To the Graduate Council:

I am submitting herewith a thesis written by Jason S. Grindstaff entitled "Sport Psychology Consultants' Experience of Using Hypnosis in Their Practice." I have examined the final paper copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Human Performance and Sports Studies.

Leslee A. Fisher, Ph.D., Major Professor

We have read this thesis
and recommend its acceptance:

Terri L. Mangione, Ph.D.

Craig A. Wrisberg, Ph.D.

Accepted for the Council:

Vice Provost and Dean of Graduate Studies

Sport Psychology Consultants' Experience of Using Hypnosis in Their Practice

A Thesis
Presented for the
Master of Science
Degree
The University of Tennessee, Knoxville

Jason S. Grindstaff
August, 2002

Thesis
2002
.G755

DEDICATION

This thesis is dedicated to four individuals who have made a tremendous impact on my life. The first is my father, probably one of the greatest intuitive sport psychologists I have even known. His life is something many others could only dream of modeling. Dwelling on the past or searching for excuses has never really consumed his attention. He continually seeks out ways to challenge his mind, body and spirit and anything less than his best effort is unacceptable. His encouragement and unconditional love and support have helped guide me over the past twenty-two years of my life. He has been there when others have not and I appreciate everything he has done and continues to do for me.

The next three are a group of individuals I have come to know over the years and in doing so our relationships have grown. Although many within this group have gone their separate ways I think of them often. As my main professors at Dakota Wesleyan University, Dr. Maria Hunt, Dr. Anne Wessells and Randy Sprung challenged my abilities and guided my dreams and aspirations to pursue a graduate degree in sport psychology. Each provided inspiration and guidance in their own unique ways and I thank them for their support. Over the years, I have been proud to call these individuals not only my professors and lately my colleagues, but my friends as well.

A special recognition is extended to and deserved by Dr. Maria Hunt. She was the first person to spark my interest in hypnosis. She not only discussed theoretical perspectives and techniques with me but she helped me learn the basics of hypnosis inductions and interventions. In more ways than can be described she models a life and conducts herself professionally in a manner that challenges her students to give their best

effort. She has taught me the intrinsic joy that comes from leading by example and helping others. She embodies in every way possible what it means to be a good psychologist, professor, colleague and friend. Thank you, Maria.

ACKNOWLEDGEMENTS

First and foremost, I would like to thank each member of my research committee, Dr. Leslee Fisher, Dr. Craig Wrisberg and Dr. Terri Mangione, for their support and guidance during the process of writing my thesis. This thesis serves as my final work here at the University of Tennessee; however, each committee member has served a valuable role in shaping my experience during the past year. I have enjoyed working with each committee member; all are committed to helping students and the embodiment of what it means to be a scholar.

Next, I would like to acknowledge each participant that took part in this study. These participants took time out of their busy practice to sit down and talk with me. Their insights and perspectives have helped provide a better understanding of how hypnosis can be effectively used in the field of sport psychology. I appreciated their candidness and honesty during out discussions and I hope each was able to take something away from the experience, as I did.

Lastly, I want to send a special thank you to all of my fellow graduate students. My experience with them has been nothing short of amazing and they have given me knowledge and experiences I will always take with me. Graduate school has the ability to be one of the most amazing experiences an individual can have given the right program, faculty, and student. This sport psychology program at the University of Tennessee has students that work collaboratively, not competitively. This group prospers because each individuals cares about his/her friends and colleagues. I thank them for their assistance because they truly have been a joy to work with.

ABSTRACT

The purpose of this study was to address sport psychology consultants' experiences of using hypnosis in their practice. Furthermore, it was the intent of this study to gain a better understanding of how hypnosis is used as a performance enhancement technique in applied sport psychology. Semi-structured, in-depth interviews were conducted with six sport psychology consultants (all Ph.D.) that had training and experience related to hypnosis. From the analysis of interview data two broad categories of themes emerged: (a) Contexual Information, and (b) Interview Process. Each category consisted of three major themes. Participants discussed a number of ways hypnosis has been used in their practice to help facilitate athletic performance. In addition, participants discussed topics related to assessing if and how hypnosis was a good intervention for different clients, myths and misconceptions, legal and ethical issues, and a variety of cultural factors sport psychology consultants need to be aware of when using hypnosis with athletes. This study was exploratory in nature and provides useful information for other sport psychology consultants who might be considering incorporating hypnosis into their practice.

TABLE OF CONTENTS

CHAPTER		PAGE
I	INTRODUCTION	1
	Statement of Problem	3
	Purpose of the Study	4
	Significance of the Study	4
	Delimitations	5
	Limitations of the Study	5
	Assumptions of the Study	5
	Definitions of Terms	6
II	REVIEW OF THE LITERATURE	9
	Brief History of Hypnosis	9
	Perspective Versus Theoretical Frameworks	10
	The neodissociation perspective	11
	The sociocognitive perspective	11
	The clinical perspective	12
	Empirical Work	13
	Medicine and dentistry	13
	Psychology	14
	Hypnosis and Sport psychology	17
	Empirical work	19
	Role of mental imagery in hypnosis	22
	Role of relaxation in hypnosis	27
	Additional Empirical Studies	29
III	METHODOLOGY	33
	Theoretical Framework	33
	Researcher Perspective	34
	Design	35
	Participants	35
	Participant demographics	37
	Procedures	38
	Data Analysis	40
	Theoretical orientation	40
	Research group	42
IV	RESULTS & DISCUSSION RELATED TO THE INTERVIEW CONTENT	45
	Theme #1: The Process of Learning	46
	Subtheme #1: "So you read a book on sport hypnosis".	46
	Subtheme #2: "Internalizing hypnosis as an art"	54
	Subtheme #3: "Still not a pro after five years?"	59
	Subtheme #4: "First things first, what is hypnosis?"	61

CHAPTER PAGE

Theme #2: The Process of Doing..... 67
Subtheme #1: "Selling athletes on the idea of hypnosis"..... 67
Subtheme #2: "Give me some hypnosis, Doc"..... 69
Subtheme #3: "Are you going to make me bark like a dog and cluck like a chicken?"..... 72
Subtheme #4: "If these interventions are for you why do I feel this way?"..... 77
Subtheme #5: "Think before you leap"..... 79

Theme #3: The Process of Working with Athletes..... 82
Subtheme #1: "Using hypnosis as a dynamite tool"... 82
Subtheme #2: "Hypnosis as a syringe: delivering sport psychology interventions"..... 85

V RESULTS & DISCUSSION RELATED TO MY THOUGHTS ON THE INTERVIEW PROCESS..... 99
Theme #1: Verbal Language.....100
Subtheme #1: "Let's not talk about hypnosis"..... 100
Subtheme #2: "You're probably not even paying attention".....107
Subtheme #3: "Heavy feathers"..... 108

Theme #2: Non-verbal Language..... 109
Subtheme #1: "Clapping your way through hypnosis". 109
Subtheme #2: "A real life game of Simon Says"..... 110
Subtheme #3: "Look into my eyes"..... 111

Theme #3: Affect..... 112
Subtheme #1: "They just don't seem to get it"..... 111
Subtheme #2: "What more could you ask for?"..... 115

VI CONCLUSIONS AND RECOMMENDATIONS..... 119
Conclusions..... 119
Implications for Sport Psychology Consultants..... 120
Implications for Athletes..... 122
Implications for Researchers..... 123

REFERENCES..... 125

APPENDICES..... 133
Appendix A: E-mail Message..... 134
Appendix B: Statement of Consent..... 135
Appendix C: Interview Guide..... 137

CHAPTER PAGE

Appendix D: Confidentiality Agreement..... 138

VITA..... 139

CHAPTER I

INTRODUCTION

A middle-aged man sits quietly with his eyes closed as a confident women walks briskly up behind him. She looks out across the audience as she places her right hand lightly on his shoulder and says, "In a few moments, I am going to snap my fingers. You will awaken, though still in a trance, and have this overwhelming feeling you are a chicken." A soft laughter rolls across the audience as the woman takes her hand off the man's shoulder. She raises her arm in the air and quickly snaps her fingers.

Now standing in front of his chair, the man looks around at the audience and begins to bend over at the waist. The audience breaks into hysterical laughter as the man lets out a few faint clucks. Bobbing his head up and down, his voice is much more distinct-"cluck…cluck …cluck." The audience is now rolling on the floor. The stage hypnotist has completely convinced her participant he is no longer a man, but a chicken. From the constant clucking to his hunched-over body position, he resembles what would be the world's largest chicken.

The stage hypnotist believes the man has embarrassed himself long enough, so she directs him to sit back in the chair. She begins to prepare the man for his exit out of the hypnotic trance and back to the conscious world. Before long, the audience is up giving a standing ovation to both the hypnotist and her participant.

Unfortunately, as the audience begins to file out the doors, they have just had almost every hypnosis myth and misconception reinforced during the past hour. Even though hypnosis has been used for some time as a form of entertainment, demonstration like this have led a great deal of the general public to dramatically misunderstand how

hypnosis can be used in a variety of medical, psychological and educational settings.

Surprisingly, with an extensive amount of hypnosis research being conducted in the fields of medicine, dentistry and psychology (Lynn & Rhue, 1991), little work has been conducted on the use of hypnosis in sport. The lack of research incorporating hypnosis into sport studies may be due to a number of factors. As previously mentioned, there are a number of myths and misconceptions regarding hypnosis. This might cause some researchers and practitioners in sport studies to avoid examining and/or using hypnosis in their work. Second, researchers and practitioners have had a difficult time agreeing on what causes hypnotic techniques to be effective. Lastly, there does not seem to be complete agreement on what hypnosis actually is; no formal definition can be agreed upon by a majority of researchers and practitioners.

The debate over a clear and concise meaning of hypnosis has lead to number of different definitions. Hilgard (1994) proposed a simplified definition of hypnosis as "an altered state of consciousness." The American Psychological Association (APA) gave a slightly more detailed definition: "a procedure during which a health professional or researcher suggests that a client, patient, or subject experiences changes in sensations, perceptions, thoughts, or behavior." (APA online, 2002). Although both definitions are problematic, they offer a general direction in which to begin understanding hypnosis.

Interestingly, while still small, the field of sport studies has seen an increase in interest in hypnosis research and practice over the past two decades. Both Orlick (2000) and Williams and Krane (2001) have described hypnosis as one of the many techniques that fall under mental skills training. Other mental skill techniques include mental imagery, relaxation, self-talk, thought stoppage, and autogenic training (Williams &

Krane, 2001). Each of these mental skills is unique in its own respect, but hypnosis has classically been described as incorporating a number of these techniques at the same time (i.e., mental imagery and relaxation). Therefore, it could be stated that hypnosis is not a single technique but a collection of mental training techniques.

Research that has been done in the area of hypnosis and sport has typically looked at the variables tat allow hypnosis to be effective for enhancing performance. Little to no work has been done examining how hypnosis is currently being used in applied sport settings. Only one published article to date has focused on the use of hypnosis in applied sport psychology (Taylor, Horevitz, & Balague, 1993), while the majority of hypnosis research conducted thus far has been in the areas of psychology, medicine and dentistry (Lynn & Rhue, 1991). Therefore, it is imperative to review these studies and scholarly works in order to better understand what might lead future researchers in examining the use of hypnosis in sport (See Chapter 2). These studies suggest that hypnosis can be an effective facilitative technique in treating mild to severe personality disorders, behavioral problems associated with interpersonal and intrapersonal conflict, and performance-related issues in a number of settings (O'Hanlon, 1987; O'Hanlon & Martin, 1992; Kraft & Rudolfa, 1992). The medical and dental fields have used hypnotic techniques in place of anesthesia, to reframe disturbing memories from surgical procedures, and to manage pain prior to and following dental work (O'Hanlon, 1987; Rossi & Cheek, 1988).

Statement of the Problem

The problem addressed in this study relates to the lack of research and understanding of how hypnosis is currently being used in the applied sport psychology setting. Although the amount of research on hypnosis has increased over the past few

decades, little is known about how sport psychology consultants are using this technique to facilitate their work with athletic performers.

Purpose of the Study

The purpose of this study was to address sport psychology consultants' perceptions of the use of hypnosis. Questions such as: "Who is using hypnotic techniques in their work?" and "What are some of the advantages and disadvantages of using hypnosis?" are addressed. A secondary purpose of the study was to describe my experience and thoughts related to conducting the interviews.

Significance of the Study

The significance of the study was to provide an exploratory investigation into the use of hypnosis in sport. The study built on the existing, limited knowledge base concerning how hypnosis could be used effectively in sport. It is hoped that researchers and practitioners will be able to use the information obtained from this study to better serve athletic performers who may benefit from the use of appropriate versus "circus" hypnotic techniques.

The methodology used in the study provided further significance. The purpose was not to provide a controlled setting where variables could be manipulated in order to assess whether or not hypnotic techniques were effective in influencing sport performance. Instead, semi-structured interviews allowed sport psychology consultants the opportunity to openly and freely describe their real life experience with hypnosis. It was believed that by describing the experience of sport psychology consultants using hypnosis, more could be understood so that future researchers, practitioners, and performers could potentially benefit from the use of hypnosis and hypnotic techniques.

Delimitations

The following delimitations applied to this study:

1. Although there are many practitioners within psychology currently using hypnotic techniques, only sport psychology consultants were interviewed because of the nature of their work and the amount of time they spend with athletic performers.
2. Only sport psychology consultants with training and experience using hypnotic techniques were included in this study.

Limitations of the Study

The following limitations applied to this study:

1. Participants were selected based on certification and experience with hypnotic techniques; therefore, the results of this study should not be generalized to all sport psychology consultants.
2. Though all participants in this study had experience and training in hypnotic techniques, their responses to interview questions might have been influenced by their positive or negative experiences with hypnosis and hypnotic techniques.
3. Although it is presumed that participants were honest and sincere during all aspects of the interview, it is possible participants' answers were framed in a way to please the researcher.

Assumptions of the Study

The study relied on the following assumptions:

1. Semi-structured interviews are a valid, reliable, and trustworthy way to assess sport psychology consultants' perceptions of the use of hypnosis in an applied sport setting.
2. Participants were honest and sincere while answering each of the interview questions.

3. Participants did not mislead the researcher concerning certification and experience related to hypnotic techniques.

4. Hypnosis is a valid technique sport psychology consultants can use to facilitate their work with athletes.

Definitions of Terms

Applied Sport Psychology: one aspect of sport psychology, concerned with "identifying and understanding psychological theories and techniques that can be applied to sport and exercise to enhance the performance and personal growth of athletes and physical activity participants." (Williams & Straub, 2001).

