

# Mind Motivations™ & The Australian Academy of Hypnosis™ Newsletter

## December 2010



**E**nd of the year...again. I've heard a lot of people mention just how quickly the time seems to be going and I can find no reason to disagree with that. It really does seem like only yesterday that I was preparing and sending the final Newsletter for 2009.

It is quite amazing though, having already acknowledged how quickly the year has gone, to realise just how much has happened this year. I am sure that everyone, if they can take the luxury of some quiet time to have a think about it, will be surprised about just how much has happened since the start of the year.

Things have been busy from the Academy perspective and that is always a good thing. I've particularly enjoyed the trainings in Melbourne and the semi-regular trips over there also provide a good opportunity to catch up with Family as well. A double bonus. That, coupled with clients, has definitely kept me off the street though I have to confess that throughout this year and particularly toward the end of the year, I have learned the lesson of needing some time to one's self. A valuable lesson to have learned and one that has made life even richer!

Rick has been busy jet-setting to the USA and back throughout the year. Happily, he has had some time home with the family recently and even managed to allow his body clock to settle to one time-zone for a while. No doubt, 2011 will see him travelling yet again though. John has similarly been busy with courses run in WA and the many other callings on his time.

On a national front, it has been interesting to watch the development of the HCA and to hear all of the various opinions, thoughts and feelings on this. I think that it is fair to say that most of the people that I talk to regarding these changes do have an opinion on the formation of the new representational body and I find this very encouraging – it means that people are engaged and that is never a bad thing.

With South Australia de-regulating hypnotherapy in the middle of the year we now have parity across Australia when it comes to regulation. What I find even more encouraging is that government, to a differing degree across states and territories, is starting to take an interest in actioning protections against unqualified and unprofessional alternative health providers.

So, much has happened throughout a very busy, very quick and very full 2010. I know that I have learned a number of lessons that will be immediately transportable to 2011. And on that note and on behalf of the Academy and Mind Motivations, I would like to wish everyone a very safe Festive Season and a prosperous, healthy and good 2011.

**Michael Werts**  
Editor MM\_Newsletter



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# The Art of Referring...

By Michael Werts

## "Man's got to know his own limitations." Dirty Harry (Clint Eastwood) - Magnum Force (1973)

I would be surprised to learn of any readers of this newsletter who did not hold the belief that hypnotherapy is a very powerful treatment modality that can offer great benefits to clients. This can be said irrespective of the type of hypnosis being offered in the therapeutic instance and indeed can be extended beyond hypnosis to other alternative (or allied) medical practises.

Recently, in Western Australia and through media coverage in other States, an issue has been highlighted whereby an alternative health provider directed a client (female) who had been diagnosed with cancer, to cease all traditional western medical prescriptions and the woman followed this advice. Sadly, the woman died. Now it is entirely possible, if not probable, that the client would have died irrespective of whether or not she followed traditional western medical treatments and it is not the issue to be addressed by this article.

It has been my experience that a number of alternative health providers (hypnotherapists and others) have a rather deep abiding distrust of conventional medicine approaches. This distrust, in many instances, encompasses Doctors, pharmaceutical providers, western diagnostic techniques, university and education approaches and government endorsements of western medical philosophies. Personally, I fully support each individual's right to make their own assessment about what suits them, what is in their best interests and what is appropriate treatment etc. However, in the professional field, personal beliefs have to take a back-seat to what is professionally and ethically sound practice. Sometimes and sadly, I don't think that this is the case.

I think that there are two inter-related and relevant aspects to be considered. The first being: 'What is my treatment capable of doing?' and the second: 'What am I capable and qualified to do?'. While these are definitely closely linked, I would like to address each on its' own (and it's my article....so I will...).

### 'What is my treatment capable of doing?'

Every treatment, be it alternative or traditional, has its limitations. I think that this statement goes beyond opinion and can be considered fact. In the case of traditional medical treatments, one only has to look at the advances that have happened in the last 10-20 years to see graphic examples of this. Changes to treatment methods, advances in diagnostic techniques and improvements in operation practices stand as testament to the research that has been undertaken and this

research has been necessitated by perceived shortfalls in contemporary knowledge - in other words, limitations.

In the case of hypnotherapy, I firmly believe that the application of hypnosis in the therapeutic instance will never do harm - it will not make the situation worse - providing that it is administered responsibly (of course). Having said that though, logical extrapolation would demand acknowledgement that, in some instances, it won't make things better either. Sure, it can alleviate stress, pain, suffering, guilt and physical symptoms to improve the quality of life, but the level of 'cure' from ailments will differ from individual to individual, person to person and ailment to ailment. In some instances, the application of hypnosis and hypnotherapy in conjunction with another form of treatment may be the very best thing for the client. For this to be realised though, the client will need to be advised of this.

This is a discussion that I have had with a number of people and I think that it is fair to say that some agree with me and others take a diametrically opposed view. In the realm of hypnotherapy, I have engaged with individual's who have openly stated that they will not advise a client to seek western medical diagnosis prior to engaging in some treatments (or all treatments) and even with others who have, in the past, advised clients to desist currently prescribed medical treatments in favour of hypnotherapy. Most notably in one instance where a hypnotherapist (not currently a member of any recognised Association that I am aware of) advised a client on a prescribed regime for Depression that they would "have you off those drugs by the time you leave my clinic...". (Sounds very much like the alternative health provider who advised the WA cancer patient to desist all western traditional medical treatment mentioned at the start of this article).

In my opinion, to advise a client of this sort of thing is not only poor advice, it is borders on criminal negligence (at least it should!). We are all aware that certain medications when taken, develop chemical dependancies in the body. To cease taking these medications (ie. to go 'cold-turkey') can have detrimental effects on some of the organs in the body, can exacerbate the condition and can cause irreversibly harm to the individual. To cease these medications, the body need to be 'weaned' off the drug. Now I am not a Doctor, I don't know what these medications are, I don't know what the interaction of the drugs with the body and/or the cognitive process is and I don't know what the best weaning process is to reduce and cease the medication. Given that I do not have this knowledge, it would be irresponsible of me to assume that I could advise anyone on what, when, where and how to change a medication regime - so I don't! In fact, I require that each client I

treat agrees to not modify, restrict, change or cease any prescribed medical treatments until they speak to the treating physician or another doctor and my treatments are predicated on the clients agreement to this limitation at the initial induction interview. I should add that if I became aware of a member of a recognised association advising clients to cease or alter medication treatments, then I would refer that matter to the Association for ethical review/investigation.

As I have said at the start of this section to the article, I believe that hypnosis and hypnotherapy will not do harm and it will never make the situation worse providing that it is administered responsibly. I also believe that we cannot divorce hypnotherapy from the therapist and if these two cannot be divorced, then the advice (or direction) given by the therapist must be considered to be an intrinsic part of hypnotherapy. Bad, incorrect or poor advice will impact on the client's perception, the general public's opinion, the effectiveness of the treatment and the reputation of the profession.

So whether a personal opinion about the effectiveness of traditional medical treatments is positive or negative, it should be the stance of each therapist that hypnosis and hypnotherapy can only do so much and the results vary from individual to individual. To turn a person against, or advise them not to seek, other forms of treatment and specialist diagnosis is not in the best interests of the client or the profession and our profession does have limitations. After all, the deepest trance, the most precise use of direct suggestion and metaphor and the engagement of the subconscious mind is not going to start a heart beating after it has suffered a myocardial infarction.

### **What am I capable of doing?**

Now things get interesting! This question and the previous question, are closely related - no doubt! In some people's mind they may even be considered to be the same thing however I argue that they are actually world's apart. Reason: some people just can't use the treatment as well as others can. No reflection on the capabilities of any individual intended, it is just a stated reality that some people are better at some things than others are. That's life! A 747 airliner is capable of flying - thousands of flight hours are accrued each day by this aircraft - but that doesn't mean that someone who has done a ultra-light or glider course and been awarded a licence to fly one of these aircraft types can jump into the seat of a 747 and take-off, fly and land safely. Call me overly cautious - but I wouldn't be sitting in the back enjoying the ride if a person with these qualifications was in the pilots seat.

With some exceptions, the majority of hypnotherapists are people who have completed a short hypnosis course and a short/part-time counselling qualification. In the majority of cases, this training has been 2 years or less in duration. Psychologists and Psychiatrists have

completed 6 - 11 years of formal or full-time education. The analogy to the licensed glider-pilot and the commercial 747 pilot represents a similar comparison.

That is NOT to say that a hypnotherapist cannot do very good and very valuable work. In fact, the absolute opposite is true - a hypnotherapist can do exemplary work especially in matters of the mind that the other professions do not traditionally treat - Quit Smoking being an example. There are some things though that the lay-hypnotherapist just doesn't know and should not engage without professional advice. For instance the issue of Post Traumatic Stress Disorder (PTSD). Firstly, a lay-hypnotherapist cannot diagnose this condition because a lay-hypnotherapist cannot diagnose anything. Exactly the same goes for Depression. A lay-hypnotherapist is not in a position to know if a person who feels melancholic is 'just a little sad and feeling blue' or actually suffers from a condition termed depression and whether or not that depression is categorised as major depression, manic-depressive, atypical depression, psychotic depression or dysthymia. It has been my experience that a very large number of lay-hypnotherapists are not aware that these categories of depression exist, let alone of what each of these actually means. The approach and the specific specialised treatment for each of these conditions will vary somewhat.

In order to provide the client with the best treatment possible, something that should be the first aim of any hypnotherapist, then the hypnotherapist should do one of the two things. Either 1) go and obtain the academic qualification to be able to diagnose and engage positively with the mental health issues that could present (impractical - just isn't go to happen) or 2) send the client to someone who has the appropriate qualification.

I am not suggesting that this is the case for every client - in fact, I am arguing that this is not the case for each client. Certainly if a client presents for standard quit smoking treatments or 'I feel a bit stressed', has a minor weight management issue, is claustrophobic or lacks self confidence etc. then treatment can and should be provided. If a person presents with PTSD symptoms (allowing that the hypnotherapist could know what some of the typical symptoms are) or claims Depression, then a few questions need to be asked. These questions, such as:

- *Has this condition been diagnosed?*
- *Are you being treated for this condition?*
- *Is your mental health professional aware that you are coming for hypnotherapy? and*
- *Does your mental health professional support treatment through hypnotherapy?*

These are all questions that demonstrate an ethical approach to the treatment, represent the best interests of the client and attest to the professionalism of the practitioner. Further to these questions and when





When we look at the expanding diet market we see a large number of products out there which include Diet Pills, Fast Weight Loss Diets and the celebrity keep fit videos that promise to change your life but do they really work for everyone, the answer is no. Rapid Weight Loss is what the majority over overweight people want after years of struggling to lose weight with traditional diets but does Rapid Weight Loss really happen with diets, No! Unfortunately because a large number of diets do not work. But according to a leading Weight Loss Hypnosis expert called Claire Hegarty she has found the answer to Rapid Weight Loss by using a technique called Weight Loss Hypnotherapy, which is also called Gastric Band Hypnotherapy.

First of all lets look at why diets do not work for the majority of people

"You can initially lose 5 to 10 percent of your weight on any number of diets, but then the weight comes back," said Traci Mann, UCLA associate professor of psychology and lead author of a study into dieting. "We found that the majority of people regained all the weight, plus more. Sustained weight loss was found only in a small minority of participants, while complete weight regain was found in the majority. Diets do not lead to sustained weight loss or health benefits for the majority of people."

Some diets will help you to lose weight in the short run but according to Traci Mann and a large number of other experts, traditional diets only give you temporary results and do not give you long lasting results as we have seen with a large number of celebrities who have been on diets and brought out DVD's and by the time they have sold, they have put the weight on.

The top reasons why traditional diets do not work are as follows

1. **Why Do I Over Eat.** The person on the diet has not got to understand the reasons why they are over eating in the first place. You need to understand why you are over eating.
2. **Will Power.** For someone to go on a diet they have to have strong will power to keep the diet going
3. **Hunger.** Diets will make you hungry and this is one of the common reasons why people go back to over eating
4. **Boredom.** A lot of people on diets start to get bored with eating the same things all the time and end up going back to their old routine

People have spent years and a great deal of money trying to get their figure back but because a large number of diets do not work, people start to become depressed and start eating more to hide their depression at not being able to lose the weight they want to lose.

