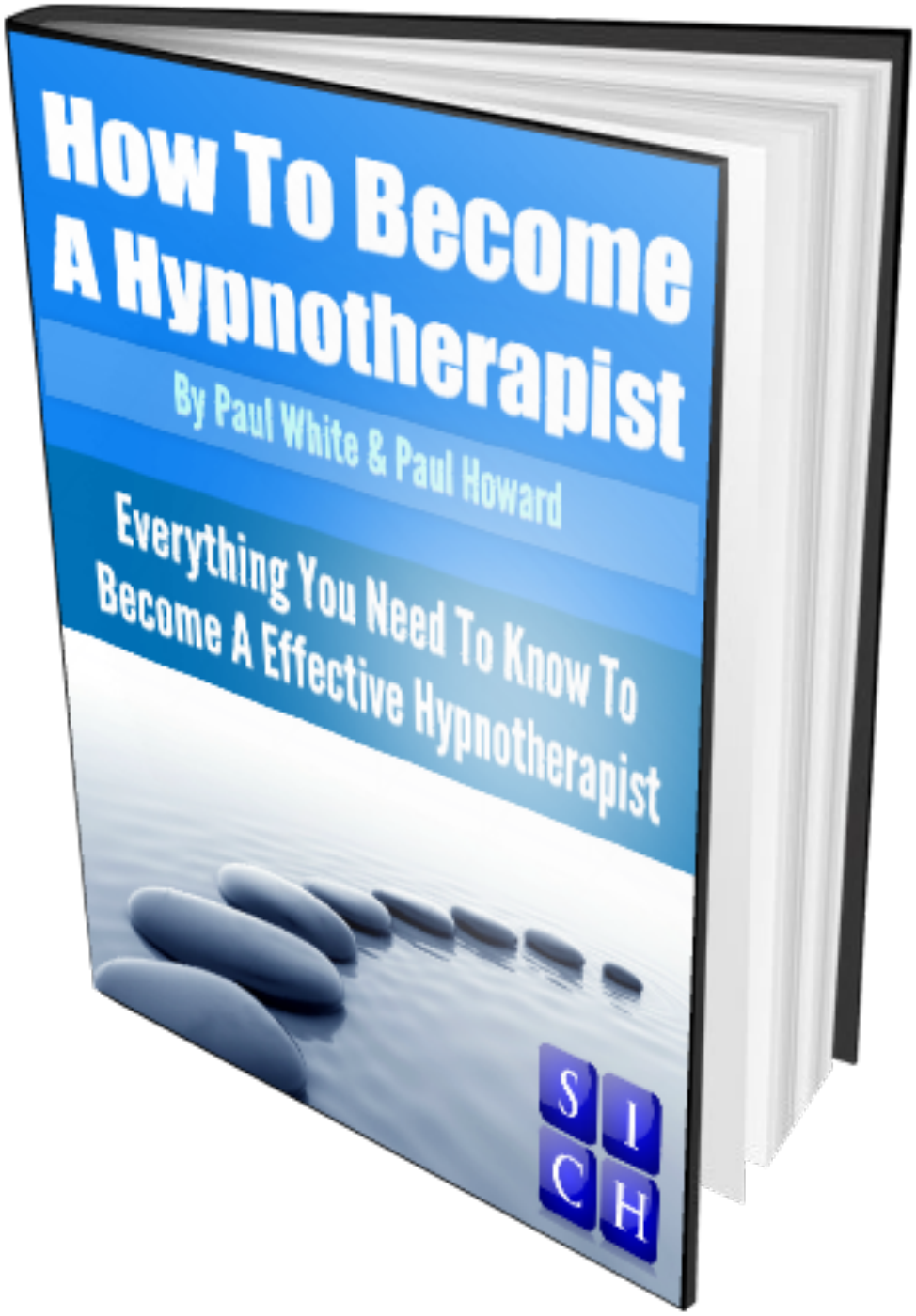


S I C H

THE SURREY INSTITUTE OF CLINICAL HYPNOTHERAPY

CONTENTS

How To become a hypnotherapist?

As you are reading this book, it is quite likely that you are looking into a new career as a hypnotherapist, or perhaps you wish to add hypnotherapy to your current skills. Whatever the reasons, you have probably already discovered that there is a myriad of courses, types of hypnotherapy, qualifications, schools, professional associations and governing bodies. Sometimes experienced hypnotherapists still get confused when they have been in the thick of the profession in the UK for many years.

In this book we hope to clarify the profession for you, so as to help you navigate your way to becoming a successful, well-trained hypnotherapist, capable of meeting the needs of the people that seek out your help in making the changes they need to make to improve their lives.

The confusing state of the profession can sometimes put people off entering in the profession, or worse still, they sign up with a school only to finish feeling inadequately equipped to treat the type of people and problems they wanted to help with in the first place.

The first thing to ask yourself is why you want to be a hypnotherapist?

Is it for the money?

Is it to help people improve their lives?

Is it to give something back to the community?

Is it to gain respect and authority?

Is it to have a better work-life balance?

Is it to have a more interesting working life?

Before you do anything else, you need to be clear why you want to be a hypnotherapist. What are you hoping to get out of it?

All successful hypnotherapists tend to share similar values when it comes to their reasons for being a hypnotherapist. And, although they may have answered yes to all the above questions, the common factor that virtually all hypnotherapists share is that they want to ‘help people to make changes in their lives’. It is this desire that shines through.

We believe that if your primary aim is to ‘help your clients’, your intention comes through at every contact that you have, from the first telephone conversation with the potential client, which helps secure the client as a customer, right through to whilst you’re working with the client to help them make the changes they want to make. To the client, this gives them the impression that you are holding them in the highest possible regard.

This builds a bond and a desire for the client to make the changes, because they feel that you, the hypnotherapist, are on their side giving them the help, knowledge and experience they need to achieve their desired goal.

So what skills do you need to be a hypnotherapist?

We believe that the first thing you need is a ‘passion for the work’. By that we mean you need a strong desire to help people to, not only make specific changes, but also to improve their lives across the board. Helping them to build their confidence and discover how to deal with the challenges that life presents to us all.

Life experience

We believe that life experience is important (although it’s not a deal breaker). Having a wide range of life experiences (a degree from the University of Life) is very valuable when working with people. It helps if you are able to understand where they are coming from and you can perhaps relate their circumstances to similar ones you have gone through, or perhaps seen others go through. It could help you to find solutions to their problems in ways that perhaps they had never thought of.

Analytical mind

Having a questioning and logical mind can also be very helpful. Every client that you see will present a problem in their life. Your job is to understand the cause of that problem. The hard part of being a hypnotherapist is solving this puzzle. This is where many hypnotherapy schools fall down. They focus their training on teaching prospective hypnotherapists tricks and techniques, where in reality what is needed is the skill to recognise, analyse and challenge the puzzle that is causing the underlying issues that support the problem.

When the puzzle is solved in your mind, resolving the problem for the client becomes a lot easier.

It is important to understand that having an analytical mind is just a skill and skills can be taught. An important factor in any hypnotherapy training course is to ensure that they train you to think like a therapist.

Sales technique

When we say sales techniques a lot of people run for the hills. However, we are not suggesting that you need to be a sales person with an innate sales skill.

What you need to be able to do is to deliver suggestions and ideas in a convincing way. Part of being a hypnotherapist is making suggestions to the subconscious mind. These need to be delivered in a way that the subconscious understands and will want to act upon to create the change the client needs.

Creative Mind

Having a creative mind is an added bonus as a hypnotherapist. Sometimes we are presented, by our clients, with challenging problems that we may not have seen before or situations where they seem simply unable to change. Having the ability to be creative and adapt your approach is very important in helping the client to have a successful outcome.

Non-judgemental

As a hypnotherapist you will need to put aside your personal beliefs and ideas. You will need to be in a non-judgemental state, regardless of what the client says or does. If the client believes for one moment that you are judging them negatively, you will lose rapport and then change becomes more difficult.

All of the above are useful to have but with the right hypnotherapy course many of the factors should be addressed as part of the course.

TYPES OF HYPNOTHERAPY TRAINING

As we have already mentioned, there are many hypnotherapy schools in the United Kingdom offering courses, some good, some not so good and some bad.

The first thing to remember is that hypnotherapy is a practical business. You will be working with real people with real problems, learning formulaic techniques for weight loss and smoking, etc.

Sometimes, however, a client's problems can be a little bit more complicated so when faced with this scenario, all the textbooks may go out the window and you have to draw on your experience. If your training didn't give you any then you're going to get into trouble.

The problem is it is more problematic for schools to teach in this way. It is much easier just to spend the time reading to them and pontificate on which techniques work best with which sort of problem.

We believe that a blend of practical demonstrations with real clients and a wide range of practical, adaptable techniques work best. When it comes to the techniques, they should be demonstrated and practiced so that the student understands exactly when and how they can be applied. When the techniques are experienced firsthand by the student, they get an appreciation of what the client will experience and the power of that technique.

The training should be backed up with detailed course material made available to the student. This frees the student to concentrate on the learning.

This is in direct contrast to the hypnotherapy training schools that offer a traditional approach to hypnotherapy, using scripts and generalised techniques. This, in fairness, is the way the vast majority of hypnotherapists have been trained in the past.

However, we believe that this form of training can leave the hypnotherapist feeling as though they are lost at sea when they first start practising and positively terrified with their first few clients.

It is much better if they have worked with some clients during their training whilst they are supervised. This allows them to build up their confidence and create a belief in their ability to deal with what emerges, efficiently and competently.

Many courses are highly theoretical with little practical experience, which can leave the graduate under-experienced to deal with the public. We would suggest that you avoid the overly academic courses as they simply do not meet the needs of a therapist in the real world.

DISTANCE LEARNING

When it comes to distance learning courses, AVOID THEM LIKE THE PLAGUE. Quite simply, we have never met anybody that has done a distance learning diploma in hypnotherapy and been in anyway satisfied. They simply cannot deliver the goods when it comes to learning the skills needed to be a hypnotherapist. They can be very useful in learning specific skills and techniques once you have qualified.

TEN THINGS TO LOOK FOR IN A HYPNOTHERAPY SCHOOL

1. AN ESTABLISHED SCHOOL WITH A PROVEN TRACK RECORD

Many of you will be familiar with George Bernard Shaw's famous quotation 'Those who can, do; and those that cannot, teach'. Like many well-known quotations it has survived the test of time extremely well, being originally mentioned in 1903, in George Bernard Shaw's work 'Man and Superman'. Like many well remembered phrases there is, of course, an element of truth in it.

We passionately believe that to teach hypnotherapy, you really do need to be a practising hypnotherapist. There is absolutely no substitute for that challenging task of helping people who need your help, particularly where other forms of interventions have failed.

I will discuss why, a little later, this is so important to a lecturer/teacher, but first I think it is vitally important to explain that we don't believe the George Bernard Shaw quotation is true for those people who train to be 'the teachers of our children'. Their skill sets combined with their amazing dedication and knowledge which enables them to communicate and enthuse our children, whilst at the same time offering our children knowledge and guidance in so many areas of their lives. It's a tough job; it demands great stamina and more than a little patience. When we meet teachers who are looking for a career change, or have taken early retirement, who join us on our courses, it is interesting that those very qualities suit them perfectly for the life and role of a therapist!

More than anything, therapy is often like putting the pieces together in a large jigsaw. It's a skill you develop with practise and it's a skill you lose when you don't practise. Of course, you may still be able to speak French, if you learnt it 10 years ago and haven't used the language for all those years, but it takes time to be fluent again, to actually 'think in French', to become immersed in the culture as well as the language. This is exactly the same when you stop being a therapist and start to 'only' teach. You lose the edge, the sense of immersion and the 'thinking in the therapy' mode.

We would suggest one of the first tests that you should consider when thinking of signing up with any school is to try and book a therapy session with the lecturers without divulging the fact that you are a potential student. Our students have mentioned to us that although they have joined the course on the understanding that their lecturers were therapists, on actually starting the course it quickly became obvious that lecturing was the only source of income. Many decided at that stage to make a change make sure you don't make the same mistake; a little bit of pre-selection research can pay dividends if you want the best training possible.

Another key factor in choice of school should be the length of time the school has been established. Are the principals of the school well respected within the profession and active in the promotion of hypnotherapy as a profession?

2. Receive a formally recognised qualification

The diploma you're awarded should be accredited by a National Awarding body and recognised by the major professional hypnotherapy associations. At the forefront of these is the National Council for Hypnotherapy of which the authors are closely associated. This enables you to apply for membership of many hypnotherapy professional associations. Ideally the diploma should be recognised by institutions like the Open University and should ideally contribute "credits" towards their degree courses.

3. Simple, easy to understand and tailored to you

Look for a course which is adapted to your skills and learning abilities, possibly with the training broken up into simple modules which are easy to understand and learn. Also make sure that course has a high practical content with demonstrations performed by tutors and with much opportunity for you to practise your newly learnt skills. In summary the course content should be easy learn, but still highly comprehensive meeting all the National Occupational Standards set up by Skills for Health.

Skills for Health is a body set up to influence skills, education and health policy to ensure that it reflects employers' needs and helps develop a world class healthcare workforce able to meet changing needs and expectations. They do this by lobbying and working with a range of Government departments, agencies and stakeholders as well as collating and delivering responses to policy consultations.
Ask questions and even ask to sit in on an existing course and ask to chat to former students.

4. Focus on the 'bread and butter' treatments for a successful career

Whilst some diplomas cover everything to do with hypnotherapy and NLP, a diploma course should primarily focus on the most common issues that you're going to deal with most of the time as a hypnotherapy practitioner. This includes weight issues, smoking, anxiety problems, drug problems, gambling, depression and more. With this approach, you get better skills in the type of treatments which are going to provide the majority of your income throughout your career.

5. Giving you everything you need to start your career immediately

You need to satisfy yourself that there will be no additional charges at the end of the course and that the school will provide you with all of the scripts, interview forms, protocols and skills you need to immediately start practicing as a hypnotherapist at the end of your course, so you can start your new career as soon as it's complete.

6. Giving you knowledge, skills and confidence

The course should provide the knowledge, but also the practice to hone your skills and gain the confidence to deliver first-class hypnotherapy treatments in an assured manner.

7. Learn from the experience of expert tutors who have treated their own clients

A good course should provide live demonstrations with members of the public to enable you to draw from their knowledge and experience in a hands-on way. If they are practising hypnotherapists in a busy clinic this should not be a problem. Of course, these sessions should always comply with professional association's code of ethics.

