



LINGUS
Training & Consulting

“Advanced Brain Solutions”

NLP & HYPNOSIS
HISTORY/FAQ/STUDIES

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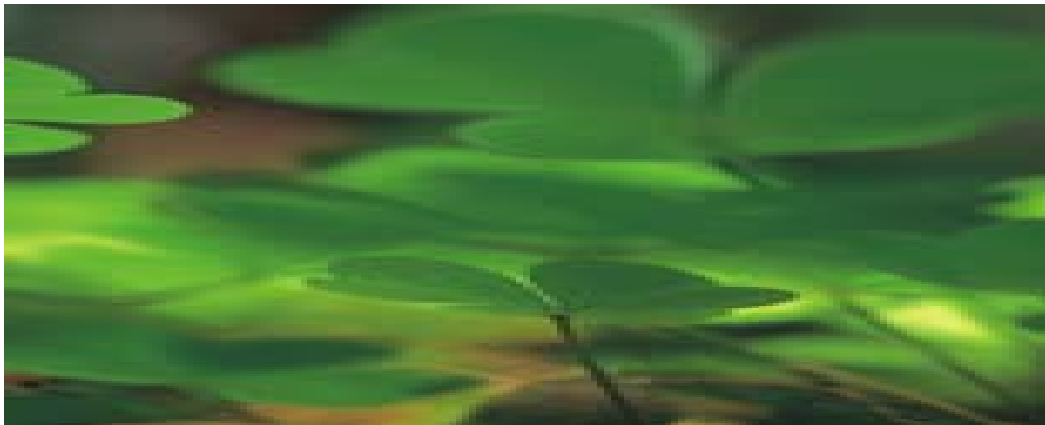
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LINGUS TRAINING & CONSULTING

WHAT ARE NLP & HYPNOSIS?

Neuro Linguistic Programming (NLP), & Hypnosis are techniques for mind, body and spirit. You'll find tools applicable in business for sales, management, communication, and coaching, as well as teaching, sports, therapy, and personal growth.

These techniques really work, producing tangible results. Results prove that these **NLP** techniques are the best processes for creating fast and long-lasting change in your life.



Many other systems are good at discovering problems but don't give you tools for painless, fast, change. The tools on these pages are the most effective that exist today and our purpose is to make them available to you to improve your life, health, relationships, income and career.

Hypnosis is a scientifically verified and effective technique that can promote accelerated human change. With Hypnosis we can create desired changes in behavior and encourage mental and physical well-being.

Learn how to guide yourself and others to lose weight, quit smoking and be free of physical pain. These programs are especially suited for health care professionals, practicing therapists, and all individuals seeking to make a positive change in their lives.

NEURO LINGUISTIC PROGRAMMING

Neuro-Linguistic Programming (NLP) is a behavioral technology, which simply means that it is a set of guiding principles, attitudes, and techniques about real-life behavior, and not a removed, scientific theorem.

It allows you to change, adopt or eliminate behaviors, as you desire, and gives you the ability to choose your mental, emotional, and physical states of well-being.

Rewards of NLP

Many people have used NLP to achieve significant business and personal objectives, and enjoy greater satisfaction from life.



With NLP, you learn how to grow from every single life experience, thus increasing your ability to create a better quality of life.

NLP is a very pragmatic technology based on an ability to produce your desired results, thus allowing you to become proficient at creating your future!

HOW WILL STUDYING NLP BENEFIT ME?

Through using these techniques, your personal happiness and professional success will be much more consistent, and much more predictable. Your effectiveness working with others will be dramatically increased, and your ability to empower yourself for optimum results will be increased. You will be able to generate empowering emotional states within yourself at will, eliminate any negative emotions or limiting decisions, identify and change limiting

beliefs, inspire yourself with a compelling future that will have much better chances of coming true, and create patterns of excellence from any role model you choose.

Whether you're already succeeding in your profession, having some difficulties, or if you're transitioning into a new position, NLP can help you achieve, maintain and enhance excellence. **Managers and Entrepreneurs** use the information to develop strong teamwork and relationships, and to foster positive interpersonal skills. Negotiations and problem solving sessions are enhanced to create solution-oriented, win-win approaches. **Salespeople** learn to build deep levels of rapport, elicit and fulfill the criteria and values of clients, and develop effective methods for handling buyer's remorse or future objections so the sales relationship is long-term and mutually satisfying. **Trainers and Educators** learn new paradigms for inspiring and engaging students, as well as effective techniques for dealing with challenging learning environments. **Mental Health Professionals** learn new skills and techniques that supplement their repertoire, and gain additional insights into helping clients make the changes that support their own process of healing. **Medical Professionals** learn techniques to better elicit information from clients, and to help the client be more comfortable with and receptive to treatment, thus supporting them to heal in a more responsive fashion.

HOW TO STUDY NLP?