According to a leading Weight Loss Hypnotherapy expert, she has found the perfect answer to lose weight using a technique that she designed called TranceBand.

TranceBand is a technique that uses Gastric Band Hypnotherapy, Weight Loss Hypnotherapy, Time Line Therapy, Food Awareness and other techniques to help the patient to lose weight.

In simple terms according to Claire Hegarty, her technique allows her to retrain the persons mind to give them will power and to find the reasons why that person is over eating and retrain the mind so they do not over eat.

This technique will also allow the person wishing to lose weight to think they have had a Gastric Band fitted. Normally when a person who wishes to lose weight with a Gastric Band they have to go into hospital to have a surgical procedure but Claire Hegarty does not use surgery instead she uses her TranceBand Technique and hypnosis, which gives the same successful results as a real Gastric Band.

Claire said: "I've created and developed this unique technique called TranceBand – where I teach people how to increase and decrease the size of their stomach – meaning they have complete control of what they eat, when they eat and when they become full, so they lose weight easily without any restrictions or having to count mouthfuls," says Claire.

For the treatment to work, Claire says she first has to help her clients be in the right place both mentally and emotionally, helping them in removing any unwanted habits, addictions, emotions, behaviours and any unhealthy relationships they may have with food.

The Weight Loss Hypnotherapy expert said that her method of helping people lose weight allows her clients to become their ideal weight without having to feel hungry all the time and worry about not achieving their goals of weight loss.

# Potential Synergism between Hypnosis and Acupuncture -- Is the Whole More Than the Sum of Its Parts?

<http://www.medscape.com/viewarticle/559778>

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## Abstract

Both hypnosis and acupuncture have gained credibility over the years in their effectiveness for treating various health conditions. Currently, each of these treatments is administered in distinct settings and separate times. That is, even if patients receive both treatments as part of a multidimensional therapeutic program, they would typically receive them separately rather than simultaneously at the same session. This separation however might be undesirable since, at least theoretically, hypnosis and acupuncture could potentially augment each other if administered concomitantly. In this article we outline the rationale for this hypothesis and discuss the potential ramifications of its implementation.



## Acupuncture Theory and Practice

According to traditional Chinese medicine (TCM) theory, certain points on the body are linked together in a network of channels called 'meridians'.<sup>[1]</sup> The meridians conduct Qi, a vital force that animates all living things. Qi is believed to regulate spiritual, emotional, mental and physical balance. TCM theory asserts that a smooth and adequate flow of Qi defines health and suggests that the various characteristics of Qi are determined by a complex set of interactions between external and internal factors (e.g. genetic predisposition, nutrition, physical and emotional influences).<sup>[2]</sup> TCM practitioners believe that acupuncture may facilitate normal flow of Qi, thus maintaining or restoring health to the body and mind. Various forms and styles of acupuncture are used to that end. In the most traditional form, fine needles are inserted into well-defined anatomic locations (acupoints). A typical acupuncture session includes an initial assessment according to which acupoints are selected and needled. Patients usually lie with needles in place for 20-30 min.

The mechanisms by which acupuncture elicits its effects are believed to be the result of three factors:<sup>[3]</sup>

1. 'Specific' physiological effects that are believed to be directly related to the needling of particular acupoints;
2. 'Nonspecific' physiological effects that arise from the micro trauma resulting from piercing the skin, a procedure that has been shown to induce a variety of physiological responses involving the microcirculation, local immune function, and neurally mediated analgesia and
3. 'Nonspecific' psychological effects that arise concomitantly with the treatment and emanate from a variety of sources including, but not limited to, treatment environment, patient expectations, practitioner intention, patient-provider rapport, and the natural history of the condition.<sup>[4]</sup>

## Hypnosis Theory and Practice

Medical hypnosis or hypnotherapy, on the other hand, is the clinical application of hypnosis to medical disorders and procedures. According to the American Psychological Association, a hypnotic procedure is used to encourage and evaluate responses to suggestions.<sup>[5]</sup> Kihlstrom described hypnosis as 'a set of procedures in which a person designated as the hypnotherapist suggests that another person (the patient or subject) experience various changes in sensation, perception, cognition, or control over behavior'.<sup>[6]</sup> Others, such as Kirsch and Lynn,<sup>[7]</sup> simply described hypnosis as 'a heightened state of relaxation or a state of focused attention'. More recently, the behavioral aspects of hypnosis have been emphasized<sup>[8]</sup>. In that sense, many contemporary scholars consider hypnosis not as a therapeutic treatment modality per se, but rather as a set of behavioral techniques.<sup>[9]</sup> Classifying hypnosis as a behavioral technique emphasizes its operational components and avoids perpetuation of the myth that hypnosis is a magical experience.<sup>[10]</sup>

A hypnotic session is usually constructed to have an induction phase and an application phase. During the induction phase, the individual begins to enter a hypnotic state, at which time the conscious mind is believed to become less and less vigilant to the immediate surroundings. It is thought that during the hypnotic state there are few competing cognitive demands and less self-reflective thought.<sup>[11]</sup> This allows suggestibility, which is defined as communication that is accepted uncritically.<sup>[12]</sup> The hypnotic state can vary between and within sessions from very light to profound, and have different cognitive, emotional and motivational qualities. Hypnotized individuals can display a dissociation of content with complete absorption of attention to immediate narrow experience and temporary inaccessibility of peripheral consciousness, and/or a dissociation of context where the narrowing of attention and increased absorption temporarily suspends higher order reflective cognitive structures and processes.<sup>[13]</sup>

Logistically, hypnosis can be done either as a live session with a hypnotherapist facilitating the process or it can be taught so that individuals can learn how to enter the hypnotic state on their own. To achieve this latter goal, sessions are commonly audiotaped for the client's regular home practice.<sup>[14]</sup> Whether facilitated by a hypnotherapist or done by the subjects themselves it is generally agreed that all hypnosis is, in fact, self-hypnosis.

Several mechanisms have been suggested as to how hypnosis exerts its effects. EEG studies of hypnotic state show very slow high-range theta waves (57 Hz), which are typically associated with loss of executive control and reflect massive cortical inhibition.<sup>[15,16]</sup> On the other hand, when the hypnotic state involves specific stimulatory sensory or motor suggestions, the appropriate sensory and motor areas of the brain, respectively, may be activated even more so than during non-hypnotic condition.<sup>[17]</sup> Recent research suggests that the sensory distortion that is often experienced during hypnosis is associated with altered amplitude of the event-related potentials to somatosensory or visual stimuli. Interestingly, when hypnotized individuals imagine that a stimulus is blocked, their cortical response to those stimuli is reduced.<sup>[18]</sup>

## Acupuncture and Hypnosis Is the Whole More Than the Sum of Its Parts?

One of the most important tenets of TCM is the unity between mind and body. The health of the mind, according to this viewpoint, is affected by the health of the body and vice versa, reflecting complex bi-directional interactive relationships. This non-duality between psyche and soma means that mental and emotional processes have somatic representations, while somatic processes have mental-emotional equivalents. Since acupuncture is said to manipulate Qi, it is possible that it can affect not only the health of the 'physical' body, but also more energetically subtle manifestations of Qi—those of the mind. Indeed, practitioners of TCM often contend that the mental/emotional processes are often the first aspects of Qi to be influenced by acupuncture.<sup>[19]</sup>

From a conceptual point of view of TCM, mind/body interventions such as Qigong and meditation serve as adjuncts to herbal treatments, acupuncture, or other traditional forms of physical therapies, such as Tuina. The TCM mind/body practices are considered the 'Internal elixir' that complements the more physical treatments, the 'External elixir'. The integration of both physical and mental practices in TCM was always considered superior to either practice alone. This viewpoint is illustrated well in one of the earliest TCM texts, The Nei Ching Su Wen (dated back to around the 3rd century BC): 'In order to make acupuncture effective, one must first cure the mind'.<sup>[20]</sup> Of notice, hypnotic state phenomena were also discussed in ancient Chinese medical texts. The capacity to enter hypnotic states was attributed to the Hun (translated as the Ethereal Soul), which is one of the five aspects of the mind.<sup>[21]</sup> However, to the best of our knowledge, the concomitant administration of acupuncture and mental practices such as Qigong was not discussed in TCM texts.

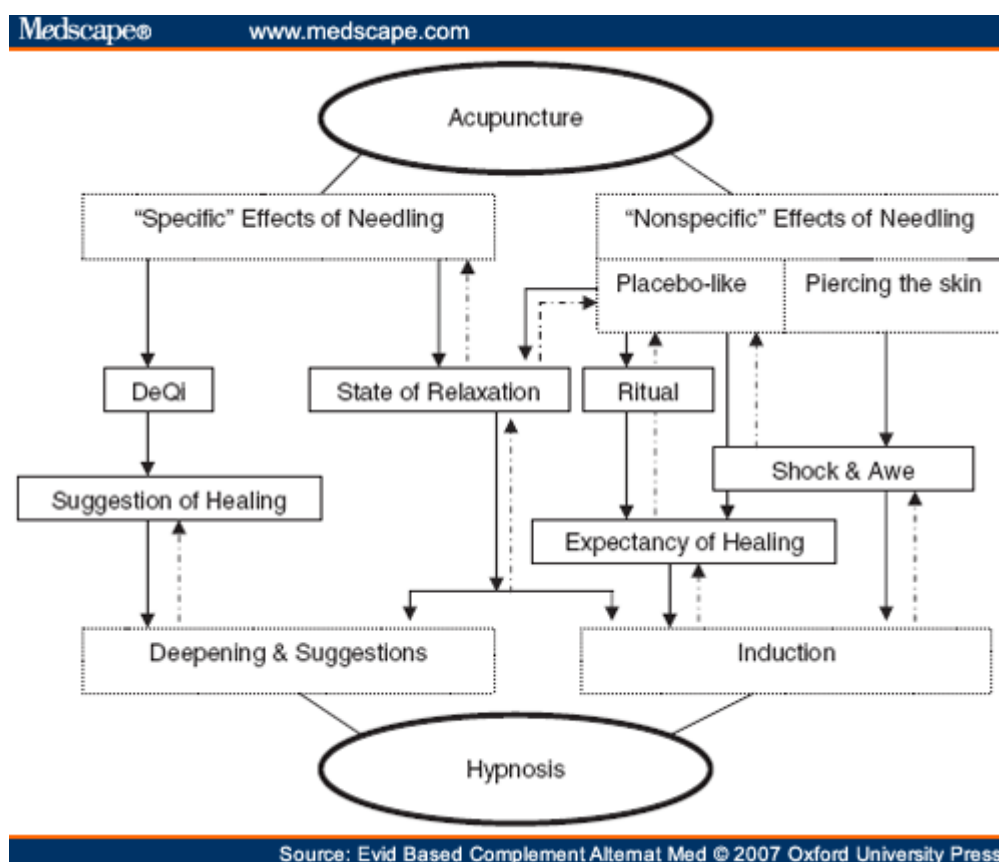
Could simultaneous administration of both hypnosis and acupuncture (i.e. hypno-acupuncture) augment each? In other words, could acupuncture boost mind-related healing process, and hypnosis enhance the effect of acupuncture? These are certainly intriguing questions, but what empirical evidence exists that supports the synergism hypothesis between hypnosis and acupuncture when administered simultaneously?

A comprehensive attempt to find empirical evidence that supports the synergism hypothesis between hypnosis and acupuncture in peer-reviewed journals in English resulted in the retrieval of only one uncontrolled study and a few case reports. Both Zeltzer *et al.*<sup>[22]</sup> and

Waterhouse *et al.*<sup>[23]</sup> reported in two separate occasions on the same study that looked at the feasibility and acceptability of a hypno-acupuncture intervention for chronic pain in pediatric patients. They found that the combined package of hypno-acupuncture was highly acceptable and tolerable and that following treatment, there was significant improvement in pain with no side effects. Samuels described two case reports where both treatments were used together effectively: One showing how hypnosis can help in the treatment of painful acupoints, the other how the response to acupuncture may be augmented by hypnosis in the treatment of headache.<sup>[24]</sup> Eitner *et al.*<sup>[25]</sup> described in detail their experience with a patient having a severe gag reflex who was successfully treated by the hypno-acupuncture approach, after administration of each of the two modalities separately failed to achieve a desirable response. All other studies that we could identify through an extensive literature search only compared the effects of acupuncture to hypnosis, each administered alone, for a variety of symptomatic conditions.<sup>[26-29]</sup> No other trials that we know of assessed yet the synergism hypothesis between acupuncture and hypnosis.