8. Learn hypnotherapy skills and business management skills

There is more to becoming a successful hypnotherapist than just learning hypnotherapy. A good school should give you a comprehensive toolbox including marketing, website design, equipment suggestions, business management and ongoing support. To help your business thrive, of course these skills are only really transferable if the school itself has a successful hypnotherapy practice.

9. Practice with real clients

You should have the opportunity to work with real clients under strict supervision, so you can gain first-hand practice of client interviews, pre-induction talks and conducting hypnotherapy with the client.

10. Receive close personal attention

We believe that to achieve high quality training there needs to be a low student to lecturer ratio, which ensures that no question goes unanswered and you receive help and personal attention when needed during the course.

Regulations & Qualifications

We find this area is one perhaps with the most confusion.

In common with psychotherapy, counselling, cognitive behavioural therapy and a host of other talking therapies at the moment and arguably in the foreseeable future there is no statutory regulation. This surprises many people, in fact, quite legally anyone can call themselves a counsellor or psychotherapist, or for that matter, a hypnotherapist. These titles are not protected by law, so in practise, if you believe you have the necessary skills, you can put together your website and call yourself a hypnotherapist/psychotherapist/ counsellor and get on with treating people!

Is this a scandal?

You may think this is scandalous and that the Government should do something about it. From time to time different governments think about it. They produce a draft paper, they talk to the various professional associations, but nothing really happens, and you may wonder why nothing happens. It's for two reasons; firstly the different types of therapy had great difficulty in agreeing between themselves what should and should not be included in any legalisation, but we suspect most importantly it's not really a 'top Government priority'.

Is therapy dangerous?

It is not a top priority because if you accept the Government's job is to protect and safeguard its citizens, put simply 'to protect the public', there's not much in 'talking therapies' to protect the public from. I've been chairman of the biggest hypnotherapy professional association in the UK for 5 years, working with our insurance provider, who insures thousands of hypnotherapists. They tell me there have been no significant claims in the last few years. This lack of risk is, of course, reflected in the premium our therapists pay for insurance. On an annual basis for multi million pound cover, the premium is in the region of £70 per annum. Compare this premium with the several thousand pounds per annum that GPs have to pay, and you have a better idea of where the risks are concentrated. This observation may seem at odds with your perception, largely I suspect based on the occasional tabloid headline of 'Therapist rapes patient while under hypnosis'. However, if you review the cases a little closer, you will discover the defence lawyer, almost without exception, will have a long list of expert witnesses prepared to testify that this is not possible. Of course, that doesn't make a very attention grabbing headline does it, so surprise, surprise, we don't get to hear about that!

It would also be appropriate to point out that medical doctors are concerned with 'saving lives' and, of course, there are always going to be significant risks involved in the prescribing of medication and intrusive physical interventions, whereas talking therapies, and especially hypnotherapy is simply concerned with 'changing lives'.

Fashion or therapy?

The other 'drag' on the march towards any type of regulations, is the protection of vested interests by various professional groups. However, you find not only a battle of the

professional associations, but an increasing attempt by various schools of therapeutic thought and technique to license, copyright and patent different types of therapies. You may be familiar with Neuro Linguistic Programming (NLP), Eye Movement Desensitisation Routine (EMDR), Hypnotension, Hypnobirthing and many other 'products' that are licensed or copyrighted that sometimes demand a considerable investment from students to undertake specialist training. The uniqueness of some of these products is debatable and their commercial application may not always be as successful as some of the participants may hope.

Some schools suggest years of study

There will be therapists and training schools that suggest certain types of therapy that are best not practised in isolation, or without further training involving sometimes years of part time study at considerable expense, which ultimately will not actually give you any additional entry opportunities within the Government-sponsored regulatory framework.

The journey towards regulation

Despite everything we have highlighted in this chapter, there are, and have been, considerable efforts made by dedicated members of the hypnotherapy profession over the last few years that have seen a dramatic change in the acceptance of hypnotherapy, by both Healthcare professionals and the general public, as an effective brief therapeutic intervention.

How did it start?

To briefly summarise the recent history towards regulations, we need to go back to when a House of Lords Select Committee concerning Complementary Medicine stated that complementary medicine had a role to play within the NHS, but that it had to reach the same standards as other NHS treatments.

This statement began the slow journey towards regulations. In 2005/2006, PHI Prince of Wales Foundation for Integrated Health began to work with Complementary Medicine professional associations, including hypnotherapy, to develop and maintain statutory or voluntary systems of regulations. Later the PHI published a consultation document which envisaged the establishment of a federal structure for the regulation of complementary health with a Single Council for Complementary Healthcare. This document included hypnotherapy as a complementary therapy. In 2007 it was confirmed by the Department of Health that they had no plans to introduce statutory regulation. However, they were mindful to encourage voluntary regulation. At the same time consultations began to take place with Skills for Health for the Development of National Occupational Standards (NOS).

THE GOVERNMENT SUPPORT FOR HYPNOTHERAPY

In 2008 the Department of Health formally launched its plan to establish the Complementary and Natural Healthcare Council (CNHC) as the regulatory body for those therapists practising in the field of complementary medicine.

THE OLD VISION OF HYPNOTHERAPY – SWINGING WATCHES AND SINISTER INTENTIONS

The profession continued to work with Skills for Health to agree National Occupational Standards, and also agreed a minimum number of training hours. The introduction of the Hypnotherapy Practitioner Diploma (HPD) by the National Council for Hypnotherapy (NCH) and the Northern Council for Further Education (NCFE), a government-approved National Awarding Body, were all steps on the journey of moving hypnotherapy forward and away from the stereotypical view of the media and the public of a 'hypnotists' swinging watches and sinister intentions.

Happily these changes within the profession continued after the Government's having moved away from vague proposals for Statutory Regulation for Complementary Therapies and towards the firm and structured proposals for Voluntary Self Regulation (VSR).

HOW TO PARTICIPATE IN REGULATION

Over the following years, the hypnotherapy professional associations worked with the CNHC to agree criteria for professional associations to become 'verifying organisations', enabling members of those professional associations to apply for registration on the CNHC's register. Effectively the professional associations verify the eligibility of their member to appear on the register.

The professional association needs to satisfy themselves that a member has reached the required level of competence, that they undertake continuing professional development, that they are appropriately supervised, they agree to comply with a Code of Conduct & Ethics, and that there are no outstanding complaints made by clients. Usually there is also a requirement for a Disclosure & Barring Service Disclosure Certificate. This is the new process that replaces the old Criminal Records Bureau Enquiry.

A member on registering a listing on the CNHC Register has to also agree to be bound by the Code of Ethics & Discipline and Complaints procedure of the CNHC.

It is usual for the Code of Ethics and professional associations to refer to the ASA Code of Practice, which monitors all media and website advertising/activity. The CNHC also include such a reference n their Code of Ethics.

You may view the Code of Ethics and the Disciplinary & Complaints Procedure in Appendix 1.

Which training schools are accredited?

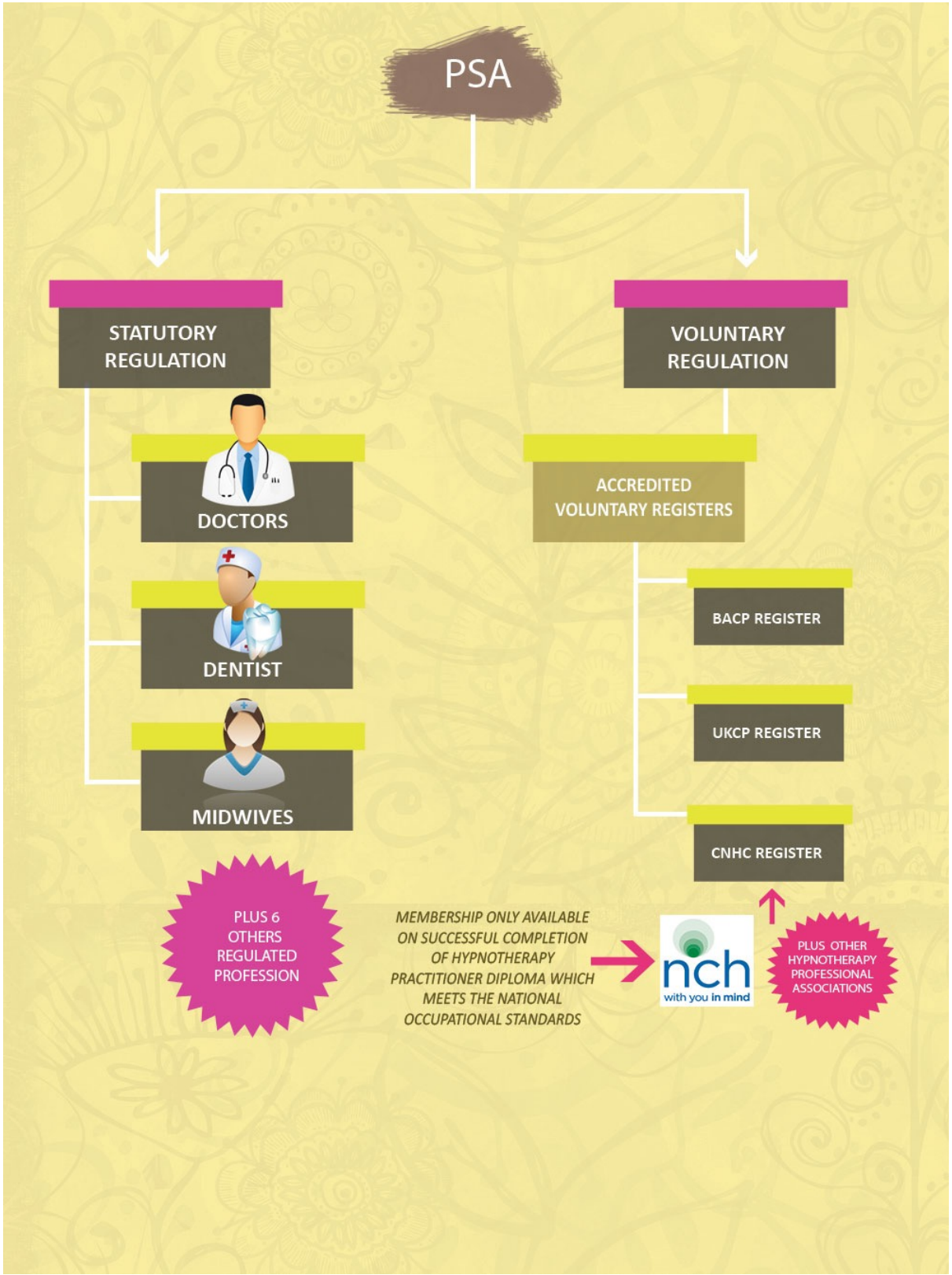
In order for an individual to participate and register in this form of regulation, you firstly need to attend a training course which meets with the National Occupational Standards and Learning Outcomes mandated by Skills for Health and a course which runs over the agreed 450 hours total training hours. You will then be able, on the successful completion of your studies and having satisfied your tutors of your understanding of the subject, to register with a professional association. It is important that the professional association you join is recognised by the Complementary and Natural Healthcare Council as a verifying organisation. This means you will be able to apply to join the CNHC Register. This register is accredited by the Professional Standards Authority (PSA).

Who regulates doctors and hypnotherapists?

The PSA oversees statutory bodies that regulate health and social care professionals in the UK. They assess their performance, perform audits, scrutinise their decisions and report to Parliament. They also set standards for organisations holding voluntary registers for health and social care occupations and accredit those that meet those standards.

The PSA are responsible for overseeing the UKs nine Health and Care Professional regulatory bodies including, for example, General Dental Council (regulates dentists), the Pharmaceutical Sec (regulates pharmacists), General Medical Council (regulates GPs and doctors), as well as the Voluntary Registers including CNHC for hypnotherapy, BACP for counselling and psychotherapy, and UK Council for psychotherapy.

We have set out a diagram which makes it easier for you to follow the relationships between these different regulatory organisations.



If you want to qualify, check and check again

To summarise, if you want to qualify at the appropriate level to enable registration with the CNHC, whose register is accredited by the Professional Standards Authority, you need to complete a course which complies with NOS and the required training hours. The NCH's HPD is an example of such training/qualification. There are other courses available which fulfil the required criteria.

Professional Standards Authority/Complementary & Natural Healthcare Council accreditation and register is the one used by many healthcare professionals for referral and commissioning purposes. However, it is worth noting that you may practise as a hypnotherapist without the accreditations/registration, if you so choose.

Quick start approach for hypnotherapy

Many people who do not complete the qualification at the higher level are nonetheless successful therapists, who practice by specialising in the usually more straightforward areas of smoking cessation and weight control, for example. We would always encourage people to study and qualify at the higher levels and to join professional associations with their Code of Ethics and Complaints procedures. However, it would be misleading to suggest this is the only way to be a successful therapist.

WHAT TYPE OF THERAPIST DO YOU WANT TO BE?

It is surprising that many people seek training and qualifications in many different trades and professions, almost as an end in itself, without thinking about the future opportunities and employment that these qualifications may present.

The good news is that hypnotherapy is becoming 'more mainstream' as regulation has developed. When we first started practising 12 years ago, without exception, we were the therapy of 'last resort' when all else had failed. This is changing rapidly as the way hypnotherapy works becomes better understood by the general public.

This chapter is not concerned with how you market yourself, but it is concerned with 'the type of therapist you wish to be, and how you reach that decision. We will provide insights into choosing a location, how you approach your competitors, your working hours, specialisations, working with other healthcare professionals, deciding what fees to charge, working in a multi-therapy practice, working with GPs in their practice and many other helpful ideas to enhance your decision making process.

Previously we have mentioned that, if you wished to receive referrals from other healthcare professionals, including commissioning bodies, that is those commissioners who are empowered by hospitals and groups of GPs to provide names of therapists who are acceptable in terms of competence and regulation, you will need to be a member of a professional association who acts as a verifying organisation for the Complementary and Natural Healthcare Council (CNHC), whose register is accredited by the Professional Standards Authority (PSA).

So, the first decision you need to make, if this is the type of practice you wish to have, is level of qualifications. However, it is worth reporting that this type of qualification/ regulation is not statutory or mandatory. You may practise as a hypnotherapist without such qualifications or regulation, but in doing so you may limit your referrals from other healthcare professionals.

WHERE TO PRACTISE

The next big decision most therapists have to make is where to practise. Often early in their careers, therapists decide to practise from home, both from a commercial and a financial point of view.

