Student Workbook
Volume 4

America’s First Nationally Accredited College of Hypnotherapy

www.hypnosis.edu

Copyright Panorama Publishing 2006. ALL RIGHTS RESERVED. No reproduction without express written consent.
Volume #4

4.1 Child Hypnosis
4.2 Advanced Child Hypnosis
4.3 Medical Hypnosis
4.4 Extinction of Fears and Phobias
4.5 Defense Mechanisms
4.6 Clinical Case Presentation

“Where Success is not an accident”

HMI Distance Education
CHILD HYPNOSIS

LEARNING OBJECTIVES

As you complete this learning area, you should understand and be able to explain...

- When and from whom you need parental consents and/or referrals
- The correct techniques to hypnotize children under 10 years of age and over 10 years of age
- How behavior and response of children in your office differs from adults
- How to interact with the parents of the children in your practice

SUGGESTED READING

- Professional Hypnotism Manual - John G. Kappas, Ph.D.
- How To Talk So Kids Will Listen and Listen So Kids Will Talk - Adele Faber & Elaine Mazlish
- Hypnosis and ADD - American Hypnosis Association Certification Course - Lisa R. Machenberg

RESOURCES

- Your Class Lesson
- Workbook and Notes
- Your HMI Tutor

LEARNING APPROACH

The recommended approach to learning this area is to review the information contained in this chapter of your Student Workbook and complete the online quiz. Review the Stages of Development and learn to use the pendulum, pen light and other eye fascination tools.
Whether or not you intend to work with minors, it is valuable to learn how to work with children. At some point in your practice you will have the opportunity. Many times an adult you are seeing as a client may request you see his/her child. Hypnosis is effective for children as young as 4 years of age. Many of the techniques you will learn can also be used with adults who have social, emotional, or learning disabilities.

It is best to talk to the parents by phone before seeing the child in your office to get a clear understanding of the concerns and issues. Ask questions about the child’s overall health and if there has been any diagnosis by physicians, psychotherapists or other professionals. Get any referrals before your session with the minor.

After your session with the minor, address any issues, concerns, or parenting suggestions with the parents by phone. You can also schedule a session where you only see the parents. Remember, if you see a parent in your office, you still must do hypnosis. You can hypnotize the parent to be calm in most parenting situations, since a parent can not teach his/her child containment and self regulation unless he/she models it.

Children don’t do what you say, but they do what you do!

**COMMON PRESENTING ISSUES**

- Sleeping Issues
- Eating issues
- Focus and concentration
- Sports performance
- School and/or test anxiety
- Bathroom issues
- Fears and/or phobias
- Habit control like thumb sucking, nail biting, hair pulling
- Issues with divorce or blended families
FIRST SESSION

Be sure you have parental consents from both parents (if both parents are involved in the child’s life). Hypnotherapy has the best chance of being effective if BOTH parents are on board.

Be sure to have any referrals if scope is beyond academic/ad-vocational improvement.

Discuss “limits of confidentiality” and make sure everyone, including the child understands.

Encourage both parents to come with the child for his/her first session. Get an idea of the “family system” by observing how the family members interact.

Ask the child how he/she wants to use the powerful tool of hypnosis.

After the child expresses his/her goals, then ask the parents for what they would like their child to use the powerful tool of hypnosis. Make sure the child agrees to be hypnotized for that purpose.

COGNITIVE PORTION OF EACH SESSION

Be extremely permissive during the session. If the child wants to sit in your chair behind the desk, it’s okay.

Use a MATERNAL, soft nurturing voice.

Do not project any blame, shame or criticism. You are there as a problem solver.

Bring art supplies to your office.

Have the child draw a picture of the issue now, and then a second picture of what it will look like when the issue is SOLVED. (Child version of handwriting this accesses ideomotor responses)

Bring lots of different magazines, scissors, glues sticks, and paper. Have your child cut out 5 pictures and glue them to the paper. Ask the child to describe his/her pictures. You will learn how your subjects think and affecting words and phrases.
Bring lots of beads, crystals, and charms. Have your client (older children enjoy this activity, as well) make his/her own “Hypno-crystal”. Talk to your client as he or she is engaged in stringing the beads.

Bring age appropriate toy figures like dolls, dinosaurs, small animals, action figures, and race cars. Observe how your subject plays. Engage the child in creative play, using the toys to act out the issue or even problem solve using the toys to represent people in his/her life.

Bring games like cards, candy land and even chess. Let the child win, if possible. Engage in conversation while also playing the game. You may get more authentic responses when the child is also concentrating on the game.

Use “Mutual Story Telling”. Tell a story (it’s okay to make it up) where your own child (or niece or nephew) had a similar issue and ASK THE CLIENT’S ADVICE to solve your child’s (niece/nephew) issue. This creates objectivity because it’s not so close to home. Even children are better at solving other children’s problems. Make sure “your kid’s issue” is close to your client’s presenting problem.

**HOW TO HYPNOTIZE CHILDREN 10 AND UNDER**

Ask the child to move into the recliner.

Ask child “What is your favorite animal and what your favorite color is?”

Have the child select music to listen to during hypnosis from your selection of “Hypno-Music”. Only give the child 3 choices. (I recommend music from Hypnotherapist Composer Leigh Spusta available on the HMI Website).

Have the child blow bubbles using a small bottle of Bubble Stuff and a Wand to teach deep breathing. “The deeper and slower your breath is, the Bigger the bubbles become. Now blow all your problems into the bubbles and watch them float away and pop.”

Use a Light/Heavy (primary) Induction to “show how powerful the imagination is”.

Recline the recliner and use the child’s Hypno-Crystal as an eye fascination (secondary) induction.

All children are Physical Suggestible, so only use direct suggestions.
Children under 10 have about a 10 minute attention span for hypnosis.

Suggest the child imagine his/her legs are loose, limp, and lazy, like a big pot of overcooked spaghetti. Now the hips are loose limp, and lazy, like overcooked spaghetti. Go all the way up the body. This is a progressive relaxation for children.

Direct the child to take 3 deep breaths like he/she did when blowing the big bubbles.

Now have the child imagine his/her favorite animal, in his/her favorite color and they are flying together over the roof top of his/her house. They fly to the ocean and look at the moon and dolphins surfing in the water.

(Engage all 5 senses). They fly:

To where the issue is taking place:

1. if it’s a school, they fly to school
2. if it’s at home, they fly back home
3. if its a wet bed, they fly to the bedroom
4. if it’s sports related they fly to the field, pool, court, gym, etc.

Have the child imagine watching from atop the flying animal SEEING HIM/HER SOLVING THE ISSUE BY ENGAGING IN THE NEW BEHAVIOR and watching the superior outcome.

(For example, if the issue is test anxiety, the child sees him/herself flying to the classroom. Then seeing the teacher handing out the tests, then sees him/herself taking 3 deep breaths and sees his/her whole body looking calm. Then sees him/herself easily and comfortable taking the test and handing it back to the teacher with confidence and then, smiling a little.)

Have the child then imagine jumping off the animal and into his/her body and feel what it is like to do the new behavior to optimize the superior outcome. (For example, “Now jump off your magic flying Unicorn, and into your body in the classroom. Feel yourself sitting in your chair, and taking the test from your teacher. Now feel yourself taking 3 deep breaths and feel how calm you are now. It is so easy to look at your test and know you are going to do your best because you are so calm. Feel the pencil in your hand as you calmly answer each question. Imagine what it feels like to hand your paper in knowing you are calm, and confident and did your best.”)
Remember: Children may open their eyes in the middle of hypnosis and ask you a question. Just answer the question, and ask child to close eyes again.

