

JACQUIN HYPNOSIS ACADEMY

The Arrow Technique

TRAINING MANUAL



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The Arrow Technique Training Manual
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Copyright	2
MEET THE JACQUINS	4
Foreword	6
Lesson 1	7
Overview of the Professional Hypnotherapy System	8
The Set Piece	9
Goal	9
Approach	9
Considerations	10
Magnetic Fingers	10
Magnetic Hands	12
The Jacquin Fingerlock	14
Lesson 2	17
Induction	18
Goal	18
Approach	18
Considerations	18
Techniques	19
Jacquin Power Lift	19
Group Jacquin Power Lift	22
Progressive Induction	23
Lesson 3 - The Arrow Technique	26
The Problem of Chronic Pain	26
What is Pain?	27
What is Acute Pain?	28
What is Chronic Pain?	28
Hypnosis and Pain Control - The Science is Encouraging!	29
Self-Hypnosis and Pain Control	30
How big of a problem is chronic pain?	31
The 'Bio-Psycho-Social' Model	32
Pain as output of the brain	33
The Role of Thoughts	34
What to stop doing?	34
Things to start doing	35

Dissociation	36
Symbolism	37
Distraction	38
What else?	38
The Therapeutic Alliance	38
Testing your work	39
The Arrow for Pain Relief	41
The Arrow for Emotional Pain Relief	43
The Arrow for Increased Focus	44
Breakdown of the technique.	46
Relaxation	46
Dissociation	47
Transformation	47
Emotion	48
Distortion	48
Double Dissociation	48
Direct Suggestion	49
Reassociation	49
Total Perception Management (The Snap)	49
The TPM Protocol	52
Lesson 4 - Back In The Room	54
Feedback and contact	57

MEET THE JACQUINS



The Jacquin Hypnosis Academy is run by father and son, Freddy Jacquin and Anthony Jacquin.

Freddy Jacquin has worked as a hypnotherapist since 1994.

He has helped more than 30,000 therapy clients in his private practice and group sessions. He has trained thousands of hypnotherapists throughout the world. Freddy is also the developer of The Arrow Technique, and author of 'Hypnotherapy : Methods, Techniques and Philosophies.' In 2010 he was awarded the B.Sc.(Hons) in Clinical Hypnosis from St. Mary's University College.

Learn more about Freddy on his personal website. www.freddyjacquin.com

Anthony Jacquin learnt hypnosis from his father, and did his first hypnotherapy session in 1995.

He subsequently sought out the best teachers he could find, and went full time into hypnotherapy in 2001. Since then he has worked with over 5,000 therapy clients. In 2004 he began performing professionally providing entertainment that reveals the power of the human mind. He is the author of the highly acclaimed book 'Reality is Plastic! The Art of Impromptu Hypnosis.'

Learn more about Anthony on his personal website www.anthonyjacquin.com

Foreword

Modern hypnotherapy has become the most dramatically effective short-term therapy developed to date.

The approach outlined here is principally based on the work of Freddy H. Jacquin. He is a hypnotherapist and founder of the Jacquin Hypnosis Academy. He has personally shown over 30,000 people how they can achieve their goals and free themselves from any limiting beliefs that have held them back. Some of the methods he uses to do this is laid out in detail in this manual.

The approach is built upon the shoulders of those who have influenced Freddy.

One major influence is the renowned hypnotherapist, Milton Erickson; famous for his unique approach to the phenomenon of hypnosis and the sheer volume of research he carried out and published. The developers of Neuro Linguistic Programming (NLP), John Grinder and Richard Bandler, closely studied Erickson's approach to hypnotising and therapy and modelled the methods that made him achieve such outstanding changes in others.

Their study of his work and others helped form the basis of the attitude and techniques behind early NLP. Ernest Rossi, a student of Erickson and subsequently responsible for documenting his teachers work has since gone further.

Freddy has developed his own pragmatic, practical style and approach to showing people how to achieve what they want. It blends hypnotic and therapeutic techniques seamlessly into a powerful tool for change.

Lesson 1

In this unit you are provided with an overview of the system. You are introduced to some of the basics of hypnosis. You will learn the difference between instructions and suggestions, and how these two things combine to create hypnotic effects. You will practice a variety of techniques to produce hypnotic phenomena.

Overview of the Professional Hypnotherapy System

A typical first session lasts somewhere between 60-90 minutes. It follows the following typical flow.

Welcome - This includes making it as easy as possible for our clients to find us, arrive on time. It involves us being prepared for the session, and creating a great first impression. It is here we begin to build the therapeutic alliance.

Establish the client's goal - What do they want? Is this goal outcome orientated/solution-focussed?

Questions - Here we gather appropriate information, that is relevant to the session.

Discussion - So much of the work is done here. We challenge some of the beliefs that support the problem, and make clear how we are framing the problem and the solution. We create expectations for hypnosis, ideomotor communication and change.

Transition - It can be useful to put a break between the discussion and the induction with some simple suggestion based exercises we call 'The Set Piece.'

Induction - The process used to initiate hypnosis.

Establish Ideomotor Communication - The use of nonconscious, automatic movements to communicate with the client.

Parts Negotiation - The hub of the system is this technique. We use it in almost every first session.

Other techniques - We encourage you to use several techniques in a session including some of the following: direct, indirect and post-hypnotic suggestion, the arrow technique, the rewind, the time machine and more.

Reorientation - End the session in a clear and clean way, ensuring the client is fully reorientated and ready to go.

The Set Piece

The techniques described in this section are all well known and have been used by hypnotists for decades. They are often referred to as 'tests of suggestibility' or exercises in 'waking hypnosis'. Social psychologists have dubbed them a 'foot in the door tactic' because they are mostly fail-safe exercises that the client will succeed at.

Goal

The primary aim is simply to allow the client to successfully experience something out of the ordinary as a result of suggestion. In this sense they act as a bridge from the pre-hypnosis discussion into the induction. They can also be used to illustrate a point, prompt a decision to change and also as the induction itself. They can be used with groups of people just as readily as one to one. Generally they are used before the formal induction of hypnosis begins.

Approach

There are many good reasons why The Hypnotist should be able to perform these exercises well, or any others like them. So learn them well. Understand the principles and applications. Use them.

- The Set Piece can be thought of and used as a test of the subjects responsiveness to suggestion. In other words a gauge of how good, willing and able to be hypnotised they are. You do not need to frame the exercises as a test. Tests can fail and encourage doubt. You can ensure these exercises encourage cooperation and fascination.
- The Set Piece gives The Hypnotist an opportunity to observe the subject under direction, gather information and assess their suitability as a subject.
- Just as importantly it gives the subject an opportunity to experience The Hypnotist's power of suggestion and influence and their own ability to cooperate. If the subjects have some 'experience' they gain confidence in both the hypnotist's skill and their own ability to be hypnotised. Likewise the hypnotist gains confidence in his subject.
- The Set Piece should fire up the imagination, focus attention and build expectation in the subject that they are about to be hypnotised or are being hypnotised.
- Finally The Set Piece can be used as the induction into hypnosis rather than just as an exercise. This is perhaps their most powerful and overlooked application.

Considerations

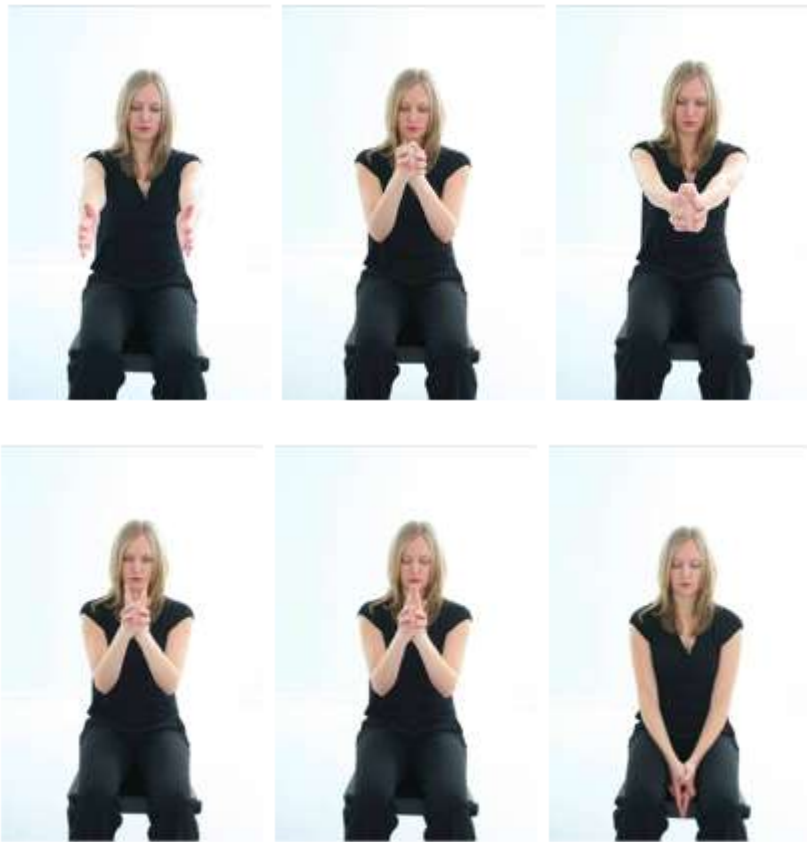
The significance of The Set Piece and ideomotor phenomena in the therapy room should not be overlooked. To the hypnotist who is primarily versed in stage techniques and performance routines such phenomena can seem like small fry, as they may be used to eliciting complete amnesia and full blown hallucinations from their subjects. Such phenomena are of course welcome in the therapy room too. However not many people come into hypnotherapy these days with expectations that they will be hallucinating. So smaller phenomena if coaxed from the subject correctly have the potential to create a big impact, and are helpful in achieving many therapeutic objectives. As a subject if you are looking at your hands but cannot separate them you are generally awoken to the idea that something may just be happening and your expectation will grow. This can only serve to heighten your emotional involvement in the hypnotic relationship giving the hypnotist the opportunity to leverage the situation in the direction they wish to.

