

Surrey College
Of
Clinical Hypnotherapy
&
Psychotherapy



HPD
Diploma Course

Understanding And
Negotiating Your Client
To Change



DIPLOMA COURSE MODULE FIVE

COURSE BOUNDARIES HOUSE KEEPING

As with a client therapist relationship, we need to establish training boundaries.

Boundaries.

Lectures:

As these are lectures about change our response to life experiences, you will have questions and you will be able to relate to your own experiences, regarding the subjects being lectured.

Please make a note of your questions and your personal life experiences, memory joggers are all that will be required. What you want to discuss can be addressed at the end of that subject.

You will always be asked, 'are we ok with this' or 'have we any questions?'

We will be unable to discuss everyone's personal experience related to the subject being discussed.

Please accept this is a lecture and not a conversation, there is a syllabus to complete within a set time frame. If the lectures mean something to you personally, and you are affected by the subject, you can discuss this at lunch time or at the end of the day.

We can lose so much of the lecture through distraction.

Self-Care:

Self-care is required when practising, with the understanding we are often unaware of what might surface. If inadvertently you are affected by our work together, please let me know, if time we might address an issue with the intervention being demonstrated.

If you have a known issue which is currently difficult for you to handle, please save this issue for therapy.

Unfortunately, training is not a therapeutic environment, although we would be as caring as possible with each other.

Demonstrating Interventions & Techniques.

When interventions are demonstrated with a delegate it is important to remember there can only be one therapist at a time.

Interruptions will distract the therapist and the client, if we have questions there is always time allowed for this interaction, after the close of therapy. The above are considered to be a professional way of behaving in the practice, as we are training we are all expected to adhere to these guidelines.

All relationships require boundaries and respect, talking over people and interrupting are therapeutically considered acts of aggression.

Please say if you find these boundaries unreasonable.

Being on this course means that we have all agreed to the following:



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Course Suitability Terms

<http://www.hypnotherapysurrey.com/our-courses/course-suitability-terms/>

Certificated Weekends

Students are required to attend the complete weekend from starting time to finish time to receive a certificate.

Supervision

Governing bodies require registered therapists to be in supervision which is also part of our therapeutic training. Supervision sessions are required for the HPD & Diploma in Psychotherapy, typically although not exclusively addressed toward the end of the course in support of your HPD, fees are detailed in the Course Fees section.

Applying For The Course

Upon receipt of your booking form & deposit you will receive an informal invitation to discuss the course over coffee; after this discussion, you will receive formal confirmation of registration. If for any reason, you or we feel that the course is not for you, your deposit will be returned in full. If there is anything that you wish to discuss please contact us or.

Delegate Behaviour

The SCCP reserves the right to remove a participant from the course due to incompatibility; this has not happened in twenty years; however, we reserve the right.

Aggressive behaviour shown toward tutors or students is not acceptable whether verbal physical or in the written form, including texts or emails.

Failure to comply with the standards and practices that would be expected from a person holding a professional position will result in exclusion from the course without compensation.

Smoking

This is a non-smoking area:

This means

No smoking in the building

No smoking in the grounds

No smoking outside the gates.

Venues selling cigarettes are now bound by law not to display packaging or advertisements regarding this product; to do so might normalise what is currently considered to be an unhealthy behaviour.

This venue strongly requires us to refrain from smoking as the authorities do not want the venue to be associated with addictive behaviour.

The above boundaries are considered to be reasonable behaviour, reading through and understanding these boundaries is your responsibility.

Noncompliance, might mean exclusion from the course without financial compensation.

By attending this course, you are agreeing to abide by these boundaries.



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Three Simple Steps That Will Lead To Change in Your Clients

The most important question you can ask as a therapist is:

"Why?"

You absolutely want your clients to succeed, they have contacted you, this means that the client has chosen you to work with. It is the time to help your client lock down new behaviours that will last as long as the newly acquired behaviour is useful, and possibly a life time. You can start by using the following 3 steps:

1. Ask, "Why?"

Place a heavy emphasis on the motivation for your client to contact you, making targets clear and defining a structured process to achieve them, is the key to success. If we uncover the true motivation behind goals and the emotional drivers, your therapeutic strategies will be more client accurate.

Probably the most insightful if not client focused question you can ask as a therapist is, "Why is that important to you?"

Clients will tell you their goal is to become less anxious, lose weight, stop suffering with depression, stop drinking, smoking, taking drugs, be happier etc, and they may even offer a more specific target "I want to be a positive role model for my children."

But we want to know why that is important to them?

Is it because it will give them more self-confidence?

Will losing weight help your client avoid medical complications that affected a member of their family?

Do they want to be a role model for their children or prove to their partner that they can do it?

Often it requires you to ask the "why" a number of times to really dig down into these hidden motivations.

For example, "Why is it important to you that you have more self-confidence?"

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Three Simple Steps That Will Lead To Change in Your Clients

Often the clients themselves may not have fully or consciously realised what their true motivations are.

The result is you uncover powerful drivers that really accelerate your clients progress, making it easier to choose your therapeutic interventions, from the words and phrases you use to the resources you provide, you will be so much more successful.

Using the client's language will help build rapport and increase client trust, making it more likely the client will follow the therapeutic changes.

2. Plan, Plan, Plan

You would be justifiably nervous if you boarded a flight for a holiday, to discover the pilot had no destination planned.

Once you've agreed a goal with your client and why they want to achieve it, create a flightpath, working backwards from where you are, so you know exactly what's required to reach the planned destination.

Include general behavioural changes and reasons for them

"Eat more natural nourishing foods like vegetables to increase vitamin, mineral and fibre levels", along with the individual, tangible actions and steps your client needs to take on a daily, weekly and monthly basis; "eat a portion of green leafy vegetables with each meal".

"Enjoying fitness classes, dancing, meeting new friends, mixing with new groups with different ideas of having fun, groups of people that have developed healthier ways of relaxing".

Depending on the level of guidance the client needs, you may also need to go a step further and provide example meals and recipes, social groups, hiking, fitness, dance classes etc.

When you know exactly what your client needs to do to be successful, in specific terms, it's much easier to arrive at the destination.

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Three Simple Steps That Will Lead To Change in Your Clients

3. Find Success

You might have a long list of behavioural changes required, with the steps to achieve the goal. This can overwhelm the client, which ironically may demotivate your client, assisting them to achieve nothing at all.

Try not to go into too much detail, when we are going up stairs we only need to see the next step to make progress. Most can handle three changes at any one time. This will vary dramatically, depending on the emotional state of the client, the more confused the client is, the less change they are like to attempt. I usually work with one step at a time and when it comes to habits and addictions there are usually gradients within each step.

Certainly self - esteem and confidence need to be supported at every twist and turn. Self-esteem and confidence can take a dip with change, we are usually more confident and feel safer with things we know, and the things we know, can be what is holding us back, so steady Eddie.

Remember the environment, this must come before everything else.

If you are a gardener, you will understand this immediately.

Plants thrive, with the correct amount of daylight, water, food, soil make up and the right temperature for that specific plant.

Clients are unlikely to lose weight, move away from depression, give up cocaine or alcohol without the correct amount of sleep, exercise, day light, healthy foods, recovery time and even moving away from abusive situations, commercially or socially.

Environment is key.

By focusing on what your client *can* do, rather than what they can't, (Solution Focused Therapy & Positive Psychology) you will dramatically increase the chance they will progress to success.

By calibrating tiny success and amplify these successes, the client's focus changes toward positive change.

The sense of success this creates will be hugely empowering, motivating your client to continue progressing towards their goal.

And of course, your destination!

A Happy Client!



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Three Simple Steps That Will Lead To Change in Your Clients

Perception is everything here:

The perfectionist nature will focus on the therapy rather than the changes they are making, what they believe to be the state of hypnosis, did I go deep enough, should I still here you, they will return the following week to tell you what they are still doing and when you ask, “what positive changes have you noticed that you wish to continue” And eventually you might hear, I am not eating chocolate or drinking so much.

Some clients regardless of what you say will expect complete change and not progressive change, hang in there, be as positive as you can.

You are leading, supporting and directing to positive change.

Help your client to enjoy the changes that are being experienced and then amplify those changes.

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PARTS THERAPY

THEORY

Resolving conflict involves finding areas of agreement behind the disagreement. The same principle applies whether the argument is between two people or between 'parts' of you, incongruence.

Have you ever heard yourself say "part of me thinks this and part of me thinks that"?

We negotiate with other people and we negotiate with ourselves.

We experience parts of ourselves as wanting different and often incompatible things.

Part of us may want to expand our business, but part of us wants to stay safe with the client base that we have, or we might not want to spend more time away from our family?

We are one person, however there can be an incongruence within us, we don't really have separate parts, but we place our energy into different expressions of ourselves, which might offer different outcomes and when these expressions and outcomes are incompatible, we feel split into 'parts'. 'Parts' is a metaphor for how we feel.

The parts may alternate- first one has the upper hand, then the other. We may act differently day to day.

The way to mend this subjective experience of feeling split is the same as you would use to mediate between different people or groups

Let us consider the smoker who might otherwise eat healthily and exercise on a regular basis, at some level he might wish that he did not smoke, he wishes to be congruent with his healthy life style, and yet there is an incompatibility here which is difficult to reconcile.

This is a very human experience, yet this incompatibility, this incongruence, causes conflict within the client.

This situation might be experienced as stressful at times within this client's life.

As you might here many times:

I do not want to be a smoker, I just want the occasional cigarette when I fancy one.

I don't want to be fat, but don't want to give up chocolate.

I don't want to be reliant on alcohol but want a drink when we go out.

I want to be fit and enjoy a long and healthy life, but I don't want to waste my time exercising, eating food I don't like, not being able to go out and enjoy a cigarette and a pint with my friends.

As if this client would spend all night with one cigarette, one pint, or one square of chocolate?

As said to one client "I have a magic glass that refills, that way I never drink more than one glass!" Of course, therapy is not magic, hopefully point made.

