

# The Hypnotherapy Journal

Issue 8 Volume 16

[www.hypnotherapists.org.uk](http://www.hypnotherapists.org.uk)

Winter 2016

**Human Givens  
Spread the Love!**

Download your free  
e-book inside!

***Dr David Hamilton***  
*on how to re-wire your brain  
for self-love & fulfillment*

## The Love Issue

***HeartMath***<sup>®</sup>

*Can it really transform stress,  
boost resilience & empower  
higher performance?*

***Inside:***

*The Good Guide to Successful Marketing,  
Alien Investigative Hypnosis,  
Ollie & his Superpowers,  
plus the latest news, views & book reviews...*

# CONTENTS



View from the Chair	3
Editorial	4
In the News	5
Visualisation & Self-Love	6
Success Marketing	8
Intro to Heart Math	12
HPD Qualifiers	19
Alien Abductions!	20
Supervisor Listings	27
Book Review	28
Ollie & his Superpowers	29
Case Study	31
Journal Policy	36

NATIONAL COUNCIL FOR HYPNOTHERAPY  
Address: PO Box 89 4629, Maidenhead SL60 1HA  
Phone: 0845 544 0788  
Web: [www.hypnotherapists.org.uk](http://www.hypnotherapists.org.uk)  
Email: [admin@hypnotherapists.org.uk](mailto:admin@hypnotherapists.org.uk)



## The NCH Committee

Chair: Tracey Grist Tel: 0845 544 0788  
Email: [chairman@hypnotherapists.org.uk](mailto:chairman@hypnotherapists.org.uk)  
Ethics Director: Tel: 0845 544 0788  
Email: [ethics@hypnotherapists.org.uk](mailto:ethics@hypnotherapists.org.uk)  
Marketing Director: Richard Lepper Tel: 0845 544 0788  
Email: [marketing@hypnotherapists.org.uk](mailto:marketing@hypnotherapists.org.uk)  
Member Services Director: Tel: 0845 544 0788  
Email: [services@hypnotherapists.org.uk](mailto:services@hypnotherapists.org.uk)  
Supervision Director: Donna Green Tel: 0845 544 0788  
Email: [supervision@@hypnotherapists.org.uk](mailto:supervision@@hypnotherapists.org.uk)  
Research Director: Iain Lightfoot Tel: 0845 544 0788  
Email: [research@hypnotherapists.co.uk](mailto:research@hypnotherapists.co.uk)  
Continuing Professional Development Director:  
Lorraine McReight Tel: 0845 544 0788  
Email: [development@hypnotherapists.org.uk](mailto:development@hypnotherapists.org.uk)

## Ex-Officio Roles

Administrator: Karen Eeles Tel: 0845 544 0788  
Email: [admin@hypnotherapists.org.uk](mailto:admin@hypnotherapists.org.uk)  
Finance: Katharine Knight (Orchard Accounting Solutions)  
Email: [finance@hypnotherapists.org.uk](mailto:finance@hypnotherapists.org.uk)  
Training & Accreditation: Jill Tonks Tel: 0845 544 0788  
email: [training@hypnotherapists.org.uk](mailto:training@hypnotherapists.org.uk)  
Editorial: Jo Wallis email: [journal@hypnotherapists.org.uk](mailto:journal@hypnotherapists.org.uk)

The National Council for Hypnotherapy, established in 1973 under its former title "The Hypnotherapy Register," represents the practice of Clinical Hypnotherapy as a discrete profession in its own right. Membership is open to those practitioners able to demonstrate appropriate knowledge, evidence of training and clinical experience relevant to the field. The NCH is a member of the UK Confederation of Hypnotherapy Organisations.

# View from the Chair

*Tracey Grist*



Well, it's been a bit of a baptism of fire.

I am honoured to be in position of Chair and following in the mighty footsteps of the previous chairs, I can only thank them all for doing such a wonderful job as I truly realise just how much work goes into holding the position.

I am both lucky and blessed to have such a fantastic team of colleagues on the Board, that are doing above and beyond their duty at present to move the NCH tirelessly forward. I am super impressed with just how much stuff goes on behind the scenes at the NCH, I have been in position for just a couple of short months and the ongoing work has been endless.

We have had the controversy of the on-line training pilot which has been unfortunate, however this has highlighted just how important industry standards are and the benefits of working closely with CNHC and UKCHO, relationships which, moving forward I hope to nurture, deepen and strengthen, as I would like to with you, the membership. Your views and thoughts are always welcome and needed.

***'We are still looking for Membership Services and Finance directors, so please do be in touch if you are interested in Directorship'***

Like any major organisation, it is very easy to get lost in the minutiae and lose sight of the bigger picture, which for me, aside for client safety and protection for all, is about focussing on what we have, what skills and knowledge we have to give and how we can move Hypnotherapy forward to have a solid, robust and respected place within talking therapy.

I have just returned from a visit to our Supervision Training weekend and it is wonderful that our hypnotherapists do understand the place and the need for supervision in their daily practice, so a big well done to those on the course and to Donna our new Supervision Director for swimming so well in the deep end!

Lorraine in CPD is working tirelessly on bringing hypnotherapists together with her peer groups and again, it is a fantastic thing to see hypnotherapists supporting each other and working together.

It can potentially be such a lonely and competitive business being a therapist and hopefully something the NCH can provide is community and support, we are all in this together.

Iain in research, aside from his new family member (congratulations!) and his demanding PHD, is looking at ways to open the communication doors so that you can easily have your say and Richard our marketing guru is head-down on our branding campaign preparing new ideas and ways in which we can appeal to people on mass and call in more requests for clients wanting hypnotherapy, to get your membership working for you.

We have a good few candidates interested in our Ethics post and hopefully within the next few weeks I shall invite you to meet our new Ethics Director.

We are still looking for Membership Services and Finance directors, so please do be in touch if you are interested in Directorship or even if you would like to support any of our existing directors, we are always looking for positive, forward facing members to roll their sleeves up!

The e-journal, once again is fantastic, and no doubt you will all be getting ready to complete your 'e-journal / hard copy' survey, which we will mail to you shortly. Please do have your vote!

In the most, I have always been self employed and do truly understand just what an isolated place this can be, so my priority is as always, communication, please do be in touch, I will respond, and If I have not replied to your email, send it again, as always with any changeover there has been additional work and demands just to bed-in the role, so please do resend, even if we cannot answer your questions we will respond.

The NCH Board and Exec are all made up of ordinary members with families and private practice demands, we are all passionate about Hypnotherapy and how amazing it is, but we are all human and sometimes we can miss emails or calls, so please do persevere because we do want to hear from you.

***Tracey***  
**NCH Chair**

# Editorial

Jo Wallis



It's the 'Love' issue this month. *The Hypnotherapy Journal* benefits repeatedly from the love and affection of others - in terms of articles, shared information, constructive criticism and feedback, and in this issue *more* free webinars and e-books. - Thanks Human Givens! So, I figured why not focus on the perfect pairing that are divine components of love: Generosity and Gratefulness.

Generosity and gratitude are, most happily, flip-sides of the same coin. Recent studies by the University of Southern California (USC), used fMRI brain imaging to map the neurobiological correlates of gratitude and kindness, and no surprise they go hand in hand, both at a psychological and a neurobiological level.

*'Generosity creates gratitude .... and so begins the upward spiral of human well-being. The choice is ours.'*

USC studies also showed that when the brain feels gratitude, it activates the areas responsible for feelings of reward, moral cognition, subjective value judgments, fairness, economic decision-making and self-reference. These areas include the ventral- and dorsal- medial pre-frontal cortex, as well as the anterior cingulate cortex.

Generosity *creates* gratitude - and so begins the upward spiral of human well-being. Yesterday I witnessed this first-hand. Running late for school pick-up I dashed into town for supplies, aware that I didn't have the correct change for the parking meter. A moment after I stepped out of my car a woman walked across the car park and offered me her ticket, which had well over an hour to go on it. She did this with a huge smile.

Feeling grateful, I was able to slow down my pace, and appreciate both her kindness and recognise my good fortune. Feeling happier I then noticed the eye of an elderly woman crossing the road, and spontaneously gave her a huge smile; she smiled right back. I was feeling even better! I then had a super chat with the check out worker, something I usually do, but this time it was different: I'd slowed down my pace and the kindness of a stranger had put an unexpected spring in my step, and now in hers. I returned to the school run with renewed gratefulness and awareness - not of the importance of kindness - but of how easily it can set in motion a glorious and positive chain reaction. I wonder where it ended?

Dr David Hamilton has written extensively on this subject and regularly runs workshops on self-love, kindness and compassion, and the neurobiological benefits of these. I would urge you to check out his work. [www.dr davidhamilton.com/the-5-side-effects-of-kindness/](http://www.dr davidhamilton.com/the-5-side-effects-of-kindness/)

Jo Wallis

## NCH Exclusive Member Offer! Free Human Givens ebook!



### Human Givens: The Essentials

*'Your quick guide to the approach that is revolutionising psychotherapy, mental health provision, education and much more...'*

by Julia Welstead

Please click the following link:  
<http://www.hgi.org.uk/free-ebook>

### PLUS

Exclusive access to the Human Givens  
Webinar: 'Depression and Dreaming'

Available until November 30th!

Click: [www.webinar-nch.humangivenscollege.com/](http://www.webinar-nch.humangivenscollege.com/)

### NCH members have a special discount code!

'NCH-OFFER' entitles you to 15% off all online courses  
(Note when you sign up you will be emailed the code).

The same code allows NCH members a 10% off  
any HG attended seminars or workshops

(Phone: 01323 811690 with your given code)

# NATIONAL COUNCIL FOR HYPNOTHERAPY

# NEWS

## Save the Date!

The National Council for Hypnotherapy's 2017 Extravaganza will be held on Saturday 24th June 2017 at the Royal Society of Medicine, 1 Wimpole Street, London

## CNHC Wins Camexpo

### Outstanding Achievement Award 2016!

The CNHC has been awarded the Camexpo Outstanding Achievement Award 2016. This is the very first time the Award has been presented to an organisation. CNHC Chair Michael Watson received the award on behalf of CNHC and commented: "It is a great privilege to accept this award on behalf of CNHC. So much of our role involves working behind the scenes to raise awareness and standards across the sector so it is incredibly gratifying, and totally unexpected, for our work to be recognised in this way."



## Free e-book!

### 'Human Givens - The Essentials'

Want to find out about the Human Givens approach? Download this quick FREE guide to the approach that is revolutionising psychotherapy, mental health provision, education and much more - it explains why the approach was first developed, why it's needed and how people from different professions are using its insights and the HG framework for mental health and wellbeing to help others. [Click: www.hgi.org.uk/free-ebook](http://www.hgi.org.uk/free-ebook)

## Free Human Givens Webinar

NCH Members now have exclusive access to the excellent Human Givens Webinar titled: 'Depression and Dreaming'. This is being aired solely for NCH members and is a must-see! Available until November 30th!

**Click: [www.webinar-nch.humangivenscollege.com/](http://www.webinar-nch.humangivenscollege.com/)**

## Michael Yapko - FREE Video

Ruth Buczynski, Ph.D., President of The National Institute for the Clinical Application of Behavioral Medicine (NICABM) is well known for bringing together experts with diverse opinions to address important social and therapeutic topics. So, "How do you work with an angry, hostile patient?" Click here to check out 5 perspectives on how to help patients work through these difficult emotions!

[www.nicabm.com/products/next-level-practitioner/plc2/aff-register/?ap\\_id=427564&del=affemail&utm\\_source=427564&utm\\_medium=email&utm\\_campaign=1402](http://www.nicabm.com/products/next-level-practitioner/plc2/aff-register/?ap_id=427564&del=affemail&utm_source=427564&utm_medium=email&utm_campaign=1402)

# How to use Visualisation to Boost your Self-Love

Dr David Hamilton illustrates a vital tool in the daily promotion of our, and our client's, mental health ... how to easily access and experience the feeling of pure self-love.



## Visualisation is Key.

Lots of people use visualisation. The most popular way is to visualise what you want. Some people picture their ideal house, their ideal car, or a perfect partner who ticks all the boxes, for instance.

The idea with this kind of visualisation is to picture what you want, the end result. It's also useful to picture yourself in the visualisation; living in the house, driving the car, or with the perfect partner.

There's a different kind of visualisation you can do for self-love, though. It's centred on the fact that your muscles are in constant communication with your brain. Why is that important?

## Self-Love vs Self-Esteem

Before I get into that, I'd first like to say what I mean by self-love. You can think 'self-esteem' instead of self-love if you prefer that term. The main reason I use the term self-love rather than self-esteem is that many people get their self-esteem from external sources, from their seeming successes in life and from other people's positive opinions of them. But it's not a stable self-esteem because failure, or a change in people's opinions, give it a serious shake.

I think of self-love, on the other hand, as an inner sense of worthiness and value. It's more of an inner self-esteem. It's mostly independent of successes, achievements and external perceptions of you. It is stable, because if seeming failure occurs or opinions seem to change, the inner perception of yourself is untouched.

## The Mind-Body Connection

OK, so let's get back to why it's important that your muscles are in constant communication with your brain.

When you're lacking in self-love, it comes across in your body language and in your facial expressions. Not all the time, of course, but especially when you're challenged. This happens because your muscles are connected to your brain. It's the same reason that your muscles and face tense when you feel stressed, or that your body feels light and floppy when you're in love, and that you smile when you're happy.

***'Adjusting how you hold and move your body, so that it says, "I love myself," or "I am enough," ... can impact your self-love by literally creating the wiring of self-love in the brain.'***

In real ways, you wear your feelings on your body. But it goes the other way too. Just as your body responds to how you feel, you can use your body to create how you want to feel.

Making adjustment to how you sit, stand, how you move, and to your facial muscles, quickly impacts your feelings. A consistent practice of adjusting how you hold and move your body, so that it says, "I love myself," or "I am enough," or something else along those lines, can impact your self-love by literally creating the wiring of self-love in the brain.

More than this, though, is that your brain doesn't distinguish real from imaginary. When you imagine moving your muscles, your brain processes it as if you actually are moving your muscles. Elite athletes and rehabilitation specialists use this fact all the time.

When you imagine holding and moving your body in a way that says you have self-love, your brain processes it as if you do have self-love.

***'When you imagine holding and moving your body in a way that says you have self-love, your brain processes it as if you do have self-love.'***

The key difference between this and 'classical' visualisation (of the sort I mentioned at the beginning of this blog), is that you don't put all your focus on an end result. Instead, you visualise the posture and movement of your body.

## The Power of Habit

As you do this consistently, your brain wires in the habit of holding and moving your body in that way. As this happens, you start to feel the feelings that go with this new body posture and these new ways of moving. With enough consistent practice, the feelings of "I love myself," or "I am enough," or something along these lines, becomes habit too.

So to get started, simply notice right now how you're holding your body. Is your body tense or relaxed? Is your spine straight or slumped? How about your facial muscles? Are you smiling or frowning? Is your brow relaxed or furrowed? Then make some shifts. Do this as often as you can remember to.

Watch what happens!

Dr David Hamilton is the bestselling author of 8 books (9 & 10 are due out in 2017) published by Hay House, including acclaimed 'How your Mind can Heal your Body'. He regularly runs workshops that fuse neuroscience, the mind-body connection, & philosophical & eastern spiritual teachings. He is a valued friend of the NCH.

