



Practitioner Diploma

Module Nine

| Module Nine

TABLE OF CONTENTS

LEARNING OBJECTIVES FOR MODULE 9	3
TECHNIQUES FOR USE DURING SESSIONS	4
AUTOGENIC RELAXATION TECHNIQUE	8
WEIGHT LOSS	9
CHANGE ONE SMALL THING	17
USEFUL TECHNIQUES/IDEAS FOR WEIGHT MANAGEMENT	18
ARM RAISE INDUCTION.....	20
ANDREWISM'S	23
GRIEF	40
THE MAGICAL GLADE.....	43
LOSING A PET - EXAMPLE	46
SUMMARY OF WHAT YOU HAVE LEARNED.....	48
COURSEWORK MODULE NINE	49

Learning Objectives for Module 9

IN THIS MODULE YOU WILL:

- Gain a “crib sheet” of 33 different ideas you may find useful to use during a session.
- Have an understanding of how to help someone with weight loss.
- Have a list of “Andrewism’s” - useful phrases to use during sessions.
- Have an understanding of working with grief.

Techniques for Use During Sessions

This is a summary list of some of the different techniques taught on this course and suggestions as to when they can be helpful. Of course, all the techniques can be used in a multitude of different situations, so this is just a brief guide.

Some people keep it with them during sessions so if they are feeling a bit stuck, they can glance at this sheet for inspiration!

1. **Library Model** – change beliefs – erase old and write new future – useful for any belief related issue
2. **Parts therapy** – invite all parts who/that influence belief – good for when someone has part of them that wants something and another part of them that doesn't/sabotages
3. **Regressions** – use present tense – as if happening now – take client back to a time when they felt the unhelpful feeling/fear to get to the root of the issue
4. **Swish** – get rid of fears/phobias
5. **Fast Rewind** – good for easing fears and phobias
6. **Positive Visualisation** for inductions and for seeing new person as if real now – step into the new person. Very helpful for most situations, sports, weight loss, public speaking, dentist, driving etc.

7. **Negative Visualisation** can be used for painting a negative picture of an outcome –eg overeating and consequential health issues
8. **Expressing the Unexpressed** – allows the client to express feelings they have suppressed. Releasing.
9. **Powering Inner Voice** – allows the client to create a positive inner voice - I am a good person; I can move on now...
10. **Sedona** – Let it Go – useful for old habits, limiting beliefs, anger ...
11. **Fist of Sand** – let it go - as Sedona – let go of tension.
12. **Hypnoesitherapy** – great for pain relief can use saliva method or other techniques too to enhance effect- such as anxiety.
13. **Blow away** – blow away thoughts/feelings – very effective for children.
14. **Hero** – have the client's hero be with them for confidence etc. or can imagine themselves as their hero for visualisations. Used a lot for children.
15. **Mantras** – positive sayings relevant to each client
16. **Eye Gaze Mantra** – can make the mantra more effective when you get the client to look into your eyes when speaking – it allows you to easily spot if

there is any resistance as they will look away if not comfortable with the mantra.

17. **Anchor** – anchor a good feeling for access any time. Useful for anxiety issues, sports performance ...
18. **Healing light** – relaxing, calming, healing light useful for anxiety, pain, confidence.
19. **Control Room** – useful for anxiety and pain and anything where the client feels out of control.
20. **Disassociation** – great for anxiety and pain
21. **Metaphor** (e.g. my friend John) – can be really good to get a point across to a client without having to face the problem directly
22. **“Every day in every way”** ... reinforces new beliefs every day – must repeat daily for best effect.
23. **Post Hypnotic Suggestion** – ideas that will help the client after the session.
24. **Double binds** – useful for getting clients to choose between 2 possibilities.
25. **‘Cancel’** negative comments and replace with positive – useful if the client overhears unhelpful comments – immediately cancel and replace

26. **Split Path** – very good for weight loss/smokers or bad habits as allows the client to see both the good and bad outcomes.
27. **Glove anesthesia** – can transfer anesthesia around the body – pain relief or preparation for injection.
28. **Change** nervous energy into positive energy – helps with anxiety.
29. **Go Inside Method** - great for illness and pain.
30. **Inner child** – helps resolve issues from childhood. The older self can comfort the younger self. The client can speak to parents, bullies etc. to resolve issues.
31. **100% Confidence** – great for everything
32. **Change one small thing today** – allows the client to be able to feel they can change.
33. **Giving Back the Feeling** – useful when a client has been affected or hurt by someone else's behaviour. It enables the client to pass the feelings they have had back to the person responsible for making them feel like that. The perpetrator can then experience what they have made the client feel.

Autogenic Relaxation Technique

Autogenics is the term the NHS and medical world use for what we would call a Progressive Muscle Relaxation.

There is not a lot more I need to say on this, I just wanted to bring your attention to the use of the phrase and give you an example.

You can download a very nicely worded version here, which you could use as an induction, or to make a nice recording.

<https://www.guysandstthomas.nhs.uk/resources/patient-information/cardiovascular/autogenic-relaxation-technique.pdf>

Weight Loss

Be sure to also watch the webinar on this topic in the members area.

