

10791NAT
Diploma of Clinical Hypnosis
and Strategic Psychotherapy

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THE INSTITUTE OF APPLIED
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DCHHYP501 Work within a Clinical Hypnosis framework



DCHHYP501 Part 1

What is Hypnosis?

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What is Hypnosis?

"Hypnosis is a procedure during which a health professional or a researcher suggest that a client, patient, or subject experience changes in sensations, perceptions, thoughts, or behaviour"

American Psychological Association,
Hypnosis Division 30

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What is Hypnosis?

Hypnosis is:

- A state of heightened awareness
- A state of increased susceptibility to suggestion
- A state that may appear trance like, although open eye trance is common e.g. driving, dancing
- Absorbed or directed attention

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A rose by any other name...

Many names for hypnosis

1. Relaxation
2. Guided Imagery
3. Day dreaming
4. Visioning
5. Mindfulness



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What is Hypnosis?

Focused
attention

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What Hypnosis is NOT ?

It's NOT Therapy

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Hypnosis vs Hypnotherapy

1. Hypnosis is the process of inducing/facilitating trance
2. Hypnotherapy - therapeutic intervention once there.
e.g. post hypnotic suggestions.



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Hypnosis is ????


A **delivery vehicle** for useful messages to the mind that the person couldn't otherwise take on board?

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DCHHYP501 Part 2


Why Learn Hypnosis?



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Why Learn Hypnosis?

Arguably
the **most effective**
therapeutic tool
available today




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The Evidence

British Medical Association
recognised Hypnotherapy in 1955

American Medical Association
recognised Hypnotherapy in 1958



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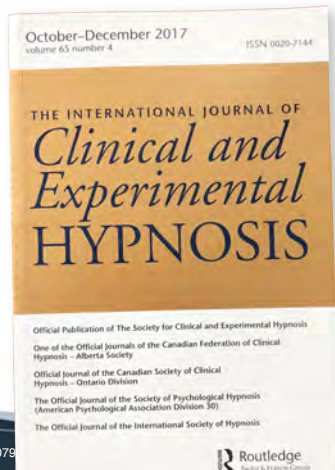
The Evidence

APA Division 30
Harvard, Stanford
Yale, Berkeley
universities

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Routledge
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P501



Why Hypnosis?

- The premise is that therapy is more effective in the trance state
- We have both a conscious and unconscious mind
- Unconscious runs the ship 24/7
- We are psychological not logical creatures, & most problems exist at the unconscious level

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The Premise of Hypnosis

"The subconscious/unconscious mind is a repository of all your accumulated life experiences and beliefs. Habits are a "learned" response. The unconscious mind cannot tell the difference between what is real or imagined. It is on this **premise** that **most perceptual problems exist**, and **hypnotherapy** works."



You don't create everything in your life.
You are not that powerful. But you control
much more than you THINK you do.

Gordon Young



DCHHYP501 Part 3

What Does a Hypnotherapist Do?

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What Do Hypnotherapists Do?

- Provide brief therapy (less than 20 hours)
- Usually between 4-6 hours per issue
(quick & painless and aligns with public expectations)
- **Staples:** smoking, anxiety disorders, weight loss, addictions, change of life circumstances, unhelpful habits like teeth grinding or even sleep walking, pain management, physical dysfunction, behavioural adjustments

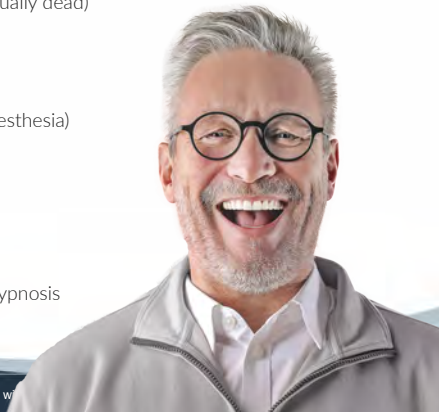
(help people be more of who they want to be)

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Hypnotic Fields

- Forensic Hypnosis (virtually dead)
- Dental Hypnosis
- Medical Hypnosis (anaesthesia)
- Hypnobirthing
- Clinical Hypnosis
- Sports/Performance Hypnosis




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DCHHYP501 Part 4

Where is Hypnosis Effective?

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Where is it Effective?

Wherever the mind participates



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Where is it Effective?

Behavioural Change

- Habits - nail biting, teeth grinding,
- pulling hair/eyebrows
- Addictions
- Phobias



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Where is it Effective?

Performance enhancement

- Sport
- Management
- stress management
- Study Skills
- Concentration and memory



Where is it Effective?

Therapies:

- Anaesthesia
- Post Operative Healing
- Pain management
- Recovery from Trauma
- Anxiety based complaints
- Sexual dysfunction



The Placebo Effect



In any clinical trial the one perennial factor is the placebo effect 30 - 60% on average.

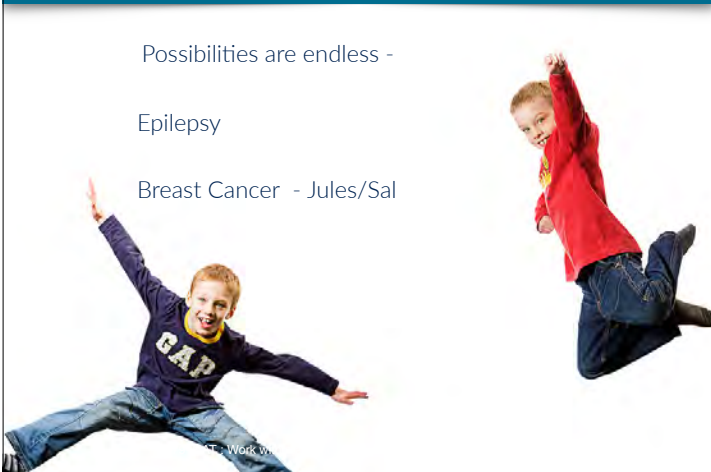
Irving Kirsch:
"non deceptive placebo"