To view his upcoming workshops, see [www.dr davidhamilton.com](http://www.dr davidhamilton.com)

# A Framework for Successful Practice Marketing



*Cathy Simmons is a renowned specialist in the field of drug use and addiction. She was the winner of the APCTC Therapist/Practitioner of the Year award in 2015, and a valued contributor to the best-selling title 'The Hypnotherapy Handbook'. Cathy now offers business mentoring to therapists who want to create a flourishing business - doing what they love - without compromising their values. In this article she delivers valuable insight into establishing an essential marketing framework, & its key components, in the journey to realising a successful Hypnotherapy practise.*

## *A Framework for Successful Practice Marketing.*

I should imagine, like most therapists, that you started your therapy business because you want to make a difference in the world.

Maybe you've experienced an amazing transformation yourself and want to help others do the same, or maybe you've seen the impact your therapy can have and want to share it with as many as you can, and what could be better than making a living doing something that we love so much?

But how do we get our services out there to the people who need it?

It can be so easy to feel overwhelmed by everything you are 'supposed' to do, and there are so many people out there offering 'The One Formula' for building a successful practice, so, how do you find the thing that works for you, without chasing every shiny object you see?

I remember when I used to run around trying every marketing tactic I heard about (like an octopus on roller-skates!), and yet there was no structure to what I was doing, and, of course, none of it got me much other than yet more frustration.

### *A Framework, not a Formula*

So, if you're not completely sure where to start, or have a slightly haphazard approach to marketing (as I certainly used to) then I'd like to suggest that what you are looking for is not a fool proof formula.

How can it be? We are all different, aren't we, like our clients.

We all have different things to offer, to different types of clients struggling with different challenges.

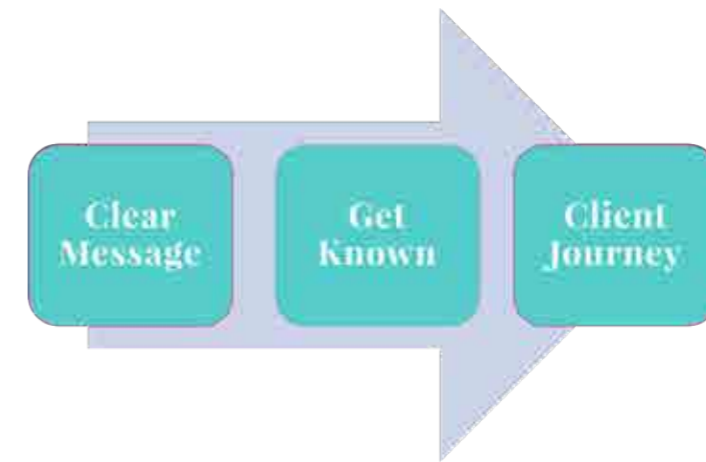
### *'There are three components that make up your message – your WHY, your WHO and your WHAT...'*

So, instead, I'd like to share with you an organising 'framework', one I have been using for myself and for my mentoring clients for some time; a way of organising and simplifying how we get our services out to the world which I have been finding really useful.

You will understand why splitting your business activities into these 3 distinct elements will eliminate the haphazard nature of marketing, and the scatter-gun approach that leaves you feeling really busy, and yet not moving forward in your practice.

## *The 3-Element Framework*

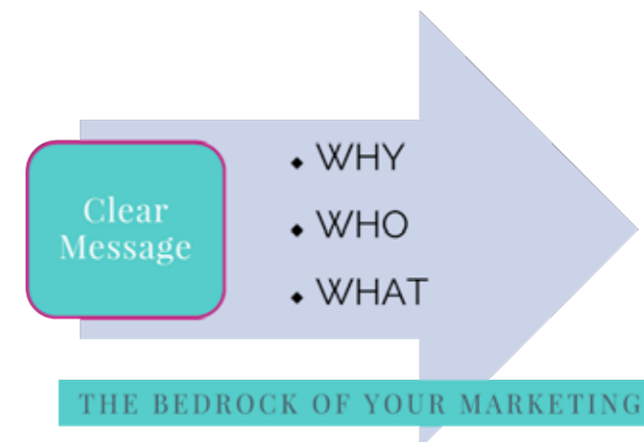
So, let me introduce the 3 elements to the framework, and of course, please remember that none of this is 'true', it is just a useful way of looking at things....



### Element 1: Your Clear Message

This clear message informs all our other decisions. It points us to how we get ourselves out there and gives us a way to communicate what we do.

It helps us design the journey that your client goes on, so that they can get the help they need. There are three components that make up your message – your WHY, your WHO and your WHAT...



### *Why*

This is all about re-connecting with why you are doing what you do.

It may involve your own story, something you yourself have overcome, or something close to your heart, your passion. It might be a particular change you want to make in the world – a big vision and a big goal.

And yet, sometimes, that passion comes as a result of the work you are doing and the amazing results you are seeing. Not everyone finds that passion until they have been working with clients for a while – and that's OK!

It's also important to stay in touch with what you are wanting to achieve personally, in terms of income and lifestyle, for you and your family.

Keeping our focus on our WHY can keep us going, and can be the one thing that helps us get through times that are a bit tougher than others. It helps us take action consistently, even when you know the results won't come instantaneously.

### Who

This is where you take the focus off yourself, and get clear on the audience you would like.

Who is it you want to serve right now and what is the challenge that you can help them with?

What more do you know about them? – are they actively looking for help, or do they not know that help is out there? Sometimes people have been living with something for a long time without even knowing that things could be so much better for them.

The answer to this question will help determine your strategy for getting your message out there.

### What

What, specifically is the solution you offer? What is the outcome your clients will get from working with you and how will that impact their lives? This is an essential part of your message.

And secondly, how do you offer it?

You need to be clear about how you work with your clients to help them get the outcome they are looking for.

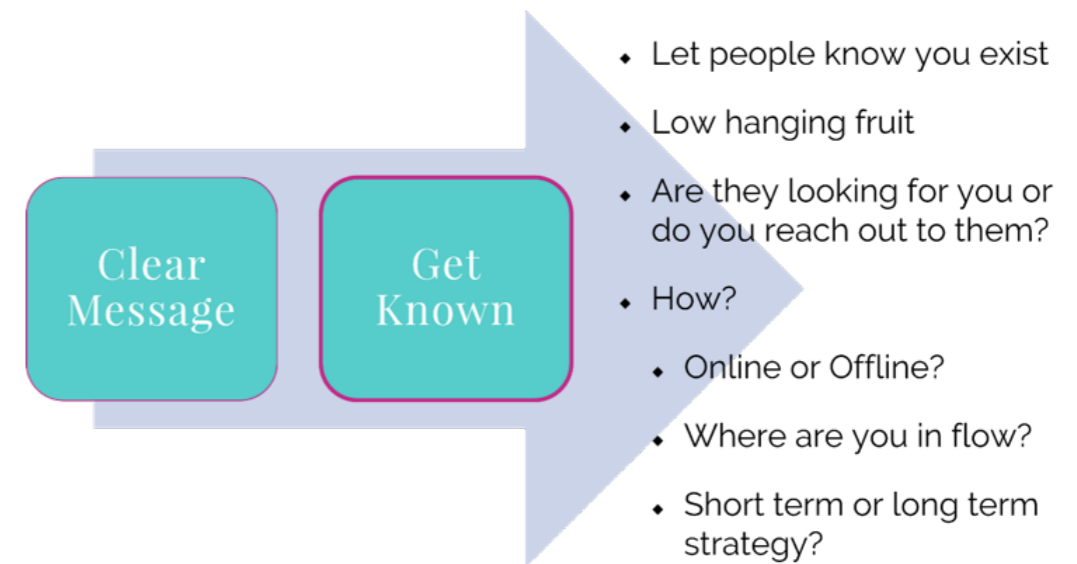
This is about designing the most optimal package to support them. By being really clear about this, helps to get clear on pricing and also how you can explain your service to potential clients.

And, importantly, it also helps you stay in touch with the value you are giving.

### Element 2: Getting Known

This element is all about how we get our clear message out to the people who most need it.

You know, right now we are living in an age where getting your message out has never been so accessible or so cheap, so how on earth do we choose from the myriad of possible marketing strategies?



The key is to choose no more than 3 strategies, and to give them a chance to pay dividends; in other words, to be persistent and consistent.

Are your clients actively looking for you? If so, getting found on Google (via Search Engine Optimisation) could be a good strategy, for example. You can choose Online or offline strategies. You could do both, but it depends on a number of things, such as:- Are YOU happy online? Are your clients online? If so, where? Are you more comfortable mixing with people in the real world rather than the virtual world? And where are YOU in flow? For example, if you really hate public speaking, then maybe doing talks won't be the best visibility strategy for you. Don't worry – there are plenty to choose from, and it is really important to only choose a few

Another factor to consider is the duration of your strategy. Do you want something that will bring clients in now, such as telling everyone about what you are doing and offering something of real value to them for free (this is your low hanging fruit)?

***'The real key to this journey is to give value; give value at every stage of their journey, even if that potential client doesn't work with you, you will be helping them in some way, and maybe you've helped them take a step towards getting the help they need, even if it's with someone else.'***

Or maybe you want a strategy that will pay dividends later, such as forming alliances with others.

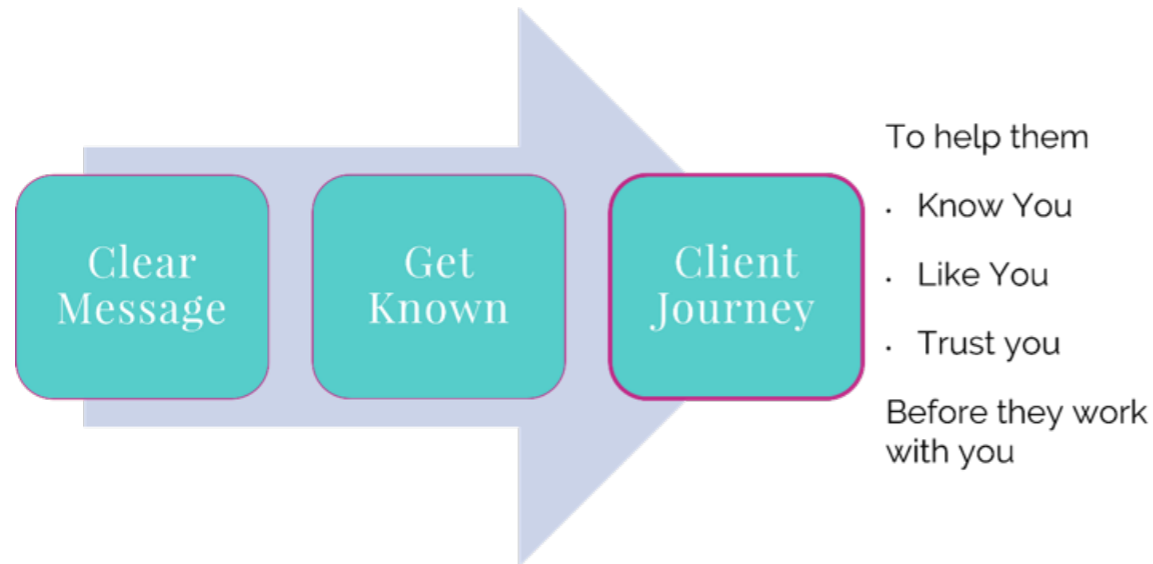
These strategies take time, as you build relationships, but are so rewarding further on.

Ideally we would design strategies for both short and longer terms.

### Element 3: Your Client Journey

You've probably heard this saying already. They have to Know You, Like You and Trust you – and that makes perfect sense, doesn't it? And of course, people are investing their money, and putting their wellbeing into your hands.

So, the Client Journey is how they go from knowing about you through to saying 'Yes' to working with you, if that is the right thing for them.



For high paid programmes, there may need to be more steps in the journey before someone has the level of confidence in you to invest.

*‘The beauty of it is that you can use the framework over and over again as your business expands and grows.’*

For example, they may download something that you have created for free, then they may buy something of low value, or come and see you speak to get a better idea of how you work and the quality of what you have to offer, before putting their trust in you.

For lower paid programmes, the journey can be quite simple and may just, for example, involve them finding your website and arranging a 'phone call.

The real key to this journey is to give value; give value at every stage of their journey, even if that potential client doesn't work with you, you will be helping them in some way, and maybe you've helped them take a step towards getting the help they need, even if it's with someone else.

Maybe they will tell their friends about you and maybe they'll be back when they are ready. Have a think about what steps could be in your client journey, after all, you know your clients better than anyone.

### Conclusion

I am hoping you are beginning to see that having a structure, a framework, is the starting point to designing your perfect marketing strategy; one that suits you and your clients.

There was no room to go into all the detail of each element here, but the great news is that the internet is full of the 'How To' of things like Facebook Ads, Google Ads, and other ways of being found, and these are also things that you can easily outsource, if you don't fancy learning it yourself.

Of course you will still need to put the effort in, but at least, with this framework, it will be focused effort. You will know exactly what tasks need doing and you can plan out your whole approach to marketing your services, so that you can get on with what you love doing most.

And the beauty of it is that you can use the framework over and over again as your business expands and grows.

I wish you a flourishing business doing what you love!

*Cathy Simmons*

\*\*\*\*\* \*\*

### How to find out more!

To get your Free Workbook for Therapists  
“The 5 Steps to a Flourishing Business” Click:  
[www.cathysimmons.co.uk/5stepstosuccess](http://www.cathysimmons.co.uk/5stepstosuccess)

To book a free ‘Create Your Flourishing Business’  
call with Cathy to get clarity on how  
the framework could work for your  
therapy business click:  
[www.cathysimmons.co.uk/strategycall](http://www.cathysimmons.co.uk/strategycall)

Email: [cathy@cathysimmons.co.uk](mailto:cathy@cathysimmons.co.uk)

# Straight from the Heart



*HeartMath<sup>®</sup> has been around for two decades & yet seems only recently to have come into its own. Will this scientifically-validated system of techniques & technologies help you to transform your stress, boost your resilience & empower higher performance?*

*We take a look at the Science behind the emWave<sup>®</sup> and Inner Balance<sup>™</sup> Technologies...*

## The Science Behind it

It is said that emWave and Inner Balance technologies, and the tools and techniques of the HeartMath system, are based on over 20 years of scientific research on the psychophysiology of stress, emotions, and the interactions between the heart and brain. Let's take a closer look...

### The Heart-Brain Connection

Most of us have been taught in school that the heart is constantly responding to “orders” sent by the brain in the form of neural signals. However, it is not as commonly known that the heart actually sends more signals to the brain than the brain sends to the heart! Moreover, these heart signals have a significant effect on brain function – influencing emotional processing as well as higher cognitive faculties such as attention, perception, memory, and problem-solving. In other words, not only does the heart respond to the brain, but the brain continuously responds to the heart.

The effect of heart activity on brain function has been researched extensively over about the past 40 years. Earlier research mainly examined the effects of heart activity occurring on a very short time scale – over several consecutive heartbeats at maximum. Scientists at the Institute of HeartMath have extended this body of scientific research by looking at how larger-scale patterns of heart activity affect the brain's functioning.

