


Hypnosis and Hypnotherapy

Basic To Advanced

Techniques For

the Professional

Professional techniques
and procedures for doing
outstanding hypnotherapy
using direct suggestion,
convincers, covert testing,
age regression and more.



Calvin D. Banyan
&
Gerald F. Kein

Hypnosis And Hypnotherapy:
Basic To Advanced Techniques and
Procedures for the Professional

Calvin D. Banyan
And
Gerald F. Kein

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*To Maureen Banyan, who has supported all of my work as
a Hypnotherapist and Author.*

*Without her ongoing support, I would have not been
successful in opening The Hypnosis Center, Inc., which
became the springboard to my success as both a
Hypnotherapist and Hypnotherapy Trainer.*

*Because of her support, thousands of people have been
helped through the use of hypnosis and hypnotherapy.*

*Because of her commitment to our vision, many
people have been trained in the profession of Hypnosis
and Hypnotherapy.*

*Without her steadfast support and encouragement, this
book would not have been written or published.*

*I dedicate this book to Maureen, the woman I married
and love.*

Calvin D. Banyan

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About the Author

Calvin D. Banyan has been called “gifted” as a therapist and teacher by his many clients, students and attendees of his workshops and seminars. He is the Supervising Hypnotherapist at The Hypnosis Center, Inc., a Certified Hypnotherapist and an Instructor for the National Guild of Hypnotists.

Cal came to learn about hypnosis as a young boy. He grew up in a family that had a hypnotist in it. His Grand Uncle (his Grandmother’s brother) was working with hypnosis as far back as the 1940s and experimenting with its effects. Cal grew up hearing stories about hypnosis, age regression and even past life regression long before it came into public view.

In 1976 he conducted his first hypnosis session after his psychology professor recommended a book on the subject. Cal became entranced with the phenomenon that he could generate and went on to study and teach self-hypnosis and meditation.

While undergoing graduate school training for clinical psychology, his supervisors and professors noticed that Cal was talented and had a knack for getting to the root of the issues. But Cal was not satisfied with the talk-therapy techniques that he was learning. He knew that they were too slow and impotent compared to what could be accomplished if he incorporated hypnosis into therapy.

He sought out additional training in professional hypnotherapy and was “exceedingly fortunate” to become a student of Gerald Kein, the Director of the Omni Hypnosis Training Center® in Deland, Florida. In addition to being an excellent hypnotist, hypnotherapist and educator, Mr. Kein managed to do one more thing; he challenged his students not to stop at what he may have taught them, but to take that information and build upon it.

That is what Cal did. He went on to research and develop a systematic and universal approach to doing hypnotherapy. That system is called 5-PATH (short for Five-Phase Abreactive Therapeutic Hypnosis).

Cal wrote this book because his students encouraged him to do so. In his training courses, this dynamic and entertaining instructor lit a fire in his students. They wanted to take his words home and go over them and continue to learn from his words and examples.

Foreword

When Cal Banyan asked me to become a part of this work, I became very enthusiastic. When he sent me the first draft, I knew that a classic was being created. I was not surprised. I knew Cal had that rare affliction so aptly labeled, “The Hypnotism Fever.”

The first time we met, I noticed a fiery intensity behind his eyes. He was absorbing and questioning everything I was presenting. I could see he had the desire and energy to learn and become one of the best in the work.

Any teacher will tell you that occasionally a student stands out in their mind as having the potential to become one of the greats in the profession. Unfortunately, most of these people never seem to have the energy or willingness to take the professional and financial risks to make this become their reality. Not Cal Banyan. For example, when I was presenting marketing techniques in class, I said some of the techniques would be very expensive to implement and most people would be wary of making such a large investment when they were first beginning in the profession. Not Cal. He invested in himself and his continued education. Because of this, he has become one of the most successful, respected and exciting professionals in the work today. I am very proud of my student and my friend.

This book is very different than other books on hypnotism. There is nothing in it that is a rewrite of the usual hypnosis book. It is not esoteric, convoluted or boring. The information is presented in a step by step method that leads to easy understanding and learning by the reader. This book does not tell you what you can't do. It stimulates your desire to become the very best you can be.

Most of the information in the book is taken, and then improved upon by Cal, directly from my classes. Cal Banyan has honored me greatly. Over the years many people have asked me to co-author a book. Until now, I never accepted any of these requests. For me to put my name on a work is a very serious decision on my part. This book is the first and only book in my

long career ever presented to me that I can totally and enthusiastically endorse not only the material but also the ethics and professionalism of the author.

Cal Banyan has given you the most easily learned, step by step, duplicable methods to increase your success rate not only with those issues usually dealt with by direct suggestion but also those issues requiring passive and aggressive regression techniques. Whether you are new to the profession or have been part of it for many years, this book will give you a wealth of practical, usable information which you can immediately incorporate into your practice.

I have no doubt, as time goes by, this writing will become one of the classics of the profession. The methods taught are both new and timeless. I believe they will be used by future successful hypnotists for generations to come.

In my opinion, this book should be a primary part of every hypnotist's resource library. I know it will be a continuing support to you throughout your career.

Gerald F. Kein

A Word From Calvin D. Banyan About This Book

If you are a working hypnotherapist or would like to be one, this book is for you. This book was not written as a, “How to hypnotize” book. No, there are many of those out there. This book is for the hypnotist or hypnotherapist who wants to go beyond merely knowing how to hypnotize. This book was designed to reveal how to be a great hypnotherapist. *This is a get-down-to-business book of basic and advanced techniques for success in doing hypnotherapy.* This is the real thing, step by step, tip by tip, insider secrets and techniques, written by a hypnotherapist who knows them, uses them and invented a few of his own.

In this book is a treasure of procedures and techniques, presented in a systematic way, in the order that you are most likely going to use them. You will start at the beginning and immediately begin picking up hypnosis skills that will improve your skills and your practice.

There is even information on how to set up your office, schedule, and approach, so that you can have a positive effect on your clients before you ever see them face-to-face. Then you will discover how to “prep” your clients so that they can quickly enter the best level of hypnosis for the work that you do and then quickly return to that level in the next session.

You are going to learn how to give “waking” suggestions that will improve the quality of the session. Using these approaches gets you results so that your clients will be successful. This, of course, leads to more referrals because you took the time to help your clients become ideal hypnotic subjects who will easily respond to some of the most powerful hypnotic techniques such as age regression.

You will learn ways of supercharging hypnotic suggestions through the use of Convincers, Direct Drive Technique, Compounding, Anchoring and other powerful techniques that force the subconscious mind to reorganize and make it ten

times more suggestible than when using hypnotic suggestion alone.

You will learn the proper approach to doing Affect Bridge and Date or Time Regression, including tips on how to use them professionally without getting into trouble by leading the client. Next, you will learn how to use Age Regression Therapy to uncover the Initial Sensitizing Event (ISE), the situation that the client encountered that changed her life for the worse. Then you will learn how to use the Informed Child Technique and Informed Adult Technique to permanently change that experience in the mind of your client, transforming it into a beneficial experience.

Also, you will be introduced to other extremely powerful hypnotic techniques and procedures, including Forgiveness Therapy (used to remove anger, guilt and old emotional patterns from the past) and Parts Mediation Therapy (designed to eliminate internal conflict and secondary gain issues).

Have you ever wished that your approach were more systematic? This is just some of what you will learn:

- How to hypnotize every client.
- How to work with clients so that they know they were hypnotized.
- How to turn all your clients into ideal hypnotic subjects.
- How to amaze your clients and receive more referrals.
- How to make each session ten times more powerful than the one before.
- How to secretly test what level of hypnosis your clients are in.
- How to use tests and convincers so that your clients cannot fail.
- How to become an expert at doing Age Regression Therapy.
- How to use the Affect Bridge Techniques and uncover “lost” material.
- How to avoid mistakes that can instantly end an age regression.
- How to avoid the common mistakes that sabotage

regression.
How to encourage, or quickly end, abreactions.
How to wrap up an Age Regression session for maximum results.
How to compound suggestion after emerging the client.
How to do all of this and much more.

If you would like to learn an approach to doing great hypnotherapy, you are going to love this book. Even though this book was written for the hypnotherapist who has already had some hypnosis training and experience, it is virtually a step-by-step checklist of professional procedures and techniques that will guide you through some of the most successful hypnosis sessions you have ever done.

How would you like to be more prepared for some of those tricky situations that can come up in hypnotherapy? You will know what to do when these difficult situations come up.

What you can do if your client is too nervous to follow instructions.
What you can do if your client is overly analytical.
What you can do if your client opens her eyes during the session.
What you can do if your client thinks she wasn't hypnotized.
What you can do if your client won't respond to age regression.
What you can do if your client becomes resistant.
What you can do if your client won't emerge from hypnosis.
And, what you can do to be more successful in many other difficult hypnotherapeutic situations!

This book was written so that even the beginning hypnotherapist can start using it right away, while still being extremely useful for the most experienced. This book is a reference book, an encyclopedia of techniques, and a checklist for excellent hypnotherapy.

This is the book that I wish I had when I started. It was written

for all of my students, beginning and advanced. And it was written for you.

To get the most out of this book, start at the beginning with number one. Then go right on through it to the final techniques and procedures. Each of the major Parts and each Chapter will give you an overview of what will follow. Read these introductory sections; they will give you a better understanding of what will follow and how each of the related techniques will work together.

Then continue to use this book as a reference to continually troubleshoot any difficulties or challenges that come up in your practice. Keep it right next to your hypnotherapy chair. It will come in useful over and over again.

Calvin D. Banyan, MA

P.S.

Let me make a quick editorial note here. I will use the female pronoun throughout the rest of this book rather than using “he or she.” I’m doing this for a number of reasons. First it seems only fair. So many books throughout time have used the male pronoun and this is my small attempt to even things out a bit. Secondly, on average I work with more female clients than with male clients.

Also, in the chapters covering Age Regression Therapy, I found it useful to distinguish between the client in the regressed state and the client in the adult state as “child/client” and “adult/client” respectively. I may also refer to the “child” or “child/client” when referring to the client in the age regressed state. This simplified things substantially.

Acknowledgements

I would first like to acknowledge and thank Rosemary Thomas, Editor-in-Chief of Abbot Publishing House, Inc. and Michael Kimitch for their careful reading and editing of this book while it was still in manuscript form. I also thank them for their many suggestions which improved the clarity of this book. Thank you to Joy Bergman for her expertise in text layout and design. I would also like to thank Dan Poynter for his guidance, both through his books and classroom instruction, on how to write nonfiction.

I have not attempted to cite in this book where I learned each technique or who developed each one. Hypnosis and Hypnotherapeutic techniques are constantly being developed as we as practitioners build upon the work of those that came before us. Even though I may have learned a particular technique of therapy, rarely can the one who taught me claim to have developed that technique or procedure independent of any other person. But from time to time in the book I am moved to mention who first brought the technique to my attention or finally convinced me to use it, even if someone else had previously taught it to me.

All that said, there are a few people that must be mentioned because of their influence upon me, my practice, this book and hypnotherapy.

Among those that I feel must be acknowledged are: Dave Elman, even though I never met him except through recordings and his book *Hypnotherapy*. Orman McGill, C. Roy Hunter, Jerry Valley, Don Mottin and Marilyn Gordon, all great hypnotists, hypnotherapists and teacher/trainers. Thank you for contributing to my knowledge and training. You all have helped so many that you may never meet face-to-face because of the far-reaching influence of your teaching.

Special acknowledgement is due the one who most influenced how I do my work. In Martial Arts and many other ancient traditions, wisdom and training is handed down from master to student. These systems of training and wisdom became known

as schools. When someone became identified as a student, one of the first questions was, "Under what Master are you training." Traditionally, each student who became a Master was trained by his Master, and so on.

I was fortunate to find such a Master. His name is Gerald Kein. It must have been divine guidance that brought me to him. He started me in the right direction and challenged me to take what he taught me and build upon it.

So, I am the writer of this book, but it has two authors, both Gerald Kein and myself. His contributions to this book would be too many to cite. As you read it, hold in your mind that his contribution was broad and deep and far reaching. Thank you Jerry!

Your grateful student,

Calvin Banyan

Disclaimer

This book was written to provide information regarding hypnosis and hypnotherapy. It was not designed to be a complete course in hypnosis or hypnotherapy. It is not meant to encompass all of the information available or needed to do hypnotherapy. No single book could adequately prepare anyone for the practice of hypnotherapy. No one should engage in using such powerful and emotional hypnotherapeutic techniques such as Age Regression Therapy or Forgiveness Therapies unless they have been sufficiently trained. Special care should be made to learn how to do age regression without leading the client and creating false memories.

No one should work with individuals who are diagnosed with a mental illness, unless the therapist is sufficiently trained and licensed (or has the appropriate credentials, such as certification or registration) to do so. This book is sold with the understanding that the publisher and authors are not engaged in rendering legal, accounting or other professional services beyond the scope of giving information about hypnosis and hypnotherapy. Furthermore, this book and its author do not in any way or fashion encourage any layperson or professional to engage in any practice or behavior that is illegal where he or she lives or works.

Every effort has been made to make this book as complete as possible within the field. Much of this book contains information based on the experience and research of the authors, who do not claim that each article of information has been empirically studied or proven. To do such would preclude sharing this valuable information.

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PART I: TECHNIQUES AND PROCEDURES FOR GETTING OFF ON THE RIGHT FOOT

Getting great results from your sessions starts long before you begin a session with a client. In this part of the book you will find out how to get started off on the right foot. Topics that will be covered are how to get started off right in hypnosis, how to set up your office, even how to answer the telephone so that you have good consistent results in your hypnosis practice.

Once your client comes into your office, there are several important things that any therapist can do to “prep” her clients for better success. A little bit of preparation and planning on your part can significantly “stack the deck” and set the odds in favor of you and your clients.

Remember that we are making “waking” suggestions to our clients all the time, and some of the most important of these occur during our first contact with the client. People are suggestible when in the presence of an expert. Be professional and be an expert and your sense of confidence will continually influence the outcomes of your sessions in a positive way.

In this part of the book I will talk about the common problems that defeat some hypnotherapists before they even start.

Keep in mind the flow that these sections lay out for you. We will examine the initial contact (usually advertisements or referrals), followed by your first person to person contact, be that on the telephone or face to face as you discuss your service and hypnosis, which will lead into your first appointment. Your first appointment should consist of an introduction to the therapist, if that has not already occurred (some therapists have receptionists that make the first appointment). It should be followed by the client completing some intake paperwork and then on to a hypnosis pre-talk. A major objective of this pre-talk is to remove fears and misconceptions that the client may have about hypnosis or hypnotherapy. After this you want to complete a pre-hypnosis interview, where you get a history of the problem or issue and find out what the client thinks is

causing it. Once that is completed you want to ask if the client feels ready to do some hypnosis. If all goes well you are on your way to a successful first hypnosis session with your client. The following techniques and procedures will certainly help to make it so.

Chapter 1

Getting Started In Hypnosis and Becoming Better

In this first chapter I will cover how to set up a good foundation for success as a hypnotherapist. You must do your homework and prepare. In this chapter we will discuss getting appropriate training and supervision as you start to continue to develop in your practice. I will discuss individual training, class training and books versus video training.

I will talk about professional associations and how they can provide personal and professional development and opportunity for continued success in your practice.

I will make recommendations that will help you to be more confident when you begin to use new techniques that you learn from this book or elsewhere.

I will discuss how to be confident right from the start and how to continue to build your practice as your skills and confidence continue to grow.

This section and the rest of the book are filled with examples that help you to see how these techniques and procedures are applied.

Finally I will discuss the word “sleep”, and how it can either save you time, or wreck your hypnosis sessions.

1. Get the best training you can before you start.

Before you begin working with hypnosis professionally, either as a hypnotist or hypnotherapist, become thoroughly trained by the best instructor that you can find. Seek out the best programs that you can find. Ask for references and speak to the graduates of the various programs that you are considering. Ask questions like:

Was the training up to date?

Were the students given ample opportunity to ask questions?

- Was there sufficient hypnosis practice?
- Was the instructor(s) available after the training?
- Was the instructor(s) associated with a state or national hypnosis organization?
- Were there additional books and videos available for ongoing training?
- If the student could do it over again, would they choose that instructor or program?

Then call the school or trainer. They should be happy to answer your questions and send you information.

2. Use what you learn as soon as you can.

So many students of hypnosis and hypnotherapy go from one training course to the next without ever really learning to use the tools that they have been given in the course that they just attended. You cannot really become skilled in hypnosis by reading a book or attending a seminar. You have to put it to work.

When you are exposed to a new tip, trick or technique contained in this book, plan to use it right away. Write it down if it is a patter script or outline it if that is appropriate. Then begin to work with it. If you are not regularly seeing clients, it would be beneficial to find someone else that is interested in hypnosis and practice with them. Then, after getting in some practice with your partner, when you know the technique, you can begin to use it in therapy.

3. Sometimes videos are preferable over books for learning hypnosis techniques.

My library of hypnosis literature does not stop with books. In the past I have found video training tapes extremely valuable. Although I am continually reading about hypnosis and hypnotherapy, I am also constantly on the lookout for good hypnosis training videos.

I use hypnosis videos made at The Hypnosis Center, Inc. as part

of the training that I provide for my students. I also encourage my students and staff to view videos provided by other schools, such as the Omni Hypnosis Training Center®. There is information concerning where you can get hypnosis training videos in the appendix.

4. Become affiliated with the best hypnosis organizations.

Join a hypnosis or hypnotherapy organization. A good organization can be a great source of information and training in the future. They can provide many benefits, including libraries of training materials such as books, tapes and videos that you can buy or rent.

Joining organizations can also provide you with a way to get to know other practitioners. There may even be local chapters. These kinds of connections make the life and work of a hypnotherapist much more satisfying, and interesting. They can also lead to increasing your business because you can refer and receive referrals from the practitioners that you meet through such organizations.

5. Join other organizations and help the profession of hypnosis and hypnotherapy.

Even if you already belong to a large professional organization like the American Psychological Association or American Medical Association, there may be other organizations that you can belong to. Examples of these organizations might include organizations consisting of “alternative medicine” or “complementary medicine” practitioners. Belonging to an organization such as these can empower Hypnotherapists as a whole. As you probably know by now, the public and most lawmakers are ill-informed about hypnosis. There are so many misconceptions about hypnosis and hypnotherapy that, from time to time, well meaning individuals may try and take the use and practice of hypnosis away from us. In some states there have been movements to make the practice of hypnosis and

hypnotherapy illegal!

6. Do not make guarantees of success--it may be illegal.

Doctors do not guarantee that you will get well. Teachers do not guarantee that you will learn. Attorneys do not guarantee that you will win the case. Take the lead from these professionals. Do not claim that you can guarantee success for your client.

Unless you have done real empirical research and have the statistics to back it up, do not even make claims of a certain percent of successes. If you have not done this kind of research, then your claims are misleading and you might get a call from the Attorney General of your state!

I like to tell my potential clients that I have testimonials on hand that they can look through. Or, you may even have former clients that are willing to make positive comments about you and your work. But do not make guarantees; it is just bad business and bad for the profession as a whole.

7. Build confidence by practicing your skills in role play.

The greater your confidence, the better you will do as a hypnotist or hypnotherapist. Building your skills increases your results because you will deliver the script or technique smoother and more confidently. You will know it and, more importantly, your clients will know it and respond to your confidence and skill.

One of the best ways to develop skills without reaping the consequences of poor performance is to role-play with a family member or, better yet, someone else who is interested in developing her skills in hypnosis. In role-play you pretend. The person in the role of the client pretends to go into hypnosis as you deliver your induction or pretends to be in hypnosis while you practice another skill like age regression.

One of the best advantages of role-play is that you can call a “time out” any time you need to. Also, you can get immediate feedback from your “pretend” client.

When your confidence is up and your skills are polished, you will have a much greater level of success with your clients and your business.

8. Practice with friends on non-therapeutic hypnosis sessions and age regressions.

At this point you should be familiar with your inductions and techniques. You should feel confident that you can deliver your lines with a sense of confidence and professionalism. But it is not yet time to utilize these new skills on paying clients.

Recruit your friends and family members. When you have success with these individuals, you should have really built up your confidence. By the way, your spouse will probably be the most difficult person to hypnotize! Do well with him or her and you are truly off to a great start.

When you work with these volunteers, you might want to just start off with inductions and deepening techniques. Tell your volunteers that you are going to see how well they can relax. When that is going well, move on to doing suggestions. With a little practice and a good patter script you should get results right away.

9. If you plan to use the word “sleep”, during the session, explain that you do not mean to sleep like when she is asleep at night.

Many a hypnosis session has been ruined because the client decided that they were not hypnotized because they know that they were not asleep.

You can avoid this problem by simply telling the subject/client that just about all hypnotists use the word “sleep”, but we do not mean the natural sleep that you experience when you go to

bed at night.

What we mean by the use of the word “sleep” is kind of a shorthand for “look and act as if you were asleep,” meaning to go deeply relaxed with your eyes closed. I will usually close my eyes and hang my head down to show clients what that looks like. This works wonders to get the point across and produce a successful hypnosis session.

10. Start off your practice working with one or two popular issues and then broaden your practice.

So far, I’ve given you some procedures on how to get ready to deliver your lines and techniques. By the time you are ready to start seeing paying clients (if you have not already) you should feel confident that you can hypnotize anyone of normal intelligence, ability to concentrate, and willingness to follow instructions.

I highly recommend that you start off working with just one issue for a while. Then, when you are ready, expand to another issue. Some people spend much of their careers just becoming an expert at only one issue like sports improvement, and that is great.

When I started off, I only saw smoking clients. Back then I was only doing direct suggestion sessions. It was a good way to develop my skills at delivering a pre-talk, pre-hypnotic interview, induction, deepening, suggestions, emerging and post-hypnotic interview. When I had that sufficiently polished, I went on to doing weight management. The only thing that changed at that time was the script or outline that I used while my clients were in hypnosis.

Doing it this way, the only change was the script. As my skills and confidence grew, I went on to other issues as I found patter scripts that I liked. Soon after that, I went on to doing Age Regression, Forgiveness Therapy and Parts Mediation Therapy and more. I would create outlines that I could follow so that I would make sure that each step was completed in the process. Adding these tools then enabled me to handle almost anything

that I would encounter as a hypnotherapist.

Chapter 2

Setting Up the Office for Success

Planning and preparation are two fundamental keys to success in this field. Next, I am going to discuss some procedures and techniques that will help things work better from a more mechanical point of view. Can how your office is set up and arranged have an effect on the success of your hypnosis session? You bet it can. I am going to show you how you can make things flow better while working with your client.

Having an office that is well laid out is essential to the working hypnotherapist. The following are some of the things that you should consider as you get your office environment ready. There are two main considerations when you set up your office with regard to how it will affect the success of your sessions. The first is the kind of impression that it gives the client. The second is the functionality of the office.

I'm also going to suggest some procedures that, when followed, also help you along. How can you answer the telephone so that the client knows that he has called the right place? How can you set your office up so that you get the maximum number of referrals? What are some good recommendations about scheduling clients?

Have you ever recorded your hypnosis session with either an audio cassette tape or video tape? What do you think some of the advantages might be? What about how you dress and personal hygiene? How important are they? When is it best to refer out clients and how can you get more referrals from other professionals. This is some of what follows. Read on.

11. Keep a book of scripts and outlines.

I've done so many sessions that I could just about get by without any patter scripts at all. But I still use them. Here is why. About 90% of the time, my first session with a client is going to be a session consisting of only Direct Suggestion. And, since this is the case, I want to deliver the very best I can.

I have taken the time to create my own script for all the issues that I commonly work with. They have been polished and improved through thousands of hours of hypnosis. So I will often have them in front of me when I am doing a direct suggestion session, just to make sure that I cover everything that I want to suggest and that I do it in a consistent manner that gets results.

When doing sessions that consist of Age Regression, Forgiveness or Parts Meditation Therapy, I recommend that you keep an outline handy. Use it as a checklist. If you get distracted, you will know where you left off. Furthermore, you will have a plan for the session, which will show through in your increased level of confidence.

12. Keep your patter script book out of sight.

I recommend that you build a book of patter scripts and outlines that you can use. Mine is a database of sorts consisting of a three-ring binder divided with different sections, each with a tab for easy access.

This book is best kept out of sight of the client. Next to my hypnosis chair (a great big and soft recliner) is a small table with a dim lamp and a space under it for my patter book. I can do my hypnotic induction with the client and then reach my hand down and quietly pull out my patter book.

Bonus Tip: I recommend that you place each page in a soft plastic page holder that are made for three-ring binders. That way you can turn pages more quietly.

I usually know what my client is coming in to see me for ahead of time. So, if I want to, I can take the pages out of the book for even stealthier handling. But don't always count on knowing what the client wants to work on. Sometimes a client will come in to see you under false pretenses, offering a reason like weight loss or stress management. They do this to kind of check you out, but then when the client feels comfortable with you, your client might announce that he wants to work on something more personal, such as premature ejaculation or erectile dysfunction.

Always have those scripts (for premature ejaculation and erectile dysfunction) tucked away where you can easily get to them if you find that the client wants to work on these kinds of issues.

13. Prepare an outline to follow.

Have an outline prepared for each technique that you use. In the beginning, outlines will be an important part of your training for techniques such as Age Regression, Forgiveness, and Parts Mediation Therapy.

Later on, outlines become tools that you can fall back on for less frequently used procedures and techniques, such as Desensitization Therapy or Past Life Regression Therapy.

Let me just make a quick note about Past Life Regression Therapy here. It does not matter whether you believe in past lives. If you see enough clients, sooner or later one of your clients will experience what they believe to be a past life while in hypnosis. It is only a matter of time, no pun intended. So figure out how you will handle it and either have a script or an outline ready so that you handle it well.

14. Professional advertising, cards, brochures, signs, print ads and yellow pages.

When I set up The Hypnosis Center, Inc. I wanted to have a center where I would get to see lots and lots of clients, so many clients that I would have to hire other therapists just to handle them all! And that has happened. But it never would have happened if I had taken a less than totally professional approach to how I appeared to the public, my potential clientele.

Everything about my office is professional. This builds confidence in my clients. Confidence is essential, confidence in you and hypnosis.

As you design your advertisements, brochures, business cards, or anything else that your clients will see, do it so that they

project your professionalism. As a result you will not only see clients, but you will also receive referrals from clients and other professionals.

Stay away from controversial topics in all of your promotional materials—unless you are going to only do controversial topics. If you mention strange or controversial topics, it will greatly reduce the amount of clients you will see. Stay away from them. Even if you do them as a hobby, don't put them in your written materials. Here are the topics to avoid: past life regression, alien abduction, spiritual and new age topics.

Here is the good news. If you are interested in these topics, not listing them will not dissuade folks interested in these topics. They will call you. It seems that hypnosis will always be associated with these kinds of interests.

15. Answer the telephone in a way that causes your potential client to expect to succeed.

Be professional and confident. We always answer the telephone with “Good morning, this is The Hypnosis Center. My name is (name). How can we help you succeed today?” Wow, that really gets things off on the right foot! And, we have received many good comments about how we answer the telephone.

Also, when a potential client calls you up on the telephone and asks you if you can help her with her issue, it is very important how you respond. If it is an issue you work with, you owe it to the client to respond with confidence that you can help them.

When I went through my training with Gerald Kein at The Omni Hypnosis Training Center®, he told our class to say, “Yes! That is easy. We do it all the time.” That is a great way to answer the telephone. It really gets you off to a great start with the client and helping her to a good hypnosis session.

Consider what would happen if, instead, you answered, “Oh boy, that is a difficult one. I think I can help you with that. At least we can give it a try.” You would probably never see that client. Even if she were to come in to see you, you would have

placed yourself and the client at a disadvantage. So, be positive and upbeat. You owe it to your clients.

16. Give the client an estimate of the number of sessions and keep your promise.

When your client calls up for the first time to see about having sessions with you, chances are she will ask you how much the sessions are and how many sessions will it take.

Your potential clients do not know much about hypnosis in general except for what they have seen on television, in a movie or in a stage show. And of course that kind of exposure leads to misconceptions, fears and a general sense of ignorance. They are considering hypnosis, but they do not really know what to ask. So they ask how much and how many sessions.

When I first started, I called around to get an idea of what others were charging (I recommend that you do this too). I found out that how these questions are answered varied widely from practitioner to practitioner.

Here are some "Don'ts: "

Don't mislead your client.

Don't make them come in to find out (free consultation).

Don't make guarantees.

Don't quote statistics that you cannot support.

Do any of these "Don'ts" and you do everyone involved a disfavor. Remember how important confidence is in the process. Remember that building confidence not only increases your success but also increases referrals.

One more "Don't: "

Don't answer these questions (how many and how much) right away.

If you do, they will probably say "thank you" and call the next guy in the telephone book. I recommend that you spend some time with the caller first, so that you can build a bit of a

relationship (confidence and trust). Here is how you can do that on the telephone. Ask them what the issue is that they want to work on and spend a few minutes listening. This allows the caller to become your client. She has invested in you. Maybe she has even revealed a little bit of personal information about herself. The longer she stays on the telephone with you (or your receptionist) the more likely she is to make an appointment with you.

Next, tell them about hypnosis and your process. What they can expect and how long the session will be. Build up the perceived value of the sessions. Now tell them how much the sessions cost and approximately how many to expect.

17. Professional environment, office or home office, improves your success rates.

I work in an office, but if I worked out of my home I would make sure that my home office was as professional in appearance as possible.

“Don’t: ”

- Don’t use beaded curtains.
- Don’t have incense burning or scented oils, etc.
- Don’t have flowers with a strong fragrance.
- Don’t have crystals or a crystal ball out.

“Do’s: “

- Do have a clean and orderly area to work in.
- Do have certificates, degrees and diplomas displayed.
- Do turn off your telephone.
- Do have a separate entrance if it is a home office.

Generally, your office should appear similar to the office of a counselor, teacher or other professional person. It does not have to cost a fortune to decorate, but it should look nice. Office decoration should look relatively conservative.

Of course there is an argument against this kind of approach. You could downplay things and sell yourself as the “casual hypnotherapist.” But I think this will limit how many clients

you will see in the long run. If you want to get to be good, you have to see plenty of clients. If you want to stay in business, you have to see plenty of clients. An unprofessional approach, I believe, will work against you in the long run and even, perhaps, in the short run, because it makes it more difficult to stay in business.

18. Wear professional attire appropriate to the work you do.

Every day when I go into work I wear slacks, a white shirt and a tie. Do I like wearing a tie? Only when I get a new one that I really like. But most of the time, I wish I could just do my work in a T-shirt and jeans. But that kind of casual approach would generally be a disservice to my clients and employees. Of course, there are some people who would think that it would be nice to come and see a therapist who looked like that. But most won't. Dress for success. If you need help in this area, go to the bookstore and you will find books on the topic.

I think that dressing appropriately for business is more difficult for women than it is for men. If you are a woman and you are not sure what conservative office attire looks like, go to some conservative offices (banks and other financial institutions like insurance companies) and see how most of the women that work there are dressed. Another approach would be to ask a friend who works in an office environment for some help.

Some hypnotherapists work in a medical environment or would like to. If this includes you, dress the part; you might even find yourself wearing one of those white lab coats. But if your client calls you "Doctor" and you are not, you need to straighten her out right away. You wouldn't want to get caught practicing medicine without a license!

19. I know I shouldn't have to say this, but grooming is important too.

Have you ever had bad breath and not known it? I have. I find out when my wife slips me a piece of gum. You don't want to get

that hint from one of your clients. Most people won't say anything. They just won't come back.

Every workday starts off with a bath or a shower, combing or brushing your hair, and clean pressed clothes are a must!

I won't belabor this point any further except to say it is very important that you look and smell clean.