Some hypnotists don't use these techniques. One reason given is that if the subject fails to do what is asked of them then it becomes more difficult to hypnotise them – this is true to some extent, especially if presented as a 'test'. As your ultimate aim is to hypnotise them to accept your suggestions, it is important to see if they are receptive to simple ones early on. Certainly failing a test is not helpful but it is not the end of the world either. It just passes by as a non event by the subject unless the hypnotist gets in a fluster about it. Most people will pass the tests very easily and if they cannot then it might be wise to pick another subject or take an entirely different approach. It is easier to generally not present them as a test. There really is no need. That way there is no possibility of 'failure'. It is fine to simply say 'let's try something' or call them an 'exercise in concentration' and proceed.

Another reason they are overlooked or used in a limited fashion is that many of the techniques have some physiological/mechanical reasons why they work – the odds are stacked that the subject will succeed – so some hypnotists believe they are being dishonest in using them. Just use them and any other trick necessary. Your primary purpose is to help someone change. If the physiological background of them puts you off then turn them into binary tests that are genuinely reliant on suggestion.

Magnetic Fingers

“OK, let's try something. A simple exercise to fire up your power of concentration. I'd like you to place your hands out in front of you like this. Now can you clasp your hands together, palms together and thumbs crossed, nice and tight.”



“Now bend your elbows like you are making a desperate prayer and put your first fingers straight up about an inch apart. Now look at the gap between those fingers, not my fingers just at your fingers, and concentrate, because in a moment your fingers will come together and touch, just like they are magnets, that’s it, they are starting to twitch, closer and closer and as soon as those fingers touch you can allow your eyes to close and relax.

Excellent. Now let your arms return to your lap. Open your eyes. Brilliant. That shows me you can concentrate.”

Ninety nine percent of people will do this successfully – you should aim to get their fingers together swiftly, as quickly as 2 seconds and no more than 20 seconds. If they cannot do it within this time, do something else. The reason this exercise is so easy to succeed in is that the effect of the fingers moving without conscious effort is heavily reliant on the physiology/mechanics of the hands. Try it out and this time squeeze your hands together as you watch your fingers. As the tendons in the other fingers tighten it causes the tendons in the index fingers to tighten and they come together quite automatically.

The most common presentation of this technique involves a demonstration and explanation of what is going to happen and a request to ‘squeeze all of the fingers together except the index fingers’. In most cases you will get away with this approach. However it

does make it kind of obvious that some physiological principle is at play. So to avoid making it so obvious do not mention squeezing the hands. Just use suggestion. Do what you are purporting to do and make it happen with your powers of suggestion and influence. Be The Hypnotist.

You will see from the scripting above that the tension is placed into the hands in the set-up. This is important because if the subject just has the fingers loosely interlocked it is much less likely they will succeed, so ensure that they follow your direction. Then as soon as the hands are set-up there is a change of pace and a direct suggestion from The Hypnotist about what is going to happen **'...because in a moment your fingers will come together and touch, just like they are magnets'**, up the tempo and forcefulness of your delivery at this point. This creates expectation and focus and ensures that the subject tenses their hands enough or genuinely uses their mind to succeed at this test.

So when using this technique and any other Set Piece, even if you know the odds are stacked in your favour, your mindset as The Hypnotist should be that you are making this happen. Then you will be congruent and convincing in your approach. Your words and actions will create the effect.

Although simple and easy to dismiss as a schoolboy trick you will be surprised at just how much some subjects react to this test. Wide eyed expressions and exclamations of surprise that what you are saying will happen is happening are common.

Magnetic Hands

"Now in a moment I will ask you to concentrate just like you did on your fingers only this time I want you to really use your imagination so in a moment I will ask you to close your eyes. I'll ask you to place your hands out in front of you like this, to close your eyes and imagine you have two powerful magnets strapped to the palms of your hands pulling them together. When they touch, your head can simply fall forward as you relax."



"OK, so place your hands out in front of you, look at the space between those hands, get a clear picture of your hands stuck out there, now close your eyes and imagine

you have two powerful magnets strapped to the palms of your hands pulling them together. They are already starting to go, so imagine that magnetic force is getting stronger, the closer they get the stronger it becomes.”

“I know it is difficult to tell exactly when they are going to touch but I can assure you they are going to touch, just like when as a child playing with magnets you felt that magnetic attraction pulling those hands together. Now let your hands drop down and relax.

Excellent. Now open your eyes. You have a powerful imagination.”

In this exercise The Hypnotist demonstrates exactly what the subject has to do and what will happen before the set piece begins. The test logically follows the finger test as again it involves ‘magnetic’ forces and parts of the body moving ‘all by themselves’. It also builds upon the subject’s successful demonstration that they can concentrate by asking them to use their imagination. The test can be done with the eyes open. However in saying ‘...this time I want you to really use your imagination so in a moment I will ask you to close your eyes’, you are giving them a reason to close their eyes and this gives you an opportunity to observe them responding to your suggestions with closed eyes and makes it easier for them to use their imagination. Once you have explained what is going to happen and demonstrated it happening it is highly likely the subject will succeed – even more so if they have just succeeded at the magnetic fingers exercise.

This is a stronger test than Magnetic Fingers because there is much less reliance on mechanics of the body and much more emphasis on suggestion making this happen. However just as with the finger test it is important that you as The Hypnotist make this happen, want it to happen and expect it to happen.

Think of the subject’s arms as your arms. They do what you tell them to do. Take ownership of them like they are two objects entirely detached from the subject. When the hands touch you again have an opportunity to link what they have achieved to something else.

Light and Heavy Arms

This classic exercise can be used one-to-one, but is perfectly suited to use with groups, especially when trying to identify who is responding well so that you can select your best subjects. You can easily see those who end up with a big gap between their hands. The heavy arm is likely to tire a little so will often drop down a bit regardless of the suggestion. The light arm has no good reason to lift other than suggestion. So keep your eye on the light arm.

“Can you place your left arm out like this? Make a tight fist. That’s right, keep it tight as if you are holding the handle of a heavy bucket, right here.

Now place your right arm out level like this. Leave your wrist loose and relaxed as if it is just hanging there, suspended by a huge bunch of helium balloons.

Now close your eyes. Concentrate on your left hand and imagine that heavy bucket pulling your arm down. Imagine that it is so heavy, there is no way you can hold it there.

That's it, now as you notice that, your right hand is becoming lighter and lighter and will begin to lift. Imagine that arm is drifting up, up toward the ceiling, up toward the sky, getting lighter and lighter.

That's right, it is moving. The higher it gets the lighter it becomes. As it lifts that bucket is getting heavier and heavier. I am loading heavy rocks into that bucket. Now imagine I am pouring sand into that bucket, it is getting heavier and heavier.

As it moves down, your arm continues to tire. As it does your right arm continues to lift, it is getting higher and higher, lighter and lighter. Now I am pouring water into that bucket.

Now stay exactly where you are and open your eyes. You did brilliantly, you have a powerful imagination."

The Jacquin Fingerlock

Taking a set piece exercise and turning it into a challenge type test, where you encourage the subject to fight against the suggestion, essentially bypasses the need for any further induction. The client is already responding to your suggestions. However in practice we usually use the Jacquin Power Lift Induction too.

This is our preferred technique prior to delivering The Arrow Technique.

It allows the client to have a positive experience, as well as to engage emotionally. This emotional engagement is very welcome when we wish to give suggestions the best chance of taking hold.

The extension of the technique outlined here is something that we frequently use in group sessions of hypnosis, sometimes with hundreds of people at once, often early on in our presentation, as a simple demonstration of real mind power.

We do not mention hypnosis at this point, in fact we usually tell the audience that this is not hypnosis.

Presented in the way I will outline here it is something of a 'feel good' exercise that encourages the client to engage emotionally while having a novel experience.

By now you understand why Magnetic Fingers works from a physical perspective.

The fact is there is a physical reason why our index fingers come together when we do Magnetic Fingers.

However there is no physical reason why they should stick together – by that I mean become difficult or impossible to separate.

This extension of the technique achieves that. It turns Magnetic Fingers into a Finger Lock and if you wish into a Hand Lock.

If you have achieved such a lock then you have achieved hypnosis.

The mind has locked around at least one idea, the idea that the fingers or hands are stuck.

To present it you first of all proceed in the same way you do with Magnetic Fingers, to the point where the subject closes their eyes.

You then change tack by asking them to imagine something. In doing so you dissociate them from their body while slipping in more and more direct suggestions that their fingers are sticking and eventually that they are stuck.

Only then do you begin to challenge them a little and test your work.

“Can you put your hands out in front of you? Can you clasp them together, nice and tight?

Bend your elbows like you are making a desperate prayer. Point your first fingers up, an inch apart.

Look at the gap between them, because in a moment they will touch. Just like they are magnets.

They are already moving. Imagine they are magnetized and they are going to touch, and when they touch, close your eyes.

Now squeeze tight.

Go out into a fantasy and think of the person who is dearest to you on this planet. If there is more than one, see more than one. See their eyes, see them smiling. Hear their voice, hear them laughing. Feel what you feel for them and notice where those feelings are.

Now as you feel that, and as you listen to me, your fingers are becoming stuck and bolted together, they are super-glued together, they are stuck.

(TEST 1) When you realise they are stuck, raise your hands a little higher, so that I understand.

