



NEUROLOGY OF HYPNOSIS

Guatemala Seminar

Hypnosis is possible because of the unique complexity and functioning of the human brain. Primarily we're interested in how it processes information and develops understandings and learnings that result in a construction of reality.

The human brain as we know it today began its development 4-5 million years ago when our ancestors, who evolved from the great apes, stood on two legs. This early group was about 3-4 feet tall and weighed about 65 lbs. The brain of these early humans was rather small compared to the human brain of today. Not until about 150,000 years ago did the first humans (homo sapiens), with a brain much like ours, emerge in Africa. About 35,000 years ago homo sapiens migrated to Europe and eventually populated all of Asia, Australia and then finally north and south America. All of the native groups of north and south American were descendents of the same Chinese mother...from the Intuits of green land to the Indians of Chile and Argentina.

The BRAIN AS A FUNCTIONING ORGAN

The brain functions in four separate ways:

(1) It functions completely and separately within itself.

Your thinking is done within the brain; your memories are taking place within the brain. The association of ideas takes place within the brain. You don't need a stomach or legs or arms to carry out many of the brains behaviors. It is a structure complete within itself.

(2) **It functions as an organ within the body.** The body has a controlling influence on the brain just as the brain has a controlling influence on the body. You can be listening to me now and then all of a sudden your stomach announces to your brain it's lunchtime. Thoughts come into your mind: will I have fish, rice or meat today.

(3) **The brain can function in relation to the environment.** You can be walking along the street talking about hypnosis or psychology with your friend and you pass a bakery and all of a sudden the conversation shifts to "what pastry should I take home tonight".

(4) **It functions in terms of the personality:** The personality is defined as the sum total of the constitutional endowment plus the experiential learnings that have been acquired. Do you think that Mozart would have manifested his musical genius had he been born on a desert island? It depends upon the stimuli of the environment as to how that genius manifests itself.

If you happened to be color blind, there is no possible way you can experience or sense shades of green, red, blue because you don't have the rods and cones in the retina of your eye.



The personality= sum total of what you're born with and all of your experiences.

Top down vs. bottom up.

How does our brain get information: First, all kinds of stimuli or raw information from the outside world reaches our brains through our eyes, ears, nose and body. This information is carried to the primary sensory centers in the brain over bundles of nerves, (a fiber for each sense.) From there, this data is sent to higher regions in the brain for interpretation. For example, visual stimuli from a tree reaches your eyes. This information is sent up to a center of the brain which interprets the data into a pattern. This pattern is then sent to another, higher center called the primary visual cortex. There, the rough shape of the tree is recognized. From the visual cortex now, the pattern of the tree is sent to a still higher region where the color is recognized. Finally the image, along with its color and pattern recognition, is sent to a still higher brain region where its specific identity is determined along with any other knowledge that has been associated with that particular tree. The same processing stream or pathway of information, from lower to higher regions or modules, exists for sounds, touch and other sensory information. This direction of information flow is referred to as **feedforward**-raw sensory data sent up to brain regions that create a comprehensible, **conscious** impression, As much information traveling up the nerve cell bundles to higher brain centers, there is ten times as many nerve cell bundles are dedicated to information traveling down-from higher to lower.

This extensive “top down processing” feedback circuitry constitutes, what we refer to as, **consciousness**-what people hear, see, smell, feel and believe. But consciousness is more than just the interpretation of raw data. Consciousness really depends more on the lifetime of experiences from which we build a framework of understandings This top-down framework represents the construction of our individual reality. In other words, our experience in living (past experience) allows us to “interpret” or even, ignore raw data so it “fits” (makes sense) into our ongoing construction of reality. Certain drugs like LSD can greatly alter the top down feedback circuits changing our usual sense of reality. But generally speaking, the older we get the more our “top-down” matches our “bottom-up”,(this may not be true with certain psychological problems as well as with genetic or certain neurologically damaged brains.)

