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**RAPID HYPNOSIS  
INDUCTIONS FOR THE  
CLINICIAN & THERAPIST  
WORKSHOP  
KRAKOW 2024**

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# Welcome

This manual has been created to accompany my presentation 'Rapid Inductions for the Clinician and Therapist', at the XXII World Congress of Medical and Clinical Hypnosis 2024.

My highly practical workshop was designed to consider the benefits and potential limitations of using rapid hypnosis approaches and explore a range of rapid authoritarian and permissive hypnosis inductions that can be used in medical, clinical, surgical and therapeutic settings.

Whether you joined me for the workshop, or missed the session, you will find this manual helpful. It goes into greater detail for the content I covered.

If you would like to learn more about using hypnosis in medical and clinical settings, or would like to train as a hypnotherapist, you are welcome to look at my website, [www.hypnotc.com](http://www.hypnotc.com) and specifically my training for [healthcare professionals](#).

If you would like to train to become a professional hypnotherapist, then do explore our [Professional Hypnotherapy Diploma course](#), which we run in London UK. This is a 10-month course, with two start dates (Spring and Autumn) each year.

The techniques in this manual can be more easily employed if you already have an understanding of hypnosis, particularly the underpinning theory, as well as the non-sexy stuff, such as ethics (relating to hypnosis). If you are completely new to hypnosis, it would be good to get in contact with me and have some [individual mentoring](#) to get you started. If you are a complete newbie, or have a little knowledge, you may also find it useful to read my book '[Hypnosis: How to Hypnotize](#)'.

As you read through the manual and engage with the techniques, if you have any questions, please feel free to contact me – [kate@hypnotc.com](mailto:kate@hypnotc.com)



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# Rapid Hypnosis Inductions

The term 'rapid induction' relates to methods of quickly creating the hypnotic state. Many of the popular rapid hypnosis inductions you will see on the internet (e.g., [YouTube](#)) are commonly used in sport hypnosis, hypnotherapy, hypnosis demonstrations and impromptu hypnosis.

Many rapid inductions can easily be adapted for use with medical and clinical patients. Rather than directly copy what you see online, in this manual you will discover how to set expectations and create adjustments in a way that is appropriate for the setting.

## Categories of rapid inductions

Rapid inductions will often fall into one of four categories:

- Abbreviated
- Overload
- Response interruption
- Shock

### Abbreviated

Many hypnotic inductions of 'regular' or 'extended' length can be made rapid, by working more quickly. For example, a gentle, slow progressive muscle relaxation can be speeded up by grouping areas together and moving more quickly from section to section. Rather than, *"focus on your feet, letting your toes relax, moving that relaxation in the arch of your foot and through your heels.... [pause]"*, you could simply say, *"Relax your feet and ankles"*, with no pause before moving on to calves and knees.

If your patient would benefit from a permissive (*"you can allow..."*) style of delivery, you can use a more permissive tone of voice, yet still work dynamically. If your patient responds better to a more authoritarian approach (*"do this..."*), then you can be commanding and work quickly as well.

### Overload

With this type of induction, you are adding a range of elements together to confuse or overload the patient. For example, asking them to rotate their hands, whilst tapping alternate feet, spelling their surname backwards and opening and closing their eyes.

## Response interruption

Here you are interrupting either an everyday automatic response (such as looking at their watch when you ask the time), or an everyday pattern (such as a handshake). At some point before the process completes, you are interrupting with a redirect to do something else, such as, *"Sleep, go into hypnosis now"*.

## Shock

With a shock induction, there is a physical interruption to an expected process.

## Benefits and limitations of rapid hypnosis

### Rapid hypnosis – v – no hypnosis

In medical or clinical settings, hypnosis can help a patient feel more comfortable about or during a procedure, or support their treatment. For example,

- Maisie was anxious about having an MRI, as she did not like enclosed spaces. She was hypnotised and taken to her special place during the MRI. This was sufficient distraction for her to tolerate the MRI.

Hypnotic phenomena can also be employed to support treatment. Such as,

- Michael did not get good numbing for a tattoo laser removal, and found he wasn't able to cope in his first session. But he was a good hypnotic subject and he found that with hypnotic anaesthesia he could comfortably sit there during the procedure.

The advantages are that hypnosis adds an additional element to support patient care. However, it also has a time implication. Hence, rapid hypnosis.

### Rapid hypnosis – v – regular hypnosis

Regular hypnosis can take a while to assist a patient into a hypnotic state. For example, some people may take 10 – 20 minutes to deliver a progressive relaxation induction. In a healthcare setting there is rarely such time.

Rapid hypnosis can significantly reduce the amount of time needed to create and intensify the hypnotic state. This makes it much more viable from a delivery perspective.

For example,

- Julie experiences vaginismus and hasn't been able to tolerate a cervical smear test. Her nurse quickly uses rapid hypnosis and the special place, with some additional relaxation suggestions, to help Julie during her appointment.

# The Patient's Rapid Journey

## The patient's journey and managing expectations

Whether you are planning to use rapid hypnosis within your clinical or medical work, want to become a rapid hypnotist, or use rapid approaches within your general hypnosis work, it is important to manage your patient's expectations. That management process starts earlier than you might expect, and goes all the way through to your final follow-up.

### Pre-session information

You may find it useful to review your pre-appointment communication and website and check whether you mention your use of rapid hypnosis and the benefits. This particularly relates to the information you normally send to a patient to confirm their appointment (e.g., location, directions, parking).

You could also include a link to a patient preparation video, giving information on how to prepare for the appointment, including some dispelling of hypnosis myths and giving your usual hypnosis pre-talk information. Think in terms of time-saving for the patient, as well as yourself. They can then engage with this content at a convenient time, and it saves you valuable time. Furthermore, by providing this information in advance, the patient is likely to be in a calmer state and better able to understand and absorb information, rather than have to pay attention on the day when they may possibly start with some procedural anxiety.

### The appointment itself

How you prepare for and use hypnosis with your patient is discussed in more detail as we go through the manual in more detail. Generally, this training is focused on in-person interactions. However, most of these approaches can be adapted to online use. For example, simply ask the patient to move, instead of you doing it for them, such as instead of rocking the patient from side to side (rocking deepener), ask them to rock themselves.

### Post-session information

It can be helpful to have some supporting information, such as self-care handouts, that you can give to patients, when in hard copy or by email.

