique from NLP. It works amazingly well. I do recommend attending a class to learn the process and practicing on several small fears with volunteers before attempting to use this approach with a client, especially if the fear is severe. As I mentioned earlier, the process will also work to neutralize negative feelings from almost any memory that has a significant emotional charge. However, if the base emotion is something other than fear, you may need to modify the technique to make it work.

To be continued in the next issue...

What your Clients want

Continued from page 38

The generative frame is powerful for the more transformationally oriented clients ... for those seeking life-changing breakthrough experiences. It can be said that there is an emerging self trying to find its way out into the world, so our task is to sponsor that emergence.

Sponsoring your client's emergence is a powerful frame for the changeworker. It is being a midwife to the possibilities in them. The model for this style can be seen in Anne Sullivan's brilliant work with Helen Keller. It is as though she said to the child, "I know you're in there, little girl ... and by God, I'm going to get you out!" It is a high calling, and working with outcomes in this way is to be an agent in human evolution.

Whether you are called to help people change behaviors, resolve problems, or to re-create themselves completely, the value of a positively stated outcome will give you and your clients a direction and provides a focal point for the unconscious mind to use in an unfolding creative process.

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MEMBERS ON THE MOVE

Roy Hunter is working on another book project involving guest authors. It includes case summaries of sessions where clients access Higher Wisdom or Divine guidance and experienced a good outcome. The publisher is interested in a chapter with amazing case summaries from guest authors. If you have an amazing case history you would like to submit, please contact Roy. If your case history is chosen, your name will be included, as well as your website and contact information if you wish. Act fast, as the publisher wants the final contributions by the end of May.

Best wishes to **Mike Wysner** as he succeeds **Mary Vallei** as the incoming president of the Michigan Association of Counselors and Hypnotherapists. We also wish to welcome **Mark Kandel** as he succeeds **Christine Allyson** as vice-president. The MACH serves as the Association's official chapter in the state of Michigan. Although these two gals are a hard act to follow, we have every confidence that the new dynamic duo will do a remarkable job.

Congratulations to IACT member **Patricia Fuenzalida** on her recent nuptials. We offer the new couple our warmest and sincerest wishes always. Here's to many happy years together!

Roger Moore is now approved by the IMDHA to teach a specialty certification course in Medical Hypnosis. He plans to host the class at his facility in Seattle, Washington. The course is offered to those with hypnosis experience. His Institute is licensed under Washington State Workforce Training and Education Coordinating Board Chapter 28C.

We'd like to welcome **Bruce Eimer** to our family of IMDHA approved school directors. Bruce comes to us with a great deal of experience and a teaching passion to match. His launch of the new training facility, The Behavior Therapy Center, PC promises to be a welcome asset to the IMDHA family of approved schools in Pennsylvania.

Sherry Hood was pleased to host **Kevin Cole** at her school, The Pacific Institute of Advanced Hypnotherapy. Kevin taught a seven day intensive NLP Course to a sold out crowd. Plans are already being made for Kevin's return to PIAH for a second course. A big thank you to PIAH grad **Monika Burton** for all of her hard work in arranging this event.

Sherry Hood and Dr. Janke attended the inaugural Integrative Health Retreat at The University of Alberta campus on December 16th.

Our deepest appreciation to IACT instructors **Yu Yonghai** of Singapore, **Maria Joao C. Dias** of Portugal and **Fran-ka Fiala** and **Lymari Díaz Meléndez** of Puerto Rico for their collaborative effort in translating the Certification Assessments for us into multiple languages. Because of this concerted effort we are now able to offer the Certification Assessment in English, German, Spanish, Portuguese and Chinese. How fortunate we are to have such dedicated practitioners among our ranks.

In process is, "*Catching the Brass Ring: the Way of Confidence and Success*". This hefty book authored by IMDHA member **Del Hunter Morrill** includes previously published and unpublished scripts, stories and other resources on self-esteem and confidence, building success and prosperity, handling stress and procrastination, learning to enjoy work and colleagues, and organizing for successfulness. Contact Del directly if you are interested in obtaining a copy at its completion. This volume is estimated to price out at \$96.

