

What is Hypnosis & Hypnotherapy?



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College of
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Contents

1	A Brief History of Hypnosis	1
2	Hypnoidal States	6
3	Depth of Trance	8
4	The Mind and the Power of the Mind	10
5	Hypnosis: Inducing, Deepening and Awakening	12
6	Symptoms Hypnotherapy can help with	14
7	The Feelgood Factor: Ego Strengthening	16
8	Ethics, Myths and Stage Hypnosis	18
	Appendix	21
	About LCCH International	21

CHAPTER 1

A Brief History of Hypnosis

A long time before the word hypnosis was ever used, priests, shamans and healers across the globe were deliberately inducing trance states with the intention of “healing”.

As far back as 5000 years ago, in ancient Egypt, people seeking to be cured of their physical and psychological illnesses would attend temples in the hope of experiencing a cure. This practice spread to Roman and Greek civilisations who built sleep temples, which people attended, hope that they would dream what needed to be done to help relieve their suffering.

An important part of all of these processes was linking the experience of trance or dream states to a religious or spiritual underpinning. Believing that the answer came from a divine source lent weight to the process. Cures often included the use of incense, prayers and rituals where incantations containing suggestions for the desired outcome were given. It also helped that in many cases, part of the treatment included practical elements to encourage recovery and wellbeing such as regular bathing and special diets. What these early spiritual healers realised was that if healing was to occur, then both parties needed to work together.

Building on the concept of collaboration, from the 1500s, physicians began to think that incantations worked due to the confidence of the healer and their patient, and the ability to imagine a positive outcome by both parties. The Swiss physician Paracelsus (1579-1644), clearly believed in the power of imagination to affect health, suggesting that: ‘The spirit is the master, the imagination the instrument, the body the plastic material’ (Waterfield, 2004). Some historians suggest that hypnosis developed from these early trance-inducing rituals. However, others maintain that modern hypnosis has its origin in Europe with the development of Mesmerism.

Having previously studied Philosophy, Dr Franz Anton Mesmer



In Greek mythology Hypnos is the god of sleep. Hypnosis spread to Roman and Greek civilisations who built sleep temples hoping that they would dream what needed to be done to help relieve their suffering.

A Brief History of Hypnosis

(1734 -1815) graduated in medicine in Vienna in 1766. His final dissertation was called “On the Influence of Heavenly Bodies on the Human Body.” In this, he suggested that the influence of the planets disturbed the flow of an invisible fluid in the body (which he named animal magnetism), and that imbalance in this fluid resulted in illness. From these ideas, Mesmer developed a treatment which used magnets to try and rectify any imbalances in animal magnetism, which became known as Mesmerism. Later, Mesmer believed he could magnetise substances such as paper and glass, and finally decided that he could use his own animal magnetism to rebalance the invisible fluid and restore patients to health. His claim was doubted by some, but in 1778 Mesmer began practising Mesmerism in Paris, a flourishing medical centre in Europe.

In 1784, the Franklin Enquiry, chaired by Benjamin Franklin, the American Ambassador in Paris, was commissioned by King Louis XVI to investigate Mesmer’s claims about the effectiveness of his treatment. Following their own experiments, the enquiry concluded that animal magnetism didn’t exist. They felt that patients own imagination and the suggestion that they would be cured played a large part in any improvements in patients health. Whilst Mesmer was discredited by this investigation, his ideas lived on and were adapted by others, such as the Marquis de Puységur (1751-1825) who called the state he induced in subjects “magnetic sleep” and José Custodio de Faria (1756-1819) who referred to a similar state as “lucid sleep”.