*‘HeartMath research has demonstrated that different patterns of heart activity (which accompany different emotional states) have distinct effects on cognitive and emotional function.’*

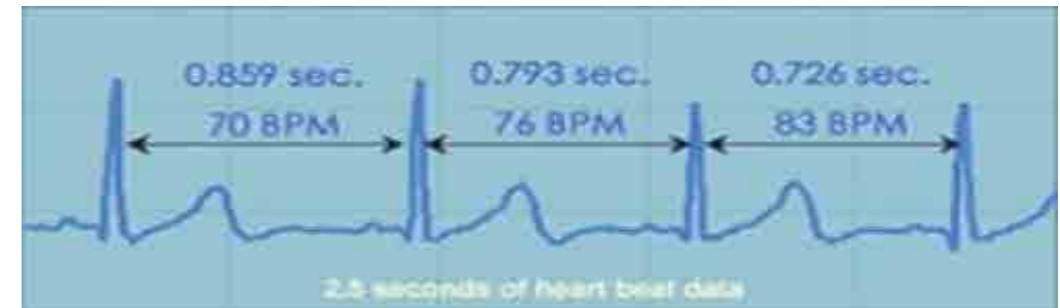
HeartMath research has demonstrated that different patterns of heart activity (which accompany different emotional states) have distinct effects on cognitive and emotional function. During stress and negative emotions, when the heart rhythm pattern is erratic and disordered, the corresponding pattern of neural signals traveling from the heart to the brain inhibits higher cognitive functions. This limits our ability to think clearly, remember, learn, reason, and make effective decisions. (This helps explain why we may often act impulsively and unwisely when we're under stress.) The heart's input to the brain during stressful or negative emotions also has a profound effect on the brain's emotional processes—actually serving to reinforce the emotional experience of stress.

In contrast, the more ordered and stable pattern of the heart's input to the brain during positive emotional states has the opposite effect – it facilitates cognitive

function and reinforces positive feelings and emotional stability. This means that learning to generate increased heart rhythm coherence, by sustaining positive emotions, not only benefits the entire body, but also profoundly affects how we perceive, think, feel, and perform.

### Your Heart's Changing Rhythm

The heart at rest was once thought to operate much like a metronome, faithfully beating out a regular, steady rhythm. Scientists and physicians now know, however, that this is far from the case. Rather than being monotonously regular, the rhythm of a healthy heart—even under resting conditions – is actually surprisingly irregular, with the time interval between consecutive heartbeats constantly changing. This naturally occurring beat-to-beat variation in heart rate is called heart rate variability (HRV).



Heart rate variability is a measure of the beat-to-beat changes in heart rate. This diagram shows three heartbeats recorded on an electrocardiogram (ECG). Note that variation in the time interval between consecutive heartbeats, giving a different heart rate (in beats per minute) for each interbeat interval.

The normal variability in heart rate is due to the synergistic action of the two branches of the autonomic nervous system (ANS)—the part of the nervous system that regulates most of the body's internal functions. The sympathetic nerves act to accelerate heart rate, while the parasympathetic (vagus) nerves slow it down. The sympathetic and parasympathetic branches of the ANS are continually interacting to maintain cardiovascular activity in its optimal range and to permit appropriate reactions to changing external and internal conditions. The analysis of HRV therefore serves as a dynamic window into the function and balance of the autonomic nervous system.

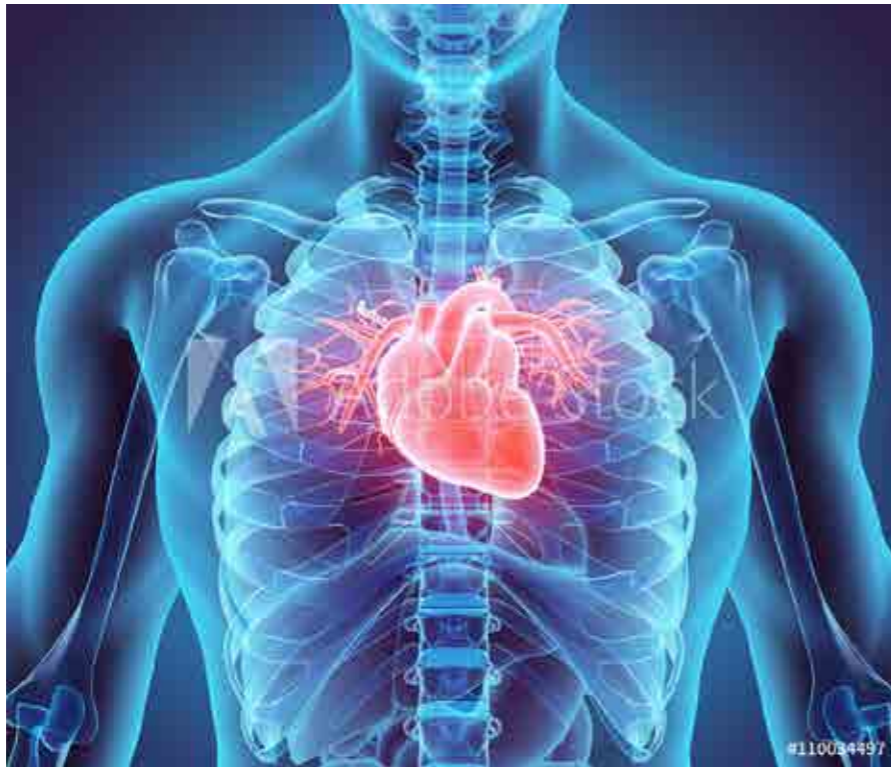
The moment-to-moment variations in heart rate are generally overlooked when average heart rate is measured (for example, when your doctor takes your pulse over a certain period of time and calculates that your heart is beating at, say, 70 beats per minute). However, the emWave and Inner Balance technologies

allows you to observe your heart's changing rhythms in real time. Using your pulse data, it provides a picture of your HRV—plotting the natural increases and decreases in your heart rate occurring on a continual basis.

### Why is HRV Important?

Scientists and physicians consider HRV to be an important indicator of health and fitness. As a marker of physiological resilience and behavioral flexibility, it reflects our ability to adapt effectively to stress and environmental demands. A simple analogy helps to illustrate this point: just as the shifting stance of a tennis player about to receive a serve may facilitate swift adaptation, in healthy individuals the heart remains similarly responsive and resilient, primed and ready to react when needed.

HRV is also a marker of biological aging. Our heart rate variability is greatest when we are young, and as we age the range of variation in our resting heart rate becomes smaller. Although the age-related decline in HRV is a natural process, having abnormally low HRV for one's age group is associated with increased risk of future health problems and premature mortality. Low HRV is also observed in individuals with a wide range of diseases and disorders. By reducing stress-induced wear and tear on the nervous system and facilitating the body's natural regenerative processes, regular practice of HeartMath coherence-building techniques can help restore low HRV to healthy values.



### Heart Rhythm Patterns and Emotions

Many factors affect the activity of the ANS, and therefore influence HRV. These include our breathing patterns, physical exercise, and even our thoughts. Research at the Institute of HeartMath has shown that one of the most powerful factors that affect our heart's changing rhythm is our feelings and emotions. When our varying heart rate is plotted over time, the overall shape of the waveform produced is called the heart rhythm pattern. When you use the emWave and Inner Balance technologies, you are seeing your heart rhythm pattern in real time. HeartMath research has found that the emotions we experience directly affect our heart rhythm pattern – and this, in turn, tells us much about how our body is functioning.

In general, emotional stress – including emotions such as anger, frustration, and anxiety—gives rise to heart rhythm patterns that appear irregular and erratic: the HRV waveform looks like a series of uneven, jagged peaks (an example is shown in the figure below). Scientists call this an incoherent heart rhythm pattern. Physiologically, this pattern indicates that the signals produced by the two branches of the ANS are out of sync with each other. This can be likened to driving a car with one foot on the gas pedal (the sympathetic nervous system) and the other on the brake (the parasympathetic nervous system) at the same time – this creates a jerky ride, burns more gas, and isn't great for your car, either! Likewise, the incoherent patterns of physiological activity associated with stressful emotions can cause our body to operate inefficiently, deplete our energy, and produce extra wear and tear on our whole system. This is especially true if stress and negative emotions are prolonged or experienced often.

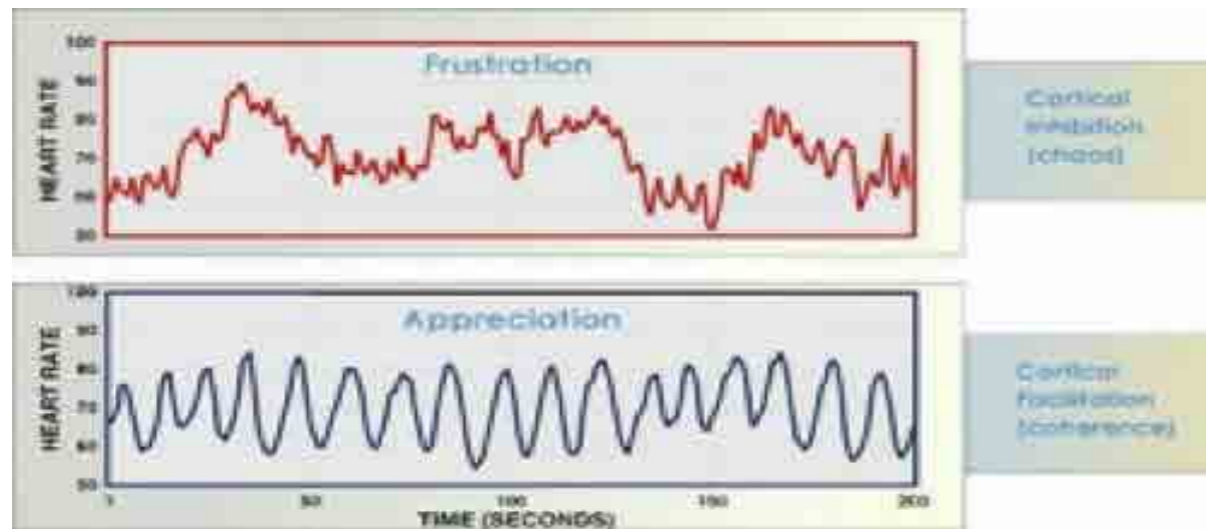
In contrast, positive emotions send a very different signal throughout our body. When we experience uplifting emotions such as appreciation, joy, care, and love; our heart rhythm pattern becomes highly ordered, looking like a smooth, harmonious wave (an example is shown in the figure on the next page).

*'Positive emotions send a very different signal throughout our body. When we experience uplifting emotions such as appreciation, joy, care, and love; our heart rhythm pattern becomes highly ordered, looking like a smooth, harmonious wave...'*

This is called a coherent heart rhythm pattern. When we are generating a coherent heart rhythm, the activity in the two branches of the ANS is synchronized

and the body's systems operate with increased efficiency and harmony. It's no wonder that positive emotions feel so good – they actually help our body's systems synchronize and work better.

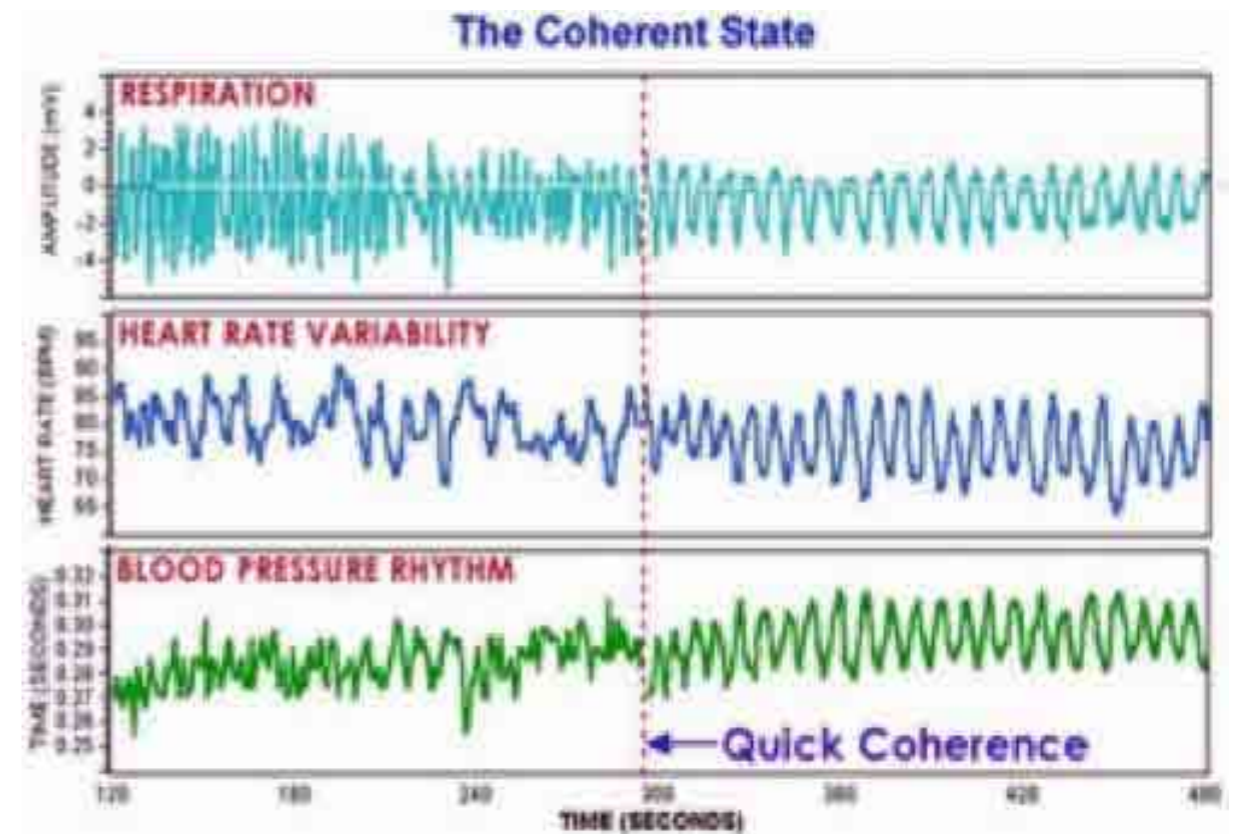
**Heart rhythm patterns during different emotional states.** These graphs show examples of real-time heart rate variability patterns (heart rhythms) recorded from individuals experiencing different emotions. The incoherent heart rhythm pattern shown in the top graph, characterized by its irregular, jagged waveform, is typical of stress and negative emotions such as anger, frustration, and anxiety. The bottom graph shows an example of the coherent heart rhythm pattern that is typically observed when an individual is experiencing a sustained positive emotion, such as appreciation, compassion, or love. The coherent pattern is characterized by its regular, sine-wave-like waveform. It is interesting to note that the overall amount of heart rate variability is actually the same in the two recordings shown above; however, the patterns of the HRV waveforms are clearly different.



### Coherence: A State of Optimal Function

The Institute of HeartMath's research has shown that generating sustained positive emotions facilitates a body-wide shift to a specific, scientifically measurable state. This state is termed psychophysiological coherence, because it is characterized by increased order and harmony in both our psychological (mental and emotional) and physiological (bodily) processes. Psychophysiological coherence is state of optimal function. Research shows that when we activate this state, our physiological systems function more efficiently, we experience greater emotional stability, and we also have increased mental clarity and improved cognitive function. Simply stated, our body and brain work better, we feel better, and we perform better.

