

Client Centered Parts Therapy

A Two-Day Workshop based on the book:

*Hypnosis for Inner Conflict Resolution:
Introducing Parts Therapy*

By C. Roy Hunter, M.S., CHt
Publisher: Crown House Publishing (2005)

Participant Workbook

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The Authors appreciate The International Medical and Dental Hypnotherapy Association for recognizing this course, which is now being made available at www.hypnosisCE.com, whose parent organization is The Behavior Therapy Center, P.C. & Bruce Eimer, Ph.D., ABPP.

Abstract:

This workshop presents the principles and practice of Client Centered Parts Therapy (CCPT) to help clients resolve inner conflicts; and explains the entire process step by step. For years, psychotherapists have recognized the utility of conceptualizing the psychodynamics of clients complex presenting symptoms in terms of the interactions of various personality parts (also called ego states, selves, subpersonalities, etc.). The late Charles Tebbetts based his Parts Therapy on Paul Federn's work, but evolved it into a client centered approach and combined it with deep hypnosis in order to help clients resolve inner conflicts. Roy Hunter has updated the work of Tebbetts, and explains how Client Centered Parts Therapy differs from other similar techniques (such as Ego State Therapy, Voice Dialogue, etc.). The client centered approach is based on the concept that the client's inner mind can resolve inner conflicts when the facilitator acts as a mediator and asks the right questions.

About the Authors

Roy Hunter, M.S., CHt. teaches professional hypnosis and advanced techniques for professionals and teaches self-hypnosis to groups and clients for personal or professional motivation. He was specially selected to carry on the work of the late Charles Tebbetts. He was awarded a PhD from Alpha University and California University with a major in clinical hypnotherapy, as well as an honorary PhD from St. John's University (LA) for Lifetime Achievement in hypnotherapy. He is a Fellow of the Association of Professional Hypnosis and Psychotherapy, and Diplomate of the International Medical and Dental Hypnotherapy Assoc.

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Concerns or special needs: If you have special needs and/or concerns, please feel free to bring them to the instructor's attention either before the start of the workshop or during a break in the course.

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1. Learning Objectives

1. *Explain the concept of Parts Therapy;*
2. *Compare Parts Therapy with several other similar techniques such as Ego State Therapy;*
3. *Summarize the four objectives that constitute the foundation of Client Centered Hypnosis and Hypnotherapy;*
4. *Assess when Parts Therapy is indicated;*
5. *Explain to a client how Parts Therapy is a way to mediate inner conflicts between different parts of the client's personality;*
6. *Utilize hypnotic techniques in order to adequately prepare the client for the Parts Therapy process;*
7. *Properly apply the eleven steps of the Parts Therapy process (or protocol) to help a clients resolve inner conflicts;*
8. *Practice the Parts Therapy steps through group role play;*
9. *Demonstrate the preferred technique for integrating the parts before emerging the client;*
10. *Use hypnotic suggestions and imagery to help the subconscious accept the resolution as fitting and viable;*
11. *Observe demonstrations of the application of the 11-Step Process (protocol);*
12. *Explain the conceptual and clinical rationale for each step of the Parts Therapy process.*

NOTE that learning objectives are clearly stated in the workbook as they are covered.

2. Introduction and Overview *(Learning Objective #1)*

Welcome to the world of Parts Therapy! Parts Therapy is based on the concept that our personality is composed of a number of various parts. Our personality parts are aspects of the subconscious, each with their respective jobs or functions of the inner mind. In other words, we tend to wear many different hats as we walk through the path of life. The facilitator of Parts Therapy may talk to the various parts, acting as a mediator, to help clients overcome subconscious resistance and achieve personal or professional goals.

This very complex hypnotherapy technique pioneered by the late Charles Tebbetts may well be the most profoundly effective technique available today for helping people resolve inner conflicts. Some psychotherapists use variations of Parts Therapy such as: Ego State Therapy (Watkins & Watkins, 1979), Voice Dialogue (Stone & Stone, 1989), Subpersonalities (Rowan, 1993) etc. The best way to begin an exploration of Parts Therapy is to quote the actual words of Charles Tebbetts, taken from his out-of-print text, *Miracles on Demand* (page 31):

"In 1952, Federn described Freud's ego states – id, ego and superego – as resembling separate personalities much like the multiple personalities illustrated in the celebrated case of "The Three Faces of Eve," but differing in that no one of them exists without the awareness of the others. I find, however, that in many cases different parts take complete control while the total individual is in a trance state of which she is unaware. A bulimic will experience time distortion while bingeing,

eating for over an hour and believing that only five minutes have elapsed... Both personalities know that the other exists, but the first is unaware of the other's existence during the period of the deviant behavior."

In his class, Charles Tebbetts originally referred to the ego states as "ego parts;" and then shortened the term to simply "parts." While Carl Jung, like Federn, believed that we have at least three parts (Cherry, 2011), Tebbetts only mentioned Jung a few times in his class. As noted above, he primarily gave credit to Federn for the concept of Parts Therapy.

2-A. Recommended and suggested texts are:

The Art of Hypnotherapy (Hunter, Crown House Publishing., 2010; 4th Edition), and *Hypnosis for Inner Conflict Resolution: Introducing Parts Therapy* (Hunter, Crown House Publishing, 2005). Additional recommended reading is *Ego State Therapy* (Emmerson, Crown House Publishing, 2003); and *Ideomotor Signals for Rapid Hypnoanalysis* (Ewin and Eimer, 2006, Charles C. Thomas Publishing.

Note: Learning Objective #1 was covered here, and is also covered on page 12.

3. Variations of Parts Therapy (Learning Objective #2)

Before exploring Client Centered Parts Therapy (CCPT), let us compare some of the variations with Client Centered Parts Therapy.

Ego State Therapy

Pioneered by Dr. John Watkins and Helen Watkins over a number of years, ego state therapy has spread throughout the therapeutic world. Watkins wrote about ego states in several publications and books, starting back in the 1970's (Watkins & Watkins, 1979). Gordon Emerson, PhD, takes ego state therapy into the 21st Century at warp speed with his important book, *Ego State Therapy* (Crown House Publishing, 2003).

Emmerson believes that we use five to fifteen ego states throughout a normal week, and we have more available when needed. He goes beyond simply using Ego State Therapy for resolving inner conflict resolution, explaining other therapeutic goals and objectives as well. Emerson believes that hypnosis makes ego state therapy more powerful, as did Charles Tebbetts. More recently, Emmerson has evolved Ego State Therapy into what he now calls Resource Therapy (Emmerson, 2014), and he has researched what he calls *Vaded States*, which are ego states or parts that hold negative, unprocessed emotions from the past.

Voice Dialogue

Anyone seriously searching for new ways of working with the inner mind will discover books about *voice dialogue*, another variation of Parts Therapy. Hal Stone, PhD, and Sidra Stone, PhD, explain voice dialogue in their Voice Dialogue Manual entitled, *Embracing Our Selves* (New World Library, 1989). The client, in a manner that could compare with Gestalt therapy, plays the role of each part by changing chairs or positions (although changing chairs is optional). The therapist facilitates the dialogue and proceeds accordingly.

The Stones label the ego parts as *selves* or *subpersonalities*, and provide labels for the various other subpersonalities such as the protector/controller, the pleaser, the perfectionist, etc. Additionally, they provide some interesting discussion regarding when subpersonalities are created, including the possible origins of disowned selves, which they also call demonic energies (Stone & Stone, 1989). Although effective for many, our primary reservation about voice dialogue is the absence of a formal induction into hypnosis. With little or no trance state, the conscious mind is more easily able to allow analytical resistance.

Also, while many facilitators ask for a particular self (such as "controller" or "resource" self), other facilitators ask each self to give itself a name or title, making it client centered even though deep trance is not normally used.

Inner Child Work

John Bradshaw praised the work of Hal and Sidra Stone; but he considers the *selves* (or ego parts) to be developmental stages that remain intact, as discussed on page 217 of his book, *The Family: A Revolutionary Way of Self-Discovery* (Health Communications, out of print): “*Hypnotic age regression work clearly suggests that each of these developmental stages remains intact. There are an infant, a toddler, a pre-school and a school-age child in each of us, who feel and experience just as we did when we were children. There is an adolescent in us who feels and thinks just like we did in adolescence.*” (Bradshaw, 1988)

Others over the years have taught and written about how to work with the inner child. Whether or not Parts Therapy (or a variation) is even discussed, the simple act of working with an *inner child* must be based on the premise that we all have at least two parts: an inner adult and an inner child. Nonetheless, Roy once had an acquaintance who personally obtained a profound and lasting success from one of Bradshaw’s workshops.

Satir's Parts Party, and Parts Integration in NLP

Virginia Satir was a well known family therapist, speaker and author who developed a technique that became known as "Parts Party." Other people would stand in for the various parts of the person, and she taught that personal power comes from congruence of all internal parts (NLP Mentor, 2014). She wrote several books, including the highly praised one entitled, *THE NEW PEOPLEMAKING* (1988, Science and Behavior Books).

In 1976 Richard Bandler and John Grinder presented a variety of different ways to work with conflicting parts, including the "parts party" taught by Virginia Satir; which sometimes included the Gestalt Empty Chair process (Bolstad, 2014). Bandler actually met Satir personally.

In the years that followed, Bandler and Grinder developed Parts Integration from Satir's work; and it evolved into other techniques, including the Six-Step Reframe (Bandler & Grinder, 1988); so we could say that the Six-Step Reframe is the grandchild of Satir’s Parts Party.

Subpersonalities

John Rowan presents his concept of subpersonalities in the very first paragraph of his book, *Discover Your Subpersonalities* (Routledge, 1993): “*Are we just one person, just one self? Or do we have several little people inside us, all wanting different things? Why should we take it for granted*

that we have just one personality? Would it not make more sense to say that we are many? Maybe we have more than one centre within ourselves” (Rowan, 1993).

He goes on to suppose that our minds may be naturally divided into portions and phases, with earlier and later historical levels. Various zones and developmental strata might lead to many internal figures. Like most authors of similar books, he labels the various subpersonalities (or parts). Although somewhat analytical, he wrote his book for the novice. It is easy to read, with much useful information. It contains numerous exercises, along with some questionnaires for self-awareness.

Subliminal Therapy (now called the Yagerian Method)

Edwin Yager, Ph.D., pioneered another variation of parts therapy that he called Subliminal Therapy, developing and evolving it for over four decades. Instead of communicating directly with all the parts, he contacts the part of the mind that has the client/patient’s highest and best wisdom and intelligence, with awareness beyond the conscious mind. He calls this part *Centrum*, and asks Centrum to contact the other parts and communicate with them.

Dr. Yager mentioned that Carl Jung also believed that we have parts (Yager, 2011); thus it is possible that other variations of Parts Therapy may have evolved from Jung’s concepts rather than from Parts Therapy or ego state therapy. Yager’s book from Crown House Publishing entitled *Subliminal Therapy* (2011) is well worth reading for any hypnosis professional employing Parts Therapy or any of its variations. Dr. Yager is a professor of psychiatry at UCSD School of Medicine in San Diego; and he was willing to “think outside the box” regarding the value of discovering causes of problems rather than simply treating symptoms, documenting many cures. It is the opinion of both authors that his work is brilliant, and is a valuable contribution to the health care profession.

Other Variations

Nancy J. Napier, a nationally known marriage and family therapist in the late 20th Century, also has experience with a variation of Parts Therapy. Her book, *Recreating Your SELF: Help for Adult Children of Dysfunctional Families* (Norton, 1990) also gives examples of the origins of various personality parts. She calls them "protector" parts and "resource" parts, and provides some self-hypnosis scripts for identifying, cleansing and healing our various parts. She has researched through extensive written resources to back up her work, including *Unity and Multiplicity* (John Beahrs, Brunner-Routledge, 1981) and *The Theory and Practice of Ego State Therapy* (Watkins and Watkins, Human Sciences Press, 1979).

A number of hypnotherapists use a variation of Parts Therapy called conference room therapy. Although similar to Parts Therapy in many ways, they often use the imagery of a conference room. Our concern about the use of specific imagery (such as a conference room) can be stated in the form of a question: What if your client had an unpleasant experience or phobia regarding the imagery used? The unexpected abreaction could torpedo the session.

There are others who assume that ego parts or subpersonalities are attaching entities that must be released rather than potentially productive parts that can be integrated or given new jobs. This is inappropriate leading, and is discussed in depth in Chapter 12 of the Parts Therapy text.

Kevin Hogan, PhD, employs and teaches a variation of Parts Therapy that is similar to what we teach. He discusses this in his book, *The New Hypnotherapy Handbook* (Network 3000, 2001). Hogan also uses Parts Therapy with clients who suffer from tinnitus (Hogan, 2007).

Although other variations of Parts Therapy may be effective for some people, the authors prefer to practice and teach this valuable hypnotherapeutic technique similar to the way Tebbetts taught it; but Roy Hunter's experience has motivated him to make some important updates to his teachings through the years.

Certainly, Charles Tebbetts was not the first therapist to ever employ a variation of Parts Therapy; but in the opinion of the authors, he evolved it to a client-centered approach. That makes him a pioneer. Over Roy Hunter's many years of practice, Roy has modified and updated his work to keep up with changing times. Bruce Eimer has used Roy's process with chronic pain patients, with ground-breaking results...and he has added a section based on his work.

NOTES: Section 3 on the variations of parts therapy completes Learning Objective #2. You may add more notes here if desired, and/or on the opposite page...

4. Important Background Information (*Learning Objective #3*)

Before going deeper into Parts Therapy, we will overview the following:

- *Defining Client Centered Parts Therapy*
- *The Four Hypnotherapeutic Steps to Facilitate Change (hypnotherapy objectives)*
- *What Is Parts Therapy? ...Which Hypnotherapy Objectives Can Parts Therapy Fulfill?*
- *Why Regression Therapy is a Prerequisite to Parts Therapy*

4-A. KEY POINT: *Client Centered Parts Therapy is based on the concept that the answers to a client's problem can be found within the inner mind of the client.*

Read Roy Hunter's exact words, taken from page 24 of *Hypnosis for Inner Conflict Resolution: Introducing Parts Therapy*...

Here is my explanation of the difference between client centered hypnosis and therapist-directed trance work. During client centered hypnosis, the client comes up with the answers, provided the hypnotist skillfully uses the art of hypnosis to obtain those answers. This requires width and depth of training in the art of hypnosis.

