

# HYPNOSIS



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# Hypnosis – a brief history

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Sometime in 1989, I had agreed (against my better judgement) to do a few hypnosis shows aboard a cruise ship. Once on board, my worst fears were soon realised – there would be nowhere to hide from members of the audience who wanted to know ‘how it’s done’ or wanted to stop smoking or lose weight.

One elderly blue-rinsed American lady asked *‘Is it like a ray that comes out of your eyes?’*

I had a choice. I could get myself involved in a long and predictably drawn out explanation of the background psychology, including the nature of suggestion, the importance of relaxation, the expectancy of the subject, and the ability of the person being hypnotised to focus their attention. Instead, I copped-out and said *‘Yes, it’s a magic ray that emanates from the deepest recesses of the reptilian brain.’*

Satisfied with this revelation, she turned to her husband – an even larger example of rampant American consumerism, and said to him in a kind of I told you so kind of way, *‘You see Hiram, I told you so!’* and with that, the two of them waddled off to the free all-day buffet as happy as two Americans heading to a free buffet.

Most people’s experience of Hypnosis has been attending a live stage show or because they’ve seen it on TV.

They believe that something so spectacular must have some spectacular cause. After all, the stage hypnotist can seemingly get his subjects to do virtually anything on command.

The truth however is more mundane, and so obvious that when you finally understand the principle, the truth can come as something of a disappointment.

From around 2000 to 1000 BC, the ancient Egyptians used ‘Sleep Temples’ – places used for healing a variety of ailments which were usually psychosomatic. The treatment involved chanting or placing the patient into a trance-like state and analysing their dreams to determine treatment. Meditation and prayer were also part of the process, involving relaxation techniques which provided the recipient with an opportunity for introspection and to restore energy to mind and body. In the 19th century, psychologist Emile Coué developed a similar technique, as we shall see.

The Romans borrowed the idea of ‘ypnos’ – sleep healing – from the Greeks. In Greek mythology, Hypnos was the god and the personification of sleep. He lived in a cave in the Underworld, where no light was cast by the Sun or the Moon. The earth in front of the cave was said to be full of poppies and other sleep-inducing plants. The river of forgetfulness flowed through the cave.

To understand how mythology transformed into science, we have to fast forward a couple of thousand years to the early part of the 18th century, to meet a Catholic priest by the name of Father Johann Joseph Gassner (1727-1779). By 1770, Gassner had become a noted exorcist and while, he gained celebrity status by claiming to ‘cast out devils’ and cure the sick by means of prayer while they lay prostrate on the floor, he was also attacked as an impostor. Fortuitously for Gassner, the Bishop of Regensburg believed in his honesty and he was allowed to continue his successful, but dubious, mission.

Gassner's methods have been linked to a special form of the hypnotic process – it was certainly dramatic – and some think of him as a predecessor of the modern hypnotist. Gassner was no stranger to making an entrance, striding into church in flowing robes with an impressively large crucifix on a pole, often accompanied by loud religious music. He strikes me as the sort of person who, had they been available, would have had no hesitation using a laser show and a smoke machine!

Certainly, his reputation was formidable, something that undoubtedly bumped up his success rate, the poor possessed victims were already writhing on the floor before Gassner even got started. The formidable priest would incant a few words – something along the lines of *'get thee behind me Satan'* or some other such nonsense, then merely touch the unfortunate victim with the large brass crucifix, and hey presto! the evil spirits and demons that possessed them were banished forever.

Fascinated medical doctors attended his gigs and most went away even more perplexed than they were at the start. One of those present at Father Gassner's Vienna concert, part of his 1776 European tour, was a German physician who coincidentally also had an interest in astronomy. Franz Friedrich Anton Mesmer

Mesmer saw through Gassner's theatrical charade almost immediately and quickly came to the inescapable conclusion that Gassner's cures were not of a religious nature at all and in no way the result of demonic possession or evil spirits, but rather something to do with the properties of the metal in Gassner's giant crucifix, which he (Gassner) placed on the head of each supplicant and which seemed to have an immediate calming effect, their psychosomatic illnesses cured on the spot.

This was an observation that obsessed Mesmer for the rest of his life and the cause of a dispute between Gassner and Mesmer that would remain at the centre of hypnotherapy for the next two centuries. Today, psychologists and psychiatrists would recognise this for what it is – stand-up therapy.

Mesmer (1734-1815) immediately began experimenting with metals and magnets, theorising there must be a natural energetic transference that occurred between all animate and inanimate objects that he called Animal Magnetism. The theory attracted a wide following from around 1780 to 1850, and astonishingly, continues to have some influence today. and his work – and reputation – attracted the attention of the social elite, who bored spending Sunday afternoons at the lunatic asylum, flocked to Mesmer's soirees instead.

One of the things that Mesmer discovered early on was that the more dramatic he made it, the more likely it was that people would be cured – and cured they were, especially when the illness was psychosomatic. One widely reported case of hysterical blindness being cured impressed nearly everybody.

There was only one problem which Mesmer hadn't foreseen – in a fit of professional jealousy, other outraged members of the medical profession had Mesmer kicked out of town without bothering to investigate his claims properly, and Mesmerism as it became known, became almost universally discredited for the next two hundred years. Not to be deterred, Mesmer set up shop again in fashionable Paris and became so famous that in 1774 a Royal Commission was set up by none other than King Louis XVI to inquire into Mesmer's activities.

By 1775, Mesmer was treating patients in Vienna using magnets. The patients would hold on to metal rods connected to magnets in a barrel of water, supposedly the medium by which the magnetic fluids would then enter the body. Sadly, the magnets were not having any effect at all – it was expectation and suggestion that was working the real magic. Nonetheless, Mesmer's demonstrations became extremely popular and soon attracted the attention of the authorities. Among cries of 'charlatan!' Mesmer was run out of town by outraged doctors and fled to Paris where he set up shop again.

In 1784, King Louis XVI appointed a Royal Commission to investigate 'animal magnetism'. It included four members of the Faculty of Medicine and five additional commissioners from the Royal Academy of Sciences.

Another member the Commission was someone who had a great interest in the newly discovered electricity and magnetism, the American ambassador to France, Benjamin Franklin. The commission conducted a series of experiments aimed not at determining whether Mesmer's treatment worked, but whether he had discovered a new physical fluid. It concluded there was no evidence of such a fluid – instead they dismissed whatever benefits the treatment produced, and attributed the whole thing to imagination.

Of course, the commission was correct, but they failed to recognise the enormous potential of harnessing the imagination as a cure, and Mesmer had achieved plenty of those.

In 1785 Mesmer left Paris, again driven into exile after the investigations into animal magnetism. By 1790 he had returned to Vienna to settle the estate of his deceased wife Maria Anna. Mesmer continued to practice in Frauenfeld, Switzerland, for a number of years and died in Meersburg, Germany in 1815, where his statue stands today, overlooking the lake.

