

THE AMERICAN ACADEMY OF CLINICAL SEXOLOGISTS
AT MAIMONIDES UNIVERSITY

THE EFFICACY OF HYPNOSIS IN SEX THERAPY

A DISSERTATION SUBMITTED TO THE FACULTY OF THE AMERICAN
ACADEMY OF CLINICAL SEXOLOGISTS AT MAIMONIDES UNIVERSITY IN
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DOCTOR OF PHILOSOPHY

BY

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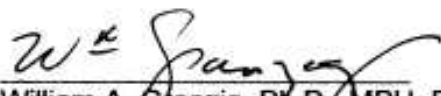
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ABSTRACT

This research has objectively observed the efficacy of hypnosis as it is utilized for sex therapy. The dissertation has focused on the evolution and history of hypnosis including the pioneers in the field of hypnotherapy. Additionally, the discussion has related as to how hypnosis can assist clients with sexual dysfunction and aid in sexual enhancement. Explanations included how stress, anger resentment and arguments can add to sexual problems such as premature ejaculation, lack of desire, impotence and other conditions. The discussion has been inclusive of hypnosis inductions which can assist with Anorgasmia, Erectile Dysfunction, Impotence, Loss of Libido, Dysparunia, Vaginismus, premenstrual syndrome, and other disorders.

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Turnersyndrome, <http://www.turnersyndrome.ca/>

INTRODUCTION

Many well trained sex therapists are becoming open to the utilization of hypnotherapy in treating sexual dysfunctions. The use of hypnosis in sex therapy has many strengths. First, hypnosis may be used in the treatment of the individual patient without having the partner present. The largest and most extensive follow-up reports on the use of hypnosis with sexual dysfunction have been on individual patients suffering with erectile dysfunction (Crasilneck, 1993).

Additionally, hypnosis techniques allow rapid exploration and identification of underlying conflicts, unresolved feelings about past events, and factors beyond conscious awareness. It is possible for patients to recall past sexual abuse or incest that has been otherwise suppressed in the unconscious mind. Hypnosis can allow patients to uncover possible adaptive functions that are being served by the sexual dysfunction; which the patient is unaware of on a conscious level. A sexual dysfunction may serve as a protection for the patient against fears such as; infidelity or may serve as self punishment for past behavior; as well as, repressed anger toward a partner (Hammond, 1984).

Sometimes patients have been through many alternative therapies and become discouraged and hopeless. In this instance, hypnosis can promote hope; the possibility of change; and promote self efficacy.

Related to the treatment of inhibited sexual desire and erectile dysfunction, for example, hypnotic age regression may benefit by bringing to the

surface memories to assist in rekindling and recapturing positive sexual and affectional feelings. Hypnosis can enhance and assist the patient's attention, focus, and increase sensory awareness to facilitate arousal and pleasure. Additionally, hypnosis can assist when patients have difficulty with assigned tasks, such as, sensate focus. Patients can be regressed through hypnosis to determine the etiology of their resistance.

As with any construct, hypnosis does have limitations. First, if hypnosis is used with only one partner, they may feel they are the "identified patient". It is suggested that both partners participate in the assessment process and at least a portion of the hypnotherapy treatment. Additionally, in the instance of using hypnotic techniques with both partners simultaneously sharing an erotic fantasy; it must be cautioned that one partner could fantasize about a different, previous partner. This, of course, could cause more damage in the relationship.

Additional limitations include patients' susceptibility to be hypnotized. Approximately 5%-10% of patients either cannot or will not be hypnotized. Additionally 10%-15% of patients enter only light trances which limit the benefits of the treatment. After educating some patients about the nature of hypnosis, a small percentage are reluctant due to misconceptions or religious beliefs.

Hypnotherapy is the application of hypnosis in a wide variety of medical and psychological disorders. Adequate training in psychotherapy is necessary for practicing hypnosis, whether the clinician is a psychologist, physician, social worker, or dentist. Many times clinicians are exposed only to a general

description of a therapeutic approach. It is necessary to gain theory, history, assessment, and a complete bio-psycho-social assessment in order to fully integrate hypnosis into an effective treatment agenda. Indeed, it must be emphasized that hypnosis may be utilized as an eclectic approach in therapy. Other constructs may be integrated as necessary for a patient to gain maximum benefit from treatment. As always, particularly for sex therapy patients, ruling out medical concerns is paramount to treatment.