### Final follow-up

When you have concluded your work with the patient, you could automate or have an email template giving standard follow-up information to the patient, such as how to do a relaxation technique, as well as getting feedback and perhaps asking for a testimonial (if appropriate).

# Preparing The Therapist

## Skillset

The first thing to consider is whether you have the relevant knowledge and skills to work rapidly. This training is the start. Following this, get lots of practice. Even if you use the techniques on your teddy bear! Practice, reflect on that practice, adapt and practice again, until you are sure that you have the words and movements required. Most of these rapid techniques will benefit from being delivered without a death grip on a script!

## Mindset

Also, before you even start working rapidly with your patients, it is important to check in with yourself and consider your mindset about using rapid hypnosis techniques. Do you feel confident? Do you believe you can deliver? If you have doubts, now is the time to address those, whether in self-hypnosis, during a therapy swap to address any performance anxiety, or perhaps in professional (hypnosis) supervision.

## Intention

With rapid hypnosis approaches, whether permissively or dynamically delivered, there is little room to hide. As well as a 'can do' mindset, you will need to fully intend for the patient to go into hypnosis, remain in hypnosis, engage in whatever way is appropriate whilst in hypnosis and, where relevant, make positive changes. If you half-heartedly 'try', or doubt that the patient will go into hypnosis, it is much less likely for your patient to go into hypnosis. They will pick up on your lack of confidence.

## Professional flair

A patient will 'buy-in' to the process more, both in terms of belief and engagement, when you have a professional flair. Rather than acting like a comedy hypnotist, an evil hypnotist or other performer, you are aiming to be the type of professional they expect (e.g., nurse, technician, consultant, first responder) who just happens to have hypnosis within their skillset. Your hypnosis skills are nothing to be ashamed of. It is fine, even helpful, to deliver hypnosis with a sense of style and panache.

## Safety first

Always consider the safety of your patient and check for contra-indications before you start work. Think about what would be involved in a technique and check that the patient is able to engage appropriately. For example, avoid using a physical technique involving the patient's shoulder if they have shoulder pain. Also, where appropriate seek permission to touch beforehand and, unless it is a shock induction, always tell a patient prior to touching them.

# Preparing The Patient

There are several components to effective patient preparation, all focused towards optimising patient engagement. This manual will explore topics such as 'resistance', 'compliance', 'testing / assessment' and 'pre-induction processes' further on. Firstly though, you will benefit from creating your own rapid, yet informative pre-talk ('psycho-education'), where you inform your patient about what hypnosis is and isn't, what they can expect from you and what you expect from them.

Generally, it helps to have a warm friendly tone, an open posture, maintain appropriate eye contact and use active listening (reflect back). It is also good to observe the patient's body language and non-verbal communication. Also, you will find it useful to check for general contra-indications in a positive way, such as,

- *If you let me know of any injuries or discomfort, I can work around that for you.*
- *Most people can benefit from hypnosis apart from those with some physical or mental health disorders. Is there anything I need to know before we go on?*

If you need to check for method-specific contra-indications, such as magnetic hands shock induction, you can still ask in a positive way such as, *"Are your neck, back and shoulders free from injury or discomfort?"*

## Dispel the myths – be friendly and positive

Whilst it helps to dispel unhelpful myths and misconceptions, there is no need to give a science lecture, nor introduce myths the patient may not even have considered. For example, if you had said, *"Don't worry, you won't lose control"* you are introducing the thought of worrying and also the potential to lose control. Instead, explain,

- *All hypnosis is self-hypnosis, your hypnotist guides you with suggestions to follow.*
- *Hypnosis is a state of focused attention; you may feel relaxed, you may even feel energised, or anywhere in between.*
- *You can move or talk and easily remain deep in hypnosis.*
- *You will be able to hear what is going on around you, although you will be more focused on the voice of the hypnotist.*
- *You will remember all you need to remember.*

## Roles and responsibilities

Now is also a good time to tell the patient what they can expect from you and what you expect from them. For example, *"During our session, I will ask you to think of certain things, and use your imagination. There is no need to 'make' anything happen, just engage with whatever happens, as you follow my suggestions completely to the best of your ability."*



# Assessment & Testing

Suggestibility tests have much to offer the rapid hypnotist. Both in terms of the information they give you, which enables you to target your approach more precisely, as well as providing a helpful warm up for the patient.

Ultimately, suggestibility tests and convincers are key tools in effectively preparing a patient for hypnosis. They generate active engagement and can set the tone for a dynamic therapy session.

## An experience with their subconscious mind

Suggestibility tests are superb at giving the patient an initial experience with their subconscious mind; that 'something different' is happening. This can help boost a patient's buy-in of the hypnotic process.

Rather than talk in terms of 'tests' to the patient, you can make these a natural part of the hypnosis process and talk in terms of these activities being imagination warm-ups, or session preparation tasks.

Similarly with convincers (more about those further on). When you have used one or more tests for the purpose of assessment, you may also choose to use a convincer, to further engage the patient.

## Applications

Whatever your intended hypnosis approach, you are likely benefit from first checking whether the patient has any conscious or subconscious resistance. The **magnetic fingers test** is ideal for this.

Following on from that, you may select your tests according to your planned session. You might wish to find out about whether they are compliant in following suggestions, so you may choose the **eye lock (window) test**.

To get more information about the patient's sensory preference (VAKOG) the **lemon/orange test** and the **boat on the ocean test** are useful. They help you find out whether the patient is primarily visual (sight), auditory (sound) or kinaesthetic (sensation/emotion), as well as olfactory (smell) and gustatory (taste).

## Praise is powerful

After every suggestibility test, praise the patient for their efforts. It is good for them to feel that they have done well. After all, whatever their response, whether expected or otherwise, that response has provided you with valuable information.