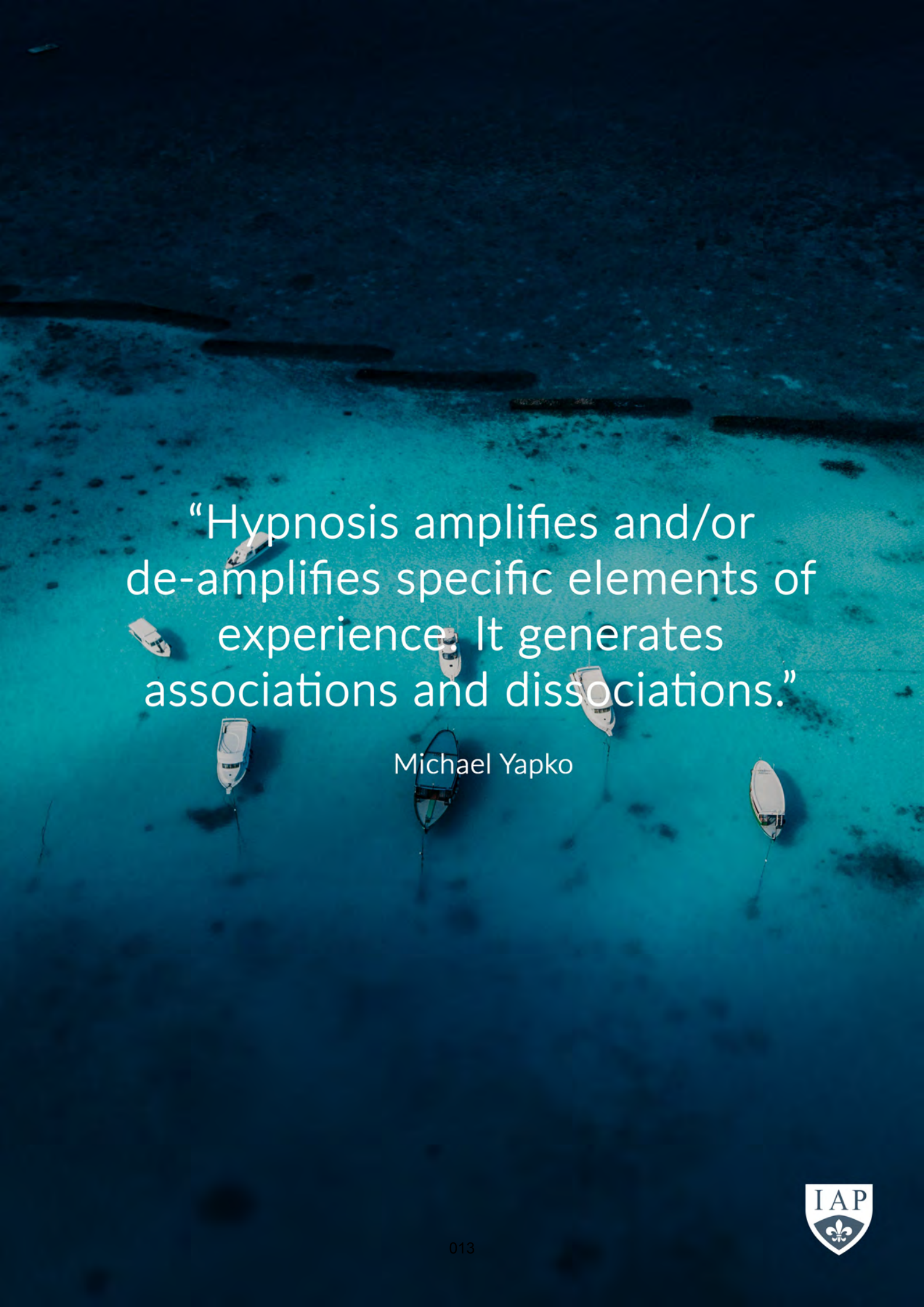


Where is it Effective?



Where is it Effective?





“Hypnosis amplifies and/or
de-amplifies specific elements of
experience. It generates
associations and dissociations.”

Michael Yapko

What are the Dangers?



Dangers (?)

- Non drug/powerful technique
- False memory syndrome (Age regression warning)
- Abreaction - you must know what to do
- No fully qualified hypnotherapist in Australia has ever been successfully sued for malpractice



Educating the Public



- Public assumes all hypnosis is the same.
- Usually best to educate those exploring treatment re the possibilities.
- "Just because someone doesn't ask questions doesn't mean he or she has none. It usually means the person just doesn't know what to ask"



When to Say "NO"

- Suspect mental illness
- Suspect person seeks to ensure failure
- Suspect you don't have leverage
- Sent by someone else



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How Does Hypnosis Work?



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The Mystery of Hypnosis

We don't know...
exactly



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Key Aims of Modern Hypnosis

- Change perspective
- Change behaviour
- Appropriate recognition of strengths and resources



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What is Trance

Modern Ericksonian Definition:

Any time you focus inward you are in trance.

We go in and out of our own trances 100s of times each day.

Hypnosis is experienced differently by different people. Subject may not feel hypnotised; it may just feel like a normal state.



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Naturally Occurring Trance

- Watching/listening to entertainment
- Watching television
- Driving
- Day dreaming
- Walking in a natural environment (bush walking)
- Running
- Meditating
- University lectures
- Riding in a lift
- Flying
- Religious services
- Meetings
- Passenger transport



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Trance Replacement

- There can be Internal and External trances
- Cultural Hypnosis
- Trance inducers:
 - > Money
 - > Attractive people
 - > Drama
 - > Food
 - > Screens



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Why is Trance Work Effective?

Dealing with an unconscious problem through conscious process has limited affect.

Trance work goes to where the change is required.

in
TRANCE
we trust!

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Conscious/Unconscious THE ANATOMY OF THE MIND

CONSCIOUS MIND

Logic/critical analysis
Will Power

Emotions
Beliefs
Values
Memory
Habits
Operating system

Learning &
Change

UNCONSCIOUS MIND

The Evidence

- More effective in trance state.
- We are psychological not logical.
- Problems exist in unconscious & defy logic. (hit home!)
- Greater willingness to take suggestions in trance state.
- Unconscious runs the ship 24/7

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Brain Waves

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Brain Waves

At the root of all our thoughts, emotions and behaviours is the communication between neurons within our brain.

Brainwaves are produced by synchronised electrical pulses from masses of neurons communicating with each other.

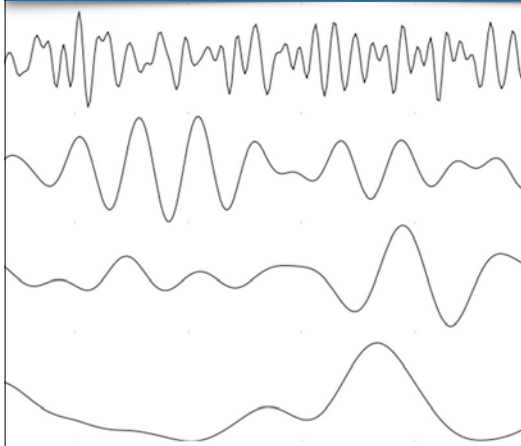
Our brainwaves change according to what we're doing and feeling:
Slower brainwaves - we can feel tired, slow, sluggish, or dreamy.
Higher frequencies - we feel wired, or hyper-alert.

