

HYPNOTHERAPY AS A TREATMENT FOR
ALCOHOL AND DRUG ISSUES AND ABUSE

by

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of the Requirements for the Degree
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Chancellor

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DEDICATION

This dissertation is dedicated to my five sons: David, Daniel, Doug, Nathan, and Niclas. Through the teachings of my sons came the great impact with which I learned to question life, not to just accept all of man's words, teachings, and doings as I was brought up to do. This brought me to see the illusions in which I stood. I was programmed /hypnotized, and thus "tried" to pass this on to my sons. I have a never-ending gratitude for their love, support, and forgiveness with no judgment. Love keeps me in pursuit of success to heal me inside and out, to keep me moving forward and upward to be in that space of joy and assist others to be in their joy as well. I am thankful for the love and wisdom of my grandsons Jacob and Joseph within their connection to their spiritual selves that is continually shining through. All of you are my special blessings in life.

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deep growth and change into the enlightenment of transcendence that brought through the empowerment of a deeper value and purpose of all relationships starting with myself, and then others. I now continue lighter and brighter within my persistence and determination of the wholeness within me through this transformation with higher vibrational wisdom in loving fulfillment for my self and to assist others ready to do so as well. Mahlu, may you shine the flame within you wholly, as Great Spirit is always strong within you, A`ho.

My never ending appreciation with love to Laurice, Michelle, Mari, Nicole, Pam, Jim, Joe, Leotha and Ryan, for being my forever true friends, colleagues, teachers and mentors. May Wakan`Tanka guide us all to walk in balance and harmony.

Research has shown that the human mind is capable of imagery that still surpasses technology. The brain is able to adapt and rewire itself. Even in old age, it can grow new neurons. Your body naturally wants to be well, it's your thinking, and doing that detours it. Our higher conscious processes, limbic and thalamic projections.

—Schwartz

Truly, we are what we imagine, as a person thinks in the heart and mind, so they are.

—Proverbs 23:7 KJV

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Abstract of Dissertation Presented to
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From my childhood, growth, and life's journeys, to the greater public and in my work as a professional hypnotherapist, it had become clear to me that the damaging effects of substance abuse issues are quite diverse and affect many in our societies around. Substance abuse causes great harm to public health and welfare. My work as a hypnotherapist set me on a quest to gain more answers and knowledge regarding this difficult issue. It seemed helpful to utilize a "hands-on" or interactive heuristic approach by conducting a survey of professional hypnotherapists. The hypnotherapists who took part in the survey had encountered clients with substance abuse issues. It is a goal of the profession to help find a resolution to society's growing desire for alcohol and drugs. Hypnotherapy is one way to treat the wounds and distress caused by substance abuse.

One of the great merits of this study, research, and survey was the gathering of information to be shared with hypnotherapists and the larger public. To expand the use of hypnosis, it is necessary to enlighten people about hypnotherapy, self-hypnosis, and how they link to the brain, consciousness, creative powers of the super-subconscious mind,

imagination, one's inner-most self, and the psyche-higher wiser, God self, all of which have the power to make change within one's life for the highest good of wellbeing.

This study highlights how important it is for therapists to not be judgmental, exact one set of standards or principles, or expect a client to conform to one prototype or archetype, no matter what the ailment. All people are unique; therefore, the desire to treat drug and alcohol issues and abuse in one specific way is inappropriate. Hypnosis is a compassionate and magnanimous way for people to use their willpower, creativity, and self-love to assist themselves to happiness and health.

We all have the power to change our lives through hypnotherapy and to educate others to this great asset of self-awareness with empowerment. Our intelligence comes from a place of stillness, deep within us. The misunderstandings and lack of understanding can cause fear and injustice in society. Information and facts, therefore, become distorted. Hypnotherapists, clients, and people must be able to transcend judgmental teachings, thoughts, and actions. It is professionals need to use good judgment when practicing hypnosis and medicine in general.

We all have the tools necessary to help create, develop, and bring through the whole of one's truth, and release and delete the programing within, to dehypnotize that which does not serve us for our well being has been through years by society, religions, people of notoriety and authority, parents, teachers, friends, and his or herself.

CHAPTER 1

INTRODUCTION

Alcohol and drug addiction and the issues surrounding them cause extreme misery and suffering. This misery is experienced by; addicts, family members, loved ones, and society in general. Drug and alcohol abuse are serious concerns for all health care practitioners. It is vital to provide health care for substance abuse and related issues. Total abstinence seems to be the long-term goal. Ashley (1989) reported that decades of research have given us a strong understanding of the biological and social effects of alcohol abuse and a greater ability to deal with it.

The use of hypnotherapy in mainstream health care has grown rapidly, with only positive effects. Self-hypnosis and hypnotherapy are excellent stand-alone or complementary treatments to drug and alcohol abuse. They can also serve as alternative methods to prevent substance addiction. West, (2011).

Practitioner experience and clinical trials have provided evidence that hypnotherapy can have positive outcomes. Hypnotherapy has received acceptance in diverse fields of health and wellness, including counseling, psychiatry, medicine, dentistry, physical therapy, education, spirituality, natural medicine, and yoga. As the stigma surrounding the words *hypnosis*, *hypnotism*, and *hypnotherapy* fades, more people will appreciate and utilize these effective treatments. Self-hypnosis has become a common, effective technique for personal improvement (Freeman, Macaulay, Eve, Chamberlain, & Bhat, 1986; Hackman, Stern, & Gershwin, 2000; Jenkins, & Pritchard, 1993; Langewitz et al., 2005).

Research has examined how hypnotherapy has been used as a treatment for diseases and irregularities of the heart (Accetta, 2000), stress resulting from dental problems (Ernst, Pittler, & Widerl, 2006), hay fever (Langewitz et al., 2005), and other illnesses. These examples provide some indication that the medical field has begun to explore unconventional modes of health care.

There appears to be a lack of respect for hypnosis and hypnotherapists among some physicians and drug companies, despite the fact that most states have high standards for the profession. Most states regulate licensure of hypnotherapists, requiring graduation from an approved school and continuing education credits. Additionally, many hypnosis associations and organizations maintain strong credibility through a stated purpose and code of ethics. These interdisciplinary groups of hypnotherapists continue to grow, providing opportunities for colleagues to learn from the application of holistic health care among diverse disciplines of integrative medicine.

Self-hypnosis supports the work already done by hypnotherapists and their clients and is an empowering, accessible tool to deal with any mental or emotional need (Banerjee, Srivastav, & Palan, 1993). Self-hypnosis can be incorporated into one's daily rituals. It is the same as guided imagery or guided meditation, but those terms do not invoke the fear associated with the word *hypnosis* (Brann &, Guzvica, 1987).

The scholarly literature hypnotherapy as a therapeutic modality includes five examples of successful intervention using hypnotherapy. The discussion below considers the field's understanding of these mechanisms and selection of patients suitable for referral (Kroger, 1977).

Medical hypnosis can also be used as an adjunct to conventional psychotherapy. A beneficial change can be effected without the patient's awareness at the time. Client consent prior to the session makes for a lasting effect (Zeig, 1980). Gerald Edelstien, a psychiatrist from Permanente Medical Group, edited with others a definitive book on medical hypnosis based on his experience at Kaiser Permanente (Zilbergeld, Edelstien, & Araoz, 1986). In *Hypnosis: Questions and Answers*, Edelstien discussed the substantial change that can occur through hypnotherapy and how working with a hypnotherapist can save valuable time both for the client and the practitioner.

Background of the Study

In recent years, hypnosis has been used to address numerous health problems. As mentioned earlier, a study by Langewitz et al.'s (2005) randomized trial showed that hypnosis can be used as an effective supplemental treatment for hay fever symptoms such as itching, sneezing, and tearing. Kyrouz, Humphreys, and Loomis (2002) pointed out that support groups for female patients receiving treatment for breast cancer promote self-hypnosis to control the pain that the patients feel during their emotional and physical ordeal. Closed-eye history taking, a parahypnotic technique, is now commonly used with medical hypnosis (Prayaga, Alman, Bro, Beach, & Prayaga, 1999). Furthermore, more physicians are utilizing hypnotherapy for pain relief before, during, and after surgery (Martin, Schauble, Rai, & Curry, 2001; Montgomery, David, Winkel, Silverstein, & Bovbjerg, 2002). The literature on this subject includes a large amount of information on the use of hypnosis in medical settings.

Acknowledging the strengths and weaknesses of hypnosis will bring about improvements to this treatment modality in the medical field (Montgomery et al., 2002). Careful planning and execution by the hypnotherapist is important to the patient's

recovery. Initially, this requires time for uninterrupted sessions and dedicated patient care (Roehrs & Roth, 2001).

Along with the addiction issue, drug and alcohol use has lasting negative effects on the physical body, inside and out. One such effect that hypnosis can address is a lack of alertness and functioning during the day. Other problems include sleep disorders, such as apneas complicated by breathing obstructions, which can be harmful if not addressed (Roehrs & Roth, 2001). The present study analyzed past and current research on the effectiveness of hypnosis as a treatment for alcohol and drug abuse and related issues. In particular, I examined how effective hypnosis is in treating health-related issues (emotional, mental, and physical) with substance abuse.

Statement of the Problem

Journal articles and other scholarly sources have documented how hypnosis has been used in health care. Utilizing hypnotherapy and hypnosis as complementary or alternative medicine, holistic care can have positive results (Ernst et al., 2006). This includes treatment of patients with physical health issues caused by alcohol and drug addiction. Ashley (1989) described how alcohol use, may cause serious health problems, particularly for people who are addicted to it. According to Ashley, the problems that arise can be acute or chronic. Drinkers themselves and the people who live with them experience the negative effects, along with those associated with them in any way.

The problem may start with occasional drinking or social drinking, until it elevates to something more serious as alcohol addiction and abuse. Statistics from the Center for Disease Control to show that alcohol addiction can lead to premature death. Specifically, the statistics show that about 7% of the total years of potential life lost in the US can be attributed to vehicular accident deaths because of alcohol intoxication.

Potential life lost is based on life-expectancy statistics. For alcohol abusers, death often comes earlier than the average lifespan for that person's sociodemographic background. If they do not have a fatal accident, alcohol abusers often die from liver cirrhosis. In 2010, liver cirrhosis was tied for the fourth leading cause of death in the United States among people ages 45 to 64 years old (Miniño, and Murphy, 2012). Austoker, Ashworth, and Gerada (as cited in Jayasinghe, 2005) estimated that 33,000 premature deaths in the United Kingdom occur annually for alcohol-related reasons, such as cancer, liver cirrhosis, cardiovascular ailments, and accidents that would not have otherwise happened if not for alcohol.

With such dire effects on health and mortality, it became important for clinicians to look at how alcohol and drug abuse could be eliminated or controlled. Studies continue to investigate how hypnosis can help in resolving addiction problems. This dissertation documents how hypnosis has helped patients who suffer from physical deterioration and are emotionally distraught from alcohol and drug issues and abuse.

These studies have identified in most cases a core issue, and sometimes several issues, that needed to be addressed and released for a patient to get to the root of the addiction and abuse of alcohol and drugs. For instance, Zilbergeld et al.'s (1986) study showed how, when issues were addressed separately and then as a whole through hypnotherapy, clients were able to release their struggles and take the next step. The hypnotherapists educated clients about brain functions and self-hypnosis, empowering them with self-esteem and confidence. The process involved releasing fear, allowing clients to go deeper to the hidden core issues of their addictions and abuse to discover why they turned to substances and self-abuse in the first place. A lack of education and

nonjudgmental support systems, along with stereotyping, seems to be a part of the problem in substance abuse. The lack of understanding of hypnotherapy as a complementary, alternative or stand-alone treatment option for drug and alcohol issues contributes to the problem (Dey, 1993).

A Brief History of Hypnotherapy

The roots of hypnotherapy go back to ancient Chinese, Hindu, and Egyptian texts. Ancient hieroglyphs in Egypt depicted hypnotic inductions that are still in use today. The Greeks had sleep temples, where patients would go to cure their ailments. The hypnotic inductions were known by names that are no longer used today, and the priests would put the people in need of healing to sleep before giving the healing suggestions.

(“Finding Aid,” n.d.). The modern era of hypnosis began with Austrian physician Mesmer (1734–1815). Mesmer was widely known in his time and was later acknowledged as the father of hypnosis. Mesmer identified hypnosis as a phenomenon. He believed that the air contained a quasimagnetic fluid and that the body absorbed it. He thought disease was caused by blockages in the circulation of this magnetic fluid in the blood and the nervous system. This is how he formulated the theory of animal magnetism. In 1784 Louis XVI appointed two commissions to investigate Mesmerism and its healing effects. Both of these commissions stated disapproval of Mesmer and his theory, concluding instead that the effects were due to belief and imagination. This led to the decline, popularity, and practice of hypnotherapy.

James Braid (1795–1860) coined the term *hypnosis* in 1843. He considered hypnosis a type of sleep. Braid also considered Indian yogic meditation to be an important precursor of his approach, which seemed to have more in common with hypnotism than did Mesmerism. Together with his experience and experiments, he

demonstrated that hypnosis was a fixation of attention and that a number of remarkable things can be achieved while in this state. Braid's book *Neurypnology* describes several cases of hypnotic treatment. Two cases are particularly notable: A 33-year-old woman's mobility was restored to her once-paralyzed legs, and a 54-year-old woman was cured of severe headaches and a skin disorder. Braid was a Scottish surgeon working in Manchester. His studies provided physiological explanations for common phenomena. Braid and a colleague, James Easdaile (1818–1859), experimented with hypnotic anesthesia while serving the British East India Company in Calcutta, India. Their success resulted in lowering the surgical mortality rate to less than 5% in over 300 surgical operations.

Jean-Martin Charcot (1825–1893), a leading neurologist and head of the neurological clinic at the Saltpetiere in Paris, used hypnosis to treat hysteria. He concluded that hypnosis was a state of induced seizure. Charcot, sometimes referred to as the father of modern neurology, focused on the belief that hypnotism was a physiological state found in pathological conditions. His ideas, thoughts, and findings were more influenced by Mesmerism and Braid's early writings. His Paris School was entangled in a fierce debate with the Nancy School of Bernheim, which Bernheim ultimately won. Charcot's views on hypnotism had been widely dismissed as incorrect. Ambroise-Auguste Liébeault (1823–1904) emphasized the psychological power of suggestion and combined elements of Braid's hypnotism with Mesmerism. Liébeault founded the influential Nancy School of Hypnotism along with Bernheim. Hippolyte Bernheim (1837–1919) was a professor of medicine at the Nancy School of Hypnotism. His teachings emphasized the psychological nature of hypnosis, and he regarded hypnosis as

a certain form of sleep in which the subject's attention is focused upon the suggestions made by the hypnotist.

Breuer and Freud (1893–1895) practiced age regression through hypnosis to treat hysterical symptoms and issues. They theorized that unconscious factors significantly affected the nature and outcome of a person's symptoms. Their first book together, *Studies on Hysteria* (1895), greatly popularized the concept of *hypnotic regression therapy*, although Freud eventually abandoned hypnosis. Instead of furthering these studies and works in the field of hypnosis, Freud chose to capitalize on his own free-association, psychoanalytic method. For the first 3 decades of the 20th century, interest in hypnosis as a therapeutic aid to improving wellness stagnated.

Coué Emile (1857–1926) is best remembered for the phrase, “day by day in every way I am better and better.” Coué promoted the idea of *autosuggestion*, which could also be understood as self-hypnosis. This practice entailed that a therapist or recording verbally guide an individual into a beneficial state of consciousness. The individual was required to follow verbal instructions that would teach him or her how to relax the entire body while concentrating on breathing and clearing the mind. When reaching this state of focus and awareness, the therapist would explore the individual's intentions, needs, level of interest, and passion for his or her needs. Today, the widely used term *guided meditation* is very similar to autosuggestion and self-hypnosis but is more accepted in society. Coué was recognized as being able to access the imagination to solve clients' problems and issues. Coué was also one of the first to realize that hypnosis had longer lasting results when the client participated more actively in the session than when the client was more passive.

Pierre Janet (1859–1947) Janet was a French psychiatrist and philosopher who trained with Charcot. He is held in high regard today as a pioneer of psychotherapy. Janet coined the term *subconscious* and emphasized the concept of psychological dissociation. His method of psychotherapy centered on hypnotism, and his views greatly influenced later psychotherapists.

Clark L. Hull (1884 – 1952) Hull was president of the American Psychological Association and one of the most influential figures in behavioral psychology. Early in his career, his research team carried out a methodical and organized program of laboratory research on hypnotism, and he published *Hypnosis and Suggestibility* (1933), which is widely regarded as the first major scientific text on hypnosis. Hull's work inspired other psychological researchers to investigate hypnosis. This experimental approach was instrumental in rekindling researchers' and practitioners' interest in hypnotherapy. However, Hull later abandoned the study of hypnosis and turned his attention to learning theory.

Hypnosis in the 21st century was carried on by the practitioners who followed the trends established by Erickson and Elman and their studies, and research. The brief solution-focused practice, using rapid or indirect techniques, with guided input by the client. In this respect, it is different from the authoritarian and lengthy methods of the 19th century, yet it's basically doing the same thing of being able to bring about profound healing and change.

Milton H. Erickson (1901–1980), Erickson was a psychiatrist who pioneered the art of indirect suggestion in hypnosis. He is credited with developing the use of indirect suggestion in hypnotherapy to a much greater extent than earlier practitioners. He

founded a distinct Eriksonian tradition within the field of hypnotherapy. The subtle language patterns designed to shift clients' perceptions of themselves and their problems. This can be done without conducting the formal, eyes-closed inductions. He understood that, for hypnotherapy to be truly effective, it needed to be important, useful, high quality, and meaningful to the individual. ("Milton H. Erikson," n.d.) His whole approach was based on understanding and working with the individual client's view of the world. (Walkin, nd.) For example, during a strenuous physical exercise, or waiting for a bus or train, reading, or listening, it is quite normal to become immersed in the activity and go into a trancelike state, removing oneself from all irrelevant stimuli. These states are so common and familiar that most people do not consciously recognize them as hypnotic phenomena.

Erikson is considered to be the father of modern hypnosis. His methods bypassed the conscious mind through the use of both verbal and nonverbal pacing techniques, such as metaphor, confusion, and many others. Erikson maintained that trance is a common, everyday occurrence. He has tremendously impacted the study, research, and practice of hypnotherapy, helping to shape it into a positive, productive, and healing process.

When Dave Elman (1900–1967) was a small boy, he was deeply impressed when a stage hypnotist helped relieve his terminally ill father's pain. This led Elman to teach physicians and dentists how to use hypnosis to relieve pain and cure allergies, stuttering, and obesity. Unfortunately, very little of Elman's material is available, save for one book and some audio recordings of his trainings. He is best known for his book *Hypnotherapy*, which is regarded as a classic in its field even today. By adapting and developing the short, sharp techniques of stage hypnotists for positive therapeutic purposes, Elman

bridged the gap between stage hypnotism and hypnotherapy. These techniques are still being used in hypnotherapy sessions today for faster and lasting results. In the early years it took the Mesmerists hours to achieve what can now be done in seconds. Through further studies and development of hypnotherapy as a professional rather than leisure practice, it has become increasingly sophisticated. The complexity of hypnotherapy is still controversial, and the profession needs to develop public knowledge of what hypnosis is and a culture of acceptance of the practice. Hypnosis is used for therapeutic purposes, such as treating drug and alcohol abuse, addiction, and related issues. In 1955 the British Medical Association officially recognized hypnotherapy as a legitimate therapeutic tool. It was not until 1958 that the American Medical Association recognized hypnotherapy for therapeutic purposes. Division 30 of the American Psychological Association investigates the application of hypnosis in clinical trials, among other areas.

Ernest Hilgard (1904–2001) was an eminent psychologist and professor at Stanford University who, along with his colleague Weitzenhoffer, developed the Stanford Hypnotic Susceptibility Scales. (n.d.). Hilgard developed the neodissociations theory of hypnosis and was an authority on hypnotic pain control.

Ormond McGill (1913–2005) had a rewarding career as a skilled hypnotherapist and a student of Eastern mysticism in addition to his entertaining career as a world-traveling magician and stage hypnotist. He is known as the Dean of American Hypnotists. Just like thinking or breathing, hypnosis is a universal human trait. McGill wrote 30 to 40 books on teaching, training, and hypnotic techniques, as well as a manual on hypnosis. From 1947 to 1954 McGill performed stage hypnotism and magic under the stage name of Dr. Zomb. Ormond McGill continued to teach courses and lecture right up

to just a few days before his death. His best piece of advice was “make life your playground, not your battlefield.”