Abbé Faria was a Catholic Priest born in Goa, who became well known around 1814-15 for public demonstrations of animal magnetism. In 1819, his book called “On the Cause of Lucid Sleep”, proposed that lucid sleep (which we would now recognise as a hypnotic trance state), was the same as a natural sleep (which we now know it is not!) and emphasised that it was the power of suggestion creating this state, not animal magnetism. His thoughts on suggestion

probably influenced the work of Ambroise-Auguste Liébault (1823-1904) who with Hippolyte Bernheim (1840-1919) went on to start the Nancy School of hypnosis. Both of these hypnosis pioneers believed that suggestion was responsible for physical and psychological changes experienced in hypnosis. Emile Coué (1857-1926), a French pharmacist met Liébault and built on his ideas to develop his autosuggestion method, a forerunner to the modern use of self-hypnosis.

In Paris, a rival School of hypnosis based at Salpêtrière Hospital was headed by Jean-Martin Charcot (1825-1893), a neurologist and surgeon. Specialising in the treatment of hysteria, he linked the experience of hypnosis with this condition. Over time it became widely accepted that suggestion was central to the therapeutic use of hypnosis rather than this being linked to hysteria. However, Charcot did identify some hypnotic phenomena as part of his work and influenced several important pupils including Sigmund Freud (1856-1939) and Pierre Janet (1859-1947) in their studies of hypnosis.

Freud (who also studied with Bernheim in 1889), went on to use hypnosis as part of the Abreaction Therapy approach, he developed with Dr Josef Breuer (1842-1925). He later abandoned the therapeutic use of hypnosis and went on to develop his own form of therapy, Psychodynamic Therapy. However, he did state that his study of hypnosis helped him understand the “unconscious mind” and, as a result, the unconscious motivations behind his patient’s behaviour. Janet, meanwhile, was the first to recognise and put forward a theory of hypnosis based on dissociation, whereby hypnosis produces a division in consciousness.

The scientific research taking place in France into all aspects of hypnosis made Paris a natural choice to stage the First International Congress for Experimental and Therapeutic Hypnotism on August 8-12, 1889, which Bernheim, Liébault, Charcot, and

A Brief History of Hypnosis

Freud attended.

Other medical advances during the 19th century include the use of hypnosis in surgery. For example:

- 1821 - the first use of a “mesmeric coma” (what we now know to be hypnoanaesthesia) by French surgical pioneer Joseph-Claude-Anthelme Récamier (1774-1852)
- 1829 – Dr Jules Germain Cloquet (1790-1883), performed a mastectomy using hypnoanaesthesia
- 1834 – Dr John Elliotson (1791 – 1868) an English physician reported success in numerous cases using hypnosis as an anaesthetic
- 1845 – 1851 – Dr James Esdaille (1808-1859) performed surgery on around 300 patients in India using hypnosis as an anaesthetic

Along with Elliotson and Esdaille, James Braid (1795- 1860), a Scottish physician, became interested in Mesmer’s ideas having seen a demonstration of Mesmerism in 1841. Experimenting to determine what caused the trance state, Braid rejected Mesmerism as the source, instead, linking it to eye fatigue in the subject. Following this, he created trance states in subjects by getting them to fix their attention on an object. He later became aware that he could produce a trance state by suggestion alone. He called this process hypnosis. Braid is sometimes wrongly credited with having invented the terms “hypnosis” and “hypnotism.” However, these terms find their roots in the work of Etienne Felix d’Hénin de Cuvillers (1755-1841) in 1821 (Gravitz 1993), also a follower of Mesmer.

The use of hypnosis in surgery would have probably continued to gain interest if chemical anaesthetic hadn’t been discovered in the mid-1840s. Necessity sometimes meant that hypnoanaesthesia was reintroduced in the 20th century. For example, when Sir Michael Francis Addison Woodruff (1911-2001) used this due to lack of conventional anaesthetics being available to Japanese prisoners of war in Singapore in 1945.

Similarly, interest in the use of hypnosis for preventing birth pains, started in Russia in the 1920s by Konstantin Ivanovich Platonov (1877-1969) and Il’ia Zakharevich Vel’vovskii (1899-1981) led to these ideas being spread throughout Europe. French obstetrician



James Braid (1795- 1860), a Scottish physician, became interested in Mesmer’s ideas having seen a demonstration of Mesmerism in 1841.

