

The Art of Hypnotherapy

Mastering Client-Centered Techniques

C. Roy Hunter MS, CHt



Fourth Edition

The Art of Hypnotherapy

Fourth Edition

Part II of “Diversified Client-Centered Hypnosis”
(based on the teachings of Charles Tebbetts)

C. Roy Hunter, M.S., FAPHP



Crown House Publishing Limited
www.crownhouse.co.uk
www.crownhousepublishing.com

First published by

Crown House Publishing Ltd
Crown Buildings, Bancyfelin, Carmarthen, Wales, SA33 5ND, UK
www.crownhouse.co.uk

and

Crown House Publishing Company LLC
6 Trowbridge Drive, Suite 5, Bethel, CT 06801, USA
www.crownhousepublishing.com

© C. Roy Hunter 1995, 2000, 2007, 2010

The right of C. Roy Hunter to be identified as the author of this work has been asserted by him in accordance with the Copyright, Designs and Patents Act 1988.

All rights reserved. Except as permitted under current legislation no part of this work may be photocopied, stored in a retrieval system, published, performed in public, adapted, broadcast, transmitted, recorded or reproduced in any form or by any means, without the prior permission of the copyright owners.

Enquiries should be addressed to Crown House Publishing Limited.

British Library of Cataloguing-in-Publication Data

A catalogue entry for this book is available
from the British Library.

10-digit ISBN 184590440-0
13-digit ISBN 978-18459040-1

LCCN 2010921871

Third edition published by Kendall/Hunt Publishing Company
under ISBN: 978175754174

Printed and bound in the USA

Table of Contents

Preface (by Joyce Tebbetts)	vii
1. Introduction to Hypnotherapy	1
Why is Hypnotherapy the Answer?	1
Which Title Do We Use: Hypnotist, or Hypnotherapist?	3
The Biggest Hypnotic Secret Revealed	5
Charles Tebbetts: a Master Teacher	6
Learn the Art of Hypnosis First	8
Who Should Teach Hypnosis?	10
Truth Removes Fear	13
The Purpose of This Book	14
Hypnotherapy Associations Originally Recognizing This Course	17
2. The Preinduction Interview	19
Objective #1: Building and Maintaining Rapport	20
Objective #2: Allaying Fears	22
Objective #3: Building Mental Expectancy	25
Objective #4: Gathering Information	26
The Importance of Choice	29
3. The Four Cornerstones of Successful Hypnotherapy	31
Overview	32
1. Post-hypnotic Suggestion and Imagery	34
2. Discover the Cause	35
3. Release	37
4. Subconscious Relearning	38
Additional Comments	39
4. The Benefits Approach	41
The Subconscious Resists Force	41
Identifying the Benefits	42
Explain the Role of Imagination	44
What about the Price of Change?	45
Doing Hypnotherapy: Benefits Approach	46
What Are Typical Client Benefits?	47
What Do You Say?	49
After Hypnosis	49
The Next Session	50
Mapping the Motivation	50

Why Not Begin with Advanced Techniques?	51
Scripts for Progressions	51
Non Smoking Script, Benefits Approach	52
Weight Management Script, Benefits Approach	56
5. Anchoring and Triggers	61
Triggers of Habit	61
Anchored Memories	63
Anchored Attitudes and Desires	63
Anchored Emotions	64
Anchoring and Hypnotherapy	65
Peaceful Place (or Safe Place)	66
Peaceful Place Meditation	66
6. Techniques to Discover the Cause	69
Does the Client Know the Cause of a Problem?	70
Ideomotor Responding	71
Seven Psychodynamics of a Symptom	74
Script for Psychodynamics	80
Age Regression	82
The Affect Bridge Technique	82
Dream Interpretation	84
Parts Therapy	85
When a Client Fails to Respond...	86
One Final Caution!	86
7. Regression Therapy	87
Spontaneous Regression	88
Guiding vs. Leading	90
Phase 1: Client Preparation	97
Phase 2: Regression Techniques to Discover the Cause	103
Phase 3: Abreactions and Release	110
Phase 4: Subconscious Relearning	121
Phase 5: Concluding the Session	122
Additional Hypnotic Advice	123
8. Parts Therapy	125
Parts Therapy: What Is It?	125
Variations of Parts Therapy	127
When to Use Parts Therapy	132
Before You Begin	133
The Therapist's Role: Mediator	134
How to Get Results	135
Preparation	136