Children may open their eyes and refuse to close them again. Just say, “Would you like to hear the rest of the story with you eyes open?” And then finish the hypnosis (the child is still in trance).

Children may open their eyes in the middle of hypnosis and say, “Let’s do something else now.” Just go to mutual story telling, still staying with your hypnosis, but asking questions like, what do you think you will do next? Then what may happen? (your subject is still in trance)

Regardless of how your subject reacts in hypnosis, always count the child out!

HYPNOSIS FOR CHILDREN 10 AND OLDER

Minors and some adults, too, find it enjoyable and easier to talk when they are making a Hypno-Crystal. Because of smart phones, many young people communicate better without direct eye contact.

Children 10 to 17 have about a 15 minute attention span for hypnosis

Use a finger spread, light heavy, or even a arm raising (primary) induction to show how powerful the mind is.

Use the Hypno-Crystal for an Eye Fascination (secondary) Induction.

Use a traditional progressive relaxation.

Have the child imagine floating and looking down at him/her in your recliner. Then floating up so high, he/she can see the ocean, then so high he/she can see the world rotating below. Here is the realm of the subconscious mind where he/she can make amazing changes very quickly and easily. Float over to the place where the issue is happening:

1. if it’s a school, they float to school
2. if it’s at home, they float back home
3. if it’s sports related they float to the field, pool, court, gym, etc.

Have the child imagine watching from the realm of the subconscious mind his/herself making changes easily and quickly SEEING HIM/HER SOLVING THE ISSUE BY ENGAGING IN THE NEW BEHAVIOR and watching the superior outcome.
Have the child descending into his/her body and feel what it is like to do the new behavior to optimize the superior outcome.

**COMMON ISSUES AND HYPNOTIC SUGGESTIONS**

**BED WETTING**

Have the parents change the lighting and the orientation of the bed in the child’s room to lighten the child’s sleep state.

Have the child draw a picture of the BLADDER talking to the BRAIN and saying “Wake up; I need to use the bathroom!!”

Put the child in hypnosis and watch him/herself as his/her eyes open and see him/herself walking to the bathroom, using the toilet and getting back into A NICE DRY BED. Have the child imagine jumping into his/her body, feeling the BLADDER tell the BRAIN, “Wake up; I need to use the bathroom”. Have the child feel the eyes open, and feel the floor beneath the feet. Feel the BLADDER empty into the toilet, and feel getting back into A NICE DRY BED.

Tell the parents to give a small award to the child after 30 dry nights.

**FEARS AND PHOBIAS**

Cognitive Behavioral Therapy with Hypnosis:

Cognitively (During session, not in hypnosis):

Identify the TRIGGER *(example: dogs, going to the doctor, tests, etc)*

Identify EMOTION *(fear)*

Identify AUTOMATIC THOUGHT *(example: the dog will bite me, the doctor will hurt me, I'll fail the test and my life will be ruined, etc)*

Identify WHAT THE MOST LOGICAL PERSON THE CLIENT KNOWS MIGHT THINK WHEN FACED WITH THE TRIGGER. *(Mr. Spock would think, “It is logical that most dogs are safe, but always ask the owner to be sure, it is logical that doctors are here to help me be healthy, it is logical*...
that I do better when I am calm while taking tests on the Starship, Enterprise,” etc)

Put your client in hypnosis and have the client imagine he/she is the Logical Person. Introduce the TRIGGER. Have the client respond to the TRIGGER with the LOGICAL RESPONSE. Have client open eyes and report how he/she feels.

Tell your client to close the eyes and deepen the state of hypnosis. Increase feelings of relaxation when faced with the TRIGGER by doubling the calm emotions associated with the LOGICAL RESPONSE.

**ATTENTION ISSUES**

Put your client in hypnosis and create a “Hypno-Remote Control”. It looks and feels just like the television remote at home, but it has the power to put distracting noises and even thoughts on “MUTE”.

With a deep breath and the anchor word, “mute”, the client can activate the remote in the class room, while doing homework, etc. to mute distracting sounds and thought and increase focus and concentration.

Have the client picture being in a movie theater. The lights are dim, and the screen is lit up so he/she can concentrate on the movie.

Create a “Hypno-Dimmer”. The client can dim any visual distractions. Then he/she can light up his/her class work, the teacher as he/she is talking or the client’s homework so it is the only thing he/she is concentrating on.

**IMPULSIVITY**

Cognitively, ask your client what impulsive activities have gotten him/her into trouble. Listen with no shame, blame or criticism. Tell the child all people get a feeling in their body right before they do something they suspect is not a wise idea.

Ask, “Before you do something that may not be a great idea, where do you feel it in your body. Can you imagine feeling it now? That is your body telling you to PAUSE take a deep breath and make a superior choice for a superior outcome.”
Put your client into hypnosis. Introduce a tempting scenario similar to the one that got your client into trouble before.

Have the client lift the index finger when he/she feels the feeling in the body that warns, “This may not be a good idea”. Now double the feeling, and double it again.

Have the client imagine PAUSING, taking a deep breath, and choosing a healthier behavior for a superior outcome.

Have the client picture doing the new behavior and watch what happens next.
(Hold crystal higher than eye level so client has to look up)

As you stare at the crystal, notice your eyes beginning to blink a little bit. The more you blink the heavier they become, and the heavier they become the more you blink.

(Continue to lower the crystal a bit at a time)

Eyes will begin to water a little bit and I want you to nod your head when you feel this happening. Your breathing changes and gets calmer and slower and the deeper it gets. You get a lot of power and energy from the breath.

As you get more relaxed you can feel the calmness and relaxation just spreading to all parts of your body making them loose and limp. When your eyes feel heaviest, you can just let them close.

(Touch the cheek with the crystal)

Every time I do this, (rub the third eye in a gentle circular motion) and only me or another hypnotherapist, you’ll get more and more relaxed, and your body will get looser and floppier, just like wet spaghetti (shake arms - repeat wet spaghetti, shake legs, repeat wet spaghetti).

And then there’s this tendency to get even more relaxed and comfortable, and you allow this feeling to happen that is so relaxed and comfortable whenever I do this. (Rub third eye).

Now I want you to open your eyes and give me your right hand and hold this crystal up here (bring the arm holding the crystal to just above shoulder level)

Now, we know that you’re strong, we know that from the way you can hit the ball and how far you can throw the ball, but your mind is stronger than your body, and I’m going to show you what I mean.

Close your eyes and imagine the crystal getting heavier and heavier and bigger and bigger. 10 pounds, 20, 100 ...very very heavy now (Hand moves down- when it hits the arm of the chair, rub forehead)

Very good, now just let go of the crystal. Now you’ve seen how strong the mind is - it’s so strong it can turn a little crystal into 100 pounds, and when


your mind and your body work together something very wonderful happens...

Can you imagine a picture with your eyes closed - do you know what I mean?