Brainwave speed is measured in Hertz (cycles per second) and they are divided into bands delineating slow, moderate, and fast waves.

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Brain Waves



BETA WAVES
12hz - 38hz
Wide awake.

ALPHA WAVES
8hz - 12hz
Awake but relaxed and not processing much information.

THETA WAVES
3hz - 8hz
Light sleep or extreme relaxation.

DELTA WAVES
0.2hz - 3hz
Deep, dreamless sleep.

What we do know...

Hypnosis is a wonderful
vehicle to deliver a
message that the client
might otherwise
struggle to accept



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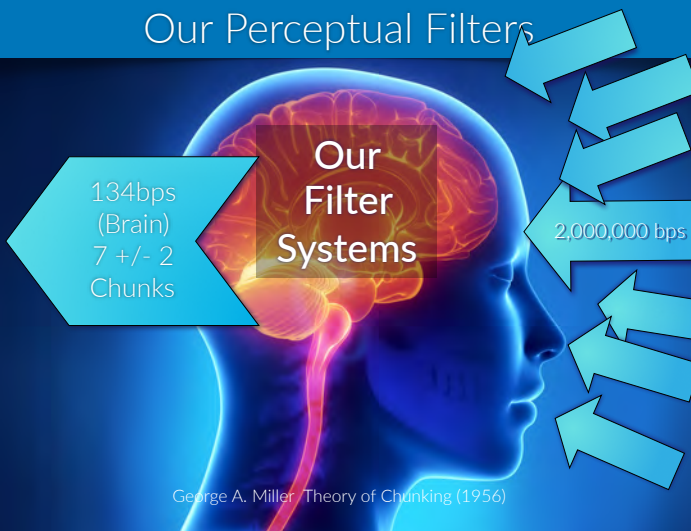
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Our Perceptual Filters?

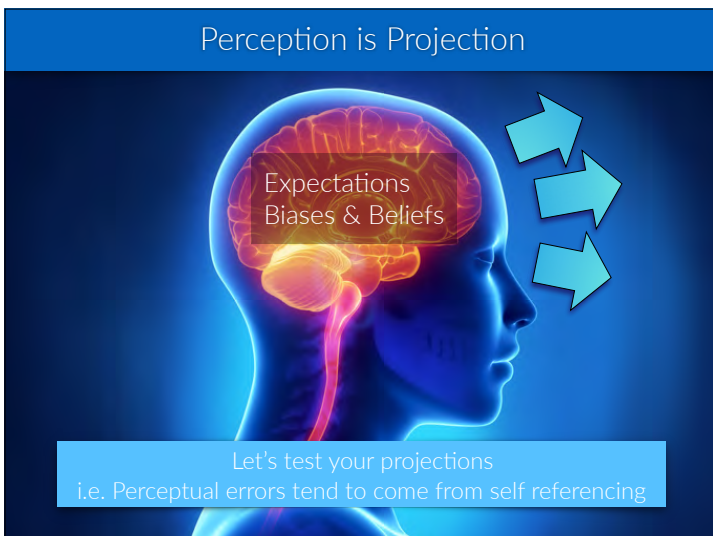
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Our Perceptual Filters



Perception is Projection



“Keep in mind that the therapist
can suggest...but the client
chooses.”

Michael Yapko



Myths of Hypnosis



What Hypnosis is Not?

Hypnosis is not:

- ◆ Sleep
- ◆ Unconsciousness
- ◆ A separate place that is easily definable
(you cannot say someone is under)
- ◆ Not mind control
- ◆ Everyone experiences it differently



Expectations of Hypnosis

“Zap Me !!!”



Issues of Control

Clients fear of losing control is the single greatest obstacle in your practice.

You will often have to explain the truth behind stage hypnosis.



Tip: Go to a stage show and see what they do!!!



Seven Common Myths

- 1) They won't be able to go into trance (too strong/disciplined)
- 2) They won't be able to come back from trance
- 3) You will make them do something they don't want to do
- 4) They will reveal personal/intimate secrets under trance
- 5) They will be completely unconscious & vulnerable
- 6) Hypnosis is a "magical cure" (click the switch)
- 7) Hypnosis can retrieve lost memories (Now unethical)



A Short History



Short History

- 1000s of years old
- Used in rituals throughout primitive cultures
- Healing / control e.g. witch doctors

Everyone has an opinion on Hypnosis. You need to know how to explain it in a way that you don't explain other therapies



Modern Era

- Frank Mesmer in the last 1700's. Mesmer used magnets and would put people in trance for 2 days at a time.
- In 1889, Braid, an English physician coined the phrase "hypnotism", coming from the Greek "to sleep". Found that the power of suggestion, accompanied by ritual, reputation and the personality of the therapist, frequently brought remarkable results.



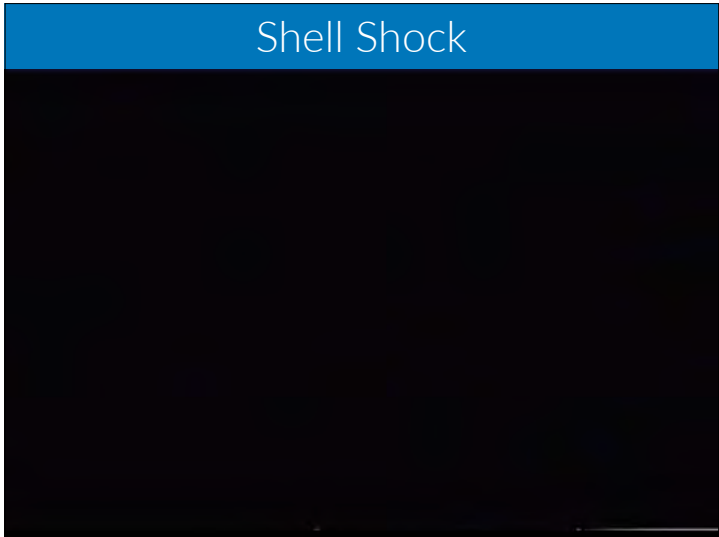
The Modern Era

- Many followed including Dr. Leibeault the French Physician, Professor Charcot and Bernheim. Even Freud dabbled in it before creating psychoanalysis.
- A new wave of enthusiasm for hypnotic methods came with WWI. Hypnosis was effectively used in the treatment of war neurosis commonly known as "shell shock".

