

**Self-hypnosis and hypnotherapy**  
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In 1995, the Consumers' Association carried out a survey of readers of its magazine *Which?* in order to find out their experiences with complementary therapies. 8,745 readers (44 per cent of the total) responded. When asked the question "Have you ever used a practitioner of alternative (complementary) medicine?", 2,724 (31 per cent of respondents) answered "yes". Of all the complementary therapies they had experienced, hypnotherapy came out by far the worst in terms of consumer satisfaction. Hypnotherapy was the only therapy in which fewer than 50 per cent of respondents reported an improvement in their condition (compared with 59 per cent for chiropractic, 58 per cent for osteopathy and 52 per cent for faith and spiritual healing). Hypnotherapy came bottom (58 per cent) in terms of whether people felt better within themselves after the treatment (as distinct from whether their condition improved). In terms of overall satisfaction, hypnotherapy again came bottom, with only 50 per cent of users saying they were satisfied, and 41 per cent dissatisfied, including 16 per cent "not at all satisfied". This should be compared with chiropractic (89 per cent satisfied), osteopathy (86 per cent satisfied), and herbalism (78 per cent satisfied). When asked, "Would you recommend this alternative treatment to a relative or friend with the same problem?", hypnotherapy again received the lowest recommendation, with only 40 per cent answering "yes", compared to 90 per cent for aromatherapy, 86 per cent for chiropractic, 84 per cent for osteopathy, and 71 per cent each for homeopathy and herbalism.

In asking why hypnotherapy is regarded so dismally by so many of its users, Barbara Rowlands, author of the book based on the survey, speculates that:

The unpopularity of hypnotherapy could be attributed to the public perception of hypnotherapy as a technique that puts its subjects in a very vulnerable situation: the subject is perceived to have no control, to be under the power of someone else, and may perhaps even be persuaded to do something he or she would never dream of doing in a fully aware state.

These are misconceptions. A hypnotic state is *not* something that can be imposed by someone else. Hypnosis is akin to the trance-like state that we slip into every day: we can drive from A to B without remembering how we got there and carry out ritual tasks on auto-pilot, 'waking up' when we have completed them. We can be helped into that state by a hypnotist ('heterohypnosis') or taught to go into that state at will ourselves in a way that is intended to be therapeutic ('self-hypnosis'). Indeed, the training of people to use self-hypnosis is useful as it helps them understand that it is a state they achieve by themselves and that it has not been imposed upon them.<sup>1</sup>

Well-informed though Ms Rowlands's remarks are, one suspects that she is being much more charitable to those hypnotherapists whose clients expressed dissatisfaction than those hypnotherapists deserve. We have all heard of abysmal examples of what purports to be hypnotherapy. One client who came to me to stop smoking reported that when he had previously seen a hypnotherapist to deal with the same problem, the therapist chain-smoked the entire length of the session!

However, Ms Rowlands does touch on a crucial point with her comments on self-hypnosis. Our purpose here is to describe how to teach self-hypnosis in order to enhance the success of hypnotherapy and the esteem in which the client holds it.

### **Hypnosis to take away with batteries included**

The world is speeding up. People want results immediately and effectively. Some hypnotherapy textbooks aimed at doctors, dentists, psychologists and psychotherapists contain references to "brief therapy" as being 20 sessions and recommendations not to use hypnosis until the second session. For lay hypnotherapists today, 20 sessions is almost unimaginably long therapy and in many cases there simply is no second session. A recurring problem most lay hypnotherapists face is that clients simply will not come back for hypnotherapy after their first (or maybe second) session. This situation benefits nobody: it means that the client has not achieved the result he or she wants, leading to bad word-of-mouth about hypnotherapy in general and that hypnotherapist in particular. It also leaves the hypnotherapist frustrated and unhappy, through being unable to complete the therapeutic process, and also through getting paid less money than expected. In their training, lay hypnotherapists are often taught to tell clients that it could take any number of sessions to solve the presenting problem. Experience demonstrates that this is a counter-productive approach. If you tell a client that you expect him or her to come to you for a number of times which you are going to decide on, then you are putting a potentially unlimited claim on his or her finances. The client recognises the fact that the longer the therapy drags on, the more of the client's money the therapist will get, so that the therapist has a vested interest in prolonging the therapy for as long as possible. This is likely to put off the client from starting the process of hypnotherapy in the first place.

This problem can be solved by offering to help the person find the most effective, appropriate and rapid solution that can be achieved in a single session, giving the client the opportunity to return at any time he or she feels it would be beneficial and convenient to do so. This can be achieved by teaching self-hypnosis to the client and, after the session is over, recording a tailored 20-minute CD based on the session, which the therapist can send to the client in order to continue the work after the session is over. This has several beneficial effects. It gives the client the maximum possible value for money. It – literally - brings home to the client the fact that the transforming process takes place inside himself or herself, so that the client recognises that he or she is ultimately the architect of that transformation, not the therapist. This itself significantly increases the possibilities for a successful outcome. For the hypnotherapist, that successful outcome provides good word of mouth, that vital ingredient for survival in practice.

## Paraphernalia for hypnotherapists

Also, it enhances the therapist's prestige by giving him or her the use of paraphernalia, or ritual objects, in the form of self-hypnosis CDs. The ritual use of objects seems to enhance healing experiences in general. There can be little doubt that the prestige of conventional medicine and pharmacology derives largely from their extensive use of paraphernalia. The late Dr Patrick Wall, professor of physiology at St Thomas's Hospital, London, wrote that:

The placebo response is the fulfillment of an expectation. Expectations are learned by individuals and if enough individuals share the same expectation it is called a culture. Young children have not had time to learn that people in white coats with horrible-tasting medicine and needles bring relief. Therefore they do not respond to placebos in an adult fashion even though they have learned that 'Mummy will kiss it better'. Unfortunately, the belief in mummy's omnipotence fades and is replaced by the beliefs of the community in which they live: on the Zambesi, the belief may centre on the shaking of bones; on the Seine, on the power of Vichy water; and on the Hudson River, on a psychoanalyst.

The precise nature of the effective placebo becomes finely-tuned and is exploited by the pharmaceutical companies who take advantage of the details. A coloured tablet with corners is superior to a white round tablet. The colours have been investigated. Red is associated with power, while green and blue calm. Capsules containing coloured beads are superior to any tablet. As everyone 'knows', when doctors are getting serious they give injections. A saline injection is superior to any tablet. When doctors are very, very serious, they give intravenous injections, so an intravenous injection of saline beats an intramuscular injection. A famous professor of medicine taught his students to give patients a tablet held in forceps with the explanation that it was too powerful to be touched by fingers.<sup>2</sup>

With complementary therapy, too, the use of paraphernalia seems to encourage clients in the belief that the therapy is thereby more effective. Klaus Linde, of the centre for complementary medicine research at the Technical University of Munich, analysed 89 trials of homeopathy and concluded that the trial results were "not compatible with the hypothesis that the clinical effects of homeopathy are completely due to placebo" and that "individualised homeopathy has an effect over placebo"<sup>3</sup>. Yet the "active" ingredient in the homeopathic preparation has been so massively and repeatedly diluted that no scientific test has found any difference between the homeopathic preparation and ordinary water. The magician and arch-sceptic James Randi has offered \$1 million to anyone who can invent a reproducible test that can tell the difference between a homeopathic preparation and a control. While some

believe that water somehow has a “memory” or can “store information” to account for the effectiveness of the treatment, it seems more likely that such effectiveness derives from the total experience of homeopathy and particularly the client’s relationship with the homeopath, with the water containing the ultra-dilute substance playing a ritual and symbolic role within that experience, and a no less significant and effective one for that.