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PARTS THERAPY

Application

We might use this approach when resolving internal conflict, by separating the issues, removing these incompatible issues from all that supports both arguments by theoretically moving parts of the issue into the hands or in front of the client. The support for the issue being addressed is often referred to as a secondary gain. By psychologically imagining the separate issues outside ourselves, in our hands, we have removed the issues and supporting arguments or behaviours.

We are accepting here that there is always a positive intention to behaviour, there is something in the behaviour for the client that has a positive intent.

What issue might you chose to work with?

1) Moving forward to build your practice? When not 100% convinced which path to take? Considering all your concerns?

2) You want to give up smoking but find it difficult to find the motivation?

3) You would like to lose weight but?

4) What will you work with?

This might be used to help your client:

Experience new choices.

Resolving internal disputes and conflicts.

Visual squash.

1. Establish unconscious yes/no signals, this can be head nodes.
2. Identify the conflict and the parts involved.
3. Have negative part either come out into one hand. Have the other or opposite part come out into the other hand.
4. Have client get a VATK image of each part, the word "imagine" can be an excellent medium.
5. "What or who does this part look, sound, feel, smell, taste like?"
6. Separate the intention from the behaviour:
7. By reframing and chunking up until a common Intention is realised. "What is this part doing for you?"
8. You might use this phrase, "What is this part's highest positive intention for you?"
9. And, "What resources, skills or abilities does each part have that will benefit the other?"

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PARTS THERAPY

10. Have your client form an image of them self, out in front, away from their body, as the client will be with the conflict resolved, and they are again experiencing 'wholeness'.

Ask the client's unconscious mind. to allow any other parts to integrate (be seen as whole) only to the extent that it is in keeping with the client's total health, wellbeing and highest



11. Client focuses on the space in-between their hands, and to allow their hand to slowly come together..." With honest unconscious intention and only to the extent that your unconscious mind can make the arrangements to integrate both parts in a way that's in alignment with your highest good and total personality"

Options:

12. Have client focus on image in front, as they bring their hands together. Use 'either' 'or' language to allow the client to bring the integrated part into themselves, or, ask the client to walk into the image in front of them.

Hand over identification of conflicting parts to the unconscious mind.
Use simple yes/no questions to hand over the integration to the unconscious.
Discuss questions for the unconscious.

13. "And, I wonder when your unconscious mind will allow your hands to come together, as your unconscious mind resolves these issues in a way that is comfortable for you.

14. "And, as your hands have come together what does that look like now, and is this adjusted image a compromise for you?"

15. "And, how will this change affect you?"

16. "And, as you imagine the new you, in a way that has changed, that means this is no longer an issue for you?"

17. "What has changed?"

18. "How will others see you different?"

19. "I wonder what this will mean to you?"

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Gestalt

Gestalt therapy is an existential/experiential form of psychotherapy that emphasises personal responsibility, and that focuses upon the individual's experience in the present moment, the therapist–client relationship, the environmental and social contexts of a person's life, and the self-regulating adjustments people make as a result of their overall situation.

Self-regulating adjustments here, is a reference to neurosis.

Gestalt therapy was developed by Fritz Perls, Laura Perls and Paul Goodman in the 1940s and 1950s

Gestalt therapy focuses on process (what is actually happening) over content (what is being talked about). The emphasis is on what is being done, thought, and felt at the present moment (the phenomenality of both client and therapist), rather than on what was, might be, could be, or should have been.

Gestalt therapy is a method of awareness practice (also called "mindfulness" in other clinical domains), by which perceiving, feeling, and acting are understood to be conducive to interpreting, explaining, and conceptualising the hermeneutics of experience. (the branch of knowledge that deals with interpretation, especially of the Bible or literary texts).

This distinction between direct experience versus indirect or secondary interpretation is developed in the process of therapy. The client learns to become aware of what he or she is doing and that triggers the ability to risk a shift or change.

The objective of Gestalt therapy is to enable the client to become more fully and creatively alive and to become free from the blocks and unfinished business that may diminish satisfaction, fulfillment, and growth, and to experiment with new ways of being.

For this reason, Gestalt therapy falls within the category of humanistic psychotherapies.

Because Gestalt therapy includes perception and the meaning-making processes by which experience forms, it can also be considered a cognitive approach.

Gestalt therapy relies on the contact between therapist and client, a relationship can be considered to be a psychological contact over time, Gestalt therapy can be considered a relational or interpersonal approach.

Gestalt therapy appreciates the larger picture which is the complex situation involving multiple influences in a complex situation, it can be considered a multi-systemic approach.

The processes of Gestalt therapy are experimental, involving action, Gestalt therapy can be considered both a paradoxical and an experiential/experimental approach.

The Phenomenological Method

The goal of a phenomenological exploration is awareness. This exploration works systematically to reduce the effects of bias through repeated observations and inquiry.

The phenomenological method comprises three steps:

- (1) the rule of epoch, (a particular period of time in history or a person's life)

The rule of epoch sets aside any initial theories with regard to what is presented in the meeting between therapist and client.

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Gestalt

(2) the rule of description,

The rule of description implies immediate and specific observations, abstaining from interpretations or explanations, especially those formed from the application of a clinical theory superimposed over the circumstances of experience.

A kind of mindfulness.

(3) The rule of horizontalisation.

The rule of horizontalisation avoids any hierarchical assignment of importance, such that the data of experience become prioritised and categorised as they are received. (Everything has equal relevance)

Applying the rule of epoch, one sets aside one's initial biases and prejudices in order to suspend expectations and assumptions.

Applying the rule of description, one occupies oneself with describing instead of explaining.

Applying the rule of horizontalisation one treats each item of description as having equal value or significance.

The rule of description implies immediate and specific observations, abstaining from interpretations or explanations, especially those formed from the application of a clinical theory superimposed over the circumstances of experience.

The rule of horizontalisation avoids any hierarchical assignment of importance such that the data of experience become prioritised and categorized as they are received.

A Gestalt therapist utilising the phenomenological method might say something like:

“I notice a slight tension at the corners of your mouth when I say that, and I see you shifting on the couch and folding your arms across your chest ... and now I see you rolling your eyes back”.

Of course, the therapist may make a clinically relevant evaluation, but when applying the phenomenological method, temporarily suspends the need to express it.



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Gestalt Exercise

Ascertain what you client would like to discuss:

Ask your client to discuss this subject:

Observe the behavioural changes, movements, facial changes, tonality shifts, related to subjects, emotions and feelings.

Comment on these changes once observed.

Allow your client to consider and discuss your observations:

What are your assessments?



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The Empty Chair Technique

Empty chair technique or “two chair work” is typically used in Gestalt therapy when a client might have deep rooted emotional problems from someone or something in their life, such as relationships with themselves, with aspects of their personality, their concepts, ideas, feelings etc., or other people in their lives.

The purpose of this technique is to get the client to think about their emotions and attitudes. Common things the client addresses in the empty chair are another person, aspects of their personality, a certain feeling etc.

They may also move between chairs and act out two or more sides of a discussion, typically involving the client and persons significant to them.

It uses a passive approach to open up the client’s emotions and pent up feelings, so they can let go of what they have been holding back.

A form of role-playing, the technique focuses on exploration of self, and is utilised by therapists to help clients self-adjust.

Gestalt techniques were originally a form of psychotherapy, but are now often used in counseling, for instance, by encouraging clients to act out their feelings, helping them prepare for a new job, to address a difficult relationship, or in assertiveness training.

The purpose of the technique is so the client will become more in touch with their feelings and have an emotional conversation that clears up any long-held feelings or reaction to the imagined person or object in the other chair.

When used effectively, it provides an emotional release and lets the client move forward in their life.



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Gestalt Exercise

Arrange to have two chairs facing each other

Encourage your client to interact with the other being discussed by:

Remaining in their own chair

Remaining as themselves

Relaying everything that they want to, too the other, as if the other is sitting in the opposite chair, eyes closed might help this to become more real.

Once your client has expressed everything that they have wanted to say to this important person in their lives.

Ask your client to stand up and imagine they are sitting into the other person, to become the other person.

Now the person they have become can be asked:

“Did you hear everything that was said to you?”

“How do you feel about what has been said?”

“What would you like to say?”

“Your client can now speak as if they are the other person.”

When finished the client returns to their original chair, and the process is continued until there is a resolution.

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Identifying Patterns Of Behaviour That Have Developed The Issue.

Whatever you experience in the practice with your client, is an insight into the relationship experiences of your client. You are experiencing your client's interactions from your client's contacts point of view. Remember your response is unique to you, how the client affects you, is the subject of your own supervision. Your interactions will give you immediate insight into the client's world and pathology.

Your client might:

Not let you complete a sentence

Speak over you

Appear disinterested

Talk very loudly

Talk fast

Talk slowly

Speak quietly

Disagree

Be over compliant

Give reasons why they have not completed homework

Hang on your every word.

Be flirtatious

Attempts to find ways to make the therapy fail.

Consistently doesn't listen

Complain they do not understand so cannot see why it would work

Demonstrate apathy

Refuse to help self by not practising, excuses, busy, could not find time, I forgot, "this was just a busy week", "I have to be honest" "I will definitely do it next week" the client is saying **NO!**

We behave in patterns, look for the pattern of behaviour that is showing you why your client is consistently experiencing this issue. Change the pattern and the behaviour will be modified.

Your client will give you all the information that you require to be able to help them within the first ten minutes.

Listen to what people say, then watch what they do.

What clients say, might be what they think they want.

What clients do, is what they want, but they might not be aware of the fact.

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Identifying Patterns Of Behaviour That Have Developed The Issue.

What your client thinks of other people is a direct insight into the client's world, your client will believe they are talking about someone else.

The truth is, it is in the client's mind, they are talking about what annoys them, your client will be very aware of what they dislike about others.

When your client talks of relationships, ask them what they feel about this person and behaviour.

What you client says at this point will be what they do not like about themselves.

This process is known as "The Shadow" our psyche projects onto others the parts of our self, the parts that we do not like about ourselves.

Your client is unlikely to be aware of this process.

This is best not discussed with your client at this level as the process is complex however, the client's comments will tell you everything that you need to know.

The way you are treated is about your client, not about you.