In order to receive certification in NLP you will need to attend a training or seminar. The trainings are hands on and include exercises and demonstrations. Certified Trainers need to see that you are able to demonstrate an understanding, utilize techniques and comply with appropriate industry standards and hours of study.



What lies at the end of these programmes?

Successful students will receive a Diploma or Certificate in NLP, accredited by the Association for NLP.

There is no automatic certification on this programme. Each student will be assessed for graduation, based on the following criteria:

- Full attendance and punctual timekeeping
- Ethical attitude and behaviour to self and others throughout the programme
- Demonstrated ability to understand and use the NLP approaches learned

[Click here for our 2009 schedule.](#)

FREQUENTLY ASKED QUESTIONS

What is NLP?

Neuro: The nervous system (the mind), through which our experience is processed via five senses:

- Visual
- Auditory
- Kinesthetic
- Olfactory
- Gustatory

Linguistic: Language and other nonverbal communication systems through which our neural representations are coded, ordered and given meaning. Includes:

- Pictures
- Sounds
- Feelings
- Tastes
- Smells
- Words (Self Talk)

Programming: The ability to discover and utilize the programs that we run (our communication to ourselves and others) in our neurological systems to achieve our specific and desired outcomes.

In other words, NLP is how to use the language of the mind to consistently achieve our specific and desired outcomes.

When was NLP created?

NLP was initially created in the 1970's by Richard Bandler a student of mathematics and gestalt therapy and John Grinder a Professor of Linguistics at The University of California Santa Cruz. They began modeling and duplicating the "magical results" of a few top communicators and therapists.

Some of the first people they studied included Hypnotherapist Milton Erickson, gestalt therapist Fritz Perls and family therapist Virginia Satir. Since then, many others have contributed to the growth and development of the field.

Can anyone study NLP?

Yes, Today, NLP is widely used in business to improve management, sales and achievement/performance, inter-personal skills; in education to better understand learning styles, develop rapport with students and parents and to aid in motivation; and of course, NLP is a profound set of tools for personal development.

Some of our students include Salespeople, Business Executives, Managers, Business Owners, Lawyers, Teachers, Trainers, Counselors, Educators, Doctors, Dentist, Chiropractors, Massage Therapists, Consultants, Hypnotherapists, Psychologists, Athletes, Entertainers and Performers. Regardless of profession, the majority of NLP participants are searching, and finding, better and more effective ways to increase their performance and improve their effectiveness.

What are some beliefs of NLP?

(This is a short list summarizing some of the thinking behind NLP)

- People are not their behaviors. Accept the person; change the behavior
- People have all the resources they need to succeed and achieve their desired outcomes
- The meaning of the communication is the response you get
- Everyone is doing the best they can with the resources they have available
- We are in charge of our minds and therefore our results
- There is no failure, only feedback

Do you have a program that rewards students for referring friends and family?

Yes, we have a referral program. Please contact our office at **0216 455 46 13** so you can learn how to participate.

Does Lingus T & C offer private business training and consulting?

Yes, we work with many corporations to design trainings that are tailored to meet their desired outcomes. You can contact us at **0216 455 46 13** if you are interested.

When did Lingus T & C begin teaching NLP?

Lingus T & C has been teaching NLP since Jan.2007. Selda Ergökçen (president) has been teaching NLP since 2004 as a NLP Master Trainer & Hypnosis Master Practitioner.

We will continue to expand this list to keep you up to date and based on what we hear from you.

What if I have more questions?

Please call us at **0216 455 46 13** or write to us at info@lingusconsult.com if you have any additional questions.

WHAT IS HYPNOSIS?

Hypnosis is a scientifically verified and effective technique that can promote accelerated human change. With Hypnosis, we can create desired changes in behavior and encourage mental and physical well-being. Learn how to guide yourself and others to lose weight, quit smoking and be free of physical pain. These programs are especially suited for health care professionals, practicing therapists, and all individuals seeking to make a positive change in their lives.

WHAT IS THE HISTORY OF HYPNOSIS?

The cultural origins of the concept of hypnosis

The creation of a distinct concept of hypnosis owes its existence mostly to a charismatic 18th century healer named Franz Anton Mesmer (1734-1815).

Mesmer had a deep interest in Paracelsan astrological principles, and the supposed direct influence of heavenly bodies on human health, by means of what were believed by Mesmer and others to be measurable physical forces (as opposed to the subtle forces of later occult doctrines interpreting Mesmerism).

Mesmer first applied magnets to patient's bodies in elaborate theatrical rituals that often resulted in expected spasmodic muscular contractions and collapse, and often the cure of various kinds of illness. Mesmer favored the rationalist views of his time, taking on terms like *gravitation* and *magnetism* to originally describe his theories of his healing work, and how the subtle fluids within the body could be influenced by him.