It can be established that hypnosis is the art of securing a patient's attention and then effectively communicating ideas that enhance motivation and change perceptions (Hammond, 1999).

The phrasing of suggestions is critical in individualizing hypnotic suggestions for patients to benefit. As Dr. Milton Erickson taught, "I want all of you to be willing to disagree with my wording because it's right for me but it may be wrong for you", (Rossi, 1986). Not all patients need the same approach; therefore it is important to implement diversity in suggestions. Customizing suggestions that are specific to a patient's needs will lead to long term and lasting success in treatment. In fact, when therapists are inflexible and use the same approach with all patients, there is evidence that destructive effects are much more likely to occur (Lieberman, Yalom, & Miles, 1973).

Furthermore, it has been evidenced that the most effective approach in hypnotherapy is as an integrative, eclectic, multidimensional orientation in order to be the most comprehensive. Depending on the individual patient, direct,

indirect, metaphoric, and insight-oriented techniques may be employed to alter behavior, affect, physiologic processes, images, perceptions, cognitions and the internal dialogue of patients. Hypnosis is used to explore the preconscious and unconscious functions, resolve historical factors and utilize unconscious resources (Hammond, 1999).

The focus of this paper will be to orient the reader to the following information related to hypnosis as an effective tool in sex therapy:

1. An understanding of the history of hypnosis and pioneers of the field.
2. To offer an understanding of the dynamics of hypnotherapy and how it works to offer suggestions to the unconscious to assist with sexual dysfunction or to enhance sexual activity.
3. An explanation as to how stress, anger, resentment, arguments add to sexual problems; such as premature ejaculation, lack of desire and impotence; and how hypnosis can assist.
4. Induction methods for treating sexual dysfunctions and enhance sexual relationships. Dysfunctions to be discussed will include; inhibited sexual desire, insufficient lubrication and sexual inhibition due to body image.
5. A summary and conclusion of all literature and an evaluation of the efficacy of hypnosis in sex therapy.

CHAPTER 1

THE HISTORY OF HYPNOSIS

Through learning and understanding the history of the art and science of hypnosis, the hypnotherapist is able to become more aware of the healing ability hypnosis can offer to clients. Additionally, by studying the origin and development of the theories of hypnosis, the clinician can explain the process to the client and establish greater rapport with resistant clients.

Hypnosis is a science, and like other sciences, it has its experimenters and pioneers, its speculators, guessers and its martyrs. This chapter will assist the reader in understanding the beginning and evolution of the field of hypnosis.

AGE AND ACCEPTANCE OF HYPNOSIS

Hypnosis, is probably one of the world's oldest known sciences. As early as 3,000 BC, the Egyptians were using hypnotism as is evidenced by hieroglyphics found on tombs of that period. The Greeks comprehended it as well as the Mayans of South America. There is reason to believe that hypnosis was spontaneously discovered in each civilization of the world as its history unfolded.

Today it is still a mystery for two reasons. First, without a doubt, the first hypnotist soon became the first witch doctors, wise men, shamans and so on, and the knowledge of the art was jealously guarded. Additionally, the lack of knowledge of hypnotism is due to our inborn trait to shun, fear or ridicule that which we do not understand. Every science that we possess has had to travel the same hard road, from disbelief through fear, to common acceptance, for Astrology to Astronomy, from Alchemy to Chemistry, from the medicine man to the modern doctor, the path is well worn; even the science of flight followed the same trail, from the time that flying was impossible, to the time that it was "blasphemous", until now, when "everyone knew it all along". It is therefore, not surprising that hypnotism, an occult science, should take so long to gain recognition.

PIONEERS OF HISTORY ACCORDING TO SCIENTIFIC APPROACH

The fact that hypnotism has slowly become recognized and accepted as a science is due to the fact that its constructs have become more scientific in their approaches. There are literally thousands of people who have contributed to the advancement of the art. The most significant contributors will be highlighted in the following paragraphs.

It is most important to understand that there are four distinct groups of hypnosis.

