THE ROUTLEDGE INTERNATIONAL HANDBOOK OF CLINICAL HYPNOSIS

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Would You Like to Join Me on a Trip to a Cabin?

Scene 1: When Too Afraid

The boy in front of me is six years old. He is holding his mother's hand tightly and his back is against the white hospital wall as if he tries to protect himself from attacks from behind. I know that he knows that he needs to give a blood sample today. I know that he knows that I am there to make this happen. We only have this time to get to know each other, build trust, and, eventually, help him believe in his own capacity to help himself. I imagine how the smells, sounds, and colors of the hospital remind him of other times in this place. Painful memories. Times he does not remember, but that his body remembers all too well. I can see it in his watchful eyes, white cheeks, and in the tension in his little body. He is ready to run, fight, or even give up. The increasing tension and physical arousal will soon make it even harder for him to cope. It will intensify the sensation of pain. Then, I witness how everything changes the moment I say, "Hi, would you like to visit a cabin with me? It´s outside in the forest by the stream." He seems a bit puzzled, looks up into my eyes and nods. As we walk outside his body starts to relax, he breaths deeply, let's go of her mother's hand, walks with lighter steps, color returns to his cheeks. He looks around and asks, "Where is it? Is it that way?" He leads the way up the small hill, listening to the birds and feeling the wind against his cheek. He says with excitement in his voice "Is that the place? Can we go inside?" He has discovered a strange cabin with crooked walls almost like a tree hut a child would have made. Curious. Inside it smells of wood and he can see the forest through the windows and the sky through a window in the ceiling. His mother lets out a sigh "Aah!" and sits down on one of the colorful cushions. Maybe it reminds her of a cabin she used to visit in the summers as a child. Good memories. The boy starts to explore and find a fishing rod. And as we walk down to the water, he takes my hand.

Children in a Hospital Setting and the Meaning of Nature

In the Department of Child and Adolescent Mental Health in Hospital at Oslo University Hospital, we prepare children, adolescents, and their families for medical procedures and

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support them through challenging hospitalizations. Meeting children in a hospital setting always makes me aware of how unfamiliar and scary this place must seem to them. Imagine being five years old, holding your mother's hand, and going through those huge doors for the first time: white halls with people dressed in white walking hurriedly with serious faces. You may feel how your mother`s grip changes, her hand feels a bit strange, and tense, and it is as if she is not really listening. When you are a little child, the body is sacred; nothing should enter or be taken from it. Imagine how much energy you must spend on protecting your body from "painful stuff that might happen here." For some children (and parents), the high level of bodily arousal caused by such a stressful situation makes it impossible for them to find and use good coping strategies.

We know that children and adolescents with serious and chronic diseases have a higher risk of developing mental, psychosocial, and family-related difficulties compared to somatically healthy children and adolescents, and that this group is at greater risk of developing symptoms of post-traumatic stress (Diseth, 2014; Diseth & Christie, 2005; Gjems & Diseth, 2011). Therefore, children and adolescents who must undergo frightening and painful procedures in the hospital need help to find strategies to get through the procedures and effects that accompany life-protecting treatment.