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Shell Shock




Hypnosis as a Therapy

- Some models of hypnotherapy (Traditional/Authoritarian Hypnosis) have remained largely unchanged since these early days
- Others have been influenced by modern forms of psychotherapy. We will explore the differences in future sections.

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An aerial photograph of a city at dusk or dawn. The sky is a deep, dark blue. In the foreground, a complex multi-level highway interchange with several overpasses and ramps is visible, with some traffic lights and cars. The city buildings are illuminated with lights, and the overall scene is a mix of urban infrastructure and natural light. The text is overlaid on the upper half of the image.

“Therapies with the greatest empirical support all emphasize action in treatment; clients may *feel* better in merely supportive therapy, but they will *do* better in treatment with direction.”

Michael Yapko



Applications and Levels of Effectiveness



Levels of Effectiveness



Hypnosis comes in many forms and aims for different outcomes :

Level 1) Relaxation:

Can be a nice experience but may last 2-3 days only

Deals with the emotional loading at time....
Same space effectively as meditation, yoga, massage

Levels of Effectiveness

Level 2) Delivering the message in an altered state and reframing



Deals with immediate issues. Can limit outcomes to short term

Levels of Effectiveness

Level 3) Creating an experiential rehearsal - skills assumed



Levels of Effectiveness

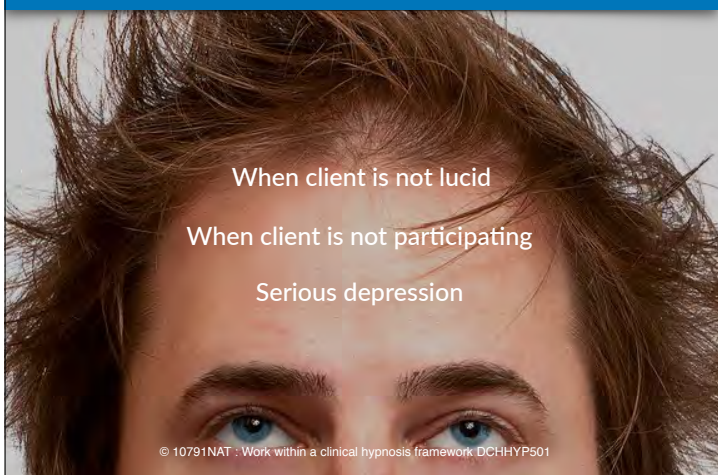
Hypnosis comes in many forms and aims for different outcomes :

Level 4) Cognitive skills training is another level above

"There is a difference between pulling your client out of the deep end of the pool, and teaching them how to swim!"

Can ensure longer term outcomes with greater flexibility and resilience for the client


Where is it NOT Effective?



Indicators of Hypnotic State

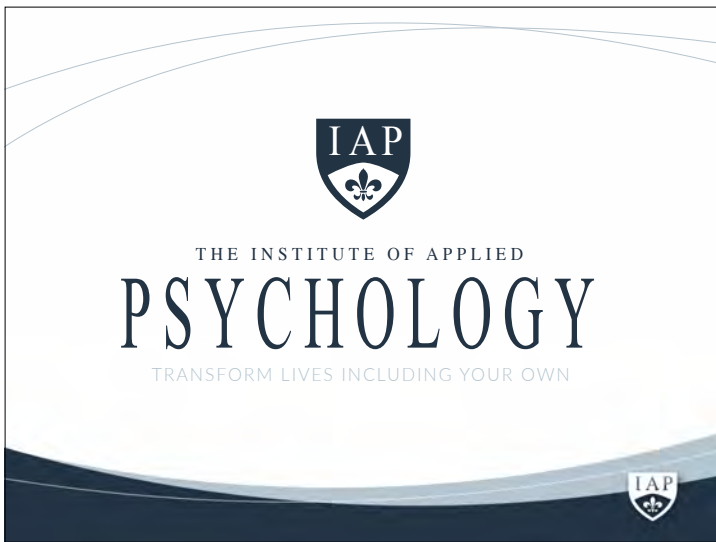


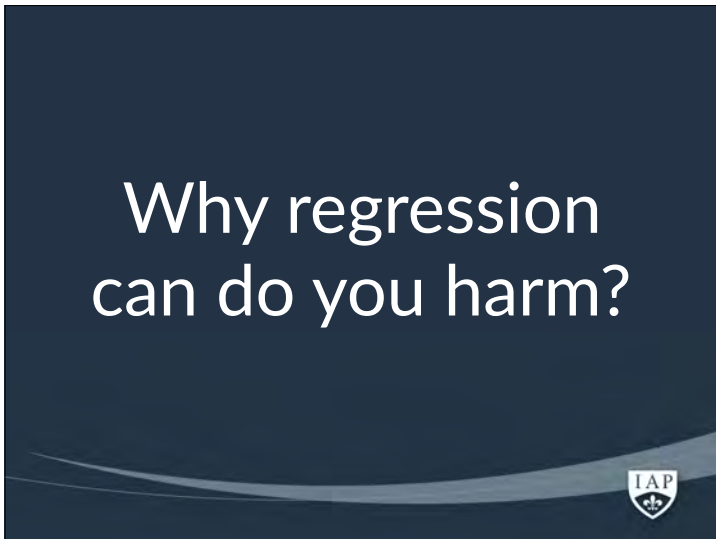
- Body warmth
- Fluttering eyelids (R. E. M.)
- Reddening of the eyes
- Increased lacrimation
- Eyes rolling back
- Unconscious ticks

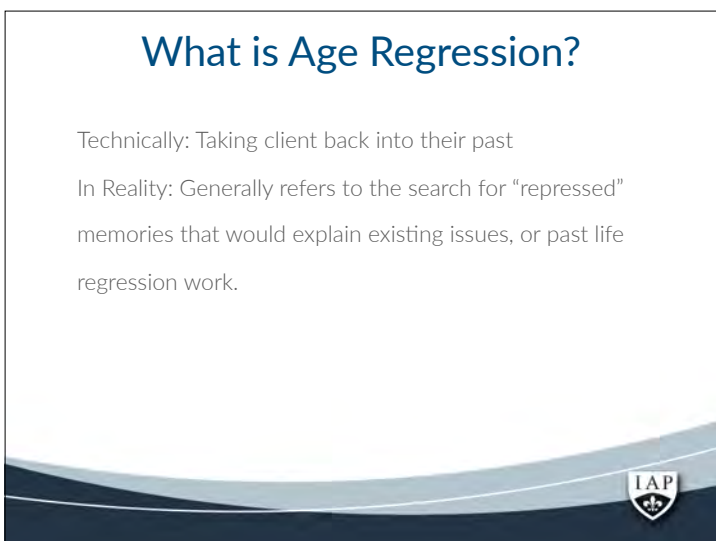


You can keep blaming your **past**, but I
can't give you a better childhood!