At all times whilst working with clients understand that their comments regarding yourself, are about them, not about you.

This is your clients view, and not yours, how you feel about your client is an insight into others experience of your client, not a definitive observation but certainly material for supervision.



DIPLOMA COURSE MODULE FIVE

Building Self-Esteem & Confidence

Please ensure that your client is not suffering from anxiety:

Generally –

If your client is suffering with anxiety, apply with the behavioural model.

If there are Trigger Situations – Explore and address:

You might use Time Line – Solution Focused – Anchoring & Swish – EFT – EMDR Plus - Etc

Attempting to address self – esteem and or confidence when the client is suffering from anxiety would be wallpapering over cracks.

We are unable to enjoy good self-esteem or confidence when anxious.

Self-esteem refers to the relationship that we have with our self, how you feel about you; one's self.

When we are not happy about or with our self, we could look to the past, employing Time Line Therapy.

This approach would be ideal and appropriate where the client holds a crushing belief of worthlessness, which freezes the client into procrastination & inactivity for fear of doing something else wrong; offering self-loathing and a sense of inability to complete a task or to do anything correctly.

However, using Solution Focused Therapy to constructively change one's feelings offers a direct and effective solution to most Common Garden every day feelings of low self-esteem and requirements of self-belief to handle life.

DIPLOMA COURSE MODULE FIVE

Build Self-Esteem & Confidence

The following offers three easy steps to client change:

- 1) Identify the emotional state the client would like to change. Again, if this is a serious issue that requires attention, Time Line needs to be employed. However, if this is a temporary issue that the client requires support with, the clients observations & calibrations with an understanding of the appropriate triggers to the state that requires attention, is a good place to start; such as:
 - A) When do the feelings occur?
 - B) What triggers these feelings?
 - C) Can you imagine this with your eyes closed?
 - D) Where are the feelings?
 - E) How would you describe these feelings?
 - F) On a scale of one to ten what number comes to you that represent these feelings?
 - G) What word, phrase or sentence comes into your mind when you have this experience?
- 2) Decide how you want to feel?

Now that the feelings have been pin pointed, instead of searching for the cause, decide how your client wants to feel; now we have a positive destination to work toward and arrive at.

- 3) Recall times when your client felt this way
Help your client to think of a point in his life when he experienced the emotional state he is seeking now.

The remembered emotional state will give a point of reference, both showing that this feeling is possible, and allowing your client to access the required feelings and thought pattern.

Hypnosis can now be used to access the confident physiology.

Because it is not just about thinking different thoughts; changing one's physiological makeup will ensure a new emotional state takes root.

How was your client thinking and feeling, standing, sitting and responding; these can now be imitated and brought into the trigger situation



DIPLOMA COURSE MODULE FIVE

Build Self-Esteem & Confidence

Solution Focused Ask Your Client

“Where does this happen today?”

“On a scale of one to ten how confident do you feel when you do this?”

What could you do to make that a higher number?”

“Imagine that you are doing that now.”

How confident, or how much self-esteem have you now?”

“In the following week, start to notice when this happens, how you feel, where you are and what you are doing?”

“So that you can bring these experiences back to me next week, so that we can develop these required experiences and feelings into our next appointment.”

Here your client will start to focus on and amplify the positive experiences, and you can utilise these positive memories to build a set of inner resources which can be relied upon when an emotional boost is required.

This alone will change the emotional perception of the self.

Take your client through this, when your client is able to access the physiological state of high self-esteem, your client can hold this experience in their mind, whilst imagining a trigger of a low self-esteem experience.

This would be an example of swish, whilst anchoring the physiological state, a combined Swish and Anchoring might be applied.

This approach rewires the brain to experience positive self-feelings whilst in what was a previously negative situation.

Taking your client into a light trance state and asking your client to imagine being in this situation with all the positive feelings of self – esteem previously enjoyed, will build positive expectation and reinforce the new learning.

DIPLOMA COURSE MODULE FIVE

Building Hypnotic Resources To Access

Confidence & Self – Esteem Album



These can be pictures of great times, nice days out. Friends & family, family events.

Your garden after cutting the grass. Your car after washing etc.

Birthday cards - and thank you cards

Confidence Journal

Encourage your client to keep a confidence and self esteem journal.

Write up everything they feel good about, as it happens.

This can be referenced as a resource pack and used during self hypnosis to relive these moments.

What we imagine becomes our reality, asking the client to remember and reconsider these positive events, especially in hypnosis will become your clients reality.

Anchoring and Swish can be used to re-experience, re- anchor, move the feelings of a previous experience over to a new experience; create new neuro pathways of confidence and self-belief.

Clients often spend rather a lot of time feeling bad about mistakes or misjudgments they have made in the past. As if they are a kind of failure, because they got things wrong.

As if we should get everything perfectly right every time. Nobody enjoys getting things wrong, of course.

But constantly beating oneself up over it has two unfortunate negative effects.

Firstly, we miss out on the opportunity to really learn from what happened.

Secondly, we undermine our self and drain our own confidence.

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How To Change Regrets And Fears And Build Confidence

Again, most clients, will dwell on what a 'failure' they have been in the past, probably also spend too much time frightening the self with thoughts of what could go wrong in the future. Whether it's an upcoming job interview, a date, a performance or presentation, we can continue seeing images of everything going disastrously wrong.

We can see how these imaginings are not going to make it easy to feel cool and calm and in control when the time comes for the date, the interview or the presentation.

So, what is the secret here?

How can the client be confident that things will go well?

How can the client stop being undermined by regrets, or put off by a disaster fantasy?

We and the client can build up and sustain the confidence required to deal with whatever happens, in any situation?

Whilst we are unable to control every aspect of what happens in the future, we can tip the odds in ours, and the clients favour of things going well.

Here is how.

Hypnotherapy can help you create and activate super confidence

- 1) Teach the behavioural model if required. This will allow the client to access a relaxed state.
- 2) No one can feel confident or good about themselves if they are feeling anxious.
- 3) As the client learns to relax, we / they, are allowing the ego structure to relax and be more open to suggestions of change at a profound level.
- 4) We, the client can make a simple recording of all of the great things that have happened so far and listen repeatedly to our recorded successful history. Why not, that's what we are doing with negative consequences?

Help the client to notice:

- How they relax more quickly and more deeply each time you listen
- Naturally beginning to focus more on what has gone well in the past
- Really begin to appreciate your own / client's achievements and what you / they can learn from them.



DIPLOMA COURSE MODULE FIVE

How To Change Regrets And Fears And Build Confidence

ANCHOR & SWISH THESE NEW NEURO PATHWAYS INTO THE CLIENTS OUR YOUR
UNCONSCIOUS MIND

Ask the client, and you can practice, noticing that you're handling more and more situations
with an easy, natural, calm confidence, no matter what happens.

It is not what your client is that is important, it is what your client thinks they are, they will
become.

When you stay within yourself and ask yourself quietly:

“I am” what follows?

What follows I am, you will follow.

If you need to, change what follows I am, and you will change.

Exercise:

Work with your client with their issues, using the above tools.

DIPLOMA COURSE MODULE FIVE

Milton Erickson CONFUSION TECHNIQUES

Milton Erickson was known for his use of language patterns.

The brain avoids confusion, when confused it struggles to find something that it understands to avoid not knowing or being confused. Erickson understood this and used his confusion interventions to great effect.

A presentation of a series of individually differing, contradictory suggestions, at variance with each other, requiring a constant shift in orientation by the subject to attempt to make sense of the suggestions. As the subject tries to accommodate himself to the confused, contradictory responses, apparently sought, he finds himself at such a loss that he welcomes any positive (familiar) suggestion that will permit him to escape this welter of confusion.

HAND LEVITATION

'...In a few moments time...you will find...that your unconscious mind...is taking control of your right hand...and will soon make it feel...very light...while your left hand...is going to feel heavy...very heavy indeed...

the right hand...feels lighter and lighter all the time...everybody knows how to experience the left hand...feeling lighter and lighter...while the other hand feels heavier and heavier...and you will soon find that...your left hand is wanting to lift...getting lighter and lighter all the time...while the other hand...is getting heavier and heavier all the time...

feel the left hand pushing down...getting heavier and heavier all the time...and the right is now beginning to lift...higher and higher...lifting...lifting...the left hand now...higher and higher...feel it push down...the other hand...and as your eyes are wanting to close...CLOSE NOW...

so you can feel comfortable in the knowledge that...as your hand continues to lift...and your eyes are ever more comfortably closed...so you can SLEEP...ever more deeply...DEEP...DEEP ASLEEP...DEEP...
DEEP ASLEEP...'etc

Sleep is a positive suggestion the brain understands; the brain knows exactly what sleep is. And so, moves the client away from confusion and into sleep.

DIPLOMA COURSE MODULE FIVE

Pattern Breaking Inductions

1. Aetiology

By interfering with a social normality, the subject or client will automatically enter an altered state of awareness. When we are expecting a behaviour that is a part of our unconscious awareness, and something else happens the brain will go into shock, there is a delay where the mind is confused. During this time of confusion, the brain searches for something that it understands.

The brain understands, close your eyes or go to sleep, and so does just that.

This approach can demonstrate a pattern breaking induction, however, it would be unlikely that the therapist would gain and maintain rapport.

2. Hand Shake

There is a cultural normality, a procedure that happens and is expected when we meet someone and shake their hand. We grasp the hand warmly and shake the others hand with sensitivity. This signals a tactility of warmth that signals your intentions to another.

3. Hand Retract

As we start to relax the grip this is a signal to the other that we are about to move our hand away and they usually respond without thought.

By regripping the hand and tilting the hand upward there is a confusion of signals and the others brain enters a mild form of confusion or shock.

At this point we might then give a command that the brain recognises immediately.

4. Miscellaneous

We can practice this to demonstrate Erickson's pattern breaking induction theories.

If the client is sitting whilst the hand shake takes place the client can naturally enter a trance.

Indeed, even if standing, the client will still enter a trance, however the client is not in a position to commence therapy.

Generally, I would not advocate this approach in the clinical practice, we are unlikely to gain and maintain rapport by shocking a client, speed of trance is not the aim. Offering care and consideration will help your client to relax and trust you.