Therapist-directed hypnosis is far more common around the world, and requires less hypnosis training, because the hypnotist determines whatever he/she thinks is the best solution for the client. Often the hypnotist simply uses a script book after just a few days of training, choosing a script to fit the client's concern. Generic scripts help some of the people some of the time, but often leave much undone.

Now let's review some other important background information before learning how to successfully walk the path of Parts Therapy. We will begin with what Roy considers to be the **foundation of successful client centered hypnotherapy...the Four Hypnotherapeutic Steps to Facilitate Change**. Hunter also calls these the Four Cornerstones of Successful Hypnotherapy (Hunter, 2010; Hunter, 2005; Hunter & Eimer, 2012). These are also the four hypnotherapy objectives that increase the probability of lasting success for clients.

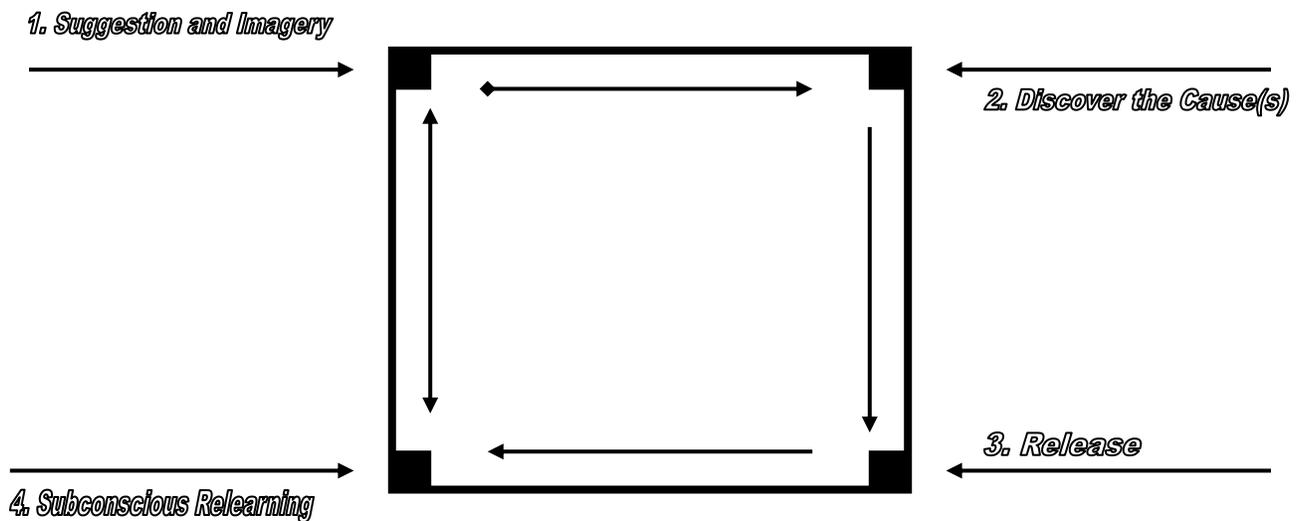
4-B. The Four Hypnotherapeutic Steps to Facilitate Change (*Learning Objective #3*)

All hypnotherapeutic techniques should contribute to one (or more) of the following

*Four Hypnotherapy Objectives:

1. Post-hypnotic suggestion and imagery
2. Discover the cause(s)
3. Release
4. Subconscious relearning (or reprogramming)

If the motivating desire is strong enough, suggestion and imagery (hypnotic scripts) alone may be sufficient to help a client achieve a goal. However, when subconscious resistance exists (blocks), Hypnotherapy Objectives 2, 3 and 4 must ALL be used – and Objective #1 then becomes the last one. Failure to employ all four therapy objectives when needed often results in only temporary success for the client. Charles Tebbetts called the use of suggestion and imagery alone "band-aid therapy," while 19th Century pioneers called it prestige suggestion. Hunter also refers to the four therapy objectives as the *four cornerstones of successful hypnotherapy* – as they form the foundation for building a long-lasting success for your clients. Look at the diagram below...



Parts Therapy can effectively help accomplish Hypnotherapy Objectives 2, 3 and 4; and then the first objective may be used after conflicting parts reach terms of agreement in order to enhance the 4th objective. Refer to the next page, which is a reproduction of a class handout used in Hunter's class since the early 1990's.

****Please note that the Four Hypnotherapy Objectives are NOT the same as the twelve learning objectives for this entire workshop; but they represent Learning Objective #3.***

4-C. Summary of each hypnotherapy objective:

1. *Post-hypnotic suggestion and imagery:*

With a strong motivating desire, post-hypnotic suggestion (direct or indirect) may be sufficient (Tebbetts, 1985). Without a strong desire, either the conscious or the subconscious may easily block the suggestions. (This is further evidence that the person in hypnosis is not under the control of the hypnotist!) When the other three objectives are used, this first objective then becomes the *last* one – enhancing the other objectives.

2. *Discover the cause(s):*

If subconscious resistance exists, there is a reason – and a variety of techniques may be used to enable the subconscious to reveal the cause of a problem.) Some are explored in Chapter 6 of *The Art of Hypnotherapy*.) Charles Tebbetts used the slang "hitting pay-dirt" when discovering the cause. On page 60 of *Ego State Therapy*, Gordon Emmerson states that both the client's and the therapist's speculations regarding the cause are often inaccurate (Emmerson, 2003).

3. *Release:*

The relationship of the symptom to the cause is established emotionally as well as intellectually, and then one or more hypnotherapy techniques can be used to facilitate forgiveness and/or understanding and subconscious release from the cause of a problem. Note that said release must be accomplished at a subconscious level, and not at the conscious level alone. While forgiving does not mean condoning, some clients may find the words "let it go" or "release it" to be more comfortable than "forgive" -- but it is usually very important that they *forgive themselves* (Churchill, 2002).

4. *Subconscious relearning (or reprogramming):*

Numerous client centered techniques can also be used to facilitate adult understanding at a subconscious level, where it gets results. Once the subconscious mind *believes* that a problem is resolved, unencumbered by cause(s) previously discovered and released, the client is free to become self-empowered and achieve the desired goal. Remember to add suggestion and imagery.

These four therapeutic objectives are the four cornerstones of successful hypnotherapy, especially where subconscious blocks are present, because *effective results often require fulfilling all four objectives. Again, remember that these four hypnotherapy objectives represent Learning Objective #3.*

The numbers of various hypnotic techniques keep growing as new ones are invented and old ones are updated or modified. While it is not necessary to know every technique ever invented, the competent artist of hypnotherapy should have width and depth of training, as there is NO technique that is effective enough to work for all the people all the time. The competent hypnotherapist may employ whatever client centered techniques he/she learns in this course and/or elsewhere, and do so more effectively by understanding which of the above objectives is fulfilled by the use of the desired techniques. Furthermore, using all four of these objectives as the cornerstones of effective hypnotherapy may help provide a guideline for evaluating the potential value of any hypnotic technique presented in books and/or workshops long after becoming certified in hypnotherapy.

4-D. What IS Parts Therapy?

(This continues Learning Objective #1, partly covered in the opening remarks.)

Client Centered Parts Therapy is similar to facilitating mediation between conflicting people, except that the conflict is between parts of the subconscious rather than between different people with disagreements. Just as in actual mediation, the facilitator must remain objective, allowing all appropriate parts of the inner mind to both speak and to listen to any or all other parts wishing to express and be heard. We may also call these parts *ego states*, *ego parts*, *subpersonalities*, *personality parts*, or *subconscious parts*.

Clients choosing hypnosis for smoking cessation obviously have a part of themselves desiring to quit, motivating them to invest the time and money for hypnosis sessions. Often another part of the mind is determined to sabotage even the best efforts at quitting – and during hypnosis, a competent Parts Therapy specialist can be like an objective mediator facilitating the client's inner dialogue between conflicting parts of the subconscious. Read the article by Charles Tebbetts that is reproduced on the first two pages of the next section, which describes his perception of effective Parts Therapy.

***4-E. Which Hypnotherapy Objectives Can Parts Therapy Fulfill?**

One comprehensive hypnosis session employing Parts Therapy can actually result in accomplishing all four hypnotherapy objectives; however, Roy has often stated that Parts Therapy accomplishes Hypnotherapy Objectives 2, 3 and 4. The reason is to emphasize avoidance of using suggestion and imagery too soon during the Parts Therapy process.

Page 24 of this workbook outlines the three phases of Parts Therapy, including the 11-Step Process, Hunter's recommended protocol for successful Parts Therapy. The first nine steps of the 11-Step Process can help fulfill three of the four hypnotherapy objectives...with direct suggestion added during Step 10. Refer to this page later if desired. You may also keep a finger on this page while taking a sneak peek at the outline on page 24. Note where the four hypnotherapy objectives fit into the 11-Step Process:

- *Discover the cause(s): Steps 1 – 5 (sometimes 6)*
- *Release: Steps 6 – 9*
- *Subconscious Relearning: Step 10, and 1st step of conclusion phase*
- *Suggestion and imagery: Direct suggestion at Step 10; additional direct and/or indirect suggestions and imagery during the 1st step of the conclusion phase (after the parts are integrated in Step 11).*

Note that the therapist must AVOID the use of suggestion and imagery during the Parts Therapy process itself, until after the conflicting parts come to terms of agreement (Step 9). Any imagery to enhance the Parts Therapy process should originate from the client rather than the facilitator.

4-F. Why Regression Therapy is a Prerequisite to Parts Therapy

As we go deeper into the exploration of Parts Therapy, the answer to the above question will become more apparent. The brief answer is simple:

While attaining Hypnotherapy Objective #2 (discovering the cause), a subconscious part may go into spontaneous regression...and the therapist needs to be ready to deal with what emerges.

Both authors have the following very strong professional opinion: *The hypnotherapist must be properly trained in regression therapy before employing Parts Therapy or any of its variations as a therapeutic modality.*

More specifically, one must understand the important difference between leading and guiding AND know how to facilitate client abreactions during the regression process itself. Review Chapter 7 of the hypnotherapy text, which discusses regression therapy. Also, consider investing in *The Art of Hypnotic Regression Therapy: A Clinical Guide* (Hunter & Eimer, 2012; referred to as the regression text in this workshop). Note that Roy Hunter co-authored this book with Bruce Eimer, PhD, who blended his professional experience into this book as a licensed clinical psychologist and Fellow of ASCH. Some hypnosis professionals are already referring to this book as the regression text that sets the standard for hypnotic regression therapy (HRT).

If you are not yet trained in HRT, consider investing in a regression workshop taught by either of the two authors if available in your area...or at the very least seek training and/or mentoring from a hypnotherapist who is experienced with HRT. Note that you can also take the online training course in Hypnotic Regression Therapy at: www.HypnosisCE.com.

Should you choose to use Parts Therapy without being trained in hypnotic regression therapy, be sure to network with a hypnosis profession who IS trained in HRT and is willing to assist if you get in over your head.

Your instructor may have more to say here. Use the back side of this page for any notes you wish to add to your workbook. It is your instructor's choice whether to devote any time to hypnotic regression, as it is assumed that both the experienced hypnotherapists and the advanced students will have already received training and/or experience in hypnotic regression before taking this segment of the hypnosis training course.

Also note the following material was a handout from the Intermediate segment of Roy Hunter's hypnosis training course, included for your review and/or reference.

4-G. Hypnotic Regressions: Cautions

WARNING: Hypnotists and therapists alike are advised NOT to attempt any hypnotic regressions unless or until receiving competent training in regression therapy. *While COMPETENT regression therapy can have a profound benefit helping discover and release the cause(s) of problems, there are hazards for the untrained...*

Ask open-ended questions: While facilitating hypnotic regressions, remember to ask the “W” questions: *Who, What, When, Where, Why, and How* (How ends with “w”). Asking leading questions (yes/no questions) can lead the client into false assumptions about the past.

Risk of False Memories: It is important to understand the difference between leading and guiding (Yapko, 1995; Churchill, 2002). Anyone with a preconceived opinion (hypnotist, psychotherapist, metaphysician, etc.) is most vulnerable to tainting the trance. It is absolutely vital to stay objective and unattached to the outcome! Leading questions or suggestions can have disastrous consequences, such as the ones below (which have sadly been used in actual sessions). They are also discussed in Chapter 2 of the regression text written by Hunter & Eimer (2012):

Bad examples: *"Does Daddy spank you now?"*

"Does Daddy touch your private parts?"

"Go back to a past life when you starved to death."

"Tell me if the Light is a flying saucer."

"Were you ever abducted by a UFO?"

"Go back to a time when you first felt a demonic presence."

Open-ended questions and suggestions are safest, such as:

Good examples: **What are you experiencing now?**
 Where are you?
 What happens next?
 What do you see, hear or feel?
 How does that make you feel? (This question may cause abreactions.)
 Move forward in time to when something important happens.

If you go looking for something, you may easily find it even where it does not exist. Paul Durbin has an article on false memories posted on his website with numerous references (Durbin, 2001). The subconscious is fully capable of fantasizing such things as: physical or sexual abuse, UFO abductions, past lives, "entities" or demonic influences, etc.

IMPORTANT! Not all false memories originate from mishandled regressions. A "UFO abductee wannabe" can easily confabulate a very convincing story. (...too many X-Files?) Likewise, someone may easily identify with a famous person from the past, and fantasize a convincing PLR. However, it is important for the therapist to realize that the subconscious may easily respond to the fantasy (or altered memory) just as though it was true. In short, WE DEAL WITH PERCEPTIONS quite often rather than with reality. Seek to help the client release the past, whether fact or fiction...and let the client know that we do not always remember events accurately.

Abreactions: Regressing someone into a painful memory normally results in an emotional discharge (an abreaction). It is important to guide the client through the perception, whether or not you believe the "memory" to be fact, fantasy, or a combination of both. Terminating a trance during an abreaction can leave a client in a state of emotional anxiety, and may leave him/her worse than before. In addition, unless the client deems it profoundly important to sort out fact from fantasy, seek to help him/her to find release rather than blame or guilt. Refer to the regression text, and/or Chapter 7 of *The Art of Hypnotherapy*.