A Brief History of Hypnosis

Fernand Lamaze (1891–1957) was so impressed after visiting Russia to that he took this method back to France, where it became known as the “Lamanze Technique.”

In 1955 the British Medical Association stated, “there is a place for hypnotism in the production of anesthesia or analgesia for surgery and dental operations, and in suitable subjects it is an effective method of relieving pains in childbirth without altering normal course of labor” (BMA, 1955). A view endorsed by the Roman Catholic Church, when in 1956, Pope Pius XII approved the use of hypnosis in childbirth (Pope Pius XII, 1956).

In 1958 The American Medical Association followed by recognising the value of the use of hypnosis in medical and dental practice (AMA 1958).

The use of contemporary clinical hypnosis builds on these early medical experiences and its subsequent acceptance by the medical profession for a variety of clinical uses.

The growing acceptance of medical uses of hypnosis fuelled the interest of researchers, particularly in America, such as Clark Hull (1884-1952), to scientifically study hypnosis and its associated phenomena. Building on the work of research pioneers led to the creation of the first versions of the Stanford Hypnotic Susceptibility Scale (A & B) in 1959, by Ernest Hilgard (1904-2001) and André Weitzenhoffer (1921-2005). This provided a reliable measurement of a subject’s response to the experience of hypnosis across multiple backgrounds.

Whilst scientific research was being pursued, Milton Erickson (1901-1980), a notable American psychiatrist, was developing his own distinctive style of hypnotherapeutic approach. He believed that each person was unique, and so required an individual therapeutic approach. This led to him invent many hypnotherapeutic techniques, which

he extensively documented, influencing the practice of modern hypnotherapy. This, in turn, created an approach to practice known as Ericksonian hypnotherapy.

Meanwhile, Erickson’s contemporary, a skilled American vaudeville hypnotist called Dave Elman (1900-1967), despite having no medical training, taught up to 10,000 doctors and dentists how to use hypnosis from 1949 onwards. Unlike Erickson, Elman produced only one book simply titled “Hypnotherapy”, but this influential book contains techniques which remain relevant and popular today.

In this brief look at the history of hypnosis from its earliest origins, it’s impossible to cover even a small amount of the pioneers who have been influential in bringing the practice of hypnosis and hypnotherapy to the point it’s reached today. What is perhaps most exciting is that if you wanted to, you could become a present-day pioneer in the study and practice of hypnotherapy.

A Brief History of Hypnosis

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CHAPTER 2

Hypnoidal states

Waking Hypnosis

You experience waking hypnosis several times every day. It is a state that occurs naturally when your attention is fixed on one thing so that it absorbs you to the exclusion of all else.

Daydreaming and reverie

Daydreaming and reverie are perhaps the most common hypnoidal states, as when we look forward to things in the future, re-experience events from the past or imagine something that may never happen.

The hypnogogic and hypnopompic states

These hypnoidal states are experienced during the transition between wakefulness and sleep.

- **Hypnogogic**
This is the state you experience as you go to sleep.
- **Hypnopompic**
This is the state you experience as you wake up.

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CHAPTER 3

Depth of trance

Light trance

90% of people can achieve this depth of trance (Tart 2009). People in a light trance tend to, close their eyes, move their eyes rapidly (this is rapid eye movement - or REM), don't move, breathe more slowly and swallow more frequently. Often their facial features become very relaxed.

Medium-depth trance

Between 70% and 90% of the people who can go into a light trance will be able to achieve a medium-depth trance (Tart 2009). When people are in a medium trance, their head often sinks towards their chest, whilst their body sinks into the chair. Their jaw muscles slacken, and their facial features relax even more, whilst their eyelids stiffen (catalepsy). Changes in skin tone (flushing or going pale) occur, and they feel lethargic and are slow to respond, often experiencing a feeling of heaviness in their limbs.

Additionally, people in a medium depth of trance sometimes experience a partial loss of sensation (partial anaesthesia) and a sense of reduced awareness of their body, either in specific parts or all over.