(Silver, 2012) Tom Silver was the founder and creator of the Tom Silver Institute of Hypnosis. Silver is dedicated to teaching more advanced and accurate scientific methods of hypnotism. His private hypnotherapy practice is in Westlake Village, California. He continues to help his clients change their lives. For many years Silver has successfully trained and helped thousands of students of hypnotism and other therapists, and is currently teaching advanced courses in scientific hypnotherapy in America and England. Silver is considered to be one of the leading experts in group hypnosis, physical- and shock-hypnosis induction, fear and phobia removal, and scientific hypnotism. Silver has toured the world, conducting seminars, lectures, and live demonstrations on hypnosis. He was one of the first hypnotists in the world to create a procedure to mass hypnotize subjects in a foreign language through an interpreter. He called this process interlingual hypnotic trance induction. Together with Dr. Ormond McGill, the Dean of American Hypnotists, Silver has authored two books, *The How-To Book of Hypnotism* and *Hypnotism: A Hypnosis Training & Techniques Manual, the Real Questions & Answers*.

André Weitzenhoffer (1921–2004) worked on hypnosis research with Ernest Hilgard and published many studies and the influential textbook, *The Practice of Hypnotism*. Weitzenhoffer considered Bernheim to be the true father of modern hypnotherapy and was a critic of Eriksonian and cognitive-behavioral approaches to hypnotism. (Weitzenhoffer, 1953) Weitzenhoffer was one of the most prolific researchers in the field of hypnosis in the latter half of the 20th century, authoring over 100

publications between 1949 and 2004. He was the recipient of several professional and academic awards, including the Distinguished Contributions to Scientific Hypnosis Award from the American Psychological Association in 1992. Weitzenhoffer was an important figure in founding the American Society of Clinical Hypnosis and was one of the first associate editors of the *American Journal of Clinical Hypnosis*. (stracner, n d b.)

Theodore Sarbin (1911–2005), also known as Mr. Role Theory, developed one of the earliest hypnotic susceptibility scales (the Friedlander-Sarbin Scale) and carried out scientific research on hypnosis from the 1930s. He was one of the earliest pioneers of the nonstate theory of hypnosis, which he interpreted using the social psychological concept of role taking. Sarbin's research on hypnosis greatly inspired later cognitive-behavioral theories of hypnosis. (stracner,nda.)

Martin T. Orne (1927–2000) was a professor of psychiatry and psychology at the University of Pennsylvania. Orne's influential research on social-demand characteristics and hypnosis drew upon elements of both state and nonstate perspectives on hypnosis. Orne was a pioneer of research into false memory and warned that hypnosis can distort recall, especially when used in police investigations. For several decades he was editor of the most important journal in the field, the *International Journal of Clinical and Experimental Hypnosis*.

Theodore Barber (1927–2005) was one of the most consistent publishing authors in the field of hypnosis. He developed a nonstate approach, influenced by Sarbin, called the cognitive-behavioral theory of hypnosis. Barber and his colleagues produced a large body of scientific evidence in favor of their view that hypnosis was not a "special state" or trance but the result of ordinary psychological procedures.

Peter Mabbutt is a director at the London College of Clinical Hypnosis. Bryant is a hypnotherapist, counselor, and an expert in mental health. Together they authored the book *Hypnotherapy for Dummies* (Bryant & Mabbutt, 2006) an easy-to-follow, reassuring, and responsible guide for hypnotherapy that shows how to use hypnotherapy to identify and overcome unhealthy modes of thinking, deal with emotional issues, improve performance, and break bad habits. Their writings explain how hypnotherapy can help one make changes that are desired or needed, including beating an addiction, ridding oneself of anxiety or depression, losing weight, and improving performance in any area.

Eldon Taylor (1970) treatments. Some of these evolving technologies have been rigorously studied in double-blind designs, (e.g. depression and attention deficit hyperactivity disorder) and have been found to have statistically significant efficacy. Taylor's books and other works are available in public libraries and are currently offered in seven languages in 14 countries. He has led many workshops (Taylor, nd.) and has made a lifelong study of the human mind and has earned doctoral distinctions in psychology and hypnotherapy. He is a certified psychotherapist and diplomat with the American Psychotherapy Association and a certified hypnotherapist with the American Guild of Hypnotherapists. At present, he is the President and Director of Progressive Awareness Research and an adjunct faculty member at the Department of Psychology at St. John's University in Louisiana. Taylor has participated in independent studies and collaborative work with numerous researchers at leading institutions such as Stanford University, Weber State University, Colorado State University, Munich University, Bremen University, and the Institute of Mexican Social Services, to name a few. Taylor's

experimental educational properties (e.g., Cancer Remission, AIDS) have been prescribed for clients across America and Mexico. Data from a longitudinal study regarding these properties demonstrated a solid mind–body connection (psychoneuroimmunology) and led to the development of new, innovative, noninvasive health care made presentations in the United States, Mexico, China, Germany, and the United Kingdom.

Erickson’s Contributions of Hypnotherapy for Addictions

Milton Hyland Erickson (1901–1980) was a psychiatrist who specialized in medical hypnosis. In 1957 Milton Erickson founded the American Society of Clinical Hypnosis, a professional organization dedicated to the use of hypnosis in clinical settings. This organization continues to support research and development of hypnotherapy as a means of self-healing of various issues, including addiction. Milton was also a fellow of the American Psychiatric Association, the American Psychological Association, and the American Psychopathological Association. The following bullet points are a summary of the many ways that Erickson contributed to advancing hypnotherapy as a treatment for addiction. (Skull, 2008)

- The American Society of Clinical Hypnosis is the largest U.S. network of health and mental health professionals who practice clinical hypnosis. The agency consists of “psychologists, psychiatrists, clinical social workers, marriage and family therapists, mental health counselors, medical doctors, masters-level nurses, dentists and chiropractors” (American Society of Clinical Hypnosis, n.d., About the Society section). His approach to psychotherapy was often unconventional (Erickson & Rossi, 1979; Haley, 1993).

- Erickson used therapeutic metaphors extensively.
- Erickson developed an approach to addressing therapeutic changes in relatively few sessions and coined the term *brief therapy*
 - The interventions that Erickson used influenced strategic therapy and family systems therapy beginning in the 1950s.
 - Erickson conceptualized the unconscious as being highly separate from the conscious mind, with its own awareness, interests, responses, and learning. For Erickson, the unconscious mind was creative and could generate positive solutions to problems.
 - Erickson was very creative in accessing and using just about any traits of his patients to help them change their beliefs, such as their favorite words, medical history, and habits.
 - His treatment methods that he used in his practice were based on neurolinguistic programming and influenced his approach to hypnosis.

Erickson died in the 1980s. He was widely acknowledged as a leading practitioner of medical hypnosis. He took an individual approach to psychotherapy, and his work made early contributions to blending hypnosis with neurolinguistic programming. In his practice Erickson used induced the hypnotic trance gently. Erickson's used reframing metaphors and tasking to get to the core of his clients' issues. These approaches demonstrated his belief that individuals possess an extraordinary level of unacknowledged and unrecognized personal resources. Still, his methods have mostly been deemed limited preventing smoking and a limited range of habit disorders.

Therapy begins immediately by gathering sensory-specific information and then is combined with constant reframing, creative visualization, and hypnosis to reduce stress

levels. Tasking has been used extensively by therapists to restrict alcohol intake and to change habits. Individuals pass through a number of recognizable stages in their decision to break a damaging habit. Several studies have found that the Erickson's techniques for treating addiction with hypnosis do facilitate greater self-control and self-discipline. (André Muller Weitzenhoffer. (n.d.). His techniques also disrupt the client's usual behavior patterns, thus allowing healthier alternatives to emerge from the subconscious to achieve a deeper level of mental awareness, emotional gratification, and fulfillment.

Addiction

Many of the health problems in the world today are associated with addictive profiles, as people in all walks of life have become addicted to a wide variety of substances and behaviors (Abbot, Stead, & White, 2002). Our society has an abundance of people addicted to caffeine, sugar, tobacco, marijuana, and in some cases, harder substances. There are also addictive behaviors related to gambling, sex, anger, fear, and other types of negative life patterns. People need to know what addiction is; they also need to avoid replacing one addictive drug with another. There may be a need to utilize medication when it is duly warranted, but it is essential that the use of drugs does not replace the true care of a person. A competent practitioner will use an alternative to medication whenever possible.

What causes someone to replace one addictive drug with another? Too often the factors involve money versus ethics, and as previously stated, medicating verses actually addressing the root issues of health and well being. When someone cries for a helping hand, physical activity, nutritional counseling, and encouragement with empowerment are needed for emotional and behavioral changes to occur.

Alcoholics Anonymous is a 12-step self-help program that has existed for over 55 years (www.aa.org). The organization has affected over 50% of Americans because of the value of power principals, such as affirmations. As with any organization, Alcoholics Anonymous has its pros and cons, yet there are amazing stories within this organization that every therapist would benefit from hearing. The organization is anonymous and self-supporting. The 12 steps are suggestions such as “one day at a time,” “easy does it,” “first things first,” and “live and let live.” The respect of freedom and individual choice is an important part of the program. Everyone is accepted as equal. This organization has been able to serve people without charging them because it has saved billions of dollars through pragmatic operational strategies such as Alcoholics Anonymous, which is a global organization run completely by volunteers (www.aa.org). The AA model does not require government contracts, corporate sponsorships, or outside funding and requests minimal contributions from participants. Still, one third of the members who attend meetings are court ordered. The organization has positive impacts not only on the individuals it serves but also their families and society as a whole.

There are 300 different, anonymous, 12-step self-help organizations that assist with every form of human suffering, and these groups now assist one another. There is much to study and learn from these groups so that more people can be helped.

Overcoming self-created illusions involves moving from condemning self-destructive behaviors to learning and acknowledging that these life-threatening behaviors are curable. Positive results are being achieved in a great number of these self-help groups. Dealing effectively with addiction means relieving human suffering, reconstructing families, savings billions of dollars, preventing absenteeism from work, lowering auto-insurance

rates, and reducing addiction-related need for welfare, health care, and penal systems.

The list of benefits to treating addiction is practically infinite (Hawkins, 2012).

Addictions are complex. People are often addicted to more than one substance, and addictive substances usually have more than one ingredient that causes the addiction. The progression of addiction can be measured by the amount, frequency, and context of a person's substance use. People who are addicted are not able to control their impulses or their need for alcohol or other drugs. It takes time to deal with addictions, and it is important to remind clients that it took time to get to the current step of accepting help. This reminder can give clients confidence that they are now on the path to healing (Volkow, 2012).

Purpose of the Study

The main objective of this research was to determine the effectiveness of hypnotherapy in helping people make lasting recoveries from alcohol and drug issues and abuse. This study had six specific goals:

1. Document past research on the use of hypnotherapy to alleviate the issues of alcohol and drug abuse
2. Add to the existing body of knowledge on the use of hypnotherapy to assist clients suffering from alcohol and drug abuse
3. Provide recommendations based on the results of past research on hypnotherapy as a medium of treatment for alcohol and drug issues abuse
4. Share new knowledge from surveys that show or provide evidence that the phenomena of hypnotherapy are both natural and spiritual
5. Understand if hypnosis is able to be analyzed scientifically

6. Analyze what is needed for hypnotherapy to be accepted as a strong treatment with drug and alcohol issues, concerns, abuse, and addictions

Hypotheses and Research Questions

The main hypotheses tested in this research are outlined below. Both the null and alternative hypotheses are presented.

Hypothesis 1

Null hypothesis: Hypnotherapy is not an effective treatment for alcohol addiction.

Alternative hypothesis: Hypnotherapy is an effective treatment for alcohol addiction. In particular, hypnotherapy will lessen the recovery period of patients suffering from alcohol issues and abuse.

Hypothesis 2

Null hypothesis: Hypnotherapy is not an effective treatment for drug addiction.

Alternative hypothesis: Hypnotherapy is an effective treatment for drug addiction. In particular, hypnotherapy will lessen the recovery period of patients suffering from drug abuse.

Research Questions

This study also targeted six research questions:

1. What definitions of hypnotherapy are used in various contexts?
2. What medical fields have employed hypnosis as a form of treatment or assistance?
3. What have studies found on hypnotherapy as a primary or supplemental treatment for alcohol and drug abuse?
4. How self, hypnosis is utilized in the treatment of alcohol and drug issues and abuse?

5. What knowledge should hypnotherapists acquire to assist clients with drug and alcohol issues and abuse?

Importance of the Study

Drawing from the extant research and clinical testimonies from health care providers, this study evaluated whether hypnosis is a successful form of treatment for addiction. This research was undertaken to shed light on hypnotherapy's potential as a treatment for alcohol and drug issues and addiction. Practitioners that practice hypnotherapy will primarily benefit from this research, as it will provide them with an idea of the efficacy of clinical hypnosis over the years. Perhaps from there, hypnotherapists will be able to evaluate their own practice and effect improvements in future treatments. Additionally, clients who utilize hypnotherapy will benefit from this research because, ultimately, they are the recipients of the therapy.

Evaluating the effectiveness of hypnotherapy in the treatment of alcohol and substance abuse and issues can help establish more clinical trials and case studies and of hypnotherapy as a legitimate means of assisting patients in permanently recovering from self-defeating addictions.

Scope of the Study

Past studies reviewed here were primarily done in the United States and the United Kingdom. The study contributes to the literature by providing new interview data from hypnotherapist on the use of hypnotherapy in addiction treatment. I intended for this research to be a conduit for insights into hypnotherapy as it applies to treating alcohol and drug issues and abuse.

Limitations of the Study

Hypnotherapy is not the conventional mode of treatment for alcoholism and drug addiction, so limited research is available on this treatment modality. Regarding the primary data for this study (collected through personal interviews), the hypnotherapist came from only one country; therefore, the inferences that emerged from interviews may not apply to hypnotherapist, practitioners, and physicians in different countries where hypnotherapy has been successfully employed.

This study was also limited by the inconsistencies in or lack of knowledge of hypnosis and hypnotherapy. Similar to data from previous studies, the professional hypnotherapists in this study commented on a lack of public awareness and true knowledge of hypnosis in the general population.

Definitions

Merriam-Webster Collegiate Dictionary (2005) gives two definitions for the word *hypnosis*: (a) “a trancelike state that resembles sleep but is induced by a person whose suggestions are readily accepted by the subject” and (b) “any of the various conditions that resemble sleep.” The medical definitions of *hypnotherapy* are (a) treatment by hypnotism” and “psychotherapy that facilitates suggestion, reeducation, or analysis by means of hypnosis” (Merriam-Webster, 2005). *Hypnotic suggestions* may be delivered by a hypnotist in the presence of the subject or may be self-administered (“self-suggestion” or “autosuggestion”). In this study, the use of hypnotism for therapeutic purposes is referred to as *hypnotherapy*.

CHAPTER 2

LITERATURE REVIEW

Alcohol and Drug Dependence

Ashley (1989) asserted that addiction to alcohol is either a contributor to or a cause of various problems. These numerous problems are not only physical but psychological in nature. A person's socialization behavior may be negatively affected as well. Roehrs and Roth (2001) explained that sleep is disturbed by alcohol intake and that this varies for healthy people and insomniacs. The study suggested that high alcohol intake has negative effects even on the sleep of healthy people, although for insomniacs, a little alcohol will actually benefit them. Alcohol intake also aggravates daytime sleepiness. Excessive alcohol consumption may lead to addiction, psychosis, a common illness of alcoholics called liver cirrhosis.

Rigotti (2002) discussed another addiction. According to Rigotti, tobacco use is another leading cause of preventable death in the United States. Moreover, substance abuse in general is related to anxiety and affective disorders, such as panic disorder; social anxiety disorder; obsessive-compulsive disorder; depression and bipolar disorder; insecurities; and lack of self-esteem, confidence, and education (Myrick & Brady, 2003).

The literature on hypnotherapy as a treatment for addictions shows that educating people about hypnotherapy and the functions of the brain can overcome the fear and the misconceptions about hypnotherapy. If one can be dehypnotized from these negative beliefs, then one can use core exploration to find true answers from within and learn to implement them.

Self-hypnosis is a tool that everyone can use to harness their willpower and take the next step to correct maladaptive ways of thinking. Accessing a state of hypnosis from daily activities can create progress (Spinhoven, Linnsen, & Van Dyck, 1992). For hypnotherapy to be successful with addiction, the hypnotherapist must help the client to utilize his or her willpower and self-love to overcome the desire to use and develop adaptive coping mechanism (Spinhoven et al., 1992).

Hypnotherapy as a Treatment for Alcohol and Drug Issues and Abuse

According to Cowen, Saltmarsh, and Hayek (2008), medical professionals regard hypnotherapy effective, as an adjunct or complementary treatment, yet not as a primary mode of health care provision. Hypnotism techniques can be traced back to ancient Egypt, where people were placed in a “sleep state” until their health was recovered (Hickman, 1991(p118). Despite hypnosis’s history as an age-old wellness tool, it continues to be rejected by people who do not understand it or who are put off by the reputation it has gained from its misuse and abuse. Hypnotherapy is often underutilized by clients and practitioners because it is viewed as strange or complex, yet many Para hypnotic techniques are simple to learn and can be readily used in everyday medical practice, especially in taking medical histories. Despite the low public opinion of hypnotism that has formed through gossip and stories of the ill effects of hypnosis, Erickson’s (1932) landmark studies found that hypnosis was not harmful to either the patients or therapists, and the British Medical Association in 1955 and the American Medical Association in 1958, officially recognized hypnotherapy, as a legitimate therapeutic tool. A division of the American Psychological Association (Division 30) is involved in the investigation and application of hypnosis in clinical and other areas.

Greg (2004) related that the public's trust in the technique slowly vanished after hypnosis began to be used in entertainment. The confidence in this treatment technique has now come back. Greg studied 20 volunteer patients who were addicted to different substances, such as alcohol, cocaine, and marijuana. The patients underwent intensive hypnotherapy sessions 5 days a week, during which they experienced trance induction and deepening, processes that enabled them to relieve stress. The hypnotic sessions used in this study were individualized, addressing the needs of each patient. The treatment lasted for 7 years, but not all of the 20 patients completed the process. The success rate of the program was 77%. Patients were followed up with 1 year after the treatment was completed. Greg believes in the workability of hypnosis to address addiction when individualized treatment plans are incorporated.

Pekala, Maurer, Kumar, and Elliott (2004) studied the effectiveness of self-hypnosis in 261 veterans who were chronic drug and alcohol users and were enrolled in a substance abuse rehabilitation program. In particular, the study looked at the effects of self-hypnosis on self-esteem, affect, and relapse. The participants were divided into four groups: self-hypnosis, control, trans theoretical cognitive-behavioral, and stress management. The participants in the self-hypnosis group were asked to play self-hypnosis audiotapes at least three to five times in a week. The results of the study showed that the four groups had similar relapse outcomes during the 7-week follow-up. The self-hypnosis group achieved the highest level of self-esteem serenity when compared to the other groups. The self-hypnosis group was also determined to have the lowest levels of anger and reported the fewest impulsive acts. These effects were not significant in the trans theoretical cognitive-behavioral and stress management groups. The results of the

study are persuasive because the study involved a significantly large sample of patients subjected to the different interventions and a control (Pekala et al., 2004). The results show that hypnosis can be used successfully as additional treatment for chronic alcohol and drug abusers to achieve self-esteem, serenity, and decreased levels of anger or impulsivity.

Jayasinghe (2005) related that dependence on alcohol could be generally classified into physiological and psychological dependence. The former, according to Jayasinghe, can be controlled successfully through effective medical management. The psychological dependence of the patients, on the other hand, requires a different treatment. Hypnotherapy can help in managing psychological dependence. Hypnotherapeutic techniques are comprised of guided imagery, visualization, dream induction, and two types of therapy: rational emotive behavior therapy and aversion therapy (Jayasinghe, 2005). The first three techniques are the prerequisites used to ascertain if the patient is really motivated to reduce alcohol dependence. If after applying these techniques, the clients' motivation level is low, the hypnotherapist should use rational emotive behavior therapy. Hypno aversion therapy can be used once the therapist is convinced that the patient is motivated to decrease alcohol dependency.

According to Jayasinghe (2005), hypno aversion therapy is the most effective therapy for all addictions and is also specific to the needs of the individual patient. An aversive stimulus is administered to the determined and motivated patient, thereby restraining any unwanted response to the treatment and consequently decreasing the strength of the habit of alcohol dependence. The patient undergoes several stages of treatment and must be followed up with and reevaluated for a minimum of 2 years.

Clients should be assisted through hypno therapeutic sessions at least twice a day in the hospital until discharged. Follow-ups continue, even after hospital discharge. Jayasinghe asserted that, as a result of the application of these techniques, hypno aversion therapy is quite successful at reducing alcohol dependence, provided that the patient is really motivated to decrease his or her dependence on alcohol. Care coaching through the hypnotherapist is an effective companion treatment in this process (Jayasinghe, 2005).

Ercan et al Ercan, Coskunol, Varan, and Toksoz. (2003) studied the association between alcohol dependency and attention deficit/hyperactivity disorder (ADHD). The objective of the study was to determine the causes and effects of alcohol dependency among Turkish people with ADHD who were being treated for alcohol dependence. Of the 60 patients involved in the study, 15 had ADHD during childhood, whereas 45 did not. Relapse prevention meetings were also held. The study showed that the age of onset of alcohol drinking, abuse, and dependence was higher for patients without ADHD than for those with ADHD. A lower percentage of patients in the non-ADHD group relapsed after the treatment. Relapse was evident about 3 months earlier in the ADHD group than in the non-ADHD group. Patients who experienced childhood ADHD tended to become alcohol dependent early in their lives, which implies that early detection of ADHD may help prevent the occurrence of alcohol dependence.