## Scientific Rationale for the Potential Synergism Hypothesis

In the absence of established empirical data from efficacy or explanatory research that either supports the synergism hypothesis or refutes it, we are charged with the task of postulating how, if indeed true, acupuncture and hypnosis may interact (Fig. 1).



**Figure 1.**

Some possible ways by which acupuncture and hypnosis may interact (see text for explanation).

- The roles of rituals Numerous socioanthropological studies across many cultures and conditions have shown the power of rituals to affect healing.<sup>[30]</sup> Hypnotic state phenomena may also occur in response to ceremonies or rituals. Although not a prerequisite for hypnotic state, rituals are accepted means to facilitate hypnotic state induction. They often set up the stage for healing to take place. Indeed, Frank and Frank postulated that all effective therapies are based, at least in part, on 'a ritual or procedure that requires the active participation of both patient and therapist, which is believed by both to be the means of restoring the patient's health'.<sup>[31]</sup> In fact, it has been proposed that acupuncture may to some extent do exactly that.<sup>[32]</sup> The importance of rituals in hypnosis has also been acknowledged.<sup>[33]</sup> Thus, we hypothesize that hypno-acupuncture may provide a 'double-dose priming' effect as a result of which expectations of healing may be boosted and healing can take place more



effectively. Indeed, there have been scattered discussions in the past of the possibility of a conditioned healing response that results from the combination of electro-acupuncture and guided imagery.<sup>[34]</sup>

- **Expectancy of healing.** In a famous line of research, Bandura<sup>[35]</sup> demonstrated how self-efficacy and outcome expectations (common targets of hypnosis) affect healing, and Kirsch<sup>[36]</sup> showed how response expectancy shapes experience. Crow *et al.*'s systematic review of expectation effects in medicine proves that expectancy of healing is an important way by which treatments exert their effects.<sup>[37]</sup> As mentioned above, hypnotized individuals can display a dissociation of context. In dissociation of context, the individual deems that 'internal processes occur autonomously.' It is believed that this phenomenon leads individuals to be more susceptible to hypnotic suggestions. Interestingly enough, acupuncturists commonly inform patients that the treatment exerts its effects by triggering internal healing processes. Creating the expectancy that acupuncture will activate internal, autonomous processes, may facilitate dissociation of context, enhance hypnotic susceptibility, and trigger healing.<sup>[13]</sup> Increased expectancy of healing is a common confluence for both hypnosis and acupuncture, and one that may result in enhanced placebo effects through the meaning response.<sup>[38]</sup> We believe it is possible that a synergistic effect of hypno-acupuncture, if it indeed exists, might be mediated to a large extent by this phenomenon. Indeed, Lu *et al.*<sup>[28]</sup> found that outcome of hypnosis or acupuncture was affected by patient's preferences, which reflect also expectations.
- **'Shock and awe'**When asked about any concerns they might have regarding acupuncture, many patients who are naïve to acupuncture report being anxious about the possibility of experiencing pain as a result of the needling. And yet, contrary to previous experience with other needles that are used in medicine, when acupuncture needles are inserted and left in place many of those patients report different or even opposite sensation (relaxation). The contrast between expectancy and experience is known to trigger an attentive state that is common to all hypnoidal phenomena.<sup>[39]</sup> Furthermore, the confusing physical experience may be analogous to the confusional suggestions used during the induction phase of hypnosis. Shock and surprise may be used in hypnosis to facilitate creative moments or hypersuggestibility, and to direct the patient's attention to suggested goals.<sup>[40]</sup> We postulate that the confusional experience with acupuncture may facilitate and augment the hypnotic state thus contributing to the synergistic effect of hypno-acupuncture.
- **De Qi as a form of hypnotic state ratification**Hypnotic state ratification refers to the process in hypnosis of providing patients with a 'proof' that they are truly engaged in a different state of consciousness. This realization typically increases patients' sense of self-efficacy and confidence in their capacity to change. By removing skepticism, subjects become more open to hypnotic suggestions. We believe that acupuncture may have its own form of proof that something is happening in the form of the De Qi phenomenon. De Qi refers to sensations described as tingling, heaviness and/or dull ache at or around the area of needle insertion. Interestingly enough, acupuncturists often explain to patients that a De Qi sensation is a sign that their Qi is responding to needling. De Qi, thus, may serve as an acupuncture analogue of hypnotic state ratification. Experiencing the De Qi phenomenon may serve as confirmation that the unique healing processes, triggered by acupuncture, are truly taking place. As suggested above, enhancing patients' belief in the intervention increases their responsiveness to that intervention.<sup>[8,31]</sup>
- **State of relaxation**Following needle insertion, several characteristics associated with light (hypnoidal) hypnotic state such as slow, deeper breathing, progressive feelings of lethargy and relaxation are often observed.<sup>[41]</sup> It has been postulated that even at this light level of hypnotic state and relaxation, suggestibility is already enhanced.<sup>[42]</sup> Thus, acupuncture may facilitate a process in which the hypnotic state experience may occur. This may be important for two practical reasons. First, in cases where patients subconsciously display resistance to hypnosis and have a hard time entering a hypnotic state,<sup>[43]</sup> acupuncture may help to bypass that resistance by facilitating a state of relaxation. Second, it is generally agreed that the deeper the hypnotic state the more suggestible the subject is.<sup>[44]</sup> Furthermore, certain hypnotic phenomena such as hypnoanalgesia are believed to occur primarily in a deeper hypnotic state.<sup>[42]</sup> After overcoming the initial resistance and entering hypnotic state, it would be less difficult to deepen that state, for various applications, using the hypno-acupuncture combination. We suggest that the relaxation state that hypno-acupuncture induces may help patients reach and maintain a deep hypnotic state, which is needed for the hypnotic work.
- **Complementary mechanisms**Although acupuncture is a mechanical technique and hypnosis is a psychological technique, the two modalities share conceptually much in common (as discussed above) and therefore should not be considered apples and oranges, but rather complementary.<sup>[45]</sup> Furthermore, research suggests that the extent to which one responds to hypnosis does not correlate with responsiveness to acupuncture and vice versa.<sup>[26,46]</sup> This distinct response pattern might reflect the fact that acupuncture and hypnosis rely on different mechanisms of action to execute their therapeutic effects. Whereas the effects of acupuncture are often reversed by the opiate antagonist naloxone, hypnosis is not. In an interesting study, Moret *et al.*<sup>[47]</sup> induced experimental pain by cold pressor test in volunteers in a prospective, cross-over study in order to test whether the mechanisms of analgesia induced by hypnosis and acupuncture are different. They measured the analgesic effect of hypnosis and acupuncture before and after double-blind administration of placebo or naloxone and found that pain intensity was significantly lower with hypnosis as compared with acupuncture, both with naloxone ( $P < 0.001$ ) and placebo ( $P < 0.001$ ). During acupuncture, but not during hypnosis however, pain scores were similar to control values when naloxone was given ( $P$

= 0.05) but decreased significantly with placebo ( $P < 0.002$ ). Thus, it is possible that the combination of acupuncture and hypnosis may have superior effectiveness to either one alone due, in part, to complementary mechanisms.

- **Complementary effectiveness** It has been suggested that acupuncture alone cannot always deal effectively with the major psychosocial aspects that are often associated with complex medical conditions. For example, in situations of severe pain, many patients experience a heightened state of sympathetic arousal (anxiety) and hypersuggestibility. Concurrent administration of hypnosis along with acupuncture in those situations has the potential to decrease excitation level, provide effective means of relaxation and enhance self-efficacy. Eitner,<sup>[25]</sup> for example, described how after initiation of hypno-acupuncture, root canal therapy could be completed successfully for the first time ever in a patient who previously feared the dentist, and Samuels<sup>[24]</sup> emphasized the potential role of hypnosis in improving the efficacy of acupuncture in needle-phobic patients. Thus, it seems that co-administration of the both hypnosis and acupuncture may at times not only make the impossible possible, but also may even result in a more robust effect than with either alone. Drawing analogy from pharmacotherapy, combining drugs that work through different mechanisms may improve efficacy and reduce side effects.<sup>[48,49]</sup> Moreover, the combination of pharmacological and behavioral interventions often results in improved outcomes.<sup>[50-52]</sup>

## From Theory to Practice Practical Considerations of Hypno-acupuncture

In our experience, the idea of hypno-acupuncture may not only be scientifically plausible, but is also practically feasible. Once inserted, acupuncture needles are usually retained in place for ~2030 min. It is mainly during that relative 'downtime' period that we suggest that patients would enjoy the hypnotic component of hypno-acupuncture. We propose that this time could be utilized to empower patients by providing them with hypnotic suggestions related to their disease condition, the healing power of both hypnosis and acupuncture, and the importance of health and well-being.

From a pragmatic point of view, three possibilities exist as to how to administer hypnosis simultaneously with acupuncture. Hypnosis could be administered live by either the acupuncturist himself (if also certified as a hypnotherapist) or by another certified hypnotherapist who would team up with the acupuncturist to deliver the combined package of care. Since both these options are likely to be too costly and require much logistic coordination on the part of the providers, we think that realistically the most efficient way to deliver hypno-acupuncture is through pre-recorded, individually tailored or generic tapes, or CDs. That is, we suggest that patients would meet individually with a hypnotherapist who would create a personal tape/CD for them to use during the acupuncture sessions and at home at their leisure (for treatment intensification), or that there would be a library of generic tapes/CDs addressing different topics from which patients and providers would be able to choose the most appropriate program. For example, a patient may choose a tape/CD according to her need: ego strengthening, weight reduction, nausea and vomiting control or general healing suggestions. Libraries such as this one that have generic hypnotic suggestions for various health conditions are already available from various sources.<sup>[53]</sup> In actually choosing a hypnotic tape/CD it is possible that patients would sense a better fit with the overall strategy to their disease condition, be more satisfied and motivated, and most importantly shift from having a relatively passive role in their care into a more active and empowered pursuit of health. Indeed, recent research into the decision-making processes that underlie patients' use of complementary and alternative medicine suggests that matching between the patient and the modality, satisfaction, motivation, and tendency toward active participation in healthcare, are all important factors that shape not only patterns of healthcare utilization, but also patients' outcomes.<sup>[54]</sup>

## Hypno-acupuncture Research Considerations

Synergism is defined as the 'interaction of discrete agents (as drugs), or conditions such that the total effect is greater than the sum of the individual effects'.<sup>[55]</sup> Thus, synergism should be distinguished from 'additivity' that, briefly stated, means that each therapeutic constituent contributes to the total effect in accord with its own potency. A typical example of synergism is the deadly combination of alcohol and narcotics, which in most instances is clearly more harmful than either alone.

A classical study design that would set out to test whether acupuncture and hypnosis act synergistically, would follow evidence-based research guidelines, as stated by Chiappelli and colleagues<sup>[56,57]</sup> and include a parallel multi-arm randomized controlled trial (RCT) where hypno-acupuncture would be compared to both acupuncture and hypnosis, each administered alone, to the standard of care (often a drug), and, when ethically feasible, to no treatment (the counterfactual natural history). The dose-schedule-response relationships of hypno-acupuncture in such trials may be assessed by using standardized measures. An example of such a trial would be a multi-arm RCT of hypno-acupuncture compared to each alone for chemotherapy induced nausea and vomiting (CINV). A set of quantitative statistical analyses that are based on the assessment of interactions and main effects would then be set at the end of the trial to test the additivity/synergism hypothesis.<sup>[58,59]</sup> Such analysis, when done appropriately (for example, when the study has enough statistical power to test for synergism), could reveal one of four possibilities:

1. That hypno-acupuncture is not superior (or even inferior) to either acupuncture and/or hypnosis, each administered alone;
2. That the effect of hypno-acupuncture is equivalent to the combined effect of acupuncture and hypnosis, each administered alone (cf. additivity);
3. That hypno-acupuncture is superior to acupuncture and/or hypnosis, each administered alone, across all administration protocols and all subjects; or
4. That hypno-acupuncture is superior to acupuncture and/or hypnosis, each administered alone, under some conditions but not others.