The Unscientific Group includes most of those who experimented with hypnosis without knowing it under that name. They have in common the fact that they are generally misunderstood. Generally, their achievements were attributed to magnetism, magic or Divine Power. Albertus Magnus, Roger Bacon, Father Kirchner, Maxwell, and Father Hell are known in these early times. Additionally, Greek seers and sages are the forefathers of self-hypnosis.

The Semi-scientific Group followed by development of hypnosis as a science. Anton Mesmer exemplifies one of the great pioneers, as he was known as "Father of Hypnosis". Additional scientists of the time include Father Gassner, and James Martin Charcot.

As the years passed, the scientific group included those who first began to experiment with what hypnosis could do and brought it out of the range of a mystical theme to reality. Elliotson, Braid and Esdaile were pioneers who were intrinsic in ending the dark age of hypnotism and making great strides to establish it in medicine.

Finally, the modern group continued the scientific approach by approaching the subject with complete scientific method and detachment. The most relevant founders, who have contributed most abundantly

toward the use of hypnotherapy will be highlighted in the following paragraphs.

Frans Anton Mesmer is probably the most famous name in the history of hypnosis; although he never heard the science by that name and never did produce a hypnotic trance. Because Mesmer was the first to attempt to explain what he was doing, he was highly regarded. Critics in Vienna set out to discredit him. Mesmer moved to Paris at this time to continue his study. A cohort of Mesmer, Mozart encouraged him to establish a hypnosis clinic. The clinic turned out to be the rage in Paris and soon people found it a status symbol to be "mesmerized". Mesmer developed a "baquet", which was a circular device, roughly a foot high with a seating capacity of about 30 people. In the top were holes where subjects could grasp iron rods and receive the magnetic flow. Inside Mesmer placed a great number of bottles, all of which he had previously filled with the all-important, invisible, healing "magnetic fluid", which had flowed from one of his finger tips. With the aid of music, special lighting and the presence of highly suggestible subjects, even a skeptic generally found it easy to attain a convulsion by grasping one of the iron rods. At times, Mesmer magnetized empty envelopes which when opened produced a convulsion.

Mesmer practiced in Paris until 1794, when a commission appointed by Louis XVI and headed by Benjamin Franklin investigated his work and turned in an unfavorable report. Franklin stated that Mesmer was a fraud, that all his cures and theatrical results were caused simply by "imagination". Franklin may not have realized how close to the truth he actually was. However, Mesmer was forced into retirement in Switzerland, where he lived quietly and sadly, occasionally treating his neighbors until his death in 1815.

A Catholic priest, Father Gassner, lived about the same time as Mesmer and was active in hypnosis. He integrated suggestions as a means of faith healing and was one of the first known modern faith healers. Gassner was known to invite two physicians to attend a demonstration in which he lowered a subject's pulse rate and breathing until the horrified doctors pronounced her dead. Three minutes later, Gassner returned her bodily functions to normal, and "brought her back to life" again.

Gassner utilized the dim light of the cathedral and circled his subjects while carrying a candle-lit diamond studded crucifix and uttered repeatedly "sleep" in Latin. Even difficult subjects were immediately sent to sleep by the touch of the cross. Even Gassner's presence was enough

to hypnotize most subjects. Generally it took only seven seconds for Gassner's subjects to enter a trance state.

Another noteworthy hypnosis scientist was John Elliotson, who was a professor of theory and practiced at University Hospital in London, England. He found that his patients could undergo major surgery without agony and he applied hypnotic techniques whenever possible. He found that hypnosis could be used as a direct cure through prestige suggestions in some cases and he also made some experiments with trance diagnosis and predictions. He was criticized at the hospital and he resigned in spite of his many successes with patients. He continued to fight the medical community to accept hypnosis, but was shut down and died in 1868 a bitter man.

A Scottish surgeon named James Braid actually helped to advance hypnotism several hundred years. He was able to recognize and utilize hypnosis as an applied science. He has also been referred to as the "Father of Hypnosis". Braid theorized that straining of the eyes could, through fatigue, result in a paralysis of the optic nerve causing a condition that would resemble sleep. He further experimented by having a friend stare continually at a wine bottle and in less than three minutes had his proof that magnetism had nothing to do with a mesmeristic sleep.

His subject, who later became his wife, provided a new perspective in the origin of scientific hypnotism.