Deep trance (somnambulistic state)

Deep trance is sometimes referred to as somnambulism. Between 10% and 15% of the people who can go into a light trance will be able to achieve



Depth of trance

a deep trance (Tart 2009). People in a deep trance may sometimes experience amnesia, out-of-body feelings (depersonalisation), hallucination and full anaesthesia.

Some people who are deep in trance slump deeply in the chair and take a long time to respond to suggestions. Others appear to be fully awake, have open eyes walk and talk.

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CHAPTER 4

The Mind and the Power of the Mind

The conscious

The conscious mind contains what we are explicitly aware of at any one moment in time. Miller (1956) hypothesised that at that moment, it can hold up to 7 ± 2 items of information. Everything that the conscious mind holds also resides in the preconscious and unconscious mind, so the conscious is conceptually tiny compared with the rest of the mind – like the tip of an iceberg visible in the ocean. Our conscious mind guides us through our day-to-day experience based on the contents of the preconscious and unconscious.

The preconscious

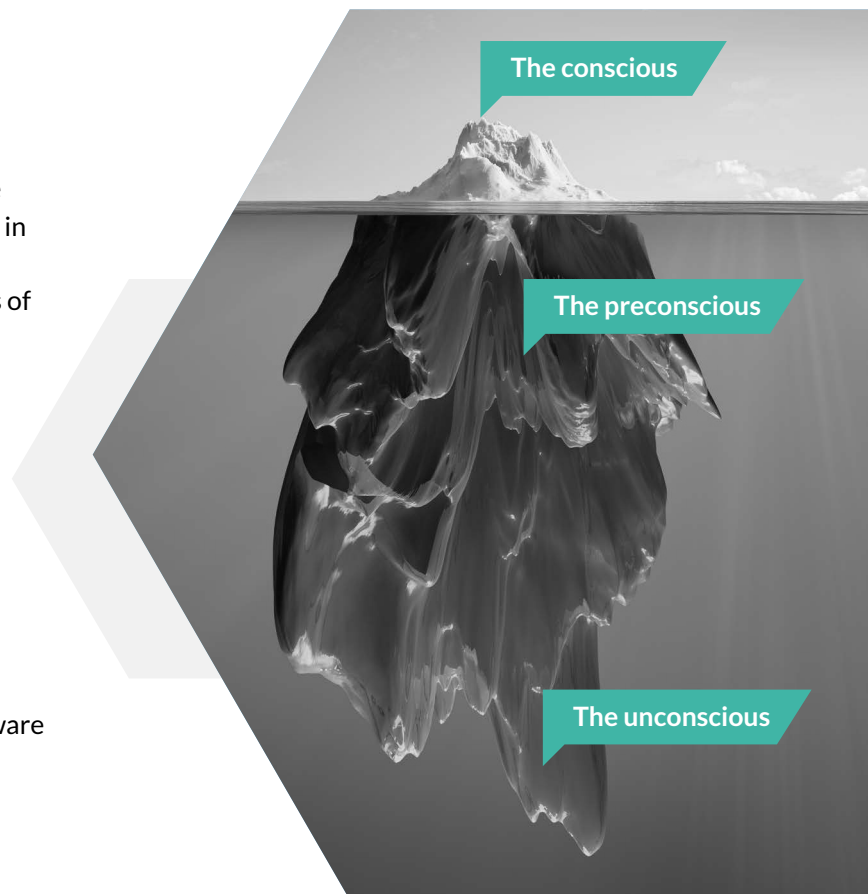
The preconscious contains memories that we are aware of but have no present need for in the immediate moment.

The unconscious

The unconscious contains memories we are unaware of and can't easily access. These memories are, however, available in altered states.

Some would say that everything we have ever experienced is stored in both our preconscious and unconscious. That includes the skills we have learned, as well as your attitudes, habits and beliefs.

Our preconscious and unconscious mind can influence automatic functions like breathing, blood flow and heart rate.



The Mind and the Power of the Mind

The Power of the Mind

The mind can produce some very powerful and convincing physical sensations. Anything that produces an internal change (response) without the presence of an external trigger (stimulus) can be used to demonstrate the power of the mind.