Another part of this discussion is addictive personality. The research, surveys, and studies on *addictive personality* look at how hypnotherapy can help or not help to make a change with clients. The question arises whether the label of addictive personality can or should be applied. Many studies of hypnosis show that people often become what their mind thinks or are told.

Books, clinical experiences, and studies explain how practitioners can approach addictive personality through hypnotherapy. Taylor discusses this in terms that are easy to understand. For example, people have a right brain and a left brain. The right brain accepts the noncritical messages (e.g., "I am alcohol free."). The mind can change who we are and who we want to be within our subconscious, either through self-hypnosis or transpersonal hypnosis. The study of transpersonal psychology opens many doors to freedom; one can employ transpersonal hypnosis to achieve the desired outcome of therapy. The left brain can help a person suffering from addiction reject maladaptive thoughts and desires, such as wanting to consume alcohol, making a poor judgment, or engaging in an argument with oneself. Hypnosis can help people overcome their resistance to change by allowing the left side of the brain to communicate logical ideas that help a person become substance free (Taylor, 1995).

Hawkins (2012) explained the attitudes and emotions that are connected with certain diseases. Our attitudes are linked to our emotions. Hawkins is a lifetime member of the American Psychiatric Association and the director of the Institute for Advanced Theoretical Research. He further referred to the large amount of research done to identify particular diseases that have certain psychological conflicts. This led to the study of different areas of the brain that are connected to or associated with controlling the different organs and emotions and that affect hormonal changes. In this way, the human brain sounds like a computer that can be readily accessed through hypnosis.

Abraham Lincoln had despairing, suicidal tendencies. His law partners witnessed this even to the extent of keeping sharp objects away from him when he was alone (McGinnis, 1990). When Abraham Lincoln learned about positive thinking, he was able

to free himself from his negative thinking and cultivate only positive thoughts. He went from being the “most miserable man living” to thinking that “most people are as happy as they make up their mind to be” (McGinnis, 1990, pp. 54–68).

Does hypnosis work with the human mind? In general, the studies on hypnosis and addiction reviewed above suggest that hypnosis is an effective primary or supplemental treatment for alcohol and drug abuse. Due to the dearth of literature, however, more research is needed to understand the brain–mind connection, how hypnotherapy affects it, and how that connection can be used to promote wellness. What works with the super consciousness? Developments in technology, science, and quantum physics help us go beyond typical verbal expression and incorporate other types of right-brain processes. When we learn what a person’s super conscious responds to, we can then understand what the conscious mind does not comprehend (Nelson, 1995).

Cognition and Hypnotherapy

To understand how hypnotherapy can assist in addressing addiction, it helps to understand the word cognition. *Merriam Webster’s Online Dictionary* (“Cognitive,” n.d.a) gives two definitions of *cognitive*:

1. relating to, being, or involving conscious intellectual activity (as thinking, reasoning, or remembering); and
2. Based on or capable of being reduced to factual knowledge.

Merriam-Webster’s Online Medical Dictionary (“Cognitive,” n.d.b) defines cognitive as “of or relating to, or being conscious intellectual activity (as thinking, reasoning, remembering, imagining, or learning words).”

The Brain as a Computer

Many hypnotherapists have referred to the brain as a computer. For example, Hay (2012) described people as “loving operators” of the mind (p. 157). In his work *Little Book of Change*, Cleary (2002) also drew a parallel between the human mind and a computer (see Figure 1). He described hypnosis as a tool that can assist us to overcome resistance to make personal change. Cleary explained that to make change, people have to access the “negative files”(p. 8) in their mind that are no longer adaptive and “delete” them as if they were computer files. People must then replace the old, negative files with new, positive ones (Cleary, 2002). Figure 2 shows what processes occur in the right brain and left brain and how hypnotherapy techniques and self hypnosis (as in mindful meditation) can be utilized to help clients make positive changes and free themselves from alcohol issues, abuse, and addiction.



Figure 1. Our computer brain.

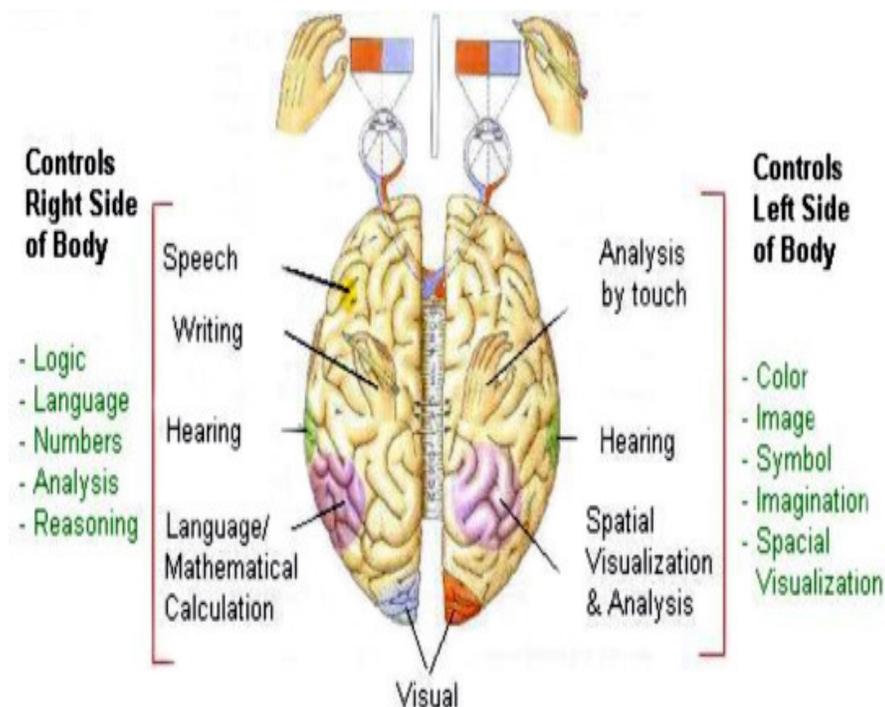


Figure 2. The right brain and the left brain processes.

It is important to note the findings from Schwartz and Begley (2003). In their book *The Mind and the Brain: Neuroplasticity and the Power of Mental Force*, Schwartz and Begley provided a physical framework of therapy and beliefs in mindfull meditation. Mindful meditation is the equivalent of self-hypnosis. The process taps into quantum mechanics to tilt the primary question of physics from “what exists?” to “what is our knowledge of what exists?” Schwartz and Begley argued that consciousness and volition play a crucial role in the activity of the brain. Mind is behavior, which brings the consciousness and other aspects of the mind have the power to shape the brain or cerebral states, a view that clearly follows their beliefs about the mind–brain relationship. Hypnotherapy can assist in positive change by improving our memory, attention span, problem solving, speed, and flexibility (Figure 3).

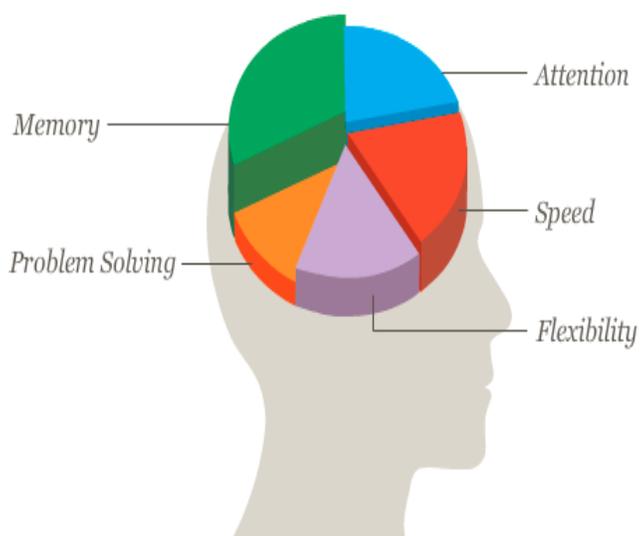


Figure 3. Specific areas in the brain where hypnotherapy can assist clients to make positive change.

This view of the human mind contrasts Newtonian physics, which describes how bodies of mass react to forces that act upon them. Mental phenomena do not act like physical bodies of mass; instead, mental processes are based on the electrochemical activity that determines our behavior. So consciousness is unlikely to arise from classical properties of matter. It seems that the more we understand about the structure and the fabric of the brain, the less we understand about what exactly consciousness is. We cannot measure consciousness.

Descartes is famous for providing a new conception of matter through mechanical explanations that accounted for physical phenomena (Smith, 2010). He is most famous for his work *Meditations on First Philosophy*, published, 1641, in which he provided a philosophical groundwork for the possibility of the sciences. Descartes' view of dualism explained that consciousness exists separate from the physical properties of matter. His view is that the mind is incapable of acting on and changing matter. Some mainstream

neuroscientists hold this view even today. The view is that conscious experience is the result of physical activity in the brain.

Hypnotherapy as a Natural Medicine to Address the Whole Person

In 1958 the American Medical Association recognized hypnotherapy as a safe and effective treatment for a wide range of medical and behavioral problems. Hypnotherapy empowers clients by helping them acknowledge their self through self-love and self-care. Furthermore, hypnotherapy allows clients to work through their addiction by relying on themselves instead of on medication. That is, just as a physician does not heal a bone (the bone ultimately must do the healing), a hypnotherapist does not cure an ailment, replace orthodox medicine, diagnose a disorder, or prescribe drugs. It is important for hypnotherapists to explain their role in every session, interview, and phone call and to ensure that no claims are made about curing or preventing any medical, psychological, or physiology conditions because, ultimately, each person is his or her own healer—the hypnotherapist simply facilitates self-healing. Hypnotherapists help their clients learn how to release stress and tension so that they can access their subconscious and can make the physiological changes they desire to improve their well being (Whorwell, 1991). This approach to self-healing is natural, practical, and accessible by anyone (Porter, 2004).

Hypnotherapists are not licensed each state has different rules and guidelines, most of them are required to be certified by a professional school and that they maintain insurance, practice ethically, use informed consent forms, and retain client information for at least 3 years along with continuing education. State requirements differ, however. All therapists must make continual efforts to be professional, competent practitioners. Educating and empowering their clients is the fundamental treatment goal (Zeltzer & Lebaron, 1982).

Many teachings and guidelines exist to help hypnotherapists obtain positive results from their work. The main goal is to assist clients to do their work for gaining self-confidence and self-esteem that can be the main ingredients, while learning to release the tight grip on life, called stress. Indeed, stress is the source of many medical conditions (American Medical Association, 2011; National Institute of Health, 2011).

Controlled studies of more than 1,500 people (Vaknin, 2008) were used to evaluate the benefits of hypnosis for people undergoing surgery. The results showed that hypnosis often had benefits before, during, and after surgery by reducing anxiety, pain, and nausea; normalizing blood pressure and heart rate; minimizing blood loss; speeding recovery; and shortening hospital stay. An alternative therapy—neurolinguistic programming and self-hypnosis—was often used to manage cancer, asthma, burns, fibromyalgia, hay fever, irritable bowel syndrome, labor and delivery, nocturnal enuresis, smoking cessation, all forms of headaches, weight control, and TMJ. Combining neurolinguistic programming with hypnosis can help clients access their own wisdom and truths, to combine their right and left brains and their male and female energies and to be open and creative in reaching their treatment goals (Vaknin, 2008).

Hypnotherapy as a Tool to of Healing and Well-Being

Renowned scholar William Nelson was nominated 12 times for the Nobel Prize in medicine. Nelson (1995) has argued the benefits of hypnosis in many works of health and wellness and recommends and prescribes it for his patients. Through Nelson's (1995) works, we are able to understand that the body responds to itself. Within the relationships and interactions between thoughts, emotions, and bodies there is a connection with the "God consciousness" of the universe. The super consciousness is both internal and

external to people—in the external this is the creator, God, the universe, or other names that are referred to as the divine.

When people have moved from negative space they will be more enlightened and self-forgiving. People must acknowledge that words have powerful effects on the self and others. In reality we acknowledge that our bodies live and exist because of a power beyond ourselves. The conscious as the wordy verbal mind can control us in all we think and do when we allow it to. In so many words Nelson's thoughts are consistent with those of Einstein (2007): We can learn to master our mind, not allow our mind to master us. Nelson stated that this is our verbal conscious mind—the words and stories we keep playing over and over in our mind. When we learn to be in control of the verbal part of our mind we can then help the body decide which foods are good and nutritious for the whole body and the mind and brain, to do exercise that will assist one's body and mind and brain, what to drink, how much to drink, and other beneficial decisions. God consciousness is a source that is within every person and therefore is every person.

This is where self-hypnosis and hypnotherapy are tools allow the power of the mind to be a major component of people's healing and well being. The real power of healing is in the super conscious. The distinction between the conscious and super conscious—the God Consciousness, is very important. There is a need to unite these in a dynamic way of healing, to educate practitioners, physicians, and therapists to teach our patients and clients that true healing comes from the self of the super conscious. Learning to share beneficial information represents the desire for all people to be well.

Another form of integrating self-healing is to experience the practice of allowing shamanic drumming to help a person enter the world of non ordinary reality to just be.

This is again the altered state of awareness as in hypnosis. After receiving instructions from a shamanic practitioner, the focus is set on the given task. Shamanic techniques can be used as a tool to find and bring back information from a spiritual, higher realm of assistance; this can also be known as the seat of the soul, our God consciousness—Wakan-Tanka—the beginning and end of everything.

There are now thousands of people in the United States and elsewhere practicing shamanism, so many that the practice of shamanism is part of personal daily life, which simulates hypnosis but uses other words to describe it (Harner, 1990). “Archaeological and ethnological evidence suggest that the methods are at least twenty or thirty thousand years old and that the world’s first doctors were referred to as shamans who understood that the physical, emotional, and spiritual energy were inseparable” (Harner, 1990, p. xvii). A shaman is a spiritual healer and awakener of deeper states of consciousness and soul searching. These states focus upon releasing discomfort or blocks, restoring wellness, and becoming enlightened. The word comes from the language of the Tungas people of Siberia. (Harner, 1990, p. 52) In the past, Shamans have been known as witch doctors, medicine men, medicine women, *mundunugu*, priests, *ducun*, exorcists, magicians, sorcerers, warlocks, witches, dowsers, and those who practice voodoo. This involves the shamanic practitioner teaching his clients or students to reach altered states of consciousness to encounter and interact with the spirit world for healing and or answers. (Harner, 1990 p. xviii). The practice is growing rapidly because it works, in the same way hypnotherapy does without the fear of the word, hypnosis. Neither students nor clients are fearful of it. Shamanism represents the most widespread ancient methodological system of soul–mind–body, healing known to mankind

Hypnosis and the Brain–Mind Connection

Holistic Iridology

Holistic Iridology suggest that our eyes are the windows to our soul and that it is important to be open-minded and allow ourselves to imagine our eyes as the link to the spiritual, mental, emotional, physical, and social regions of our world and beyond Pesek (n.d.).



Figure 4. Conflicts of alcohol and drug issues.

Pesek (n.d.) researched and developed an advanced system of holistic iris examination. Natural medicine is about assisting the client or patient as a whole, again not just the symptoms. The eyes give us different information from each eye. To understand the “whole” person is to understand that person’s mental, emotional, spiritual, physical, and social components. The well-known Chinese yin and yang can be understood in this way. The left eye correlates with the left side of the body, which comprises the feminine, creative, conceptual, and intuitive yin within a person. The yang is the right eye and correlates to the right side of our body, which comprises the masculine, analytical, linear, and practical side of a person.

Holistic iridology is a technique that can be used to help a person become more aware of his or her conscious and subconscious thought and emotional behavior patterns and influences (see Figure 5 for an illustration of the method). Using genetic memory to go beyond just the physical characteristics of individuals, this method fits right in with hypnotherapy as another tool to assist clients in finding and understanding the root cause of their issues to be able to make change. Porter (2004) also provided insightful information about the eyes. Specifically, within the brain is an auditory system that consists of “pure sound” and the “spoken word.” When people are thinking to themselves, their eyes move down and to the right. This is referred to as auditory digital. To understand the brain as a bio computer, there are certain steps and positions of the eyes. Neurolinguistic programming calls these systematic directions accessing cues. Together with body language, accessing cues make it possible to understand what a person is really saying or feeling, which is not always consistent with their words. Come accessing cues include visual constructs, visual remembering, auditory constructus,

auditory remembering, kinesthetic, and auditory digitals. In the perspective of neurolinguistic programming, communication is the key to every relationship, and everything is about relationships.

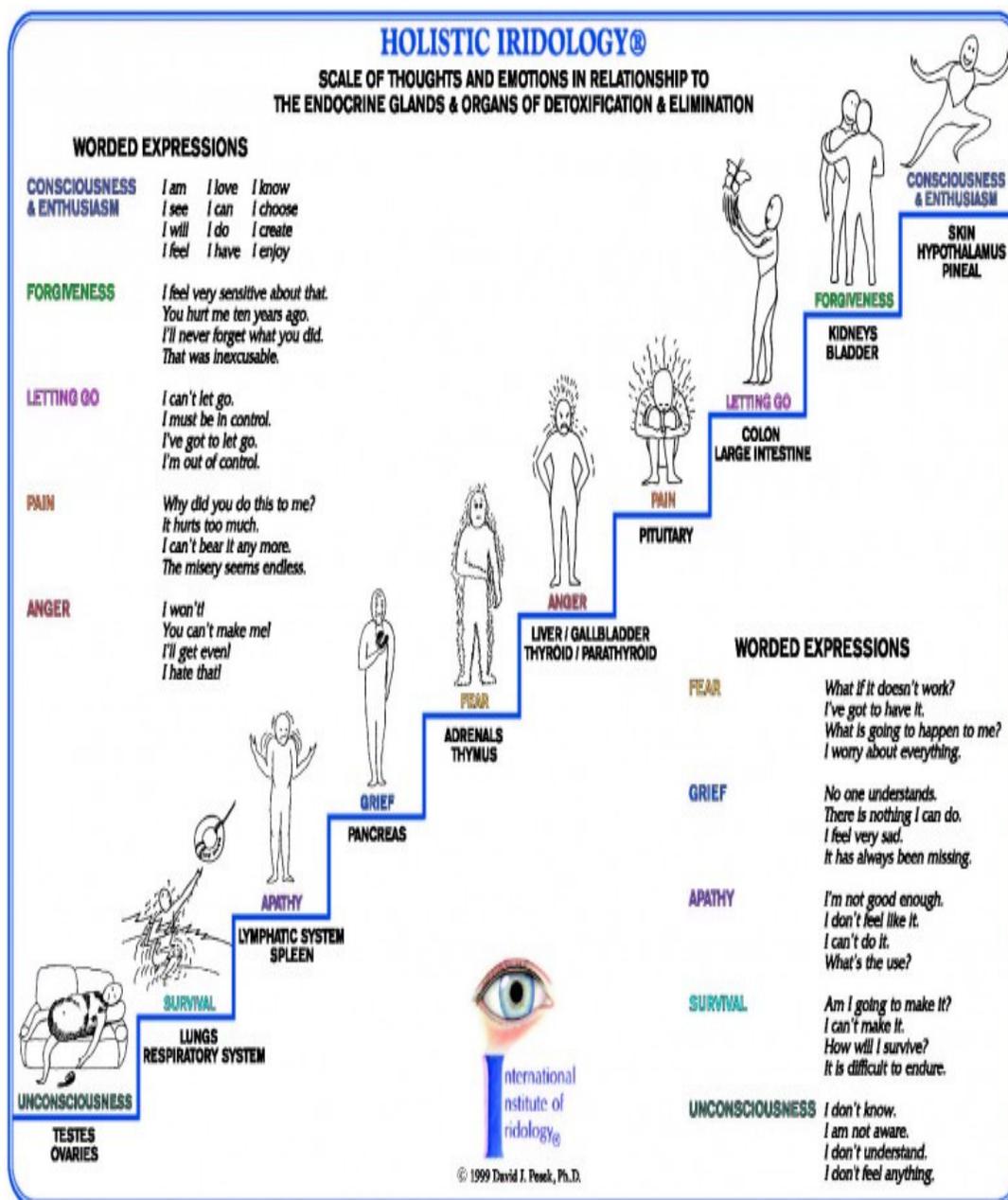


Figure 5. Scale of thoughts and emotions: Our conscious and subconscious thoughts and emotional behavior patterns and influences heightened with alcohol consumption, as seen through the eyes.

The studies, research, and accomplishments of Dr. Hamer have greatly informed practitioners of natural medicine (Last, n.d.). Dr. Hamer had an exceptionally high success rate with his cancer therapy, the highest seen of any natural medical therapy. Within 4 to 5 years, 6,000 out of his 6,500 patients—most of whom had advanced cancer—were still alive (Last, n.d.). This 90% survival rate is practically the opposite of the results expected after conventional treatment of advanced cancer conditions. Upon researching this I was unable to locate national medical statistics to back up the comparison of national medical data in the area.