Physiologically, the coherence state is marked by the development of a smooth, sine-wave-like pattern in the heart rate variability trace. This characteristic pattern, called heart rhythm coherence, is the primary indicator of the psychophysiological coherence state, and is what the emWave and Inner Balance technologies measure and quantify. A number of important physiological changes occur during coherence. The two branches of the ANS synchronize with one another, and there is an overall shift in autonomic balance toward increased parasympathetic activity. There is also increased physiological entrainment—a number of different bodily systems synchronize to the rhythm generated by the heart (see figure below). Finally, there is increased synchronization between the activity of the heart and brain.

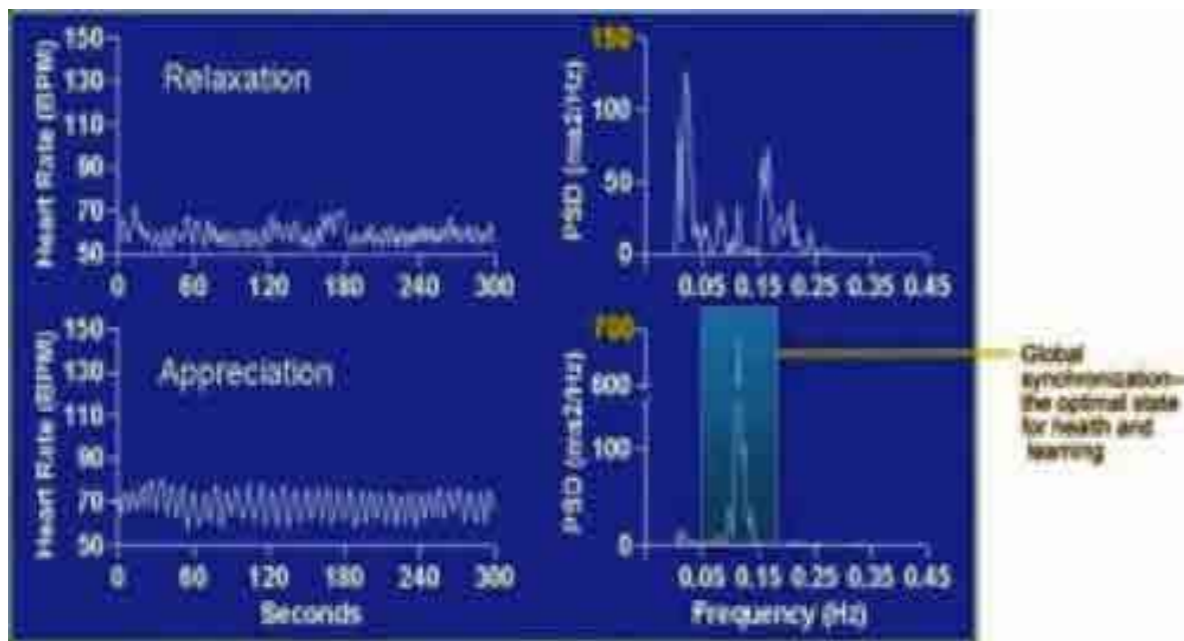


Physiological entrainment during coherence. The top graphs show an individual's heart rate variability, blood pressure rhythm (pulse transit time), and respiration rhythm over a 10-minute period. At the 300-second mark (center dashed line), the individual used HeartMath's Quick Coherence® technique to activate a feeling of appreciation and shift into the coherence state. At this point, the rhythms of all three systems came into entrainment: notice that the rhythmic patterns are harmonious and synchronized with one another instead of scattered and out-of-sync. The left side of the graphs shows the spectral analysis of the three physiological rhythms before the shift to coherence. Notice how each pattern looks quite different from the others. The graphs on the right show that

in the coherence state the rhythms of all three systems have entrained to oscillate at the same frequency.

### Coherence Is Not Relaxation

An important point is that the state of coherence is both psychologically and physiologically distinct from the state achieved through most techniques for relaxation. At the physiological level, relaxation is characterized by an overall reduction in autonomic outflow (resulting in lower HRV) and a shift in ANS balance towards increased parasympathetic activity. Coherence is also associated with a relative increase in parasympathetic activity, thus encompassing a key element of the relaxation response, but is physiologically distinct from relaxation in that the system oscillates at its natural resonant frequency and there is increased harmony and synchronization in nervous system and heart-brain dynamics. This important difference between the two states is reflected most clearly in their respective HRV power spectra (see figure and explanation below). Furthermore, unlike relaxation, the coherence state does not necessarily involve a lowering of heart rate, or a change in the amount of HRV, but rather is primarily marked by a change in the heart rhythm pattern.



**Heart rhythm patterns during relaxation and coherence.** The two graphs on the left show typical heart rate variability (heart rhythm) patterns during states of relaxation and coherence. To the right are shown the HRV power spectral density plots of the heart rhythm patterns at left. Relaxation produces a high-frequency, low-amplitude heart rhythm, indicating reduced autonomic outflow. Increased power in the high frequency band of the HRV power spectrum is observed, reflecting increased parasympathetic activity (the “relaxa-

tion response”). In contrast, the coherence state, activated by sustained positive emotions, is associated with a highly ordered, smooth, sine-wave-like heart rhythm pattern.

Unlike relaxation, coherence does not necessarily involve a reduction in HRV, and may at times even produce an increase in HRV relative to a baseline state. As can be seen in the corresponding power spectrum, coherence is marked by an unusually large, narrow peak in the low frequency band, centered around 0.1 hertz (note the significant power scale difference between the spectra for coherence and relaxation). This large, characteristic spectral peak is indicative of the system-wide resonance and synchronization that occurs during the coherence state.

*‘Psychologically, coherence is experienced as a calm, balanced, yet energized and responsive state that is conducive to everyday functioning and interaction, including the performance of tasks requiring mental acuity, focus, problem-solving, and decision-making, as well as physical activity and coordination.’*

Not only are there fundamental physiological differences between relaxation and coherence, but the psychological characteristics of these states are also quite different. Relaxation is a low-energy state in which the individual rests both the body and mind, typically disengaging from cognitive and emotional processes. In contrast, coherence generally involves the active engagement of positive emotions. Psychologically, coherence is experienced as a calm, balanced, yet energized and responsive state that is conducive to everyday functioning and interaction, including the performance of tasks requiring mental acuity, focus, problem-solving, and decision-making, as well as physical activity and coordination.

### The Role of Breathing

Another important distinction involves understanding the role of breathing in the generation of coherence and its relationship to the techniques of the HeartMath System. Because breathing patterns modulate the heart’s rhythm, it is possible to generate a coherent heart rhythm simply by breathing slowly and regularly at a 10-second rhythm (5 seconds on the in-breath and 5 seconds on the out-breath). Breathing rhythmically in this fashion can thus be a useful intervention to initiate a shift out of stressful emotional state and into increased coherence.

However, this type of cognitively-directed paced breathing can require considerable mental effort and is difficult for some people to maintain.

While HeartMath techniques incorporate a breathing element, paced breathing is not their primary focus and they should therefore not be thought of simply as breathing exercises. The main difference between the HeartMath tools and most commonly practiced breathing techniques is the HeartMath tools' focus on the intentional generation of a heartfelt positive emotional state. This emotional shift is a key element of the techniques' effectiveness. Positive emotions appear to excite the system at its natural resonant frequency and thus enable coherence to emerge and to be maintained naturally, without conscious mental focus on one's breathing rhythm.

*'The main difference between the HeartMath tools and most commonly practiced breathing techniques is the HeartMath tools' focus on the intentional generation of a heartfelt positive emotional state. This emotional shift is a key element of the techniques' effectiveness.'*

This is because input generated by the heart's rhythmic activity is actually one of the main factors that affect our breathing rate and patterns. When the heart's rhythm shifts into coherence as a result of a positive emotional shift, our breathing rhythm automatically synchronizes with the heart, thereby reinforcing and stabilizing the shift to system-wide coherence.

Additionally, the positive emotional focus of the HeartMath techniques confers a much wider array of benefits than those typically achieved through breathing alone. These include deeper perceptual and emotional changes, increased access to intuition and creativity, cognitive and performance improvements, and favorable changes in hormonal balance.

To derive the full benefits of the HeartMath tools, it is therefore important to learn how to self-activate and eventually sustain a positive emotion. However, for users who initially have trouble achieving or maintaining coherence, practicing heart-focused breathing at a 10-second rhythm, as described above, can be useful training aid. Once individuals grow accustomed to generating coherence through rhythmic breathing and become familiar with how this state feels, they can then begin to practice breathing a positive feeling or attitude through the heart area in order to enhance their experience of the HeartMath tools and their benefits. Eventually, with continuity of practice, most people become able to shift into coherence by directly activating a positive emotion.



### The Intelligent Heart

Many of the changes in bodily function that occur during the coherence state revolve around changes in the heart's pattern of activity. While the heart is certainly a remarkable pump, interestingly, it is only relatively recently in the course of human history—around the past three centuries or so—that the heart's function has been defined (by Western scientific thought) as only that of pumping blood. Historically, in almost every culture of the world, the heart was ascribed a far more multifaceted role in the human system, being regarded as a source of wisdom, spiritual insight, thought, and emotion. Intriguingly, scientific research over the past several decades has begun to provide evidence that many of these long-surviving associations may well be more than simply metaphorical. These developments have led science to once again to revise and expand its understanding of the heart and the role of this amazing organ.

In the new field of neurocardiology, for example, scientists have discovered that the heart possesses its own intrinsic nervous system—a network of nerves so functionally sophisticated as to earn the description of a “heart brain.” Containing over 40,000 neurons, this “little brain” gives the heart the ability to independently sense, process information, make decisions, and even to demonstrate a type of learning and memory. In essence, it appears that the heart is truly an intelligent system. Research has also revealed that the heart is a hormonal gland, manufacturing and secreting numerous hormones and neurotransmitters that profoundly affect brain and body function. Among the hormones the heart produces is oxytocin—well known as the “love” or “bonding hormone.”

Science has only begun to understand the effects of the electromagnetic fields produced by the heart, but there is evidence that the information contained in the heart's powerful field may play a vital synchronizing role in the human body—and that it may affect others around us as well.

Research has also shown that the heart is a key component of the emotional system. Scientists now understand that the heart not only responds to emotion, but that the signals generated by its rhythmic activity actually play a major part in determining the quality of our emotional experience from moment to moment. As described next, these heart signals also profoundly impact perception and cognitive function by virtue of the heart's extensive communication network with the brain.

*'Science has only begun to understand the effects of the electromagnetic fields produced by the heart, but there is evidence that the information contained in the heart's powerful field may play a vital synchronizing role in the human body—and that it may affect others around us as well.'*

Finally, rigorous electrophysiological studies conducted at the Institute of HeartMath have even indicated that the heart appears to play a key role in intuition. Although there is much yet to be understood, it appears that the age-old associations of the heart with thought, feeling, and insight may indeed have a basis in science.

\*\*\*\*\*

HeartMath was founded by Doc Childre in 1991 to help individuals, organizations and the global community incorporate the heart's intelligence into their day-to-day experience of life.

Our sincere thanks go to Gaby Boehmer at HeartMath [www.heartmath.com](http://www.heartmath.com) for the information & graphs provided.

See [www.heartmath.com/about/](http://www.heartmath.com/about/) for more information & [www.heartmath.com/personal-use-training/](http://www.heartmath.com/personal-use-training/) for further training opportunities.

# Calling All Writers

**Have you got a story, anecdote or therapeutic application you would like to share with other members?**

We want to include even more member contribution in future issues of *The Hypnotherapy Journal*.

Please email your letters or comments and I will include them wherever we can.

If you would like to contribute valuable case studies to help other members, please email the information in the following three-tier format (if you can):

1. Presenting Issue
2. Approach
3. Outcome

We would also like to include regular metaphors. If you have a favourite - please send it in!

**email: [journal@hypnotherapists.org.uk](mailto:journal@hypnotherapists.org.uk)**

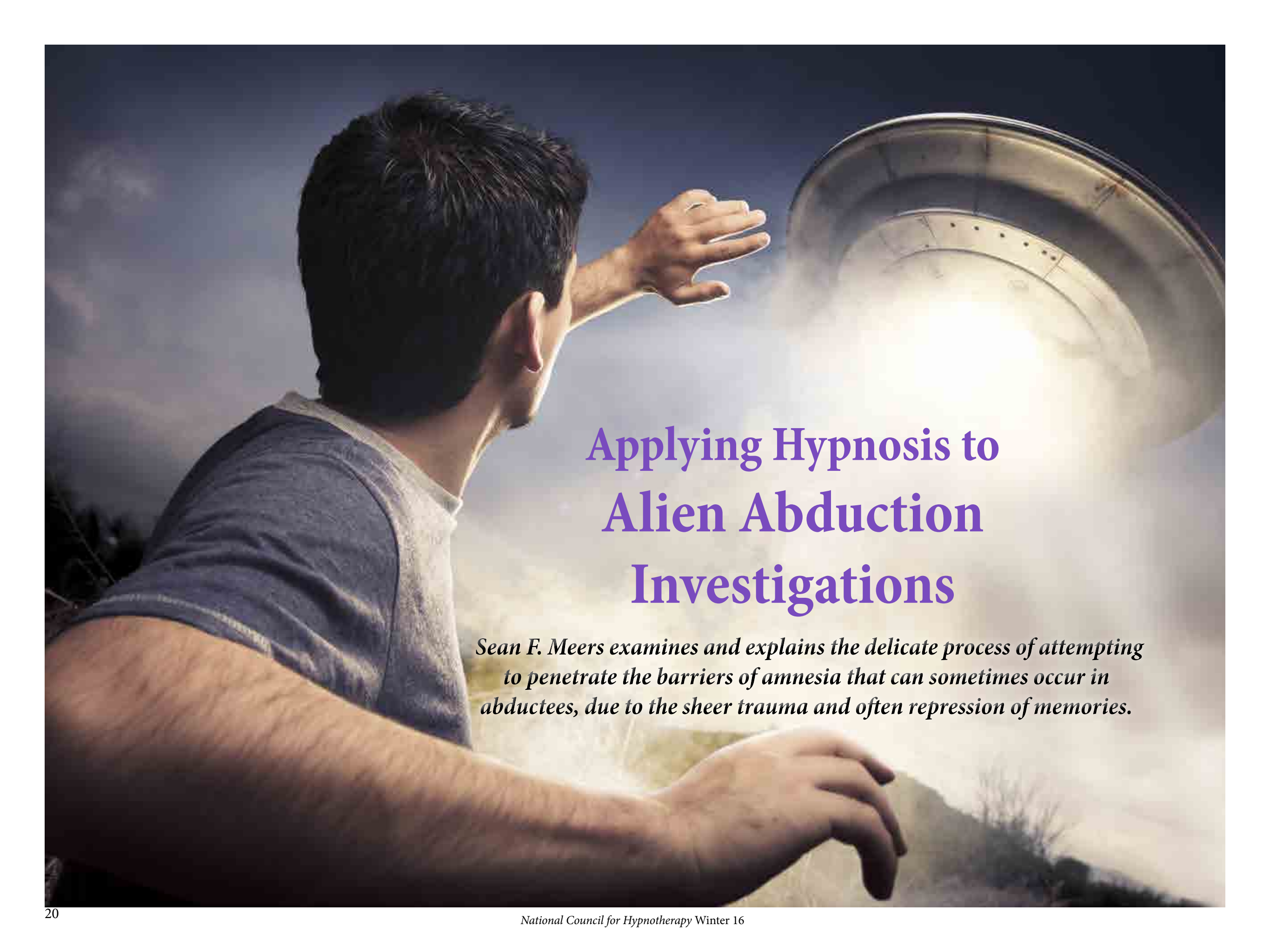
# CONGRATULATIONS to our Newest HPD Qualifiers!