On the other hand, some people go too far. They *really* want to smell good. If you use cologne or perfume, use it very sparingly. It can be very distracting to your client if it is too strong, and may inhibit a successful session just as much as body odor can.

20. You should probably avoid scheduling marathon sessions.

Avoid scheduling "marathon" sessions. If possible schedule your sessions to last no more than 90 minutes. Sometimes they will be longer, but not too much so. It is best if the client can receive whatever therapy is scheduled in 60 to 90 minutes and then schedule again in about 3 to 10 days. This gives the client time to experience the changes that are occurring. In addition, some therapies (i.e., Age Regression and Forgiveness Therapy) can be very draining emotionally and physically. For this reason, sessions longer than 90 minutes can just be too much, and as a result the client may not come back to see you again. Taking a week-long break between sessions also tends to give enough recovery time so that the client has sufficient energy for the next session.

That said, I should mention that some very effective hypnotherapists, such as Stephen Parkhill, author of *Answer Cancer*, who works extensively with chronic illness, regularly schedules longer sessions, three hours or even longer. These longer sessions are appropriate to this kind of work.

21. When to schedule marathon sessions and how to handle them.

Sometimes long sessions or double sessions are the only option. Sometimes I have clients come to see me who have driven or flown across country. At present I'm in Minnesota, near Minneapolis/St. Paul, and when a client needs to see me from California or New York, it will probably not be reasonable to have them fly in every 3 to 10 days for the therapy. What we do then is have the client come for a few days and schedule two double sessions with a rest period in between of at least one day. For example, a client might fly in on Monday, see me for a double session on Tuesday and then take Wednesday (or Wednesday and Thursday) off and see me for another double session on the following day.

Since the first session is usually a Direct Suggestion session (which requires relatively little of the client) and the second an Age Regression session (which can be very exhausting for the client), I will take a break of at least a few minutes between the two sessions when doing a double session. This allows me to answer questions about the session and properly prepare the client for the next session.

On the other hand, for the next double session I will commonly keep on going straight through. Typically, these sessions include a great deal of forgiveness work (which helps the client to release old patterns and emotions). It works well to just keep on going for two hours of intense forgiveness therapy if needed. Since these two sessions are so closely related they tend to go well together. They consist of forgiving others and self-forgiveness.

After these long sessions, I need a break and will take at least one half hour off before seeing any more clients that day.

22. Consider audio or video taping your sessions.

From the very beginning, since I took on my first professional appointment with a paying client, I have videotaped each

session. I don't know of any other hypnotherapists who do this outside of the therapists that work in our office, but there are probably a few. Gerald Kein suggested it. I thought it was a good idea. I remember back when I was in graduate school and undergoing my training as a psychotherapist. We videotaped all of the sessions and then went over them with our supervising therapists. It was invaluable to see myself operate.

It's very inexpensive to do this if you think about it. A video tape recorder can be purchased for \$100 and a camera for even less. Get one of those security cameras that record in black and white and have a microphone inside of it.

Then watch, listen and learn. In addition, if you have the opportunity to consult with someone in the future you will have the videos to show. It is also extremely helpful when supervising others. I know, because all of the hypnotherapists at The Hypnosis Center, Inc. record their sessions. This is of great value because I can have any one of our therapists pull one of their tapes from the locker and show it to me as we hold supervision meetings.

If for some reason you decide not to do this, you should at least consider recording your sessions on audiotape.

Also, these recordings make great little insurance policies. Most of my clients are women. During each session they routinely lay down in front of me with their eyes closed. Because of the videos, I have a record of where my hands are at all times. No one could ever charge one of our therapists with inappropriate touching during one of the hypnosis sessions. It's comforting to know that we have these recordings to prove professional conduct if an issue ever comes up.

23. Have a tape recorder set up to take over if you have to leave to cough or go to the bathroom.

Technology is great. Use it where and when it can be used without degrading the quality of the sessions. I'm generally not in favor of using taped inductions when working with clients doing individual hypnotherapy sessions, but I do use tapes from

time to time in my practice for other applications.

First, an important application for using audio recordings such as cassette tapes is when you need to leave the room during the session because of something unplanned. It could be something as simple as having to cough or having to go to the bathroom.

Next to the hypnosis chair, I have a tape deck that I use to play tapes. I use two kinds of tapes.

The first tape is just a deepening tape. To record this tape I simply sat down with the tape recorder and did about 10 minutes of deepening patter, and now it is always ready to go. If something comes up, I just suggest to the client who is in hypnosis to take their attention to the sound of my voice coming from the tape player and follow the instructions to go deeper into hypnosis. I tell them that I will be leaving the room for a few minutes and that most people find that it even works better with me out of the room. When I get back they are right where I left them and going even deeper.

The second tape is for the Direct Drive technique, covered next.

24. Have a tape recorder set up to do the Direct Drive technique.

The second situation in which I suggest that you consider the use of tapes is for the Direct Drive technique, since the Direct Drive technique consists of you simply making the same suggestion over and over. Generally it is recommended that the suggestion be given a minimum of 15 times when doing the Direct Drive technique.

I like to use the direct drive technique in my smoking cessation sessions. But believe me, if you utilize the Direct Drive technique often you will become bored with it and become tempted to shorten the number of times that you give the suggestion to less than 15 times.

The tape helps you to avoid that temptation. Just push the button on the tape recorder and your voice gets a break for a

while. It's great. Try it.

I've used both tape loops (cassette tapes for answering machines) and regular cassette tapes. With the loops you don't have to rewind the tape. But there can be a problem with a popping sound each time the end of the loop passes by the head. I've reduced this by placing cellophane tape over that part of the tape, but it is a delicate operation. If you don't have really steady hands, just get a regular tape and rewind after each session when you use the tape.

25. Have someone you can consult with for ongoing guidance.

As you conduct your practice, have someone that you can consult with on a regular basis. At least once a month, schedule a consultation with someone who you respect because of his or her advanced expertise in the field of hypnotherapy, especially if you are beginning to work with more issues than before.

Because this is a professional consultation, it is generally accepted that discussing your sessions is not a breach of confidentiality. Show your consultant tapes and listen to his or her comments. Often someone else with more experience can make suggestions that will improve your work or build your confidence.

Generally, a consultation will cost more than you make during a single session, but it is well worth it. Try it. If it is not worth it, get someone else to work with. Connect with hypnosis organizations in your area and find out who the best and most experienced hypnotherapists are.

26. Have other hypnotherapists to whom you can refer clients.

Work only within your training and abilities. If you do a great deal of hypnosis sessions for smoking and a client comes in with chronic pain, you need to do the right thing.

If you are fully trained and qualified in an area, do it. But, if you are great at breaking habits and only have a vague idea about how to work with chronic pain (or some other issue), refer it out to someone who is qualified.

This is another situation where belonging to a professional or even a lay organization can be of great value. Through these organizations, you can find others to whom you can make referrals (and receive referrals).

Do not take payment for making a referral—it is unethical and illegal almost everywhere.

27. Become a walking, talking example of how well hypnosis works.

Be an example of how hypnosis can be effective. Be the kind of person your clients want to become. Don't smoke. Don't drink to excess. Keep your anger under control. And, don't be overweight.

If one of the above issues is occurring in your life, it is time to take care of it. And, use hypnosis to do it.

Bonus Tip: Degrees, certificates and diplomas are good credentials, but they can't compare to success using hypnosis in your life. The best credentials that you can have are one of these:

Having helped someone your client knows.
Having used hypnosis successfully on yourself.

I've lost over 55 pounds using hypnosis and kept it off for years. I love to show my before and after photos and clients are impressed. Whenever I show my before and after photos, I'm also suggesting to clients and potential clients alike that I have something that will help them too.

If you are in the hypnotherapy business for any length of time, sooner or later you will hear, "Does it really work?"

You will love this question if you are carrying around a before and after photo or have a hypnosis self-help story to share.

Have you ever been to a physician who is overweight? I have. It does not instill confidence. I even know doctors who still smoke! It's hard to take advice from such a person. And it will *really* work against you as a hypnotherapist.

If you are going to do this work, you really need to “walk the walk” and not just “talk the talk,” that is, if you want to be really good.

Bonus Tip: Display all of your degrees that are related to the work you are doing. They can help make your clients more confident in you and thus improve your results. But don't display degrees that don't come from accredited colleges or universities.

Chapter 3

Preparing Your Client--Before You Begin the First Session

This is a short but important chapter. Did you know that there are some things that you can do before you ever meet with your client to help her to be successful in your first hypnosis session? I'm always thinking about how I can make things better and how I can be more effective with every client that I see. I hope I'm getting you to think this way too.

We have a routine that we use at The Hypnosis Center, Inc. to make sure that the client is well prepared for the session and so that the sessions are never needlessly interrupted.

When should you have your clients pay for the session? Is before or after better and why? What are some of the most important things to have on an intake form? What can you do after the session is over, while you are still with your client, that can have a very positive impact on your *next* client? I'll tell you.

Remember to keep an "I-can-help-you-with-that" attitude. In the beginning, you have to have enough belief and confidence for the both of you. Remember—if you aren't sure that hypnosis can help, what will the client think? If you aren't sure that hypnosis is effective in helping with a particular issue, you'd better refer that client out to someone who does know.

Lastly, I'm going to show you how to make important changes easier to do in your practice. As humans we are all "creatures of habit", and I'll show you how to add these new techniques into your practice and appear to your client like you have always done it that way.

28. Send your soon-to-be client information about yourself and hypnosis.

As soon as you set up your appointment with the client, send off a letter and brochure, providing there is time to do this. It will remind them of their appointment. If you have a professional-looking letterhead and brochures they will further increase clients confidence that they made the right choice in choosing

you.

Bonus Tip: You can also put in extra cards or brochures. This is a nice promotional technique. But don't over do it—a couple of extra cards and one extra brochure would be enough.

Bonus Tip: Another great technique is to add an extra page to your letter filled with excerpts from testimonials that you have collected from past clients. They are especially useful if they are about the same issue that you will be working on with your client.

29. Send them a relaxation tape to practice relaxing.

Some hypnotherapists will give their clients a reinforcement tape after their first session. But, if you want to insure success after the first session, you could send off a practice tape. This tape would not address the issue that you will be working on with the client. It would contain an induction, lots of deepening, and emerging them with suggestions of having a successful session when they do see you.

The practice tape concept works extremely well with pain clients and anxious clients. But don't call it a hypnosis tape because if they don't *feel* hypnotized when using it they might think that they can't be hypnotized. Call it a relaxation tape. I have rarely used this type of client preparation. But when I have, it works extremely well.

30. Always have your client go to the bathroom before the session, to prevent unnecessary interruption.

It can be incredibly frustrating to be in the middle of a hypnosis session and have a client emerge because of a full bladder. Or even worse, after the session is over, you may find out that your client was not able to concentrate on "a single word that you said" because she had to go to the bathroom.

Our receptionist explains this to each client and asks our clients

to please go to the bathroom before each session. We don't ask them whether they need to go to the bathroom. *We ask them to go to the bathroom.*

Additionally, if the pre-talk and pre-hypnosis interview runs more than an hour, ask your client if she would like to take another bathroom break.

Just make it part of the procedure, and you and your clients will benefit in the long run.

31. Have your client pay before the session.

At our Center, we always have our clients pay before we do the session. However, there is a respectable disagreement about this among hypnotherapists. Some feel this approach would even be unethical. Gerald Kein and others will tell me that they would never do this.

Let me tell you why we do it. We have the clients pay before the session because I believe that it improves their mental attitude. Once they have laid down their money, it seems that they become more focused during the session. It seems that they really want to get the most out of the session when they pay for it in advance. You will have to make up your own mind about this one.

32. Have your client fill out a good intake form.

Make up a file on each client and put a good intake form in it. A good intake form should provide the following information as a minimum:

- Name
- Date
- Address
- Telephone numbers and whether or not you can call.
- Issue that they want to work on.
- How they heard about you.
- Whether or not they have attempted hypnosis before.

If they have, whether or not they thought they were hypnotized.

Any illness that they are being treated for by a physician.
Any medications they are taking.

Having their name, address and the date of first appointment are important because you can start a mailing list that you can use to promote classes or products in the future.

Bonus Tip: Get both your client's day and evening telephone numbers and whether or not it is okay to call the client at those numbers. Some clients are coming to see you and don't want their spouse to know about it. If you have permission to call a client, always call one or two days ahead of time to confirm appointments.

Find out if she has tried to be hypnotized before and whether or not she thought that she was hypnotized. There is a wealth of information here. If she has been successfully hypnotized before, ask her about techniques that were used. You could very well learn something. If she was not successful, you can find out why the client believes that she was unsuccessful and avoid the mistakes of her former hypnotherapist. You can also learn a lot about your competition if the client saw someone in your area.

You want to find out about any illness that your client has or is being treated for. Two main reasons come to mind. If your client is being treated for heart problems you will not want to use an instant induction that includes any techniques that might startle the client. Some therapists just won't work with a client who has a severe heart condition. Hypnosis won't cause a heart attack, but some of the techniques used in hypnotherapy might upset a client and increase the probability of a heart attack. For example, if you are doing regression therapy, it could be very stressful on your client if she revivifies an extremely unsettling experience from the past (like a previous heart attack).

Secondly, if your client is being treated for a chronic pain situation and you work with chronic pain, you might want to give her a brochure that she can read and share with her physician. Always work with the client's physician whenever

working on a medical issue, especially pain.

I have included “an example” intake form in the appendix. We sometimes call this a “client history form”.

33. Have your client list the benefits of the change she wants to make.

When the client comes to us we always have them fill out a “Benefits Form” in addition to any other paperwork. On the form, we ask them to list at least seven benefits that they would receive by making the change that they have come in to work on. This information is valuable both before and during the hypnosis session.

For example, if a client is coming in to see you for a stop smoking session but is unable to list any benefits of stopping smoking, the client may have been coerced into seeing you by a physician or spouse. When I meet with the client, I will keep this in mind and ask about it. If the client does not want to quit smoking, you are not going to have a very good outcome with her. It is better to discuss putting off the session until the client is able to bring a sufficient level of commitment to making the change.

Secondly, I like to use the benefits that the client listed and any others that come up during the pre-hypnosis interview while she is in hypnosis. It increases the client’s commitment to change and makes her more suggestible when it comes to accepting suggestions.

34. After each session, always say, “I’m glad you enjoyed that!” (your next client may be listening).

I wish I could remember where I got this technique. It was probably Don Mottin or Gerald Kein. Or heck, it’s such a good technique they might have both told me about it. Here is how it works. After the session with your client and as you and your client are walking towards the waiting area say, “I’m glad you enjoyed that.” This is not for the benefit of the client that just

finished the session. It is for the one in the waiting room! It is a waking suggestion that their session will be nice and enjoyable. We always have at least three therapists working at The Hypnosis Center, Inc., so we as individual therapists never know if there is a client waiting in the waiting room. So, we say it with every client after every session, just as standard operating procedure. The only exception, of course, would be if there is any chance that the client may disagree with the statement. Then I just remain quiet. But that situation is extremely unlikely.

Chapter 4

During the Pre-Hypnosis Interview

Now let's really make the best of the first few moments of your first hypnosis session, as you move from introducing yourself to deciding to do the hypnotic induction.

This is a very important time, because now the client is sizing you up and trying to decide whether she made the right decision. You are going to be sizing her up too. You are best off if you realize this and make the most of it.

I'm going to discuss how to involve your client in the process while you learn more about the problems and the issue that you will be working on together. It is going to take the both of you to make this process work and you will want to let the client know that you really want to understand her point of view concerning the problem, and that you actually care and understand what she is telling you.

I'll even give you some advice about being more likeable! Yep, that is very important. You want to set it up so that you are seen as being completely non-judgmental. The client should have the feeling that you two are a team, both working together to overcome the problem that she came in to solve.

By the time you get through this chapter, you should have gained a whole toolbox full of techniques to thoroughly prepare your client for the first session. Lastly, I will provide a little more about waking suggestion so that your client will be convinced that she was hypnotized.

35. Go up and greet the client yourself.

Some days I think it would be nice just to sit back in my office and have my receptionist bring my clients back to me. I could just sit there at my desk and have them take a seat. But I don't.

To me, it just seems more respectful of my client for me to go up personally and greet them. I also get to see how they look in the waiting room. Are they tired or grumpy? It's all helpful

information. Maybe they were even asleep! If this is the case, I am better off knowing it because I will take extra precautions to keep them from falling asleep during the session.

**36. Don't let your clients fall asleep during the session.
Hypnosis is not sleep!**

To keep your clients from falling asleep on you, which is more of a problem in the afternoon than in the morning, use rapid or instant inductions and don't over-deepen the client. Letting a client sleep through a session is inexcusable and unethical. Hypnosis is not sleep. Sleep is a state of relative unconsciousness, while hypnosis is a state of focused or heightened consciousness.

Bonus Tip: If you suspect that your client has gone to sleep, maintain your cadence and level of speech and ask for a response. This is one reason why I always instill finger signals in my client for yes and no responses. I can always ask for a yes or no response by saying, "Is that acceptable to you?" A statement like that is easily added to any hypnotic suggestion.

Bonus Tip: Snoring is not caused by sleep. It is caused by relaxation in the throat. Just because your client is snoring does not mean that she is asleep. It just means that her throat has relaxed as if she were asleep. How can you know for sure? (And it is your job to know.) Just ask for a response. If she does not respond, then she has probably fallen asleep.

Bonus Tip: Just before the session, if the client looks tired I like to remind them that hypnosis is not sleep, and if they fall asleep they will "miss the whole thing, and have a very expensive nap!" This motivates them to stay awake during the session and wait until they go home to go to sleep. Naps are free at home and about \$125.00 at my office.

Bonus Tip: Up in front of the office there is a waiting

room. On the table are books filled with testimonial letters from past clients. This creates a good positive attitude and mental expectation in my clients. Besides, they didn't come to us to read magazines anyway.

Bonus Tip: Try to stay on time for your appointments. I know that sometimes you will run over, but be respectful of your client's time. On the paperwork that our clients fill out when they come into the office, we let them know that we do respect their time and will do everything we can to keep on schedule, but sometimes we may run a little late, and to please give us permission to run 15 minutes late from time to time if it benefits the client. We would do the same for them.

37. Project confidence that things will go well. Have a yes-I-can-help-you-with-that attitude!

From start to finish your client should receive from you and all the members of your office a constant stream of signals suggesting that you can help her. From first contact (via advertisement, referral or telephone call) to the last contact with your client, such interactions should be consistently positive.

I sometimes tell my hypnotherapy students to remember that "hypnosis is a confidence game, if you don't have your client's confidence there ain't no game."

You are responsible for how you project yourself. As a professional, you need to always respond confidently that hypnosis is going to be helpful for the client. Don't make statements that are not true or that you can't back up with training. Of course, you should be working only with issues and clients for which you are properly trained.

Use statements like, "We work with that issue all the time." Be positive and upbeat—it will improve your practice.

38. Being likeable is perhaps one of the single most important determining factors of outcome!

Empirical research on therapies of just about every kind have shown that one of the most important determining factors of positive outcome is whether or not the client liked the therapist. So be likable. It will also improve your referrals and whether or not the clients come back to see you when they are ready to work on other issues. So listen to your clients, have a positive attitude and never argue with your clients. These things will go a long way in making you likeable to the client and improve your overall success.

39. Let your clients know that it is all right if they call you (at the office).

I always let the client know that if they have questions about anything that we are doing or about hypnosis in general that it is best if they call me and not wait until their next session to ask me the question. If the client is uncertain about what they are doing or supposed to be doing, it can only impede their success. You want to get them on the right track right away.

Let them know that you are usually in session but that you will return their call as soon as you are available, and that you will call them wherever they are. If that is not convenient, have the receptionist let them know when you are likely to be available.

This is much better than having a client not know what they are supposed to be doing or to have a pressing question that is bothering them. In my experience, if I speak with my clients on the telephone, I can answer their questions in a couple of minutes and they are back on track for the next session.

Bonus Tip: Often I will tell my clients after our sessions are over that I want them to think of me as "their expert on hypnosis" and that if they ever have questions about hypnosis or hypnotherapy they can always give me a call. It is in your best interest as a hypnotherapist to have good and truthful information circulating among the

population about hypnosis. And it might as well be you out there dispensing the information to your clients, than anyone else.

40. Listen to your client and find out what she thinks her problem is.

It is important to the client that she have the opportunity to express what she thinks the problem is. It is even more important for you to *not* automatically believe it.

While you are listening to your client, you are building up rapport. There is a subtle implied suggestion that if you have listened to what they *believe* the problem is, then the hypnotic procedures that you use will take those causes into consideration, as well they should, but don't be limited to that information.

As a hypnotherapist, you should know that what the client is reporting is only what the conscious, rational/analytical mind thinks the problem is. You are going to gain much more information about the condition when you do the hypnosis, especially if you use Age Regression.

41. Use active listening techniques so that your client will feel heard and understood.

Let your clients know that you are hearing what they are saying.

As your client speaks, listen and then paraphrase it back to them. This accomplishes at least two things. First, it lets the client know that you are hearing and understanding what they are saying. Secondly, if you misunderstand what they are saying, they can let you know.

For example, after listening to your client you might say something like, "Then you think that you are overweight because you snack too much between meals." Then the client will either confirm your understanding or attempt to make herself more clear, for instance adding, "Yes, that and I eat too late at night."

42. Don't believe what your client says when she tells you what she thinks the problem is.

This bears repeating. Remember that the client probably only has a surface understanding of what the problem is. The client usually just does not have all of the information.

It may also be beneficial to give more information that will loosen some of the client's beliefs that may get in the way of progress. For example, if I have a client that believes that he or she cannot stop smoking because they are powerless against their addiction to nicotine, it is important that I give them some information to loosen up that belief because I am not offering a chemical treatment (nicotine gum or patch). This opens her mind to suggestions about smoking being a habit, etc. Now I have a client that I can be more successful with.

Bonus Tip: To reduce or eliminate a client's belief that their smoking is caused by an addiction to nicotine, I commonly inform the client (in the waking state) that nicotine is not addicting. This how I do it. I tell them that nicotine is not addicting, at least not at the level that smokers receive it by smoking, and I'm going to prove it by asking them a question. "If nicotine is so addicting, why don't have centers all across the United States and across the world to get people off the nicotine patch or the gum?" Your client will probably say that they have never thought of it that way before. I will usually follow up with, "I have never had anyone come into my office and ask me to help them quit nicotine gum or the patch and there probably never will be." It is possible to become addicted to just about anything (certain foods and behaviors such as biting your nails) including the nicotine patch and the gum. But I believe it is not because of the nicotine when we talking about smoking, or we would see a certain percentage of those that quit smoking by using the patch or gum become addicted to it.

43. Never argue with or criticize your client, you must be on the same side. It should be you and the client against the problem.

Generally, people have trouble liking and forming a therapeutic alliance (involving trust and confidence) with someone that argues or substantially disagrees with them. It is best to say things like, "Let me run an idea by you. If you like it, we can use it in the hypnosis."

If the client becomes argumentative, it is just best to refer them out to someone else to work with. It may have been something you said or some kind of transference problem.

On the other hand, some people just have an argumentative style. They don't really feel as if they were arguing. It is their perceptions that matter the most when it comes to how successful the session will be. If in doubt say, "I don't mean to sound argumentative." The person with the argumentative personality will probably say something like, "Oh, I didn't take it that way." Then you are back on track. Just realize that she is not as sensitive to the conflict as you are. Conflict is rather normal for her.

Bonus Tip: It would serve you and your practice well to learn about transference issues. They come up in every kind of therapy (and in human interaction of just about any kind) and can be used to help the process. If unchecked, it can impede the process. Basically, transference is the phenomenon that occurs when an individual applies characteristics to someone, which are not a product of that relationship or the other person's behavior. Rather those projected characteristics come from someone else in the client's past, and, because either the situation or person bears similar characteristics to the previous relationship, they are accidentally or automatically applied to the present situation or individual (the therapist).

44. Do a good pre-talk. Remove fears and misconceptions and build trust.

Hypnosis is a normal and spontaneous state of mind that all human beings have experienced thousands of times. But if the client comes into your office filled with fears and misconceptions regarding hypnosis, he or she will be able to inhibit the response.

So it is very important that you have a pre-talk that you can deliver to the client that will take care of most, if not all, of these fears and misconceptions built upon what they think can or will happen if they are hypnotized.

Some things that should be covered are:

Hypnosis is not sleep.

Hypnosis is a naturally occurring state of mind.

You have experienced a form of hypnosis if you:

have daydreamed;

missed an exit on the freeway or expressway;

cried because you were watching a movie;

have become frightened while reading.

The hypnotist cannot control you.

You cannot get stuck in hypnosis.

No one has ever been hurt by hypnosis.

All hypnosis is self-hypnosis.

The worse thing that can happen is that they could go to sleep and not go into hypnosis.

Then take some time to explain what you mean by the conscious, subconscious and unconscious levels of the mind. This will promote understanding when you use the terms and help to de-mystify them.

45. Do a brief demo of what hypnosis may feel like.

Another technique for helping someone to feel comfortable about the upcoming session is to do a short "demo." I will often tell the client that I am about to do a demonstration so that they will have the proper expectation of what hypnosis may feel like.

I say, "Close your eyes" and I wait a couple of seconds and follow up with, "that is what hypnosis feels like!"

Then, I like to add that some people on their first session only go into hypnosis at a light level and will not feel any differently than when in the normal conscious state. However, some do go deeper and if they do they might experience certain subjective sensations such as tingling, heaviness, lightness, dissociation or extreme relaxation. Most of your clients will report having had one of those experiences during the session. That will help to build confidence in the client that they are doing well.

46. How to best use suggestibility tests.

This issue can split hypnotists and hypnotherapists, right into two groups. Those that use and believe suggestibility tests to be important and those that don't use them and don't feel that they are important.

If you use them, and use them well, they can be extremely helpful. They can give you information about your client, such as whether to use an authoritarian or permissive approach when selecting an induction. They can also increase your client's confidence that they can be hypnotized.

On the other hand, they do take up time in the session. If not done properly they can give no information, or erroneous information, about what inductions or approach should be used. And finally, the client might be convinced that she cannot be hypnotized if you allow her to fail a suggestibility test.

If you choose to use them, learn from an expert in using them. Then, use them expertly yourself. Can you tell on which side of this debate I fall on. Do I use suggestibility tests? I'm not telling. It is just too controversial.

47. Tape reminders to the side of the chair that your client doesn't see.

We are creatures of habit and sometimes it is hard to change

how we do things. For instance, there came a time when I wanted to start using the time distortion convincer (covered in number 49). But it works best if you have the client check the time before the session starts so that they can compare objective time with their experience of it. I kept forgetting to have the client check the time. I overcame this by taping a note to the side of the chair the client sits in when we do the hypnosis. It is visible from the side that I sit on but not from where they approach the chair.

So, put up signs, use sticky notes or tape reminders up to help you make significant changes in your routine, or when you want to implement a new technique. Also, make sure that your scripts are updated. You can use a highlighter to bring your attention to changes in your scripts.

48. Use sticky notes for reminders on the inside or outside of their file.

Thank goodness for those little sticky notes. I keep a little pad of them right on my desk. I use them in two ways, first as reminders to myself, and secondly to impress the client that I think what they just said is very important.

If the client has a special concern or condition that I need to remember I just write it down and stick it on the outside of their file where I will see it and be reminded during the session. For example, the client might be hard of hearing. I will write “talk louder,” on a note and then transfer the note to the arm of the chair when I get to the hypnosis chair. Other examples of things I need to write down are:

The client has a heart problem.

She didn't like one of the suggestions that I ran by her before the session (such as nicotine not being chemically addicting) or other condition or stipulation that I need to keep in mind so that I don't proceed with the session in my usual fashion.

I then transfer the sticky notes to the inside of their files when the session is over, and enter these concerns into my client notes.

49. Suggest that the session will be brief, a waking suggestion to set up time distortion.

One of the best convincers that you can use is the time distortion test. There seems to be a tendency to underestimate the time spent in hypnosis. Especially if it is a Direct Suggestion session filled with positive suggestions and deep relaxation. Let's use propensity to underestimate the time to our advantage. While your client is in hypnosis, suggest that you have only spent a few minutes doing hypnosis with her. This will increase the time distortion. And, go one step further to increase the chances of time distortion, suggest before the session that the session will be brief the first time around. Increase it even more by making the suggestion as one of the last suggestions you make to the client just before you emerge her.

Today, I completed a session for smoking cessation. When my client emerged I had him estimate the time he spent in hypnosis and he reported that it was about 4 minutes. It had been 42 minutes! Because of that he "knew" he was going to be a non-smoker!

So, after the client emerges, have her estimate the time spent in hypnosis. When she underestimates the time, she will usually be off by at least 100%. It is very impressive for your clients. An article describing how to use this procedure is contained in the appendix.

50. Get the hypnotic contract.

After you have completed all preparations, the pre-hypnosis interview and pre-talk, you are ready to begin the hypnosis session. At this time ask them, "Would you like to do hypnosis with me now?" Wait for the client to answer. When he or she responds with a "yes", you have the hypnotic contract.

The hypnotic contract is this: I will respectfully give you instructions which when followed will guide you into hypnosis. You agree to follow those instructions as I give them.

Once this agreement has been made, almost any hypnotic induction or technique will work. Note that this agreement was accomplished implicitly when the client responded “yes” to wanting to do hypnosis with you. If the client has difficulty following instructions and thus experiences difficulty in going into hypnosis, you will have to be more explicit. Simply let them know that if they focus and follow the instructions they will get to enjoy a wonderful hypnotic relaxation. If there are any further difficulties, one of the previous conditions have not been met. You will have to ask yourself, “have I done everything that I need to do to remove all of my client’s fears and misconceptions about hypnosis and hypnotherapy?”

PART II: PROFESSIONAL PROCEDURES AND TECHNIQUES FOR A SUCCESSFUL HYPNOSIS SESSION

Here are the procedures and techniques that will make your hypnosis sessions really successful. I hope you didn't just skip over to this part of the book and miss all those other great tips. Well, if you did, after you read about what you need to do during the session, I hope you will go back over the suggestions that I made in the first part of the book.

Be a hypnotherapist who masters Age Regression Therapy. It is truly the Royal High Road of therapies. Almost nothing can compare to it. But don't make a habit of starting with age regression. If you are really well prepared and you do everything right and your client is really ready to follow your suggestions, chances are that most of your clients can have a successful first session when the first session consists of Age Regression Therapy. But some won't do so well and they may go away from the session thinking they can't be hypnotized or, even worse, that hypnosis doesn't work.

Do a Direct Suggestion Session first. Then, after you have developed a good working relationship with your client, move on to Age Regression Therapy in a subsequent session, probably the second session. This process can never hurt, and even the best subjects tend to benefit from taking this approach.

I'm going to show you how to take that first session and use it to turn your client into an ideal client for doing hypnotherapy. How? You are going to learn how to hypnotize almost every client every time. How to secretly test the level of hypnosis and then use convincers to prove to your client that she is doing great!

You are going to learn several ways to deepen the hypnosis, many of which your client will not be consciously aware of, so there is bypass of the critical factor. You will also learn how to instantly take them back to that wonderful level of hypnosis called "somnambulism" so that it only takes seconds to begin

doing the work next session.

Want more? How about learning ways to make your suggestions more powerful and more reliable than ever before? Did you know that there is an insider technique that most hypnotherapists miss when clients may be more susceptible to suggestion than any other time during the session? I'll let you in on that one too.

How would you like for your client to unconsciously reinforce suggestions for days after she has left your office? Imagine what that would do for her chances of success. She will find herself even more convinced than before that she was hypnotized and that you *must* be one of the greatest hypnotists ever! Yep, that is in here too.