Other 'mesmerists' were to appear during this period, including one Abbé José Custódio – more popularly known as the Abbé Faria – a Catholic monk and a pioneer of the scientific study of mesmerism. Unlike Mesmer's *magnetism*, Faria understood that suggestion and autosuggestion were the real forces at work. In the early 19th century, Abbé Faria introduced mesmerism to Paris.

Faria believed that what he termed 'nervous sleep' belonged to the natural order. From his earliest magnetising séances in 1814, he boldly developed his theory that nothing came from the magnetiser – everything emanated from the subject, generated in their imagination.

Scottish surgeon James Braid (1795-1860) became the first, in 1840, to coin the word hypnosis, after the Greek 'ypnos', meaning 'sleep'. He was a significant, important and influential pioneer of hypnotism and hypnotherapy and is regarded by many as the first genuine hypnotherapist and the father of modern hypnotism.

*'Although Braid believed that hypnotic suggestion was a valuable remedy in functional nervous disorders, he did not regard it as a rival to other forms of treatment, nor wish in any way to separate its practice from that of medicine in general. He held that whoever talked of a "universal remedy" was either a fool or a knave: similar diseases often arose from opposite pathological conditions, and the treatment ought to be varied accordingly.'* (John Milne Bramwell, 1910.)

Another a Scottish surgeon, James Esdaile, M.D., (1808–1859) served for twenty years with the East India Company. He is a notable figure in the history of Hypnotism – he performed over 300 operations – including amputations – using hypno-anaesthesia.

In 1830, Esdaile was appointed as Civil Assistant Surgeon to the British East India Company and was based in Calcutta, Bengal, at that time the capital of British India.

On 4 April 1845, Esdaile performed his first ‘mesmeric procedure.’ By his own admission, he had never seen a mesmeric act, but given the level of pain of this specific patient, and the understanding that he had gained from what he had read, it occurred to him that mesmerism might be of great value. In a short time, Esdaile gained a wide reputation amongst the European and indigenous communities for painless surgery.

By 1846, Esdaile’s work with mesmerism-assisted painless surgery had attracted the attention of the Deputy Governor of Bengal, Sir Herbert Maddocks. Maddocks appointed a committee of seven reputable medical and non-medical officials to investigate Esdaile’s claims. They submitted a positive report on 9 October 1846, and a small hospital in Calcutta was put at his disposal.

By 1848, a mesmeric hospital supported entirely by public subscription was opened in Calcutta especially for Esdaile’s work but was closed 18 months later by the new Deputy Governor of Bengal, Sir John Littler. Esdaile’s colleague, John Elliotson, continued to practise hypnotism at the Sukeas Street Dispensary until he left India in 1851.

In 1848, Esdaile was appointed to the position of Presidency Surgeon and, in 1849, appointed to the position of Marine Surgeon. Retiring from the British East India Company in 1853 on the expiration of his 20 years’ contract, he became a Vice-President of the London Mesmeric Infirmary and a Vice-President of the Scottish Curative Mesmeric Association. He briefly returned to Scotland before his death on 10 January 1859.

John Elliotson (1791-1868) was by any standards a highly qualified medical doctor. He gained his M.D. in Edinburgh in 1810, another M.D. at Oxford in 1821, an F.R.C.P. in London in 1822, was made a Fellow of the Royal Society in 1829, Professor of the Principles and Practice of Medicine at University College London in 1832, and senior physician to University College Hospital in 1834.

Elliotson became interested first in phrenology, and was the founder and first President of the London Phrenological Society in 1823. His interest in hypnotism was initially aroused by the demonstrations given by Richard Chenevix in 1829 and re-awakened by Baron Dupotet de Sennevoy’s demonstrations in 1837.

Elliotson began experimenting with the Okey sisters – Elizabeth (17) and Jane (15) – who had been admitted to his hospital in April 1837 for treatment for epilepsy.

Elliotson soon began using the sisters as subjects and in 1837 he inserted a needle into Jane Okey entirely painlessly, without her even being aware that it had taken place. He did the same into the neck of Elizabeth Okey (the older sister) whilst she was hypnotised.

The great stage hypnotist Peter Casson used to do the same in his act in theatres around the country in the post World War II era. Casson would insert a long surgical needle through the flesh of the arm and out the other side and then remove it, much to the delight of the audience. He would then ‘awaken’ the subject and tell him he was going to insert a surgical needle through the flesh of their arm and then remove it. An argument would then ensue, culminating in Casson telling the subject that in fact he had just done it. Absolutely hysterical I’m sure.

Elliotson was interested in the so-called 'higher states' of mesmerism – clairvoyance, transposition of the senses (for example seeing with the fingers) thought transmission, physical rapport or 'community of sensation,' psychical rapport, and so on.

Convinced that the elder sister, Elizabeth Okey, had a talent for medical clairvoyance and that she was able to see into the body, diagnose illness, prescribe treatment, and deliver a prognosis, Elliotson took her down into the wards in the dead of night and had her both diagnose and prescribe treatments.

But in August 1838, Thomas Wakley, a senior surgeon at the hospital, conducted a series of experiments on the sisters in front of several witnesses. His tests focussed on whether the girls could tell 'mesmerised' from 'unmesmerised' water, an utterly pointless experiment if ever there was one. When they failed to do this consistently, he denounced them as frauds and proclaimed mesmerism a complete fallacy. In reality, the experiments did not prove the girls were faking nor did they show that mesmerism was false.

By the end of 1838, Elliotson was forced to resign from the hospital. The Council of the University College, after months of deliberation, passed a resolution on 27 December 1838 '*That the Hospital Committee be instructed to take such steps as they shall deem most advisable, to prevent the practice of Mesmerism or Animal Magnetism within the Hospital.*'

Elliotson, on reading the contents of the resolution, immediately resigned all his appointments.

But Elliotson's fall from grace was by no means the end of the matter. Wakley did all that he could, as editor of *The Lancet* and as an individual, to oppose Elliotson, and to place all of his endeavours and enterprises in the worst possible light.

For example, in addition to an extensive range of articles in *The Lancet* over a number of years, there is also an anti-Elliotson pseudonymous work attributed to Wakley – *Undeniable facts concerning the strange practices of Dr. Elliotson... with his female patients; and his medical experiments upon the bodies of... E. & J. Okey, etc. (1842)* a copy of which is held in the British Library.

Another, also most likely written by either Wakley or one of his associates, is held in the collection of the Wellcome Library. What an unpleasant mean-spirited jealous obsessive twat Wakley must have been!

French physician Ambroise-Auguste Liébeault (1823-1904) began his studies in 1850 at the University of Strasbourg at the age of 26. He established a practice in the village of Pont-Saint-Vincent, near the town of Nancy. He made many advances in the field of hypnosis and hypnotherapy and co-founded the Nancy School of Hypnosis.

The Nancy School was based on a hypnosis-centered approach to therapy as opposed to the previously adopted hysteria-centered approach used by the Paris School and the Salpêtrière Hospital. The Nancy School was distinguished by being considered a 'Suggestion School' – whereas the Salpêtrière Hospital was the 'Paris' or 'Hysteria School.'