Mesmerism caught on widely, attracting followers to many spiritualist, religious, and scientific variations of mesmerism, as well as to 'mesmerism' as a dramatic form of entertainment for its own sake ('stage hypnosis').

It was highly influential in a number of popular movements, some of which are still very popular today.

The clearest transition between Mesmer's *animal magnetism* and modern therapeutic hypnosis was represented by Manchester surgeon James Braid, who coined the term *hypnosis* (from previous use by French researchers) in 1843. The term refers to Hypnos, the Greek god of sleep, because most forms of mesmerism at that time involved the production of an apparently sleep-like condition.

Braid, as many scientists and physicians before and after him, recognized in hypnosis certain legitimate psychological phenomena of interest, but requiring much more systematic investigation to understand. Mesmer had come to believe that it was not physical forces via magnets but he himself that was producing the cures he produced. Others not long after Mesmer soon began to suspect that the human imagination played a much larger role in the process than did any physical forces or capacities of the mesmerist. This was important, because mesmerism went through a number of periods of great disrepute due to associations with occultism and various kinds of blatant charlatanism.

A split arose between those interested in hypnosis as a subject of scientific investigation and as an adjunct to medical treatment, and those who considered it a tool for personal or spiritual fulfillment, or for esoteric investigations of religious or 'magical' nature. Faith healing, mind cure, and Christian Science were all heavily influenced by hypnosis, and derived much of their impetus in the late 19th century from the reputation of Mesmer and later mesmerists. Various followers of the highly influential Theosophical Society and of the Hermetic Order of the Golden Dawn magical fraternity found great affinity for the magnetic theories of mesmerism, which they often interpreted in a semi-metaphorical way rather than as literal electromagnetism.

In the early scientific study, Braid at first thought that hypnotic induction would yield a unique condition of the nervous system that was linked somehow to certain cures by suggestion. He later rejected this, and other physiological explanations of hypnosis, and emphasized "mental" factors almost exclusively. The theory of neural inhibition has never been completely rejected as applicable, however, though often considered insufficient by itself. Ivan Pavlov later greatly expanded on the neural inhibition theory in his concept of the physiology of sleep (as a progressive cortical inhibition, which turns out to be fairly accurate - in general if not in detail).

This neurological explanation of hypnosis was strongly rejected by Charcot, who believed that the best hypnotic subjects were 'hysterics,' and that hypnosis was therefore a manifestation of what was then considered the mental illness of hysteria. His belief turned out to be wrong, and his view of hysteria as a distinct mental illness as well, and his psychopathological view was rejected by the end of the 19th century. Two legacies of the neurological pathological theories of Charcot and the so-called "Paris school" of hypnosis that have endured are cortical inhibition theory and the later development of dissociation theory, though neither one serves as a complete theory of hypnosis on its own.

In the early 20th century, the foundation for most hypnotic theory was laid by the members of the so-called "Nancy school" of hypnosis (such as Liebault and Bernheim) who elaborated a theory of hypnotic *suggestion* based on ideomotor action.

This theory had eventually replaced not only the early neuro-pathological view, but also Braid's early psychological theory, "monoideism," the theory that un-conflicted ideas automatically lead to actions. Ideomotor action theory says that ideas suggested by the hypnotist lead automatically to actions, which are then experienced by the subject as unwilled. Ideomotor action is another example of a useful but incomplete model of hypnotic responding. The Nancy school was perhaps most notable in their de-emphasis of hypnotic ritual and their strong emphasis on *suggestion* as a mundane though useful psychological process.

Sigmund Freud had originally studied under Charcot and had a deep interest in hypnosis for much of his life. In 1889, he shifted from Charcot's view to that of the Nancy school's emphasis on suggestion rather than hysteria, believing that patients often remembered repressed memories in a beneficial process under hypnosis. Freud was reportedly a very poor hypnotist, being limited to a simple authoritarian style of induction, and in 1896, he rejected hypnotic induction ritual as unnecessary and too likely to foster unwanted amorous advances by patients ('transference,' and the theory of hypnosis as an eroticized dependent relationship). Freud replaced the hypnotic procedure with simply placing his hand on the subject's forehead to help establish what he believed was the proper social relationship of doctor in dominance over patient.

What qualified acceptance of hypnosis in medicine that we have today is largely due to the efforts of pioneers in the experimental study of hypnosis, starting in the 1920's and 30's. Foremost early researchers were Clark Hull and his then student, Milton Erickson. Hull's 1933 discussion of scientific research into hypnosis (*Hypnosis and Suggestibility*) is still considered a classic.

Erickson later came to disagree with Hull on the important issue of fundamental approach, stressing the complex subjective inner processes operating in hypnosis, rather than the measurable correlates and standardized procedures promoted by Hull. Hull went on to make important contributions in learning theory, while Erickson went on to become the name most closely associated with clinical hypnosis today.