BASIC OUTLINE

This can be quite a complex subject because eating habits can range from a little overeating and snacking between meals, to a full-blown emotionally driven eating disorder.

Here are my thoughts.

Nowadays, most people are aware of what they could/ should be doing differently in order to slim down or lose weight - but they cannot find the motivation to make it last - because they have internal thoughts and beliefs that are conflicting or preventing them from doing so.

To overcome this, you can simply use a weight loss suggestion and/or visualisation script - and that will help many people. But I prefer to make it a little more personal.

Years ago, I used to assume that all weight issues were emotional problems (because so many were) and used to do emotional/ analytical work right away. Nowadays I hold back a little. If someone is struggling to achieve something, there will be an emotion involved somewhere, but often it can be resolved by a change of perspective and self-talk. This applies as equally to weight loss as anything else.

PRACTICAL PROGRAMME FOR WEIGHT LOSS

(1) **As always, listen first.** Ask the client for a summary of their situation.

- What do they want to achieve? (to find their goal)
- What have they tried so far? (so, you don't repeat failures)
- What has worked in the past? (you may be able to use that)
- When did the weight problem start? (i.e., was it triggered by a symptomizing event in adulthood, or is it more of a childhood problem?)
- Or is it just habits that need to be changed?
- Just listen and chat informally **without giving any advice.**
- Listen, listen, listen and ask questions on anything that isn't absolutely crystal clear.
- Watch out for 'statements of fact' which are really just beliefs.

E.g. "I'm just too lazy to lose weight."

You: "Really, what do you mean, lazy, who told you that?"

Client: "*My boss. I stand up for 8 hours a day and get tired, but he says I'm lazy. He's the one who comes in late every day.*"

You: "Ok, so you're not lazy, you just get tired and feel like relaxing after work rather than going to the Gym, is that right?"

Client: "*Yes, that's right.*"

You: "Great, so what would you need to feel to be able to go to the Gym, what would make it more appealing and worthwhile?"

Your aim is to uncover and resolve any limiting or false beliefs the client may have about themselves or losing weight. Many of these will be readily revealed in the conversation - we don't always need to dig deep to find answers.

2. Create a Goal Achievement Plan (Refer to when we did this previously)

(A) THE DREAM/VISION

In the Dream/Vision section, help them to create a Vision of where they would like to be once they have lost the weight or attained their ideal size. If you can create an actual specific scene - e.g., a party, a holiday, a family gathering, even better. Ask the client to imagine himself/herself there and describe in detail what they are wearing or doing and - most importantly - FEELING.

You want to help the client establish some powerful and meaningful feelings and emotions. Why? Because we only ever really do anything in life because of feeling or emotion. Those feelings and emotions are the reason for them wanting to change their body size or shape and sometimes you need a lot of leverage to shift someone out of a lifetime pattern.

PRACTICAL TIP

Sometimes they may not know what they want - but they do know what they DON'T want. Ask them what they don't want, and then ask them for the opposite of that.

Also, let them choose the words or pictures that mean something to them and do not judge. If being able to “feel smug because she is slimmer than her arrogant sister, at last”, is the motivator, great. Use it for now ... Later, when the smugness has worn off, she will be ready to resolve the next layer of beliefs ...

In the Dream/Vision section, look for words like: Good, strong, light, happy, comfortable, confident and so on. Let the client choose the words and images, but feel free to offer suggestions if they are stuck.

(B) THE STEPPINGSTONE /ACTION BOXES

Once you have an idea of what they want to achieve (including body size and weight) you can begin to fill in the ‘Steppingstones’ boxes.

PRACTICAL TIP – “THE TWIN”

Say to the client:

“If you had a twin who could step out of your body and sit in that chair over there, what would they say you need to do right now, to make a difference to your eating and weight?”

In this way, you will gain insightful information from the client's own belief system, instead of trying to give them advice from yours. You can use this information to fill in the ‘Steppingstone’s Boxes.

As you chat through the plan, it is very important to ensure that it feels achievable to the client. Always, always, seek to help them create a good feeling, because that feeling will drive behaviours that create more good feeling.

(C) CONVERT THE 'STEPPINGSTONES INTO SUGGESTIONS

Take the ideas and action statements from the steppingstone boxes and convert them into mantras, suggestions, and positive statements that the client agrees to and feels good when reading them aloud. If the client feels uncomfortable about any of them, as they are reading them aloud, ask the client for alternative words or action.

PRACTICAL TIP

Remember: These statements will form the basis of your personalised Hypnotic Suggestions, so you want to ensure there is no resistance to them.

3. Include: “How you will feel ‘after’ you’ve eaten, not during”.

Make sure you chat through the idea about training their mind to focus on how they will feel **after** they have eaten (either a certain type of food or certain amount or certain behaviour), as opposed to the feeling whilst they are doing it.