## Resistance assessment: Magnetic fingers

### Protocol

- *Push your palms together...*
- *whilst still pushing your palms together, push your fingers together...*
- *while still pushing your hands together interlace your fingers and thumbs...*
- *steeple your first two fingers together...*
- *in a moment you will move them 1" apart and focus on the gap between. Using the power of your mind you will imagine your fingers are magnetised, as though you have magnets in your finger-tips, pulling your fingers together...*
- *so now, move your fingers 1" apart...*
- *and as you clasp your hands together, focus on the gap and those magnets pulling, attracting, bringing your fingers together...*
- *If need reinforcement: with every breath, those magnets get stronger, pulling your fingers closer...*
- *When almost touching: as soon as they touch, you can take a deep breath, and relax your hands apart...*
- *When the fingers touch: good, well done.*

## Compliance assessment: The eye lock (window) suggestibility test

This suggestibility test uses direct suggestion. However, you can adapt the tonality and pacing of it to suit your own style, whether permissive or more authoritarian. This version can be used as a suggestibility test, with subsequent feedback, or, the hypnotist can easily transition in formal hypnosis. As with any eye lock technique, contra-indications relate to any eye pain, past eye surgery and the wearing of contact lenses. If this eyes closed suggestibility test is conducted online, it is sensible to ask the patient to be seated, as you can't physically catch them if they begin to wobble.

### Protocol

- *In a moment... I am going to ask you to use your imagination....*
- *there is no need for you to make anything happen, simply allow whatever happens to happen... as you listen to my voice and follow my suggestions completely...*
- *I would like you to take a deep breath in and as you breathe out, close your eyes...*
- *and imagine that you have a window in the top of your head...*
- *I would like you to roll your eyes all the way up, as if you were looking through that window in the top of your head...*
- *don't look anywhere else, just keep looking through that window...*
- *as you keep looking through that window...I will count from one to three and on the count of 3 you may try to open your eyes... and find... that the harder you were to try... the tighter they will stick together...*
- *1, 2, and you can go ahead and try and find that the harder you pull, the harder they are going to stick together...*
- *now stop right there, let them relax..*
- *take a nice a deep breath and open your eyes. Well done.*

## Breakdown and key features

This version makes it almost impossible for someone to open their eyes if they are following your suggestion, because if the eyes remain rolled up, they will not open.

The suggested script is in blue font and the breakdown and key features in black.

*In a moment... I am going to ask you to use your imagination...*

= Priming about when, and what you are asking them to do.

*there is no need for you to make anything happen, simply allow whatever happens to happen... as you listen to my voice and follow my suggestions completely...*

= Directing how they will respond.

*I would like you to take a deep breath in and as you breathe out, close your eyes...*

= We know that the out-breathe is more relaxing, so helping to reduce any patient performance anxiety as you gain eye closure.

*and imagine that you have a window in the top of your head...*

= You are then immediately engaging and directing the imagination.

*I would like you to roll your eyes all the way up, as if you were looking through that window in the top of your head...*

= You are giving direction of what to do next, reinforcing the window.

*don't look anywhere else, just keep looking through that window...*

= There is a stronger focus on looking up.

*as you keep looking through that window...I will count from one to three and on the count of 3 you may try to open your eyes... and find... that the harder you were to try... the tighter they will stick together...*

= You are reinforcing the upward eye roll.

You are setting up for the 'test' element.

= It tells the patient of when they are to do something and what to do and what will happen.

*1, 2, and you can go ahead and try and find that the harder you pull, the harder they are going to stick together...*

= You will notice that the count of 3 is never reached.

= Those patients who are literal, will simply not even try.

= Those who are less literal will be caught by the double bind; that the harder they try the harder they will stick.

= Notice that the phrasing does not say, "open your eyes", it says, "the harder you pull". This is deliberately phrased this way, as when you pull something, you are bringing it towards you, so indirectly reinforcing the pulling the eyes up.

now stop right there, let them relax... take a nice a deep breath and open your eyes.  
Well done.

= You are only going to give the patient moments to 'pull' and then stop them even trying and give them the suggestion to relax. Finally, you get them to take a breath and open their eyes, giving them praise, signalling the end of the process.

=This thorough test is good for assessing if patients can follow a series of suggestions.

## **Sensory preference assessment: Orange / lemon test**

Give suggestions using all senses (VAKOG) for entering a kitchen, going to a fridge, selecting an orange (or lemon), taking it to a work surface and then finding a knife, a chopping board, and a glass or cup. They then cut it in half and squeeze the juice into the glass. They can then sip some juice.

Add in lots of detail (without being prescriptive), to build the patient's experience. It is important to use the word 'imagine' regularly. For example,

- o *Imagine walking into the most amazing kitchen. Notice the floor you are walking on. The design, what it is made of. Whether it makes any sound as you walk on it. What it feels like, whether it is hard, or cushioned, smooth or textured...*

At the end of the exercise, explore with the patient their experience, including which of their senses they were most aware of.

## **Sensory preference assessment: The boat on the ocean**

This can be a little quicker to deliver than the orange/ lemon test. Give suggestions using all senses (VAKOG) for the patient to imagine being on a boat on the ocean.

Suggest what they might see, hear, feel, smell and taste. Add in lots of detail (without being prescriptive), to build the patient's experience. For example,

- o *Imagine that you are on the most amazing boat, on a calm ocean. Notice the blueness of the sky. Perhaps there are some white fluffy clouds...*
- o *notice the ocean, perhaps seeing the gentle waves, feeling the movement of the boat, maybe hearing the waves lapping against the side of boat.*

At the end of the exercise, explore with the patient their experience, including which of their senses they were most aware of, or connected to, and of what they were aware.

## Convincers

Some patients are more internal in their Locus of Control and are happy to engage in a collaborative hypnosis process. Others may be somewhat more external Locus of Control and can benefit from one or more convincers, either out of hypnosis or in hypnosis.

Suggestibility tests have many helpful functions. They are a warm up for the patient, engage the imagination, and provide one or more specific types of information to the hypnotist, such as a patient's sensory preference. Whilst convincers so also provide information, their primary function is to convince the patient that they are experiencing something. As with suggestibility tests, do frame the process as an 'imagination exercise' or 'hypnosis responsiveness skill building'.

The **eye lock convincer** is a great technique to use where a patient has demonstrated they can consistently follow suggestions. It also indicates whether a patient can achieve small muscle catalepsy.

The **steel arm convincer** is generally delivered with the patient's eyes open and, you have the option to deliver it in the traditional format or use the 'no fail' method. The traditional method gives you the additional information of whether the patient responds well to large muscle catalepsy suggestions.

If you find that the patient can achieve catalepsy, then you may also use the **Commitment bind**.

## Eye lock convincer

Use a slightly firmer vocal tone for the underlined words.