Braid was born in Germany in 1774 and first studied medicine in Vienna and established his practice there as a regular doctor of his time. He began experimenting with magnets in 1774 after seeing a demonstration of magnetic cures by Father Maximilian Hell. Braid's first subject was Franzl Oesterlin, who was a young girl who was a friend of Mesmer's wife. Oesterlin was a victim of hysteria and combined convulsions with symptoms of vomiting, temporary blindness, attacks of paralysis, hallucinations, inability to pass urine, violent toothache and "other terrible symptoms", to quote Mesmer. Magnets were tied to her feet and hung around her neck and a hot piercing pain ran around her legs from her feet and ended with an even more intense spasm in the upper rim of the iliac bone. Here this pain was united with an equally agonizing one which flowed from both sides of the breast, shot pains up the head and united in the roots of the hair. The patient felt a burning sensation in all her joints. At certain parts of her body the magnetic stream seemed to be interrupted, to become even more intense. She was soon insensitive to all the magnets and cured of her attacks. The cure was permanent as written in the history books.

It should be noted that in past history, magnets were new in medical treatment and very mysterious. They were regarded as having great powers and patients believed this and consequently, in many cases, got better. The idea of expectation and belief are two of the basic principles of hypnotism. Additionally, it was believed at the time that pain was essential for healing. Therefore in the case described above; the patient experienced a quick, intense pain that did the job of healing psychological symptoms.

Mesmer discovered that magnets were not completely necessary to cure a patient. He believed healing involved an invisible, volumeless fluid which permeated everything and which affected the position of the planets. He believed everything and everyone had a magnetic field surrounding them and thus the theory of "animal magnetism" was derived.

Mesmer did not know at the time that his cures were entirely due to the subconscious mind of his subjects, nor was he aware that some disorders are psychosomatic and so he soon met his first defeat. In attempting to cure a neurotic blind girl, Maria Theresa Paradies, pianist and protégé of the Empress, he succeed in restoring her sight, but was unable to explain her loss of equilibrium, a thing which made the girls' parents highly upset. The girls father came to Mesmer's clinic and

demanded that she be released immediately. The girl begged to stay and when the father drew his blade and demanded that she be released, she went into convulsions from which she emerged completely blind once again. She died blind many years later, although there was nothing physically wrong with her eyes.

In 1878, Martin Charcot's basic ideas about hypnosis may have been incorrect and unscientific by current standard, however, he contributed to the idea of "trance phenomena". Charcot and his students succeeded in proving that there were several stages of hypnotic sleep, and that the hypnotized subject is capable of showing different symptoms and passing different "tests" in each stage. He was recognized throughout the medical world for his contributions to the field of neurology and his acceptance of hypnotism caused many doctors of the time to likewise accept it.

Sigmund Freud had studied hypnosis at the Salpetriere schools and chose to accept the teachings of Charcot. He studied and used the various techniques of hypnoanalysis for some time, although he was apparently a poor hypnotist and grew tired of the monotony of the sleep suggestions quickly. Freud also discovered that there were many patients who would not respond to his authoritarian techniques.

Freud worked with one patient and was unable to produce a hypnotic trance and had almost reached the point of despair when in desperation he hit on the idea of trying free association in the waking state. The case proved to be successful and Freud welcomed the opportunity to drop hypnosis from his methods, creating and publicizing the technique of psychoanalysis. Freud concluded that hypnosis does not do away with resistance, but only avoids it and therefore yields only incomplete information and transitory therapeutic success. Many of Freud's followers accepted his teaching as dogma and abandoned the use of hypnosis. At the end of his life, Freud showed a renewed interest in hypnosis and stated that "Psychoanalysis was the executor of the estate left by hypnotism". However, by 1900, the Freudian school of psychoanalysis had displaced hypnosis once again.

The development of chemical anesthetics and without the support of Freud and others, hypnosis was nearly disregarded and very few articles were written for a period.

After World War I, there were many cases of war neuroses, including functional contractures, paralytic and amnesia conditions and other trauma caused by the anxiety of war and by a shortage of psychotherapists. The need for qualified doctors was still acute and an extreme need was evident for a fast method of therapy. In desperation

the medical profession turned again to hypnosis and the answer was there.