Most people will focus on the immediate pleasure sensation of a certain food - e.g., the taste of a biscuit, piece of cake, chocolate bar - but may then have a full, or sickly, or regret type feeling afterwards. If a person has a choice as to whether to eat an extra slice of cake or not, you want their mind to associate the extra slice with a “full, sickly, regret feeling”, instead of a ‘pleasure’ feeling, so that they don’t want to eat it and instead want to make a different choice.

I say something like ...

“From now on, you are going to discover, more and more, that your mind is beginning to focus on how you will feel AFTER you have eaten something ...

... and if the feeling you feel AFTER you have eaten something fits in with the same feeling as your goal or vision, then you will feel drawn to go ahead ...

... but if the feeling you will feel after you have eaten that something will take you away from how you want to feel ... then your mind can begin to make those types of food much more unappealing ... like something you wish to keep at arm's length”.

4. The Hypnosis

If the client feels happy with all of this, then you can move onto the hypnosis. Use whichever induction you feel most comfortable with, according to the person, the location and time available.

Sometimes I go through the Library Model as a visualisation, making it specific to how their eating and weight habits HAVE been, and then go through how we would like it to be from now on.

Then you can use all the information from the Goal Achievement Plan to form positive suggestions, along with any stock phrases or suggestions you have gleaned from other sources or scripts, that you may feel are appropriate here.

5. Follow-Up Sessions

- If you are seeing a client for a few sessions, all of the above will pretty much take up the first session.

- On follow-up sessions, you can fine tune things. Sometimes the client will just want you to repeat the hypnosis you did before.
- Often though, they will report success in some areas but need extra help in others.
- ALWAYS aim to see if you can spot the limiting idea, or the resistant belief that has been causing them a problem.
- Try and avoid giving the kind of advice that ANYONE could give. They are not paying you or asking you for that. You are looking to find the edge that they cannot see for themselves and that others do not know how to look for.
- Question everything, act stupid if need be and avoid making assumptions, so that you eventually have a clear understanding in your mind of what is actually happening in their mind.
- Fine tune the 'Steppingstone's. Fine Tune the suggestions. Create some Self- Hypnotic questions.
- Send the client off feeling that they have discovered something else and have something new to work with.

6. Emotional Eating

If you sense that there are stronger emotive forces at play, then you can of course use any of the analytical techniques we have discussed.

- Parts Therapy
- Free Regression
- Regression to Cause.
- Free Association
- Inner Child

- NLP
- And so on.

... and add in slimming/body related positive suggestions at the end.

7. New Identity

It is important that the client let go of any old identities around food and weight, and create new a one, befitting of their desired outcome.

For example, if a client has the belief that he is a “fat, greedy and lazy person”, his behaviour will eventually default back to supporting those ideas and another diet will fail - or your hypnotic sessions may be temporary or ineffective.

If a client believes she is “useless, worthless and destined to be overweight” – these limiting ideas will also act as an inner identity driving behaviours and most likely cause sabotage.

However, when we change the limiting identity statements to more positive ones, more befitting of the desired outcome, then the behaviour will more likely begin to default to that and we will experience a different outcome.

Make sure you build these ideas into the Goal Achievement Plan and any suggestions you give.

PRACTICAL TIP: NEW INNER IDENTITY

Part of what you are aiming to help the client achieve is a NEW INNER IDENTITY in relation to food, weight, etc.

Change One Small Thing

If someone is finding it hard to let go and move on in their life and perhaps, they find the idea of making big changes overwhelming, then ask them to think about ‘One Small Thing’ they can change to make a difference and get them to recognise the effect this will have. Reinforce the benefits from making such a small change. This will have a positive effect on them because they can be proud of their achievement.

E.g., Related to Weight Loss ...

- Pause for 5 seconds before eating and be mindful of whether you are physically hungry or are experiencing a habitual response to something else such as boredom or avoidance.
- Have 2 glasses of wine instead of 3.
- Only drink alcohol at weekends.
- Allow yourself to be hungry at times.
- Practice stopping before you are full

Useful Techniques/Ideas for Weight Management

- **Goal Achievement Plan (GAP)** – allows you to find out exactly what the client wants.
- **Stop Sign** – See Module 8
- **One Small Thing** – Make changes small and manageable.
- **You are not a dustbin** – Changes their view of themselves and teaches them to respect their body.
- **Regression/ Analysis/ Inner Child etc.** – aims to get to the root cause of an emotional weight issue.
- **Parts Therapy** – Invites relevant parts of the client's mind to reveal why they have weight issues.
- **Positive Visualisation** – In Hypnosis, the client can visualise how they want to be and practice being in their new body and viewing it as if they are already how they want to be.
- **Split Path** – especially powerful if the client is concerned about health issues relating to their weight.
- **Anchor** – Useful for helping the client to feel calm, in control
- **Control Room** – can be useful for turning down hunger and anxiety.
- **Post Hypnotic Suggestion**
- **Hunger Check-In** – helps the client recognise the difference between emotional and physical hunger
- **It looks nice but ...** I'm not going to eat it as I prefer to look and feel great.
- **80% 20%** - You do not have to be 'good' 100% of the time – 80% 'good' and the other 20% you can allow to be a little less fixed.