Denise Williams  
Marc Koslowski  
Chera Sudworth  
Victoria Beverley  
Glenda Frankl  
Shannon Henriksen  
Bernadette Main  
Sian Williams  
Sacha Taylor  
Joanne Beddow  
Carolyn Moore  
Joanna Cook  
Susan Griffiths  
Robina Boehnke  
Stephanie Cox  
Melanie Harris

Clare Littlewood  
Sally Harrington  
Phillip Leon Roberts  
Elaine Rycroft  
Christina Morgan  
Ian Fielder  
Erica Cromar  
Julie Lane  
Tara Guthrie-Knight  
Sophie Harding  
Naomi Harvey  
Lesley Leach  
Linda PetersChristine Taber

Karen Johnson  
Jeff Powell  
Louise Magrath  
Carmen Wilson  
Sandra Francis  
Lara West  
Andrew Teece  
Sharon Rossi  
Ian George Milton  
Anna Fishpool  
Claire Murchison  
Amy Voong  
Nina Wilson  
Kevin Wills  
Simon Garfield Brown  
Annabel Hancock  
Rosita Hills  
Helen Tolkein  
Vicky Tunale  
Karen Eeles

Claire Young  
Sophie Douglas  
Gillian Forester  
Anne-Christine Henderson  
Lynn Dance  
Lisa Back  
Kate Bull  
Mark Hicks  
Angela Jamieson-Jones  
Kellie Mullholland  
Vivienne Richards  
Helen Ridgeway  
Joy Ayton  
Tracy Birch  
Fay Briddon  
Jacqueline Cauter  
Charlotte Fletcher  
Lee Holland  
Julie Warrington



# Applying Hypnosis to Alien Abduction Investigations

*Sean F. Meers examines and explains the delicate process of attempting to penetrate the barriers of amnesia that can sometimes occur in abductees, due to the sheer trauma and often repression of memories.*

## The Application of Hypnosis to Alien Abduction Investigations

May 13, 2016 Introduction

One of the many tools utilised in the investigation of alien abduction accounts is hypnosis. It is used as an adjunct in the delicate process of attempting to penetrate barriers of amnesia that can sometimes occur in abductees due to their abduction experiences. Some contend that these barriers are the result of traumatic abduction memories being disconnected, in part or whole, from an abductee's conscious recollections, due to repression. A self-defense mechanism of the mind that removes specific traumatic memories from one's conscious memory and stores them deep in their subconscious memory. 55 [P. 111] Others have opined that these barriers are the direct result of post-hypnotic suggestions instilled into the abductees by the abductors themselves. 47 [p. 19, 229] It is not precisely known, however, what causes these barriers in abductees.

When I first began researching alien abduction cases, and the application of hypnosis to those cases, I immediately needed to determine five things. Firstly, if hypnosis is inherently dangerous. Secondly, if the material retrieved through hypnosis could be accurate. Thirdly, how the primary abduction researchers using hypnosis were trained in this practice. Fourthly, if the process of attempting to retrieve amnesic traumatic memories of alien abductions is different from attempting to retrieve amnesic traumatic memories that resulted from established, universally acknowledged traumas (e.g. kidnapping, rape, child sexual abuse etc.). Finally, I needed to know what arguments were being made against the use of hypnosis in abduction cases. In this paper I will explore these five things.

### Part 1 – Is Hypnosis Inherently Dangerous?

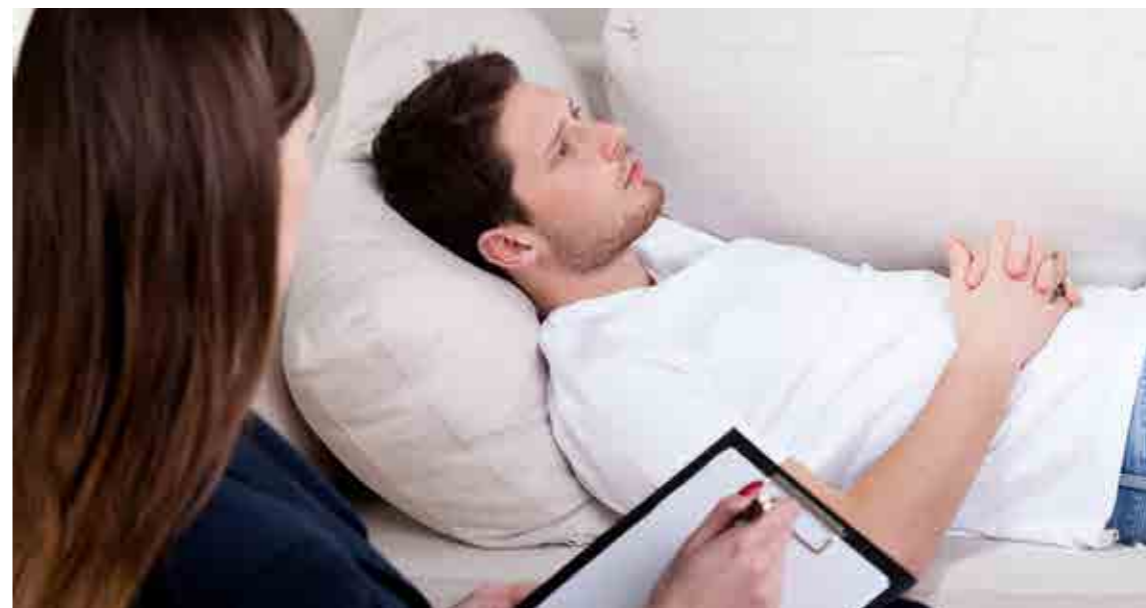
To determine if hypnosis is inherently dangerous, I reviewed a cross-section of psychiatric literature written and published over the course of roughly sixty years.

In Dr. William S. Kroger's book *Clinical & Experimental Hypnosis: In Medicine, Dentistry, and Psychology*, 2nd Edition (2008), there is a chapter pertaining to this titled "Chapter 20 - Dangers from Hypnosis". 5 In it, among other things, is a statement from 1959 by Dr. K. Platonov, a Soviet psychotherapist who used hypnosis in his work for over 50 years in over 50,000 cases. He stated the following:

"We have never observed any harmful influence on the patient which could be ascribed to the method of hypnosuggestive therapy, presumably leading to the development of an "unstable personality," "slavish subordination," weakening

of the will, increase in suggestibility, pathological urge for hypnosis, etc." (Kroger, William S., 2008 [p. 104] 5) 1

*"There are real dangers in the use of hypnosis, even when carried out in an ethical manner; but it can be shown that, in almost all cases, they lie with the therapist and not with the method."*



In Dr. Paul F. Kost's 1965 article titled "Dangers of Hypnosis" 2 (published in the *International Journal of Clinical and Experimental Hypnosis*), he stated the following:

"The various kinds of complications which have been associated with hypnosis are reviewed, and it is concluded that they have been greatly exaggerated. The dangers that are involved in hypnosis occur through ignorance, overzealousness, lack of understanding of the bases of interpersonal relationships, and the irresponsible acts of those who would use the technique for entertainment." [p.220] 2

"There are real dangers in the use of hypnosis, even when carried out in an ethical manner; but it can be shown that, in almost all cases, they lie with the therapist and not with the method." [p.223] 2

In Dr. Jacob H. Conn's 1972 article titled "Is Hypnosis Really Dangerous" 3 (published in the *International Journal of Clinical and Experimental Hypnosis*), he stated the following: "The literature on the dangers of hypnosis, the author's experience with 3000 private psychiatric patients, and the current opinions of experts in the field of hypnosis are summarized. The author concludes that hypnosis cannot be considered as being "a cause" or an external "force". ...

There are no significant or specific dangers associated with hypnosis per se. The actual dangers are those which accompany every psychotherapeutic relationship.” [p.61] 3

***“In my own practice, over a period of 30 years, which includes the treatment of over 3,000 patients, I have not observed hypnosis “precipitating a psychiatric illness.” Patients have been reported by others (Meldman, 1960) as becoming psychotic following hypnosis, but never, in my opinion, because of hypnosis.”***

“In my own practice, over a period of 30 years, which includes the treatment of over 3,000 patients, I have not observed hypnosis “precipitating a psychiatric illness.” Patients have been reported by others (Meldman, 1960) as becoming psychotic following hypnosis, but never, in my opinion, because of hypnosis.” [p.70] 3 (Bold added to text by me).

In the book *Psychiatry*, 3rd Edition, published in August 2008, Dr. Jose R. Maldonado and Dr. David Spiegel wrote a chapter on hypnosis titled “Chapter 94 – Hypnosis”. 4 They stated the following: “Hypnosis is not intrinsically dangerous. For the most part, it is a benign process. The same cognitive flexibility that allows patients to enter the trance facilitates their exit from it with clear structure and support from the therapist. The dangers of hypnosis lay not in the process itself but in how it is used.” [p. 1986] 4

Maldonado and Spiegel went on to point out that in the application of hypnosis to memory retrieval two problems can occur. The first is confabulation, the formation of false memories which are subsequently conveyed as though they were real. The second is concreting (or memory hardening), an undue boost in the confidence with which memories are conveyed as true or false by the hypnotised subject. [p. 2006] 4

***In The Handbook of Forensic Psychology, Fourth Edition,***

***12 the sources for confabulation and memory hardening are discussed:***

“Second, experts supporting the per se exclusion rule mistakenly attribute to hypnosis phenomena that are really aspects of memory. Thus, confabulation, memory hardening, and postevent misinformation are all attributes of memory; they are not created solely by hypnosis, and they occur without the use of hypnosis. Memory research has shown that confabulation is a natural way in which memory works rather than a by-product of hypnotic trance (Loftus, 1980). Experiments with eyewitness testimony have conclusively demonstrated confabulation in nonhypnotic settings and have also demonstrated that hyp-

notically refreshed recollection is not necessarily confabulated (Brown et al., 1998; Hammond et al., 1995; Loftus, 1975, 1979a, 1979b, 1979c).” [p. 681 – 682] 6, 7, 8, 9, 10, 11, 12

### Part 1 – Conclusions

Based on this broad cross-section of data, it is evident that the potential dangers of hypnosis are within its misuse as a tool, not the tool itself. While there are problems that can occur in the application of hypnosis to memory retrieval, for example confabulation and memory hardening, those two problems are attributes of memory, not hypnosis, and exist inside and outside of hypnosis.

### Part 2 – Can the Material Retrieved Through Hypnosis be Accurate?

The answer to this question can be yes and it can be no. Yes, because it has been shown that hypnosis can accurately enhance recall of personally meaningful, emotionally arousing memories (see Appendix A). No, because it has also been shown that hypnosis generally does not enhance recall of personally meaningless memories, absent of emotional content. 13 [p. 5, 9 – 10], 33

The success or failure of any attempts to retrieve memories through hypnosis can depend on the levels of personal meaningfulness and emotional intensity of the memories. However, there is no guarantee that hypnosis will enhance recall of personally meaningful and emotionally arousing memories. Nor is there any guarantee that, if it does appear to enhance recall, that those recollections will be entirely accurate or inaccurate.

***‘Hypnotically retrieved memories can be accurate and they can be inaccurate, just as they can be reliable or unreliable. Their veracity can only be determined by independent verification.’***

Hypnotically retrieved memories can be accurate and they can be inaccurate, just as they can be reliable or unreliable. Their veracity can only be determined by independent verification. Like confabulation and memory hardening, the unreliability of hypnosis in producing consistent results pertaining to memory enhancement is the result of memory, not hypnosis. In and out of hypnosis, memory is unreliable, and because of that any and all attempts at memory enhancement, including those that do not involve the use of hypnosis, produce inconsistent results (Yapko, Michael D., 2012 [p.114]). 16

In regards to documented cases where details (and in one case mannerisms), that were previously consciously inaccessible, were able to be elicited (temporarily reinstated in the case of mannerisms) under hypnosis and later verified, see the clinical, experimental and legal cases listed in Appendix A.

### Part 3 – Two Primary Alien Abduction Researchers and Their Training in Hypnosis

#### **Budd Hopkins**

The late Budd Hopkins was initially an abstract artist by trade. He subsequently went on to become one of the most prominent alien abduction researchers in the world. He published numerous, non-fiction books on the subject and he utilised hypnosis in his investigation of abduction cases. From 1976 to 1983 Hopkins underwent, for all intents and purposes, a seven year apprenticeship in the art of hypnotic regression. He was personally trained by multiple psychologists and psychiatrists including Dr. Robert M. Naiman (psychiatrist), Dr. Aphrodite Clamar (clinical psychologist) and Dr. Girard Franklin (psychologist).

In addition to Hopkins, Dr. Naiman also trained Dr. Franklin in the use of hypnosis. Hopkins did not personally use hypnosis with abductees during his seven year apprenticeship. He brought them to the psychiatrists and psychologists who were training him and they conducted the hypnotic regressions. Each held skeptical positions in regards to alien abductions. 41, 42, 43, 44 According to Dr. Clamar, Hopkins brought her over a dozen men and women from all over the USA and she worked with them over the course of two years. 47 [p. 240, 244-245]

By the end of Hopkins' apprenticeship he had observed firsthand the techniques of eight or nine different hypnotherapists. 41 He also observed how they applied hypnosis to the many abductees he brought to them. Even after his apprenticeship ended in 1983, and he began using hypnosis with abductees, he continued to have qualified professionals sit in and observe his work. He tape recorded his sessions and in some cases sent them off to be critiqued by people he respected. 43

As knowledge of Hopkins' work with abductees grew within the psychological community he began to receive referrals from professional therapists whose clients were reporting post-traumatic symptoms that followed periods of missing time and UFO sightings (features of the alien abduction phenomenon). One of the therapists referred one of their patients to Hopkins and sat in on the session while Hopkins interviewed her (the patient) and then regressed her hypnotically.

The therapist was so impressed by the positive outcome from this patients' work with Hopkins, and the therapeutic efficacy of his method, that she put him in touch with Dr. John Mack, a professor of psychiatry from Harvard Medical School. 45

#### **Budd Hopkins – Conclusions**

A seven year apprenticeship which included firsthand training and tutelage from multiple psychologists and psychiatrists, some of whom trained other psychiatrists in the use of hypnosis, clearly demonstrates that Hopkins was carefully, thoroughly and competently trained in hypnosis. That Hopkins continued to allow qualified professionals to observe and critique his work after his apprenticeship had concluded indicates that he was diligent and conscientious in maintaining and improving the quality of his work. That certain psychiatrists were confident enough to refer some of their patients to him, and that they were complimentary of him and his work after sitting in on some of his sessions, reinforces the high quality of his work.



There is currently no formalised training available in the application of hypnosis to the investigation of alien abduction accounts. A person can be taught how to use and apply hypnosis in a clinical setting, but that in itself does not mean such a person will be able to effectively utilise their skills to investigate alien abductions.

Hopkins, in many ways, was the first of his kind with respect to being trained to properly use hypnosis to investigate abductions. During his seven year apprenticeship, when he brought abductees to the psychiatrists and psychologists to be hypnotised, he observed the early application of hypnosis to investigating abductions. He observed over time how the hypnosis process evolved and was refined to better investigate such accounts.