What's really important about understanding “Top-down” processing is that when **the higher regions of the brain decide upon the reality of something, then the lower regions of the brain are overruled. That** why you will see such interesting phenomena as “placebos” and nocebos (witch doctor influence), as well as medication, cognitive psychotherapy and hypnosis. If, for example, asked you to walk the length of a board that was seven meters long and a quarter of a meter wide that was sitting on the floor here, do you think that you could walk it without falling off? The answer is probably yes. If I asked you to walk the length of that same board that is now 100 meters over a river, would you have the same confidence in your ability to walk it without falling off? It's the same board. You've walked it before. What's changed? Your perception of danger. That's top-down learning. In the hypnotic trance you can tell the hypnotic subject that the board is a half-meter off the ground when it's really 100 meters off the ground and thereby create a totally different reality which they can then competently walk the



board without falling. ***The trance state separates the subject from the outside world and from the stimuli of the outside world.*** The hypnotic subject is open to ideas and ideas are the building blocks of our experience of reality. In the hypnotic trance the higher regions of the brain become temporarily disconnected from the bottom-up information-the “reality-check” that normally takes place in consciousness. For example, you search for a book on your bookshelf, which you remember as having a blue cover, but it’s really red. You can search in vain, even after having resorted to reading all the titles. You expect it to be blue instead of red. For this reason, the deeply hypnotized person (who is temporarily separated, to one degree or another, from his external reality or “bottom-up” information) can accept different “ideas of reality” (offered by the hypnotist) **only if**, those “new ideas” have a basis in the hypnotic subject’s previous experience. So! In this way, hypnotized subjects can respond to, let’s say the idea that they’re ten years old and then behave (neurologically, emotionally, psychologically and intellectually) “as if” they were 10 years old. In their age-regressed state, they would have an amnesia for all their learnings and understandings acquired after the age of ten.

We’ve all seen the cat or dog look around and sniff the air taking in “raw data” from the environment...bottom up information....before it begins eating... eating being dominated by bottom-up raw data, like smell and taste.

(Taken in large part from taped lectures given by Milton H. Erickson M.D.)

Now let’s turn to hypnosis directly;

The first thing you need to understand is that very few people can go into a hypnotic trance the first time they try or the second time or maybe even the third time. Very few hypnotic subjects can perform any of the hypnotic phenomena the first time they are asked to perform it. They need to learn how to develop this kind of hypnotic behavior or that kind of hypnotic behavior. It’s your willingness to let your subject learn hypnotic responses that is very, very important if you want to be successful in using hypnosis. You need to let your subject know that he or she is going to learn it bit by bit.

You start by **narrowing your subject’s attention down**, not by forcing them but by giving them a feeling of freedom and choice to let’s say, feel the weight of their hands and their feet in such a way that you get them very interested in feeling the weight of their hands and feet. And what you’re really doing is narrowing their attention down more and more. And in so doing, you’re limiting their “bottom up” information more and more so that they pay less and less attention to external sounds and more and more attention to the feeling in their hands. You’re trying to limit their attention. This narrowing of attention is something that you look for, you observe and you can see. You start to see rigidity in their bodies.

The next thing is **time lag**. If I ask my hypnotic subject to lift their hands to the level of their heads. In ordinary consciousness you would do it this way but in the hypnotic trance you would do it this way...a time lag in performance. There will be a time lag in responses of all sorts. You watch for that slowness of response and you give your subject time to perform this thing or that thing. You also see the time lag in hand movement, head movement eye ball movement and in speech...head with one rate of speed and eye balls with another rate of speed.

**Muscle Tonus**

In hypnosis your subject develops this phenomenon called catalepsy. It's a state of balanced tonicity of the muscles. Now all of the hypnotic phenomena are phenomena of the ordinary waking state expect that they are more concentrated and more easily recognized. Where is the balanced tonicity in your own bodies? How do you hold your head up? You balance the right side muscles of your neck with the left side muscles of your neck; the front muscles with the back muscles. We also have it in the way we hold a body position. But just as surely as you get tired, your head flops over to the side or down. We've all got our own special pattern of relaxing the neck muscles. In hypnosis you can lift the hand up like this and it tends to stay where you leave it. You don't only get it in the arms and the neck but in the feet and in the legs and the eyeball muscle, in the mouth and in the face. And you look at the hypnotic subject's face and you see an ironed out expression and a loss of mobility and you know that your subject is developing balanced muscle tonicity or catalepsy. Because as sure as your subject develops catalepsy, he or she is going into a trance. So you need to learn to look at a hypnotic subject and recognize the presence of hypnosis instead of having to ask the subject if they are in a trance. Because many a subject does not know if they are in a trance. You ought to be able to look at them and recognize the presence of trance.