Maybe you’re in a meadow and you can feel the sun and the breeze (nod when you feel/see/touch/hear/smell it) smell the grass (nod) and the flowers (nod) and see the colors in the flowers and the sky (nod)

As you walk a bit further, you see a baseball diamond in the distance, with teams playing and fielding. And as you walk towards them, you recognize that this time, you will throw straighter than you ever have, hit further and more consistently than you ever have. As you walk closer, the excitement begins to build in your tummy, and that excitement makes you stronger and faster, and more focused - you know that don’t you? You’ve seen that happen. It’s kind of like the super hero of baseball.

As you step up to the plate you concentrate - you know what this means don’t you? It’s like everything around you fades into the background, the sounds, the smells, and the only thing you see is the ball and your eyes never leave it.

This focus gives you to power to hit the ball each and every time. You can feel the power and strength in your arms just as you feel it in your legs when you pedal your bicycle. Now just drift a little more (forehead)

Imagine yourself standing on the pitcher’s mound - nod your head when you’re there. I want you to imagine you are throwing the ball into the mitt - you know the sound that makes? And sometimes you just use your fist in the mitt - don’t you? Every time that happens, either with the ball or the mitt, you become aware that you are focused, and strong, and accurate. Do you know what I mean by accurate? NOTHING ELSE MATTERS WHEN YOU’RE PLAYING BASEBALL. All that matters is right here on the field.

Next, you scrape your foot on the mound - you know what I mean? And you feel the power and the energy in your arms and your chest and you throw that ball.

And you can see it sailing straight over home plate. The umpire announces “strike 1” and you can feel the smile on your face - it feels good doesn’t it?

And again, throw the ball into the glove, scrape your feet on the mound - now you know you’ve got it - you are focused and concentrating, and the
ball flies straight and the umpire says “strike 2” and there’s that smile again - you’re really getting to like this feeling.

Now you recognize that the pressure is on, but the more that happens the calmer you feel, the more accurate and sure of yourself you become.

Now again, the ball in the glove, the feet, here it comes “strike 3” He’s out and that’s how it’s done. And I want you to imagine that in your mind every night before you go to sleep.

Now drift out a little more (forehead) you are in control. Your body knows what to do - let your body do it. Can you see yourself? Good. See how you can use that power in a very positive way, on the field, and for anything else that you want.

Now at zero drifting a little more, 1 takes a deep breath, 2 is a very comfortable number, 3 the smile begins, no matter how hard you try to resist that smile gets bigger and bigger, 4 and 5 is wide awake.
OK Johnny - I want you to imagine that you’re getting ready for bed. You put on your PJ’s – they’re so nice and cozy and DRY. Kiss night-night for (use their family system).

The last thing you do before you go to sleep is go to the bathroom in your nice DRY PJs (describe night-lights if they are nervous of the dark). You turn around and flush the toilet and there’s a big SMILE on your face.

Get your blanket/toy (find out what they sleep with) so cuddly and soft and nice and DRY. And you always SMILE when you have your nice DRY blanket/toy.

And next, you get in between the nice clean sheets - they’re so nice and warm and comfortable and DRY. Off you drift to sleep; you’ll have such nice dreams about…. (Personalize this part)

In the middle of the night if you have to go to the bathroom your eyes will pop wide open and you’ll take your blanket/toy to the bathroom with you and you use the toilet and then flush the toilet afterwards with a big SMILE on your face and then you’ll go back to your nice cozy warm DRY bed.

Then you’ll have more sweet dreams about (personalize this part).

And in the morning when the sun shines and it’s time to wake up, your eyes are going to pop wide open and you’ll be nice and cozy and warm and DRY.

And you go to the bathroom and afterwards you flush and there’s a big SMILE on your face.

Note: The vocal stress is the same for DRY and SMILE, therefore associating these two things, and inferring that being dry makes them happy.
ADVANCED CHILD HYPNOSIS

LEARNING OBJECTIVES

As you complete this learning area, you should understand and be able to explain...

- Seven guidelines for working with children.
- Four indispensable tools for working with children.
- Hypnosis and children

SUGGESTED READING

- Professional Hypnotism Manual – John G. Kappas, Ph.D.

RESOURCES

- Your Class Lesson
- Workbook and Notes
- Your HMI Tutor

LEARNING APPROACH

The recommended approach to learning this area is to review the information contained in the workbook and spend time talking to and interacting with children.
GUIDELINES FOR WORKING WITH CHILDREN

1. Establish Rapport

This begins from the first moment you meet them. Get down to their level by sitting, kneeling, or squatting so that the child is not intimidated. If the child is afraid to go into your room and wants to go home, ask him/her if he/she would like to see the play room, allow this until trust is established. Leave the door open if they want it. Have the parents tell the child where they are going and what they are doing.

2. Accept the Child Completely

Success in therapy depends on creating a safe, accepting environment for the child. Accept them even if they don’t want to talk or play. Outwait them.

3. Establish a Feeling of Permissiveness

Permissiveness allows testing and exploration to occur. Let the child lead the way. Leave toys out and let them choose what they want to play with. Working with children is long term therapy for the most part. Be patient.

There are two restrictions you should establish if necessary. No hitting the therapist and no throwing toys.

4. Recognition and Reflection of Feelings

Give feelings a name. Help the child interpret what they are feeling. If you are wrong, they will correct you.

Do not invalidate the child’s feelings. Parents often do this naturally, using techniques such as denial, being philosophical, giving advice, having pity, being empathetic, etc.

5. Maintain Respect for the Child

Go with their moods. Testing and developing rapport usually takes about six sessions.

6. Allow the Child to Lead the Way
When they are ready, their concerns will come out. It will come out in art or play therapy.

7. **Therapy Can’t Be Hurried**

Children are always hurried. Your office should be a place where they can go at their own natural pace.

**TOOLS FOR WORKING WITH CHILDREN**

1. **Play Therapy**

   Have a variety of toys for the child to play with. Let the child pick what he/she wants to play with. What he/she goes for first will often give you a clue as to what is going on with the child. Children express their feelings and attitudes through play. Join in if the child desires it.

2. **Art Therapy**

   Have the child draw pictures of things in their life. His/her family, him/herself, relatives, school, etc. These pictures will often reveal valuable insights into behavior and feelings that the child may or may not be aware of at a conscious level.

3. **Story Telling**

   Make up stories that relate to the child’s situation. This lets the child feel like he/she is not alone. It also makes it easier for them to talk about something if they are talking about someone else.

   Story telling covers many forms of therapy:

   - Psycho-analytical
   - Behavioral
   - Imagery
   - Desensitization

4. **Word Games**

   Have the child describe people in different ways. “If your father was an animal, what kind of animal would he be?” Use flowers, colors, bugs, animals, etc.
Use a crystal ball or other eye fascination to hold their attention. Once in hypnosis, don’t be concerned with their moving around or fidgeting. Children are highly suggestible with very little critical abilities. Use images and visualization that keeps their interest and that they can relate to.