DIPLOMA COURSE MODULE FIVE

TRUISMS (Milton Erickson)

The basic unit of ideo- dynamic focusing is the Truism – simple statements of fact about behaviour, which the client has experienced so often that it cannot be denied.

Verbal descriptions of psycho-physiological processes or mental mechanisms can often function as indirect suggestions when they trip off ideo- dynamic responses from associations and learned patterns that already exist within the client.

Truisms are effectively used during inductions with a paradoxical client.

Unable to dispute what is being said we are affectively building a YES set as the client is thinking that is right, that is right, that is right.

This makes the therapy more effective as the client starts to agree, and so continues to agree when the hypnotic suggestions become a little more challenging.

For therapy to be effective the therapist must fundamentally disagree with the client and or the client's beliefs. If the therapist is to continue to agree with the client on every level how will the client change? Disagreeing with the client though challenges the relationship by countering the theories of gaining and maintaining rapport.

The therapist then, finds a way to disagree agreeably through the truisms ability to encourage the client to agree with the therapist, in theory without raising resistance.

1. Ideomotor Processes

'...Most people can...experience one hand as being lighter than another...'

'...Everyone has had the experience of...nodding their head yes...or shaking it no...even without realising it...'

'...When we are tired...our eyes begin to...blink slowly...and sometimes...close...without quite realising it...'

'...Sometimes as we relax...or...go to sleep...a muscle will twitch...so that our arm or leg...makes a slight involuntary movement...'

Exercise

Using this approach, be creative and develop your own script for hand levitation

DIPLOMA COURSE MODULE FIVE

TRUISM UTILISING TIME (Milton Erickson)

In hypnotherapeutic work, truisms utilising time are very important because there is frequently a time lag in the execution of hypnotic responses. The stages of unconscious search and processes leading to hypnotic responses require varying length of time in different clients. It is usually best to permit the client's own unconscious to determine the appropriate amount of time required for any response.

1.

'...Sooner or later...your hand is going to lift...(eyes close, or whatever you require as a response)...

'...Your headache (or whatever you are working with) ...can leave...as soon as your system is ready for it to leave... or – let it go'

'...Your symptom can now disappear...as soon as your unconscious knows...you can handle (such and such) problem...in a more constructive manner...'

2. Ideo-sensory Processes

'...You already know how to...**experience pleasant sensations like the warmth of the sun on your skin...**

'...Most people...**enjoy the refreshing coolness of a light breeze...**

'...Some people can...**imagine...**their favourite food...so well that they can actually...**taste it...**

'...The salt and smell of a light ocean breeze...**is very pleasant...**to most people...'

3. Ideo- cognitive processes

'...We know that when...**you are asleep...**your unconscious can...dream...'

'...You can easily...**forget that dream...**when you awaken...'

'...You can sometimes...**remember one important part of that dream...**that interests you...'

4. Ideo- affective Processes

'...Some people **blush** easily...when they...**recognise certain feelings...**about themselves...'

'...It's easy to...**feel anger and resentment...**when we are made to feel foolish...we usually...frown...when we have memories that are all too painful to remember...'

Cont'd

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DIPLOMA COURSE MODULE FIVE

TRUISM UTILISING TIME (2) (Milton Erickson)

'...Most of us...**try to avoid thoughts and memories that bring tears**...yet they frequently deal with the most important things...'

'...We have all enjoyed someone...**smile**...at a private thought...and we frequently find ourselves smiling at their...**smile**...'

In formulating such Ideo-affective suggestions it is helpful to include a behavioural marker (blush, frown, tears, smile) whenever possible, to provide some kind of feedback to the therapist, indicating the client is receiving and acting upon.

Exercise

To enjoy a client experience, sit quietly and repeat these statements to yourself.

In this style construct a HAND LEVITATION SCRIPT, with this script take your client into a trance.



DIPLOMA COURSE MODULE FIVE

NOT KNOWING, NOT DOING (M. Erickson)

While truisms are an excellent way of introducing suggestions in a positive manner that the conscious mind can accept, valid hypnotic experience involves the utilisation of unconscious processes. A basic aspect of therapeutic trance is to arrange circumstances so that constructive mental processes are experienced as taking place by themselves; without the client making any effort to drive or to direct them.

When we are relaxed, as is typical of most trance experiences, the parasympathetic system physiologically predisposes one NOT TO DO rather than to make any active effort of doing.

Similarly, when we are relaxed, and the unconscious takes over, we usually feel comfortable and DO NOT KNOW how the unconscious carries out its activities. Not knowing and not doing are synonymous with the unconscious or autonomous responsiveness, that is the essence of trance experience. An attitude of not knowing and not doing is therefore of great value in facilitating hypnotic responsiveness.

This is particularly true during the initial stages of trance induction, when the following suggestions may be appropriate.

Try Incorporating these comments into an induction:

‘You don’t have to talk or move or make any sort of effort’

‘You don’t even have to hold your eyes open’

‘You don’t have to bother trying to listen to me because your unconscious can do that and respond all by itself’

‘People can sleep and not know they are asleep.’

‘They can dream and not remember that dream’

‘You may not know just which hand will lift first’

Not knowing and not doing are of particular value in trance work when we wish to evoke the client’s own individuality in seeking the best modality of therapeutic response.

‘You don’t really know just how your unconscious will help you resolve that problem. But your conscious mind can be receptive to the answer when it does come.’

‘Your conscious mind surely has many questions, but it does not really know just when the unconscious will let you give up that undesirable habit. You don’t know if it will be sooner or later.

You don’t know if it will be all at once or slowly, by degrees. Yet you can learn to respect your own natural way of doing things.’



DIPLOMA COURSE MODULE FIVE

OPEN – ENDED SUGGESTIONS (M. Erickson)

Therapists as well as clients do not always know the best avenue for a constructive process to express its self.

Human predispositions and potentialities are so complex that we may even consider it presumptuous to assume that anyone could possibly know ahead of time just what is the most creative approach to the new situation that continually overtakes us.

Indeed, one view of maladjustment is that we do in fact attempt to impose old views and solutions into changed life circumstances where they are no longer appropriate.

The open-ended suggestion is a means of dealing with this problem.

Open-ended suggestions permit us to explore and utilise whatever response possibilities are most available to the client.

It is of value on the level of conscious choice as well as unconscious determinism.

When clients are awake and consciously directing their own behaviour, the open-ended suggestion permits self-determination.

When clients are in a trance, the open-ended suggestion permits the unconscious to select the most appropriate means of carrying out a therapeutic response.

Eyes Closed And Thinking Of An Issue - Take Your Client Through This – Leave Many Breathing Gaps Between Statements - And When You Are Ready, Experience This Yourself:

‘We all have potentials we are unaware of, and we usually don’t know how they will be expressed.’

‘Your mind can review more feelings, memories, and thoughts related to that problem, but you don’t know yet which will be most useful for solving the problem you are coping with.’

‘You can find yourself ranging into the past, the present, or the future as your unconscious selects the most appropriate means of dealing with that.’

Very often we don’t know what we are learning, but we are learning all the time.

It would not be correct for me to tell you how to learn, or what to learn, or even how you should learn. Rather it is important that you give yourself permission to learn whatever you want to, when you are ready to and in your own time.

You will become aware that you have learnt something different.

Something that is important to you.

While giving a great deal of apparent freedom to explore and express the client’s own individuality, such open-ended suggestions carry a strong implication that a therapeutic response will be forthcoming.

DIPLOMA COURSE MODULE FIVE

COVERING ALL POSSIBILITIES OF A CLASS OF RESPONSES (Milton Erickson)

While open-ended suggestions permit the widest possible latitude for the expression of a therapeutic response, suggestions covering all possibilities of responses are of more value when the therapist wishes to focus the client's responsiveness in a particular direction. In initiating trance, for example, the following might be appropriate.

'...Soon you will find a finger or a thumb moving, perhaps by itself. It can move up or down, to the side or press down. It can be slow or quick or perhaps not move at all. The really important thing is to sense fully whatever feelings develop...'

All possibilities of finger movement have been covered, including the possibility of not moving at all. The suggestion is thus fail-safe.

The client is successful no matter what response develops.

The therapist is simply exploring the client's initial responsiveness while initiating trance by focusing attention.

Exactly the same approach can be used when the client has experienced therapeutic trance and is ready to deal with a problem.

'...Soon you will find the weight issue being dealt with, by eating more or less of the right kind of foods that you can enjoy.

You may first gain weight or lose it, or remain the same weight for a while, as you learn the really important things about yourself...'

In both illustrations we can observe how we are distracting the client's consciousness from the important area of responsiveness with an interesting idea referred to in the ending, so that the unconscious can have more opportunity to determine which of the response possibilities (not underlined or emphasised) will be expressed.

This is in keeping with the classical notion of hypnosis as the simultaneous focusing and distraction of attention.



**DIPLOMA COURSE
MODULE FIVE
THE USE OF QUESTIONS
(Milton Erickson)**

Recent research (Sternberg 1975) indicates that the human brain, when questioned, continues an exhaustive search throughout its entire memory system on an unconscious level even after it has found an answer that is apparently satisfying on a conscious level.

Indirect suggestions then will facilitate an unconscious search without the clients / persons permission, awareness or knowledge.

This is incredibly powerful as the suggestion is not perceived as a direction but an organic thought.

This unconscious search and activation of mental processes on an autonomous level is the essence of our indirect approach, wherein we seek to utilise a client's unrecognised potentials to evoke hypnotic phenomena and therapeutic responses.

This process of unconscious search and an autonomous processing of information are evident in many phenomena of everyday life.

According to one folk saying. "The morning is wiser than the evening." After we have slept on a problem, we find the solution comes more easily in the morning.

Evidently an unconscious search and problem-solving process has been taking place while the consciousness was at rest.