5. When Is Parts Therapy Appropriate? (Learning Objective #4)

5-A. Sometimes it is obvious, but not always

Parts Therapy is ideally suited for clients who experience unresolved inner conflict(s). Although this information could easily be discovered during the pre-induction discussion and/or in a previous hypnotherapy session, the late Charles Tebbetts often used Parts Therapy itself to uncover the cause(s) of problems that he felt were often caused by inner conflicts (such as overeating).

Tebbetts also used Parts Therapy with some medical problems (after obtaining written consent from the client's examining physician), such as with migraine headaches. He started by calling out the part that was causing the medical problem. Increasing numbers of professionals are discovering the value of parts therapy with applications of medical hypnosis.

It may be used for other issues as well; but when uncertain, ideomotor finger response questions (Eimer & Ewin, 2006; Cheek & LeCron, 1968) often indicate when Parts Therapy is appropriate.

Refer to the 7 Psychodynamics of a Symptom, found in Chapter 6 of *The Art of Hypnotherapy*, and in Chapter 3 of *Hypnosis for Inner Conflict Resolution*. The same information also appears in the regression text (Hunter & Eimer, 2012). Note the sample questionnaires on the next two pages, which you may reproduce for your own professional use with clients – provided you do NOT make copies for any other professional. Feel free to change the wording if needed, but keep it simple.

Charles Tebbetts taught about the seven psychodynamics of a symptom many years ago (Hunter, 2005 and 2010). He categorized the causes of problems into the seven categories shown on the next page. His version resembles the Seven Keys taught by Leslie LeCron, who also categorized causes of problems and asked ideomotor response questions (Cheek & LeCron, 1968; Yager, 2011); but there are slight differences in the categories Tebbetts used. Roy Hunter updated his “body language” category to “current unresolved issue,” which still conveys his intent but is far easier to understand both at a conscious level and subconscious level.

Note that the 2014 version on page 18 is updated from earlier formats used by both authors over the years, and uses slightly different language than the one appearing in the Parts Therapy text as well as the regression text. It is a combination of Hunter's form (based on the teachings of Tebbetts) and Eimer's form (based on Cheek & LeCron); which makes it a descendent of the original Seven Keys of Cheek & LeCron, merging the modifications from both the psychology and hypnotherapy professions. Also, the order is rearranged along with changes in wording in order to provide an acronym (SUCCESS) that makes it easier for you to memorize the seven psychodynamics.

Upon completing the ideomotor response questions on Part A, the therapist may consider Parts Therapy after obtaining a "yes" response to other psychodynamics besides "Conflict." Which ones do YOU feel might indicate Parts Therapy as a potential therapy technique? Discuss them with your instructor (time permitting) and then look at the recommendations on Part B on page 19. You have permission from both authors to photocopy the next four pages for use with clients/patients.

Preceding the ideomotor response forms are two approaches for establishing ideomotor response signals. While Roy Hunter uses a simplified method of establishing ideomotor response signals (Hunter, 2010), Bruce Eimer successfully uses a different protocol (Ewin & Eimer, 2006), detailed in the regression text and overviewed in this workbook. Both methods have passed the test of time.

5-B. Ideomotor Responding and Psychodynamics

We offer two scripts for setting up Ideomotor Response finger signals: the first by Bruce Eimer and the second by Roy Hunter. Although Hunter's method is not nearly as thorough as Eimer's procedure, both methods have passed the test of time. Use the one you prefer, and then make photocopies of the next two pages for professional use with clients if desired. Feel free to change the wording if needed, but keep it simple.

Upon completing the ideomotor response questions, the therapist may consider regression therapy after obtaining a "yes" response to other psychodynamics besides the one regarding past experience.

NOTE: The use of ideomotor response questions to determine whether or not to use parts therapy is a continuation of Learning Objective #4.

5-C. Scripts for Setting Up Ideomotor Response Signals, Bruce Eimer's Procedure

The procedure that Bruce Eimer, Ph.D. employs was developed by Dabney Ewin, M.D. and has been previously described in Ewin and Eimer (2006).

After the client is in a light state of trance, begin the set up proves by saying:

I am going to teach you a way to signal how you feel without even talking—please close your eyes.

SETTING UP "YES":

You know that if we were just having a conversation, and I asked "Is your name [say client's name], you could simply nod your head up and down without talking, and I would know you were saying "yes." If I ask you a question, and you feel the answer is "YES"—you have a "yes" feeling about it, you agree—this finger [Lift client's index finger slowly as this is said and then lower it] will slowly rise to signal that you agree, that it feels okay, that it feels "yes."

TEST QUESTION:

Do you like for your friends to call you [name]? That's right. [Gently stroke the index finger after it has risen and then push it back down] Of course, you've already told me that you like for your friends to call you [name].

DEEPENER:

Every time your feelings answer a question, you will go deeper and deeper and get more in touch with your deepest and most heartfelt feelings.

SETTING UP "NO":

If I ask you a question and you disagree—you have a "no" feeling about it, it just doesn't feel right—this finger [Gently lift client's middle finger] will slowly rise to signal that you disagree. You don't have to know why, it just doesn't feel right, the answer is "no." [Now ask a question you know is "no."]

SETTING UP “I DON’T KNOW” OR “I’M NOT READY TO ANSWER”:

If I should ask a question and you don’t know the answer, OR you’re not ready to answer YET or you don’t want to answer, just signal with your thumb [*Gently lift client’s thumb*], and that’s all right.

SETTING UP “NEED TO TALK”:

And if something crosses your mind that you want to tell me or you want to ask a question, just raise your hand [*Gently lift the client’s hand and let it fall back*] and we’ll talk.

[If the client raises their hand during the session, say] **“SPEAK to me and tell me what’s on your mind.”**

OBTAINING CLIENT’S CONSENT TO PROCEED:

Now, my first question to your feeling mind is, and please answer with your fingers, with your feelings, yes or no, *Is it all right for me to help you with this problem?*

5-D. Script for Setting Up Ideomotor Response Signals, Roy Hunter’s Procedure

Roy Hunter created this procedure in 1984, and simply asks the client’s subconscious to choose the appropriate finger or thumb representing the “yes” and “no” responses, as well as the “I don’t know” or “I’m not ready to answer” response.

I’m going to ask a series of questions that can be answered YES or NO, and would like for you to allow the response to come from your subconscious or your inner mind. If I ask you a question, and the answer feels YES, you agree, please indicate with a finger that you choose to indicate “yes,” and move that finger now. [*Make a note of it.*]

If I ask you a question, and the answer feels NO, you do not agree, choose a different finger or thumb and indicate the “no” response now. [*Note it.*]

And if I ask you a question, and the answer either feels “I don’t know” or “I’m not ready to answer yet,” just raise a different finger or thumb, and indicate that response now. [*Note it.*]

¹ Permission is granted for you to make photocopies of pages 15 through 18 for professional use with clients.

5-E. Ideomotor Questions to Assess Symptom Psychodynamics - Part A

These questions assess the combination of the *seven psychodynamic keys of the client's symptom/s* maintaining the client's symptoms. Refer to Part B on next page for handling YES responses.

Now I'm going to ask your inner mind some questions to help us find the CAUSES of the problem. Please let your inner mind answer the questions using your fingers to express your true feelings.

IMPORTANT: Ask all seven questions in the order given below *before* exploring any "yes" responses. A good mnemonic to help memorize the psychodynamics is: *SUCCESS*.

1. **SUGGESTION or AUTHORITY IMPRINT** -- Is this problem related to a suggestion that was **IMPRINTED** in your mind by an authority figure from the past or the present?
(Called *suggestion* by Cheek & LeCron, *attribution* by Tebbetts.)
() Yes () No () I don't know, or not ready to answer yet

2. **UNRESOLVED CURRENT ISSUE** -- Is this problem related to a **CURRENT UNRESOLVED ISSUE**?
(Note that any current unresolved issues having to deal with a client's safety or security need to be dealt with before using any additional hypnotherapy. Also, LeCron & Cheek called this *organ language*; Tebbetts called it *body language*; Hunter called it *current unresolved issue*.)
() Yes () No () I don't know, or not ready to answer yet

3. **CONFLICT INSIDE (or INNER CONFLICT)** -- Are you feeling an **INNER CONFLICT**, or **two conflicting desires**?
(Called *conflict* by Cheek & LeCron, *inner conflict* by Tebbetts.)
() Yes () No () I don't know, or not ready to answer yet

4. **CONNECTION** -- Does this problem somehow keep you emotionally connected with someone from past or present?
(Called *identification* by Cheek & LeCron and Tebbetts.)
() Yes () No () I don't know, or not ready to answer yet

5. **EXPERIENCE (from the past)** -- Was your problem caused by a **PAST EXPERIENCE**?
() Yes () No () I don't know, or not ready to answer yet

6. **SELF-PUNISHMENT (or GUILT)** -- Is this problem related to your somehow **PUNISHING yourself or someone else for something**? If no answer, ask: Is that problem caused because you feel guilty, or wish to make someone else feel guilty? (No change of name of psychodynamic...)
() Yes () No () I don't know, or not ready to answer yet

7. **SECONDARY BENEFIT** -- Does this problem give you a benefit in some manner?
(Called *motivation* by Cheek & LeCron, *secondary gain* by Tebbetts.)
() Yes () No () I don't know, or not ready to answer yet

5-F. Ideomotor Response Questions – Part B, Exploring the Responses

Once you complete the ideomotor questioning of the seven psychodynamics, it is time to explore any YES responses noted and recorded. Note that a YES in #2 trumps any other YES...

1. SUGGESTION or AUTHORITY IMPRINT --

If so, find out which authority, and any specifics about the imprint. Y/N optional to explore. **Potential technique:** Regress Client back to when the suggestion or problem was imprinted and remove the imprint. Possible exception: If the imprint is recent and from a current authority figure.

2. UNRESOLVED CURRENT ISSUE -- (Note that any current unresolved issues having to deal with a client's safety or security need to be dealt with before using any additional hypnotherapy.)

Ask: *Is your inner mind willing to allow us to use hypnotherapy to help you solve the problem?*

If NO or IDK, then **ask the subconscious to reveal the cause to the conscious mind**; then awaken and discuss the situation before proceeding. The unresolved issue may require a referral to traditional therapy or other professional help. Stay within your qualifications!

If "yes" then the **potential technique (provided hypnotherapy can help)** is usually either Parts Therapy or HRT to the origins of the problem, based on the presenting problem. Another alternative is to ask the client's subconscious: *Is your inner mind willing to find a solution to your unresolved issue that will relieve your symptom (e.g., pain, anxiety, phobia of), or problem with?*

3. CONFLICT INSIDE (or INNER CONFLICT) --

Potential technique: Parts Therapy or a variation...

4. CONNECTION --

Potential technique: Find out who and why, and separate the identities. Often HRT to the origin is best; but sometimes the client can simply verbalize release while being in his or her peaceful place, with the relearning enhanced through post-hypnotic suggestion and imagery. The treatment is *Separation and Individuation*: keeping the good memories and letting go of (or releasing) the bad ones.

5. EXPERIENCE (from the past) --

Potential technique: *Hypnotic regression therapy* is the best choice for lasting results.

6. SELF-PUNISHMENT (or GUILT) --

Potential techniques: Find out why. The treatment is *forgiveness*. HRT is often necessary. Note: if the client is punishing someone else, it is like a YES for #7 and/or #2...and might require traditional counseling or psychotherapy. Stay within your qualifications.

7. SECONDARY BENEFIT --

Potential technique: Parts Therapy or regression therapy to the origin of the problem. *Reframing*: that is, finding an alternative behavior.

6. Exploring Parts Therapy

Now we get into the meat of Parts Therapy, starting with some historical background before exploring the entire Parts Therapy process itself. The contents of this section are:

Article written by Charles Tebbetts

An Important 1990 Update

Important Procedures

- a. Overview
- b. Outline of Parts Therapy Session
- c. Preparation: *explanation, induction, deepening (at least medium depth), safe place, establish (or confirm) finger responses, verify hypnotic depth*
- d. The 11-Step Process: *1. Identify the Part, 2. Gain Rapport (Compliment the Part), 3. Call Out the Part., 4. Thank It for Emerging, 5. Ask About its Purpose, 6. Call Out Other Parts as Appropriate, 7. Negotiate and Mediate, 8. Ask Parts to Come to Terms of Agreement, 9. Confirm and Summarize the Terms Of Agreement, 10. Give Direct Suggestion As Appropriate (Only After Terms of Agreement, but NOT before!), 11. INTEGRATE the Parts!*
- e. Concluding the Parts Therapy Session
Post hypnotic suggestions and imagery, re-alert, de-brief

Avoiding Potential Pitfalls

This section begins with an article written by the late Charles Tebbetts. Note that Roy Hunter made an important update in the application of Parts Therapy in 1990. Be sure to read and understand the explanation of this important update on page 23.

Chapter 2 of the Parts Therapy text covers both the article by Tebbetts as well as Hunter's updates to the work of Tebbetts; and it also provides a historical overview of Charles Tebbetts.

6-A. Article Written by Charles Tebbetts

The Use of Hypnotherapy in Integrating Disintegrated Personality Parts

(Reprinted by Roy Hunter with prior written permission from the late author.)

In 1952 I read the works of Federn and my experience to that date convinced me that he was on the right track.

He described Freud's ego states: (Id-ego and super-ego) as resembling separate personalities much like the multiple personalities in the celebrated case of "The Three Faces of Eve" – but differing in that no one of them exists without the awareness of the others. I find, however, that in many cases different parts take control while the subject is in a light trance state of which he/she is unaware.

A bulimic will experience time distortion while binge-ing when one of her parts takes over, and eat for over an hour believing only five minutes have elapsed. Another personality part then suffers shame and remorse. Both parts know that the other exists, but the first is unaware of the other's existence during the period of the deviant behavior.

Every individual is made up of parts, and the concept should always be explained to them before this type of therapy is used. Otherwise they might believe that they are multiple personalities. You might explain it to them in this matter:

Everyone is made up of various parts. Often a person might think, "I really want to take a vacation, but a part of me won't let me..." or, "Part of me wants to get thin, but another part insists upon eating."

While the client is hypnotized, the therapist may ask to speak to the part that is causing the symptom, or he may call out the part that wants to get rid of it. Ask the part what name it wishes to be called. Ask the part that is causing the problem its reason for doing so. Ask the part that wishes to eliminate the symptom to talk to the offending part (by this time you know their names or titles) and plead its case.