Rapport

That state of relationship between your patient and you. In which they tend to exclude everything else in their awareness expect you. They choose with whom they want to be in rapport with.

Ideomotor phenomenon

By ideomotor you mean the idea of a motor/muscle response. How many times have you been sitting in the back seat of a car and you thought the driver should slow down or stop and you put your foot on an imaginary brake. You had the idea that the driver should and the mere idea created a muscle action in your right leg. You have the idea that the car should turn to the right and so what do you do? You lean to the right or tip your body to the right. How many times have you fed a baby and you opened your mouth every time you wanted the baby to open it's mouth. The idea of a motor action that is carried out as a motor/muscle action. So you offer the subject the idea of a motor response. And they accept it and they can carry out that idea in both a positive or negative way. For example, you can ask your subject to lift their hand up and to let the hand move up automatically without any feeling. Or, you can ask your subject to sense a total lack of movement or sensation in the arm or the abdomen. Reducing nausea by suggesting the complete inactivity of abdominal muscles. A negative ideomotor response. The absence of muscle movement. So you can offer your subject the idea of sensation, either positive or negative. An anesthesia for a cut on the hand or the arm or the leg so the surgeon can stitch it up. An anesthesia of the mouth for dentistry. An anesthesia of the pelvis for a child birth. An absence. Or you can suggest a sense of warmth. Or you can suggest to your psychotherapy patient that they see a T.V. screen back there and on that screen they will see themselves, maybe at an early age. You can also teach them not to recognize themselves until some point later



in the therapy when their conscious minds are ready. And you can do a lot with ideomotor responses. You can tell the same child: how would you like to play the T.V. game. The dentist can say to his young patient: You can pretend that there's a T.V. over there in the corner. "Now! Look at that screen over there and watch your favorite program and you can see it and hear it and watch it as many times as you want and I'll tell you when I'm finished working on your teeth." For the child, the time just flies by. And the child has a complete anesthesia for the dental work. An anesthesia induced as a result of a positive visual hallucination and the complete absorption of the child. The child doesn't even know he's having his teeth worked on. Or take the psychotherapy patient who has a fear of elevators or expressways. You can suggest to that patient in the hypnotic trance while they sit comfortably and safely in your office that they watch themselves on a hallucinated T.V. screen feeling themselves and seeing themselves riding an elevator or driving their car comfortably on an expressway. So they have both the sensory and motor experience of sitting comfortably in a chair in your office, while at the same time they have the sensory and motor experience of riding an elevator or driving their car competently on the expressway. In this way you are using all of the mental faculties of your patient and aiding them in achieving their desired therapy goals.

Amnesia

Amnesia, as you all know is a common everyday experience. You're just introduced to someone and you repeat their name and 10 secs. Later you've completely forgotten it. You've just finished saying their name and yet you've immediately forgotten it. Common everyday amnesia. And yet if you asked most people they'd tell you that they can't forget things automatically. Because you're using the unconscious mind, there is a tendency for the experiences of the trance to stay in the unconscious. And so you have an amnesia at the conscious level but not at the unconscious level. You can re-hypnotize your subject and they can recover their unconscious memories of a previous trance experience. But it's important to you to recognize that every patient has the right to decide, in the trance state, whether they want an amnesia for everything, for certain things, for five minutes . or five hours, for five days, for five years. They can choose the subject of the amnesia, the character of the amnesia and the duration of the amnesia. And they may want the amnesia for today but not tomorrow because hypnotic responses in your patient differ from day to day. If on one day they learned hypnotic regression, they may not feel like it the next time you meet. Just as the mood, the attitude, the feelings and the desires of people change from day to day. It's your willingness to have the patient show ***whatever hypnotic phenomena the patient is willing to show***. You can use one phenomenon to accomplish other purposes.