Finally, I'm going to show you how to use those last few minutes with the client before she leaves, to increase the strength of the session, increase her confidence and cause her to expect to do ten times better next time. Enjoy Part II.

Chapter 5

Increase Your Success For A Successful Age Regression Session By First Doing A Direct Suggestion Session

Make up your mind that you are going to be one of those really great therapists, one of those that do Age Regression Therapy. When you have done this, then it affects how you will do all of your hypnosis sessions.

Now you are ready to start the hypnotic induction—or are you? There are still a few more procedures and techniques you can use to make your session better.

You have just spent a reasonable amount of time getting your client ready for the session, she has the proper mental attitude and expectation of what will happen in the session. Furthermore, you have completed an excellent pre-talk that has successfully removed her fears and misconceptions, and guess what? Now that you are going to actually begin the session she starts to get nervous all over again. I'll show you how to overcome that too.

In fact, this chapter will continue to show you procedures and techniques to give you what you need to make sure things go well. Some clients will try to manage their nervousness by trying to take over the session. I'll show you how to handle that. Some clients will let their nervousness get in the way of being able to concentrate and follow instruction. I'll show you how to take care of these situations and more.

It's time to take control of the session and be the guide that you are trained to be. You will find out what to do if your hypnotic induction is not working. And, what to do if your client opens her eyes. I'll even tell you how to test your client for depth of hypnosis and she won't even know that you are doing it.

One of the most important things you can do for a client having her first hypnosis session is to demonstrate to her that she is doing great by having her experience some convincers. I'll show you how to do that without failing. If you do a convincer or a suggestibility test and you let the client fail, "that is a bad thing,"

as Don Mottin would say. Why?

Because it makes for a client that is less confident than she could be. You want to do everything that you can to make your client feel confident and that she can do this.

Using these procedure sand techniques you will turn your average client into an ideal client. And an ideal client is one that is confident that she can be hypnotized because she has done it successfully in the past. A client is ideal when she is highly suggestible and is ready to accept suggestions from you because she knows that they are going to work.

I'm going to talk about how you can make it easier for your clients to accept your suggestions. You can use this technique and improve almost any patter script, or transform a directive, authoritarian induction into one that feels much more permissive for the client.

I'm going to show why you should learn instant and rapid induction in your hypnosis practice and what you can do if, by chance, one of these timesavers doesn't work.

Most of all, this chapter is about how to get every client into a sufficient level of hypnosis to do the work they came in to have done. Most often that level of hypnosis is somnambulism.

51. Save age regression for the second session.

First, I have to say that some very good hypnotherapists will start right off with Age Regression Therapy (and others will want to wait much longer). I have no problem with starting earlier than later. Furthermore, some clients are gifted hypnotically and instantly go into a deep level of hypnosis on the first session. I call them "blow-downs." All you have to do is blow on them and they instantly go into the perfect level of somnambulism and, all on their own, regress to the cause of their problem.

When I started seeing a consistently large number of clients, I found that clients varied a great deal in how well they can regress on the first session. Back then, I would routinely use

Age Regression Therapy on the first session for things such as the irrational fear of spiders, flying, and so on. But sometimes clients weren't able to do the work that quickly.

Getting good consistent results is extremely important to your ongoing reputation and success. Here is how I handled it. Unless the client is particularly gifted as a subject, the first session is restricted to direct suggestion only. That session will be an intake session where I gather information about the client, do a pre-talk about hypnosis and make sure that the client is indeed going into hypnosis. When in hypnosis, she will experience a sufficient number of convincers so that she knows that she was hypnotized, and I will give her suggestions to improve on the issue that she came in to work on.

If you do all of that, the client will leave happy. And, when they come back to see you for the second session, you have an ideal client in your office. She knows that she can be hypnotized. She has benefited from the suggestions and is looking forward to the next session with no fears or misconceptions.

You have also taken care of the one fear that a good pre-talk might not have been able to remove. Your clients come to see you because they, at least to some degree, believe that hypnosis works. They believe that people can and have been hypnotized, but *they are afraid that they can't be hypnotized*. Conduct your first session properly, and that fear will have been removed and replaced with confidence.

52. Let your client know that it's all right if she coughs, moves, or says "I can't hear you" while the session is in progress.

Just before you start the hypnotic induction, let the client know that if she needs to move or cough, that it is okay to do so. If the client believes that moving or coughing during the session will disturb the hypnosis-then indeed it will.

I tell the smokers, especially, that if they need to cough to just go ahead and cough, and that it won't interfere with the session.

However if they spend the whole session trying not to cough or move, it will make it more difficult to concentrate and that would interfere with the session.

From time to time I will have a client that is hard of hearing. When working with such a client, I always let them know that if for some reason my voice becomes too soft, it will be perfectly okay to let me know by telling me to speak louder, and that doing so will not interfere with the session at all.

53. If your client is wearing a short dress, cover up her legs with a blanket so she won't have to manage her dress.

When a client wears a dress into the office I always have her cover her legs with a blanket during the session. This allows her to not have to spend any mental energy or a bit of concentration on managing her skirt. Of course this will allow her to concentrate more fully on the instructions that she will receive during the session.

54. If you intend to touch the client, get permission before doing the hypnotic induction.

After the client is seated in my recliner, I always ask permission to touch her on "the hand, arm, shoulder and maybe even the forehead." I let the client know that from time to time I might pick up her hand and drop it just to see how relaxed she is, etc.

If there is any reluctance then say that you will not touch her during the session. Of course once you have agreed to not touch, you must not touch her in any way. Proceed without touching the client, however difficult that may be.

For some therapists it will be very easy to proceed without touching because they do not regularly use touch but for others it may be very difficult. Touching is a tool that can be very powerful in the process of hypnotherapy. It is always up to your client as to whether you can touch or not, or where you may touch.

Personally, I use touch with almost every client that I see and always with permission. When a client asks that I not touch it is a challenge for me, simply because I am used to using touch.

I am such a creature of habit that sometimes I feel like I would have to put a sticky note on the client to remind me not to touch (and I might put one on the chair) because I have done thousands of sessions where I routinely use touching (e.g., anchoring, testing for relaxation, and tapping).

55. Have the client check the time before the session starts so you can use time distortion as a convincer.

On the first session, I highly recommend using the time distortion test as a convincer. In order to do this, it is best if you have the client check the starting time of the session. Write it down and ask them to remember what time you started. This makes the convincer more convincing when your client does not have to take your word for when the session started. Also, as I mentioned in number 49, a waking suggestion can be made before the session that it will take only a few minutes to do the hypnosis part of the session.

56. Ask your client if she is comfortable. Discomfort may be distracting (i.e., too hot or too cold, tight clothing, etc.)

Before you start the session always ask the client to find out whether she is comfortable. Then you can help to make whatever changes are needed. Give them a blanket if they are too cold. Or they might want to kick off their shoes or adjust clothing.

Generally you will want to keep your office about 70 to 72 F. Clients may tend to fall asleep if it's warmer, especially in the afternoons. Less than 70 degrees and some clients will have trouble concentrating because they feel too cool.

57. Ask your client if she is ready to do hypnosis with you now.

Before you start the hypnosis, ask your client if she is ready to do hypnosis with you now. Then listen and watch as she responds. If you see signs of nervousness, you need to ask about any concerns that the client might have about doing hypnosis at this time. Remember that removing fears and misconceptions about hypnosis makes any normal person of at least average intelligence and ability to concentrate easily hypnotizable, as long as they have the desire to do hypnosis.

Now, some clients just tend to be nervous. It does not matter whether they are coming for hypnosis or going to see a movie—they are nervous by nature. Typically, this individual will do fine and will continue to do better with consecutive sessions. It is the nature of human beings to do better with practice. Speaking of practice, if the client is not able to reach a sufficient level of hypnosis to do the work, then let them have a practice tape to work with before next session. Also, the use of waking hypnosis techniques such as the Emotional Freedom Technique (EFT) can be useful to reduce feelings of anxiety, either about the session or anxiety in general. There is more information about this and related hypnotic interventions in the appendix.

58. Establish and maintain a leadership role from the start of the session.

It is important that you get and maintain control over the session right from the start if you intend to use directive techniques. It could even be said that you need to establish that you are the one leading the session no matter what approach you intend to use with the client.

I do this by establishing my role and the role of the client. I will discuss roles such as “I’m the coach and you are the player.” Or, “It’s like dancing, I will lead and you will follow.” In any case, let the client know that he or she needs to be able to concentrate and follow instructions.

Sometimes when I start the induction, I find that the client will want to start without me. It is common for a client to sit back in my recliner and close her eyes before I instruct her to do so. This is the perfect time to just tell them to open their eyes and to not close them before you ask them to. This helps to establish the pattern of following your instructions.

Furthermore, you may have clients with a strong metaphysical, spiritual or hypnosis background. Sometimes these people will want to use their own techniques during the session. If you don't make it clear that she needs to only do what you ask her to do, she may begin utilizing some other techniques such as visualizing colored lights, guides or mentally verbalizing prayers, mantras or affirmations. Some clients will do this because they are trying to help and others will do it out of habit. You need to let those individuals know that they will need to be focused *on your instructions* and not to do any other techniques because doing so could interfere with the hypnotic process.

Let them know that if they start to do some other technique just by accident or habit, it is best if they just stop and return their attention to you. And, if they interrupt themselves to concentrate on your instructions, it is less likely to interfere with the hypnosis session.

Bonus Tip: You can let your clients know that it is natural for their minds to wonder from time to time, if that is normal for them. Have them just gently bring their attention back to you and your suggestions and instructions. The subconscious mind will be able to pick up the information, even if the client is not constantly focused on your suggestions.

59. Use the words “as if” to make some suggestions easier to accept.

I learned this one from Jerry Valley, a well-known stage hypnotist. It is easier for a subject or client to accept a suggestion if you use the words “as if” in the suggestion. For example, a stage hypnotist may suggest to the client that she

sing *as if* she is Elvis Presley, rather than suggesting that she is now Elvis, so when the music starts you will sing! It's easier for the stage hypnotist's subject to accept the suggestion that when the music starts she is going to sing *as if* she is Elvis, than it is for her to accept the suggestion that she will become Elvis. However, the audience will assume that the client thinks she has become Elvis.

Using the words "as if" helps the analytical client accept suggestions more easily. For example, if I suggest to my analytical client that when I count from 1 to 5 her relaxation will double, my analytical client might struggle accepting the suggestion. He or she will think, "What does doubling the relaxation mean? How will I know when it is doubled?" So, I suggest that as I count down from 1 to 5 it will be *as if* we are doubling the relaxation. This approach gives the analytical client (or any client for that matter) some "wobble room." It makes the suggestion easier to accept and the client feels more comfortable, which aids in helping my clients go into a nice deep level of hypnosis.

Lastly, inserting "as if" into an induction tends to transform an otherwise directive or authoritarian induction or suggestion and soften it somewhat, making it more permissive and less authoritarian. So, if your client is not responding well to a directive approach, inserting "as if" can be a useful way to move from the authoritarian mode to a more permissive mode of delivery.

For example, you might say to your client, "Relax your eyelids so much that they won't work." You can deliver the same instructions in a more permissive or less directive way by saying, "Relax your eyelids so much, it is *as if* they won't work." The latter is easier to accept for most clients and is useful at the beginning of the hypnotic induction. Once you have established that the client has obtained a sufficient level of hypnosis you may drop the "as if" statements and more powerfully make each suggestion.

60. Use an appropriate induction for the client.

What is the best induction for you to use? A whole book could be written on this topic, and one probably has. In the beginning of your career you will strive to master one induction. But as soon as you can, strive to master another induction, and then another.

I recommend that you know how to deliver a progressive relaxation induction (which should be used less than any other induction), a rapid induction (delivered in about 1 to 4 minutes), and at least one instant induction (delivered in a few seconds). Learn how to deliver the rapid induction and progressive relaxation induction in both a permissive and authoritarian mode. These, along with at least one instant induction, will give you nearly all the tools that you ever need to practice hypnosis with the vast majority of your clients.

Bonus Tip: If your client is not responding to a particular induction do not tell her that she is not doing well. Never criticize a client, especially when doing a hypnotic induction. Never indicate that a particular induction is not working for her. It will destroy her confidence in herself or in you.

Bonus Tip: According to C. Roy Hunter (Author and Trainer), "The best induction for most of your clients, most of the time, is the one you like the best." I agree. And I believe that if you do lots of sessions you will learn to like the instant and rapid inductions the best. They are effective and efficient!

61. Encourage and reinforce any positive response.

Be a constant source of reinforcement and encouragement while inducing or deepening hypnosis. Clients, especially in the first session(s), wonder if they are doing things right. Tell them that they are whenever you observe any kind of positive response to your directions or suggestions. For example, as you are encouraging a client to relax and you notice that she is indeed

relaxing, point it out to her and tell her that she is doing well. For example, if I am suggesting relaxation, and see a leg release some tension and go more relaxed, I will instantly say, "Perfect! Now keep on going more relaxed." This is just the kind of reinforcement that your client is looking for, and she will continue to respond even better with this kind of reinforcement and encouragement.

62. What to do if your client opens her eyes during the session.

From time to time, you will have a client open her eyes during an induction when she has not been instructed to do so. An example of this sometimes occurs when using the Dave Elman induction. During the first part of the induction the client is instructed to relax her eyes so much that her eyes won't work and then test them to make sure they won't work. If the client opens her eyes at this time, simply say, "You have just tested them to see if they will work. Now close your eyes and relax them and test them to make sure that they won't work."

If your client's eyes open during the session and you are doing therapy, such as Age Regression, etc., just pass your hand downward in front of your client's eyes and say, "Now close your eyes and go deeper." This works about 95% of the time. It is rare for a client to open her eyes and totally emerge herself from a session. As long as you are being ethical and the process and techniques seem to be safe and appropriate to the work that you are doing, she will continue to follow your instructions. On the other hand, if the client becomes afraid, fear can cause the client to emerge. She will "bail out" of the hypnosis session if she becomes too fearful. This rarely happens during a Direct Suggestion session, but might happen if you are age regressing a client to some extremely fearful time in her life.

In most cases, you can just tell her to close her eyes and go deeper into hypnosis. In this case she will probably only remove herself from the frightening scene rather than the hypnotic state. Or, you can suggest that she go to her safe place and go deeper. I will usually just have her focus her attention on the feeling of

the chair pushing up into her back, and go deeper.

Note that whenever a client partially emerges and then goes back into hypnosis, there is a tendency to go deeper into hypnosis. This is the essence of a fractionation deepening technique.

On rare occasions, a client will open his or her eyes during a session *and in every other respect continue to follow instructions*. This client is probably still in hypnosis and is probably just blindly staring off into space much like you do when you are having a daydream. She is not aware of what is in front of her. She is totally inside the scene of her inner hypnotically suggested experience. You can either suggest that she close her eyes and go deeper just as I mentioned above or you can continue with the client's eyes open. Just have her close her eyes momentarily at the end of the session so that you can then have her reopen her eyes when you emerge her.

63. Watch your client's feet when doing a hypnotic induction or deepening technique--they are hypnometers!

For the experienced hypnotherapist it will soon become habit to watch the client for signs that she is following instructions for relaxation. I have become a feet watcher. I usually work with my clients while they are in a recliner, with their feet up. When the session first starts their toes are usually pointing up at the ceiling. But as they begin to follow suggestions for relaxation their toes will begin to move from pointing at the ceiling to beginning to spread apart pointing outward, moving further and further apart as they relax more and more. Each time I see this response I say, "Perfect, you are doing great." This kind of feedback to clients really helps them to build confidence and encourages them to continue to follow suggestions. Most people long for and respond very favorably to this kind of praise and reinforcement.

64. Watch for physiological evidence of hypnosis.

In addition to watching for gross muscle relaxation, the savvy hypnotherapist will watch for other indicators of hypnosis. When a client responds to your suggestions by relaxing her arms and legs, it is not strong evidence that hypnosis is occurring, only that she is following directions for relaxation, and of course you know that hypnosis is not relaxation. But when you see signs such as Rapid Eye Movement (REM) and flushing of the skin, you are observing physiological evidence that hypnosis is occurring. When your client is in hypnosis, your suggestions can have an effect on her unconscious mind and have an effect on the Autonomic Nervous System. When this is occurring, your suggestions for relaxation are accepted at this deeper level of the mind, which among other things, controls the smooth muscles of your client's body, including her internal organs and vascular system.

When your suggestions are accepted by the unconscious mind, your suggestions can cause a relaxation response in the tiniest muscles that surround the smallest blood vessels and the effect can be seen on the surface of the skin. When this kind of relaxation is accomplished, more blood flows through the smallest blood vessels in the skin and the surface of the skin will "flush" and may even become warm to the touch. Your clients may even experience feeling chilled (air feels cooler as the skin warms). As her vascularity near her skin relaxes and expands she might also experience a tingling or itching.

REM is commonly observed in clients experiencing the deeper levels of hypnosis and is commonly observed in clients when they are in deep levels of natural sleep. If the client becomes unresponsive, you will need to check to make sure that the client is not asleep or in a deeper level of hypnosis than is useful, for example the Esdaile State (commonly know as Hypnotic Coma State). These deeper levels of hypnosis are perfectly safe, but are not ideal for hypnotherapy (unless the hypnotherapist intends to guide the client into a state of hypnotically-induced anesthesia for a medical procedure or for working on chronic pain).

65. Hypnotize to a depth of somnambulism, which is required for revivification.

For most hypnotherapy, the ideal hypnotic state in which you want your clients is called somnambulism. The use of the term is misleading if you have medical or psychological training, because you know that the term refers to sleep walking. So, really it should be called “hypnotic somnambulism,” to avoid any confusion with professionals who have medical or psychological background.

Bonus Tip: These kinds of misnomers (inaccurate names) are prevalent throughout the terminology associated with hypnotherapy, because it was once thought that hypnosis was a type of sleep. Now, most professionals agree that hypnosis is not a type of sleep. So, unless you explain this to a client, don't use the words “sleep” or “awaken” or similar terms that indicate that your client should have been asleep during the hypnosis session. If you use the word “sleep”, explain that it means you want them to go deeply relaxed with their eyes closed, as if they were asleep. And replace the terms “awaken”, “wake up,” etc. with statements like “emerge from hypnosis.”

Depending on where you were trained and which depth scale you use, there are different definitions for somnambulism. At the very least, this state of hypnosis will enable a subject/client to experience amnesia by suggestion. Others require a higher level of suggestibility before the label of somnambulism can be used. For those scales, somnambulism is defined as having the client/subject be able to respond to suggestions enabling her to experience positive and negative hallucinations while they are in hypnosis and post-hypnotically. Positive hallucinations occur when an individual is able to perceive something that does not really exist. For example, a person in hypnosis may be able to “see” a clock on the wall merely because one was suggested by the hypnotist, even if one does not really exist. Negative hallucinations are said to occur when an individual is unable to perceive something that does exist, merely because the suggestion has been accepted that she will not be able to see it.

It seems that some clients are natural somnambulists. They easily enter this wonderful hypnotic state. But almost anyone can enter into it if they are correctly prepared and educated (removal of fears and misconceptions). In my experience, with practice, the client who was unable to reach somnambulism on the first session can do so on a subsequent session if they are so motivated and prepared.

The original Dave Elman induction (and many of its modified versions) is designed to induce somnambulism. Usually there will be some part of the induction that guides the client into a kind of mental relaxation and a suggestion for amnesia is given and accepted. Typically, this is done by having the client count forward or backward, while relaxing themselves mentally until the numbers are gone. Once the numbers are gone, they have reached some level of somnambulism, which is then deepened. The numbers are “gone,” that is forgotten, because of suggestion. So, amnesia has been accomplished by hypnotic suggestion, a definition of somnambulism.

I have included a modified version of the Dave Elman induction in the appendix. I believe that the Dave Elman hypnotic induction and its derivatives are the best all-round inductions that you can learn and use to consistently induce a state of somnambulism.

Most experienced hypnotherapists would agree that a minimum level of somnambulism is required for the client to re-experience an earlier event in her life while in hypnosis (hypnotic age regression). This reliving is called revivification. This kind of experience is more than just remembering past events.

In hypnosis, there is an increase in the ability of clients to remember past events. This increased memory is called hypermnesia. When a client is experiencing hypermnesia, he or she will speak in past tense and use statements such as “Now I remember.”

However, in “true age regression” or revivification, the client will *re-experience* the event. From the client’s point of view, the whole thing is happening over again. This is what is required for

true Age Regression Therapy, which is covered in detail in Part III of this book.

66. Test your client's depth of hypnosis with a hidden test.

The only way you can know for sure that you client has reached a sufficient level of hypnosis for the work you wish to do is to test for that level. When testing to determine what level of hypnosis your client has achieved, always use hidden tests.

When doing research or demonstrations for training purposes, you may test levels of hypnosis starting off with tests for a light level and continue until the subject fails a test. Then you know what state the subject has attained (the levels for which she has passed the tests) and what level she has not yet attained (the level for which she failed the test)

In research, things are different than when you are doing hypnosis for therapeutic use. When doing research, you might want to test to the point of failure, but this is definitely not the case when doing hypnotherapy. When doing hypnotherapy, you want your clients to be able to consistently go into a deep level of somnambulism. Failing tests tends to destroy confidence and lighten the trance.

I have two favorite tests for somnambulism that clients cannot be aware of failing or cannot fail. The first is deepening by losing the numbers, like that built into the Dave Elman-type inductions. Here the client is instructed to begin to count, letting their mind become more relaxed with each number until the numbers are gone. When the numbers are gone, you have had the client lose the numbers, literally to forget that they were counting or what the next number was. In doing this, you have guided the client into achieving amnesia by suggestion, which is a definition of somnambulism.

In practice, while they are counting you may continue giving suggestions for relaxation of the mind until they lose the numbers and they are gone. Once this is done, you want to immediately take their attention to something else and deepen

the state to ensure that the state of somnambulism is maintained.

The second hidden test for somnambulism is the fractionation deepening technique listed below in Chapter 6.

67. Immediately deepen the trance, even if you are sure that you have established somnambulism.

The depth of trance tends to go up and down during the session depending upon many factors, including clients' susceptibility, ability to concentrate, emotions experienced during the session and environmental factors such as sounds, just to name a few. So, as soon as you have established somnambulism (or whatever level you plan to work for with the client during the session) you need to deepen the state so that even though the client's depth may be moving up and down, it is rising and falling within the level of that working state (usually somnambulism).

Chapter 6

Deepening The State Of Hypnosis

The ways that a client's hypnosis can become deeper are almost unlimited. But what does "deeper" mean? When a client goes deeper, it means that she is becoming more suggestible, and this can be measured by tests for different levels of hypnosis.

The lightest state that can be tested for is the hypnoidal state, and the most common test for this state of hypnosis is the Eye Catalepsy Test. When your client has reached this level of hypnosis, you can suggest that her eyes are glued shut and that she is unable to open them. This is a very easy state of hypnosis to achieve and test for. (More about this state later.)

The next level of hypnosis is a medium state of hypnosis. The most commonly used test for this level is the Arm Catalepsy Test. In this level you can suggest to your client that her arm has become stiff as a board and locked at her shoulder. You can challenge this condition by telling your client that when she tries to lower it, she will not be able to. If indeed she is in this state she can try but she will not be able to.

The next level of hypnosis is called somnambulism and within it are at least three definable levels of increasing suggestibility.

The first level of somnambulism is the initial amnesic stage, in which a client can experience amnesia for a name or number, etc., because of suggestion. It is a very easy level to achieve, and all therapists should strive to attain at least this level of hypnosis with each client.

The second level of somnambulism is the positive hallucination stage. In this stage, your client will be able to "see" a thing that is not really there simply because you suggest that it is. For example, if you tell the client who is in this level of hypnosis there is a flower on the table in front of her, she can open her eyes and look at a table with nothing on it and hallucinate a flower. Furthermore, she will happily describe it to you. At this level you can also suggest hypnotic-analgesia where the perception of pain is blocked by the suggestion of numbness.

The numbness is a positive hallucination.

In the third level, sometimes called Profound Somnambulism, the client is able to experience negative hallucination. By negative hallucination I mean that, through suggestion, your client can become unaware of something merely because she has accepted the suggestion that it is gone, or that she cannot find it. For the time that your client is accepting the suggestion, a person or object, or any other perception, will simply not exist. Actually, she can become unaware of any kind of stimuli, including pain. When someone has achieved this level of hypnosis, she can experience hypnotic-anesthesia and lose all physical sensation.

Every working hypnotherapist should be very familiar with these levels of hypnosis. Here is why. The ideal level of hypnosis for therapy is somnambulism. In order to apply some of the more powerful hypnotic techniques, your client needs to be able to achieve these levels.

Much has been said about the work that can be done in the lighter levels of hypnosis, but you should consider them nothing more than steps your client may need to go through to reach somnambulism.

In the following, you will learn about many ways to deepen hypnosis. This chapter should leave you with a working arsenal of techniques for deepening your clients. Using these techniques and using the appropriate inductions should ensure that nearly 100 percent of your clients will reach somnambulism in the first session, and most likely the remainder will reach somnambulism in the next session.

68. If needed, deepen with counting down.

The simplest technique for deepening a hypnotic state is to have the client or therapist count, utilizing the suggestion that as the numbers are counted the client will go deeper into hypnosis.

Bonus Tip: Count in a consistent manner. If you suggest that counting 1 *down* to 5 deepens, stay with that

direction of counting whenever giving suggestions for deepening. Avoid later giving suggestions for deepening by counting 5 down to 1 (note opposite direction in counting). James Ramey, an authority on extreme depths of hypnosis, recommends that when deepening hypnosis you count in an ascending direction with larger numbers suggesting more relaxation. Others can and do disagree. I have adopted and teach according to Ramey's recommendations.

But most of all I believe that the counting needs to be consistent. If you use counting for deepening the hypnotic state, then always associate one particular direction of counting with the deepening of the state. Then use the other direction for lightening the level of trance and for emerging.

69. If needed, deepen with fractionation technique.

I like this technique because it can utilize a built-in test for somnambulism. According to Gerald Kein and in my experience, the test holds true.

In this fractionation as a deepening technique, the client is partially emerged from hypnosis and then guided back into hypnosis. There is a natural tendency to re-enter the hypnosis even deeper than when there was the partial emergence from the hypnosis.

This is how it is done with a built-in test for somnambulism. Suggest to the client that in a moment you are going to count from one to three, on the number three and not before, he or she will open his or her eyes. Then you will lightly snap your fingers like this (lightly snap your fingers) and at that time they will close their eyes and go deeper. Then the process is carried out starting off slowly with increasing speed. Then without warning the count from 1 to 3 is halted at the number 2. If the client is not in somnambulism he or she will anticipate the number three and open her eyes, or begin to open her eyes. But if in somnambulism there will be NO anticipation. Then follow with the number three and say, "good and go deeper."

If the client anticipates the number three, then just count the number three and start over until the client is sufficiently deepened and passes the test.

Done properly this test is hidden from the client and because of that you cannot negatively affect the client's confidence. This technique is best learned by observation. Seek out an instructor that uses it or contact my office or the office of Gerald Kein for information about ordering instructional videos.

70. If needed, pyramid inductions.

If the client is not responding to a particular hypnotic induction, just move on to another induction. This technique is called Pyramiding Inductions. It is also a deepening technique. The key to using this technique properly is to do it without informing the client that the first induction was not working as well as you would have liked.

I remember seeing Gerald Kien use this technique when a demonstration subject was not losing the numbers as suggested in a Dave Elman induction. He then pyramided inductions. He skillfully used the fact that the client had focused on the numbers, that focus became the distraction component of an instant induction. He simply gave the subject of the demonstration a quick touch upon the head providing a bit of a shock and interruption of the counting and inserted the suggestion of "SLEEP!" and the hypnotic induction was accomplished quite nicely. Later the test for somnambulism can be re-administered after sufficient deepening.

Bonus Tip: Another technique for adapting an induction to a particular client is to alter the mode of delivery. For example, if the client is not responding to a permissive delivery, then switch to a more authoritarian or directive mode. Again, don't inform the client that the first mode of delivery wasn't working so now you are going to change inductions. You don't say, "Okay we've tried doing it the nice way now we are going to have to do the hard way!" No, that obviously would not be advisable.

71. Deepen by using anchoring, and conditioning.

Once you have obtained a level of hypnosis, it can easily be obtained again in subsequent sessions. During the first session I will press down on the shoulder of my client and say “deeper” when a good level of hypnosis has been obtained. In subsequent sessions I will just say, “as I press down on your shoulder you will go right back down to the deepest level that you reached last session.” Then I just press down on the shoulder and say “deeper” and because of two principles, conditioning and anchoring, the suggestion is supercharged and works better than if I had not conditioned it in during the previous session.

This process is also referred to as *anchoring*. The desired hypnotic state has been anchored to the physical sensation of having the shoulder pressed. It was *conditioned* in when the process was repeated. Another word for “conditioned” is “compounded.”

72. Deepen or induce hypnosis by post hypnotic suggestion.

Once I have achieved somnambulism, I will immediately suggest that, “The next time you do hypnosis with me or anyone you trust, including yourself if you learn how to do self-hypnosis, you will easily go back to this deep level of hypnosis, or deeper. As a matter of fact from now on whenever you want to do hypnosis with me—and I want to do hypnosis with you—all I will have to do is to say ‘sleep’ and drop your hand and you will instantly go back into this deep state of hypnosis. Is that all right with you?”

Upon receiving a “yes” response from my client, I now have a very fast and efficient way to have the client re-enter somnambulism, so that I can spend the remainder of the time with my client in hypnosis doing therapy or hypnotic suggestion work.

73. Deepen by using a convincer. Always use convincers. Convincers are tests you know they will pass.

Whenever you make a suggestion to the client and he or she responds in accordance with the suggestion, it deepens the hypnosis. So, when you use convincers, they will deepen the hypnosis. *Remember that convincers are “tests” that are for lighter state of hypnosis that you have already established as having been obtained.* If you have run a hidden test for somnambulism, then you can be virtually certain that she will pass a test for light (i.e., eye catalepsy) or medium hypnosis (i.e., arm catalepsy).

74. Deepen by having them become aware of a sensation they weren’t thinking about.

Another favorite deepening technique of mine is to suggest that the client’s attention will go to whatever I suggest and she will instantly become aware of it through no effort of her own (which the mind will happily do). For example if I say, “Even though your weren’t thinking about it a minute ago, just because I suggest it your attention instantly goes to the feeling of the shoes upon your feet.” Now, this is like saying don’t think about pink elephants—you just can’t help but think of pink elephants. But because of the principle that whenever a client responds to a suggestion in hypnosis it deepens the hypnosis, it is a surefire way to deepen a trance. I know that the mind will have to become aware of a sensation that I suggest, so when it does, it deepens the trance.

Bonus Tip: I always use this principle before testing for eye lock. I simply say to the client, “Now I am going to take your attention to a feeling that people are almost never aware of. So, even if you weren’t thinking about it a moment ago suddenly you become aware of the sensation of your eyelids touching together and they twitch and tighten. And as I count they lock down tight...” When their attention goes to their eyelids the suggestion of twitching and tightening is given and it will

almost certainly happen, which deepens the trance and, with further suggestion of tightening and squeezing, eye lock is obtained.

75. Give the suggestion that all sounds, sensations and thoughts take them deeper.

Always suggest that all sounds and sensations, etc. deepen the hypnosis and serve as a reminder to go deeper and focus on the sound of your voice. This greatly reduces the likelihood that environmental sounds will disturb them or lighten the trance. In fact, once these suggestions have been delivered they can actually help to deepen the hypnotic state.

