

# Coaching Hypnosis: Integrating hypnotic strategies and principles in coaching

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*Coaching psychology has not given much thought to hypnosis, despite its long history of applications in enhancing human abilities and potentials. Since a range of psychotherapeutic strategies have been successfully transitioned to coaching and are commonly practiced by coaches and coaching psychologists, it is suggested that hypnotic techniques and principles can also be successfully employed to meet coaching objectives. This paper mainly discusses: (a) the use of self-hypnosis for the coachee; (b) adapting age-progression and age-regression to fit coaching needs; and (c) the use of indirect suggestions in the coaching dialogue to enhance coachee receptivity. The term 'coaching hypnosis' is proposed when referring to the use of hypnosis in coaching as it will help to separate links with hypnotherapy and encourage it to build an identity of its own.*

**T**HE SURGE OF INTEREST in coaching psychology and its continued growth these last years is demonstrated by an increasing number of university-level courses, annual conferences and the publication of peer-reviewed coaching journals. A good range of psychological therapeutic techniques have been adapted to meet coaching objectives and have become part of coaches' repertoire (Whybrow & Palmer, 2006). However, the potential use of hypnosis in coaching – even though a valid subject for scientific study and a proven therapeutic medium – has not been given much thought (BPS, 2001).

This paper suggests integrating the theoretical concepts and strategies applied in hypnotherapy and adapting them to the needs of coaching. It also proposes coining the term 'coaching hypnosis' when referring to hypnosis within the coaching arena to distinguish it from therapy – as has already been done with other psychology practices within coaching.

## **What is hypnosis?**

Interest in hypnosis is not contemporary. Although many believe that treatment by suggestions can be traced all the way back to antiquity, modern hypnosis begins in the 18th century with the work of Mesmer. Since then hypnosis has come a long way: from

Mesmer's animal magnetism and Charcot's belief that hypnosis is a neuropathological state found in the mentally ill, to Braid's proposition of the term 'hypnotism' and his development of a new induction involving eye fixation, leading to Berheim's conclusion that hypnosis is a form of heightened suggestion and Clark Hull's large-scale hypnosis study in the 1930s.

There are quite a few hypnosis theories and mentioning them all is beyond the scope of this paper. However, they can be fitted in two categories. The state and the non-state theories. There has been an age-old debate on whether hypnosis is a special state or whether hypnotic responding can be explained in terms of psychosocial and cognitive factors. This debate has yet to be resolved (Fellows, 1990; Lynn & O'Hagen, 2009)

State theorists claim that hypnosis denotes a special state and thus the changes observed are unique to hypnosis and hypnotic induction. Modern research highlighting reliable psychological and physiological changes following hypnosis is said to reinforce the special state theory. However, not everyone is convinced that these changes are unique to hypnosis.

Non-state theorists, who reject this model, claim that hypnotic experience does not require the presence of a unique state

(or altered state of consciousness – a term professionals do not use as often any more) and that the changes observed are not unique to hypnosis. They report that it can be explained by the social and cognitive variables that determine everyday complex social behaviours such as role-enactment, attitudes and beliefs about hypnosis, fantasy involvements and motivated engagement with imaginative suggestions, response-sets and expectancies. It is important to note that there is no debate about the phenomena observed, only about why they occur. Which takes us to the question of *what is hypnosis?*

Because there is no consensus on hypnosis – only a consensus on the phenomena observed during hypnosis – a description rather than a definition is usually provided. Hypnosis denotes an interaction between one person, designated as the ‘hypnotist’ and another person or group of people, designated as the subject or subjects. In this interaction, the hypnotist attempts to influence the subject’s perceptions, feelings, thinking and behaviour by asking them to concentrate on ideas and images that may evoke the intended effects. The verbal communications that the hypnotist uses to achieve these effects are termed ‘suggestions’ and differ from instructions as the subjects experience them as having a quality of involuntariness or effortlessness (BPS, 2001).