### Protocol

- *Close your eyes...*
- *relax all the muscles around your eyes... really relax them...*
- *let them relax so much that they won't want to open...*
- *let them relax so much that they will not open...*
- *relax your eyes to the point they want to stay closed...*
- *when you have relaxed them to the point they simply won't open...as you keep them so relaxed... wanting to stay closed...you can check they won't open...*
  
- *If they then open their eyes, you can say: You have relaxed them to the point they will open... now relax them to the point that they won't open...that they are so relaxed they remain closed...*
  
- *When eye lock has been achieved... Well done. Now take a deep refreshing breath of air and find your eyes now open.*

## Steel arm (traditional) convincer (& test)

### Protocol

- *Hold out your arm, straight out [horizontal]...*
- *make a fist... tighter... tighter... good...*
- *now imagine that arm is made of steel, solid, strong steel...*
- *pretend that arm is so solid, so rigid, that it won't bend...*
- *imagine that arm is so solid, so rigid, you cannot bend it [test with one finger on forearm and one on upper arm]...*
- *even if you try, you cannot bend it... in fact, the more you try to bend it, the more you cannot bend it... you can try... really try... and the more you try... the more solid it becomes... so solid it simply won't bend even if you try...*
- *good, in a moment, take a deep breath and blow on your thumb... as you imagine the steel disappearing and really relax that arm, let the tension go.*

## Steel arm (no fail) convincer

### Protocol

- *Hold out your arm, straight out [horizontal]...*
- *make a fist... tighter... tighter... good...and now look at your thumb [twist fist from horizontal to vertical with thumb at top]...*
- *now imagine that arm is made of steel, solid, strong steel...*
- *pretend that arm is so solid, so rigid, that it won't bend...*
- *imagine that arm is so solid, so rigid, you cannot bend it [test with one finger on forearm and one on upper arm]...*
- *even if you try, you cannot bend it... In fact, the more you try to bend it, the more you cannot bend it... you can try... really try... and the more you try... the more solid it becomes... so solid it simply won't bend even if you try...*
- *good, in a moment, take a deep breath and blow on your thumb... as you imagine the steel disappearing and really relax that arm, let the tension go.*

## Commitment bind

Here the patient's arms are placed outstretched in front of them (palm down) horizontal to the ground at shoulder height.

### Protocol

Achieve catalepsy by giving suggestions for the arms to float there, as though held up by balloons, or resting on air cushions. Then,

- *I would like your conscious mind to take control of your left arm and your subconscious mind to take control of your right arm...*
- *only as soon as your conscious and subconscious mind agree to change\*\*, will your arms descend gently down to your lap.*

In hypnosis, you can use similar,

- *Only as soon as your conscious and subconscious mind agree and commit to change\*\*, will your arms descend gently down to your lap.*

\*\* You can phrase appropriately, such as 'to change', 'to explore change', 'to engage in this session' and so forth.

## Grounding

At this stage of the hypnosis process, if you feel your patient appears a little disconnected or dissociated, or says that they are, then a grounding assessment, such as the tension-relaxation activity is useful, before you hypnotise them.

## Tension-relaxation grounding technique

Having a patient fully present and associated within themselves before hypnosis starts is helpful. If they are dissociated before they start therapy it can impact on any work you would like the patient to engage with.

This activity helps a patient connect to their body. If at the end they indicate they cannot connect to any particularly part of their body, then engage in some further grounding activities before hypnotising.

Ask the patient to focus on a point in front of them, take three slow deep breaths and then tense and relax each part of their body from their feet up to the head, whilst (naming, out loud, each area e.g., feet, ankles, calves. Then explore with the patient what they were aware of. Listen out for any areas not mentioned.

## A note about contra-indications

There are some people for whom hypnosis may not be suitable. We can think in terms of absolute (don't), caution (take care) and method (adjust) contra-indications. However, your healthcare role may have an influence here. For example, a psychiatrist might work with someone who has schizophrenia or bi-polar disorder as part of their treatment, whilst others, working with the patient for something else (e.g. during a minor surgical procedure), might not. Key factors to consider include,

- Dissociation – if someone is already dissociated or prone to dissociation, this will influence how they engage in hypnosis.
- Comprehension – a patient needs to consistently understand what you are saying.

Adaptations can be made to many techniques to suit patient differences. For example, if a patient is deaf, you can hypnotise them with their eyes open. If a patient has sore eyes, then you might choose a physical or tactile induction instead of a visual one.

# Pre-Induction Briefing

To optimise the patient experience and encourage patient engagement, it helps to give the patient some instruction to prepare them prior to an induction.

## **Position** (covert compliance check)

### **Protocol**

- Use a commanding, warm yet authoritative tone
- *Please sit back in the chair, allowing the back rest to support you...*
- *place your feet flat on the floor and rest your hands on your thighs...*
- and smile or nod when they do as you have asked.

## **Suggestion direction**

### **Protocol**

- *I will give you a series of suggestions...all you need to do is to follow my suggestions completely...there is no need to make anything happen...simply let whatever happens, happen... following my suggestions completely...*
- *ok?* [wait for yes] *great.*

## **Focus direction**

### **Protocol**

- *Every sound you hear, every voice you hear, inside and out, enables you to focus only on my voice and carry out my suggestions completely...*
- *every feeling, inside and out, enables you to focus only on my voice and carry out my suggestions completely...*
- *every thought, enables to you to focus your thoughts only on my voice and carry out my suggestions completely, as we go on.*

## **In-hypnosis communication**

To set up a communication route with the client, you can say,

### **Protocol**

- *During our hypnosis session, if I need to communicate with you, I will place a hand on your shoulder [or another suitable place]... it will be like using an intercom...you will be able to hear my voice and respond to me and still remain comfortably in hypnosis.*

## **Pre-induction breathing**

### **Protocol**

- *Take a S L O W deep breath...* [watch – if not deep, repeat the suggestion] ... *good...* [Repeat twice more]



# Creating Hypnosis

## Final preparations

There are numerous layers to creating hypnosis. Preparation, managing expectations, and assessment are all important. Having a prepared hypnotist, using intention is also essential. Additional elements to add in now, includes seeking consent and using the yes set.

## Seeking consent

Explicit, informed consent helps build rapport and, when included in the 'yes set' (see below) helps further prime a client for hypnosis.