Historically, hypnosis was accompanied by its own paraphernalia. Most histories of hypnosis start with Dr Franz Anton Mesmer in the late eighteenth century, presumably because he was the first western physician to use it – under the name “animal magnetism” - systematically. Mesmer argued that illnesses were caused by blockages or obstructions in part of the body. He believed that he was a “magnetiser”, that he had a magnetic quality in his body that could be transmitted as a healing fluid to patients and thus correct the pathological imbalance of their “animal [i.e., biological] magnetism”. At his salon, he used violin music, mirrors and sparkling lights on his patients, who were sitting in an iron tub studded with metal bars, and wore a lilac cloak with an iron staff to induce a “mesmeric crisis” in which healing took place. Later, of course, hypnotists used swinging watches, pendulums, hypno-discs, flashing mirrors, crystal balls and electric lights as objects of fixation. More recently it has been understood that the object of fixation need not be external – indeed, it can most usefully be an image or idea located inside the client’s mind, so hypnotherapy can be carried out without external paraphernalia.

Making the process of producing a self-hypnosis CD central to the hypnotherapy session gives the lay hypnotherapist a new piece of paraphernalia that can enhance both the prestige and effectiveness of hypnotherapy. When the client receives something tailored especially for him or her and containing the therapist’s words in permanent form, it literally “objectifies” what happened during the session. It shifts the client away from a sense of dependence on the therapist towards a reliance on internal resources, actively involving the client in his or her own development. The client has the solution – or at least a large part of it - right there in his or her hand. It is hypnosis to take away, with batteries included.

### **Self-hypnosis: an innate faculty**

The capacity to imagine and plan one’s own future, which is the essence of “self-hypnosis”, is innate within human beings. Jacob Bronowski, the historian of ideas, in discussing the pre-historic paintings of animals on cave walls in Spain and southern France from c20,000BC, speculates that the reason why they were painted deep underground, in caves where sunlight could not reach, was that in firelight they would look as if they were alive and moving. By watching those paintings by firelight, he suggested, the hunters would experience a process of desensitisation away from fear of the animals so that they could hunt them more effectively.<sup>4</sup> Julian Jaynes, professor of psychology at Princeton University, argues that the key process in human evolution was the development of the power of human beings to consciously introspect and plan their own future in place of the older “bicameral mind”. He argues that early civilisations were created purely by conditioned reflexes and learned responses which appeared to the person in the form of a hallucinated “god” or “spirit” which instructed the person how to act in any situation which

required a decision, He calls this the “bicameral mind”. Later, he argues, people evolved the power of introspection, so that the conscious mind could think for itself. As an example of this transformation, he points to the distinction between the *Iliad* and the *Odyssey*: in the former the gods are ever-present, telling characters what to do in moments of decision, while in the latter they are more remote, and their presence inferred by omens and seers while the characters make decisions using their subjective consciousness.<sup>5</sup>

When this evolutionary development took place, Professor Jaynes believes, the capacity to draw on instinct and the experience of the nervous system in the form of hallucinated “gods” or other figures receded into an obscure region of the right side of the brain, where hypnosis is one way of accessing it. Interestingly, Ainslie Meares, the distinguished psychiatrist and hypnotherapist, believes that “The essence of hypnosis...is atavistic regression or regression towards primitive functioning.”<sup>6</sup> Assuming that it is largely correct, Jaynes’s thesis opens up two viewpoints from which self-hypnosis or auto-suggestion can be understood. On the one hand the client can learn to use subjective consciousness in an effective way, through such techniques as visualisation, future-pacing and affirmations, thus consciously creating a powerful internal representation of the positive outcome he or she wishes to achieve. On the other hand, self-hypnosis can be a way of accessing more “primeval” functioning, drawing from innate resources and unconsciously learned experiences to develop a solution spontaneously. This distinction is useful for the therapist to bear in mind, especially when faced with a division between what the client’s conscious and unconscious minds want to achieve.

As Brian Inglis describes in his superb historical study *Trance* (1989), altered states of mind as a means of accessing powerful internal resources have always been a feature of human experience. Every religion has its mystics – individuals supposedly capable of direct connection with the divine, rather than through the mediation of a priestly institution. In “mystical states”, these people are often impervious to pain, a classic feature of an hypnotic trance. In the second century AD, Iamblichus noted that when a person was observed in a trance, it seemed as if “sensation and life had been suspended”; he has ceased to feel pain and “has not felt the application of fire”.<sup>7</sup>

Centuries later, Dr Mesmer used “self-magnetising” to realign his own healing fluid and cure himself of an ailment. He believed that only a magnetiser with a healthy mind and body would be effective therapeutically. In an account of animal magnetism written in 1787, M. de Moulleseaux, of the Strasbourg Society of Harmony, noted that the subject could “preserve in the waking state the faculty possessed in the [Mesmeric] crisis...[and be able] at need, after having agreed the matter with one’s magnetiser, to put oneself in crisis in his absence and without his help.”<sup>8</sup> He noted the potential for self-magnetisation and emphasised the need for motivation and an expectancy-set, that is, the need and the mutual belief of both the subject and magnetiser that such results are feasible. Work on “self-magnetisation” was continued by other Mesmerists in the early 19th century. Self-hypnosis was also used and taught by Dr James Braid and other pioneers in hypnosis. At the end of the 19th century, Emile Coué, originally a pharmacist, developed the technique of autosuggestion. He explained his method to his clients as follows:

[E]very morning before rising and every night when you are in bed, you will shut your eyes and you will repeat 20 times with the lips, loud enough to hear yourself (and in order to save yourself from counting, make a sort of rosary with a piece of string in which you have tied 20 knots, so that you count automatically), the following little sentence: EVERY DAY AND IN EVERY WAY I AM GETTING BETTER AND BETTER! And when you say this sentence do not think of anything in particular, the words “in every way” apply to everything. The essential thing is that you say these words very simply, as a child would, in a very monotonous tone of voice, and above all, ABOVE ALL, without *EFFORT*.<sup>9</sup>

It is important to note both the use of the “rosary” to enable the person to use autosuggestion without being distracted by counting, and the fact that Coué spoke with his patients at large group sessions in which they reported on progress, took advice from Coué and gained the benefits of group dynamics. Dr Milton Erickson used self-hypnosis extensively to overcome the effects of polio, bringing back memories of when his body functioned healthily.

