**Hypnosis Purism and Integrative Care**

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Florida is a State with a dual track in hypnosis; certification and licensure. Adding licensure broadened my legal scope of practice.

When I first integrated biofeedback (EEG biofeedback aka Neurofeedback) into my clinical practices, it was a replacement dissertation topic. The initial dissertation plan was a qualitative, thematic analysis of a decade of my most hypnosis audio and video records. Hurricane Wilma damaged my archival records, and neurofeedback emerged as a viable replacement thesis. Biofeedback often receives the same cricitism from some scientific researchers that hypnosis receives, “It’s all placebo.” I was curious to observe what limiting my direct suggestions in session would yield in terms of positive outcomes relying primarily on the neurofeedback technology.

One of the developers of the technology I use asked me, at the end of my first round of basic neurofeedback training[[1]](#footnote-1), one of the technology developers pulled me aside to ask, “How much benefit from neurofeedback do you think is suggestion?”

A lot of it.

We are always influencing others and being influenced by words, ideas, open ended direct questions and inferences. Direct suggestions and repetition are the foundational tools of all learning.

My own hypnotherapy style is highly directive (a lineage through Mark Gilboyne who studied with Fritz Perls). While a single intense emotional experience can lay down a powerful learning track in human life, and I take delight in people who make amazing transformations in one session, most folks shape themselves more slowly toward their ideals and goals.

During the dissertation, I limited my suggestions as best I could to the simple directives taught in the basic neurofeedback class for collecting information relative to our goal:

Are you awake or sleepy? Clear or foggy? Tense or relaxed?

The goal of neurofeedback training is to experience, recognize, report and practice being awake / clear / relaxed. The brain is always looking for movement, change, and patterns. The questions we ask steer the person’s attention, drawing things at the periphery to the center, decentering things irrelevant to the task at hand.

I got to observe rapid systemic responses that exceeded the speed and range of positive outcomes I have observed in hypnosis sessions during which I take the role of hypnosis purist.

It appears to me that the average neurofeedback practitioner is eclectic, integrating suggestions with their technical stuff. Customary suggestions at the end of a neurofeedback session are, “Pay attention to how to you go sleep tonight. Notice the quality of your sleep. Pay attention to your mood, and how you feel when you wake.” The language skills of the neurofeedback clinicians tend to be excellent patterns of suggestions for improving self regulation and awareness.

Once the doctorate was complete, I integrated my full hypnosis skills into the neurofeedback sessions. I had already been blessed with two decades of participating in miracles on demand (to quote Charles Tebbetts[[2]](#footnote-2)). The neurofeedback allowed me to deeply touch folks I couldn’t reach with hypnosis alone (stroke recovery, ADHD, PTSD, autism). I am overall a better clinician because of my hypnosis training; building expectancy and rapport, goal setting, the power of suggestion, suggestibility response, awareness of state and recognition of state changes, harnessing the power of abreaction, and celebrating successes.

When a new neurofeedback program was released by the developers containing creative visualization, I initially let them run to explore someone else’s lovely suggestions and soothing voice. Then I turned them off. I don’t need a third party clinician stepping in to do the suggestions in my sessions. Personally, I prefer to do co-therapy with a live person, instead of a pre-recorded clinician reading a lovely script.

During a clinical conference[[3]](#footnote-3), a neurofeedback researcher boldly stated that neurofeedback was “meditation on steroids”. I thought of the many clients and friends who have expressed their lack of conviction to me, “I don’t know if I’m doing this right,” referring to self hypnosis or meditation. Some folks want / need an external measure of rightness. The scientific, rational, logically minded subjects we call “refractory” or “difficult” tend to respond well to technology and active measures of their own brain activity. By the 3rd or 4th session of neurofeedback, the person is usually commenting on how he or he is controlling the game, the sound, some of the activities on the screen, and the vibrating of the stuffed rabbit on his or her lap. This tends to resolve the question of, “Am I doing this right?”

 At another clinical conference[[4]](#footnote-4), I encountered a passive infrared[[5]](#footnote-5), a headband with three sensors positioned equally distant from the forehead. This gadget came with only the instructions, “Use it for 10 minutes before the neurofeedback.” I strapped the dive mask like pIRx3 device onto my head, and lost track of time. A marvelous, intense, informative, heated discourse ensued between the research clinician handling the demo, and another conference attendee who walked up allegedly to just watch. I noticed when twenty minutes had passed. No harm, just happy. I had so much fun that night, I bought that gadget the next morning to add to my options in client service. The developer, Eric Carmen, is someone I know of only through reputation as a research clinician who uses his development exclusively, with an original focus on headaches / migraines. His training is on my bucket list.

Now the issue of hypnosis purism.

During a hypnosis conference a few years ago, I offered a colleague free neurofeedback sessions for an issue he had voluntarily told me about. He was uninterested in using technology when he knows that he can heal beautifully with suggestion, focus, intent, and sufficient time. I concur, science of mind power strategies are marvelous. As an integrative, cross domain research clinician, I also know that some things benefit from additional resources.

Hypnosis was helpful in coping with pain and drawing me to the right information and people to help during the spiral of punctuated declining health I went through from 2014 to 2016 in coping with flouroquinoline toxicity (allergic response to Ciprofloxin aka Cipro). I had to be open to receiving what was needed, hypnosis kept me relaxed through change. Biofeedback technology was good, but not sufficient. Massage, tai qi, accupuncture, good but not sufficient. A simple lab test [[6]](#footnote-6) analyzed my nutritional state, and I got a great report with information on which nutritional supplements would be of benefit in restoring clarity of thought, and reducing or eliminating the adverse impact of Cipro on my body.

Is hypnosis at the root of all my healing? Yes.

Hypnosis is any process that creates alignment between the conscious and unconscious intentions and actions. It is sufficient unto itself? Only when I consider the actions I take, including cross domain networking with other professionals and other specialities, to be a part of my hypnotic experience.

For my own health, and for my professional service for clients, an integrative approach to human health, learning, growth, and development is often needed to understand, and address sustained health and well being.

1. EEG Info. (2008). Basic Neurofeedback. Instructors: Siegfried, Sue, and Kurt Othmer. Woodland Hills, CA. [↑](#footnote-ref-1)
2. Tebbetts,C. (1985). Miracles on Demand. Glendale, CA. Westwood Publishing. [↑](#footnote-ref-2)
3. EEG Info. (2013). Advanced Clinical Summit. Educators: Siegfried, Sue, and Kurt Othmer. Woodland Hills, CA. [↑](#footnote-ref-3)
4. EEG Info. (2009). Advanced Clinical Summit. Educators: Siegfried, Sue, and Kurt Othmer. Boston, MA. [↑](#footnote-ref-4)
5. Carmen, Eric. pIRx3. Passive Infrared Hemoencephelography headband [↑](#footnote-ref-5)
6. Great Plains Lab. Organic Acids Test (OAT). https://www.greatplainslaboratory.com/ [↑](#footnote-ref-6)