There is evidence that suggests dreaming can be an experimental theatre of the mind, where questions can be answered, and new life possibilities synthesised (Rossi 1971-1973). (Imagination)

The Socratic (Method of teaching used by Socrates, in which he aimed to guide pupils to clear thinking on ethics and politics by asking questions and then exposing their inconsistencies in cross-examination.) method of education, whereby a teacher asks the student a series of pointed questions, is a classical illustration of using questions as initiators of mental processes.

We can wonder, indeed, if consciousness could have evolved to its current level without the development and utilisation of questions as a provocative syntactical form, (Syntax, structure of language; the ways in which words are ordered and combined to convey meaning. Syntax applies principally to grammar, and a grammatically correct sentence is also syntactically correct, but syntax also involves the order of the words in the sentence.) which facilitates internal processes of inquiry.

In this section, we will illustrate how questions can focus associations as well as suggest and reinforce new response possibilities.



DIPLOMA COURSE MODULE FIVE

QUESTIONS TO FOCUS ASSOCIATIONS

An interesting illustration of how questions can focus different aspects of inner experience comes from research on the subjective reports of hypnotic subjects (Barber, Dallas, and Calverley, 1968). When asked,

“Did you experience the hypnotic state as basically similar to the waking state?”

Most subjects (83 percent) reported that they did.

On the other hand, when asked,

“Did you experience the hypnotic state as basically different from the waking state?” 72 percent responded positively.

We could take these apparently contradictory responses as indications of the unreliability of the subjects' reports about the hypnotic experience.

From another point of view, however, we can understand how such questions focused the subjects on different aspects of their experiences.

The first question focused their attention on the similarities between the waking and hypnotic states; the second focused attention on the differences.

Both questions could initiate valid responses about different aspects of the subjects' inner experiences; no contradiction need be implied.

In hypnotherapy, it is often of value to help clients discriminate between different aspects of their inner lives or to find the common denominator in apparently different experiences.

Carefully formulated questions such as the above can facilitate this process.



DIPLOMA COURSE MODULE FIVE

QUESTIONS IN TRANCE INDUCTION (Milton Erickson)

Questions are of particular value as indirect forms of suggestion when they cannot be answered by the conscious mind.

Such questions activate unconscious processes and initiate autonomous responses, which are the essence of trance behaviour.

The following are illustrations of how a series of questions may be used to initiate and deepen trance by two different approaches to induction - eye fixation and hand levitation.

In each illustration the first few questions may be answered by responsive behaviour that is guided by conscious choice.

The next few questions may be answered by either conscious intentionally or unconscious choice.

The last few can only be answered on an unconscious or autonomous level of responsiveness.

This series of questions cannot be used in a fixed and rigid manner but must always incorporate and utilise the client's ongoing behaviour.

It is understood that clients need not respond in a conventional verbal manner to these questions, but only with the responsive behaviour suggested.

Clients usually do not recognise that a very important but subtle shift is taking place.

They are no longer verbally interacting in a social manner with their typical defences.

Rather, they are focused intensely within themselves wondering about how they will respond.

This implies that dissociation is taking place between their conscious thinking (with its sense of control) and their apparently autonomous responses to the therapist's questions.

The apparently autonomous nature of their behavioural responses is usually acknowledged as "hypnotic".

With that the stage is set for further autonomous and unconsciously determined therapeutic responses.

DIPLOMA COURSE MODULE FIVE

EYE FIXATION

1. **Would you like to find a spot you can look at comfortably?**
2. **As you continue looking at that spot for a while, do your eyelids want to blink?**
3. **Will those eye lids begin to blink together or separately?**
4. **Slowly or quickly?**
5. **Will they close all at once or flutter all by themselves - first?**
6. **Will those eyes close more and more as you become more and more comfortable?**
7. **That's fine. Can those eyes now remain closed as your comfort deepens, just like going to sleep?**
8. **Can that comfort continue more and more so that you'd rather not even try to open your eyes?**
9. **Or would you rather try to find you cannot?**
10. **And how soon will you forget about them altogether because your unconscious wants to dream?**

(Therapist can observe slight eyeball movements as the client's closed eyes follow changes on the inner dream scene.)

This series begins with a question that requires conscious choice and volition on the part of the client and ends with a question that can only be carried out by unconscious processes.

An important feature of this approach is that it is fail-safe in the sense that any failure to respond can be accepted as a valid and meaningful response to a question.

Another important feature is that each question suggests an observable response that gives the therapist important information about how well the client is following suggestions.

These observable responses are also associated with important internal aspects of trance experience and can be used as indicators of them.

If there is a failure to respond adequately, the therapist can go on with a few other questions at the same level until responsive behaviour is again manifest, or the therapist can question clients about their inner experience to explore any unusual response patterns or difficulties they may have.

Now experience this with your client:

Cont'd

DIPLOMA COURSE MODULE FIVE

QUESTIONS IN TRANCE INDUCTION (Milton Erickson)

It is not uncommon for some clients, for example, to open their eyes occasionally even after it is suggested that they will remain closed. This seems to be an automatic checking device that some clients use without even being aware of it. It does not interfere with therapeutic trance work. The question format thus gives each client's own individuality an opportunity to respond in a therapeutically constructive manner. These features are also found in the hand-levitation approach, as follows.

HAND LEVITATION

1. Can you feel comfortable resting your hands gently on your thighs? (As therapist demonstrates) that's right, without letting them touch each other.
2. Can you let those hands rest ever so lightly so that the fingertips just barely touch your thighs?
3. That's right. As they rest ever so light, do you notice how they tend to lift up a bit all by themselves with each breath you take?
4. Do they begin to lift even more lightly and easily by themselves as the rest of your body relaxes more and more?
5. As that goes on, does one hand or the other or maybe both continue lifting even more?
6. And does that hand stay up and continue lifting higher and higher, bit-by-bit, all by itself? Does the other hand want to catch up with it, or will the other hand relax in your lap?
7. That's right. And does that hand continue lifting with these slight little jerking movements, or does the lifting become smoother and smoother as the hand continues upward toward your face?
8. Does it move more quickly or slowly as it approaches your face with deepening comfort? Does it need to pause a bit before it finally touches your face, so you'll know you are going into a trance? And it won't touch until your unconscious is really ready to let you go deeper, will it?
9. And will your body automatically take a deeper breath when that hand touches your face as you really relax and experience yourself going deeper?
10. That's right. And will you even bother to notice the deepening comfortable feeling when that hand slowly returns to your lap all by itself?
11. And will your unconscious be in a dream by the time that hand comes to rest?

Cont'd

DIPLOMA COURSE MODULE FIVE

QUESTIONS FACILITATING THERAPEUTIC RESPONSIVENESS

12. And what will be the effective means of losing weight?

Will it be because you simply forget to eat and have little patience with heavy meals because they prevent you from doing more interesting things?

Will certain foods that put-on weight no longer appeal to you for whatever reasons?

Will you discover the enjoyment of new foods and new ways of preparing them and eating so that you'll be surprised that you did lose weight, because you really didn't miss anything?

The last question in this series is an illustration of how compound questions can be built up and so to facilitate whatever tendency is most natural for the client.

The ambiguity and "suggestive" effect of compound questions has long been recognised in jurisprudence.

The use of compound questions by solicitors is therefore forbidden during their cross-examination of a witness.

In a hotly contested case a judge or an opposing solicitor can often be heard objecting to the "compounds" by which an unscrupulous solicitor may confuse and perhaps ensnare an unwary witness.

In our therapeutic use of compound questions their very ambiguity is of value in depotentiating the client's learned limitations so new possibilities may be experienced



DIPLOMA COURSE MODULE FIVE

COMPOUND SUGGESTIONS

(Milton Erickson)

At the simplest level a compound suggestion is made up of two statements joined together with a grammatical conjunction or with a slight pause that places them in close association.

Traditional grammar has classified conjunctions broadly as co-ordinating and subordinating.

The co-ordinating or equal in rank, while subordinating conjunctions such as though, if, so, as, after, because, since, and until, join one expression to another that is its adjunct or subordinate.

The linguistic joining and separating expressions obviously have correspondences with similar processes in mathematics and logic as well as with the psychological processes of mental association and dissociation that are of essence in hypnotherapy.

George Boole (1815-1864), one of the originators of symbolic logic, felt that he was formulating the laws of thought with his equations.

We know today, however, that while logic, natural language, and mental processes share some intriguing interfaces; there is no system of complete correspondence between them.

While a system of logic or mathematics can be completely defined, natural language and mental processes are perpetually in a state of creative flux.

There is in principle no fixed formula or system of logic or language that can completely determine or control mental processes.

We would be deluding ourselves, therefore, if we sought a completely deterministic means of manipulating mental processes and controlling behaviour with our indirect forms of suggestion.

We can use them to explore and facilitate response potentials within the client.

However, in this section we will illustrate five classes of compound suggestion that have been of particular use in hypnotherapy:

- (a) The yes set and reinforcement,
- (b) Contingency,
- (c) Apposition of opposites,
- (d) The negative, and
- (e) Shock, surprise, and creative moments. Other forms of indirect suggestion such as implication, binds, and double binds are complex and will be discussed separately.

DIPLOMA COURSE MODULE FIVE

IMPLICATION AND THE IMPLIED DIRECTIVE (Milton Erickson)

Implication is a basic linguistic-psychological form that provides us with the clearest model of the dynamics of indirect suggestion. Most psychotherapists agree that it is not what the therapist says that is important, but what the client hears.

That is, the words of the therapist only function as stimuli that set off many personal trains of association within the client.

It is these personal trains of association within the client that actually function as a major vehicle for the therapeutic process.

This process can be disrupted when the therapist's innocent remarks have unfortunate implications for the client, but it can be greatly facilitated when the therapist's words carry implications that evoke latent potentials within the client.

A great deal of communication in daily life as well as in therapy is carried out by implication in a manner that is, for the most part, not consciously planned or even recognised by the participants.

We witness this in everyday life when a partner, for example, bangs the pots and pans a little louder or slams the doors when leaving a room, when displeased with the partner, but may hum or be softer when pleased.

The partner may not recognise what they are doing, and the other partner may not always know quite how they are getting the message, but they feel it at some level.

Body language and gesture (Birdwhistell, 1952, 1971; Schefflen, 1974) are non-verbal modes of communication that usually function via implications. In such implication the message is not stated directly but evoked by a process of inner search and inference.