Helping medically ill children and adolescents to find ways to reduce sympathetic nervous system arousal is an important intervention in preventing and managing pain, anxiety, and stress/trauma-related conditions (Gjems & Diseth, 2011). Psychosocial factors may also affect medical conditions, for example, modulating the impact of stress and inflammatory responses in cases of cancer (Cole, 2013). In these conditions, both relational and contextual factors may influence the outcome (Hauge et al., 2023). Over the years, researchers have tried to define common factors in therapy (e.g., Lambert & Bergin, 1994; Wampold, 2015) mainly studying qualities in the therapist, the client, and the relationship between them (e.g., therapist empathy, patient expectations, agreement about goals). According to Finsrud and colleagues, confidence in the therapist and confidence in the treatment (e.g., positive expectation) are essential factors (Finsrud, 2021). Much less is known about the effect of the qualities in the surroundings and how to facilitate desired change by inviting clients to be in their preferred environment (Hauge et al., 2023). There is little research on how different indoor interior and architecture may affect therapy (Jackson, 2018) although some studies suggest that environments in which the interior looks like someone's home may help patients feel safer (Jones, 2020) and a safe setting might heighten positive expectation (Frank, 1982; Frank & Frank, 1991). Over the years there has also been a growing interest in the field of nature-based therapy and the positive effects of bringing patients out into nature (e.g., Fernee et al., 2020). To reduce stress and facilitate beneficial coping and empowerment, we should consider all aspects of a child's hospital experience, using communication skills to imbue each encounter with accumulating safety and acceptance. This can start with the admission letter, the hospital milieu, and the way we greet each young person. When faced with a scared child or adolescent, we could start by asking them, "Where would you rather be than here?" Sometimes they can travel there in their mind and other times it works better to actually go there.

This chapter is about how we may enhance absorption, interconnectedness, and creativity through the environment and thereby evoke malleability and flexibility that can be brought back into the hospital (see Sugarman et al., 2020). We will look at the concepts of relational and contextual hypnosis, favorite places imagined (inscapes) and actual favorite places (landscapes), attachment/place attachment, and the meaning of natural surroundings in

therapy and hypnotic work. We will explore through stories from practice at the Outdoor Care Retreat, how we, by taking in the environmental landscape and making it an intensely memorable inscape, can encourage a memorable presence.

Clinical Hypnosis

Clinical hypnosis may be understood as an interpersonal communication method that aims to cultivate change in the embodied mind (Sugarman et al., 2020). I find it helpful to think of trance as a creative inner process rather than a state. Working with children, I find that trance happens naturally without the need for induction. However, if I am to think in terms of induction, I like to think of it as similar to a parent`s soothing humming to a child (Gerge, 2009). Hypnotic nonverbal communication such as tone of voice, pacing, and utilization have qualities that can be seen as parallel to the healthy primary attachment relationship (Linden, 2020; Spiegel, 2016; Zelinka et al., 2014). In this way, clinical hypnosis "speaks" to the child within and offers new healthy attachment experiences that facilitate beneficial learning (plasticity). When attending a child bedside, I aim to create – through focused shared attention – a secure "bubble" surrounding me and the child/family. The bubble shields us from disturbing sounds, people, and light. Through helpful suggestions (i.e., what is communicated verbally or nonverbally in trance), the child/family is invited to experience themselves or the world in a new way (Helgeland et al., 2021). In my experience, clinical hypnosis may be used together with a range of different therapeutic approaches as it involves biopsychosocial factors (e.g., facilitating subjective experiences, psychobiological change, hope, and positive expectancy) that might be of importance for a positive treatment outcome (Jensen et al., 2015). In this way, hypnotic communication may facilitate and strengthen therapy in general.

"Inscapes" and "Landscapes"

Safe-place inductions are considered important in stabilizing, self-regulation, and resource installation in trauma-informed psychotherapy (Diseth & Christie, 2005; Gerge, 2018; Shapiro, 2001). "Safe place" may be thought of as an emotional sanctuary where a person can go in their mind to recover stability when feeling stressed (Shapiro, 2001). Imagined favorite or special places (inscapes) can be remembered or projected into the future. These can induce processes of safety and belongingness because, "when clients feel sufficiently secure in the moment, they can begin to change their patterns and learn in depth" (Gerge, 2018). I often prefer to introduce the concept of a "good place" rather than a "safe place" as some patients do not have a safe place and the word "safe" also lead to associations with something being "unsafe." With children, I often find it useful to talk of good "experiences" or "activities" rather than good "places" and even make the conversation into a good experience of empowerment:

> "You are here to have a vaccine. I imagine that this is not your favorite activity. So, if I ask you how you feel right now … ? Not so great? Right. I wonder where you would rather be than here? Right. That's the place – and you feel just great! Would it help you to tell me where you are? What do you do there? Maybe we could draw a picture of it with your favorite colors? Look at this wonderful picture … How do you feel right now? Great? How did you do that? Change from "not so good" to "great"?