(TEST 2) Locking, sticking tighter and tighter; to the point you can try and pull them apart and find they stick even more.

(TEST 3) You can try and pull them apart and find they remain stuck fast.

(TEST 4) You may even find they start to shake or vibrate, it is nothing to be concerned about.

(TEST 5) When I clap you can open your eyes and look at your hands stuck there, as if they are someone else's hands.

Now you can hold onto those good feelings, I am going to touch your fingers and when I do your hands will unstick and you can relax completely."

If pain control is our aim then we could link the undoing of the hands to the client being primed to let go of any unnecessary pain.

'Now you can hold onto those good feelings, as your mind prepares itself to let go of any unnecessary pain or discomfort.

In a moment I am going to touch your fingers and when I do your hands will unstick and you can relax completely, ready to be hypnotised and make those changes that will give you complete freedom from any unnecessary pain'.

Lesson 2

In this lesson you will be introduced to the process of induction. You will learn our preferred inductions for in person, and online sessions. You will learn how to hypnotise individuals and groups. You will then learn how to establish ideomotor movement, and ideomotor communication. Finally, you will be provided with an overview of the core technique in the system, 'the parts negotiation.'

Induction

'Induction' is the generic term used to describe the process used to put someone into hypnosis. An induction is in essence a suggestion to go into hypnosis.

Goal

The aim is to amplify responses to suggestions. In a clinical setting they typically follow a pre-hypnosis discussion and precede therapeutic suggestions tailored to the client's needs and goals.

Approach

The diverse range of procedures used to induce hypnosis throughout history range from quite bizarre esoteric practices, to simple repetitive suggestions for relaxation, through to rather elaborate visualisations. What is clear is that the only thing common to these procedures is the label hypnosis. Studies have shown that no particular style of induction is better than another in terms of how the client subsequently fares on a test of suggestibility. For that reason it is better to spend your time mastering a few inductions than it is searching for the ultimate induction or trying to find the perfect induction for each client. The approach outlined here encourages the use of a rapid and/or a progressive induction, both of which contain elements that provide the hypnotist with feedback, regarding whether the client is responding to the inherent suggestions. They contain a blend of direct and indirect elements giving the hypnotist some flexibility in exactly how they are presented.

Considerations

It is important there is a trusting relationship between hypnotist and client. The pre-hypnosis discussion should take care of this. As much as one induction is not better than another, it is worth considering your client's unique attitudes, preferences, abilities and expectations as well as their condition. Some of these variables might have an impact on how well they respond. Often the pre-hypnosis discussion will yield useful information that will help the hypnotist in refining their induction for best effect. Be sensitive to the following variables and flex your approach accordingly.

- Attitude – What is the client's attitude? Do they think their role is to challenge or be entirely passive?
- Preferences – Have they expressed a preference for relaxation? Do they fear giving up control?

-
- Abilities – Do they have the ability to think, visualise, fantasise and absorb themselves?
 - Expectations – What do they expect? Have they experienced hypnosis before?
 - Condition – Does their condition prevent them from relaxing or adopting certain physical positions?

Techniques

The following inductions are the inductions that we use in therapy. One is rapid, another is progressive. Both can be used as group inductions. Finally a simple re-induction for second and subsequent sessions is outlined.

They assume rapport and a relationship of trust between hypnotist and client has been established. The pre-hypnosis discussion should have cleared fear and any misconceptions away and that your client is ready to be hypnotised. Confidence, certainty and a matter of fact attitude that the person will go into hypnosis go a long way to using these techniques successfully.

Jacquin Power Lift

This induction combines confusion, rehearsal, a pattern interrupt and creates catalepsy. It is rapid and direct and reliable and flexible. It has a built in test that provides the hypnotist with feedback. It can be used one to one or with small groups in any setting. This is our preferred induction in the therapy room. It is normally followed up by a few minutes of progressive induction to give the client time to relax and settle into what may be a novel experience.

“OK, are you ready to be hypnotised? Excellent then I am going to show you what I am going to do, then we are going to do it.”

Point at their hand and say;

“In a moment I am going to reach over and borrow your arm, is that OK with you? I will lift it up like this.”

Demonstrate by reaching over with the thumb and first two fingers of one hand, taking hold of your wrist lifting your own arm up, about ninety degrees.

“As it lifts to about here I want you to allow your eyes to close.

As I push it down (demonstrate) your eyes will open and you can just relax.”



“Then, (still demonstrating) as I pull your arm up your eyes WILL close. As I push it down your eyes will open and you will relax even more.”



“Is that OK with you? So can I borrow your arm?”



“OK, keep your eyes on a point as I lift it up... (reach over and pick the arm up by the wrist bending the elbow) ...you can allow your eyes to close.”

They will close their eyes. Hold their wrist in a way that makes them wonder whether you are holding it or not and whether you are lifting it or not. A light touch sometimes lifting one of the fingers that is holding their wrist creates a kind of ambiguous touch that creates some confusion. Push their arm down slowly almost as if you were meeting some resistance and it was slightly difficult to push the arm down.

As you push the arm down say;

“As the arm goes down you can allow your eyes to open and relax even more.”

Repeat adding some pacing comments and shifting from permissive style language such as 'you can allow your eyes to close' to more direct commands and tone 'your eyes will close'.

“That’s right, the arm lifts and your eyes will close as you continue to relax’. ‘I push it down and your eyes open.”

Pull the arm up for a third time and as their eyes close say;

“This time as the arm lifts and your eyes close, feel that wrist going stiffer and stiffer.”

Poke them in the forearm muscle with the tip of your second finger and say;

“Feel that forearm muscle tightening.”



Poke the elbow joint and say

“Feel that elbow joint stiffening...”

Poke them in the bicep and say

“Feel that bicep stiffening...into the shoulder.”



“Every muscle and fibre stiffer and stiffer as it hangs on that wire.

Each word that I say and every breath that you take will take you deeper and deeper into the trance.”

You have created a situation of leverage. The subject is now in a novel situation. Their eyes are shut and they have their arms stuck in the air. So link the arm lifting or falling or moving toward their face to whatever you wish.

For example;

“That arm is lifting off the chair now, getting higher and higher. Just like your head is a magnet and your hand is a powerful magnet. When it touches your face you will drop into a profound state of hypnosis.”

Group Jacquin Power Lift

This is suitable for small groups of ten or less although Freddy Jacquin has used it with 30 people seated in a circle. It involves the same physical process as the regular power lift. However by the time you get to the third or fourth person, the rehearsal element of the induction can be eliminated and the hypnotist can literally lift their arm and establish catalepsy immediately, thus speeding up the process.

First the following is said to the group.

“OK in a moment I am going to come up to each of you in turn and hypnotise you. I will start with you on this end, and work my way along. Don't go into hypnosis until I get to you.”

At this point the hypnotist can glance along to the two people on the end of the line. Address them. They normally laugh at the unlikely possibility that that would ever happen, look at them like you might just be serious. By the time they have seen three or four people dive straight into hypnosis they will become aware of the possibility that might just happen. In short, do whatever you can to build expectations.

“OK, I am going to lift up your arm like this and you can allow your eyes to close, I will put it down and your eyes will open. I will lift it up and your eyes will close, I will put it down and your eyes will open, that is all we are going to do is that OK? Good.”

The first person is then hypnotised as if it was one to one.

“Just fix your eyes on a spot ahead of you. Now as I lift it up you can allow your eyes to close, as I push it down your eyes will open. I lift it up and your eyes will close, I push it down and your eyes will open. This time as it lifts, feel that wrist stiffening, feel the forearm getting tighter, the bicep stiffer and stiffer into the shoulder, as that wrist hangs on that wire, every breath you take and every word I say now is going to take you deeper. You can continue to relax and go deeper as I speak to the rest of the group.”

The second person gets the same amount of attention.

The process can be sped up on the third person.

“OK, I lift up your arm and your eyes close, excellent, it is gone already, feel that wrist stiffening, the arm locking and it can just hang there all by itself. Go deeper, deeper, deeper down now.”

The hypnotist can then address the whole group.

Progressive Induction

This induction is inspired and adapted from the 'Basic Induction' and the 'Naturalistic Induction' in the book 'Hypnotherapy Scripts : A Neo-Ericksonian Approach' by R. Havens. Throughout it principally features three language structures:

- pacing and leading,
- revivification,
- conscious-unconscious dissociation.

It is the only book of scripts out of the hundreds available that I recommend. It is a fantastic resource for beginners to orientate their presuppositions about our ability to change and develop the core language skills needed to have flexibility at every stage of the hypnotic process. Reading scripts rather like they are a spell and the words will do all the work is a mistake. However, bring meaning to them and they will help you improve.

The aim is to begin by pacing and leading, gradually shifting the participants attention from external facts they can verify as being true toward internal images, feelings, sensations, the realm of imagination.

Next using a metaphor of left/right brain or conscious/unconscious mind the hypnotist points out the characteristics of 'each mind', encouraging a sense of trust in the

unconscious. The conscious mind is encouraged to go away, do something else, do what it does but is ultimately ignored. This process begins here with some statements addressed to the unconscious mind of the client rather than the client. By the time the induction is complete there is very little reason to address the client directly at all.

Revivification of hypnotic or resourceful experiences is weaved into the pacing and leading and conscious/unconscious dissociation.

Physical dissociation and mental activation plus general ongoing encouragement to go ahead and let go, go deeper and intensify the experience are encouraged.

There is no specific time to end this, do as much or as little as you need to until you feel you can begin to really test your work.

Encouraging psycho-physiological responses is wise as a precursor to what will normally immediately follow the induction, establishing ideomotor movements. So make statements about how they might be feeling physically, what kind of sensations might develop automatically, temperature, the colour in their mind's eye. Be artfully vague. Use ambiguity to give their imagination the room to fill in the blanks.