A fundamental belief of the Nancy School was that hypnosis was a normal phenomenon and not a product of hysteria. In addition to the foundation of the Nancy School, while working with hypnosis, Liébeault published several books on his theories, techniques, and results.

In 1886, Dr. Hippolyte Bernheim (1840-1919) a French physician and neurologist published his book *Suggestion*, still considered a classic hypnosis text today. He is chiefly known for his theory of suggestibility in relation to hypnotism.

Bernheim graduated as doctor of medicine in 1867 and the same year, became a lecturer at the university and established himself as a physician in the city. When the medical faculty took up hypnotism, around 1880, Bernheim was very enthusiastic and soon became one of the leaders of the investigation.

Bernheim also had a significant influence on Sigmund Freud, who had visited him in 1889 and witnessed some of his experiments, and had already translated Bernheim's *On Suggestion and its Applications to Therapy* in 1888. (Freud had already studied with Charcot in Paris.)

Freud described how he *'was a spectator of Bernheim's astonishing experiments upon his hospital patients, and I received the profoundest impression of the possibility that there could be powerful mental processes which nevertheless remained hidden from the consciousness of man.'*

Freud became a pupil of Bernheim's and it was as a result of Bernheim's influence that led to Freud's development of psychoanalysis.

Meanwhile, Bernheim increasingly turned away from hypnosis toward the use of suggestion in the waking state.

Dr. James Martin Charcot is best known for his work on hypnosis and hysteria and in particular for his work with his 'star' hysteria patient Louise Augustine Gleizes. Perhaps more important is that Charcot is considered the founder of modern neurology.

Charcot initially believed that hysteria was a neurological disorder caused by hereditary features in patients' own nervous systems, but near the end of his life he concluded that hysteria was in fact a psychological disease.

Charcot's interest in hysteria and hypnosis came at a time when the general public was fascinated in 'animal magnetism' and Mesmerism. Charcot and his school considered the ability to be hypnotised was a clinical feature of hysteria. For the members of the Salpêtrière School, susceptibility to hypnotism was synonymous with hysteria, although they later recognised that 'grand hypnotisme' (in hysterics) be differentiated from 'petit hypnotisme', which corresponded to the hypnosis of ordinary people. Both premises are mistaken.

The Salpêtrière School's position on hypnosis was sharply criticised by the leading neurologist Dr. Hippolyte Bernheim, who argued that the hypnosis and hysteria phenomena Charcot had famously demonstrated were due to suggestion. But Charcot himself had harboured longstanding concerns about the use of hypnosis in treatment and its effect on patients. He was also concerned that the sensationalism hypnosis attracted had robbed it of its scientific interest and that the quarrel with Bernheim had somehow 'damaged' hypnotism.

Josef Breuer (1842-1925), a distinguished Austrian physician who made key discoveries in neurophysiology, and whose work in the 1880s with his patient Bertha Pappenheim – also known as Anna O – developed the 'talking cure'.

Breuer laid the foundation for psychoanalysis as developed by his protégé Sigmund Freud. Breuer was then a mentor to the young Freud and had helped set him up in medical



practice. Freud, he said, was looking for a grand theory that would make him famous and trying to identify a single cause of hysteria, such as sexual conflict. Breuer, on the other hand, was concerned about the many factors that produce symptoms, including the almost infinite different kinds of traumas.

Breuer, while he valued Freud's contributions, did not agree that sexual issues were the only cause of neurotic symptoms. In 1907, he wrote a letter to a colleague stating that *'Freud is a man given to absolute and exclusive formulations: this is a psychical need which, in my opinion, leads to excessive generalisation.'*

In 1894 Breuer was elected a Corresponding Member of the Vienna Academy of Sciences and in 1895 Freud and Breuer had followed up on their work together by publishing *Studies of Hysteria*. But Freud later turned on Breuer, no longer giving him any credit, and helped to spread a rumour that Breuer had not been able to handle erotic attention from Anna O and had abandoned her case, although research indicates this never happened – Breuer remained involved with her case for several years while she remained unwell.

Émile Coué de la Châtaigneraie (1857-1926) was a French psychologist and pharmacist who introduced a popular method of psychotherapy and self-improvement based on positive auto-suggestion. Coué had noticed that in certain cases he could improve the efficacy of medicine by praising its effectiveness. He found that those patients to whom he praised the medicine experienced a noticeable improvement compared to patients to whom he said nothing. So began Coué's exploration of the use of hypnosis and the power of the imagination.

Coué discovered that patients could not be hypnotised against their will and more importantly, the effects of hypnosis waned when the subjects regained consciousness. He eventually turned to autosuggestion which he describes as *'an instrument that we possess at birth, and with which we play unconsciously all our life, as a baby plays with its rattle. It is however a dangerous instrument; it can wound or even kill you if you handle it imprudently and unconsciously. It can on the contrary save your life when you know how to employ it consciously.'*

Coué believed in the effects of medication but he also believed that people's mental state is able to affect and even amplify the action of medication. This is certainly true and more modern research has shown it to be so.

By consciously using autosuggestion he observed that his patients could cure themselves more efficiently by replacing their *'thought of illness'* with a new *'thought of cure.'* Coué discovered that repeating words or images enough times causes the unconscious to absorb them and cures resulted from using imagination or 'positive autosuggestion' to override one's own willpower.

Coué thus developed a method that relied on the simple principle that any idea exclusively occupying the mind turns into reality – but only to the extent the idea is within the realm of possibility.

For instance, positive autosuggestion cannot cause a severed limb to grow back, but if a person firmly believes that his or her asthma is disappearing, then it may indeed actually disappear – the body is able physically to overcome or control the illness, confirming the growing belief that you are a mind with a body, not a body with a mind! Conversely... thinking negatively about the illness will also encourage both mind and body to accept this thought as fact.

Coué argued that no suggestion made by himself became reality unless it was translated by his patients into their own autosuggestion. In this way, they were really healing themselves, and could do this even without him if they used the formula *'Every day, in every way, I'm getting better and better.'*

Coué argued that the idea of the formula would penetrate the unconscious mind, where it would bring about the desired changes in both mind and body. He believed this would happen because the unconscious governs all our thoughts, behaviour, and organic functions. It so powerful that it controls us like puppets – unless we learn how to control it through the self-administration of autosuggestion.

Rather than employing any effort of will, they were to employ this suggestion while in a state of passive relaxation, such as upon awakening or before going to sleep at night. We now understand that rapid and ritualistic repeating of a mantra twenty times a day really does work.

Emile Coué was not only right, he was a genius.

By the late 19th and early 20th centuries, stage hypnotists were coining it in playing to capacity crowds in the music halls of Britain and in the one-man-one-horse traveling shows of North America. But still, the medical profession remain unconvinced.

An article in the *British Medical Journal* (BMJ) stated that hypnosis was nothing more than *'an excitement of the imagination... nonetheless, its application to pain relief cannot be underestimated.'*

How right the Journal was! But by the time the BMJ had lowered itself enough to even mention hypnosis, Mesmerism had gone through a series of brand-name makeovers, including the more cumbersome names of hypneurology, neurhypnology and hypnopsychometry. Eventually though, everyone agreed on the word Hypnosis, probably because it was easier to spell.