Heavy and Light Hands

If it is suggested to a subject that their hands are becoming very heavy or very light – or that one is becoming heavy and the other light - this can be sufficient to make the hands physically move up or down in response to the given suggestions.

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Hypnosis: Inducing, Deepening and Awakening and Beyond

A full hypnotherapy session can take up to one and a half hours to complete.

It is composed of different sections that allow the therapist and client to get to know each other, collect information about the presenting problem, define a goal for therapy and then carry out the therapy itself. The hypnosis part of a session is also split into different sections:

- **Hypnotic induction**

This is the means of inducing the trance. The goal here is for the therapist to simply help their client transition from the awake state to the trance state. There are many types of induction, some of which require the therapist to be directive and give instructions to their client, such as “Close your eyes.” Others are more permissive perhaps inviting their client to “allow your eyes to comfortably close”. A therapist uses the details they have gained from their client to select the right techniques and approach for each individual client.

- **Deepening the trance**

The therapist helps their client to achieve a deep enough trance for the therapeutic work they plan to do. It is generally agreed that it is not the depth of trance that the client is able to experience that influences the therapeutic outcome, but rather their motivation to buy into the therapeutic process.

- **Therapy**

The part of a hypnotherapy session where



Hypnosis: Inducing, Deepening and Awakening and Beyond

the therapist delivers the suggestions, post-hypnotic suggestions and other therapeutic approaches. By carefully using the client's language patterns, and matching therapeutic techniques to their unique needs, the therapist helps their client to achieve the outcome they desire.

- **Awakening**

At the end of the therapy session the therapist will awaken their client and remove all suggestions that are no longer required – such as heavy eyelids.

- **Between session tasks**

The therapist may also recommend tasks for their clients to carry out between therapy sessions, such as practising self-hypnosis, keeping a diary to identify moods, behaviours etc. Such tasks support the client's progress towards achieving their goals. Research suggests that those who complete their between session tasks have better therapeutic outcomes.

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CHAPTER 6

Symptoms hypnotherapy can help with

Hypnotherapy has become an increasingly popular and effective means to help people experiencing the effects of a wide range of presenting symptoms.

We need to remember that hypnotherapy has been used as both a successful adjunctive therapeutic intervention when combined with conventional medicine, and as an intervention alone when conventional medicine can't help (Cowen 2016).

The following is an example of some of the symptoms hypnotherapy has been used to address:

- **Psychological symptoms**

- Anxiety and stress
- Panic disorder
- Phobic disorder
- Obsessive compulsive disorder
- Trauma
- Eating disorders
- Sleep disorders
- Psychosexual disorders
- Depression
- Pain

- **Physical symptoms**

- Hypnotherapy addresses the psychological response to an existing condition, such as:
 - Cancer
 - Allergies
 - Dystonias
 - Cardiovascular issues
 - Dermatological disorders
 - Infertility
 - Improving post-surgical healing rates (Ginandes et al 2003)
 - Improve healing rates after major burns (Berger et al 2010)



Symptoms hypnotherapy can help with

Also some of the areas of positive achievement that hypnotherapy can help with:

- **Goal orientated interventions**
 - Weight control
 - Work and study performance
 - Sporting enhancement
 - Positive thinking
 - Goal setting and achievement
 - Performance anxieties

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CHAPTER 7

The Feelgood Factor: Ego Strengthening

Emile Coué's original method of Autosuggestion encouraged his patients to give themselves optimistic positive suggestions, such as the famous affirmation "every day in every way, I am getting better and better" (Coué 1922).

Coué advocated repeating this phrase twenty times each morning and evening so that this positive suggestion was taken up by the unconscious mind. He described the process as "implanting an idea in one's self through one's self" (Coué 1922 p 21).