- **Mindful Eating** (pause to allow impulse to pass)
- **The After Feeling Technique** – most people who binge/overeat, feel really ‘bad ’ both physically and emotionally after they have eaten – use this discomfort they experience as a powerful tool for reinforcing how ‘bad ’they feel and how much better they would feel if they made a better choice.
- **Virtual Gastric Band** – Have the client imagine they have a Gastric Band fitted and as such, their appetite is reduced.

GENERAL NOTE:

If you use the principles outlined here, you will be able to help most people bring about a change in their eating behaviours so that they can begin to attain their ideal size and weight.

Sometimes it will be easy - sometimes it will be more challenging. That’s just people and that’s just the way it is. Do your best, see what happens, and then do your best again.

It may take hours, weeks or months depending on the individual concerned, the real cause of their eating issue and what they wish to achieve.

Arm Raise Induction

PRESENTED & ADAPTED BY JON ROWE

Background

This induction uses a mix of elements from other induction techniques which when combined can increase the sense of engagement, both for the client and you.

The key difference is that with this technique there is physical contact between you and the client. This is something that needs to be assessed and agreed with the client beforehand.

The Process

As part of building rapport in the lead up to the start of the induction explain the 3 steps involved and have a practice run (but without the arm raise).

Make sure client is comfortable and ready to begin.

Ask client are they left or right-handed. The answer given is not important, just ask the client if it would be ok to have that arm (or the other if it is more accessible). You are gaining compliance.

Specifically, check the client will be ok with you taking and lifting that arm up above their head for a short while; more compliance, plus you do not want to hurt them in anyway. You will be holding their arm by the wrist and supporting the elbow (with your other hand) as the arm is lowered.

Step 1: Count 1, have the client spot/stare at a point on the ceiling as high above their head as possible without craning their head back, hold for a moment (as previously practiced).

Step 2: Count 2, have the client take a deep breath, hold for a moment (as previously practiced).

Step 3: Count 3, have the client simultaneously close their eyes and release the breath and continue the breath normally (as previously practiced). At the same time gently but firmly take the clients arm by the wrist and raise it above their head (just like they would if they were putting their hand up at school).

Immediately continue with some free-flowing physical relaxation dialogue, using the raised arm as the initial focus. The client may well be holding it up themselves at this point. If so, gently shake the arm whilst telling them to let the arm relax (allowing you to take all the weight).

You are aiming for them to let their arm feel fully relaxed and weightless. Then have them slowly and progressively transfer this feeling to the rest of their body with your help of course (face, head, neck, shoulders, other arm/hand etc.).

Slowly lower the arm as you continue with your relaxation commentary, supporting at the elbow as the arm naturally wants the bend. Gently rocking the arm as it “floats” down towards a natural resting point.

You can judge for yourself the length of time this needs to take depending on the “feedback” from the client (2 or 3 mins should be sufficient, plus you are supporting their arm all this time which can be tiring).

Transition your delivery into whatever visualisation, deepener or direction is appropriate for the client and session.

Benefits

Being able to directly “feel” the onset of the induced state of the client particularly when you are gaining experience gives you more confidence that the session will be effective.

The additional compliance freely given by the client in allowing “their arm to be taken” helps to release the locks around the critical faculty.

Clients generally appreciate the slightly more intimate nature and floating arm sensation as a reference point to help deeper relaxation.

Warning

This technique is obviously not suitable or desirable for some clients where physical contact could cause offence or upset.

Reference – Hypnotherapy a Practical Guide, Second Edition, Script 3.10

Andrewism's

Here are some phrases and ideas that I say and use now and again that previous students have found useful. These were compiled from notes taken by previous classroom students watching me carry out demonstrations in front of the class, hence they are rather “informal”.

DURING INITIAL CHAT/CONVERSATION

Anything Else

“Is there anything in your life that you have never told anyone?”

Anything else?

Anything else ...?

Anything else...???

I will often just keep saying ‘anything else ’ each time they have finished talking, because it will encourage them to be very open and honest with me and give them permission to say things they might not normally say and hold back.

You don't want to push it too hard though ...

“Anything else? I mean there may not be, but anything else you want to mention right now, even if it seems completely unrelated?”

Twinn

“If you had a twin sitting over there with the same problem as you, what would you tell them to do?”

Many people consciously or unconsciously have a good idea as to what needs to happen towards the resolution of their problem, so asking them to give a ‘twin ’ advice will allow them to express it.

The answers they give may be very useful for forming suggestions or Self Hypnotic Questions or providing a line of enquiry for analytical work.

E.g.

Client: I would tell my twin to XYZ.

You: “I wonder why you have found it difficult to XYZ until now?”

DURING INDUCTIONS

“You can resist if you want to ... but that's not why you are here.”

“There's nothing wrong with [what you are thinking/feeling/doing] etc., it would just be nice for you to be free from it.”

DURING ANALYTICAL/REGRESSION SESSIONS

Initial Questions:

-“Where do you seem to be, indoors, outdoors, or somewhere else?”

-What do you feel? What do you sense?

-Give me your first impressions, is it daytime or night-time?