The latter interpretation is especially important because the relative potency of either acupuncture or hypnosis when administered alone may not necessarily be constant at all effect levels. For example, different subjects may benefit from different protocols (in terms of dose and schedule) of the intervention, a concept known as aptitude  $\times$  treatment interaction (ATI).<sup>[60,61]</sup> If this is indeed true, then the interesting question is not just, 'Which of those treatments (acupuncture, hypnosis, or the combination of both) is the best?' but more importantly, 'Best or better for whom, when, and why?' The combination of ATI research and practical (or pragmatic) clinical trials (also known as PCT),<sup>[62]</sup> which are trials that focus on decision-making at the point of care, can provide robust means so as to maximize treatment safety, efficiency, and effectiveness. Furthermore, we advocate that all future hypno-acupuncture research would include a cost-effectiveness component so as to support therapeutic management decision-making at the policy level.<sup>[63]</sup>

An important methodological challenge in all hypno-acupuncture research has to do with the choice of reference or control. In efficacy research, it would be important for both ethical and pragmatic reasons (e.g. recruitment capacity) to consider current standards of care. If, for example, one would want to assess the relative benefit of hypno-acupuncture for the prevention and control of CINV, where established guidelines exist as to what standard of care should be,<sup>[64]</sup> the study would need to compare hypno-acupuncture in addition to, rather than in lieu of, antiemetic medications, to both acupuncture and hypnosis, each administered alone in addition to, rather than in lieu of, antiemetic medications- a complex design indeed from both a logistic standpoint and sample size needed. If, on the other hand, one would want to assess the relative benefit of hypno-acupuncture for the prevention and control of nausea and vomiting of pregnancy (NVP), where established guidelines as to what standard of care should be do not yet exist, the study would 'simply' compare hypno-acupuncture to both acupuncture and hypnosis, each administered alone, and to a natural history arm. In explanatory research, where the emphasis is on understanding how a treatment works, rather than on whether it works, the choice of control would have to take into consideration the many placebo-like mechanisms by which hypno-acupuncture might elicit its effects (see above).

## Conclusions and Future Directions

As much as we believe in the scientific plausibility and practical viability of hypno-acupuncture we would like to exercise caution and suggest a stepwise approach toward testing the synergism hypothesis. This is because there are a number of feasibility and developmental issues that need to be addressed first before a definitive study could be conducted. For example, in the absence of reliable data on the optimal intervention protocol and the exact procedures for hypno-acupuncture, there is a very real risk that a premature trial would result in either type I or type II errors, just as Block *et al.* recently concluded.<sup>[65]</sup> Hence, at the present time, more exploratory-developmental research is needed. Although this type of research will not immediately establish whether the combination of hypnosis and acupuncture is efficacious, it will provide the data necessary to optimally design and conduct efficacy, effectiveness and explanatory trials that would rigorously document the range of potential benefits and harm resulting from hypno-acupuncture.

Three important goals for this exploratory-developmental research would be as follows:

1. To establish a 'doseresponse' curve for the hypno-acupuncture intervention;
2. To determine whether this 'doseresponse' curve differs across different individuals and disease conditions, as suggested by the ATI paradigm; and
3. To examine the nature of the effect that the timing of the administration of acupuncture in relation to the timing of the administration of hypnosis may have on patients outcomes.

We believe that if and when definitive clinical trials lend support to the efficacy and effectiveness of hypno-acupuncture this unique package of care might be an important addition to the present armamentarium of care, which many consider suboptimal. For one, both

hypnosis and acupuncture have an excellent safety profile.<sup>[66,67]</sup> It is possible, therefore, that by using hypno-acupuncture, either instead of, or in addition to standard of care, some of the side effects associated with current treatments might be averted. Second, hypno-acupuncture may better match the therapeutic preferences of some patients,<sup>[68]</sup> a phenomenon which may increase compliance and satisfaction with treatment. And lastly, both acupuncture and hypnosis are relatively inexpensive compared to many other treatments.

In conclusion, we present a new hypothesis that suggests synergism between two relatively safe and inexpensive modalities hypnosis and acupuncture. We call for rigorous testing of that hypothesis through a new line of research that will inform clinical practice guidelines and health policy decision-making regarding the potential integration of hypno-acupuncture into healthcare.

## Myths and truths about hypnosis

<http://www.dailycomet.com/article/20101031/ARTICLES/101029149?Title=Myths-and-truths-about-hypnosis>

By STEVE SLON  
Hearst Newspapers

"You are getting sleepy!"

"At my order, you will bark like a dog!"

"When you awake you will have no memory of the command I have planted in your subconscious!"

Many of us owe our understanding of hypnosis to ideas imprinted in our subconscious minds by Hollywood — whether nefariously or simply to sell movie tickets.

Classic motion pictures like "The Manchurian Candidate," and "On Her Majesty's Secret Service" taught us to believe that hypnosis was at best a manipulative parlor trick and at worst a brainwashing tool. And even this summer's "Inception" is a futuristic take on the kind of mind control associated with hypnosis.

Thanks to the movies, we've all become conditioned, like the brainwashed figures they portray, to know that when an authoritarian-looking man in tails walks into a room, swinging a watch at the end of a long gold chain, something evil is about to go down.

As it turns out, most of the entertainment industry's portrayal of hypnosis is completely false.

"There've been years of misconceptions about it," says Frayda Kafka, a certified hypnotist in practice near Kingston, N.Y. "People who come to me for hypnosis are often afraid they're going to lose control. Or at the other extreme, they come with an attitude. 'You can't hypnotize me!' Because they think they're too clever for that or too 'grounded.' In fact, the smartest people and the most creative people make the best candidates for hypnosis."

So, what is hypnosis? In the simplest of terms, the hypnotic trance is similar to the common experience of daydreaming — a relaxed state where the mind drifts freely. People also may enter a trance state when they meditate, pray or exercise.



According to the teachings of Milton Erickson, regarded by many as the father of modern hypnosis, our subconscious minds are most open to learning when in a trance state.

It's the best condition for making positive changes in behavior — everything from kicking bad habits to being more confident in social situations.

Science has confirmed its benefit: Peer-reviewed articles in medical journals have shown the potential for hypnosis to reduce pain in cancer patients and help people quit smoking.

And one study showed hypnosis to be as effective as Ritalin in controlling ADHD (attention deficit hyperactivity disorder) in children.

"Hypnosis does require trust," says Kafka, who trained as a therapeutic hypnotist with Sidney Rosen, one of Erickson's students, and conducts sessions in her New York or New Jersey offices or by phone.

"A good candidate needs to be able to let go — not to let go of your soul or your will or your morality, but rather to let go of your rational thinking. And this is something you



do willingly. It's kind of putting your usual way of thinking on hold, the same way you suspend disbelief in a movie."

Kafka, a distant relation of author Franz Kafka, recalled working with one young man who was panicked about social situations. "He was a very smart guy, very comfortable one-on-one, but he would clam up at a dinner party," she said. "He simply couldn't talk."

In working with this client, Kafka talked about his life and the things he felt confident about. It turned out he was a skilled surfer.

"He told me when he's on a surfboard, he feels completely grounded and in control," she said.

In their sessions, Kafka talked to the young man about the power and confidence he felt in the water and suggested that he "reframe" that feeling and bring it to the dinner table. "He then had a tool to combat his fear," Kafka explains. "He might want to think about the board before he goes into a party, or he may silently think the word 'board' in an uncomfortable social moment — something that brings his mind back to the feeling of ease, strength and confidence he has when he's surfing."

In helping people overcome bad habits, hypnotists need to get to know clients so they can understand what they derive from their habits and whether appropriate substitutes exist.

when they want a time out, or feel anxious, angry, bored or after meals. The bottom line is that smoking gives them instant gratification. The client often feels deep down, 'I need this; I can always count on a cigarette to comfort me. It's like a best friend.' So it's very hard to let go of the habit.

Kafka says she works with the client to find a substitute they can invoke when the urge to smoke comes on.

It is a self-hypnotic tool that goes like this: When they feel the urge to smoke, they stop for 10 seconds and silently repeat a word that makes them feel good — this can be a favorite vacation spot, the name of a grandchild or a favorite sport. The process distracts them, gives them pleasure and conscious control of the urge to smoke. Each time they successfully avoid smoking, they build confidence in their ability to comfort themselves without a smoke.

When people have a tool they can use to relieve themselves of stressful emotions, they won't have to turn to cigarettes, she says.

Kafka also educates expectant mothers and childbirth practitioners on how to use hypnosis for calm, easy pregnancy and birth. "Hypnotherapy has been proven to be quite a successful technique to manage pain during childbirth and labor, as well as to deal with anxiety from a previous birth trauma," she says.

In the end, the biggest misconception is that the hypnotist can somehow "make" you different.

"The changes always come from the individual," says Kafka. "The benefit of hypnosis is that it allows that person to step out of their normal patterns and make the conscious choice to do things differently. It's not magic, but it is wonderful."

"Don't believe  
everything you  
read!"



"You can't wave a magic wand, and make a habit disappear," says Kafka.

For instance, "people smoke



## Merry Xmas From Resonanz



We hope it has been an enjoyable and prosperous year for everyone. A big thank you to everyone who has been involved with us in 2010 and may we all look forward to a fantastic 2011.

A recent highlight for us was some remarkable breakthroughs using **Rick's children's CDs for Autism**. In fact, one touching story was from a 7 year old Non Verbal Autistic boy who started speaking for the first time after using the CDs for a couple of months. You can view this wonderful story here:

<http://www.mindmotivations.com/resources/autistic-child-talks-first-time-ever>  
<http://www.mindmotivations.com/resources/autistic-child-talks-first-time-ever>

This posed the question as to the effectiveness of hypnotherapy for Autism and thus we decided to start a trial. One month into this trial, the feedback we are already receiving is extremely positive.

The trial constitutes 10 participants – all young children with various types of Autism. They are using the [Three CD Autism Program](#) on a daily basis. We are measuring their improvements in issues such as concentration, sleep, learning ability and attention. In another two months we will know the results of this three month long trial. A week or two after that and we will be publishing the results and will be sure to let you all know.

The 3 CD program we are using for the trials is also now available for wholesale. If you work with Autistic children, you may want to get in touch with us to keep some copies in your clinic to use adjunct with your own therapies.

Wishing you all a very merry Christmas and a happy New Year.

Ryan, John, Angelina John and Rick,

Resonanz Recordings Int.

1300 658 064

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## Think yourself thin: Forget painful gastric bands, hypnosis makes slimming down a case of mind over platter

<http://www.dailymail.co.uk/femail/article-1319382/Hypnosis-makes-slimming-case-mind-platter.html>

By Louise Atkinson

Fern Britton's rapidly diminishing form is testament to the growing popularity and effectiveness of obesity surgery, but it takes great bravery — and a degree of desperation — to go under the knife to lose weight.

For the thousands who undergo gastric band surgery every year, the operation is only part of the story.

To lose weight, they must adhere to strict portion control, slow eating and - repetitive chewing to accommodate their dramatically reduced stomach capacity.

'Gastric mind band': The treatment combines hypnotism with a programme of education, which allows patients to - successfully lose weight just as effectively



It's a very different way of eating, but one which — even without the band — offers the promise of steady, safe and long-term weight loss.

So when a patient asked hypnotherapists Martin and Marion Shirran to hypnotise her into thinking she'd had a gastric band operation, they realised they'd hit on something.

For the past three years they have been running a successful clinic in Spain offering a programme of what they call 'gastric mind band', combining hypnotism with a programme of education, which allows patients to successfully lose weight just as effectively as if they really had had surgery.

## FAT FIGHT

Gastric band operations have shot up ten-fold since 2000 - they now cost the NHS £32million a year

Now they have released a book packed with tricks and tips, as well as a clever self-hypnosis technique to convince you that your stomach has shrunk.

Here, Martin and Marion explain how it works.

The key to making your gastric mind band work really effectively is to eat small portions, very slowly as if you really did have a gastric band.

After surgery, the banded stomach is reduced in capacity from around one litre to just 20ml. The most you can eat in any meal is six tablespoons of food — compared to the average meal the size of two clenched fists that would fill a normal capacity stomach.