Clinical Psychology: the integration of "science, theory, and practice to understand, predict, and alleviate maladjustment, disability, and discomfort as well as to promote human adaptation, adjustment, and personal development." (APA Division 12, online)

Counseling Psychology: a process to help individuals toward overcoming obstacles to their personal growth, wherever these may be encountered, and toward achieving optimum development of their personal resources" (APA, 2002).

Direct Suggestion: an idea presented directly to the patient with the hope that s/he will accept it uncritically and wholeheartedly (American Society of Clinical Hypnosis, 1973)

Dissociation: ideas or behavioral patterns that normally occurred together or in sequence could become separated (dissociated) from one another (Janet, 1925).

Hypnosis: a biopsychosocial experience that has the potential to affect emotions, thoughts, perceptions, feelings, and the physical body.

Hypnosis Certification: person is considered competent and qualified in the use of hypnosis and hypnotic techniques when he/she holds a "doctorate in medicine (MD or DO), dentistry, podiatry (DPM), or psychology, or an equivalent doctoral degree with psychology as the major field of study, or a masters level degree in nursing, social work, psychology or marital/family therapy. In addition, applicants must be licensed or certified in the state in which they practice, be a member of a professional society consistent with their degree, such as the AMA, APA or ADA, have a stated interest in the clinical use of hypnosis, and have completed twenty hours of ASCH approved training in clinical hypnosis." (American Society of Clinical Hypnosis, online 2002)

Hypnosis Experience: the combination of the number/quality of years and hours per week using hypnotic techniques in a consulting practice.

Hypnosis Training: the combination of the number/quality of hours spent learning hypnotic techniques through graduate training, workshops, and/or supervision.

Indirect Suggestion: an idea presented in such a way that the patient does not realize that it is addressed to him or her (American Society of Clinical Hypnosis, 1973)

Mental Imagery: a process "using all the senses to re-create or create an experience in the mind" (Vealey & Greenleaf, 2001)

Mental Practice: the act of practicing a physical task in some covert way, although actual images of the task may or may not be present (Cox, 1998)

Neodissociation: the belief that there exists multiple cognitive systems or cognitive structures in hierarchical arrangement under some measure of a higher order control (Hilgard, 1991)

Psychological Skills Training: an organized systematic approach to performance enhancement that brings together many attentional, arousal control and cognitive intervention strategies (Cox, 1994).

Relaxation: a procedure to control and alter physiological functions and psychological responses (Orlick, 2000; Williams & Harris, 2001)

Social Learning: the notion that behavior is predicted by the expectancy that it will lead to particular outcomes and by the value of those outcomes to the individual (Rotter, 1954).

Sociocognition: social and situational aspects of the hypnotic context, along with subjects' attitudes, expectations, and beliefs about hypnosis (Lynn & Rhue, 1991).

Suggestive Therapy: therapy based upon changing the ideational makeup of the patient [athlete] (American Society of Clinical Hypnosis, 1973).

CHAPTER II

REVIEW OF THE LITERATURE

In the previous chapter, a brief introduction was presented regarding the nature of this study. The purpose and significance of the study, limitations, assumptions, and key terms that will be addressed throughout this paper were highlighted. In this chapter a review of relevant literature will be addressed in an effort to better understand major theories and perspectives related to hypnosis, and how past and current research related to hypnosis in the professional fields of medicine, dentistry, and psychology have lead practitioners and researchers to where they are today. At the end of this chapter research in the field of sport psychology from the past four decades will be addressed in a manner that will create a better understanding of what is known about sport hypnosis and what remains to be understood.

Brief History of Hypnosis

Hypnosis can be traced as far back as 4000 years ago, when ancient Chinese used trance techniques (verbal spells and manual passes over the body) as a form of medicine (Lynn & Rhue, 1991). Archeologists have also found temples dating back to 400 B.C. in Egypt and Greece, dedicated to gods that show evidence of a form of trance healing (Rossi & Cheek, 1988). Other important contributors to the development of hypnosis have been Hippocrates, Pertrus Pomponatius (15th century), Andrew Mesmer (1734-1815), the French chemist Chevreul (mid-1800s), James Braid (1795-1860), along with Charcot (1825-1893) and Sigmund Freud (1856-1939) (see Lynn & Rhue, 1991; Rossi & Cheek, 1988 for a review). Therefore, history is filled with cultural groups and figures that have influenced what is currently known about modern day hypnosis. It is not

critically important to understand what each of these cultural groups and individuals contributed to the understanding of hypnosis, but rather to realize that hypnosis is a technique that has been developing for thousands of years.

Perspective Versus Theoretical Frameworks

Research on modern hypnosis has been concerned with understanding what causes hypnotic suggestions to be aeffective. Like other scientific principles, theory should form the basis for the use of hypnosis. However, further investigation reveals hypnosis models are based on perspectives, not theoretical frameworks (Lynn & Rhue, 1991). Lynn and Rhue (1991) describe three reasons why the use of the term "perspective" is much more fitting for the study of hypnosis. First, many of the researchers and practitioners who have contributed to the hypnosis knowledge base view their models as "tentative and lacking in detail and specificity." (p. 4). In other words, theories are generally thought to be fundamentally solid in their explanation of phenomena. With equivocal research refuting each perspective, many believe the term "theory" might lead to overly strong assumptions when they are not justified for a particular theory.

Secondly, many concepts often derived from hypnotic theory are derived from larger psychological theory (e.g., dissociation, social learning theory). Dissociation was Janet's (1925) psychological notion that ideas and behavioral patterns that normally occurred together or in sequence could become separated (dissociated) from one another. Social learning theory came out of the work done by Rotter (1966), Bandura (1986) and Mischel (1990). These theorists suggest that our environmental conditions and how we interact with those around us influence how we interpret information and then the manner

in which we act. These theories serve as the basis for the major hypnotic perspectives.

Third, as Price and Lynn (1986) emphasize (further described by Lynn & Rhue, 1991), the connotation of the term "perspective" is different than the term "theory". When the term "perspective" is used, it captures a powerful effect on how we see or perceive the hypnotic event. Based on how hypnotists perceive hypnotic events, they generally fall into one of three perspectives: neodissociation perspective, sociocognitive perspective, or clinical perspective (Lynn and Rhue, 1991).

The neodissociation perspective. According to the neodissociation perspective, within each individual's mind exists multiple cognitive control structures. These cognitive control structures all fall under an "executive control" or a "central control structure" (Lynn & Rhue, 1991, p 5). During hypnosis, these systems become independent of one another; in other words, it is this dissociation from the "executive control" that allows the hypnotic suggestions to access the appropriate cognitive control structure. The dissociation commonly associated with hypnosis has led a number of researchers and scholars to term hypnosis as an "altered state of consciousness" (Hilgard, 1994) or trance (Hilgard, 1991; Lynn & Rhue, 1991; O'Hanlon, 1988; Rossi & Cheek, 1988; Zeig & Rennick, 1991).

The sociocognitive perspective. The sociocognitive perspective does not perceive hypnosis as an altered state or trance. Instead, hypnotic phenomena occur in the context of an interaction that is socially and/or cognitively labeled as "hypnosis"; the participant is merely following instructions because s/he believes this is what the hypnotic experience is like (Coe & Sabrin, 1991; Fourie, 1991; Kirsh, 1991; Lynn & Rhue, 1991; Wagstaff, 1991). Lynn and Rhue (1991) describe how the participant's attitudes,

expectations, and beliefs about hypnosis play a critical role in determining what the hypnotic experience is like for the individual.

Kirsch (1991) further described this perspective of hypnosis through social learning theory. Rotter (1954) believed behavior could be predicted based on the expectancy that leads to particular outcomes and by the value of those outcomes to the individual. According to this theory hypnosis participants are not passive in their involvement. Social learning theory argues that participants are active in their involvement and through the social interaction taking place between therapist and client the phenomena has come to be termed "hypnosis." (Kirsch, 1991) If actions are real in the context they are perceived to be real then hypnosis can be described because individuals expect something to happen.

The clinical perspective. A clinical perspective is often associated with Ericksonian hypnotherapy which is a communications approach to hypnosis (Zeig & Rennick, 1991). The father of this communications approach to hypnosis was Milton H. Erickson. It was his belief that communication, especially indirect communication, could elicit and maximize untapped potentials in individuals in an effort to achieve therapeutic results (Zeig & Rennick, 1991). Ericksonian hypnotherapy does not rely on formal trance inductions but instead focuses on individual behavior, both verbal and non-verbal, in a manner that increases an individual's responsiveness (O'Hanlon, 1987; Zeig & Rennick, 1991). Zeig and Rennick reprinted a statement Erickson had written that related to his view of hypnosis:

> "The induction and maintenance of a trance serve to provide a special psychological state in which patients can reassociate and reorganize their inner psychological complexities and utilize their own capacities in a manner in accord

with their own experiential life" [p. 281].

Empirical Work

These three hypnosis perspectives have led to a wealth of research and scholarly work over the past one hundred years. Although researchers and practitioners are continually researching and applying hypnotic techniques in varied discourses the most common settings where hypnotic techniques have been incorporated are in medicine, dentistry and psychology (Lynn & Rhue, 1991).

Medicine and Dentistry. Research in the fields of medicine and dentistry has revealed that practitioners used hypnotic techniques in place of anesthesia, to reframe disturbing memories from surgical procedures, manage pain prior to and following dental work, decrease injury recovery time, and alleviate medical conditions (Altshul, 2000; Levin, 2001; O'Hanlon, 1987; Rossi & Cheek, 1988).

O'Hanlon (1998) (a former student of hypnotherapist Milton H. Erickson) described a case where hypnosis was successfully used to help a man prepare for a dental procedure. Erickson helped the man develop a hypnotically induced oral anesthesia so the procedure would not be as painful:

> "A patient couldn't develop the oral anesthesia he desired for dental work and in fact became orally hypersensitive, although he could readily develop hypnotic anesthesia in all other parts of his body. Erickson induced a trance and instructed the patient to develop hypersensitivity in one of his hands. The patient achieved the requested hand hypersensitivity and concomitantly developed the desired oral anesthesia." [p. 56]

Levine and Shenefelt (2001) discuss a number of ways hypnosis has been effective in the field of dermatology. Two primary uses have emerged in their practice-symptom relief and behavior modification. Hypnotic techniques have helped reduce

symptoms associated with pain and itching. Behavior modification interventions have been used to help individuals break maladaptive habits such as scratching or rubbing, help patients relax, reduce anxiety, and control pain for surgical procedures.

Not only has hypnosis been shown to be an effective technique for pain management pre/post-surgery (Altshul, 2000; Levin, 2001; O'Hanlon, 1987; Rossi & Cheek, 1988), but it has also been shown to aid in the recovery process following physical injury (Altshul, 2000). Altshul (2000) reported the use of a hypnosis intervention with a small population of individuals who had recently suffered a broken ankle. Of the twelve participants in the study, six were randomly assigned to a treatment group (hypnotherapy) and six to a control group. Compared to control participants the hypnosis intervention was shown to significantly influence the recovery process. During week number six, follow-up x-rays were taken of each participant. The individuals in the hypnotherapy group appeared to be almost 9 weeks healed, as compared to the six week x-rays for the control group. Individuals in the hypnotherapy group also reported feeling less pain, used fewer painkillers, and were able to walk farther and bear more weight on the injured leg than individuals in the control group.

Psychology. Practitioners in the fields of clinical and counseling psychology have used hypnosis to treat mild to severe personality disorders, behavioral problems associated with interpersonal and intrapersonal conflict, and performance related issues in a number of settings (Kraft & Rudolfa, 1992; O'Hanlon, 1987; O'Hanlon & Martin, 1992).

O'Hanlon (1988) illustrates another case where hypnotherapist Milton H. Erickson successfully used hypnotic procedures to treat physical and psychosomatic

ailments. This case involved Erickson's work with a woman who was suffering from severe headaches as follows:

> "A nurse whom Erickson treated for severe headaches had a typical pattern associated with the headaches. She would get a headache after an emotional disturbance which involved her being generally quarrelsome with coworkers. Following the headache, she would show spasmodic movements, speak in a high-pitched voice, and speak in a sarcastic and unpleasant way to those around. Through hypnosis, Erickson was able to suggest that she have the emotional and behavioral concomitants of the headache, but without the headaches (e.g., having the emotional disturbance followed by sleep rather than by a headache)" [p. 41].

O'Hanlon and Martin (1992) utilized hypnosis from a solution-oriented theoretical perspective to treat clients who sought psychological services for a variety of emotional disturbances. According to O'Hanlon and Martin, hypnosis from a solution-focused orientation can be extremely beneficial to clients because the therapist and client are able to address the strengths, abilities, and resources the client already posses. Further, consulting from a solution-focused theoretical orientation does not place a great deal of emphasis on past experience, how these experiences relate to the problem (Thompson & Rudolph, 2000), or why the client is "messed up" (p. 142). Therefore, the goal of therapy should be to help "stimulate those resources and abilities to help them [the client] in the healing process" (p. 143). Hypnosis can facilitate this theoretical orientation effectively.

O'Hanlon and Martin (1992) gave a detailed description how solution-oriented hypnosis can be used to help treat survivors of sexual abuse. However, O'Hanlon and Martin stress to the reader that hypnosis is clearly not the only method of treatment, just as a solution-oriented theoretical base is not the only perspective to treat these sorts of victims. That said, while no individual should suffer from any form of sexual abuse,

solution-oriented hypnosis for sexual abuse survivors focuses on the process of moving on, not on the pain associated with the memories (O'Hanlon & Martin, 1992). O'Hanlon and Martin describe a case where a young woman was repeatedly sexually abused prior to age 11 by her cousin. She had painfully dissociated herself from the traumatic event, only to have the disturbing memories come flooding back years later when she read a news article pertaining to a young woman who was sexually abused. During his brief initial assessment, O'Hanlon found the woman was quite successful at dissociating her current thoughts and emotions. In fact, the woman even felt that at times she was partly to blame because she received some sexual pleasure during the act. As a young child, she rebelled against her mother; therefore, the abuse was seen as a form of rebellion.