Dr. Hamer's work with cancer patients stemmed from his own bout with testicular cancer. His mission was to discover whether this type of cancer had to do with his son's death. He investigated and documented over 15,000 cases of cancer, and from this research he developed what he called the "iron rules of cancer" (Last, n.d.).

1. Every cancer and related disease starts as a DHS that is a Dr. Hamer Syndrome, which is a serious, acute-dramatic and isolating conflict-shock-experience. It manifests simultaneously on three levels, psyche, brain and organ.
2. The theme of the psychic conflict determines the location of the focus or HAMER Herd in the brain, and the location of the cancer in the organ.
3. The course of the psychic conflict correlates with the development of the HAMER Herd in the brain, and the course of the cancer in the organ.

At the moment of the conflict-shock a short circuit occurs in a pre-determined place of the brain. This can be photographed with computed-tomography (CT) and looks like concentric rings on a shooting target or like the surface of water after a stone has been dropped into it. Later on, if the conflict becomes resolved, the CT image changes, an edema develop, and finally scar tissue. (Last, n.d.)

These ideas are consistent with the teachings of Hay (2012), as she used natural healing and self-hypnosis of positive affirmations as natural modalities to heal herself. Her books educate practitioners and individuals about how to achieve emotional and spiritual well-being in natural ways. By turning down the volume in the brain, a person

can hear the heart and body speak. Hypnosis can help people quiet the voices in their mind so that they can hear and feel what the body want them to know. Only the individual can allow issues to get the best of them. In her book *The Heart Speaks*, cardiologist Mimi Guarneri (2006) described how emotions, thoughts, and feelings make a substantial difference in our health. Not only the client's words but also the health professional's words play an important role in the client's well-being and what he or she can do to heal. Guarneri explained how hostile, angry thoughts register in the body like a ringing gong warning the body to prepare for action. The whole body reacts and contracts. When one carries these reactions continually, a "cauldron of chronic rage" occurs within the person. Suppressed emotions will eventually manifest themselves on a physical level too. Negative words from others can have devastating effects on people, especially when they are in a fragile state w. The relationships between physicians, therapists, practitioners, counselors, clients, and students should always be managed with the heart. Love should be expressed unconditionally, as if it were oneself going through the issues at hand (Guarneri, 2006 p.65).

CHAPTER 3

METHOD

The primary aim of this research was to evaluate the effectiveness of hypnosis in the treatment of alcohol and drug issues and abuse. Numerous articles and books have featured the use of hypnosis as a positive therapeutic tool for alcohol and drug issues. Hypnotherapy has been documented and credited with recovery of various health problems involving depression and stress brought about by different alcohol and drug use, abuse, and related issues (Kyrouz et al., 2002).

This chapter describes the main procedures used in this study to answer the research questions and evaluate the hypotheses. A look at past research indicates that various methodologies have been utilized to evaluate hypnosis as a treatment for alcohol and drug abuse. One study used a questionnaire to determine the patients' histories of alcohol abuse (Jayasinghe, 2005). In another case, a meta-analysis (a statistical technique of combining results of previous studies) of over 50 past studies was conducted to evaluate a program (Kyrouz et al., 2002). The disadvantage with a meta-analysis, however, is that if the data used in the past research are inaccurate then the results of the meta-analysis will be inaccurate as well.

Two major procedures were used to achieve the objectives of this research. The first was to do a rigorous and extensive documentation of past research and use the results of these studies to arrive at conclusions regarding the effectiveness of hypnosis in treating alcohol and drug dependence. The second approach was to conduct interviews with established therapists, physicians, and other health care practitioners who specialize in hypnotherapy and who had treated cases of alcohol and drug dependence. These two

approaches are more or less the same as the approaches used by Jayasinghe (2005) and Kyrouz et al. (2002), with some tweaking to address the current sample and data.

Research Design

This study used a qualitative methodology because the bulk of the information used to examine hypnotherapy's efficacy in treating addiction was obtained from existing studies. According to Strauss and Corbin (1998), qualitative research is not a statistical analysis. Although, interviews and observations are normally associated with qualitative research, data from interviews, observations, documents, and audio and video transcripts are often quantified in some way for analysis.

Whereas the studies cited in the chapter 2 used clinical trials to determine the effectiveness of hypnosis in treating alcohol and drug abuse, this study used primary data through interviews and secondary data through the results of previous research. The latter may be considered a document study, a type of qualitative research described by Dey (1993).

Hypotheses and Research Questions

As mentioned in chapter 1, two main hypotheses were tested in this study.

1. Hypnotherapy is an effective treatment for alcohol addiction. In particular, hypnotherapy will lessen the recovery period of patients suffering from alcohol issues and abuse.

2. Hypnotherapy is an effective treatment for drug addiction. In particular, hypnosis will lessen the recovery period of patients suffering from drug abuse.

This study also targeted five research questions:

1. What definitions of hypnosis are used in various contexts?

2. What medical fields have employed hypnotherapy as a form of treatment or assistance?
3. What have studies found on hypnotherapy as a primary or supplemental treatment for alcohol and drug abuse?
4. How is self-hypnosis utilized in treating alcohol and issues and abuse?
5. What knowledge and education should hypnotherapists acquire to assist clients with drug and alcohol issues and abuse?

Subjects

Subjects, patients, and clients are terms that will be used for this group. Findings from research data, clinical trials, and books by hypnotherapists are presented. Interviews with clinicians, therapists, practitioners, and physicians who use hypnotherapy and self-hypnosis to assist with alcohol and drug abuse issues are reviewed. Thirty hypnotherapists and health care practitioners who had treated or specialized in treating addiction with hypnotherapy were interviewed for the study.

Practitioners were drawn from hospitals, clinics, and private practices near the area where this study was conducted. To be included, the practitioner had to have at least 5 years of combined study and experience in treating addiction with hypnotherapy.

Instrumentation

A questionnaire was constructed to gather pertinent information from face-to-face interviews. The questionnaire, however, merely served as a guide; from there additional questions were asked to elicit as much information as possible from the clients. The questionnaire was unstructured and, therefore, the questions were open-ended. This was done to encourage detailed explanations from the Hypnotherapist.

The questionnaire consisted of two pages. The first page was the informed consent form. The potential subjects were informed that they would be asked to provide personal information in the questionnaire. The second page of the questionnaire contained the questions that would guide the interview.

Data Collection

After obtaining informed consent, an interview was scheduled for each participant. The participants were informed that the interview would be taped to allow for transcription of the data.

In addition to the interviews, an analysis was conducted of the existing literature on hypnotherapy as a treatment modality for addiction. Implications of this treatment method for the health and well being of clients were also noted and are discussed in chapter 5.

Data Analysis

For the documentation part of the research, the background and results of past studies were summarized, and inferences were drawn on the basis of that information. As for the interviews, hardcopy transcripts of the interviews were made. The results mainly consist of frequency and contingency tables and graphical presentations of the data. More important than these tables and graphs are the discussions of direct quotations from the respondents of this study and previous studies. For the most part, the results of this study are presented in narrative form.

CHAPTER 4

RESULTS

The main goal of this research was to be able to determine the effectiveness of hypnosis for clients who had experienced alcohol and drug issues. For this objective to be realized in was important to understand how and why hypnosis works.

A survey was conducted among 30 practitioners of hypnotherapy to inquire about their knowledge of, professional views, and insights into hypnotherapy based on their work in the field. The practitioners were asked why hypnotherapy was their chosen tool for health and well being. A common response was that they all had discovered in different, sometimes challenging ways that hypnotherapy was by far the greatest tool for both self-help and in their work with clients emotionally, mentally, and even physically. They refuted any negative claims about hypnosis. Their responses are documented here and will be presented in the following sections of this chapter.

Hypnotherapist Profile

Thirty hypnotherapists were involved in the study and were requested to fill out a questionnaire with items pertaining to use of hypnotherapy in the treatment of alcohol and drug issues. Of the multiple hypnotherapists who were invited to participate in the survey, 29 responded.

The entire hypnotherapists in the survey enjoyed assisting their clients in achieving a positive change. They also noted the ripple effect this healing had on clients' loved ones. It was acknowledged that the success was supported by a true and deep care for their clients.

Figure 6 shows the gender distribution of the participants It can be deduced from the number of male and female hypnotherapists that there were slightly more men than

women. Most of the respondents were affiliated with organizations that catered to the needs of clients who experienced various difficulties in this area. Hypnotherapy was used alone and with other healing modalities. There were a total of 17 institutions with which the respondents were affiliated as practitioners, owners, and founders.

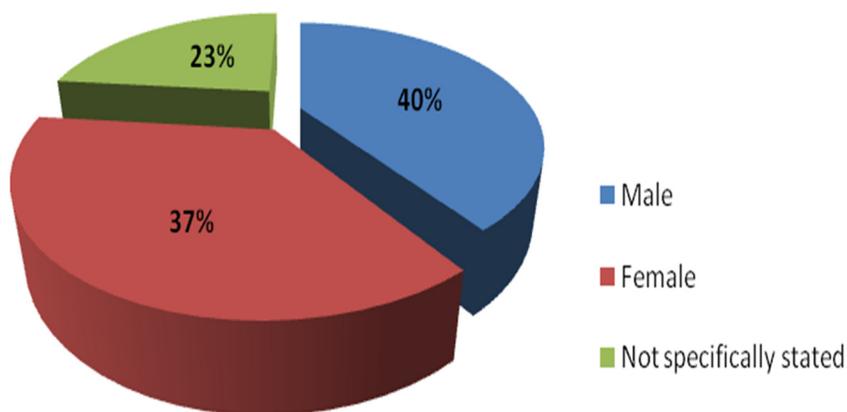


Figure 6. Gender distribution.

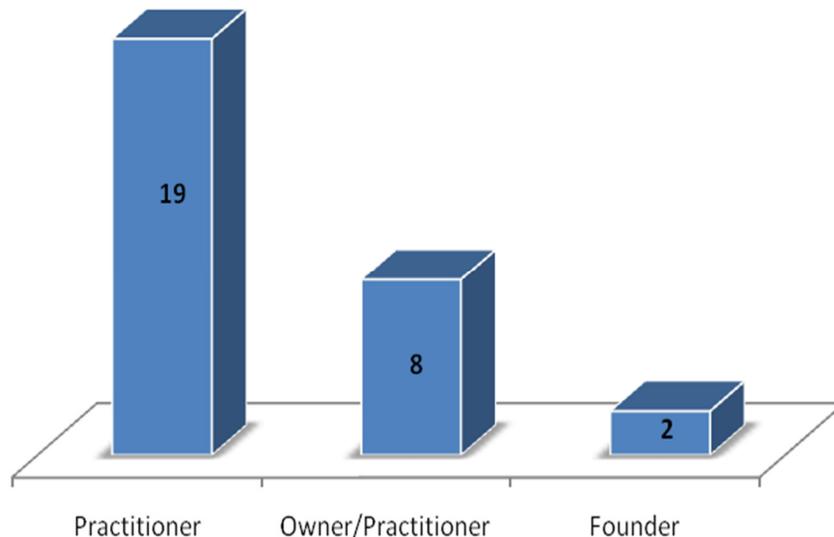


Figure 7. The distribution of hypnoterapist by position.

Figure 7 shows that 19 of the hypnoterapist were practitioners. Eight of the 29 were owners of the institutions. Two of the respondents were founders of their institutions. On average, the participants had worked 20 years in general and 19 years in

the field of hypnotherapy. In their practice as hypnotherapists, the respondents specialized in various areas of health and well-being, including stress, panic, trauma, anxiety, phobias, dental problems, infertility, sexual issues and abuse, relationship issues, physical abuse, verbal and emotional issues, a verity of illnesses and medical complications, and various types of addictions (gambling, alcohol, cigarettes, and drugs).

Hypnotherapy

Some practitioners had practiced hypnotherapy since 1985. The newest practitioner began her career as a hypnotherapist 5 years before data collection.

Figure 8 shows how the respondents became acquainted with the use of hypnosis as therapy. Most respondents explained that they learned about hypnotherapy through classes and educators. The next most common way of learning about hypnotherapy was through mentors, colleagues, or associate professors (27%). Hands-on learning was next at 17%. The rest of the respondents said that their source of information was through their personal experience with hypnotherapy with parents, family, friends, or their own personal use. One practitioner explained that he began to learn about hypnotherapy when he saw the treatment help a patient who was addicted to smoking.

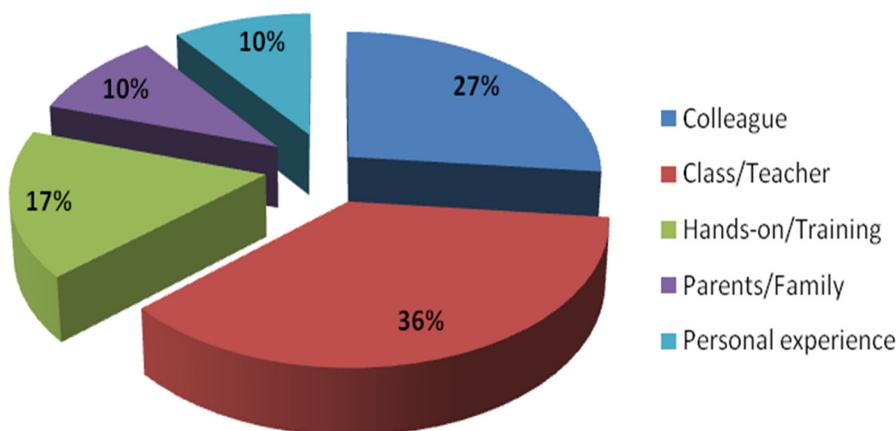


Figure 8. The distribution of respondents by education is shown here.

Even though most of the respondents had used this type of therapy for quite some time now, some for decades, most of them stated that they had reservations about the effectiveness of the treatment of hypnotherapy on its own early on in their careers. Most of them, however, explained that the doubts quickly vanished, and their responses showed that they were all confident in the methods they were using to address their patients' medical and emotional problems.

Of the 29 participants 23 agreed that the most important factors in applying hypnotherapy and obtaining positive results are belief, desire, and positive expectancy. The client must believe it will work, have a desire for it to work, and expect that it will work. If these three factors are in place, then the client is willing and open to suggestion. Some changes require a different approach. All the respondents agreed that positive change can be achieved through hypnosis. Of the 29 participants 22 felt that everyone is a victim of habit and that most people hardly ever recognize their positive habits, such as exercise or a healthy diet, because people tend to view them as expected behavior. People do, however, focus on all of our negative habits, such as overeating and smoking.

As far as the clients positive outcome 20 of the 29 participants, agreed that it is important for the client to understand that habits are a conditioned response in the subconscious mind. The subconscious mind does not know the difference between a good habit and a bad habit. The subconscious mind does not know the difference between reality and imagination. Respondents identified two main reasons why they have concluded that hypnosis is an effective treatment modality. First, they have seen it work among their patients, and second, the therapy has worked for them personally as well. The participants are living proof of the effectiveness of hypnotherapy in addressing

medical and emotional concerns and core issues that bring on the use of alcohol and drug use.

However, the respondents had also encountered slight obstacles while using hypnotherapy. The first obstacle consisted of their own, initial doubts that made them reluctant to use this kind of therapy. This barrier was overcome immediately when they experienced the successful use of hypnosis as a form of therapy or experienced it firsthand. Seeing and experiencing hypnotherapy made them strong believers, according to many of the therapists. Another barrier that the respondents faced in their practice as hypnotherapists was the public's fear of hypnosis and people's reluctance to accept hypnotherapy as an effective treatment (either on its own or as a complementary treatment).

Within the public, a negative connotation became associated with hypnosis, and today that still prevents many people from trusting hypnotherapy as a modality to work through stress, emotional disturbance, disease, and addiction. Clients' lack of willingness to change or exert the necessary patience and effort to achieve change are obstacles as well. To overcome this, practitioners must communicate with clients to help them understand the hypnotic process. Motivation and self-empowerment create the change needed to combat addiction, and this is highly dependent on the patient's willpower and self-love, as with any other therapy.

Despite these obstacles, the respondents were confident about the use of hypnosis as a sole or complementary treatment for physical and psychological problems. When asked if their colleagues in the medical profession accepted hypnotherapy as a legitimate form of treatment, all of the respondents reported that acceptance was high and definitely

increasing. Many of the respondents had already received referrals from hospitals and physicians to provide this type of treatment.

Hypnotherapy and Its Use as a Treatment for Drug and Alcohol Issues

The use of hypnosis to treat medical and emotional issues has occurred in many areas. Below is a list of all of the issues that the respondents addressed with hypnotherapy in their years as practitioners:

- sleep disorders, nightmares, anxiety disorders, stress;
- eating disorders, weight loss, obsessive/compulsive eating disorders, obesity;
- cancer and benign tumors, diabetes, dental concerns, tooth removal, and gum infection;
- phobias, trauma, emotional blocks, deep-seeded issues, short-term memory loss;
- productivity, test taking, irritable bowel syndrome and intestinal problems;
- sports motivation, focus, and improvement of skills and endurance;
- fertility concerns, parenting fears and issues;
- stroke, seizures, and related disorders and rehabilitation;
- sexual insecurities, fears and inabilities, sexual abuse;
- guilt, fear, anger, emotional issues;
- skin problems, stress, anxiety, headaches, migraines;
- Substance abuse and addictions such as smoking, chewing tobacco, alcohol, and harder drugs;
- surgeries with or without hypnoanesthesia or hypnosis for pain management and recovery, before and after care;

- insomnia, negative habits, fibromyalgia, sexual and physical abuse;
- stress management, mind development, inspiration, anger management, organization, goal setting;
- memory training, speed reading, personal growth, emotional and verbal abuse, ADHD;
- self-esteem and self-confidence, speech impairment, stuttering, hearing impairment, eyesight problems;
- mindset for desires, such as business potential and success;
- loss of loved ones, depression, grief, abandonment issues;
- self-empowerment, spiritual enlightenment;
- dream interpretation, aura and chakra cleansing and balance;
- positive mental attitude;
- ascended masters, angels, archangels, spirit guides, animal helpers;
- inner child, regression therapy; and
- past-life regression, soul mind therapy, life between lives therapy, Akashic records.

The hypnotherapists involved in this study testified that they obtained positive results from the therapy and they were successful in their specific goals in the areas listed above. This information indicates that hypnotherapy can help client achieve good health and well being if they have an open mind about the therapeutic method.

Use of Hypnotherapy With Alcohol and Drug Issues

The entire staff of hypnotherapist in the survey asserted that they had used hypnotherapy to treat alcohol and drug issues and abuse; some of them had also treated

specific types of addiction. On the whole, the hypnotherapist reported that the more a client had been repeatedly hypnotized, the more easily, if not spontaneously, the trance state was induced. The post hypnotic suggestions that the client chose made for a positive and lasting effect. Another frequently used therapy with a strong lasting effect involved creating realistic imagery or recalling an experience from the client's past to help the client from an aversion to drugs or alcohol.

For the most part, the hypnotherapist reported that they achieved the good results when post hypnotic suggestions and anchoring were implemented to treat addictions. In this process clients experienced strong and lasting treatment results, especially when the clients' feedback choices were used. This was important to the clients, as they could continually use these hypnotic suggestions and anchors when they were conducting their own sessions of self-hypnosis. The Hypnotherapist reported that there were able to work on their self-esteem and confidence on their own. They were consistent in caring for and loving themselves while at the same time being responsible for and accountable to themselves.

Hypnotherapist, When Asked About Treatment Results

Participant 1 mentioned that most of the cases were successful in the initial stages and that 70% had been successful for a year or so. There were some cases, however, when clients returned to their old behavior because they lacked a support system to help them continuously pursue their treatment goals.

Participant 2 revealed that one component that they used with great success was hypnotically induced dreams, which can enhance the client's potential to utilize his or her internal resources for self, motivation. Clients can be taught to control their dreams. By using self-hypnosis as they go into slumber, they can bring forth what they choose. Once

the client is educated on aversion therapy in treating their alcohol dependence they are highly, motivated, and it has proven to be quite effective.

Participant 3 noted that 80% of her cases were successful in that the clients did not return to the addiction and achieved self-control. This therapist has successfully utilized a process called hypnorational emotive behaviour therapy to treat addiction. In this process hypnosis is used to help the client assess the balance of the positive and negative effects of alcohol on his or her life. Suggestions are then made while the client is in a hypnotic trance to visualize rationally and emotionally, and in great detail the physical, mental, marital, social, spiritual, and financial damage, distress, and suffering that alcohol has caused the client. The therapist then guides the patient to visualize rationally and emotionally how this deterioration will end in disaster if he or she continues to depend on alcohol. The client is further regressed to a period when he or she had been completely free from alcohol and is given the suggestion to relive and deeply experience the joy and happiness of physical, mental, marital, social, spiritual, and financial well-being.