Follow the induction with some clear statements about the unconscious resources and how they can be used for this purpose and lead into the bridge – establishing ideomotor signals.

That's right.

“With the eyes closed you can begin to relax.

Even though at first you may be aware of those eyes and even wish to open them at times.

That is fine. I do not want you to go deeply into hypnosis too quickly.

It is so much easier simply to relax and see this as time out.

Just for a time imagine nobody wants anything and nobody expects anything.

You have nothing to do now. Simply see this as time out and relax.

As you relax you might notice it is easier to be more aware of some things than before.

The sound of my voice. The sounds in the room and from outside the room and the comfort of the chair as you continue to relax in your own way.

You can feel your feet on the floor and your hands resting lightly on your lap as you continue to allow that letting go to continue in your own time and in your own way.

You are doing wonderfully.

As you relax it becomes easier and easier.

To become more and more aware of a variety of things that might otherwise go overlooked or ignored. The colours in your mind's eye.

The thoughts and images that drift through your mind in a continuous flow as you take this time out for yourself to look inside.

You can listen to me.

And you might notice your own inner voice in there, wondering this and wondering that.

Just let it do its chattering as you listen and try to be aware of the words I am saying."

"Even though at times listening to me might be too much effort to bother making.

Just allowing the body to relax, the mind to relax with it.

Letting go of the effort it takes to be aware of which leg seems to relax more quickly than the other.

Letting go of the effort it takes to be aware which hand feels lighter than the other, might be too much effort to bother making.

But it takes a little time to really experience that letting go.

Your own time and your own way.

And I know you understand you have a conscious mind and an unconscious mind.

Your unconscious mind can continue to hear, understand and respond without the need for you to do anything at all.

It is so much easier for the conscious mind to go anywhere it wishes as you hand responsibility to your unconscious mind as it can continue to listen, understand and respond.

You can let go of an ear, an elbow even the entire body at times as you relax and allow those thoughts to drift recognising your unconscious is a resource you can learn from."

Lesson 3 - The Arrow Technique

Originally developed as a means to provide rapid relief to those suffering with chronic pain conditions, The Arrow Technique has since proven to be a wonderful utility tool. It can be used effectively not just for removing physical pain, but also for provoking change in those with a variety of emotional and psychological conditions.

Chronic pain remains a significant burden for both individuals and society. Standard medical treatment for chronic pain is often inadequate, and it is common for frustrated patients to seek costly treatments from multiple health care professionals, often without significant relief.

Growing awareness of the limitations of currently available pain treatments make the use of suggestion-based techniques and self-hypnosis an attractive component of pain treatment.

The empirical support for hypnosis for chronic pain management has flourished over the past two decades. Clinical trials show that hypnosis is effective for reducing chronic pain, although outcomes vary between individuals. The findings from these clinical trials also show that hypnotic treatments have a number of positive effects beyond pain control.

Despite this many hypnotherapists, as well as practitioners of other therapeutic approaches, do not have a clear approach to dealing with stubborn pain conditions.

This course will give you a clear understanding of how to provide significant relief for chronic pain conditions.

Once that is understood you will learn how to apply this approach to a variety of other issues.

The nature of the techniques shared, means that being a complete beginner does not put you at any disadvantage; the technique is easy to learn and apply.

It is not necessary to be a hypnotherapist to use this technique. It is not necessary to hypnotise to use this technique.

The Problem of Chronic Pain

Chronic pain, whether physical or emotional, remains a significant burden for both individuals and society.

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The empirical support for hypnosis for chronic pain management has flourished over the past two decades.

Clinical trials show that hypnosis, and also self-hypnosis, are effective for reducing chronic pain, although outcomes vary between individuals. (1)

The findings from these clinical trials also show that hypnotic treatments have a number of positive effects beyond pain control. (2)

They can be significantly less expensive than standard approaches (3)

Despite this many hypnotherapists, as well as practitioners of other therapeutic approaches, do not have a clear approach to dealing with stubborn pain conditions.

We want to help change that. It is likely that at some point each of us will either be in pain, or be in a position where we would like to help someone else stop suffering.

We believe it is within the range of the human experience to reduce some of that suffering. You just need to know how.

What is Pain?

Obviously we all know what pain is. However if we are to help alleviate it, it is useful if we can first define or describe pain. This allows us to examine what makes it up and target our intervention accordingly. The clinical psychologist and renowned expert in chronic pain Dr. Bruce Eimer defines it this way.

Pain is a subjective experience, that normally feels unpleasant, like something in the body has been, or is being damaged or destroyed; that feels like a threat to or interference with one's ongoing functionality and health; and that is associated with negative emotions, such as fear, anxiety, anger or depression. (4)

This definition acknowledges that pain contains several elements:

1. Bodily sensation, with qualities like those experienced during or after tissue-damaging stimulation.
2. An experienced threat or interference with functionality associated with this sensation.
3. An emotional feeling of unpleasantness or other negative emotions.

In other words, pain has a sensory / physical component and an affective / emotional component.

They are often intertwined within the experience of pain.

One of the keys to relieving pain is to disentangle these two components: the sensory / physical from the affective / emotional.

Pain may be mandatory, but suffering, or some portion of it, is optional. Without the emotional element reduced, what is left of the sensation simply does not hurt as much.

It does not require that an association be made between the unpleasant sensation and tissue damage. Your experience of pain is validated by you, and can be verified by you, even in the absence of tissue damage.

This makes 'emotional pain' a useful term.

Also it does not eliminate the possibility that the pain is because of tissue damage. It does not over-emphasise physical factors, at the expense of psychological ones.

Pain is neither all in one's head, nor all in one's body.

The important thing to understand is that our experience of pain has a large subjective component to it, and it is this which you are able to learn to modify. The next important step is to understand the difference between acute pain and chronic pain.

What is Acute Pain?

This is pain that is of recent origin. The immediate pain when you stub your toe or burn yourself is acute. The new pain from a recent injury is acute.

With appropriate care and treatment acute pain is supposed to subside. Acute pain keeps us from destroying ourselves. It is 'useful' pain.

When pain lasts beyond that time, beyond its usefulness, it is considered to be chronic pain.

What is Chronic Pain?

This is persistent pain that has outlived its usefulness. It has lasted past the point of needing us to be alerted to a danger, threat or injury needing to be tended to, corrected or escaped.

It is pain that has not responded to appropriate medical care.

It is unrelenting and unremitting. It is often out of proportion in its intensity and disruption.

Types of chronic pain include:

- recurrent headaches (migraine);
- lower back pain;
- arm, wrist and hand pain associated with carpal tunnel syndrome;
- facial and jaw pain often associated with TMJ;
- the burning, shooting leg pain of sciatica;
- persistent neck and shoulder pain;
- the continual, intense burning pain and hypersensitivity of the skin, muscle and nerves;
- pain associated with osteoarthritis and rheumatoid arthritis;
- the multitude of symptoms associated with fibromyalgia;
- the ringing of tinnitus;
- the cramping of IBS;
- the soreness of unexplained pelvic pain.

It is also the pain of protracted experiences of:

- sadness;
- grief;
- heartbreak;
- loss;
- bitterness;
- embarrassment;
- shame;

and many other kinds of emotional hurt.

Hypnosis and Pain Control - The Science is Encouraging!

Hypnosis is a tool that offers considerable leverage in changing behaviours and experiences related to pain. (5)

Tales of seemingly miraculous relief of pain have been associated with hypnosis from antiquity to the present time.

A meta-analysis of controlled trials of hypnotic analgesia indicates that hypnosis can provide significant relief for 75% of the population. (6)

The effect is largest for those who are highly suggestible, but is also relatively large for moderately suggestible people.

Because hypnotic pain control includes a placebo element, almost everyone can experience a reduction in pain through suggestive techniques.

As already noted, as well as a biological element, the experience of pain includes subjective and cognitive components that lend themselves to hypnotic modification.

Pain has a 'sensory / physical component', and an 'affective / emotional component.'

The sensory component pertains to the intensity of the pain experience. The affective, concerns the unpleasantness of the pain.

That is the individual's subjective level of distress, which may be driven by conditions that fluctuate over time.

Hypnotic suggestions can affect both components.

Self-Hypnosis and Pain Control

Self-hypnosis can be defined as self-induction into the hypnotic process produced by self-generated suggestions. (7)

Self-hypnosis doesn't require the presence of a hypnotist to guide your thoughts and deliver suggestions. You do it yourself. This puts you in control of your own hypnotic experience, and allows you to have responsibility for your own well-being.

More studies have explored the effects of self-hypnosis on pain than any other application using self-hypnosis.

Four studies found that self-hypnosis outperformed active controls of electromyography (EMG) feedback, cognitive restructuring, structured attention, and EMG-assessed relaxation training in reducing pain. (8,9,10,11)

Two additional studies reported that self-hypnosis outperformed more “passive” control groups, including conscious sedation, empathy, standard care, or no active treatment. (12,13)

Studies have also used self-hypnosis for pain management in children. (13,14)

All of the eight self-hypnosis pain studies mentioned indicate that self- hypnosis is useful in reducing pain.

This is great news.

You should now have:

- A clear definition of pain.
- Understand the difference between acute and chronic pain.
- Understand the difference between the sensory and affective components of pain.
- An awareness of the scientific research about hypnosis, self-hypnosis and pain control.

We believe that a clear understanding of the nature of pain, and an awareness of the evidence that hypnotic techniques can help, is a strong step toward freedom from unnecessary suffering. It helps provide a sense of control. It enables you to take responsibility for your well-being.

How big of a problem is chronic pain?