Here we will focus briefly on personal perspective of how and where you wish to conduct your practice. Later we will discuss the marketing implications of this decision.

Personal Decisions on Working from Home

You need to think about the image this presents to your potential clients. At first sight it may not be obvious to your potential client that, in fact, you are working from home. However, sooner or later it will become evident to the client. Of course, if you have a large house in the best area, with reception and consulting rooms of the highest quality which are isolated from your family's living area, this may be fine, especially if there are good transport links and parking available. But be mindful, you will still have clients who are aware of your home address. From time to time this can present problems, with out-of-hours callers and your family's privacy.

Location

Public transport links and/or parking are important considerations if you plan to have your own consulting rooms. Obviously costs are important. If you are able, in the earlier days of your practice, before you have a full diary, to secure shared consulting rooms or rooms you pay for by the hour. This may be an advantage. Before you reach this decision, however, consider how quickly your business may grow and whether these types of shared/hourly arrangements are suitable for the longer term, or whether you are able to move from hourly to a much reduced overall weekly, monthly or annual arrangement.

Our experience, particularly during the earlier time of our practice, was that clients will only travel within a 5 mile radius of their home/work to seek a therapist. So you can see location is important. Later, of course, as you build reputation and begin to specialise, people may travel a lot further. It is not uncommon for us to have clients travelling from all over Europe!

Most of our business comes from three distinctive channels – internet searches, referrals and our signage outside our practise, which is on a busy main road. Fortunately we will often have queuing traffic outside our premises during the rush hour, so our signage can be read by drivers at their leisure.

Professional Referrals

Our referrals are from our clients and healthcare professionals, including GPs, psychologists, psychiatrists and hospitals.

It is really important to understand that GPs and hospital consultants want to help patients, and if they are unable to do so they may look for a complementary approach. If you have had a successful relationship with a doctor, through a success with a client/patient, the most important thing is to remember out of professional courtesy alone is to let the referring doctor know how you helped his/her patient.

Opening Hours

Many clients will consider hypnotherapy as something that they don't wish to discuss with their employer, often just because of the type of problems we deal with. For example, clients will not want to discuss their drinking problems or anxiety problems about presenting at business meetings with their employer. This means that most people will not ask for time off to see a therapist, so you will find that your busiest times will be in the evening, or weekends. It is best, if you decide your days and hours of business as part of your strategy, rather than accommodate random requests from clients, it is important that you are able to maintain work/life balance, rather than chasing every available client at every available time.

A Fair Fee

When setting your charges, it is important to balance what the market will find acceptable in your local area. For example, we charge twice as much in Harley Street (Central London) as we do in our Surrey practises. This must be compared with your overheads and your business plan. We have many examples of graduates of our Institute doing deals with 'Groupon' and the like, seeing literally hundreds of clients and actually losing money on every one of those clients. For experience and professional development this approach may make sense, but financially it doesn't, so don't kid yourself. In fact, most of all, make sure that you realise you are making a loss. Some people don't, they think some income is always better than no income! It isn't necessarily so!

Group Practices

It is tempting to work with multi-disciplinary groups of therapists in a 'holistic therapy centre'. Make sure there is no conflict of interest between the therapies. Make sure you know as much as you can about the other therapists. If you have to, sign some type of agreement and make sure you take professional advice. A little money spent on a lawyer or accountant now may save you a lot of money in the longer term. For example, it is important to understand and have documented the 'ownership' of client information, such as name, address and contact information. You will need exact details of payment arrangements. Sometimes the 'therapy centre' may be VAT registered and you are not. Will you always have the same room? Are there secretarial or receptionist/telephone answering arrangements? How are clients allocated to different therapists? What happens if the centre closes at 5pm and you want to work until 7pm? Who is responsible for website information? Even if you intend to 'only' rent a room on an ad hoc basis, some of these questions may be relevant. There are, of course, many more issues you may wish to consider.

Level of Qualification

You should be in a position now where you have decided your level of qualification, bearing in mind that if you are initially unqualified in respect of Professional Standards Authority (PSA), you may at a later date embark on the qualification process if you so choose. You have decided where to practise, your hours of work, your fee structure and your proposed business streams, you now need to look at who you are able to help and with what type of problem.

Continued Professional Development

Commercially you would like to be in a position where you are able to help everyone, irrespective of gender or age. The caveats to be mindful of are that some therapists may not wish to deal with some problems or deal with problems which are gender specific. The type of issues may be problems like erectile dysfunction or other issues concerning sexual intimacy. Also your Professional Association may require additional professional development for paediatric work. If you intend to practise in these areas, it is worth checking your relevant experience and Professional Associations requirements.

The Core Business

Moving forward from these minor potential limitations, it is worth noting that the initial major streams of business which new therapists will address are relatively straightforward. They are smoking cessation, weight control and anxiety conditions.

These conditions usually present without deep-rooted psychological issues and are relatively straightforward to resolve using tried and tested techniques to bring about behavioural change.

However, hypnotherapists should always be mindful that there maybe more complex reasons for the patterns of behaviour.

Weight Control

You will be aware that obesity and ‘our’ pre-occupation with weight seem to be dominating the media, professional healthcare workers and academic circles to an incredible degree. There is little doubt, with much evidence based research, that hypnotherapy can play an important role in bringing about therapeutic change in our clients. The consensus is that over half the population are concerned about their weight, and this pre-occupation is unlikely to diminish. In fact, recent academic reports would suggest that problems with weight are having a serious ‘knock on’ effect with many other healthcare problems being identified, from diabetes to cancer, as being weight related issues.

Smoking Cessation

Smoking cessation is also a significant source of potential clients. It is suggested that over 10m of the UK population smoke and that the vast majority want to give up. The tried and tested NHS promoted Nicotine Replacement Therapies (with pharmaceutical industry help) has very limited success in isolation. Hypnotherapy is successful in dealing with this perennial problem. Smoking cessation represents initially a major source of a therapists' income.

Anxiety

Anxiety conditions account for a broad spectrum of issues from nervousness in social situations to OCD. Hypnotherapy is able to help with many problems within this spectrum. Approximately 30% of the population will suffer from some form of anxiety during their lifetime.

It will have become apparent to our readers, that these three conditions alone present an incredible opportunity for hypnotherapeutic interventions.

Behavioural Change

Hypnotherapy is a powerful therapy in bringing about behavioural change, particularly with problems/habitual behaviours from the smoking and weight related issues we have already mentioned, to include additional behaviours, such as alcohol problems, drug related problems and gambling. Less intrusive but still nonetheless equally important to our clients, are problems like nail biting, hair pulling, internet fixation. Our clients present with issues regarding blushing, exam nerves, hiccups and confidence. We will cover a more comprehensive list of problems which can be helped by hypnotherapy later in our book.

Self Improvement

The issues regarding confidence move us into another area of our business model, self improvement; with the increasing academic focus of our young people chasing a limited number of opportunities, differentiation whether it is additional qualifications or a more 'confident' and driven approach can make a difference to outcomes. At the end of the day, this is what hypnotherapy is about, making a difference.

Hypnotherapy Marketing and the Internet

The power of marketing in your hands

The greatest tool you have for success, financial freedom and all the benefits this can bring to you and your family, is the power to be an outstanding marketer and create a queue of new clients beating a path to your door.

When we start our practice, most of us are understandably focused, almost totally on hypnotherapy. We tend to assume that if we are great hypnotherapists, success will follow.

Nothing could be further from the truth.

Even if you are a wonderfully skilled therapist, your success depends totally on your ability to communicate to potential clients, convert them to actual clients and build a long-term relationship with that client.

In other words, it is your ability to market yourself successfully that will determine the level of success you enjoy.

What is hypnotherapy marketing?

Marketing is doing what it takes to convince enough clients to pay the necessary price for your services, to produce the desired profits for your practice and give them a successful outcome.

There were two therapists walking in the African Savannah, when they come across a hungry lion looking at them and licking his lips whilst circling the pair. The two therapists are frozen to the spot in fear. Then one of the therapists takes out his training shoes and puts them on. The other therapist looks at him and says “What are you doing? You’ll never outrun him!” The other therapist says “I don’t need to outrun him, I just need to outrun you!”.

Hypnotherapy marketing is the same. Fortunately for you, most hypnotherapists are not very good at marketing so the bar is not that high. This is because, in the main, they are not trained how to market themselves and this is an important factor when choosing your hypnotherapy training. All you have to do is be better than your local competition.

The primary reason any client chooses your hypnotherapy service is because of effective marketing and not your hypnotherapy skills. In this day and age it is highly unlikely that you are the only hypnotherapist offering hypnotherapy in your area.

> The marketing process starts by ensuring that the service you offer fills a need for potential clients, so they will want to buy it.

The next step is pricing, to ensure that practice will achieve profits and that customers will perceive price to be less than the value of the benefits they receive.

The final step is promotion, where your practice communicates with your potential clients about the existence and benefits of services to entice them to contact you.

You will only turn prospective clients into paying clients if you follow these rules.

In fact, you need your practice to be a marketing practice as well as a clinical one. You will need to focus on marketing at all times to succeed.

SIMPLE SUMMARY

Obviously the potential client has to become aware of your service.

The potential client then has to relate to what you have to offer to them.

You have to convince them that you have the skills to help them.

Then you have to deliver.

MAKING POTENTIAL CLIENTS AWARE OF YOUR HYPNOTHERAPY PRACTICE

Many newly-trained hypnotherapists make the mistake that all they need to do is advertise.

Nothing can be further from the truth. If you spend money on advertising, without addressing the rules above, you will likely just be throwing money down the drain. When you have your marketing ducks in a row, then and only then, should you consider advertising.

Advertising is costly and it is very easy to waste large sums of money and get nothing in return. A good hypnotherapy marketing course will show you ways to develop your hypnotherapy practice on a shoestring. As a rule that is all that new hypnotherapists have to spend.

Top marketing tips

Focus on fulfilling the perceived wants and needs of your clients, from their perspective. If you do, you will greatly increase the number of prospective clients that will decide to purchase your hypnotherapy services.

You want to conduct in-depth research of your potential clients. You will want to learn who your potential clients are, what your potential clients think they need, why they need it, and what makes them choose you.

If you specialise in certain areas, what are your unique selling points over and above your competition, and how does this fit in with your potential clients? Specialisation is very effective at increasing your catchment area of potential clients. Hypnotherapy practices suffer more than other business because generally the clients have to be local so they can come and see you. If you are a specialist in certain areas, clients are more likely to travel greater distances.

You may often become so focused on getting new clients, you ignore your existing clients. Do this at your peril. Old clients may not need to return because you have resolved their problem. However, they can be a great advertisement for your practice and it will probably not survive without referrals and repeat business. Repeat clients present a wealth of opportunities to you. They frequently provide you with excellent feedback; they provide an excellent reference; they are the least expensive and most likely source of additional business, and their unnecessary departure causes substantial damage. Upset clients will complain to at least 5 to 9 others. Stay close to your existing clients and learn as much as you can from them.

The entire buying process is governed by emotional forces. Yet you probably focus your energies on price and avoid the real emotional reasons clients will buy. You should know and feel the emotional connection your potential clients will attach to your practice and your services. You will want your entire marketing programme to address the emotional issues to attract and keep the right clients.

Hypnotherapy Marketing – The Seven Deadly Sins

How can they help you?

Ask yourself - why do you buy anything?

The chances are that one of the seven deadly sins is at work whenever you make a buying decision. Now flip it around. How about your hypnotherapy, can you relate it to one of the deadly sins? If you do you are more likely to get a potential client to make that buying decision in your favour. Read on to find out more.

Sloth – Does hypnotherapy make life easier for your client…

The primary reason any client chooses your hypnotherapy services is because of the benefits they may receive. You must communicate this to your potential clients at every opportunity, let them know the benefits of hypnotherapy to entice them to contact you. You need to focus on your client's needs and how hypnotherapy meets their needs to generate new clients to have a successful practice. You must also make it easy for your potential clients to do business with you.

So remove any barriers to doing business, i.e. if they have to fill out a form before coming to see you – get rid of it. Make sure you accept as many types of payments as you can and make sure your phone is answered when possible – don't rely on an answer phone.

Greed – It makes your potential client more successful, more profits…

If your hypnotherapy can help your clients to be more successful, a better business person, a better communicator, more confident or just better at their job, make that clear in your advertising and your website, then the potential clients will be beating a path to your door. Greed does not have to be about money or wealth. People are greedy to have more self-confidence, self-worth and happiness, and why not!

Envy – If your potential clients want to be just like everyone else.

Most clients want to be just like their friends. Show them how hypnotherapy can help them achieve that. Be it success, looks, feelings, beliefs, comfort, pain free or happiness, make them shine from the inside so they can invoke envy in their friends or at least feel as if they can.

GLUTTONY – GO ON, EAT AS MUCH AS YOU LIKE, YOU'LL LOSE WEIGHT!

Be careful here, there are ethical issues. A certain well-known hypnotist says just this and makes millions. But every client wants the 'magic pill' so see if you can turn that around to a more reasonable expectation. They might appreciate your honesty.

PRIDE – ONCE THEY HAVE HAD THIS TREATMENT THEY WILL FEEL REALLY GOOD ABOUT THEMSELVES.

Give your clients a good reason to feel good about themselves and they will come back for more. This will lift their self-esteem, self-worth and self-confidence, what more could they want? Not only that, but they will tell all their friends and that's just what YOU want.

LUST – AFTER THIS YOU'LL BE FIGHTING THEM OFF.

If you can make your potential clients look good or feel better about their looks, tell them. Make them feel sexy and self-confident and all their friends will notice and comment. It's a powerful motivator (probably the most powerful to some) they won't be able to resist and you will be the envy of your competitors.

WRATH – SOME PEOPLE ARE REALLY ANGRY WITH THEMSELVES.

Let your clients feel angry about the old them so they feel motivated to change. If you can make your clients feel more relaxed or happier about themselves it's worth a fortune to them. But be careful. If you fail to do so their wrath might be turned on you so make sure you can deliver what you promise.

Make sure you apply the seven deadly sins to hypnotherapy marketing every chance you get. Apply it to your website, leaflets, flyers, etc.

YOUR WEBSITE IS THE CLIENT'S WINDOW TO YOUR PRACTICE

In this day and age a website is a necessity to promote your business. It is by far and above the most cost effective source of clients you will ever have, as well as being your 'brochure' for prospective clients to understand what you can do for them. That is, of course, if it's up to the job, and most hypnotherapy websites are not!

What's important?