Participant 4 stated that when his client's own suggested ideas are implemented for the client to utilize within the session great results were accomplished. These suggestions of action were received from the client in a previous session. The therapist asserted that there were many instances when clients did not return to alcohol addiction and only a few times when clients did relapse. The choice is given to the client to continue by using a motivation technique. If the patient is not yet motivated to abstain from alcohol, the therapist progresses the patient to a future situation and suggest visualizing and experiencing future aspirations in minute detail. The client may

eventually realize the importance of achieving these goals. The therapist helps the client visualize the obstacle that is preventing the achievement of these goals and then helps the client retrieve ideas and obtain answers about how to remove the obstacle once and for all.

Participant 5 runs a private practice and has found that using a technique called *hypnoaversive therapy* to be the most effective and specific form of treatment for all addictions. This treatment consists of administering an aversive stimulus to inhibit an unwanted, emotional response, thereby diminishing the strength of the habit. The hypnotherapist did explain that the aversion should be linked to the stimulus and not to the behavior itself.

Participant 6 stated that only two of her clients had stopped undergoing the program because they were not ready or willing to quit the old habit of alcohol or substance abuse.

In the survey, Participant 7 made a comparison study and reported that behavior therapy had a 72% recovery rate after 22 sessions, psychoanalysis had a 38% recovery rate after 600 sessions, and hypnotherapy had a 93% recovery rate after 6 sessions.

Most of the hypnotherapists reported that they had used hypnotherapy by itself or as a supplemental treatment approach in treating various medical and nonmedical conditions, depending on the client, and that the results of hypnotherapy in the care of alcohol and substance abuse may vary. Hypnotherapists, physicians, and other practitioners seem confident that positive change happens and that there are many positive reasons to continue using this type of therapy.

All of the 29 hypnotherapists pointed out that a practitioner must be careful not to make assumptions based on the client's medical information, gender, race, color, or creed. Errors can be avoided by implementing hypnotherapy to collect the client's medical history. Hypnotherapy can be an asset for many health situations, especially for people who are adopted and therefore do not have much information about their medical history and for people who suffer from amnesia and cannot remember their history.

Again the entire staff of hypnotherapist in the survey did respond that with hypnotherapy, there is positive improvement until complete change has been attained. This is accomplished by getting to the core issue or by fostering a positive self-image through self-acceptance and love. Many of the hypnotherapist stated that at hypnotherapy has a lasting therapeutic effect on clients, though the number of sessions needed to experience positive results varies. In the process, clients experience boosts in self-esteem, self-confidence, and self-love.

Advantages and Disadvantages of Hypnotherapy for Alcohol and Drug Issues

The respondents identified several advantages of hypnosis as a form of therapy for patients experiencing different problems with their health and well being. Hypnotherapy can reach to the source of the problem, entering the unconscious or subconscious mind so that patients will be redirected to think of a life that is free of addictions and accept positive coping mechanisms. Hypnotherapy teaches clients to be in control. Hypnotherapy has no side effects, no dependence on any drugs or substances, and provides fast and lasting results. Hypnotherapy teaches patients to build their self-confidence, self-esteem, self-control, and self-love.

The 29 respondents also revealed that there are a few disadvantages to hypnotherapy. Clients often fear hypnosis because of a negative connotation in society. A

hypnotherapist must first help clients understand the process so they can trust themselves and the therapist. Hypnotherapy is facilitated when clients know that hypnosis will not hurt, are aware of the need to release any projected issues such as fear, and are comfortable with the process in general. It is beneficial for clients to know that they are in control at all times during the sessions. Hypnotherapy will be more successful for clients who are determined to make the necessary effort to be healthy and to not resist change. Having strong self-esteem and confidence will assist with the release of any disease. The majority of the respondents, however, asserted that there are no disadvantages or negative side effects to using hypnotherapy

Proving the Effectiveness of Hypnotherapy for Alcohol and Drug Issues

The participants were asked if hypnotherapy is an effective treatment for alcohol and substance abuse. All of 29 participants stated that hypnotherapy is an effective treatment with lasting benefits. The participants were also asked to provide concrete examples that would support this assertion. To protect patient confidentiality, the therapists related their case studies in a general manner. The following are some of the examples of the effectiveness of hypnotherapy in their practice.

Participant 13 had several experiences in the field of drugs and alcohol. The results were limited when she first began working with clients with substance-abuse issues, yet the more she specified in this area the more she was able to help her clients make the complete change needed. She concluded that both parties must be committed to the treatment goals. She stated that no two clients were alike; therefore, the therapist must get to know the client through hypnotherapy to do the therapist's part correctly for the treatment to be successful.

Participants 18, 19, and 20 said there had been several instances where the client's urge for alcohol disappeared after just one session of hypnotherapy, and through care calls and care coaching, the urges had never returned. Other clients required more extensive sessions. Participant 22 said that he had used the process of past, life regression with 89 clients and after a year 81 clients were in full recovery of the alcohol issues. He found that this method was highly successful. With other clients he used a switch-swath process. This includes eliminating a negative desire and replacing it with a positive desire of the client's choosing. This hypnotherapist, participant 22 said he thought that he had greater permanent recovery with his clients when using a variety of techniques with his clients.

In some studies of treating addiction with hypnotherapy, the urge for alcohol was completely eliminated, but a sugar craving was still present, which was another negative force. Hypnosis was also used to establish healthy eating habits, which were retained through ongoing self-hypnosis and self-care.

Participant 28 said her client went from being consistently intoxicated to becoming a hypnotherapist herself. Her husband and children had pleaded with her to try hypnotherapy after many other treatments were used with no lasting improvement. After 10 sessions of hypnosis and care coaching, she was completely sober, and 2 years later she sent a letter to her hypnotherapist letting her know she had begun to study hypnosis to help others as she had been helped. Happily she had support from her husband and children. Six years later she had a bustling hypnotherapy practice and is still in touch with her hypnotherapist, now as colleague instead of a client.

From a clinic of five therapists (three men and two women), Participants 23, 24, 25, 26, and 27 described their use of hypnotherapy to assist with alcohol and drug abuse and issues. They stated that hypnotherapy had lasting effects on preventing addiction relapse and was an emotionally healing experience. In this study, hypnotherapy was the sole treatment for alcohol and drug rehabilitation, and the clients' profoundly effective outcomes. After 30 years of working with these techniques, no one has been left without positive change and lasting success—the therapists included. The patients and therapist are in continual growth and change for their own well being through the use of hypnotherapy and self-hypnosis.

A male hypnotherapist, participant 29, specializing in dehypnotization for addiction abuse, was referred patients from a physician. In working with patients with addictive issues, such as drug, alcohol, tobacco, and eating disorders for 20 years, he found hypnotherapy extremely helpful, and self-hypnosis was easy for patients to learn and apply at home. He taught self-hypnosis as a way to educate the clients about the need to accept and be responsible for and accountable to them. Through this method his clients achieved their goals.

Two therapists, a husband and wife who run their own private practice (Participants 17 and 18), said their main focus was to use hypnosis with blended modalities to address alcohol and drug issues. They concluded that hypnotherapy gets to the source of the issues. With many of their clients, once their core issues were released, a resolution followed. They found that most of the clients had been abused in some manner. The clients needed to numb themselves to the trauma by abusing themselves

with drugs and alcohol. These therapists believed that hypnotherapy and self-hypnosis was the key to their clients' success.

Through hypnosis sessions with his clients, Participant 8 realized the need for effective withdrawal protocols for alcohol and drug therapy. Using hypnotherapy to implement these protocols, along with client-chosen anchors and with posthypnotic suggestions added to his clients' recoveries.

Participant 20 used hypnotherapy to treat a client complaining of stress due to a demanding job. To cope with the stress, the patient resorted to drinking alcohol and binge eating unhealthy foods, which added toxic issues that resulted in weight gain. To address this, the hypnotherapist assisted the client to go into a hypnotic trance, allowing the patient to learn to relax. Practice sessions followed to assist the client with tools to implement the relaxation techniques. They also added hypnotic suggestions for replacing unhealthy food with healthy food. Later, hypnosis was used to explore childhood issues that centered on emotional abuse. With this therapy, the client was able to release all the anger and negative emotions and learn to forgive her self and those who had done her wrong. As a result, the patient only drinks occasionally in social situations, her weight has stabilized, and she has become secure in herself and has developed a great positive attitude.

A two-therapist team, participants 10 and 11 reported remarkable success with hypnotically induced dreams to enhance a patient's potential to utilize his internal resources to produce a positive outcome in daily life and to manifest his dreams. The therapists further noted that once a client is motivated, therapy could be utilized effectively to treat of alcohol dependence and has proven to be quite effective.

Furthermore, they continue to use hypnosis in fertility cases by eliminating both generalized and specific anxiety.

Participants 12 and 14 noted that they each have had success using hypnosis to eliminate back pain associated with irritable bowel syndrome and pain related to wisdom tooth removal along with other dental procedures. Therapist 14 added that they helped a man diagnosed with Parkinson's disease lessen his pain by suggesting under hypnosis that his ailments were decreasing. Participants 12 and 14 also had success using hypnosis with a client who had suffered his entire life from shy bladder. The client, an elderly man, had been told by several physicians that although there was nothing physically wrong with him, there was nothing they could do to "cure" him. After using hypnosis to release the stress brought on from the situation, the shy bladder was also remedied, along with some prescription drug issues.

Participant 15 used hypnotic regression to assist his clients to recover memories locked within the mind that were difficult or impossible to specifically recall during waking consciousness and but were influencing their feelings, emotions, life outlook, and behaviors, which included alcohol use and the negative physical effects that often accompany high levels of alcohol consumption (e.g., liver problems). This respondent reported that these regressions can be likened to a type of psychological archaeology that can transport a person into a deep trance and then to times past for the purposes of self-discovery; transformation; and meaningful behavioral, emotional, and psychological change in clients' daily lives. The therapist reported that outstanding results with hypnosis have brought him many new clients by referral.

Participant 14 reported that his organization offers a money-back guarantee, which sets clients in a positive frame of mind while putting them at ease about using the therapy right from the beginning. No one had ever returned and asked for a refund. Therefore, he believed that the use of hypnotherapy in the treatment of alcohol issues and abuse was very effective.

Participant 15 was as able to prove the effectiveness of hypnotherapy to him by undergoing a one-time session to quit smoking. He reported that the treatment was successful and it has been 20 years now since he last smoked a cigarette. He studied hypnotherapy and specializes in addiction-release therapy. He said that he continues working with his clients until they also reach success.

Participant 16 gauged hypnotherapy's effectiveness with drug and alcohol recovery through a handful of patients who continue to come back, requesting hypnotherapy to address other issues. One client referred many friends and a coworker to this therapist for the use of hypnosis with a variety of issues.

As mentioned above, many of the hypnotherapists in this study reported that their clients felt that their drama and trauma vanished quickly and easily. The patients remained consistent in their goals of getting well and being happy. Therefore, the clients always looked forward to attending hypnotherapy sessions with the goal of bettering themselves. According to 27 of the participants, hypnotherapy allowed them to effect change as well as growth right from the start of the treatment. Clients became positive, confident, and empowered to overcome their drug and alcohol issues and become loving people to themselves and their family and friends.

Finally, when asked if they would recommend hypnotherapy to their colleagues, all of the respondents agreed that hypnotherapy should be recommended for use in hospitals, institutions, and recovery clinics for alcohol and drug issues and abuse. They also recommended hypnotherapy to relieve stress and to address many other illnesses and diseases.

On the whole, the 29 participants specifically recommended that therapists use hypnotherapy to treat drug and alcohol issues. They reported that hypnotherapy and self-hypnosis are strong tools for wellness to assist in a great many health-related illnesses and issues. The 29 participants were unanimous that further studies and more in-depth research is needed and that the public should be informed and educated about how hypnotherapy really works and the benefits of using it to treat medical and psychological issues.

There are myriad possibilities for utilizing hypnotherapy for many issues and illnesses. Fortunately, for the 29 respondents involved in the study, 25 had been involved in research that evaluated the positive effectiveness of hypnotherapy in the treatment of alcohol and substance abuse. The 29 hypnotherapists agreed that the future is bright for hypnotherapy and the treatment of alcohol and substance issues and abuse, especially given client calls for cost-effective treatments that minimize side effects and the need for medication.

Many types of hypnotherapy and self-hypnosis offer wellness solutions, such as medical hypnosis, spiritual hypnosis, past-life regression, and regression therapy, among many others. Experience indicates that hypnosis is a therapeutic solution to many of the

mental, emotional, social, and physical issues of today in health care and in the well-being of mankind in general.

Another step toward hypnotherapy being respected and accepted in the eyes of the medical community and public was indicated by one of the practitioners in this study, who wrote that Yale University is poised to make a significant impact on the field of integrative medicine, including spiritual hypnosis.

CHAPTER 5

DISCUSSION

The primary purpose of this dissertation was to determine the effectiveness of hypnotherapy for behavior modification and rehabilitation of alcohol and drug issues and addiction. Thirty practitioners of hypnotherapy were interviewed, and the results were reported in chapter 4. Although the study used a small sample and qualitative design, the interview data consistently showed that hypnotherapy is a simple, accessible method for people of any age, gender, color, or creed to free themselves of addiction and disease. There is great potential for everyday use of self-hypnosis to shed fear and obtain clarity of thought. There have been many advances in the techniques of hypnosis and self-hypnosis for attaining power over one's mind and achieving a positive attitude through sleep suggestion, guided imagery, and faith in and love of oneself. The hypnotic phenomenon can be thought of as something as natural as being hungry. There is a psychological aspect and a physiological one. The psychological side arouses ideas, images, and emotions by the means of suggestion. These suggestions influence the effects of events that began in the very beginning of one's life, even while in the womb.

Hypnotherapy for Substance Abuse

Through the interviews in this dissertation study, I elicited important insights from the hypnotherapists who participated in the survey. The overwhelming consensus was that hypnosis is an effective treatment for addiction, both as sole treatment and as a complementary treatment. The respondents attributed their positive results from their therapy with clients to the use of hypnotherapy.

Hypnotherapy, as mentioned by the respondents in this study, had been used to address different physical illnesses, such as diabetes, eating disorders, obesity, cancer,

tumors, and fertility as well. Hypnotherapy has been used and continues to be used, to address trauma, stress, and phobias. Also, hypnotherapy is known to address and greatly assist with various kinds of addiction, such as alcoholism, smoking, substance abuse, and even gambling addictions.

The respondents cited the general public's fear of hypnosis as a barrier to achieving the best results of good health and well-being. The will to better oneself seems to enhance the effectiveness of hypnosis as a tool for positive change. In overcoming alcohol and drug issues and addiction, the presence of a support system and understanding the process of self-hypnosis are very helpful. The therapists reported that only two patients had returned to their old ways (because of the lack of a needed support system and a lack of will to let go of the resistance to make needed change within themselves).

Despite these few obstacles, hypnotherapists believe that the results of this alternative, natural treatment modality for self-healing and well-being has gained in popularity and respect and will continue to do so in the years to come because, simply put, it works. In treating drug and alcohol issues, hypnotherapy helps achieve wellness of the whole self (mental, emotional, physical, spiritual, and social) through the tools of one's own mind and brain to bring a state of wellness to the whole self has been effective.

In assisting with alcohol and drug issues, most clients had a core issue. Hypnosis was used to allow the client to release whatever resistance they had to confronting that issue, empowered them with self-esteem and confidence, and motivated them to take the next step in addressing the core issue (i.e., the reason they turned to the use of alcohol or drugs in the first place). Some of these issues involved repeating family patterns and

hereditary or learned programming. At this point the use and teaching of hypnotherapy and self-hypnosis enabled the respondents' clients to be responsible for and accountable to themselves through self-care, self-love, and self-control. Further support through teaching the clients self-hypnosis assisted them in maintaining control of their emotions and urges to consume alcohol or drugs.

Recommendations

A longer, term study consisting of follow-up questionnaires and a larger number of experienced practitioners who use hypnotherapy to address alcohol and drug issues and addiction is recommended. Additionally, clinical case studies would provide more detailed analyses of the benefits of hypnotherapy in treating alcohol and drug issues and abuse possible to do trials ethically in the area of drug and alcohol abuse.

More randomized controlled trials are needed in which outcomes of different treatments are measured while accounting for important controls such as length and severity of the person's addiction history, sociodemographic background characteristics, and current financial situation. Such analyses would provide scholars with more information about how effective hypnotherapy is. From there, researchers could use mixed-method studies to measure both quantifiable outcomes (e.g., staying drug free over a 10-year period) and qualitative information (e.g., participants' self-reports of how and why they were able to recover).

Because the public needs more accurate information about hypnosis and hypnotherapy, the findings of such studies should be publicized widely. The public should be informed, not only that hypnosis works but why it works, so that the fears or negative ideas about hypnotherapy can be dispelled. The more people understand the way

the brain works, the more they can understand why hypnotherapy can assist with most any issue for well being

Further support is needed in teaching and educating clients in self-hypnosis to give them the tools they need improve their well being. Better information and training will enable clients to be in control of their thoughts and actions.

REFERENCES

- Abbot, N. C., Stead, L. F., & White, A. R., Barnes, J., Ernst, E. (2002). Hypnotherapy for smoking cessation. *Cochrane Database System Review*, 2. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/10796583>
- Accetta, L. (2000). Shamanism and heart-centered hypnotherapy. *Journal of Heart Centered Therapies*. Retrieved from <http://www.thefreelibrary.com/Shamanism+and+Heart-Centered+Hypnotherapy.-a074221522>
- Alberry, T. (n.d.). History of hypnosis. Retrieved from <http://www.lifeworks.uk.com/history.htm>
- Alex. (2007). 10 strange facts about Einstein. Retrieved from <http://www.neatorama.com/2007/03/26/10-strange-facts-about-einstein>
- Allison, D. B., & Faith, M. S. (1996). Hypnosis as an adjunct to cognitive-behavioral psychotherapy for obesity: A meta-analytic reappraisal. *Journal of Consulting Clinical Psychology*, 64, 513–516.
- American Society of Clinical Hypnosis. (n.d.). [Home page]. Retrieved December 30, 2012, from <http://www.asch.net>
- André Muller Weitzenhoffer. (n.d.). In Wikipedia. Retrieved December 30, 2012, from http://en.wikipedia.org/wiki/Andr%C3%A9_Muller_Weitzenhoffer
- Ashley, M. J. (1989). How extensive is the problem of alcoholism?: Perspectives on current research. *Alcohol Health & Research World*. Retrieved from <http://www.accessmylibrary.com/article-1G1-8276484/extensive-problem-alcoholism-perspectives.html>
- Banerjee, S., Srivastav A., & Palan, B. M. (1993). Hypnosis and self-hypnosis in the management of nocturnal enuresis: A Bowles Center for Alcohol Studies. *American Journal of Clinical Hypnosis*, 36(2), 113–119.
- Brann, L. R., & Guzvica, S. A. (1987). Comparison of hypnosis with conventional relaxation antenatal and intrapartum use: A feasibility study in general practice. *Journal of the Royal College of General Practitioners*, 37, 437–440.
- Brief, but very interesting history of hypnosis. (n.d.). *LifeWorks website*. Retrieved December 30, 2012, from <http://www.lifeworks.uk.com/history.htm>
- Brown, J. E. (1989). *The sacred pipe: Black Elk's account of the seven rites of the Oglala Sioux*. Civilization of the American Indian series (vol. 36). Oklahoma City: University of Oklahoma Press.
- Bryant, M., & Mabbutt, P. (2006). *Hypnotherapy for dummies*. Chichester, England: Wiley.

- Cleary, D. F. (2002). *Little book of change: A primer to hypnosis*. North Palm Beach, FL: Hypnosis for Health Learning Center.
- Cognitive. (n.d.a). In *Merriam-Webster's online dictionary* (11th ed.). Retrieved from <http://www.merriam-webster.com/dictionary/cognitive>
- Cognitive. (n.d.b). In *Merriam-Webster's online medical dictionary*. Retrieved from <http://www.merriam-webster.com/medical/cognitive>
- Cowen, L. W., Saltmarsh, D., & Hayek, R. (2008). Hypnotherapy: An adjunct to complementary medicine. *Journal of the Australian Traditional-Medicine Society*, 14(2), 87–89. Retrieved from <http://hdl.handle.net/1959.14/43020>
- Dey, I. (1993). *Qualitative data analysis: A user-friendly guide for social scientists*. Oxford, England: Routledge.
- Ercan, E. S., Coskunol, H., Varan, A., & Toksoz, K. (2003). Childhood attention deficit/hyperactivity disorder and alcohol dependence: A 1-year follow-up. *Alcohol & Alcoholism*, 38(4), 352–356.
- Erickson, M. H., & Rossi, E. L. (1979). *Hypnotherapy: An exploratory casebook*. New York, NY: Irvington.
- Ernst, E., Pittler, M. H., & Wider, B. (2006). *The desktop guide to complementary and alternative medicine: An evidence-based approach* (2nd ed.). Maryland Heights, MO: Mosby. Retrieved from <http://books.google.com/books?id=HqZ5IdWW-0MC>
- Finding aid for Ernest R. Hilgard. (n.d.). [Archived document]. Archives of the History of American Psychology. Akron, OH: University of Akron. Retrieved from https://waynedevelopment.uakron.edu/chp/archives/finding-aids/hilgard_ernest.pdf
- Freeman, R. M., Macaulay, A. J., Eve, L., Chamberlain, G. V., & Bhat, A. V. (1986). Randomized trial of self-hypnosis for analgesia in labour. *British Medical Journal (Clinical Research Edition)*, 292(6521), 657–658.
- Guarneri, M. (2006). *The heart speaks*. New York, NY: Touchstone.
- Hackman, R. M., Stern, J. S., & Gershwin, M. E. (2000). Hypnosis and asthma: A critical review. *Journal of Asthma*, 37, 1–15.
- Haley, J. (1993). *Uncommon therapy: The psychiatric techniques of Milton H. Erickson, M.D.* New York, NY: Norton.
- Harner, M. (1990). *The way of the shaman*. New Delhi, India: Harper.
- Hawkins, D. R. (2012). *Power vs. force: The hidden determinants of human behavior* (Official rev. ed.). West Sedona, AZ: Veritas.