### Why hypnosis?

Research is increasingly showing that hypnosis adds to the efficiency of cognitive-behavioural and psychodynamic therapy (Alladin & Alibhai, 2007; Bryant et al., 2005; Kirsch, 1996; Kirsch et al., 1995; Schoebenger, 2000). Enough studies have now accumulated to suggest the benefit of including hypnosis in the management and treatment of a wide range of problems encountered in the practice of medicine and psychotherapy (Elkins et al., 2007; Flammer & Alladin, 2007; Flory et al., 2007; BPS, 2001).

In an article summarising the search for efficacious hypnotic treatment, Wark (2008) reviewed 18 major meta-analyses and evalu-

ated the results using the criteria of Chambless and Holton (1998). The analysis identified 32 disorders for which hypnosis can be considered a possible treatment (e.g. bulimia, depression, irritable bowel syndrome), five for which it seems effective (cancer pain, distress during surgery, surgery pain in adults, surgery pain in children and weight reduction) and two for which it appears a specific treatment of choice (anxiety about asthma, headaches and migraines). However, the movement toward the empirical validation of clinical hypnosis is still in its infancy and further empirical research is needed for a wider acceptance of hypnotic interventions.

### Hypnosis is not relaxation

Although hypnosis can be used as a relaxation procedure, hypnosis is not relaxation. Hypnosis has been often called a relaxation therapy which is not the case. Although relaxation can be a part of hypnosis – usually a very welcoming result of the process – it is not a necessary part. Hypnosis can be carried out with the individual being physically active, open-eyed, focusing on the external environment and with no suggestions of relaxation (Banyai et al., 1997; Capafons, 2004; Wark, 2006).

The most important difference is in the focus of the two techniques. Relaxation focuses more on the physical components of the individual’s experience of anxiety. Hypnosis, on the other hand, focuses more on the cognitive components of the individual’s experience, including the use of imagery, suggestion and cognitive mastery. The goal of hypnosis is to exert influence on feelings, thoughts and behaviours (O’Neill et al., 1999).

When both hypnosis and relaxation are used to reduce anxiety, those using hypnosis report a greater sense of treatment efficiency and expectation and with a greater sense of cognitive and physical change – even when there is no difference in the outcome data (O’Neill et al., 1999). Furthermore, the neurophysiology of hypnosis differs from that of

relaxation and brain activity appears to vary according to the suggestions given. Finally, relaxation in hypnosis has been shown to be different from relaxation in other contexts (Gruzelier, 1998; Wagstaff, 2000).

### **Hypnosis and coaching**

Hypnosis has a long history of applications in enhancing human abilities and potentials: whether it is promoting personal, team and leadership development, enhancing creativity or assisting athletes and students with managing their anxiety, improving learning and enhancing performance (Barber et al., 1974; Burger, 2002; Council et al., 2007; Liggett, 2000; Palmer, 2008; Unestahl, 2004; Yu, 2006). Hypnosis facilitates access to information of which one might not be fully aware along with an increased sense of safety when dealing with personal issues (Gruzelier, 2000) – a potential benefit to developmental coaching.

Hypnosis has been used for decades in a variety of settings to facilitate therapeutic results or to enhance performance. Since other psychotherapeutic strategies have been successfully transitioned to coaching and are commonly practiced by coaches and coaching psychologists, hypnotic techniques and principles may also be successfully transitioned to meet coaching objectives and equally adopted by coaching professionals.

### **Hypnotic techniques in coaching**

Although a wide range of hypnotic techniques have the potential to be incorporated within a coaching framework, this article focuses on three: self-hypnosis, age progression, and age regression. As research of hypnotic techniques in coaching psychology is lacking, much is based on author's experience (Armatas, 2008a).

#### ***Self-hypnosis:***

Self-hypnosis (hypnosis initiated and carried out by the coachee) is widely encouraged as it reinforces the work already conducted in the office or the workplace and promotes active participation. It may be used to facili-

tate self-mastery and an increased sense of self-control. It can also be added to coaching to facilitate learning and enhance performance, not far from what many athletes do as part of their preparation regime. At the discretion of the coach, a recorded tape of the hypnotic session in the office can be given to the client for frequent use.