### Dr. David M. Jacobs

Dr. David M. Jacobs is a retired Associate Professor of History at Temple University. He is also one of the most well known alien abduction researchers in the world. He has published, and continues to publish, numerous, non-fiction books on the subject and he utilises hypnosis in his investigation of abduction cases.

In the early 1980s, Jacobs met with Budd Hopkins for the first time after the release of Hopkins' book *Missing Time*. Like Hopkins, he became deeply fascinated with the abduction phenomenon, particularly with how it was investigated through the use of hypnosis. For this reason, he decided to learn how to conduct hypnosis himself and apply it to his own investigations of alien abductions.

According to Jacobs, he learned to use hypnosis primarily by firsthand observation of the hypnotic regression sessions being conducted by Hopkins. He wrote down Hopkins' inductions, listened to his questions, and evaluated his answers. 49 He frequently consulted with a psychiatrist friend of Hopkins about hypnotic techniques. 46 He also did this with Hopkins and many other researchers. 48 [p. 23] Jacobs also spoke with an independent psychologist who used hypnosis in his practice. 50 In addition to this he attended a hypnosis conference in Philadelphia and extensively researched as much literature on the subject of hypnotic techniques as he could. 50 He spent a total of four years learning about hypnosis before he began to conduct it personally in 1986. 51

### Dr. David M. Jacobs – Conclusions

Like Hopkins, Jacobs did not rush into using hypnosis. Four years of study, observation and professional consultation preceded his first use of it. First-hand observation of multiple hypnotic regression sessions, being conducted by someone trained in hypnosis by numerous psychiatrists and psychologists, is an effective and direct way to learn how to use hypnosis. Consulting with psychiatrists and psychologists about hypnotic techniques is equally helpful in refining one's skills if their advice on the matter is sound and adhered to. Like Hopkins, Jacobs observed the application of hypnosis to investigating abduction accounts. He saw it evolve and become refined to better investigate abduction accounts.

### Part 4 – How is Alien Abduction Hypnosis Different from Regular Hypnosis?

To successfully perform alien abduction hypnosis one first needs as thorough an understanding of the abduction phenomenon as possible. In particular, the common and uncommon reported features of it.

Like normal hypnosis, the hypnotised subject requires an environment of sup-

port without judgement, and a rapport needs to be established between the subject and the hypnotist. While the hypnotist is under no obligation to believe what the subject is reporting, they need to give the impression they do during the sessions in order to ensure the relaxation and openness of the subject.

### Abduction hypnosis is best learned from a person who practices it.

- It is essential that the hypnotist has an open mind. They need to be able to persevere with their work and not abandon it just because they personally feel what they are hearing is too unbelievable in nature to possibly be true.
- The wellbeing of the hypnotised subject always outweighs any potential knowledge about abductions that may be yielded from the hypnosis sessions.
- Any suspected confabulation needs to be noted and compared with other suspected confabulation that emerges from different abductee's hypnosis sessions.
- The vital difference between normal hypnosis and abduction hypnosis is a comprehensive knowledge of alien abductions. More effective strategies to yield more reliable information can depend on this.

### Part 5 – Arguments Made Against the Use of Hypnosis in Abduction Cases

The primary arguments being made against the use of hypnosis in abduction cases are that hypnosis can result in confabulation and memory hardening, and that abduction accounts are created by suggestible hypnotised subjects being lead by unscrupulous or incompetent hypnotists feeding them abduction narratives. The first reason these arguments are wrong is because confabulation, memory hardening and suggestibility are all aspects (flawed aspects at that) of memory, not hypnosis. They exist and occur inside and outside of hypnosis, and are not direct results of it.

The second reason is because abductee hypnosis transcripts show numerous instances of them resisting deliberate false leads employed to test their suggestibility. 53 [p.386], 54 [p. 31-33, 36-39] The third reason is because the psychiatrists and psychologists who trained Budd Hopkins were all skeptical of the reality of alien abductions and they were the ones who conducted the hypnotic regression sessions with abductees for the first seven years of Hopkins' training. The abduction accounts came out under their regressions just as they subsequently did under Hopkins'. Dr. Benjamin Simon, who conducted hypnosis on

Barney and Betty Hill, was equally skeptical of the reality of alien abductions. Nonetheless an abduction account came out during the hypnotic regression sessions he conducted with the Hills.



Some have criticised alien abduction research because Institutional Review Boards (used to officially govern the safety of human subjects in research) are not used and do not apply to it. According to the policy that governs IRBs (Code of Federal Regulations Title 45 Public Welfare Department of Health and Human Services Part 46 Protection of Human Subjects Revised January 15 2009 Effective July 14 2009) an IRB review is only required when human subject research is supported or regulated by any federal department or agency which takes appropriate administrative action to make the policy applicable to such research inside or outside of the United States of America, or if an institution has voluntarily agreed to apply the regulations to all research, regardless of the source of funding. For research that is not required to be regulated by this policy, exemptions are not required because the policy is not required. Alien abduction research is not federally supported or regulated so it does not need to apply for an IRB. Were a federal department or agency to support or regulate such research, as well as taking appropriate administrative action to make the IRB policy apply to this research, then such research would have to apply for and abide by the rules of an IRB. The fault in this problem therefore lies within the inactions of federal departments and agencies to support and regulate alien abduction research, not with abduction research. 5

## Conclusions

The application of hypnosis to alien abductions is safe and credible. Hypnosis itself is not dangerous and it can yield accurate information when applied to the task of memory retrievals.

The training of the two top abduction researchers in hypnosis is more than sufficient. They both had years of training as well as diverse professional tutelage before they personally engaged in practicing hypnosis.

The differences between normal hypnosis and alien abduction hypnosis essentially lie within one's knowledge of the subject of abductions, and one's tolerance and tenacity when confronted with the unbelievable.

The primary arguments against using hypnosis in abduction cases involve mistakenly attributing the flaws of memory to hypnosis. The argument that abduction research is irresponsible because it is not governed by IRBs is the result of the lack of federal support by official agencies to govern the research.

The lack of formalised, structured training programs in the application of hypnosis to the investigation of

alien abductions is disappointing but hardly surprising. Objective efforts from academia into the study of abductions are a rarity, and by and large the subject is considered taboo.

The field of legitimate study into alien abductions has, in recent years, become severely anemic, with many of the best researchers either retired or dead. However, much to the chagrin of the critics of this field, some of whom try to purport the alien abduction phenomenon beginning and ending with its researchers, the phenomenon itself is not going anywhere. It was present before researchers began researching it, and it continues on after.

\*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\*

## Copyright

Sean F. Meers claims copyright ownership of all information stored in this document, unless expressly stated otherwise. No information stored in this document may be used for commercial or other purposes (except as legally allowed for personal and educational use) unless Sean F. Meers gives his prior written consent to the intended use.

# The Application of Hypnosis to Alien Abduction Investigations cont.d

## Appendix A

### Cases Where Details That Were Elicited for the First Time Under Hypnosis Were Able to be Independently Verified

Two cases (Lecron, 1963) 17

One case (Degun-Mather, 2001) 18

One case (Young, 1926) 19

One case [where mannerisms were reinstated and verified] (Young, 1926) 19

One case (Howell, 1965) 20

One case (Taylor, 1995) 21

Four cases (Kroger and Douce, 1979) 22

Four cases (Kleinhauz and Horowitz and Tobin, 1977) 23

Four cases (#1, #2, #5, #8) (Schafer and Rubio, 1978) 24

Six cases (#1, #2, #4, #5, #7, #9) (Wester and Hammond, 2011) 25

Two cases (Schreiber and Schreiber, 1999) 26

One case (Copeland and Kitching, 1937) 27

One case (#2) (Mutter, 1990) 28

Two cases (Reiser, 1982 [p.205]) 29

One case (#2) (Reiser and Nielson, 1980 [p.75]) 30

One experiment (White, Fox and Harris, 1940) 31

One case (Reiser, 1980 [p.187]) 32

One experiment (Rosenthal (1944) 33

One experiment (Depiano and Salzberg, 1981) 34

One experiment (Sears, 1954) 35

One court case (Beck v. Norris, 1986) 36

One court case (State v. Evans, 1994) 37

One court case (Rock v. Arkansas, 1987) 38

One court case (State v. Stolp, 1982) 39

One court case (State v. Contreras, 1983). 40

## References

- 1) Platonov, K. (1959): The Word As a Physiological and Therapeutic Factor. Moscow, Foreign Languages Publishing House.
- 2) Kost, Paul F. (1965): Dangers of hypnosis, International Journal of Clinical and Experimental Hypnosis, 13:4, 220-225.
- 3) Conn, Jacob H. (1972): Is hypnosis really dangerous?, International Journal of Clinical and Experimental Hypnosis, 20:2, 61-79.
- 4) Maldonado, Jose R. and Spiegel, David (2008): Chapter 94 - Hypnosis, Psychiatry, 3rd Edition (2 Volume Set: Volumes 1 and 2) (2008), Allan Tasman (Editor), Jerald Kay (Editor), Jeffrey A. Lieberman (Editor), Michael B. First (Editor), Mario Maj (Editor), 1982-2026.
- 5) Kroger, William S. (2008): Chapter 20 - Dangers from Hypnosis, 103-105, Clinical & Experimental Hypnosis: In Medicine, Dentistry, and Psychology, 2nd Edition, Lippincott Williams & Wilkins.
- 6) Brown, D., Schefflin, A. W., & Hammond, D. C. (1998): Memory, trauma treatment, and the law. New York, NY: Norton.
- 7) Hammond, Corydon D., Ph.D., Garver, Richard B., Ed.D., Mutter, Charles B., M.D., Crasilneck, Harold B., Ph.D., Frischholz, Edward, Ph.D., Gravit, Melvin A., Ph.D., Hibler, Neil S., Ph.D., Olson, Jean, MSN, RN, CS, Schefflin, Alan, J.D., LLM, Spiegel, Herbert, M.D., and Wester, William, Ed.D. (1995): Clinical hypnosis and memory: Guidelines for clinicians and for forensic hypnosis. Des Plaines, IL: American Society of Clinical Hypnosis Press.
- 8) Loftus, E. F. (1975): Leading questions and the eyewitness report. Cognitive Psychology, 7, 560-572.
- 9) Loftus, E. F. (1979a): Eyewitness testimony. Cambridge, MA: Harvard University Press.
- 10) Loftus, E. F. (1979b): "The malleability of memory". American Scientist, 67, 312-320.
- 11) Loftus, E. F. (1979c): The manipulative uses of language. [Audiotape No. 20234]. Psychology Today Cassette. New York, NY: Ziff-Davis.
- 12) (Editor) Weiner, Irving B. and (Editor) Otto, Randy K. (2013): The Handbook of Forensic Psychology, Fourth Edition, Wiley, 2013.
- 13) Council Report (1986): Scientific Status of Refreshing Recollection by the Use of Hypnosis, International Journal of Clinical and Experimental Hypnosis, 34:1, 1-12.
- 14) Stalnaker, J. M.; Riddle, E. E. (1932): The effect of hypnosis on long-delayed recall. Journal of General Psychology, 6, 429-440.
- 15) Dywan, Jane, Bowers, Kenneth S. (1983): The use of hypnosis to enhance recall. Science, New Series, 222: 4620, 184-185.