O'Hanlon used the techniques of dissociating and splitting to help the woman make better distinctions between the things that she had done and the things that were done to her. Therefore, the goal of the session was to help the woman feel comfortable recalling memories that were important to her present life and feel at ease not recalling memories specific to the abuse when those memories were irrelevant or non-constructive to her present and/or future. Because the woman was clearly disturbed by the memories of receiving sexual pleasure from the abuse, O'Hanlon helped her reframe these thoughts and feeling so that in the future she would feel much more at ease. The woman was told that sexual pleasure in that type of situation can be a physiological response. Her thoughts and emotions revealed she did not want the abuse to occur; therefore, it was unjustified and wrong for an individual with more power than herself to dominate her in such a way. O'Hanlon made an analogy to clarify the issue. He stated that when an individual cuts an onion there is a physiological response to cry. The intent is not to cry

and in most circumstances the cutter is not sad or depressed, s/he has an autonomic reaction that is physiologically based. The use of these techniques, facilitated through the use of hypnosis helped the woman better understand herself and presented her with the ability to effectively deal with her memories in the future.

Each of the previous case studies addressed how hypnosis successfully facilitated work with various clients. Although the interventions were successful, one issue that should be raised regards the brevity of the interventions. The reader is lead to believe the interventions were brief in nature, and through hypnosis, the clients' problems and symptoms were eliminated in as little as one session. Without specifically addressing time frames associated with treatment, an unrealistic representation of hypnosis is likely to be formed. Because not all theoretical orientations are grounded in brief therapy, it should not be assumed hypnosis only lends itself to brief, short-term therapy or that the benefits of hypnosis have rapid returns.

Hypnosis and Sport Psychology

With the amount of work conducted in the fields of medicine, dentistry and psychology, recent decades have seen an increase in the application of hypnosis to other disciplines. One of these disciplines is the field of sport psychology. However, it is likely the application of hypnosis to the sport setting has been impeded by the number of myths and misconceptions surrounding this mental skill/technique.

Taylor, Horevitz, and Balague (1993) addressed a number of misconceptions and concerns that surround the use of hypnosis in applied sport psychology. The first misconception is the commonly held belief that participants will lose consciousness and awareness. If this supposition were true, it would poses a particular problem in athletics

because in order for many athletes to become highly skilled in their respective sport they must learn to become highly aware of their surroundings. Furthermore, this belief is clearly untrue because the majority of participants are alert and aware of their surroundings. Research has described hypnosis as "heightened focal attention" (p. 59), not a loss of consciousness (Taylor, Horevitz, & Balague, 1993).

The second misconception Taylor, Horevitz, and Balague (1993) describe is the belief that participants will lose control. The belief is the hypnotist will have unconditional power and authority to direct the participant to do as s/he pleases. However, during all stages of hypnosis, individual autonomy is not affected and the participant has the ability to control his/her own actions. The only way the hypnotic participant would partake in a socially unacceptable situation or divulge secrets is if s/he would normally do so without the hypnosis condition. No research to date has shown support for hypnotic participants losing control of their thoughts, feelings, and/or behavior (Siegel, 1986; Taylor, Horevitz, & Balague, 1993).

Nash (2001) clarifies a number of additional myths and misconceptions surrounding hypnosis that are likely to be important for sport psychology consultants. The first is that hypnosis is not a passive endeavor. According to Nash (2001) participants under hypnosis "are active problem solvers who incorporate their moral and cultural ideas into their behavior while remaining exquisitely responsive to the expectations expressed by the experimenter" (p. 47). Therefore, hypnosis is not something that haphazardly occurs, it is actively achieved through the interaction between participant and consultant. Another misconception Nash discusses is based on the idea that individuals must have vivid imaginations or have high visualization skills in

order to be hypnotizable. He describes this as a myth because many individuals who do not have active imaginations can easily be put into a trance state. Similarly, individuals who do not have good visualization skills can be hypnotized to experience strong auditory and visual hallucinations (Nash, 2001).

Other myths and misconceptions include the beliefs that individuals who are hypnotizable are gullible, mentally-weak, and have the potential to never awaken from the hypnotic trance (Nash, 2001; Siegel, 1986). It is important for both researchers and practitioners to help athletes understand why these myths and misconceptions have no factual basis if hypnosis is to be effectively applied to the sport setting.

Empirical work. Over the past four decades, more sport psychologists have come to better understand hypnosis and, as a result, have found ways to apply hypnotic techniques to athletic performance. A number of case studies were reported druing the 1960's and 1970's, attesting to the effectiveness of hypnosis as a viable performance enhancement technique (Johnson, 1961; Morgan, 1996). According to Johnson's (1961) case study, a baseball player was not able to bring into consciously verbal awareness the problems he was having with his technique. However through hypnosis, the player was able to gain a greater kinesthetic awareness of his body and thus was able to correct the technical errors he was encountering.

Morgan (1996) cited a case where hypnosis was effectively used to facilitate the performance of a distance runner. This particular athlete had previously established both school and conference records in his respective event, however due to some unknown reason the athlete was unaware why he was unable to finish many of his races during the current season. His diminished performance was creating hostility and resentment

between himself and the coach. In conjunction with a sports medicine team Morgan was able to rule out any possibility of physiological antecedents (i.e., injury, burnout, or decreased maximal aerobic capacity [VO_2 Max]). The athlete completed a battery of psychological tests and was not found to be suffering from anxiety, depression, or neuroticism [State-Trait Anxiety Inventory (Spielberger, Gorsuch, & Lushene, 1970) Depression Adjective Check List (Lubin, 1965), and Eysenck Personality Inventory (Eysenck, 1970a; Eysenck, 1970b)].

Morgan used a hypnotic age-regression technique to help the athlete go back to the day of his championship performance. The athlete was instructed to describe everything concerning his pre-race routine, ranging from what he ate for breakfast to what the temperature was like prior to the start of the race. The athlete gave a detailed description of all of the events leading up to the race and then began describing the race itself. The athlete described the race as a very fast start and was amazed he was in the front of the pack. Feelings of self-doubt began to overwhelm him as he began to look for a good spot to drop out of the race. At the very moment he found a good place to drop out he noticed his fellow teammates along the sideline yelling his name. He found the energy and desire to continue and win the race.

Following the recall of the race Morgan asked the athlete a series of questions. Probing the athlete's desire to drop out of the race, Morgan asked why he simply did not slow his pace. The distance runner responded that he had too much pride to quit, "Oh, no, you really have to take pride in yourself to quit. You have to be a *real* man...it takes guts to quit" (p. 122; italics included in text). Posthypnotic suggestion allowed the athlete to begin to understand how these repressed feelings and thoughts where

contributing to his inability to finish the majority of the races during the current season. The athlete came to the point where he would rather drop out of a race than lose a race. Once he became aware of his previously unknown fear of failure the distance runner began to see improvements in his performance.

Morgan stressed the importance of the factors that contributed to him using hypnosis with this distance runner. According to Morgan, "efforts designed to enhance physical performance with hypnosis should not be carried out within a unidimentional context" (p. 122). It was only after physiological and psychological states had been ruled out that hypnosis was a possible intervention. There were no indications the athlete suffered from any type of injury, decrement in aerobic capability, or psychopathology. It is likely interventions that do not consider these factors would be unethical and/or potentially harmful to the athlete.

Both Johnson (1961) and Morgan (1996) studies provide specific examples of how hypnosis can be effectively used to facilitate performance. Johnson (1961) asked the athlete to describe his swing and through this analysis the problem was alleviated, which ultimately eliminated the slump. Morgan (1996) used a form of age-regression to help the athlete recall the source of his diminished performance. Is the reader to assume the description of the batting swing and age-regression were the therapeutic modalities? If so, this was not clearly stated. What these studies failed to address were detailed descriptions of how hypnosis was a technique used to facilitate the intervention, not the intervention itself. For example, Morgan used a clinical intervention known as age-regression. Although hypnosis was likely important to the outcome it merely facilitated the intervention. In other words, hypnosis was not the intervention that helped the

distance runner overcome his fear of failure, although, it did play a critical role.

It is not the author's purpose here to discredit the previous case studies or empirical studies, however it is imperative to begin to understand what allows hypnosis to be an effective intervention if one hopes to use hypnosis for performance enhancement in sport. Hypnosis has the potential to facilitate performance when used in conjunction with other performance enhancement techniques (Liggett, 2000a). Liggett (2000a) describes a number of ways hypnosis can be used effectively to improve mental skills training.

Role of mental imagery in hypnosis. One of the techniques used to facilitate hypnosis is mental imagery (Liggett, 2000a; Liggett, 2000b). Mental imagery is "a process by which sensory experiences are stored in memory and internally recalled and performed in the absence of external stimuli" (Murphy, 1994). Research has shown that incorporating imagery techniques is a form of mental training that can facilitate athletic performance (Kendall, Hrycaiko, Martin, & Kendall, 1990; Mahoney & Avener, 1977; Woolfolk, Parrish, & Murphy, 1985). In order to better understand the role of mental imagery in performance enhancement, each of these researchers incorporated various mediating variables such as controllability, imagery perspective, and a combination of other psychological skill techniques into imagery training.

Mahoney and Avener (1977) conducted a study to determine the psychological characteristics of elite gymnasts. Thirteen male gymnasts were administered a questionnaire which addressed issues relating to personality, self-concept, and strategies and techniques used when training and competing. Two experimental groups were formed based on qualifying outcome- individuals who made the Olympic team and a

second group who were those individuals who did not make the Olympic team. Results indicated a number of interesting characteristics of mental imagery. As an example, more successful athletes (individuals who made the Olympic team) used internal imagery more than non-qualifiers.

Since Jacobson (1931) first discussed the concept of imagery perspective, Mahoney and Avener (1977) and numerous other researchers have discussed the two dichotomies of mental imagery perspective in much greater detail (Barr & Hall, 1992; Cox, 1998; Glisky, Williams, Kihlstrom, 1996; Hale, 1982;). Cox (1998) summarized many of these studies in a succinct description of internal and external imagery. First, an individual who visualizes a mental representation from an internal perspective views the image from a first-person point of view. Thus, s/he sees the mental representation from his/her own eyes. This imagery perspective has been described as kinesthetic in nature (Barr & Hall, 1992; Hale, 1982).

The second imagery perspective discussed by Mahoney and Avener (1977) was external imagery. This form of imagery is primarily visual in nature. The individual visualizing sees the image from a third person perspective. The analogy of watching oneself on a television or movie screen has often been used to describe external imagery.

Mahoney and Avener (1977) found that elite athletes tend to use internal imagery to a great degree. A second component of mental imagery Mahoney and Avener (1977) discuss is the issue of controllability. Although there were no significant differences between qualifiers and non-qualifiers all the gymnasts in the study reported a high degree of imagery control. It has been speculated that an athlete's ability to control the outcome of his/her mental images has the potential to influence performance (Woolfolk, Parrish,

Murphy, 1985)

Woolfolk, Parrish, and Murphy (1985) addressed the issue of controllability through the participants' ability to control the outcome of their imagery on a putting task. Thirty participants (25 male, 5 female) were blocked (based on skill ability determined through baseline assessment) into one of three experimental groups: positive mental imagery, negative mental imagery, and a control group. Following baseline data collection, six days of treatment and testing occurred. The control group received no imagery instruction; therefore, this group just practiced the physical skill of putting. The two treatment groups received daily instruction regarding how to control their imagery skills. A positive imagery group was instructed to visualize the ball "rolling, rolling, right into the cup" (p. 338). The negative imagery group received similar instructions, however, the ball was to narrowly miss the cup. Both treatment groups received the same instruction regarding how to visualize the backswing and to watch the ball roll down the target line. As described, the only difference between the two treatment groups was the outcome.

Results showed the positive mental imagery group significantly increased its performance on the putting task. Although the control group (physical practice without mental imagery) did increase its performance over the six-day study, the positive mental imagery group significantly outperformed the control group on each day tested. Just as positive mental imagery and physical practice increased performance on a golf putting task, negative mental imagery resulted in a decrement in putting ability. This study showed support for the use of mental imagery in a psychological skills training program, but more specifically it is important for athletes to continually visualize mental

representations in a positive, self-enhancing manner. Failure to do so could potentially result in diminished performance.

Athletes' ability to control mental images in an effort to repeatedly visualize successful, self-enhancing images is influenced by the athlete's ability to form clear, vivid images (Kendall, Hrycaiko, Martin, & Kendall, 1990). Kendall and colleagues incorporated a mental training program that utilized imagery, relaxation, and self-talk with collegiate women basketball players. Results of the study indicated that relaxation was a critical component for athletes to better visualize mental images.

Research conducted over the past two decades has shown imagery ability can be enhanced when coupled with or incorporated into other cognitive-behavioral interventions. These include, Visual Motor Behavior Rehearsal (VMBR) (Seabourne, Weinberg & Jackson, 1984), stress inoculation training (SIT) (Kerr & Leith, 1993; Ziegler, Klinzing, & Williamson, 1982), stress management training (SMT) (Crocker, 1989; Crocker, Alderman & Smith, 1988), and hypnosis (Liggett, 2000a, Liggett, 2000b).

Although hypnosis is unique because it incorporates a wide variety of performance enhancement techniques Liggett (2000b) specifically addressed how hypnosis could enhance mental imagery techniques. Two experimental groups were assigned to visualize four different situations while in a trance state. These included first, practicing their sport alone, practicing in front of others, watching a teammate make a mistake, and finally, visualizing oneself competing in a meet or competition. A five-point likert scale was used to measure the degree of vividness on four dimensions, visual, auditory, gustatory/kinesthetic, and affect.

The treatment group received hypnotic inductions and were progressed through

each of the four situations. The control group did not receive the hypnotic induction but did advance through each situation in a similar manner as the treatment group. Results indicated those individuals receiving the hypnotic induction formed significantly more vivid images in each situation as compared to the control group. Not only did the hypnotic induction group experience clearer images across the various situations, but also, each of the poly-sensory measures was increased. Hypnosis effectively increased participants' ability to see, hear, and feel and touch associated with each of the images. Liggett's (2000b) results are significant to Murphy's (1994) definition of mental imagery because the experience can be represented as a multi-sensory experience, which is critical for consultants to understand when using hypnotic techniques with athletes (Liggett, 2000a). Although Liggett (2000b) found mental imagery was able to increase individuals' visual, auditory, tactile and affect sensory experiences when combined with hypnosis, there have been no studies to date that specifically address how imagery combined with hypnosis influences performance, compared to imagery alone.

Role of relaxation in hypnosis. The purpose of relaxation training/procedures is to elicit what Cox (1998) refers to as the relaxation response. The relaxation response consists of autonomic physiological changes that help return the body to normal level, or homeostasis (Berne, Levy, Koeppen, & Statton, 1998; Cox, 1998). Each response occurs due to some type of activation in one or more components of the human nervous system.