### **Self-hypnosis within hypnotherapy**

No sharp borderline exists between self-hypnosis and hetero-hypnosis. According to communications theory, all communication takes place in a context. The use of hypnosis (including the teaching of self-hypnosis) by lay hypnotherapists differs fundamentally from its use by medical doctors, or in academic research in university psychology departments and scientific laboratories. In the context of therapy, the lay hypnotherapist pays little attention to objective studies, standardisation, statistical aggregates or attempts to fit hypnosis into medical or psychological theories. Instead, he or she is interested in the unique, subjective experiences of the individual client, in optimising those experiences, mobilising the client’s individual unconscious resources, and in utilising those resources in order to achieve the positive outcome the client desires. For this purpose, anything else beyond that is a distraction, an irrelevance or counter-productive.

Although it is true that many masters of hypnotherapy have been, and are, medical doctors, it is difficult to fit the square plug of hypnotherapy into the round hole of allopathic medicine. In 1931, F.G. Crookshank, a doctor who questioned the dogma of organicism, wondered why “some hard-boiled and orthodox clinician” had not thought of categorising emotional weeping as a new disease, calling it “paroxysmal lachrymation”, prescribing a salt-free diet, with locally applied drying agents, and “proceeding in the event of failure to early removal of the tear glands”. He said that “a good deal of contemporary medicine and surgery seems to me to be on the same level.”<sup>10</sup>

In 1969, the writer Arthur Koestler was invited to address the World Psychiatric Symposium, presumably, he thought, “to represent that infernal nuisance in the psychiatrist’s life, the patient”. He reported the results of trials designed to compare diagnoses made on the basis of elaborate case histories, sometimes reinforced with videotapes. Ludicrous differences were found between British and American psychiatrists. Manic depression was diagnosed twenty times more often in Britain: “on the other hand, if I were to go off my head in America, I would stand a ten-times-higher chance of being classified

as a case of arterio-sclerosis than in England, and a thirty-three per cent higher chance of being classified as a schizo.’<sup>11</sup>

If a doctor of medicine is doing hypnotherapy, the client typically does what he or she is told to do without question or challenge, either verbally or internally. It has been said that when patients are told by their doctor to stop smoking, four percent of them immediately become non-smokers. This would be most unlikely to happen if the same words were uttered by anyone else, including a lay hypnotherapist. The lay hypnotherapist deals with the client as an equal in every respect. He or she has no status above that which is earned by the facilitation of a positive outcome in the client’s life. Far from claiming to have any particular knowledge about the client’s situation, the lay hypnotherapist recognises that the knowledge – and the capacity to utilise that knowledge – lies entirely within the client. Whenever a client comes to see me to stop smoking, and I have the client fill in a form, I ask the client to sit behind the desk while filling it in, while I sit in an armchair in front of the desk, in order to show the client through ritual that he or she is the expert with the answers, not me. The lay hypnotherapist must make every effort to ensure that the therapy session is a positive, comfortable and enjoyable experience, continuously tweaking it until that experience is achieved, quite apart from the effectiveness of the treatment in solving the problem. He or she must give the client a sense - and reality - of empowerment, before the session (in the hypnotherapist’s reputation, publicity material and preliminary telephone conversations), continuously during the session, and after the session when practising self-hypnosis and listening to the CD.

The effective hypnotherapist works successfully with what information the client spontaneously chooses to disclose, and does not directly ask for any information beyond that. The term “secret therapy” refers to a situation where the therapist is providing therapeutic communications to the client without the client revealing the content of what he or she is thinking about. With “secret therapy”, the therapist is working with process, not content. In a sense, all therapy is “secret therapy”, because even if the words used by both parties are the same, the therapist does not know precisely what they mean to the client, or the affect they will have.

### **The hypnotherapist’s beliefs**

The same features that make hetero-hypnosis effective apply equally to self-hypnosis. The key to successful hypnotherapy can be summed up in the words of two masters. In 1948, Dr Milton Erickson wrote:

The induction and maintenance of a trance serve to provide a special psychological state in which patients can re-associate and reorganize their inner psychological complexities and utilize their own capacities in a manner in accord with their own experiential life....It is this experience of re-associating and reorganizing his own experiential life that eventuates in a cure, not the manifestation of responsive behavior, which can, at best, satisfy only the observer....In other words, hypnotic hypnotherapy is a learning process for the patient, a process of reeducation. Effective results in hypnotic psychotherapy, or hypnotherapy, derive only

from the patient's activities. The therapist merely stimulates the patient into activity, often not knowing what that activity may be....Such reeducation is, of course, necessarily in terms of the patient's life experiences, his understandings, memories, attitudes, and ideas; it cannot be in terms of the therapist's ideas and opinions." <sup>12</sup>

In an interview in 1987, Dr William Kroger said of hypnosis that:

"It's simply a state of increased awareness. If you're more aware, whatever you hear is going to sink in better. If it sinks in better, you get better responses, whether it's hitting a golf ball or having an erection....I have been studying hypnosis for more than 60 years and it's not complicated at all. It's a very simple process of everyday life. Hypnosis is merely a process of getting a message through without redundancy....Minimizing the signal-to-noise ratio....hypnosis is nothing more or less than the transmission of a message in a minimum noise environment. That's all! Why do we have to have all these other damn meanings to it? They obfuscate everything!" <sup>13</sup>

Both these descriptions refer to the same process. Hypnotherapy is like an orchestra, in which the therapist is the conductor and the instrumentalists the "inner psychological complexities" and "capacities" of the client. The hypnotherapist orchestrates those complexities and capacities into an harmonious performance. Just as the instrumentalists fixate on, and respond to, the (non-verbal) communications of the conductor, so in hypnotherapy, the client fixates on and responds to the hypnotherapist's communications spontaneously and purposefully "in a minimum noise environment".

Effective hypnotherapy depends on five key beliefs on the part of the therapist:

- (1) **Certainty that the client will achieve success.** During the Boer war, Queen Victoria is reported to have said: "We are not interested in the possibilities of defeat; they do not exist." The therapist shares this belief in the certainty of success. The client already has all the resources within himself or herself to achieve his or her goals. Therefore the therapist assumes that success is already happening and will continue to happen. The client shares that belief at some level; that belief has already led him or her to attend and pay for hypnotherapy on the basis that it will be effective. The hypnotherapist communicates in such a way that the client increasingly comes to share that certainty. The hypnotherapist's communications satisfy any doubts that may exist in the client's mind as to the feasibility of the positive outcome, whether from internal sources (such as an inner monologue or a conflicting belief or an interpretation of past events) or external ones (such as the opinions of friends or relatives or a medical prognosis).
- (2) **Only the positive outcome matters – not the problem.** The hypnotherapist starts the session by eliciting the client's

representation of the positive outcome, and then orientates the entire session around the achievement of that outcome. The presenting problem should ideally not be mentioned again. The best approach, when it is feasible to do so, is for the therapist never to mention the presenting problem at all.