## References cont.d

- 16) Yapko, Michael D. (2012): Trancework: an introduction to the practice of clinical hypnosis - Fourth Edition, Routledge - Taylor and Francis Group (2012).
- 17) Lecron, Leslie M. (1963): The Uncovering of Early Memories by Ideomotor Responses to Questioning, International Journal of Clinical and Experimental Hypnosis, 11:3, 137-142.
- 18) Degun-Mather, Marcia (2001): The Value of Hypnosis in the Treatment of Chronic PTSD with Dissociative Fugues in a War Veteran, Contemporary Hypnosis, 18:1, 4-13.
- 19) Campbell Young, Paul (1926): An Experimental Study of Mental and Physical Functions in the Normal and Hypnotic States: Additional Results, The American Journal of Psychology, 37:3, 345-356.
- 20) Howell, Robert J. Ph.D. (1965): A Verified Childhood Memory Elicited during Hypnosis, American Journal of Clinical Hypnosis, 8:2, 141-142.
- 21) Taylor, Donald R. M.D. (1995): The Validity of Repressed Memories and the Accuracy of Their Recall Through Hypnosis: A Case Study from the Courtroom, American Journal of Clinical Hypnosis, 37:3, 25-31.
- 22) Kroger, William S. & Douce, Richard G. (1979): Hypnosis in criminal investigation, International Journal of Clinical and Experimental Hypnosis, 27:4, 358-374.
- 23) Kleinhauz, M. and Horowitz, I. and Tobin, Y. (1977): The Use of Hypnosis in Police Investigation: A Preliminary Communication, Journal of the Forensic Science Society, 17:2-3, 77-80.
- 24) Schafer, Donald W. & Rubio, Ramon (1978): Hypnosis to Aid The Recall of Witnesses, International Journal of Clinical and Experimental Hypnosis, 26:2, 81-91.
- 25) Wester II, William C. and Hammond, D. Corydon (2011): Solving Crimes with Hypnosis, American Journal of Clinical Hypnosis, 53:4, 249-263.
- 26) Schreiber, Elliott H. and Schreiber, David E. (1999): Use of Hypnosis with Witnesses of Vehicular Homicide, Contemporary Hypnosis, 16:1, 40-44.
- 27) Copeland, C. L. and Kitching, E. Howard (1937): Clinical Notes and Cases - A Case of Profound Dissociation of the Personality, The British Journal of Psychiatry, 83: 719-726.
- 28) Mutter, Charles B. M.D. (1990): Hypnosis with Defendants: Does it Really Work?, American Journal of Clinical Hypnosis, 32:4, 257-262.
- 29) Reiser, Martin Ed. D (1982): Hypnosis as a tool in Criminal Investigation, Police Psychology Collected Papers, 204-209, LEHI Publishing Company.
- 30) Reiser, Martin and Nielson, Captain Michael (1980): Investigative Hypnosis: A Developing Specialty, The American Journal of Clinical Hypnosis, 23:2, 75-85.
- 31) White, R. W., Fox, G. F., Harris, W. W. (1940): Hypnotic hypermnesia for recently learned material, The Journal of Abnormal and Social Psychology, 35:1, 88-103.
- 32) Reiser, Martin Ed. D. (1980): Handbook of Investigative Hypnosis, LEHI Publishing Company.
- 33) Rosenthal, B. G. (1944): Hypnotic recall of material learned under anxiety and non-anxiety-producing conditions, Journal of Experimental Psychology, 34:5, 369-389.
- 34) Depiano, Frank A. & Salzberg, Herman C. (1981): Hypnosis as an aid to recall of meaningful information presented under three types of arousal, International Journal of Clinical and Experimental Hypnosis, 29:4, 383-400.
- 35) Sears, Alden B. (1954): A comparison of hypnotic and waking recall, Journal of Clinical and Experimental Hypnosis, 2:4, 296-304.
- 36) 801 F.2d 242 Leroy Alexander Beck, Petitioner-Appellant, v. Stephen Norris, Commissioner of Corrections, State of Tennessee; and Odie Jones, Warden of the Morgan County Regional Facility at Wartburg, Morgan County, Tennessee, Respondents-Appellees. Docket No. 85-6043. United States Court of Appeals, Sixth Circuit. Argued Aug. 5, 1986. Decided Sept. 17, 1986. <http://openjurist.org/801/f2d/242/beck-v-norris>
- 37) State v. Evans 450 S.E.2d 47 (1994) The STATE, Respondent, v. Jerry EVANS, Appellant. Docket No. 24149. Supreme Court of South Carolina. Heard April 5, 1994. Decided October 3, 1994. <http://law.justia.com/cases/south-carolina/supreme-court/1994/24149-2.html>
- 38) Rock v. Arkansas, 483 U.S. 44 (1987) United States Supreme Court ROCK v. ARKANSAS, (1987) Docket No. 86-130 Argued: March 23, 1987 Decided: June 22, 1987 <http://caselaw.findlaw.com/us-supreme-court/483/44.html>
- 39) State v. Stolp 133 Ariz. 213 (1982) 650 P.2d 1195 STATE of Arizona, Appellee, v. Danny Adam STOLP, Appellant. Docket No. 5397. Supreme Court of Arizona, In Banc. June 2, 1982. Rehearing Denied September 14, 1982. <http://law.justia.com/cases/arizona/supreme-court/1982/5397-2.html>
- 40) State v. Contreras 674 P.2d 792 (1983) STATE of Alaska, Petitioner, v. Joseph CONTRERAS, Respondent. Ricky Glen GRUMBLES, Petitioner, v. STATE of Alaska, Respondent. Docket Nos. 6266, 6408. Court of Appeals of Alaska. December 16, 1983. <http://law.justia.com/cases/alaska/court-of-appeals/1983/674-p-2d-792-0.html> Notes: State v Contreras was reversed in 1986 (Contreras v. State, 718 P.2d 129 (Alaska 1986) <https://www.courtlistener.com/opinion/1160030/contreras-v-state/> The 1986 reversal was later overruled on other grounds (State v. Coon, 974 P.2d 386 (Alaska 1999) <http://caselaw.findlaw.com/ak-supreme-court/1386791.html>
- 41) Hopkins, Budd (2011-01-27). ART, LIFE and UFOs: A Memoir (Kindle Locations 4624-4629). Anomalist Books. Kindle Edition.
- 42) Hopkins, Budd (2011-01-27). ART, LIFE and UFOs: A Memoir (Kindle Locations 5219-5228). Anomalist Books. Kindle Edition.
- 43) Connolly, Dwight, "Ufology Profile Budd Hopkins", MUFON UFO Journal, 7/98:363, p. 10.
- 44) Hopkins, Budd (2011-01-27). ART, LIFE and UFOs: A Memoir (Kindle Locations 4452-4459). Anomalist Books. Kindle Edition.
- 45) Hopkins, Budd (2011-01-27). ART, LIFE and UFOs: A Memoir (Kindle Locations 6143-6152). Anomalist Books. Kindle Edition.
- 46) Hopkins, Budd (2011-01-27). ART, LIFE and UFOs: A Memoir (Kindle Locations 5289-5292). Anomalist Books. Kindle Edition.
- 47) Hopkins, Budd. Missing Time, Second Edition, Paperback, Ballantine Books, 1988.
- 48) Jacobs, David. Secret Life: Firsthand, Documented Accounts of Ufo Abductions, First Edition, Hardcover, Simon and Schuster, 1993.
- 49) Jacobs, Dr. David M. (personal communication, Wednesday, May 11, 2016 5:43 AM)
- 50) Jacobs, Dr. David M. (personal communication, Wednesday, May 11, 2016 5:50 AM)
- 51) Jacobs, Dr. David M. (personal communication, Wednesday, May 11, 2016 5:55 AM)
- 52) Code of Federal Regulations TITLE 45 PUBLIC WELFARE Department of Health and Human Services PART 46 PROTECTION OF HUMAN SUBJECTS \* \* \* Revised January 15, 2009 Effective July 14, 2009 URL: <http://www.hhs.gov/ohrp/sites/default/files/ohrp/policy/ohrpregulations.pdf>
- 53) Bryan, C.D.B. Close Encounters of the Fourth Kind: A Reporter's Notebook on Alien Abduction, UFOs, and the Conference at M.I.T. Paperback, Penguin Arkana, 1996.
- 54) Meers, Sean F. (2013): "Inaccuracies from Eve Lorgen's Chapter on the Linda Cortile Case" URL: <http://www.lindacortilecase.com/inaccuracies-from-eve-lorgens-chapter-on-the-linda-cortile-case.html> URL: <http://www.lindacortilecase.com/uploads/3/4/2/0/34208873/ifelclcc.pdf>
- 55) Jacobs, Dr. David M. The Threat. First Edition, Hardcover, Simon and Schuster, 1998.

# NCH Supervisor Listings

Many practitioners often have queries concerning clients or best practice procedures, and would profit immensely from advice about building their businesses, or even benefit from just bouncing new ideas off a seasoned and skilled practitioner. NCH Supervision is an asset that is offered to all of our members. The benefits of one-on-one discussions every few weeks with accomplished Hypnotherapists can make a real impact on your confidence, experience and ultimately on your success. [www.hypnotherapists.org.uk/therapist-finder/](http://www.hypnotherapists.org.uk/therapist-finder/)

The National Council for Hypnotherapy recommends that you have for the first 3 years of qualified practice and 300 client hours - around 30 minutes each month (or an average of 6 hours per year) of contracted supervision with an NCH accredited supervisor. You can click the following link to the Therapist Finder on the NCH website and then use 'Advanced options' to select Supervisors only. [www.hypnotherapists.org.uk/therapist-finder/](http://www.hypnotherapists.org.uk/therapist-finder/)

Following is also a list of currently accredited Supervisors and their email addresses. Just click the links.

*Note. These Supervisors have paid to be listed here. If you would like to be listed please contact [admin@hypnotherapists.org.uk](mailto:admin@hypnotherapists.org.uk)  
Supervisors are not limited to their area of practise - they may be contacted by phone or Skype.*

Peter Adamson	email: <a href="mailto:peter@psychotherapy4all.com">peter@psychotherapy4all.com</a>	01942 677 426i	Warrington, Cheshire
Joseph McAnelly	email: <a href="mailto:2mytherapist@gmail.com">2mytherapist@gmail.com</a>	0800 7723112 or 0191 286 1161	Newcastle upon Tyne
Heidi Woodgate	email: <a href="mailto:heidi@northkenthypnotherapy.com">heidi@northkenthypnotherapy.com</a>	01474 740724	Northfleet, Kent
Jill Tonks	email: <a href="mailto:jillmtonks@aol.com">jillmtonks@aol.com</a>	0786 7557477	Claygate, Surrey
Sharon Dyke	email: <a href="mailto:sdhypnotherapy@yahoo.co.uk">sdhypnotherapy@yahoo.co.uk</a>	07766250113	Taunton, Somerset
Gillian Wood	email: <a href="mailto:gill_wood@hotmail.com">gill_wood@hotmail.com</a>	0208 946 2474	Wimbledon, London
Dawn Biggs	email: <a href="mailto:dawnbiggs@ukcounsellingservice.com">dawnbiggs@ukcounsellingservice.com</a>	01424 733473	BexhillonSea, East Sussex
Valerie Hird	email: <a href="mailto:val_hird@hotmail.com">val_hird@hotmail.com</a>	01904 629347	York, North Yorkshire
Marcia Tillman	email: <a href="mailto:info@lifeclinics.com">info@lifeclinics.com</a>	01795 538480	Faversham, Kent
Alison Jones	email: <a href="mailto:alison@solutionshypnotherapy.co.uk">alison@solutionshypnotherapy.co.uk</a>	07730 747772	Ham Green Bristol, Avon
Dani Dennington	email: <a href="mailto:dani@denningtons.co.uk">dani@denningtons.co.uk</a>	01844 261 223	Thame, Oxfordshire

# BOOK REVIEW: THE NLP COOKBOOK by FRAN BURGESS

Welcome to my first book review as research director – from here on in I will be honestly, albeit subjectively, reviewing a book for each issue of our journal. The books will cater for all our members from the student to the experienced practitioner and I would like to sincerely thank Crownhouse Publishing for kindly supporting me in my role, the NCH and the wider hypnotherapy industry. Crownhouse Publishing is based in West Wales and is an award winning independent publisher that specialise in education, coaching, NLP, hypnosis and personal development. [www.crownhouse.co.uk](http://www.crownhouse.co.uk) Enjoy the report!

£19.99

Format: Paperback

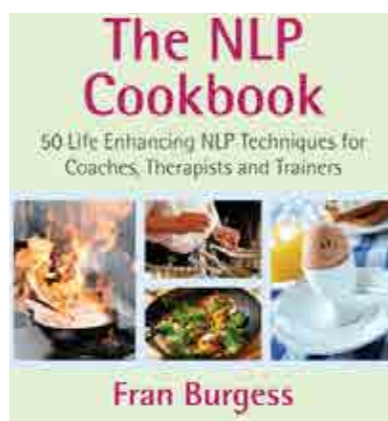
Pages: 176

Size: 240mm x 210mm

Published: November 2011

ISBN 13: 9781845907334

**My Rating – 3.5/5**



## Overview

The author, Fran Burgess, has 30 years of experience in the field of NLP which she puts to good use by providing a set of 50 techniques that the therapist and coach may use to intervene in some of the most common issues facing clients. A great deal of the techniques have been provided by other NLP famous names. Educated at St Andrew's University the author specialises in Neurolinguistics Therapeutic Modelling, evident in the book. From the outset you get a familiar feeling from the quality and feel, title and look of the book, this could well be the latest offering from the new celebrity chef on the scene. A real cookbook has been imitated in every sense, from a list of the ingredients, difficulty, time, and a step-by-step delivery method, through to the individual pastel colours of each page set.

The reader is left with little doubt that Fran has used all the techniques and she is talking from experience, and when she describes the background to the technique and how she developed them, her passion for the subject comes to the fore. So what of the techniques? How effective are they and how simple are they to use? This would seem to be the main point of the book – clients have issues to be supported through and the techniques are there to be used.

So how about those techniques? What are they like and will/do they all work? The techniques are grouped under 8 different headings: State, Behaviour and Skill, Belief, Identity, Goals, Relationships and Change.

A number of the techniques are, as you would expect, very similar and related to each other, that is that they are using the client's own internal metaphor imagery, differing lens/perspectives, effective re-framing. The techniques would seem to be effective and logical to use for the coach and therapist.

At the end of the book, Fran provides a recap and states that this book is about “individual learning”; meaning the techniques can be constructed individually. There are also some additional resources like modelling cards, book titles, and further links.

## Opinion

For me, initially, I liked the idea of having a simple recipe book, however, during reading the food became more so that of a strange paradox. To have a photograph of a rather appealing salmon steak with lemon and herbs, asparagus and red peppers made my mouth melt and then to be reading about the how and why Fran compiled and wrote the book didn't seem right. Later I saw the olives and chocolate cake oozing sauce was wonderful... but at that point something didn't feel right with the pictures, but then what else could there have been on there? After all, isn't it the techniques which are the most important?

How would the hypnotherapy practitioner or coach incorporate these techniques into their work? For me, in a coaching sense, the techniques would be used following the first session so that you can prepare and have the right technique to really make a positive intervention, as a therapist, maybe this is again something that would be used in later stages once the results of the initial change work had become known. Although these NLP interventions would work standalone, I would always suggest that a hypnotherapist would cement the outcomes within hypnosis and ensure that the new learning is incorporated at a deeper trance level.

Overall, Fran has done a good job to further NLP for both the student and experienced professional. I feel that the techniques would be challenging to the new practitioner if they haven't been used to working with NLP techniques regularly, in fact, some more than basic knowledge of NLP is needed to use the techniques. My advice is to use them firstly, at a practice group in order to gain confidence before trying them out live in a session. For the more practised, at later client sessions, post appropriate preparation. Although at stages I found the photographs distracting, in all I like this book and would recommend it to any coach or therapist who wishes to develop a new tool kit of techniques and understanding. In the future I would look forward to more titles from Fran Burgess.

In summary, it's a book full of positive techniques to use in common situations with clients.

Regards, Iain



# Meet Ollie and his Superpowers!

Alison Knowles has gone from success to success with her creation Ollie. Loved by young and old alike, Ollie has a magic library of Superpowers - Superpowers that enable children to not only express their emotions easier, but also choose what powers they need to face anything.

Alison Knowles was a well-known cognitive hypnotherapist and had a successful practice in Cambridgeshire, where she was mainly working with adults. Parents then began to bring their children to “The Hypno HUT” as it has been affectionately named by her clients, and Ali realised she needed to adapt what she was doing, so that the children could understand the concepts of cognitive hypnosis. Teaching someone how something works, so that they can move themselves on - was more powerful in Allison’s mind than just “fixing” them. Alison says: “it was really apparent that the language I was using was beyond the youngsters, and to be fair, beyond most adults too, so I needed to simplify the workings of the mind and concept of emotions.

*‘By creating a magic library I was able to simplify the conscious and subconscious and explain its workings in relation to fears and phobias and belief systems.’*

Children struggle to express their emotions because they don’t have a language. The whole concept of emotions is tough for them because unlike your heart or brain – you can point to them or visualise them. So I created a little lad called Ollie who has superpowers. The ‘little guys’ in all of us that are our emotions. This gave the emotions form and enabled the children to manipulate that form, making the superpower or emotion bigger or smaller and being then able to choose what team of emotions would be to get them through their day. By creating a magic library I was able to simplify the conscious and subconscious and explain its workings in relation to fears and phobias and belief systems.

Alison soon had an influx of children to her “hut” as the simplified concept was getting fantastic results. A parent suggested that she write stories about Ollie

and his superpowers so that more parents and teachers could benefit from the concept.

Ali self-published the first Ollie book but was quickly picked up by publishing house JKP who now have a contract with Ali to write five more Ollie stories. Each one teaches parents and children some “super” super powers like, empathy and self-worth, in a fun adventure stories.

The Ollie books have taken schools by storm and more and more schools are using the books as part of their programs.



Very quickly the work load got too much and so Ali took the next step of training up other therapists in the Ollie concept so they could work in schools and foster care homes and one to one with kids under the Ollie banner.

The Ollie therapists or rather Ollie coaches are all over the UK, but as the word spreads the demand for more coaches increases and so Ali is actively looking for more therapists to join Ollie’s army.

“It’s fantastic,” says Ali, “we are getting the concept to more kids and adults and our coaches are getting more and more clients! Win win!”

This is a really exciting opportunity for all of us!”

Ali has now been approached by Birmingham children’s hospital who want to commission her to write a dedicated book for children undergoing transplants, Using Ollie to not only take the family through the technicalities of the transplant but also giving them superpowers so they can express how the journey is making them feel.

*“It’s fantastic,” says Ali, “we are getting the concept to more kids and adults and our coaches are getting more and more clients.*

*This is a really exciting opportunity for all of us!”*

What’s next? Well the books are beginning to go international, the army of Ollie coaches is growing as more and more schools want to use the concepts.

Ali is now in talks with the NFA (National fostering association) regarding the Ollie coaches joining forces to help children find Forever homes.

The NSPCC now list Ollie books as a resource as does ‘Project Me’ - a Great Ormond Street initiative. Ali has also been approached by a university in The USA to put Ollie coach training on their Curriculum so that they can train Ollie coaches in America. Watch this space!



If you would like to know more about Ollie & the concept or if you would be interested in joining Ollie’s army as a Coach for kids and/or adults please go to [www.ollieandhissuperpowers.com](http://www.ollieandhissuperpowers.com)

## Do You Have?

Workshops, seminars, coaching, further education, or goods or services to offer valued NCH Members?