The human body consists of the central nervous system (CNS) and the peripheral nervious system (Berne, Levy, Koeppen, & Statton, 1998). The central nervous system is where higher cognitive functions occur (i.e. the brain and spinal cord). The peripheral nervous system is responsible for both sensory and motor functions between the CNS and

the environment (Berne, Levy, Koeppen, & Statton, 1998). It is within the peripheral nervous system the "relaxation response" can occur.

The peripheral nervous system is subdivided into the sympathetic and the parasympathetic nervous system(Berne, Levy, Koeppen, & Statton, 1998). When a situation is perceived to be stressful or threatening an autonomic "fight or flight" response occurs in the parasympathetic nervous system. This response is characterized by an increase in the following: heart rate, oxygen consumption, gastrointestinal activity, and micturition (Berne, Levy, Koeppen, & Statton, 1998). Furthermore, the "fight or flight" response decreases peripheral blood flow (Berne, Levy, Koeppen, & Statton, 1998). Each of these reactions to stressful stimuli could be detrimental to athletic performance.

Therefore, it is the goal of the relaxation response to intervene and reduce the autonomic responses or prevent them from occurring all together. Although relaxation alone can elicit the relaxation response, it does not necessarily improve performance. The majority of empirical studies that have used various relaxation methods have used them in conjunction with other cognitive-behavioral interventions (Greenspan & Feltz, 1989; Seabourne, Weinberg & Jackson, 1984). Greenspan and Feltz (1989) reviewed nine studies that used some form of a relaxation intervention. Their review showed the majority of the studies reported an increase in athletic performance when some form of relaxation or arousal control was used with other cognitive-behavioral techniques.

As mentioned previously, performance can be enhanced when cognitive-behavioral interventions such as mental imagery and relaxation procedures are used together (Seabourne, Weinberg & Jackson, 1984; Wrisberg & Anshel, 1989). Wrisberg

and Anshel (1989) showed that relaxation used in conjunction with imagery was effective in enhancing basketball shooting performance for youth players. However, neither imagery nor relaxation alone was effective in enhancing basketball-shooting performance.

Knowing that relaxation can be enhanced when combined with other interventions Liggett (2000a) describes how hypnosis helps athletes experience the relaxation response and how it ultimately affects performance. Liggett's (2000a) work with athletes has lead him to believe relaxation through hypnosis leads to a much more rapid relaxation response than relaxation techniques alone. According to Liggett (2000a), when both the mind and body are relaxed the athlete has an increased likelihood of visualizing a perfect performance, accept suggestions, set appropriate goals, and understand how to effectively regulate levels of arousal.

Liggett (2000a) described a case study where he used hypnosis in conjunction with relaxation training to help a football player who was not performing up to his level of ability. This player was overly anxious before games and remained highly aroused for the entire game. His level of arousal was so high for most of the game when it came down to the last few minutes, the football player had been so anxious and wound up during the earlier quarters of the game his level of performance suffered. His fear of losing his competitive edge due to a low level of arousal made sense because he did not have the energy available during critical parts of the game.

Through progressive relaxation and hypnosis the athlete was better able to understand when he needed to be highly aroused in the game and when he could back off so he would have sufficient energy available for the end of the game. Liggett (2000a)

believed the intervention was effective because of the way hypnosis and relaxation techniques were taught athlete. Due to his fear of not being aroused for critical parts of the game, Liggett (2000a) helped the athlete obtain that level of arousal through hypnosis. It was only after the athlete felt comfortable obtaining that level of arousal the two began using progressive relaxation and hypnosis to determine times during the game the player's level of arousal did not need to be as high. The player learned how to effectively incorporate his relaxation training and arousal training into his games and found he had plenty of energy toward the end of the game and ultimately, both he and his coaches were pleased with the improved performance.

Additional Empirical Studies

Three recent studies have incorporated both imagery and relaxation with hypnosis in order to enhance basketball and golf performance (Pates, Maynard & Westbury, 2001; Pates, Oliver & Maynard, 2001). Pates, Oliver, and Maynard (2001) looked at the effects of flow states and hypnosis on golf putting performance. Five male golfers with at least four years of playing experience volunteered for this study. A putting task adapted from Boutcher and Zinsser (1990) was used to establish a baseline assessment of putting ability. Once baseline measurements had been established a hypnosis intervention was conducted with each of the participants. The intervention consisted of progressive muscle relaxation (PMR) combined with an Ericksonian staircase induction. Following the induction, each participant was regressed back to a period of time when he had their his best competitive golf performance. This multi-sensory experience of a peak performance state was then conditioned to be associated with a trigger cue word.

Upon completion of the hypnotic intervention, participants practiced the trigger

word by playing an audiotaped recording of the live session each day for seven days. After the seven-day practice period, participants were retested on the same golf putting task that was completed during the baseline assessment. The results indicated that upon receiving the hypnotic intervention, each of the five participants increased his golf putting performance. Furthermore, no overlapping data points were found between baseline scores and post-test scores. Although Pates, Oliver, & Maynard (2001) showed that a hypnotic intervention was successful in increasing golf putting performance one, limitation of the study was that it did not address how golf putting performance would be effected if the hypnotic intervention was removed.

To examine his question, a similar study was conducted by Pates, Maynard and Westbury (2001) that utilized a single-subject replication-reversal (ABA) design. The purpose of this study was to address how jump and set-shot performance would be affected when a hypnotic intervention was introduced and then removed at a later time. The ABA design allowed the researchers to establish a baseline assessment, implement the hypnosis technique and then withdraw the intervention in order to determine the effectiveness of the intervention. The methodological design corrected for any practice effects participants might have acquired over the course of the study. Three male community college basketball players who participated in a four-stage hypnosis intervention, which utilized a trigger cue word, were shown to improve performance after baseline assessment. Jump and set-shoot performance returned to baseline scores post-intervention removal.

The four-part hypnotic intervention consisted of four stages: relaxation, hypnotic induction, hypnotic regression, and trigger control. The first stage used progressive

muscular relaxation (PMR) in order help participants relax and control their breathing. The second stage, utilizing an Ericksonian induction technique, was a staircase induction. With the help of the individual inducing the hypnotic state, each participant was guided down a flight of twenty stairs. At the bottom of the stairs a door opened into a room with a comfortable chair. As the participant was directed to sit in the chair a deeper level of relaxation was induced. The third stage of the intervention helped the participants regress back to a time when their performance was at its best. In the fourth stage the participants were conditioned to associate their ideal performance state with a cue word. A cue word was chosen by each participant so that when jump-shot and set shot tests were conducted the participant could use this new technique.

The results of the study showed that both jump-shooting and set shooting performance increased as a result of the hypnotic intervention. When the hypnotic intervention was removed, participants' performance returned to near baseline scores. Follow up interviews with each of the participants revealed that they believed the trigger cues learned during the hypnotic intervention did help improve their shooting performance.

Although Pates, Maynard and Westbury's (2001) study found support for including hypnotic interventions in basketball shooting performance there are important limitations to the study. In order to better understand how hypnosis facilitates performance empirical studies with more than three participants are warranted. In addition, although the researchers mentioned using a Ericksonian hypnosis induction, they failed to address the rationale for this in the discussion. Why was this technique chosen over other techniques? Is this induction technique superior to other hypnotic

inductions?

While much of the empirical work and case studies have advocated the use of hypnosis in sport, only one article to date has addressed the use of hypnosis in applied sport psychology (Taylor, Horevitz, & Balague, 1993). The authors discussed issues related to defining hypnosis, theoretical perspectives, hypnotizability, effectiveness of hypnosis, misconceptions, the process associated with hypnosis, hypnosis research in sport, uses in an applied sport setting, and training in hypnosis. Although this article was successful in beginning to bridge the gap between sport and the traditional fields that use hypnosis (i.e., medicine, dentistry, and psychology) it fell short of thoroughly addressing: how is hypnosis is being specifically used in sport settings, who is using these techniques, and what kind of specific certifications, training, and experience are necessary in order to use hypnosis in sport psychology consulting? Therefore, it was the purpose of this study to address these issues among other relevant issues and concerns related to hypnosis being used effectively in sport.

In conclusion, relevant literature pertaining to hypnosis was reviewed. Previous research in the fields of medicine, dentistry, and psychology have begun to allow the field of sport psychology to benefit from its use. However, a number of significant questions were left unanswered regarding how hypnosis can and should be effectively used with athletes. Because these sport hypnosis questions have not been addressed this study attempted to speak to these concerns. In the next chapter, the methodology and procedures of this study are described.

CHAPTER III

METHODOLOGY

Theoretical Framework

The present study employed a qualitative design with components based on grounded theory. This method of research inquiry has been used to help formulate theoretical frameworks when collecting and interpreting data (Charmaz, 2000). Grounded theory is not a rigid, highly structured research method. Although grounded theory is flexible in nature, it does have a number of strategies that characterize its use in research. These strategies include simultaneous collection and analysis of data, development of a theoretical framework, theoretical sampling, and integration of the theoretical framework into the field (Charmaz, 2000). With relatively little research conducted in the field of sport psychology, as it pertains to hypnosis, two components of grounded theory were suitable method for the scientific inquiry in this study. These included simultaneous collections and analysis of data, and theoretical sampling. Charmaz (2000) adds addition support for the use of grounded theory when little is known about the phenomena being studied.

In the present study simultaneous collection and analysis of data occurred through transcribing interviews, reading interviews, and taking notes on interviews between data collection time periods. Those who argue against grounded theory methodology insist that simultaneous collection and analysis of data influences the manner by which further data is collected. Grounded theory embraces this method because the goal is to better describe the phenomena being studied by developing a theoretical framework.

Besides simultaneous coding/collecting of data, theoretical sampling is a

characteristics of grounded theory. According to Charmaz (2000) theoretical sampling is an important technique in grounded theory because it helps researchers "define the properties of our categories; to identify the contexts in which they are relevant; specify the conditions under which they arise, are maintained, and vary; and to discover their consequences" (p. 519). This technique was used over the course of the six interviews and allowed me to address issues and concerns not specifically addressed in the interview guide. When new issues were presented and discussed, they were brought up in a relevant manner during later interviews. As discussed by Charmaz (2000) theoretical sampling was a technique used in this study to "collect delimited data to fill those conceptual gaps and holes" (p. 519). In conclusion, components of grounded theory provided a legitimate and supportive framework for each phase of the present study.

Researcher Perspective

An important component of all social science research is researcher bias. Although not often referred to as biases, grounded theory relies on the preconceived concepts/notions of the researcher to be explicitly divulged to the reader (Charmaz, 2000). Prior to this study I had had a brief background in hypnosis. As part of an independent study course I received four months of supervision in theoretical and applied aspects of hypnosis. One day per week I met with a licensed clinical psychologist (at the time an Assistant Professor of Psychology at a small liberal arts university in the mid-west) and one other student to discuss hypnosis theory and practice various induction techniques.

From this I became interested in how hypnosis could be effectively used to help athletic participants. It is my belief that hypnosis can be an effective technique for

increasing athletic performance. Further, it appears that little is known about hypnosis as it pertains to the field of sport psychology. Therefore, I felt that this study had the potential to educate other sport psychology consultants by helping them demystify hypnosis and provide them with a better understanding of how hypnosis can and can not be used to facilitate performance.

With this brief background in hypnosis, I believe with proper training and experience hypnosis can be used to help athletes improve their performance. Potential speculations regarding why hypnosis has not been studied as much as other cognitive-behavioral interventions such as mental imagery, arousal/relaxation training, goal setting, etc, is related to two main factors. The first deals with the amount of training and experience one needs in order to use hypnosis properly, not to mention ethically. The second, is related to the number of myths and misconceptions encompassing hypnosis. It is my belief that the field of sport psychology potentially pigeonholes hypnosis as gimmickry or a false phenomenon because of a general lack of understanding of what it truly is and what it is not.

Design

Participants. The participants for this study were currently practicing sport psychology consultants with training and experience in the use of hypnotic techniques. Participants were solicited on a volunteer basis by posting an e-mail message on both the Sport Psychology and Hypnosis LISTSERV (See Appendix A). The message briefly stated the purpose of the study, when and how data would be collected, and how the data would be used. Based on returned e-mail responses, a follow-up e-mail was mailed to each potential participant describing the study in more detail.

Although no formal hypnosis certification was required for participation in this study, one important goal was to gain access to highly qualified individuals. Therefore, participants were selected based on two criteria, experience and training. For the purposes of this study hypnosis experience was defined as the combination of the number/quality of years and hours per week using hypnotic techniques in a consulting practice. Hypnosis training was defined as the combination of the number/quality of hours spent learning hypnotic techniques through graduate training, workshops, and/or supervision. All efforts were made to select participants from a wide range of cultural backgrounds. This helped ensure that the final sample was not a deliberate or desired homogenous sample of sport psychology consultants.

Five participants sent e-mail responses back to the principal investigator via the Sport Psychology LIST SERVE. Each of the five participants who volunteered for the study were selected as participants. No individuals responded in regard to the same e-mail message sent via the Hypnosis LIST SERVE. A sixth participant was a referral given by one of the five initial respondents during a post-interview discussion. All five individuals who responded to the Sport Psychology LIST SERVE did so within the first day and a half of the e-mail posting.

One additional Sport Psychology LIST SERVE response came in the form of a chapter excerpt sent to the principal investigator. The sender was contacted via e-mail and solicited for participation in this study. Due to complications regarding mutually agreed upon criteria for the interview the potential participant was not included in the study. At no point prior to or during any phase of the study did the principal investigator have any relationship with any of the potential subjects. Each participant volunteered

and no compensation was offered to any individual before, during, or after data had been collected.

Participant Demographics. The participants' ages ranged between 31 and 61 years (average age 48.8 years). Each of the six participants where white and of European descent. Four participants considered his/her race to be Caucasian. One considered his/her race as Anglo and one participant referred to his/her race as Jewish. Each participant referred to his/her ethnicity in a different manner compared to each of the other participants. Ethnicity responses included Irish/Italian, Anglo, German/Irish, European, Jewish and one individual stated s/he did not see a difference between race and ethnicity.

All who participated in this study earned his/her Ph.D. from one of the following disciplines: sport psychology, clinical psychology, counseling psychology, or personality, culture and religion. Participants received training in hypnosis through a variety of forms. The majority included graduate training, workshops and organizational training (such as training provided by the American Society for Clinical Hypnosis). Participants' experience working with clients on a weekly basis ranged between 3.5 and 26 years. Furthermore, participants' experience with hypnosis ranged between 2.5 years and 26 years.