> You did it "just" by drawing a picture of things you like to do and places you like to be and kind of "just" go there in your mind? Isn't that interesting? I wonder if this may be a picture of some of your superpowers?"

Asking patients "Where would you rather be than here," carefully listening to the words chosen and repeating them back to the patients to help them be more and more there, is a way to invite them to dissociate from the situation they are in for a while. Dissociation, disorientating from the physical environment and even one's body, is an innate response to protect oneself in a challenging or traumatic situation. In therapeutic hypnosis, dissociation is utilized to create a sensation of control, safety, and beneficial associations. Inspired by Milton Erickson's (1985) concept of utilization, we can use what the person is already doing and help them use it for something good. Thus, creating an inscape is not only about distraction but also about finding one's own "superpowers."

When asked about good or favorite places, many patients (and people in general) refer to places connected to natural environments and activities that occur within them (Korpela 2003; Korpela & Hartig, 1996). For an environment to be categorized as natural, it might be sufficient that it includes some natural elements (Korpela, 2003). However, for many of us, the concept of nature is associated with a place different from an urban environment, a place that is dominated by natural elements and large enough for us to feel some level of absorption in the element (Johnsen, 2011). Natures' positive effect on psychological well-being is documented across cultures (Hartig et al., 1991; Hartig et al., 2003; Kaplan, 1995; Park et al., 2010; Ulrich et al., 1991). We know that spending time in nature can have a regulating effect on the body and that exposure to daylight and images of real or simulated nature influences perceived pain, stress, and the length of hospitalizations (Kaplan, 1995; Malenbaum et al., 2008; Ulrich, 1984; Ulrich, 2008; Walch et al., 2005). Spending time in forest areas has been shown to lower cortisol levels, heart rate, and blood pressure, increase parasympathetic activity, and decrease sympathetic activity to a greater extent than time spent in urban areas (Kaplan, 1995). Even just sitting in a room with a view of the natural surroundings reduces blood pressure more than sitting in a room without a view (Hartig et al., 2003). In many illnesses, physical activity can help to improve a patient's physical and mental health, and physical activity in nature can have an additional positive impact (Martinsen, 2004; Ryan et al., 2010). Several studies show that nature has characteristics that can have a restorative effect on people's temporarily reduced mental resources (Kaplan, 1995; Park et al., 2010). Furthermore, several studies suggest that spending time in nature can reduce physiological arousal, enhance positive emotions, and minimize negative emotions (Hartig et al., 2003; Hartig et al., 1991; Ulrich et al., 1991). As a result, time spent in nature proves to be significant for emotion regulation, and some people deliberately use nature to create more comfortable mindsets (Hartig et al., 2003; Korpela, 2003; Johnsen, 2011; Johnsen, 2013). People may experience a long-term positively affected bond to a place and seek comfort by visiting specific places or places associated with positively affected experiences in childhood (e.g., "place attachment," Korpela & Hartig, 1996; Morgan, 2010). With this knowledge, it is tempting to ask the question, why is so much therapy conducted indoors and in a setting decided by the clinician?

In our daily lives, our attention is effortfully directed toward different objects (mobile phones, computer screens, persons, toys in a therapy playroom) in service of specific goals. Nature, on the other hand, offers an undemanding setting where attention can be directed more effortlessly toward whatever is experienced as fascinating at that moment (e.g.,

Attention Restoration Theory; Kaplan, 1995). Helping patients to experience an actual good place that stimulates all senses (sounds, smells, colors, feels) in an open and undirected way may start a trance process, thereby strengthening their experience of being able to help themselves feel good (e.g., self-soothing capacity). This may also make it easier for the person to find the way "back" to that place in their mind's imagination when in the hospital in a challenging situation. The landscape trance can become an inscape when in the hospital.