In summary, self-hypnosis can be utilised as a means of practicing/rehearsing skills, facilitating learning, encouraging independence and empowerment, participating actively and enhancing motivation. A coachee may use self-hypnosis to reinforce a coach's suggestions, to build confidence, to master new skills, change behavioural patterns and promote changes in cognition (Fromm & Kahn, 1990; Sanders, 1997).

#### ***Age progression:***

Age progression involves working in the future – a concept those practicing solution-focused coaching will find familiar. Rather than using it in the end of a session, one may initiate it in the beginning. Coachees are encouraged to progress to the future where they can: (a) rehearse recently taught coping strategies; (b) rehearse the benefits of changing and thus enhance motivation; (c) identify any problems that seem to arise with changing and manage them beforehand; and (d) augment post-hypnotic suggestions at the end of the session (Heap & Aravind, 2002). Age progression may also be included in a coachee's self-hypnosis practice.

Age-progression can be utilised to establish clear goals and the necessary resources, skills and coping mechanisms needed to get there. When this is done, an individualised plan can be prepared that will aid the coachee in achieving his or her goal (see Table 1).

#### ***Age regression:***

Age regression refers to the reliving in imagination of memories from an earlier period in one's life. It does not re-instate childhood (or other age-appropriate) physiological and psychological processes and structures (Nash, 1987). Nor do clinical practitioners

Table 1: Age Progression.

<p><b>Age Progression: EXPLORE &amp; DEVELOP</b></p> <p>Explore desired future image:</p> <ul style="list-style-type: none"> <li>● What do they want to do/feel?</li> <li>● What is success like?</li> <li>● Any problems arising with success?</li> <li>● What is needed to get there?</li> <li>● Anticipated difficulties?</li> </ul> <p>Develop:</p> <ul style="list-style-type: none"> <li>● Clear goals.</li> <li>● Resources/Skills.</li> <li>● Coping mechanisms.</li> </ul>
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tend to use age-regression as a memory enhancement tool. Memories retrieved through age-regression may be unreliable and the more remote the regression, the greater the risk of inaccuracy. This seems to be mostly related to expectancies and situational demands rather than with hypnosis *per se*. For example, if you believe that you can remember what is forgotten during hypnosis, any information retrieved will be viewed and 'felt' as accurate (even if it is not). Hypnosis practitioners advise focusing on the emotional experience rather than the details of the event. (Wagstaff, 2008; Wagstaff et al., 2007). One needs to be adept at dealing with possible abreactions, knowing when to use age-regression and when restrictions apply. Inappropriate handling may re-traumatise a client. Obviously, thorough training and supervision is mandatory.

It is the author's experience that when working in coaching settings, a necessity for remote regression (e.g. childhood) is highly unlikely. Still, as hypnosis can be a powerful emotional experience, one cannot stress the importance of training and supervised experience. As clinical work and hazards differ from coaching objectives, the following guidelines are recommended that will minimise risks that are mostly associated with therapy: (a) do not haste with assessment and rule out need for therapy; (b) have a concrete goal and purpose in mind for using age-regression; (c) avoid using age-regression as a memory enhancement tool or for exploratory work; (d) identify memories to

be utilised before hypnosis. For example, if your goal is to enhance one's performance, you may identify past performances that the coachee is proud of (if any) and inform the coachee beforehand which ones you will work on and for what purpose; and (e) do not focus on unnecessary details during hypnosis. Instead, direct attention to emotions, cognitions and behaviours that are needed to repeat similar performances or to coping mechanisms that were lacking and need development.