## Using the YES set as a compliance technique

The YES set is a form of indirect suggestion response conditioning, where you ask 3-5 questions to which you expect the answer to be 'yes', followed by a question you want the answer to be 'yes'. The concept being that where a suggestion is accepted, this leads to greater likelihood of acceptance of subsequent suggestions. This links in with the 'Rules of the Mind' and 'Laws of Suggestion', and the formation of a positive response set. You can further enhance this non-verbally. When someone responds as requested, acknowledge this with a smile or a nod of acknowledgement. This is received as praise and is a form of operant conditioning. Rather than using questions, you can also use statements which can generate either an acknowledgement, or an internal 'yes'.

This technique can be used within hypnosis, such as to encourage engagement with a concept, or beforehand, such as when the patient is about to go into hypnosis. In the example below, each action in response to the request is equivalent to a 'yes',

- o *I would like you to sit back in the chair...* (wait for response)
- o *please place your feet flat on the floor in front of the chair...* (wait for response)
- o *please rest your hands in your lap...* (wait for response)
- o *please take a deep breath all the way in and make your out-breathe longer...* (wait for response)
- o *take a deep breath and breath out when you ready to go into hypnosis?* (wait for response)
- o *good, now...* (start the induction)

## Seating position

The client and hypnotist positioning may be influenced by the setting and the nature of the procedure. Where possible, a 10-2 position for the hypnotising is helpful. However, a patient can enter hypnosis sitting, standing, even moving, if necessary.

## Choosing your rapid induction

### Delivery style

Your initial discussion with the patient will help to inform your choice of delivery approach, whether permissive or authoritarian. If they seem more the type of person who would like hypnosis 'done to' them, then a more direct approach will be helpful. Whereas, for someone who wants to be more involved ('done with'), you might choose a permissive approach. This may be just using your voice permissively, or your choice of language.

### Method

Your suggestibility testing will likely give you an idea of the best approach to take with your patient, whether someone will do better with a physical or tactile (kinaesthetic) approach, or a visual approach. If your patient is primarily auditory for their sensory preference, go with their secondary sensory preference, as all of these inductions have an auditory component.

## Physical induction - Magnetic hands induction

This induction is good for patients who expect something dramatic, as well as when you are working with performers, and young adults.

If the patient's hands are slow to come together, you can suggest bigger magnets, elastic bands, or 'wind in' the hands by slowly circling your hands around the patient's hands.

The protocol given is for the non-shock version, if you wish to make it a shock induction, wait until the hands are about 1" apart and gently clap the hands together whilst saying "sleep".

### Protocol

- Check for contra-indications (e.g. shoulder pain)
- *Extend your arms in front of you with your palms facing* [adjust to 4" apart]
- Briefing: *all that is going to happen is that your hands and arms will come together and then drop down into your lap, as you allow yourself to go into hypnosis* [demo]
- Place hands 4" apart: *now, focus on this point between your hands* [show] *close your eyes...and keep focusing on that point...*
- *now...imagine a magnet 'here' and 'here'* [demo], *strong magnets pulling your hands together... powerful, strong magnets... pulling, tugging, attracting your hands together...closer and closer with each breath...*
- If necessary, suggest strong elastic bands being placed around the hands.
- If necessary, wind the hands in with your hands circling theirs... *hands moving together...*
- *as soon as your hands touch, you can go into that lovely stage of hypnosis...*
- When the hands touch... *good...as you go deeply into hypnosis now.*

## Physical - Rapid progressive relaxation induction

This approach is most common from feet up to eyes, although can be delivered from eyes to feet, particularly if you are using this following an eye lock suggestibility test.

### Protocol

- *Close your eyes and let them ... relax...relax them completely...*
- *let your feet relax...your ankles... and calves... let your knees and thighs relax... releasing all tension in your legs as they relax completely...*
- *let your abdomen and chest relax... your spine and back relax... all the way deeply relaxed... from your shoulders to your hips...*
- *now let your arms relax... all the way down to your finger tips and all the way up to your neck...*
- *as you let your jaw and face relax, so you also release tension in all the muscles in your face and scalp...*
- *I will count down from three to one, and on the count of one you will let a wave of relaxation flow from the top of your head... all the way down... to your feet...*
- *three...two...one... relax...relax deeply now into that wonderful hypnotic state.*

## Tactile- Hand drop (eight word) induction

With this induction, check for shoulder, arm and hand injuries.

### Protocol

- Stand facing your client; therapist to have an arm locked and vertical against their body with finger-tips horizontal.
- Have the client out-stretch their arm with their finger-tips (to first knuckles) resting on the corresponding part of the therapist's hand.
- *Push my hand down.*
- *Close your eyes* [now get ready to 'trap-door' drop your fingers and at the same time say] *"SLEEP, as you go deeply into hypnosis now"*.

## Tactile - Three-handshake (eyes)

Explain at the start that you will be shaking the patient's hand.

### Protocol

- *As I take your hand, give me all the weight of your arm...*
- *I am going to shake your hand three times...*
- *the first time, your eyes will become heavy and tired...*
- *the second time, you can try to keep your eyes open...*
- *the third time, you will close your eyes and go into hypnosis...*
- *so... ready...one... eyes heavy and tired... two... try to keep your eyes open... three... close your eyes as you go deeply into hypnosis now.*

## **Tactile - Three-handshake (relaxation)**

Explain at the start that you will be shaking the patient's hand.

### **Protocol**

- *As I take your hand, give me all the weight of your arm...*
- *I am going to shake your hand three times...*
- *the first time, your body will become relaxed...*
- *the second time, your mind will become relaxed...*
- *the third time, you will close your eyes and go into hypnosis...*
- *so... ready...*
- *one... body relaxing.... two... mind relaxing...*
- *three... close your eyes...as you go deeply into hypnosis now.*

## **Visual - Eye roll induction**

This induction is a very rapid induction, commonly used with an assertive authoritarian tonality, although you could work as quickly and have a permissive tonality (but keep the direct language). Alternatively, you could make this a truly permissive rapid technique but using indirect suggestion, such as, "*Perhaps you can keep your head level...*"

### **Protocol**

- *Keep your head level...*
- *look up at your eyebrows... [5 seconds]*
- *now look up at the top of your head... [5 seconds]*
- *continue to look up...*
- *close your eyelids slowly, continuing to look up... [notice: struggle to close eyes]*
- *take a deep breath and hold it... [wait for breath]*
- *hold, hold, hold...*
- *now breathe out, let your eyes relax down...*
- *allow your body to sink deeper into the chair...as you go deeply into hypnosis now.*

## **Visual - Pen-top eye fixation**

You can use any pen, pencil, or similar item.