**Once the parts concept is accepted by the subconscious, other parts often speak up, and the therapist takes the role of *arbitrator*.

**This is the point at which best results are assured by ignoring the permissive and indirect rules. I call this the "Great Debate." The therapist sides with the part that wants to eliminate the symptom and furnishes the logic the emotional parts have never considered. Rather than expecting a sick mind to cure itself, the therapist carries on a debate with the offending part or parts. The reason for the offending behavior or sickness is discussed and understood by all the parts, and now the therapist does the no-no and suggests a plan that the parts might agree to.

For example, I will cite the case of a one-session cure of migraine headaches and free-floating anxiety. I called out the part that was causing the trouble, which called itself the power plant. It told me it was going to keep right on with its behavior, both to punish and protect Joe. I then asked the part that wanted to be free of the headaches to talk to the power plant and explain how it felt. Rather than addressing Joe, power plant explained to me: "Joe is just like a little machine, thinking and planning, how to make more money. How to get ahead. He even plans and thinks in his sleep. I give

him nightmares and awaken him with a headache so he can't work the next day, and I'm going to keep it up until he slows down."

I told Joe, "You heard what the power plant said. Maybe if you slow down he might quit punishing you."

Joe's answer was, "But I've tried to slow down. My main interest in life is planning money-making deals and investments. That is my hobby."

My answer was, "Do you do much thinking and planning while you are having the headaches?"

Both parts continued to justify their actions until I said, "The power plant is hurting your health. Maybe you could make a deal with him. Choose a certain number of hours a day for planning and thinking about getting ahead, and enjoy those hours to the fullest. Then relax and enjoy the rest of the time, the time you used to suffer with the headaches. You will get a lot more time to do your planning and you won't suffer with the headaches. Doesn't that plan sound better than nightmares, insomnia, and suffering?"

Joe agreed to follow my suggestions, and the power plant agreed to quit punishing him as long as he kept his agreement. Joe moved to the East Coast, and gave me a number of phone calls to tell me that one session had been a complete success. Following is the letter I received from him about a year after the session:

Dear Charles:

I would like at this time to sincerely thank you for your help in treating my headaches. It has been over a year now since your hypnosis treatment. After years of suffering, numerous medications, and doctor-recommended prescriptions which failed, I am now virtually headache free with hypnosis. I practice your self-hypnosis daily and find that I can not only control headaches but improve other facets of my life.

Please accept my deepest thanks, and best wishes to you and your charming wife Joyce.

Sincerely,

Joseph Harrison

In closing, I will be glad to accept the honor of being a hypnotherapy heretic as long as I can document proof of continued success.

--Charles Tebbetts

*Reprinted by Roy Hunter with permission from the late Charles Tebbetts.

**Refer to the important updates on the next page.

6-B. An Important 1990 Update

Hunter's professional experience in the late 1980's motivated him to make a very important update in the practice of Parts Therapy.

In 1990, a meeting between Charles Tebbetts and Roy Hunter took place to explain why students at Tacoma Community College were no longer encouraged to engage in the "Great Debate" previously taught for some years (*see 8th paragraph of the article by Tebbetts*). Charles Tebbetts showed his wisdom both by accepting Hunter's decision and by agreeing with the reasons for this important update.

An arbitrator listens to both sides, and then tells each party what to do; but a mediator remains neutral and asks questions to facilitate communication. The mediator acts as a catalyst to help the conflicting sides come up with their own resolution by assisting with the negotiations. It is best for anyone facilitating Parts Therapy to think of his/her role as that of a *mediator* rather than an arbitrator.

Tebbetts got results because he was an excellent arbitrator and knew how to debate with the parts. However, Roy was unable to duplicate his high success rate until he became a *mediator* instead.

6-C. Other Updates

One update contributed by one of Hunter's students is the inclusion of an Ericksonian double bind when asking a part to emerge (Step 3 of the 11-Step Process). This is explained later. Another update is a change in the actual Parts Therapy process. The former 12th step taught before 2004 (suggestion and imagery) is now the first step of the "Conclusion" phase. All the above updates are included in the 3rd and 4th Editions of *The Art of Hypnotherapy*.

A more recent update was Bruce Eimer's modification of renaming and changing the order of the "Seven Psychodynamics" into the acronym of SUCCESS, making them easier to remember.

6-D. Overview of Important Procedures

Review Chapter 8 of *The Art of Hypnotherapy* and/or Chapters 3 & 4 of *Hypnosis for Inner Conflict Resolution: Introducing Parts Therapy*. Become thoroughly familiar with the contents of the class handout reproduced on the next page entitled "Outline of Parts Therapy Session." You have the authors' permission to photocopy that handout for your own professional use if desired, but only as long as you do not give copies to anyone else.

The first part of this section will explore what the therapist must do AFTER determining that Parts Therapy is indicated (but before calling out the parts), and after giving him/her a simple explanation: *deepening, anchoring the peaceful place trigger, and establishing ideomotor responses*.

Afterwards we will go deeper into the *11-Step Process* and examine each step of the important Parts Therapy process. The next page is a revised copy of a handout given to Hunter's students since the early 1990's, which summarizes all of the above.

7. The Parts Therapy Session (*Learning Objectives #5 through #10, and #12*)

Here are the three phases of Parts Therapy, with the steps for each phase. If desired, you may make photocopies of this page for use with clients, checking off each step as you proceed through the session. Note the rationale behind each step as they are explained in this workshop, which is *Learning Objective #12*.

All three phases represent the protocol that has evolved since 1983, and has passed the test of time. You may photocopy this if desired for your professional use with clients.

A. Preparation

1. Give pre-induction discussion, including explanation of Parts Therapy to client.
2. Choose and use appropriate hypnotic induction for client.
3. Deepen to at least medium depth, using hypnotic convincers if necessary.
4. Establish (or confirm) peaceful place.
5. Establish (or confirm) ideomotor response signals. (A4 and A5 may be reversed if desired.)
6. Verify hypnotic depth. (Both authors use the 100 to 1 scale with finger response).

B. Parts Therapy (11-Step Process)

1. Identify the part.
2. Gain rapport (compliment the part and assure it will be heard).
3. Call out the part.
4. Thank it for emerging.
5. Discover its purpose.
6. Call out other parts as appropriate.
7. Negotiate and mediate.
8. Ask parts to come to terms of agreement.
9. Confirm and summarize terms of agreement.
10. Give direct suggestions as appropriate.
11. INTEGRATE the parts! (The formal Parts Therapy process is completed.)

C. Conclusion (concluding the Parts Therapy session)

1. Give additional suggestions and/or guided imagery.
2. Awaken (or re-alert).
3. Debrief: briefly discuss therapy with client and set next appointment if appropriate.

7-A. Preparation (First Phase of Parts Therapy)

While Step 1 itself represents Learning Objective #5, applying the remaining steps in the Preparation phase represents Learning Objective #6.

Step 1. Give pre-induction discussion, including explanation of Parts Therapy to client. (Learning Objective #5)

Your instructor will overview the pre-induction discussion that he or she uses. You may also review the sections of the texts that discuss the importance of explaining Parts Therapy to a client before proceeding, and consider the following questions for class discussion...

- *Why is it important to discuss Parts Therapy with a client before employing the technique?*
- *How might you explain Parts Therapy to a client?*
- *Why is it best to keep the explanation simple?*
- *What problems might arise during the therapy session if you fail to give advance explanation?*
- *How might your client feel about the therapy session after leaving your office without receiving a satisfactory explanation of Parts Therapy?*

Step 2. Choose and use *appropriate hypnotic induction for client.

The remaining steps of the Preparation phase represent *Learning Objective #6*.

- *What induction is best for most of your clients most of the time?*
(See Roy Hunter's Notes on next page. Also note Dr. Eimer's sample intake in Chapter 3 of the regression text.)

Step 3. Deepen* to at least medium depth, using hypnotic convincers if necessary.

Do NOT shortcut your client! If the trance depth is too light, an analytical resister may emerge from trance with little or no long-term benefit. Roy believes that Parts Therapy is more likely to be successful when the client attains at least a medium level of hypnosis before calling out the parts

(somewhere between medium and deep is more preferable). Ponder your responses to the following questions, which your instructor may either discuss in class and/or ask you to answer as homework.

- *Some variations of Parts Therapy (such as "voice dialogue") are often facilitated with the client only in a light trance. What might happen to an analytical client who fails to attain sufficient depth?*

**Roy Hunter's Notes:*

Hunter's opinion to the induction question on the previous page is explained in a statement often given to participants in workshops: *The best induction for most of your clients most of the time is the one you like best!*

The reasons are because (1) your enjoyment with your favorite induction will normally enhance your confidence and competence with that technique, (2) your confidence and competence will result in your being more effective than with other inductions, (3) many clients will subconsciously respond to your confidence and competence with your favorite technique, and (4) the clients who have good rapport with you and are easy to hypnotize would most likely respond to almost any induction you choose to use. However, it is wise to master a mental confusion induction for analytical resisters, as well as a rapid (or quick) induction for clients with a short attention span.

The same concept applies to deepening techniques, and the same reply applies. Use the deepening techniques you like the best. However, use additional deepening techniques as needed.

Step 4. Establish (or confirm) peaceful place.

Establishing a peaceful place provides several benefits, even when you choose to use Parts Therapy. Consider your responses to the following questions, which your instructor may discuss in class and/or ask you to answer as a homework assignment.

- *Why might it be important to anchor the client's peaceful place before beginning Parts Therapy?*
- *If the client already has a peaceful place trigger, what kind of suggestions can be given before applying Parts Therapy?*

For your convenience, a sample "Peaceful Place" script is provided in this workbook.

Step 5. Establish (or confirm) ideomotor response signals. (A4 and A5 may be reversed if desired.)

If you have not yet established ideomotor responses for your client, do so before calling out the parts – even if your client goes into somnambulism without your needing to use the "100 to 1 Scale." If you already established finger responses in a previous session, confirm the responses. (Refer to Chapter 4 of *Hypnosis for Inner Conflict Resolution*.)

Also, consider your responses to the following questions, which your instructor may discuss in class and/or ask you to answer as a homework assignment.

- *Why might it be wise to establish ideomotor responses with some clients before verifying depth?*

- *If you used finger response questions in a previous session, is it necessary to re-confirm the "yes" and "no" and "I don't know" responses again? Why?*

Step 6. Verify hypnotic depth (use the 100 to 1 scale with finger response).

Roy Hunter made himself comfortable with the "100 to 1 Scale" technique in order to utilize ideomotor response questions, and to more accurately determine when a client attains sufficient depth for Parts Therapy. (Naturally, the finger responses must already be established and/or re-confirmed if previously used before employing the "100 to 1 Scale.")

The Number 100 is "Awake with eyes closed" while the Number One is "As deep as you can go without falling asleep." For your convenience, a sample script is provided in this workbook (see page 51).

If the client fails to go deep enough to employ Parts Therapy or hypnotic regression therapy, abort the planned technique until the next session and devote the remaining time to progressive deepening, hypnotic convincers, and compound suggestion combined with positive imagery. The objective is to enable the client to go deep enough at a subsequent session.

The therapist may skip this step if the client is obviously in a somnambulistic state of hypnosis.

Note: The following questions may be discussed in the classroom (refer to the script).

- *How deep would you take your client before calling out the parts?*

- *What might happen if your client is not deep enough before beginning Parts Therapy?*

7-B: The 11-Step Process (the Second Phase of Parts Therapy)

The important steps to successful Parts Therapy... (Learning Objective #7)

Now let's assume you've given your client an advanced explanation of Parts Therapy. You have deepened to medium or deeper, and have established (or re-confirmed) both the peaceful place trigger and ideomotor responses. Now is the time for the real work to begin!

On the pages that follow, we will explore all the steps of the 11-step Parts Therapy process, which Hunter calls "The 11-Step Process." Following all of the eleven steps increases the probability of successful Parts Therapy, while omitting any of the important steps lessens the chances of success. Since the formal Parts Therapy portion of the session is completed after Step 11 (integration of the parts), Hunter prefers to call this "The 11-Step Process."

Remember this important metaphor in all of your Parts Therapy sessions: *act as though you are a mediator with two (or more) people in conflict appearing before you.*

Imagine these people appearing before you are unable to resolve their differences without your assistance. They may be willing to speak and to listen to the others...but they might *resent* your simply telling them what to do! Each person wants to speak and be listened to – both by you and by the others present for the mediation. In short, your role is indeed that of a mediator...and each subconscious "part" (*subpersonality*, or *ego state*) that you call out is like a separate individual appearing before you! If you had a conflict with another person, how would you want the mediator to behave? Consider this important metaphor as you proceed through the steps explored in the following pages.

Also, because of the risk of negative reactions to certain situations, any imagery for the Parts Therapy process should be supplied by the client rather than the therapist. For example, using an imaginary conference room could push buttons in a client who heard some bad news (or got fired) while sitting in a conference room. Even the imagery of a park or meadow in the woods might push the wrong buttons in some clients. Play it safe and be *client-centered*.

Instructions and sample scripts are included for each step of the 11-Step Process, taken from each of the two texts. The scripts are provided as a guide for the facilitator of Parts Therapy, and should be varied according to each individual case. (Note that some scripts may combine more than one step, so they follow the parts that they combine.)

The entire 11-Step Process represents Learning Objective #7 in-depth.

As time permits, role-play of some of the steps may be included during the discussion of the steps. After the presentation of the 11-Step Process, some role-play of actual case histories may be included to help the student become comfortable using each part of the Parts Therapy process. ***Learning Objective #8 is role-play, so the authors encourage you to participate when possible.***

Also ***note the rationale behind each step*** of this phase, which is **Learning Objective #12**, so please ask questions if you desire clarification.

Are you ready to go deeper into Parts Therapy now? Let us explore the 11-Step Process in depth...

Step 1: Identify the Part

Chapter 5 of *Hypnosis for Inner Conflict Resolution* discusses this first step with the following words:

“Most clients with an inner conflict have only two parts involved in the problem. Inner conflicts frequently occur with clients trying to quit smoking, manage weight, or overcome other undesired habits. They may also occur with clients wishing to accomplish personal or professional goals.”(p52)

Parts Therapy is often very simple when working with a client who has only two parts in conflict, and this actually happens more often than not. The Parts Therapy text continues...