Where Would You Rather Be Than Here?

Scene 2 When Words Are Not Enough

The first time I really understood the impact of nature in therapy was in 2010. I was attending a teenager with a heart disease who was referred to us because she had stopped talking and responding to the hospital staff. The nurses were worried that she was depressed. I remember entering her room. She was laying with her head under the blanket. She had been in the hospital for a long time. I imagine she was fed up with treatment, giving blood and giving answers. I imagined that the last thing she wanted to do was to talk with yet another new person, a psychologist. As I struggled to get in touch with the girl under the blanked her father said, to excuse her behavior, "I think she is just so tired of being inside this place. Back home she is always outside in our garden or in the forest." I remember asking; "Would you rather be outside in the forest?" Then there was a nod from under the blanket. What surprised me then was the fact that she had been in the hospital for such a long time, and no one had thought of bringing her outside. We got her into a wheelchair, tucked in a warm blanket, and went outside, over a small bridge and into the forest that borders the hospital ground. We sat down by the stream. The girl gazed out on the water as her father and I talked about the smell of grass, the sound of the stream, and the activities of the birds and animals we have seen in the forest. And as we sat there, I could see how her face relaxed and how relieved her father was to see her like this. After a while, she whispered to her father, and he told me that she loved horses and used to ride a horse back home. And when I asked her if she would like to visit the horses that lived close by, she looked at me for the first time and said in a clear voice "Yes." When we later returned to the hospital, I could remind her of the sounds of the forest, the softness of the horse`s muzzle, and how good it smelled. And in this way I help her get through painful treatment. I remember thinking "We have to do more of this."

Life within the four walls of a hospital entails a considerable loss of perspective, predictability, and control. This can result in emotional and physiological strain and a feeling of hopelessness. Seriously and/or chronically ill children and adolescents might experience life as unfair, feel different from their peers, find interaction with their parents challenging, and develop an illness identity: "I am ill and weak, I cannot trust my body, I always make things worse." They may have few and "thin" life stories of mastery (e.g., narrative therapy; White, 1990). Facilitating hope and positive expectations is a critical intervention (Helgeland et al., 2021; Lindheim & Helgeland, 2017). We attempt to help children and adolescents in ways that help them feel empowered, using play, externalization, fantasy, storytelling, and hypnotic communication. But in some situations, this is just not enough.

Over the last 12 years, we have made many positive clinical experiences incorporating nature into our therapeutic work. We experience how nature and enjoyable activities bring

spontaneous joy, provide a break from difficult hospital experiences, and promote relaxation (Lindheim et al., 2020). For some patients, regular trips outside in nature have been a motivating factor in their treatment and have given them positive associations with the hospital. Patients tell us that what they remember best from all the time they have spent in the hospital are our trips outside in the forest. Families have reported that it feels good to get out of the hospital, see what their children can manage to do, be a "normal" family again, spend quality time together, take part in meaningful activities, and learn new things. These experiences might contribute to "thicker" life stories of mastery (White, 1990). We are witnesses to these experiences; we can retell the stories (to doctors, nurses, and family members) and in this way make these positive life stories even more robust. "You actually managed to make a bonfire together even though it rained so hard. You are a family who really won't give up."

Furthermore, shared nature experiences might also change the relationship between therapist/clinicians and patient. I will never forget a young girl who saw a nurse she had known for years suddenly wearing a rain jacket as we were going outside together. It was as if her eyes were asking, "Are you a normal person?" I like to think of trance as a set of parameters for processing inputs. As novelty drives trance, new important experiences of this sort may create opportunities for change.