Whenever hypnotizing children (under 18 years of age), make sure you have a signed parental consent form from their legal guardian. Verify their I.D. with a driver’s license.
LEARNING OBJECTIVES

As you complete this learning area, you should understand and be able to explain…

- Treatment of Chronic Pain
- Hypnotic Modalities for Pain & Illness
- Factors Determining Successful Outcomes

SUGGESTED READING

- Professional Hypnotism Manual - John G. Kappas, Ph.D.
- The Chronic Pain Control Workbook - Ellen M. Catalano, M.A.
- Molecules of Emotions - Dr. Candace Pert
- Body Voices – Carolyn Braddock
- Rituals of Healing - Achtenberg, Ph.D., Dossey, R.N., Kolkmeier, R.N.
- Staying Well with Guided Imagery- Belleruth Naperstack

RESOURCES

- Your Class Lesson
- Workbook and Notes
- Your HMI Tutor

LEARNING APPROACH

The recommended approach to learning this area is to review the information contained in this chapter of your Student Workbook, and familiarize yourself with the pain control techniques as demonstrated on the videotape.
There is a growing acceptance of complimentary medical techniques. The National Institute for Health devoted $3M to studying the effects of complimentary medicine. 50% of those with chronic pain will try complimentary medical techniques, as well as 80% of women with breast cancer. Hypnosis offers relief for functional medical disorders because of release gained through the subconscious mind.

The reason that hypnosis is effective for pain control is that the way the mind perceives pain can be changed. People can learn how to teach the subconscious mind to shut off the "pain receptors" using hypnosis. Clients can be taught how to change the physical reactions to the pain. In addition, hypnosis offers reduced anxiety about painful sensations which permits a release of muscle tension, brain endorphins and serotonin (nature's pain killers).

Become a partner with your clients in their healing. One of the most common reactions to illness is a feeling of loss of control. Help the client to have hope and re-establish a feeling of control. Teach them to have new reactions to old triggers for pain control. Teach them how to use the hypnotic tools such as self-hypnosis and they become pro-active and empowered.

Reasons for Not Using Hypnosis with Illness/Pain

- So much pain that you (as a therapist) feel disturbed.
- A paranoid illness patient, one who has the attitude - “Show me what you can do for me.”
- Some drugs can sometimes block receptors to the brain.
- Psychotic tendencies.

Hypnosis is used to deny the symptoms of the problem. Biofeedback is used to become more aware of the symptoms in order to control the pain.
HOW TO INTRODUCE HYPNOSIS

- Focus on presenting complaint.
- Catalog the symptoms.
- Establish their expectations of hypnosis in relation to their illness/pain and correct or rebalance those expectations.
- Explore what they think they need in order to feel better.
- Find some common ground with the client and use their belief system.
- Adapt “Theory of Mind” concept to COPING with medical problem.
- Present hypnosis in such a way that you will never fail; never guarantee a cure.

REFERRALS

Pain is a communication from the body that something is wrong. A medical referral is always required before a hypnotherapist can work with pain control, primarily under the following conditions:

- When there is a medical origin of the pain
- When the client is already seeing a medical professional for that condition
- When the pain gets worse or the condition changes
- When pain wakes the client from sleep.

A referral will eliminate the possibility that the client has a condition requiring medical treatment, or that sensing less pain will allow further damage to occur.

ACUTE PAIN

Acute pain is sudden onset pain, i.e., due to an event that has just happened. Specific techniques would be:
The Dial, Hypnoplasty, Glove Anesthesia, Pain Transferal. See section “HYPNOTIC MODALITIES” that follows.

**CHRONIC PAIN**

Chronic pain is pain that has been present for some time, i.e., long after a causative event is past (e.g., a car accident), or it is pain that develops over time due to a causative factor (e.g., repetitive stress injuries).

**Side Effects of Chronic Pain**

Chronic pain patients will usually be dealing with all kinds of problems: marriage, job, friends and generalized depression. This can occur because their ability to manage stress and problems in their lives is minimized by the continual pain. The cycle of chronic pain also tends to intensify problem areas that already existed before a causative event or factor became present.

**BODY SYNDROMES**

Chronic pain is often an expression of problems in the individual’s life, manifesting as body syndromes. Body syndromes are a physical expression of an unresolved emotional issue. The pain or illness that results from a body syndrome is just as real as pain caused by, for example, an accident.

Chronic pain patients can feel victimized by their pain, and the tendency is to internalize their feelings, which can then affect their bodies in a negative way.

Hypnotherapists must work with the patient to resolve the issues related to their body syndromes in addition to giving them relief from their pain.

**STRESS RESPONSE**

Stress exacerbates illness, disease or injury. People are afraid of pain and illness. The physical response to fear is an increase in muscle tension. The muscles become tight, ultimately they can spasm, and perhaps even pull bones out of alignment, all of which create pain in varying degrees. Muscle tension leads to further stress and anxiety, and the body is primed to go into fight/flight from anxiety and stress.
The fight response triggers irritation and agitation. Both fight and flight add more stress and anxiety. Also, a decrease in the flow of blood in the hurt area occurs, aiding in the release of toxins which lead to an increase in the perception of pain (this creates an endless loop from pain to blood flow).

If a person spent their formative years in a negative environment, they would then accept this “known” (i.e., a stressful, tension-producing environment) and the stimulus for this type of tension would continue to exist in their adult life.

**SECONDARY GAIN**

People often experience secondary gain from their injuries. This means that they receive a benefit for the chronic pain that they experience, such as disability payments, extra attention from family members, etc. Work to eliminate the need for the secondary gain, e.g., confidence in returning to the job market, etc.

Explore how the client’s life has been different since the onset of the illness or injury. Help the client to find healthier ways to get their needs met. The use of imagery can promote deeper understanding by both client and hypnotherapist.

**ADDITION/SUBSTANCE ABUSE**

Another problem with chronic pain can be addiction to the various pain medications, or substance abuse to dull the pain such as alcohol or marijuana dependency.

Work with the patient to increase endorphins, the body’s natural painkillers as a way of letting go of medications or other substances that have been used to control pain. In addition to alleviating pain, endorphins also lift depression states. Three things naturally produce or increase endorphins: Exercise, laughter and hypnosis.
HEADACHES

There are at least 75 different types of headaches. Some are physiological in origin, others are not.

Migraine Headache

This is a vascular headache and occurs only one to two times per month. The headache will last approx. 24 to 36 hours. Most migraine headaches have a warning system of some sort, often visual. They are not very common.

Muscular Contraction Headache

This is the more common variety. There are basically three types:

- Acute - Occurs three to six times per year. This is the standard type headache that most people take an aspirin for and it goes away.

- Chronic - This type headache appears to last forever! The client will not respond to drugs, etc…

- Conversion Headache - This is not a physical pain. If the therapist is not careful he will give the client a “bandage” unless the cause of the headache is found.

Treatment

- Imagine the hands and feet are becoming warm. This will redirect blood flow from head towards these extremities.

- Resolve body syndrome (Crying Syndrome) for emotional etiology (origin).

HYPNOTIC MODALITIES

Image Based Suggestions

- Imaginative Inattention - Imagining that you are not attending to anything special. “PAY NO ATTENTION TO…” is better than “You will only hear my voice” or you will not feel…”

- Imaginary Distractions: Warm beach, etc.
1. Don’t force. Let the client discover his/her own best scene and tell you about it.

2. “As-if” technique: Train the client to experience positive sensations and images as if they were real. Suspend judgment.

3. Regress to a time frame before pain or illness. The ultimate “as-if”. Good technique for cancer.

4. Amnesia for pain. Use the regression technique, then slowly come to present with instructions to pay no attention to past pain experiences.

5. Secret room technique: Discover secret room in mind, designed for maximum satisfaction, comfort and security. When door is closed, nothing can touch you. The room gives you strength to face world.