This sample of sport psychology consultants represented a wide range of consultation environments. Two participants were in private practice from office settings, two conducted private practice from their homes, one consulted from a medical center, and one participant was employed through a major NCAA Division I University. The amount of time participants provided consultation services one-on-one to athletes

ranged between 4.5 hours and 25 hours. The approximate annual income participants received from consulting ranged between $5,000 and $45,000. However, two participants chose not to provide information regarding annual income (see Table 1 for a complete description of each participant).

Procedures

Upon agreement to participate via e-mail invitation (See Appendix A), a mutually agreed upon meeting time and place was set by the participant and investigator in order for an interview to be conducted. If no location was agreed upon a phone interview was used to collect data. The participant was then explained the purpose and procedures of the study, and asked to sign a statement of consent (See Appendix B). I reminded each participants s/he was free to withdraw from the study at any time and that information discussed would remain confidential.

The data collection procedures for this study involved semi-structured in-person interviews. The semi-structured interview design combined components of both structured and unstructured interview guidelines, as described by Fontana and Frey (2000). This interview format was chosen for this study because I wanted the participants to have the opportunity to express themselves in a manner that would create further dialog and insight. As Fontana and Frey (2000) point out, structured interviews ask the same series of preestablished questions. Although preestablished questions were used in this study, a component of unstructured interviews allowed me to probe participant responses in an attempt to gain further understanding and insight (Fontana & Frey, 2000). Another reason why semi-structured interviews were used for this study was because it allowed enough direction to guide the interviews while still allowing me

Table 1 – Demographic Information

	Participants						
	1	2	3	4	5	6	Mean
Sex	Male	Male	Female	Male	Male	Male	N/A
Age	31	37	58	61	57	49	48.8
Race	Caucasian	Anglo	Caucasian	Caucasian	Jewish	Caucasian	N/A
Ethnicity	Irish/ Italian	Anglo	German/ Irish	European	Jewish	No Difference	N/A
Years of Consulting Experience	3.5	7	21	21	10	13	12.5
Years of Hypnosis Experience	2.5	14	23	19	26	13	16.25
Hours per Week Consulting Athletes	25	10	5	15	4.5	6.5	11
Approx. Annual Income*	--	$30,000	--	$45,000	$5,000**	$30,000	$27, 077

*For some participants consulting athletes one-on-one only constitutes part of their income.

** Currency represented in Canadian dollars ($5,000 CAN equal to $3309 US dollars – US/CAN currency exchange rate for 06/27/02).

the opportunity to fully understand the participants without feeling bound to further dialog and insight. As Fontana and Frey (2000) point out, structured interviews ask the same series of preestablished questions. Although preestablished questions were used in this study, a component of unstructured interviews allowed me to probe participant responses in an attempt to gain further understanding and insight (Fontana & Frey, 2000). Another reason why semi-structured interviews were used for this study was because it allowed enough direction to guide the interviews while still allowing me the opportunity to fully understand the participants without feeling bound to short, direct responses (Fontana & Frey, 2000). The interview guide contained questions related to the consultants' background information and questions specific to their experience of using hypnosis while consulting athletes (See Appendix C). Each interview lasted approximately 30 minutes to one hour. I audio-recorded and then transcribed all interviews.

In order to protect the safety, anonymity, and confidentiality of each participant, I agreed to keep all data collected (transcriptions, demographic questionnaires, and hand-written notes) for three years in a secure, locked file located at my office. Only the principal investigator and the faculty advisor had access to this material. All audio-recordings were erased upon transcription.

Data Analysis

Theoretical orientation. I used thematic analysis from a grounded theory approach was used to analyze the data in the present study. Methods for the analysis were adopted from both Shank (2002) and Strauss and Corbin (1998). According to Shank (2002) thematic analysis is about the search for patterns in data. Because this

process "is not a passive endeavor" (Morse, 1994, p. 25) it requires a continual proactive search and validation of results. The goal of thematic analysis is to allow data observations to pile up (Shank, 2002). The term observation does not mean data collected from observational empirical inquiry. Instead, observation is a preliminary term used to represent meaning that emerges from the data.

As data are analyzed "patterns" and "order" become relevant, both within and across data cases (Shank, 2002, pg 129). Thematic analysis involves the organization of these patterns. Organization of these patterns into higher order structures is called thematization. Furthermore, it is only through the emerging themes that meaning can be generated from the data. The term "emerge" is critical to qualitative research. Morse (1994) humorously, yet effectively conveyed the idea of meaning emerging from the data:

> "Despite current perceptions and students' prayers, theory does not magically emerge from data. Nor is it true that, if one is only patient enough, insight wondrously enlightens the researcher. Rather, data analysis is a process that requires astute questioning, a relentless search for answers, active observation, and accurate recall" (p. 25).

It was only through this creative, yet structured, analytic process that a better understanding of the data can be represented.

The specific steps for analyzing the data were described by Strauss and Corbin (1998). Strauss and Corbin describe a six-step approach to grounded theory data analysis. Because only certain aspects of grounded theory were incorporated into this study only the first three stages of Strauss and Corbin's (1998) approach were used in this study. The first step of data analysis was line-by-line coding. Initial categories were established

as each line of the data was read. The initial categories were then broken down, examined, and then compared to other categories within the same interview. Codes were established as initial themes began to emerge. According to Coffey and Atkinson (1996) coding is important for three reasons. They include "noticing relevant phenomena, collecting examples of those phenomena, and analyzing those phenomena in order to find commonalities, differences, patterns, and structures" (p. 29). Axial coding was then used to "crosscut and link" (Strauss & Corbin, 1998, p. 124) data within and across interview transcriptions. As specific and more general categories began to emerge incident comparison allowed later aspects of the interview to be evaluated (Shank, 2002). The comparison of data within and across participant interviews allowed the data to be reconceptualized and expanded in a way that allowed me to better understand their experiences.

Research group. I utilized a four person research group to help me analyze and themetize interview transcriptions. Before discussing or reading any interview transcription I asked each research group participant to sign a confidentiality agreement (See Appendix D). Interview content was discussed in depth after having read section(s) of interview text. Individual members of the research group provided feedback and analyzed the data according to an inductive and comparative coding (Coffey & Atkinson, 1996; Shank, 2002). As the interviews were read out loud data was compared and contrasted to earlier interview incidents. Specific aspects of the interview were categorized and structured into higher order and more general themes and categories. As the interview discussions progressed preliminary categories were referenced to earlier aspects of the interview and then later compared across interview readings. I revealed no

identifying information, regarding research participants, to the research group and I recommended to them that all information discussed in the research group was asked to be kept confidential.

CHAPTER IV

RESULTS AND DISCUSSION RELATED TO INTERVIEW CONTENT

The material presented in this chapter relates to the interview content. The analysis revealed three major themes. The first, The Process of Learning, addressed how sport psychology consultants learned how to use hypnosis in their practice. Subthemes included: (1) *"so you read a book on sport hypnosis" - the role of legal and ethical issues in training*, (2) *"internalizing hypnosis as an art" – feeling competent*, (3) *"still not a pro after five years?" the role of experience in effectively delivery*, and (4) *"first things first, what is hypnosis?" – beginning to identify and understand what the term sport hypnosis means*. The second major theme, The Process of Doing, was related to how participants incorporate hypnosis into their practice. Subthemes included: (1) *"selling athletes on the idea of hypnosis" – how marketing plays a role in service delivery*, (2) *"give me some hypnosis, Doc" – the assessment of using hypnosis as a possible intervention*, (3) *"are you going to make me bark like a dog and cluck like a chicken?" - dispelling myths related to hypnosis*, (4) *"if these interventions are for you why do I feel this way?" - experiencing your own process*, and (5) *"think before you leap" - becoming culturally aware with hypnosis*. The final major theme, The Process of Working with Athletes, demystifies the experience of participants integrating hypnotic techniques into their work with athletes. Subthemes included: (1) *"using hypnosis as a dynamite tool" – why hypnosis seems to be an affective intervention for athletes,* and (2) *"hypnosis as a syringe: delivering sport psychology interventions" – using hypnosis in applied sport psychology*. Figure 1 illustrates how each of the major themes and supporting sub-themes played a vital role in sport psychology consultants use of sport hypnosis with

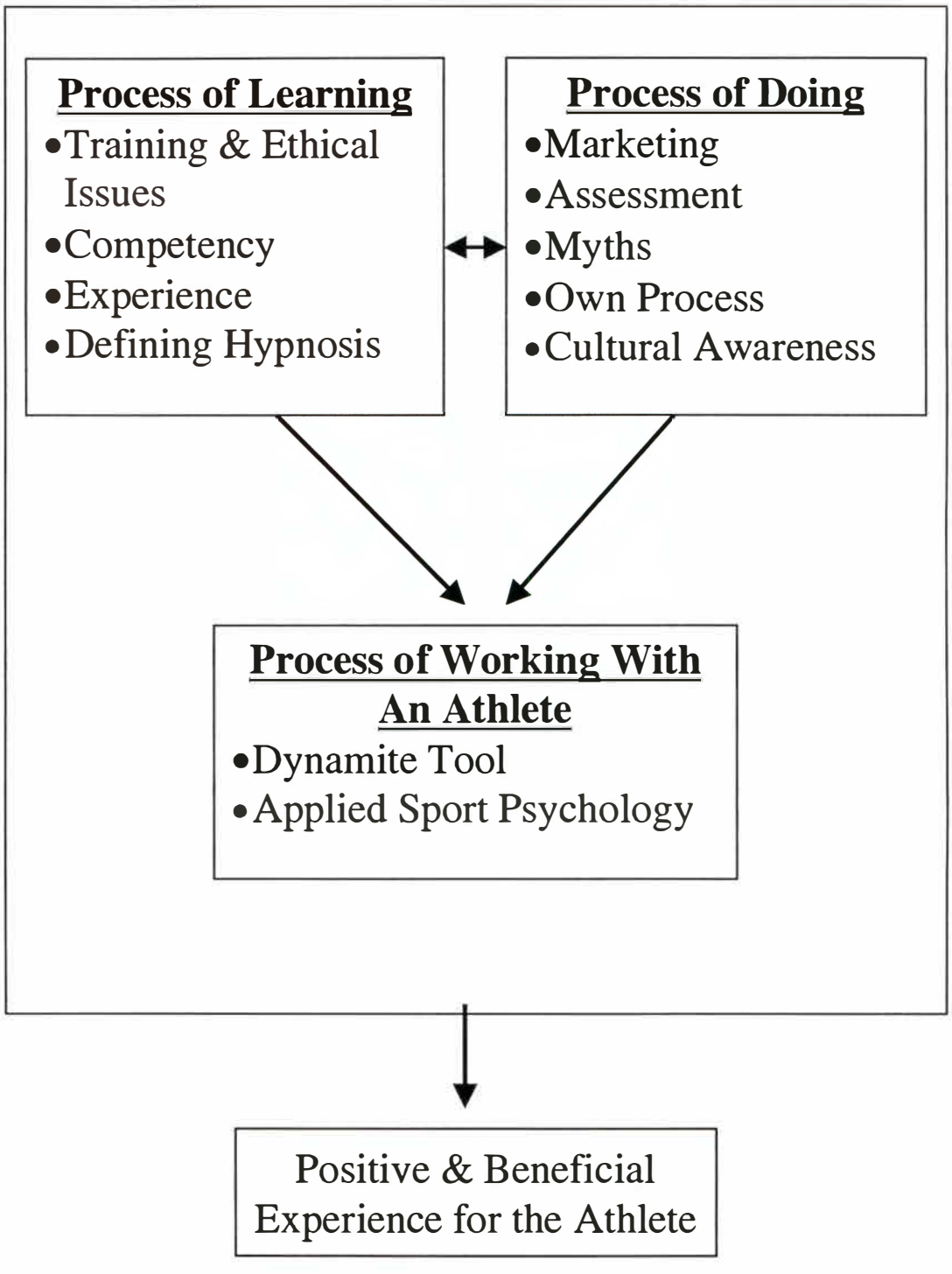


Figure 1: Processes Involved In Using Hypnosis With An Athlete

athletes. Figure 2 represents the hierarchical thematic structure of the major themes along with each of the subthemes and components. Each subtheme is presented and discussed in greater detail throughout the following sections. Supporting quotes are used to provide depth and understanding that illustrates each aspect of the subthemes.

Theme #1: The Process of Learning

Each of the six participants described a process that reflected how they learned to use hypnosis. From these descriptions four subthemes emerged: (1) "so you read a book on sport hypnosis" - the role of legal and ethical issues in training, (2) "internalizing hypnosis as an art" - feeling competent, (3) "still not a pro after five years?" - the role of experience in effective delivery, and (4) *"first things first, what is hypnosis?" – beginning to identify and understand what the term sport hypnosis means.* Each subtheme is discussed separately in the following sections with supporting quotations.

Subtheme #1: *"So you read a book on sport hypnosis" - the role of legal and ethical issues in training.* One aspect of participants' training in hypnosis was based on understanding and establishing a practice based on a variety of legal and ethical issues. Each of the six participants interviewed discussed in some form how legal and ethical issues have shaped their practice.

