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## Negative effects of hypnosis

Brookside Center for Counseling and Hypnotherapy Possible Dangers and Complications by Maurice Kouguell, Ph.D., BCETS. Is hypnosis in any way dangerous? The following is a presentation of the review of the literature and reported individual cases. The reader will have to decide what conclusions to draw from the following study. The literature points out some complications that can arise from the use of hypnosis and it seems that all established writers and researchers do suggest the importance of the knowledge of the working of the mind and applying the rule: THAT IF A PERSON CANNOT TREAT A PROBLEM WITH NON-HYPNOTIC TECHNIQUES, HE SHOULD NOT TREAT IT WITH HYPNOSIS. This is taken from Clinical Hypnosis by Crasilneck and Halls, one of the standard recognized textbooks on hypnosis. The same authors report also that hypnosis can, under certain circumstances, be dangerous not only to the client but also to the hypnotist and to the idea of hypnosis itself. Dangers and Complications of Hypnosis While the hypnotic trance itself may occur comfortably and easily, Dr. Thurman Mott reports complications occurring: Following amateur hypnosis When a symptom is removed by a direct command When hypnosis is used in the treatment of a condition that the hypnotist is not trained to treat without the use of hypnosis When an inadvertent post hypnotic suggestion has been given To take this further, in Hypnosis Complication: Risks and Prevention, a research article by MacHovec, in The American Journal of Clinical Hypnosis, 1988, he lists about 50 complications associated with hypnosis and reports that this is only a partial list. The author grouped the complications into five categories: The psychotic symptoms or acute panic attacks Depression with the possibility of suicidal behavior Symptom substitution Symptoms resulting from inadvertent suggestions Masking physical pathology Dr. MacHovec defines hypnotic complications as "unexpected unwanted thoughts, feelings or behaviors during or after hypnosis which are inconsistent with agreed goals and interfere with the hypnotic process by impairing optimal mental functioning with no prior incidents or history of similar mental or physical symptoms." Summary list of complications associated with hypnosis: •anergia and fatigue •antisoical acting out •anxiety, panic attacks •attention deficit •body/self-image distortions •comprehension/concentration loss •confusion •coping skills, impaired •decompensation, psychotic-like delusional thinking •depersonalization •depression •de-realization •dizziness •dreams •drowsiness, excessive sleep •fainting •fear of fearfulness •guilt •headache •histrionic reactions •identity crisis •insomnia •irritability •medical emergencies •memory impaired, distorted •misunderstood suggestion •nausea, vomiting •obsessive ruminations •over dependency •personality change •phobic aversion •physical discomfort, injury •psychomotor retardation •psychosis •regressed behaviors •sexual acting out •sexual dysfunction •somatization •spontaneous trance •stiffness, arm or neck •stress, lowered threshold •stupor •symptom substitution •tactile hallucinations •traumatic recall •tremors •weeping, uncontrolled The same researcher described risk factors as most frequently involving repressed materials or unconscious needs; personality dynamics such as resistance, regression, secondary gains, misunderstood suggestions, attitudes and expectations. He also adds the risk factor to the hypnotist, which he describes as falling into two categories: 1. Professional risk factors related to a deficiency or weakness in education, training or knowledge, skill, ability or experience, which impair judgment or proficiency 2. Theoretical bias which limits awareness of other factors or dynamics. Kleinhaus, M and Beren, B., in an article entitled Misuse of Hypnosis: A Factor in Psychopathology, published in the American Journal of Clinical Hypnosis,talk about a client who came for smoke ending and became extremely agitated and depressed and experienced suicidal thoughts. In my own practice, and I have mentioned this at some of my workshops, I had worked with a man who came for smoke cessation and after he was relieved from the habit, he went into a severe depression. He was one of the cases that prompted my own feeling about the importance of an assessment prior to any hypnotic protocol. Four Case Studies Kleinhaus and Eli, reported four cases of "deleterious effects of hypnosis used in the dental setting." The first was a woman successfully treated with dental hypnosis for removal of apprehension and analgesia. She asked her dentist to use hypnosis to help her stop smoking and she too developed in a very short time an anxiety-depressive reaction with obsessive thoughts and was unable to cope with everyday activities. The second one, a woman with dental phobia preventing dental treatment for ten years, received five sessions of relaxation and anxiety reduction. Finally she decided to begin dental work and "although the patient was in deep relaxation and showed no tension whatsoever, the moment local anesthetic injection was attempted she manifested a spontaneous abreaction with uncontrollable weeping and hyperventilation". The