Chronic pain has been linked to numerous physical and mental conditions, and contributes to high healthcare costs and lost productivity. (15)

Chronic pain, one of the most common reasons adults seek medical care. (16)

It is estimated that between at least 20% and in some sub-groups 40% of people are experiencing chronic pain at any given time.

This is linked to:

- restrictions in mobility and daily activities (17/18),
- dependence on opioids (19),
- anxiety and depression (17),
- and poor perceived health or reduced quality of life.

Chronic pain is a huge problem. In the USA alone chronic pain contributes to an estimated \$560 billion each year in direct medical costs, lost productivity, and disability programs.

Despite an abundance of painkillers on the market, and a wide variety of physical therapies, chronic pain continues to be the experience for hundreds of millions of people.

Plus, its incidence is on the rise. (20)

The good news is that our scientific understanding of pain has evolved in the last few decades. And this is leading to new solutions.

For years, experts erroneously believed that pain was a purely biomedical phenomenon – a 'physical' problem.

'Many people and some clinical professionals still think of their own pain in these terms.

This is illustrated with the references they may make to 'their back', or 'their fibromyalgia.'

It is illustrated with the language used to describe conditions such as 'crushed discs', 'trapped nerves' and things being 'worn out.'

A physical problem pertains purely to biological processes, such as tissue damage, genetics and system dysfunction alone.

Pain has therefore, until quite recently, been primarily treated with biomedical solutions, like medications such as pain killers, and physical manipulation.

This often leads to excessive investigations, a search for a physical cause, which may find, and unnecessarily treat, things which are actually incidental.

However, the game has changed. Two ideas in particular have made a huge difference.

The 'Bio-Psycho-Social' Model

The first update to the traditional view is that pain is never purely physical.

It should not be explained only with reference to the biomedical model. (21,22)

Instead the updated model is 'biopsychosocial' in nature.

As the term implies, pain has three elements, rather than one:

- Biological - tissue damage, genetics, system dysfunction.
- Psychological - perceptions, thoughts, emotions, beliefs, coping behaviours.
- Sociological - socioeconomic status, care and support, environment.

All three domains play their part in the creation, maintenance and reduction of pain.

Purely biomedical solutions like pain killers and physical manipulation, that fail to address the psychosocial factors miss two-thirds of the chronic pain problem.

Once we are aware that psychological and social factors play a part, we can begin to address them.

Pain as output of the brain

The other major reframe that has occurred in our understanding, is that pain is now seen as an output from the brain, rather than simply as an input from the body.

Yes, the brain receives signals from the nervous system, and in its wisdom, if it gauges these signals to signify a threat, then it produces pain.

It produces pain, because it is a protector. It is trying to preserve you.

Again, this is useful when the threat is genuine, especially in the acute phase.

The more of a threat the brain perceives, the more the pain signal is amplified.

When the threat decreases so does the pain.

Think of this mechanism like a “pain dial” in our central nervous system. (23)

When the pain signal is amplified, our sensory information increases and we typically go into freeze, flight or fight mode. Usually with pain, with no real need to run, our instinctive response is to freeze.

We brace ourselves. This creates tension in the muscles. It generates anxiety and fear.

We then experience a rise in adrenaline and cortisol.

Cortisol is an essential hormone for survival after injury because it is responsible for producing and maintaining high levels of glucose, for rapid response after injury, threat or other emergency.

However, cortisol is potentially a highly destructive substance because, to ensure a high level of glucose, it breaks down the protein in muscle and inhibits the ongoing replacement of calcium in bone.

If the output of cortisol is prolonged or excessive, it may produce destruction of muscle, bone and neural tissue and produce the conditions for many kinds of chronic pain. Furthermore, it suppresses the immune system. (24)

To reverse this, we need to understand why the brain is continuing to promote the idea that the body is under threat.

The Role of Thoughts

It isn't always possible to change the biological input to the brain.

And it can be challenging to change the social factors, such as the environment someone finds themselves in.

But, it is almost always possible to change the psychological element.

The role of thoughts and emotions in pain is confirmed by neuroscience research revealing the central role of the cerebral cortex, responsible for thoughts, and the limbic system, the brain's emotion centre. (25)

So you might ask, what kind of thoughts communicate to the brain that there is an ongoing threat, therefore maintaining and amplifying chronic pain?

Psychological factors that amplify pain volume are fairly well-understood, and include:

- Catastrophic and fearful thoughts.
- Focusing on, and ruminating about pain.
- Negative emotions such as stress, anger, fear and depression.
- Withdrawing, isolating, and prolonged periods of inactivity.

Catastrophizing can take many forms. One is thinking our pain is only going to get worse.

This encourages us to focus on our pain, and wonder what it means.

This can lead to, or be accompanied by a flood of negative emotions. It is common to experience frustration, anger and fear about the impact.

This can lead us to withdraw from our usual activities, social life and work. Our basic needs then become depleted.

This cycle amounts to increasing the amount of attention we give our pain, flagging it as important to the brain, it perceives an increased threat, and amplifies the pain signal.

We can change that.

What to stop doing?

The answer is probably self-evident. We need to stop telling our brain that we are under threat.

Firstly we can do that, physically by stopping being so tense and getting out of freeze mode.

Breathing, moving and reassuring yourself with inner dialogue that everything will be OK will help.

Once calm enough to recognise ourselves as the observer of our thoughts and feelings, we can stop getting carried away by them. We experience a greater sense of autonomy and control.

Now it is easier to:

Stop catastrophizing. It may not be as bad as it is imagined to be.

Stop meaning-making. Your best guess might be way-off the mark.

Stop holding on to negative emotions. Relax.

Stop isolating. Take your attention off of yourself. Phone a friend.

In summary we need to reduce the threat level.

We can do that by adjusting our posture, our breathing, our thinking style and our inner dialogue.

We should aim to avoid any drivers that increase the threat level. This might include certain people, certain language.

Finally we must prioritise sleep. Deep sleep is required for physical recuperation.

You should now know several things that will help us alleviate pain:

- The purely biomedical model of pain is outdated.
- The biopsychosocial model provides additional ways to understand and reduce pain.
- The brain creates pain relative to the significance of the threat it perceives.
- We can reduce the threat level by changing the psychological input.

Things to start doing

When we reduce catastrophizing, stop meaning making, and change our inner dialogue, the brain can rapidly reduce the pain signal.

Let's look at an example.

Think of a football player who is training, a week before the biggest tournament of their lives, The World Cup.

They go in for a tackle, get kicked in the foot, and experience a sharp pain.

They may catastrophize. 'That's it, I am injured. I am out of the World Cup. My career is over.'

They may look for meaning. 'I know that pain. It is my metatarsal. I have broken it before.'

They may berate themselves. 'You idiot, why did you go in for that tackle. There is no way you could have won it.'

All of the above would encourage the brain to increase their pain.

Now imagine the physiotherapist runs on to the pitch, inspects the player's foot.

He tells them 'It's OK. Not broken. Metatarsal is fine. Calm down. You'll be fine for The World Cup.'

All of the above will rapidly reduce the need to attend to the foot. The pain will subside.

In the same way, a parent may comfort their child after they fall, letting them know, 'It's not broken, it is just a graze, you'll live.'

Research makes clear that positive words and thoughts that encourage relaxation, calm and hope can help reduce both acute and chronic pain. (26)

There are several other strategies that can also help.

These strategies are all things we might naturally engage in when we are trying to deal with an uncomfortable situation.

Dissociation

We have already seen that the amount of, and the quality of attention that we give to a part of the body relates to the level of pain we experience.

Research has shown that looking at the site of an injection as it happens increases unpleasantness.

Simply looking away from the site of an injection has been shown to reduce perceived pain by 25% (27).

We can go further.

A fairly common response to extreme trauma is to dissociate.

It is a way to mentally block out unbearable thoughts and feelings.

It is a creative survival mechanism. In extreme circumstances it can be problematic.

However in a mild form, voluntary dissociation can be cultivated as a mental strategy to reduce acute and chronic pain.

Think of it as a way to compartmentalise parts of our experience.

It is a classic and fairly standard shift used in self-hypnosis.

In the example of an injection as well as looking away, you might wish to imagine your arm is a rubber arm, or someone else's arm.

You might dissociate from chronic pain, by imagining you are somewhere else entirely.

Perhaps diving deep into the details of a pleasant and charming memory or fantasy.

Imagining you are there, in the first person.

You could imagine drifting out of your body and looking at it from above. Dissociation is used in The Arrow Technique.

Symbolism

The positive effect of visualisation techniques is well known in scientific research into pain management. It is linked to better physical functioning and less distress. (28)

One meta-analysis suggests over 50% pain reduction can be achieved with guided imagery. (29)

Other large studies back this up. (30)

Using symbolic imagery to represent pain is particularly helpful.

Often when we are in pain, we naturally symbolise - picturing our pain in a certain way, place.

Perhaps seeing a migraine as a black or red area.

Many people will use metaphorical terms to describe their pain, such as 'stabbing, throbbing, grating.'

Using our imagination we can then manipulate these symbols and adjectives to reduce pain.

For example, it may be that someone suffering with migraines could imagine breathing in light blue, and breathing out the dark red to relieve their headache.

They may choose to represent their pain as an alarm, a ring tone or dial. Then learn to turn down that alarm, tone or dial. This can be surprisingly effective, giving you a sense of control.

Simply imagining the area and colour of chronic pain, and then imagining removing it, and replacing it with another can help.

In The Arrow Technique, an archery target is used to contain, symbolise and break through the pain.

Distraction

As attention seems to be a key variable in determining levels of chronic pain, it is perhaps no surprise that something as natural as 'distraction' can have an impact.

Yet again, research has shown this to be true. This is especially so when they engage in an active distraction, such as playing a computer game, doing a puzzle or working on a mental problem. Passive distraction such as watching television is less effective.