There is only one thing of importance, and that is how many prospective clients see your website, and out of those, how many book with you. If your website is delivering a regular supply of clients, in the numbers you want, then it is doing its job well and your website will be the cheapest form of marketing by far.

If you already have a website, there are a few questions you need to ask yourself

Does it bring in highly qualified leads?

Is it on the first page of Google on at least some keywords?

Do you know how it's performing?

Does it portray at every point your desire to help your clients?

Does it contain lots of original content?

Can you add, alter and delete content yourself?

If you can answer yes to all of the above, then leave it alone, it's doing all you can ask of it. If the answer is no to a lot of these questions, then it needs to be looked at. If you do not yet have a website, the above rules are guides to what you want from a website.

Does it bring in highly qualified leads?

You might think that the job of your website is to bring in clients. In today's market that is just not the case. Your website's primary role should be to bring in POTENTIAL clients so you can start to build a rapport with them. It's an opportunity for you to give them something in return for their trust and loyalty and in return they just might give you their business. People buy from people they trust. Build that trust through your website by giving them genuine information that has real value.

Is it on the first page of Google on at least some keywords?

If you have been in business for any length of time you will have been bombarded by emails and telephone calls that promise to get your website on the front page of Google. These companies generally just want to place adverts for you using Google adwords and they take a cut of your advertising spend. So you are simply paying to be on the front page. Sometimes paying a lot of money.

To achieve front page ranking on Google takes a lot of work but is quite achievable with the right strategy. This is called Search Engine Optimisation (SEO for short).

To achieve this, quite a few factors have to be in place:-

Good original content and lots of it

Well written and relevant content

Targeting local keywords like towns and counties

Each web page properly optimised for maximum impact

Incoming links from quality websites

These are just a few of the main components needed to achieve that front page position on Google. Even with all this, a front page cannot be guaranteed, nor can it be in the future as Google changes all the time, about every six weeks on average.

However, with the above things in place you are likely to achieve front page listing on quite a few keywords, which equals lots of visitors.

Does it portray your desire to help your clients?

This is done when the content is being written. If someone else is writing the content, will they get your passion for the work across in what they say? You need to have, at the least, a very large input into this area. It is much better to write the original draft yourself as it will reflect your desires, beliefs and, most important of all, your passion for the benefits of hypnotherapy.

Does it contain lots of original content?

Your best bet is to provide the content for your website yourself. It's all too easy for a website designer to take content from another website and change a few words and say it is original.

But don't think for a second that Google will be fooled. Google will spot plagiarism a mile off and your website will be marked down for it. Google demands ORIGINAL content. If not, you will not achieve a high ranking in Google.

Is it easy to read and navigate?

Nowadays, with all the Google updates, it is important for your website to look clean, uncluttered and easy to read. It is all about user experience and now Google measures your site on that user experience. Ignore this at your peril.

WHERE TO PRACTISE FROM?

As a hypnotherapist where you practice from is very important to the success of your business more so than other types of therapy practices. This is because the environment needs to be relatively peaceful.

Having a practice on a busy high street with a fire station directly opposite is not that conducive in getting the client in to a relaxed and calm state, particularly when the sirens start in the middle of your hypnosis session.

Although many external sounds can be dealt with there are limits to what is reasonable for the client to accept. If it is too noisy or there are too many distractions it will not be long before the clients start complaining or worse still they simply do not come back.

This means that your options are somewhat limited. Although there are some things you can do that can prove to be effective.

Before you decide on a practice room think about how the client might answer the following questions:-

How will they get to you?

Is there public transport?

Is there parking close by?

What will they think as they walk up to your door?

Does it look professional?

Will they feel safe going in?

Is the room neutral and comfortable?

Is it quiet and peaceful?

WORKING FROM HOME

In our experience working from home is fraught with problems. You need to consider some points before you can decide if working from home is an option for you.

Whether working from home is in any way suitable will depend on the circumstances and the environment.

I once referred a client to a very famous TV hypnotherapist who specialised with this client's problem. She worked from central London when the client arrived it was at her very expensive London home.

However, once inside the house was a complete mess. It was untidy and there were dirty dishes in the kitchen which the client had to walk through to get to her therapy room. When she did get in to the therapy room it was cluttered with personal effects including pictures of the hypnotherapist with famous people. Far from impressing the client, she felt intimidated and insignificant.

The hypnotherapist's teenage daughter was at home and she was playing music which disturbed the client whilst trying to relax in to a trance. When she voiced her concern the hypnotherapist promptly left the therapy room and had a screaming match with her daughter. When she came back in to the room she was annoyed and angry and was very short with the client.

Needless to say, the client did not return and she was not too impressed with me for recommending her. A mistake I will not make twice.

The point is that what we consider as normal and acceptable may not be viewed the same way by a client and when you are starting out every client is important and you cannot afford to upset the clients.

When is working from home acceptable? I have seen people that have built an extension on their house with a separate entrance or even a log cabin built in the garden. If the house looks the part in the right type of area it could work. A lot depends on the clientele or the niche you are working. For example if you are aiming at the student market they will be far more accepting than the middle class businessman or woman.

In conclusion, if you are serious about being a professional hypnotherapist working from home should be a last resort unless you have really thought it through and have a good plan. With a little bit of research and effort you might be able to find a much more suitable solution.

SERVICED OFFICES

These vary greatly from location to location. We have used several over the years in different locations. Some have been acceptable whilst others have been a nightmare.

The biggest problem is noise and interruptions and this will depend on the particular serviced office. Another problem can be out of hours access. Most serviced offices only have a receptionist on between 9 and 5 and this can be a problem as in our experience most clients will want to come after work or at the weekend. That means you need some kind of mechanism to meet, greet and let in each client.

Serviced offices can also be very expensive. Watch out for hidden charges like internet access, phone charges, typing services and postage etc.

Another issue can be what happens if the office does not meet your requirements all of a sudden. For example if the office next door is occupied by a new company that develops computer games and plays them all day which suddenly makes your office very noisy.

PURPOSE-BUILT THERAPY ROOMS

In most towns you can find 'alternative health centres' which are basically just a set of rooms that are let out by the hour, half-day, day or even week. These usually have the advantage of having a receptionist and quite often they offer a telephone answering service. The good ones will answer your line as you i.e. so-and-so hypnotherapy and book clients straight in to your diary. Although we would suggest that you speak to all new clients before booking them in.

These can work very well especially whilst you are building your practice. Here are a few things to watch out for:-

Are the rooms available out of office hours?

Can you have a dedicated line for you?

If it is a general line are there other hypnotherapists working out of there?

How noisy is it?

Be careful if they are answering the phone for you because if there is a dedicated receptionist and more than one hypnotherapist they have the power to fill your diary or someone else's diary. Even if you are the only hypnotherapist will you always be?

Suppose there is a nutritionist working there and she happens to be the receptionist's friend and someone rings about weight loss. Who will she steer them towards? The receptionist has only got to make an 'innocent' comment like 'Yes I know what it's like, my friend came here and saw the nutritionist and she found losing weight so much easier afterwards!'. Should you find out and complain to the owner which is easier for the owner, replace a receptionist or replace the hypnotherapist?

This very scenario was played out with an ex student now a prominent hypnotherapist in Kent. She basically had to bite her tongue smile and try to get the receptionist on her side but I don't think she ever did and because she was well known at this clinic she couldn't leave either. The receptionist and the owner had her over a barrel.

RENT OR BUY YOUR OWN CLINIC

This is probably the most effective and professional looking approach. Our advice would be to keep you costs down as much as possible. If you are signing a yearly licence that is not too bad but if it's a lease you could be tying your self in for a good number of years.

Things to look out for:

Is there a get out clause in the lease/licence?

If it's a lease is it inside or outside the landlords and tenants act?

Can you have signage outside?

Is there likely to be a lot of noise around you?

Is there any passing footfall/traffic?

Who is responsible for the exterior and interior of the building?

Is the planning permission appropriate for what you want?

Is there parking and/or public transport?

The size of your practice will depend on your current and future plans. I would say the minimum you will need is 2 distinct rooms plus a toilet. Ideally you will need somewhere for the clients to come in and wait if you are with another client. If you are intending to rent out a room or work with more than just yourself then you will obviously need more rooms.

Sound levels are obviously very important for hypnotherapy although secondary double glazing can make a significant difference but check you are allowed to do it.

Existing therapy practices (non competing)

This can be a very useful and cheap alternative to having your own practice rooms. It can also be significantly cheaper and result in some good cross fertilisation of clients.

How does it work?

You would need to find a non-competing therapy practice like osteopath, chiropractor or something like that who have spare capacity which is quite often the case. They may only work particular days of the week. You could then negotiate renting the spare capacity.

There are joint benefits with this type of arrangement as you can get cross fertilisation of clients i.e. the osteopath's clients may have issues that can be helped with hypnotherapy and vice versa.

Signage

An important source of clients can be created if you are able to put a sign outside your clinic of some sort. So no matter where you decide to site your practice, investigate the possibility of signage especially if it is in a high footfall area.

A sign outside your practice can be a very cheap and long lasting source of clients if possible light up the sign without making it tacky.

The equipment you will need

At the very basic level all you really need is a comfortable chair for the client and a calm place to work from. However, in practice the following need to be carefully considered:-

Where will your clients wait?

You'll need a place for clients that arrive early (which they will) to wait in comfort and out of the cold and rain. So a waiting room is quite important if you want the client to hang around.

Payment facilities

It is always a good idea have a secure cashbox (it looks a bit unprofessional if your tucking the money in your pocket or handbag).

A credit card facility is a must as nowadays people rarely pay by cash and the days of the cheque are numbered. It is fairly straight forward to get a credit card machine without all the rigmarole of days gone by. Now you simply pay an upfront fee between £100 - £200 and a small monthly fee - you get a chip and pin credit card facility however you will pay a commission rate of around 2.75%. Cheaper commissions are available through your bank but the monthly fee will be larger. Look at suppliers like Paypal, Izettle and payatrader.

Telephone

Obviously you need to ensure that the phone will not ring during a consultation but it needs to be answered. Answer phones should be used only as a last resort. Make sure you have a dedicated business line that maybe diverts to your mobile. A good facility that we use is Voipfone.

You could also use a virtual receptionist so when a caller rings your business number, if you're unavailable or simply don't want to answer the call yourself, that call will pass to your virtual receptionist, just as if they were in your clinic.

Diary System

You will need some kind of diary system to keep track of appointments this can be done cheaply and easily via a smartphone and you can even give access to it to whoever is answering your phone.

Heating / Air conditioning

You need to ensure that your consultation room is comfortable in all seasons.

YOUR FEES

Your fees need to reflect the environment around your practice as we've mentioned earlier if you're practising in central London you fees will be higher than if you are practising in a rural location. Other influencing factors include:-

Type of therapy

Local pricing

Market

Your costs

The time you're seeing people Daytime/Evenings/weekends

Are you offering a full support service within the fee

You may want to adjust your fee structure for corporate clients

1-2-1 therapy versus group therapy

Session length

Hypnotherapists charge between £50 to £120+ depending on the above factors. It is never a good idea to be the cheapest as potential client equate price with skill.

Research

Introduction To Hypnotherapy Research

You will note that the list of conditions that have been treated using hypnosis are extensive. That is not to suggest that it is fully comprehensive, or that the author's endorsed in any way the efficacy of any particular treatment. We have simply compiled a list drawn from many sources. We must acknowledge and thank, amongst others, the National Council for Hypnotherapy for their excellent Research Catalogue, Professor Yapko for his research references on depression, Professor Whorwell for his research references for IBS, and D.Coryden Hammonds excellent book 'Hypnotic Suggestions and Metaphors', which has provided an invaluable source of information.

Many conditions which you may be asked to treat as a hypnotherapist may involve both physiological and/or psychological symptoms. It is important that with any physiological conditions, appropriate medical help has been engaged by the client, either by visiting a GP or a hospital. Hypnotherapy is not a substitute for medical diagnosis, treatment and care.

From a psychological aspect, hypnotherapists should be mindful of the limitations of their training and expertise, and only treat clients within their boundaries of competence. The therapist should also respect the relationship their clients may have with other healthcare professionals. For comprehensive guidance on these matters, please see appendix relating to the Codes of Ethics.

ABANDONMENT

See 'Depression'. Metaphors for over-responsibility

ABUSE

'Dissociation, fantasy and imagination in childhood: a comparison of physically abused, sexually abused, and non-abused children'. Judith W Rhue, Steven Jay Lynn and David Sandberg. Contemporary Hypnosis (1995), Vol. 12, No. 2, p.p. 131-136. www.interscience.wiley.com/journal/ch

'The value of using hypnosis in helping an adult survivor of childhood sexual abuse'. Maggie Wai-ling Poon. Contemporary Hypnosis (2007), Vol. 24 No. 1, p.p. 30-37. www.interscience.wiley.com/journal/ch

ABORTION

'Hypnosis in post-abortion distress: an experimental case study'. Valerie J. Walters, David A. Oakley. Contemporary Hypnosis (2002) Vol.19, No 2, p.p. 85-100. www.interscience.wiley.com/journal/ch

ACADEMIC PERFORMANCE

'Hypnotic suggestibility and academic achievement: a preliminary study'. Victoria West. Contemporary Hypnosis (2003) Vol.20, No 1, p.p.48-52. www.interscience.wiley.com/journal.ch

'Use of group hypnosis to improve academic achievement of college freshmen'. Schreiber, H. Elliot, P M McSweeney. Australian Journal of Clinical & Experimental Hypnosis (Nov 2004) Vol.32(2), p.p.153-156.

'The effects of hypnotic training programmes on the academic performance of students: a case report'. H.M. De Vos and D.A.Louw. American Journal of Hypnosis (Oct 2006), Vol.49 (2), p.p.101-112.

ACCEPTANCE

Creating an acceptance set using 'Socratic Method'. Yes – set truisms.

ADAPTING TO CHANGE

Normalisation, adaptability, potentiality, recognition, awareness, reinterpretation.

ADDICTIVE BEHAVIOUR

Typical script set will cover cost of maintenance and benefits of change and identification of 'control point' interventions.

Heep & Aratinol 2002 : 296
Green & Kirsch et al 1999 : 251
Marlott, Hammond 1990 : 407
Dept. Psychology Kanstanz Uni, Meta Analysis 2003.
Visuesuaran & Schmidt 1992, New Scientist magazine
Spiezal et al 1993 1083

Hartland Ego Strengthening

AGE REGRESSION

See 'Regression'.**Agoraphobia**

Cognitive-behavioural hypnotherapy in the treatment of irritable-bowel-syndrome-induced Agoraphobia'. William L Golden. The International Journal of Clinical and Experimental Hypnosis (April 2007), Vol.55, No.2, p.p.131-146.