“My preference is to identify and call out the conflicting part first. While I occasionally encounter initial reluctance, I’m often able to discover the cause(s) of the inner conflict in less time by working with the conflicting part before the motivating part expresses itself....” (p52-53)

Normally there is no right or wrong choice regarding which subconscious part to identify and call out first, as long as the therapist identifies and chooses all of the parts in conflict to emerge before the session is over. Although we may normally identify and call out the conflicting part first (in order to let it speak before it hears criticism from the part desiring success), Hunter sometimes makes an exception based on intuition with a particular client. Effective Parts Therapy can still be successful with most willing clients regardless of which part emerges first. For example, if a client snacks too often between meals, you might say:

There is a part of you that makes you snack frequently between meals...

Naturally, in the above partial sentence, we would substitute “snack frequently between meals...” with the client’s presenting problem or concern. Also, some therapists actually prefer to call out the motivating part (or part desiring success) before calling out the conflicting part (or part that causes the problem). The logic is that the motivating part is more likely to emerge than the conflicting part at the start of the Parts Therapy process. While Roy bought into this logic in 1983, his opinion has changed over the years, because of the risk of the motivating part criticizing the conflicting part in a way that sometimes intimidates it into refusing to emerge.

Note the sample scripts that appear under Step 3 combine the first three steps.

Step 2: Gain Rapport (*compliment, talk, validate, assure it will be heard*)

If a smoker is using hypnosis to quit smoking, the part that wants to smoke may not be nearly as willing to emerge as the part that wants to quit – which is why rapport is so very important. Each part is doing what it feels is right for the client, and will usually like being complimented for it. Consider the following questions, which may be discussed by your instructor...

- *How can you effectively build rapport? ...and why is it important to build and maintain rapport with each part that emerges? There are several answers to this question...*

Hint: break rapport with a part of the subconscious, and what might happen at a future session? This is especially true when you consider the importance of rapport in hypnosis. Add to Step 1 with the overweight client and continue:

Compliment it:

...and it is doing a very good job.

Talk to it:

I'm talking to that part of [client name] that causes him [her] to snack frequently between meals.

Validate it:

You are an important part of [client name], and there is probably a good reason for what you're doing.

Assure it that it will be heard:

[Client name] is willing to listen, and I am willing to listen.

Step 3: Call Out the Part

We must ask the part to emerge rather than assuming it will do so without being called out. Now let's combine the scripts. The following is taken mostly from the Parts Therapy text, and *applies to Steps 1, 2 and 3*. For learning purposes, we will assume that you are calling out the conflicting part first. It is not necessary to use the entire script; just be certain that you incorporate enough sentences to accomplish the first three steps. However, be sure to use the Ericksonian double bind. Note where each of the first three steps begins in the script below, as your instructor may ask you to role play these steps (*Learning Objective #8*)...

There is a part of you that makes you snack frequently between meals [makes you keep on smoking, or whatever the client concern is], and it is doing a very good job. I'm talking to that part of [client name] that causes him [her] to snack frequently between meals [makes you keep on smoking, or other presenting problem]. You are an important part of [client name], and there is probably a good reason for what you're doing... [Client name] is willing to listen, and I am willing to listen. When you are willing to communicate, please let us know by saying the words, "I am here," or by moving the YES finger.

Wait for response. If there is no response within about a minute, continue with suggestions such as some of the following sentences or phrases AND the last one (choose several phrases, but not all):

I'm sure that you are doing what you think is right for [client name], but another part of [client name] is unhappy, and feels that better communication can enlighten both of you with a few ideas that could make [client name] much happier. If you would like to gain more information and communicate, [client name] is willing to listen to whatever you have to say. I am only a mediator, and am telling you what [client name] told me to say. We are willing to listen to whatever you have to say.

Will you please enlighten us, and let me know when you are ready to speak, either by saying, "I am here!" or by moving the YES finger...

Possible detours: If there is still no response after two attempts, you may have one of the detours mentioned below.

- a. The conflicting part won't speak until the motivating part speaks first (or vice versa).
- b. Neither of the parts in conflict will speak unless a third, controlling part allows it.
- c. The client will not respond to Parts Therapy.
- d. The client will only respond with finger responses. (This detour becomes apparent at the start of Step 5.)

Assume the first detour first...and if there is no response, assume the second one and ask if there is another part that wishes to speak first. If there is still no response, there may be *conscious interference*. At your option, you may deepen and try again, or switch to another hypnotherapy technique altogether. If you have to abort the Parts Therapy session, end early enough to find out whether the client has further questions about the Parts Therapy concept. After the trance, feel free to refer client to an article on Roy's website: http://www.royhunter.com/hypnosis_articles.htm, and click on "What Is Parts Therapy?" Be sure to answer any other questions the client might have regarding Parts Therapy. If you get ONLY a finger response and the part fails to talk verbally when you attempt to go to Step 5, ask for another part to act as interpreter. Note that Chapter 5 of the Parts Therapy text has detailed guidelines on handling these detours.

Step 4: Thank It for Emerging

This is the shortest step of all, requiring only two words or four words:

Thank you... (Or: Thank you for communicating...)

If people in conflict requested mediation, it would be wise for the mediator to thank those in attendance for their presence, and for being willing to discuss their differences. The same concept applies to Parts Therapy. Once you gain rapport, a little courtesy helps to maintain it. What might you say next to a part after thanking it? If you wish, you may ponder your response to that question before going on to the next page.

If asked to participate in role play, this is Learning Objective #8 in the Parts Therapy workshop.

Step 5: Discover its Purpose

For learning purposes, let's assume that you called out the conflicting part first (the part that is blocking your client from reaching his or her goal). The objective is to *discover the cause(s)* of the problem (the second hypnotherapeutic step to facilitate change). Remember the "W" questions: *who, what, when, where, why?* ...and *how?* (How ends in "w".)

We begin Step 5 by asking "who" the part is first (or "what name or title" it wishes to be called). Sometimes students ask why this is not a step by itself rather than the first part of Step 5. Sometimes a part discloses its purpose in its name, or provides a clue. Even when this does not happen (such as when a part chooses a proper name) we may be facilitating frequent dialogue back and forth

between two parts, or among three or more parts, so it's always wise to ask a part which name or title it wants to be called. A sample script for steps 4 and 5 appears below:

Thank you for communicating...what name or title do you wish to be called?

Wait for response. Make a note of the name or title so you may address the part appropriately.

What job do you do for [client name]?

How do you do that?

Ask both of the above questions (taking notes after each one) unless the part provides a lengthy response to the first question and discloses the answer to the “how” question without being asked. Once the part starts expressing, *listen without interrupting...and take good notes!* Gather information about the part's purpose without sounding like an interrogator. ***Once you have the cause disclosed, thank the part for communicating and move on.***

If necessary, ask the other "w" questions until it discloses the core cause of the conflict. (Does the cause fit into one or more of the psychodynamic questions?) Also note that sometimes a part answers numerous "W" questions without revealing a cause that can be categorized in the psychodynamics; in which case consider it "inner conflict" and move on. Asking too many questions might make a part become defensive and unwilling to answer more questions. Also note that if you ask the *when* and *where* questions, be ready to facilitate a *possible regression* with that part. (This is why training in regression therapy is an important prerequisite to Parts Therapy.) Once the regression is complete, bring the appropriate part(s) back to the present. Remember to complete the other steps of the Parts Therapy as necessary and integrate before awakening. *Here are some other possible questions to ask during Step 5 ONLY if more clarification is needed:*

Why is it necessary to ... [summarize presenting problem] in order to [summarize job]? *Note that the phrasing is less personal than “Why do you need to do that?”*

When did you first take on this job?

Who told you that you needed to do that?

Where did that happen?

Once the part has sufficiently expressed itself and revealed the core cause of the problem, stop asking “W” questions; and encourage that part to listen to the other part(s) express. Say:

Thank you for sharing this important information with us. There is another part of [client name] that may have something to say. Are you willing to listen while I call out another part?

Wait for a "yes" response. If this part wants to express further first, allow it to do so; then suggest that it listen to what the other part(s) might have to say. Do not cut a part off unless it gets excessively long-winded.

IMPORTANT! A lengthy detour or roadblock occurs if the part reveals a cause that requires a conscious decision to change, and/or requires a professional referral...such as a client living with an abusive spouse or working for an abusive employer. Proceed only if qualified to do so.

Step 6: Call Out Other Parts as Appropriate

The next step is to call out the other part in conflict. Repeat the first 5 steps. Here is a sample script:

There is a part of [Client name] that desires to change, and that part is most certainly interested in [Client name's] happiness. It is also an important part; and when that part is happy, [client name] will be happier. [Client name] is willing to listen, [other part] is willing to listen, and I'm willing to listen. When the part of you desiring change is willing to talk, please either say the words, "I am here" or move the "YES" finger.

Wait for response; then ask only TWO "W" questions:

What name or title do you wish to be called?

What job do you do for [client name]?

Make a note of the responses, then ask the following appropriate yes/no question:

Did you hear what [other part] said?

[Then after response...] **How do you respond?**

Wait for response. If the part does not start expressing itself immediately, then we may facilitate open communication with additional words, such as:

[Other part] said that... [summarize argument of the first part]. That part of you appreciates that you were willing to listen, and is now willing to listen to you in return. What do you have to say in response?

Make certain to ask about this part's job or purpose before asking the above question; then allow the part to express, and you will be moving into Step 7. Now the fun begins!

NOTE: On very rare occasions a part may respond only to ideomotor response questions, which makes the therapist's job far more challenging (unless you get a third part to act as interpreter). If this occurs, endeavor to get the part to respond verbally afterwards by asking, "Are you now willing to respond verbally? Please say YES if you are." After several seconds, the client will usually either respond verbally or will move the "NO" finger...in which case you may again ask another part to act as an interpreter. Sometimes the second request brings results.

IMPORTANT: Call out only the two parts in conflict at this stage, as other parts should only be called out if necessary. Giving an open invitation to "any part that wishes to express" could result in what Roy calls a "parts party," which is a lengthy confusing discussion with numerous parts that detract from reaching resolution. (This has nothing to do with Virginia Satir's parts party.) He discovered this the hard way in the 1980's. **EXCEPTION:** If both client and hypnotherapist decide in advance to call out a number of parts for reasons mutually agreed upon, then prepare for a longer session or series of sessions. While Roy normally does not do this, Gordon Emmerson often maps a client's ego states during a series of sessions, and finds it beneficial for the client (Emmerson, 2003).

Possible detour: another part emerges instead of the motivating part (or conflicting part). This detour may not become apparent until Step 7. If this happens, ask that part to listen while you make another attempt to call out the originally requested part.

Step 7: Negotiate and Mediate

We could easily compare Parts Therapy to Gestalt, except that the client is role-playing different parts of his/her personality rather than role-playing other people. Yet our objectives through the first nine steps revolve around two of the four hypnotherapeutic steps to facilitate change: discover the cause(s), and facilitate release--which happens gradually as we progress from Step 7 through Step 9.

It would be almost impossible to write a script for what to say next, as the best advice we can give is to again repeat what Charles Tebbetts said so many dozens of times in his class at Edmonds: *deal with what emerges!*

Remember to ask open-ended questions (the "W" questions, including "how"), and gather information as appropriate to help the parts reach terms of agreement. Take notes as appropriate. Also be aware that we may sometimes find it necessary to go back and forth between this step and others, as sometimes we must call out more than two parts for resolution. However, the following sample scripts may serve as guidelines to help you negotiate and mediate. Hunter normally poses the first question to the motivating part to begin the negotiations (Step 7)...

What would you like [conflicting part] to do? *[Make a note, then continue...]*
If [conflicting part] does what you want, what are you willing to do in return?

Make a note of the offer, then ask conflicting part...

IF you do what [motivating part] asks, do you accept the offer? *(If conflicting part responds favorably, Step 8 happens spontaneously with that part.)*

If conflicting part balks, say:

IF you do what [motivating part] asks, what do you want in return instead of or in addition to his/her offer? *[Note: this question keeps you in Step 7; then it is necessary to ask the motivating part whether he/she accepts the counter-offer. Continue negotiating as long as necessary to get either results or a detour...]*

Possible detours:

a. *One part does not trust another part, or accuses it of lying.* It is quite common for some parts not to trust other parts in conflict with them, and/or to hotly criticize another part. Detours often occur during this step, which is why it is so important for the parts to agree to LISTEN while other parts speak. If such mistrust is verbalized, do NOT ask a problem oriented question such as "Why don't you trust...?" This results in that part justifying its position, making resolution more difficult. Instead, ask a SOLUTION oriented question:

What will it take for you to trust [other part]?
...or ask: How can [other part] prove that he/she will honor a promise?

Make note of the response. While you might sometimes agree with the criticism one part has of another part, your job is to listen without agreeing openly with said criticism – lest you break rapport with the part that is the target of the criticism. Also note the vital importance of the therapist remaining non-judgmental throughout the process even when a part says something that seems ridiculous. Often clients will show a variety of emotions during the process, laughing at themselves,

swearing at themselves, and/or expressing surprise at what they say about themselves. Roy facilitated Parts Therapy in his classroom with a professional woman who used "trucker's language" during the session! Her classmates were quite surprised at the four-letter words spoken loudly before the woman's parts reached terms of agreement.

b. Sometimes the parts refuse to negotiate. We may call out another part and ask it to offer some assistance, and/or to assist a stubborn part. Here are some sample questions...

Is there another part of [client name] that can offer some suggestions or words of wisdom? If so, please say the words "I am here" or move the "YES" finger.

Or...

Is there another part of [client name] that can assist [part name] or offer suggestions to help us get past this impasse?

The second question above can be asked while talking with the part that needs assistance, as often that part will identify the part it trusts the most. Usually before a resolution can even be reached, each involved part must feel like it was able to present its case and be heard! Once this is done, we may then proceed to the next step. (For more possible responses, see the 2nd detour under Step 8.) Other possible detours are discussed in Chapter 7 of *Hypnosis for Inner Conflict Resolution*.

KEY POINT: Remember to act as though you are a mediator: remain objective and neutral, maintaining rapport with all participating parts.