- **Hypnoplasty** (1970 Sacerdote, American MD) - Imaginative Transformation/Conversion of Pain - The remodeling of pain sensations under hypnosis to a more tolerable sensation, such as warmth or tingling, or heat or cold.

- **Imaginative Transformation of Context** – Transforms the context in which the injury or pain occurred. Make the client feel like a hero (even if he/she is a martyr). Create another mental set or reason for the pain (such as work related injury becomes the injury of a sports hero).

- **Transfer of Pain** to a more tolerable part of the body, usually a finger or toe, permits more control. “Explore breathing the irritation slowly down to your little finger…”

- **Pain Meter** – Find out what level the pain is at on a scale of 1 – 10 then have the client reduce the level of pain to a more acceptable level by visualizing the meter or dial.

- **Glove Anesthesia** – Imagine the hand in a bucket of cold water or anesthetized by some means and then wherever the “glove” or hand is placed by the client will become numb.

- **Visualizations** – Involve all the senses in another scene, such as somewhere in nature, to re-engage the senses away from the pain or illness.

- **Boost** specific areas of the body, such as T-Cell production for immune function or the thymus gland for white cell production. Sooth specific areas of the body, such as an irritable bowel.
• White light
• Healing waters
• The area healing itself.

**Non-Image Based Suggestions**

• **Suggestions of Relaxation** alone can break the pain-anxiety cycle, allowing the flow of endorphins/serotonin.

• **Direct Suggestions** to reduce pain must be phrased in a positive way, “Let your unconscious mind help you to become more comfortable.”

• **Environmental Distractions** - To help the client take their mind off of the pain, have them count dots in the ceiling, lines in the wall, etc. until the pain passes.

• **Mental Distractions**: A good book, TV, games, etc.

• **Disassociation** usually requires several training sessions, is spontaneously experienced as “out of body experience” or “numbness” on waking.

• **Breathing exercises** will help break the pain cycle: Link suggestions to the breathing rhythm. ALWAYS observe breathing. “Let your breath breathe you, calmer and more focused.”

• Inhaling elicits arousal, tension and constriction.

• “As you inhale, feel the excitement building…”

• Exhaling elicits calm, release and openness.

• “As you exhale, allow your mind to clear and grow calm…”

• Hyperventilation elicits mild dizziness, rapid heart rate, floating feeling, tingling in tips of fingers, toes or nose. “Note the feelings of growing lightness, heaviness or tingling and allow your breath to slow down…down…”
FACTORS DETERMINING SUCCESSFUL OUTCOMES

- Depth of hypnosis is not that important
- Practice is important
- Motivation is important. Are goals and expectations clear? Is patient “doctor-shopping”? How does payment of services affect motivation?
- Personality is important. “Imaginative involvement” appears to be a clear plus in achieving hypnotic pain control. Histrionic and self-confident personalities with a “take-it-or-leave-it” attitude do best. Hypnotic failures often have severe paranoid or self-defeating negativistic traits that sabotage treatment.
- Fear of letting go of pain must be resolved.
- Secondary gain must be resolved.
- Ability of patient to restructure expectations about meaning of pain, self-confidence to continue techniques such as self-hypnosis (self-efficacy).
HYPNOTIC EXTINCTION OF FEARS AND PHOBIAS

LEARNING OBJECTIVES

As you complete this learning area, you should understand and be able to explain...
- The general nature of, causes, and differences between fears and phobias;
- The four main therapeutic approaches to fears & phobias;
- The five stages of loss.

SUGGESTED READING

- Professional Hypnotism Manual - Dr. John G. Kappas, Ph.D.
- Hope and Help For Your Nerves - Dr. Claire Weekes
- Heart of the Mind – Connirae Andreas Phd., Steve Andreas, MA

RESOURCES

- Your Class Lesson
- Workbook and Notes
- Your HMI Tutor

LEARNING APPROACH

The recommended approach to learning this area is to review the information contained in this chapter of your Student Workbook, and practice Circle Therapy and Desensitization techniques.
FEAR vs. PHOBIA

Seeking help with fears or phobias is one of the most common reasons clients come in for hypnotherapy treatment.

The therapeutic approaches to fears and phobias are very different – what may help one may exacerbate the other – therefore it is very important to be able to distinguish between the two different problems and treat them accordingly.

**FEARS**: An emotion of varying intensity aroused by a recognized and logical threat and involving the fight/flight response.

- It arouses a feeling of unpleasant tension, a strong impulse to escape, and physiological changes, e.g., changes in breathing.

**Phobias**: Fear that is uncontrollable, excessive, unrealistic and/or illogical, and is elicited by an object, situation, or activity.

- It usually involves strong physiological and emotional responses.

A general rule to follow in the initial consultation is this: if it has a logical cause and started in childhood, this is one factor indicating a fear. If it originated later in life and the primary cause is unknown, look for other clues pointing toward a phobia.

FEARS

In the case of a fear, the primary cause of the fear stimulus is usually a known factor. The client can generally define the fear and often knows when the fear started.

Most fears are established in childhood. This is a time when the individual is subject to a combination of factors that make him or her more likely to have a fear reaction:

1. Less life experience therefore more “unknowns” due to youth
2. Under-developed powers of reasoning
3. Naturally high degree of suggestibility

As the life experience of the individual accrues, most children will grow out of their fears. If the adult caretaker is aware of the fear, he or she can rationally explain away the fear for the child. However, it is common for
children to carry fears over into adulthood, while others develop adult fears that often prompt them to come in for therapy.

**Common Fears**

1. Fear of loss
2. Fear of rejection
3. Fear of success
4. Fear of failure
5. Fear of pain
6. Fear of exposure
7. Fear of strangers
8. Fear of homosexuality
9. Fear of sexual performance
10. Fear of poor sports performance
11. Fear of responsibility
12. Fear of the unknown

**PHOBIAS**

In the case of a phobia, the following usually applies:

1. It is more common for phobias to develop in adulthood.
2. The client is often vague about the onset of the problem.
3. The client is aware that their reactions are irrational in nature.
4. Unlike a fear, the phobia develops from an unknown primary cause.
5. A phobia generally develops by the Law of Association, i.e., they were doing something else when they had the reaction, and now every time they do this thing they have the same reaction.

Phobic stimuli (which are usually non-threatening themselves) are buried in the subconscious mind. Any of these stimuli can then become associated with the primary cause (which was threatening at the time) at a moment of extreme suggestibility.

Extreme suggestibility can be caused by, e.g., low blood sugar, or trauma that is recent or concurrent to the phobic event, such as bereavement or abuse.

In more serious cases, the phobic stimuli will trigger highly irrational and uncontrollable responses, which, over time, can exacerbate the problems into extreme coping or “compensatory” behavior. One example of this would be agoraphobia, where the individual becomes unable to leave the house as a result of continual anxiety about open spaces. The individual,
as a result of this extreme behavior, ceases to be able to lead a normal life.

**PHYSICAL REACTIONS TO PHOBIAS**

With a phobia, the client doesn’t know the cause but can explain what is happening to them physically. Some physical manifestations are

1. Muscular tension
2. Cold, tingling or numb hands and feet
3. Respiratory changes
4. Hyperventilation
5. Tightening of the vocal chords.