ALCOHOL ABUSE

'Hypnosis in the treatment of alcohol addiction: controlled trial, with analysis of factors affecting outcome'. Edwards, G. Quarterly Journal of Studies on Alcohol (1966), Vol. 27, p.p. 221-241.
'Hypnosis in the Treatment of alcoholism: a review and appraisal'. Wadden, T.A. & Penrod, J.H. American Journal of Clinical Hypnosis (1981), Vol.24(1), p.p.41-47.
'Problems in the evaluation of hypnosis in the treatment of alcoholism'. Stoil, M.J. Journal of Substance Abuse Treatment (1989), Vol. 6(1), p.p. 31-35.

ALLERGIES

Similar treatment, any physical symptom caused by stress (see 'Psychosomatic'). Hypnosis most useful in allergies now 'grown out of'.

ALZHEIMER

Dutt & Nightingale 2007
Alzheimer Care Today 8.4, 321-331.

AMNESIA

Usually induced by suggestion, therapeutically to forget elements of the hypnotic intervention.

ANALGESIA

'The neurobiology of pain, affect and hypnosis'. **Jeffrey B. Feldman. American Journal of Clinical Hypnosis (January 2004), Vol.46, No.3, p.p.187-200.**

'Clinical hypnosis in the alleviation of procedure-related pain in pediatric oncology patients'. **Christina Liossi and Popi Hatira. The International Journal of Clinical and Experimental Hypnosis (January 2003), Vol.51, No.1, p.p.4-28.**

'Chronic psychosomatic pain alleviated by brief therapy'. **Ann Williamson. Contemporary Hypnosis (2002) Vol.19, No.3, p.p.118-124.** www.interscience.wiley.com/journal/ch

'Psychogenic pain: a study using multidimensional scaling'. **Matthew G. Whalley, David A. Oakley. Contemporary Hypnosis (2003) Vol.20, No.1, p.p.16-24.** www.interscience.wiley.com/journal/ch

'Understanding the multidimensional mechanisms of hypnotic analgesia'. **Giuseppe De Benedittis. Contemporary Hypnosis (2003) Vol.20, No 2, p.p.59-80.** www.interscience.wiley.com/journal/ch

'Hypnotic suggestibility and academic achievement: a preliminary study'. **Victoria West. Contemporary Hypnosis (2003) Vol.20, No.2, p.p.59-80.** www.interscience.wiley.com/journal/ch

'Mediation and moderation of hypnotic and cognitive-behavioural pain reduction'. **Leonard S. Milling, Amanda Breen. Contemporary Hypnosis (2003) Vol.20, No.2, p.p. 81-97.** www.interscience.wiley.com/journal/ch

'Treating Pain with Hypnosis'. **David R. Patterson. Current Directions in Psychological Science (Dec 2004), Vol. 13(6), p.p.252-255.**

'Differential effectiveness of psychological interventions for reducing osteoarthritis pain: a comparison of Ericksonian hypnosis and Jacobson relaxation'. **M. Gay et al. European Journal of Pain (2002), Vol. 6(1), p.p.1-16.**

'Hypnotherapy as a treatment for vulvar vestibulitis syndrome: a case report'. **K. Kandyba & Y. Binik. Journal of Sex and Marital Therapy (2003), Vol. 29, p.p. 237-242.**

'Ego state therapy as treatment for severe stomach pain after sexual intercourse: a case presentation'. **Fourie, Anna-M. & Roets, Hester E. Australian Journal of Clinical Hypnotherapy and Hypnosis (Sep 2003), Vol. 24(2), p.p. 67-76.**

'Hypnotic enhancement of cognitive-behavioural interventions for pain: an analogue treatment study'. **Milling, L.S. et al. Health Psychology (July 2003), Vol. 22(4), p.p. 406-413.**

'Satisfaction with, and the beneficial side effects of, hypnotic analgesia'. **Mark P Jensen et al. The International Journal of Clinical and Experimental Hypnosis (2006), Vol.54 (4), p.p. 432-447.**

'Hypnosis in complex trauma and breast cancer pain: a single case study'. **Priscilla S.K. Kwan. Contemporary Hypnosis (2007) Vol.24, No.2, p.p.86-96.**
www.interscience.wiley.com/journal/ch

'Hypnotherapy for the management of chronic pain'. **Gary Elkins et al. The International Journal of Clinical and Experimental Hypnosis (July 2007) Vo.55, No.3, p.p.275-287.**

ANCHORING

Typically used to 'evoke feeling states'. Effectiveness greater using hypnosis rather than stand-alone NLP.**Anger management**
Treated as a 'problem behaviour' after initially screening out any emotional causes. Relief of anger/resentment/guilt using release techniques also initially applicable.

ANOREXIA NERVOSA

Also see 'Eating Disorders'.

ANXIETY

Also refer to 'Depression'.

'Hypnosis and CBT with depression and anxiety'. Ester German. Australian Journal of Clinical & Experimental Hypnosis (May 2004) Vol. 32(1), p.p.71-85.

'Cognitive-behavioural hypnotic treatment for managing examination anxiety and facilitating performance'. Calvin Kai-Ching Yu. Contemporary Hypnosis (2006), Vol. 2(23), p.p.72-82. www.interscience.wiley.com/journal/ch.

'The causal role of negative imagery in social anxiety: a test in confident public speaking'. Hirsch C. et al. Journal of Behaviour Therapy and Experimental Psychiatry (2006), Vol. 37(2).

'The role of imagery in the maintenance and treatment of snake fear'. Hunt M. et al. Hirsch C. et al. Journal of Behaviour Therapy and Experimental Psychiatry (2006), Vol. 37(4).

ASSERTIVENESS

See also 'Ego Strengthening'.

ATTENTION FOCUS
See also 'Academic Performance'.

AVERSION THERAPIES
Alternative techniques for helping with pleasure-producing habits, may be a strategy of negative accentration of long term consequences, or more simply modality confusion; e.g. suggestions of chocolate tasting like soap.

BED WETTING
Hypnosis effective using relaxation techniques, imagery and explanations of how the body works.

BELLS PALSY
Uncontrolled results from Dr. Chiassen MD, Youngstown, Ohio, indicate some potential benefits.

BEREAVEMENT
'Hypnosis treatment of sleeping problems in children experiencing loss'. Peter Hawkins, Nikitas Polemikos. Contemporary Hypnosis (2002) Vol.19, No.1, p.p. 18-24. www.interscience.wiley.com/journal/ch
'Do blushing phobics overestimate the undesirable communicative effects of their blushing?' De Jong, P & Peters, J. Behaviour Research and Therapy. (2005) Vol. 43(6)

BINGE DRINKING
See 'Addictive Behaviour'.

BINGE EATING
See 'Eating Disorders'.

BLOOD PRESSURE REDUCTION
Relaxation therapy and 'branded' interventions. 'Hypnotension'.

BLUSHING
See 'Anxiety' and 'Self Esteem'.

BODY IMAGE MODIFICATION
Suggestions used in hypnosis to improve self image and adjust dysmorphia.

Brain Imaging

'Brain Imaging Techniques'. William J. Ray, Desmond Oathes. The International Journal of Clinical and Experimental Hypnosis (April 2003), Vol.51, No.2, p.p.97-104.

'Hypnosis phenomenology and the neurobiology of consciousness'. Pierre Rainville, Donald D. Price. The International Journal of Clinical and Experimental Hypnosis (April 2003), Vol.51, No.2, p.p.105-129.

'Negative and positive visual hypnotic hallucinations: attending inside and out'. Davis Spiegel. The International Journal of Clinical and Experimental Hypnosis (April 2003), Vol. 51, No.2, p.p.130-146.

'Temporal aspects of hypnotic processes'. William J. Ray, Vilfredo De Pascalis. The International Journal of Clinical and Experimental Hypnosis (April 2003), Vol.51, No.2, p.p. 147-165.

'The fox, the hedgehog, and Hypnosis'. John F. Kihlstrom. The International Journal of Clinical and Experimental Hypnosis (April 2003), Vol.51, No.2, p.p.166-189.

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'How can brain activity and hypnosis inform each other?'. Erik Z. Woody, Henry Szechtman. The International Journal of Clinical and Experimental Hypnosis (July 2003), Vol.51, No.3, p.p.232-255.

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'What we don't know about the brain and hypnosis, but need to: a view from the Buckhorn Inn'. Erik Z. Woody, Kevin M. McConkey. The International Journal of Clinical and Experimental Hypnosis (July 2003), Vol.51, No.3, p.p.309-338.

Breast Enlargement

Anecdotal reports only.

Brief Therapy

'Chronic psychosomatic pain alleviated by brief therapy'. Ann Williamson. Contemporary Hypnosis (2002) Vol.19, No.3, p.p.118-124. www.interscience.wiley.com/journal/ch

'On expectation and very brief therapy: editorial commentary'. John Gruzelier. Contemporary Hypnosis (2007), Vol. 24 No. 1, p.p. 1-2. www.interscience.wiley.com/journal/ch

'Expectation: principles and practice of very brief therapy'. Rubin Battino. Contemporary Hypnosis (2007), Vol. 24 No. 1, p.p.19-29. www.interscience.wiley.com/journal/ch

Bruxism/Jaw Grinding

'Understanding change: Five-year follow-up of brief hypnotic treatment of chronic bruxism'. M. LaCrosse. American Journal of Clinical Hypnosis. (1994) Vol 36(4)

Bulimia

See 'Eating Disorders'.

Bullying

Interventions dependant on whether problem is historical or current and expect nature of behaviour may include issues of guilt, self esteem, 'what other people think' and control.

Childbirth

'Childbirth preparation through hypnosis: the hypnoreflexogenous protocol'. Paul G Schauble, William E F Werner, Surekha H Rai and Alice Martin. American Journal of Clinical Hypnosis (1998) Vol. 40:4, p.p.273-283.

'Hypnosis and pain in childbirth'. Deborah A E Mairs. Contemporary Hypnosis (1995), Vol. 12, No. 2, p.p.111-118.www.interscience.wiley.com/journal/ch

'Hypnosis to facilitate uncomplicated birth'. Lewis E. Mehl-Madrona. American Journal of Clinical Hypnosis (April 2004), Vol.46, No.4, p.p.299-312.

'Hypnotic preparation of a mother-to-be'. Ester German. Australian Journal of Clinical & Experimental Hypnosis (Nov 2004), Vol. 32(2), p.p.157-169.

'Treating postpartum depression with hypnosis: addressing specific symptoms presented by the client'. Melinda Yexley. American Journal of Clinical Hypnosis (2007), Vol.49 (3), p.p. 219-224.

'Evidence-based clinical hypnosis for obstetrics, labor and delivery, and preterm labor'. Donald Corey Brown and D. Corydon Hammond. The International Journal of Clinical and Experimental Hypnosis (July 2007) Vo.55, No.3, p.p.355-371.

Children & Adolescents

'Hypnosis treatment of sleeping problems in children experiencing loss'. Peter Hawkins, Nikitas Polemikos. Contemporary Hypnosis (2002) Vol.19, No.1, p.p.18-24. www.interscience.wiley.com/journal/ch

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'Hypnotic responsivity from a developmental perspective: insights from young children'. Brian Vandenberg. The International Journal of Clinical and Experimental Hypnosis (July 2002), Vol.50, No.3, p.p.229-247.

'Clinical hypnosis in the alleviation of procedure-related pain in pediatric oncology patients'. Christina Liossi and Popi Hatira. The International Journal of Clinical and Experimental Hypnosis (January 2003), Vol.51, No.1, p.p.4-28.

'Using hypnosis in the paediatric oncology setting'. Christina Liossi. Australian Journal of Clinical & Experimental Hypnosis (May 2003), Vol. 31(1), p.p.32-40.

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'Correlates of imaginative and hypnotic suggestibility in children'. Bruce Poulsen, William J. Matthews Jr. Contemporary Hypnosis (2003) Vol.20, No.4, p.p.198-208. www.interscience.wiley.com/journal/ch

'Tele-hypnosis in the treatment of adolescent school refusal'. Alex Aviv. The American Journal of Clinical Hypnosis (July 2006), Vol.49, No.1, p.p.31-40.

Childrens issues

Different interventions based on specific issues, also see other categories.

'Hypnosis treatment of sleeping problems in children experiencing loss'. **Peter Hawkins, Nikitas Polemikos. Contemporary Hypnosis (2002) Vol.19, No.1, p.p.18-24. www.interscience.wiley.com/journal/ch**

The use of hypnosis to help an anxious student with social communication disorder to attend school'. **David Byron. Contemporary Hypnosis (2002) Vol.19, No.3, p.p. 125-132. www.interscience.wiley.com/journal/ch**

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‘Using hypnosis in the paediatric oncology setting’. **Christina Liossi. Australian Journal of Clinical & Experimental Hypnosis (May 2003), Vol. 31(1), p.p.32-40.**

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Chronic Fatigue Syndrome

‘An under-active or over-active internal world?’ Christine Driver. Journal of American Psychology (2005), Vol. 50:2, p.p. 155-173.
‘Hypnosis and the chronic fatigue syndrome: a case study’. Vernon H Gregg and David Jones. Contemporary Hypnosis (1995), Vol. 12, No. 2, p.p.87-91.
www.interscience.wiley.com/journal/ch

Coaching

Usually used in business situations. May concern decision making, procrastination, meetings, confidence and presentations. Appropriate scripts and possible NLP timeline therapy.

Cocaine Abuse

See ‘Addictive Behaviour’.

Comfort Eating

See ‘Weight Loss’.

Compulsive shopping

See ‘Addictive Behaviour’.

Concentration

See ‘Academic Performance’.

Confidence

See’ Ego Enhancement’.

CONTROL
See 'Addictive Behaviour'.

CONTROL OF BLEEDING
Relaxation techniques and control room techniques, plus others.

CONVERSION DISORDER
'A randomised controlled clinical trial of a hypnosis-based treatment for patients with conversion disorder, motor-type'. **Franny Moene, Philip Spinhoven, Kees A.L. Hoogduin, Richard Van Dyke. The International Journal of Clinical and Experimental Hypnosis (January 2003), Vol.51, No.1, p.p.29-50.**

COPING
Broad range of interventions specific to situation.

CRAVINGS
See 'Weight Loss'.**Crisis assistance**
See 'Coping'.