An arbitrator listens to both sides in a conflict, and then makes a decision and tells each party what to do. Often both parties leave the arbitration feeling frustrated. The mediator asks questions, in order to help each party speak and listen, with the goal of helping the parties in conflict come up with their own terms of agreement. Because of this approach, Cal Banyan, a well known hypnosis trainer, suggested that a more modern name for Parts Therapy is *parts mediation* (Banyan, 2009); but Hunter still prefers to call it Parts Therapy out of respect for the pioneer, Charles Tebbetts.

Step 8: Ask Parts to Come to Terms of Agreement

The goal of Step 8 is to help the parts reach terms of agreement. Sometimes this happens spontaneously during Step 7 (see script on middle of page 33, which is another reason why we should pay close attention to what each part says). If the conflicting part accepts the offer from the motivating part, thank it and then say to the motivating part:

[Conflicting part] accepted your offer. Do we have an agreement?

If "yes" then move on to Step 9. However, more often we must guide the conflicting parts into terms of agreement by continuing to mediate. This may be accomplished by simple request, or by asking each part to offer a compromise to the other part. Asking the parts to come up with their solutions is *much more empowering* to the client than when the facilitator suggests details of the specific compromise as some therapists still do. Our job as hypnotherapists is to ask the right questions, and to stay as objective as possible while looking out for the best interests of the client. Careful listening helps us determine when each part agrees to honor the requests of the other part or parts involved. Step 8 is not complete until each participating part has agreed to do something

constructive for the client, and has accepted all other agreements offered by any other part that was called out. In addition, detours may occur here.

COMMON DETOUR: If you are running out of time: Say...

We only have a little time left, but you took an important step forward today. Are you satisfied with today's progress, and are you willing to continue negotiations next week?

...or, if time permits, try the "compromise" question:

Can you make a compromise until we can continue negotiations at the next session, or do this on a trial basis?

COMMON DETOUR: If parts refuse to agree on terms: We may need to call a third part, as mentioned above. Repeat Steps 1 through 5, asking for the part that can offer suggestions or "words of wisdom" to help the client find the ideal resolution. However, we can occasionally get past this without calling a third part. Charles Tebbetts taught that good hypnotherapy is a matter of trial and error, changing, adapting to the client, and always dealing with what emerges. Often a part is willing to take on a *new job*. In some cases of internal conflict, we may have to go for *temporary* terms of agreement on a trial basis, and seek a permanent resolution later (or we may have to accept a partial resolution with agreement to continue negotiations later). While the "compromise" question shown in the first detour above works sometimes, here are other questions we may ask:

Can you do this on a trial basis for a month, or would a one-week trial period be easier?

What would it take for you to honor [other part]'s request?

If [client name or other part] loves and accepts you, are you willing to take on a new job?

You are an important part of [client name], and you can only reach your full potential of happiness [*peace, achievement, security, or other goal*] if [client name] is happy and content too. Are you willing to do something that will make [client name] happier?

What other job you can do for [client name] that will make you happy?

[Use this question sparingly...such as if a part's job is to make the client smoke.]

POSSIBLE DETOUR: A third part forms an alliance with one of the parts in conflict: If this happens, sometimes that part actually helps...so be a good listener. More often, however, a part in alliance with either the conflicting or motivation part is uncooperative and/or makes matter worse; so we may call out whatever part has the *highest wisdom or intelligence* and ask its assistance.

If (*and only IF!*) we know in advance that our client has spiritual beliefs, we may call out that part most closely connected to God (or the client's perception of Higher Power) to assist in the negotiations if needed. If the client believes in a "higher self" concept, we may ask to speak to the "higher self" in the same manner. Quite often this spiritual part brings resolution very quickly.

The primary reason for using an inner wisdom part or Higher Power part is to avoid having too many participating parts, which Roy calls a “parts party,” which can be a confusing mess for both client and hypnotherapist.

Note that we should normally consider dismissing a part only when *both* of two circumstances occur: (1) the request is initiated by the client’s Higher Power part without our asking any leading questions; AND (2) the client agrees to allow the uncooperative part to leave. Otherwise we should make every attempt to seek its cooperation with the other parts, and/or encourage it to take on a new job. (Be sure to read and understand the section on potential pitfalls, and refer to Chapter 12 of the Parts Therapy text for details regarding pitfalls.)

Step 9: Confirm and Summarize Terms of Agreement

At a bargaining table, it would be wise for the mediator to confirm that all parties are in agreement of the terms before adjourning the meeting. The same is true for Parts Therapy. Step 9 has three parts: confirm agreement of terms (with each participating part), summarize agreements (for all parts), and confirm with ALL parts with ideomotor response.

Address either the conflicting part or the motivating part first. Summarize what that part agreed to do and ask:

Are you satisfied with the agreement reached here today?

Wait for response. Proceed with all participating parts in the same manner as above.

Once EACH part that emerged and contributed to the discussion confirms its acceptance of the terms of agreement, we must then summarize the terms of agreement with ALL of the client’s parts listening, including the ones that have NOT emerged, and confirm with all the parts. If a silent part has an objection, this is the time to find out! Summarize the terms, and then ask:

Please indicate with the appropriate finger response... Do all parts of [client name] accept the terms of agreement reached here today?

Wait for response. If “yes” finger moves, then go right on to Step 10. In rare instances, a part that has not previously emerged might have an objection. If client says “Yes” but N or IDK finger moves, then you have...

IMPORTANT POTENTIAL DETOUR: This is the one time that we look for a detour, because it is better for a concerned part to make its objection known now rather than later. Sometimes a part has “buyer’s remorse.” If EITHER the “no” finger moves OR the “I don’t know” finger moves, ask:

Is there any part that wishes to express itself? If so, you are an important part of [Client name], and are doing an important job. [Client name] is willing to listen, his/her parts are willing to listen, and I’m willing to listen. When you are ready to express your concerns, please say “I am here” or move the YES finger...

Deal with what emerges accordingly. Ask its name and title, and return to previous steps of the 11-Step Process as necessary. If there is silence after this question, wait ten to fifteen seconds and then ask the same question again after completing Step 10, but before integrating the parts. Note that

sometimes the objection or requested amendment to the agreement comes from a participating part instead of a new part.

Subconscious relearning sometimes starts spontaneously when terms of agreement are reached, then enhanced in Step 10; but this step is the normal start of subconscious reprogramming...

Role-play, time permitting: (Learning Objective #8)

If time permits, your instructor will facilitate role-play exercises while exploring the 11-Step Process...otherwise, the role-play will be facilitated the second day. Please participate if asked.

Step 10: Give Direct Suggestion as Appropriate

Do this only AFTER terms of agreement – NOT before! Once the terms of agreement are confirmed, we may give primarily direct suggestions to each of the participating parts. Although some circumstances may warrant indirect suggestions, we normally use primarily direct suggestions with most clients at Step 10. Also note that any suggestions given *before* the completion of step 11 should conform strictly to the terms of agreement reached, along with confidence to do so – as well as suggestions for the parts to cooperate and work together. Indirect or permissive suggestions may be added IN ADDITION to (but not instead of) direct suggestions. Note that it would be almost impossible to script every suggestion to give during this step; but perhaps the following samples might help you get started.

First, I would like to thank all the parts involved for this open communication and great progress made here today.

Continue with one or more of the following...

Also, [Part name or title], thank you for agreeing to help [Client name and/or other part] ---. *[Repeat that part's agreement...]* **Every day in every way you find it easier and easier to keep your agreement.** *[Get as specific as possible; then repeat the above with each participating part.]*

[Client name] will be happier because of the agreement you made here today, and you are a part of [client name]. So you will also be happier by helping [Client name or Part name] to ---.

[Re-state the terms, and be specific.]

Also, by working with [other part's name], it becomes even easier for you to honor the agreement made here today. *[Give appropriate suggestions.]*

You may give any other suggestions that are in total harmony with the terms of agreement. In rare instances it might be appropriate to use guided imagery to the parts during Step 10; but normally we should only do this if the client has created his/her guided imagery during the Parts Therapy process. In this instance, said imagery remains compatible with any imagery previously supplied by the client. Let's assume your client had a part that wanted to smoke (Smoky) and a part that wanted to quit (Healthy). Smoky and Healthy agreed to smoke only once after each meal, and at no other times. What suggestions would you give to each part after they reach terms of agreement?

Step 11: INTEGRATE the Parts! (Learning Objective #9)

The therapist may use any number of ways of integrating the parts...direct suggestion, metaphor, shake hands, embrace, ideomotor response questions, etc. Roy's normal method is to simply say something like:

Now it's time for all the parts to integrate into inner harmony; and when this integration is complete, please either move the "yes" finger or raise your hand...

More sample scripts are in Chapter 9 of the Parts Therapy text. Charles Tebbetts usually asked the parts to shake hands, or to embrace, or to hold hands, etc., for mutual love and acceptance. Then he would ask the client to allow all the parts to merge into an integrated or complete whole, *and to CONFIRM* when the integration was complete by raising a hand. You may also use a metaphor, depending on what takes place during the Parts Therapy itself. One of Roy's clients had his parts dancing on the deck of a boat just before integrating, holding hands while dancing in a circle. The client still raised his hand when the integration was complete. The bottom line regarding integration can be stated in one sentence:

- *It is very important to integrate before awakening* – regardless of your choice of words and imagery.

Whether you ask your clients to imagine seeing, hearing, or simply *feeling* when this inner harmony or integration is complete, make it easy for them to give you confirmation when it is done. Doing so will help you know when the integration is complete...but first, let's discuss the last possible detour.

Possible detour: There is no response; the "NO" finger moves; or the "I don't know" finger moves. Ask:

Is there any part that wishes to express or speak? If so, please move the YES finger or say the words "I am here..."

If this happens to you, simply go back to Step 4 and proceed accordingly. If it is a part that previously emerged, ask the part to speak. If it is a part that has NOT previously emerged, then ask about its purpose, and then ask it to comment on the terms of agreement reached. Then *deal with what emerges!* Repeat any steps necessary in order to confirm terms of agreement, including any modifications to the terms.

* * * * *

Note that as time permits, your instructor will facilitate group role play exercises the second day if there was insufficient time to do so while covering the 11-Step Process. Please participate as appropriate, because everyone learns from the group role play.

Also, remember that *role play exercises represent Learning Objective #8 for this workshop.*

7-C: Conclusion (Third Phase, Concluding the Parts Therapy Session)

Step 1. Give Additional Suggestions and/or Guided Imagery

This is Learning Objective #10 of the workshop.

Remember the four hypnotherapy objectives (suggestion and imagery, discover the cause, release, relearning). With Hypnotherapy Objectives 2, 3 and 4 accomplished, good positive suggestions normally enhance subconscious relearning (direct and indirect). This also applies to Parts Therapy. Use an appropriate prepared script if desired, and/or guided imagery that relates to the client's goal (and/or EFT, NLP, etc., if desired). Even if time is running out, it is usually a good idea to give at least one or two therapeutic post-hypnotic suggestions to reinforce subconscious relearning before awakening in order to reinforce the progress made during the Parts Therapy. After completing the guided imagery and suggestions, Roy sometimes gives the client about a half minute of silence before a slow awakening or emergence from hypnosis.

Step 2. Awaken (Emerge or Re-alert)

Former students familiar with Hunter's training program know that he uses a very slow awakening procedure, especially when a client has experienced a deep level of trance. A rapid re-alerting procedure could leave some clients with a headache, especially if emerging from deeper states. (Roy knows this from personal experience after being awakened abruptly a few times.) Hunter's re-alerting normally takes 45 to 60 seconds while counting slowly from one to five. Somnambulists may get 90 seconds or longer.

Note that some people get hung up on which word to use. Some professionals claim that "awaken" is inappropriate since hypnosis is not a state of sleep. However, it is the opinion of both authors that any of the above three words are acceptable unless a client has a problem with the word used.

Step 3. Briefly discuss therapy with client and set next appointment if appropriate.

Remember that clients normally remain in rapport with the hypnotist for several minutes after emerging from hypnosis, and may be very open to suggestions. For this reason, we need to choose our words wisely. Hunter's first words are something like: "Did you surprise yourself?" or "Are you happy with your resolution?" Sometimes Roy says: "This is amazing stuff, isn't it?" After the response, keep the discussion somewhat brief unless it is the final session with that client. Although we need not give details of everything said, we may summarize the agreement for the client. In many cases we may ask the client to see us once more (one to eight weeks later) to be sure the resolution will be permanent. For additional reinforcement at home, we may give the client a generic hypnosis CD or mp3 with various suggestions and guided imagery. Do NOT give the client a recording of the session because of the risk of him or her going into hypnosis while listening.

Review: *(When were the four hypnotherapy objectives accomplished?)*

The 2nd Hypnotherapy Objective (discover cause) is accomplished during Steps 1-5 (sometimes 6). The 3rd (release) happens during Steps 6-9 (sometimes a 3rd part is called out, which goes back to Step 6). The 4th (relearning) starts during Step 10, enhanced with suggestion and imagery.

8. Avoiding Potential Pitfalls

Increasing numbers of hypnotherapists around the world are discovering the highly effective Parts Therapy techniques of the late Charles Tebbetts and/or its variations.

Although Parts Therapy is by no means the only effective hypnotherapy technique that Mr. Tebbetts taught, its high success rate made it his favorite technique. However, Hunter's professional experience confirms a warning given by his late mentor in his classroom. These were the words of Charles Tebbetts:

“One must be adequately trained in Parts Therapy before attempting to use it.”

There are reasons why Charles Tebbetts felt that way, which are explored in Chapter 12 of the Parts Therapy text, and overviewed on the next page that summarizes the potential pitfalls.

First, we need to understand the difference between a DETOUR and a PITFALL!

Detours often occur when the facilitator does a good job. Common detours were covered as we explored the 11-Step Process; but stepping into a PITFALL happens when the facilitator makes an unwise choice during a session when parts therapy (or a variation) is employed. In other words, detours are usually unexpected and unavoidable; but pitfalls can be avoided by being aware of them in order to avoid stepping into one. Note that learning which common pitfalls to avoid increases the probability of successful Parts Therapy, thus this topic is directly related to **Learning Objective #7**.

Examine the handout on the next page. (This handout has been used in the classroom since 1995, and expanded into an entire chapter in the Parts Therapy text.)

8-A. The Potential Pitfalls to Avoid in Parts Therapy

This page was written by Roy Hunter, in first-person format...