-Are you alone or is there anyone else around?

-Pretend you're there right now.

-Think about what it feels like to be you.

-What do you sense/feel/see?

-Just be there in your mind.”

When recounting memory/ information

-“Are there any feelings?”

-What is happening?

-What does it feel like to be you in that situation?

-Can you tell me what you are thinking; it could be more of the same thing or it could be something else.

-What does that remind you of?

-I wonder why you're feeling like this?

-How do you feel after (carrying out the undesirable behaviour)? “

Indirect Belief Challenge

Client: “XXX is telling me that I am YYY and I have to ZZZ”

You: “*Oh, and do you believe them?*”

Whilst expressing ...

If asking a client to visualise speaking to someone directly in trance (expressing the unexpressed) make sure they say “You made me feel...”

I don't know => If you did know

Q= “What are you afraid of - What might it be?”

A= I do not know

Q= “If you did know, what would it be?”

At the end of a session, you can say ...

“As you go through these different scenes and memories, you are releasing the feelings and emotions with them, and any hold they may have had over you will also be released as well.”

Positive Memories

If regression goes to positive memory first of all, can be good to say,

“I wonder how long it has been since you experienced that feeling?”

If regression goes to positive memories after previous negative memories, usually a sign that a positive belief has been accepted or is now active - can be a good place to stop.

Body

Look for information or signs of RESISTANCE in the body – the client may say all is OK, but body language says something else.

Look for muscle twitches, feet moving as if stamping in temper, eyes moving behind closed eyelids, face flushing with emotion, etc.

“How does your body feel right now?”

“What are you feeling in your body now?”

“How does your chest feel now?” (If previously mentioned tensions etc.)

“How does your tummy feel?” (If previously mentioned tensions etc.)

The body will always give away what the client is really feeling and if you have time, is a great way to check in with where the client is at, towards the end of the session, just before you terminate the trance. But you can also use it during the regression/analytical work if the client suddenly seems stuck on what to say.

“If that feeling you have in your stomach could rise up into your chest and come out of your mouth as words, what would it say?”

“How does your body feel right now? If [that feeling] could come out as words what would it be?”

“If it’s a scream – what would that scream say? What would you be screaming?”

If client experiences physical sensations encourage them to just keep going but you can say something like ...

“Stay with it, but if gets too uncomfortable just let me know”

With physical symptoms ... *“If it had a voice, what would that symptom be saying?”*

If client starts to get emotional, give lots of reassurance.

- “That's ok, you are safe right now.
- Stay with it I'm here – it's OK
- Just keep telling me what you are thinking/feeling/sensing.
- If that feeling was a child, what sort of age would it be?
- Anger and hate are just love trying to find itself. Sometimes you have to go through the hate and anger to get back to the love.”

It feels as if...? It seems as if ...?

I use this a lot because I noticed that very often the client will answer this with a statement of the exact limiting belief.

Usually, I will tag this onto whatever else they are describing.

E.g.

You: *“And what's that like?”*

Client: “It makes me feel sad and lonely.”

You: *“It makes me feel sad and lonely ... and it feels as if ...”*

Client: “It feels as if I am useless and get in everybody's way and I have to hide away so no one can see me”

You can then ask them to express those ideas further and/or consider creating suggestions or mantras to counteract those ideas.

e.g., “I am worth something, I am welcome, I can feel safe in the spotlight now.”

A recent example:

Old belief: “*Because I have spots **it feels as if I am ugly and unattractive and no-one will want me***”.

New Belief: “*I need to accept that even when I have a few spots I am still pretty and attractive, and people do still want me and love me*”

Another example: “I feel (anxious and scared) and that makes me feel as if (the belief)

Clients Mind Goes Blank/ Can't Think Of Anything/ Gets Stuck

Client: My mind is blank.

You:

- “*That’s Ok, what kind of blank?*”
- *Well, if there was something, what would it be?*
- *It's OK to let me know what you are thinking, even if you are thinking “I can't think of anything”.*
- *It's there for a reason. It's part of you. What would it be?*
- *How does your body feel right now, etc.?*
- *Change 'can't' to 'won't' and ask yourself why!*

- *“Your mind will keep you there until there is nothing else to say.”*
- If they seem stuck, you can ask them for a solution. Say, *“What needs to happen for you to be unstuck? Or to change that?”*

“Just finish that sentence ...”

Very often a client will start a sentence and then stop midway or back track or change the subject. This is ALWAYS because they have consciously checked themselves from saying what they were about to say - and there will be a reason for this.

Whether during the initial chat or during the hypnosis phase, I always request they finish the sentence - even if it means backtracking a little.

“Hang on a moment, let’s just rewind a little. You started to say ... [xyz] - can you just finish that sentence for me.”

You may have to be quite pushy sometimes, especially if they are trying to squirm out of it.

“It’s OK, just say what you were going to say, that’s all”.

Very often they will then make a very revealing statement.

‘Blow To The Head’

When doing free association or free regression, the client may often run through a series of memories and suddenly recount an incident where they experienced a Blow to the Head.