The 11-Step Process	137
Concluding the Session	150
Cautions (Potential Pitfalls)	151
Examples of Successful Parts Therapy	161
Parting Thoughts	165
9. Other Rapid Change Techniques	167
Imagery	168
Systematic Desensitization	174
Implosive Desensitization	175
Desensitization by Object Projection	176
Silent Abreaction (Reframing)	177
Inner Guide	179
Verbalizing	179
Direct Suggestion	181
Indirect Suggestion	182
Important Advice from Charles Tebbetts	182
What about Aversion Therapy?	183
White Light Healing Technique	187
Past Life Therapy	188
Other Cautions	188
10. Phobias, Fears and Anxieties	195
Simple Phobias	196
Complex Phobias	196
Sensitizing Event(s)	197
Activating Event	198
Handling the Preinduction Interview	199
Potential Therapy Techniques for Phobias	200
Now What?	206
Glossary (of common phobias)	207
11. Putting It Together	209
Successes Facilitated by Charles Tebbetts	209
A Few of My Successes	214
Student Therapy Successes	219
12. A “Miracle on Demand”	225
13. Past Life Regressions	241
Possible Explanations	242
Spontaneous Past Life Regression	245
Ethics	247
Techniques to Initiate Regression	250

Guiding vs. Leading	256
Past Life Abreactions	258
Additional Remarks	260
14. Peak Performance	263
Power Points for Success	263
Why Use Regressions?	264
Choosing Power Points	265
The Session: CELEBRATE YOUR SUCCESS!	266
Post Hypnosis Discussion	270
Who Can Benefit?	271
Doing It!	272
15. Motivation Mapping	275
The Five Subconscious Motivators	276
Objectives of Motivation Mapping	279
When is Motivation Mapping Used?	280
Which Session is Best?	281
Completing the Map	281
Mapping a Smoker	283
Mapping for Weight Management	291
Mapping Other Habits	298
Scoring	298
Now What?	300
16. Sources of Subconscious Motivation	309
Repetition	310
Authority	312
Desire for Identity (ego)	314
Hypnosis/Self-Hypnosis	317
Emotion	318
Final Comments	320
17. Common Potential Applications of Hypnotherapy	323
Anger and Stress Management	324
Confidence and/or Self-esteem	326
Depression	327
Forensic Hypnosis	328
Grief Therapy	329
Habit Control	330
Impotence	333
Medical Uses of Hypnosis	334
Memory and Study Habits	340
Multiple Personalities (D.I.D.)	342

Phobias	344
Public Speaking	344
Remembering Lost Items	344
Sales and Business Motivation	345
Sexual Abuse	346
Sports Enhancement	348
Stuttering	349
Substance Abuse	349
Suicidal	353
Test Anxiety	353
Tinnitus	354
Ongoing Training and Professional Improvement	355
18. The Journey Continues ...	357
Bibliography	363
Index	367

Chapter 1

Introduction to Hypnotherapy

Increasing numbers of people around the world want answers. Not only do they want answers to life, they want to know how they can reach their own goals and bring their dreams into reality. Untold numbers of men and women spend countless sums of dollars annually, seeking professional help to overcome undesirable habits.

Why is Hypnotherapy the Answer?

My work is based on the teachings of the late Charles Tebbetts, who personally trained me in the art of hypnotherapy. He began the first chapter of his hypnotherapy textbook, *Miracles on Demand* (2nd edition), with these words:

Millions of people are suffering mental anguish and are striving unsuccessfully to find help. Hypnotherapy is the answer for most of them because it is short-term, safe, practical and effective.

All quotes throughout this book from *Miracles on Demand* are taken from the second edition, which is out of print (see NOTICE at end of this chapter).

With the advent of the fast-food society, increasing numbers of people are looking for faster methods of achieving their desires than

in the past. Public interest in alternative modalities continues to increase. While this makes some people vulnerable for the “quick fix” artists out to make a fast buck, the upside is the most favorable public acceptance of hypnotism that we have seen in centuries – and possibly in the entire recorded history of the human race. The downside is an increase in controversy over what the typical hypnotist or hypnotherapist is qualified to do professionally for clients seeking help.