But the new name was an even bigger mistake – the word hypnosis comes from the Greek word 'ypnos' which means 'sleep' and hypnosis is not even distantly related to sleep. That single error of judgement has been the cause of confusion ever since.

In 1930 Sigmund Freud had been awarded the Goethe Prize in recognition of his contributions to psychology and to German literary culture. In January 1933, the Nazis took control of Germany, and Freud's books were prominent among those they burned and destroyed.

However, Freud continued with his optimistic underestimation of the growing Nazi threat and was determined to stay in Vienna, even after the Anschluss of 13 March 1938 when Nazi Germany annexed Austria, and the outbreaks of violent anti-Semitism that ensued. It was the shock of the detention and interrogation of Anna Freud by the Gestapo that finally convinced Freud it was time to leave Austria for America, where his strange cocaine-fuelled fixation with sexual repression resulted in the formulation of the laugh-out-loud *Oedipus Complex*.

In the end, Freud abandoned hypnosis altogether because he found it too unreliable. Instead, he pursued psychoanalysis where he concerned himself with asking patients embarrassing questions about their mothers.

During World War II, Dabney Ewin M.D. was drafted into the U.S. Army as a medic. As the Americans advanced across Europe, Ewin, in charge of an army field hospital, discovered

his unit had run out of morphine. Ewin's inspired solution was to instruct the other medics and nurses to administer injections of distilled water. The effect was dramatic – nearly 70% of the wounded personnel reported a significant decrease in pain, proof of the power of suggestion if ever one were needed.

Word of Dabney Ewin's achievement made him famous. In my view, it was a watershed moment in the history of hypnosis. Even the skeptical medical community had to accept that there really was something to all this hocus-pocus, although it was almost certainly psychologically based and more research was needed.

Milton Erickson (1901-1980) American psychiatrist and psychologist specialising in medical hypnosis and family therapy took a sharp interest in the curative effects of hypnosis.

Erickson's unique talent was that he was able to think outside the box. He was founding president of the American Society for Clinical Hypnosis and a Fellow of the American Psychiatric Association, the American Psychological Association and the American Psychopathological Association. Astonishingly, he was largely self-taught. He also grew up dyslexic and colour blind and suffered from polio and frequently drew upon his own experiences to provide examples of the power of the unconscious mind. As an avid medical student, Erickson was also curious about psychiatry and he achieved his psychology degree while still studying medicine. After a second bout of polio, he used self-hypnosis to manage his chronic pain.

Erickson was a master of indirect suggestion and would often use it in his lectures and even in his books. An Ericksonian hypnotist would be more likely to say 'you can comfortably learn how to go into a trance', thereby giving the subject the chance to accept the suggestions they are most comfortable with, at their own pace, and with an awareness of the benefits.

The subject feels they are not being hustled and they feel they can take full ownership of, and participate in, their transformation. Because the induction takes place during the course of a normal conversation, Ericksonian hypnosis is often known as Covert or Conversational Hypnosis.

Erickson maintained that the unconscious mind responds to openings, opportunities, metaphors, symbols, and contradictions. Effective hypnotic suggestion, then, should be 'artfully vague,' leaving space for the subject to fill in the gaps with their own unconscious understandings, even if they don't consciously grasp what is happening.

An example – the authoritative '*You will stop smoking*' is likely to meet resistance on the unconscious level than '*You can become a non-smoker*' which is more likely to fit in with the wishes of the client. The first is a direct command, to be obeyed or ignored (and notice that it draws attention to the act of smoking) whereas the second is an opening, an invitation to possible lasting change without pressure.

Erickson's Confusion Technique is based on the premise that a confused person has their conscious mind busy and occupied, and is inclined to draw on unconscious learning to make sense of things.

James Braid claimed that focused attention was essential for creating hypnotic trances and required extreme focus, but it can be difficult for people racked by pain, fear or suspicion to focus on anything at all, and so other techniques for inducing 'trance' become important. Long and frequent use of the confusion technique has successfully effected

exceedingly rapid hypnotic inductions under unfavourable conditions such as the acute pain of terminal malignant disease, and in persons interested but hostile, aggressive, and resistant.

A great many of Erickson's anecdotal and autobiographical teaching stories were collected by Sidney Rosen in the book *My Voice Will Go With You*.

By the 1950's, both the British and American Medical Associations accepted hypnosis as a useful therapeutic tool. From then on, hypnotherapy grew in popularity and is considered by many as a significant contribution to the treatment of emotional, habitual and psychological problems.

In the clinical setting, where hypnosis is practised for the purpose of therapeutic change and improvement, and where increasingly, as more disciplines such as Emotional Freedom Technique (EFT) and Neuro Linguistic Programming (NLP) are added to the therapist's toolbox, hypnotherapists are cutting short the hypnosis part of the session and opting for light relaxation. Many still have to explain to their clients that they are not going to fall asleep or lose consciousness.

So how does this new philosophy affect the outcome of hypnotherapy?

First, it cuts the time spent trying to get a subject's eyes to close – which usually turns into a competition to decide the winner – and gets straight to the real business of therapy, which is personal and permanent change.

Hypnosis – the actual process of getting a subject to relax and follow suggestions – is so simple and straightforward, almost anyone could do it. The problem is, hypnosis by itself is not enough. What is needed is patience, a thorough working knowledge of psychology, skill, and an understanding of the human condition.

# A Closer Look at Hypnosis

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One lazy sunny, sultry afternoon, at the University of Michigan at Ann Arbor, two psychologists – Hyunjin Song and Norbert Schwartz – found themselves at a loose end. Minds wandering, they vaguely wondered if there was any possible way of motivating a group of twenty students to take more regular exercise. Such was the unlikelihood of this proposition that they very nearly discounted it as impossible. However, the experiment they devised was brilliant in its simplicity. It also worked rather well.

They printed off two identical sets of instructions for the exercise regime but used two different typefaces. The first, an easy to read Arial, the second, an obscure and therefore unfamiliar Brush font which was much more difficult to read. The students equated the ease of reading the Arial typeface with the ease of doing push-ups, while those that received their instructions in the more difficult to read Brush font didn't even bother to head for the gym.

The idea behind this remarkable experiment is that if the task is made to look easy, it will be easy. Song and Schwartz double-checked their results by getting the students to make Japanese Sushi rolls. The results were the same and the experiment was published in the October 2008 journal *Psychological Science*. Business executives who commission Time & Motion studies to improve productivity and effectiveness in the workplace will no doubt be in touch.

So, if only in order to save time, let's agree on what we all deep down know to be a fundamental truth in the first place – human beings are easily persuaded, swayed, influenced and prejudiced. The knowledge that human beings can be influenced is used to great effect by advertisers, by politicians and by religious leaders.

The really good politician, the truly excellent orator, knows how to manipulate people's thinking. Bill Clinton for example relied heavily on the power of narratives about individuals to get his point across. So did Jesus, particularly in the Parables, which is one reason why Jesus' stories are so easy to understand. The story of the return of the prodigal son immediately springs to mind. These stories are easy to understand because the ideas behind them are familiar and thus accessible. People would much rather hear news about people than listen to a stream of faceless facts and figures, and this is one of the reasons why an audience of individuals are happy to merge into the larger organism of a group.