This inner search engages the client's own unconscious processes so that the response that emerges is as much a function of the client as it is of the therapist.

Like all the other indirect forms of suggestion, our psychological use of implication ideally evokes and facilitates the client's own processes of creativity.

On the simplest level, implication is formed verbally by the **IF...THEN** phrase.

'...If you sit down then you can go into trance...'

'...Now if you uncross your legs and place your hands comfortably on your lap you will be ready to enter trance...'

Clients who follow such suggestions by actually sitting down, uncrossing their legs, and placing their hands on their lap are also accepting, perhaps without realising it the implication that they will go into trance.



DIPLOMA COURSE MODULE FIVE

IMPLICATION AND THE IMPLIED DIRECTIVE (Milton Erickson)

What is the value of such implication?

Ideally such implications bypass consciousness and automatically evoke the desired unconscious processes that will facilitate trance induction in a way that the conscious mind could not because it does not know how.

We can prepare ourselves to go to sleep but the conscious mind cannot make it happen?

Thus if we directly order a naive client, "sit down and go into a trance," he or she may well sit down while politely protesting, "but I've never gone into a trance, and I'm afraid I don't know how."

Since the essence of hypnotic suggestion is that responses are carried out on an autonomous or unconscious level, it is usually futile to expect the conscious mind to carry them out via direct suggestion.

When direct suggestions are successful, they usually involve preparation for hypnotic work in the same sense that brushing one's teeth and lying in bed are conscious, preparatory acts that set the stage for going to sleep, which is then mediated by the unconscious processes.

DIPLOMA COURSE MODULE FIVE

IMPLICATION AND THE IMPLIED DIRECTIVE (Milton Erickson)

With implication and all the other indirect forms of suggestion, we are presuming to do something more; we are making an effort to evoke and facilitate the actual unconscious processes that will create the desired response.

As we reflect upon the process of implication, we gradually become aware that everything we say has implications.

Even the most general conversation can be analysed as a study in implication – how the words of one speaker can evoke all sorts of associations in the listener.

In everyday life as well as in hypnotherapy it is often the implications that are more potent as suggestions rather than what is being said directly.

In a public conversation, the participants are frequently inhibited, and respond with associations that are nothing more than clichés. In a more personal interaction, such as hypnotherapy, the participants have license to respond with their more intimate idiosyncratic associations. In such personal interactions, we are sometimes surprised at what associations and feelings we experience.

When our conscious mind is surprised in this manner, the therapy has been successful in facilitating an expression of our individuality that we were not previously aware of.

We could say that potentials have been released or new dimensions of insight and consciousness have been synthesised.

The following are examples of the use of implication for deepening clients' involvement with their own inner realities during trance.

'...Your own memories, images, and feelings are now more important to you in this state...'

While giving an apparently direct suggestion about memories, images, and feelings, this statement also carries the important implication that trance is different from the ordinary awake state, and in this state everything else is irrelevant (outside noises, the time of day, the office setting, etc.)

'...We are usually not aware of the moment we fall asleep and sometimes are not even aware that we slept...'

This statement has obvious implications for a lack of awareness about the significant aspects of trance, a lack that can further depotentiate the limiting sets of consciousness.

This implication is emphasised in the following monologue, which structures a frame of reference in which automatic and unconscious behaviour can be facilitated:



DIPLOMA COURSE MODULE FIVE

IMPLICATION AND THE IMPLIED DIRECTIVE (Milton Erickson)

'...Now you know you do many things all day long without being aware of them.

Your heart just beats along without any help or conscious direction from you,

just as you usually breathe without being aware of it.

And even when you walk, your legs seem to move by themselves and take you wherever you want to go.

And your hands do most of the things you want them to do without your saying "now hands do this, now hands do that." Your hands work automatically for you, and you usually don't have to pay attention to them.

Even when you speak, you do it automatically; you don't have to be consciously aware of how to pronounce each word.

You can speak without even knowing it.

You know how to do it automatically without even thinking about it.

Also, when you see or hear things or when you touch or feel things, they work automatically without you having to be conscious of them.

They work by themselves and you don't have to pay attention. They just take care of themselves without you needing to bother about them.

DIPLOMA COURSE MODULE FIVE

THE IMPLIED DIRECTIVE (Milton Erickson)

A special form of implication that is closely associated with contingency suggestions is what may be termed the implied directive (Erickson and Rossi, 1976).

The implied directive is an indirect form of suggestion that is in common usage in clinical hypnosis (Cheek and LeChron, 1968) even though it has not yet received detailed psychological analysis. Like the other indirect forms of suggestion, its use has evolved out of recognition of its value in everyday life. The implied directive has three recognisable parts:

1. A time-binding introduction
2. The implied suggestion that takes place within the client
3. A behavioural response that signals when the implied suggestion has been accomplished

Thus:

1. The time-binding introduction.

‘...As soon as...’

2. The implied suggestion initiating an unconscious search is taking place within the client

...Your unconscious has reached the source of that problem...

3. The behavioural response that signals when the implied suggestion has been accomplished.

“ ...Your finger can lift...’ (IMR)

As can be seen from this illustration, the implied directive is an indirect form of suggestion that initiates inner search and unconscious processes and then lets us know when a therapeutic response has been accomplished. It is of particular value when we need to initiate and facilitate an extensive process of inner exploration and when we are attempting to unravel the dynamics of symptom formation.

Other indirect forms of suggestion that are particularly useful for initiating an unconscious search in hypnosis are implied directives such as the following:

‘...When you have found a feeling of relaxation and comfort, your eyes will close all by themselves...’

In this example the client must obviously make a search on an unconscious level that will ideally initiate parasympathetic responses that can be experienced as comfort and relaxation. Eye closure is a response naturally associated with such internal comfort and thus serves as an ideal signal that the internal process has taken place.



DIPLOMA COURSE MODULE FIVE

THE IMPLIED DIRECTIVE (Milton Erickson)

'...As that comfort deepens, your conscious mind can relax while your unconscious reviews the nature of the problem...and when a relevant and interesting thought reaches your conscious mind, your eyes will open as you carefully consider it...'

This example builds upon the first and initiates another unconscious search for a general exploratory approach to the problem.

As can be seen from these examples an unconscious search initiates an unconscious process that actually solves the problem that the conscious mind could not handle.

These unconscious processes are the essence of creativity and problem solving in everyday life as well as in therapy.

Hypnotherapy, in particular, depends upon the successful utilisation of such unconscious processes to facilitate a therapeutic response.

Cheek and LeChron (1968) have given extensive illustrations of how a series of questions in the form of implied directives can be used for both the exploration and resolution of symptoms



DIPLOMA COURSE MODULE FIVE

BINDS AND DOUBLE BINDS (Milton Erickson)

Psychological binds and double binds have been explored by a number of authors (Haley, 1963; Waltzawick et al., 1967, 1974; Erickson and Rossi, 1975) for their use in therapeutic situations.

The concept of “binds” appears to have a fascinating potential that extends our quest for new therapeutic approaches into the areas of linguistics, logic, semantics, epistemology, (The branch of philosophy that studies the nature of knowledge, its presuppositions and foundations, and its extent and validity.) and the philosophy of science.

Since they are the vanguard of new patterns of our therapeutic consciousness, our understanding of them is as yet incomplete.

We are not always sure what binds and double binds are, or how we can best formulate and use them. Most of our knowledge about them comes from clinical studies and theoretical formulations (Bateson, 1972) with very little controlled experimental research that exactly specifies their parameters.

Because of this we will use the terms “bind” and “double binds” only in a very special and limited sense to describe certain forms of suggestion that offer clients an opportunity for therapeutic responses.

A bind offers a client a free, conscious choice between two or more alternatives. Whichever choice is made, however, leads the client in a therapeutic direction. A double bind, by contrast, offers possibilities of behaviour that are outside the client’s usual range of conscious choice and voluntary control.

The double bind arises out of the possibility of communicating on more than one level. In daily life we frequently say something verbally while commenting on it extra verbally. We may say, “let’s go to the cinema.” We can say it with innumerable variations of tone and intent, however, that can have many implications.

These variations are all comments or metacommunications on our primary verbal message about going to the cinema.

As we shall see in the following sections, binds and double binds are very much a function of who is receiving the message.

What is a bind or double bind for one person may not be for another?

As is the case with all the other indirect forms of suggestion, binds and double binds utilise the client’s unique repertoire of associations and patterns of learning. Most binds and double binds cannot be applied in a mechanical or rote fashion.

Therapists must understand something about how their messages are going to be received in order to make it effective.

DIPLOMA COURSE MODULE FIVE

BINDS MODELLED ON AVOIDANCE-AVOIDANCE AND APPROACH-APPROACH CONFLICTS

Psychological binds are life situations in which we experience a constriction in our behaviour.

Typically, we are caught in circumstances that allow us only unpleasant alternatives of response. We are caught between “the devil and the deep blue sea.”

We thus experience an avoidance conflict; we have to make a choice even though we would like to avoid all the alternatives. In such circumstances we usually choose the lesser of the two “evils.”

Psychological binds can also be constructed on the model of an approach-approach conflict. In this case one is in the bind of having to choose only one of a number of desirable courses of action and excluding all the other desirable possibilities. In common language, “you can’t have your cake and eat it too.”

Since we have all had innumerable experiences of such binds, the avoidance-avoidance and approach-approach conflicts usually exist as established processes governing our behaviour.

As we study clients, we learn to recognise how some are governed more by avoidance-avoidance conflicts while others, perhaps more fortunate (but not necessarily so), appear to be perpetually juggling approach-approach alternatives.

The clinical art of utilising these models of conflict is to recognise which tendency is dominant within a particular client and then structure binds that offer only therapeutic alternatives of response. When we do not know which tendency is more predominant; we can offer general binds that are applicable to anyone, such as the following:

‘...Would you like to enter trance now or later...?’

‘...Would you like to enter trance sitting or lying down...?’

‘...Would you like to go into a light, medium, or deep trance...?’