**THINGS PHOBICS SAY**

1. *I had a feeling something terrible was going to happen.*
2. *I don’t know why, but I was terrified.*
3. *I thought I was having a heart attack.*
4. *I thought I was going crazy.*
5. *I thought I was going to die.*

The phobic describes having “waves of panic.”

**COMMON FEARS OR PHOBIAS**

1. Fear of death or dying (may be phobic)
2. Fear of flying
3. Fear of heights (Acrophobia)
4. Fear of public speaking (usually a fear, may be phobic)
5. Fear of sexual dysfunction (more common with emotionals)
6. Fear of blood (Hematophobia)
7. Fear of dirt or contamination (Mysophobia)
8. Fear of animals
9. Fear of impending danger (usually a phobia)
10. Fear of water (Hydrophobia)
11. Fear of closed spaces (Claustrophobia)
12. Fear of open spaces (Agoraphobia)
13. Fear of loss of control
14. Fear of intimacy

**MAIN TOOLS FOR TREATMENT**

There are four main tools for dealing with fears and phobias:

1. Symptomatic approach
2. Desensitization
3. Dream Therapy
4. Circle Therapy (for dealing with fears only)

The preferred tools for working with fears are Circle Therapy and Desensitization, used concurrently with Dream Therapy.

The preferred tools for working with phobias are Desensitization or Systematic Desensitization, applied concurrently with Dream Therapy. Do not use Circle Therapy if a phobic condition is even suspected.
This approach works well with physical suggestible subjects or somnambulistic subjects. In this approach, the therapist literally suggests the symptoms away, one by one, and then suggests problem is gone. It only works completely, however, with a small percentage of subjects.

**DESENSITIZATION**

Once in hypnosis, the subject is asked to bring up with the fear response elicited by the fear stimulus. Then, whilst in hypnosis, he or she is taught to associate the original stimulus with a new and positive response, such as the calmness and relaxation of hypnosis. Use of imagery that is personally calming to the client is effective also, such as the sound and waves of the surf. Desensitization is more of a conditioning process.

At first glance this appears to be similar to Circle Therapy. The important difference is that the client is **not** taken back to the original trauma.

**SYSTEMATIC DESENSITIZATION**

This is a form of behavior therapy developed by J. Wolpe and others in which the subject is trained, in a deeply relaxed or hypnotic state, to associate responses to phobic stimuli with new and positive responses in a structured manner.

The various phobic stimuli experienced are ranked on a subjective distress scale. They are then presented and worked on in progression, starting with the weakest phobic stimulus first. This process effectively desensitizes the subject to the anxiety provoking stimuli. It also associates the success of the earlier, less painful stimuli, to the later, more serious stimuli.

**DREAM THERAPY**

When the subject is willing to expose the problem and talk about it, a natural venting process will take place and the problem may diminish somewhat. The therapist may capitalize on this process by suggesting that the subject will, e.g., in the venting dream process:

1. vent out or release the fear itself
2. vent out or release the origin of the fear or phobia
3. vent out or release the need for compensatory behaviors

4. vent out or release worry about accepting the new behavior

**CIRCLE THERAPY**

Circle Therapy is a very strong and rapid venting process. It must **not** be used for treatment of a phobia. The rule is, if in doubt as to fear or phobia, don't use Circle Therapy.

Abreactions will often occur, especially in the hypnotic or subconscious state. Either way, **make sure the client feels it!**

**Conscious Approach**

1. In the waking state, place the client in the recliner chair, slightly reclined.

2. Tell the client to connect with the original incident when the fear was formed. If the client is unable to connect with that, have them connect with the first time they experienced the fear.

3. Suggest that the client begin to feel the traumatic symptoms.

4. Immediately the client expects to feel fear of loss of control, and that builds.

5. The therapist extends and intensifies these feelings, getting strong bodily reactions, by telling the client to experience the sensations more strongly.

6. "Pass it" allows the client to release the symptoms and vent the experience.

7. Repeat the cycle, telling the client that it is now more difficult to create the symptoms, the harder they try the more difficult it becomes, but try harder.

8. Repeat the cycle until it becomes more and more difficult to create the symptoms.

9. A return to being in control is demonstrated by the client’s ability to create and “pass” the symptoms.

**Subconscious Approach**
Place the subject into a hypnotic trance state. Ask them to reconnect with the original incident or fear.

Let the trauma build (being very paternal if necessary), then tell the client to “Pass it, let it go, relax and go deeper.” Then use a reversal with the suggestions of positive reinforcement. “You may try to feel it, but the harder you try the more difficult it becomes. In fact, you begin to feel a new emotion, amusement and a tendency to smile, even to grin.” As the subject begins to respond, strengthen the positive response and bring them out of hypnosis.

After the reversal, repeat the trauma. This time the trauma will not be as strong. When the client has had enough, reverse it again, reinforcing the positives.

Continue the process until the client feels no fear in the situation. Typically, this will take about three sessions. About 50% of the time it can be handled in one session. As the therapist, you will notice that each time the process is repeated, the fear and abreacts become less and less.

If the fear cannot be dealt with in one session, use suggestions that the client will vent out the fear or the origin of the fear in dreams. Also, talk about it as soon as you bring them out. Tell the client that the next time it will be easier.

FEARS OF FAILURE AND SUCCESS

A fear of success is more common than a fear of failure.

FEAR OF FAILURE

Fear of failure prevents people from even attempting the things that will make them successful. People obsessed with a fear of failure tend to become very successful at some point in life. For example, a high emotional subject, with obsessive compulsive tendencies, will tend to ride roughshod over all obstacles to accomplish what is required to achieve “success.” They can become totally insensitive to how they affect others.

FEAR OF SUCCESS

Fear of success prevents people from completing the things they attempt. Most of the reasons for a fear of success are a result of our early conditioning in life. An example of this is the feeling the child has that they
don’t deserve success, or that success will separate or alienate them from their family of origin in some way.

Some of these reasons are:

1. Loss of privacy (too much exposure)
2. Responsibilities involved if successful
3. No “known” for success in Theory of Mind
4. Association of success with trauma (e.g., successful father who lost everything)
5. The mind associates success with something that is not valid today, e.g., income of people perceived as successful or not successful in childhood is subconsciously held up to today’s inflated standards.

These are a few of the reasons -- there are many others. The Mental Bank is good to use with fear of success, unless that person has passive aggressive tendencies. In that case, work on the PA behavior before introducing Mental Bank.

**ANXIETY**

Two forms of anxiety are:

1. Static Anxiety
2. Free-Floating Anxiety

**Static Anxiety**

This form of anxiety is related to the fear of success. It is always there and does not come or go. There is always a logical reason for the anxiety.

**Free Floating Anxiety**

This form of anxiety is related to the phobic process. It is intermittent. The client will be worried and fearful for no apparent reason. They are overly sensitive which in turn leads to hypersuggestibility. The client can’t explain a logical cause, which is because it is not always real. A lot of expectation is involved.

**Treatment**
Treat static anxiety in the same way as a fear, and treat free-floating anxiety in the same way as a phobia.

**FIVE STAGES OF LOSS**

People can go through stages of loss from the loss of many things, not just death. Not every individual will display all the symptoms nor in the same time or manner.