## BANISH EATING TRIGGERS

**DON'T THINK:** 'The bread smells wonderful, I want some, I probably need it anyway.'

**THINK:** 'The smell is delicious, but I ate an hour ago, so I don't need to eat now.'

**DON'T THINK:** 'If no one sees me eating, then it doesn't matter.'

**THINK:** 'Everything I consume counts towards my daily intake of food.'

**DON'T THINK:** 'I have to eat everything on my plate because I can't waste food.'

**THINK:** 'It's better to waste food by putting it in the bin than it ending up on my waist!'

**DON'T THINK:** 'I need this bar of chocolate because I've had a bad day.'

**THINK:** 'Emotional eating is never the solution. I need to solve the problem without food.'

**DON'T THINK:** 'I ate a biscuit so I may as well go ahead and eat the whole packet now that I've blown it completely.'

**THINK:** 'Yes, I ate some food I didn't plan to, but I can get back on track again now.'

With gastric mind band you don't have to be so restricted but, from now on, no portion of meat should be bigger than a pack of playing cards (around 3oz) and a healthy portion of fish should not be bigger than a cheque book (4-5oz).

Your portion of pasta, when cooked, should not be bigger than your fist. Take smaller bites, chew it properly, eat more slowly and concentrate on what you're eating.

If you eat quickly, you'll eat more because, by the time your brain gets the message that you're full, you will have swallowed more than you need.

Try using chopsticks or swapping cutlery hands to slow yourself down.

Gastric band patients are encouraged to eat their meals in a certain order (meat first, because it hangs around in your tiny new stomach for the longest time).

If you find you're feeling full before you get to the potatoes ... STOP.

After real surgery, no fork-full of meat can be bigger than the nail on your little finger and must be chewed ten times to ensure it is properly digested.

You are not so restricted, but make every mouthful count. Study the colour and texture of your food.

Analyse the taste — your taste buds are in your mouth, not your stomach, so the longer the food stays in your mouth, the more pleasure you'll obtain from it.

Eat slow, best bits first, and be happy about leaving some on your plate. And stop worrying about wasting food.

Excess food is wasted whether it passes through your body first or goes directly in the bin. Don't treat your body like a bin. You deserve better.

People who have had gastric band surgery lose weight slowly, a few pounds a week. By eating sensibly as they do, you can do the same.

To lose 1lb a week, you need to cut back by 500 calories a day — by making a few small adjustments the calorie deficit can soon mount.

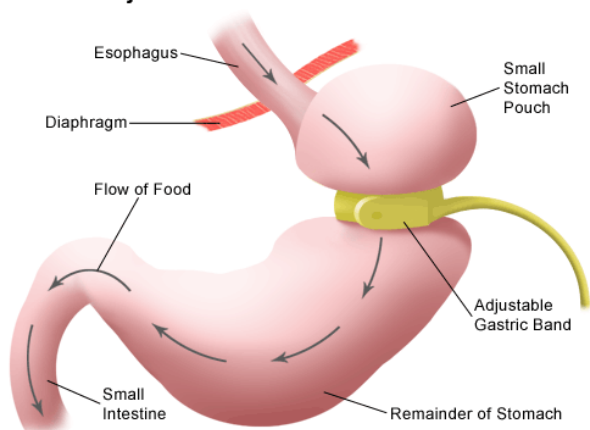
It's that glass of wine or handful of crisps before dinner. Say no once, and you've got 500 calories in hand.

## TYPES OF MEALS

There are only two types of meals — the ones that matter (a meal with friends, or with a partner, perhaps on a Friday or Saturday night) and the ones that don't (the rest of the week).

Enjoy a bottle of wine or a desert occasionally but, five nights a week, your meals don't have to be gourmet.

### Adjustable Gastric Band Procedure



Think scrambled egg or beans on toast.

Spread butter on your toast, but be aware that a teaspoon of - butter (enough for a thin layer) is 37 calories, but a tablespoon (a - generous covering) is three times as much (111 calories).

Put dressing on your salad, but learn to weight the vinegar in favour of the oil. A teaspoon of oil may be 45 calories, but a tablespoon is 135. That one extra tablespoon of oil every day amounts to a stone weight gain over a year.



Switch to sweetener in your tea or coffee. Cutting out two spoons of sugar in your tea three times a day creates an annual calorie deficit of 37,000 calories, which could be enough to shed more than 11lb.

Have ice cream occasionally, but just one scoop (about 150 calories) and never eat it straight from the tub. Enjoy a few nuts with a drink, but stop at one or two (a small 4oz bag will set you back 600 calories).

Food and sweet drinks are so much a part of our everyday lives, few overweight people remember what true hunger feels like, but it is important — for the gastric mind band to work — that you eat only when hungry. When hunger strikes, try drinking a glass of water.

## HOW TO FIT YOUR GASTRIC MIND BAND

In the clinic, clients will, under hypnotherapy, go through the entire process of having a gastric band fitted in hospital complete with sound effects and hospital smells.

But you can achieve similar results through self-hypnosis.

Get a golf ball and, before you go to bed each night, lie down, holding it in your dominant hand.

Talk yourself into a state of deep relaxation by picking a spot on the wall or ceiling in front of you so you have to raise your eyes slightly to keep fixed on it.

Staring at the spot, mentally say: 'As I count from five down to one, my eyelids are feeling heavier and heavier, and when I get to one my eyes will close and I will completely relax.'

## HIT THE PAUSE BUTTON

Try this technique when toxic cravings strike:

- **Imagine you are holding a remote control for your life. When chocolate enters your brain, hit pause.**
- **Imagine yourself eating the chocolate.**
- **Fast-forward to five minutes after you've finished. Are you feeling guilty? Sick?**
- **Rewind back to the present — imagine resisting the temptation.**
- **Fast-forward to five minutes ahead again and see how virtuous you feel.**
- **Hit your pause button to remind yourself of the consequences of indulging your craving. You do have the power to control cravings — it's your choice.**

Repeat this three times then, slowly, count down from five to one, taking a deep breath in between each number. As you reach one, close your eyes and allow yourself to relax.

Starting at the top of your body and working down, release all the stress and tension and relax every muscle as you mentally repeat to yourself: 'Relax, let go, deeper and deeper relaxed.'

Imagine a beautiful staircase with ten steps leading down to a special place where you feel safe, comfortable and relaxed and count slowly down. When you get to one, picture yourself in your special, private, safe place. Now you should be relaxed and ready for the visualisation part of the exercise.

Clench your fist. That's about the size of your stomach, but imagine it tightening and shrinking. Squeeze the golf ball. Feel the size of it. That's your capacity for food. You're not going to be able to eat as much as before and you'll feel satisfied with smaller portions.

Picture a band being wrapped around the top of your stomach. Squeeze the ball tighter as you imagine the band being clicked into place. Breathe deeply, then very slowly count yourself up from one to five imagining that you have enjoyed a wonderful relaxation. At five, you will move into a normal and natural sleep.

## WATCH OUT

Hunger = If you haven't eaten for three hours and you have an empty rumbling sensation in your stomach.

Desire = If you've just had a big meal and you want more or you last ate two hours ago and food is on your mind.

Craving = A strong urge to eat a specific food, usually after smelling it or seeing someone else eating it.

*Extracted from Shirrans' Solution: The Gastric Mind Band, (Author House, £12.50). © 2010 Martin Shirran, Marion Shirran and Fiona Graham. The Gastric Mind Band treatment launches in November at [benestar.co.uk](http://benestar.co.uk) or visit [gmband.com](http://gmband.com)*

## Whitney Houston Losing Weight Through Hypnosis

<http://www.timesoftheinternet.com/absolutely-fabulous/whitney-houston-losing-weight-through-hypnosis/>



Whitney Houston has embraced hypnosis as part of an effort to battle her weight problems, says Shelby Loosch of *Globe*.

She says the singer has dropped 20 pounds from her 5'8" body. This all transpired after the singer hit an all-time of 175 pounds this summer. During the summer months Whitney Houston was having pizza, ice cream, and chocolate regularly delivered to her while on the European leg of her tour.

She also hated working out, so she turned to the help of *hypno-therapy* to get herself back in gear.

"Since mid-July, Whitney has been consulting a hypnotherapist in Beverly Hills said an insider. "It seems to be working because the pounds keep dropping off."



# Hypnosis as a Treatment of Chronic Widespread Pain in General Practice: A Randomized Controlled Pilot Trial

Jan Robert Grøndahl; Elin Olaus Rosvold

[Authors and Disclosures](#)

## Abstract and Background

### Abstract

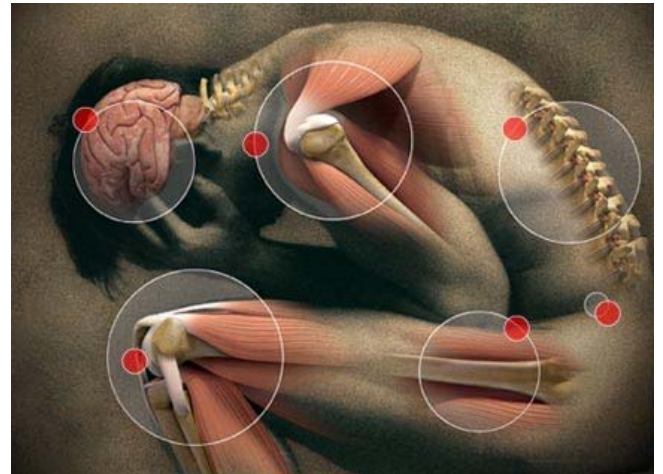
**Background:** Hypnosis treatment in general practice is a rather new concept. This pilot study was performed to evaluate the effect of a standardized hypnosis treatment used in general practice for patients with chronic widespread pain (CWP).

**Methods:** The study was designed as a randomized control group-controlled study. Sixteen patients were randomized into a treatment group or a control group, each constituting eight patients. Seven patients in the treatment group completed the schedule. After the control period, five of the patients in the control group also received treatment, making a total of 12 patients having completed the treatment sessions. The intervention group went through a standardized hypnosis treatment with ten consecutive therapeutic sessions once a week, each lasting for about 30 minutes, focusing on ego-strengthening, relaxation, releasing muscular tension and increasing self-efficacy. A questionnaire was developed in order to calibrate the symptoms before and after the 10 weeks period, and the results were interpolated into a scale from 0 to 100, increasing numbers representing increasing suffering. Data were analyzed by means of T-tests.

**Results:** The treatment group improved from their symptoms, (change from 62.5 to 55.4), while the control group deteriorated, (change from 37.2 to 45.1), ( $p = 0,045$ ). The 12 patients who completed the treatment showed a mean improvement from 51.5 to 41.6. ( $p = 0,046$ ). One year later the corresponding result was 41.3, indicating a persisting improvement.

**Conclusion:** The study indicates that hypnosis treatment may have a positive effect on pain and quality of life for patients with chronic muscular pain. Considering the limited number of patients, more studies should be conducted to confirm the results.

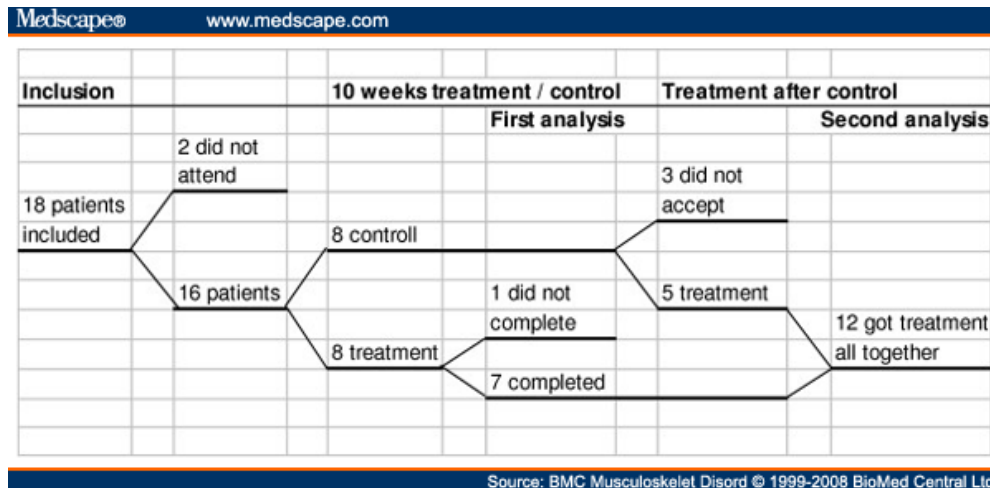
**Trial Registration:** The study was registered in [ClinicalTrials.gov](http://ClinicalTrials.gov) and released 27.08.07 Reg nr NCT00521807 Approval Number: 05032001.