The client has free conscious choice in responding to any of the alternatives offered above. As soon as a choice is made however, the client is bound to enter trance.

As can be seen from these examples, the question format is particularly well suited for offering binds. When using it with ideomotor signalling, we can frequently formulate an associational network of structured enquiry that can rapidly unravel the dynamics of a problem and resolve it.

Cheek and LeChron (1968) have pioneered such lines of structured enquiry for many psychological and psychosomatic conditions.

An example of the therapeutic use of an avoidance-avoidance bind to resolve a system of insomnia was the case of a meticulous elderly gentleman who took pride in doing all his own housework, except that he hated to wax floors.

DIPLOMA COURSE MODULE FIVE

BINDS MODELLED ON AVOIDANCE-AVOIDANCE AND APPROACH-APPROACH CONFLICTS

After an appraisal of his personality, the gentleman was told that there was an obvious solution to the insomnia problem, but he “might not like it.” The gentleman politely insisted that he would do whatever was necessary to be able to sleep.

The therapist continued to demur, while permitting the gentleman to commit himself further by giving a number of examples of how persistent he was in dealing with difficult problems once he determined he would.

He insisted that his “word was his bond,” and he was used to dealing with unpleasant matters.

This clearly confirmed that this man of admirable character was, indeed, well-practised in working through avoidance-avoidance conflicts.

His determination in the face of such conflicts was utilised in structuring a therapeutic avoidance-avoidance bind.

He was told that if he was not asleep in fifteen minutes after going to bed, he had to get up and wax floors until he felt he could sleep.

If he was still not asleep within fifteen minutes, he had to get up again and so continue this procedure until he was asleep. The gentleman later reported that he had well-waxed floors and slept remarkably well.

We may call this situation a therapeutic avoidance-avoidance bind because the gentleman was presented with negative alternatives over which he had conscious, voluntary choice.

He could choose between the negative alternatives of insomnia or waxing floors.

As we study this example a little further however, it begins to reveal aspects of a double bind.

We could conceptualise the gentleman’s character and logical structure, which enabled him to persist in the face of difficulties, as well as his “word was his bond” at metalevels that bound him automatically to his therapeutic task.

These metalevels of his character were utilised in a manner that were outside his normal range of conscious choice and control.

However, we can say that the more we involve the client’s own associations and learned patterns of response, the more they are likely to experience a bind, or triple bind as an effective agent in behaviour change that is experienced as taking place on an autonomous (unconscious, hypnotic) level.

DIPLOMA COURSE MODULE FIVE

THE CONSCIOUS-UNCONSCIOUS DOUBLE BIND

Some of the most fascinating and useful double binds are those that deal with the interface between conscious and unconscious processes (Erickson, 1964; Erickson and Rossi, 1975).

These double binds all rest upon the fact that while we cannot control our unconscious, we can receive a message consciously that can initiate unconscious processes.

The conscious-unconscious double bind is designed to bypass the limitations of our conscious understanding and abilities so that behaviour can be mediated by the hidden potentials that exist on a more autonomous or unconscious level.

Any response to the following, for example, requires that the client experience an inner focus and search that initiates unconscious processes in ways that are usually beyond conscious control.

'...If your unconscious wants you to enter trance, your right hand will lift all by itself. Otherwise your left hand will lift...'

Whether one gets a "yes" (right hand) or "no" (left hand) response to this suggestion, one has begun to induce trance, since any truly autonomous response (lifting either hand) implies that trance exists.

If the client simply sits quietly and no hand response is evident after a few minutes, the therapist can introduce a further double bind with the following addition.

'...Since you've been sitting quietly and there is yet no hand response, you can wonder if your conscious would prefer not to make any effort at all as you go into trance. It may be more comfortable not to have to move or talk or even bother trying to keep your eyes open...'

At this point the client's eyes may close and trance becomes manifest.

The eyes may remain open with a passive stare, and there will be continuing body immobility suggestive of the development of trance.

If the client is experiencing difficulty, on the other hand, there will be an uneasy shifting of the body, facial movements, and finally some talk about the problem.

The conscious-unconscious double bind in association with questions, implications, not knowing – not doing, and ideomotor signalling is thus an excellent means of initiating trance and exploring a client's patterns of response.

In therapy the conscious-unconscious double bind has innumerable uses, all based on its ability to mobilise unconscious processes.

The use of the negative as described earlier is very useful here.

'...You don't have to listen to me because your unconscious is here and can hear what it needs to, to respond in just the right way...'

'...And it really doesn't matter what your conscious mind does because your unconscious can find the right means of coping with that pain (or whatever) ...'

DIPLOMA COURSE MODULE FIVE

THE CONSCIOUS-UNCONSCIOUS DOUBLE BIND

You've said you don't know how to solve that problem.

You are uncertain and confused.

Your conscious mind really doesn't know what to do.

And yet we know that the unconscious does have access to many memories and images and experiences that it can make available to you in ways that can be most surprising for solving that problem.

You don't know what all your possibilities are yet.

Your unconscious can work on them all by itself. And how will you know when it has been solved?

Will the solution come in a dream you will remember, or will you forget the dream but find that the problem is gradually resolving itself in a way that your conscious mind cannot understand?

Will you be at work or at play, shopping or driving your car, when you finally realise it?

You really don't know, but you certainly can be happy when the solution does come...

In these examples it can be seen how the conscious-unconscious double bind in association with questions and open-ended suggestions can facilitate whatever responses are most suitable for the individual client.

In such situations we are depotentiating the client's conscious, habitual, and presumably more limited patterns in favour of unconscious processes and potentials.

If we are willing to identify these unconscious processes with the activity of the non-dominant cerebral hemisphere (usually the right) – (Galín, 1974; Hoppe, 1977) and conscious self-direction and rational processes with the dominant cerebral hemisphere (usually the left), we could say that the conscious-unconscious double bind tends to depotentiate the limitations of the dominant hemisphere and thereby possibly facilitate the potentials of the non-dominant.

This is particularly the case with the double dissociation double bind, to which we will now turn our attention.

Traditionally the concept of dissociation has been used as an explanation of hypnosis.

Hypnotic or autonomous behaviour taking place outside the client's immediate range of consciousness and is therefore dissociated from the conscious mind.

Many subtle and indirect means have evolved of facilitating dissociations that appear to -

DIPLOMA COURSE MODULE FIVE

THE DOUBLE DISSOCIATION DOUBLE BIND

utilise many entirely normal but alternate pathways of behaviour that lead to the same end.

“All roads lead to Rome” is a cliché that expresses the intense obviousness and, therefore, usefulness of this approach.

Precisely because alternate pathways to the same response are very obviously true and respectful of the client’s individuality, suggestions that utilise them are most acceptable.

Erickson, Rossi, and Rossi, 1976, when analysing the following discovered the double dissociation double bind:

‘...You can as a person awaken, but you do not need to awaken as a body...’(Pause)

‘...You can awaken when your body awakens but without recognition of your body...’

In the first half of this suggestion awakening as a person is dissociated from awakening as a body.

In the second half awakening as a person and as a body are dissociated from recognition of the body.

Suggestions that embody such dissociations facilitate hypnotic behaviour while also exploring each individual’s unique response abilities.

The double dissociation double bind tends to confuse a client’s conscious mind and thus depotentiate his habitual sets, biases, and learned limitations.

This sets the stage for unconscious searches and processes that may mediate creative behaviour.

The following examples suggest the range of its application.

‘...You can dream you are awake even though you are in trance...’(Pause)

‘...Or you can act as if you are in trance even while awake...’

‘...You can find your hand lifting without knowing where it is going...’(Pause)

‘...Or you may sense where it is going even though you are not really directing it...’

‘...You can make an abstract drawing without knowing what it is...’(Pause)



DIPLOMA COURSE MODULE FIVE

THE DOUBLE DISSOCIATION DOUBLE BIND

'...You can later find some meaning in it even though it does not seem related to you personally...'

'...You can speak in trance even though you do not always recognise the meaning of your words...'(Pause)

'...Or you can remain silent as your head very slowly nods "yes" or shakes "no" all by itself in response to my questions...'

As can be seen from these examples, the double dissociation double bind is often potpourri of all sorts of indirect forms of suggestion: implications, contingencies, negatives, open-ended suggestions, apparently covering all possibilities of a class of responses, not knowing, not doing, and so on.

Their common denominator is the facilitation of dissociations that tends to depotentiate a client's habitual conscious sets so that more involuntary levels of response can be expressed.

Erickson and Rossi, 1976, discussed how this form of double bind might be related to the neuro-psychological concepts formulated by Luria (1973).

A detailed study and assessment of the client's response to carefully formulated double dissociation double binds can be of great use in planning further hypnotic work.

Consider the following, which can provide either an initiation into somnambulistic training or at least a validation of trance.

'...Now, in a moment your eyes will open but you do not need to awaken...'(Pause)

'...Or you can awaken when your eyes open, but without remembering what happened when they were closed...'



DIPLOMA COURSE MODULE FIVE

INTERSPERSAL HYPNOTIC TECHNIQUE (Milton Erickson)

'...I would like to talk to you. I know you are a florist, that you grow flowers, and I grew up on a farm in Wisconsin and I liked growing flowers. I still do. So I would like to have you take a seat in that easy chair as I talk to you. I am going to say a lot of things to you but it will not be about flowers because you know more than I do about flowers. **THAT IS NOT WHAT YOU WANT.** (The reader will note that capitals will be used to denote interspersed hypnotic suggestions, which may be syllables, words, phrases or sentences uttered with a slightly different intonation.)

Now as I talk I can do so **COMFORTABLY**, I wish that you would listen **TO ME COMFORTABLY** as I talk about 3 tomato plants. That is an odd thing to talk about. It makes one Curious. **WHY TALK ABOUT - TOMATO PLANTS?** Well let me explain, one puts a tomato seed in the ground. One can **FEEL HOPE** that it will grow into a tomato plant that will bring satisfaction **BY THE FRUIT IT HAS.** The seed soaks up water, **NOT VERY MUCH** difficulty in doing that because of the rains that **BRING PEACE AND COMFORT** and the joy of growing flowers and tomatoes. That little seed, Joe, slowly swells and sends out a little rootlet with cilia on it.