### **Protocol**

- Ask the patient to focus on the pen top end being held around 12" from the face as you slowly move the pen closer, watching for the eyes to de-focus
- When the eyes de-focus, sweep the pen up and then swiftly down as you say, *SLEEP, go deeply into hypnosis now.*

## Visual – Flutter fingers rotating double hand sweep

This approach rapidly provides visual confusion, created by moving your fingers up and down, as well as rotating your hand and arm to create an ever-decreasing spiral and moving the hand back and forth to create 3D movement.

### Protocol

- Bring your hand up to eye level about 1m (3ft) from the patient's eyes, and flutter your fingers as you rotate your hand in a large circle (e.g. 0.5m) and as you get closer, make the circle smaller until you get to 15cm (6") away from the patient's eyes.
- As soon as you start to move your fingers, say, "Focus on my hand..."
- When you are close to the patient's eyes.
- Bring your other hand up behind their head and swoop down past eyes, saying, "SLEEP" or, "Close your eyes", followed by, "Go deeply into hypnosis now".

## Visual - Hand to eye focus

This interrupts the expected pattern of a handshake.

### Protocol

- Go to take the patient's hand as if shaking their hand.
- Bring their palm up to eye level, about 4" away from their face.
- *Focus on a point in your palm... focus intently* [watch for eye fixation]...
- *now, take a deep breath in* [lift their palm up higher as they breathe in]...
- *now, close your eyes* [lower their hand at the same time]
- *as you go deeply into hypnosis now.*

## Visual - Distant scene fractionation

This induction is designed to hypnotise the patient while keeping their eyes open at the end of the process.

### Protocol

- *Look straight ahead at a point on the wall...*
- *now look through the wall...as though looking at a pleasant scene in a vague, relaxed way...*
- *as you look, allow your legs to relax, allow your arms to relax, allow your whole body to relax now...*
- *as your body relaxes so your mind relaxes...*
- *in a moment I will count down from ten to one...*
- *on each count you will take a breath in and then relax deeper as you breath out - Still looking at that pleasant scene...*
- *so, ten, breathing in, breathing out and relaxing deeper... nine, eight...* [continue down to one]
- *deeply relaxed, deeply hypnotised now.*

## A note about fractionation

When a patient repeatedly goes into and out of hypnosis, in a close proximity, they tend to go progressively deeper. When the patient is in hypnosis and their level is lightened (e.g. by opening eyes) and then deepened (e.g. by closing eyes), there is also a fractionation effect.

## Cued Rapid Re-induction

Here you are pairing a word or phrase with 'being in hypnosis'. You will select a word that is not in common use e.g. 'Somnus'. The suggestions are then delivered in hypnosis.

### Protocol

- *From this point onwards, whenever you hear me say the word "**Somnus**" you will close your eyes and go back into that wonderful state of hypnosis, going to a depth that is right for you, to an intensity that is right for you [REPEAT] nod your head that you understand... [wait for nod] good...*
- *I am going to count to three and on three you will open your eyes...*
- *one... two... three... open your eyes...*
- Chat briefly for a few moments... then ask *"are you ready to go back into hypnosis?"* [Wait for "Yes"] *"**Somnus**" going deeper and deeper*

### Other cues

Many hypnotherapists and even comedy (stage) hypnotists, will use a finger click (finger snap) together with "**SLEEP**" (at the same time). This may suit some healthcare settings, and may not suit others, depending on power dynamics and the patient's perception of the role of the person delivering the hypnosis. You can use any relevant cue, although it helps to use something that the patient is unlikely to encounter in their daily life. Also, the protocol (above) has the words, *"whenever you hear me say..."* and this can be further 'ring-fenced' by saying, *"whenever you hear me say [the cue], when we are here in this setting, you will..."*

## Creating your own rapids and adapting popular rapids to working with patients

Whether you are adapting the inductions from this training, or others that you know, or are creating completely new rapid inductions, it is helpful to,

- Tell the patient what you are going to do
- Tell the patient what they are going to do
- Keep it simple and easy to remember (unless intend confusion)
- If there are more than a couple of steps for the patient to remember, it can help to repeat any instructions.

# Intensifying hypnosis

As well as using deepeners immediately after the induction, to intensify the state created, you can use these deepening techniques at any point during the hypnosis session to further intensify the hypnotic state, such as after the patient has been talking in hypnosis (which can lift trance).

## Simple deepening phrases

As soon as you have delivered your rapid induction, you need to instantly deliver some simple deepening phrases, before moving on to manipulating distractions and then a deepening technique. Example deepening phrases are,

- *Deep, deep sleep... deep, deep asleep...*
- *Deeper and deeper...deeper and deeper...*
- *Deeper... go deeper...*
- *All the way down... deep, deep down...*
- *Go deeper and deeper... to the depth that is right for you... for now...*

## Manipulating distractions

To help the patient maintain their hypnotic state, it is helpful to give the patient suggestions that they can ignore any distractions from their surroundings. For example,

- *You can be aware of the sounds around you, but these sounds are unimportant right now, although in a curious way, these sounds and others like them, can help you focus all the more on the sound of my voice...*
- *with every sound taking you deeper...*
- *every thought taking you deeper...*
- *every feeling, every sensation, taking you deeper and deeper.*

## Count - Rocking

From the side, place your hand on the patient's shoulder, as though covering their shoulder like an epaulette. Avoid gripping the shoulder. No collar bone death grip!

## Protocol

- Start to gently rock patient from side to side
- *As I gently rock you from side to side...In a moment I will count down from 10 to 1, and with each descending number you will go ten times deeper...*
- *So ready... 10... 10x deeper, 9...8...7..6..5..4..3..2...1...10x deeper, deeper, deeper.*

## Fractionation - Shoulder tap

Stand where you can reach the patient's shoulder.

### Protocol

- *In a moment, I am going to tap your shoulders... and whenever I tap your left shoulder you will open your eyes...*
- *and whenever I tap your right shoulder... you will close your eyes and go even deeper...nod your head that you understand [wait for nod] good...*
- *so ready [tap left shoulder] open your eyes... [tap right shoulder] close your eyes and go deeper... [tap left] open... [tap right] close...deeper... [left]... [right]...*

## Fractionation – hand pass

With this technique, bring your hand up from behind the patient's head, up and over so they don't see the hand coming.