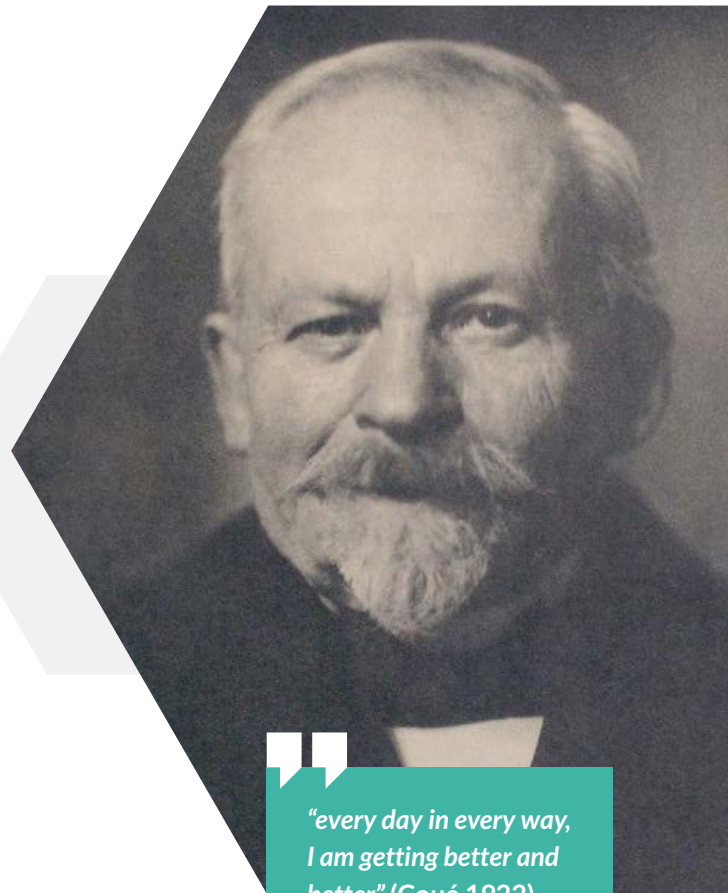
Building on this famous affirmation, John Hartland popularised ego strengthening, which has become an essential part of clinical hypnosis. This can be either as a stand-alone intervention or as a component within a hypnotherapy session to enhance other hypnotic interventions (Waxman 1989). In effect, ego strengthening is a core component of hypnotherapy as it encourages the unconscious mind to focus on what it can do, rather than what it can't!

Some popular therapeutic ego-strengthening suggestions include:

"...as each day goes by ... you are going to become ... a little more mentally calm ...

as the days and weeks and months go by...you find yourself feeling a greater sense of wellbeing...both mental and physical wellbeing...

...and it will be perfectly natural that you will cope better...with anything...or anybody you encounter in your daily life..."



*"every day in every way,
I am getting better and
better" (Coué 1922)*

The Feelgood Factor: Ego Strengthening

Ego strengthening is most effective when personalised for a client's specific needs, something that hypnotherapists are trained to do.

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CHAPTER 8

Ethics, Myths and Stage Hypnosis

Stage hypnosis is very different from hypnotherapy!

For many clients, the only concept they have of hypnotherapy is what they have seen through the entertainment industry. To counter this, hypnotherapists explain the reality of stage hypnosis to their clients and highlight how different it is to hypnotherapy:

- Stage hypnosis is an entertainment designed to please an audience at the expense of the 'hypnotised' individual. In contrast, hypnotherapy is an approach designed to help an individual improve their personal life through the application of hypnosis.

Hypnotherapists break stage hypnosis down into component parts for their clients to highlight how different it is:

- People going to a stage hypnosis show expect that funny things will happen and that people will be made to act foolishly. In other words, the audience is already setting up expectations before they have even got to the theatre.
- Stage hypnotists use the word 'hypnosis' for its (erroneous) esoteric connotations and to set up the audience belief that something mystical will happen.
- By the time the show starts, people may well have indulged in some alcoholic beverages. Alcohol is a drug that can cause people to become disinhibited.