third case was a woman treated in four sessions for dental phobia. it was suggested to her that her "unusual good hypnotic response would occur whenever she would come for dental treatment". She arrived at the next session feeling confused; she felt in a trance from the time that she left her house. She was responding literally to "the precise suggestion given so her the week before." The suggestion was changed to "the moment that she sat in the dental chair" and there were no further incidents. The fourth case was a young woman treated with dental hypnosis for analgesia because of hypersensitivity to local anesthetics. She reported "feeling dizzy riding her motorcycle home" and it became apparent that the de-hypnotization was too quick and incomplete. In the literature, authorities have been urging caution in the use of hypnosis for over 100 years. As far back as 1887, Bjornstrom cautioned of the possible injuries and fatal effects, Janet, one of the forefathers of hypnosis, in 1925, recommended that "awakening should be postponed if a morbid symptom of any sort should intervene during the hypnotic state." Weitzenhoffer warned about special care in avoiding the adverse effects of hypnosis and related those to the "competency and integrity of the practitioner." In 1961, Meares expressed concern about premature termination. Also, Weizenhoffer warned against inappropriate symptom removal "before symptoms are suggested away some of the functions they serve should be determined." Side Effects of Hypnotism Numerous mild side effects occur during a hypnotic induction and at times these mild reactions might also occur following a post hypnotic suggestion. Dr.Thurman Mott reports "numerous mild side effects occur during inductions". These are usually not reported and have not been studied systematically; however, although they do occur usually during the first induction, they might be expected to reoccur with psychiatric patients. The most common of these side effects during the induction could be the increase of anxiety frequently related to fears of loss of control and excessive crying and sobbing. At times patients feel dizzy and develop various degrees of nausea during the induction. Spontaneous regression to a traumatic event or period of life, although rare, does happen. In my own practice, one of my clients during an interview, went into trance with her eyes open and relived spontaneously an earlier sex abuse experience. Most of the side effects can usually be alleviated quickly by discontinuing the induction or by proceeding with the induction and usually the side effects will disappear as the hypnotic state deepens. An appropriate technique should be applied. The concern of symptom substitution was one danger of hypnosis reported by many practitioners. Symptom substitution currently, because of the better training of hypnotists, has been replaced by symptom modification which then permits the patient to retain the symptom if it is dynamically important to do so. Inadvertent Suggestions Patients under hypnosis tend to accept suggestions concretely, if not literally and this might result in adverse reactions which may come as a surprise to the therapist. For instance, Crasilneck and Hall in their text Clinical Hypnosis: Principles and Applications, discuss the case of a burned patient. While working on improving the patient's nutrition, the patient was given the suggestion that he could eat everything on his plate. One day the patient became ill and vomited on his plate and was later discovered eating the vomitus. Masking physical pathology could also be a very delicate outcome of hypnosis where the patient has pain because of a physical condition and is now completely controlled by hypnosis. The reason for the physical discomfort is now totally overlooked thus creating other problems. Dr. Fromm, in her book Values in Hypnotherapy: Theory, Practice and Research, describes hypnosis as a state of decreased vigilance resulting in a vulnerability which involves dangers if a patient is in the hands of a poorly trained incompetent therapist using hypnosis." She states, "Most of the complications related to hypnosis occur when hypnosis is misused and these complications may be prevented by the following: Hypnosis should be performed by a trained person Avoid authoritarian symptom removal Use uncovering techniques cautiously in borderline or psychotic patients. Hypnosis may be a useful technique with severely disturbed patients but should be used only by well-trained therapists. Never use hypnosis to treat a condition that you would not be qualified to treat without hypnosis. Hypnosis has the potential of facilitating treatment in many clinical areas. Accurate diagnosis is necessary for treatment to be started. It is a myth that hypnosis is not a beneficial intervention with psychotic or borderline patients, however certain guidelines and caution should be observed. These are patients have fear of loss of control; fear of closeness and fear of giving up their negative self-Images. It is important in working with such a population to use hypnosis in a manner that facilitates feelings of self-efficacy and self-control. Patients may be taught self-hypnosis to reduce anxiety and give them a sense of mastery and self-control