Gordon Young







The Premise

One event can cause trauma &/or create a potentially debilitating pattern of thought and behaviour

Linear-causal model > there is a direct cause/effect equation for behaviour



Popularity

Age regression has been the dominant approach in psychotherapy until the 1980s and the emergence of cognitive behavioural approaches



My background with Past Life Regression



AND
we **DON'T**
teach it



10 x Why?

1. Assumed that there is a direct and simple cause for every issue
2. Assumed that explanation equates to resolution

You have poor relationships with men
because you had an absent father

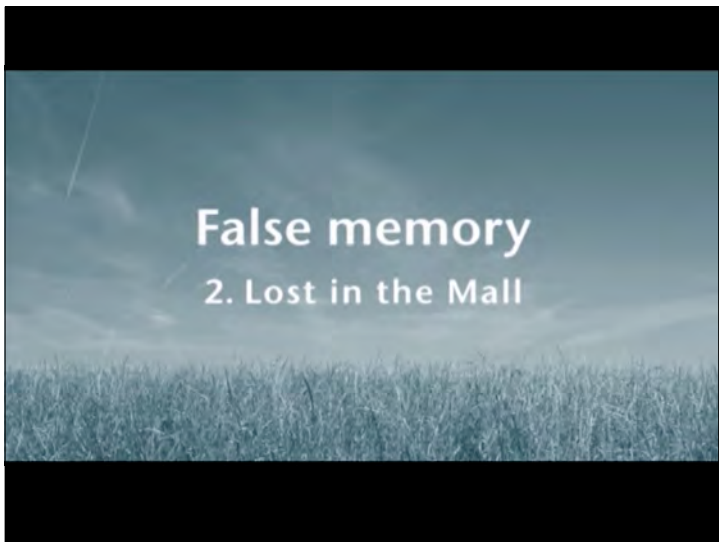
Now what do you do?



10 x Why?


3. Assumed that all memories in hypnosis are accurate (dangers of false memories)






10 x Why?

- 4. Has a poor success rate
- 5. Dangers of abreactions & retraumatizing
- 6. Weak success rate - evidence shows much more effective methods > Clients deserve the most advanced and successful techniques
- 7. Now considered inadvisable by AHA and insurance companies



10 x Why?

- 8. I want to protect my graduates from litigation
- 9. It does not satisfy my definition of therapy
(something can be therapeutic without being therapy)
- 10. Therapy is not about doing what interests you
 - a) Helping others
 - b) Doing no harm> includes testing & playing
 - c) Learning new skills/perspectives
 - d) Must give client choice



7 Deadlies

You have poor relationships with men...

1. Poor search criteria and/or management skills
2. Use your emotions too much as an indicator
3. Conflict aversion/poor boundary setting
4. Avoidant coping styles
5. Unrealistic self assessment
6. Excessive need for external validation
7. Excessively harsh with self



Guiding Principle

The problem is NOT the event.
No matter what happened, the
problem is your reaction which
is happening NOW

Think Exceptions



Experiential Gaps

What you don't know,
and what you think you
know that is not so....



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DCHHYP502 Part 1

What is this Approach?

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We are using a largely socio-cognitive perspective (SCP)

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Overview of approach

- We treat people not diagnoses
- Globalisations and labels are largely useless over simplifications
e.g. little man syndrome, eldest child,
- Modern hypnosis focuses on the present and the future
- Our focus is on changing the patterns people run, not explaining behaviour or attitudes through childhood events
- Everything is a process - a learnt pattern that can be addressed in the here and now

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AT THIS EARLY STAGE YOU
ARE SIMPLY BRINGING
ANOTHER VIEW WITH
HYPNOSIS AS THE VEHICLE



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“A person’s ability to experience hypnosis meaningfully can be impaired by fears or concerns arising from common misconceptions”

Michael Yapko



DCHHYP502 Part 2

The Purpose of the Interview

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Purpose of interview

Establish a treatment plan:

- Establish if treatment is appropriate or a referral is required
- Discover how the client has dealt with the issue previously
- Find out what the issue really is, often the presenting issue is only a symptom
- Uncover any barriers to your treatment options
- Establish if the issue is within your scope
- Build rapport with client
- Establish an agreed treatment plan

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The Interview

What do you want to know?

- Personal details
- Source of referral
- Main presenting issue or reason for seeking treatment including anxiety and compulsions or addictions
- Effects of anxiety, compulsions or addictions on all or some areas of life

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The Interview

What do you want to know?

- Other treatments being undertaken
- General state of physical, emotional and mental state
- Accidents, injuries and operations
- Occupational history and environment
- Social lifestyle/support network
- Medication, supplements and natural prescriptions – current and previous
- Family history



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Types of questions

Questioning techniques may include:

- Open questions
- Closed questions
- Non-leading questions
- Summarising
- Paraphrasing - active listening
 - Framing Questions



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Framing Questions

Time

- How long?
- When did it start to become an issue?
- What was it like before then?

Space

- When/where is it a problem?
- When/where is it not a problem?
- What do you think the triggers are?

Clients have generally thought about it ALOT!!



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Framing Questions

Exceptions

- When it is not a problem?
what's different?
- When it is not a problem,
how is your internal
experience different?

Resources

- Where are they effective?
- Where have they
demonstrated an ability to
overcome obstacles before?
- What did they do to
overcome xyz before?