CULT VICTIMS
Complicated and specialist area of practise. Anecdotal case histories using metaphor and other inverventions suggested by Donald Price PHD, Utah, USA.

DECISION MAKING
See 'Coping'.

DENTAL PHOBIA
'Rapid hypnotic inductions and therapeutic suggestions in the dental setting'. **Selig Finkelstein. The International Journal of Clinical and Experimental Hypnosis (January 2003), Vol.51, No.1, p.p.77-85.**

'Hypnosis with a 31-year-old female with dental phobia requiring an emergency extraction'. **Michael A. Gow. Contemporary Hypnosis (2006), Vol. 2(23), p.p. 83-91.** www.interscience.wiley.com/journal/ch

'Hypnosis with a blind 55-year-old female with dental phobia requiring periodontal treatment and extraction'. **Michael A. Gow. Contemporary Hypnosis (2006), Vol. 2(23), p.p. 92-100.** www.interscience.wiley.com/journal/ch

DENTURE PROBLEMS
See 'Dental Phobia'.

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DERMALOGICAL IRRITATIONS

See ‘Psoriasis’ and ‘Eczema’.

DESENSITATION

Intervention, involve returning to initial sensitising event and copy and mastery.

DETERMINATION

Intervention invoking procrastination, positive outcomes, overcoming fear/anxiety and ego strengthening.

Digestive Disorders

See 'Irritable Bowel Syndrome'.
'Cleaning up the river: a metaphor for digestive disorders'. **Joseph Zimmerman. American Journal of Clinical Hypnosis (April 2003), Vol.45, No.4, p.p.353-360.**

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Dogs, fear of

Fast phobia cure.

Driving test

See 'Confidence'.

Drugs

See 'Addictions'

Dyslexia

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ECZEMA

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EJACULATORY INHIBITIONS

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EMERGENCY SITUATIONS

Different interventions dependant on nature of emergency. Please see other categories.

EMOTIONAL DISORDERS

'Hypnotic abreaction releases chaotic patterns of electrodermal activity during dissociation'. Petre Bob. The International Journal of Clinical and Experimental Hypnosis (2007) Vol.55, No.4, p.p.435-456.

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EMOTIONAL RESPONSES

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EMOTIONAL RELEASE

'Taking the feeling out of emotional memories – a study of hypnotic emotional numbing: a brief communication'. Richard A. Bryant and Samantha Fearns. The International Journal of Clinical and Experimental Hypnosis (2007) Vol.55, No.4, p.p.426-434.

ENDURANCE TRAINING

Various hypnotic techniques and suggestions for revigoration and energy conservation. D. Coryden Hammond, PHD.

ERECTILE DYSFUNCTION

Investigation in ISE and reframe plus timeline.

EXAM NERVES/ANXIETY

See 'Academic Performance'.

'Hypnosis and examination stress in adolescence'. **Sue Nath and John Warren. Contemporary Hypnosis (1995), Vol. 12, No. 2, p.p.119-124.**
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'Mood changes after self-hypnosis and the Johrei healing method prior to exams'. **Tannis Laidlaw, Akira Naito, Prabudha Dwivedi, Nicholas A. Enzor, Christine E. Brincat, John H. Gruzelier. Contemporary Hypnosis (2003) Vol.20, No.1, p.p.25-40.**
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'Cognitive-behavioural hypnotic treatment for managing examination anxiety and facilitating performance'. **Calvin Kai-Ching Yu. Contemporary Hypnosis (2006), Vol. 2(23), p.p.72-82.** www.interscience.wiley.com/journal/ch

EXPECTANCY CREATION

Building anticipation and expectation using suggestion.

FAILURE ISSUES

See 'Depression'.

FAMILY PROBLEMS

See specific issue to be resolved.

FEAR OF FLYING

Fast phobia response.

FERTILITY

Hypnotherapy used particularly in cases of 'unexplained infertility'. Techniques include relaxation, emotional/stress release and breathing techniques.
National Council for Hypnotherapy Journal 2014, issue 2, Vol.14, Russell Davis.

FOREIGN LANGUAGE USE/LEARNING

See 'Academic Performance' and 'Confidence'.

FORENSIC (COURTS OF LAW AND CRIME)

Expert witness views in both court proceedings and qrasi judicial reviews/processes are set out in "Part 35 of the Civil Procedure Rules".

'A further case of the misuse of hypnosis in a police investigation'. H B Gibson. Contemporary Hypnosis (1995), Vol. 12, No. 2, p.p.81-86. www.interscience.wiley.com/journal/ch

FORGIVENESS

Emotional release techniques and reframing.

GAGGING REFLEX

Erickson, Hershman & Seater, 1961. Hartland 1966.
Check & LeCran, 1968.
Hilgood & Hilgood 1975.
Harold Golan Davd. Boston 1987.

GAMBLING PROBLEMS
See 'Addiction'.

GASTRIC BAND
Many anecdotal reports of successful interventions. However, authors are unconvinced as to long term efficacy.

GASTRIC BYPASS
See ' Gastric Band'.

GOAL IMAGERY
Visualisation and timeline.

GUILT
Emotional release techniques, Door & Forgiveness. Helen Watkins, MA, Montana
Red Balloon, Coryden Hammond

HABIT CHANGING
See 'Addictive Behaviour'.

HAIR PULLING
See 'Addictive Behaviour'.

HAPPINESS CREATION
Thought changing and reframing techniques. Positive fears and outcomes. Timeline.

HEADACHES/TENSION
'Review of the efficacy of clinical hypnosis with headaches and migraines'. **D. Corydon Hammond. The International Journal of Clinical and Experimental Hypnosis (April 2007), Vol.55, No.2, p.p.207-219.**

HEALING IMAGERY
Visual imagery in hypnosis, specific to problem, e.g. Gut directed therapy with IBS.

HICCUPS
Concentration of focus and trance induction.

Hypnotic Suggestibility

‘Binaural-beat induced theta EEG activity and hypnotic susceptibility: contradictory results and technical considerations’. Larry Stevens, Zach Haga, Brandy Queen, Deanna Adams, Jaime Gilbert, Emily Vaughan, Cathy Leach, Paul Nockels, Patrick McManus. American Journal of Clinical Hypnosis (April 2003), Vol.45, No.4, p.p.295-310.

‘Hypnotic susceptibility as a predictor of participation in student activities’. Kenneth R. Graham, Lauren C. Marra, Jeffrey M. Rudski.

American Journal of Clinical Hypnosis (October 2003), Vol.46, No.2, p.p.139-146.
‘Suggestibility and negative priming: two replication studies’. Daniel David, Richard J. Brown. The International Journal of Clinical and Experimental Hypnosis (July 2002), Vol. 50, No.3, p.p.215-228.

‘Hypnotic responsivity from a developmental perspective: insights from young children’. Brian Vandenberg. The International Journal of Clinical and Experimental Hypnosis (July 2002), Vol.50, No.3, p.p.229-247.

‘Autonomic reactivity to cognitive and emotional stress of low, medium, and high hypnotizable healthy subjects. Testing predictions from the high risk model of threat perception’. Michael Martini Jørgensen, Robert Zachariae. The International Journal of Clinical and Experimental Hypnosis (July 2002), Vol.50, No.3, p.p.248-275.

‘The “big five” and hypnotic suggestibility’. Benita K. Nordenstrom, James R. Council, Brian P. Meier. The International Journal of Clinical and Experimental Hypnosis (July 2002), Vol.50, No.3, p.p.276-281.

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‘Romanian norms for the Harvard Group Scale of Hypnotic Susceptibility, Form A’. Daniel David, Guy Montgomery, Irina Holdevici. The International Journal of Clinical and Experimental Hypnosis (January 2003), Vol.51, No.1, p.p.66-76.

‘Swedish norms for the Harvard Group Scale of Hypnotic Susceptibility, Form A’. Minica Bergman, Elisabeth Trenter, Sakari Kallio. The International Journal of Clinical and Experimental Hypnosis (October 2003), Vol.51, No.4, p.p.348-356.

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'A critical evaluation of the relationship between sustained attentional abilities and hypnotic susceptibility'. Graham A. Jamieson, Peter W. Sheehan. Contemporary Hypnosis (2002) Vol.19, No.2, p.p.62-74. www.interscience.wiley.com/journal/ch

'The involvement of frontally modulated attention in hypnosis and hypnotic susceptibility: cortical evoked potential evidence'. John Gruzelier, Matthew Gray, Peter Horn. Contemporary Hypnosis (2002) Vol.19, No.4, p.p.179-189. www.interscience.wiley.com/journal/ch

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'The impact of a confusion technique on hypnotic responsitivity in low-susceptible subjects'. T Stanger et al. . American Journal of Clinical Hypnosis (1996), Vol.38 (3), p.p.214-218.

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'How deeply hypnotized did I get? Predicting self-reported hypnotic depth from a phenomenological assessment instrument'. Ronald J. Pekala et al. The International Journal of Clinical and Experimental Hypnosis (2006), Vol.54, p.p.316-339.

'Salient findings: Identifying the building blocks of hypnotisability, and the neural underpinnings of subjective pain'. Michael R. Nash. The International Journal of Clinical and Experimental Hypnosis (2006), Vol.54, p.p.360-365.

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'Defence mechanisms and suggestibility'. Calvin Kai-Ching Yu. Contemporary Hypnosis (2006), Vol.23(4), p.p.167-172. www.interscience.wiley.com/journal/ch

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'Commentary'. Maggie Phillips. American Journal of Clinical Hypnosis (2007), Vol.49 (3), p.p. 1183-184.

'The future of professional hypnosis: comment on Kirsch, Mazzoni and Montgomery'. Edward Frischholz. American Journal of Clinical Hypnosis (2007), Vol.49 (3), p.p. 1185-194.

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'The ghosts of research past'. David Wark. American Journal of Clinical Hypnosis (2007), Vol.49 (3), p.p. 203-204.

'Suggestibility and hypnotisability: mind the gap'. Amir Raz. American Journal of Clinical Hypnosis (2007), Vol.49 (3), p.p. 205-210.

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'What is suggestion? The neuroscience of implicit processing heuristics in therapeutic hypnosis and psychotherapy'. Ernest Rossi and Kathryn Rossi. American Journal of Clinical Hypnosis (2007) Vol. 49 No 4, p.p. 267-282.

'An update on age, hypnotic suggestibility, and gender: a brief report'. Robert Page and Joseph Green. American Journal of Clinical Hypnosis (2007) Vol. 49 No 4, p.p. 255-266.

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IBS (IRRITABLE BOWEL SYNDROME)

'Hypnotherapy and refractory irritable bowel syndrome: a single case study'. Tara E. Galovski, Edward B. Blanchard. American Journal of Clinical Hypnosis (July 2002), Vol.45, No.1, p.p.31-38.

'Treatment with hypnotherapy reduces the sensory and motor component of the gastrocolonic response in irritable bowel syndrome'.
Magnus Simrén. Psychosomatic Medicine (Mar-Apr 2004), Vol. 66(2), p.p.233-238.

'The nature of IBS and the need for a psychological approach'. Olafur S. Palsson. Editor's Preamble, The International Journal of Clinical and Experimental Hypnosis (January 2006), Vol.54(1), p.p.1-6.

'Hypnosis for Irritable Bowel Syndrome: the empirical evidence of therapeutic effects'. William E. Whitehead. The International Journal of Clinical and Experimental Hypnosis (January 2006), Vol.54(1), p.p.7-20.

'Effective management of Irritable Bowel Syndrome – the Manchester Model'. Peter J. Whorwell. The International Journal of Clinical and Experimental Hypnosis (January 2006), Vol.54(1), p.p.21-26.

'Gut-directed hypnotherapy: the Manchester approach for treatment of Irritable Bowel Syndrome'. Wendy M. Gonsalkorale. The International Journal of Clinical and Experimental Hypnosis (January 2006), Vol.54(1), p.p.27-50.

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'Hypnosis home treatment for Irritable Bowel Syndrome: a pilot study'. Olafur S. Palsson, Marsha J. Turner, and William E. Whitehead. The International Journal of Clinical and Experimental Hypnosis (January 2006), Vol.54(1), p.p.85-99.
'Effects of tailored and manualized hypnotic inductions for Complicated Irritable Bowel Syndrome'. Arreed Barabasz and Marianne Barabasz. The International Journal of Clinical and Experimental Hypnosis (January 2006), Vol.54(1), p.p.100-112.

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'Irritable bowel syndrome: symptomatic treatment versus integrative psychotherapy'. Tom Kraft and David Kraft. Contemporary Hypnosis (2007), Vol. 24 No. 4, p.p. 161-177. www.interscience.wiley.com/journal/ch

IMAGERY

Introduction of visual (use of other modalities may be included), to bring about emotional response.

'The effect of repeated imagery on memory'. **Arbuthnott, K. Applied Cognitive Psychology. (2005) Vol. 19(7)**

'The casual role of negative imagery in social anxiety: a test in confident public speaking'. **Hirsch C. et al. Journal of Behaviour Therapy and Experimental Psychiatry (2006), Vol. 37(2).**

'The role of imagery in the maintenance and treatment of snake fear'. **Hunt M. et al. Hirsch C. et al. Journal of Behaviour Therapy and Experimental Psychiatry (2006), Vol. 37(4).**

'Self-criticism and self-warmth: an imagery study exploring their relation to depression'. **Gilbert P. et al. Journal of Cognitive Therapy (2006), Special Issue: Positive psychology, Vol. 20(2).**

'Imagery use by injured athletes: a qualitative analysis'. **Driediger M. et al. Journal of Sports Sciences (2006), Vol. 24(3).**

IMPULSE CONTROL

See 'Addictive Behaviour'.

INDUCED DREAMS

Often utilised in sex therapy, similar to guided imagery.

INSOMNIA

See 'Anxiety', 'Depression', and 'Sleeping Disorders'.

'Hypnosis treatment of sleeping problems in children experiencing loss'. **Peter Hawkins, Nikitas Polemikos. Contemporary Hypnosis (2002) Vol.19, No.1, p.p.18-24.**
www.interscience.wiley.com/journal/ch

'A review of hypnosis in the treatment of parasomnias: nightmares, sleepwalking, and sleep terror disorders'. **Gerard A Kennedy. Australian Journal of Clinical and Experimental Hypnosis (Nov 2002), Vol. 30(2), p.p. 99-155.**

'Comparison between cognitive behaviour therapy and medication on chronic insomnia'. **Renang Wu et al. Chinese Mental Health Journal (Oct 2002), Vol. 16(10), p.p.677-680.**

'Evidence-based hypnotherapy for the management of sleep disorders'. **Gina M. Graci and John C. Hardie. . The International Journal of Clinical and Experimental Hypnosis (July 2007) Vo.55, No.3, p.p.288-302.**

INTERVIEW NERVES/PREPARATION

See 'Performance Anxiety'.**Involuntary muscle jerk**
Stein 1980. As well as mirroring techniques and relief under hypnosis transferred to conscious state.
See also 'Dystonia'.