- Hay, L. L. (2012). *You can heal your life* (25th anniversary ed.). Carlsbad, CA: Hay House.
- Hickman, I. (2011). *Mind probe-hypnosis*. Philippines Islands: Sterling.
- Jayasinghe, H. B. (2005). Hypnosis in the management of alcohol dependence. *European Journal of Clinical Hypnosis*, 6(3), 12–16. Retrieved from <http://www.encognitive.com/files/Hypnosis%20in%20the%20Management%20of%20Alcohol%20Dependence.pdf>
- Jenkins, M. W., & Pritchard, M. H. (1993). Hypnosis: Practical applications and theoretical considerations in normal labour. *British Journal of Obstetrics and Gynaecology*, 100, 221–226.
- Kroger, W. S. (1977). *Clinical and experimental hypnosis in medicine, dentistry, and psychology* (2nd ed.). Philadelphia, PA: Lippincott.
- Kyrouz, E. M., Humphreys, K., & Loomis, C. (2002). A review of research on the effectiveness of self-help mutual aid groups. In B. J. White and E. J. Madara (Eds.), *American self-help clearinghouse self-help group sourcebook* (7th ed.). Dover, NJ: American Self-Help Group Clearinghouse. Retrieved from <http://facesandvoicesofrecovery.org/pdf/kyrouz%20humphreys%20loomis%2002.pdf>
- Langewitz, W., Izakovic, J., Wyler, J., Schindler, C., Kiss, A., & Bircher, A. J. (2005). Effect of self-hypnosis on hay fever symptoms: A randomised controlled intervention study. *Psychotherapy and Psychosomatics*, 74, 165–72.
- Last, W. (n.d.). The new medicine of Dr. Hamer. Retrieved October 30, 2012 from <http://www.health-science-spirit.com/hamer.html>
- Martin, A. A., Schauble, P. G., Rai, S. H., & Curry, R. W. Jr. (2001). The effects of hypnosis on labor processes and birth outcomes of pregnant adolescents. *Journal of Family Practice*, 50, 442–443.
- McGinnis, A. L. (1990). *The power of optimism*. New York, NY: Harper.
- Melis, P. M. L., Rooimans, W., Spierings, E. L. H., Hoogduin, C. A. L. (1991). Treatment of chronic tension-type headache with hypnotherapy: A single-blind time controlled study. *Headache*, 31(10), 686–689. doi:10.1111/j.1526-4610.1991.hed3110686.x
- Milton H. Erikson. (n.d.). [Psychology Wiki]. *Psychology Wiki website*. Retrieved December 30, 2012, from http://psychology.wikia.com/wiki/Milton_H._Erickson
- Miniño, A. M., & Murphy, S. L. (2012). Death in the United States, 2010. NCHS Data Brief No. 99. Retrieved from <http://www.cdc.gov/nchs/data/databriefs/db99.htm>

- Montgomery, G. H., David, D., Winkel, G., Silverstein, J. H., & Bovbjerg, D. H. (2002). The effectiveness of adjunctive hypnosis with surgical patients: A meta-analysis. *Anesthesia and Analgesia*, *94*, 1639–1645.
- Myrick, H., & Brady, K. (2003). Current review of the comorbidity of affective, anxiety, and substance use disorders. *Current Opinion Psychiatry*, *16*, 261–70.
- Nelson, W. (1995). *The quantum alliance*. n.p.
- Pekala, R. J., Maurer, R., Kumar, V. K., & Elliott, N. C. (2004). Self-hypnosis relapse prevention training with chronic drug/alcohol users: Effects on self-esteem, affect, and relapse. *American Journal of Clinical Hypnosis*, *46*(4), 281–297.
- Pesek, D. J. (n.d.). About the International Institute of Iridology. Retrieved from <http://holisticiridology.com/about-the-institute>
- Pink, D. H. (2006). *A whole new mind*. New York, NY: Berkley.
- Porter, P. K. (2004). *Discover the language of the mind*. Dublin, OH: Lifestyles Improvement Centers.
- Prayaga, R. B., Alman, B. M., Bro, W., Beach, W. A., & Prayaga, R. (1999). A review of interactive health care applications recommendations for a health care communication infrastructure. Internal Report 11/99. Totowa, NJ: Lifestar.
- Rigotti, N. A. (2002). Treatment of tobacco use and dependence. *The New England Journal of Medicine*, *346*(7), 506–512.
- Roberts, J. (1994). *The nature of personal reality: Specific, practical techniques for solving everyday problems and enriching the life you know*. San Rafael, CA: Amber-Allen.
- Roehrs, T., & Roth, T. (2001). Sleep, sleepiness, and alcohol use and abuse. *Sleep Medicine Reviews*, *5*(4), 287–297. doi:10.1053/smr.2001.0162
- Schwartz, J. M., & Begley, S. (2003). *The mind and the brain: Neuroplasticity and the power of mental force*. New York, NY: Harper.
- Silver, T. (n.d.). About Tom Silver. *Tom Silver TV website*. Retrieved December 30, 2012, from <http://www.hypnosiswebcasts.com/about-tom-silver>
- Smith, K. (2010). Descartes' life and works. Retrieved from <http://plato.stanford.edu/entries/descartes-works>
- Spinhoven, P., Linssen, A. C. G., Van Dyck, R., & Zitman, F. G. (1992). Autogenic training and self-hypnosis in the control of tension headache. *General Hospital Psychiatry*, *14*(6), 408–415.

- Stracner, B. (n.d.a). History of hypnosis. *North State Hypnosis website*. Retrieved December 30, 2012, from <http://www.northstatehypnosis.net/index.php/facts-about-hypnosis/57-history-of-hypnosis>
- Stracner, B. (n.d.b). What hypnotherapy can help. *North State Hypnosis website*. Retrieved December 30, 2012, from <http://www.northstatehypnosis.net/index.php/what-hypnotherapy-can-help>
- Strauss, A. L., & Corbin, J. M. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.).
- Sukul, D. (2008, November 13). Ericksonian hypnotherapy for the treatment of addiction. *Ezine Articles*. Retrieved from <http://ezinearticles.com/?Ericksonian-Hypnotherapy-For-the-Treatment-of-Addiction&id=7138007>
- Taylor, E. (n.d.). About Eldon Taylor. The Director and Co-Founder of Progressive Awareness Research, Inc. *Progressive Awareness Research website*. Retrieved December 30, 2012, http://www.progressiveawareness.org/articles/About_the_Founder_of_PAR.html
- Taylor, E. (1996). *Subliminal technology: Unlocking the power of your own mind*. Medical Lake, WA: Progressive Awareness.
- Taylor, E. (2009). *Mind programming: From persuasion and brainwashing to self- help and practical metaphysics*. Carlsbad, CA: Hay House.
- Vaknin, S. (2008). *The big book of NLP techniques: 200+ patterns, methods & strategies of (NLP) neuro linguistic programming*. Prague, Czech Republic: Inner Patch.
- Volkow, N. (2012) National Institute on Drug Abuse Director.
- Walkin, S. (n.d.). A brief history of hypnosis. *AboutHypnosis website*. Retrieved December 30, 2012, from <http://www.abouthypnosis.com/history-of-hypnosis.html>
- Weitzenhoffer, A. M. (1953). *Hypnotism: An objective study in suggestibility*. New York, NY: Wiley.
- West, J. W. (2011, October 18). Treatment: What is craving? *Betty Ford Center website*. Retrieved from <http://www.bettyfordcenter.org/treatment/doctors-office/what-is-craving.php>
- Whorwell, P. J. (1991). Use of hypnotherapy in gastrointestinal disease. *British Journal of Hospital Medicine*, 45, 27–29.
- Zeig, J. K. (1980). Symptom prescription and Ericksonian principles of hypnosis and psychotherapy. *American Journal of Clinical Hypnosis*, 23(1), 16–22.

Zeltzer L, & LeBaron S. (1982). Hypnosis and non-hypnotic techniques for reduction of pain and anxiety during painful procedures in children and adolescents with cancer. *Journal of Pediatrics*, *101*, 1032–1035. doi:10.1016/S0022-3476(82)80040-1

Zilbergeld, B., Edelstien, M. G., & Araz, D. L. (Eds.). (1986). *Hypnosis: Questions and answers*. New York, NY: Norton.

APPENDIX A

FAMOUS PEOPLE SUCH AS ALBERT EINSTEIN, EDGAR CAYCE, AND THOMAS EDISON IN THE USE OF THE ALTERED STATE OF MIND **“Self Hypnosis, Thought Sleep, Thought Meditation, God Consciousness”**

There are a myriad of famous persons with much the same napping habits for additional inspiration and creation. Albert Einstein, Edgar Cayce, Thomas Edison, Winston Churchill, John F. Kennedy, Lyndon B. Johnson, Napoleon Bonaparte, Stonewall Jackson, Ronald Reagan, Salvador Dali, Leonardo Da Vinci, Ludwig van Beethoven and Nikola Tesla to mention a few. <http://artofmanliness.com/2011/03/14/the-napping-habits-of-famous-men>.

Wisdom From Albert Einstein, Regarded as the Father of Modern Physics

Einstein is known as a physicist, philosopher, and humanitarian. Einstein is known for many things he accomplished that have assisted mankind. Einstein, as with many other great and famous people had many set backs as a child as far as society was concerned. Einstein was a born he had a heavy and with a big head of which he later grew into. He had speech difficulty as a child. He was a slow talker, pausing to consider what he would say as many thoughts and words all came as once. He used thought and concentration as a child to bring himself into the world of society. Along with this was his favorite pass time with perseverance; he would build houses of playing cards, ten stories high or so. It was a compass of Einstein father, that gave greatly to the persistence of Einstein in his quest to know how, why and more of the invisible force of the magnetic compass. The rest is literally history. It has been said Einstein would ask himself a question within that quest for an answer or to understand something more deeply he

would hold it as a thought and allow himself to go to a sleep and thought process to access the altered state of his mind. Starting with his thought process, a thought experiment or in German then called a “gedankenexperiment.” Einstein was known as one of the clearest of thinkers, to get to the heart of a matter. By retracing the thought processes that led to his ideas was the key to yet understanding them. All this was derived from, Self Hypnosis. Einstein. <http://www.neatorama.com/2007/03/26/10-strange-facts-about-einstein/> Retrieved 2012

Einstein: Famous Quotes of Wisdom

“A man should look for what is, and not for what he thinks should be.”

“Our task must be to free ourselves from this prison by widening our circle of compassion to embrace all living creatures and the whole of nature in its beauty”

"We can't solve problems by using the same kind of thinking we used when we created them."

“Anyone who has never made a mistake has never tried anything new.”

“Imagination Is More Important Than Knowledge”

“All that is valuable in human society depends upon the opportunity for development accorded the individual.”

“When we learn to master our mind we then become a mastermind, not our mind mastering us. The Great Idea Finder, Online. Available: <http://www.ideafinder.com>.

Retrieved. 2012 and <http://www.quotes.net/authors/Albert+Einstein> Retrieved

2012.http://www.brainyquote.com/quotes/authors/a/albert_einstein.html#XS3kxZU8x4s

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Wisdom From Edgar Cayce, Known As the Modern Prophet

Edgar Cayce is noted to have demonstrated the precocious ability to enter an altered state of the mind, a trance state, referred to then as a, “self-induced sleep state” in doing so he could access whatever the need was at the time for a person. For the most part it was medical concerns, yet eventually it was for just about any need a person came to him for, he was able to assist them through this, self-induced sleep state and retrieve the information they needed. Cayce’s insight began as young as 6 years of age. He was able to see visions of relatives that had passed, died. At that point in time he was told he had an overly active and creative mind. Yet later he would sleep with his school books on his head and would have a photographic memory of what he needed to learn from them. This was of no avail when Cayce was in the midst of a paralysis of the throat that threatened the loss of his voice and the physicians could not find a physical cause. It was then that Cayce had a friend help him to reenter the same hypnotic sleep that had assisted him to memorize his school books as a child. With appreciation and insight of this trance state, Edgar was able to know what to do to release him from this ailing issue. It is greatly noted that within Cayce’s relevant records and reports he was able to assist some 14,000 people in need from psychological problems, physical ailments and issues to deep seated fears, career wonders to marriage and family problems. Cayce’s valuable insights gave many people help from healthy ways of eating, dream interpretation, psychic phenomena, overcoming life-threatening illnesses and disease, to philosophy and reincarnation, spiritual growth, meditation, and prayer to understanding one’s creator and achieve a closer commune with the divine. From, *Self-Hypnosis*. Warner Books and the Association for Research & Enlightenment (A.R.E.) Published by Gramercy Books and

imprint of Random House Value Publishing, Inc.1067-1989. Pg.479-481. Edgar Cayce Reading. 3384-2<http://www.miraclesandinspiration.com/edgarcayce.html> Retrieved 2012.

Cayce: Famous Quotes of Wisdom:

“In the future, all medicine will be sound.”

"The purpose of the heart is to know yourself to be yourself and in so, one with God."

“Dreams are today's answers to tomorrow's questions.”

"Actually, we have no problems-we have opportunities for which we should give thanks. . . . An error we refuse to correct has many lives. It takes courage to face one's own shortcomings and wisdom to do something about them."

“Each soul enters with a mission. We all have a mission to perform.”

“For all healing, mental or material, is attuning each atom of the body, each reflex of the brain forces, to the awareness of the divine that lies within each atom, each cell of the body.” Edgar Cayce Reading 3384-

[2http://www.miraclesandinspiration.com/edgarcayce.html](http://www.miraclesandinspiration.com/edgarcayce.html) Retrieved 2012.

Wisdom From Thomas Edison, Regarded As a Famous Inventor

Edison as with other great people had issues to overcome as a child also. His hearing was impaired and later he was totally deaf in one ear and 80% in the other. As a result he spent much time thinking instead of talking. Yet one of his great assists was note taking. Edison, as with other famous people had difficulties in school. At school he was referred to as being addled. After that he was home schooled by his mother and really got involved in what he what best at, creating. Thomas Edison was known for

sleeping fewer hours at a time and using these naps to do natural problem solving. Edison not only had great success with his enormous amount of inventions he also noted he had great failures. He kept extensive records. Edison was a great innovator. We could take the opportunity to learn from his way of sleeping as my research has brought to light that many famous people sleep and talked less as to think and write more to receive great results. Edison was proud of the fact he could sleep three hours night with a challenging issue and wake with an idea to create a solution. He did not doubt capabilities to create. It is said that he would rest in a chair, with his hand holding two ball bearings. When he dropped off to sleep he would dropped the balls and the noise would wake. It was route to immediately write down what he was thinking and receiving. An abundance of men and women assisted Thomas Edison with these ideas of originality, creativity, imagination, inspiration and inventiveness, bringing together a multitude of innovation, devising design and development. They are responsible for creating our modern world of today. From a form of Self-Hypnosis. The Life of Thomas Edison. Thomas Edison - Family Background, Early Years, First Jobs. By Mary Bellis, About.com Guide. Retrieved 2012.

Edison: Famous Quotes of Wisdom

“I have not failed. I've just found 10,000 ways that won't work.”

“I know this world is ruled by infinite intelligence. Everything that surrounds us- everything that exists - proves that there are infinite laws behind it. There can be no denying this fact. It is mathematical in its precision.”

“Be courageous. I have seen many depressions in business. Always America has emerged from these stronger and more prosperous. Be brave as your fathers before you. Have faith! Go forward!”

“Being busy does not always mean real work. The object of all work is production or accomplishment and to either of these ends there must be *forethought*, system, planning, intelligence, and honest *purpose*, as well as perspiration. Seeming to do is not doing.”

“Discontent is the first necessity of progress.”

“Everything comes to him who hustles while he waits”

“The doctor of the future will give no medicine, but will interest his patients in the care of the human frame, and in the cause and prevention of disease.”

“Genius is one percent inspiration and ninety-nine percent perspiration.”

Brainy quotes.http://www.brainyquote.com/quotes/authors/thomas_a_edison.html

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APPENDIX B

SAMPLE SURVEY FOR RESPONDENTS: HYPNOSIS AS A TREATMENT TO ALCOHOL AND DRUG ISSUES



Greetings Colleagues!

Sedona Spirit Center is conducting a study that seeks to determine the effectiveness hypnotherapy for ones well being as a treatment to alcohol and drug issues and abuse. As a professional practitioner of health and wellness using hypnotherapy to assist clients your responses, insights and experience in this area will be of great help in this survey.

In the participation of this written interview/ survey, we would need your responses returned within the next two months. We greatly appreciate you and all that you do to assist us and others by taking some time to fill out this form and return to the address below or email to: sedonaspiritcenter@gmail.com.

The information you provide will remain confidential and will only be used as objective data for this research project. We do respect and honor therapist and client Confidentiality and ethics.

I'm grateful to you for to take the time to assist me with your professional responses knowledge and wisdom.

Respectfully yours,

Rebecca Rogan

**Sedona Spirit Center
Sudona Spirit Guide
Sedona, Az. 86336
928-282-1266**

**Survey for Hypnosis, Hypnotherapy, and Self Hypnosis
as a Treatment for Alcohol and Drug Issues and Abuse**

Confirmation of Your Participation

Are you willing to participate in the study as a respondent in the interview?

yes, please consider me as one of your respondents

THANK YOU!

Your Information

First Name Only:

Gender:

Email Address:

Ph. Number:

Affiliation:

Position:

Number of years working as a therapist:

Specialization:

I have used hypnosis to treat: illness / irregularities/ issues? Yes No

Please indicate number of years practicing hypnosis and of any specialties in this field.

Interview Questions and Survey

1. How many years have you been in the, wellness / medical profession?
2. When did you start specializing in hypnotherapy to address clients / patient, illnesses and or issues?
3. How long have you been practicing hypnotherapy?
4. How did you learn about the practice of hypnotherapy in a medical setting?
5. Did you have any reservations earlier in your career as to the effectiveness of the treatment?
6. How were you convinced of using hypnotherapy as part of your treatment regimen?
7. What were the obstacles that you experienced during the course of your using hypnotherapy?
8. Do you think hypnotherapy is widely used and accepted by your colleagues today in the wellness/ medical profession?
9. For what particular illnesses have you utilized hypnotherapy?
10. What were the results of the treatment?
11. Have you had several experiences in using hypnosis to treat alcohol and drug abuse? If yes, what were the results of these treatments?
12. Did you use hypnosis merely as an adjunct treatment or a sole treatment for alcohol and drug abuse rehabilitation?
13. What are the advantages of using hypnosis to address alcohol and drug abuse?
15. What are the disadvantages of using hypnosis to address alcohol and drug abuse?
16. Do you think hypnosis is effective in treating alcohol and drug abuse?
17. Please provide concrete examples / experiences that will prove its effectiveness and expound on your experiences.
18. Do you recommend this type of therapy to your colleagues?
19. Have you been involved in any research undertaking that evaluates the effectiveness of hypnotherapy in the treatment of alcohol and drug addiction?
20. Do you use and teach self hypnosis in your practice along with you use of hypnotherapy.

21. What are the advantages of using self hypnosis to address alcohol and drug abuse?
 22. What are the disadvantages of using self hypnosis to address alcohol and drug abuse?
 23. Do you recommend self hypnosis as therapy to your colleagues?
 24. Do you use self hypnosis for your self in the area of well-being?
 25. What insights would you give other hypnotherapist in working with drug and alcohol issues?
 26. What knowledge does a hypnotherapist need to know about drug and alcohol issues and abuse?
- ◁ Thank You ▷

APPENDIX C

HYNOTHERAPIST INTAKE QUESTIONS FOR ALCOHOL AND DRUG ISSUES

Some people as well as students don't realize or admit to themselves they have a drinking problem. Most feel they have it under control. Here are some questions to assist with the intake or to share with clients as office material.

How can one tell if there is a problem drinking?

Do you lose time from classes or work due to drinking?

Do you drink because you are uncomfortable in social situations?

Do you drink to escape being at home?

Has your drinking affecting your relationships with your family and friends?

Do you like to drink alone?

Do other family members drink?

Do you feel or think you like to drink to escape from studies, work or home worries and or issues at home?

Do you feel guilty or sad, depressed after drinking?