One can suffer from the loss of:

1. Job
2. Marriage
3. Community
4. Pets
5. or anything in which one may have a strong emotional connection.

The more traumatic, the more likely the stages will be apparent.

There are five stages that the client must go through to completely deal with a traumatic loss. This may be used to deal with loss due to death, divorce, etc. It can also be a valid way to treat a terminally ill client.

In therapy take the client through all five stages. Explain the stages so they will understand what they are feeling.

**Denial – Stage 1 (Isolation)**

Refusing to accept that the loss has occurred. On the onset, one may feel a sense of shock or numbness. Some may even go about their daily routines like robots. Even though shock may not last long, denial can last for years. Body Syndromes and physical symptoms may begin to occur due to suppressed feelings. Prolong Denial may also cause one to become *panicky* at times. Feelings of *guilt* may rise in some cases.

**Anger – Stage 2 (Resentment)**

This may be directed at either the person who has left or at anyone else who happens to be there. In some cases the anger is directed at the
Fears and Phobias 4.4

therapist. Depression may also start bubbling up in this stage, especially if the person is already prone to depression. Anger is the beginning of the process of releasing.

Bargaining – Stage 3 (Desperation)

The client will bargain with anyone: God, the therapist, anyone in their life. They will even bargain with themselves. Anger may persist. Depression may become more apparent.

Grief – Stage 4 (Depression)

The client may cry a lot or withdraw. Crying is a natural way of releasing anxiety. You may encourage the client to cry if the have difficulty with the idea. HOWEVER, if the crying persist, the client may be suffering from clinical depression and need anti-depressant medication from a licensed doctor.

Resolution – Stage 5 (Acceptance)

This is the final stage and the beginning of putting one’s life back in order. It is not unusual for the client to become “spiritual” during this stage, seeking “higher” answers and begin to make sense of what happened. The client begins to feel hope and accepts the reality. This is a crucial point in time for the therapist to encourage hope.

Forgiveness

This is a necessary process for healing, especially in the case of divorce or break-up. The client may not be ready to forgive their loved-one (or themselves) for a while. They must be completely over any guilt or anger from the loss. Let the client decide if they are ready or willing to forgive.

IMPORTANT

Everyone will go through these stages in their own way and time. The client may experience some of the stages at the same time. Quite often, the stages of Denial, Anger, Grief and Bargaining may repeat several times. Some may be stuck in one stage for many years. it is important to get a thorough history if you suspect prolong grieving.
LEARNING OBJECTIVES

As you complete this learning area, you should understand and be able to explain…

- The purpose of defense mechanisms
- How defense mechanisms relate to the primitive mind
- The basic characteristics of defense mechanisms
- The common defense mechanisms
- The recommended hypnotic treatment defenses.

SUGGESTED READING

- Professional Hypnotism Manual - John G. Kappas Ph.D.

RESOURCES

- Your Class Lesson
- Workbook and Notes
- Your HMI Tutor

LEARNING APPROACH

The recommended approach to learning this area is to review the information contained in this chapter of your Student Workbook. Cross reference with the 6 stages of therapy contained in the Counseling and Interviewing chapter.
The human mind is designed to avoid pain and seek pleasure. When the choice between the two are presented, the mind will always choose pleasure. This is why hypnosis is most effective; The mind is thrilled to escape pain, anxiety and fear in the hypnotic state.

The confusion begins with the definition of pain and pleasure. The following JOKE is an example (although extreme): The masochist begs the sadist to “hit me, beat me” and the sadist replies, “NO!” In most cases, humans equate the concept of pain with the unknown. People will stay in what seems to be an uncomfortable situation because it is KNOWN and registers as a pleasure.

“We often stay with what we know even though it may not be good for us, and avoid what we don’t know, even though it may benefit us.”

Example: There are well documented cases of children that were tortured by their parents (burned with cigarettes, etc.), yet refuse to go to a foster home. The foster home was an unknown (pain) and their abusive home was a known (pleasure). Despite the torture, they still subconsciously registered the environment as “pleasurable” or “safe”.

**Domination:** The mind is also built to dominate and avoid being dominated. We have all seen people who will go to extremes, including lying, in order to “be right” and by doing so, remain in a position of NOT BEING DOMINATED.

**The Primitive Mind:** All defense mechanisms stem from the basic instinct for survival. Our physical evolution taught us to run from danger or to stand and fight (Flight/Fight Mechanism). Our psychological evolution maintains the same premise. On a primitive level, humans believe that showing weakness could threaten their survival and therefore even the admission of being “wrong” is a form of weakness.

On one level, defense mechanisms protect us from appearing weak as judged by society. If we are in danger of appearing fearful, anxious, cowardly, lacking motivation, stingy, unethical, mean, cruel, lacking confidence, poor, etc., we will create defense mechanisms in an effort to hide, camouflage, explain or deny those traits (even in to ourselves).
Admitting these traits will make us appear less in the eyes of our fellow man and therefore be judged negatively and cause loss of control. In other words, we will appear to be at a disadvantage and perceive a threat to our survival, even a social survival.

We will attempt to modify (or justify) the perception of our behavior.

Examples:

**Stingy** - “I’m not stingy. I am just thrifty and responsible. I’m trying to save for the future”

**Cruelty** - The parent hits their child saying, “I’m doing this for your own good.”

**Cowardice** - “I’m just being cautious.”

**Laziness** - “I was fired because my boss is too demanding and crazy”

**DEFENSES AND COPING STRATEGIES**

Defense mechanisms are also strategies for coping with the stresses of life. Life is full of discomforts, disappointments, obstacles, failures, anxiety and fearful situations. From infancy, a human being looks for ways to deal with anxiety. The baby uses a pacifier to calm down, Mom and Dad are replaced by a “blankie” or “Teddy Bear” so that a source of comfort is always close when the parents are not available.

Growing older, we still look to outside sources to help us relax and be calm: food, alcohol, drugs, etc. All addictions originate with a need to create a momentary escape from reality when it appears to be threatening. One coping strategy is the bizarre behavior typical to obsessive-compulsive disorder of counting telephone poles, pulling one’s hair or eye lashes, biting nails, etc. This behavior allows people to escape frightening thoughts or run away from emotional pain by creating a “real” physical one.

Defense mechanisms have one thing in common; they give the individual a false sense of control. It removes, even for a moment, the helplessness that unconsciously threatens our survival.
WHAT IS TYPICAL TO DEFENSE MECHANISMS?

They are all:

1. Unconscious
2. Self-Deceptive
3. Contain denial
4. Distort reality, thoughts and action

Although defense mechanisms are created to help and protect us, eventually they become crutches that distort reality and prevent self-improvement and maturity.

As therapists, we must be very careful not to remove a defense mechanism too soon!!!!

THERAPEUTIC APPROACHES TO COMMON DEFENSE MECHANISMS

1. Repression

Abrupt and involuntary removal from the awareness of any threatening memory, idea or impulse.

A. Sexual molestation in childhood (memory)

B. A clerk wishes to kill his boss and rob the company (idea)

C. A man sees a female stranger and desires to rape her (impulse)

**Approach:** Must be very careful not to bring up the trauma before the client is ready. Tell the subconscious to release the repressed incident only if they are ready, ask to give a description as an observer (i.e. a viewer of a movie), promise the subconscious that if the experience becomes too painful you will terminate the treatment and take them out of hypnosis. (Used a lot in past-life regression) In Voice Dialogue (cognitive), ask “The Critic” if “The “Child” is emotionally ready to reveal the repressed memory, thought or impulse.
2. Denial

Blocking external events from entering awareness. Denial abolishes dangers “out there” by negating them.