Between the First and Second World Wars, there was little interest in the use of hypnosis for uncovering unconscious causes of emotional problems since psychoanalysis dominated. In 1949, when J.G. Watkins wrote of his treatment of war neuroses and their rapid resolution with hypnosis, there was a renewed interest in an approach similar to that of Freud. Watkins found that hypnosis allowed the patient to regress back to the original event and abreact the emotions that had been repressed. This allowed the symptoms to disappear and normal emotional health to be re-established.

As early as 1941, Milton Erickson was describing the successful treatment of acute hysterical depression solely through hypnosis by return to a critical phase of childhood. Through the 1950's, 1960's, 1970's and 1980's his published works have greatly advanced the use of hypnosis for therapeutic work. His ingenuity in devising a means of inducing the unconscious mind to mobilize its resources in resolving conflicts was remarkable. Much of this was accomplished through the means of indirect suggestion administered through hypnosis. In 1958, the American Medical Association approved the use of hypnosis and in 1961, the American Psychiatric Association also endorsed it.

Dave Elman authored a book entitled "Hypnotherapy" in 1964.

This helped to advance the use of hypnosis for regression work and also the application of hypnosis for medical and dental work. He gave post hypnotic suggestions for the comfortable handling of situations previously associated with discomfort.

Additional credit must go to Walter Sichort who, in 1966 was the discoverer of hypnotic depth levels below somnambulistic which had been considered the deepest level. It was found that a patient's healing and feelings of well being are particularly profound at these deeper levels. Sichort termed these levels, coma, catatonic, and ultra depth.

Ideomotor responses were discovered by Cheek and LeCron in 1968.

Ideomotor responses are involuntary physical responses controlled by the subconscious, to clarify responses to questions. By this means, Cheek and LeCron found that critical experiences could be located even in the light levels of hypnosis and even uncover memories of experiences as early as that of birth. Neuro Linguistic Programming (NLP) has developed through the years. The methodology is based on a premise that behavior, communication and change have a structure, as does every human endeavor, a structure that can be modeled, learned and taught. A patient's problems are seen to occur in part because the sensory resources are not being fully utilized. NLP techniques include increasing sensory acuity and flexibility, accessing and anchoring the

needed inner resources, identifying and changing internal meta-programs by which we interpret our sensory experiences, and reframing ones responses in a positive more fulfilling manner.

Further development in the field of hypnosis is that of Transpersonal Hypnotherapy. This approach incorporates methodologies of Humanistic and Transpersonal Psychology.

These two streams in the field of psychology have been variously referred to as the third and fourth focuses or developments, the first force being Freudian psychoanalysis and the second force being that of Pavlovian based behaviorism. The latter is geared to applying appropriate positive or negative stimuli to elicit desired behavior changes.

Transpersonal Hypnotherapy works not only with conscious and subconscious processes, but also the upper range of the unconscious, variously described as the superconscious or transpersonal dimensions of the psyche. It is this dimension that enables the greatest measure of wholeness, well-being and fulfillment. The goal is not simply normal behavior, but abundant well being.

The evolution of hypnotherapy has expanded from the antiquated theories of Mesmer to Glasser to Charot to the more sophisticated theories of Erickson, Elman, Sichor, Cheek and LeCron. The advancement of the field has allowed patients to integrate hypnosis into there lives to assist with many ailments and

disorders. Hypnosis is now used to manage pain, alleviate phobias, gain insight, build confidence, assist with sexual problems, weight loss, smoking cessation, age regression, life regression and many more (The Wellness Institute. 1999).

Chapter 2

HYPNOTIC INDUCTIONS AND UTILIZATION:

The principles of hypnotic suggestion embrace several basic components for a successful induction. First, as with all therapies, a rapport must be established between the client and the hypnotherapist. Creating a warm, comfortable, caring and respectful atmosphere is paramount.

Additional consideration must be made to create a positive expectancy. Presenting with confidence will help the therapist to convey a positive outlook for the client. Additional considerations relate to the Law of Reversed Effect, which simply stated, references our difficulty in accomplishing tasks when trying too hard. The Principle of Successive Approximations fits into hypnosis therapy as well. Instead of rushing with high expectations of results, it is more important to allow the client to go at their own pace and be patient as a facilitator.