The tendency for humans to group together is not limited to the effects of cleverly constructed speeches or advertisements exhorting us to any one particular course of action. Humans are gregarious creatures, and coming together in groups has always been part of the survival strategy. The feeling of safety created by being part of a group, especially in the face of danger, has distinct and obvious psychological advantages, not the least of which is comfort and support.

Despite their basic training, soldiers often group together in the heat of battle despite the disadvantages. Listen to any old soldier talking about their wartime experiences and they will say that being in the close company of one's friends makes the danger more endurable.

When we look at hypnosis, Direct Experience is of prime importance. You could read a million books and still be no further advanced in your knowledge than if you had

successfully hypnotised one person. In Hypnotherapy practice and experience counts for more than a Ph.D.

Nonetheless, Indirect Experience is still important, particularly as, even experienced practitioners of the art tend to disagree about certain fundamental principles. Experience harvested from as wide a variety of sources as possible is invaluable if one is to arrive at any sensible conclusions. These cumulative experiences can then be distilled into real understanding.

I believe most modern day stage hypnotists to be woefully incompetent. I have seen or heard nothing in the last forty years to change my mind. For the majority of stage hypnotists, the attitude 'it works, and that's all that matters' remains prevalent. Their lack of in depth knowledge is breath-taking and this has to be a source of concern. There is truth in the old adage a little knowledge can be very dangerous. There is always something new to learn.

But the disparate opinions expressed in regard to what actually constitutes hypnosis, brings us back to the example of the five blind men and the elephant.\* In the case of the majority of stage hypnotists, the story would better be told as the five blind men and the problems of taking the tiger by the tail!

No two individuals are the same or behave the same. My own experience of stage hypnosis illustrates the point – some subjects appear able to achieve a deep 'state' displaying all the indications of complete physical relaxation, rapid eye movement and bodily inertia, and in the main, these people turn out to be the best subjects.

But occasionally these would-be 'stars of the show' will not play the game. There's nothing you can do about it... rather disappointingly, you have to let them go back to their seats, which of course is the last thing any stage hypnotist wants to do.

Every stage hypnotist has experienced the seemingly insoluble problem of finding himself having to deal with a subject who appears to be 'under' but who will not respond to any of the suggestions, despite any prodding and pushing. (This is actually quite a regular occurrence.) So, what is different about these individuals?

This particular type of response – or lack of response – is akin to playing dead on the battlefield. It happens when the volunteer *does not want* to respond. Maybe it's because they suddenly feel shy, or perhaps the experience of being hypnotised was very different to what they expected. Maybe it's because they still feel in control and therefore 'not hypnotised'. But whatever the reason, they lack the confidence to open their eyes and say 'thanks, but no thanks.' Sometimes it's because they genuinely do not want to ruin the show by saying 'I'm not hypnotised'.

Hypnosis is an unusual state of mind which depends not on the skill of the hypnotist, but on the ability of the subject to focus their attention on the suggestions to the exclusion of all other thoughts, and feel relaxed and comfortable enough to follow the instructions in an environment where it is appropriate to do so.

\* In the story of the five blind men and the elephant, each man is led up to the elephant and reaches out to touch a different part of it. The first man takes hold of the elephants trunk and says that an elephant is much like a snake. The second man takes hold of the elephant's tail and says the elephants is like a piece of rope. The third, grabbing a leg, believes the elephant is like a tree, the fourth, grasping a tusk says an elephant is like a spear... and so forth. Each of the mens' observations are, in their own way correct, but they are unable to see the bigger picture.

However, the stage offers little opportunity to question, examine, and explore what really happens when someone is hypnotised.

Sometimes I start demonstrations by telling students that there really is no such thing as hypnosis... that it's all just a matter of relaxation and 'response to suggestion' and that no one is going to fall asleep or lose consciousness – everyone will be fully aware of what is happening around them and retains the right to withdraw at any time. And then sometimes I purposely neglect to mention this and go straight into it, thus presenting the idea of hypnosis as an unusual or special experience as a foregone conclusion.

The big surprise is that so far, and it matters not which way I do it, the results are always the same. It makes no difference how many times you tell them hypnosis is NOT an altered state of consciousness, and that they will remain in ultimate control at all times, around 30% to 40% of volunteers report that they felt as if something profound and highly unusual had taken place. This average was taken over 24 demonstrations to students aged 16 to 18 years old.

The hypnotic experience, because of its very nature, is purely subjective... one man's state of altered consciousness or 'trance' is another man's simple relaxation – it just felt a bit different because it's the first time they tried it.

The control element is all the volunteers are smart, intelligent psychology students and not easily bamboozled. But it does not matter how deeply one delves into their subjective experience, the fact remains that 30% to 40% will stick by their description.

With that in mind, and in the interests of curiosity, I devised another little test. I 'lock' a volunteer's outstretched arm and offer a crisp English twenty-pound note. If they can move their arm and take it, they will instantly be £20 richer.

The question is, at what point will a participant challenge the suggestion and take the money? Even if they felt they could grab the £20, would they risk their own embarrassment with an admission that they had just been 'playing along?' The numbers provide the best evidence – I have lost the money on only three occasions, and I have done this experiment (including in stage performances) more than a hundred times. Even if I tell them the audience would rather them take the money, and they need not feel guilty about taking it, it seems to make no difference.

In the search for the truth, I occasionally seek out volunteers after a show who will hopefully tell me how they really felt. Their answers range between *I knew what I was doing but I just couldn't stop myself* to *I don't know what happened... I was only upon there for 20 minutes and I've just been told I was up there for two hours!*

These interviews are conducted informally, usually straight after a performance, but the conversation is private and where there are no pressures. From all the many participants I have spoken to, not one said they were just playing along.

At student conferences, because of the nature of the environment, some participants come up to me at the end with their friends to discuss their experience, and the response is always the same.

# Defining the Trance

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For the last two centuries, scientists have struggled to come up with a unifying theory that defines hypnosis.

Why is it that some people can be hypnotised while others seem resistant? Why do hypnotised subjects appear to be asleep when in fact they are wide awake? And why do hypnotists themselves disagree so strongly about what constitutes hypnosis?

On a sunny afternoon in 1999 at Harvard University, psychologists Daniel Simons and Christopher Chabris showed their students a film of a basketball game and then asked them to count how many times the team in the white shirts passed the ball. At the end, most of the students got the score correct. But then they were asked 'how many gorillas were there?' The students had been concentrating so intently on the task in hand they had failed to notice a man in a gorilla suit stroll casually across the court in the middle of the game!

Somewhere in our brain there is a mechanism which decides what we should take notice of and what we should ignore – which information we allow ourselves to heed and which should be filtered out.

Attention is selective. Concentration on certain stimuli confers greater importance on those stimuli. Some stimuli are self-selective – for instance, a sudden loud noise or a flash of lightning. But anything that stands out and captures our attention is significant information for the brain.