We experience how nature profoundly expands the child and family's frames of references and their resources for managing uncertainty. Just as the hospital setting evokes a sense of externalized and human-design control where, even though we try to escape by dissociating from it, the smells, sounds, and sensations impinge on us. Nature provides us with an infinitely expansive environment. Here we can be both effective (in discovery, collecting things, making bonfires) and part of something growing, healing, changing, and decaying (seasons changing, flowers growing and withering). Nature provides a literal landscape of possibilities and metaphors that might drive trance. When the hospital environment may not be a creative environment, nature is endlessly so.

These positive experiences created in me a desire to establish a therapeutic space in nature close to the hospital so that patients, who for various reasons cannot leave the hospital area, can spend time in nature. A physical cabin provides a sheltered space and can be used by patients who cannot be outdoors for long periods.

The Meaning of the Outdoor Care Retreat

The Outdoor Care Retreat ("Friluftssykehuset") was built in 2018. The cabin was developed in cooperation with the father of a patient and an architectural firm (Snøhetta). The collaboration arose from a common desire to create a positive place in nature for patients and their families. The cabin has a "biophilic" design. The goal of biophilic design is to connect the satisfying elements of nature to a built environment through organic forms, natural elements, and vegetation (Kellert & Calabrese, 2015). What we came to realize after inviting patients and relatives out to the cabin was that the architectural design and location of the Outdoor Care Retreat provided a unique therapeutic space that in itself facilitated therapeutic work (Lindheim et al., 2020). The feedback from both clinicians and patients tells us that the surroundings at the Outdoor Care Retreat stimulate curiosity and creativity, give access to positive associations, and facilitate belief in their coping abilities and positive expectations for change and development. All of these are important factors in driving trance and facilitating positive change.

Therapists using the Outdoor Care Retreat report that the playful architecture and natural materials in the cabin and surrounding nature are actively used in therapy for relationship building, in narrative therapy, metaphors, and restorative effects (Lindheim et al., 2020). To look more closely at the meaning of the Outdoor Care Retreat, we conducted a study comparing the Outdoor Care Retreat to traditional hospital environments interviewing hospital leaders, therapists, and parents of children. We found that the setting influenced therapy through affordance (the natural setting gave more flexibility and diversity in activities, positive distractions, and easier access to many favorite places), natural bodily reactions (more active body, more relaxed and open body language, more energy level in line with the form of the day), identity and role (therapist and child seeing themselves as more equal, the child focused more on normal healthy sides), emotions (more positive emotions of joy, safety, and restoration), stronger alliance (attachment and contact between the therapist and patient was quicker built, the child was more in control), therapeutic flow in a holding environment (easier to motivate, regulate emotions; easier to open up to more playful creative therapy using nature metaphors), and valuable expectations (more positive memories and more positive expectations regarding future treatment) (Hauge et al., 2023).

Finding "Superpowers"

When "Not Suited" for Therapy

I remember meeting a girl who taught me a lot about therapy. She was referred to us because she needed medical care that she resisted because of previous traumatic hospital experiences. She was also defined as "not suitable for therapy" (by previous therapists) due to different challenges. I do not think she would ever have agreed to meet me inside the hospital. But as she was told of the cabin, she agreed to meet me there once and then decide whether she would come back again. The first time we met she was sitting inside our play tent, with her legs sticking out, as I spoke with her mother and father. The same happened the next session. Eventually she started to peek out and join us in our conversations about favorite places and favorite activities. I learned then that she had a dog that she loved. The next time she brought the dog, and we went for a walk up the stream. I told her she and the dog could lead the way and I would try to follow in her footsteps. She liked that. We spent many sessions exploring the steam. Later I learned that she was very brave when it came to insects and worms. She showed me how to handle the creatures and, as I do not like worms, she had to expose me gradually to them to help me feel safe. Later we used worms as actors to re-tell her experiences in the hospital: what had happened and what she would prefer to imagine happened instead. We sat inside the cabin in the small room and looked out into the forest as she told her story. She was the director, I acted through the worms and her parents were the audience. Eventually we could also practice the medical procedure she needed done. After practicing inside the cabin, we went outside and into the forest to "get it all out of our body." Now that she was in an actual good place we could also explore the effect of deep breathing, progressive relaxation, and good place exercises. She liked to imagine being outside with her dog. This helped her relax, but she found it difficult to bring herself to this place when she was in the hospital. Her brilliant solution in the end was to bring her dog with her and have the dog on her lap as the treatment was performed the practitioner could see