In following the Principle of Positive Suggestion, a therapist is encouraged to use positive statements rather than negative (to discourage a client from eating too much, for example). Clients may respond more positively to a

Suggestion; you may find yourself much more satisfied between meals than alternately; you will not be hungry.

In order to track a client's progression into trance, a hypnotherapist may solicit verbal or signal cues from the client. In this way the therapist can be more certain as to the depth of the hypnotic trance. A nod of the head or raising a finger are examples of monitoring the patient's progressive trance state.

Trance ratification offers the client concrete evidence of their trance state. By integrating a glove anesthesia or analgesia the client can experience that their hand is numb and notice that they can control the outcome. Use of trance ratification validates to the client that they were indeed under a hypnotic trance. Time distortion, limb catalepsy, arm levitation, limb heaviness, amnesia, ideomotor signaling (signal with fingers to respond), posthypnotic suggestion, recall of forgotten or insignificant memories, and ideosensory phenomenon, such as; warmth, taste, smell, exemplify types of trance ratification. Additionally, it is imperative to integrate and tailor the language to the client's idiosyncratic syntax and styles of speech. Using phrases and descriptions that the client has revealed during assessment, can prove to be of great assistance during the hypnotic induction.

INSUFFICIENT LUBRICATION DURING INTERCOURSE

Some clients, such as my client, who agreed to allow her session to be video taped, have problems with vaginal lubrication during sexual intercourse or building to intercourse. The difficulty can result in Dysparunia, which is painful intercourse, possible for both partners. The client presented to treatment with dryness and lack of lubrication. She reported she has used lubricants in the past, however, she finds them awkward and messy. She has tried hormone therapy, but is anxious about the possibility of cancer. She reports that she is an advocate of holistic healing, and is reluctant to use drugs, lubricants and standard medical treatments.

The client revealed that she has developed this problem as a symptom of menopause. The client had had a comprehensive examination by her gynecologist. She concluded that the lack of lubrication was a post menopausal symptom. The client was amenable to hypnotherapy; and has used hypnosis previously for relaxation and weight-loss. The client was induced into hypnotic trance, using a relaxation technique. Additionally, an ideomotor finger signaling technique was used to help the client to respond to questions. This technique is helpful when a client is not able to speak during a trance. It also helps the hypnotherapist to monitor how the client is progressing during the session.

After relaxation has been achieved, as indicated by her affect, her breathing, and general posture, suggestions and metaphors are integrated into the induction to promote more flow of lubrication.

The client was eager to talk about her experience after the hypnotic session. She related that the experience was positive, and she was able to identify with the metaphors that were suggested during the trance.

One week later the client reported that, indeed, she could detect a greater amount of lubrication during intercourse. She stated that her sexual experiences were more pleasurable, and without the painful friction that she had experienced prior to hypnotherapy. This client is a 54 year old , divorced, white female. She is college educated and owns her own skincare beauty business.

In conclusion, this client was able to solve her lubrication problem through positive suggestions during hypnosis. She may continue to have sufficient lubrication, or perhaps, she may require additional sessions to reinforce these positive suggestions in her unconscious mind.

INHIBITED SEXUAL DESIRE

It is necessary, as in any therapy, to make a full assessment of the client before integrating hypnosis into the treatment plan. An understanding of the etiology of the problem will assist the hypnotherapist in aligning an appropriate induction for the client.

Tom, is a thirty four year old single, gay client who requested assistance with a problem related to inhibited sexual desire. He reported that he had been sexually abused at least twice in his life. He stated that he was raped by a man in his neighborhood, when he was about the age of seven. Additionally, he reported that he had sexual encounters with a priest in his church for three years. He states this lasted from about age fifteen to eighteen. The client reports feelings of guilt, remorse and confusion about his encounter with the priest. He relates that at times he initiated the contact and the sex.

Subsequently, the client states that his relationships have been dysfunctional and abusive. His last long term relationship was emotionally abusive including; putdowns and infidelity. The client discussed uncomfortable sexual interludes with his partner that included, possibly some sadomasochistic events when they were together. The client remained vague about this issue, and deviated from the subject several times. He stated that he had no desire for sex since this relationship ended.

The client related that he was the one who ended the relationship with his partner, however, he ruminates frequently about being back with him. He stated that he continued to speak to him on the phone and became panicky and anxious after each call.