Does it upset you when told that you may have a drinking problem?

Do you think or feel drinking helps you with issues at hand?

Do you talk, dare or bully others in to drinking with you.

Do you drink to build up your self confidence?

Do you get hostile when you drink?

Is drinking affecting your relationships with friends?

Do you like to drink alone?

Do you notice mood swings when you drink?

Do you drink to escape from studies or home worries?

Do you feel guilty or depressed after drinking?

Does it bother you if someone says that maybe you drink too much?

Do you have to have a drink when you go out on a date?

Do you think you get along better with people when you drink?

Do you get into financial troubles over buying liquor?

Do you feel more important when you drink?

Do you feel you feel better, stronger about yourself when you drink?

Have you lost family members and loved ones since you started drinking?

Do you think you drink more than most of your friends, or people you know or hang out with?

Do you feel guilty or sad, depressed after drinking?

Have you lost friends since you started drinking?

Do you feel or think you do better with other people when you drink?

Do you drink till you can't drink anymore? Do you like to boast about drinking more than most of your friends?

Have you started hanging around with a crowd that drinks more than your old friends?

Have you changed who you do hang with because they drink more so you are more accepted by them than your old friends?

Do you think, feel you have a problem with alcohol or any drugs prescription or otherwise?

Do you like yourself when you drink?

Have you been told you were loud and obnoxious or rude when you drink?

Do you drink until you just can't drink anymore?

Do you think you drink more than most of your friends, or people you know or hang out with?

Have you ever had loss of memory from drinking?

Have you ever been to a hospital or been arrested due to drunken behavior?

Do you turn off to any studies or lectures about drinking?

Do you think you have a problem with alcohol?

Can you have one drink and quit?

How often do you drink and how much?

What age did you start drinking?

Have you switched to harder liquor and or drugs?

Do you have any problems that you are taking prescription drugs for?

Have you passed out drinking or not remembered the events while drinking?

Have you ever been emotionally or physically unstable while or after drinking?

If your client or patient answered yes to some of these questions, they could have some of the symptoms that indicate a problem with alcohol. Remember, there is no helpful reason to deny that one needs some help. If you think you or someone you know may have a problem, the most important thing is to admit it to yourself and allow someone to help you to do something about it! We all need a helping hand from time to time.

HYPNOSIS HELPS! (Bowles Center for Alcohol Studies)

APPENDIX D

LIST OF HYPNOTHERAPY ASSOCIATIONS IN THE UNITED STATES

- International Medical Dental Hypnotherapy Association
- American Hypnosis Association
- National Hypnosis Association
- Hypnosis Professional Association
- American Society of Clinical Hypnosis
- American Association of Professional Hypnotherapists
- International Registry of Professional Hypnotherapists
- American Psychotherapy and Medical Hypnosis Association
- National Board for Certified Clinical Hypnotherapists
- Hypnosis Professional Groups
- International Board of Hypnotherapy
- International Association of Counselors and Therapist

APPENDIX E

ALCOHOL CHART OF PROGRESSION AND RECOVERY FOR HYPNOTHERAPY

#1-36 >Progression of drinking Obsessive drinking continues in vicious circles!

1. Occasional relief drinking
2. Constant relief drinking commences
3. Increase in tolerance to alcohol
4. Onset of memory blackouts
5. Surreptitious drinking
6. Increasing dependency on alcohol
7. "Urgency" of the first glass
8. Feelings of guilt
9. Unable to discuss problem
10. Memory blackouts increase
11. Decrease of ability to stop drinking when others do so
12. Drinking bolstered with excuses
13. Grandiose and aggressive behaviour
14. Persistent remorse
15. Efforts to control fail repeatedly
16. Promises and resolutions fail
17. Tries geographical escapes
18. Loss of other interests
19. Family and friends avoided
20. Work and money troubles
21. Unreasonable resentments
22. Loss of ordinary willpower
23. Tremors and early morning drinks
24. Neglect of food
25. Decrease in alcohol tolerance
26. Physical deterioration
27. Onset in lengthy intoxications
28. Moral deterioration
29. Impaired thinking
30. Drinking with inferiors
31. Indefinable fears
32. Unable to initiate action
33. Obsession with drinking
34. Vague spiritual desires
35. All alibis exhausted
36. Complete defeat admitted

#33 to #1. I being the best > Love of Self to Recovery

33. I LOVE ME- I am Responsible & Accountable for me!
32. Enlightened and interesting way of life opens up with road ahead to higher levels than ever before
31. Group therapy and mutual help continues, yet not codependent
30. Increasing tolerance
29. Rationalizations recognized
28. Contentment in sobriety
27. Care of personal appearance & inside organs
26. Confidence of employers
25. First steps towards economic stability
24. Increase of emotional control
23. Appreciation of real values
22. Facts faced with courage
21. Rebirth of ideals
20. New circle of stable friends
19. New interests develop
18. Family and friends appreciate efforts
17. Adjustment to family needs
16. Natural rest and sleep
15. Desire to escape goes
14. Realistic thinking
13. Return of self-esteem
12. Regular nourishment taken
11. Diminishing fears of the unknown future
10. Appreciation of possibilities of new way to life
9. Start of group therapy 10. Onset of new hope
8. Physical overhaul by doctor 8. Spiritual needs examined
7. Right thinking begins
6. Takes stock of self
5. Meets normal and happy former addicts
4. Stop taking alcohol
3. Told addiction can be arrested
2. Learns alcoholism is an illness
1. Honest desire for help

BIOGRAPHICAL SKETCH

Rebecca's journey began with getting help for traumatic health issues experienced earlier in her life. By avoiding drugs, x-rays and other forms of expensive and unnecessary treatments, she found hypnotherapy, self- hypnosis, and other natural healing modalities. The results of these alternative treatments worked miracles and motivated her to learn more about what made her healing possible.

Her psychic medium abilities started as a child growing up in her hometown of Sedona. She embraced and honed her natural skills as a psychic- medium and has utilized that role synergistically with her spiritual life coach education and experience. She began by becoming a teacher of cranio-sacral therapy and Reiki. This was the beginning of expanding her energy work to include healing through the use of crystals, the aura, chakras and sound therapy. When she learned the benefits of hypnosis, she was amazed with something that worked wonders and even heightened her intuit abilities. She continued to learn many specialized niches in hypnosis. These niches included regression, past-life regression, anesthesia, and pain management, dental, medical, spiritual, clinical, and eventually hypnotherapy instructor, spiritual counselor and instructor. She became a Shamanic Practitioner and went on to study thinking and reasoning skills, cognitive psychology, cognitive science, and conflict resolution, power of the mind, the verbal mind and philosophy of the mind.

A healthier way of eating improved her health, so naturally she became a clinical nutritionist, herbologist, and aromatherapist as well. Since everything can easily be interconnected, she continued her quest by including yoga instructor, Thai therapy, massage therapist, somatic and body movement therapist, and studies in pranic healing.

Rebecca studied with the Universal Life Church and became an ordained minister. After receiving her license permit as a holistic health practitioner along with the education, teachings, and certifications in use of the Advanced Quantum Bio Frequency, a Vibrational Wellbeing System she began to blend hypnotherapy along with these healing modalities for deeper stress release and to attain personal growth and wellbeing. She now trains clients with self-empowerment through ones self -enlightenment skills using hypnotherapy and self -hypnosis, along with body care modalities to attain ones physical fitness. She facilitates mind care, body care, and energetics for clients, “whole wellbeing.”

Rebecca believes, “With quantum physics, biology and science constantly advancing the art of energetic medicine the blending of these many methods and technologies go deep into the many accumulated imbalances caused by stressors to assist, clients with will power, to release stress in order to increase and raise, ones vibrational frequencies. In blending Transpersonal Psychology and Integrated Health Science Rebecca's educational background includes many Western and Eastern healing practices.

Rebecca is a paraprofessional educator. Through her insight, life lessons, education, and studies she can teach and train you to learn and earn your desired certification of education while assisting you to move forward in life. Through her client sessions, studies, and her research, she has developed specialized sessions of healing and course programs of higher consciousness of education. With hands-on training and care coaching, she will support, educate, teach, and train you through private or group courses to learn and earn your desired certifications in natural well-being modalities and natural healing sessions.

Rebecca has five grown sons and two grandsons. She resides in her hometown of Sedona, Arizona, where she conducts her private practice. Rebecca is also known as Nvnihchaha (Na-ni-chay-ha) her Choctaw- American Indian given name. She is Cherokee, Choctaw, Blackfoot and more, with a bit of French and Irish, a Sedona Native, and an internationally known psychic medium, spiritual life coach blend. She also enjoys assisting clients on Sedona red rock spiritual walkabouts and vortex guided spiritual healing.

Rebecca believes we are all one with Creator and love is the key, to help others to the best of ones ability, and to develop our communion with the Divine. “We are all one. I believe we are all family together with the animals, plants and minerals. I believe with our resolve and will, we can help each other in understanding that the sacred feminine is the soul. It is neither feminine nor masculine in its vibrational polarity. It is a combination of both that forms a state of androgyny. I believe the sacred feminine is the essence of our being of the mind and the body, and is the part of our being that animates these activities. It is the transformational consciousness that links our soul to the entire cosmos and to all that exists. I am in gratitude to be of service to assist with ones want, desire to be in their space of joy and for well-being to be ones reality. This is my statement of faith in humanity and my professional and personal code of ethics. “

GLOSSARY

Abuse: use (something) to bad effect or for a bad purpose; misuse • make excessive and habitual use of (alcohol or drugs, esp. illegal ones). Treat (a person or an animal) with cruelty or violence, esp. regularly or repeatedly • assault (someone, esp. a woman or child) sexually: (abused) *abused children*. • Use or treat in such a way as to cause damage or harm • speak in an insulting and offensive way to or about (someone) the improper use of something: *alcohol abuse* | *an abuse of public funds*. • Unjust or corrupt practice.

Addict: (Word Origin & History): 1520s, adj., "delivered, devoted," from L. *addictus*, pp. of *addicere* "to deliver, award, yield, devote," from *ad-* "to" + *dicere* "say, declare yet also "adjudge, allot." Modern sense is really self-addicted "to give over or award (oneself) to someone or some practice" (c.1600); specialization to narcotics dependency is from c.1910. The noun is first recorded 1909, in reference to morphine. Related: Addicted (1530s, "delivered over" by judicial sentence; modern meaning "dependent on a drug" from 1913); adj. addictive (1939 in the narcotics sense).

Addiction 1: his heroin addiction: dependency, dependence, habit, and problem. A slavish addiction to fashion: devotion to, dedication to, obsession with, infatuation with, passion for, love of, mania for, enslavement to. The fact or condition of being addicted to a particular substance, thing, or activity: he committed the theft to finance his drug addiction.

Addiction 2: the state of being enslaved to a habit or practice or to something that is psychologically or physically habit forming, as narcotics, to such an extent that its cessation causes severe trauma.

Addiction 3: the condition of being abnormally dependent on some habit, compulsive dependency on narcotic drugs.

Addiction 4: Habitual psychological and physiological dependence on a substance practice beyond one's voluntary control.

Addiction 5: A physical or psychological need for a habit-forming substance, such as a drug or alcohol. In physical addiction, the body being used and gradually requires, adapts to the substance increased amounts to reproduce the effects originally produced by smaller doses.

Addiction 6: A habituate or abandon oneself to something compulsively or obsessively.

Addiction 7: To become or cause to become compulsively and physiologically dependent on a habit-forming substance.

Addiction 8: Someone showing a strong preference for something or someone.

Addictive personality: An addictive personality refers to a particular set of personality traits that make an individual predisposed to addictions. People who are substance dependent are characterized by: a physical or psychological dependency that negatively impacts the quality of life. They are frequently connected with substance abuse; however, people with addictive personalities are also highly at risk of becoming addicted to gambling, food, pornography, exercise, work, and codependency.

Addle: makes unable to think clearly; confuse: being in love must have addled your brain. Adjective archaic (of an egg) rotten. ORIGIN Middle English: from Old English adela [liquid filth,] of Germanic origin; related to Dutch al and German Adel ‘mire, puddle.’

Akashic: adjective/ akasha |ä'kä sh ä| noun /chiefly –Hinduism. A supposed universal etheric field in which a record of past events is imprinted. DERIVATIVES/ ORIGIN from Sanskrit ākāśa.

Alzheimer: is not a normal part of aging. Noun. A progressive mental deterioration that can occur in middle or old age, due to generalized degeneration of the brain. It is the most common cause of premature senility. Early 20th cent. named after Alois Alzheimer (1864–1915), German neurologist who first identified it.

Amnesia: a partial or total loss of memory.

Anthropologists: is the academic study of humanity. It deals with all that is characteristic of the human experience, from physiology and the evolutionary origins to the social and cultural organization of human societies as well as individual and collective forms of human experience. It has origins in the humanities, the natural sciences, and the social sciences.

Anonymous: is the adjective form of anonymity, the state of an individual's personal identity, or personally identifiable information, being publicly unknown. People. Anonymous work, a work of art or literature that has an anonymous or unknown creator or author

Anxiety disorder: a blanket term covering several different forms of a type of mental illness of abnormal and pathological fear and anxiety. Conditions now considered anxiety disorders only came under the aegis of psychiatry near the end of the 19th century. Gelder, Mayou & Geddes (2005) explain that anxiety disorders are classified in two groups: continuous symptoms and episodic symptoms.

Ascension (mystical): The term Ascension may refer to: the belief in some religions that there are certain rare individuals that have ascended into Heaven directly without dying first.

Ascension: moving upwards in climbing and mountaineering

Astrology of enneagram of personality: from the Greek words ennea [nine] and grammos [something written or drawn]) is a model of human personality, which is principally used as a typology of nine interconnected personality types. Principally developed by Oscar Ichazo and Claudio Naranjo, it is also partly based on earlier teachings of G. I. Gurdjieff. The typology defines nine personality types (sometimes referred to as "enneatypes"), which are represented by the points of a geometric figure called an enneagram.

Astrology of numerology: is any study of the purported divine, mystical or other special relationship between a count or measurement and life. It has many systems and traditions and beliefs. Numerology and numerological divination by systems such as isopsephy were popular among early mathematicians, such as Pythagoras, but are no longer considered part of mathematics and are regarded as pseudomathematics/pseudoscience by modern scientists. Today, numerology is often associated with the paranormal, alongside astrology and similar divinatory arts.

Astrology Chinese: is based on the traditional astronomy and calendars. The development of Chinese astrology is tied to that of astronomy, which came to flourish during the Han Dynasty (2nd century BC to 2nd century AD). Chinese astrology has a close relation with Chinese philosophy (theory of the three harmony, heaven, earth and water) and uses the principles of yin and yang and concepts that are not found in Western astrology, such as the wu xing teachings, the 10 Celestial stems, the 12 Earthly Branches, the lunisolar calendar (moon calendar and sun calendar), and the time calculation after year, month, day and shichen

Astrology Hindu: remains an important facet in the lives of many Hindus. In Hindu culture, newborns are traditionally named based on their jyotish charts, and astrological concepts are pervasive in the organization of the calendar and holidays as well as in many areas of life, such as in making decisions made about marriage, opening a new business, and moving into a new home. A sect of ethnic people having various caste names across the country are known for the traditional practicing of astrology as their chief vocation.

Astrology Western: consists of a number of belief systems, which hold that there is a relationship between astronomical phenomena and events in the human world. In the West, astrology most often consists of a system of horoscopes that claim to predict aspects of an individual's personality or life history based on the positions of the sun, moon, and other planetary objects at the time of their birth. Many cultures have attached importance to astronomical events, and the Indians, Chinese, and Mayans developed elaborate systems for predicting terrestrial events from celestial observations.

Astrology medicine wheel: a stone circle built by North American Indians, believed to have religious, astronomical, territorial, or calendrical significance. Originally, medicine wheels are stone structures constructed by certain indigenous peoples of Africa for various astronomical, ritual, healing, and teaching purposes. Medicine wheels are still "opened" or inaugurated in Native American spirituality where they are more often referred to as "sacred hoops", which is the favored English rendering by some. There are various native words to describe the ancient forms and types of rock alignments. One teaching involves the description of the seven directions.

Astrology: More recently, syncretic, hybridized uses of medicine wheels, magic circles, and mandala sacred technology are employed in New Age, Wiccan, Pagan and other spiritual discourse throughout the World. The rite of the sacred hoop and medicine wheel differed and differs amongst indigenous traditions, as it now does between non-indigenous peoples, and between traditional and modernist variations. The essential nature of the rite common to these divergent traditions deserves further anthropological exploration, as does an exegesis of their valence.

Astrology of acrophonology: Your given name is personal self, your persona of what is in a person's name. You picked your name – its vibration. To go through what you want to work on.

Aversion therapy: is a form of psychological treatment in which the patient is exposed to a stimulus, while simultaneously being subjected to some form of discomfort. This conditioning is intended to cause the patient to associate the stimulus with unpleasant sensations in order to stop the specific behavior. Aversion therapies can take many forms, for example: placing unpleasant-tasting substances on the fingernails to discourage nail-chewing; pairing the use of an emetic with the experience of alcohol; or pairing behavior with electric shocks of various intensities.

Behavioral: In humans, behavior is believed to be controlled primarily by the endocrine system and the nervous system. It is most commonly believed that complexity in the behavior of an organism is correlated to the complexity of its nervous system. Generally, organisms with more complex nervous systems have a greater capacity to learn new responses and thus adjust their behavior. Behaviors can be either innate or learned, however, current research in the Human Micro biome Project points towards a possibility that human behavior may be influenced by the composition of the microbe population within a human body. Behavior can be regarded as any action of an organism that changes its relationship to its environment. Behavior provides outputs from the organism to the environment

Behavioral modification: is the use of empirically demonstrated behavior change techniques to increase or decrease the frequency of behaviors, such as altering an individual's behaviors and reactions to stimuli through positive and negative reinforcement of adaptive behavior and/or the reduction of behavior through its extinction, punishment and/or satiation. Most behavior modification programs currently used are those based on applied behavior analysis (ABA), formerly known as the experimental analysis of behavior.

Biological: natural science concerned with the study of life and living organisms, including their structure, function, growth, origin, evolution, distribution, and taxonomy. Biology is a vast subject containing many subdivisions, topics, and disciplines. Among the most important topics are five unifying principles that can be said to be the fundamental axioms of modern biology

Binge: A binge is any behavior indulged to excess. It can refer to: Binge drinking, drinking large amounts of alcohol over a short period of time. A drug binge is ingesting large amounts of drugs over a short period of time. Binge eating, eating large amounts of food over a short period of time

Brainwashing: Mind control (also known as brainwashing, coercive persuasion, mind abuse, menticide, thought control, or thought reform) refers to a process in which a group or individual "systematically uses unethically manipulative methods to persuade others to conform to the wishes of the manipulator(s), often to the detriment of the person being manipulated". The term has been applied to any tactic, psychological or otherwise, which can be seen as subverting an individual's sense of control over his or her own thinking, behavior, emotions or decision-making. Theories of brainwashing and of mind control were originally developed to explain how totalitarian regimes appeared to succeed in systematically indoctrinating prisoners of war through propaganda and torture techniques. These theories were later expanded and modified to explain a wider range of phenomena, especially conversions to new religious movements

Cardiovascular: The circulatory system is an organ system that passes nutrients (such as amino acids, electrolytes and lymph), gases, hormones, blood cells, etc. to and from cells in the body to help fight diseases, stabilize body temperature and pH, and to maintain homeostasis. This system may be seen strictly as a blood distribution network, but some consider the circulatory system as composed of the cardiovascular system.

Christ consciousness: Higher consciousness, also called Super consciousness (Yoga), objective consciousness (Gurdjieff), Buddha consciousness (Theosophy), Cosmic consciousness, God-consciousness (Sufism and Hinduism), Christ consciousness (New Thought) and are expressions used in various spiritual traditions to denote the consciousness of a human being who has reached a higher level of evolutionary development and who has come to know reality. It also refers to the awareness or knowledge of an 'ultimate reality' which traditional theistic religion has named God and which Gautama Buddha referred to as the unconditioned element. Evolution in this sense is not that which occurs by natural selection over generations of human reproduction but evolution brought about by the application of spiritual knowledge to the conduct of human life, and of the refinement of the mind brought about by spiritual practices. Through the application of such knowledge (traditionally the preserve of the world's great religions) to practical self-management, the awakening and development of faculties dormant in the ordinary human being is achieved. These faculties are aroused by and developed in conjunction with certain virtues such as lucidity, patience, kindness, truthfulness, humility, and forgiveness towards one's fellow man – qualities without which, according to the traditional teachings, higher consciousness is not possible.

Chronic tension: A tension headache (renamed a tension-type headache by the International Headache Society in 1988) is the most common type of primary headache. The pain can radiate from the lower back of the head, the neck, eyes, or other muscle groups in the body. Tension-type headaches can account for nearly 90% of all headaches. Approximately 3% of the population has some type of chronic tension of different parts, areas of the body and head.