## Background

### Methods

The study is a randomized, controlled study, and was conducted during 2001 - 2003. Eighteen patients having had CWP for at least three months and at most five years were recruited from the main authors' own general practice, or from colleagues working in the same area. Patients having primarily other organic diseases or serious psychiatric disorders were excluded. Two of the patients did not attend the first session, and the remaining 16 patients, 12 women and four men, aged 23-54 years, were randomized into an intervention group and a control group. In the 10 week intervention period both groups were offered similar treatments according to normal routines in general practice, with the addition of hypnosis treatment in the intervention group. The treatments included different combinations of medications such as analgesics and antidepressants, and physiotherapy or chiropractic therapy. One patient in the intervention group did not continue through the whole treatment schedule, but is included in the material in accordance with the statistical principle of intention to treat.[14] Hence there were seven patients completing the treatment during the first phase (Figure 1). After the 10 week period, all the eight patients in the control group were offered the hypnosis treatment, and as five of them accepted, a total of 12 patients completed the treatment.



**Figure 1.**

Float diagram of participants in the study.

The intervention group went through a standardized hypnosis treatment once a week for ten weeks. The treatment was performed by the main author, being a general practitioner with special interest and training in hypnosis. Hypnosis is a treatment where the patient is inducted into a slightly altered state of consciousness, still being alert and awake, but more distanced from the outer world, and more focused on his or her inner thoughts and emotions.[15] Each therapeutic session lasted for about 30 minutes, focusing on ego-strengthening, relaxation, releasing muscular tension and increasing the self-efficacy. Visualization techniques were used to improve self-evaluation and to create a more positive body experience. The content of every therapeutic session was connected to the previous one, in order to make the patient more comfortable and able to relax during the treatment. The treatment was based on a manual which was developed for the study, prescribing every treatment session in detail, and followed rigorously and in the same order for every patient. Every hypnosis session was recorded on audio tape, which the patient kept for use at home before the next session. More details about hypnosis in general practice is given in Figure 2.

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A normal doctor's office is used. The patient is normally lying on a couch, or may be seated in a good chair. The therapist is seated on the side, and partly behind the patient. Normally the door is locked, the light dimmed and the telephone shut off. The patient is instructed about the routines of hypnosis, and specifically about the principle that the therapist is just giving suggestions, not commands. The patient is then asked to listen to the therapists' voice, and let other noises or sensations just float around and fade away. The session after this will normally last about half an hour, consisting of an induction, a theme and a termination. The therapist talks slowly, evenly, often trying to follow the rhythm of the patient's breath. In the induction, several techniques can be used to make the patient comfortable and relaxed, and focused on the therapist's suggestions. In the thematic part, suggestions and visualizations are made in accordance to the goal of the therapy, e.g. relaxation, pain reduction etc. In the termination, the patient is prepared to wake up, and allowed enough time to absorb the experience and get ready for normal aware state of mind. Experienced therapists may improvise during the therapy, others often use prewritten scripts which can be devised individually, or collected from books or numerous internet sites.

Source: BMC Musculoskelet Disord © 1999-2008 BioMed Central Ltd

**Figure 2.**

Hypnosis in general practice - how is it done?



The treatment performed in this study was, like most hypnosis performed by professionals, based on permissive suggestions in conformation with the patients consent. Of the present two mainstreams of theoretical basis for hypnosis, the more individualistic ideas of Milton H. Ericson were introduced to all the patients suggesting that their experience during hypnosis is unique and valid without necessity for objective evaluation or scaling.[15] On the other hand, the actual treatment was more in the line of Ernest G. Hilgard's theories in the sense that a standard treatment was given to all the participants, without individual adjustments.[15] This is in accordance with our aim to make a standardized tool but still respecting the individualistic nature of the experience of hypnosis.

A questionnaire was developed as to measure the patients' symptoms, consisting of 25 questions divided into five main sections (Additional file 1). The first section concerned pain at activity and rest, fatigue and concentration problems, the second was dealing with activities of daily life, like dressing, carrying groceries, walking and running. The third section was one question concerning subjective evaluation of quality of life in total. The fourth was an estimate of how much the pain interfered with work, hobbies and social life, and the fifth was an estimate of feelings of inadequacy, anxiety, loneliness and pessimism.



The questionnaire contained elements from WHOQOL-BREF - a questionnaire concerning quality of life developed by WHO,[16] from SHC - Subjective Health Complaint inventory developed by Ursin et al,[17] and from Hopkins Symptom Checklist (SCL-5).[18]

The results were interpolated into a scale from 0 to 100, increasing numbers representing increasing suffering (Additional file 2).

All participants answered the questionnaire at the time of inclusion, and again after 10 weeks. Those patients receiving treatment after the control period also answered the same questionnaire once more after the treatment. In addition, all the 12 patients who received treatment filled in the same questionnaire one year later, including an additional question on use of the audio-tapes from the hypnosis sessions.

Data analysis (T-tests) was performed with SPSS version 12. The p-value was set to  $p \leq 0.05$ . The study was approved by the Norwegian Southern Regional Committee for Medical Research Ethics. All patients were given written information about the study at the time of inclusion, and their oral consent to participate was noted in their journals.

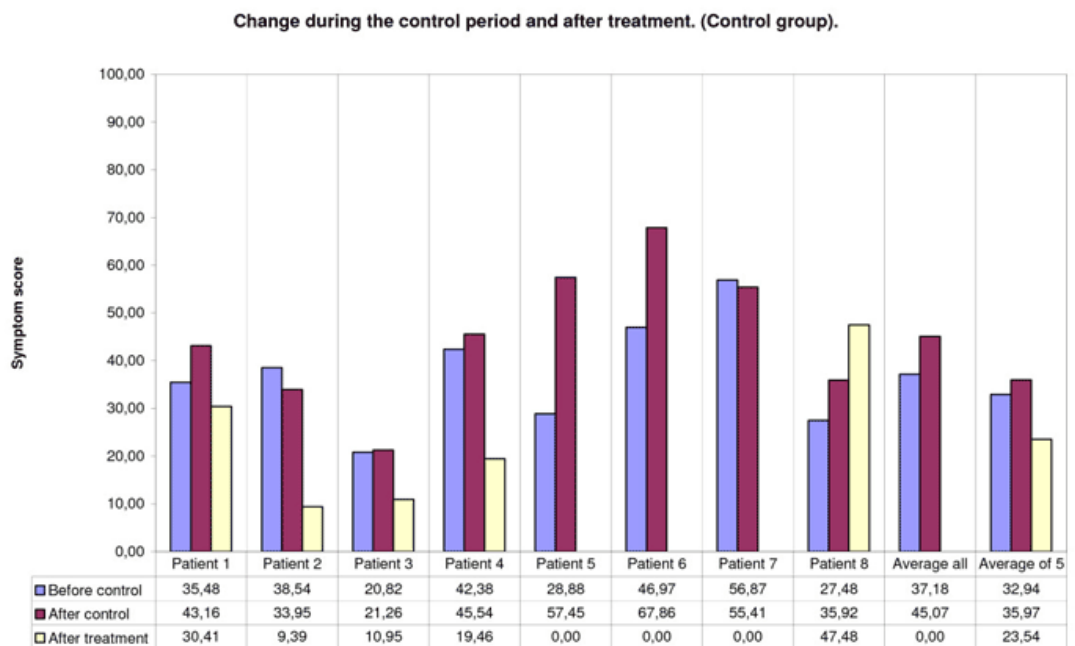
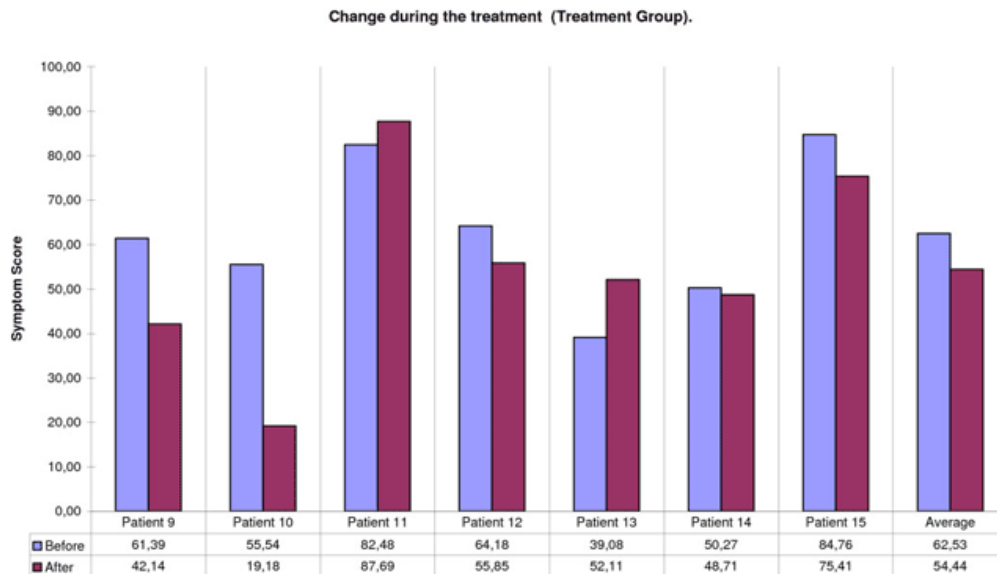
The study was registered in ClinicalTrials.gov and released 27.08.07 Reg nr NCT00521807 Approval Number: 05032001. It was registered after it was completed,

since registration of clinical trials was not so prevalent at the time it was carried out.

## Results

The seven patients in the treatment group showed an average improvement in scores of -7.1 from 62.5 to 55.4, whilst the eight patients in the control group had a deterioration of 7.9 from 37.2 to 45.1. A T-test showed the difference between the groups to be statistically significant ( $p=0.045$ ).

The five patients who received hypnosis treatment after first having been part of the control group had an average improvement of -12.43 from 35.97 to 23.54. The scores for the individual patients are shown in Figure 3.



Source: BMC Musculoskelet Disord © 1999-2008 BioMed Central Ltd

**Figure 3.**

Symptom score before and after the treatment period in the treatment group and before and after the control period in the control group, (Blue and purple columns). The results for the five patients in the control group who later received treatment is included (white column).

The total of 12 patients who completed the treatment showed a mean improvement of -9.9 from 51.5 to 41.6. It was done an estimate from a zero-hypothesis, since there was no longer any control group to compare with. A one-sample T-test on this material shows the improvement to be statistically significant ( $p = 0.046$ ).

All the 12 patients who received treatment answered the questionnaire one year later. During treatment they showed a mean improvement from 51.5 to 41.6, and after a year the corresponding result was 41.3, indicating that the improvement maintained at least for one year.

All the 12 patients reported that they used the audio tapes they had received, or some other kind of auto-hypnosis, at least once weekly, and three reported almost daily use. All of the patients also reported that they most probably would have accepted more hypnosis treatment, if available.

## Discussion

The study indicates that hypnosis treatment in general practice for patients with CWP may have positive effects, and that the effect persists over time.

Due to the small number of patients, large changes are required to make statistically significant results. Nevertheless, our analyses indicate statistically significant changes during and after treatment. It seems that some of the patients benefited strongly from the treatment, and these are the major contributors to the positive results of the study. This emphasizes the vulnerability of such a small study, but it also raises the question as to whether the variations is caused by different aetiology of the disease, or by unequal hypnotic susceptibility.

In spite of being adequately randomized, the two groups initially were very different according to their level of suffering: the treatment group starting at 62.5 and the control group at 37.2. This raises a question as to whether the part of the study based on the comparison between groups is reliable. The fact that the treatment group was worse off at the start, also raises the question as to whether the results are due to regression to the mean, indicating that there is a tendency of the extremes to normalize.[19] This, however, does not seem to be the case for the five who received treatment after first having been a part of the control-group. Even though starting at a comparable low level of suffering, they improved considerably during treatment.

This kind of study may be biased by the patients' wishes to give good evaluations in order to please their therapist, which will tend to influence the results in a positive direction. In the treatment period we tried to avoid the personal aspect by emphasizing to every participant that the results were anonymous also to the therapist, as the questionnaires were collected by the other author.

The questionnaire was developed specifically for this study. It encompasses the parameters that the study was designed to investigate, and is partly based on other, validated questionnaires, but it has not itself been scientifically validated. This dictates the need for caution in interpretation of the results. However, this pilot study indicates that further studies on hypnotic treatment for muscular-skeletal diseases and pain might be rewarding. Only two controlled studies were found on a PubMed search using the words hypnosis, general practice and trial or study.[20,21] Further studies clearly should include more patients, and validated questionnaires should be used.