As with any profession, including medicine and psychology, we must endure a few who seem self-centered and greedy. The hypnotism profession is no exception, and has its share of practitioners more skilled in marketing than in practicing the art of hypnotherapy; but a small number of psychologists are too quick to throw us all out as “lay hypnotists.” Some of this criticism understandably resulted from numerous weekend training programs scattered across North America during the 1980s and 1990s, and this is one of the reasons why I believe that anyone who learns the art of hypnosis should invest in a quality training program.

I have stated in print that we who practice hypnotherapy are the artistic community (Hunter, 2010). Perhaps it is time for us to be called the professional artists of hypnotherapy, or hypnotherapy practitioners. Our growing profession deserves recognition for the many millions of clients empowered by the professional practitioners of the art of hypnotherapy; but we should govern our own training programs and insist on higher training standards for anyone who practices hypnosis professionally.

We still need both the scientific practitioners and artistic practitioners of hypnosis, because research will advance the field. However, many highly educated counselors, psychotherapists, and psychologists received only minimal specific training in the art of hypnotherapy – just as many hypnotherapists have only minimal training in psychology. Just as there is a need for both fields, there is a much greater need for building bridges of mutual support and cooperation. The world is laced with experienced and properly trained hypnotists and hypnotherapists who DO know how to competently use a variety of beneficial techniques. These professionals are quite willing to call in psychologists or physicians

when appropriate. Likewise, some physicians are equally willing to suggest that a patient seek hypnosis or meditation when appropriate (Siegel, 1990).

The question, then, is not in what academic degrees the hypnotherapist does or does not have. Rather, how thorough was the specific training in the art of hypnotherapy? A few psychologists are very willing to persuade lawmakers to pass laws that would outlaw even a veteran hypnotherapist from engaging in the legal practice of professional hypnotherapy, as demonstrated in Australia in early 2007. Fortunately, the Council of Clinical Hypnotherapy unified the professional artists of hypnotherapy across Australia and blocked the passage of the law just barely in time.

Certain psychologists have tried more than once to get similar laws passed in the USA, prohibiting an experienced hypnosis professional from practicing what they term “lay hypnotism.”

The controversy over “lay hypnotism” now extends to the legal use of the very word *hypnotherapist*.

Which Title Do We Use: Hypnotist, or Hypnotherapist?

In the first decade of the 21st century, several American states now have laws prohibiting the use of the word “hypnotherapist” by anyone without an advanced college degree. We find an increasing debate taking place regarding the ethics of whether to use the title “Hypnotist” or “Hypnotherapist.” Some psychologists object to a “lay hypnotist” using the word “therapy” because it implies psychotherapy and/or treating someone with psychological techniques. The National Guild of Hypnotists apparently seems to accept the viewpoint of the psychology profession, and has encouraged hypnotherapists without advanced degrees to give up the professional titles that many of us worked hard to earn.

Perhaps a true definition of exactly what constitutes “hypnotherapy” in both professional and legal terms might help resolve the dispute. Here is what I wrote in the third edition of *The Art of Hypnosis* (Cown House Publishing, 2010) on page 194:

For 15 years I taught that one could define hypnotherapy as: the use of hypnosis or any hypnotic technique to enhance goal achievement, to enhance motivation or change, to enhance personal or spiritual growth, and/or to release clients of problems and the causes of problems.

At the bottom of page 195 I continue ...

In short, the hypnotist simply gives many suggestions and hopes for results, while the hypnotherapist knows how to solicit the subconscious to reveal the cause(s) in order to facilitate release and relearning ... and resolve problems.

In light of the recent debate over the use of the title “Hypnotherapist,” I now question whether my definition quoted above might have to change again in the future in order to protect the professional practice of many of my colleagues around the world. Since most states still allow me to call myself a *hypnotherapist*, the name for this book remains the same as the earlier editions: *The Art of Hypnotherapy*. If future laws force me to change the above definition of hypnotherapy again, along with other techniques taught by Tebbetts and other recognized experts in our profession, then I will deal with what legally emerges. Any law that might be construed to limit a hypnotist to the use of suggestion and imagery would hurt both our profession and our clients. Readers of this book will understand why.

Tebbetts believed that some of the simplest hypnotic techniques could result in some of the most profound benefits when facilitated properly, and he called it *hypnotherapy*. He did not require his students to have advanced degrees; but he took great care in how he taught these techniques, because my late teacher felt strongly that we should know enough about hypnosis to fit the technique to the client rather than to try to fit the client to the technique. Why? Read on ...