You will have to highlight the resource in people

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Therapy 101

CLASS TIME WILL BE
ALLOCATED TO THE
DEVELOPMENT
OF GOOD INTERVIEWING
TECHNIQUE

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Therapy 101

IF YOU ASK A QUESTION...
PLEASE
LISTEN TO THE ANSWER

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The Interview

Barriers to Information Gathering

- Language difficulties
- Disabilities
- Emotional trauma
- Lack of privacy or focus due to additional parties being present
- Cultural or gender factors
- Age
- Fears and misconceptions about hypnosis

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Types of issues

Differing presenting clients and issues may include:

- anxiety
- phobias
- depression
- grief
- addictions
- compulsions
- sleep disorders
- relationship issues
- mental health diagnoses such as PTSD or OCD
- pain and/or physical ailments such as IBS
- sexual dysfunction

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Therapy 101

There is a difference between
what the MODEL CAN DO,
and what YOU CAN DO

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“Therapists (must be) skillful
tacticians while responding
sensitively to a client’s misery and
distress”

Jay Haley

DCHHYP502 Part 3

10 Useful Framing Questions

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Question # 1

“What brings you here?”

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Question # 2

“When did you first experience this problem/feeling?”

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Question # 3

“What were things like before it was a problem?”



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Lined writing area for Question # 3

Question # 4

“What is your internal experience when in the problem space?”



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Lined writing area for Question # 4

Question # 5

“When/where is it a problem, and where is it not/less of a problem?”



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Lined writing area for Question # 5

Question # 6

“How do you do that?”

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Question # 7

“What do you like doing?” OR
“What are you good at?”

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Question # 8

“How do you explain the issue?”

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Question # 9

“What do you want?”

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Question # 10

“Is there anything else you think I should know?”

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Contraindications & Latrogenesis



Contraindications

In medicine, a contraindication is a condition or factor that serves as a reason to withhold a certain medical treatment due to the harm that it would cause the patient.

Contraindication is the opposite of indication which is a reason to use a certain treatment.



Contraindications

Contraindications to treatment may include:

- Persons with diagnosed mental illnesses or psychosis
- Persons with severe or clinical depression !!!!!!!
- Persons who appear to be unable to discuss and/or absorb treatment options
- Persons who are not convinced of the treatment option (you are part of the problem or the solution, not both)

First Priority - do no harm



iatrogenesis

iatrogenesis (from the Greek for "brought forth by the healer") refers to any effect on a person, resulting from any activity of one or more persons acting as healthcare professionals or promoting products or services as beneficial to health, that does not support a goal of the person affected.



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iatrogenesis

It is rare that a therapist chooses to do harm.

The road to hell is paved with good intentions:

Trying to help when not qualified

The use of judgement and advice

Technique driven without understanding context or complexities

Stay within scope



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Hypnosis can be dangerous

Hypnosis is not dangerous. Poorly trained or poorly intentioned hypnotists are dangerous.

Misdiagnosis of problems in an appropriate context of a session or sloppy use of language can "open up" a Pandora's box they cannot close.

Some poorly trained, naive practitioner are excessively Optimistic about their skills - that's dangerous



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Hypnosis can be dangerous

Use tried and tested methods

Hypnosis is physically beneficial to anyone and can highlight the extraordinary amount of self control one can attain even of physical processes generally considered involuntary.

Inappropriate or ineffective use of hypnosis can be damaging.

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Dangers of Hypnosis

The greatest dangers associated with hypnosis are:

- Mismanaging abreactions
- Misinforming the client without realising it
- Inadvertently reinforcing the client's patterns which regulate their symptoms
- Inadvertent suggestions involving incorrect or unconscious assumptions
- Clinician rigidities imposed on the client about the "correct" way to respond

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My Five to Thrive (GROSS)

- 1) Get supervision
- 2) Remain humble and at arms length
- 3) Only do what you have been taught
- 4) Stay within scope
- 5) Stay current and stay safe

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DCHHYP502 Part 5

7 Ways to Mess Up Your Client



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7 ways Therapists Create Iatrogenesis

- 1) Promoting philosophical positions that ultimately disempower or even paralyse the client
- 2) Allowing own biases to affect their take on the subject
- 3) Give direct personal advice
- 4) Talk in useless generalities without outlining steps
- 5) Allow the client to take blame for something they could not reasonably control
- 6) Breaches of confidentiality
- 7) Overpromise



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The Pre Talk - Context

After the interview you run the Pre Talk.

Much of the success of the session is determined here

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Purpose of the Pre Talk

Prepare the client for the experience of hypnosis

Allay any client concerns/ demystify of hypnosis

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Basic Pre talk Questions

Have you ever
been hypnotised before?

If **YES**, What was it like? If **NO**,

What is your preconceived
notion of hypnosis?

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Basic Pre talk Questions

If the client has had experience you could ask these questions:

- Was it successful? Why/why not?
- Why didn't you go back to the same hypnotherapist?
- Was it traditional or modern hypnosis?

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Basic Pre talk Questions

If they haven't had personal experience:

- What are you expecting hypnosis can do for you?
- Do you have any preconceived notions of hypnosis?
- Have you ever seen hypnosis demonstrated? Where?

If you don't set up the hypnotic session, they will...
expectations are extremely important.
Refer back to the Myths of Hypnosis!

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Basic Pre talk Questions

Unless you ask about their prior experiences you run the risk of duplicating past negative experiences.

Often valuable to do something quite different.

You don't want to repeat the mistakes/actions of others.

“We will probably do things a little differently here.”

Ask the Question on your Intake Form

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Explaining the Experience

The experience of hypnosis is different for everyone. Want to avoid client saying they “did not feel hypnotised”

- 1) Explain the likely/desirable options
- 2) Embed the suggestions for comfort & success
- 3) Minimise ambiguity (make it safe)



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Basic Pre talk Questions

What makes you think it might be helpful to you?

Must establish if their expectations are realistic, or NOT

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Watch the demonstration of how a pre-talk might look

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DCHHYP503 Deliver Clinical Hypnosis session



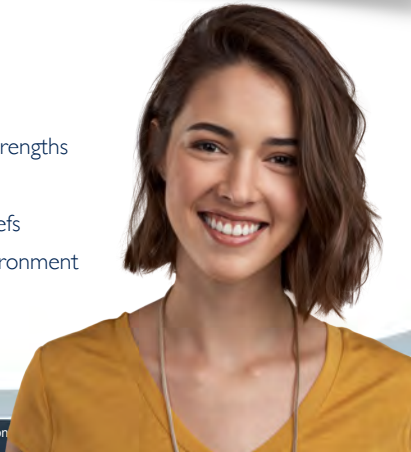
10 Cornerstones of Ericksonian Hypnosis



Ericksonian Cornerstones

Utilisation:

1. Surroundings
2. Their work
3. Their interests/strengths
4. Their history
5. Their values/beliefs
6. Their home environment
7. Their culture



Utilisation in Induction

"You've been so absorbed in feelings of distress, it would be helpful to start to get absorbed in a different and more comfortable way of experiencing yourself... and to help yourself get absorbed in new possibilities you can let your eyes close and why not take in a few deep, relaxing breaths..."