76. If they just won't go into hypnosis, give them a tape and have them practice until next time.

Some people through no fault of your own will just not follow directions. They just will not allow themselves to relax or maintain a sufficient level of mental attention. There are a number of reasons for this, such as negative transference, not wanting to make the change that they came in for, or any fear that you could not educate out of them. In such a case, let them know that this does happen once in a while and the best thing to do is just to go home and practice with a relaxation tape. Then, when they come back they will feel more relaxed, both because they will feel more familiar with you and your office, it will be their second time there with you, and because of the relaxation practice they did with the tape.

Bonus Tip: I have also accomplished the same thing using the EFT (Emotional Freedom Technique) and teaching it to the client to practice at home. There is more information about EFT in the appendix.

77. Once you have somnambulism, use a key word to re-induce somnambulism in subsequent sessions.

James Ramey impressed me enough with this technique that I

began to deepen clients through the use of a key word. He uses it when doing Ultra Depth work with his clients and students. It is a simple procedure. Once you have established through testing that somnambulism (or any other state) has been accomplished, suggest that whenever you give your client the key word she will return to this level. It is best if you talk to your client about it beforehand and agree upon an acceptable key word. Once that has been accomplished, then compound in the key word by emerging her and then giving her the key word and testing depth again. Do this at least three times to ensure that the key word is conditioned in.

78. Deeper is not always better. Some states are too deep for hypnotherapy.

Remember that deeper is not always better. I should mention that our clients are not actually going “deeper” into hypnosis; they are going “deeper” into suggestibility. At least that is what you as a hypnotist should be thinking. On the other hand, your client is probably associating her depth of hypnosis to how deeply relaxed she is physically.

So, as you are suggesting that she “go deeper and deeper,” she will continue to go more and more relaxed as well as more and more suggestible.

Some levels are so deep that the clients seem to go past suggestibility into a kind of euphoric relaxation state complete with spontaneous anesthesia. This is called the Esdaile State or Hypnotic Coma state. It is good for surgery but not for hypnotherapy where you are relying upon suggestibility.

In fact, clients in the “coma” state tend to become unresponsive and may not even follow instructions to emerge! They can emerge if they want to, they just might not want to. *They are not stuck in hypnosis.* If left unattended they will either emerge when they are ready to or fall asleep. If you must have them emerge, use the “coma threat.” (The coma threat will be discussed in number 89.)

Chapter 7

Giving Hypnotic Suggestion

This is where most people think things really begin to happen therapeutically. Aside from waking suggestion and developing a good working relationship with your client, they are right.

Now I will begin to cover the many ways of delivering suggestions to your client for positive change during the formal part of the hypnosis session. I will share procedures and techniques that will help you to deliver hypnotic suggestions that really have an effect upon your client after the session is over. And, after all, that is why your client came in to see you.

I will let you know how to avoid having your suggestions rejected by the client just as fast as you deliver them. Yes, she is perfectly capable of rejecting every suggestion you give her, even in the most profound levels of somnambulism. You will learn how to set direct communication with the subconscious mind so your client can communicate without speaking. You will learn how to set up a “safe place” for your client to go if she experiences strong emotions that are not part of the therapy. And, you will learn two ways of doing that which take less than a minute.

Among these tips are how to start off by giving hypnotic suggestions like the pros that you have admired, and to utilize what might be the most important and most overlooked time of the Direct Suggestion Session.

Finally, I am going to let you in on some really useful techniques that compound all of your hypnotic suggestions for days after your client has left your office. And, I'm going to fill you in on what you can do if your client doesn't emerge from hypnosis!

79. Check out the suggestions with your client ahead of time.

You can increase the probability that your hypnotic suggestions will be accepted if you check them out with the client ahead of time. For example, if you plan to suggest to your client that she is going to lose weight because from now on she is only going to

eat green vegetables and chicken without the skin, make sure she likes chicken! If she thinks that chicken is the most disgusting thing on the face of the Earth it increases the probability that the suggestion will be rejected.

Checking out suggestions before the hypnosis begins builds trust. The client will often feel more comfortable if you check out the suggestions ahead of time. Plus, if you stick to the suggestions that you agreed upon in the first session, your client will come in with a higher level of trust for the second session, and as a result, increase the likelihood of reaching somnambulism and having a successful session.

80. Consider having your client bring in suggestions that she would like to receive, if you expect it will help build trust.

Some clients are particularly fearful of the upcoming hypnosis session. In that case, have the client write up some suggestions that she would like to receive and have her bring them into the office with her. Then you can go over the suggestions with her before the session. A properly trained and experienced hypnotherapist knows how to improve suggestions written by the untrained client. For example, rewrite suggestions by removing negative statements and rephrasing them in the positive. Doing this with clients tends to demystify hypnosis and also lets her become more involved in the process.

81. Set up ideo-motor response.

The most common form of ideo-motor response used during a hypnosis session is the finger signal. Typically while the client is in hypnosis, it is suggested that one finger is the “yes” finger and another is the “no” finger and from time to time a yes or no response will be asked for. Then the subconscious will respond by moving either the yes or no fingers.

When this has been successfully accepted by the subconscious mind, the finger movements will not appear to be voluntary. They will just twitch or pop up and down in response to the

questions.

It's interesting how revealing and insightful these responses can be. Once in a while a client will comment that when I asked a particular question they thought that the answer was "yes" and the finger response was "no", or vice versa.

82. Set up a safe place.

It is wise to set up a safe place that the client can go to in hypnosis if things become too emotional or the client needs a break from what is going on, as in an Age Regression session. This is especially true if you are not planning to deal with emotional issues. Some people will spontaneously revivify an earlier traumatic event without suggestion of any kind to do so. You might only intend to work on relaxation, just teaching them how to use a post-hypnotic suggestion to relax and suddenly they are reliving a terrifying emotional event from their past.

So, plan in advance and install a safe place. In many a training situation I have been amazed at how some therapists will take a great deal of time to do this. They will use imagery based upon the client's individual dominant senses. They check to find out if the client is visual, auditory or kinesthetic, and spend 15 or 20 minutes in hypnosis having the client construct or re-experience some past place so that they can go there if needed in hypnosis. None of this is necessary and your time can be better spent doing therapy.

One day it dawned on me that my office and recliner is a perfectly safe place and they don't have to imagine it. So I cut the whole process down to about 10 seconds. I now set up a safe place by doing the following with the client in hypnosis. I suggest, "From now on whenever I call your attention to the feeling of the chair pushing up into your back you will remember that you are right back here in my office all grown up and going relaxed and more calm with each breath." After I have done that, if I ever want to call my client away from a situation in hypnosis all I have to do is say, "Now your attention goes to the feeling of the chair pushing up into your back and

your remember that you are all grown up and sitting here in my office going deeper into relaxation with every breath.” If the client is in a severe abreaction, I may have to state it two or three times.

Gerald Kein teaches an even simpler version. He does not bother with setting up a safe place. If he wants to end an abreaction he just says, “The scene fades; attend to your breathing.” Just seven words. I like that. Write them down somewhere.

83. Use compounding of suggestion.

Compounding is often confused with merely repeating the suggestion to the client. For a suggestion to be compounded, the client needs to respond to each suggestion. If you just tell the client that you are now a non-smoker over and over, it is not compounding of suggestion. This technique of repeating suggestions over and over (minimum of 15 times) is called the Direct Drive technique.

In demonstrations I will often give the subject the suggestion that, “For the rest of the day, whenever I pull my tie and say the word “sleep” you will instantly go right back into this level of hypnosis or deeper.” Then I will have the client open his eyes on a 1 to 3 count. After she opens her eyes I pull my tie and say “sleep.” Each time I do this and the client responds the suggestion has been compounded. Then I will emerge the client and any time I want them to go back into hypnosis I just pull my tie and say “sleep” and to the amazement of the audience they pop right back in. It is a real crowd pleaser.

Another useful way of using the principle of “compounding” is to remember that suggestions given first are inherently reinforced by each suggestion that is subsequently given and accepted by your client.

Keeping this in mind, suggestions given early in the session for deepening, continue to be reinforced by subsequent suggestions that are not related to deepening. For example, if you suggest that your client cannot open her eyes, and she is unable to, this

compounds all earlier suggestions.

84. Use patter scripts from successful therapists.

When you are just getting started, you probably won't know just what kind of suggestions to give your clients. Don't try to build up from scratch. Go to reliable sources such as hypnotherapists who you admire and purchase patter scripts that they have or recommend. Later on you may want to write your own.

Other sources for patter scripts are books, hypnosis organizations, trainers, and the Internet.

85. Use compounding of suggestion after emerging the client.

Remember that just because you have counted from 1 to 5 and the client opens her eyes does not mean that the client is fully emerged from hypnosis. This is a good time to compound a suggestion one more time. Often during an age regression or other insight oriented hypnotherapeutic technique, the client can describe the change in their perception.

To compound this change or insight, I will say to the client while she is still officially in hypnosis (not yet emerged) or still highly suggestible because she has just emerged, "Then you have changed haven't you?" The client then will say, "Yes, I think I have."

Then I follow up with, "Then repeat after me. I've changed because now I know..." and I have them complete the sentence. Then I go on to say, "So now I feel..." and I have them again put an ending on it.

This is a powerful technique that causes the client to take the insight that has just been gained and turn it into a self-suggestion that can be compounded in and after the session.

86. When you emerge the client, embed suggestions for the change sought by the client.

While you are emerging the client from hypnosis, it is a great opportunity to embed some final suggestions. Some experts think that once you have started the emerging process the critical factor tends to let down its guard a little, thinking, "Now I can relax; the hypnosis is over." But the client remains suggestible for about a minute after the session has been officially terminated by counting up and having the client open her eyes.

Bonus Tip: Sometimes during the session, if you are using powerful techniques such as Age Regression or Parts Mediation Therapy, the client may lose track of why she came in to see you. So, to keep the session focused on the issue we are working on, before I begin to emerge the client, I like to wrap up the session with some direct suggestion aimed directly at what the client came in to see me about. Often this is a time to reinforce suggestions given in the first or earlier sessions. One way to do this is to re-read the first session patter or an abbreviated version of it.

87. When you emerge the client, embed suggestion for time distortion.

This is an ideal time to sneak in a couple more suggestions. This may be a particularly suggestible time for the client. So, in the first session I like to put some convincers in for time distortion. The emerging period is the optimal time to do this because the client will have just received the suggestion. So then after the session is over one of the most recent suggestions that they have received is, "even though we just spent a few minutes today doing hypnosis, you have found it to be a very beneficial experience." Then right after she has emerged I ask her, "Tell me, just off the top of your head, how many minutes do you think we spent doing hypnosis today?" When the client underestimates the time spent in hypnosis by half or even more, it tends to be a powerful convincer.

I can make this effect even stronger by telling the client that I ran an objective test, one that can be measured (if she is very scientific in her thinking I'll say the test was "empirical" or "quantifiable"). Tell her that you wanted to make sure that the suggestions were working after the hypnosis was completed, so during the session you suggested that the session would seem to be only a few minutes long. Then, if the suggestion was accepted and if the suggestions were working after the session, we can measure the effect. Have the client check the time. Usually when your client sees that it was at least twice as much time as she thought it was she is impressed. This very strongly suggests that all of the suggestions that were given will now work after the hypnosis session.

88. When you emerge the client, embed suggestion for sensitivity to a color or object.

At The Hypnosis Center, Inc. where we have other hypnotherapists working besides myself, it is mandatory that on the first session (unless for some reason it is not a Direct Suggestion session) every client will experience at least one convincer while the client is still in hypnosis (usually eye lock) and two for after the hypnosis (usually time distortion and sensitivity to a color after hypnosis). This all adds up to a very convincing hypnosis session, which usually equates to a powerful session.

While counting the client up from hypnosis and before the client opens his or her eyes we slip in a suggestion for sensitivity to a color or object. Usually we suggest that the client will notice red more than ever before. I used to do as Don Mottin taught me, and that is to make the color brighter and sharper than ever before. But on rare occasions that suggestion had an overly irritating affect on a client. And some clients use color in their work. So having one color brighter or sharper was occasionally not such a good idea. Now we suggest that they will notice it more than ever before, and that each time that happens, it will reinforce all of the good positive suggestions that they received.

89. What you can do if your client will not emerge.

Recognize that if your client does not emerge when you suggest that they do so, your client is not “stuck” in hypnosis. If the client remains in hypnosis even after you have attempted to emerge her, she may be either asleep, or very slow to emerge, or in hypnotic coma. In either case your client is perfectly safe.

First, do this. Ask her why she did not emerge. If she does not answer, then she is probably asleep or in hypnotic coma. If she was just slow to emerge, because she was enjoying the state, she will then begin to become responsive and emerge. To make sure that she is not merely asleep, raise your tone and ask her again why she did not emerge; if she is merely asleep, that would awaken her.

If your client does not stir, and if you have time to allow your client to have a double session, just inform her that you know how good it feels to be in this deep level of hypnosis and if she wishes to stay there for another hour or so that it is perfectly all right. But you will have to charge her for an additional session. It is up to her. But if she would like to emerge now she may do so when you count from 1 up to 5. Most clients will then emerge to avoid paying for a second session.

If you don't have time and need to end the session use the “coma threat.” Announce in no uncertain terms, using a firm tone of voice, that you know that she can hear you and that she can emerge if she wants to. And that in a moment you are going to count one last time from 1 to 5, and if she does not emerge and open her eyes on the count of 5 or before, you will program her so that she will never be able to reach this level of hypnosis again! Here the client will emerge because she wants to be able to return to this state of hypnosis. Whenever I have used this procedure, the client is so motivated to emerge before number 5, that usually she has her eyes open on the count of 2 or 3.

If there was an emergency and you must emerge your client right away, do not panic. Your client is aware of what you are doing. Simply tell the client about the emergency (i.e., a fire, etc.) and she will emerge. The protective part of each of us continues to

operate, even in the deepest levels of hypnosis.

Now on the other hand, let's say that you are working in an environment where it is not important when your client emerges. Let's say that you are working in a clinic or hospital and working on pain management. Your client is in deep hypnosis and is totally without pain, perhaps for the first time in years. You can understand why your client does not want to emerge. So if your client/patient is lying in her hospital bed, fine, just leave her there feeling wonderful. She will probably just fall asleep or she will just emerge on her own. Obviously, learning how to guide clients into these deep levels of hypnosis would benefit anyone working in a hospice environment.

90. Use the fact that when your client emerges, she is still highly suggestible.

Never make statements like, "Well do you think you were hypnotized?" because you have no control of what your client might say, and whatever is said is autosuggestion! Stay on the positive. Another thing that I like to do right after emerging a client is to go over the suggestions if it was a Direct Suggestion only session. Or, I will go over the insights if it was an insight-oriented session like Age Regression, to continue to reinforce the experience.

The time right after emergence is also a great time to suggest that they make the next appointment if the client needs one.

91. After you emerge your client, suggest that she had a pleasant experience doing hypnosis.

As I have mentioned above, keep in mind that the client is still highly suggestible after emerging from hypnosis. Always make positive statements. After a session I will always say something like, "And you do feel good, don't you."

It cannot be stressed enough that after your client opens her eyes after being emerged, you have a very suggestible client on your hands. Always suggest that the session was a pleasant

experience and that she feels great now.

Chapter 8

Wrapping Up The First Session

People tend to remember “firsts and lasts.” It is the Rule of Primacy and Recency. If you give a client a list of numbers or objects to remember and have her recall them to you, she will tend to have a clearer memory of the first and last ones given. This is part of why first impressions are so important. And, so are final impressions. How you end your sessions is what is most in the client’s mind when she leaves. So handling it well benefits the both of you.

In this chapter I am going to let you in on some procedures and techniques for getting the most out of these important few minutes.

Leave your client with a feeling of being successful and that she made the right decision by coming to see you. Answer any questions that she might have after she has emerged.

Talk to her about the convincers that were used so that they are fresh in her mind. Let her know that you thought that she did well and that this indicates that she can do even better in the following session.

Make the waking suggestion that, “It is the nature of human beings to do better with practice,” and that, “The next session will be at least ten times more powerful!”

If you have done your job, your client has not only received an appropriate induction, she was deepened to somnambulism, given suggestions that she came in to receive, and also experienced convincers that worked during the session and continue to convince after the session.

92. At the end of the first session, answer questions and discuss subjective experiences.

End the first session with answering any questions that the client may have and point out any subjective experiences that the client has had.

Remember to never be critical and always be positive and upbeat. Start this post-hypnotic interview by stating that you are ready to answer any questions about the session.

Also, you can elicit comments about subjective feelings that they might have had. Say something like, "I bet that felt great!" And the client will usually talk about how wonderfully relaxed they felt or mention other common subjective experiences (i.e., extreme relaxation, tingling, heaviness, feelings of floating or physical feelings of dissociation). When they do, let them know that they are common experiences for those who have been in hypnosis. This builds their confidence that they were hypnotized and that they can use hypnosis to make good and significant changes.

93. Suggest that each session will be ten times more powerful than the one before.

Create a mental expectation that each session will be even better. I routinely tell my clients that each session will be ten times more powerful than the time before. Then I give them such a session!

Tell your clients that it is the nature of human beings to improve with practice. This is a statement that stands as being self-evident and is easily accepted.

Typically, the first session will be a pleasant relaxing session filled with suggestions for success. Then the second session will either be more of the same (hypnotic suggestion) or you will move on to some of those very powerful techniques such as Age Regression and Parts Mediation Therapy.

94. Remember to check for time distortion.

Before the session, make the waking suggestion that the first session will be brief. I recommend that you make this suggestion during the intake or pre-talk. I will usually say something like, "Well we spent a lot of time gathering information and letting you know about hypnosis. The first

hypnosis session doesn't take very long, in fact most people are surprised at how short it is."

Then just before you start the induction have the client check the time that the session is starting. Tell the client to remember the time because you will ask her to recall it after the session is over.

Then make sure that you keep the client in hypnosis for at least 20 minutes. This allows for the greatest experience of time distortion. Then while emerging the client, suggest that, "even though we just spent a few minutes doing hypnosis, you are going to be surprised and amazed at how well you did." Then after they open their eyes have them estimate how long they think you spent doing hypnosis with them. Chances are they will be off by about half! Typically 20 minutes will feel like only 5 or 10. I really enjoy watching the look on my clients' faces when they see how much time has passed!

Then take the time to let your client know why she distorted time. Let her know that the time distortion is caused because you suggested to her while she was in hypnosis that it would feel like a few minutes. She will probably remember the suggestions and be more amazed. You can even go on to explain how this is an objective test for hypnosis, and that it shows that not only was she hypnotized but that the suggestions were also working after the hypnosis was over.

Do this and you will be rewarded with having a client who is confident that she can become hypnotized and that she can benefit from it too (and that you are a great hypnotist). She has become the ideal client. You and the client can look forward to even more successful subsequent sessions!

95. Point out convincers used.

After the session is a good time to review the convincers that you used. Remind your client that you suggested eye lock or arm catalepsy and how well it worked. You might tell her that it is nice to work with a person that does so well in hypnosis.

96. Review session and congratulate the client on doing well.

Congratulate her for doing so well. Say something about how you can tell that she brought in the correct mental attitude so that she could get the most out of the session. And you can see that she is determined to do well with hypnosis and that is really what it takes to be successful.

Praise her and let her know that she will probably do even better next session.

Bonus Tip: This would also be a great time to tell her that she would probably do well using self-hypnosis and that you would be happy to work with her on that, too.

PART III: TECHNIQUES FOR SUCCESSFUL AGE REGRESSION SESSIONS

Hypnotic Age Regression is one of the most powerful tools that you can master as a hypnotherapist. It is amazing to watch, conduct or experience. In a true age regression, the client re-experiences the event as if it were happening all over again. This is called a revivification. This is more than a mere remembering. Hypnosis can cause an improvement in the ability to recall. This improved ability to remember the past is called hypermnesia. This ability to experience *improved recollection without a reliving of the event* can be useful, but should not be confused with a true age regression. Hypermnesia should not be confused with revivification.

When the client is in hypermnesia she is recalling what happened in the past and will speak in *past tense*. The client in revivification will speak as if it is happening right now.

Sometimes, if the client wants to reduce the intensity of an experience when she is in a state of revivification, she may move into hypermnesia. Certainly it is less painful to remember a traumatic experience from the past than it would be to re-experience it! Another way that a client may spontaneously distance herself from a revivification is to experience it from a third person point of view. For best results, in most cases you will need to suggest to the client that she go back to the event and experience it all over again.

In order to do this with the highest degree of reliability and professionalism, you will need these basic and advanced techniques. Read on and you will learn about such things as how to prepare your client for a successful age regression, how to quickly re-induce and deepen to somnambulism, how to take your client back through her life and uncover the event that started the problem, then how to help the client overcome the problem, and even come away from the event feeling better off for having experienced it (if that is appropriate and true). I will give you techniques that will enable you to determine whether you have actually found the Initial Sensitizing Event (ISE), and

to avoid being misled by Subsequent Sensitizing Events (SSE) associated with the problem.

I will discuss certain pitfalls that a regression therapist must consider and avoid, such as leading the client and creating or reinforcing false memories.

You will learn how to use the Informed Child Technique, the Informed Adult Techniques and Desensitization Technique.

Then I'll cover how to empower your client by changing her expectations for the future. And, how to wrap up your session after you have used one of the very powerful and often emotion-laden hypnotic tools.

Finally, you are going to learn about a time when the client is super suggestible during an Age Regression session. And, how the client herself can make suggestions that are extremely powerful in and out of the hypnotic state that will supercharge the experience for long lasting results.

Chapter 9

Preparing For The Age Regression Session

If you conduct the first hypnosis session as I suggested, you now have the ideal client in your office. She knows that she can be hypnotized and she knows that you are just the person to do it!

Her last hypnosis experience with you was wonderful because it was full of encouragement, relaxation, convincers and suggestions that began working right away. Now she is much more relaxed about the whole thing. She feels comfortable with the idea of hypnosis. She feels comfortable with you.

There is much less preparation to be done this session, but it is still important to consider some things and plan ahead. Speaking of planning ahead, that is just what this chapter is about. Have you ever thought about Past Life Regression Therapy? If you haven't, it is time to. Not that I am suggesting that you become a Past Life Regression Therapist, but you need to consider what you will do if a client spontaneously has that experience without you suggesting it.

It is also time to think about how you will start off each of these subsequent sessions. How will you reestablish the hypnotic contract? Should you or should you not inform your client that you want to do Age regression next?

I will cover all of these things and more.

97. How will you handle a past life regression if it happens spontaneously?

It does not matter where you stand on the controversial topic of Past Life Regression. If you do enough age regressions, sooner or later you are going to have a client experience what the client will call a past life. Some clients, albeit only a very small percentage (i.e., 1 to 3 percent in our experience at our center), will spontaneously regress into what they will experience as a past life.

Being prepared in advance is the best way to go. Decide how you are going to handle it. Then make out an outline of steps to follow that is respectful of your client's beliefs.

If you decide to utilize Past Life Therapy, there are several books on the topic and tapes on the topic (see our appendix for book, tape and training suggestions). It will not be covered in any detail here. However, if you do use Past Life Therapy as a hypnotic tool, I encourage you *not* to use it as your only tool.

There are some hypnotherapists who for their own reasons decide to become Past Life Therapists. This makes me concerned. I wonder how this therapist knows that the client's problem came from a past life?

From time to time I will get a client in my office that wants to take care of a problem by delving into past lives. I simply ask her how she knows that is where the problem lies? She will usually admit that she doesn't. Then I suggest that we go ahead and keep that idea as a hypothesis, and just let the subconscious mind take us to wherever it needs to. My clients readily admit that this makes more sense. If you suggest to a client in hypnosis that she go back to a past life, "where the problem first started," the subconscious mind may comply by confabulating such an experience (you have created a false memory, which is entirely unethical).

On the other hand, if you like doing Past Life Regressions and you have a client that wants to do a past life regression, then by all means do it. But do it for other reasons than pretending that you or the client knows that a past life is where a given problem needs to be addressed.

By the way, almost all of the procedures listed in this book will work well in any kind of hypnotic regression, be it Age Regression or Past Life Regression.

98. Begin subsequent sessions with a review of the last session and answer questions.

I recommend that you begin each session after the first session

with a review of what the time spent in hypnosis was like for the client in the previous session. Taking a few minutes to do this allows for important information to be gathered and discussed.

When discussing the last session, it is good to ask what stuck out or what they found themselves thinking about after the session. This is especially important when using uncovering therapies like Age Regression.

Answer any remaining questions left over from the hypnosis session and the time afterward. It is best to start the next session with the client having had all of her concerns addressed.

Encourage sharing the hypnotic experience. I often will ask, "Was there anything else that you thought, 'Oh, I have to remember to ask that therapist about... '?" This will usually bring up one or two other questions left to be answered.

Then go on to discussing the results that were obtained. Here you will gain insights into what suggestions need to be reinforced and perhaps any secondary gain issues.

99. Increase success by asking your client, "Are you ready for another hypnosis session?"

Just as with the first session, before you start with the next hypnotic induction, get the hypnotic contract with the client. After reviewing the last session and answering questions, ask, "Are you ready for another hypnosis session?" Watch as the client responds, looking for any signs of concern. If there are any, ask about them and resolve any fears or concerns.

100. Avoid telling your client that you intend to do age regression. Talk about what you are going to do.

I will generally avoid mentioning to the client that I am going to do Age Regression Therapy. It seems that informing a client that you want to do this kind of work only tends to decrease the probability of success. Each therapist has to decide how to handle this for herself, considering all ethical issues at hand.

If my client asks what we are going to do next, I tell her. I tell her *what* we are going to do, not *how* we are going to do it. I might say that we are going to reduce (or “dissolve away”) any feelings or old programming that might prevent her from being successful at making the change that she has come in to make.

Of course if the client has come in for hypnotic age regression to remember some special situation, she knows that you are going to use that process. Then be straightforward and matter of fact about it. Tell her that it is easy and that you do it all the time. Mention that the only thing that could get in the way is to try too hard and that things will go best if she just adopts a positive easygoing attitude.

Chapter 10

Doing The Induction And Deepening for Age Regression and Subsequent Sessions

This chapter is all about professional efficiency. Since you now have an ideal client in your office, you don't have to spend a lot of time doing an induction and deepening. I am always amazed when I speak to other hypnotherapists and they tell me that they are using hypnotic inductions and deepening techniques that, when all is totaled together, can take up 30 or more minutes of their hypnosis session with the client. And I am disappointed when I hear this from one of my own students or from one of Gerald Kein's students. They should know better.

A well-trained and experienced hypnotherapist can take a client and induce hypnosis, deepen to somnambulism, and have the client in age regression in a matter of 5 minutes or less. Really! Especially if you have preconditioned her in a previous session.

Be bold. Be courageous. Be professional. Learn and use instant and rapid inductions. Plan ahead for your next session so that you can utilize post-hypnotic suggestion, conditioning, compounding and anchoring. You will be very glad that you have mastered these skills.

Your last session with your client contained convincer, this one will not. Your client is convinced that she can be hypnotized and that you are the one that can do it. Now we can dispense with convincers.

Now we use timesaving devices. In this chapter we talk about fast and reliable ways to return your client to somnambulism so that you will have plenty of time to do the work of age regression.

101. Have your client quickly re-enter hypnosis using post-hypnotic suggestion.

During your first session with the client, it is best to suggest to her that on subsequent sessions she will be able to easily re-enter hypnosis. And that all it will take is for you to say or do

something. This suggestion then becomes a post-hypnotic suggestion for re-induction of hypnosis.

I will tell the client that the next time we want to do hypnosis together all I will have to do is drop his or her hand and say "sleep." Then she will be able to go right back into hypnosis, even deeper.

So when the next session comes you can instantly re-induce hypnosis and deepen. This saves a great deal of time. On a good day, I can re-induce hypnosis, deepen and do Affect Bridge in about 90 seconds! Give me a couple more minutes and I can sometimes even get to the ISE.

Always give and use post-hypnotic suggestion for instant re-induction to hypnosis. It is very efficient, and really makes the practice of hypnotherapy more practical, because it enables you to spend the necessary time doing the therapy and still keep the sessions down to 50 minutes (if you schedule your appointments on the hour) or to 80 minutes (if you schedule your appointments every 90 minutes as we do), whichever best reflects how you prefer to run your practice.

Some therapists work on schedules that are much different from this. Stephen Parkhill comes to mind. I believe he schedules his sessions for 3 hours, and they may run longer than that! Needless to say, he can do quite a bit in that period of time. He has even remarked that sometimes he will go until the client is exhausted. Mr. Parkhill's practice consists of some of the most difficult issues that a therapist can come across, including chronic illness (i.e., cancer) . For more information about Mr. Parkhill's approach, read his excellent book, *Answer Cancer, The Healing of A Nation*.

102. Quickly have clients re-enter the deepest state of hypnosis appropriate for the work by using post-hypnotic suggestion, conditioning or anchoring.

As a professional hypnotist or hypnotherapist, being efficient is the only practical way to run a successful practice. If you do a

Direct Suggestion only session before you do Age Regression Therapy as I suggest, you are better off if you install post-hypnotic suggestion and utilize conditioning and anchoring during the first session, so that upon the next session you can quickly guide your client back into the deepest level of hypnosis that she reached during the last session. In addition to post-hypnotic suggestion for re-induction of hypnosis, you can use key words and anchoring.

It is easy to do this. While the client is in hypnosis, simply give her the suggestion that whenever you use the key word she will go to this level of hypnosis. It is best to compound the suggestion by emerging and then using the key word to re-induce the state. It only takes a minute or two to do this three times and really condition it in. This procedure is especially useful when working with the deep and ultra-deep levels of hypnosis.

In addition, you can use anchors such as pressing on the shoulder when you are deepening. When you repeat the shoulder-pressing in a subsequent session, it greatly helps the client to re-deepen to the previous level of hypnosis.

103. Use similar techniques you used in previous sessions if they worked before.

Another good technique for rapid deepening is to use the same procedures and techniques as used in the previous session, but perhaps in a briefer form. The client will feel more comfortable with familiar patten, will have become conditioned to it, and the deeper state may even be anchored to it. Don't radically change your deepening process from the first to subsequent sessions unless you have good reason to do so.

104. Suggest similar subjective experiences that your client shared with you in the first session.

An old time-honored way to quickly deepen the subject is to recall the kinds of subjective experiences she reported after the first session (i.e., tingling, heaviness, numbness, floating, etc.).

Then, during the subsequent session, suggest that she is re-experiencing or is about to re-experience those same subjective sensations.

Chapter 11

Using The Affect Bridge, Age Regression Based On A Feeling.

Congratulations! You are now ready to go where far too few hypnotherapists dare to go. Age Regression Therapy using Affect Bridge is one of the most powerful hypnotherapeutic techniques that you have available to you. It is a shame that so many hypnotherapists don't use it. They marvel at it. They may even take training courses about it. They buy books and training videos that show and tell them how to do it. But when it comes right down to it, they won't do Age Regression Therapy.

I've spoken with many other hypnotherapists, only to learn that many of them are in awe of the other hypnotherapists that regularly conduct Age Regression sessions. I ask them why they don't use it. Most of these hypnotherapists tell me that they tried it but their attempts were not consistently successful. There are many reasons why a therapist can be unsuccessful when doing Age Regression Therapy. Among the reasons is not properly preparing the client. (Not doing enough of what I have written about so far. Good preparation and planning will help you overcome the problems that the other therapists have encountered.) Other reasons for failure when attempting Age Regression Therapy using the Affect Bridge Technique or other methods are:

- Not obtaining a sufficient level of hypnosis
- Not conditioning the client to easily locate feelings
- Not checking to ensure that the client is connected to a feeling
- Not sufficiently emerging the feelings and emotions
- Not connecting the feeling to events in the client's mind
- Not being assertive in directing the client to regress
- Not encouraging the client to respond quickly to impressions
- Not knowing how to handle the client's fears
- Not speaking in present tense in the regression
- Not avoiding the words that can instantly end a regression
- Not knowing how to sufficiently connect the client to the

event

Not knowing how to keep and increase the client in regression

After reading this chapter, you *will know* all of those things and more! We are now covering some of the most important material in the book. You will find that this information will be tremendously useful over and over again in your Age Regression sessions. You might even want to dog-ear this chapter and the next because you will want to have quick access to them in the future.