Being actively distracted leads to higher pain tolerance, less pain and reduced anxiety.

What else?

The three strategies of dissociation, symbolism and distraction are all skills that you can be taught via a professional agent of change.

However they are all so simple, and quite natural things to do anyway, that you can get creative and find your own way to help yourself or your clients.

Beyond this we need to look at other factors and see where perceived 'threats' may be coming from, and reduce them.

Are there changes that can be made in someone's environment or social situation that will reduce anxiety?

Can we identify if any of their basic human needs are not being met, and make changes so that they are?

Have they experienced trauma earlier in life that has led to them being on high alert?

Can we teach them relaxation, mindfulness or self-hypnosis, so that they can remain calm with an enhanced sense of control?

The Therapeutic Alliance

To do this kind of work, we need to be able to hold a space where the person we are working with, feels welcome, and safe.

It is important that they trust us enough to open up. When they do, it is vital that they know they are heard.

These things are some of the elements in the client - therapist alliance, or what is sometimes called 'The therapeutic alliance.'

Research suggests that the quality of the therapeutic alliance is a reliable predictor of positive clinical outcome independent of the variety of psychotherapy approaches and outcome measures. (31)

Just as importantly, the client who is being assisted should also:

- Understand how the therapist sees the nature of the problem.
- Understand how the therapist is framing the potential solution.
- See how if that were achieved it would help.

The final piece of this alliance is that the client should understand they have an active role in the process and actively collaborate in the tasks, appropriate to the treatment process (32).

This may sound obvious.

However, many clients expect to have a passive role.

This, coupled with cultural associations about hypnosis being something that is done to you, rather than something you engage with, can exacerbate the problem.

So make sure a healthy therapeutic alliance is always achieved in your sessions.

Testing your work

Pain is a subjective experience.

The client is the only person who can assess it.

So it makes sense that they self-assess.

At Jacquin Hypnosis Academy, we encourage therapists who learn our approach to test their work.

Specifically with pain and fear we always ask the client before and after the therapeutic process to rate their pain or fear on a scale.

This is known as the Subjective Units of Distress Scale.

It is a scale of 0 to 10 for measuring the subjective intensity of disturbance or distress currently experienced by an individual.

The individual self assesses where they are on the scale. (33)

Doing this in a therapy session of course allows us to gauge progress.

If you do not do it, before you go to work, and the client has low or no pain at the end of the process, they may just think, it is not hurting at that moment.

This is an opportunity lost. They may have actually made good progress.

If you ask them to assess before and after the work, the fact that it has shifted is clear, and this creates a special moment. They have the realisation 'It's gone.'

They test, they move and cannot find the pain. Somehow this seems to help consolidate a memory trace that can help keep the problem from returning.

The SUDS scale is an imperfect tool for research. This is because people have a tendency to either overstate their pain (because they want you to know how bad it is), or understate it (because they do not want to complain).

However this need not affect us in therapy.

If our client understands we are on their side, and trust our process, then we can ask them at the beginning to do the following:

'Close your eyes. Focus on that pain. Where it is most intense. Between 0 and 10, zero meaning no pain, and 10 meaning very bad, how bad is that?'

They will answer in terms of badness.

At the end of the process we can adjust our language accordingly:

'Once again, I want you to try and find that pain, and find you cannot, where has that pain gone now?'

If it has gone be sure to give them another suggestion: 'That's right and it will never bother you again.'

This may seem overly suggestive. It is. That is our job. Leave the research in the lab.

Whenever you are going to attempt to help someone be free of pain, it is important to establish if the pain is of any use to them.

Pain after all is a signal that something is not right. A rotten tooth still needs to be looked at, a burn still needs medical treatment.

Many pains however, especially chronic pains serve no useful purpose.

So ask your subject if it is of any use to them, does it keep them safe in some way, preventing them from overdoing it? Would it be detrimental if they were free of it?

If so, then leave them with enough of it to act as a reminder. If not, then go for total freedom from it.

After many years we began to use it on other things such as emotional pain and other things people wished to stop feeling.

Then we started to use it as a way of achieving a resourceful state. Examples of each are included in this manual.

The Arrow for Pain Relief

'As you sit comfortably, I want you for a moment to focus on your breathing. I want you to pretend and imagine that you are breathing in calmness and breathing out tension. And as you continue to breathe like this, just focus on your body and if you notice any tension anywhere just let it go as you exhale.

In your mind softly and slowly repeat the word "Relax" four times. As you repeat the word you can begin to relax. Let every muscle relax. As you do that, you may become more aware of the ideas and images that drift into the mind automatically. And allow yourself to drift down deeper and deeper into that feeling.

Allow yourself to drift deeper and deeper, and imagine that is happening all by itself, as you listen to the sound of my voice.

And now I would like you to allow yourself to have the experience of drifting out of your body, up out of your body; and drift away from your body and drift way, way up above your body, hundreds, thousands of feet above your body, leaving all physical ties behind, drifting way way up. Notice how it feels to be up there and as you look around notice the variety of things that compete for your attention.

Now in your mind's eye, I would like you to look down, and way, way down below you'll see a target, like an archery target. See that target clearly in your mind; see the coloured bands, see the bullseye; now in that bullseye is all of the useless and unnecessary pain you were experiencing.

Getting ready to be fired through the centre of the target.

In a moment when you hear this sound, "swoosh", You will be fired like an arrow, straight at that bullseye, when you hear that sound, swoosh, you will be fired like an arrow straight at the bullseye until you go right through that bullseye into a place of

bliss; as you approach through the bullseye, you may experience that pain intensely for a split-second; before bursting through it, into a place of complete bliss, where you are completely free of that. I want you to be brave about this, because it is the last time it will ever affect you.

So when you hear that sound you are going to be shot like an arrow straight through that target, so get ready.

Through the other side.

Swoosh.

As you pass through it and out the other side. Into a place of bliss, calm open, awareness, just drifting in a place completely free of any unnecessary pain, drifting as a mind, free of all earthly ties, free of all distractions, as you drift there, in that wonderful feeling of open awareness, completely free of any unnecessary pain or discomfort. I'd like you to think of the person who is dearest to you on the planet. If there is more than one see more than one. See their eyes, see them smiling. Hear their voice, supporting you. Feel the love that you feel for them. Imagine that spreading throughout every cell of your body.

I want you to now drift to the other side of the room that you are sitting in, drift to the other side of the room you're sitting in and from there see yourself sitting in that chair, you can see yourself sitting in that chair.

I want you to notice, from the other side of the room as you watch yourself sitting in that chair, that every ounce of agitation and unnecessary pain has gone from your body and those thoughts have left your mind.

You cannot experience them, you cannot feel any pain, you are completely separated from your body, and as you drift there, completely free, in a while you are going to drift back over to your body, but only as quickly as your body and mind can make all the changes, that will allow you that freedom.

The freedom to experience that condition of freedom from any unnecessary pain, any time you wish to or need to, only then will you drift back over to your body and drop down into your body, free of agitation, free of distractions.

Take your time, as you are aware of the images and the sounds as you drift over, back into your body, unable to experience those old feelings.

Go ahead, take your time. When you are fully reintegrated open your eyes and get on with your day taking that comfort with you.

Now look at me, where's the pain gone now? Try and feel it and find you cannot. Where has that feeling gone now?

That's right. It will never bother you again.'

The Arrow for Emotional Pain Relief

'As you sit comfortably, I want you for a moment to focus on your breathing. I want you to pretend and imagine that you are breathing in calmness and breathing out tension.

And as you continue to breathe like this, just focus on your body and if you notice any tension anywhere just let it go as you exhale. In your mind softly and slowly repeat the word "Relax" four times.

As you repeat that word you can begin to relax. Let every muscle relax. As you do that, you may become more aware of the ideas and images that drift into the mind automatically.

And allow yourself to drift down deeper and deeper into that feeling. Allow yourself to drift deeper and deeper, and imagine that is happening all by itself, as you listen to the sound of my voice.

And now I would like you to allow yourself to have the experience of drifting out of your body, up out of your body; and drift away from your body and drift way, way up above your body, hundreds, thousands of feet above your body, leaving all physical and emotional ties behind, drifting way way up.

Notice how it feels to be up there and as you look around notice the variety of things that compete for your attention.

Now in your mind's eye, I would like you to look down, and way, way down below you'll see a target, like an archery target.

See that target clearly in your mind; see the coloured bands, see the centre of the target, the bullseye; now in that bullseye is the emotional pain you were experiencing.

In a moment when you hear this sound, "swoosh", you will be fired like an arrow, straight at that bullseye, when you hear that sound, swoosh, you will be fired like an arrow straight at the bullseye until you go right through that bullseye into a place of complete peace; as you approach the bullseye, you will experience that emotional pain intensify for a split-second; and then burst through it into a place where you are completely free of that.

I want you to be brave about this because it is the last time it will ever affect you.

So when you hear that sound you are going to be shot like an arrow straight through that target, so get ready.

Swoosh.

As you pass through it and out the other side. Into a place of complete bliss, calm open, awareness, just drifting in a place completely free of any unnecessary hurt or emotional pain, drifting as a mind, free of all earthly ties, free of all distractions, as you drift there, in that wonderful feeling of open awareness, completely free of any unnecessary emotional pain or agitation. I'd like you to think of the person who is dearest to you on the planet. If there is more than one see more than one. See their eyes, see them smiling. Hear their voice, supporting you. Feel the love that you feel for them. Imagine that spreading throughout every cell of your body.

I want you to now drift to the other side of the room that you are sitting in, drift to the other side of the room you're sitting in and from there see yourself sitting in that chair, you can see yourself sitting in that chair.