The potential results of some unwise choices are briefly overviewed below (in alphabetical order). Note: The information below is presented in Chapter 12 of *Hypnosis for Inner Conflict Resolution: Introducing Parts Therapy*, which explores these potential pitfalls in far greater detail.

1. *Advance explanation not given:* One of my clients told me that she was afraid that she had multiple personalities after another therapist facilitated Parts Therapy (without giving proper explanation). She worried for several months until she saw me.
2. *Assuming command and giving orders:* Therapist-directed trance work may result in taking the client down the wrong path. Client Centered Parts Therapy, where your client comes up with the solution (even if you help), is far more likely to be accepted by the subconscious. Remember, it only takes one rebellious part to prevent resolution.
3. *Calling out too many parts:* Are you ready for a possible time-consuming parts party? IF AGREED UPON in advance by both hypnoterapist and client, this may be acceptable. Gordon Emmerson often maps a client's ego states during a series of sessions, and finds it beneficial for the client (Emmerson, 2003).
4. *Creating new parts:* It's better to find ways for existing parts to take on new jobs instead of creating more parts.
5. *Criticizing a part:* Criticizing someone you meet for the first time is not the way to win friends and influence people...and the same is true for a part. While you might know your client fairly well, treat a part as you would if meeting someone for the first time. Break rapport with a part, and you break rapport with the subconscious; your client could emerge from trance.
6. *Freezing or immobilizing a part:* In frustration, one former Parts Therapy student "froze" several parts into statues because they did not want a new job. The resulting stress made the woman worse off than before, and it took another hypnoterapist two additional sessions to undo the damage. If you are in doubt, integrate, awaken, and seek help or refer!
7. *Getting sidetracked:* This can happen during a regression of a part, or while giving suggestions during Step 10. What might happen if you end the session without integrating the parts?
8. *Multiple personality disorder (D.I.D.):* Refer to Parts Therapy text. Roy Hunter will not knowingly work with a client who has multiple personalities or D.I.D. without collaboration.
9. *Potential alleged entities:* What if a part that is mistaken for an entity is a part that could take on a more productive part? What are other possible consequences? Refer to Parts Therapy text.
10. *Skipping steps:* Consequences may vary, based on the client and which step(s) get skipped.
11. *Taking sides with the dominant part:* If you break rapport with a "part" by failing to be a good listener while it presents its case, your role as a facilitator becomes difficult if not impossible.
12. *Other concerns:* What other potential pitfalls can you think of?

9. Parts Therapy Hypnosis for Pain Management

Bruce Eimer is an established authority on the use of hypnosis to help people reduce pain. With his status as a pain psychologist working in a major hospital in the Philadelphia area, he incorporates Parts Therapy to help chronic pain patients. Time permitting, he will overview how he employs Parts Therapy with patients who suffer from chronic pain, and summarize one or two case histories.

This section written by Bruce N. Eimer, Ph.D., ABPP

9-A. Steps in Doing Parts Therapy Hypnosis for Solving the Problem of Chronic Pain

ASSUMPTIONS: Pain is a signal that there is something wrong in the body, the mind or both. Chronic Pain is a solution to an underlying problem. It is necessary to uncover what that problem is.

STEPS:

1. Begin by inducing somnambulistic hypnosis and setting up ideomotor finger signals.
2. Obtain permission from the client's unconscious mind through ideomotor signaling to help the client better control his or her pain.
3. Invite any inner part of the person that has a role in keeping the pain persistent to come forward.
4. Thank that part for coming forward. Find out...
 - A. the name it wishes to be called.
 - B. its purpose.
 - C. when it was born.
 - D. why it was born.
 - E. what it wants and what it needs now.
 - F. what it is willing to give up to get what it needs.
 - G. the reason it created or maintains the client's persistent pain.
5. Ask the inner part of your client that feels the hurt from the pain the most to come forward. When it comes forward, thank it for doing so and ask how it would like to be addressed.
6. Ask the "hurting part" how it feels about what that "pain part" said and what it wants from the "pain part".

7. Ask what the "hurting part" what it is willing to do to satisfy the "pain part" in return for getting what it wants; i.e., pain relief. Also, ask it how much pain relief would be acceptable.
8. Ask the "pain part" to respond to the "hurting part". Ask it to say how much pain relief it is willing to create, if it is willing to accept what the "hurting part" offered, and if not, what it does want from the hurting part in exchange for providing some pain relief.
9. Ask the hurting part if this amount of relief is acceptable.
10. Ask each part that has come forward if there are any other inner parts within the client that want to speak up. If yes, let those parts have a voice. If not, move on.
11. Mediate an agreement between the parts so the "hurting part" can get relief.
12. Test if the amount of relief offered and agreed to is reasonable by asking if the "pain part" can create that amount of relief now on an unconscious level. That is, the hurting part will feel the relief but the client may or may not feel the relief consciously. Suggest a YES or NO ideomotor finger signal will answer with the client's true feelings.
13. Validate the power of the "pain part" and its good intentions.
14. Re-alert the client. Before re-alerting, give DSIH that the pain relief will gradually become conscious when the client is ready. Suggest that greater comfort will be lasting for at least several hours after the client totally re-alerts and returns to waking consciousness.

Remember to incorporate some additional suggestions during the Concluding phase of Parts Therapy, adding any appropriate discussion specific for the client/patient during the Debrief. Note that a longer article by Dr. Eimer is available in PDF format for workshop participants. You may request a copy by emailing either of the authors of this workbook.

10. Unresolved Past Grief

Occasionally Parts Therapy results in an unexpected regression back to a time when the client experienced loss of a loved one. A seemingly simple Parts Therapy session may suddenly change into therapy for unresolved past grief. (Note the word “past” in this section.)

This has occurred in the classroom on several occasions, usually causing wet eyes for all who witness such therapy. In 1999 this happened at a Parts Therapy workshop that was videotaped in front of a group of professionals in Ireland. A simple demonstration quickly evolved into a profound grief therapy session when the cause of an inner conflict was guilt that resulted from the accidental death of a parent some years before, happening as a result of a car accident.

That session was recorded, and is on the 3-DVD set entitled “Parts Therapy Workshop” that is available on Roy Hunter's website (www.royhunter.com). It is also summarized in a chapter section entitled “The Rose” in Chapter 11 of the Parts Therapy text.

For the occasional grief therapy that you may facilitate, become thoroughly familiar with the remainder of this section...and when you work with a client, make sure you have a box of tissues nearby!

Note that the authors devoted an entire chapter of the regression text to unresolved past grief (Hunter & Eimer, 2012).

10-A. Facilitating Unresolved Past Grief

Competent regression therapy can have a profound benefit in helping many people work through unresolved past grief from the loss of loved ones.

WARNINGS from the Authors of this course:

(1) The therapist is advised NOT to attempt any of these techniques unless or until receiving competent training in regression therapy.

(2) Although the potential questions shown below may help a client resolve PAST grief, some of the questions would NOT be appropriate for recent grief (within the last two or three years). If your client is experiencing grief from a recent loss, refer him or her to a grief therapist.

Techniques to Initiate Grief Resolution:

Last encounter: Guide client back to last time he/she saw the departed loved one alive.

Happy event: Regress back to a HAPPY time with the lost loved one.

Sacred place: Go to a sacred space, and ask the loved one to appear.
(Note: allow the client to choose the sacred space.)

The third option is normally not a regression, and can be used either *in addition to* or *instead of* a regression.

Use Gestalt therapy (role-playing). Ask client to say what he/she feels. Frequently the client will ask the departed one why he/she had to die. Ask client to become the other person and RESPOND. Do this several times, asking one or more questions such as:

"What do you want [client name] to remember about you?"

"What encouragement or words of wisdom can you give to [client name]?"

"What can you say to empower [client name] to release you?"

"How can [client name] obtain release or closure?"

"What can [client name] do to accept your departure and get on with life?"

"How can [client name] best benefit from this inner dialogue?"

"What else does [client name] need to do to enjoy greater happiness?"

(To both client and loved one...) "Is there anything else you wish to say before saying GOODBYE?"

NOTE: Often there might be some forgiveness that is necessary. In some instances the abreactions might be intense, especially if your client was elsewhere at the time of passing! On some occasions a client might also be angry at the loved one for departing too soon.

Also, he or she might blame self and/or others for not being present to say goodbye. This may be especially true if your client was a child who was prohibited from being with a parent (or grandparent) at the moment of death...in which case you might need to use Gestalt therapy with the person(s) who prevented your client from seeing the loved one at the time of passing.

In rare instances, Parts Therapy might be employed if the client feels an inner conflict about letting go...in which case we might call out the part that is unwilling to let go. In such an instance it might also be necessary to call out a Higher Power part (or inner Wisdom) to assist. If the client is still unable to move on, he/she might still need grief counseling.

11. For the Open Minded: Exploring our Spiritual Potential and More...

Occasionally even the competent therapist is unable to help conflicting parts find inner resolution. When this happens, the spiritual approach might work even when all else fails...

Call out that part of the inner mind that is "Most closely connected to Divine Consciousness, God, your spiritual guidance, or your perception of Higher Power..."

If you already know your client's spiritual beliefs in advance of therapy, you may use the wording he/she prefers (such as God, Higher Self, Yahweh, Christ, "Holy Spirit," etc.)...otherwise, give several choices (such as the ones in the second paragraph above). If your client is agnostic, call out "Your highest and best inner wisdom..." or "That part of you that has your highest and best wisdom, knowledge, understanding, training and intelligence..."

Once that part identifies itself, ask it to provide "words of wisdom" for the best resolution. This approach is empowering, and often yields results.

NOTE: There are other questions that may be explored (provided the client is willing) when the part of the mind most closely connected to "Higher Power" (etc.) is communicating, such as helping one to discover his/her life purpose and/or spiritual potential. It is VERY important that the therapist avoid the temptation to promote his/her religious views onto a client!

Depending on the time and interest of those in the class, your instructor may explore some of the spiritual applications of Parts Therapy with the class. Other handouts may be provided that are not a part of this official workbook. If you are interested in these new frontiers, you may enjoy reading Chapter 13 of *Hypnosis for Inner Conflict Resolution*.

Note that Roy gave a lecture on this topic at a local IMDHA chapter in 2010, along with a short demonstration. This was recorded, and is available on his website as "Spirit Trek."

*Depending on the remaining time, combined with group interest, your facilitator will do a demonstration or present a video recording of either Parts Therapy, Spirit Trek, or both (**Learning Objective #11**).*

* * * * *

Roy is available (if sponsored) to facilitate an experiential workshop exploring the spiritual applications of Parts Therapy, which he now calls "Spirit Trek." Contact: roy@royhunter.com

This is the topic of his latest book entitled *The Art of Spiritual Hypnosis: Accessing Divine Wisdom* (2016, Blooming Twig Publishing). This book contains over a hundred case summaries submitted by a number of hypnotherapists from around the world.

Also note that Roy Hunter's Spirit Trek workshop by itself is not eligible for CE credit for psychologists, although it may be eligible for continuing education with several hypnosis associations.

12. Conclusion, Demonstration, and Sample Scripts

Learning Objective #11 is to observe demonstrations of the application of the 11-Step Process. This objective can be accomplished during the group role play exercises, which are based on actual case histories. Time permitting, your facilitator will either facilitate a live demonstration or show a video of an actual session, which enhances Learning Objective #11.

Learning Objective #12 is to explain the conceptual and clinical rationale for each step of the Parts Therapy process. If you paid close attention to each step as presented, you should have accomplished this learning objective. Otherwise, please review the entire 11-Step process that is described in this workbook.

Also, upon request from former students and professionals who have attended Roy's workshops over the years, the following scripts are included here to help you prepare the client for Client Centered Parts Therapy (CCPT). It is the opinion of both authors that scripts are like "training wheels" in that the scripts are to serve you rather than vice versa. Feel free to modify the wording to suit your own personality and style, but be certain to follow the guidelines of proper suggestion structure. Keep your suggestions positive, stating the desired result rather than avoidance of the problem.

Note that the scripts start on the next page.

Establishing a Safe Place (or Peaceful Place)

After appropriate induction and deepening...

Your imagination is your own private rehearsal room of your mind. You can DO ANYTHING you want, or BE ANYWHERE you desire.

Just choose a safe, peaceful place, and IMAGINE that you are there now...

Imagine sights, sounds, and feelings that are SO peaceful, SO serene... and SO relaxing... that it is as though you are becoming a part of the tranquility that you imagine... as though there is an INNER PEACE just flowing through every part of your being...

Whenever you meditate, or are doing self-hypnosis, you can BE here anytime you choose, by simply taking one deep breath... and thinking the word RELAX as you exhale... Just do that right now... take one deep breath, and RELAX... You can also choose a finger that becomes your PEACEFUL PLACE finger, and touch your thumb to that finger now. Whenever you touch your thumb to your peaceful place finger, it is a reminder to your inner mind to be calm, confident, and free to think with a clear mind, using your best wisdom, knowledge, understanding, training and experience to simply be the best you can be...and be at peace within.

Now just go deeper... deeper and deeper... WAAaaaay down deep... into a very deep, inner peace... a very deep, inner peace...

Once again, just imagine BEING in your safe place... This is your special... private... peaceful place... and whenever you hear me say the words: "GO to your SAFE PLACE" you can immediately BE in your safe place... just by IMAGINING it... and you may allow your subconscious to signal your acceptance of this suggestion by simply moving one of your fingers...

Wait for response. If there is no response, repeat the above paragraph.

Any time I say "Go to your safe place" you IMMEDIATELY go to your safe place, feeling calm, peaceful and relaxed... and enjoying a very deep, hypnotic peace... a very deep, hypnotic peace... Please either move the finger that you choose as a YES finger to indicate acceptance of these suggestions, or simply take a deep breath of air and relax...

NOTE: Be certain you read and understand Chapter 5 of *The Art of Hypnotherapy*.

Establishing Finger Responses before Parts Therapy
(Roy Hunter's method)

After induction and deepening, take client to his/her peaceful place, then speak in a monotone...

I'm going to ask you some questions, and I would like you to allow the responses to come from your subconscious or your inner mind. If the answer is "YES" then please move a finger that represents the "YES" response at this time...

Wait for response, and make a note of it...

Thank you. Now please choose a different finger or thumb that represents the "N. O." [Spell the word rather than saying it] response. Please indicate the negative response at this time.

Wait for response, and make a note of it...