Michael Yapko



Ericksonian Cornerstones

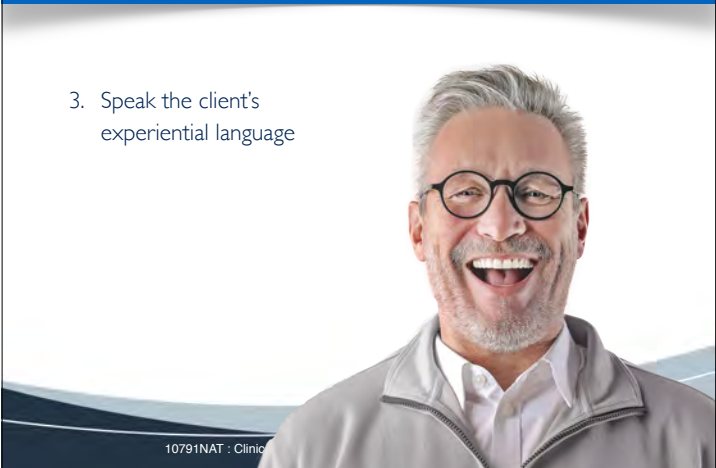
- 2. Permissiveness -
Indirect, avoids
resistance



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Ericksonian Cornerstones

- 3. Speak the client's
experiential language



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Ericksonian Cornerstones

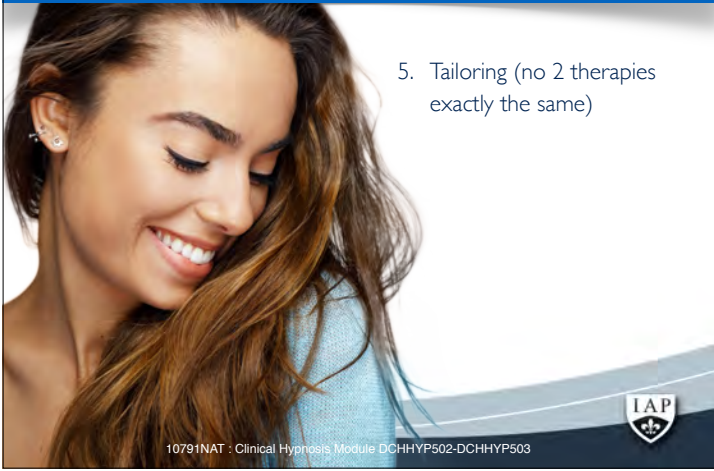
- 4. Indirection



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Ericksonian Cornerstones

5. Tailoring (no 2 therapies exactly the same)



Ericksonian Cornerstones

6. Focus on changes in mood and perspective



Ericksonian Cornerstones

7. Solution focused



Ericksonian Cornerstones

8. Calibration of minimum cues

- Skin Colour – wash out effect
- Skin Tonus – Facial Symmetry
- Flattening of facial Muscles
- Changed Breathing Patterns
- Lower Lip Size
- Pupil Dilation
- Stillness
- REM
- Unconscious Muscular Tics



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Ericksonian Cornerstones

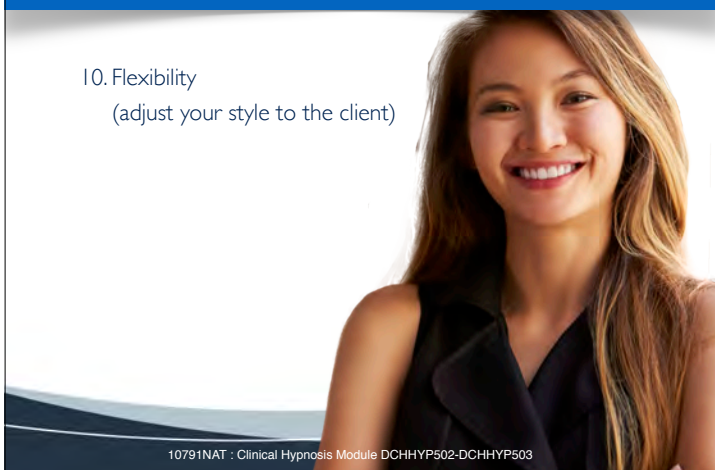
9. Communication can be offered on multiple levels



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Ericksonian Cornerstones

10. Flexibility (adjust your style to the client)



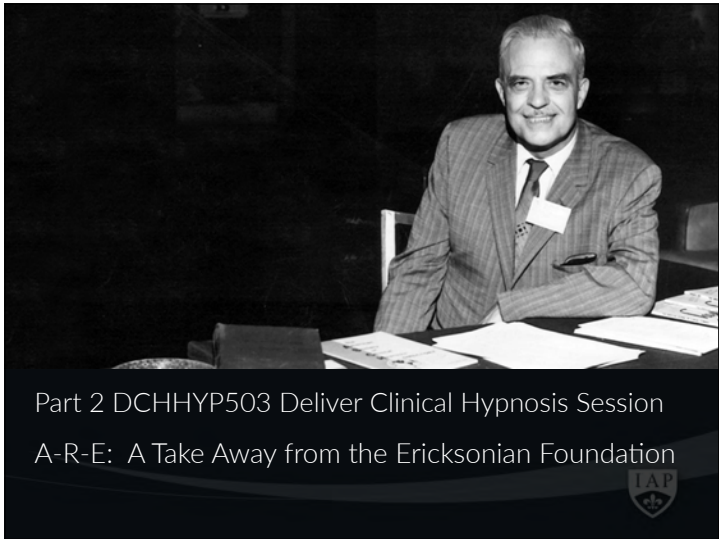
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Summary - Ericksonian Cornerstones

1. Utilisation
2. Permissiveness
3. Speak the client's experiential language
4. Indirection
5. Tailoring (no 2 therapies exactly the same)
6. Focus on changes in mood and perspective
7. Solution focused
8. Calibration of minimum cues
9. Flexibility (even directive if necessary)
10. Communication can be offered on multiply levels




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Five Stages of Hypnosis

Five Stages of Hypnosis:

1. Pre-hypnotic
2. Induction
3. Utilisation
4. Post Hypnotic Suggestions
5. Termination



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A-R-E Principle

A = Absorption

R = Ratification

E = Elicitation

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A-R-E Principle

Absorption : creating focused attention away from outside world. This can then be expanded out for a breadth of trance (lateral thinking) sensations, imagination, hypnotic phenomena

Induction – not the preferred word

Elicitation – might be a better word



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A-R-E Principle

Ratification – provide feedback that client is doing OK.