Since the hypnosis treatment was not specifically designed to relieve the symptoms of CWP, it would be interesting to study the effect of a similar treatment for other kinds of suffering, i.e. chronic rheumatic diseases, chronic pain conditions, and psychical diseases like anxiety and depression.

The effect of the treatment will depend to some extent on the experience of the therapist, and also on the relevance of the suggestions and visualizations that are given. In this respect the treatment can still be improved further, in order to maximize the effect.

Recording of each therapeutic session makes way for rationalizing the treatment, for example producing all the sessions as CD-recordings combined with less time and effort-demanding counselling by the therapist. Most patients reported, however, that the live treatment done by the therapist was the most effective. Use of recordings versus live sessions should therefore be investigated in further detail.

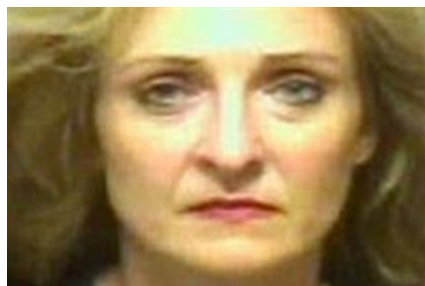
Provided with recordings of the treatment sessions, it is also probable that the treatment could be copied by other general practitioners, who would then be able to perform the treatment after some specific directed training.

## Conclusion

The study indicates that hypnosis treatment may have a positive effect on pain and quality of life for patients with chronic muscular pain. The effect seems to persist for at least one year. Considering the limited number of patients, more studies should be conducted to confirm the results.

# Shrink 'asked drugged patient to kill husband'

<http://news.ninemsn.com.au/world/8106661/shrink-asked-drugged-patient-to-kill-her-husband>



Mary Hein allegedly used sex and drugs to persuade her victim to kill her husband.

**A female psychiatrist in the US is facing trial for allegedly drugging a male patient in an effort to persuade him to kill her husband.**

Mary Hein, 45, allegedly manipulated the patient with drugs, hypnosis and sex and asked him to murder the man.

She promising him they would live together as a couple and she would split her husband's \$500,000 life insurance policy with him.

The plot failed when the man, who cannot be named, told her husband and police about Ms Hein's ruse.

The patient, also 45, had been ordered to see Ms Hein after a drink-driving offense.

She allegedly drugged him at her clinic, and had sex with him there on one occasion.

She then began visiting his home in Kenosha County, Wisconsin, where she also had sex with him, police said.

But once the patient tipped off police, they taped her discussing the murder.

Ms Hein is charged with sexual exploitation by a therapist, one count of solicitation of first-degree intentional homicide and one count of obstructing an officer.

## Hypnosis Can Relieve Symptoms in Children With Respiratory Diseases

<http://www.sciencedaily.com/releases/2010/02/100212141108.htm>

ScienceDaily (Feb. 13, 2010) — Hypnosis has potential therapeutic value in children with respiratory disorders for alleviating symptoms such as habit cough or unexplained sensations of difficulty breathing and for lessening a child's discomfort during medical procedures. Proper utilization of hypnosis as an adjunct to conventional treatment and its ability to use the mind-body connection to bring about physiological changes are explored in a provocative paper in *Pediatric Asthma, Allergy & Immunology*, a peer-reviewed journal published by Mary Ann Liebert, Inc. The paper is available free online.



Ran D. Anbar, MD, Professor of Pediatrics at SUNY Upstate Medical University, in Syracuse, NY, recommends hypnosis as a treatment option when a child's respiratory symptoms appear to have a psychological component. In his paper, "Adding Hypnosis to the Therapeutic Toolbox of Pediatric Respiratory Care," Dr. Anbar points to symptoms such as difficulty taking a breath, a disruptive cough, hyperventilation, noise on inspiration such as a gasp or squeak, and difficulty swallowing despite normal lung function as possible indications for the use of hypnosis to supplement medical therapy.



Symptoms that are absent during sleep, can be associated with a particular activity or location, or are linked to or triggered by an emotional response may be particularly responsive to hypnosis.

Published data support the benefit of hypnosis in children with respiratory disorders with a large mind-body component such as vocal cord dysfunction and habit cough. Hypnosis can also help lessen sensations of difficulty breathing and anxiety in other respiratory diseases such as cystic fibrosis and asthma. Hypnosis is also a valuable tool for easing a child's anxiety and helping patients control their response to discomfort.

Dr. Anbar cautions that hypnosis should not be attempted or considered for use by someone who is not a health care provider and has not received appropriate training in the technique.

"Dr. Anbar has added hypnosis to our therapeutic toolbox. When breathing problems have a large mind-body component, resolution with hypnosis can dramatically reduce the need for expensive testing and medications," says Harold Farber, MD, MSPH, Editor of Pediatric Asthma, Allergy Immunology, and Associate Professor of Pediatrics, Section of Pulmonology, at Baylor College of Medicine, Houston, TX.

*Editor's Note: This article is not intended to provide medical advice, diagnosis or treatment.*

## Hypnosis is all in Your Mind

<http://www.thedailystamford.com/wellness/hypnosis-all-your-mind>  
by [Julie Curtis](#) 10/28/10

When you finish reading this article, you will quack like a duck. But only if you really want to.

According to Westport-based hypnotist Marcel Klasen, hypnosis -- a relaxed or trance-like state during which one is purportedly able to communicate with one's subconscious mind -- is more than a clichéd magic sideshow: "The perception of hypnosis is that it's used solely for entertainment," Klasen says. "Yes, it can make us laugh and feel good - - because it can do amazing things -- but there are therapeutic applications to it as well." Hypnosis, he adds, is "meditation with an agenda."



Marcel Klasen works with one of his clients in his Southport office.  
Photo credit: David Esposito

"Instead of being one with the universe," says Klasen, hypnosis helps individuals become "one with themselves." And Klasen, a board-certified hypnotist, believes it helps move people beyond perceived limitations in order to achieve real change. He explains that hypnosis is really a form of behavior modification -- on a more rapid-fire scale. Whereas traditional therapy might take months or even years to enact change, "Hypnosis quickly allows people to alter their behaviors by bypassing the 'thinking' part of the mind -- or the re-programmable part that defends behaviors and actions."

But as anyone who's ever fought addiction, bitten his or her nails or struggled with anxiety is quick to tell you, the mind is a stubborn entity, to say the least. For many, the mind seems to need more than a swinging gold watch and a soothing voice to help coax it into change. According to Klasen, who was born and raised in the Netherlands and has lived in Westport for 18 years, an individual's susceptibility to suggestion is actually all in their mind. In fact, a strong indicator of success lies with the motivation of each individual. "Most people who seek help through hypnosis are already well-prepared to do so," says Klasen. They want to re-program that pattern of their subconscious but they need a goal, he says. Without it, hypnosis is literally just a daydream.

Klasen explains that hypnosis is all about helping people to help themselves feel better. To that end, his job is that of "personal trainer to the mind." And just like a personal trainer who can instruct clients about making the most of a treadmill, it is the client, after all, who winds up doing all the legwork. Hypnosis, in Klasen's view, is no different: "I look for the good in people and magnify it, he says. But it is the client who, whether subconsciously or not, makes a decision to alter their behavior. Which, in most scenarios, rarely includes quacking like a duck.

# Hypnosis Can Help Control Pain Among Women With Metastatic Breast Cancer

<http://www.sciencedaily.com/releases/2010/02/100226161430.htm>

ScienceDaily (Feb. 26, 2010) — Hypnosis can help alleviate the pain and suffering experienced by women being treated for breast cancer, according to a study by a University at Buffalo School of Social Work professor.

The randomized trial measured pain and suffering, frequency of pain and degree of constant pain among 124 women with metastatic breast cancer, according to Lisa D. Butler, associate professor in UB's School of Social Work, a faculty member in the Buffalo Center for Social Research and first author of the study.

Researchers recorded levels of pain at four-month intervals for a year. Women who were assigned to the treatment group received group psychotherapy, as well as instruction and practice in hypnosis to moderate their pain symptoms. They reported "significantly less increase in the intensity of pain and suffering over time," compared with a control group, who did not receive the group psychotherapy intervention.

However, those using hypnosis reported no significant reduction in the frequency or constancy of pain episodes.

"The results of this study suggest that the experience of pain and suffering for patients with metastatic breast cancer can be successfully reduced with an intervention that includes hypnosis in a group therapy setting," according to Butler. "These results augment the growing literature supporting the use of hypnosis as an adjunctive treatment for medical patients experiencing pain."

The study was published last year in an issue of the American Psychological Association journal Health Psychology.

The researchers also found that, within the treatment group, those patients who could be hypnotized more easily -- a group the researchers said demonstrated "high hypnotizability" -- reported greater benefits from hypnosis. These patients used hypnosis more overall, including outside of the group sessions, and in some cases used it to address other symptoms related to their cancer.

"These results suggest that although hypnosis is not at present standard practice for treating a wide range of symptoms that trouble cancer patients, it is worth examining that potential," Butler says. "Together, these findings

suggest that there may be a number of benefits to the use of hypnosis in cancer care including, but not necessarily limited to, its more traditional application for pain control."



Butler joined the UB faculty in January 2009, after doing research at Stanford University's School of Medicine. She was hired at UB to strengthen the university's research focus on "extreme events" as part of the UB 2020 strategic planning initiative. She recently published a nationally recognized study on how some people living through an extremely traumatic event -- including the 9/11 terrorist attacks -- have the ability to recover or even grow in personal and interpersonal functioning.

**Editor's Note:** This article is not intended to provide medical advice, diagnosis or treatment.



# Trance-formation: The Therapeutic Value of Hypnosis

[http://www.huffingtonpost.com/lloyd-glauber-PhD/hypnosis-therapeutic-benefits\\_b\\_790542.html](http://www.huffingtonpost.com/lloyd-glauber-PhD/hypnosis-therapeutic-benefits_b_790542.html)

As you begin listening to the sound of my voice...you will find yourself becoming comfortable... more comfortable than you've ever been before... and as this comfort increases... perhaps you will find your mind drifting off to a special place... a safe place... a place where you can begin to...

And so begins a hypnotic induction. Very few psychological terms have quite the emotional impact that "hypnosis" does. All sorts of beliefs surround the concept, most of which have little to do with what hypnosis actually is.

I've encountered individuals who perceived hypnosis to be a coma-like state similar to anesthesia but without drugs. Likewise, stage hypnotism provides images of people doing things they don't normally do with no memory of their occurrence, suggesting that one loses control of one's mind when "under." Shades of "The Manchurian Candidate" still lurk around the edges of hypnosis. In reality, stage hypnotists are very adept at selecting people who will easily comply with instructions that are given. A svengali hypnotist, a compliant individual and a large crowd will make for an entertaining performance, but this has nothing to do with clinical hypnosis.

So what exactly is hypnosis? In order to answer this question, we need to first explore a couple of universal experiences, typical everyday events that we take for granted. Let's begin with what we commonly refer to as a daydream. When daydreaming, we temporarily suspend our focus on external events and drift into an internal sensory reality of our own making. In fact, we can become so absorbed in our fantasy that, at times, we literally don't hear what's happening around us. Who hasn't had the experience of having one's name called a number of times before you suddenly realize that somebody is trying to get your attention?

A second universal experience frequently occurs while listening to music in a car. You're driving along listening to the radio when an oldies station begins

playing a tune from your high school years. Suddenly, you become flooded with images and feelings from that time in your life. For a brief moment in time, you are reliving the past. The music triggers an instantaneous response that we can no sooner prevent than we can our ability to breathe.

Each of these experiences, as common as they are, when occurring in the context of hypnosis is considered a hypnotic phenomenon. The first, becoming deeply

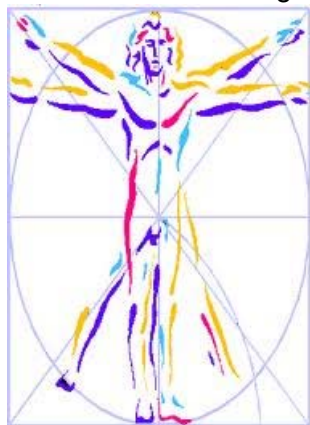


absorbed in fantasy and losing track of the reality around you is, literally, a trance state. This "zoned-out" state is never fully appreciated as a trance because of context -- that is, it's occurring in the flow of everyday experience. Likewise, remembering intensely something from our past, like the music from our high school years, is called "age regression" in hypnosis. These are just two of a number of everyday mental events that have their hypnotic counterparts.