and strengthening procedures are generally beneficial and hypnosis may also be employed to foster insight." Hypnosis must be used permissively, allowing patients to determine when hypnotherapy is used. Guidelines and methods for working with severely disturbed patients are discussed by Murray-Jobsis in Clinical Hypnosis: A Multidisciplinary Approach and by Baker in A Hypnotherapeutic Approach to Enhance Object Relatedness in Psychotic Patients in the International Journal of Clinical and Experimental Hypnosis 29,136-147. In summary, hypnosis, when properly used, is one of the safest tools in the healing profession. As clinicians using hypnosis to help with treatment we need to be aware of the adverse effects when hypnosis is misused. It is necessary for any organization and any training program to promote not only the teaching of safe hypnotic techniques but also the restrictions of the use of hypnosis to the areas of competency of the practitioner. As health care professionals in the public eye we work with habit control frequently, it is not safe to assume that anyone coming for smoke ending or weight loss is simply coming with that symptom alone. Anyone we see for hypnosis is coming with a whole baggage of attitudes, difficulties, adjustments reactions and so on. Some assessment technique needs to be used and I will take the liberty here to suggest to the reader becoming acquainted with my books Human Figure Drawings: A Screening and Evaluative Tool in Hypnosis and DAPTH: Accessing the Unconscious in the Practice of Hypnosis and Counseling which are both simple and accessible in this regard. Home | What's New | Dr.Kouguell | Hypnotherapy | Mentorship and Certification | Long Distance Learning| Articles| Products| EFT | Free Downloads |Psychovisual Therapy | Experience Instant Hypnosis| Suggested Reading| Mailing List | Links | Search | Music Anyone?| Kathi Kouguell Wavebreakmedia Ltd/Wavebreak Media/Getty Images Hypnosis, or trance, is simply a state of consciousness that differs from your normal experience of reality. The hypnotic state is one in which your mind becomes acutely open to suggestion. This is why hypnotherapy is commonly employed to relieve unwanted habits and compulsive behaviors. Hypnotherapy is typically applied by a certified practitioner, also known as the operator. The person seeking hypnotherapy is commonly called a client or hypnotic subject. While hypnosis represents a very natural state of mind, certain side effects may occur when you apply it for personal use. For the first few minutes after a subject emerges from a hypnotic process, he will typically remain in a heightened state of suggestibility. During this time, it is important that the operator avoid either stating or implying any idea that may work against the client's goals. An experienced hypnotist will often use these moments to deliver positive suggestions about success and self-esteem.The subject will then often take these thoughts forward, into the days and weeks and months that follow. Hypnosis is frequently a very pleasant experience, one in which longstanding emotional blocks can be dissolved. After emerging from the hypnotic process, some subjects feel an emotional "closeness" to the operator. A client may develop an intuitive sense that she and the operator have gone through something very meaningful together, fortifying a bond between both people. This bond may become inappropriate if the operator welcomes extensive contact from the subject once therapy is complete. This is why a practicing hypnotherapist must keep a professional distance from most subjects at all times. An abreaction is an intense emotional outburst, caused by the sudden release of a repressed event or idea. On rare occasions, a person seeking to resolve one issue with hypnosis will experience a spontaneous revivification of some traumatic circumstance from the past. Several symptoms may reveal the appearance of an abreactive episode, such as uncontrollable crying, explosive anger or indications of terror. During these times, it is important that the hypnotherapist remain calm and avoid touching the subject. He can then reorient his client to the present moment through suggestion. According to esteemed hypnotherapists Adam Eason, "The concept of transference is one whereby a client applies attitudes transferred to the therapist which were originally directed towards another person." Transference often takes on a positive glow, such as when a subject feels emotionally connected to her hypnotherapist. However, the tendency to transfer emotions also poses great risk to the inexperienced operator. This is especially true in the event of an abreaction. In the hypnotic session, there are usually only two people: subject and operator. A client may begin to relive some past traumatic event that involved only her and another person. If the abuser was a male and the operator is also male, there is a chance that the subject will see her hypnotherapist as the instrument of her mistreatment. Seasoned operators often find some means to record each therapeutic session, either audibly or on video. This way clients will have verifiable evidence than no impropriety has taken place. Read Read Read Read Read Read

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