“Thats right!”

“In the last several minutes your breathing has shifted, your muscles have relaxed, and your blood pressure has eased... and as your participation in this process develops ...”



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A-R-E Principle

Elicitation:

- Resources
- Responsiveness
- Possibilities
- Imagination



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Part 3 DCHHYP503

Ericksonian Language

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Ericksonian Language

The first thing to say is that Ericksonian language is every day language used with precision and volition

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Ericksonian Language

- **Indirect Suggestion** – I'm wondering if you can feel the chair beneath you....
- **Truisms** – Most people can become aware of their breathing, or notice different sounds around them, even as they start to let go of anything that is not complete comfort, or complete ease.
- **Embedded Command** – I am not suggesting that you go in to a trance RIGHT NOW

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Set Up Phrases for Embedded Commands

Useful set up statements:

"I'm wondering...."

"I don't know...."

"Some people...."

"It's possible..."



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More Embedded Commands

- And I'm not suggesting that you go into a **DEEP AND COMFORTABLE** trance **TOO QUICKY NOW**
- And you might like to... **GIVE YOURSELF PERMISSION**, to be exactly ...**WHO YOU ARE**, and **HOW YOU ARE**, right **NOW**
- I don't know if you can ...**NOTICE THE RHYTHM OF YOUR BREATHING**, or maybe the **STILLNESS** in your legs. You might be more aware of the sounds around you, or the **SILENCE WITHIN YOU...**

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More Embedded Commands

- And isn't it nice to know, that you can ...**CHOOSE TO NOTICE**, different aspects of your **OWN EXPERIENCE**.
- And as you consider this ...**MORE DEEPLY NOW**, and know your **UNCONSCIOUS NOW**, knows **MORE** than you can consciously ...**UNDERSTAND NOW**
- I'm not say you have to ...**LET IT GO**. I would never tell you what you **CAN DO** or can't do. If you were to **LET IT GO... NOW**, it would have to be because you **WANTED TO LET IT GO**, or you saw the value of **LETTING IT GO**. Because its not for me to say...

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Ericksonian Language

- **Time Utilisation** – sooner or later, your eyes are going to close
- **Not Knowing, Not Doing** – People can sleep and not know they are asleep. They can dream and not remember the dream. You don't know when the eyelids will close all by themselves.

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Ericksonian Language

- **Cover All Possibilities** – sooner or later you will find a finger or a thumb moving a bit, perhaps by itself. It can move up or down, to the side or press down. It can be slow or quick or perhaps not move at all. The important thing is to sense fully whatever feelings develop

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Ericksonian Language

- **Cause and Effect (if...then)** – if you sit in this chair then you can go into trance
- **Double Binds** – Your unconscious mind knows more about that than your conscious mind does, and if your unconscious mind knows more than your conscious mind does, then you probably know more about it than you think you do

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Ericksonian Language

- **Open Ended Suggestions** – And it isn't right for me to tell you to learn this or that. Learn in any way you wish, in any order you wish...
- **Compound Suggestions** – With each breath you take you can become more aware of the natural rhythms of your body and feelings of comfort that develop

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Ericksonian Language

- **Extended Quotes** – You know, some people say they can enjoy a deep state of trance easily and effortlessly simply by closing their eyes and just letting go.
- **Tag Questions** – And you can **LET IT GO... CAN YOU NOT?**

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My Voice Will Go With You

I want you to go back to a time when you were very small and my voice will go with you. My voice will become the voices of your parents, your friends, your teachers, and anyone else it needs to be so that it completes your experience. My voice will become the whispering wind as it tells you the secrets of the trees, the secrets of nature, the secrets of life itself. You may hear my voice in the wind, in the rustle of the leaves, or the tinkling of a wind chime, or the sounds around you as you go about your life. And when you hear it, listen. You're learning....

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Permissive Hypnotic Language

Permissive set up phrase	Commands
<p>A person might, you know, _____ A person may not know, _____</p> <p>And if you can do that, then you may find And if you were to And I wonder if And isn't it interesting to notice And it can be really pleasant to notice And so I invite you to And what would happen if And you might find it easy to And you may notice</p> <p>By the time you have started to _____, you'll</p> <p>Can you imagine _____ ?</p> <p>Don't _____ too quickly now</p> <p>Eventually _____</p> <p>How would it feel if you How quickly can? How does it feel when you?</p> <p>I don't know whether I am wondering if I am curious to know I wouldn't tell you to _____ because I wonder if you have already started to notice I don't know if you have already begun to notice I don't know exactly how I could say _____ but</p> <p>Isn't it nice to know ?</p> <p>Maybe you'll Maybe you haven't yet</p> <p>One of the things _____ is One can, can you not, One can find ones self</p> <p>People don't have to, (client name) _____ People can (client name) People can _____ because People are able to People can, you know Perhaps you can become aware</p> <p>Some people find</p> <p>There is no need for you to The fact that</p> <p>When you really begin to _____ then _____ What happens when you? Will you _____ or will you not?</p> <p>You might become aware of You may notice You may have already started to notice the changes in _____, as you You may have already started to become aware of Your conscious mind can _____, but your unconscious mind You can _____, can you not?</p>	<p>1. Initial Commands for Relaxation:</p> <p>.... let everything from the top of your head and the tips of your toes completely relax start to feel a sense of comfort and relaxation. start to feel a sense of comfort and relation just wash over you. start to let go of anything that isn't complete comfort and relaxation. start to experience yourself in another way. start to draw your attention inward start to notice how the rhythm of your breathing can soften and ease.</p> <p>2. Deepeners:</p> <p>.... a really scrumptious and yummy feeling all over how that comfort can broaden and deepen experience a deliciously delightful the stillness within you different sensations can lead you down a relaxed and comfortable path that comfort spreading through your body that comfort and ease gradually radiating through your body the inner world become more prominent in your focus</p> <p>3. Further Deepener</p> <p>.... that relaxation envelop you like a warm comfortable blanket that relaxation radiating through your entire body experience different aspects of yourself that can be warm and inviting experience the joy of knowing that you can generate a level of comfort and ease that is safe and nurturing. take yourself to a depth of comfort and ease that suits you enjoy the luxury of taking this quiet time for yourself and experiencing the great pleasure of relaxing deeply, comfortably, easily, of having the wisdom to know that you can choose the level of comfort that is right for you</p>