Milton Erickson died in 1980, but left a legacy of often zealous followers, a number of important contributions to the field, and several offshoot schools of applied psychology based on his core principles of indirect strategic therapy and suggestion, and based on hypothetical unconscious processes and indirect forms of human communication. Examples include Jay Haley's strategic model of therapy, the MRI Interactional model, the Erickson-Rossi hypnotic theories, Neurolinguistic Programming (NLP), and a number of later frameworks such as that of Lankton (1983) and Gilligan (1987). The 'Ericksonian' models deliberately blur the

traditional distinction between hypnosis and other forms of therapy, and share this basic idea with the 'skeptical' view of hypnosis, which we will consider in the next section.

In addition to Erickson and Hull, modern scientific research into hypnosis is often associated with a period of intense experimental research in the late 1950's and early 1960's by notables such as J.P. Sutcliffe, T.X. Barber, M.T.Orne, E.R. Hilgard, R.E. Shor, and T.R. Sarbin. The work of these researchers had been particularly influential on the current scientific view of hypnosis, especially as viewed in medicine.

HOW TO STUDY HYPNOSIS?

In our seminars beginning therapists will receive a solid foundation for using hypnosis. Veteran practitioners are sure to learn some surprising new approaches to hypnosis. Healthcare professionals will discover a new way to enhance their practice.

And, if you are a person who is just “interested” in hypnosis, you will learn how to convert positive thoughts into positive changes in your life.

Please note that you must be a certified trainers in order to practice. Qualifications vary by state, please call our office at **0216 455 46 13**

FREQUENTLY ASKED QUESTIONS

QUESTIONS:

1. What Is hypnosis?
 2. Does a hypnotized person give up control?
 3. How does hypnosis feel?
 4. How do we induce hypnosis?
 5. How may I learn self-hypnosis?
 6. What is the difference between hypnosis and hypnotherapy?
 7. What books and/or other sources can you recommend?
 8. If I have a natural gift, why should I seek training?
 9. What makes hypnotherapy different than cognitive therapy?
 10. How can hypnosis be used to quit smoking or manage weight?
 11. Can hypnosis be used to reduce pain and/or suffering from illness?
 12. Is hypnosis dangerous?
 13. Who is the leading authority on hypnosis?
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QUESTIONS (and responses):

1. What Is hypnosis?

Opinions vary on the exact definition of this natural state of mind. First of all, contrary to what is commonly believed by many, hypnosis is NOT a "sleep" state even though a person in hypnosis may appear to be sleeping. I prefer the way defined hypnosis, so let me quote his exact words as written in MIRACLES ON DEMAND (which is, unfortunately, no longer in print): "There is no legal definition of hypnosis. Webster's dictionary describes it incorrectly as an artificially induced sleep, but it is actually a natural state of mind and induced normally in everyday living much more often than it is induced artificially."

I totally agree with this theory: ALL HYPNOSIS IS SELF-HYPNOSIS, AND THE POWER IS IN THE MIND OF THE PERSON BEING HYPNOTIZED. So, in reality, the Hypnotherapist is more like a guide who facilitates the hypnotic process. Myron Teitelbaum, M.D. author of HYPNOSIS INDUCTION TECHNIQUES, came to the same conclusion--as is evidenced by what he wrote in the last two pages of Chapter 3: "The hypnotist is merely the guide who directs and leads the subject into the trance (page 18)."

Additionally, the common belief evidenced by research is that a person experiencing hypnosis slows down his or her brain waves from BETA into ALPHA--although some people believe that we may actually enter THETA during deep trance states. (THETA is normally the "dream" state we pass through on the way to and from DELTA--or deep sleep.) Be aware that since we must all pass through ALPHA on the way to and from sleep, we could easily say that all of us experience hypnosis at least twice daily. But in working with clients, I keep the explanation as simple as possible.

To me, the most accurate way of defining hypnosis is to simply call it "guided meditation." Since many of us enter a meditative or "trance" state while listening to music, watching TV, listening to a good speaker or even while reading, you could say that the hypnotist does not even have to be a live person. So if hypnosis were ever outlawed, it would be virtually impossible to enforce, because we would have to stop the freedom of speech and freedom of press!

On the other hand, if all hypnosis is really Guided Self-Hypnosis, then that truly makes the hypnotist an artist! This is why I chose THE ART OF HYPNOSIS.

2. Does a hypnotized person give up control?

Do we give up control of our minds during a movie? When is the last time you got so involved during a movie or TV show that you actually felt emotion? You were literally in a hypnotic trance, although you still have the power to emerge from that state if desired. Your

mind may be guided by a movie, TV show, self-hypnosis tape, or Hypnotherapist, but YOU still have the power to resist. Even though there are some people who seem to at least partially give up control of their minds, that is because of misunderstanding who has the power.