If you use these techniques and procedures covered in this chapter as well as the other chapters in this section, you can become one of the most competent hypnotherapists that you know. And a competent hypnotherapist who is skilled in age regression techniques is able to treat a broad range of disorders such as fears/phobias, confidence problems, drug and alcohol addiction, compulsions, psychosomatic illnesses or any medical problem that has an emotional or psychosomatic component.

Note that whenever you are working with a client with a medical problem (including mental illness), I highly recommend that you do so with the attending physician's referral, recommendation or approval. It may be illegal to do such work without this kind of communication between you and your client's physician. But even more importantly, it is vitally important that you cause no harm when doing your work. And if you interfere with your client's ability to get appropriate medical treatment, that could be both dangerous and unethical.

Having said that, there is a positive side. Because I require that any client coming to the Hypnosis Center, Inc. with a medical problem have or get a medical referral from her doctor, now we get more and more medical referrals. It has gone a long way to let the medical community in our area know that we are here and of the services we provide.

We have helped clients for the following because of medical referral: psychosomatic blindness, pain, addiction, smoking, weight loss, nail biting or picking, childbirth, migraine

headaches and more.

If you use the pages that follow, they will be worth triple their weight in gold! I know because this information has been worth many, many times that for me and my practice.

105. If using the Affect Bridge Technique, suggest becoming aware of other feelings before going to the affect (emotions).

The hypnotherapeutic process that we use at The Hypnosis Center, Inc. is called 5-PATH, short for Five-Phase Abreactive Therapeutic Hypnosis. It is an almost universal approach to working with most of the problems that clients come to us for. The process consists of five phases, of which we almost always use the first four. The fifth is used for secondary gain issues. The phases are as follows: 1) Direct Suggestion, 2) Age Regression, using Affect Bridge, 3) Forgiveness (And Release) of Others, 4) Forgiveness of Self, and 5) Parts Mediation Therapy.

Since we use this process, I know from the very start where therapy is going to go with regard to the hypnotherapeutic techniques that I intend to use. In the first session I want to set things up for a successful age regression. Since Affect Bridge is the most common way of regressing someone to an Initial Sensitizing Event (ISE), I want to increase the probability of calling attention to feelings and emotions when I need them.

In the very first session I use a deepening technique that is based upon becoming aware of feelings because I suggest them. This conditions the client to become aware of feelings or sensations because of suggestion.

In short, this is how it goes. “Whenever we do hypnosis together all I have to do is suggest a feeling to you and you will instantly become vividly aware of it. You don’t even have to try. It just happens automatically and each time this happens you go deeper into hypnosis. Let me show you how easily this works.”

And I go on to suggest, “Even though you might not have been thinking about it a moment ago, merely because I suggest it and

for no other reason, you suddenly become vividly aware of the feeling of the shoes upon your feet and you go deeper into hypnosis. Now you become aware of the feeling of the fabric pressing against your legs and you go deeper. Now you become aware of the feeling of your sleeves touching your arms and you go deeper. Now you become aware of the feeling of the chair pushing up into your back and you go deeper.”

If it's the first session, I will do this patter and add that “Whenever I take your attention to the feeling of the chair pushing up into your back, you feel safe and secure and all grown up in my office, continuing to go deeper relaxed with every breath.” This is the safe place technique I discussed earlier.

Also, if it is the first session I will go right into the eye lock convincer at this point by simply adding, “And now I'm going to take your attention to a feeling that most people are never aware of. Even though you might not have been thinking about it a minute ago suddenly your attention goes to the feeling of your eyelids touching together and they twitch and tighten, twitch and tighten.” And I will go on with suggestions for eye lock.

When doing the second session where I am going to use Affect Bridge, I will go through the same procedure, leaving out the eye lock test (convincers are usually relegated to the first session). Instead I will move to, “Now even though you weren't thinking about it a moment ago, merely because I suggest it, your attention goes to the feeling associated with your problem. There is a feeling inside of you that you experience whenever this issue comes up in your life and now your attention is going to it. It is an uncomfortable feeling. You have now become aware of it either consciously or subconsciously. I know because your rate of breathing has changed.” (Or mention any other physiological sign that indicates that they have connected to the feeling, such as muscle stiffening, eyes tearing, etc.)

This approach will quickly and reliably get your client in touch with the feeling associated with the ISE, because your client has become conditioned to experience any feeling that you suggest to her instantly.

Bonus Tip: Never challenge eye lock unless you see that the client is responding to suggestions that her eyes are squeezing or tightening. Keep suggesting that her eyes are tightening down and wait for that response before you have her challenge (test) the suggestion for eye lock. Then when you have her challenge the state of eye lock, always use the word, “try” in your instructions in the challenge. If you just say, now open your eyes, chances are that they will open their eyes. Use a statement like, “Now try to open them but you cannot. Try but you cannot. Try but you cannot.”

Bonus Tip: You can further increase the client’s response to the suggestion that her eyelids are locking down by lightly tapping on the forehead of the client. If the client is not responding to verbal suggestions of tension and tightening in the eyelids, add light touching to the forehead and they will almost certainly squeeze shut.

106. Watch for physical evidence that the client has connected with the emotion (change of breathing, etc.).

As mentioned above, watch for any physical signs that the client is connected to the feeling you intend to use for the regression (the affect part of the Affect Bridge). Keep suggesting that this feeling is coming and becoming stronger until you observe physical evidence that their affect has changed from that of being tranquil and relaxed to experiencing some emotional distress that is consistent with what you know about the issue. For example, if they are coming to see you regarding a phobia, then they should be exhibiting signs of fear, tension or anxiety.

107. Point out the change in physiology associated with bringing up the feeling to the client before proceeding.

Once you have observed these physical signs it is very useful to

point them out to the client. Then you can intensify the feelings further. For example, if they show signs of beginning to cry, point it out to the client by saying something like, “That feeling like you want to cry is coming up. Your face is turning red and that feeling continues to grow and fill you like a fountain, moving up into your face and throughout your body.”

Generally you want that feeling to come up as strongly as it does in real life or as strong as it ever has. The emotion/affect is like a radio signal. You are tuning in on it so that you can follow that feeling back to its source, the ISE.

As a therapist, you need to become able to work with clients who are experiencing strong emotions. These emotions are valuable tools that the therapist can use to uncover source material. If the client responds by becoming very emotional and abreacting, don't panic. This is good. Let them cry. It won't last forever. Encourage them to get it all out and tell them that they will feel better once they have. Just letting them experience and express that feeling (or those feelings) can be very therapeutic for the client. But of course you are not going to stop there.

108. Tell your client that, “the feeling is connected to every time that she ever felt that way--it is a bridge to the past.”

Once you have connected the client to the feeling associated with the problem, inform your client that this feeling is associated with every time in her life that she felt that way. It is like a bridge that goes all the way back to the first time that that feeling was ever experienced in any way.

109. Count backwards when going back in time (3, 2, 1) and forward when progressing forward in time (1, 2, 3).

Once your client has connected to the feeling, tell her that now that feeling is going to take her back to *the first time she ever felt that way*. “As I count back from 5 to 1 this feeling is going to take us back... 5- you are focused on that feeling, 4- now we

are going back, 3- to the first time that you felt that way, 2- you are become younger maybe even smaller, and 1- be there!”

The most important part of this process is that you keep the client focused on the feeling while suggesting that it will take her back in time. Secondly, I recommend that when you go back in time you count backwards, and when you have the client move forward in time, you count forward. But the most important thing in counting is consistency. However, even if you are terribly inconsistent, if the client understands the instructions she will still probably age regress.

110. Lightly tapping on the forehead makes the suggestion more directive/assertive and may help in regression.

Some people are amazed when they see me do hypnosis. Some are amazed because I touch the client. All of the touching that I do is done because it helps improve the probability of success.

I do one kind of touching that really puzzles some therapists. I picked it up from my hypno-hero, Gerald Kein. From watching him work, I saw that he strategically tapped the client on the forehead at times. I don't believe I ever heard his explanation for this. But I tried it, and I like it. If you try it, you might like it too.

Let me tell you what I'm doing and why I'm doing it. The tapping-on-the-forehead technique consists of light tapping, using my index finger. As I am giving *some suggestions*, I will tap on the client's forehead. The technique is not usually a single tap, but rather tapping at about a rate of 3 or 4 taps a second.

There are three times when I like to use the tapping technique. First is when I am doing eye lock. If the client is not squeezing her eyelids together from verbal suggestion alone, I will start lightly tapping on her forehead. This greatly increases the probability that she will then close her eyes tightly enough that I can see that she is responding to the suggestions (verbal and physical suggestions).

If it looks like she might struggle and get them open, I will continue to lightly tap while I give suggestions for squeezing shut during the challenge. Using this technique, it is very unlikely that you will fail to get eye lock with a client (besides, you know by now that you don't test for eye catalepsy until you have evidence of somnambulism).

The second important time is when I want to make my clients focus their attention on my suggestions. Tapping tends to focus their attention making them more suggestible. It seems to focus their attention more sharply, which in turn will tend to deepen the hypnosis. Of course this can be overdone. If you tap too intensely, the client can become irritated and emerge from hypnosis. Tap very lightly.

Finally, this kind of tapping makes any suggestions that I am giving come across in a more assertive or directive way. Tapping fits better into a more authoritarian or paternal style of hypnosis, but it can be used in a permissive style if done very lightly.

Bonus Tip: Hypnotherapists need to be masters of both the permissive style (maternal, non-directive) and directive style (paternal, directive) of working. Though some therapists will prefer one or the other, it is best to deliver your hypnotic inductions, suggestions, and instructions in a way that your client responds to best. Be a master of delivery.

All that being said, I prefer to work in a more directive style. Why? Two reasons: first, it fits my personality. The second and more important reason is that it is more efficient, *if the client will respond favorably to it*. If not, I just have to go along in the slow permissive style that my client will respond to.

Bonus Tip: Don't get stuck in either the directive or non-directive mode of delivering just because your client starts off responding well to it. Continually attempt to move into a more directive mode, if and when your client will allow it. Why? Because it is more efficient and you can accomplish more in a session. Overall, it is in the

best interest of the client to be as efficient and powerful in your techniques as possible.

111. Start with simple questions like--“ Is it daytime or nighttime?”

When doing age regression, follow the simple rule of hypnosis, “Always build up from smaller success to larger ones.”

Once you have directed your client back to a particular time in her history, ask something simple, like “First impression, is it daytime or nighttime?” This is quite helpful to the client. First, it is helpful because she does not have to put the whole gestalt together right away, just whether it is day or night. Secondly, when you suggest that she give you her “first impression,” you are helping the client to reach into the subconscious mind (where first impressions are) for the information rather than calling in the conscious mind, which would tend to take the client out of revivification and into hypermnesia.

Then continue with, “Indoors or outdoors?” Wait for a response as before and then go to, “Are you alone or with someone?” If they say “with someone” ask who they are with and you most likely have guided your client into a true age regression and revivification. If they say, “Alone,” ask them, “First impression, are you standing, sitting or lying down?” Then, “What’s going on? How does that make you feel?”

112. Go for first impressions by saying, “*quickly*, first impression, daytime or nighttime?”

In my age regressions, I press my clients to answer my questions quickly because this tends to get at a more subconscious response. If they start taking awhile to answer the question, chances become greater that they are either confabulating or thinking with the conscious mind and trying to remember, and again we are headed for hypermnesia rather than revivification. So, when doing age regression work, add

“Quickly” to “First impression...”

113. If client says--“I don’t know” say, “I know you don’t know, first impression--1, 2, 3, daytime or nighttime?”

This one gets most beginning age regression therapists hung up and stuck when they are learning how to use this important hypnotic technique. Let’s assume that you have the client connected to the feeling and you are using Affect Bridge, and you ask her, “Is it daytime or nighttime?” and she responds, “I don’t know.” When I first started doing age regressions, I took this to mean that my client was not in sufficiently deep enough trance to experience the ISE or SSE. Upon further experience and experimentation, it became apparent that the client had just become fearful, which is often called “resistance” in therapeutic circles. Well, as Mr. Kein taught me, “resistance = fear.”

An argument could be made that if the client has become fearful, she is in a process of becoming less hypnotized because fear tends to inhibit hypnosis. Well, I think that is true, especially when you are talking about doing hypnotic inductions.

But when your client is already in hypnosis, fear of experiencing the ISE or SSE shows up as resistance (not following suggestions). She will be reluctant to going into the experience so she might say, “I don’t know.” But the professional hypnotherapist is not so easily thrown off the trail.

Try this—it works for me. When the client says, “I don’t know,” quickly respond with, “ I know you don’t know. First Impression—1, 2, 3 daytime or nighttime?” I do this while lightly tapping on the forehead, and guess what? She begins to revivify the experience.

Let’s discuss this fear a little more. What could your client be afraid of? Well, really it does not matter as long as we can overcome the fear. However, she might be afraid of a couple of things. First, that her first impressions might be wrong. Secondly, that she might actually re-experience the ISE or SSE.

And finally, that she might become emotional and that will be unpleasant/painful or embarrassing. Again, it does not really matter, so long as we can overcome the fear and help the client into age regression. On the other hand, if you are unable to overcome the fear, you may have to talk with the client (while in hypnosis or after you emerge her) and see if you can deal with it. Reassure her or explain to her that she is safe. Answer any questions that need to be answered.

114. Educate and practice with your clients before the sessions if they seem overanxious or analytical (i.e., “first impression, daytime or night?”).

Once in a while I will come across a rather critical or over-analytical client. These are often the clients that come up with, “I don’t know” when asked for first impression in an Age Regression session. So I take a little extra time with them before the hypnosis session begins.

I explain to them that, “From time to time I may ask you to respond quickly with first impressions during the hypnosis. This helps to bypass the conscious mind and get at the subconscious with the least amount of contamination by the conscious mind.”

Then I have them practice with me. I tell the client, “I just want to make sure that you know what I mean and how you should respond, so we are going to do a little practice. In a moment I’m going to say, “First impression day or night?” And you just say one or the other- there is no right answer. If I were to do that in hypnosis, your subconscious mind will know how to use whatever answer you give me. Okay?”

Then I go on to say, “Okay, first impression, day or night?” I wait for a response and praise my client. I might go on to practice with indoors or out, and alone or with someone. In any case, this increases my success with these highly analytical and critical clients. Try it and see if it helps.

115. Discuss with the client beforehand that trying too hard can get in the way. Just have an easy-going accepting attitude toward instructions and suggestions.

If your client knows that you are going to do age regression during the session, it might make the client nervous about whether or not she can be successful. This fear often will cause clients to try too hard.

This scenario usually occurs when I am doing a session to help someone find a lost object. These clients are highly motivated but afraid that they won't be successful.

If this seems to be the case with one of your clients, you can help her out quite a bit by telling her that the only thing that can get in the way of her being successful is to try too hard, and that she only needs to take on an easy-going accepting attitude and everything will work out fine. Also, you can tell her that you generally won't move on to the age regression part of the session until you have determined that she is sufficiently hypnotized to be able to do the age regression. So when the age regression starts she can feel confident that she is sufficiently hypnotized to do the age regression successfully.

116. *Speak in present tense. Speaking in past tense is the biggest mistake that hypnotherapists make when attempting age regression.*

There are a couple of very important do's and don'ts when conducting an Age Regression. You can do everything perfectly. Your client can be in full revivification, and then if you fail to stay with the client in the experience by always speaking in present tense, you can cause the client to come out of revivification and fall into hypermnesia mode, or even cause them to emerge.

Practice saying statements like, "Good, now what is happening?" And, "Go on, what's happening now?" If the client makes a grimace or other behavior you cannot account for, given what

you know about what is happening, ask, “What just happened?”

117. And, never say, “remember.” This is the other biggest mistake that can take your client out of the revivification and put her into hypermnesia.

This is the other major mistake that new therapists make while trying to conduct an Age Regression session. Never use the word “remember.” This will most likely take your client’s mind out of the experiencing mode and put it into remembering mode (hypermnesia at best). Using the word “remember” also tends to partially emerge the client because it doesn’t make sense given what she is experiencing. So it takes your client out of the experience as she tries to make sense of what you said when you asked her to remember. And unfortunately, the only thing that makes sense of that is to remember, and to remember she will have to look back at the situation, which of course takes her out of the experience.

Let me ask you a question, can you remember what you are doing right now? Can you remember where you are sitting? These questions sound strange because you don’t have to remember what is happening right now. You are still experiencing these things. So too, it will sound strange to the client in revivification. To make sense of it, she will need to move back to the future (back to being in your office for example) to her current age. To avoid this, never use words like “remember” or “recall” or statements like, “What was happening back then?”

118. Encourage revivification by having your client describe where she is. This deepens and intensifies the experience while bringing in more detail.

Once you have the client in the regressed state, have them “describe” or “get a sense of where” she is. Don’t ask, “What do you see?” if she is not already relating what she is seeing. You might get the response, “I can’t see anything.” If this happens go back to “first impression” type statements.

Sometimes I will use, “First impression—are you sitting, standing or lying down.” Then I can move to, “What are you (sitting, standing or lying down) on?” This is a very small leap that most clients will easily be able to make. Then you can go on asking for more detail about where she is such as, “Where are you (sitting, standing or lying down)?” By this time, the client is probably deep into the revivification and you can start asking questions like, “Good. What’s happening?”

Bonus Tip: At this stage, we don’t know what name to call the regressed client. I want to keep her deeply engaged with what is going on. I will use what I know to keep her connected to the situation until I have established her childhood name or age. Once that is established, call her by the childhood name or by her age, but until that is established, call her by what you know.

For example, if she is alone, and that is all you know about her, call her “Alone.” It might go something like this, “All right, Alone. Are you standing, sitting or lying down.”

“Okay, Alone-and-Lying-Down, how do you feel?” If I find out that she is sad I will now call her “Sad.” “Okay Feeling-Sad, what is going on?” Now she is connected to the situation by both place and affect. Now I might say, “Okay, Feeling-Sad-and-Alone, first impression, how old are you?”

119. The more senses that your client uses to describe the regression experience the deeper she can go into it.

Once you have an idea of where the client is, start asking sensory questions like, “How does she sound to you?” and “How does that make you feel?” If you find out that she is with her mother and her mother is cooking supper, then ask her to become aware of what she is cooking and to tell you what it smells like, or if it smells good to her. A skillful hypnotherapist

will be able to help the client access all of the senses: touch, taste, sight, smell and hearing. If the client is in somnambulism and revivifying, she will be able to experience the positive hallucinations that will enable her to have these experiences. As the client begins to access these pieces of information, the experience becomes more real and vivid and more details will become available.

120. Encourage revivification by having your client describe people that are with her.

Once your client has identified another individual as being with her, move on to asking questions like, “How does this person feel?” And, “How can you tell that she feels this way?” This will spontaneously pull in a visual experience for the client, and if she is not yet fully revivifying the experience, this little trick will usually make it happen.

121. Encourage revivification by directing your client to go through it again and “It will be clearer.”

An old “tried and true” technique for improving the quality of an age regression is to have the client repeatedly go through the experience. Each time, suggest that it will become clearer and that she will notice more details about what is happening than before.

122. Encourage revivification by having your client go through it again and this time she will “Really be there.”

Sometimes, the client just doesn’t understand that the suggestion is to re-experience the episode from their past. If you are confident that your client is in somnambulism, then suggest to her that in a moment you are going to count back from 3 to 1 and when you get to the number one, she will *actually be there as if it were happening all over again*. I might even ask, “Is that all right with you?” If I get a positive response, success is almost assured. If I get a negative response, then I know that

the client is choosing not to re-experience the episode and is keeping a distance from it by merely remembering it.

If this occurs, then some on-site counseling might be in order. You might want to suggest to your client that it would benefit her to allow herself to re-experience it. This is a good example of how you cannot make a client do something that she just doesn't want to do. The client always has the last word in hypnosis.

123. Ask your client how old she is when in the regressed state and then call her by that age whenever addressing her in the age-regressed state.

Once you have the client well into the age regression, communication during the session is best served by asking the client how old she is. Once her age has been established, call your age-regressed client by that age. Then when you need to switch from the adult client to the client age-regressed state of six years old, you can easily do this by saying, "Now let me speak to Six." Or, "Now I am speaking to Grown Up (or 'adult' and fill in her name if that helps to keep things straight, e.g., 'Adult Mary')." "

124. In regression, ask your client what her name is, and if it is different, use it rather than adult name (i.e., Suzy rather than Susan).

An alternate way of handling the situation of having "two" clients, one is the adult client, and the other in the age-regressed form, is to ask the regressed client her name. Sometimes the adult client, "Susan", will be called "Suzy" as a child. You can't count on this but it doesn't hurt to ask what the child's name is. If it is different than what the adult goes by, then you can use the two different names to identify the client in the two states. You can say, "Now be Suzy" and, "Now be "Susan."

This kind of organization can really help the session to move along more quickly and efficiently. It is really amazing how well this and using the client's age to sort things out can help.

125. Ask your client how she is feeling. This tends to deepen the experience of age regression.

Keep the client in the regressed state by keeping her focused on how she feels. If you used the Affect Bridge Technique to move your client back to an earlier age, it makes sense that remaining focused on her feelings and emotions will help keep them there.

This also tends to keep them in a sufficiently deepened level of hypnosis to maintain the age regression experience. A client who is focused on how she is feeling is focused within herself and less aware of what is going on in the environment of the hypnotist's office or outside in the hallway.

Keeping the client focused on inner feelings and sensations sets a kind of sensory deprivation to external stimuli which increases her ability to experience positive hallucination. By the way, the ability to hallucinate because of suggestion is one of the main reasons that we are using hypnosis as therapy or to uncover "lost" material. Remember that the client is hallucinating the age regression, and the experience is being reconstructed from subconscious memory. It is "as if" she were there again. There is a part of her that knows that she is not actually there.

The ability to hallucinate, both positively and negatively, is the hallmark of the deep hypnotic trance that we call deep or profound somnambulism.

126. Have your client locate where she is experiencing the feeling in her body.

Go further than simply inquiring what the client is feeling. Ask her where she is feeling it. This can be useful information, and it further increases the client's ability to focus on the feeling.

Bonus Tip: If you establish with the client that the feeling is in a particular place in the body, later after the session is over you can check to see if she is able to find the feeling. When she cannot find the feeling (because it was eliminated during the therapy), it suggests that the

problem has been taken care of, the therapist can suggest that it will never come back again.

Bonus Tip: If you are working with a client to help with weight loss, you will find that often the feeling will be in her “stomach” or “gut.” Well, isn’t that a coincidence? Could she have been confusing that uncomfortable feeling in her gut or stomach for the uncomfortable feeling of hunger? It is a good hypothesis!

Whenever I am working with a client for weight control and they identify the feeling as being in the stomach or gut, etc. I always say, “You will never confuse that feeling with physical hunger again! (Repeated three times.) There is nothing you can eat that can have any effect on that feeling. Is that acceptable to you?” I wait for a response.

Chapter 12

Uncovering How The Problem Started, The Initial Sensitizing Event (ISE) And Subsequent Sensitizing Events (SSE)

Here the real work of Age Regression Therapy begins. We are now going to work on the question; just how do you find where the problem started? Here I will encourage you to be a hypno-detective. You will learn to move freely back through the history of the client, uncovering incidents and events that are related to your client's condition. You will learn to test and judge each situation and event, so that you can determine the likelihood that a particular time was the one that started the whole thing.

You will also learn about an issue in which I strongly suggest that you don't regress the client to the first event (ISE).

You will learn some procedures and techniques on how to consistently move your client through the Initial Sensitizing Event and Subsequent Sensitizing Events like an expert. You will find out why you might not want to ask "why" during an Age Regression session if it can be avoided and how to ask "why" if you feel that you must.

You will learn how to avoid many of the problems that other hypnotherapists have when using this technique for uncovering "lost" information.

I will tell you about the dangers of leading clients and, most importantly, how to avoid leading clients. So many therapists accidentally lead their clients in the wrong direction while doing age regression because of leading and assumptive questioning. Here are the methods that you need to avoid such irresponsible and unethical practices.

127. Learn how to age regress the client to where it all started, called the Initial Sensitizing Event.

Hypnotic Age regression is a technique in which you use hypnosis to uncover lost information about the client's past. The information may have been forgotten or repressed.

Even if the client consciously remembers an event that is directly related to the issue for which she is coming to you for help, some of the information is probably still missing. It might be exactly what it felt like, or what the incident caused her to her think (in regard to herself or others). Or even an entire episode that happened early in her past.

When doing the age regression, you want to keep in mind that your goal is to uncover the Initial Sensitizing Event (ISE). This is the event, no matter how minor or how traumatic, that began the issue.

You may never know if you uncover it. All the time that you are working with the client you are only gathering evidence. In fact, you must understand that the ISE may never have occurred in reality. But, even if the event never really happened, the mind is working as if it were true. It is real to the subconscious mind. Age regression is really more about earlier perceptions than they are about what might have really occurred.

Some ISEs are built upon misunderstandings. In most cases, the ISE occurs to the child/client, and the child is prone to not understand much of what is going on in the adult world where she lives. Much of what is going on around the child is beyond her understanding.

ISEs may have occurred because a particular idea or belief was suggested to your client when she was a child (i.e., that the child was a bad person or that something was her fault, etc.). Children are very suggestible, especially if the suggestion was made by an authority figure such as a parent or teacher. Remember, children believe in the Easter Bunny and Santa Claus. In the mind of the child, they are real. So are monsters, ghosts, fairies, leprechauns, and so on.

Everything is bigger to the child than it is to the adult and so some events or situations may take on an exaggerated sense of proportion.

So, ISEs don't have to be traumatic. They just have to be believable and significant to the child.

An ISE should make sense given the known history of the client. For example, let's say that the client was doing fine until she experienced some trauma such as a war or accident. Then her life started falling apart. Perhaps some such incident precipitated weight gain, or abuse of alcohol or drugs. In this case, you may only need to go back to that event.

Bonus Tip: Unless there was a known traumatic event, ISEs usually occur before the age of 7 to 10 years old. Keep that in mind as you take the client back further and further.

Bonus Tip: In general, you can tell if you have the ISE because when you go back *before* that event, the feeling has not yet occurred. If the feeling that is at issue is fear, then the client/child who is regressed to before the ISE will report feeling safe and secure.

128. If you are working with a client for smoking cessation, don't go for ISE, rather regress to the first cigarette.

If you are working with clients on smoking cessation, don't age regress to the ISE. In most cases it is just not necessary. Most clients will be able to quit smoking through the use of suggestion alone.

Clients who smoke do so because of at least two reasons: habit and coping with emotions. There may be other factors, but let's focus on these for now. The habit can be suggested away, and coping with emotions (primarily by taking a break from whatever is bothering her) can be taken care of by suggesting some alternate behavior. For example, you can suggest that the next time she gets the urge to smoke, she can do something else such as take a deep breath, have a glass of water, or almost anything, and the desire will go away and be replaced by a feeling of being in control.

That being said, I want to tell you that I do regularly use age regression for smoking cessation. The first session consists of

suggestion only, and most clients will stop after that one session. However, I require that the client pay for two sessions up front. I do this because I want to get great results.

The second session consists of age regression to their first cigarette! Not to ISE. If a client is trying to quit smoking, it is ill-advised to bring up deep emotions from the past unless you really have to.

In the Age Regression session, I will regress the client to the moment when she has that first cigarette. We actually go to the time when she decided to start smoking. She gets to relive the event and find out why she wants it and what it is like to smoke that first cigarette. But most importantly, I have the grown-up/client on my side. Before I start the session I ask my clients, "Boy, if you knew then what you know now about cigarette smoking, all about the cost, expense, embarrassment, and effect on your health, would you ever have started?" They universally say, "No way!"

After our visit to the first cigarette in age regression, I have the younger client who is about to start smoking go into the background and I ask the client, "Boy it would be nice if you knew then what you know now. Isn't that right?" "Oh yes, I never would have started," is the typical response. "Good. Then in a moment, we are going back and you are going to have the chance to talk to (and I call the client who is about to start smoking by age) 17, because you told me that if you knew then what you know now you never would have started. So all you have to do is tell her and she won't start! If you do that, it will instantly become as if you never had started. Would you like that?" And then we proceed. This is really a nice procedure because it takes most of the responsibility and gives it to the client. Inside of the client are the words that the "child" needs to hear so that she won't start smoking. Just facilitate the conversation between the two, "Now be the adult...", "Good, now be 17," etc. until the client has convinced the child not to smoke. It is wonderful to witness the conversation. If the adult gets stuck, you can help too.

129. If attempting to uncover an ISE (or other unknown material)—make sure that you never lead the client.

Never assume that you know what the event was that is associated with the problem or issue that the client is coming in to see you for. Time after time, my clients will tell me after an Age Regression session, “I had forgotten all about that!” And she will then go on to tell me how remembering this first experience makes so much sense when she looks back over her entire life.

So, with this being the case, we need to make sure that we are not leading our client to experience some preconceived cause. By “leading the client,” I mean suggesting that some situation or person is the cause of the problem and then attempting to age regress her to it. These kinds of suggestions absolutely need to be avoided. This applies before, during and/or after the time that the client is in hypnosis. Always remember that clients can also be suggestible when they have not yet undergone a hypnotic induction and directly after you have emerged them.

Earlier I said that the ISE should make sense given the known history of the client. And if there is a traumatic experience in the client’s history, you may not need to regress any further. *ISEs should make sense given the known history, but they don’t have to.*

When you have a client with a history which seems to indicate a particular ISE, because a traumatic or other significant event occurs just before or at the same time that the symptom or issue came up, take note of it; this is only evidence and not proof.

In such a case, I suggest that you use Affect Bridge despite evidence of the ISE, and then continue to regress and see if it takes you to the suspected ISE. Then, I will generally go for one more regression using Affect Bridge just to make sure that I am not leading the client based on the “known history of the client.”

Even if the client reports that the feeling is new, I will suggest that we are going to go back again to the first time she felt that

way. Why? Because she could be mistaken.

Here is a typical example. I will often get clients in for difficulty in public speaking or trouble in school. In age regression, we will go back and find that as a child she had been ridiculed or embarrassed by a teacher. This event caused a great deal of fear to become attached to either speaking in front of a group or in schoolroom situations. If I continue to regress on the feeling, we will typically find another incident where she was made to feel fearful, insecure or insufficient in some way. This event, which occurred before the event in school, is the more likely ISE. The event that occurred in school is a Subsequent Sensitizing Event (SSE). The ISE made the child overly sensitive to situations where she might be made to feel stressed or anxious.

This makes a great deal of sense when we think about it. Because of something that the child experienced prior to the school event, the child was especially vulnerable.

Other children in the same class, who experienced the same style of teaching from the “bad” teacher, may have gone on to be excellent students or public speakers, even though they may have undergone similar or even worse treatment. The other successful children’s history prior to having the “bad” teacher was such that they were not made to be overly sensitive to the stressors associated with that schoolroom and teacher.

Don’t lead. It can be very tempting to take a client with a “known” history of child abuse back to a time when an adult may have sexually, physically or psychologically abused her. But don’t do it! Don’t limit the uncovering process. Using hypnosis you have the ability to uncover situations that go beyond what the conscious mind may be aware of.

Furthermore, some clients are referred to hypnotists and hypnotherapists erroneously, by usually well-meaning therapists, who want you to use hypnosis to confirm what they suspect, which is usually some kind of childhood abuse. If you put the client in hypnosis and suggest that such an event happened, you may aid the talk-therapist in planting false memories. Just bring up the feeling associated with the problem

and then let it take you and your client back to where the feeling first appeared.