We can actively decide to focus our attention on things, for instance listening to someone else's conversation in the pub whilst pretending to do the crossword, or trying to work out who the murderer is in an episode of CSI.

New research is beginning to prove that when neurons start to fire when we give attention, they fire in groups and synchronise their activity. This activity establishes *importance*. Exactly the same thing happens when a hypnotised subject's attention is focussed using suggestion. The ability to focus one's attention, to the exclusion of almost everything else is fundamental to the success of hypnosis.

There is an area of the mind which is naturally open to suggestion because the mind is naturally open to new ideas. Psychologists agree that this ability to absorb new ideas, even unconsciously, is part of our survival strategy. Absorbing new information and new ways of thinking is all part and parcel of the way we learn. But when a person is extremely relaxed, suggestibility increases. If we are sometimes amazed when we see people in hypnosis comply with bizarre suggestions, this is the reason.

One reason hypnosis is effective as a therapy is that the experience of hypnosis itself represents a 'peak experience'. Our lives are full of peak experiences – our first date, the first time we fell in love, the time we were attacked by a vicious dog, the day we graduated from university... all these events were our own very personal peak experiences and we remember them well, not only because they were important events, but because we were *focussed* at the time.



Hypnotherapy represents a peak experience because it is profound and thus memorable, as the client's attention is focused on the words of the therapist which in turn, take on a powerful meaning.

It's not just habits like smoking or nail-biting that can be changed, attitudes can also be changed. These changes can be natural, easy, and automatic... Clients can choose the way they think about things and changing the way they think about them, changes the way they *feel* about them. Changing how they feel about them, changes how they feel about themselves and they can be comfortable with those changes. Once the right changes have been made, clients' behaviour can be modified in ways that can often seem remarkable.

Habits are closely linked to memory. A host of fears, phobias and erroneous negative beliefs had to be first learned and remembered. But how does this happen?

Smoking a cigarette is unconsciously associated with another pleasurable activity. The hypnotherapist works on the smoker's desire to smoke by introducing new memories, like how much better *not smoking* is going to feel, or that cigarettes really do taste as unpleasant as deep down you always knew they did. The therapist then moves on to change the smoker's attitude by raising very pertinent issues – for example giving up the one thing in life that you don't really want or need in the first place *is not a sacrifice*. The next step is to instil in the subject new feelings of confidence and self-assuredness resulting from their own special victory over cigarettes. The object of the exercise is to change the client's *behaviour*.

This sort of therapy is remarkably powerful and has been proven over and over again. Psychologist Stephen Kosslyn, at Harvard University, has amassed a good deal of evidence that shows the same areas of the brain are activated when we see an object and when we close our eyes and imagine that object. Imagination can be made very real and guided visualisation and imagination can be powerful and effective – especially during hypnosis.

Also at Harvard, psychologist Richard McNally suggests that the malleability of memories is merely a by-product of human imagination, inference and prediction. Hypnosis taps into the imagination very effectively, something hypnotists have known for many years – it's just taken the academics a while to catch up and provide the proof.

In a series of experiments at the University of Hull, Dr. Irving Kirsch attempted to find out if it was possible to make everyone suggestible enough to be hypnotised. He already knew that some people could resist being hypnotised, that is, until he played a trick on them. After going through the entire hypnotic induction, Kirsch told his volunteers that they would begin to hear some very strange music. Unbeknown to the volunteers, Kirsch's assistant activated a tape recorder and gradually turned up the volume so that the music became audible. Kirsch then suggested that when they opened their eyes, they would see that the room would start to turn red. This was accomplished simply by fading up an ordinary red light bulb.

Astonishingly, in every case, even the subjects who had been resistant to hypnosis fell under Kirsch's spell and turned out to be just as susceptible to suggestion as the rest of the volunteers. Even more astounding was the fact that even after the trick had been explained to them, they still remained suggestible, and Kirsch was able to go on to administer real suggestions.

So, is hypnosis nothing more than psychological trickery? On this point, psychologists and hypnotherapists have rarely been in agreement. And yet there is increasing evidence to

show that hypnosis *does* comprise of a series of well understood psychological processes which are also understood by scientists. The next question is, does the healing come from the hypnotist, or from within the patient?

To find out, a groups of researchers, including myself, recruited sixty volunteers of all ages and both sexes who believed in the power of faith-healing and who all agreed to take part in an experiment we told them had been set up to prove its efficacy.

Each of the volunteers was asked to attend a healing session where they would lie down for an hour and undergo treatment by one of the world's leading faith-healers. The healer himself would be hidden in a sound-proofed box behind a panel in one corner of the room.

At the end of two weeks of faith healing sessions, most of the volunteers reported a significant improvement in the way they felt. But there was a catch... the healer was present, performing the full faith-healing ritual, in only half of the sessions. For the rest, the healer was either at the beach or at the bar. Yet both groups were convinced that their aches and pains had been effectively healed.

Psychologists and hypnotists know and understand this trick well... it is called the placebo effect and more and more alternative and complimentary therapies rely on its effectiveness.

By using suggestion and relaxation, together with the ability to focus the subject's attention, hypnotherapists have become today's modern miracle workers – ordinary human beings influencing other ordinary human beings, effecting dramatic changes not just in behaviour, but also in the way we perceive our own thoughts and emotions, and all to the good, helping others lead more healthy and happy lives.

# How hypnosis affects the brain

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The debate as to whether hypnosis is a special stand-alone state or simply the result of suggestion, should by now be resolved. Scientists at Stanford University, home of the notorious Stanford prison experiment, have at last provided some clarity.

Scientists led by Professor David Spiegel, MD, the associate chair of psychiatry and behavioural sciences, have been able to pinpoint changes in areas of the brain involved with emotion, brain/body connection, and awareness of action in people while hypnotised.

Hypnosis alters the way the brain processes information. In the normal waking state, information is processed and shared by parts of the brain in order to enable flexible responses to external stimuli. But during hypnosis, the brain shifts to a state where individual regions act more independently of each other. Hypnosis reduces peripheral awareness but increases the ability to respond to suggestion.

With the cooperation of 57 participants, the researchers were able to scan their brains while they were resting, while they were recalling memories, and twice during hypnosis sessions similar to those used in clinical hypnosis to treat anxiety, pain and trauma.

They discovered three distinct changes in the participants undergoing hypnosis, although these changes were only observable in highly hypnotisable individuals.

The scans revealed that specific regions of the brain showed altered activity and connectivity.

While activity in the dorsal anterior cingulate, an area involved in the formation and processing of emotions, learning and memory, was seen to decrease, the team also saw an increase in connectivity between two other areas – the dorsolateral prefrontal cortex and the insula – a conduit between brain and body. These areas are believed to assist the brain process and control what's happening in the body. There was also a reduced connectivity between the dorsolateral prefrontal cortex and the 'default mode network' that includes the medial prefrontal and posterior cingulate cortex.