### Protocol

- *In a moment I will count from one to three... and on the count of three... and only on the count of three... you will open your eyes...*
- *I will then say the word 'sleep' and you will immediately close your eyes and go 10x deeper into hypnosis... nod your head if you understand [wait]... Good...*
- *so ready... one... two... three...open your eyes [wait for eyes to open]*
- *then say "Sleep", whilst passing your hand over their eyes]... repeat, several times*
- *When ready to test depth, pause before saying 'three' and if there is no anticipation of the number shown by eye opening, then this is sufficient.*

## Fractionation - Imaginal 'sleep' (permissive)

This uses the traditional cued sleep click without having the patient open their eyes; instead, they imagine that they do so. To add greater impact, you can still do a hand pass (see previous technique), as the patient will sense the movement.

### Protocol

- *In a moment I will ask you to imagine opening your eyes, as though you were fully alert and seeing the room*
- *then I will then say the word 'sleep' and you will immediately close your eyes and go 10x deeper into hypnosis... nod your head if you understand [wait]... Good...*
- *so ready... one... two... three...imagine opening your eyes "Sleep"*
- *repeat, several times.*



## Physical - 3-2-1 hand drop deepener

### Protocol

- Lift an arm and set catalepsy.
- *In a moment I am going to count from three down to one...*
- *at the count of three... you will go twice as deep into hypnosis...*
- *at the count of two... you will go 10x deeper into hypnosis...*
- *at the count of one... your hand will drop into your lap as you go 100x deeper...*
- *so ready... three... twice as deep... two... 10x deeper... one... hand dropping into your lap as you go 100x deeper.*

## Physical - Butterfly BLS

This uses the self-applied butterfly taps from EMDR bi-lateral stimulation, together with the patient having control over the speed of the tapping and the depth they achieve.

### Protocol

- *I would like you to cross your arms in front of you so that your fingers rest on your opposite shoulders...*
- *in a moment I will ask you to tap your shoulders, alternating front left to right, at a speed that is right for you...*
- *with every tap helping you go deeper in hypnosis, to a depth that is right for you*
- *so, please start your tapping...*
- *when you are at a level that feels right for you, bring your hands down to your lap...*  
[wait for movement of hands to lap]
- Good, well done.

## Physical - Rapid hand-drop to lap

Check prior to trance that there are no shoulder, arm or hand issues.

### Protocol

- *In a moment, I will pick up your left hand and when it drops to your lap, you will go ten times deeper....*
- *so ready* [lift hand] *and go ten times deeper* [drop hand on 'deeper']
- *and now for your right* [pick up and then drop] *as you go deeper and deeper...*  
[drop hand on 'deeper']...
- Note: for added emphasis, can send down (instead of just drop) second hand drop.

## Physical - Shoulder press

### Protocol

- Place one or both hands on shoulders
- *“As you breathe in and breathe out... so you relax even deeper”*
- Push gently down on shoulder(s) during patient's out-breath, timing to, *“deeper”*
- Repeat several times

## Some extra information

Most hypnotic phenomena can be achieved in a light depth of hypnosis.

### Having the patient talk in hypnosis

You can say to the patient, *“you can talk to me and remain comfortably in hypnosis, in fact, you may find that each time you talk, you relax even deeper in hypnosis, more and more comfortable with every word you say.”*

Generally, having the patient talk in hypnosis can lighten their depth of hypnosis. Particularly if you are engaging the patient in cognitive evaluations. To counteract this, when necessary, give deepening suggestions (see simple deepening phrases earlier).

### Working in hypnosis with the patient's eyes open or closed

A lot of mental stimulation occurs when a patient's eyes are open. It is also more challenging for patients to achieve as good a dissociation (splitting of awareness, hypnotic phenomena) with their eyes open, due to this visual stimulation. As such, where you would prefer a deeper level of absorption in hypnosis, it helps to keep the patient's eyes closed, wherever possible. In addition, for many patients who worry about what they see (such as medical equipment), eyes closed can help here.

If you need the patient's eyes to be open for any purpose, then you may choose to give additional deepening suggestions where needed.

# Re-Alerting

There are many different approaches to concluding the hypnosis session, whether called 'alerting', 'awakening' or 'dehypnotising'. Some people ask the hypnotised person to, "just open your eyes and be aware", others say, "come back to the present and open your eyes", and some people do a version of counting (up or down). However, there are safety implications by doing this. A good hypnotic subject may simply open their eyes and appear alert, yet still be in hypnosis, with resultant impact on their vision, judgment and reactions. In addition, as hypnotic phenomena can occur spontaneously, as well as in hypnosis, a patient may feel odd or out of sorts if any hypnotic phenomena are not cleared.

For time optimisation in today's workshop, when using some of the shorter techniques you can use the quick re-alerting.

If you give any session-specific phenomena suggestions, please clear them at the end of that session, and, from time to time, please use the full re-alerting, which has been designed to clear the hypnosis suggestions and give beneficial post-hypnotic suggestions.

Please ensure your practice partner is fully alert at the end of this workshop, or if they wish to leave the room, such as for a comfort break.

Do bear in mind that going in and out of hypnosis many times in a session can be intensive for some people, and the full re-alerting can be more refreshing.

## Full re-alerting

### Protocol

- *In a few moments time, I will bring you back to full awareness...*
- *I will count from one to five... and at the count of five... and only on the count of five... you will open your eyes and stretch...*
- *feeling alert and refreshed... all normal, healthy sensations returned to your body...*
- *and every part of you back here with me in the present...*
- *re-alerting with a sense of well-being... physical and mental wellbeing...*
- *nod your head that you understand [wait]... good... so, ready...*
- *one... re-orienting to the room around you...*
- *two... a sense of wellbeing... all over...*
- *three... take a deep, refreshing breath of air...*
- *four... feeling alert and refreshed...*
- *five... wide awake, wide awake, wide awake... well done [smile]*

## Quick re-alerting

If you are dipping in and out of hypnosis several times in a session, you may choose to use a quick re-alerting. If you have used a lot of hypnotic phenomena in your hypnosis work (such as catalepsy, or anaesthesia), then using the full re-alerting at the end of the session can be beneficial.

### Protocol

*One... Two... Three... Eyes Open... Wide Awake... Feeling Good!*

## Cued Rapid Re-alert

With cued rapid re-alerting, you will be pairing a word or phrase with the awakening script. It is best to select a word that is not in common use e.g., 'Exsomnia'.