- (3) **“Ignorance is strength”** (taking George Orwell out of context). The hypnotherapist is ignorant of what is really going on in the client’s mind. The client is the expert with the knowledge, albeit at a largely unconscious level. At most, the therapist may know techniques for mobilising that knowledge. The therapist does not seek to directly intrude on the transformational process through the erroneous assumption that he or she knows anything about it.
- (4) **Communication is most effective when it is simple.** The therapist continuously steers the conversation from nominalisations (such as diagnostic labels) to actual sensory descriptions of the client’s experience, from negative to positive statements, and from long words to short words.
- (5) **The client benefits from the therapist explaining what is happening at all times.** The therapist explains what he or she is about to do, does it, then explains what has just been done, with reasons. The client is always fully aware of and informed as to what is intended and what is happening.

### **“Who is this that darkeneth counsel by words without knowledge?” Job 38:2**

The hypnotherapist communicates, as far as possible, with the client’s actual words, which have a specific meaning for the client that the therapist does not necessarily fully understand. Central to contemporary linguistics is the concept of a universal grammar - an innate system of language knowledge, already “hard-wired” into the mind at birth, to which children attach the words of their native language (English, Spanish, Japanese, etc.) as they learn about their environment. Conversely, according to Professor Noam Chomsky, institute professor of linguistics at the Massachusetts Institute of Technology (MIT), insofar as the term “language” is used to refer to “an individual phenomenon, a system represented in the mind/brain of a particular individual”, then:

“If we could investigate in sufficient detail, we would find that no two individuals share exactly the same language in this sense, even identical twins who grow up in the same social environment. Two individuals can communicate to the extent that their languages are sufficiently similar.”<sup>14</sup>

So as far as possible, the hypnotherapist uses the actual words and phrases said by the client. When it is necessary to use other words, the therapist uses only those words which he or she judges to be in the client’s active vocabulary. (A person’s active vocabulary consists of the words that he or she uses in his or her own everyday speech. A passive vocabulary is the words a person understands when someone else says them but does not

spontaneously use himself or herself.) If it is unavoidable to use a word unfamiliar to the client, the therapist immediately defines it clearly and comprehensibly. Thus the therapist maintains rapport and ensures that the entire session continuously connects with the client's model of the world, not the therapist's.

Each individual uses a nominalisation (a verb that has been turned into a noun, or a process that has been turned into an object) in a specific and unique way, as a key to a range of internal experiences. The therapist can use that key to unlock a vast amount of information – and resources - stored in the client's unconscious. The test of whether a word is a nominalisation is: "can you put it into a wheelbarrow?" If you cannot put it into a wheelbarrow, it is a nominalisation. Nominalisations include "power", "love", "hypnosis", "fear", "relationship", "the past", "neurosis" and countless others. Each individual uses those words in way which has a specific meaning for him or her, and the hypnotherapist does not presume to know what that meaning is. Indeed, the therapist must constantly remain alert to any such false presumptions. The therapist introduces nominalisations other than those uttered by the client only sparingly, if at all.

In this respect, the hypnotherapist is acting something like the interactive computer program Eliza, which was developed in 1966 by Joseph Weizenbaum, professor of computer science at MIT, as an experiment in natural language. When the user keyed in a comment, Eliza would reply with a grammatically correct sentence. Weizenbaum recalls, "I gave **ELIZA** a script designed to permit it to play (I should really say parody) the role of a Rogerian psychotherapist engaged in an initial interview with a patient. The Rogerian psychotherapist is relatively easy to imitate because much of his technique consists of drawing his patient out by reflecting the patient's statements back to him. The following conversation between a young lady and **Eliza** playing doctor illustrates both the Rogerian technique of encouraging a patient to keep talking and the operation of the computer program **ELIZA**....

Client: Men are all alike.

Eliza: In what way?

Client: They're always bugging us about something or other.

Eliza: Can you think of a specific example?

Client: Well, my boyfriend made me come here.

Eliza: Your boyfriend made you come here.

Client: He says I'm depressed much of the time.

Eliza: I am sorry to hear you are depressed.

Client: It's true. I am unhappy.

Eliza: Do you think coming here will help you not to be unhappy?

Client: I need some help, that much seems certain.

Eliza: What would it mean to you if you got some help?

Client: Perhaps I could learn to get along with my mother.

Eliza: Tell me more about your family.

Client: My mother takes care of me.

Eliza: Who else in your family takes care of you?

Client: My father.

Eliza: Your father.

Client: You are like my father in some ways.

Eliza: What resemblance do you see?  
 Client: You are not very aggressive but I think you don't want me to notice that.  
 Eliza: What makes you think I am not very aggressive?  
 Client: You don't argue with me.  
 Eliza: Why do you think I don't argue with you?  
 Client: You are afraid of me.  
 Eliza: Does it please you to believe I am afraid of you?  
 Client: My father is afraid of everybody.  
 Eliza: What else comes to mind when you think of your father?  
 Client: Bullies.  
 Eliza: Does that have anything to do with the fact that your boyfriend made you come here?"<sup>15</sup>

Eliza essentially responded with the user's own words, paraphrases of them, and associated words (such as "family" in response to "mother") in grammatically correct sentences which appeared meaningful to the client. In linguistic terms, Eliza provided the "surface structure" – the external form of words – while the client interpreted those words as corresponding to her own "deep structure" – the underlying concepts and representations that are manifested in the external words.<sup>16</sup> Although of course Eliza did not know the meaning of those words in terms of the client's "deep structure", Professor Weizenbaum recalled that:

I was startled to see how quickly and how very deeply people conversing with [Eliza] became emotionally involved with the computer and how unequivocally they anthropomorphized it....What I had not realized is that extremely short exposures to a relatively simple computer program could induce powerful delusional thinking in quite normal people.<sup>17</sup>

The use of the client's own words achieves "getting a message through without redundancy" most efficiently. It helps to mobilise the client's inner resources in the most spontaneous and effective manner, eliminating any extra work for the client in having to fathom what the therapist means by words other than the client's own. It also ensures that the therapist is continuously connecting with the client's current experience.

### **Authentic hypnotic experiences**

During an authentic hypnotic experience, the client's sensory impressions flow from the unconscious spontaneously, without effort or artificiality of any kind. D.H. Lawrence's poem "Piano" (1918) – reproduced here completely - describes such an experience:

Softly, in the dusk, a woman is singing to me;  
 Taking me back down the vista of years, till I see  
 A child sitting under the piano, in the boom of the tingling strings  
 And pressing the small, poised feet of a mother who smiles as she sings.

In spite of myself, the insidious mastery of song  
Betrays me back, till the heart of me weeps to belong  
To the old Sunday evenings at home, with winter outside  
And hymns in the cosy parlour, the tinkling piano our guide.