Although some practitioners may feel reluctant to use age regression, it can be fruitful under certain circumstances, as long as it adopts a coaching philosophy, e.g. to improve performance, skills and learnings. Specifically, age regression can be used to:

(a) *access resources that 'once were' and build on them.*

It is not uncommon for coachees to have exhibited in the past the skills and resources they are currently striving to acquire. Some have already experienced the very same skills and behaviours they are now trying to achieve with the help of a coaching professional. The pianist who has performed numerous times before large audiences yet now finds himself having a difficult time harnessing the accompanying stress. Or the salesperson who fears he has 'lost his talent' after a period of exhibiting exemplary sales skills with documented success. Age regression can be applied in these cases in order to foster belief and confidence in the attainment of goals; if they have done it once, they can do it again. It can help the coachee re-experience, remember and access the desired skills and resources and build on them. Finally, one can 'bring' those skills and resources back to the present and future.

(b) *access and utilise desired resources and skills that already exist in another area.*

An example would be the coachee who wants to deal with her performance anxiety. She is a postgraduate student and is required to present before fellow students and

instructors. Although she has not engaged in any avoidance behaviour, she knows that her anxiety is getting in the way of her performance. It so happens that the coachee has been part of the University's acting club since she was an undergraduate student and is still actively engaged in it, even though rehearsals are time consuming. In this case, age regression serves the purpose of utilising her rewarding theatrical performances, accessing her existing performing skills and harnessing them before an academic audience.

*(c) review and learn from previous performance, build on positives and develop what is missing.*

Video recording coachees' performances may not always be possible. When recording is not an option, one may consider reviewing previous performances using age regression. It provides an opportunity to focus on what needs developing and to take a positive psychology outlook, by building on the positives and utilising those exceptions during their performance that felt good and yielded results. Imagine a workshop instructor that appears to be struggling to maintain her own energy levels during her workshop, let alone sustain a high interest level among the participants. While replaying her performance during age-regression, one can focus on the times she was energetic and the participants were more involved and interested. In this case, age regression is chosen to review previous performances, to build on the positives and to develop what is missing. Skills coaching can be added depending on what is determined to be missing.

### **Hypnotic communication: Suggestions**

A suggestion can be defined as an interpersonal priming process whereby one person by means of verbal communication, non-verbal behaviours and other contextual factors aims to influence the beliefs, intentions, desires or feelings without the other being aware of this (Lundh, 2000). Although hypnotic inductions tend to increase the level of responsiveness to suggestions, similar

responses to suggestions can be obtained without formal hypnosis. This paper's focus is on the use of indirect suggestions (Heap & Aravind, 2002) during coaching conversations in order to enhance responsiveness.

### **Indirect suggestions in coaching**

Following are some suggestions that a coach can strategically add to the coaching dialogue or to existing coaching techniques without the use of hypnosis. As with all strategies, suggestions need to be used having a specific purpose in mind.

#### **'Yes Set':**

The 'yes set' involves asking questions which the coachee is certain to respond with a yes in order to increase receptiveness to our intended suggestions. Following is an example of a dialogue with a successful entrepreneur – who would often boast about how good he is at building successful businesses – just before introducing relaxation. His goal was the control of unnecessary irritability when he did not get his way and/or when others did not follow through his advice. This behaviour was directed to his family, friends and employees but almost never to likeminded businessmen. The purpose of using the 'yes set' in this session was to enhance receptivity to the use of relaxation and to increase positive expectations and responses.

Example:

- So it appears that you have done quite well in business?
- *Yes, I was always good at that.*
- And you feel confident when it comes to business.
- *Yes.*
- And in control when dealing with business plans and finding investors.
- *Yes, in control.*
- And I am sure you will feel even better when you will be able to control your tension.
- *Yes, that would be great.*
- And feeling in control suits you doesn't it (laughter).

- *Yep, it certainly does.*
- So, rather than beating around the bush, why not start a simple yet effective way to relax.
- Great.