JEALOUSY

Nature and origin of emotion explored and SE and Confidence interventions used.

MASTERY TECHNIQUES

Timeline.

MEMORY ENHANCEMENT

See 'Academic Performance'.

MEMORY RECALL

See 'Academic Performance'.

MIGRAINE

See 'Headaches/Tension'.
Anderson, Basker & Dalton, 1975 (VS).
Tension/stress relief, relaxation.

MODIFY BEHAVIOUR

See behavioural change under addictive behaviour.

Modify perfectionism

Many clinical reasons and comorbidity with this condition, including self esteem and anxiety disorders noted elsewhere.

Motivation

Associated with the desire to change, different approaches depending on 'what' requires to change.

Mystical states

Guided imagery and induced dream techniques .
Paul Sacardote PhD, Riverdale, NY.

Nail biting

See 'Addictive/Problem Behaviour'.

Nausea

See 'Anxiety Conditions'.

Night terror

Particularly relevant with paediatric practise, returning to Initial Sensitising Event and reframing imagery/experiences.
See also 'Children's Issues' and 'Children and Adolescents'.

Nightmares

See 'Night Terror'.

OCD (Obsessive Compulsive Disorder)

'Hypnotically facilitated treatment of obsessive-compulsive disorder: Can it be evidence-based?' **Claire Frederick. The International Journal of Clinical and Experimental Hypnosis (April 2007), Vol.55, No.2, p.p.189-206.**

Pain control

'The neurobiology of pain, affect and hypnosis'. **Jeffrey B. Feldman. American Journal of Clinical Hypnosis (January 2004), Vol.46, No.3, p.p.187-200.**

'Clinical hypnosis in the alleviation of procedure-related pain in pediatric oncology patients'. **Christina Liossi and Popi Hatira. The International Journal of Clinical and Experimental Hypnosis (January 2003), Vol.51, No.1, p.p.4-28.**

'Chronic psychosomatic pain alleviated by brief therapy'. **Ann Williamson. Contemporary Hypnosis (2002) Vol.19, No.3, p.p.118-124.** www.interscience.wiley.com/journal/ch

'Psychogenic pain: a study using multidimensional scaling'. **Matthew G. Whalley, David A. Oakley. Contemporary Hypnosis (2003) Vol.20, No.1, p.p.16-24.** www.interscience.wiley.com/journal/ch

'Understanding the multidimensional mechanisms of hypnotic analgesia'. **Giuseppe De Benedittis. Contemporary Hypnosis (2003) Vol.20, No 2, p.p.59-80.** www.interscience.wiley.com/journal/ch

'Hypnotic suggestibility and academic achievement: a preliminary study'. **Victoria West. Contemporary Hypnosis (2003) Vol.20, No.2, p.p.59-80.** www.interscience.wiley.com/journal/ch

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'Differential effectiveness of psychological interventions for reducing osteoarthritis pain: a comparison of Ericksonian hypnosis and Jacobson relaxation'. **M. Gay et al. European Journal of Pain (2002), Vol. 6(1), p.p.1-16.**

'Hypnotherapy as a treatment for vulvar vestibulitis syndrome: a case report'. **K. Kandyba & Y. Binik. Journal of Sex and Marital Therapy (2003), Vol. 29, p.p. 237-242.**

'Ego state therapy as treatment for severe stomach pain after sexual intercourse: a case presentation'. **Fourie, Anna-M. & Roets, Hester E. Australian Journal of Clinical Hypnotherapy and Hypnosis (Sep 2003), Vol. 24(2), p.p. 67-76.**

'Hypnotic enhancement of cognitive-behavioural interventions for pain: an analogue treatment study'. **Milling, L.S. et al. Health Psychology (July 2003), Vol. 22(4), p.p. 406-413.**

'Satisfaction with, and the beneficial side effects of, hypnotic analgesia'. **Mark P Jensen et al. The International Journal of Clinical and Experimental Hypnosis (2006), Vol.54 (4), p.p. 432-447.**

'Hypnosis in complex trauma and breast cancer pain: a single case study'. **Priscilla S.K. Kwan. Contemporary Hypnosis (2007) Vol.24, No.2, p.p.86-96.** www.interscience.wiley.com/journal/ch

'Hypnotherapy for the management of chronic pain'. **Gary Elkins et al. The International Journal of Clinical and Experimental Hypnosis (July 2007) Vo.55, No.3, p.p.275-287.**

PANIC ATTACKS

'Awake-Alert Hypnosis in the Treatment of Panic Disorder: A Case Report'. **Iglesias, A. & Iglesias, A. American Journal of Clinical Hypnosis (2005). Vol. 47(4)**

PAST LIFE

'The Search for Bridey Murphy: implications for modern hypnosis'. **Melvin A. Gravitz. American Journal of Clinical Hypnosis (July 2002), Vol.45, No.1, p.p.3-10.**

PARATAXIC DISTRACTIONS

Hypnosis used to achieve insight into distractions and modify responses.

PERFORMANCE ANXIETY

Issues may relate to academic performance, public speaking, stage performance or athletic performance, which will include; Enhanced sensory awareness and muscle control; increased concentration, internal dialogue; control of anxiety and emotion; enhance motivation; increased energy; increased self esteem and confidence; enhance performance skill; focus in 'the moment'; resolution of any 'blocks'; management of discomfort; awareness of time/rhythm in performance.

PHANTOM LIMBS

'Hypnotic mirrors and phantom pain: a single case study'. **David A. Oakley, Peter W. Halligan. Contemporary Hypnosis (2002) Vol.19, No.2, p.p.75-84.**
www.interscience.wiley.com/journal/ch

A multi-faceted approach to the treatment of phantom limb pain using hypnosis'. **Candy Bamford. Contemporary Hypnosis (2006), Vol.23(3), p.p.115-126.**
www.interscience.wiley.com/journal/ch

PHOBIAS

Typical intervention involve reframing, rehearsal, coping and mastery, and defusing any residual anxiety.

PHYSICAL DISCOMFORT

See 'Pain Control'.

PILL SWALLOWING

Relaxation techniques and rehearsal imagery.

POST-OP RECOVERY
Positive suggestions and expectancy.

PREMATURE EJACULATION
Hypnosis effective in dealing with psychogenic sexual issues, coping and mastery, plus Initial Sensitising Event.

PRE-OP FEAR
See 'Post Op Recovery'.

PROBLEM SOLVING
'Self Esteem' and 'Confidence Issues'.

PROCRASTINATION
'Act now' response strengthened using hypnosis.

PRURITUS
'The efficacy of hypnosis in the treatment of pruritis in people with HIV/AIDS: a time-series analysis'. **Julia J. Rucklidge, Douglas Saunders. The International Journal of Clinical and Experimental Hypnosis (April 2002), Vol.50, No.2, p.p.149-169.**

PSORIASIS
'A Pilot Study of Hypnosis in the Treatment of Patients with Psoriasis',
Tausk F. · Whitmore S.E. Psychother Psychosom 1999;68:221-225 (DOI: 10.1159/000012336)

'Biofeedback, cognitive-behavioral methods, and hypnosis in dermatology: is it all in your mind?' Dermatol Ther. 2003;16(2):114-22.

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'Effects of psychologic intervention on **psoriasis**: a preliminary report.' Zachariae R, Oster H, Bjerring P, Kragballe K. J Am Acad Dermatol. 1996 Jun;34(6):1008-15.

'Stress and **psoriasis**.' Kantor SD.
'[Psychosomatic dermatology].' Haustein UF, Seikowski K. Dermatol Monatsschr. 1990;176(12):725-33. Review. German.

'Relaxation therapies in the treatment of **psoriasis** and possible pathophysiologic mechanisms.'
Winchell SA, Watts RA. J Am Acad Dermatol. 1988 Jan;18(1 Pt 1):101-4. Review.

'Dermatopsychosomatics: classification, physiology, and therapeutic approaches.', Medansky RS, Handler RM. J Am Acad Dermatol. 1981 Aug;5(2):125-36. Review.

Hypnosis in the psychotherapy of neurotic illness. Waxman D.Br J Med Psychol. 1975 Dec;48(4):339-48. No abstract available.

'Psychotherapy in psychosomatic disorders.', Kellner R. Arch Gen Psychiatry. 1975 Aug; 32(8):1021-8.

'**Hypnosis** as a treatment method in psychosomatic medicine.', Frankel FH. Int J Psychiatry Med. 1975;6(1-2):75-85. Review.

'Behaviour therapy of **psoriasis**--a hypnoanalytic and counter-conditioning technique.', Waxman D. Postgrad Med J. 1973 Aug;49(574):591-5. No abstract available.

'**Hypnosis** in a case of long-standing **psoriasis** in a person with character problems.', Frankel FH, Misch RC. Int J Clin Exp Hypn. 1973 Jul;21(3):121-30. No abstract available.

'Angular Chelosis and Psoriasis as Psychosomatic Menifestations.', SECTER II, BARTHELEMY CG. Am J Clin Hypn. 1964 Jul;7:79-81. No abstract available.

[Autosuggestive psychotherapy of psoriases]. NOVOTNY F. Cesk Dermatol. 1962 Apr; 37:108-12. Czech. No abstract available.

PSYCHOGENIC ISSUES

Many psychogenic issues best treated by hypnotherapy so relevant specific issue for further information/research.

PSYCHOSOMATIC

See 'Psychogenic Issues'.

PTSD (POST TRAUMATIC STRESS DISORDER)

'Hypnotizability and Posttraumatic Stress Disorder: a prospective study'. **Richard A. Bryant, Rachel M. Guthrie, Michelle L. Moulds, Reginald D.V. Nixon, Kim Felmingham. The International Journal of Clinical and Experimental Hypnosis (October 2003), Vol. 51, No.4, p.p.382-389.**

'Mindfulness, dissociation, EMDR and the anterior cingulated cortex: a hypothesis'. **Frank M. Corrigan. Contemporary Hypnosis (2002) Vol.19, No.1, p.p.8-17.** www.interscience.wiley.com/journal/ch

'Touching trauma: combining hypnotic ego-strengthening and zero-balancing'. **Dorsett Edmunds, George Gafner.** 'Correlates of imaginative and hypnotic suggestibility in

children'. **Bruce Poulsen, William J. Matthews Jr. Contemporary Hypnosis (2003) Vol. 20, No.4, p.p.215-220.** www.interscience.wiley.com/journal/ch

'Hypnotic imagery rehearsal in the treatment of nightmares: a case report'. **Brooke Donatone. American Journal of Hypnosis (Oct 2006), Vol.49 (2), p.p.123-128.**

'Hypnosis and the treatment of post-traumatic conditions'. **Steven Jay Lynn and Etzel Cardeña. The International Journal of Clinical and Experimental Hypnosis (April 2007), Vol.55, No.2, p.p.167-188.**

'Hypnosis in complex trauma and breast cancer pain: a single case study'. **Priscilla S.K. Kwan. Contemporary Hypnosis (2007) Vol.24, No.2, p.p.86-96.** www.interscience.wiley.com/journal/ch

PUBLIC SPEAKING

Imagery, Reframing Anxiety, Confidence, Coping Mastery, and Performance Techniques.

QUESTION FREEZE

Ericksonian approach themed on the avoidance of perfectionism and comfortable achievement of lesser goals. David Waxman approach using 'Exam Strategy', and positive rehearsal.

REFRAMING

Use of established NLP reframing techniques under hypnosis.

REGRESSION

'Back to the past: introducing the bubble'. **Phyllis Alden. Contemporary Hypnosis (1995), Vol. 12, No. 2, p.p.59-68.** www.interscience.wiley.com/journal/ch

RELAPSE PREVENTION

Re-visit reinforcement and performance enhancement.

RELATIONSHIPS

Depending on exact nature of problem, treatment will vary. Often self esteem, confident, forgiveness or guilt are introduced.

RELAXATION

Utilisation of relaxing induction techniques and release negative thoughts, feelings and emotions.

RELEASING PAINFUL/NEGATIVE EXPERIENCES

See 'Relaxation'.

RELIGIOUS IMAGERY

Use of positive religious beliefs is a powerful agent in bringing about change.

REVIVIFICATION

This is the process of full age regression, rather than partial regression. Normally sufficient for most therapeutic outcomes.

RHEUMATOID ARTHRITIS

'Mind-body hypnotic imagery in the treatment of auto-immune disorders.', Torem MS. Am J Clin Hypn. 2007 Oct;50(2):157-70.

'Complementary and Alternative Medicine Approaches for Pediatric Pain: A Review of the State-of-the-science.', Tsao JC, Zeltzer LK. Evid Based Complement Alternat Med. 2005 Jun;2(2):149-159. Epub 2005 Apr 27.

'The effect of **hypnosis** therapy on the symptoms and disease activity in **Rheumatoid Arthritis.**', Horton-Hausknecht JR, Mitzdorf U, Melchart D. Psychol Health. 2000 Nov; 14(6):1089-104. doi: 10.1080/08870440008407369.

'[Emotional-volitional training in the combined treatment of patients with **rheumatoid arthritis**].', Siniachenko VV, Leshchenko Gla, Melekhin VD. Ter Arkh. 1990;62(1):58-62. Russian.

'Pain associated with juvenile **rheumatoid arthritis.**', Lovell DJ, Walco GA. Pediatr Clin North Am. 1989 Aug;36(4):1015-27. Review.

Problems in implementing a pain management program for rheumatoid patients and studies of its effectiveness.', Cziske R, Jäckel W, Jacobi E. Z Rheumatol. 1987 Nov-Dec; 46(6):328-32. German.

'[**Hypnosis** for acute emotional reactions in Sjögren's syndrome].', Elitzur B, Caspi D, Yaron M. Harefuah. 1983 Mar 15;104(6):230-1. Hebrew. No abstract available.

'Hypnotherapy in a case of juvenile **rheumatoid arthritis.**', Cioppa FJ, Thal AD. Am J Clin Hypn. 1975 Oct;18(2):105-10. No abstract available.

'Letter: **Rheumatoid arthritis**, spontaneous remission, and hypnotherapy.', Cioppa FJ, JAMA. 1974 Dec 4;230(10):1388-9. No abstract available.