Amnesia can also be used for pain relief. One usually associates pain relief with anesthesia or analgesia but amnesia utilizes a very important psychological process. Pain is a psycho-physiological construct. On going chronic pain is made up of one third remembered pain, one-third current pain and one-third anticipation of future pain. If your subject can develop an amnesia for all past experiences of pain, he or she will then have no anticipation of future pain. So the pain experience is cut down to just one-third of the total pain experience. If that one third is then altered by hypnotic suggestion, then what once was, for example, a terrible stabbing pain can be experienced as a sudden dull ache or startle reaction.

**Hypernesia**

The capacity of a person to remember more than they usually can in the ordinary waking state. Ordinarily people judge ideas. They pass a judgment on ideas. If I asked anyone of you to remember what you were wearing and what did you have to eat for breakfast on the morning of your 3rd birthday? What side of the kitchen table were you sitting on? You would look at me and say: look amigo, I'm past twenty-one. And my 3rd birthday was a long time ago and who would bother to remember such a thing? Well! That's not an answer to my question. Your passing a judgment on the request. In the hypnotic state the hypnotic subject says to herself: now what did I have to eat? And through a series of associations, i.e. we lived in such and such a place when I was three, etc. and slowly they can build up, bit by bit, a rather amazingly complete recall of the whole morning of their 3rd birthday.

Regression

The next phenomena is regression. In hypnosis you can regress somebody. What happens is that you develop in them a complete amnesia for all events, learnings and memories for everything that happen after a certain date. For example, everything after the age of three. And they think and they feel and they talk in the language and experiences that belong to the particular age. There are two types of regression: (1) clinical regression in which you're not particularly concerned about the psychological validity of that regression. And so you can regress your subject rather rapidly. (2) But if you want to do psychological regression in the laboratory and test out and measure the type of memories and trains of associations, you spend hours regressing your subject so that you can test certain neurological things like the blink response or the startle response of someone previous to six months of age and test the neuro-memory and only the neuro-memory. Watson, the behaviorist psychologist tested infant response. For example, when the infant is dropped they cry and urinate. The startle response of infancy. Regression is useful in psychotherapy as a tool to help your patient to experience some very difficult situations, i.e. orange juice. Regress the patient to a time previous to the trauma or previous to the difficulty. And then, discuss with them how they might react in the future. Fear of knives. In this way you can bring them back to the present with the reestablishment of the earlier physiological and/or psychological adjustment to whatever they developed a problem and with a recovery of their abilities to deal better with whatever situation they used to get phobia with. You can use regression with the small child who needs to have a bad cut stitched up. You can regress them to the previous summer when they were playing outside at grandfather's house. You can't hurt a child today when that child is back at grandfather's house a year earlier. And so you've got an anesthesia there and a regression. When you establish one psychological state it tends to exclude other psychological states in the hypnotic trance.

Time Distortion

There are two kinds of time: (1) personal time and (2) Solar time.

Personal time is subjective. Pleasurable time flies by on golden wings. When we're suffering pain, the day drags by so terribly slowly. Time is distorted at the subjective level. In hypnosis you can ask the patient to alter their subjective concept



of time. You can help them in the birth of their baby be so nice and be very rapid. Instead of two hours it seems like 2 mins.

Use indirect approach to elicit rather than enforce ideas. In this way you appeal to a person's dormant resources and these resources are highly individual, so using a personal touch enhances effectiveness.

Deep trance is elicited by limiting and restricting, through external measure, the subject's processes and patterns of behavior. This then leads to the development within the subject of internal inhibitions and this in turn progresses to a state of complete arrest of behavior, with the substitution for behavior of a state of passive responsiveness. This state of passive responsiveness can then be utilized for the elaboration of desired forms of behavior, provided they are acceptable to the subject. The hypnotist's suggestions are the impetus to behavior, but the course and development of behavior lies within the subject.