Tom was amenable to be video taped for the hypnotic session. He reported feeling anxious. In order to address his anxiety, a guided imagery, relaxation induction was initiated. As the client grew into a deep trance, suggestions were utilized to assist him in remembering a time when he felt safe and peaceful, possibly in an intimate relationship. The client was able to speak during the trance. He was able to verbally indicate when he could visualize a peaceful memory. The client was then asked to go deep into his unconscious mind to identify the qualities he desired in an intimate relationship. Tom was able to respond verbally. He related that he desired compassion, love, caring, and understanding. These desired qualities, and the feelings that they bring, were then used as a bridge in his unconscious mind. In this way, the client could unconsciously utilize them when he feels insecure or unloved. Additionally, during the trance stage, suggestions of confidence and self worth were implemented for positive ego strengthening.

Tom was able to articulate his positive experience after the hypnotic session. He acknowledged that he was able to feel a sense of security and

comfort. He related that he felt he could come back to this safe place, if he needed added confidence and strength.

The client was contacted for follow up two weeks after the session. He related that he felt more at ease and was able to deal with stressors more readily. Furthermore, he added that he had a phone conversation with his former partner that normally would have created stress and anxiety for him. He stated that he was able to converse without the previously intense feelings he had in the past.

One month after the session the client contacted the office to report that again, he was feeling anxious after speaking to his former partner. He came into the office for a follow up hypnotherapy session. One month after this session, the client maintains that he is feeling less anxiety and panic. He reports that he has integrated the self hypnosis that he learned in the session; with positive results.

Inhibited Sexual Desire Due To Body Image

A forty eight year old single female client, Ann, who is a research librarian with a master's degree in library science came into an initial session. The client presented a problem she said was related to being a Hermaphrodite. She came to treatment because she has never had sexual intercourse; and is shy, inhibited and often depressed about her body.

The client was guarded and inhibited as she related her history. She stated that she was born androgynous, with male and female genitals. She states that she learned this when she was nineteen years old. According to the client, she was hospitalized after a suicide attempt; and a hospital employee recognized her name. Subsequently, the worker relayed to her that she was born androgynous and her parents made the difficult decision to have her surgically made into a female at about the age of twelve months. The client insisted that her parents never told her anything about her history. Furthermore, the client chose not to confront her parents about her medical history. She states that she confirmed this information from hospital records after her discovery. Ann has a twin brother who does not have any medical abnormalities. A younger brother died at age seven after touching a live electric wire while playing outside.

Ann further related that she has Turner's Syndrome, Mosaic; also known as Gonadal Dysgenesis (XO); in which she has both XO and XY chromosomes.

Turner's Syndrome is a rare chromosomal disorder of females, characterized by short stature and the lack of sexual development at puberty. Other physical features may include a webbed neck, heart defects, kidney abnormalities, and/or various other malformations. Although the exact cause of Turner's Syndrome is not known, it is believed that the disorder may result from an error during the division or meiosis of a parent's sex cells.

The client acknowledged clinical abnormalities that she has that are characteristic of the disorder. She complained about her broad chest, short stature at four foot eight, and small breasts. Additionally, she stated that her vulva and vaginal area are aesthetically deformed. She related that she cannot conceive a child due to the recreation of her female genitalia.

When asked if she participated in any support groups or organizations related to her disorder, the client replied that she occasionally chatted on an internet site called "Bodies like ours". She denied any other contact with others with her disorder.

Ann has never had counseling previously to deal with her feelings. She acknowledged that she has seen a psychiatrist due to her depression; and is currently taking antidepressant medication. She reports that she has had a few dates, however, she becomes inhibited if there is an inkling that it may become too intimate. She reports that socially she tends to be isolative; and that her social circle involves a few co-workers.

The client indicated that she would like to learn to be more extroverted and gain social interests. Additionally, her goal in treatment is to build her self esteem, accept her body image and to accept herself.

The hypnotic induction began with an arm levitation, imagining that helium balloons were attached to her arm with string. As each balloon was

released, it was suggested to the client that her arm would grow heavier. As Ann's arm felt heavier, she would become more relaxed and deeper into trance. The client was receptive to the suggestions and was able to indicate by nodding her head or verbally throughout the session. The depth of the client's trance could be detected as her shallow breaths became more deeply noticeable by watching her chest. In viewing the client's affect, it was noticeable that her head began to droop as she became more relaxed. At this time, positive suggestions were implemented surrounding greater confidence, self acceptance and positive body image.