I want you to notice that from the other side of the room as you watch yourself sitting in that chair, that every ounce of agitation and unnecessary emotional pain has gone from your body and those thoughts have left your mind.

You cannot experience them, you cannot feel that any more, you are completely separated from your body, as you drift there, completely free.

In a while you are going to drift back over to your body, but only as quickly as your body and mind can make all the changes, that will allow you that freedom, the freedom to experience that condition of freedom from any unnecessary emotional agitation, any time you wish to or need to, only then will you drift back over to your body and drop down into your body, free of agitation, free of distractions, take your time, as you are aware of the images and the sounds as you drift over, back into your body, unable to experience those old feelings.

Go ahead, take your time.

When you are fully reintegrated open your eyes and get on with your day taking that calm, comfort and confidence with you.

Welcome back. Where's that feeling gone now? Try and feel it and find you cannot.'

The Arrow for Increased Focus

'As you sit comfortably, I want you for a moment to focus on your breathing. I want you to pretend and imagine that you are breathing in calmness and breathing out tension. And as you continue to breathe like this, just focus on your body and if you notice any tension anywhere just let it go as you exhale. In your mind softly and slowly repeat the word "Relax" four times.

As you repeat it you can begin to relax. Let every muscle relax. As you do that, you may become more aware of the ideas and images that drift into the mind automatically. And allow yourself to drift down deeper and deeper into that feeling.

Allow yourself to drift deeper and deeper, and imagine that is happening all by itself, as you listen to the sound of my voice.

And now I would like you to allow yourself to have the experience of drifting out of your body, up out of your body; and drift away from your body and drift way, way up above your body, hundreds, thousands of feet above your body, leaving all physical ties behind, drifting way way up.

Notice how it feels to be up there and as you look around notice the variety of things that compete for your attention.

Now in your mind's eye, I would like you to look down, and way, way down below you'll see a target, like an archery target. See that target clearly in your mind; see the coloured bands, see the bullseye; now in that bullseye is the state of focus, you have been looking for.

In a moment when you hear this sound, "swoosh", you will be shot like an arrow, straight at that bullseye, when you hear that sound, swoosh, you will be shot like an arrow straight at the bullseye and become more and more focused on it, until you go right through that bullseye into a state of total focus; as you pass through the bullseye, you will experience that sense of focus intensify; I want you to be brave about this.

So when you hear that sound you are going to be shot like an arrow straight through that target, so get ready.

Swoosh.

As you pass through it and out the other side. Into a place of total focus, calm open, awareness, just drifting in that world of total focus and calm, drifting as a mind, free of all earthly ties, free of all distractions, as you drift there, in that wonderful feeling of open awareness, total focus.

I want you to now drift to the other side of the room you're sitting in, and from there see yourself sitting in that chair, you can see yourself sitting in that chair. I want you to notice, from the other side of the room as you watch yourself sitting in that chair, that every ounce of agitation has gone from your body you are completely indifferent to any distractions, those feelings have gone from your body and those thoughts have left your mind.

You cannot experience them, you cannot feel anything that could distract, interfere or agitate you, you are completely separated from your body, and as you drift there in that wonderful position of total focus, completely free of any distractions or agitation. In a while you are going to drift back over to your body, but only as quickly as your body and mind can make all the changes, that will allow you that freedom,

the freedom to experience that condition of total focus, any time you wish to or need to, only then will you drift back over to your body and drop down into your body, free of agitation, free of distractions, take your time, as you are aware of the images and the sounds as you drift over, back into your body, totally focussed, unable to experience it any more. Go ahead, take your time. When you are fully reintegrated open your eyes and get on with your day taking that focus with you.'

Breakdown of the technique.

In this section we go through the technique again, with added explanation to clarify what is happening in each step of the technique.

Relaxation

People who are in a great deal of pain, may be in the habit of holding their physiology in a rigid way, breathing in a particular way, to avoid any unnecessary movement or impact, and this constant muscular tension, may increase their distress as well as hinder efforts to manage pain.

Give them an opportunity to be safe enough, to let down their guard and give their muscles a chance to relax.

So, before getting into the main body of the technique itself, it is useful to instruct, encourage and suggest relaxation. You will find with just a tiny bit of encouragement, many people in pain, can make an adjustment that will allow them to find a measured amount of pain relief, in addition to some mental or emotional release, and may strengthen their investment in the technique.

You can suggest deep relaxation. Understanding that deep relaxation does not to be that 'deep' to be pleasant, comforting, healing.

When deeply relaxed you will not experience pain in the same way, you may feel none at all. The client can be encouraged to enjoy this safe space, to put their guard down and use this moment to quiet the mind, relax the body and release tensions.

'As you sit comfortably, I want you for a moment to focus on your breathing. I want you to pretend and imagine that you are breathing in calmness and breathing out tension. And as you continue to breathe like this, just focus on your body and if you notice any tension anywhere just let it go as you exhale.

Any time you need to move to make yourself more comfortable you can do so.

In your mind softly and slowly repeat the word "Relax" four times.

As you repeat that word you can begin to relax. Let every muscle relax. As you do that, you may become more aware of the ideas and images that drift into the mind automatically.

And allow yourself to drift down deeper and deeper into that feeling.

Allow yourself to drift deeper and deeper, and imagine that is happening all by itself, as you listen to the sound of my voice.'

Dissociation

In this section the participant is encouraged to imagine drifting out of their body, leaving it behind. This is an effortless way of distancing, detaching or disconnecting yourself from pain.

The strain of pain is often decreased when imagined from a third person perspective.

The person is already doing something differently. It is likely their experience will be different.

This essentially involves thinking of the mind being separate from the body or rather the consciousness that you know yourself to be, being outside of your body. Often pain is weaker or non-existent when we do this.

It is as if your mind has the possibility to review this as a possibility and do that instead if it is OK to do so.

'And now I would like you to allow yourself to have the experience of drifting out of your body, up out of your body; and drift away from your body and drift way, way up above your body, hundreds, thousands of feet above your body, leaving all physical ties behind, drifting way way up.

Notice how it feels to be up there and as you look around notice the variety of things that compete for your attention.'

Transformation

In this section the pain is symbolised as a target, way off in the distance. The centre is associated with being the most intense part of the pain. This transforms the specific qualities of the pain sensation.

'Now in your mind's eye, I would like you to look down, and way, way down below you'll see a target, like an archery target. See that target clearly in your mind; see the coloured bands, see the bullseye, the centre of the target; now in that bullseye is the pain you were experiencing.'

Emotion

An emotional spike is encouraged with the encouragement of anticipation at the thought of being fired toward the target, with a warning that the pain will briefly intensify.

This focuses attention on the next moment. It is then suggested the participant will then go into a world of no pain. This opens the possibility of feeling no pain at all.

'In a moment when you hear this sound, "swoosh", You will be shot like an arrow, straight at the centre of the target, when you hear that sound, swoosh, you will be shot like an arrow straight at the bullseye until you go right through that bullseye into a place of no pain;

As you pass through the bullseye, you will experience that pain intensify for a split-second; and then drift into a place where you are completely free of that. I want you to be brave about this.

So when you hear that sound you are going to be shot like an arrow straight through that target, so get ready.

Swoosh.'

Distortion

The conscious aspect of the participant is associated with an open, spacious, emptiness, where there is no pain, no tension. It is suggested that there is an unnecessary portion of that pain.

Pain that they don't need, suggesting that some or all of their pain will fall into this category.

'As you pass through it and out the other side. Into a place of no pain, calm open, awareness, just drifting in a place completely free of any unnecessary pain, drifting as a mind, free of all earthly ties, free of all distractions, as you drift there, in that wonderful feeling of open awareness, completely free of any unnecessary pain or discomfort.'

Double Dissociation

Another dissociation is encouraged.

Closer to home this time, but still from a perspective where there is no pain.

They are encouraged to see themselves with no unnecessary pain or discomfort from the other side of the room.

As if they already know what that would look like.

'I want you to now drift to the other side of the room you're sitting in, and from there see yourself sitting in that chair, you can see yourself sitting in that chair.'

I want you to notice that from the other side of the room as you watch yourself sitting in that chair, every ounce of agitation and unnecessary pain has gone from your body and those thoughts have left your mind.'

Direct Suggestion

As the participant holds this dissociated view of themselves, it is directly suggested that they can experience freedom from pain.

'You cannot experience them, you cannot feel any pain, you are completely separated from your body.'

Reassociation

Here the client is encouraged to integrate consciousness with their body again.

This statement includes the binding language that they will re-associate in this way only as quickly as the necessary changes are made that would give freedom from pain.

'And as you drift there, completely free, in a while you are going to drift back over to your body, but only as quickly as your body and mind can make all the changes, that will allow you that freedom, the freedom to experience that condition of freedom from any unnecessary pain, any time you wish to or need to, only then will you drift back over to your body and drop down into your body, free of agitation, free of distractions, take your time, as you are aware of the images and the sounds as you drift over, back into your body, unable to experience those old feelings. Go ahead, take your time. When you are fully reintegrated open your eyes and get on with your day taking that comfort with you.'

Total Perception Management (The Snap)

This is the ability to change any aspect of your life by changing your perception of who and what you are.

What if changing the way you feel emotionally was as easy as just changing your mind?

What if it has always been that easy and we just haven't realised it?

What if you were feeling anxious and you could just snap your fingers and no longer feel the anxiety?

What if the ability to change any emotional state could be achieved by just snapping your fingers?

Your brain is covered by a membrane and contained within an airtight chamber known as the skull. In a healthy person nothing gets past this membrane.