Best wishes to **Diane Pope** as she relocates from Arkansas and settles in to her new home back in the lone star state of Texas. We wish you a smooth and seamless transition.

IACT founder **Jillian LaVelle** has relocated. After making Florida her home for more than two decades, she has moved cross country to Washington State. When speaking with Jillian, she relayed her gratitude in Washington having one of the warmest winters on record this season. We send her best wishes as she settles in to her new home.

Congratulations to **Kathy Welter-Nichols** on the release of her new book *Chasing Hunger: The 90 Day Bulimia Breakthrough Challenge*. Using NLP & Hypnosis to help quiet the inner terrors, changing the belief map so there is allowance for flexibility; reducing perfectionistic comparisons is the focus of Chasing Hunger. The book provides the individual strategies to update systems while utilizing the finely honed skills of bulimia to make system wide changes integrated now to support your complete and total recovery. The book is available on Amazon in Kindle format.

After more than 20 years, **Anne King** is preparing to scale down her training schedule. Beginning this year, she plans to offer only one certification course per year. Anne is highly regarded as a seasoned professional in educating fellow Texans in the art and science of Hypnosis. Her facility is state approved by the Texas Workforce Commission. Best wishes in your plans to reduce your workload. It is well-earned!

RECOMMENDED LANGUAGE

Provided below is a list of Recommended Language. The Association encourages its use as a means of communication between the general public, the client and the hypnosis practitioner. It represents the Association's opinion about the choice of language. It is the responsibility of the hypnosis practitioner to abide by the laws which govern their State or Province. This information is not to be considered legal advice, as only a licensed professional in the respective jurisdiction can do that.

ACADEMIC Academic Enhancement, Academic Performance, Learning Enhancement, Learning Skills, Study Habits, Study Skills

ACHIEVEMENT Increased Performance, Maximizing Potential, Mindset for Success, Peak Performance, Personal Development, Personal Excellence, Personal Growth, Motivation, Time Management

AGING Symptoms of Menopause, Limited Mobility, Loneliness, Dealing w/ Physical Challenges

ALCOHOL & DRUG Self-control over alcohol, Self-control over drugs

ANGER Anger Issues, Anger Management

ANXIOUSNESS Apprehension, Excessive Uneasiness, Fears, Worry

ART Artistic Attunement, Performing Arts, Artistic Enhancement

ATHLETICS Athletic Performance, Sports Enhancement, Sports Performance, Golf Improvement

BEHAVIOR MODIFICATION/HABIT ELIMINATION Behavior Issues, Behavioral Change, Excessive Behavior, Habit Shifting, Procrastination, Unwanted Habits, Nail Biting, Personal Growth

BUSINESS Business Enrichment, Career Change, Career Planning, Job Burnout

CHILDREN Working with Children, Teens, Young Adults

CLINICAL which includes research, and other uses of hypnosis by licensed health care providers, medical providers, licensed social workers, psychologists, psychotherapists, using hypnosis

COACHING Business Coaching, Hope Coaching, Life Coaching, Life Plans, Life Purpose, Life Skills, Life Transitions, Work/Life Balance

CONFIDENCE Assertiveness, Ego Strengthening, Public Speaking, Salesmanship, Self-Confidence, Self-Acceptance, Self-Actualization, Self-Control, Self-Esteem, Self-Empowerment

CRISIS COPING Abuse, (Post War) Military Service Transition, Family Tragedy, Dealing w/ Natural Disasters

DENTAL Dental/Surgical Support, Dry Mouth, Hypnoanesthesia, Hypnodontics, Teeth Grinding, Excessive Salivation

EMOTIONAL ISSUES Aging, Forgiveness, Grief, Guilt, Hypnotic Assisted Birthing, Sadness, Self Sabotage, Sleep, Inner Conflict Resolution, Smoking, Situational Stress, Weight

FINANCIAL ISSUES Debt Elimination, Financial Blockages, Prosperity, Self-Sabotage, Abundance