So now it is vain for the singer to burst into clamour  
With the great black piano appassionato. The glamour  
Of childish days is upon me, my manhood is cast  
Down in the flood of remembrance, I weep like a child for the past.<sup>18</sup>

Hypnotherapists will recognise such features as: a strategy involving an auditory experience leading to a visual recall; time-lining; age regression; dissociation; the “hidden observer”; and even an “abreaction” (a word often used with unnecessarily negative connotations). It is a description of an individualised trance that only Lawrence could have experienced. Another person hearing that same singing woman at the piano would not necessarily experience a trance, and even if he or she did, it would be most unlikely to result in the same internal experiences and responses that Lawrence describes.

Effective hypnotherapy induces an experience as authentic and affective as Lawrence’s, even overriding reservations or hesitancy on the part of the person experiencing it, so that it happens – in Lawrence’s words - “in spite of myself”.

Memories of actual experiences are more vivid and authentic, and thus more therapeutically valuable, than imagined experiences. The unconscious already has a vast amount of information about past experiences. Asking the client to imagine something that he or she has never experienced increases the amount of work the client has to do, does not necessarily attain the response the therapist wants, and is less effective because it is less authentic. However, if the client happens to be imagining something anyway at a given moment, then the therapist can effectively utilise that imagined representation, because at that particular moment it is real to the client. Effective hypnotherapy is based on a continuous connection with the client’s present reality, and the closer that connection is, the more useful and therapeutic the hypnotherapy will be. It avoids a situation where the client feels that he or she is by-passed or misunderstood.

The key to effective hypnotherapy can be summed up in one word: utilisation. The hypnotherapist utilises the presenting problem, the client’s thoughts, words and actions, and everything within the client’s model of the world, to bring about the positive outcome. The therapist’s focus is on constantly building that positive outcome, not worrying about hypnotic technique. The goal is to achieve an epiphany – a moment of unconscious learning in which the solution comes together and transforms the client’s life.

Excellence in hypnotherapy is achieved when the therapist enters a trance state in which rapport with the client is so close that ideas simply flow from the therapist’s unconscious mind, forming themselves into words and non-verbal communications which largely, if not entirely, by-pass the therapist’s own conscious mind. If one places two identical tuning forks a few

inches from each other, then making one of them vibrate at a certain frequency will cause the other to vibrate at the same frequency. Once the knowledge of hypnotherapeutic techniques is integrated into the therapist's store of unconscious knowledge, the therapist can continuously pace the client's experience and instantly provide communications which simultaneously derive from that knowledge and utilise that experience. The therapist has sufficient knowledge of therapeutic techniques - both from hypnotherapy and other sources - and such a vast store of potentially useful knowledge from his or her own life experiences, and is responding so closely to the client's continuous communications, that it is possible for the therapist to rely on intuition, drawing from unconscious knowledge to deliver the optimum communication for that particular client at that particular moment.

In studying inductions and techniques from books, videos and seminars, the question to ask is, "How can I simplify this for the client?" Many of the hypnotic and related techniques taught in books, videos and seminars are far too complicated for real clients in the real world. They are difficult for the client to follow and go way over the heads of most clients.

The therapist's task is to capture the client's imagination, just as Lawrence's imagination was captured in the poem, in order to find learning and problem-solving abilities, and to ask the client's unconscious to use those abilities to achieve the solution being sought.

#### **A "control" structure for a hypnotherapy session**

If the hypnotherapist has a "control" session, in other words a mental framework for a successful session containing elements that are known to be consistently effective, then he or she knows that the actual session will always attain at least adequate results. Of course, the therapist is not rigidly bound to the control, and will utilise therapeutic opportunities that arise during the actual session. It is possible to be spontaneous and intuitive within the context of the control.

(1) The therapist's first question is: "What are we going to achieve today?"

The therapist asks questions until the client provides a representation of a positive outcome. Then the therapist seeks to make the client's representation of that outcome as precise and identifiable as possible. The therapist utilises these representations and descriptions throughout the session.

(2) The therapist actively seeks useful resources from the client's model of the world that can help to achieve the positive outcome. If the person has previously experienced the solution, the therapist will utilise that experience first. Other useful resources are analogies from other areas of the client's life, the client's knowledge of other people who have achieved a comparable solution, and - less importantly - the client's imagination.

*Script for "instant self-hypnosis"*

(3) The therapist teaches self-hypnosis to the client. Although there are many methods of inducing self-hypnosis, it is best to use the simplest possible, because it is easy to do and involves the fewest steps, while attaining results as effective as more complicated methods. My method is called "instant self-

hypnosis”. It is has features in common with the “brief hypnosis” taught by Dr David Waxman<sup>19</sup>, and others adapted from the Alexander technique and neuro-linguistic programming (NLP). I demonstrated it at the conference of the National Council for Hypnotherapy in Walsall in 2003, with a volunteer we will call Sarena (not her real name). Her responses are reproduced here from memory. The complete script follows. It is, of course, always tailored to the individual client. The words in parentheses are directions for the therapist. The goal is to get the client to integrate self-hypnosis into his or her daily routine.

- 1 Therapist: What are we going to achieve today?
- 2 Client: Well...
- 3 Therapist: What would you like to achieve today?
- 4 Client: I'd like to achieve clarity.
- 5 Therapist: You'd like to achieve clarity. Excellent. Now we're going to do a simple technique called instant self-hypnosis. This is a way of putting yourself into a peaceful, calm, comfortable state any time you like. Are you comfortable in that chair?
- 6 Client: Yes. (If not, ensure that he or she gets comfortable.)
- 7 Therapist: Good. Now the central aspect of instant self-hypnosis is breathing the best possible way. So could we have both your feet on the floor, please? Excellent. And I want to make sure that your head is exactly aligned over your body. (The therapist gestures with his elbow placed on the chair's armrest and his forearm and hand pointing directly upwards.) Now there's a point where your head feels as if it has no weight. So can you find that point where it feels as if your head is weightless and leave it there, please. (The therapist moves his or her own head slightly from side to side to demonstrate.) Good. Now your head is exactly aligned over your body, so your breathing is at its best. Now with your *eyes closed*, I'd like you to focus on your breathing. Breathe slowly, deeply and evenly, building up a nice, natural rhythm of deep, easy breathing. That's right. And the best place to breathe from is your diaphragm, which, as you probably already know, is just underneath your lungs, where your abdomen is. And as you're breathing from the diaphragm, so your stomach is going up and down, and that's just fine, because it means that oxygen is flowing to every part of the body, which is exactly what the body needs. Good. And every time you breathe out, can you expel all the air from your lungs, breathing in completely new air, so that you're getting a really good air circulation. That's right. And every time you breathe out, in your own mind, say the word “calm” to yourself, silently and mentally. And every time you breathe out, see the word “calm”, written right in front of you, written in your mind's eye. Good. And every time you do this, you'll be putting yourself into a peaceful, calm, comfortable state. And if you can find twenty minutes a day to practise doing this, maybe first thing in the morning, during some break in the day, perhaps when you come home in the evening, or maybe last thing at night, then you'll be training your body in the habit of relaxation, which will have excellent long-term health benefits for you. And as you continue to enjoy this experience of instant self-hypnosis, I'd like to do a small test. And there's no right or wrong in this test; whatever you experience is okay,

correct and authentic for you. I'd like you imagine yourself floating upwards, floating up above that chair, floating up out of your own body. That's right. And now I'd like you to float backwards through time, back to a time when you *did* experience clarity. And when you've found that time, can you find just one good day during that time? Maybe a day when Sarena achieved something worthwhile, or maybe just a day when she was relaxing and taking it easy. And when you've found that one good day, just give me a nod. (Client nods.) Excellent. So have a good look at the Sarena of that day. See what she's doing, look at the expression on her face, and really notice the difference. And if you like what you can see and hear, then you can step inside Sarena's body, so you can actually feel the way your body feels on this very good day, see the things you can see with your own eyes, and hear what you can hear with your own ears. Actually live this life you're leading on this very good day, and really notice the difference. And if there's any word or phrase that comes into your mind that can describe this experience, then you can say that word or phrase out loud now if you like.