when she was ready by observing the dog's bodily reactions. When the dog was calm, she was in her favorite place and ready. After the procedure was done, we had a celebration at the cabin and invited the practitioners and her family. We celebrated all she had managed to do and told stories of our journey together.

The positive experiences of being in a favorite place, feeling safe, and having the time to find her own "superpowers" bring up the question of whether this girl was unsuited for therapy or not suited for the limited type of therapy offered. It also questions whether the therapy we tend to offer children is more suited for adults (who like to talk) than children (who like to do).

Bringing It Together

A good place: In our clinical work, we experience inviting patients and their families to the Outdoor Care Retreat has a positive impact on their perceived level of stress and anxiety. Patients and family members who visit the Outdoor Care Retreat often say that they find it easier to relax and feel good inside the cabin than within the four walls of the hospital. Many talk spontaneously about other places and experiences in which they feel or have felt good. In this way, the surroundings can facilitate access to positive sensory experiences and memories. Moreover, the therapists can help the patients recapture the feelings of peace and joy from the forest when they are in challenging hospital situations: "Do you remember when we were out by the stream, and your bark boat went over the rapids?" In this way, the cabin becomes an *actual* favorite or safe place. For patients who find it hard to imagine, concentrate, verbalize, or are too afraid, it can be easier to establish a good bodily sensation when exposed to a physical landscape that then, in turn, becomes an inscape. Further, some might find it easier to bring the experience back in to mind when they have used their senses (smell, touch, sound, colors, shape) together with a therapist that can help them bring the experience back to live, especially if the situation is challenging having an operation, experiencing postoperational pain, or undergoing needle insertions. Sharing good activities and places may also influence relationships. In a therapy group with adolescents, we invited the participants to bring the group members to their local favorite place in nature. The intimate gesture of sharing these places strengthened the relationships and feelings of worth.

A place for journeying together: "Where would you rather be?" Patients often spontaneously choose to sit inside the cabin by the window in the small room looking down toward the stream when they need to concentrate or talk about challenging subjects. Then many suddenly get up and walk into the bigger room with cushions when they want to be more active, play, and feel joy. They might even open the doors and move out into the forest to get a break from it all. The cabin gives flexibility and opportunities to move between qualitatively different therapeutic settings inside and outside and thereby regulate bodily sensations and feelings. We experience that patients who are given the opportunity to do this are better able to tolerate strong emotions and find more effective ways to stabilize (Lindheim et al., 2020). Also, by asking the young person: where would you prefer to be? Where do you find your strength and superpowers? Where would you like to talk about this? In a therapy room? Outside in the forest? In the cabin? Where? And *follow them there* we strongly communicate that we trust their ability to help themselves. In addition, when they are *there* – we can give a suggestion that will stick: "You really know how to take care of yourself."

A place for making life stories of mastery thicker: which stories from the hospital will a child remember? What will be their story? Diseases and hospitalizations affect the entire family. Patients can feel different from their peers, find it hard to cope in different situations, and interaction within the family can be challenging. To encourage families to have a good experience out in nature is a therapeutic intervention in itself. Furthermore, the Outdoor Care Retreat invites patients and their family to be in a protected, homely, and private surrounding where they might feel like a normal family. The surrounding nature often makes it easier to experience a feeling of dignity and equality. Nature also gives many opportunities for positive experiences such as caring for yourself and for others (making a bonfire together to stay warm, making food together when feeling hungry), mastery (shooting with a bow and an arrow), and seeing new sides (a father's warmth toward his son as compared to anxious and distant behavior when inside the hospital). After a child has completed a "big job" in the hospital (such as an operation), we invite family and hospital staff to a celebration at the Outdoor Care Retreat and retell stories of everything they have done. In this way, we may think of ourselves as storytellers contributing to positive life stories and good memories.