As Ann came out of her trance, she was able to articulate her feelings and experience. She stated that she had never been hypnotized prior to the session. The client reported feeling very relaxed, yet alert, throughout the hypnotic session. She stated that she believed she would be able to utilize some of the suggestions, but was ambivalent about others, particularly related to intimacy and her body.

Because this was the client's first session, other than an initial phone interview, more data may need to be collected to fully focus on deeper feelings and related issues. As rapport builds, the client will be asked more focused questions. For example, if she would have preferred to be a male.

With continued counseling and hypnotherapy, this client may be able to resolve issues surrounding; her depression, her body image and her lack of self esteem. An example of the client's induction is re-created below:

Ann was asked to raise her arm and imagine that there are several balloons attached to it with strings. It was then suggested to the client that each string would be released from her arm one at a time. As this occurred, it was suggested that the client's arm may begin to feel heavier. Additionally, she may feel more relaxed as each balloon is released and floats gently upward.

The induction continued as follows:

As you release the final balloon, you may feel especially relaxed and peaceful. To allow you an even deeper level of relaxation, I will begin to count from one to five. When I reach number five just notice how much more deeply relaxed and rested you can become. Beginning with one, two, three, four and five. Now you are deeply relaxed and receptive to the ideas and images that I will suggest for your mind and body.

Please imagine that you are walking down a path with lush greenery on both sides of you. You may notice that it is a warm, sunny day as the sun gently warms your body. Perhaps you can notice the birds singing high up in the trees. You may smell the aroma of flowers or the clean, fresh air. Soon you come to a bridge, and begin to walk across it. At the top of the bridge you gaze of into the reflection in the water and see yourself as you really are. You may

notice that you are admiring yourself, as you reflect the good qualities and strengths about you.

Possibly you felt insecure or uncomfortable about your body in the past. This prevented you from fully exploring relationships. But as you move forward in your life and gain wisdom and confidence you may find that your beauty shines through and the people you meet see the good qualities that you possess as a whole person. They see your beauty inside and outside. The people that you meet can detect your compassion, your intellect, your enthusiasm and genuineness. You reflect the beauty and goodness in the world, just as your image reflects in the stream. Perhaps as you readjust your thinking, your insight and awareness about who you are; you may feel more beautiful, more confident and more alive and adventurous. You will be able to seek out and explore new relationships and not be concerned or inhibited about being intimate or getting close to others. In this way you will allow them to notice your beauty inside and outside.

Now, all that I have said today, you do not have to remember if you don't want to; because these suggestions will be absorbed in your unconscious mind for your benefit. And in a moment I will count from one to three and when I reach number three, notice that you are fully awake and alert.

SUMMARY AND CONCLUSION

To conclude, it is important to recognize that hypnosis is one approach and can be integrated with different therapies to assist clients with sexual problems. Additionally, a complete assessment, including a medical examination by a medical doctor, serves as a way to uncover co-morbid problems or disorders.

Understanding the evolution of hypnosis, is important in gaining an understanding of how hypnosis works, and how it continues to evolve in the present time. Indeed, new branches of hypnotherapy continue to develop including EMDR and Neurolinguistic Programming (NLP).

Each clinician may establish their own style or method of induction which works for them. A relaxation induction has been effectively utilized with the clients in this dissertation. Some hypnotherapists believe that relaxation is the key to learning and change. Indeed, many resistant clients find relaxation hypnosis efficacious in stress reduction, which allows a client to become more open to positive and healthy suggestions.

Finally, not all clients are appropriate candidates for hypnotherapy. Some clients may be resistant or apprehensive to go into trance. Other clients may present with a goal in mind, however, they are not completely ready to change in their unconscious. An example is a client that comes into treatment to quit smoking; however, upon questioning it is revealed that the actually still enjoy it;

or their spouse wants them to quit. These clients may not be ready for change and hypnosis would not be advisable.

For clients who are open to alternate therapies, hypnosis is an appropriate option. Additionally, with proper training, clinicians can effectively learn to utilize this therapy for the benefit of their clients.