8 Client: Enthusiasm.

9 Therapist: Excellent. As you continue to see and hear and feel that experience, in a moment I'm going to touch your left wrist. (The therapist touches Sarena's left wrist at two points while repeating her word six times, creating an anchor.) Enthusiasm. Enthusiasm. Enthusiasm. Enthusiasm. Enthusiasm. Enthusiasm. (The therapist lets go of the wrist.) And every time you want to re-experience this same very good day, all you have to do is touch your wrist at those same two points and repeat that word to yourself again and again, and you'll experience it just as vividly as you are right now. And then I'd like you to float forward, float forward now into your own future, float forward to the 21st of July 2003 (i.e. one month after the date of the session, but a forthcoming event like a house move or family event or birthday celebration would be better if the client has mentioned it). And then I'd like you to float downwards and land on that day. And have a good look at the Sarena of that day. Look at the expression on her face, see what she's doing, hear the things she's saying and the things she can hear, and really notice the difference. And if you like what you can see and hear, then you can step inside Sarena's body, so you can feel the way your body feels on the 21st of July 2003, see what you can see with your own eyes, hear what you can hear, and actually live this life you're leading on the 21st of July, and really notice the difference. (Creating another anchor for this future state is optional.) That's right. And then I'd like you to float upwards, and then float backwards through time, looking downwards. And as you look downwards, I'd like you to see and hear all the different things that Sarena has done over the past month that have helped her to achieve that future that you've just experienced. And at an unconscious level, I'd like you to make all the necessary insights, learnings, and understandings that can help to make that future a reality in your life. And then I'd like you to float back, float back to the 21st of June 2003, float downwards into your own body, sitting in that chair, and in your own time, become

awake and alert and refreshed, and allow your eyes to open. (Once Sarena has reawakened with her eyes open:) Can you tell me what you just experienced?

10 Client: I felt as if when you said the word “enthusiasm”, it made every cell in my brain come alive. (There may follow a discussion of what the client experienced in his or her representation of the future.)

11 Therapist: Excellent. There were two purposes of that exercise. The first was to show how easy it is to create that state of relaxation any time you like. And if you can find those twenty minutes a day to practice doing this, then you’ll find it a very useful way of cultivating the habit of relaxation. And the second purpose was to show that the unconscious mind has representations of the future, just as it has memories of the past. You can bring back that sense of enthusiasm (or clarity, etc) any time you want it, just by touching your wrist at those same two points. (If the client experienced a positive outcome in the future:) And the great news is that as far as the unconscious is concerned, that *is* your future. And in a few moments, we’re going to ask your unconscious to find the best, the most powerful way to make that future a reality in your life. (The therapy session continues from this point.)

### **Comments on “instant self-hypnosis”**

Most importantly, we worked entirely in the client’s model of the world, not the therapist’s. Two nominalisations from Sarena – “clarity” and “enthusiasm” – were enough to achieve a powerful connection with her internal experiences. I did not know precisely what she meant by those two words, and nor did I need to. Those two words were the “surface structure” which corresponded to a “deep structure” of which I knew nothing. I simply used those words to move immediately to the resourceful states which they signified to her. Thus her privacy and integrity were protected, and her unconscious enabled to do its work without external interference. In the following comments, the numbers correspond to those in the script above.

- 1 Immediately the therapist asks for the client’s representation of the positive outcome, with the presupposition that “we will achieve something today”.
- 2 The client challenges this, so...
- 3 ... the therapist rephrases the same question in a more acceptable form.
- 4 The client gives her representation of what she would like to achieve: “clarity”. That nominalisation is the key to a vast treasure trove of internal resources, which we will now turn in the door to the unconscious.
- 5 The therapist feeds back the client’s word, in the style of Eliza, and validates it with the word “excellent”, which reassures the client that everything is running smoothly. Then the therapist describes “instant self-hypnosis” and explains why it is worthwhile for the client to learn it. The question “Are you comfortable in that chair?” shifts the client’s attention inwards to her physical state and – assuming she answers

“yes” – creates a “yes-set” of agreement and co-operation with the therapist.

- 6 If she answers “no”, then the therapist encourages her to get comfortable until she can answer “yes”.
- 7 The therapist ensures that the client’s feet are flat on the floor and that her head is aligned correctly (this latter is from the Alexander technique). This facilitates optimum breathing, focuses the client’s attention inwards and continues the pattern of responding to the therapist’s suggestions. Then the therapist explains why he wants the client to breathe from the diaphragm, expelling all the air from the lungs, so that the client knows the benefits. The word “calm” is represented in both visual and auditory modalities (as well as kinaesthetic, through the breathing) in order to strengthen its affect. The therapist recommends the practice of self-hypnosis in order to continue the hypnotic state for a few moments while the client listens. Now that the client is in a trance state, the therapist utilises that fact to carry out “time-lining without the line”. In reality - as opposed to NLP seminars - not everyone experiences a line when accessing representations of the past or future. The therapist validates whatever the client experiences (“And there’s no right or wrong in this test; whatever you experience is okay, correct and authentic for you.” The word “authentic” is omitted if the therapist judges that it is not in the client’s active vocabulary). The therapist encourages the client to find a memory of a day when she experienced the desired outcome, and to re-experience it in both a dissociated and an associated state. He then asks for a word or phrase which describes it.
- 8 The client replies, in this case with the word “enthusiasm”.
- 9 This positive state is simultaneously anchored in both kinaesthetic and auditory modalities, with the therapist using the client’s word as the auditory anchor. (If the client says nothing, then the therapist validates that by saying, “Or you can just enjoy that experience for a moment.” The therapist can then create an anchor using his own word or – preferably - a word the client has used previously.)
- 10 The client describes the internal state she has just experienced. The therapist remembers this description for use later in the session in feeding back her description of her subjective trance experience.
- 11 The therapist explains the purposes of the exercise, validates the client’s experiences and draws on evidence from it that the positive outcome is being achieved.

After teaching the client self-hypnosis, the session continues with the elicitation of further useful resources. The therapist and client discuss in realistic terms what the client’s future life will be like once the positive outcome has been achieved. The therapist always presupposes success and future-paces the achievement of the solution.