## Advertise with The Hypnotherapy Journal!

*Each quarter we regularly reach the largest number of working hypnotherapists in the UK.*

### Why Advertise with us?

There is no better vehicle to reach a working hypnotherapist than advertising with us.

- We offer: - Extensive market coverage
- Strategic targeted advertising for your business
- The opportunity to reach out to our rapidly expanding circulation and readership
- A customised package to suit your unique needs.

To place an ad or to receive a media kit, please email Jo Wallis @ [journal@hypnotherapists.org.uk](mailto:journal@hypnotherapists.org.uk)



# The Woman who Talked to her Fingers

(or, an unusual therapy for Nail Biters)

## Case Study by Dr Brian Roet

*'This article is about a form of therapy I use with a number of my clients. I will describe components of this therapy and then give an example of how it helped a client I saw recently. If I am asked what kind of therapy I am about to use – such as CBT, analysis etc, I say "I would like to help you use your imagination in a way that may resolve your symptoms". I don't have a name for the therapy as I believe it is made up of many of the components used in other therapies.'*

### **A. Firstly, the client needs to be flexible and open to what I suggest we do.**

If they are rigid, with inflexible beliefs about how the world is, my experience is they may have difficulty with any suggestions I give. If they must be in control at all times, they will be unlikely to accept that their imagination could be of help. Like all clients who make changes, they need to be motivated to do so.

### **B. They must have an ability to imagine.**

This ability to imagine, visualise or create, varies from person to person. In order to assess which category my client is, I use a simple test. I ask them to “imagine a man walking a dog”. The response could be divided into three groups:

#### **The 3 groups of responses to using their imagination are:**

1. Those who describe the man, what he is wearing, the direction he is walking, the breed and colour of dog etc.  
I label these people as having a “vivid imagination”.
2. Those who vaguely see a man with a dog but can give only minimal detail. I would label these people as being “able to visualise”, but I would need to explore further to assess how helpful this may be in therapy.
3. Those who are unable to visualise anything. They just see black and have minimal pictorial imagination. I would use other aspects of their inner world – internal words, thoughts, and feelings to help rather than pictures.  
In this article I am referring to the first group.

### **C. The Inner World**

I have a concept that there is an inner world inside our minds – our unconscious – consisting of thoughts, feelings, pictures, and words. These four components give us messages – self talk, images of the future or past and emotions.

It is important that these four components send us messages that are accurate, up to date, and helpful. In my experience, with the majority of clients who seek our help, this is not the case. The messages are either inaccurate, out of date or unhelpful. In many cases all three are incorrect.

One of my aims is to help the inner world consist of helpful messages. These messages will provide information to enable clients to feel confident and have high self esteem. They are then more able to deal with what life offers.

I also want to help the client’s beliefs to be accurate and helpful. Often their beliefs are most unhelpful.

One belief that comes to mind is what I call the “English Disease” (I am Australian) which is very common, and very limiting.

It is “what will people think?” “People” is not defined and I believe a more accurate belief may be “People don’t care”.

This inner world is much more fragile than the external one. It is like a child who has suffered, been hurt and is frightened and rejected.

As a therapist, we need to be very sensitive to the sensitivity of this inner world, and treat it with the care, respect and understanding it deserves.

### **D. I combine visualisation with “Parts Theory” which implies we are made up of different parts.**

Symptoms can be resolved by exploring these “parts” and changing them to “parts” that are more up to date and helpful. “Parts” is a simple word for a multitude of applications. We can disassociate ourselves into – thoughts, feelings, the child, adult, worrier, catastrophiser, critic, frightened part, anxious part etc etc.

The number of parts is only limited by our creative power.

I guide clients to “talk to the parts” as if they are talking to a person. For example, if a client has a headache I would direct them to “go inside and see what the headache looks like”.

The headache may be represented metaphorically as a “heavy, black block on top of my head”. I then ask “What would you like to have there instead of the heavy, black block?” The reply could be “a fluffy, white cloud”. Our therapy would then be directed to changing “the heavy block” to the “white cloud”.

For example, when I see a client to stop smoking, I take them on a journey around their body – into their mouth, nose, throat, trachea and lungs. On this journey the client asks these parts how they feel about “the mind” (another part) causing the client to smoke.

The parts are generally angry, upset, confused as to why the mind is hurting them whilst they are trying to keep the client alive and well.

I introduce a comparison between the lungs – pink, helpless and sensitive, and a new born baby. I ask the client to imagine this baby in the lungs and how it feels as the smoke pours in. I would then arrange a meeting between the parts of the body and the mind to see if a resolution can be achieved between them to stop smoking.

### **E. Unconscious Metaphors**

An unconscious metaphor could be described as “a representation of reality, created beyond our awareness”.

A dream is a metaphor that comes to our awareness during sleep and may be recalled when we wake. It is a story in symbols, pictures and feelings. It relates to the person's reality, and uses language that can be decoded to "get the message" about themselves. They can then bring that message to their conscious awareness.

When I guide clients to explore their unconscious metaphors (ie they are unaware of them), I am often very surprised (and pleased) at the symbols and stories they create. These stories are represented by specific vivid symbols that can be translated, altered and improved.

If I see a client suffering from anxiety, I explore underlying metaphors involved in the feeling of anxiety. If the feeling is in the chest, we may find any of the following – fireworks, a vice causing tightness, green triangles, red squares, demonic figures, a young child etc etc. The list is unlimited. My task is to help the client change their metaphors to those that are more helpful.

**F. It is important to use clean language when helping clients make changes. By introducing our own views, beliefs and advice, we prevent the process proceeding in a way that leads to a resolution.**

Asking questions that don't pollute, direct or influence the process of imagination is central to the therapy I use. (There is a therapy specifically called "clean language" which was created by a therapist called David Grove).

Clean language allows clients to be themselves, without being influenced by the therapist's viewpoint.

I will discuss this further using Annie's story as an example.

**G. Symptoms are caused by three components of the inner world:-**

1. Thoughts
2. Emotions
3. The Connection (or lack of connection) between these two.

For a balanced life, we need these three acting as a team, so that communication passes between 1 and 3 to achieve a suitable outcome.

Our language illustrates this.

I feel like going to a certain restaurant, but I think it is too expensive.

I may express this as "I am in two minds" as to whether to go to that restaurant or not".

My thoughts and feelings connect, debate and arrive at a conclusion that I go (or don't go) to the restaurant.

This system is involved in any decision we make. For some people there is no connection and they go around in circles (ruminate) trying to make a decision.

By using visualisation and guidance, we can help them to create a connection of their own choice, a metaphor such as – a ladder, road, telephone line etc etc to join the logic and emotion so a resolution will occur.



**These are some of the basic concepts I use in my therapy.**

**The following is a case history to illustrate some aspects of these principles.**

Annie is a 23 year old woman who works as a vet. She is single, lives with her parents and consulted me for help to stop biting her nails. She has bitten her nails for as long as she could remember, and told me it is related to stress. Her parents argued and fought a lot ever since she was very young, and she was saving up to leave home and migrate to Australia.

She had sought help many times for her nail biting, but the benefits only lasted a few days. "Biting my nails takes my mind of the stress in my life, but it only works for a few seconds and I hate the way they look and the pain I create". We talked about life, relationships, her job, finances, home life and the conclusion she had come to was "when I feel stressed I bite my nails".

As she kept mentioning the word "stress" I decided to learn what it meant to her in her "inner world".

**The following is a summary of our first consultation.**

Me: "Annie, close your eyes and tell me where you feel stress when you are feeling it".

Annie: "In my fingertips". (This is unusual. In my experience, stress is mainly felt in the chest, head or abdomen).

Me: "I'd like you to go to your fingertips. When you are there, let me know. Would that be alright with you?"

Annie: "Yes, I am there now"

Me: "Ask them if they are the part of Annie that deals with stress?"

Annie: "They say "yes they are"".

Me: "Ask them how they help you deal with stress".  
 Annie: "They say they only have one method and that is to get me to bite my nails".  
 Me: "Do they believe their method is helping?"  
 Annie: "They say "no", but that is all they have".  
 Me: "In my experience, stress is dealt with best by the chest or stomach. Fingers are used to do things, helping Annie to do what she wants to do. Would it be alright with the fingertips if you moved the stress feelings to the chest or stomach?"  
 Annie: "They look relieved and say "yes please"".  
 Me: "Annie, where do you think would be the best place to help you deal with stress?"  
 Annie: "I think my chest. Shall I move the stress there and see how I feel?"  
 Me: "Yes. Take your time and when the stress feelings are in your chest, let me know".

*Annie stays silent for about 20 seconds.*

Annie: "The stress feelings are now in my chest. It feels better. There is more room, it is not so tight. The fingers feel better too, more relaxed".  
 Me: "Good. What do the feelings in your chest look like?"  
 Annie: "I need a little time. It feels so strange, I feel confused".  
 Me: "Good. Take your time".

*Annie pauses for about one minute*

Annie: "I can see it now. It is like flames. It is hot and uncomfortable and tight".  
 Me: "What would you like it to be instead of flames that are hot and tight?"  
 Annie: (thinks for about 20 seconds).  
 "I would like it to be calm and cool, and I'd like to feel in control".  
 Me: "Let's leave your chest for a little while and move to your thoughts about dealing with stress. Would that be alright?"  
 Annie: "Yes. That would be fine".  
 Me: "Good. Whereabouts are your thoughts?"  
 Annie: "In my head".  
 Me: "In which part of your head?"  
 Annie: "In the front".  
 Me: "What do your thoughts tell you about dealing with stress?"  
 Annie: (thinks for a few seconds) "They say there is no point getting up set. Things will turn out OK. I have made plans that will help, so there is no need for the tight flames in my chest. I would like to have more control".

Me: "Is there a connection between these thoughts and the tight flames in your chest?"



*Annie spends some time quietly*

Annie: "No, I can't find one".  
 Me: "If you were to create a connection between your thoughts and the flame feelings in your chest, what kind of connection would you create?"

*Annie Pauses for 30 seconds*

Annie: "I would create a pipe to carry water from my thoughts to the fire and put the fire out".  
 Me: "Good. Go ahead and create a pipe that is suitable for that".

*Annie Pauses for 30 seconds*

Annie: (with a smile) "Yes. I've done that and I can put the fire out with my watery thoughts".  
 Me: "Good. Let's imagine some situations in the past when you were stressed. Have the stress flames in your chest and use watery thoughts to travel down the pipe and put out the fire".

*Annie pauses for one minute*

Annie: (With a big smile) "I did that. It's amazing. I feel I do have control."  
 Me: "Good. Stay with your eyes closed and go over what we have just done."

Take some time, your own time to quietly be with yourself. This time is “not trying” time, it is time to “be”, to relax, to allow the creative part of your mind to help you. I would like you to make it a daily priority to reflect on what we have just done, and what you have learnt from each day’s experiences. Spend some time with your fingertips, helping them to know they do not need to take responsibility for dealing with stress any more”.

**Annie sat quietly for 2-3 minutes and then opened her eyes**

Annie: “That was amazing. I never knew all that was going on inside. It seemed so simple to do what you asked. I wish I had done that years ago”.

I made a CD for Annie to play. It contained many aspects of the session that would be helpful to reinforce the work we had done. I saw Annie a few weeks later and she was fine. She had not bitten her nails since our session and proudly displayed them to me. She was also dealing with stress in a more relaxed way, and exploring her inner world to improve calmness and reduce stress.

I contacted her a month and three months later. She told me all was well in her inner world, her fingertips were much happier, her nails were growing beautifully and she needed less and less water for her fiery chest. She sent me photos of her new long nails, saying she was very proud of them.

**Annie was a very suitable client to use these techniques to resolve her symptoms**

- a) We were “on the same wavelength” which I believe is very important,
- b) She had a vivid imagination and visualised very easily and very clearly,
- c) She was very motivated,
- d) She accepted my bizarre suggestions without challenging or rejecting them. (Many clients would think that talking to your fingertips was a sign of madness – both therapist & client!),
- e) She accepted the concept of an “inner world” and that it was possible to improve the way it worked.

**With many clients, these attitudes are not present and other methods would be more appropriate.**

**The metaphors that Annie created were:-**

- 1) Stress was dealt with by her fingertips.
- 2) She could talk to her fingers and they would reply.
- 3) She could move stress from her fingertips to her chest.
- 4) The stress in her chest was a fire that felt hot and tight.
- 5) Her logical thoughts were in the front of her head.
- 6) There was no connection between logic and emotion.
- 7) She created a pipe conducting water as the connection.
- 8) She could send watery thoughts down the tube to reduce the flames of anxiety.

All these metaphors were created by Annie. My questions were used to guide her to find the metaphors in the inner world. Annie was unaware of these metaphors before we met, but I believe they were there and relevant to the nail biting, and the cessation of nail biting.

My aim was to use “clean language”. I tried to avoid directing her with opinions that may “contaminate” her thinking process.

I didn’t “tell” her what to do. I framed my words with “I’d like you to ....”, I asked questions, I supported with words such as “good” and “that’s right”, “Let’s do ....”, “If you were to ...” and “Let’s try and...”.

As an overview, the case of Annie illustrates how we can help clients make changes with a technique that is interesting and exciting to both client and therapist. It requires being delicate, sensitive, aware and able to be flexible and not directive.

I have used the techniques for many years. With some clients (like Annie) it is a success in a short time. With others it takes a lot longer.

With still others, even if the process shows a change can occur, the clients do not find it to their liking and are not motivated to proceed, so with them I use a different approach to therapy.

\*\*\*\*\*

**Dr Brian Roet is a world-recognised psychotherapist, trainer & author & is both a friend & Fellow of the National Council for Hypnotherapy. See his website: [www.brianroet.co.uk/](http://www.brianroet.co.uk/) for details on upcoming courses**



Do you know anyone who should be in the NCH? Then you can let them know...

The NCH represents over 1,800 hypnotherapy professionals within the United Kingdom and is committed to ensuring the highest professional standards possible amongst our members.

The National Council for Hypnotherapy holds one of the largest registers of independent Hypnotherapists in the United Kingdom and strives to maintain the highest standards among its members.

The NCH is the largest 'not for profit' professional hypnotherapy association; our mission is to promote the benefits of hypnotherapy, to serve our members and provide the highest standards of care to the public.

*The Hypnotherapy Journal* is published quarterly by the National Council of Hypnotherapy and is free for members.

Because of potential copyright implications, no part of this e-publication may be reproduced in any form without prior permission of the editor, but where possible this is usually given, so please ask.

Contributions are welcomed, but we cannot accept any liability for loss or damage, however caused. The preferred method for receiving contributions is by email in word format. Artwork may be sent in pdf, encapsulated postscript (EPS), TIFF or JPEG (max quality only).

By submitting a contribution you grant the NCH an irrevocable worldwide non-exclusive royalty-free licence to publish in *The Hypnotherapy Journal* or any other NCH publication, in any format. You also warrant that the article is original, does not infringe any copyright, and that you have the authority to grant us these rights to publish. Copyright remains with the author unless otherwise specified.

Any views expressed in *The Hypnotherapy Journal* are those of the contributor and are not necessarily shared by the Editor, Committee or members of the NCH.

National Council for Hypnotherapy  
[www.hypnotherapists.org.uk](http://www.hypnotherapists.org.uk)