### Protocol

*From this point onwards, whenever you hear the word “**Exsomnia**” you will take a deep invigorating breath and re-alert, with all normal healthy sensations returned to your body, every part of you back in the present, re-alerting with a feeling of wellbeing, mental and physical wellbeing...so... [REPEAT] nod your head that you understand... [wait for nod] good... **Exsomnia***

Notes:

Exsomnia = Latin for wakeful

# Hypnotic Distraction & Loops

## The special place

The special place is useful for giving the patient somewhere to go and something to do, during a procedure.

It is also an excellent starting place for any therapy and for self-hypnosis.

## Protocol

- Ask the patient to imagine a door in front of them with their name and the words 'special place'.
- Ask them to imagine opening the door and walking into a delightful room.
- Suggest everything about the room is ideal for them, the lighting, the decor, the furnishings, even the air, the temperature and any sound or quietness.
- You can now suggest they spend time here to relax, wherever they go to in hypnosis, they will always be able to find the door to their special place.

## Additional features within the special place

Once the patient is familiar with the special place, you can include a range of different features. For example:

- A chair of relaxation
- A healing shower of energy
- A door leading to a stress-reduction room (e.g., paint throwing)
- A door leading to a garden of relaxation
- A door leading to the beach, where worries are sent out on the waves and revitalising energy received in their place.

## Active engagement

Where a patient does not need to be an active participant during a conscious procedure, you can give them an active engagement task, such as going to a fun fair or a spa. Whatever you choose, aim for something that will occupy the patient, rather than simply have them relax in a garden or on a beach.

## Creating a hypnotic loop

A great way to reduce the likelihood of a patient consciously unpicking any change work is to use a hypnotic loop. The loop has the same starting and ending point. Thus, you could start in the special place, move elsewhere for change work and then return to the special place before re-alerting.

# Gift Giving & Ego Strengthening

Rather than just take someone into hypnosis and leave them in their special place until you re-alert them, it can be helpful to give the patient some ego strengthening, thus gifting them some positive wellbeing. This creates a positive association with hypnosis and also can have an impact on the patient's perception of the medical/ clinical treatment.

## The mirror

### Protocol

- Ask the patient to notice a delightful mirror...
- *As you look in the mirror, the person you see there is a good person, a strong person, a person of value... you know that that is true... because you are that person...*
- Repeat twice with the qualities in different orders, then...
- *and... from this day on... every time you see your reflection in a mirror or reflective surface... your subconscious will be reminded that that you are a good person... a strong person...and a person of value.*

## Positive expansion

### Protocol

- *Notice an area in your body that feels good...give it a colour...*
- *now send that colour up to the top of your head...*
- *and now let it spread down your body... through every cell... muscle... and fibre...*
- *and now... allow that colour to become twice as intense... ten times as intense...*
- *as you imagine it expanding out beyond you now...*
- *like a protective and positive shield...*
- *feeling SO good inside.*

## Praise

Giving positive feedback to your patient encourages them to do more of what you want them to do (operant conditioning).

- You may choose to use non-verbal praise, such as a smile or nod.
- You might use general praise, such as *"Good, that's right"*.
- You may praise a behaviour, such as, *"Good, you are doing well"*.
- You may also praise an attribute, such as, *"You are a good hypnotic subject"*.

# Mastering Suggestions

## Direct suggestions

- **Directly state what response is required**, e.g. *“Make your hand light and rise in the air”*
- **Link a known or expected response with a desired response**, such as with, ‘When X...you Y’ ... ‘When you... you will...’ and, ‘As soon as... you will...’ .e.g. *“Whenever you notice feeling stressed, you will immediately take three slow, deep breaths and allow any tension to ease away”*.

## Indirect suggestions

- The idea of the desired response is presented indirectly or covertly, e.g. *“Will your arm start to feel lighter now or later?”*
- Enables recipient to create an experience for themselves, e.g. *“...and I can wonder what words will come to mind to describe the good feelings you are about to experience”*.

## Indirect suggestion types

- **Permissiveness**: *Allow your hand to gently float down to your lap”*.
- **Embedded suggestions**: *“You may have noticed that you are feeling relaxed as you listen to my voice”*.
- **Perceived choice**: *“Will your left hand, or your right hand lift first, or will they lift together... slowly... or quickly...?”*
- **Paradoxes**: Appear to suggest to the recipient the opposite response, *“Make sure that you don’t relax too quickly”*.
- **Range of alternatives**: *“Your hand may feel warm, or heavy, comfortable or just simply relaxed as it feels so light it lifts off your lap or so heavy that it remains relaxed on your lap”*.
- **Creating suspense**: *“I wonder how surprised you will be when your arm starts to lift”*.
- **Questions**: Frame the suggestion in the form of a question, *“Do your eyes want to close now, or later?”*
- **Confusion**: *“As you are relaxing thinking of yesterday about tomorrow, you can be thinking about today, as today was tomorrow yesterday...”*

# Next steps

## New to hypnosis

If you are new to the world of hypnosis, you may also find it useful to read my book '[Hypnosis: How to Hypnotize](#)' and attend my live online [How to Hypnotise](#) workshop.

## Hypnosis training for healthcare professionals

If you would like to learn more about using hypnosis in medical and clinical settings, or would like to train as a hypnotherapist, you are welcome to look at my website, [www.hypnotc.com](http://www.hypnotc.com) and specifically my training for [healthcare professionals](#).

## Becoming a professional hypnotherapist

If you would like to train to become a professional hypnotherapist, then do explore our [Professional Hypnotherapy Diploma course](#), which we run in London UK. This is a 10-month course, with two start dates (Spring and Autumn) each year.

## Mentoring

If you already have some medical / clinical hypnosis knowledge and skills, and would like to develop with some bespoke training, then you are welcome to get in contact with me and have some [individual mentoring](#) to get you started.

## Other resources

My website has many blogs on hypnosis and related topics, which you may find helpful.

In addition to 'Hypnosis: How to Hypnotize' I have several books published and available on Amazon. These include,

- [How To Communicate More Effectively](#)
- [Powerful Hypnosis Presentations](#)
- [Persuasive Therapy](#)
- [Hypno Games](#)

## Questions and feedback

Finally, as you read through the manual and engage with the techniques, if you have any questions or feedback, please feel free to contact me – [kate@hypnotc.com](mailto:kate@hypnotc.com)