The main induction takes place after the therapist has taught the client self-hypnosis. The advantages of this are: (a) the client is more at ease and knows what to expect in a trance state; (b) because the client is entering a trance state for a second time, fractionation occurs, so the trance will be faster and deeper the second time; (c) the client has described his or her subjective

experience of trance, and may also have described useful resources and a representation of the positive outcome, so the therapist has more data from the client to utilise and feed back in the main induction.

### **The best methods for inducing trance in the main induction**

To induce trance, the hypnotherapist paces and then leads the client to a deeper state of inner awareness. As already mentioned, the memory of an actual experience is always more powerful than an imagined experience. So the best induction utilises a vivid memory of relaxation (for example, being on holiday or doing yoga). If the client experiences any difficulty in accessing such a memory, then the therapist moves swiftly to the utilisation of the client's present sensory experiences. The following is a solid opening to a progressive relaxation induction:

Therapist: How are you feeling right now?

Client: Lethargic. (Or some other adjective.)

Therapist: And which part of you feels most lethargic?

Client: My hands. (Or some other part of the body.)

Therapist: Can you focus on that lethargic feeling in the hands? Notice precisely how they feel so that you can recognise them as lethargic.

And can you see that sensation of lethargy in your hands? Can you hear anything? (Pause.) And can you let that feeling of lethargy spread from those hands all the way up your arms, across your shoulders.... (etc).

This is followed by: leading; talking about how the unconscious has access to all the client's memories; talking about previous unconscious learnings; deepening; strong, straightforward suggestions – both direct and indirect – for achieving the positive outcome, drawing from the client's own problem-solving and learning experiences; ego-strengthening; future-pacing to experience the positive outcome in both dissociated and associated states; inviting the unconscious to take one to three "silent minutes" to find the solution ("less is more"); ego-strengthening; the use of the Milton Model and other forms of vague language; and awakening with post-hypnotic suggestions for good feelings.

It is essential to keep the entire process simple and comfortable for the client, so that he or she is accessing thoughts and ideas which are already present or easy to access, and as far as possible both familiar and pleasant. The therapist always does the "hard work" in communicating in the client's terms, not the other way around.

### **Things to avoid doing in hypnotherapy – a list gained from experience**

**Asking personal questions.** The client's privacy is of the utmost value. The client can say as much or as little as he or she wants without compromising the effectiveness of the therapy. The skilled hypnotherapist works successfully with whatever the client chooses to communicate. Personal questions are intrusive, make the client feel defensive, and break rapport. I *never* ask questions about the client's past or present personal life, career or financial circumstances, or even his or her age. The client may or may not choose to

spontaneously provide any of this data; it is his or her choice, not mine. Some clients do not volunteer their address or even (in some cases) surname, particularly when dealing with sexual matters. I always validate their caution by reassuring them that the therapy will be just as effective – indeed, probably more so – by such protection of their privacy and integrity.

**Taking a case history.** If the client does not spontaneously give an account of his or her experiences early in the session, the lay hypnotherapist does not “take a case history”. It is an intrusion on the client’s privacy, integrity and personal space which is likely to cause an understandable – indeed appropriate – defensiveness on the part of the client, which damages rapport and thus undermines the effectiveness of the session. It means that the client re-experiences his or her entire repertoire of representations of problem states and repeated past failures in changing those problem states – the opposite of the personal empowerment which is the only purpose of hypnotherapy. It orients the session around the problem rather than the solution. It is totally unnecessary and wastes time the client is paying for. It may give the impression that the lay hypnotherapist is “playing the doctor” when he or she is not one. The past does not exist, only our representation of the past. The therapist is only interested in those of the client’s representations of the past which are resourceful states that can be utilised to achieve the positive outcome. An effective hypnotherapist has enough skill in observation, non-verbal communication and the use of vague language to achieve successful results even if the client remain silent the entire length of the session and the therapist knows nothing about the client.

**Carrying out suggestibility tests, ideo-motor responses and other “convincers”.** If they do not succeed, the client assumes that the whole session must be worthless. If they do happen, this can seem “weird” and give the erroneous impression that the “hypnotist’s power” is causing the positive outcome, rather than the client’s own inner resources. The only “convincer” the client needs is the achievement of the positive outcome.

**Giving the client a lecture on hypnosis.** Clients want results, not a lecture. If the client asks about hypnosis, it is usually best to relate it to learning processes the client has already achieved, in which, say, the ability to swim or write or drive was transferred from the conscious to the unconscious, and explain that hypnosis is merely facilitating another such learning process. The client is like a cinema-goer who is emotionally absorbed in the film. The projectionist does not usually give a lecture on how the projector or Dolby stereo sound system works. Similarly, the hypnotherapist simply does the therapy without a lecture on how it works, unless the client specifically asks for one.

**Complicated inductions and verbal trickery.** “Word salads”, “double-embedded thingamajigs” and the like may impress people at NLP seminars as demonstrations of linguistic theory, but they usually go way over the heads of real clients in the real world. Even when they do connect with the client during the session, my experience is that they are not particularly effective in

producing lasting improvement in real life. Always keep communications as simple, relevant and comprehensible as possible.

**Using techniques out of a textbook without adapting them to the person in front of you.** Techniques in books should be understood as guidelines to be simplified and adapted to the client's experience.

**Superficial associations with no real meaning to the client.** Direct suggestions which clash with the client's model of the world and anything which communicates in the negative or dwells on problem states - such as aversion methods – should be avoided.

**Any form of moralising or judgment of the client.** Always validate and reassure the client. Do not make jokes or (what you might think are) “witty” remarks about the client which might be interpreted as being at the client's expense. Even when a person has a good sense of humour, such comments are taken literally and seriously by the client's unconscious – especially when spoken by a hypnotherapist.

#### **How to record a self-hypnosis CD for the client**

It is important to record the CD as soon after the session as possible, preferably the same day, but definitely within 48 hours. The recording should be about 20 minutes, and follow the structure of the actual session. It is best to start with the basic self-hypnosis script above and then repeat the strongest techniques used in the session (adding more if they come to your mind after the session). The delivery should be smooth throughout and everything should be simple, clearly audible and easily to follow. It is best to record on CD, not cassette, as the sound quality is far superior and almost everyone now uses CDs. I use the Sound Recorder software that comes with Windows XP on a PC to record to a .wav file. An advantage with recording on a PC is that it keeps a copy on the PC's hard drive. A condenser microphone (i.e., one that takes a battery) gives much better sound quality than the cheap and nasty microphone that usually comes with a PC. An inexpensive condenser mike can be bought from an electronics store such as Maplin or Comet for about £25. I use a Yoga EM-268 condenser microphone from Maplin. When recording, it is essential to ensure that the environment has the minimum possible background noise. Once I have finished recording, I burn the CD using the CD re-writer (CDRW) drive and its software on the PC. If your PC does not have a built-in CDRW drive, you can buy an external CDRW drive from any computer or electronics store, such as PC World. I send the CD to the client by regular mail as soon as possible, enclosing a letter telling the client that it was a great pleasure to work with him or her, and that the enclosed CD contains suggestions for the positive outcome we discussed at the session. The letter repeats the advice to practise self-hypnosis for twenty minutes a day and invites the client to return for another session any time he or she wants one.