#### ***Embedded suggestions:***

Embedded suggestions are suggestions contained within a statement and keywords are spoken in different tone. Following is an example that can be carried out during relaxation or imagery. The content is basically the same as the 'Yes Set' dialogue described above but used in a different manner. The keywords in italics are the messages the coachee wants to convey and are spoken in a slightly different tone. The goal is to help the coachee tap into his ability to feel confident and in control (referring to his business side) and link it with relaxation.

'So, let me just remind you, as you are practicing your relaxation exercise, that we have talked about how *you are doing quite well* in business ... and how *you feel confident* when it comes to business ... and *you feel in control* when dealing with business plans and finding investors ... and *you will feel even better* you know ... when *being able to control* your tension ... and *feeling in control* ... which suits you doesn't it ... *it feels right* ... and you are *already more in control* ... of your breathing ... just by (continue guiding through relaxation).

It is highly recommended that training be sought in the use of these suggestions when added to experiential techniques such as imagery and relaxation as they can inadvertently lead to the experience of hypnosis.

#### ***Binds/Double binds:***

Binds and Double binds aim at creating illusion of choice. Where the response alternatives are deemed to be conscious, the suggestion is referred to as a 'bind' and when unconscious a 'double bind'. The purpose of using binds is to presuppose that the desired goal will occur and increases positive expectations.

Bind: *'When do you prefer to learn to relax, now or towards the end of the session?'*

Double bind: *'I wonder where you will find yourself being more assertive first, will it be in a professional situation or a more social one?'*

#### ***Open-ended suggestions:***

These suggestions involve asking coachees to notice what experiences are present at the time (implying their existence) rather than simply describing the experience for them. Once again, the purpose is to imply that there are noticeable changes and at the same time the coach can use any kind of feedback to reinforce further suggestions.

Examples:

*'I wonder what you are experiencing right now'* (message: there is something to experience, take your time and let me know, because something is happening or is about to happen)

*'Notice how it feels to breathe (think, act, etc.) in this way'* (goal: reinforcing the intended changes in breathing, thinking, acting).

#### ***Indirect implication using the negative:***

This suggestion implies that something will not happen now but will happen later. Let's assume that a coachee seems a bit anxious about being able to learn new skills, such as being able to relax. Before (s)he rushes into it with an increased chance of giving up, one may want to consider saying:

*'As you are learning to focus on exhaling, I don't want you to become deeply relaxed until you have understood the whole process. Give yourself some more time before relaxing further and just focus on the learnings ...'*

Another example would be with a coachee who has identified the changes that need to be made for his business to grow. However, you feel concerned he might pressure himself to do too much too soon. Using this suggestion may take the pressure off the coachee and it often leads to an initiative to do more than agreed upon but without the pressure. An example in this case would be: *'Please don't apply any changes before you feel comfortable with them. So which one do you feel most comfortable with?'*

**Paradox:**

A paradox appears to suggest the opposite response to what is really required. The purpose is the same as the ‘indirect implication using the negative’, it is just stated slightly differently. The implication is that the intended changes will happen but at a later time.

*‘I’d prefer you don’t relax too quickly...’*

*‘Let’s not make any changes just yet ...’*

**Reference to coachee’s experience from everyday life:**

One can introduce a suggestion by first referring to a relevant life experience, thus making it more valid, more believable and more natural to the coachee.

A coachee has presented with presentation anxiety associated with conference presentations. The initial interview shows that he is an avid football player. Further probing indicates that he feels very comfortable on the field, and even when he plays in the presence of passionate spectators, he goes on with his game and feels exhilarated in the end. This experience was used in our conversation and later the same suggestions were embedded in his imagery.