The first component of this substance related to legal issues. One legal issue that was brought up by Participants #6 related to state regulations. According to Participant #6, hypnosis is often associated with the practice of psychology. If state regulations deem hypnosis as a practice within psychology individuals without clinical or counseling training might not be within their legal means of using hypnosis with athletes:

"You're probably practicing something that's spelled out in most states and

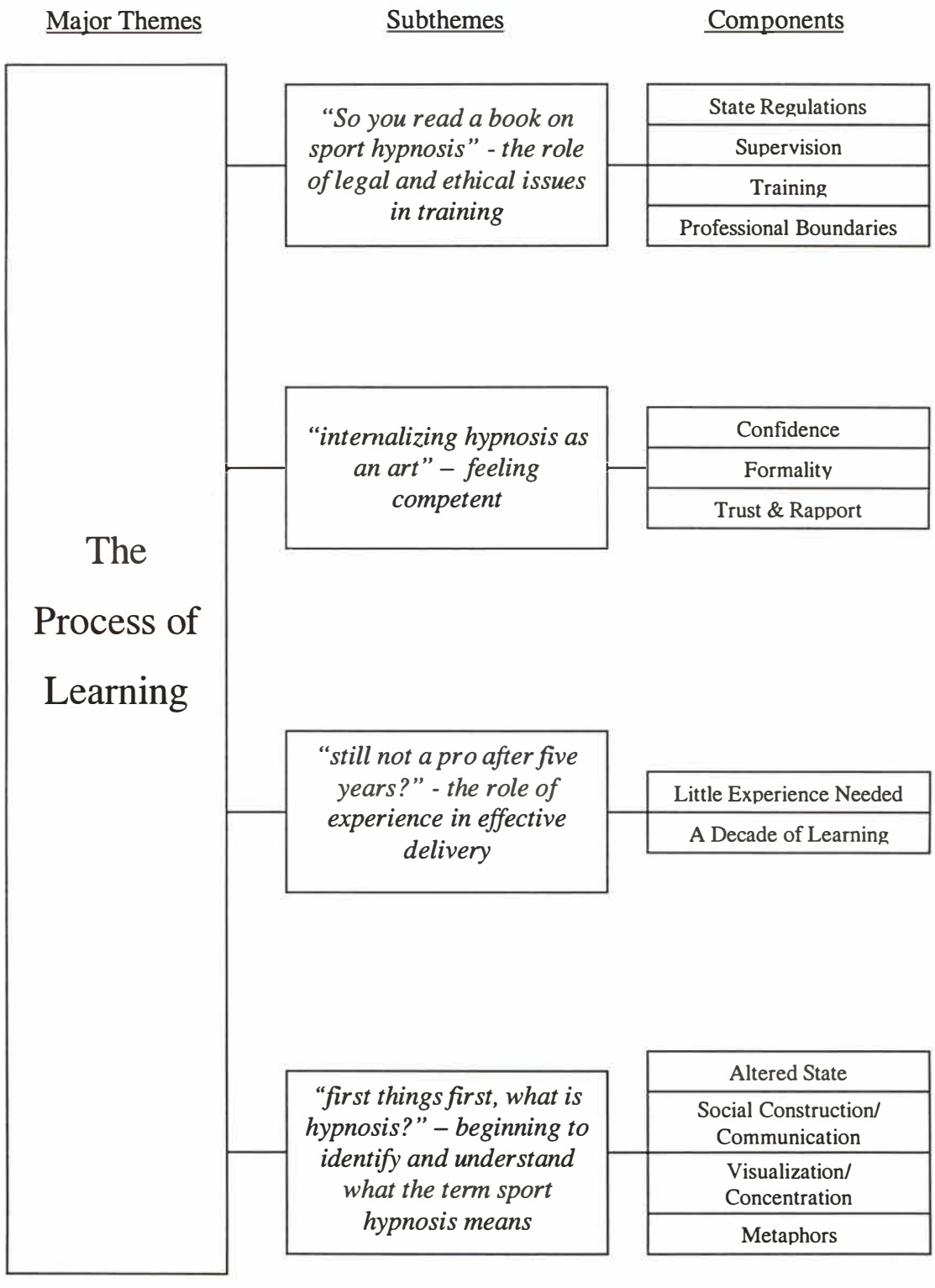


Figure 2 – Themes, Subthemes and Components Concerning How Consultants Use Hypnosis With Athletes

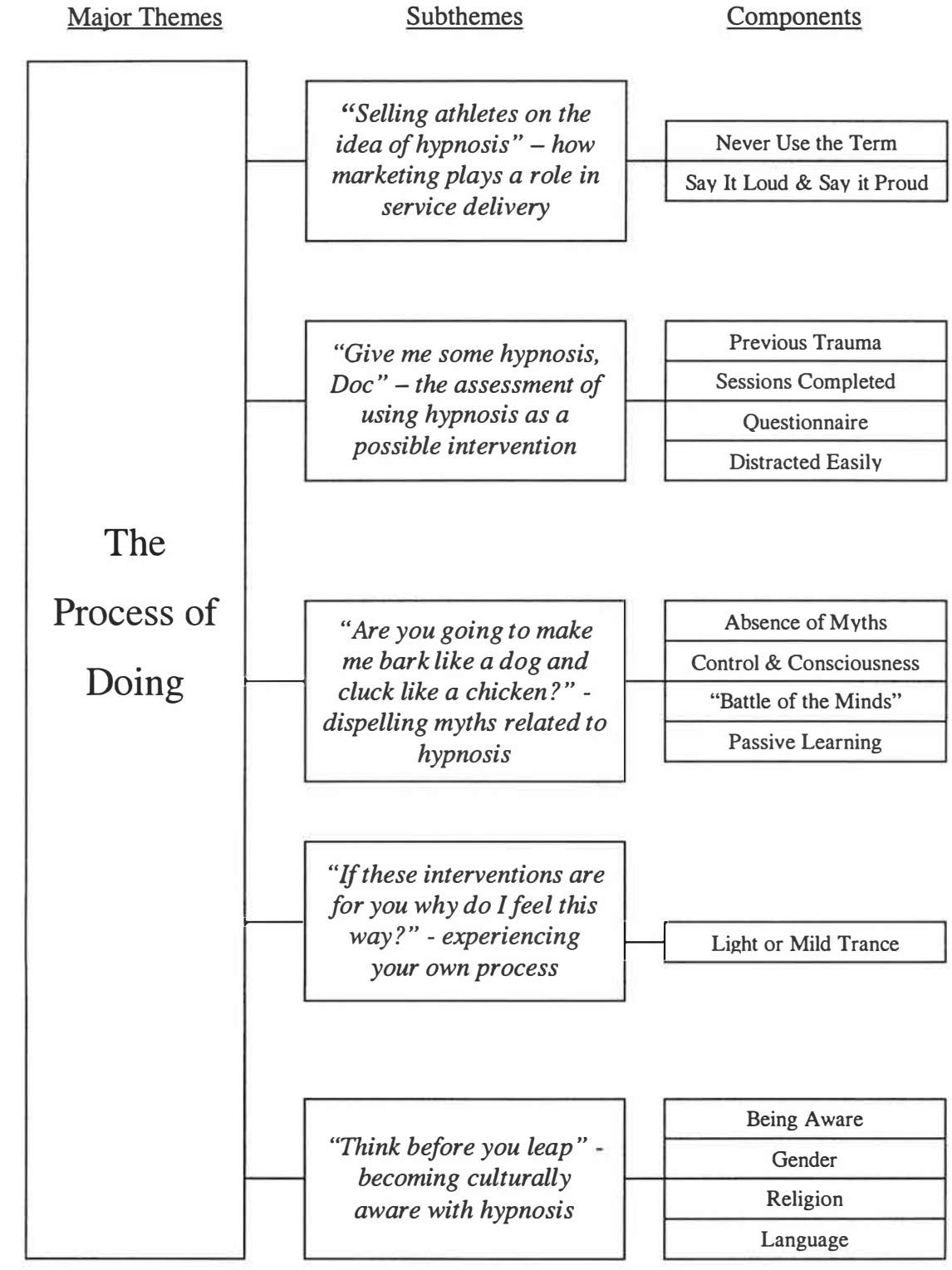


Figure 2 – (continued)

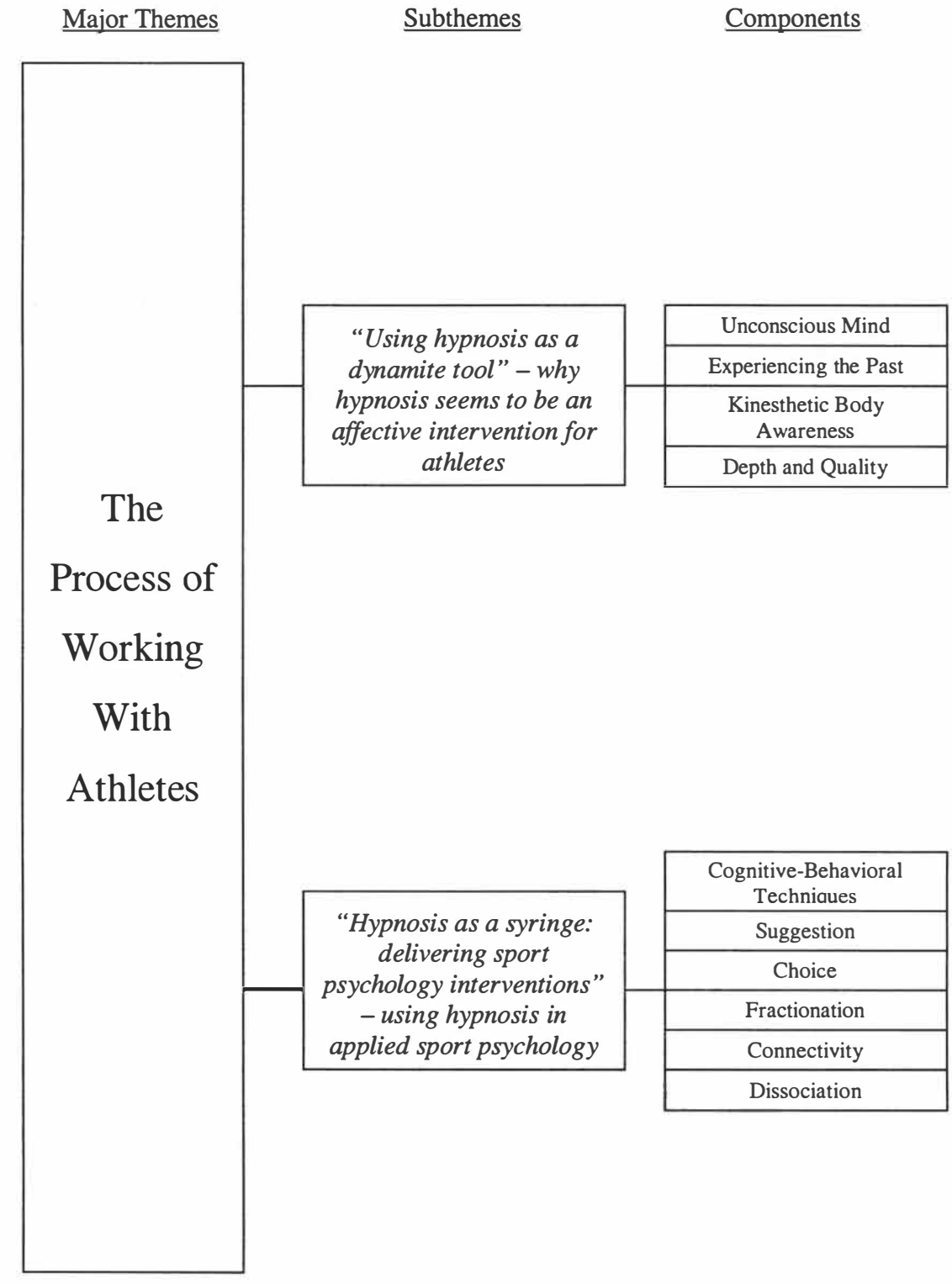


Figure 2 – (continued)

> providences, psychology I mean. I actually did a survey in 1995, where if I remember correctly, close to eighty percent of those surveyed said hypnosis is a practice of psychology. So if you do you need to have experience in supervised settings. It's not like going down to Lowes and building a shed out back."

Participant #5 agreed that a clinical or counseling background would be ideal but is not always the case in sport psychology. He believed there are ethical uses of hypnosis within sport psychology however, there is line that should not be crossed:

> "But I think you need the clinical or counseling psychology background to use it. If you're simply going to use it for relaxation that's fine, but if you're going to go further I think there needs to be. Now I know, for there is an association in sport psychology in order to be registered you need both backgrounds and that's o.k. But I think to use it if you don't have a good solid clinical background it's open to danger because if when someone comes out and you don't understand debriefing or possible side effects you could have. And what happens if you have a sexually abused athlete and you do it, when you regress back and they start reliving it. Then what do you do?"

Individuals in the field of sport psychology who are interested or are currently using hypnosis in their practice need to be cognizant of the regulations. Many states require individuals who practice psychology to hold a master or doctorate from an accredited graduate program in psychology (refer to state licensing board for laws and regulations). If individuals use hypnosis with athletes in a state that considers hypnosis the practice of psychology there could be legal ramifications. Each sport psychology consultant that utilizes hypnosis within his/her practice should refer to state law in order to determine how hypnosis can and should be conducted legally and ethically in that state.

The remaining issues raises were associated with ethical concerns. The second component dealt with supervision. Participant #1 described supervision as an essential component when an individual is learning how to use hypnotic techniques. He reported:

> "Don't try something, or read a book and think you have a good understanding of it, and then go out and try something without getting feedback from somebody's who's been down there before. Certainly getting educated about what I consider what the true aspect of hypnosis. What hypnotic states are. Supervision is key. I wouldn't recommend anyone doing this without at least someone looking over them."

Van Raalte and Anderson (2000) agreed that supervision is a critical component when learning how to deliver sport psychology interventions to athletes. According to Van Raalte and Anderson supervision serves two purposes. The first is to ensure the safety, care, and well-being of the athlete. The second reason is to help those learning sport psychology how to be "competent, knowledgeable, and ethical practitioners" (pg 153). Although the American Society of Clinical Hypnosis is the only certification body that requires supervision, Participant #1 believed that no individual should attempt using hypnotic techniques on another individual without first having some sort of supervision training from a highly qualified individual.

The third component participants discussed dealt with training. Participants understood that training was important for ethical reasons; however; it was also critical to the learning process. Participants described training opportunities ranging from weekend workshops to practicas during graduate training. Participant #6 further touched on the issue of supervision as he discussed issues regarding hypnosis training:

> "It's a kind of training you need to have, just as you need to work with someone who's had some supervision, like when I did my internship. Someone who knows what he's [or she's] talking about, clients who are amendable to this kind of work, or at least make sure you're doing videotapes, [so] that you can see these things going on and you can process this kind of stuff. A person who goes to a workshop and goes, 'Oh, well I can go do hypnosis or I can do that kind of work with people' is unethical and may be breaking the law and certainly putting his clients and him or herself at risk. You know there are a lot of people who do that."

Participant #2 gave some advice to other sport psychology consultants in the field regarding training. If individuals consider receiving training through workshops Participant #2 recommended learning from the best:

> "My personal prejudice is that if you have a masters degree you might as well learn it through the highest level of teaching which would be ASCH when because they do regional workshops throughout the country and each year they have a national conference as well. But there's lots of ways to learn basics. And I would say it this way, the best way to learn hypnosis is through personal teaching, small group or one-to-one teaching because it's such an art. It's something you can't read in a book."

Participant #4 gave a similar recommendation regarding ethics and training. He reported:

> "I know the Ericksonian people do workshops regularly. I'd certainly look for reputable people, people doing training in hypnosis. People that somehow rather than just themselves have good credentials; belong to professional organizations, Society for Clinical Hypnosis."