Now you may not know what cilia are, but cilia are **THINGS THAT WORK** to help the tomato seed grow, to push up above the ground as a sprouting plant, and **YOU CAN LISTEN TO ME** Joe so I will keep on talking and **YOU CAN KEEP ON LISTENING**, wondering, **JUST WONDERING WHAT YOU CAN REALLY LEARN**, and here is your pencil and your pad but speaking of the tomato plant, it grows so slowly. **YOU CANNOT SEE** it grow, **YOU CANNOT HEAR** it grow, but grow it does – the first little leaf like things on the stalk, the fine little hairs on the stem, those hairs are on the leaves too like the cilia on the roots, they must make the tomato plant **FEEL VERY GOOD, VERY COMFORTABLE** if you can think of a plant as feeling and then, **YOU CANNOT SEE** it growing, **YOU CANNOT FEEL** it growing but another leaf appears on that little tomato stalk and then another.

Maybe, and this is talking like a child, maybe the tomato plant does **FEEL COMFORTABLE AND PEACEFUL** as it grows. Each day it grows and grows and grows, it is **SO COMFORTABLE** Joe to watch a plant grow and **NOT SEE** its growth **NOT FEEL** it but just know that **ALL IS GETTING BETTER** for that little tomato plant that is adding yet another leaf and still another and a branch and it is **GROWING COMFORTABLY** in all directions. (Much of the above by this time has been repeated many times, sometimes just phrases, and sometimes sentences.

Care is taken to vary the wording and also to repeat the hypnotic suggestions.) And soon the tomato plant will have a bud form somewhere, on one branch or another, but it makes no difference because all the branches, the whole tomato plant will soon have those nice little buds – I wonder if the tomato plant can, Joe, **FEEL, REALLY FEEL A KIND OF COMFORT.** You know, Joe, a plant is a wonderful thing, and **IT IS SO NICE, SO PLEASING** just to be able to think about a plant as if it were a man.



DIPLOMA COURSE MODULE FIVE

POLARITY DISSOCIATION HEAVY BOOK TECHNIQUE

This approach is ideal for convincing the client that what they think, is exactly what they will feel.

Ask subject to sit comfortably with arms straight out right palm facing up and left hand facing down.

Ask subject to imagine a heavy book in the up turned palm and a balloon filled with helium tied around the other wrist.

Continue this imagery until there is a physiological response (hands around 10 cm apart). If appropriate ask client to open their eyes and notice how their thoughts have affected their physical responses.

“And as soon as you are ready to do some inner work you can close your eyes”.

Ask the client to imagine opening a heavy book and imagine in that book they can see a part of themselves as a shape, colour or feeling that is linked to, or responsible for the problem they are having at that time.

When they can imagine that clearly, the book can disappear allowing the client and therapist to speak directly to that part.

Ask for a head nod in confirmation.

“What feelings go with this issue?”



**DIPLOMA COURSE
MODULE FIVE
(SYMPTOM SCALING OPTIONAL)**

Read this page and integrate with the following pages.

In the opposite hand, ask the clients to imagine another part of themselves as an opposite colour, shape or feeling from the 'problem' image.

Internal synthesis

Ask the client to experience both parts simultaneously. Begin negotiating between the parts with the therapist assuming the role of an arbitrator.

Discuss the idea of balance.

Only as soon as both sides are satisfied and in balance will your hands drift together, and each image will become an equal balance of both images.

Re-integrate when the hands are level (what level is your comfort scale now)

Again, this can be lead into:

Symptom signalling

Apposition of opposites



DIPLOMA COURSE MODULE FIVE

SYMPTOM SIGNALLING (Transforming a symptom into a signal)

Aetiology

There are times when teaching a client to relax will be almost impossible and at these times there may be the occasion when a client displays an anxiety response in the practice; at these times it might be appropriate to use the feelings experienced to move the client into an altered state of awareness.

Symptom Signalling would be an ideal intervention to allow the existence of this energy and to allow the energy itself to be used to facilitate the trance phenomenon.

- 1) Ask the client how clearly, they can experience their (problem) feelings on a scale of 1-10 where one is comfortable and ten almost unbearable.
- 2) Ask the client to hold out their arm as if it were a lever that could tell how strongly they experienced their (problem) feelings. As if the arm was a hand on a clock face, where ten was straight up and Zero would be pointing to the floor.
- 3) Explain to the client “as you continue watching your arm I would like you to pay attention to your feelings, can you allow yourself to be so sensitive that your arm goes up if the feelings increase, and your arm moves down if the feelings reduce”.
- 4) Ask the client to have the courage to allow that to continue all by itself, even if it means getting worse before getting better, but fully experiencing those feelings to see if there is anything that they can gain from the experience.

“I wonder if you could stay with it until you notice a little change or surprise” (pause).

- 5) “What number are you experiencing now?”

Therapist should comment on the client’s ability to now control the symptom.

- 6) Reintegration, hand down to lap

“What changes will you make now”

“How can this help from now on”

“What will you do differently this week”

“What number on the comfort scale do you experience now”



DIPLOMA COURSE MODULE FIVE

APPOSITION OF OPPOSITES

Aetiology

Symptom Signalling may be moved into apposition of opposites, which is an Ericksonian induction utilising a balance between opponent systems, which is a basic biological process built into the structure of the nervous system.

Most biological systems can be conceptualised as a homeostatic balance of processes that prevent the overall system from straying outside the relatively narrow range required for optimal functioning.

To account for some of the phenomena of hypnosis, it has been proposed that there are alternatives in various opponent systems, such as the sympathetic and parasympathetic systems and the left and right cerebral hemispheres.

This balancing of opposites is also evident in psychological and social levels.

There is tension and relaxation, motivation and inhibition, conscious and unconscious, happiness and sadness.

An awareness and understanding of such dynamics of opposing processes is of great significance in psychotherapy.

Apposition Of Opposites Induction

1) Script

Ask client to sit comfortably and rest their hands on their thighs with the fingertips just touching their lap. Demonstrate to the subject.

2) Ask the subject to look at one hand.

'As you continue to look at that hand...it is perfectly natural that your vision will distort...and when you wish you may find it more comfortable to close your eyes...because what I would really like you to do...is to pay full attention...to whatever feelings develop in those hands...the physical sensations that may develop in those hands...maybe you notice a twitch in a finger or a thumb...there might be a movement of the whole hand...but more importantly I would like you to pay attention to the weight of each hand...perhaps you can notice a slight difference...in feeling and weight of each hand...the important thing is that you experience fully whatever feelings may develop...

and in a few moments time...I will ask your unconscious mind to take full control of which hand is more appropriate to you...and make that hand feel so light...so that hand is wanting to lift off your lap...becoming lighter and lighter...lifting with very slow, unconscious movements...with each in breath...lifting higher and higher...and all of the time...your other hand can feel...heavier and heavier...pushing down into your lap...as your other hand is lifting...ever more freely and easily...'



DIPLOMA COURSE MODULE FIVE

APPOSITION OF OPPOSITES

(2)

3) Deepener (After levitation has been induced)

In a few moments time...I would like your unconscious mind...to make (which ever hand has lifted)...begin to feel...heavy...so heavy...that it is wanting to return to your lap...but only as soon as (whichever hand is on your lap)...begins to feel so light that it is wanting to lift...lifting higher and higher...and as your other hand feels heavier and heavier... but with every light movement of those hands...up or down so you are drifting ever deeper relaxed...calm...and deeper into the trance....as your hands continue to move...you continue to drift...deeper and deeper still.

Repeat whole sequence to continue deepening

Therapy (incorporated into hand levitation)

...How soon will it be before you just forget about those hands...as hands...and more as scales...and a weighing of issues...time to re-experience those hands...as something else...can you imagine your hands as scales... weighing justice...rebalancing those feelings and issues inside you...can you experience a link inside your chest...connecting your shoulders...as if the scales...of your arms...and your hands...are connected...weighing and balancing... the issues in your life...displayed in your hands...connected through your chest...and the issues in your ...mind and your body...but with every light movement of those hands...you allow yourself...to enjoy the wisdom...of your own inner world...and the position of your hands...a calibration...of the issues in...you and in your life...bring together...your total experience...the skills and resources...you have gained...returning to a way of learning...that you understood...when you were very small...and you gained changes...without conscious consideration...osmosis just absorbing....changing position...adjusting to your world...without consideration...

DIPLOMA COURSE MODULE FIVE

ASSIGNMENTS

1) **Parts Therapy**

Work with a client using Parts Therapy

Carry out a case history

Please include:

The issue that the client wished to address

What was the back ground to this issue, when did it start, how did it develop, what reinforced and sustained this issue.

Include the dialogue and procedure used in this case history and how your client progressed through the therapy.

2) **Gestalt**

Work with a client using Gestalt Therapy

Carry out a case history

Please include:

The issue that the client wished to address

What was the back ground to this issue, when did it start, how did it develop, what reinforced and sustained this issue.

Include the dialogue and procedure used in this case history and how your client progressed through the therapy.

3) What lead you to understand, how the patterns of behaviour within your client have developed?

4) **Building Self – Esteem and Confidence**

Work with a client to build Self – Esteem and Confidence

Carry out a case history

Please include:

The issue that the client wished to address

What was the back ground to this issue, when did it start, how did it develop, what reinforced and sustained this issue.

Include the dialogue and procedure used in this case history and how your client progressed through the therapy.

5) **Ericksonian Language Patterns**

As page 22, Write your own script for hand levitation with the style of Dr Milton Erickson.

Include a vignette of therapist and client interaction and client response.

6) **Interspersal Technique**

Reference page 51, please develop and write an Interspersal script of your own, that might address an issue of your client.

7) **Apposition Of Opposites**

Work with a client using symptom Signalling and developing this into apposition of

Opposites, carry out a case history

Please include:

The issue that the client wished to address

What was the back ground to this issue, when did it start, how did it develop, what reinforced and sustained this issue.

Include the dialogue and procedure used in this case history and how your client progressed through the therapy.