A Safe Regression Exercise

As my students learn hypnotic regression, I ask them to hypnotize a volunteer and regress that person back to an enjoyable vacation. They ask the “W” questions: *who, what, where, when, why, and how* (how ends in “w”). This exercise is part of the preliminaries before facilitating actual regression therapy. I demonstrate this exercise in the classroom.

The volunteer is asked to remember only pleasant experiences from his or her chosen vacation, responding to the “W” questions. Using a pleasant vacation reduces the risk of emotional discharges (abreactions) resulting from remembering negative emotional experiences. In this exercise, a light trance state is sufficient, as the primary purpose is to provide a safe learning experience for the hypnotist wishing to learn to employ hypnotic regression.

Now that we have explored the preliminaries, we will examine each of the five phases of regression therapy.

Phase 1: Client Preparation

This first phase of regression therapy could become just as important as the regression itself ... as without it, we might not attain the desired results.

First of all, let’s realize that hypnosis will not guarantee client veracity; so enough rapport and trust must be built during the previous sessions and/or the preinduction interview to make it as easy as possible for the client to tell the truth. When we adequately accomplish the above, we may improve the probability of success by following the other steps of preparation:

1. *Give preinduction discussion.*
2. *Choose and use appropriate hypnotic induction for client.*
3. *Deepen to at least medium depth, using convincers if necessary.*

4. *Establish (or confirm) peaceful place.*
5. *Establish (or confirm) ideomotor response signals. (4 and 5 may be reversed if desired.)*
6. *Verify hypnotic depth.*

Give preinduction discussion

Explaining the role of imagination is, in my opinion, just as valuable for regressions as it is for the progressions presented in the chapter on the *benefits approach*. Also, helping to build the client's belief and expectation before we use hypnosis may help convince him/her of the potential benefits.

If there is any reason to consider regression therapy, I briefly describe a hypnotic regression before I ever hypnotize a client. I explain that in the imagination there is only NOW. Whether we are fantasizing tomorrow, remembering yesterday, or thinking about today, our subconscious reacts as though our fantasy is happening in the *here and NOW* – whether it is fact, fantasy, or a combination of both. In that sense, the imagination is like a time machine, allowing one to re-live the past, reframe the past, or create a desired future with as many of the five senses as desired. (For someone who loves *Star Trek*, we might say that the imagination is the holodeck of the mind.) When appropriate, I remind the client of confidentiality to help facilitate more comfort with the idea of revealing the past.

I also ask the client if he/she has either heard or read anything about false memories. (Over 90 percent say “yes.”) The mind does not always remember things accurately; rather, memories are stored on the basis of perceptions, and subject to distortions (Yapko, 1995). We can remember selected fragments of an experience and embellish them or combine them with other memories.

My brief discussion is that two children can give differing stories of the same event just minutes after it happens. Likewise, we don't

always remember things with total accuracy, because feelings often alter our perceptions of emotional events. I want the client to realize that my objective is neither to prove nor disprove whether perceptions are valid memories or fantasies, because we respond to subconscious perceptions as though they are real.

My first objective is to discover the perception that caused the problem, and then to simply help facilitate both release as well as new understanding (relearning), which are required for emotional healing. Since the perceptions of details of the past often differ from reality, one should carefully consider any potential consequences of laying blame on others for a client's presenting problem. Some clients may even respond to *guiding* questions with distorted memories of painful events; but if the client's goal is *release* rather than laying blame, it may not be necessary to distinguish false memories from the real ones. If release and relearning can take place, the client can still become empowered.

In light of this, the client must indicate a willingness to release the past and heal, or I might decline to initiate a regression; and instead I may recommend that they see a psychotherapist or psychologist. Remember that we cannot force someone to change; so if we encounter resistance, or if the client indicates consciously that an abuser is a present threat, suggest other professional help. Also remember the words of Charles Tebbetts: *You could resist if you wanted to, but that's not why you're here ..."*

Now let's discuss the remaining steps of the preparation ...

Choose and use appropriate hypnotic induction for client

The best induction for most of your clients most of the time is *the one you like best*. Your confidence and competence with your favorite induction will come across subconsciously, and most willing clients will respond provided you have a good rapport. Nonetheless, no induction works with all the people all the time, so

master several alternate inductions. Mental confusion techniques often work well with analytical clients (Hunter, 2010).