The fourth component of learning how to use hypnosis was understanding one's professional boundaries. Many of the participants received training through clinical or counseling doctoral programs. As Participant #5 acknowledged there is very thin line he often walks when working in the field of sport psychology with a clinical background. All individuals with clinical, counseling, or sport psychology training need to understand their ethical boundaries and practice only those techniques which they have been trained to use. Participant #5 emphasized this point accordingly:

> "I certainly don't go beyond what I perceive going beyond my boundaries of competence. So when I get in close to the physical I work very closely, in fact, with the hockey team, a guy who has his master's degree in kinesiology. So I don't get into the physical. I have a code of ethics."

This aspect of one's training is consistent with the position of the American Association for the Advancement of Sport Psychology (AAASP) and the American Psychological Association (APA) on professional boundaries. According to these two

organizations, practitioners should not attempt interventions they do not have training and experience using (American Psychological Association, 1992; Sachs, 1993). It would be unethical and potentially illegal for a sport psychology consultant with no training in hypnosis to use hypnosis with an athlete that experiences performance anxiety prior to each competition. Although the sport psychology consultant might have training and experience with a variety of interventions such as mental imagery, relaxation techniques, goal setting, etc. when these interventions are combined with hypnosis further training and experience are warranted.

In summary, there are a variety of factors participants deemed critically important when learning how to use hypnosis with athletes. Issues participants raised concerned state regulations, supervision, training, and understanding professional boundaries. Each participant felt that following a legal and ethical code was import to their practice. No distinctions were made regarding which code of ethics participants followed; however, during the interview process four participants reported being members of the American Psychological Association (APA), one participant was a member of the Ontario Psychological Association (OPA), five individuals were members of the Association for the Advancement of Sport Psychology (AAASP), one individual reported being certified through he American Society for Clinical Hypnosis (ASCH) and one individual reported being a member of the Ontario Society for Clinical Hypnosis (OSCH).

Subtheme #2: *"Internalizing hypnosis as an art" - feeling competent.* This subtheme captured what participants felt was necessary for them to feel competent using hypnosis with athletes. Throughout each of the interviews, a number of factors emerged that revealed to what extent hypnotic techniques are used effectively within each

participant's practice. Three components emerged as a result.

The first component was confidence. Participants felt that it was important for them to feel both confident and competent in their abilities to use hypnosis in a productive manner. One participant felt that one of the hurdles he had to overcome was no longer associating his work with entertainers who promote themselves as hypnotists:

> "Well I think some of it might go back to all those misconceptions when you start hearing about hypnosis, and using hypnosis, and you know you starting thinking about all these entertainers who promote themselves as hypnotists. These are some of the things you have to think about. Do you wanna to be associated with these kinds of individuals?" [Participant #1]

Another participant's hurdle to achieve self-confidence focused on sitting in silence. As participant #5 described, there a numerous times during therapy the client needs time to find the solution to his/her own problems. It is a very difficult thing for the therapist to sit in silence while allowing the client to absorb, assess and determine his/her best course of action:

> "So many times you might not know the solution but they might know it. If you wanna talk about not doing anything in a sense it can be very powerful... That you have to be awfully comfortable with yourself to just sit there. Lay the ground work and encourage the person to do that, just sit there for fifteen or twenty minutes. That's a hard thing to do. Especially when you're first starting."

Participant #4 felt he was dependent early in his career upon scripts to guide his client's hypnotic inductions:

> "I felt uncomfortable in the inductions, but in beginning to guide the person or make suggestions I was not confident about my own ability to do that well so back in those days I would write out a script in advance...And if it were a special problem I would write a script in advance, well thought out for that individual and particular problem then I would read the script and all that. And as time went by I got to the point were I really enjoyed just taking a few notes, jot down a few notes of what are our goals for this hypnosis, what do I want to accomplish. And really allowing what's going to emerge happen."

The same participant described a situation that he still finds himself uncomfortable in and does not handle well:

> "I prefer that they present me with a problem and then I outline several solutions that we might use and then negotiate particular tools. So I'm not particularly comfortable when someone says, 'Hey Doc, can I make an appointment with you for some hypnosis?' I like it when someone calls me up and says, 'Hey Doc, I get nervous before taking final exams and I don't perform as well on the exams as I should. Can you help me?' And then I'd say, 'I'd love to work you. Here are several things we might do.' One of them might include hypnosis or relaxation, imagery, and so I don't like it when someone wants hypnosis." [Participant #4]

The second component related to the level of formality associated with hypnotic techniques. A clear distinction could be made between formal and informal hypnosis. Participant #2 discussed how he used formal induction techniques to help athletes realize the potential of the mind:

> "And so as they learn they can levitate [their arm, just] as they can create heaviness. As they learn their mind can change perceptions of what's going on then I create the belief system, 'Wow, I can control what's going on.' And so, by having that and building that belief, as I've always said it, the advantage of hypnosis is they have a tool that allows them to do something different. In contrast, for example, some people use visualization, but they quit using it because they don't have the kinesthetic connection that hypnosis brings to it. They don't see the change it brings. And so hypnosis, I think, give people a tool that says, "Wow, here's one more tool that I have that I know how it works. I can see the difference. It allows me to do what I wanna do. I can stay in that zone."

Participant #5 described how he incorporates a slightly less formal technique with his clientele. Instead of a structured induction process he utilizes more imagery and relaxation techniques to induce a trance state. He gave a detailed description how this indirect process might occur during a session with an athlete:

> "Most of the time I'll just have them sit back in the chair, just focus on your breathing, breathing in and out. Just keep them doing that for a while. 'Now focus on the muscles in your neck and shoulders, if there's any tightness or tension... Give it a color. Have the color turn into a liquid, a slower pace than that, of course, and let the liquid flow away. As the liquid flows away your

> muscles feel more relaxed and calm...Now imagine you've got a tap in your head. Feel yourself reaching up and turning the tap on, and instead of water coming out all your thoughts draining away, all your negative thoughts.'"

Formal induction techniques have been associated with a systematic combination of relaxation and visualization. According to Lynn and Rhue (1991) these formal inductions are often more rigid and structured and therefore, do not allow much autonomy on the part of the practitioner or the client. However, less formal techniques often allow the client a greater range of choice, are less prescriptive, and utilize indirect suggestions (Lynn & Rhue, 1991). No research has been conducted in sport psychology to determine how induction techniques influence performance. Research in the field of clinical/counseling psychology has shown no conclusive evidence that one induction technique is superior to another (Lynn, Neufeld, and Matyi, 1987; Spinhoven, Baak, Van Dyck, & Vermeulen, 1988; Van Der Does, Van Dyck, Spinhoven, & Kloosman, 1989). The issue seems to be related to practitioner preference. If the practitioner is uncomfortable using one of the two techniques the client might feel uncomfortable or more resistant to hypnosis. Therefore, it is important for the practitioner to use a technique s/he feel comfortable using because the result will likely be clients who feel comfortable with the procedures as well.

The third component participants believed was critical to using sport hypnosis competently was the establishment of trust and rapport. As trust and rapport are established, the athlete begins to feel more comfortable and the sport psychology consultant begins to understand how to structure his/her interventions. Participant #4 discussed how he helps establish trust and rapport with his clients:

"It's extraordinarily important. Trust and rapport, you know, the feeling that this

> is a comfortable place to be. I think building [it] says something when somebody drives in, and I think the waiting room says something...Which is not mine, it's shared by thirteen of us, so I have limited control there. But this environment right here [in my private office] is totally under my control and says something to the person, too. How I dress and how I talk says something as well." [Participant #4]

Participant #3 also realized how important trust is when working with athletes. Because trust is not something the athlete brings with his/her to the initial session Participant #3 has found it helpful to discuss the topic forthright with her clients:

> "Sometimes I say to people, in order for us to work together, you know, these main things have to happen in order for us to be successful together. One I'll mention is trust. We have to manufacture out of thin air, together, trust. And we have to create a situation where you're not too comfortable. You're a little bit out of your comfort zone. Unless you get out of your comfort zone you won't learn anything. It's sort of a zone, if you get too uncomfortable you say it's stupid and you don't understand it. If it's not uncomfortable enough you say, "nothing happened, I didn't learn anything." So we have to find that zone of discomfort where you do your learning best. So you've got to tell me if I say something so strange and so bizarre and so off the wall and you wanna walk out because I'm crazy, or you have to tell me if you already know all this stuff and I'm not helping." [Participant #3]

Trust and rapport are critically important factors if the consultant and athletes are going to work well together. Thompson and Rudolph (2000) offer some recommendations for building a good foundation of trust in the initial meeting with a client. Consultants can begin to build trust and rapport by being friendly, actively listening to the client's concerns and problems, should not be judgmental regarding previous attempts to solve the problem, and consultants can acknowledge the client's motivation and willingness to seek help in the first place (Thompson & Rudolph, 2000).

In summary, many of the participants described a number of obstacles that had to be overcome in order to be able to use hypnosis competently and confidently with athletes. Some of this factors included no longer associating one's practice with stage

hypnosis, sitting in silence, how formal to make inductions, and building trust and rapport with athletes. The participants did not describe a specific sequence of events that allowed them to use hypnosis competently. It was a process that evolved over time and developed with experience.

Subtheme #3: *"Still not a pro after five years?" - the role of experience in effective delivery.* A number of participants discussed the process of learning in relation to how they acquired experience using hypnotic techniques. All six participants were trained through either workshops or graduate courses. Two participants received their training through graduate courses alone, another participant received training through workshops alone and three participants received training through a combination of workshops and graduate courses. However, the number of years of experience it took participants to feel comfortable using hypnosis with athletes varied within the sample group. Participant #1 discussed his training and where he received most of his experience using hypnosis:

> "It took a while, I mean I had two or three graduate courses and I was doing therapy in dissociative populations for a good two and a half years. It probably took me a good year to feel really comfortable with it and to be honest I'm not very adept at it, doing formal inductions now."

Another participant discussed why experience was critical for him feeling he could confidently use hypnosis in his practice with athletes. He discussed his experience using hypnosis with clinical patients; however, it took him only a half year to feel competent transferring those skills over to athletics:

> "I guess that fact that just learning, the thing was really just getting enough experience to be confident. Because I was working people who were highly distressed it was believing that what I could do was going to take them out of a flashback or abreaction and bring them back to the here and now… So it was

> probably six months to a year to fully understand how I could be use my hypnotic skills with athletes and feel comfortable with it." [Participant #2]

Unlike Participant #2, Participant #5 felt it took close to fifteen years experience for him to feel comfortable using hypnosis with clients:

> "Because I think the comfortableness comes from clinical expertise, not just sports, but the clinical expertise really built a tremendous amount of comfortableness. Probably about, probably fifteen years." [Participant #5]

One participant had a different take on competency than the other participants. The other participants reported a time lapse of six months to 15 years in order to feel confident and competent in their abilities to use hypnosis effectively with athletes. Participant #3 was completely confident that her graduate training had prepared her for any obstacles or roadblocks she might have encountered upon receiving her degree:

> "Well it was never a matter of including it [in my practice], it was always a matter of what my practice was. I was so well trained by the time I got out to develop a practice I was fully confident of what I could do, what I was trained to do, what I was able to do. There were no obstacles with respect to that."

Although Participant #3 felt her graduate training prepared her completely for her professional career, other participants described a time frame from six months up to fifteen years. There seemed to be a direct linear relationship between the number of years of consulting experience and years of training and experience related to hypnosis. The more training and experience an individual had, the longer s/he felt it took to feel completely confident and competent with hypnotic techniques. This was likely due to participants recognizing that hypnosis can be considered an art; therefore, a lifetime of learning is warranted and many times is necessary.

In summary, experience proved to be an important element during the process of learning how to use hypnosis with athletes. Some participants acquired the skills in a

relatively short period of time (six months) while others needed much more time (fifteen years). When the three components of training, competency, and experience are addressed together the participants' experience the underlying concept of this subtheme was that hypnosis is a skill that requires time and effort if one wants to use it effectively with athletes.

Subtheme #4: *"First things first, what is hypnosis?" – beginning to identify and understand what the term sport hypnosis means.* This sub-theme addressed the various ways participants described what hypnosis means. Four components comprised this sub-theme and, while each of the six participants' definitions differed in detail and explanation all could be categorized according to one of the four components.

The first component refers to hypnosis as an altered state. Many participants alluded to hypnosis as an altered state of consciousness, distinct from an individual's waking state or sleep. Participant #3 defined hypnosis as stabilizing one of four states of consciousness:

> "So I define trance as any stabilization of any state of consciousness…There are four states of consciousness; outward- broad, outward-narrow, inward-broad, and inward-narrow. And normally in trance, the kind of trance work that we do, the person is in an inner-narrow focus. In a normal state of consciousness we are going in and out of those four states rather rapidly. So that feels comfortable, go in narrow, go out wide. Going in narrow and analyzing. We're moving between these four states. And when you're in a trance you're stabilizing one of those states so that it feels different."

Participant #4 further defined hypnosis as an altered state of consciousness, however his description illustrates hypnosis as something each individual experiences on a daily basis:

> "…I get to what is hypnosis, and then I'll say, "O.K., hypnosis is a natural state of consciousness. It's one you've experienced many times before although it might not have been labeled hypnosis." And then I go through driving in a car late at night, lines kind of spacing out…Then the best example, I think, is reading a

> book...Your eyes see words on a page, but your mind sees images and you have created and sometimes these images are so real that you lose track of your surroundings. You don't notice the cat or dog walked through the room. You don't notice the clock ticking, the stereo. Suddenly the phone rings and you run to the phone as you look at your watch, "Oh my gosh two hours went by." It might have felt like twenty minutes went by...The difference here is that someone else is guiding you, which is my job, and we're doing this for therapeutic purpose."

Furthermore, Participant #2 indirectly addressed his definition of hypnosis when referring to the clinical term "dissociation" and how hypnosis can be used to help athletes focus.

> "I think that hypnosis can tap into dissociation and when you understand that it gets you into that absorbed state in a much better way. And so having a clinical background gives me a significant advantage of using hypnosis with athletes cause I have that higher level of expectation of what can be done with focus because I'm use to working with clients who are so absorbed they don't know it's 2002."

The second component of the definition addressed hypnosis in terms of interpersonal and social constructs; more of a way of communicating. Hypnosis was referred to as something the sport psychology consultant and client create together during their interaction with one another. Two participants alluded to the socially constructed aspect of the definition through their belief that hypnosis is a form of communication. Participant #6 addressed this point:

> "Well it all depends what you consider hypnosis. You know I'm kinda more of the camp of, ah, it's a way of communicating... From more of an Ericksonian way of communicating, watching people respond. Creating a state that readily plays off the meanings, the behavior of the person at that particular moment."