Now choose a different finger or thumb that represents the "I don't know" or "I'm not ready to disclose" response, and indicate at this time.

Wait for response, and make a note of it...

Thank you.

If using ideomotor response questioning, continue with the questions shown on page 17 and explore the responses (see page 18). Note that the script for Bruce Eimer's method appears on pages 16-17. If you've already decided to use Parts Therapy or regression therapy, proceed with the 100 to 1 technique on the next page.

SAMPLE RESPONSES:

Y =

N =

? =

Easy abbreviations for quick notes during session:

RI = Right index finger

LI = Left index finger

RM = Right middle finger

LM = Left middle finger

RR = Right ring finger

LR = Left ring finger

RP = Right (pinkie) little finger

LP = Left (pinkie) little finger

RT = Right thumb

LT = Left thumb

RH = Right hand

LH = Left hand

Example: Y=RI N=RT ?=LI

If using ideomotor response questioning, continue with the questions shown on page 18 and explore the responses (see page 19). If you've already decided to use Parts Therapy or regression therapy, proceed with the 100 to 1 technique on the next page. You have permission to photocopy this page if desired for your use with clients. Bruce Eimer, PhD, details a more comprehensive method he has used successfully for many years in the regression text (Hunter & Eimer, 2012).

The 100 to 1 Technique

Hunter uses the following script with most clients experiencing parts or regression. It is helpful to determine whether clients are deep enough for Parts Therapy or regression. Vary the words according to your own personality and that of your client. Become familiar with it before using it.

After appropriate induction and deepening, guide client to his/her safe place. After you establish (or reconfirming) ideomotor response signals, continue...

Now, imagine a scale of 100 to the number 1. The number 100 represents being awake but with your eyes closed, while the number 1 is absolutely as deep as you can go in hypnosis without falling asleep...and 50 is half-way there. If you are 50 or deeper, please indicate by moving the "YES" finger...

If YES, continue... If NO, then deepen until your client indicates YES. (Note that the above statement is a leading suggestion, designed to lead the client into a state of hypnosis deeper than 50. Inappropriate leading is when a client responds to leading questions or suggestions that lead him/her into assumptions that could result in false memories or false conclusions about the cause of a problem.)

Are you 40 or deeper?

If YES, continue... If NO, then deepen until client is deeper than 40 if you plan on using Parts Therapy. The same applies for regression therapy most of the time; but if emotions are involved, Roy occasionally begins the regression with affect bridge technique if the client cannot obtain a level below 40.

Are you 30 or deeper?

Regardless of answer, ask:

Are you deep enough to continue into the next part of this session?

If YES to the above question, proceed with the therapy technique of choice.

If NO to the above question, deepen before continuing; then continue...

Most clients at this level are deep enough to continue to the next phase of the session.

Are you NOW deep enough to continue into the next part of this session?

If YES, proceed with the therapy technique of choice. Otherwise, repeat above procedure.

After sufficient deepening, proceed to the therapy technique of choice. If client goes too deep to respond verbally, you may suggest that he/she come up to a level of hypnosis that is still deep but just high enough to speak verbally. If the client fails to go deep enough for Parts Therapy or regression, abort the planned technique until the next session and devote the remaining time to progressive deepening, hypnotic convincers, and compound suggestion combined with positive imagery. The objective is to enable the client to go deep enough at a subsequent session. Proceeding with either parts or regression when the client is in a light state could inhibit lasting results, especially for analytical resisters.

The 11-Step Process: (Scripts only with limited instructions; refer to workbook for more detailed explanations)

First Three Steps:

1: Identify the Part; 2: Gain Rapport (compliment the part); 3: Call Out the Part

There is a part of you that makes you snack frequently between meals [makes you keep on smoking, or whatever the client concern is], and it is doing a very good job. I'm talking to that part of [client name] that causes him [her] to snack frequently between meals [makes you keep on smoking, or whatever the client concern is]. You are an important part of [client name], and there is probably a good reason for what you're doing... [Client name] is willing to listen, and I am willing to listen. When you are willing to communicate, please let us know by saying the words, "I am here," or by moving the YES finger.

Detour a: The conflicting part won't speak until the motivating part speaks first (or vice versa).

Call out other part.

Detour b: Neither of the parts in conflict will speak unless a third, controlling part allows it.

Call out third part.

Detour c: The client will not respond to Parts Therapy.

Abort Parts Therapy session.

Detour d: The client will only respond with finger responses.

Ask for another part to interpret.

Step 4: Thank It for Emerging

Thank you... (Or: Thank you for communicating...)

Move right into step 5 without pausing...

Step 5: Discover its Purpose

...what name or title do you wish to be called?

Wait for response. Make a note of the name or title so you may address the part appropriately.

What job do you do for [client name]?

How do you do that?

Why is it necessary to ... [summarize presenting problem] in order to [summarize job]?

Ask additional questions ONLY if necessary to discover core cause...

When did you first take on this job?

Who told you that you needed to do that?

Where did that happen?

Once the part has sufficiently expressed itself and revealed the core cause of the problem, stop asking "W" questions; and encourage that part to listen to the other part(s) express. Say something like:

Thank you for sharing this important information with us. There is another part of [client name] that may have something to say. Are you willing to listen while I call out another part?

Wait for a "yes" response. If this part wants to express further first, allow it to do so; then suggest that it listen to what the other part(s) might have to say. Do not cut a part off unless it gets excessively long-winded.

IMPORTANT! A lengthy detour or roadblock occurs if the part reveals a cause that requires a conscious decision to change, or requires a professional referral...such as a client living with an abusive spouse.

Step 6: Call Out Other Parts as Appropriate

Repeat the first 5 steps for the motivating part.

There is a part of [Client name] that desires to change, and that part is most certainly interested in [Client name's] happiness. It is also an important part; and when that part is happy, [client name] will be happier. [Client name] is willing to listen, [other part] is willing to listen, and I'm willing to listen. When the part of you desiring change is willing to talk, please either say the words, "I am here" or move the "YES" finger.

Wait for response. Thank it for emerging and ask how it wishes to be addressed, making a note of it. Also, ask one question about its job or primary purpose for your client. After the response, continue with:

Did you hear what [other part] said? [After response...] How do you respond?

Step 7: Negotiate and Mediate

Start with motivating part...

**What would you like [conflicting part] to do? [Make a note, then continue...]
If [conflicting part] does what you want, what are you willing to do in return?**

Make a note of the offer, then ask conflicting part...

IF you do what [motivating part] wants, do you accept the offer? (*If conflicting part responds favorably, Step 8 happens spontaneously with that part.*)

If conflicting part balks, say:

IF you do what [motivating part] wants, what do you want in return instead of or in addition to his/her offer? [*Note: this question keeps you in Step 7; then it is necessary to ask the motivating part whether he/she accepts the counter-offer. Continue negotiating as long as necessary to get either results or a detour...*]

Detour a: One part does not trust part, or accuses it of lying.

What will it take for you to trust [other part]?

...or ask: **How can [other part] prove that he/she will honor a promise?**

Detour b: The parts refuse to negotiate.

Is there another part of [client name] that can offer some suggestions or words of wisdom? If so, please say the words "I am here" or move the "YES" finger.

Or...

Is there another part of [client name] that can assist [part name] or offer suggestions to help us get past this impasse?

Step 8: Ask Parts to Come to Terms of Agreement

If conflicting part accepts the offer from the motivating part, say to motivating part:

[Conflicting part] accepted your offer. Do we have an agreement?

Otherwise, if negotiations were necessary, take notes and continue until you are able to get each participating part to agree...then ask each part if there is an agreement.

COMMON DETOUR: If you are running out of time: Say...

We only have a little time left, but you took an important step forward today. Are you satisfied with today's progress, and are you willing to continue negotiations next week?

Can you do this on a trial basis for a month, or would a one-week trial period be easier?

What would it take for you to honor [other part]'s request?

If [client name or other part] loves and accepts you, are you willing to take on a new job?

You are a part of [client name], and you can only reach your full potential of happiness [peace, achievement, security, or other goal] if [client name] is happy and content too. Are you willing to do something that will make [client name] happier?

What other job you can do for [client name] that will make you happy?
[Use this question sparingly...such as if a part's job is to make the client smoke.]

POSSIBLE DETOUR: A third part forms an alliance with one of the parts in conflict.

Call out either Higher Power part or Inner Wisdom to avoid a possible parts party.

Step 9: Confirm and Summarize Terms of Agreement

Address each participating part. Summarize what that part agreed to do and ask:

Are you satisfied with the agreement reached here today?

Summarize the terms, and then ask:

Please indicate with the appropriate finger response... Do all parts of [client name] accept the terms of agreement reached here today?

Wait for response. If "yes" then go right on to Step 10. In rare instances, a part that has not previously emerged might have an objection. If EITHER the "no" finger moves OR the "don't know" finger moves, ask:

Is there any other part that wishes to express itself? If so, you are an important part of [Client name], and are doing an important job. [Client name] is willing to listen, his/her parts are willing to listen, and I'm willing to listen. When you are ready to express your concerns, please say "I am here" or move the YES finger...

Deal with what emerges accordingly. Ask its name and title, and return to previous steps of the 11-Step Process as necessary.

Step 10: Give Direct Suggestion as Appropriate

First, I would like to thank all the parts involved for this open communication and great progress made here today.

Also, [Part name or title], thank you for agreeing to help [Client name and/or other part] ---. *[Repeat that part's agreement...]* Every day in every way you find it easier and easier to keep your agreement. *[Get as specific as possible; then repeat the above with each participating part.]* Also, by working with [other part's name], it becomes even easier for you to honor the agreement made here today. *[Give appropriate suggestions.]*

Step 11: INTEGRATE the Parts!

Now it's time for all the parts to integrate into inner harmony; and when this integration is complete, please either move the "yes" finger or raise your hand...

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Appendices:

Appendix A: Parts Therapy Website and Forums

Roy has a website dedicated to parts therapy. It is: www.partstherapy.net.

Note that the website is “DOT-NET rather than dot-com, because someone else already registered the dot-com domain.

There are also two forums available that are devoted to parts therapy: Facebook and HypnoThoughts. The forum on Facebook is devoted exclusively to practitioners who are already trained in parts therapy; but the one on HypnoThoughts includes others who are interested in parts therapy even though not yet trained. The HypnoThoughts discussion group is at www.hypnothoughts.com.

Any member of HypnoThoughts can join this group; but it is shielded from Google in order to protect the privacy of people who ask questions as well as professionals who post their responses.

One additional website with listings for hypnosis professionals is www.hypnotherapistlist.com. You may obtain a free basic listing simply by going to this site. Although premium listings (shown above basic ones by state or country) are paid, your free listing will be upgraded to *premium* for free for one year as a benefit of taking this workshop.

If you choose to take the optional exam to be a Certified Parts Therapy Facilitator (CPTF), you will have a purple bar indicating training in parts therapy...and listings with a purple bar appear higher on the page than gray or blue bars. As of 2016, this is the only benefit of being a CPTF; but that could change in the future.

Those interested in the optional CPTF designation may take the optional exam either by emailing the Certified Parts Therapy Trainer who taught this workshop, or by emailing royhunter@msn.com, and then by both passing the exam and completing a parts therapy practicum with three different clients. The current fee is \$50 or \$70 depending on whether you wish your certificate scanned or posted (payable by PayPal to your instructor if applicable, or to alliance@self-empowerment.tv if going through Roy Hunter).

In order to obtain your free upgrade, contact Roy by email at royhunter@msn.com. You will need to let him know when and where you were trained, as well as who trained you; and he will validate that information.

Appendix B: Order Parts Therapy Products Online!

Roy Hunter: Parts Sessions

Watch Roy Hunter facilitating sessions in front of a live audience. See a client who had a fear of public speaking demonstrate immediate results! Note that the client speaks so softly that some client comments are difficult to understand.

Product Number: DVD43: US \$59.00

An epileptic overcomes seizures...

A Miracle on Demand" (therapy by Charles Tebbetts)

The late Charles Tebbetts was at his best facilitating this therapy for a former epileptic, using both regression and parts therapy – with a resulting success that lasted for nine years before another follow-up was needed. This profound therapy was detailed in Chapter 12 of *The Art of Hypnotherapy*...length, less than 1hr. DVD format.

Product Number: DVD32 – US \$65.00

Parts Therapy Workshop (MP4 files on USB thumbdrive):

Parts Therapy (also called "ego states" therapy) is perhaps the most complex hypnotherapy technique used, and often is the best method of helping clients to resolve inner conflicts. This set of MP4 files is an edited version of a two-day parts therapy workshop taught in Costa Mesa, CA, in 2011. It is recommended only for professionals (or advanced hypnotherapy students) who have already received training in hypnotic regression therapy.

Product Number: TD02 – US \$175.00

**GET A FREE BONUS DVD up to \$65 value (or three free CD's): If you order all three of the above products, send an email on the same day to request your free product(s)! (alliance@self-empowerment.tv)*

Spirit Trek

Have you ever wanted to ask God (or your Higher Power) a question and get an immediate answer? With a unique application of parts therapy, Roy calls out that part of the inner mind closest to the client's perception of God or Higher Power. See Roy explain and demonstrate the concept in front of a live audience....length, under 1 hr. (all lengths approximate). His latest book is based on Spirit Trek.

Product Number: DVD44: US \$59.00

Hypnosis for Inner Conflict Resolution:

Roy Hunter's highly praised parts therapy book was written in response to numerous requests over the years for an entire book dedicated to parts therapy. Variations (such as ego state therapy) are discussed, and a step-by-step parts therapy process is presented in an easy-to-understand format, with scripts to help the therapist walk the path of successful parts therapy. Roy's work is based on the client centered teachings of the late Charles Tebbetts, and updated through his many years of professional experience.

Product Number: B05 – US \$45.00 *

***International shipping for this book is \$25.00 – so you may wish to order directly from Crown House.**

You may order one or more of the above products online at:

www.royhunter.com/hypnosis_products.htm

(253) 927-8888 * alliance@self-empowerment.tv

SUBSCRIBE to Roy's FREE "Hypnosis Tips" e-zine!

Also remember that Dr. Bruce Eimer has a website and sells products:

www.bruceeimer.com

See books written by Faculty of HypnosisCE at:

www.HypnosisCE.com (Note: this website offers online continuing education.)