So does this mean that hypnosis is just a name for common states of consciousness pretending to be something that it's not? No, but what it does mean is that hypnosis is the ability to use the brain's unique information processing capacities that occur routinely, in a systematic and targeted way to help people make important shifts in thinking, feeling, sensing and behaving.

So how are these capacities accessed? The answer is through language. Hypnosis, more than any other therapeutic intervention, is built upon linguistic skills. In order to get people into a more fluid state, you have to use words in ways that differ from everyday conversation. It is about what you say and how you say it. Hypnosis is first about altering pace... sloooooowing things down... triggering the body's relaxation response automatically.

Once you have established comfort, the ability to alter people's experience becomes easier. Thus, age regression can be used to revisit personal historical events that needed addressing in a safe way. Phobias built upon traumatic experience can be approached in this manner. Similarly, uncomfortable feelings that occur frequently can be



explored safely with the object to locate its origin and create an emotional context for change.

Likewise, imagining the future in a positive way with all the accompanying feelings and sensations is also possible. Sports performance -- or performance of any type, for that matter -- can be approached this way. The

goal here is to create a complete internal sensory experience that duplicates reality. That means that all the senses -- hearing, seeing, feeling, touching and smelling -- are involved in this creation. The more real the imaging, the more powerful the experience, because the brain does not distinguish between the two. Thus, hypnosis has the capacity to explore the timeline in either direction for change.

Sometimes, suggestions are best presented without the awareness of the person. This is typically accomplished through some linguistic sleight of hand where words are spoken on multiple levels simultaneously using a bit of pleasant confusion so as to allow for the unconscious mind to

perceive a meaning independent of conscious awareness. As a result, the individual can potentially respond to what was "heard" without knowledge of it.

In sum, hypnosis is a subtle yet powerful way to effect changes in thinking, feeling, sensing and behaving through the vehicle of sophisticated linguistic skills. On its most basic level hypnotic trance is a powerful stress-management tool. And given the amount of anxiety-generated stress that people have these days, managing it through hypnosis may be a useful choice for many individuals. Unlike other excellent stress-management technologies like meditation and progressive relaxation, hypnosis has the additional utilization component built into the process. In other words, the state of consciousness available through hypnotic trance affords an opportunity to tap into the brain's capacity for making changes on sensory, emotional and behavioral levels.

Fortunately, the "mind-control" image that has surrounded hypnosis is slowly being replaced by a more scientific understanding of the mind/brain. Ironically, on a certain level hypnosis is mind control but not with the typical connotation. Rather, it is the ability to take control over the multiple levels of one's own mind so as to generate therapeutic changes. And what can be more powerful than that?

So as you finish this article... feel free to feel more comfortable with yourself... and perhaps more confident than you've felt in a long, long time... and use this feeling... in those places... and at those times... and with those people... where you need it.

## Eat right, exercise -- and use hypnosis?

<http://www.calgaryherald.com/health/right+exercise+hypnosis/3918163/story.html>

What do you think of when you hear the word hypnosis?

Does it bring to mind Hollywood images of smooth talking tricksters?

If you think of hypnosis as manipulation or hocus pocus, it's hard to understand how it can become an integral part of an effective weight loss plan.

But the more you understand what hypnosis really is, the more you will see it as a powerful tool to help you achieve your goals.

Many of us have struggled to lose weight, and many of us have put the weight back on. One of the reasons for

this is that willpower is often not enough. Studies show that people who add hypnosis to their fitness plans lose more weight and keep it off longer. Really! So how does it work?

Hypnosis simply refers to being in a deeper state of consciousness, a state that most of us enter into naturally without even knowing it.

Have you ever been driving a familiar route and been so preoccupied with your thoughts that you actually drove right past your destination?

Or have you ever been so immersed in a book or movie that you didn't notice what was going on around you?



If so, then you have been in a hypnotic state where you were so inwardly focused that you were unaware of what was happening around you.

Being in this state allows us to remove all distractions so our brains can work more effectively. During hypnosis, our left brain, the part responsible for critical thinking and analyzing problems, takes a break.

This allows our right brain which is responsible for creativity and intuition to take over. In a conscious state, our left brain often holds us back, but when we enter a deeper state of consciousness, our imagination has more control which is essential for targeting deeper issues and getting to the root of problems such as overeating or a lack of motivation to make healthy changes.

Elite athletes have long used the power of their imagination to visualize success.

That's essentially what hypnosis is. Rather than just relying on willpower and good intentions, we can end the cycle of starting to eat right and exercise then going right back to old habits.

By exploring our barriers in hypnosis, we can visualize new ways of thinking and behaving.

I have personally used hypnosis CDs to overcome my nervousness about public speaking and making television appearances. I used to be skeptical, but now I know that it works!

I have put together a weight loss hypnosis CD that helps people deal with emotional eating, dieting barriers and motivation to exercise.

I worked with psychotherapist Lynn Lambert, one of the best in her field, because I believe strongly that when it comes to achieving weight loss success, it is mind over matter.

If you've struggled with thoughts like "I can't stick to it" or "Why bother? I am just going to fail anyways," then you



may want to change the way you think. Our subconscious is more influential than you may realize.

Remember, hypnosis isn't magic. You can't expect to be hypnotized and then start losing weight without changing your diet and exercise program!

But if you use hypnosis in combination with diet and exercise, you will see amazing results because you will be making the right choices during the day while targeting the root issues during your hypnosis.

Just as Olympic athletes use the mind-body connection to win the gold, you can use it to finally conquer your weight loss demons and be the best you possible!

Why not give it a try? Pick up a copy for just \$19.99 at either Calgary Fitness Plus location or head to [www.jarilove.com](http://www.jarilove.com) where you can choose from a CD or downloadable version.

Jari Love is a Calgary-based certified personal fitness trainer and creator of the critically acclaimed Get RIPED! workout and DVD series. She also co-owns Fitness Plus with her husband, Ray Love. Visit Jari online at [www.jarilove.com](http://www.jarilove.com)



# A Word from Rick....

Welcome to December and to the obviously final newsletter of 2010, another great effort by Michael to keep us all cohering and up to speed with what's been happening in front of and behind the scenes of hypnosis.

Personally it has been a challenging past six months with health problems slowing me right down and taking a bit of a prominence. However that said all is well again now and I am looking forward to full steam ahead in 2011. The most significant political change for us here in Western Australia was a changing of the guard if you will for the PHWA which has been a great thing and re infused some energy into the association so that can only be a good thing. From what I can understand, nationally things are still moving forward and coming together step by step, ah the joys of politics.



I spent the past 10 days conducting some Hypnotic Quit Smoking Seminars and a couple of family acceptable entertainment shows in Victoria and finished up by completing a 4 day AMD training in Melbourne and would like to welcome all of the new students and thank Jai Waugh and Michael for their help. A DVD of the Quit Smoking Mass Hypnosis seminars will be available in the Students only section at [mindmotivations.com](http://mindmotivations.com) by the 20<sup>th</sup> of December. If you don't have a username and password to access the section please email Ryan Mentzer at [sales@resonanzrecordings.com](mailto:sales@resonanzrecordings.com) and he will send you one. The entrance is found on the front page below the Video on the top LH side and is the line that says "Students Only".

2010 seems to have gone by in the blink of an eye, making way for what will no doubt be an exciting 2011. Something to look forward to is that I have secured an agreement to bring the French/Italian Mesmerist Dr Marco Paret to Australia in May 2011 to conduct training in either Sydney or Melbourne. For those of you not familiar with his work, Dr Paret is without doubt the most talented therapeutic Mesmersit/Hypnotherapist alive on the planet today and can induce a somnambulistic trance often with just a look. These talents are light years ahead of traditional hypnosis and a galaxy in front of NLP or Ericksonian hypnosis. The training will only be available to students of the academy and it will significantly improve any student's hypnotic abilities a long way beyond any other hypnosis or NLP training available anywhere. If you want to see what Dr Paret can do go to you tube and search for Dr Marco Paret. I have had considerable interest from academy students already and more information will become available in the New Year.

As for myself I have a busy 2011 in front of me with the release of a weight loss program on US TV in the first week of January, Eastern States training in February and training in the USA for most of March, so perhaps there truly is "no rest for the wicked".

In closing I would like to thank Michael and John and everybody else for their patience and support during 2010 and wish everybody a fantastic Christmas and an even better New Year. If nothing else I think that 2011 is going to prove to be a very interesting and positive year for hypnosis and I hope it brings you and yours all you wish for.

**Kind Regards**

**Rick Collingwood**

## Script of the Month

### Fear of Flying

It's a wonderful feeling to be up there above the clouds, flying over the world - but if you're afraid of flying then your mind will be distracted from the excitement and focused entirely upon the fantasized imminent danger...

"Imagine now that the day has come for your flight - your cases and bags are packed ready and loaded into the car - you've checked to make sure you've got everything you need - tickets, money, travelers cheques, passport - everything is in order. You're already beginning to feel excited - remember when you were a child how you couldn't sleep the night before your birthday, or Christmas, or holidays - that wonderful feeling of anticipating that something good is going to happen - just remember that feeling. And imagine yourself in the car (or train) on your way to the airport - notice who is with you - where you are sitting, what you are wearing - allow yourself to become really absorbed in that lovely holiday feeling.

And all the time you feel really good inside. Something special is happening to you - you're about to visit strange lands, the world is such an incredible place and its amazing to think that whilst you are hear right now - in just a short time you can be thousands of miles away.

Now see yourself at the airport - having your luggage weighed and taken away on the conveyor belt, and you make your way to the boarding area.

And on the way to the boarding area you purchase a book, which looks really interesting, and you're holding that book in your h and as your flight number is called out and you board the plane.

Now you're in your seat, with your family (or friends) close by, your book in your lap, your seat belt already fastened - and you're still feeling really good inside.

And shortly the plane begins to move along the runway - gaining speed until it lifts up in the air, you are leant back in your seat, perhaps sucking a mint or a sweet with your book open on your lap.

And you begin to read the book, becoming quickly absorbed in its contents, and still feeling incredibly good inside.

When you look out of the window you're way above the clouds and the plane glides smoothly through the sky and it feels amazing up here, above the earth, good feelings inside you - incredible feelings, calm and tranquil feelings - and the hostess soon comes around with the food and drinks and you enjoy your meal before reading some more of your book.

In-between talking and eating and reading you manage a short sleep and dream that you're already there - enjoying your holiday - feeling good, holiday feelings.

And before you know it the plane is descending and your ears may feel strange for a while but you know that they'll soon be fine again - and you land with a slight bump and the plane continues along the runaway until eventually it slows down - and stops - and you really enjoyed that flight - so much so that you're already looking forward to making the return trip, for you know that everything will be fine. You really enjoyed the flight, it made you feel good.

And because you're prepared in your mind - your flight will go almost exactly the way you've imagined it - the good feelings, especially, will be stronger than that. And you'll really enjoy this flight. You're okay, you feel fine, you feel good and confident and in control.

And every time you travel in the future you will be eager to fly in a plane. You'll be surprised, at how much you enjoy yourself - and the world is your oyster now - you can really begin to enjoy yourself.

One, two, three, four, five.



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## Up Coming Dates:

<b>5 Day Power Hypnosis &amp; Fascination Training SYDNEY</b>	<b>7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup> February 2011</b>
<b>Certificate of Clinical Hypnosis PERTH</b>	Part 1 – 11 <sup>th</sup> , 12 <sup>th</sup> , 13 <sup>th</sup> March 2011 Part 2 – 18 <sup>th</sup> , 19 <sup>th</sup> , 20 <sup>th</sup> March 2011 Part 3 – 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> July 2011
<b>Four Day Power Hypnosis PERTH</b>	Part 1 – 10 <sup>th</sup> , 11 <sup>th</sup> September 2011 Part 2 – 17 <sup>th</sup> , 18 <sup>th</sup> September 2011

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## Future Articles

The Mind Motivations™ Newsletter would welcome any articles or stories. Please submit any inclusions via email to the [MM\\_Newsletter@iinet.net.au](mailto:MM_Newsletter@iinet.net.au) email address. The Editor reserves the right to amend any article to fit with size limitation requirements and to correct spelling, grammar or factual content.

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