A place of metaphors, symbolism, and creativity: Remember the story about the girl and the horse? I left out an important part of the tale; *On our quest to find a horse, it turned out that there were no horses in the stable. However, as we had set out to find a horse, we agreed not to give up. We continued to search for a horse, and I became increasingly worried that we would not find any. Then suddenly the most beautiful horse appeared on the road. The rider stopped and the horse bowed its head as the girl touched its muzzle*. The synchronicity of this event may have added to her natural hypnotic experience. Nature provides many opportunities for metaphors (seasons changing, bumblebees ability to fly even though they supposedly are too heavy to do so), co-therapists (worms, dogs, and horses), and symbolic actions (following the child up the stream), and invitations to hypnotic surroundings that may strengthen our suggestions. The therapeutic symbols and metaphors we find in surrounding nature are also especially strong because they are experienced with *all* senses. This bodily experience of the metaphor creates a learning process that is more robust and remembered in another way than words are (Corazon et al., 2011; Naor & Mayseless, 2021). *There lives a heron by the stream close to the cabin. I remember sitting with a young boy looking out the window as he told of his illness and how he coped. Suddenly, the heron came flying through the wood landing by the stream. The boy was amazed. The majestic bird stood still as if it was listening, and I said, "The heron only comes when someone says something important. Say that again? Can you see how he listens?"*

A place where anything is possible: The Outdoor Care Retreat is a place where anything is possible. A place of novelty and adventure. It is a place for creativity, possibilities, and discovery of superpowers. The therapist's ability to create an interest and belief in the therapeutic project is a crucial factor in therapy (e.g., Finsrud et al., 2021). The invitation to visit a strange looking cabin with crooked walls by the stream usually makes children curious and interested. This curiosity may drive trance and thereby help them get access to their own recourses. Being in the cabin allows the child to become more open to suggestions of the sort: "Being so afraid of a future needle poke tells me that you have a good imagination. Do you know why I know that? Because you can imagine stuff so life-like that you become afraid now—even in this comfortable place. This imagination is exactly what you can use to solve the problem. It is a superpower. I wonder how you will use it."

Bringing Clinical Hypnosis Further

Patients have started their journey of change long before they meet us (Sugarman et al., 2020). They come to our first meeting with expectations, worries, earlier experiences, and a focused attention. Awareness of this, detecting naturally occurring trance, strengthening this process (through how we meet people), communicating positive suggestions to strengthen their belief in their own capacity to help themselves ("superpowers" and positive expectation regarding wanted change), and then continuing a journey together to explore what works best for that person are what therapeutic hypnosis is for. In this way, hypnotic skills may facilitate and strengthen all other therapeutic methods. An important aspect of effective hypnotic communication is a deep attunement with the patient's embodied mind (following a patient's breath, bodily communication, manifestations of their autonomic balance, intensifying focus) that may have qualities in common with safe attachment (Spiegel, 2016; Zelinka et al., 2014). We facilitate relational experiences that might give comfort to the other person and create an environment for positive change (Linden, 2020). A less explored, but important, way people seek comfort is by seeking out specific places, "place attachment" (Korpela & Hartig, 1996; Morgan, 2010). These specific places, and even nature in itself, might be understood as a secure base (Jordan, 2009). Bringing into awareness the importance of a person's connectedness to special places and surroundings might strengthen our ability to help people heal. Therefore, combining hypnotic relational and communicational skills with hypnotic surroundings and activities strengthens our therapeutic work. Imagine all the possibilities! I wonder how you will use them?

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