*‘Just like when you are playing football ... you’re focused on winning and so concentrated that even though there may be hundreds of people watching, it is as if they are not there ... somehow you are more focused on doing your best ... on being your best ...’*

Another way to start would be:

*‘You know how you ... (add coachee’s experience according to the message you want to convey).’*

**Reference to other people’s experience:**

This suggestion was used just before starting a coaching technique with a coachee that had a preconceived notion that changes take ages to happen:

*‘I did this with a client last week and when it was over she said that she thought it would have taken ages before she felt empowered ... so when you’re ready ...’*

*‘I remember a client asked the same question and when I told her that (add suggestions according to the message you want conveyed ...).’*

**Metaphors and stories**

Metaphors and stories are another way of conveying messages. Coaching psychologists can choose to construct their own original metaphors and stories, extract them from other sources or work with a metaphor found in the coachee’s narration. As long as they are used at a stage where the coachee can make use of the information, there are several advantages to using metaphors and stories: they stimulate imagination and creativity, they are safe and easy to remember and help bypass possible resistance to change and development. Moreover, coachees actively construct for themselves new ways of understanding and tackling their problems. Finally, metaphors may be utilised to build rapport, prepare for future responses and to link change to subsequent behaviour (Brown, 1997; Queralto, 2006).

**Coaching hypnosis:**

The term ‘coaching hypnosis’ is suggested when using hypnosis within the coaching arena (Armatas, 2008b). Coaching hypnosis may be defined as *the deliberate use of hypnotic strategies and principles as an adjunct to accepted coaching processes*. Just as with other therapy practices adapted to coaching, a distinct term will help to separate links with therapy (specifically with hypnotherapy) and give it an identity of its own. Coaching hypnosis is results-oriented and solution-focused. It is present and future focused (even when dealing with past). As with hypnosis in therapy, it is not an approach but an adjunct to accepted coaching processes. One might have behavioural or cognitive-behavioural coaching hypnosis, solution-focused coaching hypnosis, gestalt coaching hypnosis and so on. There are some common questions that need to be taken into account. Is rapport established? Does the coachee have unrealistic expectations? Is hypnosis viewed as a magical procedure that will do all the work for the coachee? Any past negative experiences of hypnotic or hypnotic-like strategies? Is hypnosis the first choice or is there a better way of dealing with coachee’s issues?

### **Culture and context**

Cultural differences need to be taken into account when using formal hypnosis. The author is bilingual (Australian – Greek) and caters to both English-speaking and Greek-speaking communities: not all English-speaking coachees are English and not all Greek-speaking coachees are Greek. Different cultures bring different perceptions about hypnosis and these need to be addressed. Additionally, hypnosis needs to be explained and presented according to the context in which it is to be provided. Differences in describing and applying coaching hypnosis will depend on the type of coaching (business or personal) and the ‘type’ of coachee (leader, executive, an employee lower down the hierarchy, a freelancer or unemployed). Finally, hypnosis should always be a choice: one of many choices available for the coachee.

### **Training and supervision**

Because hypnosis is not a distinct approach, it is to be used alongside accepted coaching approaches. The International Society of Hypnosis (ISH) which is the recognised society in the hypnosis field with constituent societies from 20 countries stresses the importance of training and using hypnosis only for those purposes for which one is professionally qualified and with the strict limitations of one’s professional work. This implies that for coaching psychologists, hypnosis be used for coaching purposes. Training courses are available at some universities, through hypnosis sections of psychological societies and through constituent societies of ISH. It is advised that professionals offering such training are either ISH members or members of its constituent societies (in some cases membership alone may not indicate adequate training and accreditation is required). However, even if training in hypnosis is taken, as very few are coaching psychologists, one will need to adapt what is learned to meet coaching objectives, not an easy feat for a novice.

### **Conclusion**

Hypnotic strategies and principles can be successfully applied to meet coaching objectives and can become part of a coaching psychologist’s repertoire following training and supervision- as has been done with other psychological techniques currently used in coaching. Indirect suggestions may be strategically employed in a coaching dialogue in order to enhance coachee receptivity. The term ‘coaching hypnosis’ is proposed to help separate links from hypnotherapy and help it have an identity of its own. Coaching hypnosis is referred to as being *the deliberate use of hypnotic strategies and principles as an adjunct to accepted coaching processes*. Much work needs to be done in this area as research is definitely lacking: an interesting and promising area nonetheless.

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