The S. in the somnambulistic state is in contact only with that part of his environment specified by the hypnotist. The somnambulistic state is characterized by the subject's absolute limitation in responding to external stimuli.

The hypnotic subject, when allowed to go into trance with a minimum of interference by the hypnotist, develops a rather rigid, highly stylized motor pattern, i.e. a peculiar breathing rhythm, nodding of the head, jerking of the arms or shoulders or tremors of various sorts.

With the highly neurotic and those with low intelligence, there occurs fairly frequently, a cessation in their hypnotic activity and a total unresponsiveness to the hypnotist, as well as the reality situation. By variations in technique, the hypnotist can regain control of these subjects, although with great difficulty.

The subject should select the awakening stimulus. It can be a slight clue, gesture, change in inflection or some little thing. It can be so slight that even a keen observer wouldn't notice.

In selecting a possible subject from a group of strangers: (1) narrowing of field of attention, i.e. does subject watch speaker or something else with great intensity and pay attention decreasingly to other things which would ordinarily distract him? (2) Development of a paramount interest in the processes of being hypnotized, i.e. an increasing interest in the idea of hypnosis for himself and an ever-decreasing interest in the general topic of hypnosis? (3) Limitation of general motor and mental activity, i.e. a decrease in the general physical activity and failure to make adjustment responses to seat mates and a lack of response to remarks made to him by his seat mates. (5) a rapid change of facial expression with fleeting conflicting emotions manifested, or the development of a rigidly fixed facial expression. (6) an unresponsiveness to distractions, i.e. to a dropped pencil or spilling of something; (7) time lag in ordinary motor responses, i.e. when asked to move to another seat, there is a time lag in responding and a generally slow adjustment to it; (8) time lag in ordinary intellectual responses, i.e. a slowing of understanding of what is being said.

Once selected, intensify the general pattern that he's shown, aiding him in developing his motor patterns or aiding him in disregarding distractions.



Coming out of trance states:

- (1) the tendency to reorient in full accord with the original situation and hence a general confusion of orientation.
- (2) The persistence of a time lag in all sensory responses for a brief period after coming out of a trance.
- (3) Evidence of definite changes in muscular tonus, particularly increased muscular tonus which subsides relatively slowly, and a rigidity of movements.
- (4) The tendency to return to the trance state if the motor patterns of behavior during the trance state are reestablished or a significant posture is duplicated. This can be used to re-induce trance.
- (5) The tendency to go back into the trance if external stimuli peculiar to the trance state are reestablished, i.e. employing a metronome while the subject was in trance and then induced subsequent trance by merely starting the metronome again.

Learning to recognize only the unconscious behavior.

With resistance, intensify the resistance and then center those resistances on a single thing. Do not directly attack the resistances. The unconscious can best be reached by stimuli having certain qualities appreciable to it rather than to the consciousness. Suggesting to a subject that she is sitting in another chair on the opposite side of the room watching a young woman go into a hypnotic trance.

The Hypnotic subject moves their arm and fails to coordinate elbow, shoulder and the rest. Just as a baby instead of moving its elbow and shoulder joint, moves it all as a unit. It's the unitary use of the limbs.

Subjects coming out of trance find themselves in a new temporal situation and a new spatial organization. So, in coming out of trance they single out first one item of the environment and then another. The floor is a simple thing, it's down there and the ceiling it up there. The subject will look at some simple thing, feel it. Roll themselves back and forth-touch their knee-depending upon their position. The process of awakening is one in which they establish contact. When they get older, they screw up their hands and face and sooner or later that forms a pattern. Sometimes when a suggestion is made, you see the S. going through these convulsive movements. He's executed in fantasy the entire act and these convulsive movements were expressive of the fantasy. This happens when the S. feels he's incapable of doing the assigned task or if he objects to it.

The hypnotic subject can have amnesia for any particular part of the hypnotic experience.

American subjects show trance behavior when their extra movements start dropping out. Hypnotic subjects use a minimum amount of energy, which carries the hand only so far and then they send out another lot of energy. Cogwheel effect and feeling in hand levitation.