Go back to the one before the 'knock on the head', as sometimes it is symbolic of the clients mind repressing an event.

Rape/Sexual Abuse

In these types of cases the client will often feel a sense of being dirty/self- disgust. You can ask ...

“What does that X year old you need, in order to feel new/clean/fresh again?”

When you think the abreactions are complete, you can use a visualisation such as a luxury bathroom, with bath full of cleansing soapy bubbles that thoroughly wash and cleanse, inside and out. Large white fluffy towels to get dry and lovely fresh new clothes to dress in afterwards to feel 'new'.

“Follow The Feeling”

In any kind of analytical session, always follow the feeling.

- If fear changes to anger - go with the anger.
- If anger changes to sadness, go with the sadness.
- The changing feelings will often lead you through layers of beliefs.

Positive Thinking Phrases/Suggestions

- “Wouldn't it be nice, if ...?”
- What do you need to believe, or What do you need to feel, in order to ... XYZ?
- Call upon the power of your unconscious mind to help you in whatever way you find suitable – to bring about a wonderful outcome in the most wonderful way.
- Hours can seem like minutes; minutes can seem like seconds. (E.g., when flying etc.)
- The past only exists as ideas in your mind.
- Sometimes a shift of perspective is all you need.
- I understand why you feel that way, but you don't have to feel that way.
- XXY is only a belief – you are welcome to believe that if you want to, but you don't have to or need to.
- You don't have to prove anything to anybody (especially in Public Speaking etc.)”

Don't take it personally.

When somebody says something to you, you don't need to take it personally. Their battle is not with you, it is with themselves. Let it wash over you so you won't get defensive, and see if you can respond to their fear, rather than their anger...

Self-Hypnotic Questions:

“How can I appreciate even more that ... I can now begin to feel ...”

“It wasn’t you ... it was them”

“You thought that what was going on around you, meant something about you. You thought that the way ‘they’we’re treating you, meant something about you. But actually, it only meant something about them ...”

Now that you feel ...

- *“How can things be different now?”*
- *How do you feel now? Now that you feel xxx, what can you do?*
- *So, knowing what you know now, what difference is that going to make?*
- *Up until now it has been like this ... But now it can be like this ...*
- *That’s how you felt before but now you can feel different.*
- *What’s the BEST thing that can begin to happen now?”*

The 5 Core Beliefs

I AM ENOUGH (AS A PERSON)

I AM SAFE/SECURE

I AM IN CONTROL

I AM CONNECTED/BELONG

(LOVE=PLEASURE)

- “It’s OK to feel good now and it’s OK to let good people into your life now.

- You are, and always have been, good enough.
- You are a good person.
- That doesn't mean you have to be good; you just 'are' good.
- You are a worthy, deserving person, with a right to your life.
- You can feel safe and secure.
- You are in charge of your life now.
- You can feel love and pleasure now.”

My voice will go with you.

“My voice will go with you, calming you, supporting you, wherever you want it, wherever you need it, wherever appropriate.”

Eating

Client can create temporary change by changing habits, but for lasting change, the client needs to change their inner identity.

e.g., I will eat smaller portions = change habit

I am slim, fit and healthy => will encourage new habits that fit the new identity

Linking Issues

With emotional eating, as you go through an analytical type of session, it can sometimes be useful to suggest ...

“Just allow your mind to show you how those feelings have been playing themselves out in your life, including with your eating habits”

Anxiety

At the first session really listen to the client and pay attention to the words, phrases and sentences they are using - they will often reveal their core beliefs.

Going very deeply into the specifics of their problem will allow them to feel they are being taken seriously and help build rapport. Allow time for this, no need to rush.

“It’s ok for you to feel what you have been feeling, there is nothing wrong with that. It would just be nice for you to be free of it, that’s all, and that is what we are aiming to do as we spend a little me time together”.

Guilt

- *“You don’t need to make amends, you can instead make a difference (if you want to, that is)”*
- *“You can feel guilty if you want to, but you don’t need to”*

Too stressed to relax.

If the client is too stressed to relax that is fine. You can -

1. Let them keep talking and expressing what they are afraid of until they have almost run out of steam.
2. Just use what they are feeling directly, ask them to close their eyes and go with that feeling, etc.

E.g.

“Close your eyes , take a deep breath and as you breathe out, think of all the different times and scenes and places where you have experienced this feeling. Let your mind wander back now, perhaps closer to where you first began to feel this way. Where would you be, indoors or outdoors? etc.”

3. Help them calm down so that they can do the same themselves.

Ask what is going on in their mind, what thoughts are in their head, etc.

Tell them whatever they are feeling is because of something that they are thinking.

E.g.

“Whatever you are thinking, just STOP.

STOP all thoughts apart from the words ‘Relax and Breathe, Relax and Breathe’”.

Teach them how to control their body sensations by acknowledging and controlling their thoughts (imagination).