Deepen to at least medium depth, using convincers if necessary

To review available techniques, refer to Chapter 6 of the first volume of this work, or any other credible basic hypnosis book.

Establish (or confirm) peaceful place

Refer to the “Peaceful Place” section of Chapter 5 of this text, as well as the script appearing in the same chapter. If you have already established a peaceful place in a previous session, guide the client back there and ask him/her to confirm being there.

Establish (or confirm) ideomotor response signals

Refer to the chapter section, “Ideomotor Responding” in Chapter 6 of this text. Even if we have already established finger response signals in a previous session with a client, we should still confirm the same signals for the current session.

Verify hypnotic depth

When a client makes it obvious that he/she attains a somnambulistic state of hypnosis, I guide the client right into a regression with the appropriate technique. More often than not, I find it necessary to verify the client’s hypnotic depth; and I employ a technique that enables the subconscious to provide feedback that helps to estimate the client’s hypnotic depth.

Many people consciously underestimate their trance depth (including experienced hypnotherapists), but finger responses often indicate deeper levels than the client might claim verbally. Here is a script that closely resembles what I say:

Now, imagine a scale of 100 to the number 1. The number 100 represents being awake but with your eyes closed, while the number 1 is absolutely as deep as you can go in hypnosis without falling asleep. The number 50 is halfway there. If you are 50 or deeper, please indicate by moving the "YES" finger ...

If YES, continue ... If NO or "I don't know," then deepen until your client indicates YES. (Note that the above statement is a leading suggestion, designed to lead the client into a state of hypnosis deeper than 50. Inappropriate leading is when a client responds to leading questions or suggestions that lead him/her into assumptions that could result in fantasy or false memories.)

Are you 40 or deeper?

If YES, continue ... If NO, then deepen until client is deeper than 40.

Are you 30 or deeper?

Regardless of the response, ask:

Are you deep enough to continue into the next phase of this session?

If NO to the above question, deepen before continuing. If YES to the above question, proceed with the technique of choice. If it is necessary to deepen further, do so and then repeat the above question until you receive a YES response ...

Now in its fourth edition, this classic text is a comprehensive guide to the practice of client-centered hypnotherapy. *The Art of Hypnotherapy* shows students how all hypnotic techniques revolve around four main therapeutic objectives:

- Suggestion and Imagery
- Discovering the Cause
- Releasing
- Subconscious Relearning.

New features in this edition include sections on anger, impotence, stuttering and tinnitus, and a section on how to help a client establish a safe place and why this is important. Also covered is the use of hypnosis in habit control and motivation and how triggers impact habits; a large section on regression techniques; an introduction to Parts Therapy; and advanced hypnotherapeutic techniques such as pain management.

Praise for the Third Edition:

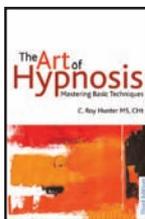
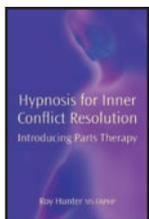
“Roy Hunter’s text is a masterful presentation of the fundamentals as well as advanced techniques of clinical hypnotherapy. I highly recommend it for the beginner as well as the experienced hypnotherapist.”

Pamela Winkler, PhD, Past President of St. John’s University, Springfield, LA

“The chapter on regression techniques is so complete that it is a mini training course in the art of safe and competent hypnotic regression. And as if that was not enough, the chapter contains a step-by-step guide to take the reader from the start to the finish of a professional therapy session. Chock full of the sort of wisdom that can only come from a well-spring of clinical experience, this is an eminently must-read book.”

Terence Watts, Founder, Association of Professional Hypnosis and Psychotherapy, UK

The third edition of this book was published with ISBN 978-0757546174.



Roy Hunter teaches professional hypnosis and advanced techniques for professionals and teaches self hypnosis to groups and clients for personal or professional motivation. He was specially selected to carry on the work of the late Charles Tebbetts. He was awarded a PhD from Alpha University and California University with a major in clinical hypnotherapy.

Other titles by Roy Hunter:

Hypnosis for Inner Conflict Resolution: Introducing Parts Therapy (ISBN 9781904424604)

The Art of Hypnosis: Mastering Basic Techniques (ISBN 9781845904395)

Psychotherapy Hypnosis



Crown House Publishing Ltd

www.crownhouse.co.uk www.crownhousepublishing.com

ISBN 978-184590440-1



9

7818451904401

90000