Certainly one can be TRICKED into believing that he/she has "given up control" in some forms of stage hypnosis or other experiments--but does that make it right? I am part of the NEW ETHICS of hypnotherapy, perpetuating what one of my mentor taught me to disclose: "ALL HYPNOSIS IS SELF-HYPNOSIS." Once people really understand this fact, they may enter deep states of hypnosis while still retaining the power to resist unwanted suggestions.

Let's start informing people where the real power is--within THEIR OWN MINDS! And we can begin by no longer referring to people in hypnosis as "subjects." My own students are asked to use the following definitions for people in hypnosis:

CLIENTS = People hypnotized for self-improvement, etc.

PARTICIPANTS = People hypnotized for practice, demonstration, stage hypnosis, etc.

PATIENTS = People hypnotized for medical applications of hypnosis.

SUBJECTS = Those who are the subjects of someone experimenting with hypnosis (whether for scientific research, or parlor games done by untrained hypnotists). Please AVOID using this word to refer to clients or patients experiencing hypnosis for a beneficial purpose! In my opinion, the very fact that the scientific community has used the word "subject" for so many decades is part of the reason why people still fear hypnosis today. This very word implies giving up control... and while there are those who wish to still use "disempowerment" hypnotic methods by tricking people into giving up control, I believe it's time to teach the truth about where the power is!

3. How does hypnosis feel?

Since hypnosis is a natural state of mind, clients are often surprised that they hear every word. Unless one enters a deeper state, or at least a medium state, he or she may not "feel" any different than when relaxing in the favorite easy chair with a good book. One may feel quite mellow, and may feel light (or weightless), or very heavy as if sinking into the chair. If one enters a really deep state, the feeling may be euphoric for some, or almost like being intoxicated without the side effects. In a light state, it is entirely possible for a client to believe that he or she was not hypnotized; so it is important for a Hypnotherapist to know how to competently handle the pre-induction discussion as well as the discussion after hypnosis.

There are certain abilities which are enhanced during the actual hypnotic process itself: (a) the ability to IMAGINE, (b) the ability to REMEMBER, (c) the CREATIVE abilities, and (d) RESPONSIVENESS TO SUGGESTIONS. Naturally, it is this last ability which creates the

appeal of hypnosis to some and the fear of hypnosis to others. And before you go experimenting with hypnosis, be advised to seek competent "hands-on" training--or at the very least, invest in a quality Home Study course! Simply reading is not enough if you plan on facilitating hypnosis.

4. How do we induce hypnosis?

I believed that virtually all techniques of hypnotic induction could be categorized into six main induction categories, which he called INDUCTION TYPES. Once understood, a competent hypnotist can use them as building blocks for creating almost limitless induction techniques. They are summarized below:

a. Eye fixation (or "fixed gaze" methods) were primarily used during the 1800's, and are the ones usually used by Hollywood. Many people (including myself) do not respond to eye fixation inductions; thus, people who might respond quite well to other induction types could easily be mislabeled as "insusceptible" by a hypnotist employing only this type of induction. Several of my clients who have successfully responded to other induction types were erroneously told by an M.D. or psychologist that they could not be hypnotized after failing to respond to a fixed gaze induction.

b. Progressive relaxation (and imagery) methods are frequently used on self-hypnosis tapes, as well as by some who facilitate meditation. Facilitators often use a relaxation induction (or guided imagery) to have someone imagine being in a safe or peaceful place, and then awaken to full consciousness. Often those who actually use hypnosis inductions of this type will deny their use of hypnosis--and some facilitators of such meditations have even told me that they don't believe in hypnosis! A trance is a trance -- is a trance -- is a trance -- and is a form of hypnosis -- regardless of what name it is called.

c. Mental confusion methods are designed to confuse the conscious mind, so that it simply becomes easier to just relax and "let go" into hypnosis. Do not attempt this type of induction until you understand it, and know what to do when a client enters hypnosis.

d. Mental misdirection methods employ active use of the imagination, coupled with response, to hypnotize through responding to suggestions.

e. Loss of equilibrium: most of us seem to have an inherited desire to be gently rocked, as is evidenced by the millions of rocking chairs available. How many mothers "hypnotize" their babies to sleep by rocking them at night?

f. Shock to nervous system: the paternal "rapid" inductions frequently used by stage hypnotists are examples of this induction type, employing a sudden emphatic command given in a surprising manner. The participant or client will experience a "moment of passivity"

during which he or she will either resist the trance, or "let go" and drop quickly into hypnosis. Although I very rarely use this induction type, there seems to be a time and place for it once in a while.

When you understand these induction types, you may combine two or more as "building blocks" for techniques which are as limitless as your imagination.