During hypnosis, the mind is focussed and concentrated to such an extent it becomes fully absorbed by, and involved in the imagery and feelings conjured up by suggestions. In fact the brain becomes so intensely focussed, it is able to ignore pretty well anything else that is going on. It's almost as if the rest of the world is temporarily put on hold. This is why genuinely hypnotised subjects are able to change their attitudes and beliefs during hypnotherapy and are willing to perform unusual tasks during stage hypnosis. Many subjects confirm this sense of 'involvement' during hypnosis.

Put simply, this decrease in functional connectivity likely represents a separation of an individual's actions and their awareness of their actions. In hypnosis parlance, you know what you're doing, it just seems like it's the most natural thing in the world.

During hypnosis, this kind of disassociation between action and reflection allows the person to engage in activities either suggested by a clinician or self-suggested without the usual mental safety net of being self-conscious.

As any professional mesmerist knows, hypnosis can be an extremely powerful way of changing the way our minds are used to control our perception, our behaviour and even our bodies – particularly when it comes to ridding ourselves of unwanted pain.

In order to properly study the hypnotic state itself, the Stanford team screened another group of 545 healthy volunteers. They were able to select 36 people who were capable of being hypnotised (they should have brought in a professional hypnotist!) and 21 individuals who proved to be at the extreme low end of hypnotisability.

This group (the ones who were unable to be hypnotised) made up the all-important control group. In this way, it was possible to negate any possibility of seeing things happening in the brains of those being hypnotised without being unsure whether they were associated with hypnosis or not.

I already know that only about 10% of the population is highly hypnotisable – that is, suggestible enough – to make imaginative subjects for stage hypnosis. At the other end of the scale, around 10% find it nigh on impossible to achieve hypnosis. The remaining 80% of the population reside in the grey area in between. Even this 80% are able to enter into hypnosis, although not to the degree we are culturally used to seeing in stage hypnosis shows. But for the purposes of hypnotherapy, they *are* able to enter hypnosis. All that matters in hypnotherapy is that the subject is able to concentrate, relax, and focus their attention – and that's enough to benefit from the rapid change hypnosis can facilitate.

Spiegel and his colleagues are convinced of the power of hypnosis as a means of modifying beliefs and behaviour.

Researchers at the University of Turku and Aalto in Finland and at the University of Skövde in Sweden, claim the glazed and staring eyes of one very suggestible hypnotic subject has provided proof the hypnotic state exists. Their findings were reported in *PLoS ONE*, a pay-to-publish but peer reviewed journal published by the Public Library of Science in San Francisco.

The Finnish and Swedish researcher's single subject was able to transition between the waking state and hypnosis in seconds and on the cue of a given word. I have to say that this is remarkably similar to the behaviour of the thousands of people I have hypnotised on stage, where participants transition between the waking state and hypnosis on hearing the word 'sleep!'

However, the researchers are obviously thrilled with their discovery, especially as they observed the glazed state was accompanied by measurable changes in automatic and reflexive eye movements they claim could not possibly be simulated by someone who was not genuinely hypnotised.

Their conclusion that this result means hypnosis can no longer be regarded as merely a product of the mental imagery that takes place in the normal waking state is misplaced – as is their belief that this one result, observed in one highly hypnotisable subject may be the first evidence of a special conscious state in humans that has not previously been scientifically confirmed.

Nordic countries have comparatively little or no experience of hypnosis. When I first performed in Sweden in 1997, the Swedes had never seen anything like it before. Special permission had to be sought from the Social Authority and there was a lot of opposition to allowing my shows to go ahead. In the end, common sense prevailed and I was allowed to

perform. At the time, there were precisely two people practicing hypnotherapy in the whole country.

In Norway, all hypnosis – including hypnotherapy – was banned until 2006 and so again, when I arrived to do my first training course that same year, I found myself talking to a group who didn't have the first idea about what I was about to teach them.

Finland is in the same position. Hypnosis and hypnotherapy is very new and is not as well understood as it is in the United States or the UK. In both Norway and Finland stage hypnosis is still banned by law, although in Norway there have been some underground hypnosis shows in private homes and private clubs.

In 2009 I gave a public lecture in Oslo, Norway as part of a large alternative and complimentary health convention and was threatened with arrest if I hypnotised anyone in public. During my talk, the only hypnosis was shown on film! Two uniformed Norwegian policemen sat in the audience watching every move I made, and by the end of the hour long session, both seemed perplexed as to what all the fuss had been about.

With all that in mind, it's no big surprise that the Finns and the Swedes are hyper-excited over something they are only just getting to grips with and we take for granted.

The success of the Stanford study is good news. We now have undeniable proof of the existence of hypnosis as a state, rather than a non-state or mere social compliance, and a much better and more accurate picture of its neurological correlations.

The bad news is that the age-old debate about the safety of stage hypnosis is now likely to be reignited. The purists (myself among them) will claim that the Stanford results prove the reality and effectiveness of hypnosis. But it also gives rise to questions over the safety of stage hypnosis, as carelessly crafted suggestions can lead to literal interpretations by subjects and thus unforeseen and harmful reactions.

At the risk of repeating myself, the majority of stage hypnotists are content to carry on regardless because it works, it gets laughs, and they get paid. But they are woefully unprepared when things go wrong, as we saw with the Christopher Gates v. Paul McKenna case in 1997. McKenna failed to deal with Gates' unusual behaviour in the second half of the show in an appropriate manner, and his treatment of Gates in the days following the show was appalling.

The result was that had the inevitable legal action and court case succeeded, it would have scuppered stage hypnosis in the UK, something that would certainly have had a knock-on effect in the rest of the world.

Stage hypnosis involves with real people who do occasionally experience real problems that may subsequently become irreversibly rooted in the brain. The possibility of this happening is, admittedly slight, but a possibility nonetheless. Stage hypnotists are woefully unprepared to deal with real psychological problems and conundrums, even ones they are responsible for.

Stanford should be a cause for reflection and reassessment, but it probably won't be, and that might turn out to be an opportunity missed.

# Explaining suggestion

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The eternal question hanging over hypnosis still arises. 'Why some and not others?'

James Esdaile, an English physician working in India in the 19th century, summed up the problem thus:

*'As yet, I am sorry to add, I cannot, with any degree of confidence, say who are the persons susceptible to the mesmeric influence, without first trying. But it is satisfactory to know, that by far the majority of persons acted upon by me, and my assistants, have been affected in different degrees, all of which are invaluable to their possessors, for the relief and cure of their diseases; and in most of the failures I have little doubt that we should have succeeded, if the process had been prosecuted.'*

From *Mesmerism in India* by James Esdaile.

We know that hypnosis is a state of mind – or perhaps a state of mood – induced by relaxation combined with suggestion... state where the hypnotist simply acts as a guide. The actual induction of hypnosis may be nothing more than a ritual which helps the subject focus and concentrate their attention. After nearly 200 years of study, the truth appears even stranger than the fiction.

People who are engaged in vigorous physical exercise can be hypnotised just as easily as those who lie back on the couch with their eyes closed, dreaming of warm sunny beaches and forest idylls.