In the trance state there is a comparable loss of differentiation, probably because of the marked loss and restriction of awareness of all things, including the body, i.e. look only at our hands...all awareness centers only on them and they loom so large as to fill completely then entire sphere of awareness. The more simple the response, the greater is the mass movement or unitary movement, but that a careful building up of awareness of hand, or forearm, or upper arm, and of shoulder will lessen markedly the unitary movement. A heavy suitcase of identical appearance is secretly exchanged for a heavily loaded one just set down by the subject. When the subject again picks up the supposedly heavy suitcase they pick it up in almost the same manner they picked up the heavy one.

Dynamics of Hypnosis

1st Dynamic of Hypnosis: Conscious vs. Unconscious thinking. The hypnotized person is a literal thinker. The unconscious mind listens to the literal meaning of the questions you as the hypnotist provide. Consciously, on the other hand, we respond to the behavioral implications of a question. For example, “will you stand up” will be responded to in the waking state with the behavioral response of standing up. In the trance state, the answer to the same question is either “yes” or “no”. Responding to the behavioral implications of a question is the result of a lifetime of experience in conscious adjustment. In the hypnotic trance the subject tends to respond to ideas and very exactly to ideas. They tend to hear you so literally and respond literally. If you say to a patient: “I’d like to have you awaken right now” and the patient listens very carefully and continues right on in the trance and does nothing, what is happening? Let’s analyze what you have said. “I’d like you to awaken now”. That request is a personal wish or want of yours. That’s what you want. The patient in the deep trance will recognize that statement as your wish or desire. It has nothing to do with them. That statement can be used to test the depth of the patient’s trance. When you say instead, “Now awaken”, then the patient in the deep trance will awaken. Whenever you talk to a patient, try and understand your words and your suggestions. It’s important for you to know what you have said to that patient. Don’t overlook the literalness of the person in the hypnotic trance.

You start out learning with your conscious mind and then bit-by-bit you learn more and more with your unconscious mind until you are willing to let your unconscious mind do all of the learning. And you can see the patient who’s just learning to go into trances, learning some at the conscious level and some at the unconscious level. Sooner or later the patient learns those processes that are important and gives attention to just those processes that have to do with going into trance.

Whenever the patient responds to the ideas or suggestions that you give, they respond to them in accord with their own learnings because they cannot respond beyond their own learning. For example, a person with a great deal of musical talent can hear a note and respond to that note, feel that note, remember that note much better than a person who’s tone deaf. This is also true of the hypnotic subject that is gifted in art who, when you show them a group of colors, has a much more comprehensive response than the hypnotized person that’s colorblind.

So you present ideas to a patient in a way that interests them and you rely upon their own capacity to learn and



understand and their own capacity to fit it in with their own past experience. For example, you never tell the uneducated person to develop an anesthesia on the dorsum of their hand. But you can tell him. “Now on the back of your hand, get a dead feeling.” That he can understand. So you’re using his experiential learning, his experiential understands and you can induce an anesthesia in the back of his left hand by telling him to get a dead feeling in the back of his left hand.

2nd dynamic: *Protection of the patient.*

All of the uses of hypnosis should be oriented around the patient. Not oriented around the needs or interests of the doctor or the therapist. This is especially true for patients that are seeing you for the first time who are not aware of your experience or your competencies in your specialized field. Therefore, from the very beginning, you teach the patient to have a trust and a confidence in what you’re doing. Your goal, as the doctor, is to give the patient a feeling that they can trust you to do anything necessary to help them. The doctor should always protect the patient, in every regard. Even as a psychologist or a psychiatrist, you never try and intrude upon their personal life. **You don’t get involved in their personal matters until you’re invited.** In the beginning, you merely express a willingness to help them at a rate that they can tolerate. Then, when they recognize that you’re willing to do everything that they want and that you’re not shoving ahead just to satisfy your own needs and desires, then **they will lead you** as rapidly as they can tolerate. Too often the inexperienced hypnotist tries to compel their subjects to do things or understand things that they’re not ready to do. Therefore, the hypnotist should be very cautious and should **follow the patient’s lead.** For example, if the patient ignores something that emerges hypnotically, then the hypnotist should also ignore it.