5. How may I learn self-hypnosis?

The best way to learn self-hypnosis is by asking a qualified Trainer or Hypnotherapist to teach you, and to give you post-hypnotic suggestions to reinforce what you learn. Additionally, you may find it helpful to read a good book on the subject. Additionally, there are many good self-help books on visualization that are really recommending self-hypnosis techniques even when the author does not disclose that the techniques are forms of self-hypnosis.

6. What is the difference between hypnosis and hypnotherapy?

Hypnotherapy is the use of hypnosis for self-improvement and/or the release of problems. All hypnotherapy employs hypnosis; but not all hypnosis is hypnotherapy. Additionally, mastering the art of hypnosis does not necessarily mean one is qualified as a Hypnotherapist. Contrary to what many might believe, there is more to helping someone overcome an unwanted habit than simply giving hypnotic suggestions. If a person's subconscious resists positive suggestions for goal achievement, the competently trained Hypnotherapist is far more likely to be of service than those with minimal training in hypnosis, or who are simply self-taught. And a background in counseling is NOT a substitute for adequate training in hypnotherapy when hypnosis is used to help people.

7. What books and/or other sources can you recommend?

Charles Tebbetts required all his students to read HYPNOTISM TODAY by LeCron & Bordeaux (Wilshire Book Co.). Although it was written almost a half-century ago, it stood for many years as the leading book recommended by some mentor, along with another book entitled HYPNOTHERAPY by Dave Elman (Westwood Publishing), which I strongly recommend that any serious student of hypnosis purchase and read, as well as John Hugh's HYPNOSIS: THE INDUCTION OF CONVICTION (available from the National Guild of Hypnotists). And one of my favorites is HYPNOSIS FOR NEW BEGINNERS by William W. Hewitt (Llewellyn Publishing).

8. If I have a natural gift, why should I seek training?

Some people seem gifted in the art of hypnosis right from the very first class, so it is possible that you could be good at non-therapeutic aspects of hypnosis. But if you EVER plan on using

hypnosis in a therapeutic way to help people be motivated, or to overcome bad habits, etc., you run two risks if you fail to obtain "hands-on" training:

(a) First of all, and of vital importance, you run a risk of someone being left with a negative impression of hypnosis if he/she fails to respond to your attempts to help. Even the best of us cannot help all the people all the time. But the probability of helping a client is far greater if you have a good understanding of a variety of techniques and disciplines, so that you may fit the technique to the client rather than the other way around. Even if you understand the importance of suggestion structure, some people may have subconscious resistance to change. Frequently the failure is not theirs; but rather, that of an inadequately trained Hypnotherapist who tried to make the client fit his/her technique or style. Believe it or not, this sometimes happens with counselors or psychologists with little or no training in hypnotherapy who use hypnosis because it is legal for them to do so.

(b) Second, you will simply not have the respect of Hypnotherapists who have respected hypnosis enough to invest in their own training. If you ARE one of those who learned in only 3 to 5 days, do yourself a favor and seek additional training, even if through a home study course. This is important to both you and your clients.

Additionally, our legal survival as a profession is in danger because of the very fact that there are self-taught people using hypnosis therapeutically, as well as "certified" Hypnotherapists who only completed "certification" courses lasting a week or less. We as a profession simply must increase our own standards if we are to prevent LINGUS from dictating who may or may not use hypnosis. We must start insisting that hypnotherapists seek adequate training before calling themselves "Certified Hypnotherapists," or we must create a new name for those trained in advanced techniques! If we do not do so, there is a risk that hypnosis could once again be controlled by an elite few.

9. What makes hypnotherapy different than cognitive therapy?

Cognitive counseling deals with issues at a cognitive level; and many of life's problems require just that. When someone has to make difficult cognitive decisions, competent professional help is absolutely essential! For example, hypnotherapy is not a substitute for marriage counseling. But when it comes to changing habits or behaviors regulated by the subconscious, there is nothing faster than competent hypnotherapy to facilitate subconscious change. However, hypnosis is NOT A PANACEA for all life's problems, and it should not be advertised as such.

It's also important to realize that a competent Hypnotherapist recognizes that he or she is NOT licensed to diagnose (unless trained and licensed to do so). While a physician, psychologist, or licensed mental health practitioner may be qualified to diagnose or "label" the cause of

someone's problem, it is advisable for the Hypnotherapist to avoid doing so. Additionally, in my opinion, even when a licensed mental health practitioner uses hypnosis, it is VITALLY important to avoid projecting the preconceived opinion into the hypnotherapy session. If that opinion is incorrect, it may taint the trance--making it difficult to differentiate between repressed memories and false memories.

A diagnostician formulates a professional opinion on the cause of a problem. A competent Hypnotherapist asks the client's subconscious mind to disclose the cause, and then either proceeds or refers accordingly, based on the information disclosed.

Here's a good analogy: psychologists and mental health counselors could be compared to the "hardware" experts, whereas hypnotherapists are only trained to improve the software.