Circadian rhythm: is any biological process, which displays an endogenous, entrainable oscillation of about 24 hours. These rhythms are driven by (or composed of) a circadian clock, and rhythms have been widely observed in plants, animals, fungi and cyanobacteria. The term circadian comes from the Latin *circa*, meaning "around" (or "approximately"), and *diem* or *dies*, meaning "day". The formal study of biological temporal rhythms, such as daily, tidal, weekly, seasonal, and annual rhythms, is called chronobiology. Although circadian rhythms are endogenous ("built-in", self-sustained), they are adjusted (entrained) to the local environment by external cues called zeitgebers, commonly the most important of which is daylight.

Clinical: 1 of or relating to a clinic: an annual clinical examination, of or relating to the observation and treatment of actual patients rather than theoretical or laboratory studies: clinical medicine | clinical drug trials. (Of a disease or condition) causing observable and recognizable symptoms: clinical depression, efficient and unemotional; coldly detached: the clinical detail of a textbook, of a room or building, bare, functional, and clean.

Composite: made up of various parts or elements. (Esp. of a constructional material) made up of recognizable constituents: a new composite material—a blend of plastic and ceramic resins. (Of a railroad car) having compartments of more than one class or function. Mathematics (of an integer) being the product of two or more factors greater than one; not prime.

Compulsions: the action or state of forcing or being forced to do something; constraint: the payment was made under compulsion. An irresistible urge to behave in a certain way, esp. against one's conscious wishes: he felt a compulsion to babble on about what had happened.

Continuing education: education provided for adults after they have left the formal education system, consisting typically of short or part-time courses.

Consciousness: the state of being awake and aware of one's surroundings: she failed to regain consciousness and died two days later, the awareness or perception of something by a person: her acute consciousness of Mike's presence, the fact of awareness by the mind of itself and the world: consciousness emerges from the operations of the brain.

Conventional: based on or in accordance with what is generally done or believed: a conventional morality had dictated behavior. (Of a person) concerned with what is generally held to be acceptable at the expense of individuality and sincerity. (Of a work of art or literature) following traditional forms and genres: conventional love poetry. (Of weapons or power) nonnuclear: agreement on reducing conventional forces in Europe. Bridge (of a bid) intended to convey a particular meaning according to an agreed upon convention. Often contrasted with natural.

Counseling: the provision of assistance and guidance in resolving personal, social, or psychological problems and difficulties, esp. by a professional: bereavement counseling. Advice, esp. that given formally, consultation, esp. to seek or give advice. The lawyer or lawyers conducting a case: the counsel for the defense, give advice to (someone) • give professional psychological help and advice to (someone): he was being counseled for depression, recommend (a course of action)

CPU: central processing unit (also central processor) Computing. The part of a computer in which operations are controlled and executed.

Critical faculty: Critical thinking is thinking that questions assumptions. The **Critical Faculty** - HypnoThoughts.com www.hypnothoughts.com/forum/topics/the-critical-faculty

It is a way of deciding whether a claim is always true, sometimes true, partly true, or false. Critical thinking can be traced in Western thought to the Socratic method of Ancient Greece and in the East, to the Buddhist kalama sutta and Abhidharma. Critical thinking is an important component of most professions. It is a part of the formal education process and is increasingly significant as student's progress through university to graduate education, although there is debate among educators about its precise meaning and scope.

De-hypnotized: The act of undoing the trance, they were de- hypnotized, to delete what is not of the spirit of a persons truth.

Dementia: a chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning.

Deprogramming: is an attempt to force a person to abandon allegiance to a religious, political, economic, or social group. Methods and practices may involve kidnapping and coercion. The person in question is taken against his/her will, which has led to controversies over freedom of religion, kidnapping and civil rights, as well as the violence which is sometimes involved. The effectiveness, ethics and legality of deprogramming has been questioned by scholars, as well as by members of the Christian counter-cult movement. Similar actions, when done without force, are called "exit counseling". Sometimes the word deprogramming is used in a wider (and/or ironic or humorous sense), to mean the freeing of someone (often oneself) from any previously uncritically assimilated

DNA: Biochemistry. Deoxyribonucleic acid, a self-replicating material present in nearly all-living organisms as the main constituent of chromosomes. It is the carrier of genetic information. Each molecule of DNA consists of two strands coiled around each other to form a double helix, a structure like a spiral ladder. Each rung of the ladder consists of a pair of chemical groups called bases (of which there are four types), which combine in specific pairs so that the sequence on one strand of the double helix is complementary to that on the other. It is the specific sequence of bases that constitutes the genetic information.

Edema: a condition characterized by an excess of watery fluid collecting in the cavities or tissues of the body

Educational accreditation: is a type of quality assurance process under which services and an external body to determine if applicable standards are met evaluates operations of educational institutions or programs. If standards are met, accredited status is granted by the agency. In most countries in the world, the function of educational accreditation is conducted by a government organization, such as a ministry of education. In the United States, however, a quality assurance process exists that is independent of government and performed by private membership associations. The U.S. accreditation process developed in the late 19th century and early 20th century after educational institutions perceived a need for improved coordination and articulation between secondary and post-secondary educational institutions, along with standardization of requirements between the two levels.

Enlightened: having or showing a rational, modern, and well-informed outlook: the more enlightened employers offer better terms, spiritually aware, enlighten, give (someone) greater knowledge and understanding about a subject or situation: give (someone) spiritual knowledge or insight, figurative illuminate or make clearer (a problem or area of study): this will enlighten the studies of origins of myths and symbols, archaic shed light on (an object).

Ethics: moral principles that govern a person's or group's behavior: Judeo-Christian ethics, the moral correctness of specified conduct: the ethics of euthanasia. Treated as sing. The branch of knowledge that deals with moral principles.

Eros: 1 Greek Mythology the god of love, son of Aphrodite. Roman's equivalent of Cupid sexual love, or desire of. In Freudian theory; the life instinct. Often contrasted with Thanatos, in Jungian psychology, the principle of personal relatedness in human activities, associated with the anima. Often contrasted with Logos. Astronomy asteroid 433, discovered in 1898, which comes at times nearer to the earth than any celestial body except the moon.

Euphoric: characterized by or feeling intense excitement and happiness: a euphoric sense of freedom.

Experimental: investigational, trial, test, pilot; speculative, conjectural, hypothetical, tentative, preliminary, untested, untried, experimental music: innovative, innovatory, new, original, radical, avant-garde, cutting-edge, alternative, unorthodox, unconventional; informal way-out.

Fibromyalgia: a chronic disorder characterized by widespread musculoskeletal pain, fatigue, and tenderness in localized areas.

God: In Christianity and other monotheistic religions) the creator and ruler of the universe and source of all moral authority; the Supreme Being. (God) (In certain other religions) a superhuman being or spirit worshiped as having power over nature or human fortunes; a deity: a moon god | an incarnation of the god Vishnu. An image, idol, animal, or other object worshiped as divine or symbolizing a god. Used as a conventional personification of fate: he dialed the number and, the gods relenting, got through at once. God, an adored, admired, or influential person: he has little time for the fashion victims for whom he is a god. A thing accorded the supreme importance appropriate to a god.

Gedanken experiment: (German) considers some hypothesis, theory, or principle for the purpose of thinking through its consequences. Given the structure of the experiment, it may or may not be possible to actually perform it, and, in the case that it is possible for it to be performed, there need be no intention of any kind to actually perform the experiment in question. The common goal of a thought experiment is to explore the potential consequences of the principle in question.

Guided Meditation: where an individual is verbally guided into a beneficial state of consciousness either by a person's live voice or by a recording of a voice. This process and practice of meditation requires an individual to follow verbal instructions that teach you how to relax the entire body; clear the mind; concentrate on breathing; and focus one's awareness and attention. To what one chooses to explore when meditating all depends on the individual's intentions, needs, and level of interest and passion to make the changes needed and wanted.

Holistic: characterized by comprehension of the parts of something as intimately interconnected and explicable only by reference to the whole. Medicine characterized by the treatment of the whole person, taking into account mental and social factors, rather than just the physical symptoms of a disease.

Hypnotherapist: The word "hypnosis" (from the Greek Hypnos, "sleep") is an abbreviation of James Braid's (1841) term "neuro-hypnotism", meaning "sleep of the nervous system". A person who is hypnotized displays certain unusual characteristics and propensities, compared with a non-hypnotized subject, most notably hyper-suggestibility, which some authorities have considered a sine qua non of hypnosis (although whilst in a trance state- patients, clients cannot be made to do anything that is against their moral code).

Heuristic: enabling people to discover or learn something for themselves: a “hands-on” or interactive heuristic approach to learning. Computing proceeding to a solution by trial and error or by rules that are only loosely defined. A heuristic process or method (heuristics) the study and use of heuristic techniques. Having escaped from confinements of which we are programmed -in other words hypnotized with be relaxed; refrain from taking anything too seriously 'be deprived.

Induced: succeed in persuading or influencing (someone) to do something: the pickets induced many workers to stay away, bring about or give rise to: none of these measures induced a change of policy, produce (an electric charge or current or a magnetic state) by induction.

Infrastructure: the basic physical and organizational structures and facilities (e.g., buildings, roads, and power supplies) needed for the operation of a society or enterprise.

Interdisciplinary: involves the combining of two or more academic fields into one single discipline. An interdisciplinary field crosses traditional boundaries between academic disciplines or schools of thought, as new needs and professions have emerged. Have or relating to more than one branch of knowledge

Insomnia: habitual sleeplessness; inability to sleep. Sleeplessness) is an individual's report of sleeping difficulties. While the term is sometimes used in sleep literature to describe a disorder demonstrated by polysomnographic evidence of disturbed sleep, insomnia is often defined as a positive response to either of two questions: "Do you experience difficulty sleeping?" or "Do you have difficulty falling or staying asleep?"

Liver cirrhosis: It is the consequence of chronic liver disease characterized by replacement of liver tissue by fibrosis, scar tissue and regenerative nodules (lumps that occur as a result of a process in which damaged tissue is regenerated), leading to loss of liver function.

Logic board: A logic board is the Apple equivalent of a motherboard. The term logic board was coined back in the 1980s, when the compact Macs at the time had two separate circuit components. The term "logic board" stuck over the years of Macintosh manufacturing.

Medical hypnosis: (therapeutic trance) involves careful planning that places significant demands on the hypnotherapist and initially requires an allocation of uninterrupted time.

Modalities: modal quality: the harmony had a touch of modality. A particular mode in which something exists or is experienced or expressed. A particular method or procedure: they addressed questions concerning the modalities of Soviet troop withdrawals. A particular form of sensory perception: the visual and auditory modalities. (In medicine, particularly homeopathy) a symptom or pattern that aids in diagnosis.

Motherboard: Computing a printed circuit board containing the principal components of a microcomputer or other device, with connectors into which other circuit boards can be slotted. Replaced with the new one, along with other upgrades necessary to bring their

Mystical: of or relating to mystics or religious mysticism: the mystical experience. Spiritually allegorical or symbolic; transcending human understanding: the mystical body of Christ. Have or relating to ancient religious mysteries or other occult or esoteric rites: the mystical practices of the Pythagoreans. Of hidden or esoteric meaning: a geometric figure of mystical significance. Inspiring a sense of spiritual mystery, awe, and fascination: the mystical forces of nature. Concerned with the soul or the spirit, rather than with material things.

Neuro-chemical: is an organic molecule, such as serotonin, dopamine, or nerve growth factor, that participates in neural activity. The science of neurochemistry studies the functions of neurochemicals.

Neurolinguistic programming: a system of alternative therapy intended to educate people in self-awareness and effective communication, and to model and change their patterns of mental and emotional behavior.

Neurological disorders: A neurological disorder is any disorder of the body's nervous system. Structural, biochemical or electrical abnormalities in the brain, spinal cord or other nerves can result in a range of symptoms. Examples of symptoms include paralysis, muscle weakness, poor coordination, and loss of sensation, seizures, confusion, pain and altered levels of consciousness. There are many recognized neurological disorders, some relatively common, but many rare. They may be assessed by neurological examination, and studied and treated within the specialties of neurology and clinical neuropsychology.

Neuro-scientists: any of the sciences, such as neurochemistry and experimental psychology, that deal with the structure or function of the nervous system and brain. Such sciences collectively.

Neurology: the branch of medicine or biology that deals with the anatomy, functions, and organic disorders of nerves and the nervous system.

Peptic ulcers: a lesion in the lining (mucosa) of the digestive tract, typically in the stomach or duodenum, caused by the digestive action of pepsin and stomach acid.

Psychosomatic: the mind, psychological, irrational, stress-related, stress-induced, subjective, subconscious, unconscious. (Of a physical illness or other condition) caused or aggravated by a mental factor such as internal conflict or stress: her physician was convinced that most of Edith's problems were psychosomatic. Have or relating to the interaction of mind and body. Psychosis.

Physiology: The branch of biology that deals with the normal functions of living organisms and their parts. The way in which a living organism or bodily part functions: the physiology of the brain.

Preordained: a fact or situation that is observed to exist or happen, esp. one whose cause or explanation is in question: glaciers are unique and interesting natural phenomena. A remarkable person, thing, or event. Philosophy the object of a person's perception; what the senses or the mind notice. Latin from Greek phainomenon 'thing appearing to view,' based on phainein 'to show.' The word phenomenon comes from Greek, and its plural form is phenomena, as in: these phenomena are not fully understood. It is a mistake to treat phenomena as if it were a singular form, as in: this is a strange phenomenon.

Prerequisites: a thing that is required as a prior condition for something else to happen or exist: sponsorship is not a prerequisite for any of our courses. Required as a prior condition.

Prevention: the action of stopping something from happening or arising: crime prevention | the treatment and prevention of AIDS. An ounce of prevention is worth a pound of cure proverb it's easier to stop something from happening in the first place than to repair the damage after it has happened.

Psychological: of, affecting, or arising in the mind; related to the mental and emotional state of a person: the victim had sustained physical and psychological damage. Have or relating to psychology: psychological research. -(Of an ailment or problem) having a mental rather than a physical cause: it was concluded that her pain was psychological.

Psychiatric: of or relating to mental illness or its treatment. Is the medical specialty devoted to the study and treatment of mental disorders. These mental disorders include various affective, behavioral, cognitive and perceptual abnormalities. The term was first coined by the German physician Johann Christian Reil in 1808, and literally means the 'medical treatment of the mind.'

Psychotherapy: is a general term referring to therapeutic interaction or treatment contracted between a trained professional and a client or patient; family, couple or group. The problems addressed are psychological in nature and of no specific kind or degree, but rather depend on the specialty of the practitioner.

Psychological: mental, emotional, intellectual, inner, cerebral, brain, rational, all) in the mind, psychosomatic, emotional, irrational, subjective, subconscious, unconscious. Physical. Cognitive.

Psychosomatic: (of a physical illness or other condition) caused or aggravated by a mental factor such as internal conflict or stress: her physician was convinced that most of Edith's problems were psychosomatic. Have or relating to the interaction of mind and body.

Psycholinguistics: psychology of language; the study of the psychological and neurobiological factors that enable humans to acquire, use, comprehend and produce language. Initial forays into psycholinguistics were largely philosophical ventures, due mainly to a lack of cohesive data on how the human brain functioned. Modern research makes use of biology, neuroscience, cognitive science, linguistics, and information theory to study how the brain processes language.

Reality: the world or the state of things as they actually exist, as opposed to an idealistic or notional idea of them: he refuses to face reality | Laura was losing touch with reality. A thing that is actually experienced or seen, esp. when this is grim or problematic: the harsh realities of life in a farming community | the law ignores the reality of the situation. A thing that exists in fact, having previously only existed in one's mind: the paperless office may yet become a reality. The quality of being lifelike or resembling an original: the reality of Marryat's detail. The state or quality of having existence or substance: youth, when death has no reality. Philosophy existence that is absolute, self-sufficient, or objective, and not subject to human decisions or conventions.

Resistance to change: is a structured approach to shifting/transitioning individuals, teams, and organizations from a current state to a desired future state. It is an organizational process aimed at helping employees to accept and embrace changes in their current business environment.

Shamanism: is a term used in a variety of anthropological, historical and popular contexts to refer to certain magical-religious practices that involve a practitioner reaching altered states of consciousness in order to encounter and interact with the spirit world. A shaman is a person regarded as having access to, and influence in, the world of benevolent and malevolent spirits, who typically enters a trance state during a ritual, and practices divination and healing. The exact definition and use of the term "shamanism" has been highly debated by scholars, with no clear consensus on the issue.

Stand-alone: be in a specified state or condition. Remain stationary, collect and remain motionless, a particular level or value.

Stereotyping: a widely held but fixed and oversimplified image or idea of a particular type of person or thing: the stereotype of the woman as the career | sexual and racial stereotypes. A person or thing that conforms to such an image.

Super consciousness: Higher consciousness, also called Super consciousness (Yoga), objective consciousness (Gurdjieff), Buddha consciousness (Theosophy), Cosmic consciousness, God-consciousness (Sufism and Hinduism), Christ consciousness (New Thought) and are expressions used in various spiritual traditions to denote the consciousness of a human being who has reached a higher level of evolutionary development and who has come to know reality as it is Sanskrit.

Susceptible: likely or liable to be influenced or harmed by a particular thing: patients with liver disease may be susceptible to infection. (Of a person) easily influenced by feelings or emotions; sensitive. Susceptible of, capable or admitting of.

Therapeutic: of or relating to the healing of disease: diagnostic and therapeutic facilities. Administered or applied for reasons of health: a therapeutic shampoo. Having a good effect on the body or mind; contributing to a sense of well-being

Trance: a half-conscious state characterized by an absence of response to external stimuli, typically as induced by hypnosis or entered by a medium: she put him into a light trance. A state of abstraction: the kind of trance he went into whenever illness was discussed. (Also trance music) a type of electronic dance music characterized by hypnotic rhythms and sounds.

Theoretical: concerned with or involving the theory of a subject or area of study rather than its practical application: a theoretical physicist | the training is task-related rather than theoretical. Based on or calculated through theory rather than experience or practice.

Thought experiment: A famous example, Schrödinger's Cat (1935), presents a cat that might be alive or dead, depending on an earlier random event. It illustrates the problem of the Copenhagen interpretation applied to everyday objects. A thought experiment or

Tomography: a technique for displaying a representation of a cross section through a human body or other solid object using X-rays or ultrasound.

Transpersonal psychology: is a school of psychology that studies the transpersonal, self-transcendent or spiritual aspects of the human experience. A short definition from the Journal of Transpersonal Psychology suggests that transpersonal psychology "is concerned with the study of humanity's highest potential, and with the recognition, understanding, and realization of unitive, spiritual, and transcendent states of consciousness"

Treatments: the manner in which someone behaves toward or deals with someone or something: the directive required equal treatment for men and women, medical care given to a patient for an illness or injury: I'm receiving treatment for an injured shoulder. A session of medical care or the administration of a dose of medicine: the patient was given repeated treatments as required. The use of a chemical, physical, or biological agent to preserve or give particular properties to something: the treatment of hazardous waste is particularly expensive. The presentation or discussion of a subject.

Transformation: a thorough or dramatic change in form or appearance: its landscape has undergone a radical transformation. A metamorphosis during the life cycle of an animal. Physics the induced or spontaneous change of one element into another by a nuclear process. Mathematics & Logic a process by which one figure, expression, or function is converted into another that is equivalent in some important respect but is differently expressed or represented. Linguistics a process by which an element in the underlying deep structure of a sentence is converted to an element in the surface structure. Biology the genetic alteration of a cell by introduction of extraneous DNA, esp. by a plasmid. Biology the heritable modification of a cell from its normal state to a malignant state.

Ultimately: being or happening at the end of a process; final: their ultimate aim was to force his resignation. Being the best or most extreme example of its kind: the ultimate accolade. Basic or fundamental: the ultimate constituents of anything that exists are atoms. Physics denoting the maximum possible strength or resistance beyond which an object breaks.

Unconscious: not conscious: Done or existing without one realizing. (unconscious) unaware of: the part of the mind that is inaccessible to the conscious mind but that affects behavior and emotions.

Utilize: make practical and effective use of: vitamin C helps your body utilize the iron present in your diet.

Usage: Utilize, borrowed in the 19th century from the French: utiliser, means 'make practical or effective use of.' Because it is a more formal word than use and is often used in contexts (as in business writing) where the ordinary verb use would be simpler and more direct, utilize may strike readers as pretentious jargon and should therefore be used sparingly. See also usage at usage.

Wellbeing: the state of being comfortable, healthy, or happy. The term quality of life is used to evaluate the general well being of individuals and societies. The term is used in a wide range of contexts, including the fields of international development, healthcare, and politics.

Sources for glossary definitions:

Dictionary.com

The Science Dictionary (<http://www.thesciencedictionary.com>)

Medline Medical Dictionary (<http://www.nlm.nih.gov/medlineplus/mplusdictionary.html>)

World English Dictionary (<http://www.world-english.org/dictionary.htm>)

Merriam-Webster Collegiate (<http://www.merriam-webster.com/dictionary>)

The Critical Faculty - HypnoThoughts.com

www.hypnothoughts.com/forum/topics/the-critical-faculty