By the way, it is rare when working with a client in hypnosis, that the first time you say, “Now we are going back to the first time that you felt that way” that you will actually get to the ISE. Usually, you will find that the client regresses to a later event associated with the feeling. These events that are associated to the feeling, but occur after the ISE, are Subsequent Sensitizing Events (SSE). These events tend to reinforce and/or exacerbate the feeling and associated thoughts and behaviors that make up the issue. Sometimes the ISE is not sufficient to cause any kind of difficulty for the client, but over time the SSEs reinforce the emotions or beliefs until they become a problem. A typical example of this kind of delayed problem occurs when a child sees his mother become frightened by a spider. This is the ISE, but the child does not develop a full blown phobia until years later, after years of seeing spiders and avoiding them, each instance in turn reinforcing her fear and avoidance.

There is an exception to every rule. If you are fully trained and certified as a forensic hypnotist, you know well the problems associated with regressing someone to a scene of a crime. If you have this kind of specialized training, it makes sense to regress someone to a particular event. But then again, this is not therapy. And you are not dealing with ISEs and SSEs, you are just attempting to uncover additional details regarding a crime. You are not attempting to help the client deal with the residual emotional effects of such an event.

Bonus Tip: Usually, the symptoms that clients come in to see a hypnotherapist about are symptoms being generated by an emotion/feeling. Typical examples of these feelings are guilt, anger and fear. These feelings are generated by conditioning, and by beliefs, either conscious or unconscious. In the age regression, use the therapeutic technique known as the Informed Child, which allows the therapist and adult client to change the perceptions of the client regressed to a child (child/client) that lead to erroneous beliefs. This will change how the child experiences the event, greatly reducing or

eliminating feelings of anger, guilt and fear. More on this is coming up shortly.

130. Move forward in time with statements like, “what happens next,” or “move to the next significant event.” And “go on.”

To avoid leading the client, never make suggestions such as “now we are going back to the first time your _____ (fill in the assumed abuser’s or perpetrator’s name) hurt you (or ‘sexually abused you’, etc.)”

If you do this, you are suggesting to the client, who is obviously in a suggestible state (hypnosis) that such an event happened. Instead, after you have the client in regression, make statements that move the client either back while following the feeling in order to uncover additional material (Affect Bridge), or that simply encourage her to move forward through the event that she has been regressed to.

Statements that move clients back through time would sound something like, “Now we are going back to an earlier time when you felt that way,” or such similar statements.

Once you have a client re-experiencing an ISE or SSE, you want to coax her through it in such a way as to uncover significant details, letting you as well as your client know what is going on. To move clients through the event you will want to use statements like, “Go on,” “What happens next?” and “Move on to the next significant event.”

131. Avoid questions that start with “why.”

Although sometimes you might want to ask the client why something is going on, try to avoid using “why” in regression or in hypnosis in general. Asking your client “why” typically calls in the rational, analytical, conscious mind of the adult; This tends to lighten the hypnosis. Rather, use put-an-ending-on-it type statements as a kind of hidden questioning technique. Here are some examples: suggest to your client that she put an ending

on this sentence: “When he does that, it makes me think _____.” Or, “When she does that it makes me feel _____.”

Another problem with asking “Why?” during a hypnosis session is that the word tends to take the client out of revivification. This is because asking “Why?” not only calls in the rational mind, using “why” may call in the rational mind of the adult/client. So you can also wind up losing the age regression.

Using these put-an-ending-on-it statements gives you the information that you need, that is how the regressed child/client is perceiving the event and the kind of effect that it is having upon her. Later in the session those perceptions can be reframed, reinterpreted or explained with more wisdom during the Informed Child phase of the Age Regression Therapy.

If you must ask “Why?” , then I recommend that you make it very clear that you are talking to the child/client in regression. Here is an example: “Okay, Seven(calling her by her age in regression), I want to know what you as a 7 year old child thinks about this. Why do you think that _____.” You are better off in this situation to stress and make it very clear that you are talking to the child/client and that you want to know what she thinks of the situation from her point of view.

132. Never use leading questions, not even multiple choice.

Stay away from questions that are multiple choice if they can imply that something happened that is not truly known and proven to have happened. When asking a multiple-choice question you may be suggesting to the client’s unconscious mind that the event happened or might have happened. If you do this, you are leading the client. There is a chance that you can implant a false memory. So it is very important that you be mindful of how you explore past situations with a client in age regression. False memories can have a real effect on a client. Age Regression Therapy should be aimed at uncovering situations and re-evaluating them with the wisdom of the adult

mind, using hindsight and the therapeutic skill of the therapist.

In practice, however, if you make a suggestion that is not true, the client is most likely to inform you that your assumption is not right. But why take chances?

Also, if this client has come to see you after seeing or while seeing another therapist who has suggested that the client may be suffering from childhood abuse, sexual or otherwise, you are compounding the suggestion if you suggest it in hypnosis (either directly or indirectly) this makes it more difficult for the client to reject the erroneous suggestion even if she believes the information to be untrue.

Good therapists are very careful not to suggest events of any kind to their clients when they are undergoing an uncovering technique such as Age Regression. And, it is extremely poor practice to suggest any kind of abuse experience to a client who is in hypnosis. Taken even further, it is bad practice to suggest any historical event to the client while she is in hypnosis.

133. Avoid assumptive questions.

Suggesting to the regressed client that she interact with, or describe someone or something that is not “there”, tends to lighten the hypnotic state. Your client will usually not just go along with the suggestion as if your assumption was true. Rather, these assumptive suggestions will disrupt the flow of the experience (revivification) and she will report to you that the thing or person is not there.

Furthermore, this situation will probably cause some confusion, which tends to lighten the level of hypnosis. Making erroneous assumptions about what is going on in the client’s regression experience may even cause her to emerge from hypnosis, and she may even wonder if you know what you are doing.

If you want your client to describe or talk about someone or something, first ascertain whether the person or thing is there. If not, have them go there, or become aware of him, her or it.

Typically the situation can be handled like this, “What is going on?” or “Are you alone or with someone?” If someone is there ask, “Who is with you?” “What is she doing?” “How does she feel about that?”

134. A good way to do regressions is to pretend in your mind that you are there with them but can't see what is happening.

This technique can make a world of difference in your Age Regression sessions. When you have your client in regression, close your eyes and act as if you are there with her but unable to see or hear what is happening. Speak to the client as if you need to know what is going on and they have to describe every pertinent detail. This will help keep you from making false assumptions or asking illogical questions.

135. Check to see if you have uncovered the ISE by asking, “is the feeling new?”

This is one of the main procedures you will use to check for the ISE. Once you have the client in regression, find out what is going on in the situation and how they are feeling. Note that the feeling should generally be consistent with the problem (i.e., fear, when working on phobias). Then ask your client if that feeling is new or familiar. I will usually phrase it something like, “Is that feeling familiar like, ‘Oh boy, here we go again’, or new like you never felt that way before?”

If the client responds with “familiar” then you have grounds for another leap back in time. Have the client focus on the feeling and follow it back to an earlier time when she felt that way. Again find out what is going on in the event or situation. Then ask if the feeling is new or familiar. As long as you get the response of “familiar” then you need to continue to regress the client back in time.

136. Double check by instructing your client to go back again.

Remember that when the client is in a state of age regression, she only has the knowledge and maturity of the child, or age that she has been regressed to if later than childhood. If the client has regressed to the age of 5, then when you ask if the feeling is new or familiar, the response that you get may not be totally reliable.

So, I will continue to regress the client even if she says that the feeling is new. Sometimes your client will go back further and sometimes she will say, "I'm back where I was before." This is evidence that the event, the one that you just visited, was the ISE.

137. Realize that you are only building up evidence of an ISE.

When uncovering ISEs, we are always gathering evidence as to whether our particular situation is an ISE or SSE. The best piece of evidence that can lead you to believing that you have actually uncovered the real ISE and resolved the associated feelings and beliefs, is the permanent end to the problem that your client came in to see you about.

If you find that after the session, you and your client have only accomplished temporary results, you may have missed the ISE and only identified an early SSE. Or, it could indicate that you have found the ISE but only partially solved the issues related to it. If either of these situations occur, you will need to have another session with the client to uncover the ISE or complete the work that needs to be done.

In order to do this kind of therapy properly, you need to identify the ISE and change the effect that it had upon the client. If you don't find the ISE and neutralize or reverse the effect that it had on the client, and wind up only dealing with the SSEs, the effect will be temporary. It is like a weed in your yard. You must remove the weed, including the root, or it will probably come

right back given a little time.

138. The ISE should be consistent with the known history of the client.

When doing age regression work, you have to think like a detective, constantly putting things together and seeing if they add up. When you first meet with your client, you need to find out the known history of the problem. For example, when dealing with weight control I will have my client draw out a chart depicting her weight over the years. At a glance I can get a quick idea of when weight became an issue in her life. If I see that the weight started to come on when she was 13 years old, I would ask her during the intake process, what was going on in your life here? It might have been a move, or a divorce, or the addition of a new baby in the family. I will then file information away in the back of my mind and make a note of it in her file.

If you see a client for drug or alcohol abuse, find out when it became an issue in her life. Find out what was going on in her life at the time. Was there a trauma like a war or natural disaster? Was there a death in the family or a divorce?

When dealing with a phobia, you want to find out whether your client has had a fear of insects or heights for as long as she can remember, or whether it started at a particular time in her life.

Keep these things in mind as you are doing the age regression. This information alone may not tell you the whole story, but it becomes a part of the overall puzzle that you are putting together as you seek to uncover the real cause of the problem and the associated ISE.

“Known” histories provide you only with evidence and not proof of what time frames and events may contain the ISE.

If my client reports having had a drug or drinking problem since her participation in the Vietnam War, and I do an age regression using Affect Bridge, it is logical to expect to go back to at least that early in her life, if not earlier. So, if she only regresses to a period that occurred after the Vietnam War, I will suspect that

I am not getting to the ISE because the condition existed before the earliest date of regression at that point.

On the other hand, it may be wise to continue to regress the client using the Affect Bridge Technique to see if the problem existed before the Vietnam War. If it is found that the feeling existed before the Vietnam War, then the ISE would have occurred earlier than the presumably much more traumatic experience of war.

You are the hypnotherapist with skills that enable you to go beyond the obvious, where talk-therapy alone may not go. If you don't go for the ISE, the client will either not respond to the therapy or will have only limited success, and the client may be falsely labeled as being resistant or responding to secondary gain.

Make sure that it all adds up. If there is no known trauma, or known time when the issue started, keep in mind that most ISEs occur before the age of 7 to 10 years old, as I said before.

Consider that sometimes, even if there is a known situation that seems to have started it all, there may have been a pre-existing condition that left your client particularly sensitive to the upcoming situation. Remember the example earlier in the book, of the client who had trouble with public speaking and schoolwork? It appeared that the ISE occurred in school with the "mean" teacher, but really there was a pre-existing condition, a feeling of fear or insecurity related to a situation at home before she ever started school. Don't fall for the obvious answer.

Chapter 13

Transforming The Sensitizing Event Using the Informed Child Technique

The Informed Child Technique is simply amazing to watch and magnificent to conduct. When you use this technique, you are reaching right down into the nervous system and psyche of your client. You reach in and divide the client in two. One part is the younger-self (who I will usually refer to as child/client, or by her age in the regression). The other part is the adult-self (who I will usually refer to as adult/client or grownup), who is wiser and has hindsight into the old situation that we call the ISE.

During the regression, you will probably have to pass through at least one or two SSEs on the way back to the ISE. Then, you must do one more regression, to take the client back before the ISE where child/client is free from the false beliefs, trauma or other aspects of the event that falsely or negatively influenced her. Then you get to do something that can be miraculous for your client—you can have the adult-self (adult/client) interact with the younger-self (child/client) and provide her with all of the insights, understanding and truths that she wishes that she had known back then.

Through the application of this technique, the child is transformed and ultimately the adult is changed for the better. The adult becomes free from the subconscious programming that has led to so many problems in her life.

In this chapter, I will show you how to manage this process and give you some procedures and techniques so that you can conduct these therapeutic interventions professionally, confidently and successfully.

You will learn:

- Sometimes the ISE is not traumatic
- Sometimes the ISE is not associated with painful feelings
- How to manage having two clients, adult and child
- How to transform the ISE into a beneficial experience
- What the child needs to know to be transformed
- How to make the child always feel safe and secure

- How to stop/interrupt the process and save the child
- How to make sure the child has been transformed
- How to firmly anchor the transformation into the child/client
- How to cause the adult to accept that change for herself

Transformation of the client is very rapid using this technique. You are actually going to the source of the problem and replacing that programming with the new. The new programming is based upon the more realistic and positive wisdom of the adult and therapist working together.

This kind of work has such broad applications that they cannot all be covered in this book. But the following are a few of the problems that this kind of rapid therapy is appropriate for:

- Fears of all kinds
- Mood problems
- Anger problems
- Insecurity problems
- Addictions
- Compulsions
- Chronic illness
- Stress
- Motivation problems
- Depression
- Food and environmental sensitivities

More than half of all illnesses that bring people in to see their family physicians have an emotional component. Any of these conditions can be helped by Age Regression Therapy or completely healed by it. This is always true, unless the only cause or contributing factors are medical/biological.

Common examples of illnesses that have an emotional or psychosomatic component are conversion disorder, most headaches, digestive problems such as ulcers, asthma, back and neck pain, and many skin problems. All of these common ailments can be made worse by stress, worry, fear, etc.

Keep in mind an overview of the process as you do this kind of

therapy:

1. Locate the feeling or emotion in the client
2. Use that feeling to take you back to when it first started
3. Experience that event again
4. Re-evaluate the experience with the adult mind
5. Reject false programming (beliefs and associated feelings)
6. Replace the programming with adult insight
7. Go through the ISE and SSEs using the adult's insight
8. Connect the change in the child to the adult
9. Project the client into the future with the change
10. Give further suggestions to reinforce the changes.

Age Regression Therapy and the Informed Child Technique are reliable processes when you adequately prepare that client and learn to go through all of the steps using these techniques. Have this book or a checklist next to you as you begin using this process in your therapy.

139. The ISE does not have to be a great trauma in the “child’s” life.

Before you finish your detective work and start neutralizing the effects of the ISE, I need to be completely clear about something. Sometimes, and perhaps most of the time, the ISE is not some traumatic event in the child's life. At least not as traumatic as it might appear from an adult's point of view.

It could be any event that is significant to the child. This event and all of the beliefs and feelings associated with it cause the child to perceive her world in a particular way. Usually this is a biased perception filled with painful emotions. This perception is usually in error, because it is based on the knowledge and experience of the child.

The ISE does not even need to be associated with an event that caused the client to *feel bad*. Usually we as therapists look for

a situation that caused fear, guilt, anger or great sadness. Be prepared—sometimes your clients will come up with something else. The ISE could have to do with an event that brought about feelings that were very pleasurable for the client or it could have been an event where she identified with someone.

There was a time when I was working with a client for weight loss. When I began the Affect Bridge, the feeling that came up within the client appeared to be a good feeling. When we began the Affect Bridge procedure, I suggested that the feeling that was causing her to overeat would come up, and she started to look very happy and pleased. I was a little surprised but I trusted her subconscious mind and instructed her to follow the feeling back to when it first started. She immediately went back to a time when she was about 6 or 7 years old.

She started telling me about her family from 7's perspective. She was one of nine children, in a basically happy household where everyone pitched in and worked as a team. At first I thought that she was avoiding the "real feeling" associated with the problem. I had become used to uncovering some typically uncomfortable feeling from the past.

I said, "Go on." She continued and reported the event as it was happening to her. It turned out to be a story about a day when her uncle came to visit and for one reason or another, it wound up that she and her uncle ended up alone at a small diner. While they were there he bought her pie and soda pop and generally made her feel great. She soaked up all of the special attention that she was getting along with the sweets, something she rarely got at home, where she had to share all of the attention with her many siblings.

We found out that for her, because of that event, the sweets had become associated with the feelings of being special, and then for the rest her life up to this point, she repeatedly ate in an attempt to recreate those feelings within herself. The overeating then became a habit, which later resulted in her associating eating with many other things in her life. As a result she thought that she was hungry all the time.

So here is an example of an ISE, where there was no trauma, or fear or anger or sadness. But nonetheless, it was the event that started it all.

Here is another example where the event may have not been in the least painful, but nonetheless resulted in problems later in life. Often a client has undergone years of waking suggestion by parents and other family members. She is told that she is just like her father or mother. The first time that she accepts these kinds of statements as true, we have an ISE. If she was programmed to believe that she is just like her mother, then if her mother was emotional, or overweight or a smoker, it greatly increases the chances that our client will be too.

140. Have the “child” go into the background and then say, “Now I’m speaking to the adult.”

After you have uncovered the ISE, it’s time to get to work and begin the process of therapy. A very simple and organized way to accomplish this process is to separate the regressed child/client from the non-regressed adult/client. You can quickly and simply establish this separation by saying, “Seven, go into the background. Now I am talking to grown-up.” Here, I am calling the regressed client who is regressed to the age of 7 by her age. I am calling the non-regressed client, “grown-up.”

141. Switch back and forth between “adult” and “child” by calling the child by her age and the adult by “grownup.”

Once you have divided the client into the regressed client who is called by her age, and the adult client who can be called “grown-up”, you no longer need to regress the client back and forth in time to talk to each aspect of your client, child vs. adult.

As a matter of fact, now that you have a child/client and adult/client separated, you can suggest that they can come together and talk to each other, an essential part of the Informed Child Technique.

142. The Informed Child Technique requires that you regress before the ISE.

At this point, you have managed to locate the ISE and you have divided the client into two parts, child and adult. Now you can make the final preparations for doing the Informed Child technique. Talk to the “grown-up” client and inform her that we are about to have a talk with the child that she once was. But it is going to be the child that she was *before this problem came up*; before she felt the fear, anger or guilt.

So, this time you are going to regress the client one more time, but this time there will be two clients, the adult and the child (i.e., Seven as in the previous examples). And this time the two of them will go to a time *before the ISE*. The essential part of the Informed Child Technique is that the child will become informed from the more realistic and wise viewpoint of the adult. She will know what is going to happen (the ISE) and she will have all the information that she needs to get through it and come out better than your adult/client did when it first happened to her. She literally gets to know then what she knows now! She will have the advantage of foresight that contains the hindsight of the adult.

143. The Informed Child Technique consists of changing the effect of the ISE.

The scene is set, our participants are the adult and the child, who now at the count of 3 back to 1, will go back together, before the ISE.

Doing the Informed Child technique with your client is truly an amazing and transforming experience for the client. On the count of 1, they are there together. Your main goal is for an experience to occur that will transform your client by affecting the very root of her subconscious experience. The process, done right, will be one of the most profound experiences that the client may ever have in her life and it can change everything related to her issue. She will at least probably always remember it.

Now she has come face to face with herself, before the negative, self-defeating programming has occurred in her life. It is now the job of your client as an adult (with your help) to work with that little one that she once was and prepare her for the event that changed her life for the worse.

Sometimes, the client may want to back out. She may not want to be the one who has to tell that little one what is about to happen. She may be particularly reluctant to inform the child of what is about to happen if it is going to be a tough or traumatic event. So, you may need to encourage your adult/client. Some supportive hand-holding might be in order. It is your job at this point as a therapist to become coach, cheering section and counselor as well as hypnotherapist.

Now it is the two of you working together as if you have both traveled back in time together to change your client's present condition and her future.

144. Inform the “child” that she is loveable and capable, and remove negative erroneous beliefs created by ISE.

Finally, there they are together. It is time to start the de-programming. For the child, the ISE has not yet occurred. I ask the client, “If you had a little girl in your life just like her, a little sister, daughter or niece, could you love her?” (If there is a great distance between their age, such as the client being 65 years old or older, instead of saying a daughter, I might want to say granddaughter.)

Your client will almost certainly say something like “Oh yes, she is loveable.” Then have the client tell the child that she is loveable. Next, go on to coach the client into telling the child what is loveable about her. I start the sentence and have the client end it. I might do this by saying, “Tell her that she’s loveable.” And the adult responds with “You are loveable.” “Tell her you are loveable because _____.” and I’ll have the client put an ending on it.

If we are truly with the child/client at a time before the ISE, the child will easily accept such comments. But if we are not, the child will respond by being skeptical or just won't accept such comments as true. If this happens, just tell the adult that you are going to take them back even further to a time when the child/client can easily believe these things that are true about herself. Then regress the child/client again with adult in the background.

145. Inform the “child” that she gets to grow up.

If the feeling that you are working with is fear (also called, anxiety, nervous, and worry), it can be very helpful to let the child know that she gets to grow up. It only takes a moment to do this, so I have gotten in the habit of just routinely mentioning it. The child will usually respond with a sigh of relief. (Obviously, this is also a great technique for clients that have experienced an ISE related to war or natural disaster, etc.)

Imagine what it would have been like for you if from the time you were born you knew that no matter what happened in your life, you were going to live through it. Wouldn't it have been nice if you knew throughout your life, in every situation that you have ever faced, you had proof that you were going to make it up to this day? Would that have made you feel more safe and secure throughout your life? Would it have affected your confidence level? Well, that is exactly what you can do for this child.

I will usually say something like this, speaking to the child; “I am about to let you in on a secret, and because of it you are going to have a bit of an advantage over every child that you know. Here it is. You get to grow up. Here is grown-up with you. She is absolute proof that no matter what happens in your life, you will get through it. How does that make you feel?” There is always a positive response.

146. Inform the “child” that the adult-self must always tell her the truth.

To ensure that what the adult tells the child is completely

accepted, let the child know that the adult will always tell her the truth and that the adult could never tease, kid, mislead or lie to her. And that this is true because the child feels what the adult is feeling and the adult feels what the child is feeling, so if the adult felt like misleading her in any way, she would know it instantly.

I'll ask the child, "Isn't that nice?" The child will probably respond that it is nice. If she is skeptical about this, have the adult/client tell her that she cannot lie to the child/client. Usually this is accepted quite easily by the child/client once the adult/client tells her that it is true.

I'll add, "This means that everything grown-up just told you about being loveable and getting to grow up is absolutely true. How does that make you feel?" By now, the child is feeling really good, safe and secure, and we have built a sufficient level of trust to enable the child to readily accept what the adult tells her.

147. Inform the "child" that adult will always be there for her.

The child and the adult are the same. They are one person. Your client knows this, so the following suggestion is easily accepted and will be very useful during the rest of the session. I have the adult/client repeat these words to the child, one sentence at a time.

"I will always be here for you. I will never let you down. You will never be alone. Because I love you and understand."

I will ask the child how that makes her feel and again a positive response comes, and again you have helped the client to feel safe and secure and bolstered her confidence.

148. Inform the "child" that nothing really bad ever happens.

I may even take this a little further. I might say, "Okay adult, I'm

going to ask you a question, and Seven (the child) can't hear us. Does anything really, really bad ever happen in her life?" In most cases the client will tell me no. Even in some really bad family environments where there is drinking and fighting, and the child may have been afraid, the adult now knows whether anyone ever became seriously hurt. If it is the case that no one ever gets hurt while she was a child in that home, it would have been good to know. If this is the case, we want the child to know this. It can only provide the child an increased level of confidence and/or a sense of peace, safety and security.

If it is not the case and either the child or someone else does become injured or there is some other traumatic experience, we are better off knowing that too. We will want to do the Informed Child technique for those events also. This way she can go through it with the benefits of the adult/client's hindsight.

149. Have the informed "child" go through the ISE.

Before you have the child go through the ISE, you should have done every reasonable thing that you could do to make sure that the child understands that nothing really bad is going to happen, if that is true, and that she will make it through. Furthermore, not only will she make it through the ISE, but grown-up will also be there with her in case she needs any help or becomes afraid or concerned in any way.

You should further prepare the child for the upcoming event by telling her whatever she needs to hear so that she is not affected by it in any negative way. If possible, ISE should be held up in a new light, so she sees any benefits of going through the event. The ultimate outcome should be one of the client going from having had a childhood experience that hurt her to one of the child going through the same event, but coming out stronger and wiser for having experienced it!

If the ISE consists of the child becoming misinformed by someone, she needs to know before she goes through the ISE, that that information is simply wrong. For example, an ISE might consist of an adult or parent or even a sibling telling the

child something that is absolutely incorrect (but otherwise believable by an uninformed child). This incorrect information, if believed, would normally make her feel like something was her fault when it was not. Or someone might imply by word or deed that there was something bad about her or that she has some shortcoming. The therapist and the adult/client work together because they know what is about to happen. Inform her that there is nothing wrong with her. She is good. She is intelligent. She is loveable. As well as talented enough to do anything that she really needs to do in this life. You have the idea. Let her know that she is not the one with the problem, or any problems or ulterior motives that the individual has who is about to misinform her.

Once this is done, go back to the adult/client and tell her that on the count of three the whole thing happens again, but this time Seven(the child) will go through it knowing everything that the adult/client has told her. You can tell your client that this time, “She will really know what she wished she had known back then!”

Bonus Tip: When I suggest that the child is going to go through the event again, I now always add, “*but most important of all, she is going to make you proud. Is that all right with you?*” When I started adding that little statement, outcomes instantly became even better when I used the Informed Child Technique. It seems that once the adult has agreed to that statement, we have almost made an agreement that this is going to work.

Furthermore, it is an extremely agreeable proposition. You see, the adult really wants to be proud of the child, and the child really wants the adult to be proud of her. I can further take advantage of this dynamic. Once the child/client goes through the ISE successfully, I can have the adult client tell the child that she is proud of her. This seems to greatly reinforce success as I take the informed child through each of the SSEs.

150. If there are any problems, say “everything stops.”

Have the client watch the child go through the ISE. She reports what is going on. The therapist asks the adult/client, “How is she doing?” and “How is she feeling?” The therapist is vigilant for signs that the child/client is having any difficulty with the situation. In most cases, the child will get through the ISE with flying colors, but some ISEs are more difficult than others.

If there is any sign of fear, guilt, etc., say, “Everything stops. Grown up, you promised that you would always be there for her. Go in and help her so that she can get through this, feeling good (or “not believing that misinformation,” or whatever she needs).

As the therapist, your role is to coach the client through this so that the child/client can get through the ISE without any negative effects. Done well, if it is appropriate, she will be able to go through it and benefit from the experience; perhaps she will be stronger or wiser for going through the situation.

151. You can always interrupt the process.

If the child/client has any problems going through the ISE without experiencing the ill-effects that the adult/client experienced when it happened to her, the adult and therapist are there to help her through it. This is done by providing the child with reminders or new information that she needs, or any support by the adult and therapist that is required. Let your imagination, inspiration and good sense be your guide here. All is fair. Do whatever it takes to remove the ill-effects of the ISE and perhaps transform it into a beneficial experience.

152. Take your client through the ISE again feeling safe and secure.

If there is any doubt whether or not the negative effects of the ISE have been removed, go through it again. Ask the child/client, “If the same exact thing happened again, would it upset you?” (or make her afraid, feel bad, think she was bad, etc., depending

on the feeling or misconception that you are neutralizing.) She will probably say that it wouldn't. If she is unsure, or if she indicates in any way that she would still be upset, continue to inform her or provide support until she has changed sufficiently to report that she believes that the ISE will not affect her.

Once she agrees that the ISE would not have an affect on her, say "Good, because it is all going to happen again. As I count from 3 back to 1 you will be back at the beginning of the situation, but this time you will know everything that you know now." Watch as she goes through the situation again. Query grown-up as to how the child/client is doing. If there are any problems, immediately stop the situation and go in and inform and support.

This process can be repeated as many times as necessary but in practice, it rarely goes beyond once or twice, if needed at all.

Bonus Tip: If for some reason the child/client will not accept the information given by the therapist or adult, you can simply take the client through the event repeatedly. This process tends to desensitize the emotional component of the event. This technique in and of itself does not inform the child or provide wisdom directly, but if you desensitize the child's emotional response to the event, that in itself should weaken the effect of the ISE. This process of desensitization should be considered to be "Plan B," with the Informed Child Technique being "Plan A." Desensitization should be used as Plan B, because it tends to be more difficult emotionally for the client. For example, if the ISE is a brutal rape, it would be much better if you could reduce the affect of the rape via the Informed Child technique (she knows that she lives through it, etc), than if you just had her go through the rape over and over again until you have desensitized the client.

153. Have the "child" merge with "adult."

Once the child has been taken through the ISE, and is no longer

affected by it, I like wrapping up this part of the process by permanently merging the adult and child back together. I will usually do it something like this, talking to the adult/client, “Well, you promised that you would always be there for her and never let her down. Do you want to be able to keep that promise?” I wait for the inevitable “Yes,” and continue, “In a moment I am going to make it so you can. I’d now like you to tell her that you love her three times with a brief pause after each time because I am going to do something very special. Begin.”

The client says, “I love you.”

I press down on her shoulder or arm and say, “She trusts you.”

The client says, “I love you” for the second time.

I take the client’s hand and say, “Now the little one shrinks down like a little doll that fits into the palm of your hand.”

The client says, “I love you,” for the third time.

And I take her hand and lay it upon her chest over her heart and say, “Now she goes right inside of you next to your heart, where you can always be there for her, never let her down, where she will never be alone and you can always be there to love her and understand. How does she like it in there?”

The client will respond that, “She likes it.”

I’ll go on to say, “Is it all right with you if she stays there always?”

The client will respond, “Yes.”

Bonus Tip: In some cases I like to go a little further here and do a simple version of what I call the Informed Adult Technique. Here, we turn the tables on the adult who has been giving all of the support to the child. I will say, “Let me speak to the little one, one more time.” Speaking now to the child, “Well, grown-up has helped you out a lot today hasn’t she? How would you like to help her out now?” Wait for the inevitable “yes” response.

And then I continue, with the child repeating what I say, “Good, then tell grown-up, *now* I’ll be here for you. I’ll never let you down either. So you’ll never be alone. Because I love you and understand.”

Then I turn my attention back to the adult client and ask her, “How does that make you feel?” And your client will respond, indicating that it makes her feel good.

I can then guide the child to inform the adult that she can now make any changes that she wants to make. Usually I will focus on what the client has come in to work on. But if the child wants to encourage the adult to make other good healthy changes, by all means I will be happy to encourage that to.

154. Have adult recognize that she *is* that “child.”

If you have merged the child with the adult as I suggest that you do, then it would make sense to use the following technique:

I will suggest to my client, “You and the little one are the same. You are the same person. There is no separation between you two. You are just her grown up, and all the good things that you said about her are true about you. You are good, smart, and loveable. All of the wonderful things that are true about her are true about you. You are just her future, and she deserves a good one. How does that make you feel?”

Again you will get the inevitable response of, “That makes me feel good.” or something similar.

Bonus Tip: I have always found this to be an extremely powerful moment in the hypnotherapy process. So, I may go on to drive home the suggestion of making a change, whatever change that the client has come in for. For example, I may continue, saying, “There is no separation between you two. She is you and you are her.” (In the case of smoking I might say, “Would you let someone come up to her and try and talk her into having a cigarette? (Client responds “No.”) Would you let

someone come up to her and tell her that it is okay, everyone is doing it or that it would make her look smarter, cooler, older or any of that? (Client responds, "No!") You would never let anyone come up to her and put a cigarette in her mouth? (Client responds, "No way!") Well, your lips are her lips. If ever you put another cigarette in your mouth you are putting one in hers! Is there anything that you can think of that could ever cause you to do that to her? (Client responds "No.") Then you are free from smoking! How does that make you feel?" The client responds, "Great!"