3rd dynamic of hypnosis: *Participation.*

You aren’t the important one in the hypnotic situation, your patient is. Your task or part is to have your patient **participate.** You want the patient to have the experience that they are going to accomplish their goal and that they’re going to do it and not you. You want them thinking that they, as a total personality, are achieving their goal, whatever that goal is and it’s their participation in the hypnosis and in the post hypnotic period that will bring about the good results, not the therapist’s participation.

4rd dynamic of hypnosis: *Learning experience*

Whenever you deal with a patient, you want it to be a **learning experience** for you and a **learning experience** for the patient. You should always be looking for something new and something interesting in your patient. You need to convey to the patient that they are **interesting to you** and that you expect to learn something from them of interest to you. In other words, you help the patient recognize that they are a person of value and of interest to you. And you point out this little piece of behavior and that little piece of behavior as proof. You want to help the patient take an interest in themselves and when they do, they are more likely to want to cooperate with you in



learning something more about their own abilities. Then you can approach the patient asking them if they'd like to learn something new like arm levitation, etc.

When you create this kind of relationship with the patient, you can present ideas to the unconscious mind and you're letting the unconscious mind of your patient think about the ideas that you're presenting. The unconscious mind picks up an idea and it examines it and turns it over and it understands it. While your patient sleeps at night his unconscious mind will translate those ideas into new understandings and new behaviors. You want your patient's unconscious mind to do the understanding.

5th Dynamic of Hypnosis: Competence-prestige.

6th Dynamic of Hypnosis: Expectation

7th Dynamic of Hypnosis: Willingness

You need to have enough **competence** in your professional knowledge and ability in the field of hypnosis. You need to know that you know a lot more than your patient about hypnosis and how to apply it to your patient. So your **competence** should be absolute. You need to learn to “*not argue*” about your competence. **It is apart of your prestige.** This competence needs to be softened by your **willingness to learn** and your **willingness to share** with your patient. I'm not talking about an egotistical self-confidence...that's wrong. Your **competence** in your ability to practice hypnotherapy in a way that pleases and helps your patient. Not to dictate but to learn from the patient how you can help him and how you can use hypnosis for his benefit. It's your absolute **confidence** that creates the feeling in your patient that he wants to cooperate with you to achieve the goals that are possible. You **always expect** your patient to understand and to hear and to make the response. When you ask your patient to look over there on that blank wall and see a moving picture of themselves, your whole manner needs to be one of **expectation** that he's going to look up there and see that moving picture or whatever you want him to see. Everything about how you present that idea is one of **complete expectation** that the patient is going to see and understand. You don't compel or make the patient do something. You bring it about through an attitude of **expectation**, which gives him the freedom to say, “**No**”, I prefer not to. Then you can say to your patient: What would you like to do? Would you like to listen to music? And then they can say that they think that music would be much better than a movie screen. So your attitude is one of **expectation**, not compulsion, not dictation. The therapist that wants to use hypnosis dynamically uses **expectation and competence** in his attitude and gives his patient the freedom to respond. After they do what they want (listen to music) then they're much more willing to watch the movie of themselves at 4 years of age that you wanted them to see.

It's your willingness to make it a learning situation and your recognition that your patient's unconscious mind can deal with ideas. Even if your patient doesn't understand the first time, your **willingness** to make it a learning situation allows your patient to come back and ask for more explanations.

So you approach hypnosis with an attitude of **competence**, an attitude of **willingness** and an attitude of



expectation that your patient is going to learn this and that in accord with their own patterns of learnings and understanding and you're going to be very satisfied with their successful learning of all the things they need to learn. Finally, you take the attitude that you are going to do everything you can to help them learn all the things they need to learn and that you're going to enjoy it. You never take the attitude "I hope you can do it". Or "maybe you can do this a little bit". You need to approach the patient with the attitude that I'm going to teach you to be a good hypnotic subject. There should be no doubt in your mind.