Ethics, Myths and Stage Hypnosis

- Most of those volunteering to go on stage will be at the show with a group of friends and will therefore want to 'act up' for them.
- Those volunteering to go up onto the stage will also, by their very nature, have extrovert personalities.
- A series of suggestibility tests are carried out that are intended to weed out those who will not follow the hypnotist's instructions. The moment anyone fails one of these, they are returned to the audience.
- There are stooges on stage: people playing the part of an audience member who is responding to the hypnotists every suggestion. This reinforces the 'reality' of the so-called power of the hypnotist for those remaining on stage.
- Any of the remaining people on stage who fail to respond at any point during the hypnosis show are returned to the audience.
- All applause is directed towards the 'hypnotised' subjects in order to feed their egos and spur them on to continue to act 'hypnotised', whilst the hypnotist adopts an attitude of being in control of the people on stage.

In effect, the stage hypnotist is working with disinhibited extroverts who are highly suggestible and know what's going to happen!

Hypnotherapy is about collaboration

Hypnotherapists ensure that their clients understand that:

- Hypnotherapy is a collaboration between a client and a therapist
- Both people are both working towards a common goal: in other words, what the client wants to achieve from therapy
- The therapist only acts as an expert guide to help their client achieve their goal in a safe and ethical way
- The therapeutic direction taken will be through informed consent and that the client always has the right to say "no"

Hypnotherapists never use the 'C' word!

Hypnotherapists never offer to cure! Most ethical codes of conduct used by therapists state this as it is unethical to do so and represents a promise that may not happen. Like all medical and psychological therapies, there are no guarantees that hypnotherapy will work. Granted, it is an effective therapy that stands with all the others, but like all the others, there are many reasons why it might not work for an individual. These can include:

- It's not the right therapy for the person's personality. Particular therapies can attract particular personality types (e.g. analytical minds might prefer psychoanalysis or psychodynamic talking therapies such as Jungian analysis or Gestalt Therapy).
- A client may think that hypnotherapy is the easy option and are not prepared to put the effort into making it work. It is worth remembering that hypnotherapy requires just as much effort on the part of the client as any other therapy.
- A client may not be ready to change but come for hypnotherapy just in case it happens without them having to put any effort in.

Ethics, Myths and Stage Hypnosis

- A client may have been told to go for therapy by their partner, parent, friend etc. yet they themselves don't want to change. Remember that therapy will only be effective if there is a genuine desire by your client to want to change.
- Relapses can and do happen. In their stages of change model, Norcross et al (2011) identify that relapse is a natural potential for anyone is trying to make change and before reaching their final goal.
- Not changing is the outcome your client ends up wanting. The process of therapeutic change may give your client the insight that they are happy where they are and that they don't want to change!

Despite the above, it is worth remembering that most clients come to hypnotherapy consensually and have the right motivation to not only change but to achieve what they are seeking.

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Appendix

About LCCH International

LCCH International provides intending practitioners of hypnotherapy, and hypnotherapists themselves, with quality evidence-based education in both the theory and practice of hypnotherapy and related subjects. We run courses throughout the UK.

- **Our core values**

At LCCH International we provide a training environment that is practical, professional, ethical, supportive and inclusive.

Our core values are reflected in everything we do; from teaching, to career support and developing our Alumni community. The importance of these standards is emphasised throughout our training.

- **Our lecturers**

All of our lecturers are experienced, qualified and practising clinical hypnotherapists with a wide variety of backgrounds and specialities and graduates of our training programmes.

- **Our Courses**

We run a variety of courses enabling students to progress from beginner to Advanced Practitioner.

Once students have achieved a basic qualification in hypnotherapy they can build on their skills by attending one day Specialist Subject Master Classes and Modular Weekend Advanced Courses.

- **Online resources**

As we like to embrace what the 21st century has to offer, we have a user-friendly online e-learning environment to support and enhance our students learning. Here we provide audio files, videos of lectures, supplemental reading material and other resources. Students can also use this facility to post questions and interact with lecturers and colleagues from their course.

We also support students with tutorials as part of their learning experience.



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