Suicide Threat

- *“Whatever you are feeling now will pass – see how you feel in a couple of days.”*
- *“However bad you feel, can you promise me you will contact me first before you think of doing anything?”*

- *“I appreciate that is what you are feeling, but my understanding is that suicide is not an escape, we just take it (our issue) with us and still have to deal with it. It is far better to deal with it now, so you can begin to feel free and have a happy life.”*

Grief (See The Magic Glade Exercise)

When someone has lost someone, there will often be unresolved issues causing prolonged grief. These are not necessarily always negative issues, but usually more that the surviving client did not get a chance to fully say ‘Goodbye’.

When a client starts talking about someone close to them who is deceased, at a convenient moment ask them “Did you get a chance to say “Goodbye?”

This will help you get a better understanding of the client's feelings around the event.

Then use the Magic Glade Visualisation Exercise to create a scene where the client can talk to the deceased person, expressing anything unsaid and have the deceased respond, send them good wishes etc.

If it seems it was a loving relationship, then at some point, get the client to say to the deceased,

“Thank you for being my mum/dad/gran/grandad” etc. “You made me feel ... [safe, loved, wanted, important etc.]”

This will usually guarantee a tear or two.

This method will often allow the client to express anger, guilt or other emotions as well, that they may not have had a chance to while the deceased was alive.

Thumb Sucking/Habits

Often the client simply needs a good enough reason not to do it. Find out when they don't do it already and you may discover an example of an existing good enough reason that you can use or adapt for them.

You can do this via suggestion, visualisation, mantras etc. but the Good Enough reason and Belief needs to be there, as for any habit.

Can use double, triple binds if you wish.

"I wonder whether you will stop in the next few days, or weeks, or sooner?"

(I use that phrase a lot because I think it takes the pressure off but leaves the impression of stopping sooner).

With nail biting, I often suggest:

-You are now someone who cares for their nails, treating them as if they are very, very precious, allowing them to grow ..."

General Statements

- -Believe in yourself more than the fear.
- -One moment at a time, then suddenly, it's done.
- -It's not collapsing, it's just changing, that's all.

- -Imagine if you could just remove that old belief/feeling as if it is an old overcoat.
- -How many minutes have you had your eyes closed for?
- -Practice makes Permanent.
- -Visualise client as happy and cured when in session.
- -How long since you have had that happy feeling?
- -Connect your breath to the feeling ...
- Let me know if it gets to be too much, but just for now, stay with it, the best you can.

Grief

GRIEF

Deep sadness caused especially by someone's death” –

Websters Dictionary

Grief Can be:

- Loss of parent
- Loss of child
- Loss of partner
- Loss of any significant relation
- Loss of good friend
- Loss of animal/pet
- Loss of lifestyle
- Or any kind of meaningful “loss”.

THE 5 STAGES OF GRIEF

(As laid out by Elizabeth Kubler-Ross)

- Shock/Disbelief/Denial
- Anger
- Bargaining/Guilt
- Depression
- Acceptance

Shock/Denial/Disbelief

The person is in shock and does not want to acknowledge the bad news.

“There must be some mistake” etc.

Anger

The person’s bottled-up emotion comes out as anger at the situation.

“It’s not fair. Why?” etc.

Bargaining/Guilt

Here any guilt or regret is in play.

“If only we had done“x”

“If only I had said “y”. etc.

(i.e., willing/wishing it could be different, looking for a way out).

Depression

Here the person starts to acknowledge the inevitable and begins to feel the sadness of the loss.

“He’s gone”, “She’s gone” etc.

Acceptance & Hope

Finally, the person accepts the loss, that things may never be the same ... but that life can go on. These “stages” are not fixed, and people do not necessarily move through each stage.

They are just common reactions that people may be going through at any particular time following a loss.

Treating Grief Owing to Loss of Someone Close (Could include pets)

1. Establish the details of the loss - How soon - 3 months? 3 Years?
2. What does the loss mean to the client, and how is it impacting the client's life? E.g., Upset when alone ... or cannot function, always in tears.
3. Ask the question:

“Did they get a chance to say ‘goodbye’ properly?”

Use the “Magical Glade” Exercise (see separate notes on next pages)

Also be sure to watch the webinar and download the slides in the members area.

The Magical Glade

INTRODUCTION SCRIPT

“Imagine you are walking through a beautiful wood on a lovely sunny day.

There is sunlight flittering through the trees and a gentle breeze rustles the leaves.

You notice some woodland creatures scampering here and there ... and feel the crunch of leaves and twigs beneath your feet.”

Up ahead you notice what seems to be a clearing in the woods but when you step into it, it has a magical, enchanted feel to it ... as if anything could happen here.

As you step further in, you feel safe.

...but in anticipation of something ...

And then, from the other side of the glade you see [name the deceased] walking towards you.

He/she looks well and happy ... and as you move closer towards each other, you realize this is an opportunity to say all the things you never had a chance to say”.

THE MAGICAL GLADE 3 PART CONVERSATION

Part 1.

Have the client talk to the deceased, expressing everything they never had a chance to say - good or bad! This is often very emotional. Keep encouraging the conversation towards the deceased - not about them.

E.g., “She made me feel so special and loved.”

“YOU made me feel so special and loved”.