A. A recent widow says she will not call a plumber to fix the sink, her husband can do it.

B. The Greek woman who believed her murdered children are in school in Switzerland and sets places for them at the dinner table.

**Approach:** Encourage the client (under hypnosis) to tell you about the dangers “out there”. If it is too frightening or threatening, tell them he/she will not remember what he told you. Only when he/she is ready, in therapy, will it surface in his in a very safe way.

3. Rationalization

Hiding from ourselves the real reasons for our actions and offer instead some self-justifying reason (preventing admission of inadequacy).

A. A young child responds to kissing with a “Yuuuccck!”

B. The employee who gets passed up for a promotion and says, “I didn’t want the job, anyway. It would have been for more work and less pay.”

**Approach:** Have the client admit to the feelings of inadequacy, get in touch with the pain and see that the fear of the pain is worse than the pain itself.

4. Projection

Attribute to another person one’s own unacceptable impulses, wishes or thoughts (hiding our own unacceptable urges and qualities).

A. A wife who is tempted to have an extra marital affair will become suspicious of the husband and claims he flirts with other women or questions his loyalty.

B. A man who becomes impotent blames it on his frigid wife.

**Approach:** Encourage the client (before therapy) to talk about their strong feelings toward others (usually judgment or criticism) and have them look at his life and the hidden areas of denial (disowned
5. **Displacement**

Redirecting aggressive impulses onto a substitute target when the appropriate target is too threatening.

A. The employee who is harassed by his boss and goes home and harasses his family members or pets.

B. People who are or were sexually molested will molest weaker people than themselves.

C. A child’s hostile feelings toward a parent will be taken out on a younger sibling or a schoolmate.

**Approach:** Allow the part (usually “The Child”) that feels neglected (like the girl who feels her mother prefers her brother) to talk and express their pain.

6. **Turning Against Self**

Directing impulses inwardly rather than towards the appropriate target. We all did this in childhood. This usually results in masochism, feelings of inadequacy, guilt and depression.

A. A child feels her mother favors her brother, will tell herself that she is unworthy of her mother’s love.

B. A man who finds out that his wife has cheated on him will say that he understands why; He is weak, ugly and unworthy.

**Approach:** Use guided visualization to uproot the weeds that symbolize negative self flagellation and plant seeds of self love.

7. **Reaction Formation**

Transformation of unacceptable impulses into their opposite and more acceptable forms (i.e. hate to love, fear to extreme bravery)

A. The girl with hostile feelings toward her mother will be overly caring of her mother’s health and well-being.

**Approach:** Voice Dialogue is best for this. Talk to the part that has hostile feelings toward the other person.
8. **Projection Identification**

When a person idealizes another, the good parts of their self are projected onto the other. When a person looks down upon another, the bad parts of their self are projected onto the other.

A. When a person says about another, “I really enjoyed my conversation with her, she is so intelligent”, what he/she is really saying is, “I am really intelligent. How else would I know she was?”

B. When a person says about another, “He is so lazy”, “He is too materialistic”, or “He is quick to anger”, he/she is really disowning the same traits within themselves.

**Approach:** Talk about the person who they are idealizing or putting down. Ask if they feel any kinship or resemblance with that person. Ask the client how they would handle the other person’s situation if they were in their place.

9. **Identification with the Aggressor**

Adopting the traits or mannerisms of a feared person

A. Kidnap victims protecting their captors.

B. A man whose father was critical and abusive will do the same with his children (to escape the memory of the pain)

**Approach:** Make the client see the negative behavior of the abuser and explain to them how and why his defense mechanism popped up.

10. **Overcompensation**

An attempt to cover up personal weakness by focusing on another more desirable trait.

A. A very shy woman spends hours at the gym.

B. An impotent man will talk a lot about sex (dirty old man)

**Approach:** Talk about the need for balance, using guided visualization (See-Saw, Drink Blue, Yellow and Green). Have them visualize overcoming the problem which is being overcompensated.

11. **Undoing**
Characteristic of obsessive-compulsive behavior. In order to cancel unacceptable thoughts, a person performs rituals and “magical” gestures. Some superstition falls into this category.

A. Spitting three times or throwing spilt salt over the shoulder.

B. Washing the hands ten times.

C. “Cross my heart”, “Knock on wood”,

D. Reciting the alphabet ten times backwards.

**Approach:** Under hypnosis, create an anchor (stroking the hand, using a key, etc.) that will allow them to remember that they are an adult and in control.

12. Intellectualization

Cutting oneself off from emotions. Describing a very traumatizing event in a detached descriptive manner.

A. Woman describing her rape.

B. Someone describing a natural disaster they were involved in.

**Approach:** Keep bringing the client back to his feelings, asking how they feel as opposed to what they think.

13. Withdrawal

Shutting off communications or physically moving oneself from unpleasant circumstances.

A. Most common - An argument between husband and wife; One of them states that he or she does not wish to continue and leaves (Usually the Emotional Sexual)

**Approach:** Help the client to identify the root cause of the fear that allows them to avoid confronting it. Ask what does it cost them?

14. Daydreaming Fantasy

While it can be useful in goal-setting and visualization, problems can result when daydreaming becomes more satisfying than real life (as a way to escape a painful reality).
A. A neurotic person builds castles in the air, a psychotic person lives in the castle and the therapist collects the rent.

**Approach:** Start by talking with the client about where they really want to be and work through the steps backwards to where they are now. Use imagery to help the client to set more realistic goals and times for their achievements.

15. **Substance Dependency and Addictions**

Provides relief from stress or diminishes awareness of discomfort.

A. Alcohol, tobacco. Drugs, food, etc.

B. Sexual addictions, love addictions, workaholics, etc.

**Approach:** Talk about the pain they are trying to escape from by using the substance. Also, ask what the smoke screen of the addiction is. Be sure to they are in a support group or under the care of a licensed professional. Under hypnosis, give suggestions that reinforce the adjunct therapy or support group.

16. **Escape into Illness**

Escaping responsibility, being taken care of.

**Approach:** Strengthen the individual’s “Adult” and sense of responsibility. Make them realize the price and danger of this defense mechanism.

17. **Regression**

Return to earlier modes of response when confronted with anxiety.

A. A four-year old child who is hospitalized for a tonsillectomy will wet his pants and start sucking his thumb again.

B. During an argument, one of the parties will have a temper tantrum.

C. Acting childish and irresponsible (shop-aholics, vindictiveness)

**Approach:** Voice Dialogue with “The Child”, telling him the good things about being an adult (drive a car, have sex, own a home, be free, independence, etc.) “The Key” and hypnosis is most valuable here.
18. **Sublimation**

Submission to an acceptable substitute. People who submerge themselves in their career in order to avoid intimacy.

A. Over-achievers

**Approach:** Tell the client to ask “What do I miss in life?” Emphasize the importance of balance, guided visualization.

19. **Disassociation**

Post-traumatic stress can induce these reactions.

A. Amnesia (memory loss)

B. Dis-associative identity disorder (multiple personality disorder)

**Approach:** Refer out to a Psychiatrist!!!!!!