155. Have the "child" or "adult" make statements of change.

Whenever you have observed that the client has changed, coach her into verbalizing the change that has occurred. This is a kind of super self-suggestion. When the client makes this type of statement of change while in hypnosis, it is like putting an exclamation point on it. It makes it stand out.

I'll ask the client while still in hypnosis to repeat the following after me and then to put an ending on it. "I've changed because now I know _____." When the client puts an ending on that phrase, she is really pulling the whole experience together and attaching some kind of meaning and/or insight to it. She is expressing, in words, some kind of wisdom that has been added to her at a very deep level. I will then continue with, "I've changed because now I feel _____." When she announces that how she feels has changed, it in some ways completes the change. So many of the problems that our clients come to see us about are really emotional problems (fears, anxiety, mood, guilt and anger problems) that have kept them away from really succeeding at overcoming the issues on their own. When we help them to express this change verbally, it can bring into alignment both how they feel and what they think. When these components of ourselves come into alignment, so that we both think and feel the same way about ourselves or the issues in our lives, it brings about a new-felt strength and harmony of mind. So often our clients think they are loveable but down underneath it all they

don't truly feel this way, and, it is because they don't feel that way, that they undermine their own success.

156. Giving suggestions after regression is a must!

Too often, this especially suggestible period is overlooked by hypnotherapists. After an age regression, so much erroneous information has been cleared out. So many feelings and perceptions may have been shifted. The subconscious mind has been forced into a kind of giant reorganization effort. Subconsciously, things are being shuffled and realigned. It is compiling all of these new perceptions into new beliefs and responses. You must act now!

At this point in time, the subconscious mind is especially suggestible. Much of the natural resistance to reorganizing around new ideas has been overcome. While the mind is reorganizing around the new information and insights, your client is especially suggestible, particularly for suggestions that pertain to and are consistent with the new perceptions and insights. Now is the best time to drive in suggestions consistent with what she has just experienced. Use Direct Drive, or Compounding of Suggestion, or simply reinforce the pattern script that you used in the first session.

Chapter 14

Setting Your Client Up With A Vision Of Success

Have you ever heard statements like, “It was a self-fulfilling prophecy.” or “She brings it upon herself”? It seems that some people are constantly having problems in their lives. And from the point of view of the objective observer, it can be seen how this poor unfortunate person causes much of the problems and misfortunes in her life.

It seems that much of our lives are usually right in line with how we expect them to be. This could be either good or bad depending upon our expectations. Our expectations and feelings about the future are based upon our experiences in the past.

Age Regression Therapy, using the Informed Child Technique, changes your client’s experience of the past, which will have an effect upon expectations for the future. After the age regression experience, your client becomes much more accepting of any suggestions or experiences that are in line with the changes made during the regression.

For example, if a client had a fear of spiders, and during the regression we found that she became afraid of spiders because her mother became frightened when one surprised her, then in the regression we can help her through the situation without becoming afraid. Furthermore, you will probably want to take her through any spider-related SSEs that were uncovered while uncovering the ISE. This will bring the client up to the present. Check to make sure that she cannot find the fear inside of her, and then take her into the future with this new ability to be around spiders without becoming afraid. Wrap it up with suggestions for being able to be around spiders without becoming overly concerned.

In this chapter, I will discuss how to help your client to create more positive expectations in her life concerning the issue that she came in to see you about.

157. Do Age Progression Therapy to provide a greater level of expectation of success.

Doing Age Regression Therapy is one of the most powerful techniques available to a hypnotherapist for promoting rapid change through insight and releasing erroneous thoughts and beliefs from the past.

I suggest that you go beyond Age Regression Therapy, however. Do Age Progression Therapy also. Once your client has released the erroneous programming of the past, take her into the “future” so that she can see how this new perspective is likely to affect her future. Age progression gives the client a vision of how the experience will affect her life in the future. This kind of work promotes hope and optimism.

For example, let the weight loss or smoking client move into the future and experience how changing old habit patterns changes her life. This is a kind of hypnotic suggestion that can be much more powerful than making mere hypnotic suggestions via some patter script. And this procedure is best performed at the end of an Age Regression session when the mind is highly suggestible and reorganizing.

158. Do Informed Adult Technique, where “future self” informs the client she can really make the change.

This is another version of my Informed Adult technique. In the first version mentioned previously, the child/client speaks to the adult/client. But in this version of the technique, we do an age progression and have future-self interact with the adult/client, usually called “grown-up” to keep things consistent with the age regression. This procedure is best performed right after the completion of a successful Age Regression session.

This can be thought of as an extension of the Age Progression Technique. It is a powerful technique that fits within the age progression process.

Inform the client that in a moment you are going to count from 1 to 3, and then she will move into the future and see her future-

self living the life she will live because of the changes that she made here today.

Having done that, the roles become reversed in that the adult/client (aka: grown-up) now takes on a role similar to the child/client in the age regression. The future-self takes on a similar role as the adult did in the age regression. Here, the future-self will inform the adult/client whatever she needs to know, or tell her whatever she needs to hear to ensure that this is indeed her future.

The real beauty of this technique is that, in addition to providing additional reinforcement for change, it offers a chance for material to be covered that has not yet been covered. In a way it is a reality testing of what has occurred. The future-self informs the adult/client that she can do it, and will tell her of any additional changes in perception or behavior that she needs to make in order to be successful.

Bonus Tip: When working with the child/client, she is merged with the adult, and I suggested that the child be placed in the grown-up's heart or next to her heart. I continue the Informed Adult process by placing the future-self in the mind of the client, where she can forever have a vision of how things will now be. This approach provides the client with a positive mental outlook and constant vision of success, and hopefully this will become a self-fulfilling prophesy. (Why not? Negative expectations are expected to become self-fulfilling prophesies. So too, are positive expectations!)

159. After doing an Age Progression Procedure is an ideal time to give more suggestions for the change that your client wanted to make.

Whenever you use hypnotherapeutic techniques that promote insight or new perceptions (i.e., Age Regression Therapy), the subconscious mind is forced into reorganization. This reorganization causes the client to become highly suggestible, especially for changes closely associated with what they have

just experienced. Remember that after age progression is an especially important and powerful time to do hypnotic suggestion in the form of patter scripts (usually in a brief version), Direct Drive and Compounding, just as when using Age Regression Therapy.

Chapter 15

Age Regression To A Specific Date, Time Or Event

Although age regression using Affect Bridge is the way that I usually regress the client, this is true because most of what I am doing is therapy. And, because in the vast majority of cases it is not safe to assume that the client knows when the problem started, the Affect Bridge is usually the appropriate technique to use to uncover the ISE.

But other times Affect Bridge may not be the best or first technique to use. These times include when you are not doing therapy and are only practicing age regression and you want to stay away from emotional problems. Other non-therapeutic instances where you might not find Affect Bridge of use include when you are simply trying to find a lost object, or if you are working as a forensic hypnotist trying to help a witness uncover details of a crime.

There is also a therapeutic circumstance where you might not want to use Affect Bridge as a first approach. Instead you might want to use it as a secondary approach. If there is a known trauma that seems to have been the cause of an issue, you can simply regress the client to the time of the problem and then switch to Affect Bridge to see if the problem existed prior to the trauma.

Then you need not use Affect Bridge to regress a client back in time to an earlier event. You can take the client back to any time or place or situation. When training new therapists we will often practice age regression by using regression to a predetermined time or place. Often my students will practice by taking turns age regressing each other. One student will be the hypnotist and the other student will go into hypnosis. Prior to doing so, they will discuss where the student to be hypnotized would like to go. She will decide upon a pleasant time, like a holiday, birthday, vacation etc.

Practicing in this way allows the students to move through the process of a session without having to work with personal information and emotional issues. After the students show

competence at regressing a willing subject to a positive event using a predetermined date, time or place, we can move on to using Affect Bridge. But rather than using feelings associated with life problems like we do in therapy, I will have the students age regress to a predetermined time or place, then have the subject connect with a positive feeling (i.e., love, joy, happiness, etc.) and then use Affect Bridge to go to an earlier time when she felt that way. This is a very safe and practical way to practice using both regression to a time and regression using affect.

I suggest that you use a similar process while learning (or teaching) these techniques. Otherwise it can be overwhelming, learning to implement all of these techniques, while working with important therapeutic concerns of a client.

In this chapter, I will let you in on more procedures and techniques for successful age regressions using date, time or place. Then we will go on to wrapping up a session for maximum success.

160. You can age regress your client by suggesting that she will go to a particular time, place or event.

Age Regression Therapy does not have to be performed using the Affect Bridge Technique. You can select a date, time or event and have the client age to that situation.

If you are just interested in obtaining more information about a situation, then light and medium hypnotic states will provide hypermnesia. Without age regression, your client will likely be able to recall greater details about anything in her past, simply because she is in hypnosis.

But for uncovering “lost” information from your client’s subconscious mind, somnambulism still has the advantage. With the client in somnambulism, you have hypermnesia *and* the ability to revivify the experience.

In somnambulism, you can suggest that the client will simply be at the particular date, time or situation that is associated with the information. Usually I will say something like, “In a moment

I will count from 3 back to 1 and when I get to '1', you will be back at _____." Then just fill in the blank with the identifying information regarding the situation or time you are regressing your client to. It might go like this, "...you will be back at your fifth birthday party."

Examples of the use of this kind of regression are:

- Regression to birthday parties and other family events
- Regression to the scene of a crime
- Regression to a trauma
- Regression to the last time you saw your keys (or other object)

As you can see, these kinds of regressions can be useful for recreation (i.e., birthdays, religious holidays, vacations, etc.), or forensic purposes (uncovering details of a crime), or therapeutic purposes (time of a trauma for doing techniques such as Informed Child or Desensitization), or even just finding lost articles.

Doing age regression to such times as family holidays and looking for lost articles are great ways to practice age regression hypnosis without going into personal therapeutic issues.

161. Clarify the event with the client before the session.

Before you start the session, it is advisable to get your details straight. For example, you would want to write down the date and time that you intend to regress you client to if you want to take her back to a particular date and time.

Do a pre-hypnosis interview before starting the session where you can find out about "known" details. For example, if I am working with a client to help her find a lost object, I will get all the known information regarding the last time that it was seen and any thoughts that the client might have about where it might be. If it's possible that the item may be in her home or office, I will get a layout of the rooms. This enables me to have some idea where we will be going during the regression. I can also simply use ideo-motor responses of "yes" and "no" for each

room of the house.

Bonus Tip: When using hypnosis to locate lost articles, do a good pre-hypnosis interview. Take the time to find out the who, what, where, when and whys regarding the loss. Who was there or might have the object? What does the object look like? Where was it last seen? When was it last seen? How did the client feel when it was last seen? Sometimes having the client return to the emotional state that she was in when she last had the object will help to uncover more details.

162. Going through the event repeatedly can bring out details.

When doing any kind of age regression, if you need to get more details, have the client go through the situation from beginning to end and then state, "It is the nature of human beings to do better with practice. In a moment I am going to count from 3 back to 1 and when I get to '1' you will be back at the beginning of this situation. You will go through it again, and you will find that you may notice more this time through."

Then take the client through the situation as before. This time you can prompt your client for additional details by asking her to look in a different direction than she did before, or to become aware of feelings as she goes through the process, or to become more aware of any other people that might be in the situation making up the age regression.

Chapter 16

Wrapping Up An Age Regression Session For Maximum Results

By this time, you have had a very powerful hypnosis session. You have uncovered SSEs and found an ISE. You did The Informed Child Technique and The Informed Adult Techniques. You have truly provided your client with a profound experience. This experience has rocked her inner world and perceptions about herself and the others who are in it.

At this point, she is extremely suggestible, especially for suggestions that are consistent with what she experienced. She should receive suggestions for success in the area for which she came to see you. In addition, it would make sense to provide her with suggestions of general well-being and confidence.

In addition to the suggestions that you give her, it can be very powerful for your client to voice her insights about how she feels, while still in hypnosis and directly afterward.

At the end of this session, your client may be exhausted. Take it easy and be reassuring. Review the most important parts of the session. Let her tell you about the experience from her perspective if she wants to. Encourage her to discuss insights that she gained, and how the experience has affected how she feels about the issue.

Encourage her to ask questions about the session, and then set up the next appointment if that is appropriate.

Congratulate yourself. You have helped your client in a profound and memorable way. This will have been an experience that will be remembered for a long time, and continue to affect her in so many positive ways.

Also, by becoming an Age Regression Therapist, you have entered into the big leagues in a way. And it will continue to challenge you as you continue to learn how to get consistent results when using it.

As you continue to work with this technique, remember that

what you are doing is removing the erroneous perceptions and programming that were accepted by the child. These are being replaced by hindsight and wisdom. And, that progress comes from you and the client working together.

After the session, your client will continue to think about and process the material for at least a couple of days afterward. It is as if a pebble had dropped into a pool, and that little splash ripples out in all directions to the very edges of it. So will this experience. It will literally send a wave of change through her nervous system as her mind applies these new insights to all of her beliefs and experiences throughout her life and into her present experience.

Be honored. Your client has allowed few people to come this close to her. It has been an intimate experience for her, and she has allowed you to be a part of it. Understand this and treat the occasion appropriately.

163. Give suggestions for change while emerging the client—you may achieve greater critical factor bypass at this time.

Always make the most out of each session by making suggestions for positive change while emerging your client. These last details of the session will probably be at the forefront of her mind.

Just place them in between each of the numbers that you count as they are coming up. For example, it might go something like this:

“1, you are now slowly beginning to emerge from this hypnosis session. It has been helpful and beneficial in helping you make the change that you came in to see me about.”

“2, the many insights that you have gained are accepted by you and begin changing how you view yourself and your world. These positive changes now propel you on to success in _____ (fill in the change that they want to make).”

“3, the subconscious and conscious minds are working together to use every good and healthy suggestion and insight that you received today.”

“4, it is the nature of human beings to do better with practice. So each time that you do hypnosis with me or anyone that you trust, you will find that you will go into hypnosis deeper and faster, and easily accept any helpful hypnotic suggestions that you receive.”

“And now preparing to open your eyes feeling great like you have just had a nice refreshing rest... 5, open your eyes and notice that you do feel good.”

Bonus Tip: If you are doing work with a client for other than therapeutic purposes, for example, practicing your hypnosis skills with friends or colleagues, or doing forensic work or just finding a lost article, fill the count up for emerging the client with lots of suggestions to improve memory or confidence. Almost everyone would like to have more confidence or a better memory. At the very least, always end the session with suggestions that each time that they do hypnosis they will be better at it.

164. End the session powerfully by having your client proclaim the change she has just made.

Remember, that after the client has emerged from the session, for a short period of time she is still in a highly suggestible state of mind.

This is a good time to have her restate how the session has helped her.

I'll say to the newly-emerged client, “Well, you have changed, haven't you?” And the client will respond in the affirmative if you have done your job well.

“Then one more time repeat after me. I've changed because now I know _____ (she fills in the blank). And now I feel _____ (again she fills in the blank).” This is a

wonderful way to finish up a session with these supercharged self-suggestions.

I will often use this technique while the client is in hypnosis also. It is a great way to compound and reinforce new insights gained from the therapy. If you want to use this technique in hypnosis, it is best used after doing the Informed Child Technique, or some other insight obtaining technique. In the Informed Child Technique, after the child has successfully been guided through the ISE or SSEs, this is a good way to reinforce the change that was gained from the experience.

165. Have the client check for the old feeling.

I remember when I first saw this done. It was a videotape recording of Gerald Kein working with a client on a phobia cure. At the end of the session while the client was still in hypnosis, he had the client check to see if the feeling was gone (if it was not gone, that would indicate that more work had to be done). When the client reported that it was gone, he went on to suggest to the client that the more he looked for it the more it was not there and to go ahead and try harder to find the feeling.

This technique can be used for any feeling that you want to rid the client of. It may be a phobia, fear, anger or guilt, etc. You can have the client check for the feeling at the end of the session while the client is still in hypnosis or even after the session is over.

When the client is unable to find the feeling, suggest that she try harder to find it but that the harder she tries to find it the more it isn't there.

166. Do a post hypnotic interview to remind the client of insights and changes.

At the end of an Age Regression session, your client may be tired or emotionally drained depending upon how long or how emotional the session was for her.

Don't depend on the client to make the best use of the session by bringing it all together. Help her out. Do a quick review of the session by doing a quick summary of the insights and changes in perceptions that appear to have occurred during the session. This can really stick with the client. If the client is no longer in hypnosis, you have by now well established yourself as an authority and are implanting waking suggestions as you make any comments about the session, especially if they are made with professional conviction.

167. Answer questions about the session.

Be ready to answer questions about the session. In fact, it is best if you ask whether there are any questions about the session and encourage her to call you in the future if she has any questions about the session or about hypnosis in general.

Some common questions are: "Was that real?" and "How is that experience going to help me?"

When responding to the question, "Was that real?" be careful and be considerate of how your response can affect your client. Your response may vary depending upon your training and experience with age regression hypnosis. I will usually answer that question in a way that suggests that it was for them. If the session was part of a therapeutic process done to provide an uncovering of unconscious materials, then a good answer would include something about how we may never know if the age regression experience was historically correct. That was not the intent of the session. But we uncovered how the child/client experienced the event, how that caused the child (who the client once was) to think and feel about herself and her world. Now we have gone back with the mind of the adult and re-evaluated the situation, knowing what she did not know then. And, I would go on to explain that this tends to give us a more adult view of the situation, which leads to a more realistic perspective, all things considered.

In answering the question of "How is that going to help me?", much of what I said in the previous paragraph helps to answer

this question too. But you can go on to discuss with your client about how her feelings and perceptions have changed and how those changes will most likely affect her in the future. For example, if it was uncovered that she was eating out of loneliness, how she can now respond to the feeling in the much more satisfying way of building relationships. Or, if the client was confusing an uncomfortable feeling inside of her (which she experienced as being located in her stomach or gut area) with physical hunger, how that feeling is now gone, or how she will no longer confuse that feeling with physical hunger again.

PART IV: PREPARING THE CLIENT AND THERAPIST FOR CONTINUED SUCCESS USING HYPNOSIS

In Part IV, I wrap things up and make suggestions about ongoing professional development.

First, I will discuss what you can do after the Age Regression session to continue to help your client in subsequent sessions, to be as successful as possible, and how you can continue to be helpful to the client after these sessions have finished.

I am going to discuss and give you a brief introduction into some other very powerful hypnotherapies-therapies where you aid your client in becoming free from old self-limiting patterns.

Two of these important therapies are Forgiveness of Others and Self-Forgiveness.

Forgiveness of Others Therapy rids your client of feelings of anger and resentment about situations and events that are in the past. These old feelings are using up your client's energy that can be best used in creating a life that is healthier and more satisfying. The old anger and resentment can cause your client to continue to be stuck in the useless and self-defeating patterns causing illness and addiction. If these old feelings of anger and resentment are not removed they will just pull those patterns right back in, even if it *seems* that the work has been done.

Forgiveness of Self Therapy rids your client of feelings of guilt. Self-forgiveness is one of the greatest accomplishments of any kind of therapy. It's been said that, "Everywhere you go, there you are." We can remove ourselves from the people who have hurt us, but we must always live with ourselves. All of the benefits that your client can get from forgiving others is multiplied in depth and breadth when a thorough and honest forgiveness of themselves has been accomplished.

Deep forgiveness work, of others or of ourselves, is a healing process that most people are unable to accomplish completely

on their own. Too many times, people try to forgive by forgetting what happened, or pretending it didn't happen. To forgive deeply, and thus benefit the most from the forgiveness, you must be truly aware of the pain that was caused. Attempting to forgive while in denial or while attempting to forget the pain or what happened, at best can only be a partial forgiveness, and can only provide a partial benefit.

Chapter 17

What You Can Do After The Session For Continued Great Results

As a professional hypnotherapist, you want to continue to improve on your client's ability to benefit from hypnosis. Clients benefit from consistent application of positive waking suggestions of future success. Proper encouragement and reinforcement as well as a well-established professional relationship with the therapist continue to build the client's ability to benefit from your sessions with her.

You want to provide a consistent message that promotes a positive mental expectancy for ongoing benefit from the sessions that you will be doing together.

You cannot do good hypnotherapy if your clients do not complete the therapy process. This chapter will cover how to ensure that you are able to encourage your clients to continue in and complete therapy, while meeting with you in a timely way that will provide for the best therapeutic outcome.

I will also discuss how to help your client to continue to benefit from hypnosis after you have ended your work with her for the issue that brought her in to see you.

168. Continue to suggest that each session will be ten times more powerful than the one before.

One of the most important waking suggestions that I make, both before and after the sessions, is that there is a tendency for each hypnosis session to be ten times more powerful than the session before.

Since I usually begin with a simple Direct Suggestion hypnosis session and then follow it with an Age Regression Therapy session, it is very likely that the client will find that both the second session was more of an intense experience and that the results will be more powerful after the second session. This works to set up a mental expectancy that the third session will also be more powerful and effective than the second session.

This suggestion of increased potency of each session also encourages the client to continue with the therapy process so that she completes the hypnotherapy process and receives the best benefits from the therapy that you are providing.

169. Make the next appointment right after your session is through.

When using the approach that we use at The Hypnosis Center, Inc., we know that we are going to see each client for a minimum of three sessions. Our maximum number of sessions is usually six for any particular issue. Usually we meet only twice for smoking. So, we need to encourage our clients to make appointments for subsequent sessions.

When we first started, we would just suggest that the next session be made for the next week and let it go at that. But life being the way it is, some clients would procrastinate and not make their appointments in a timely way. And sometimes, if a client waited long enough to schedule her next appointment, she just wouldn't make another appointment at all.

To encourage our clients to make their next appointments, our therapists make a recommendation for the next appointment right after the post-hypnotic interview. It is recommend that the appointment be made for the appropriate time (usually 3 to 10 days apart, especially for the first three sessions). Our therapists walk up to the front desk with their clients and have the receptionist make the appointment with them.

I will usually go up to the front desk and say to the receptionist, "I'd like you to schedule an appointment for _____ (client's name) with me in about three to ten days."

If my client is able to make the appointment at that time she generally will. Of course, sometimes a client will have other factors to consider (i.e., transportation and work schedule, etc.) and not be able to commit to a particular time.

170. Offer the client a reinforcement tape that she probably won't need to use.

I don't usually do this, but sometimes it is appropriate to offer a client a reinforcement tape that she "probably won't need to use." I will usually give this to the client after the pre-hypnosis interview, but before the hypnosis session. Some therapists prefer to offer it after the session. I can see how that might also work well because at that time you have an even better idea of whether a client will benefit from the tape, and whether they are likely to use it.

This tape could be a relaxation tape, which was discussed earlier. A relaxation tape is used to help clients that were unable to reach a sufficient depth of hypnosis. It is suggested that it will help them to be more successful next time. Or, the relaxation tape can be one that is a true "hypnosis session on tape." This kind of tape has a hypnotic induction, suggestions for relaxation, and a process for emerging the client. That would then be a real reinforcement tape, instead of merely a relaxation tape which contains only suggestions for relaxation.

Other kinds of reinforcement tapes to consider are all true "hypnosis sessions on tape." I recommend that these kinds of tapes be restricted to Direct Suggestion, Direct Drive and Visualization hypnotic techniques. I don't feel comfortable trying to do age regression work through the use of an audio taped session. There is too great a chance of the client experiencing strong emotions without you being there to make use of the experience therapeutically, not to mention how having such an unexpected and unguided experience could negatively affect your client.

At this time, I only have three tapes that I offer clients on any kind of routine basis—a relaxation tape and two different reinforcement tapes. One is for smoking cessation, which is only given out on very rare occasions. The other is for premature ejaculation. But I may develop and use other hypnosis tapes as needed and I recommend that you consider doing so too. Cassette tapes are very inexpensive if you buy them in quantity and you can use the least expensive "voice" quality tapes for this

kind of recording.

I usually record these tapes in advance, but some therapists prefer to just record the first session or part of it and give that to the client. I choose to prerecord my tapes because the sessions that I do with my client are usually interactive and such interactions where clients give finger signals or verbal responses don't work well for tapes.

171. Make the next appointment for three to ten days apart.

As I mentioned above, I recommend that the first three sessions are scheduled 3 to 10 days apart. Why? Fewer than 3 days, in most cases, does not give the client sufficient time to experience the effect of the session before having the next session. Exceptions to this rule are encouraged when working with alcoholism or drug addiction. Or, if it is your best judgment as a therapist that you should recommend that a client come in sooner, then do so. Reasons for having the client schedule session for fewer than 3 days apart might be that the client needs more support and reinforcement than usually seems appropriate for a particular client; sometimes this is the case when working with a client who wants to overcome addiction to alcohol or drugs.

I recommend that the next session occur no more than 10 days apart. In the beginning of therapy, especially for the first three sessions, going more than 10 days apart tends to not provide the frequency required to provide enough momentum for the therapy to be as successful as it could be with more frequent sessions.

Are there exceptions? Certainly. Things will come up for your clients and there may be scheduling obstacles of every kind. But from my experience, it appears that sessions 3 to 10 days apart give the best results.

After the first three sessions, I will permit or even encourage longer periods between sessions. A good example of a particular issue that might best be treated using sessions that are further

and further apart is weight control. When you are working with clients on weight loss, keep in mind that if the client has a significant amount of weight to lose, say 25 pounds or more, after conducting the first three sessions, additional sessions can be spaced further apart (i.e., 2 to 4 weeks) so that more weight loss can be realized between sessions. This also provides time for any unresolved issues to surface while the sessions are still ongoing.

Bonus Tip: When working on weight loss with clients that are obese or morbidly obese, I will offer to continue to see them beyond the six session maximum. These are sometimes called reinforcement sessions, but they really aren't. A reinforcement session usually means that you are going to do a direct suggestion session with your client and reinforce the suggestions again (i.e., just read them the same or an alternate patter script). In these ongoing weight loss sessions however, we are watching for unresolved issues or related issues to arise (i.e., secondary gain). This is also a great time to either teach your client self-hypnosis or move on to other issues (i.e., assertiveness and breaking other habits such as smoking, etc.).

172. Offer to teach your clients self-hypnosis.

“Give a man a fish, feed him for a day. Teach him how to fish, and feed him for life,” is how the old saying goes. It is certainly true about hypnosis.

I will always check to find out if the client is interested in learning self-hypnosis. We offer two different kinds of self-hypnosis at The Hypnosis Center, Inc. We offer a classical approach to self-hypnosis, where clients learn to put themselves into hypnosis and give themselves suggestions. They will learn how to write their own hypnotic suggestions for anything they wish to work on in the future. And they also learn how to use autosuggestion (using hypnotic suggestions in the normal waking state of mind).

More and more often, we are teaching another kind of self-hypnosis. It is based on the 5-PATH system. It was observed, over literally thousands of sessions, that a productive series of hypnosis sessions consistently involved both rejecting erroneous programming from the past, *as well as* providing beneficial hypnotic suggestion for success now and in the future. I took this and added another component.

The self-hypnosis process that I now teach most of the time is called the 7th Path the System of Self-Hypnosis. It consists of first introducing a series of suggestions that removes old erroneous programming that has gotten in the way of the client's success, and then introducing positive suggestions for change. To make the process even more effective, it utilizes a holistic approach developed around a Mind-Body-Spirit perspective. If the client is not one who feels comfortable working with concepts such as "a Higher Power," or "Spirit" or "God," the program is easily altered using terms such as "Nature" or "Love."

Using this holistic Mind-Body-Spirit approach to self-hypnosis tends to provide the client with a very healthy dimension to the process, leading the client to additional healthier choices on her own. For example, a client may come to me for weight loss, learn the 7th Path process of self-hypnosis, and spontaneously find herself able to quit smoking without addressing it directly.

If you would like to learn more about the 7th Path approach to self-hypnosis, contact our office or visit our web site at www.hypnosiscenter.com.

173. Return your client's calls right away.

When meeting with your client, always recommend that she call your office if she has any questions. Explain to her that you are usually in session (or teaching, or other meetings, etc.) but, that as soon as you get her message, you will call her right back at the number that she leaves for you.

Emphasize that you can answer most questions in just a couple of minutes and that it would be much better, if she has an

important question, for her to call than wait until next session.

That being said, it is important that you return calls right away. Call your client at the number that she left for you. Note that some clients will be seeing you without the knowledge of others (spouse, children, roommate, significant other, etc.). So, be careful.

As a matter of routine, when the clients fill out their forms and first contact our office we check to find out if the client can be contacted at home or work. Doing this can save you and your client from a great deal of strife or embarrassment later on. Calling someone at their home or office can lead to a breach of confidentiality, so be careful of how you handle each call. Today many people have caller identification systems on their telephones. Because of this, our office uses a separate line that does not identify us by our business name.

Chapter 18

Continue To Learn And Grow As A Hypnotherapist

You are most likely reading this book because you want to improve your skills as a hypnotherapist. Constant and ever increasing improvement in knowledge and skills is an important part of being successful in any profession.

This book was written to provide a great deal of information on how to become a more effective hypnotherapist. And, if you have read this far, you have undoubtedly picked up a few tips along the way. I hope that you will be able to put them to good use.

I congratulate you on your desire to grow within this fascinating and rewarding work. In this chapter, I will continue to provide information and suggest some areas where you may benefit by studying further. Some of the techniques that I introduce in this chapter will be of immediate benefit to your clients.

I would like to encourage you to look into learning more about the 7th Path System of Self-Hypnosis. So many times when I am meeting with other therapists, hypnotists, hypnotherapists, as well as doctors and nurses, I feel sad. I see good people, who have dedicated their lives to helping others, and yet they suffer from some of the same bad habits and addictions that they want to help others with. I would like each one of these people, who may have tried everything else, to try one more time. Learn more about the 7th Path System of Self-Hypnosis, it may be just the thing you need to become healthy. It could be just the thing that you have been waiting for to help you to lose that weight, stop smoking, start exercising, and... Well, the list could go on.

174. Learn about waking suggestion.

If your training did not include adequate coverage of the power of waking suggestion, it is time that you seek out that training. Waking suggestion is going on all the time and a professional hypnotherapist can use it widely for the benefit of the client. Earlier in this book I discussed suggesting time distortion before the hypnosis session as an example of waking suggestion.

Let me briefly explain the principle of waking suggestion. First I'd like you to think about the purpose or function of hypnosis as being the bypass of the critical factor of the conscious mind. The critical factor is a comparing function of the mind. It is always comparing new information that is coming in with all of your past experiences, knowledge and beliefs. If the new information easily agrees with what is believed to be true and with what is already stored in the subconscious mind, the new information is accepted as true and filed away.

If the information is significantly different from what is already held to be true, based upon what is already stored within the subconscious mind, it is considered to be false information. Some therapists would say that it is rejected by the client. But it is not totally rejected, as in forgotten. It has its own special place in the subconscious mind in a kind of anomaly file, or not-true file. The anomaly file is filled with little pieces of "misinformation" that you know about, but don't accept as true.

How well you are able to reject misinformation depends on a couple of factors. First of all is how much you know about a subject. If you believe that you know a great deal about a subject, you have a lot of power to reject information that is inconsistent with what you "know." If, however, you don't know much about something, you have little ability to reject new, but perhaps erroneous, information on that topic. For example, if you are at your doctor's office and she mistakenly gives you information about your illness or condition, you may automatically accept whatever opinion given as true. If you don't have much medical background or information regarding your condition, then whatever she suggests is rather difficult to reject. It just goes right into the subconscious mind and is accepted as true, and your system can respond to the misinformation in a way that is to your detriment. (Of course, the opposite can also be true, where misleading information can cause a condition to improve.)

Most of us have heard about placebos.

The American Heritage Dictionary of the English Language, 3rd Edition defines "placebo" and "placebo effect" as follows

Placebo

1. A substance containing no medication and prescribed or given to reinforce a patient's expectation to get well.
2. An inactive substance or preparation used as a control in an experiment or test to determine the effectiveness of a medicinal drug.
3. Something of no remedial value that is used to appease or reassure another.