'The use of **hypnosis** in the treatment of musculo-skeletal disorders.', Lehew JL 3rd. Am J Clin Hypn. 1970 Oct;13(2):131-4. No abstract available.

'Hypnotic analgesia in patients with rheumatism.', Dogs W. Psychother Psychosom. 1968;14(5):Suppl:96-9. German. No abstract available.

'[Hypnotherapy of acute generalized allergic reaction to electrophoresis].', Ivshina O. Vopr Kurortol Fizioter Lech Fiz Kult. 1966 May-Jun;31(3):271-2. Russian. No abstract available.

SCALP SENSITIVITY

Problem behaviour typically treated by balance of positive or negative outcomes.

SCHOOL PHOBIA

Full explanation of issues by child may identify causal explanation. If response is phobic, need for reframe and mastery.

SCRATCHING/PICKING

See 'Scalp Sensitivity'.

SELF ASSERTION

Techniques will include self esteem, ego strengthening, performance rehearsal and possibly Gestalt theory, all performed in hypnosis.

SELF BLAME

Investigation of nature/cause, and appropriate release of negative thoughts, feelings and emotions.

SELF ESTEEM

See 'Ego Strengthening'.

SELF HARM

Complex condition, often with deep rooted psychological influences. Suggest a multidisciplinary approach.

SELF HYPNOSIS

Various different techniques for induction, including anchoring, counting down, self talk and CD listening.

SELF TALK

Suggestions of subconscious generating key words/phrases into conscious awareness at appropriate time.

SEX ADDICTION

See 'Addictive Behaviour'.

SEXUAL ABUSE

See 'Abuse'.

SEXUAL ISSUES

'Hypnotherapy as a treatment for vulvar vestibulitis syndrome: a case report'. **K. Kandyba & Y. Binik. Journal of Sex and Marital Therapy (2003), Vol. 29, p.p. 237-242.**

'Ego state therapy as treatment for severe stomach pain after sexual intercourse: a case presentation'. **Fourie, Anna-M. & Roets, Hester E. Australian Journal of Clinical Hypnotherapy and Hypnosis (Sep 2003), Vol. 24(2), p.p. 67-76.**

SHY BLADDER

Anxiety, Initial Sensitising Event, and Performance/Rehearsal

SMOKING CESSATION, CANNABIS

See 'Addictive Behaviour'.

SMOKING CESSATION, NICOTINE

Flammer, E., Bongartz, W. (2003). On the efficacy of hypnosis: A meta-analytic study. Contemporary Hypnosis, 179-197.

Spiegel, D., Frischolz, E.J., Fleiss, J.L., Spiegel, H. (1993). Predictors of smoking abstinence following a single-session restructuring intervention with self-hypnosis. American Journal of Psychiatry. 150:7, July 1993, 1090-1097.

Viswesvaran C, Schmidt FL. (1992). 'A meta-analytic comparison of the effectiveness of smoking cessation methods.', J Appl Psychol. 1992 Aug;77 (4):554-61.

Abbot NC, Stead LF, White AR, Barnes J. (1998). 'Hypnotherapy for smoking cessation.' *Cochrane Database of Systematic Reviews*, 1998, Issue 2. Art. No.: CD001008. DOI: 10/1002/14651858. CD001008.

'A single session of hypnosis to stop smoking: a clinical survey'. **Marriot, J. and Brice, G. Australian Journal of Clinical Hypnotherapy and Hypnosis (1990), Vol. 11(1).**

'Smoking: addiction or compulsion?'. **Thomas A Ritzman. Medical Hypnoanalysis Journal (Jun 1992), Vol. 7(2), p.p.41-52.**

'A physician's guide to smoking cessation'. **G H Miller, Joseph H Cox, E Charles. Journal of Family Practice (Jun 1992), Vol. 34(6), p.p.759-760 & 762-766.**

'A comparison of hypnotic and non-hypnotic treatments for smoking'. **Nicholas Spanos et al. Imagination, Cognition and Personality (1992-1993), Vol. 12(1), p.p. 23-43.**

'The case of Mrs S.'. **Darryl Menaglio. . Australian Journal of Clinical and Experimental Hypnosis (May 1993), Vol.21(1), p.p.109-119.**

'The case of Ms L.'. **Norman Shum. Australian Journal of Clinical and Experimental Hypnosis (May 1993), Vol.21(1), p.p.127-137.**

'Predictors for smoking abstinence following a single-session restructuring intervention with self-hypnosis'. **David Spiegel et al. American Journal of Psychiatry (Jul 1993), Vol. 150(7), p.p.1090-1097.**

'Treatment for smokers'. **Peter Hajek. Addiction (1994), Vol. 89(11), p.p.1543-1549**
'Performance by gender in a stop-smoking program combining hypnosis and aversion'.

David L Johnson, Richard T Karkut. Psychological Reports (Oct 1994), Vol. 75(2), p.p. 851-857.

'Comparison of multi-component hypnotic and non-hypnotic treatments for smoking'. **Nicholas Spanos et al. Contemporary Hypnosis (1995), Vol. 12(1), p.p.12-19.** www.interscience.wiley.com/journal/ch

'Emotional self-regulation therapy or smoking reduction: description and initial empirical data'. **Antonio Capafons, Salvador Amigo. International Journal of Clinical and Experimental Hypnosis (Jan 1995)), Vol. 43(1), p.p.7-19.**

'Mirror, mirror on the wall'. **Leon Gevertz. Contemporary Hypnosis (1996), Vol. 13(2), p.p.80-83.** www.interscience.wiley.com/journal/ch

'Smoking cessation in pregnancy: the effect of hypnosis in a randomised study'. **Annelill Valbo, Terje Eide. Addictive Behaviours (Jan-Feb 1996), Vol. 21(1), p.p.29-35.**

Rediscovering and reapplying contingent informal meditation'. **Joseph Tloczynski, Amy Malinowski, Robert Lamorte. Psychologia: An International Journal of Psychology in the Orient (March 1997), Vol. 40(1), p.p.14-21.**

'Emotional self-regulation therapy: a new and efficacious treatment for smoking. **Agustin Bayot, Antonio Capafons, Etzel Cardena. American Journal of Hypnosis (Oct 1997), Vol. 40(2), p.p. 146-156.**

'Quit smoking: from a hypnobehavioural-cognitive approach'. **Norman L McMaster. Australian Journal of Clinical Hypnotherapy and Hypnosis (Sep 1997). Vol. 18(2), p.p. 83-90.**'A hypnosis smoking cessation programme'. **Donald C Brown. Australian Journal of Clinical Hypnotherapy and Hypnosis (Sep 1997). Vol. 18(2), p.p.91-102.**

'The elements of transformative experience in interpersonal psychotherapy: a case illustration'. **Allen K Hess. Psychotherapy in Private Practice (1998), Vol. 17(4), p.p. 17-26.**

'Recovering unimodal latent patterns of change by unfolding analysis: application to smoking cessation'. **Yvonnick Noel. Psychological Methods (June 1999), Vol. 4(2), p.p. 173-191.**

'Hypnosis and suggestion-based approaches to smoking cessation: an examination of the evidence'. **Joseph P Green, Steven J Lynn. International Journal of Clinical and Experimental Hypnosis (Apr 2000), Vol. 48(2), p.p.195-224.**

'Descriptive outcomes of the American Lung Association of Ohio Hypnotherapy Smoking Cessation Programme'. **Karen Ahijevych, Ruth Yerardi, Nancy Yrdilsky. . International Journal of Clinical and Experimental Hypnosis (2000), Vol. 48(4), p.p.374-387.**

'Freedom from smoking: integrating hypnotic methods and rapid smoking to facilitate smoking cessation'. **Joseph Barber. International Journal of Clinical and Experimental Hypnosis (2001), Vol. 49(3), p.p.257-266.**

'Aids to quitting tobacco use: how important are they outside controlled trials?' **Lief I Solberg et al. Preventative Medicine: An International Journal Devoted to Practice and Theory (Jul 2001) Vol. 33(1), p.p.53-58.**

'Integrating hypnosis into a common smoking cessation intervention: comments on past and present studies'. **Taru Kinnunen. International Journal of Clinical and Experimental Hypnosis (Jul 2001), Vol. 49(3), p.p.267-271.**

'Clinical hypnosis for smoking cessation: preliminary results of a three-session intervention'. **Elkins, G. and Rajab, M. International Journal of Clinical and Experimental Hypnosis (2004) Vol. 52(1).**

'A Meta-analysis of gender, smoking cessation, and hypnosis: a brief communication'. **Joseph P. Green, Steven Jay Lynn and Guy H Montgomery. The International Journal of Clinical and Experimental Hypnosis, (April 2006), Vol. 54(2), p.p.224-233.**

'Intensive hypnotherapy for smoking cessation: a prospective study'. **Gary Elkins et al. The International Journal of Clinical and Experimental Hypnosis (2006), Vol.54, p.p. 303-315.**

'Factors associated with successful smoking cessation in the United States, 2000'. **Chung-won Lee and Jennifer Kahende. American Journal of Public Health (2007), Vol. 97(8), p.p. 1503-1509.**

A group approach to smoking cessation'. **Eleanor D Laser. Individual Psychology: Journal of Adlerian Theory, Research and Practice (1990), Vol. 46(4), p.p. 466-472.**

SNORING

Usually suggestions made to involve partner in consultation and treat partner to incorporate into mental imagery or ignore.

The use of direct suggestion in the successful treatment of a case of snoring'. **Tom Kraft. Contemporary Hypnosis (2003) Vol.20, No.2, p.p.98-101.**
www.interscience.wiley.com/journal/ch

'Single-visit hypnotic cure of stentorian snoring: a brief communication'. **Dabney M Ewin. International Journal of Clinical and Experimental Hypnosis (Oct 2004) Vol. 52(4), p.p. 400-403.**

SOCIAL PHOBIA

See 'Anxiety'.

SPEECH IMPEDIMENTS

Maybe approach to go to ISE, either in interview or hypnosis and revisit outcomes or demonstrate with client ability to be 'stammer free' under hypnosis. Perfect breathing techniques and rehearsal.

SPORTS PERFORMANCE

'Exercise, mood and hypnotic susceptibility in a sports context'. **David A Oakley, Sara K Norell and Barry D Cripps. Contemporary Hypnosis (1995), Vol. 12, No. 2, p.p.125-130.**
www.interscience.wiley.com/journal/ch

'The hypnotic belay in alpine mountaineering: the use of self-hypnosis for the resolution of sports injuries and for performance enhancement'. **Priscilla A. Morton. American Journal of Clinical Hypnosis (July 2003), Vol.46, No.1, p.p.45-52.**

'Imagery use by injured athletes: a qualitative analysis'. **Driediger M. Et al. Journal of Sports Sciences (2006), Vol. 24(3).**

STAGE PERFORMANCE

Self esteem, ego strengthening, performance and rehearsal. Problems may be due to Initial Sensitising Event. Revisit and change outcomes.

STAMMERING

See' Speech Impediments'.

Stress

'Autonomic reactivity to cognitive and emotional stress of low, medium, and high hypnotizable healthy subjects. Testing predictions from the high risk model of threat perception'. **Michael Martini Jørgensen, Robert Zachariae. The International Journal of Clinical and Experimental Hypnosis (July 2002), Vol.50, No.3, p.p.248-275.**

'Research: Improvement of balance between work stress and recovery after a body awareness program for chronic aspecific psychosomatic symptoms'. **Landsman-Dijkstra, K. Patient Education and Counseling. (2006), Vol. 60(2)**

STROKE RECOVERY

'Gene expression and brain plasticity in stroke rehabilitation: a personal memoir of healing dreams'. **Ernest L. Rossi. American Journal of Clinical Hypnosis (January 2004), Vol.46, No.3, p.p.215-228.**

'Hypnosis for rehabilitation after stroke: six case studies'. **Solomon Gilbert Diamond, Orin C. Davis, Judith D. Schaechter and Robert D. Howe. Contemporary Hypnosis (2006), Vol.23(4), p.p.173-180.** www.interscience.wiley.com/journal/ch

SUGAR ADDICTION

See 'Addictive Behaviour'.

SWALLOWING COMPULSIONS

Relaxing, breathing, rehearsal and rehearsal

TENSION HEADACHES

Release/relaxation.

THUMB SUCKING

See 'Addictive Behaviour'.

TICS

See 'Addictive Behaviour'.

TINNITUS

Specialist hypnotherapists work in this area. See National Council for Hypnotherapy website for details.

TONGUE THRUSTING

Techniques vary from aversion to relaxation.

TREMOR CONTROL

Relaxation, rehearsal and awareness under hypnosis that tremor may be controllable.

UNWANTED HABITS

See 'Addictive Behaviour'.

VAGISIMUS

Case history important to establish onset of problem. Depending on outcome, relaxation and rehearsal and imagery with positive outcomes.

VOMIT PHOBIA

Return to Initial Sensitising Event and then fast phobia

WARTS

Some limited success using ideosensory changes. Sinclair-Gibson & Chalmers 1959. Simon, Gottlieb, Hackett & Silverling 1973

WEIGHT LOSS

Referenced from 21st Century Medicine *Clinical Evidence for The Healing Power of the Mind* page 249 Author Devin Hastings quotes: Doctors Crasilneck and Hall from their book Clinical Hypnosis: Principles and Applications**: "Hypnotherapy can often help in treating obesity, an observation that is one of the most clinically confirmed in all the literature on hypnosis"**

From the "Journal of Consulting and Clinical Psychology", **June 1996 issue "Research into cognitive-behavioural weight loss treatments established that weight loss is greater where hypnosis is utilized. It was also established that the benefits of hypnosis increase over time"**

From the "Journal of Consulting and Clinical Psychology", **August 1986 issue "A study of 60 females who were at least 20% overweight and not involved in other treatment showed hypnosis is an effective way to lose weight"**

From the "Journal of Consulting and Clinical Psychology", **January 1985 issue (109 people aged 17-67) completed a behavioural treatment programme in which one group also used hypnosis while the other didn't. Even though at the end of the 9 week programme both groups experienced significant weight loss, 8 month and 2 year follow ups found that the hypnosis participants continued to lose significant amounts of weight while the behavioral treatment only groups showed little further change. " Meta-analyses also reveal the inclusion of hypnosis in a weight reduction programme may significantly enhance outcome (Bolokofsky et al 1985, Kirsch et al 1995, Levitt 1993), although some consider that its mode of action is enhanced expectancy (Kirsch 1996).**

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