Prompt the client now and then if need be, using information gathered in your conversation, or from the session if you are doing this spontaneously in the middle of a session.

Keep going this with as long as you can but check in with the client now and again to see how they are feeling - we need to make sure they are not holding anything back.

Part 2.

Here's the interesting bit ...

- Have the client switch places in their mind and become the deceased person talking back to the client.
- Address the client now as if they are the deceased, encouraging the deceased person/being to say everything the client needs to hear.
- Expect more emotion at this point in most people.
- If appropriate, use phrases such as “ I will always be here, still loving you, supporting.
- you etc.”.
- Again, keep this going for as long as feels appropriate.

Part 3.

- Have the client switch back to being themselves and see how different they feel now. Check their response to what has been said - usually they will now feel “lighter”. If there is more to say, then encourage them to say it.
- If not begin the goodbye ... but with the proviso that they can always return to this place in their mind any time they wish.

- Ask the client if it is OK to let [deceased] go now ... and allow them to say goodbye. As a final tear-jerker, I usually encourage the client to say, “Thank you for being my mother/ father/ son/ daughter/ grandparent/ friend/ pet” etc., whatever the relationship was.
- Then when the deceased has gone, have the client walk out of glade, back through the woods etc.

Tackles the Stages of Grief

I find that using this technique I can address the person at whatever stage of grief they are at ...

... and in most cases lead them to the acceptance and hope/ move on stage, more quickly.

Sometimes it goes beautifully. Sometimes there may be a muddle of conflicting emotions to work through.

Just engage the conversation, expressing the unexpressed and allow every emotion to be valid.

Also, be prepared to switch back and forth a few times if need be.

I have used this method in a multitude of scenarios, including the loss of a baby at birth, miscarriages and abortions.

Instead of the “person” I may suggest the “personality essence of the being”, like a ball of light, or whatever seems appropriate based on their beliefs.

Take the idea, the principle and experiment with it.

The results are often miraculous.

Losing a Pet - Example

This is the discussion thread from one of our students (Nellie) in the Private Facebook Group and is a good example of how to help someone who has lost their pets:

Nellie:

I am seeing a lady tomorrow who has recently lost both her cats. She is single and her cats were her family. I have never dealt with grief before. I was thinking of letting her 'express the unexpressed' and see if I can get a dialogue going with her and her cats. Any other thoughts?

Andrew:

There will be 2 levels probably ... 1 is the cats, 2 is why they were her family ... just ask questions in the way I have taught you and the answer will begin to reveal itself.

Nellie:

Thanks! The cats died a couple of months ago so I should be good in that sense. I shall tread carefully.

After the session:

Nellie:

A little update on the cat-lady, I'll try to keep it short.

We had a long chat about her cats and how she felt, I took a long time as she felt that she couldn't talk about it to her friends. There were a lot of feelings of guilt and

she worried that she hadn't done enough for them. I thought that was the feeling we had to focus on.

She loved the idea of talking to them and that is what we ended up doing. She visualized having them on her lap and spoke to them and I had them speak back to her which was really cathartic.

She didn't focus on the guilt but said she just missed them a lot. I suggested that missing them was OK and it's a testament to how much she loves them and that she can love them without missing them.

Her unconscious mind knows how to just love them as she has done that before and it can love them again without missing them, so missing them is OK for now, and once the missing is gone there will be only love left.

That seemed to really hit a nerve with her, so I just stuck to that and kept reinforcing it and checking in with her to see how she was feeling.

She felt really good afterwards and I am relieved it went well :)

Summary of What You Have Learned

IN THIS MODULE:

- Gained some handy reference sheets on (a) therapy ideas and (b) useful words and phrases to use in sessions.
- Gained an understanding of how to help people with weight loss.
- Learned a new induction.
- Gained an understanding of how to help someone suffering with grief and loss.

Coursework | Module Nine

1. Weight Loss Hypnotherapy
 - a. Give a plan/outline of how you may consider helping someone who wishes to lose some weight, over the course of 3 sessions with you.
 - b. What techniques or methods might you consider using and why?
 - c. Looking at any Weight Loss Scripts you may have been given, acquired or discovered, make a bullet-point style list of some of the suggestions that, if committed to memory, would enable you to you do a complete weight loss hypnosis session, without need for a script.
2. What do you understand by the term 'Autogenics'?
3. Why do you think using the 'One Small Change 'technique can be so effective? Please give an example in your answer.
4. Goal Achievement Plan. If you haven't already done so, team up with a fellow student to create a Goal Achievement Plan for each other, for how you will use what you are learning in this course. Make a note of how you feel as you do that.
5. Grief – In your own words explain the 5 stages of grief, according to Elisabeth Kubler Ross
6. Practical:

Please continue to practice a variety of techniques and record them in your Reflective Practice Journal.

Copyright Notice © Andrew Parr Training Ltd

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any other means, electronic, mechanical, photocopying, recording or otherwise without the prior permission of the author. This workbook may not be lent, resold, hired out or otherwise disposed of by way of trade in any form of binding or cover other than that in which it is published, without the prior consent of the author.