Placebo effect

1. A beneficial effect in a patient following a particular treatment that arises from the patient's expectations concerning the treatment rather than from the treatment itself.

A typical example of the placebo effect at work can occur in the course of medical research. When the effectiveness of a new drug is being evaluated, it is necessary to know whether the drug actually causes the desired effect, or whether the mere suggestion that it might work causes the effect. Patients participating in the research are not allowed to know if they are receiving the real drugs or placebos, and the drug is evaluated by the researchers, based in part, on how the two groups of patients respond. In the drug trials, the particular medication that is being tested must show more than mere effectiveness—it must be shown statistically that it can out perform the placebo! That is how strong the power of suggestion is! (Don't worry, doctors are not allowed to do this unless you volunteer to be part of a study.)

You must also understand that many people (including doctors, parents, teachers, and experts in general) are constantly making suggestions that can rapidly bypass the critical factor and have the similar effect upon your client. This has occurred to your client, both in her past and as an adult. Waking suggestion has a constant effect upon us, this is in part why experts, authority figures and role models are used in advertising.

Realize that other professionals, especially physicians, can have

a powerful effect on your hypnosis sessions with your clients, their patients. If a doctor tells her patient that hypnosis will take care of the problem and that you are the best hypnotherapist she has ever known, then your ability to help her patient has been greatly increased. However, if after you have had a successful hypnosis session, your client's physician tells her that hypnosis is a hoax, the misinformed physician can completely undo all of your work!

Any authority figure can undo what you have done in a good hypnosis session, especially if the authority figure is your client's physician, clergy, minister or priest. Literally anyone who "outranks" the hypnotherapist in the mind of the client.

Waking suggestion, which results in mental expectation, is a powerful and interesting phenomenon that deserves more research.

Furthermore, it seems that people are able to borrow another individual's critical factor. When a person who you accept as an authority rejects something, your critical factor will behave in accordance with the accepted authority's beliefs. This is continuously going on with children. Since they have considerably less information about how the world works than their parents, they constantly accept and reject information dependent upon whether it appears to the child that the parents seem to accept a particular thing as being true or not true.

An unfortunate example of waking suggestion working upon the subconscious mind of the child occurs when adults in a family behave in racially or religiously prejudicial ways. As parents make biased or hateful statements about other people, the subconscious mind of the child (having little reality-based information regarding these people) simply accepts what is said as being absolutely true. It will then take a substantial amount of evidence sometime down the road to overcome such suggestions.

Once you have established yourself as an authority at what you do, you are in a position to make use of this phenomena of waking suggestion. This is one reason that projecting

professionalism and doing a well thought out pre-talk can be vitally important to your client's success.

175. Learn and use forgiveness therapies.

In addition to Direct Suggestion and Age Regression Therapies, another area of tremendous potential is the use of forgiveness therapies. The 5-PATH approach that we use incorporates forgiveness therapies in the 3rd and 4th phases of the system. Forgiveness work is important because it reduces stress and aids in the removal of old programming, especially anger and guilt.

The removal of these old feelings of the past are important because they can lock in old patterns of behavior. Anger comes from the perception of unfairness. Every time you or your client has ever become angry, it was because you perceived a person or situation as being unfair to you, someone or something that you care about. Please notice that I am saying perceived unfairness. The event does not have to be genuinely unfair to produce anger, it must only be perceived as such.

Insight therapies such as Age Regression can change the client's perception and release her anger. But sometimes the situation was genuinely unfair and so the therapist needs to help the client to forgive the offender in order to release the feelings of anger.

Too often, forgiveness work is simply too superficial. In order to accomplish forgiveness that has a real effect on your client's life, the client needs to be made aware of the pain that the offender has caused her. It is only in this state of awareness that true and meaningful forgiveness can be accomplished.

Your hypnotherapeutic toolbox is incomplete unless you know how to facilitate forgiveness.

Bonus Tip: You can help your client become free from the past by forgiving past offenders. Use techniques that aid the client in re-experiencing her perceptions of unfairness and the resulting feelings of anger. Then, in

that state, encourage the forgiveness by implementing as many of the following as you deem appropriate to the client's situation. Suggest the following:

- Forgiveness does not mean that you forget.
- Forgiveness does not require that you tell anyone.
- Forgiveness is for you—not the offender.
- Forgiveness does not mean that you like or condone what was done to you.
- Forgiveness does not mean that you like the person.
- Forgiveness does not mean or require that you let the person that hurt you back into your life!
- Forgiveness *means* that you will no longer feel angry, but you might feel sadness, pity or compassion toward the offender. It means that you can begin to heal.

176. Learn and use Parts Mediation Therapy.

There are some hypnotherapists who use Parts Therapy as their main tool. It is a great tool for resolving internal conflict and therapists who are highly skilled in this type of therapy may use it for other issues as well.

I recommend using a kind of Parts Therapy that I call Parts Mediation Therapy. It is called Parts Mediation Therapy because the process is guided by the principles used in mediation. In Parts Mediation Therapy the therapist takes on the role of mediator and works with the client's "parts" (parts of herself that are in conflict, e.g., where she wants to quit smoking but part of her is afraid she will gain weight).

Here, the therapist/mediator works from an interests-based approach and helps the client to achieve a win-win agreement within herself. It is a relatively fast and simple way of dealing with intra-psychic conflict. This approach is an especially effective tool for dealing with secondary gain issues. If you have removed the cause of the problem and the problem continues,

then it is being reinforced in the present. What might be thought of as a self-defeating or pain causing behavior, may have some benefits to it. If the client gives up the behavior, then the benefit will be lost also. This Parts Mediation approach allows the client to reveal the benefit, and through the work with the hypnotherapist/mediator, come up with alternative behaviors that can fulfill the need.

As far as I know, the 5-PATH System is the only system of hypnotherapy that incorporates Hypnotic Direct Suggestion, Age Regression Therapy, Forgiveness Therapies and Parts Mediation Therapies into a systematic approach that can be utilized for most issues that people come into see a hypnotherapist about (or most psychotherapists for that matter).

177. Become trained in using age regression, forgiveness and parts work together. It becomes an almost universal approach to dealing with most issues that a hypnotherapist encounters.

If you are a working hypnotherapist or want to be, I highly recommend that you become trained in using the 5-PATH (Five-Phase Abreactive Therapeutic Hypnotherapy) System of hypnotherapy or another system that shows you how to use age regression and forgiveness work together as a minimum.

This kind of system will enable you to master a series of techniques that are applicable to virtually all clients that you may ever work with.

Since it is systematic, your work becomes more predictable. It will be easier for you to plan out sessions and to inform clients of how long the therapy can take (usually three to five sessions per issue).

Your skills and self-confidence as a therapist will increase because you know what you are going to do with each client, and you will become highly skilled at using such techniques.

I suggest that when you seek out training opportunities, ask your potential instructor about his or her training, experience

in doing and experience in teaching these powerful forms of hypnotherapy (age regression, forgiveness work, parts work, and any others that are of interest to you such as self-hypnosis).

178. Use and teach self-hypnosis.

In addition to any previous training with self-hypnosis, consider becoming trained in the 7th Path System of Self-Hypnosis or other systems that interest you. Self-hypnosis easily integrates into ongoing hypnotherapy, be it what you are currently doing or the 5-PATH system.

The 7th Path System of Self-Hypnosis is a Mind-Body-Spirit approach that easily works with any theological or philosophical background that your clients may have. It focuses first on removing old programming before making suggestions for specific change. For example, if a client wants to become a better golfer, conventional self-hypnosis approaches works on changing the behaviors involved in golfing. 7th Path, first works on removing the old programming (inhibiting beliefs, fears, etc.) that may be causing the golfer to resist suggestions for change.

Not only can 7th Path and other forms of self-hypnosis help your clients, but they can go a long way toward helping you. Learn and use self-hypnosis even if you have not achieved the kind of success you had hoped for by using other forms of therapy or training. One of the greatest credentials you can have as a Hypnotherapist is to have made good, positive changes in your life by using hypnosis.

179. Learn and use Energy Therapies such as EFT and BSFF.

If you have not yet learned or utilized the new therapies known as Energy Therapies, I sincerely recommend that you learn these. Among these techniques are Emotional Freedom Technique (EFT) and Be Set Free Fast (BSFF). These techniques could constitute a practice all on their own. But I have also found that they will easily fit into a hypnotherapy practice as a supplement to hypnotherapy.

I utilize these techniques from the viewpoint of the hypnotherapist and consider them to be a kind of waking hypnosis. Other authorities in the field of Energy Therapies would disagree with this viewpoint and believe that they are working with subtle energies of the body defined by the schools of acupuncture.

When clients come to see me, they are expecting a hypnotic therapy. I can remain consistent in my approach and role as a hypnotherapist if I introduce these therapies as a kind of Mesmerism, an early form of hypnosis. After all, Mesmer is the father of Western hypnosis, and he believed that he was working with energy, which he understood to be magnetism.

I hope that I have stirred some curiosity, and that you will look into the use of these therapies in your practice.

For more information regarding Energy Therapies, EFT and BSFF call our office and see the appendix in this book.

180. Seek out and attend training from experts in hypnosis and hypnotherapy.

Continued training in hypnosis and hypnotherapy is a necessary part of remaining current on the advancements and technologies that are part of your profession.

Seek out and participate in continuous education. It is a must. Join organizations that promote this kind of training as part of their mission and purpose.

In addition to the training courses that we offer, our office staff and website are able to provide you with other sources of information about training programs that we are aware of or that our therapists have found useful.

Afterward and Closing Comments

I sincerely hope that you have benefited from reading this book. It has been a privilege to write and offer it to you.

The practice of hypnotherapy is surely one of the most amazing things to have happened to me professionally. It has caused me to grow and mature in ways that I would not have been able to predict when I first started. It has made me into a more complete person, one who is more patient, kind and loving. I hope that the practice of this profession will do the same for you.

Hypnotherapy has helped many people when no other therapies would work for them. Many of my clients have tried other (more conventional) therapies before they came to me. The fact that I get any results at all under those circumstances is simply amazing. But, using the techniques described in this book, the therapists at our center consistently get good quality results over a broad range of issues and with a wide variety of clients.

Do the work. Read this book. Continue to train and refine your techniques. And practice. Too many people attend classes and read books on hypnosis and hypnotherapy and then fail to practice what they have learned. This is such a sad state of affairs. And, generally it is not from lack of training. There are usually some personal obstacles to overcome. One of the greatest is fear of failure.

Do a little soul searching. Are you putting off using your skills because you are fearful or insecure? If so, use self-hypnosis to build yourself up, or begin working with a hypnotherapist as a client. Use hypnosis to overcome your own difficulties. Then you can become a walking, talking success story of how hypnosis can change a person's life.

If the problem is financing, start off part time and work out of your home if that is allowed where you live. Be resourceful. Read books on how to start a home-based business or take a course on how to promote your hypnosis business. If you can't find any, call our office and we can recommend some.

If you are a professional who regularly works with clients but your employer looks unfavorably upon the practice of hypnosis, consider working out of your home, or finding some alternate office to work out of part time.

Words cannot express the level of satisfaction that I receive from doing this work, as a therapist, a teacher and as an author. Make it happen.

I hope that in the future I will get to meet you. Perhaps it will be at a convention or a seminar. Or perhaps you will overhear someone calling me by name and recognize it. If you do, please say hello. I'll be glad to meet you!

Calvin D. Banyan, MA, CI, CH

APPENDIX

Contacting the Authors and Resource Information

Because things are constantly changing in the field of hypnosis and hypnotherapy, we ask the reader to contact us using the information listed here. We can give you up to date information on such things as recommended organizations, books, tapes, videos, classes, courses and other relevant information such as links to other Hypnotherapists in your area.

The Hypnosis Center, Inc.
2565 West Highway 10
Mounds View, MN 55112
(800) 965-3390/(763) 785-3390
www.hypnosiscenter.com

Omni Hypnosis Training Center®
197 Glenwood Road
Deland, FL 32720
(904) 738-9188
www.omnihypnosis.com

Time Distortion Procedure

First off, when you plan on using time distortion as a convincer, which I highly recommend that you do, you will get the best results if you set a mental expectancy in your client for a brief session. Before the hypnosis part of the session begins, give your client the suggestion that **“it does not take long to do the hypnosis session, so the session may seem rather brief.”** This is waking suggestion and it tends to increase time distortion (compounded later by suggestions given during the hypnosis session).

Before beginning the hypnosis session have the client check the time. Tell your client that after the session is over, you are going to have her try and remember the time that you started, and that if she cannot remember the starting time, that you will remind her.

The best time to give the suggestion for time distortion is while you are in the process of emerging the client from hypnosis. This seems to give maximum effect.

If you are using a counting up technique to emerge your client, just say something like this in between two of the numbers, **“Even though we only had time for a few minute* of hypnosis today, you are going to be amazed at how effective it was for you. That’s right, even though we only spent a few minute doing hypnosis today, you are going to be surprised and amazed at how well you have done today.”**

Immediately after emerging the client ask them, **“Tell me, right off the top of your head, how many minute do you think we spent doing hypnosis today?”**

The time will usually be recalled by your client as being significantly less than really lapsed. *If so*, tell her that she was given a test for post-hypnotic suggestion, because it is important to know for sure whether or not the suggestions were working after the session was over. Tell her that it was suggested to her that it would seem like a few minutes, and then because she were hypnotized, and was accepting hypnotic suggestions, she

experienced the session as being only a few minutes. Then have her check the real time. Usually time distortion will be in the range of 100 to 400 percent!

Your client will be very impressed with hypnosis, you, and more importantly, that they can be hypnotized. From then on you will have a truly confident hypnotic subject.

Usually you will get this kind of time distortion. The other kind of experience is that they will almost be exactly right about the time. In that case, you probably stated the suggestion casually enough that they did not hear it, or they might have not been paying attention at the time that you suggested it. They were probably preoccupied with the process of emerging. In that case, I have them look at the clock and say something like, "isn't it amazing how well your subconscious mind can keep perfect track of the time when you are in hypnosis."

On rare occasions, the time will be overestimated. In my experience, this means that your client was not comfortable with you or hypnosis or in making the change that she said that she wanted to make. Any time spent in a state of fear seems to last longer than it really was. Fear creates time distortion in the other direction, regardless of any suggestion that you may have made in the "session." In fact, if there was any significant level of fear, it will inhibit your client going into hypnosis. So, if this case occurs, do not bring up the issue of time. Do not do anything that could cause the client to perceive failure or difficulty in future sessions. Rather, I like to consistently give the suggestions of "human beings tend to do better with practice," or "you can expect each session to be ten times more powerful than the one before," or "next time you will be much more comfortable with the idea of doing hypnosis, and that will help you go into hypnosis much deeper."

* Note that I used the word "minute" instead of "minutes." There are at least two reasons for this. First, Don Mottin, from whom I got the original inspiration for using this kind of convincer (but significantly modified above), believes that stating "minutes" in singular form tends to decrease the clients estimate of the time spent in hypnosis, maybe so. I think that there is

another, and perhaps more important reason for stating it in the singular. Since it sounds a little odd to use the word “minute” in the sentence, and even though it may not be caught by the conscious mind, the unconscious mind makes special note of the anomalous use of the word. The oddity then serves as a verbal anchor (kind of a flag), so that when the therapist asks, “How many minutes do you think we spent doing hypnosis today?” the client’s subconscious mind (working by association) goes directly back to the last time that it heard usage of the word “minute”, then finds the memory of “a few minutes.” This memory then leads to the client responding with whatever a few minutes means to him or her, (which is usually in the 5 to 10 minute range). Since our hypnosis sessions last at least 20 minutes, you can be confident of getting a 100 to 400 percent time distortion. This kind of time distortion tends to be a very powerful experience for the client.

Sample Standard Intake/Client History Form

The following is an example of how you might want to set up your client intake form. We recommend that you have your client provide you with at least this minimum information.

This form is to be completed at the initial session:

Date: _____

Name _____ Home phone _____ Work phone _____

Address _____ City _____ State _____ Zip _____

Date of birth _____ Age _____ Sex _____ Marital Status _____

Occupation _____ No. Of Children: _____

How did you hear about us? Yellow Pages __ Newspaper __ Other Advertisement __

Or, Referral __ If so, who referred you? _____

Has anyone ever tried to hypnotize you? _____ Reason _____

Do you believe that you were hypnotized? _____ Why? _____

Generally, how did it go for you? _____

Reason you are coming for hypnosis _____

Any previous attempt to address this issue? Yes__ No__ Results _____

Are you currently undergoing medical or psychological treatment for the above issue?

If so, where? _____ Dr's name? _____

Have you been under a doctor's care in the past year? Yes __ No __

If "yes", please give reason, and doctor's name _____

Have you ever been treated for emotional problems? Yes __ No __

If "yes," are you currently receiving treatment or counseling? Yes __ No __

By whom? _____

Have you ever been treated for Heart __ Diabetes __ Epilepsy __ Pain ____? (check)

Are you currently taking any medications? Yes __ No __

If so, what _____

Reason for medication? _____

Have you had any prolonged illness? Yes __ No __ If "yes," what illness _____

Do you have any questions about hypnosis? Yes __ No __

Client Signature _____ Parent/Guardian Signature _____

(Parent/Guardian Signature is required if client is under 18 years old)

***If you wear HARD contact lenses, please remove them before your session, as they inhibit your ability to relax.**

Elman-Banyan Rapid Hypnotic Induction

This is a beautiful induction, which in its original form has proven effective for over 30 years. I have changed it somewhat to make it more reliable.

There are three major changes to the original Dave Elman Induction. In the first part of the original induction, the client is asked only to relax her eyelids one time and then send the relaxation down across her body. Next, the subject is asked to open her eyes and close her eyes twice during the induction. This is a very effective fractionation induction technique and I would not have changed it except, through experimentation, I found that having the client continue to relax her eyelids and check them to make sure they won't work, gave me a more reliable test for eye catalepsy later on in the session. This was important because I recommend that all of the therapists at the center use eye catalepsy as a convincer during the first session. Making this change does not seem to cause a reduction in reliably obtaining somnambulism later in the session.

Another important change was in the direction of the numbers that the client is asked to count. In the original form of the second part of the induction where the client is asked to relax the mind by counting, the numbers are counted backwards starting at 100. In the Elman-Banyan version of the induction, the subject is asked to start counting with the number 1. This change was made for two reasons. It seemed that sometimes clients, especially those who work with numbers as part of their job, may be reluctant to lose the numbers. It seems that as soon as the suggestion was given to begin counting backwards from one hundred, and to relax her mind with each number until the numbers fade away, some would fixate on counting down to the number 1; reversing the numbers and starting with 1 eliminated this tendency. It seems that these individuals become more able to lose the numbers because counting any further than a few numbers as suggested is completely futile, There are always more numbers, and theoretically, the counting can go on forever.

The second reason that I changed the direction of the counting

came from an interaction I had with James Ramey. Mr. Ramey is an expert at attaining extremely deep levels of hypnosis. Although we did not talk about altering the Elman induction, I took what I learned from him and applied it to the induction. Mr. Ramey made a good case for counting in an ascending order when deepening hypnosis. After all, you are asking them to go more relaxed, or deeper. Since we are asking them to become more of something (relaxed), it makes sense to count with the numbers getting larger. Furthermore, if I am asking my client to use the numbers to relax the mind it seems likely that I should engage her in a procedure that is likely to facilitate mental relaxation.

Here is my reasoning on that. Although there might not be a great deal of difference, consider this. It seems that the idea in this part of the induction is to relax the mind so much that it cannot continue to count, or recall the next number. So I should consider which would be more relaxing, meaning in this case which requires less mental work to do, count forward or backward. It seems to me that counting forward would require less mental effort.

Taking all of this into consideration, I made the changes that you will find below. My third change to the original form was the addition of an immediate deepening of the hypnosis upon losing the numbers. It could be argued that this is not part of the induction. Well, as I learned from Gerald Kein, you need to immediately deepen the hypnosis as soon as you have obtained somnambulism, because the depth of hypnosis is constantly varying. So if you continue with the intended hypnotic techniques having only reached, perhaps the threshold of somnambulism, the client may only be in somnambulism part of the time. So just to be on the safe side, it is best to go right into a deepening technique. To help ensure that this is routinely accomplished and thus increase the quality of the work being done, I added a quick and simple deepening technique. It can be replaced with any deepening technique that the hypnotist would prefer to use.

Here is how you do it:

Get your client/subject in a comfortable position. Ask them if they would like to do hypnosis with you. Ask for permission to touch your client's arm or hand.

Then follow these three steps by saying the words in italics:

1) Relax the body:

"Take a nice deep breath and hold it. Now let it out and close your eyes."

"I'd like you to take your attention to your eyelids and the area around your eyes. You can relax your eyelids so much that they just won't work. Once you are sure that you have done that, hold onto that relaxation, and test them to make sure they won't work. (Watch to make sure she tests them.) Good, stop testing and go deeper relaxed. Now send that feeling of relaxation down through your body, from the top of your head to the bottom of your feet".

"I'm going to do a check to make sure you have understood the instructions, and have been following directions. I'm going to lift your hand and drop it. Don't help me lift it. Helping me would remove the relaxation. Just let your arm be limp and relaxed." (Lift your client's hand up a couple of inches and then let it drop down in her lap.)

"Human beings do better with practice, so let's do that one more time and you will find that you can go even deeper. Take your attention to your eyelids and hold onto that relaxation. One more time, test them to make sure that they won't work. Good, stop testing and go deeper. Now send that feeling of relaxation that you are allowing in your eyelids down across your entire body, from the top of your head to the tips of your toes as if you meant to go ten times deeper."

"One more time. Take your attention to your eyelids and test them to make sure that they won't work. Now send that feeling down across your body as if you meant to go ten times deeper. Good."

2) Relax the mind:

“Now let’s relax your mind. Really allow your mind to relax like your body is relaxed. In a moment I’m going to have you slowly and softly begin to count, starting with the number one. After each number, let your mind double its relaxation. After a few numbers, it doesn’t take long, you will be able to relax your mind so nicely that the numbers will fade away and disappear. Want that and you can have it very easily. When the numbers are gone, raise your right index finger to let me know.”

“Begin.... (Client says ‘one.’) Softer... (Then she says ‘two’, etc.) Now double your mental relaxation. (Three.) Now let those numbers begin to fade away as you relax your mind. (Four.) Double your mental relaxation and let them fade away to nothing, nothing, nothing.” (Continue to give your client suggestions for relaxing her mind until the numbers are gone. This usually only takes about 3 to 5 numbers.)

3) To deepen the relaxation:

“In a moment I’m going to count from one to five. With each number that I count, I want you to relax so much that by the time I get to five you have doubled your relaxation.

One. Relaxation is beginning to double.

Two. Relaxation is doubling more and more.

Three. Relaxation is doubling throughout your entire body.

Four. Your relaxation has almost doubled.

Five. The relaxation has completely doubled from the top of your head to the tips of your toes.”

EFT, BSFF AND RELATED TECHNIQUES

For information about Emotional Freedom Technique (EFT), Be Set Free Fast (BSFF) and related systems, I recommend Marilyn Gordon's Book, *Energy Therapy: Tapping the Next Dimension In Healing*. On the Internet you can find information at, <http://www.emofree.com>.

GLOSSARY

Affect Affect refers to the feeling and expression of emotion.

Client A client is someone who is paying for services.

Coma Threat This is a technique for emerging a client from hypnosis when she refuses and does not comply with suggestions for emerging from hypnosis. It is only needed if a client has been deepened into the Esdaile State also known as the “Hypnotic Coma State.”

Critical Factor The Critical Factor is a function of the mind where new information is compared with existing beliefs and associated pieces of information learned in the past and held in permanent memory of the subconscious mind. If the new information is significantly different, it is rejected as being not true. Bypassing the critical factor is one of the main uses of hypnosis.

Hypnotic Coma State See Esdaile State.

Deepen When you “deepen” the hypnotic state, you are making the subject more suggestible and the person in hypnosis can experience a greater range of hypnotic phenomena.

Direct Suggestion Direct Suggestion is the process of placing information into the subconscious mind directly, through verbal or other communication. Usually this is done verbally, where a hypnotist suggests that a certain situation or condition exists, and the subject accepts the suggestion as being true. The suggestion may be accepted during hypnosis and/or after the hypnosis session has ended.

Emerge To emerge is to come out of or be brought out of hypnosis. This is a much better word to use than “awaken” because hypnosis is not sleep.

Emotional Freedom Technique Commonly called EFT. It is a process that is designed to release emotions. The process consists of lightly tapping on prescribed meridian points while

making statements regarding the feeling.

Esdaile State The Esdaile State is also known as “Hypnotic Coma.” It is thought to be a deeper state than somnambulism. A person in this state will experience anesthesia without any suggestion for it. Sometimes individuals in this state may find it so pleasurable that they may be reluctant to emerge when directed to by the hypnotist. The subject is not stuck, only reluctant to emerge and leave the state. This is not a preferable state for doing hypnotherapy because the client is not highly suggestible.

Hallucination Persons in a sufficiently deepened level of hypnosis can experience hallucinations. Hallucination is said to occur when an individual experiences a perception that has no external cause, such as seeing something that is not really there, or hearing a sound that has no origin. This can occur with any of the five senses and emotion. A person can also hallucinate, not feeling or experiencing a stimulus that is present.

Hallucination, Positive Positive hallucinations occur in hypnosis by suggestion. When it is said that someone is experiencing a hallucination, it is generally meant that they are experiencing a positive hallucination, where the subject is perceiving something that is not really there in reality. This can involve any of the five senses and emotion.

Hallucination, Negative A negative hallucination is said to occur when an individual is unable to perceive something that one would normally be able to perceive with the five senses. For example, even though an individual has normal hearing ability, she would not be able to hear.

Hypermnnesia Hypermnnesia is increased memory. In hypnosis, it can be suggested that the subject can recall information, and as a result, she will be able to remember information that she was not previously able to recall.

Hypnoidal A light state of hypnosis. It is very easy to obtain. Achieving this state can be demonstrated by eye catalepsy by suggestion.

Hypnosis Hypnosis is a mental state of focus that enables a person to accept suggestions at a subconscious or unconscious level. It can be further defined as the bypass of the critical factor of the mind and the acceptance of acceptable selective attention. Usually through the acceptance of selective or focused attention, the mind becomes suggestible, allowing for new information to be accepted by the subconscious and/or unconscious mind.

Induction A procedure that enables an individual or group to enter a state of hypnosis. It involves focusing the mind on the hypnotist's instructions and resulting in increased suggestibility.

Induction, Instant An instant induction is any induction that takes only a few seconds. It typically has four identifiable components: focusing attention, a rapid redirection of attention (with a component of surprise), the use of the word "sleep", followed by a quick deepening technique, such as suggestions for going deeply relaxed.

Induction, Rapid Rapid inductions usually take about one to four minutes. Dave Elman was a master of rapid induction, hence one of the most popular and effective rapid inductions is called "The Dave Elman Induction."

Parts Mediation Therapy This is a variation on the idea of doing hypnotherapy by calling up "parts" of an individual's psyche. In this form of Parts Therapy, the focus is on resolving internal conflict. The therapist works intra-psychically, focusing on a win-win agreement about the future in which the client's conflicted parts agree to behave differently; she can then satisfy her needs without conflict. This form of therapy is based on the techniques used in conflict mediation.

Parts Therapy Parts Therapy is a type of hypnotherapy in which different "parts" of the individual are brought up. These parts may be named according to their purpose or attribute. For an example, a client may have a part called "Joy." Once the part (or psychological construct) can be brought up, then it can be brought into the therapy process. It may be empowered, or diminished. Communication between it and other "parts" can be encouraged and conflicts can be resolved, as in the case of Parts

Mediation Therapy.

Patient This is someone who is paying for services in a medical environment, or being served by a medical professional. Payment may come from a third party, such as an insurance company. A patient has a professional relationship with a medical professional.

Rapid Eye Movement (REM) REM is one of the indications of the depth of hypnosis (or natural sleep). In some states of hypnosis and sleep, the subject can be observed moving her eyes from side to side under her eyelids. This is associated with both sleep and deep stages of hypnosis.

Regression, or Age Regression Hypnotic Age Regression is a phenomenon that can be suggested in hypnosis. In hypnosis, a subject/client can be directed to go back in time and re-experience an earlier event. When the client is experiencing a true age regression, she revivifies the experience, and it seems very real to the client.

Regression, or Past Life Regression Past Life Regression is a phenomenon that can be suggested in hypnosis. During the course of an Age Regression session some clients will spontaneously experience what they will report as a previous life. This can also be done with clients deliberately. Proponents of past life regression advocate this as a therapy for problems experienced in this life.

Regression, Pseudo- Pseudo-Regression or False Regression, is a phenomenon that can be suggested in hypnosis. If a client is unable or unwilling to experience a revivification (reliving) of an earlier experience, a true age regression, she may only experience hypermnesia (enhanced ability to recall earlier events, but not a reliving of the event). This may also occur if a client has not reached a sufficient level of hypnosis for a true age regression.

Secondary Gain This is a condition that can interfere with the success of therapy. Sometimes during therapy, after the cause of the problem has been removed, a symptom or behavior may continue to exist. If the cause of the problem has been removed but the problem continues, then it is somehow being reinforced or otherwise being encouraged. Even some of the most self-defeating behaviors may have some benefit to the client. It is this kind of benefit that can cause a behavior or other condition to continue after therapy has ended. An example might be when a client is subject to lose monetary benefits if overcoming some condition or illness.

Self-Hypnosis This is self-induced hypnosis, where the person gives herself suggestions. With training, anyone who can be hypnotized can learn how to take herself into hypnosis and give herself hypnotic suggestions. Changes tend to take longer to accomplish by self-hypnosis than when working with a hypnotherapist.

Somnambulism A state of hypnosis that is better thought of as hypnotic somnambulism to avoid confusion with true somnambulism, which is better known as sleep-walking. Upon sufficient induction and deepening of hypnosis, most individuals can reach a state of hypnosis called somnambulism. This is the most desirable state for doing therapy and pain management work. It is characterized by the subject's ability to produce amnesia by suggestion. In deeper and more profound levels of somnambulism, the client is able to have both positive and negative hallucinations. The ability to experience positive hallucinations is required for true age regression, which is a period of hallucination. Anesthesia and analgesia produced by the use of hypnotic suggestion are examples of negative hallucination.

Transference This is the tendency of some clients to assign characteristics to the therapist (or others) that do not belong to that individual. These characteristics really come from their earlier significant relationships, such as parents. Similarities in situation or appearance of the therapist seem to produce the transference phenomenon. For example, a client may become distrustful of a therapist because the therapist reminds her of

someone from her past. This association is usually subconscious and based upon emotion rather than reason.

Waking Suggestion This is a form of hypnosis. It is usually covert, in that the individual experiencing waking suggestion does not realize that someone is attempting to have a hypnotic effect upon her. It results in suggestibility without a formal hypnotic induction. Everyone is subject to suggestions made by others, especially those in a place of greater authority or expertise. For example, children are very suggestible and accept as true what parents suggest to them (i.e., Santa Clause, Easter Bunny, Tooth Fairy, and monsters). These suggestions can be very real to the child even though they would be considered impossible by an adult. Another common case is the doctor and patient relationship. When a patient seeks an opinion from a doctor, what the doctor tells the client can be very powerful because of the inequity of power in the situation and also because of the patient's lack of knowledge concerning medicine.

FOR MORE INFORMATION ON HYPNOSIS TRAINING OR TRAINING MATERIALS

Much of the information in this book is available through video and audio taped materials from the authors. For the latest information about receiving training or training materials please contact the authors. Contact information is listed below.

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