FORENSIC HYPNOSIS Forensic Applications of Hypnosis (not to be used in court proceedings unless specifically permitted in the State of your practice). Enhance or Clarify a Memory, Hypnotically Refreshed Recall

GENERAL HYPNOSIS Creating Positive Change, Limiting Beliefs, Group Hypnosis, Guided Imagery, Guided Meditation, Self Hypnosis, Visualization

GOAL ACHIEVEMENT Goal Setting, Decision Making

GRIEF Bereavement, End of Life Care, Grief/Loss, Heartache, Hospice, Loss of Innocence, Loss of Love

HEALTH & HEALING Accelerated Healing, Allergy Alleviation, Better Health, Cancer Support, Catastrophic Illness Support, Chronic Illness, Debilitating Conditions, General Health, Healing, Healing from Sexual Assault/Incest, Health Maintenance, Hope Coaching, Humor in Healing, Hypnoanesthesia, Imagery for the side effects of Cancer Treatment, Improved Health, Non-pharmacologic Surgical Analgesia, Optimal Health, Comfort Control, Palliative Care, Post Operative Healing, Pre Surgery Preparation, Ringing in the ears, Mind/Body Wellness, Surgery Prep/Recovery, Wellness, Whole Health; Women's Wellness

RELATIONSHIPS Compatibility, Intimacy/Sexual Health, Sexual Enhancement, Sexual Health, Loss of Love

MEDICAL/HEALTH SUPPORT Anxiousness, Comfort Control, Discomfort, Situational Stress

MEMORY & CONCENTRATION Concentration, Focus Training, Focused Attention, Improved Focus, Mental Training, Memory, Mind Fitness

PAIN RELIEF Comfort Control

PEAK PERFORMANCE/SELF IMPROVEMENT Academic Sports, Arts, Athletic, Achievement, Financial Issues, Memory & Concentration, Increase Motivation, Public Speaking

PHYSICAL CHALLENGES Working with Handicapped Persons, Limited Mobility

PREGNANCY ISSUES Childbirth, Enhanced Fertility, Hypnosis Assisted Birthing, Peaceful Pregnancy, Prenatal Wellbeing, Pre/Post Natal

SLEEP Peaceful Sleep Programming, Sleep Well, Sleeplessness

SMOKING Self-Control/Smoking/Tobacco Cessation, Tobacco

SPECIALIZED MODALITIES Coaching, Conversational Hypnosis, Business Coaching, EFT, Forensic, Hope Coaching, Life Plan, Life Purpose, Life Skills, Life Transitions, NLP, Parts, Quantum Focusing, Regression, Work-Life Balance, Life Coaching, Reiki

SPIRITUAL HYPNOSIS Spirituality

STAGE HYPNOSIS Stage Presentation, Hypnotic Entertainment

STRESS Situational Stress, Stress Relief, General Relaxation, Relaxation

WEIGHT Weight Management, Virtual Gastric Band, Weight Release, Appetite Suppression, Body Image, Body Reshaping, Exercise

*A medical/mental health referral from a licensed medical professional may be required for certain conditions. Your client is the most important person in your hypnosis relationship. If there is any question about the efficacy of such a referral, then, in that event, obtain the referral so that the client is always protected. We, as hypnotists do not diagnose, do not offer a prognosis, do not treat, nor do we prescribe medications. It is the personal responsibility of every hypnosis practitioner to always be mindful of the best interests of the client.

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Dr. George Bien created and taught Advanced Hypnosis Training Programs as the Principal Trainer for organizations such as the International Association of Counselors and Therapists, the National Guild of Hypnotists, and the American Board of Hypnotherapy. George is the World’s First Recipient of the National Guild of Hypnotists’ President’s Award, the World’s First Recipient of the Dr. Rexford L. North Memorial Trophy, the “Oscar” of Hypnosis, and the World’s First Recipient of the Charles Tebbetts Award. He is also the recipient of the IACT President’s Award, the IACT Distinguished Service Award, and is the only person in the world to be twice honored with the IACT “Educator of the Year” Award! George was inducted into the Hypnosis Hall of Fame in 1989.

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