Hypnotherapy places no greater demands on the client than attending a lecture, although some lectures may well send people to sleep, hypnosis is very definitely not sleep. The hypnotic state much more closely resembles the feeling of lethargy we all experience when we are dozing – aware of everything that is going on around us but at the same time, making us infinitely more suggestible. All these things are easily explained and understood.

Public misunderstanding of hypnosis is equalled only by ignorance of the psychology behind it.

The two most common misconceptions are that psychology is the study of the mind and that hypnosis takes place in the subconscious. Both assumptions are wrong. Psychology is the study of behaviour and not the study of the mind, which is anyway too difficult to define or quantify. Second, there is no such thing as the subconscious – any first year psychology student knows this and yet the word keeps turning up like the proverbial bad penny. Simply put, there is only the conscious and the unconscious.

The truth is... there is no such thing as hypnosis, there is only the natural state of being suggestible. Hypnosis suffers from the idea that people are in some kind of sleep, which of course they aren't. There's nothing supernatural or mysterious about it – in fact once you understand the concept, it's very much like having a spectacular conjuring trick explained. A few choice words and people's entire belief systems can be changed in the flickering of an eye.

Magician and confidence trickster Uri Geller relies heavily on the use of suggestion to persuade us that a teaspoon really is bending before our very eyes. Derren Brown uses the same kind of hocus-pocus on his television shows.

Suggestion is all around us. Politicians resort to tried and tested tricks of the trade to refocus our attention away from real issues. Lawyers use carefully chosen words to elicit desired responses from witnesses. For example, prosecuting a case, a barrister will likely phrase the question *'when you first saw the vehicle, how fast was it going?'* But if defending, the same slippery slimy lawyer might likely ask *'when you first saw the vehicle, how slowly was it going?'*

By changing only one word, the question encompasses a whole new meaning and paints a completely different picture in the mind of the witness.

Advertisers seldom waste much time selling the product, they generate more sales by selling the lifestyle associated with it. Yes folks, you too can have a happier life if only you change to Brand X!

It's easy to learn these basic tricks and even easier to put them into practice once you know what you're looking for. It is part of the human condition to respond to suggestion and persuasion, and we all do it to some degree or other on a daily basis.

Here's my favourite example... during filming of the original 'Planet of the Apes' movie, lots of extras were engaged by the film studio to play humans and apes. In Hollywood, being a film extra is almost a career for some people and many of the extras knew each other from previous movies. Within the first week of filming, actors who had been good and long-time friends started to form new alliances. Suddenly, all the human extras started taking lunch together whilst the ape extras formed new sub groups.

By the end of the second week, the ape extras had separated into distinct and recognisable groups, chimpanzees dining with chimpanzees, gorillas dining with gorillas, and the orang-utans forming their own elitist group, in keeping with their hierarchical position in the script.

The father of modern advertising, John B. Watson, was convinced that human behaviour is both predictable and controllable, and he was right! One of the premises of Watson's work is that people can train themselves to do anything. This harmonises with modern ideas of self-improvement.

In Rogerian Psychology, the therapist is not responsible for changes in the client. *'The client must consciously and rationally decide for themselves what is wrong and what should be done about it. The therapist is more of a confidant or counsellor who listens and encourages on an equal level.'*

It certainly helps to have a mentor, someone who is able to guide a person toward their chosen goal. This is where hypnosis comes into its own. It enables the therapist to take short cuts that otherwise would be dead end streets.

## In the New Age, Hypnosis has come of age...

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Today's therapists no longer ask their clients to lie on the couch... they are more likely to be casually dressed and relaxed in manner – the swinging pocket watch has been banned and the words *'you are feeling very sleepy'* are very definitely a big NO!

Hypnosis is now widely accepted as a safe, fast, and effective form of treatment. No pills... no potions... just an easy relaxed way of dealing with problems as diverse as anxiety, pain management, trauma, phobia, addiction, and almost every type of emotional upset. Hypnosis has been subject to intense scientific research at universities and hospitals all over the world and has significant academic and medical approval.

In short, hypnosis and hypnotherapy is now mainstream!

Advances in the understanding of hypnosis and its application have developed in parallel to greater understanding of the psychology that lies behind it. Not only that, but thanks to MRI (magnetic resonance imaging) we can now actually see a snapshot of a trance!

Hypnosis is even more useful for treating clients with debilitating fears and phobias. For instance, a phobia is really only a fear of a fear. Psychologists have found that people who are terrified of flying produce the same fear hormones as people who suddenly find themselves in real threatening situations. These fear hormones have been measured by scientists and been found to disappear altogether after just one session of hypnosis.

Such is the effectiveness of the treatment that some major airlines are now using hypnotherapy to calm passengers before taking them on a first flight.

The main reason for the increasing popularity of hypnotherapy, has not come about as a result of better acceptance by the medical fraternity (some dentists are now using hypnosis instead of more traditional anaesthetics!) but for reasons that are more mundane.

In most Western countries, governments have banned smoking in public places. Fed up with having to stand outside the pub in sub-zero temperatures, customers have been presented with a stark choice – either stop, or freeze to death. More and more have opted for the former and business has increased markedly, with many hypnotherapists having waiting lists.

Just as the number of people seeking help has multiplied, so has the number of satisfied customers who now tell their friends. Word of mouth publicity is the best publicity there is. Better still, an endorsement from a friend is an advertisement you can trust. Most hypnotherapists find their business grows at an exponential rate – the more clients they help, the more new clients will make an appointment.

All this traffic means greater demand. In Norway, where hypnosis as a therapy was virtually unknown as recently as 15 years ago, there are now over 100 practicing hypnotherapists, most of them trained by me, I am proud to say.

Another reason for the growing acceptance of hypnotherapy is its versatility. Hypnosis can be applied to most psychosomatic illnesses. Hypnosis can also reduce and eliminate stress on a permanent basis – often it helps people feel better about themselves. In today's stressed-out world, the profound feelings of relaxation that constitute the hypnotic state can be more potent than Prozac.



Speaking of which, a recent study carried out by Dr. Irving Kirsch at the University of Hull in the UK, the percentage of people who claimed they felt better after a course of Prozac was exactly the same as those who were administered a placebo. The percentage of people who report improvements in overall mental wellbeing after just one visit to a good hypnotherapist is even higher – around 85%.

In today's ever more competitive world, hypnosis can work wonders for self-confidence and self esteem. The psychology behind these minor miracles is now well understood.

The *really* great thing about hypnosis is that it requires no special equipment of any kind. The therapy session provides an appropriate environment – a comfort zone – for clients to talk freely about issues that they might find difficult to talk about to even their best friend.

Clients with real personal problems tend to view those problems subjectively. Problems are always clearer when viewed from outside the bubble.

The great hero of psychology, Carl Rogers, said that, inevitably, it has to be the client that decides what is wrong and what must be done to put things right. The therapist serves merely as a sounding board for ideas.

Eventually, the client decides upon the course of action to be taken. When these decisions are made, hypnosis makes the solutions much more powerful.

Learning about hypnosis is like a voyage of discovery, the purpose of which is to be able to help others.

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