10. How can hypnosis be used to quit smoking or manage weight?

There are many roads leading from San Francisco to New York or from İstanbul to Ankara; likewise there are many ways to successfully help someone quit smoking. But the KEY is simple: THE CLIENT MUST CHOOSE TO CHANGE. If this is not so, long-term success is very unlikely.

I use a positive approach, based on the client identifying the benefits of change. Hypnosis is used to sell the benefits to the subconscious before any suggestions are given to quit smoking or reduce.

Some people use substitutes for old smoking triggers, and some do not. I recommend one deep breath, as it has no calories and no side effects. It is far better for the CONSCIOUS mind to choose the substitute than for the subconscious, as one addiction might be traded for another. Furthermore, if there is still pleasure associated with smoking, the client needs to make a conscious decision to choose another way of having some pleasure in a healthy manner, or there is greater risk of backsliding. Some hypnotherapists unnecessarily use regression back to the first smoke, based on the premise that the original cause must be removed. But with smoking, more recent causes usually far overshadow the original cause, which has often faded with time.

With weight reduction, I also start with the benefits approach. Often there is more work to be done, however, as people may overeat as an adjunctive response to another unresolved issue. Depending on the cause disclosed by the subconscious mind, I may or may not be qualified to help the client resolve the issue.

If there is subconscious resistance to the more positive approach for ANY type of goal, a client-centered approach would be to ask the subconscious to reveal what the cause is so that it may be released. (Without release from the cause, the problem may return.) And before you

do this, you are well-advised to have received competent supervised training in such techniques!

11. Can hypnosis be used to reduce pain and/or suffering from illness?

Pain is a warning that something is wrong with the body, and it needs to be diagnosed by someone qualified to do so. Any competent hypnotherapy instructor emphasizes to his or her students the importance of requiring a written referral from an examining physician before ever using hypnosis to reduce pain or other physical symptoms. The exception (for those who are not licensed to practice medicine) is if the examining physician is physically present and/or is supervising the hypnotic process. Since the time of a Hypnotherapist is not nearly as expensive as the time of a physician, hopefully there will be greater cooperation between the medical profession and the hypnotherapy profession in the future. A competently trained Hypnotherapist should know, even with a medical referral, when to simply use hypnosis for symptom removal, and when and how to use hypnosis to search for subconscious causes of the symptom(s). Hypnosis can make a difference even with major disease! You might be interested in reading *LOVE, MEDICINE & MIRACLES* by Bernie S. Siegel, M.D. (Publisher: Harper & Row), and/or *ANSWER CANCER* by Steve Parkhill.

12. Is hypnosis dangerous?

According to me, hypnosis of and by itself is not dangerous. If it were, we would all be in jeopardy every time we get engrossed in a good book, movie, or TV show. But unwise use of suggestion may create the opposite of the desired results if the person using hypnosis does not understand the disciplines of suggestion structure. For example, a suggestion such as "You don't like candy" will cause someone to imagine candy, and imagination is the language of the subconscious!

What we say and how we say it creates images in the subconscious, which does not know the difference between fact and fantasy. (If you don't believe that last statement, hold your arms out in front of you and close your eyes. Then imagine a bucket in one hand and 100 helium balloons in the other. Imagine SEEING water pour into the bucket. HEAR it splashing, and FEEL the bucket getting heavy. After several seconds of deep breathing, open your eyes and notice where your arms are. Most people will notice a difference!) An untrained hypnotist often talks about the problems to be avoided; whereas most competent hypnotherapists focus on results -- whether they use direct or indirect suggestions, or both.

There are some areas of concern which I believe need to be addressed here:

a. AVERSION SUGGESTION: In my opinion, the gross aversion suggestion given in many group hypnosis seminars is very risky. If a person VIVIDLY IMAGINES major disease as a

result of smoking, and convinces himself or herself that the disease will come if the smoking habit persists, then how can we be sure whether the negative subconscious belief had anything to do with creating the onset of the disease???

Suggestions must be kept POSITIVE, affirming the desired results. Yet there are books written by people with doctorate degrees which advocate the use of aversion suggestion when dealing with tobacco and other addictions.