## **Responses to questions at the conference**

Drawn from memory, the following gives an idea of the questions asked at the NCH conference, and my answers.

**Q** Surely self-hypnosis means that the client induces a trance state himself or herself without the use of an external object such as a CD. If the client is listening to someone else's voice on a CD, then is it really self-hypnosis?

**A** In an ideal world, the hypnotherapist could teach the client self-hypnosis, and the client would have total recall of the process and be able to repeat it perfectly from memory. In the real world, it is an established fact that 90 per cent of information people are told verbally has been forgotten (at a conscious level) within one hour. The therapist must make it as easy as possible for the client. By recording the self-hypnosis routine on a CD, it is there in permanent form as a reminder to practise self-hypnosis. The client can listen to it at any time and repeat the self-hypnosis perfectly.

**Q** Clients are constantly moving forward from the problem towards the solution. Won't a CD recorded for a client at one point on that journey fail to connect with his or her experience at a later stage on it?

**A** An excellent point. The CD should focus on the positive outcome, and be sufficiently vague and general in its use of language to be relevant at every point on the client's journey towards that outcome.

**Q** Does the amount of extra work involved in recording a CD for each client really justify the additional time and effort which it involves for the therapist?

**A** Of course the hypnotherapist must be properly financially compensated for his or her efforts. I charge significantly more than average for hypnotherapy, but aim to give far more back in value, both with a longer session than average (mine is 90 minutes) and the production of a self-hypnosis CD. However, the hypnotherapist must keep his or her fees affordable for local people. One possibility is to create a generic CD for each major category of client - one for stopping smoking, one for losing weight, one for confidence, and so on - which the therapist can duplicate at low cost in large quantities and give to each client who attends for that specific issue.

**Q** Is it a good idea to add sound effects and music to the self-hypnosis CD?

**A** If you already have a home recording studio, advanced sound editing software and the like, and know how to use them proficiently, then you can undoubtedly increase the power of the CD to some extent by adding effects and music. But I think that the real value of the CD is the words recorded on it and their connection with the client, rather than fancy sound effects. For those of us who are not heavily into audio technology, it is more useful to make the words as effective as possible. Excellent use of words with clear sound and no music or effects is preferable to mediocre use of words but lots of music and effects. As Dr Kroger said, hypnosis is "the transmission of a message in a minimum noise environment" – in this case, literally.

However, if you do want to experiment with mixing music and sound effects, a trial version of a basic sound editing application called RipEditBurn can be downloaded for 30 days' free use from [www.blazeaudio.com](http://www.blazeaudio.com) (the website of Blaze Audio).

## Conclusion

People can enter hypnotic trance states in the context of hetero-hypnosis, self-hypnosis and many others not even labelled as hypnosis, such as mystical experiences or hearing music that brings back memories. What is significant is the individual's subjective experience and the potential for empowerment of the trance state, not how he or she attained that state. Hypnotherapy can be made far more effective by teaching the client self-hypnosis and recording a CD, with a communication tailored for the individual client, for use in self-hypnosis after the session. The principles of effective self-hypnosis are the same as those of effective hetero-hypnosis. By actively involving the client in his or her progress towards the positive state, and continuously connecting with the client's communications, the hypnotherapist can mobilise the client's resources for transformation effectively and reliably, both face to face and in the recorded form of the lay hypnotherapist's paraphernalia – the self-hypnosis CD.

**David Botsford is producing a series of commercial self-hypnosis CD sets which incorporate hypnotherapy with Baroque music performed by the Hypnotic Orchestra and two solo organists. The series consists of “Stop Smoking Today”, “Freedom from Pain”, “Eat Less, Lose Weight for Women,” “Eat Less, Lose Weight for Men”, “Free from Depression” and “From Stress to Calm”. Details are at [www.selfhypnosiscd.co.uk](http://www.selfhypnosiscd.co.uk)**

- 1 Barbara Rowlands, *The Which? Guide to Complementary Medicine*, Consumers' Association, London, 1997, pp 161, 239-244. Italics in original.
- 2 Patrick Wall, *Pain*, Weidenfeld & Nicolson, London, 1999, pp 136-137.
- 3 *Lancet*, vol 350, p 834 (1997) and *Journal of Alternative and Complementary Medicine* vol 4, p 371 (1998). Both quoted in *New Scientist*, 26th May 2001, p 48.
- 4 J. Bronowski, *The Ascent of Man*, British Broadcasting Corporation, London, 1973, pp 54-56.
- 5 Julian Jaynes, *The Origin of Consciousness in the Breakdown of the Bicameral Mind*, Houghton Mifflin, Boston, 1976.
- 6 Ainslie Mears, *The Wealth Within*, Hill of Content, Melbourne, 1978, p 141.
- 7 Quoted in Brian Inglis, *Trance*, Paladin/Collins, London, 1989, p 246.
- 8 Quoted in *American Journal of Clinical Hypnosis*, vol 37 no 1, July 1994, p 51.
- 9 Emile Coué, *How to Practice Suggestion and Autosuggestion*, American Library Service, New York, 1923, p 101. Block capitals and italics in original.
- 10 Quote in Inglis, *op cit*, p 145.
- 11 Quoted in *ibid*, pp 203-204.

- 12 Milton Erickson, "Hypnotic Psychotherapy" (1948), in Milton Erickson, *Collected Papers on Hypnosis*, (Ernest Rossi, editor), Irvington, New York, 1980, vol 4, pp 35-48.
- 13 Interviewed in 1987, published in *American Journal of Clinical Hypnosis*, vol 38 no 3, January 1996, p 82.
- 14 Noam Chomsky, *Language and Problems of Knowledge*, Massachusetts Institute of Technology Press, Cambridge, Massachusetts, 1988, p 36.
- 15 Joseph Weizenbaum, *Computer Power and Human Reason*, first published 1976, Penguin, London, 1984, pp 3-4. For clarity, I have identified the "speaker" at the start of each line, put Eliza's remarks in upper and lower case and added punctuation to them. After Eliza came other personalities in the form of natural language programs, including Parry the paranoid and Racter the "artificially insane" raconteur and poet. An on-line version of Eliza is at <http://www.uwec.edu/jerzdg/orr/articles/IF/canon/Eliza.htm>
- 16 Among linguists, the words "s-structure" and "d-structure" have superseded "surface structure" and "deep structure", but the older terms are used here for clarity.
- 17 Weizenbaum, *op cit*, pp 6-7.
- 18 D.H. Lawrence, "Piano" (1918), in Helen Gardner (editor), *The New Oxford Book of English Verse 1250-1950*, Oxford University Press, Oxford, 1972, p 853.
- 19 David Waxman, *Hartland's Medical and Dental Hypnosis*, first published 1966, 3rd edition, Ballière Tindall, London, 1989, pp 211-213.