Your brain consists of nearly 100 billion electrically, excitable cells, called neurons and many more neuroglia which protect and support the neuron. Each neuron processes and transmits information by electro-chemical signals. Each neuron may be connected to 10,000 other neurons. Every neuron maintains a voltage gradient across its membrane due to metabolically- driven differences in ions of sodium, potassium, chloride and calcium within the cell, each of which has a different charge. If the voltage changes significantly, an electrochemical pulse called an action potential (or nerve impulse) is generated.

This electrical activity can be measured and displayed as a waveform called brain wave or brain rhythm. This pulse travels rapidly along the neuron's axon and is transferred across a gap known as a synapse to another neuron, which receives it through its feathery dendrites.

A synapse is a complex membrane junction or gap known as the synaptic cleft, used to transmit signals between cells, and this transfer is therefore known as a synaptic connection.

There are believed to be 100 to 1000 trillion synaptic connections within your brain. A typical neuron fires 5 to 50 times every second. The interactions of neurons are electro-chemical.

Each axon terminal contains thousands of membrane-bound sacs called vesicles, which in turn contain thousands of neurotransmitter molecules each.

Neurotransmitters are chemical messengers which relay, amplify and modulate signals between neurons and other cells. The two most common neurotransmitters in the brain are the amino acids glutamate and GABA.

Other important neurotransmitters include acetylcholine, dopamine, adrenaline, histamine, serotonin and melatonin.

This incredible complex process takes place within the closed airtight unit known as your skull.

This incredible, complex process also describes a thought, a feeling, an emotion, a visual and audio representation and perception.

It's humbling to discover that all the things we believe to be real—including who we are, what we are, what we are feeling emotionally or physically, our moral or religious

beliefs—are nothing more than the process described above and can be completely changed with a blunt instrument or a surgeon’s scalpel.

Once you understand this and see emotion for what it actually is—just electro-chemically charged signals within your brain—you can decide whether you want to accept that emotional experience or not.

We have, contrary to the majority-held belief, more control over this complex process than we think. You can alter the electro-chemical transmitters with physical actions such as laughing, smiling and running, to name but a few that you can use to change your mind.

You cannot imagine something clearly without it affecting you physically and emotionally, even though it is ‘just’ your imagination.

If we are honest, we would accept that we often act according to the situation—sad at funerals, happy at weddings and births—even if we don’t truly feel it at the time; to do otherwise would be deemed inappropriate. If you laugh at enough funerals or are angry or sad at enough weddings, laughing for no apparent reason, you may even be diagnosed as mentally unwell.

So in general we act appropriately—the emphasis being on the word ‘act’.

Total perception management (TPM) enables you to change any emotion in the time it takes to snap your fingers. It enables you to feel no emotion, if that is your desire. It enables you to increase an emotional experience, if that is your desire.

TPM enables you to completely reverse an emotion—sad to happy, angry to calm, hate to love—in the time it takes for your heart to pulse once.

Many of us indulge in our emotions, wallow in our unhappiness, bathe in our happiness, hold tight to our anger or perceived grievance and embrace our perceived self-worth, but none of this exists outside of the skull.

Shakespeare said, ‘I could be bound in a nutshell, and count myself a king of infinite space—were it not that I have bad dreams.’

Imagine that you are experiencing a really bad day and feeling angry and frustrated and with the snap of your fingers—BOOM—no longer feeling that way.

Imagine feelings of irrational jealousy or fear, accepting that the emotion was irrational and deciding to eliminate those feelings and with a snap of your fingers—BOOM— you no longer feel it.

Imagine that you are in a horrendous situation that you can do nothing about and the situation is affecting you emotionally and making you physically ill and with the snap of your fingers—BOOM—nothing connected to that situation has any emotional effect on you.

Imagine having the ability to experience zero emotion to any given situation or event. Would you be a lesser human being if you could switch off your emotions—or a more advanced human being?

TPM will, if you decide to experience the process, empower you to take absolute control of your emotions.

The TPM Protocol

Elicit from the client the emotional change that they want, both the positive emotions and the negative emotions that they want freedom from.

- Give them the above outline of the brain functionality.
- The client has to understand this concept and accept it.
- Once you have the agreement, hypnotise the client.
- Run the Arrow Technique to eliminate the negative emotions.
- Run the Arrow completely with the suggestion that when they drift back into their body with absolutely no emotion at all, that they go deeper into hypnosis and any remnant of emotion that they were aware of, is now impossible to feel.

(Hypnotic suggestion) **'As you watch yourself from the other side of the room notice that every emotion has gone from your mind and body you cannot feel it, you cannot experience it. Only as quickly as the unconscious mind has eliminated every emotion and allows the conscious mind to accept that every emotion has gone, only then will you drift back over to your body and drop back into your body unable to experience any emotion'**

- Repeat the suggestion.
- Ask the client to nod their head so that you know that they are experiencing zero emotions.
- Explain that you will snap your fingers once and suggest that from this moment on whenever they want to feel zero emotion, that they snap their fingers once and they will immediately feel nothing.
- Bring the client out of hypnosis.
- Examine the changes that have taken place. Test the effectiveness of the session by asking them to think of something that would have aroused a negative or destructive emotion and to experience the emotion. Tell the client to snap their fingers once to eliminate that emotion completely.

- Confirm that this has happened. Test this a couple of times to be sure this has occurred. If for any reason they can still feel any emotion after snapping their fingers once, rerun the protocol.

- Hypnotise the client again.

- Run the Arrow again, this time placing the positive emotion in the target. Run the Arrow completely with the suggestion that when they drift back into their body with the positive emotion, that they go deeper into hypnosis and increase the positive emotion.

- Explain that when the emotion is strong that they nod their head so that you know that they are experiencing it.

(Hypnotic suggestion) **'As you watch yourself from the other side of the room notice that your mind and body are flooded with a positive feeling. Only as quickly as the unconscious mind has flooded your body with the positive emotion and allows the conscious mind to accept and experience that incredible, positive emotion, only then will you drift back over to your body and drop back into your body feeling absolutely incredible.'**

- Repeat the suggestion.

- Explain that you will snap your fingers twice and suggest that from this moment on whenever they want to feel this emotion that they snap their fingers twice and they will immediately feel the positive emotion.

- Examine the changes that have taken place. Test the effectiveness of the session by asking them to think of something that would have aroused a negative or destructive emotion, to experience the emotion, snap their fingers once and completely eliminate that emotion.

- Get the subject to think of a positive emotion that they want. Confirm that they are experiencing the positive emotion, then ramp the positive feeling up by snapping their fingers rapidly twice.

- Test this a couple of times to be sure this has occurred. If for any reason they don't instantly experience the positive emotion after snapping their fingers twice, rerun the protocol until they can.

Brilliant. That was a fantastic feeling, was it not?'

These last few lines act as a post-hypnotic suggestion, preserving the newly formed association.

Some time after setting the anchor you can test it by asking the subject to think of the experience where they want the resourceful state, then to fire the trigger and say the key word. This normally results in either a slightly perplexed expression as they realise they are thinking of what used to bother them but no longer feeling anxiety, or a big smile as they feel the confidence.

If the response is not strong enough, these techniques can be repeated with more attention to the details, especially the movement or flow of that feeling as it increases. This is what we are trying to associate the anchor to, not the memory itself.

Lesson 4 - Back In The Room

After The Hypnotist has taken the subject into hypnosis and done their work it would be negligent if they did not then bring the subject out thoroughly, returning them to normal. This is achieved with a wake-up procedure.

If you do not do a wake-up, the subject will emerge from hypnosis, eventually, but they might feel a little disorientated.

The subject is taking your suggestions on board, so you can ensure they come out of hypnosis cleanly. It is a great opportunity to ensure that they return to normal awareness, feeling fantastic and ready to go in every way.

If the subject ends the session and still has their arm hanging in their air, then it is possible to link the lowering of that arm to their return to full alertness. In this approach no effort to count them out of hypnosis is required.

'In a moment your arm will drift down only as quickly as you drift up, to full conscious alertness, completely free.'

Or you could get a little more elaborate. A good wake-up ratifies the work you have done; gives an opportunity for them to go back into a hypnosis, instantly if you wish to give them this ability; and ensures they are back to normal in every way:

'In a moment I am going to count from one to five and on the count of "5" your eyes will open and you will be back at full conscious, wakeful alertness, everything back to normal in every way. It will be like you have woken up from a wonderful night's sleep. You will understand hypnosis is not sleep; but the next time you get in bed and

sleep, you will sleep wonderfully, better than you have for years and awake at an appropriate time, refreshed, revitalised, feeling brand new.

'One. Feeling less relaxed now, every muscle, nerve and fibre coming alive.

Two. A surge of energy is pouring in through your fingers, toes, upper arms, legs, spine to the top of your head.

Three. Take a deep breath, fill your chest with energy-giving oxygen, it spreads to every muscle nerve and fibre.

Four. Take another breath as your head is being washed through with cool clear spring water, your entire body washed through, refreshed and revitalised.

Five. Eyes open, wide awake, back in the room.'

Or alternatively:

'On the count of "five" you will be back at normal awareness, everything back to normal, feeling fantastic.

One. Feeling wonderful.

Two. To achieve your goals.

Three. With a feeling of freedom.

Four. Feel the force of that feeling.

Five. Eyes open feeling wonderfully alive.'

I will often clap my hands on the count of "Five" to add to the effect. This tends to startle the subject a little and helps put some distance between their condition when hypnotised and un-hypnotised. In this moment the doors to their hypnotic world close.

It encourages amnesia for the experience. You can further encourage this by immediately asking them a question that does not relate to the hypnotic experience they have just had. This could be related to a conversation you were having with them prior to the hypnosis, or just a trivial question. When they then try to recall the hypnotic experience they do so with the same ineffectiveness they might try to recall a dream that seemed vivid just moments earlier.



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