One of my former clients, desperate to lose weight, bought a suggestion given by her psychiatrist to get sick whenever she tasted or desired pizza; and she did so twice weekly whenever her husband called for pizza delivery. After suffering for over a year, she saw me to have the aversion suggestion removed. I am 99% opposed to most uses of aversion suggestion, except very temporary and mild ones in rare cases when all other techniques are resisted.

b. REGRESSIONS AND FALSE MEMORIES: First of all, let's consider the fact that a COMPETENTLY trained Hypnotherapist might, in some cases, choose to hypnotize a client with a hypnotic regression being one of the objectives to achieving therapeutic results! This is perfectly acceptable if the Hypnotherapist is trained in the effective handling of client abreactions, understands the risk of false memories, AND is also working within his or her field of competency. But if you have not had "hands on" training in regression therapy, or if you do not understand the difference between "leading" and "guiding" questions or suggestions, you are advised to avoid causing hypnotic regressions. Because of the increased ability to fantasize, it is all too easy for a compliant client to fantasize a suggested sexual molestation that never took place!!! Some mental health professionals have found themselves on the wrong end of lawsuits because of this very problem. This is a glaring example of the dangers of projecting your own pre-conceived opinions into the trance state created by your clients; so until you know how to competently facilitate a hypnotic regression, DON'T -- even if you are an experienced counselor.

c. PAIN MANAGEMENT: Since pain is a warning that something is wrong with the body, the cause should be discovered by someone who is licensed to diagnose.

d. ANTI-SOCIAL BEHAVIOR: No ethical Hypnotherapist would even consider trying to use hypnosis to induce criminal or anti-social behavior, nor trying to deceive someone into doing such. Furthermore, research seems to indicate that a person would not knowingly accept suggestions to break the law unless he/she is already inclined to do so.

e. FORENSIC HYPNOSIS: If you plan on using forensic hypnosis, perhaps you should read TRANCE ON TRIAL (Schefflin and Shapiro) and then decide whether you wish to seek additional training in that field first. And, unless you have a legal background or background in law enforcement, make certain that the training you receive is specialized and adequate.

Even with a few my years of experience in hypnotherapy, I still avoid the use of forensic hypnosis.

f. DEPENDENCE: The dependence issue should not be a concern with any client of a hypnotherapist who seeks to help a client become self-empowered. And client-centered techniques are designed to help clients use the power of their own minds to change, while the Hypnotherapist is simply the guide or facilitator of such change. And since I'm a firm believer in the benefits of self-hypnosis, perhaps you could say that I've become dependent on self-hypnosis because it works! Furthermore, I'll put myself on the receiving end of hypnotherapy whenever I require it. Self-hypnosis is like lifting a chair; but when I'm moving a piano in my subconscious, it's much easier with someone on the other end helping to lift.

13. Who is the leading authority on hypnosis?

This is a difficult question to answer. There are some who hold themselves up as such, but the longer I'm in this profession the more I realize there is to learn about the art of hypnosis.

Who is the leading authority on music? Music is an art. Would you consider Barbra Streisand the leading authority on music? Of course not... but she is a master artist! Would you consider a music professor at Julliard a leading authority? In classical music? In popular music? In country Western? And is there a difference between an artist and an expert who is an "authority" on any one area of music? It's only a matter of opinion. Whose opinion? And is the "authority" also a good artist?

Hypnosis can be used to reduce pain. Hypnosis can be used to quit smoking. Hypnosis can be used for weight reduction. Hypnosis can be used to overcome phobias. Hypnosis can be used to reduce stress or anxiety. Hypnosis can be used for entertainment. Can any one person be an expert in all areas? It's only a matter of opinion. Whose opinion?

I know the late Dave Elman as a leading 20th Century pioneer of widespread acceptance of hypnosis by physicians. I know LeCron & Bordeaux as 20th Century pioneers as well. I know very well the late Milton Erickson, M.D. as the Grandfather of modern hypnotherapy. I know the late Charles Tebbetts as the leading authority on diversified client-centered hypnosis. I know Arthur Winkler, PhD (still living), as the leading authority on spiritual uses of hypnosis. I know Ormond McGill (still living) as the world expert on stage hypnosis. Since medical applications of hypnosis is not my area of expertise, I am not qualified to give my opinion on the leading authority of medical applications of hypnosis.

There are some who give public seminars for smoking cessation and/or weight reduction who represent themselves as "authority" within the hypnotherapy profession; and the negative aversion suggestions and/or disempowerment approach indicate to me their lack of training.

They frequently make promises of outrageous "success rates" which are as unbelievable as they sound. If they knew half of what they say they know about hypnotherapy, they would inform their audiences how to wisely choose a Hypnotherapist for the needed private follow-up sessions. Success in marketing does not qualify that person as an "authority" in hypnosis.

There are some who feel they are so much more qualified than others that they would like to have total control over all who practice hypnotherapy. There is already an uphill battle because certain psychologists would like to outlaw hypnotherapy by defining it as part of the practice of psychology. In my opinion, NO ONE GROUP nor any one hypnosis association should have total control over hypnotherapy in this world. Be loyal to principles, and give your loyalty in degrees to those who earn it--not those who demand it.

Let him or her who is considered a "leading authority" be so designated by others and not by himself or herself.

Questions answered:

If you have any questions, please call us at **0216 455 46 13** email us at **info@lingusconsult.com**. If you do not hear back within two business days, we strongly encourage you to call back so that we're sure to promptly and fully respond to your inquiry.

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