Participant #1 referred to Ericksonian therapy in a similar manner. His description of hypnosis focused on the interaction that takes place between the sport psychology consultant and client.

> "I implement more along the lines of Ericksonian therapy. The whole idea of meeting clients where they are, speaking in metaphor. Those kinds of things. I

usually don't do formal hypnosis with athletes."

Participant #6 addressed components #1 and #2 when comparing experimental hypnosis to Ericksonian hypnosis. He described experimental hypnosis as more structured and rigid, while Ericksonian hypnosis is generally a free-flowing form of communication:

> "Well you know, you have experimental hypnosis. You have a person who volunteers to be trained to enter a certain state or they are deceived to enter a trance to study tolerance to pain or what not. And that's kind of the T.X. Barber, [William] Morgan kind of stuff, way back. But the Ericksonian sort of approach is really a way of communicating with people, ah, trying to understand the personality of the individual and that's something. The way they interact with people, their emotion, cognitive state. What their goals are. And perhaps creating a state for which they are helped, ah, that's facilitated not only through verbal interaction, but perhaps more then anything nonverbal interaction. Things they might not be quite aware of."

The altered state, social construct and communication perspectives each have been supported in previous research. For example, Kosslyn, Thompson, Costantini-Ferrando, Alpert, & Spiegel (2002), have been able to empirically show there are distinct psychophysiological differences in the human brain when one is hypnotized. In this recent study highly hypnotizable participants were hypnotized while positron emission photography (PET) scans allowed researchers to view brain activity during hypnosis. Whether or not they were shown an object with a solid color, they were told to perceive color. PET scans showed the parts of the brain that register color were activated. Activity in the same parts of the brain declined when the patients were told to see gray objects, even when the object was not gray.

Support for more of a sociocognitive or communication definition has come from research looking at suggestibility during hypnosis (Kirsch, 2001). Kirsch reported that

during a double blind study individuals who are not hypnotized can simulate hypnotic suggestion and the individual giving the hypnotic suggestions is not able to tell the difference between individuals who are hypnotized and those who are not. Kirsch (2001) acknowledged that when suggestions are made, individuals can experience phenomena associated with hallucinations, distortions of reality, and even reduced sensitivity to pain however, the reason he believes so many individuals who have experienced hypnosis report it as an altered state of consciousness is because it was suggested during hypnosis that they would experience an altered state of consciousness. Kirsch's (2001) study addressed more of a sociocognitive perspective however participant discussed in detail how their definition of hypnosis is more of a form of communication.

Communication relates to a clinical theoretical perspective of hypnosis and is often associated with Ericksonian hypnotherapy (Zeig & Rennick, 1991). What is important to this perspective is the way people interact with one another. The sport psychology consultant is not only interested in what the athletes is saying but how s/he is saying it. The athlete's movements, gestures, and tone of voice are all utilized (O'Hanlon, 1987; Zeig & Rennick, 1991) in manner to help the individual change some aspect of his or her performance or increase the frequency of a desired behavior. This is the perspective Participants #1 and #6 use when working with athletes.

The third component of defining hypnosis is an increased depth of concentration and relaxation. Participant #5 discussed his understanding of hypnosis as follows:

> "Again, it depends on how you define hypnosis. To get that really deep relaxation, that really deep focusing. I'm sure there are other ways to get there, but not as deep with them... Basically, it's just a form of heightened concentration, relaxed focus that allows you to tune out distractions."

While the first two components have research support, there is little empirical evidence or theoretical perspective that supports this definition. One of the key differences between the first two ways participants defined hypnosis relates to the factors that allow the hypnotic phenomena to occur. While the altered state, social construct and communication definitions describe the events that lead to the hypnotic experience, this third component describes the experiences associated with hypnosis (i.e., relaxation and concentration).

The fourth component of defining hypnosis related to the variety of metaphors participants used to illustrate their conceptual understanding of a difficult term to define. Two of the metaphors used referred to a syringe and the second compared hypnosis to a typewriter. Participant #5 related his understanding of hypnosis to a syringe. Just as a syringe administers some sort of medication hypnosis administers some sort of intervention. Furthermore, because the syringe would not be thought of as the treatment neither is hypnosis:

> "So in a sense I'll often say, 'Think of hypnosis as being the syringe, whatever is in the syringe is what we'll do and hypnosis is the syringe.' So hypnosis [is] the syringe that administers what it is that we're doing...That's simplifying it but that's one of the things I've learned."

Participant #4 added to the definition by using a metaphorical comparison of hypnosis to a typewriter. The point is similar to Participant #5's syringe, metaphor however, participant #4 saw hypnosis as a tool, not as a form of delivery:

> "To me hypnosis is sort of like a typewriter, and it's a tool in the hand of someone who's using it. So it could be used for entertainment or amusement, or it could be used very specifically to bring about behavioral or emotional change."

Both metaphors helped conceptualize what hypnosis is and what it is not. The

participants understood the metaphors to be simplified versions of a complete definition; however, they were not meant to detract from the whole meaning. Instead, they helped illustrate what hypnosis referred to and what it meant.

These metaphorical descriptions provide a better understanding of why hypnosis can be an effective intervention for athletes. Although there has been a great deal of hypnosis research conducted over the past 100 years, a clear concise definition of hypnosis remains unclear. Researchers and practitioners agree that experiential phenomena associated with hypnosis are well understood however, the theoretical perspectives continue to be debated (Lynn & Rue, 1991). In depth interviews with each of the six participants revealed hypnosis to be an extremely difficult phenomena to objectify. Theoretical and empirical work conducted by Zeig (1988) would agree with the previous statement. Zeig (1988) acknowledged the phenomenological nature of hypnosis therefore, my experience with the participants in this study has helped me conceptualize sport hypnosis in the following way: sport hypnosis is a subjective biopsychosocial experience that has the potential to affect emotions, thoughts, perceptions, feelings, and the physical body in a phenomenological manner. Even this definition is probably limited; however, it reflects my experience conducting these interviews and the experience of each of the six participants using hypnosis in their practice.

In summary, although each participant described what hypnosis meant in his/her own terms each could be categorized into one of three working definitions. These included, an altered state of consciousness, a socially constructed form of communication, and lastly, a heightened level of concentration and deep relaxation. Furthermore, metaphors were described by two who chose participants not to form

separate definitions of hypnosis but rather to supplement definitions that had already been discussed.

Theme #2: The Process of Doing

The second major theme addressed some of the guiding steps participants have utilized when incorporating hypnosis into their practice. Five subthemes emerged as a result: (1) *"selling athletes on the idea of hypnosis" – how marketing plays a role in service delivery*, (2) *"give me some hypnosis Doc" – the assessment of using hypnosis as a possible intervention*, (3) *"are you going to make me bark like a dog and cluck like a chicken?" - dispelling myths related to hypnosis*, (4) *"if these interventions are for you why do I feel this way?" - experiencing your own process*, and (5) *"think before you leap" - becoming culturally aware with hypnosis.* Each subtheme is described with supporting quotes and then further discussed in regards to literature from the field of sport psychology.

Subtheme #1: *"Selling athletes on the idea of hypnosis" – How marketing plays a role in service delivery".* This subtheme addressed how participants market themselves and their practice. The majority of the participants discussed one of two reasons why they have been reluctant to market their services as hypnosis. The first reason relates to the belief that no ethical or legal issues are violated by participants not knowing the full extent of the services they are receiving. This is because participants described hypnosis as a technique that facilitates treatment rather than being the treatment itself. Therefore, participants believed they are well within their rights to conduct their practice as they desire. Participant #3 described one situation where her ethical position was confronted:

"I got a phone call from a guy who is a day trader, and he said, 'Isn't this like

> what you do with athletes. To help them out, to perform, and I'm performing when I'm day trading'... I said, 'Sure come and see me.' And when he came back the second time, he said, 'When I went home and my wife saw me she said what happened, did that women hypnotize you?' And so he said 'Did you hypnotize me?', when he came back. And he's a person who formally was a lawyer who dealt with medical malpractice... So, this is sort of a joke. 'You put me in a trance without telling me, that's medical malpractice.' And I said, 'No, I didn't put you in a trance, you went into a trance when I talked to you. We can say that or we can describe it another way, or there's a hundred other ways what happened in our conversation'... So you know, I gave him my definition of trance and maybe that happened to him. But, he went into a trance, I didn't put him in one."

> "Unless I tell them [I use hypnosis] and I don't see any point in telling them. It's my description of what I do. It's not true or reality, it's just talk. You know, it's what I and my client do together. It's what we create together. It's not something I do to them."

Participant #5 addressed a similar stance regarding ethical issues and using the term hypnosis with his cliental. As he described, clients are not coming to therapy for hypnosis, they come in order to receive treatment for some problem they are currently having:

> "No cause ethically I don't think it's an issue because they have something different. If someone's coming here for psychotherapy they have problems, then depending on where they're at, I'll say something about it. It use to be a big deal."

The second reason participants have elected not to use the term hypnosis when promoting their services related to the negative misconceptions and stereotypes that encompass hypnosis. A few participants believed if the term "hypnosis" is used it creates an awkward environment that does not lend itself well to the therapeutic process:

> "...I don't use the term hypnosis with my clients that often. I use to, both with clinical (participants) and with athletes. And I found that when I used the word hypnosis I had to spend a whole session on misconceptions and stuff." [Participant #4]

> One participant had a different outlook regarding the way he markets his services

to his cliental. Participant #2 markets his services as "performance hypnosis" by being very open and honest with his clients. Therefore, his clientele clearly understand well before coming in for help that hypnosis will be part of the process:

> [I incorporate hypnosis into] "all of them because people come to me on an individual basis for the hypnotic, for what we call performance hypnosis."

In summary, the participants in this study represented a wide range of marketing philosophies. The majority of the participants interviewed have chosen not to market their services as hypnotherapy or involving hypnosis. These marketing strategies have developed for a number of reasons. Some participants have chosen not to use the term hypnosis because of the negative connotations associated with its use, while others simply do not feel using the term is imperative to the treatment process. On the other end of the spectrum one participant directly markets his services as "performance hypnosis". His clients have understood well before seeking his services that hypnosis would be involved. The candidness of his consulting philosophy has eliminated many of the same concerns other participants expressed regarding marketing.

Subtheme #2: *"Give me some hypnosis, Doc" – The assessment of using hypnosis as a possible intervention*. This subtheme addressed how participants determine if hypnosis should be used as an intervention with an athlete. Participants described the importance of being able to determine whom hypnosis is a likely intervention for and who would not be a likely candidate.

The first component included previous trauma. If an athlete has experienced a traumatic experience or a series of traumatic experience in life hypnosis might not be a likely intervention according to Participant #1. He described his approach to assessment

in the following statement:

> "A lot of it comes from personal [information], getting their personal history. You know, I do a sort of formal initial evaluation. I'll ask about previous treatment attempts. I'll ask about experiences in childhood. Certainly one thing I try to screen out in using hypnosis or induction techniques is trauma. Whether it's physical abuse or some sort of maybe a car accident. These are generally indications not to use hypnosis."

The reason he believed these were not ideal situations for hypnosis was because individuals who have been traumatized have consciously tried to suppress these negative memories back deep into their unconscious mind. Hilgard (1991) has supported this phenomenon and stated that hypnosis creates a situation where the client is more likely to recall past traumatic experiences. According to Participant #5 because individuals are more conscious of past experiences during hypnosis it can create a potentially harmful situation for the client:

> "In other words, they try to separate them out of their psyche. You know, they try and avoid them. They try to forget about them, but basically they push them into the back of their brain. Well if you think about hypnotic inductions as opening the entire mind and sort of lowering people's defenses, making people more suggestive, or being more conscious of past experiences. These are all things that could allow these reactions, these experiences, I guess is that's the word I'm looking for, to come back to the forefront when patients aren't signing up for that kind of work when coming to work with you as an athletes." [Participant #1]

Previous trauma was not the only indicator that hypnosis might not be a likely intervention for some athletes. The second component of assessment addressed the number of sessions that have been completed. According to Participant #4, the first session might not be a proper time to introduce hypnosis to a new client. The first session does not present an ideal situation because the athlete has not had an opportunity to become comfortable in that environment:

> "What would it be like to walk out of that parking lot, coming into some strangers

> waiting room, some guy I've never seen before, coming back to his office, and then being hypnotized? So I decided when I first started doing this I would never hypnotize somebody on the very first meeting."

Thompson and Rudolph (2000) believed the goal of the first session with a client should be "building bridges between the [client's] world and the counselor's [or consultant's] office" (p. 35). Therefore, according to this position, the first meeting with a client would not be an ideal situation to use hypnosis because trust and rapport have not been established.

Participants also discussed how inventories could be used to determine if clients would make good candidates for hypnotic techniques through the use of inventories. Therefore, formal and informal inventory measurements is the final component of assessment. Participant #4 has used a self-questionnaire he developed in order to assess the likelihood of an individual being a good candidate for hypnosis:

> "With athletes, I do an assessment instrument, The Nine Skills of Successful Athletes, is a self-questionnaire. Usually when a person is scoring pretty low on managing anxiety effectively they tend to be good candidate for the hypnotic intervention. Usually if the scores are pretty low on self-talk and imagery they tend to be pretty good candidates. Those are the things I can use hypnosis to zero in on pretty well... Low score means they are not using the imagery productively. It doesn't mean they are low in imagery... They may be not using the ability to prepare for sport or they may be using it in the wrong way. They may have spontaneous imagery of failure... Using hypnosis we begin to construct scripts to help them turn that around."

Participant #5 believed hypnosis is a good intervention when athletes have a difficult time focusing due to distractions. He uses various hypnotic techniques to help athletes regulate arousal and muscle tension. Therefore, when athletes complain of anxiety problems or muscle tension prior to competition, hypnosis is a likely intervention:

> "So I'll say, 'Why are you here?' [The athlete will say,] 'Can't focuses, get up tight, I get defocused easily.' So that's sort of when hypnosis is really good. So I

> don't make big deal about it, I'll teach them how to relax. I have developed, kind of a way, I go through it, it's nice cause ninety percent of the time their muscles are tense and they're surprised and they buy right into it once I ask them if it's tight in the shoulder or neck. And they'll go, 'Ya'. Almost, it doesn't matter what sport, typically there's tightness. So I can teach you how to relax all that and then when I do it sort of slip in draining the mind, and then focusing. Let them know what's going to come and why it's coming."

In summary, a number of participants discussed formal and informal forms of assessment that have helped them determine if hypnosis was a potential intervention for an athlete. Participants described two circumstances when hypnosis should not be used. The first was when an athlete had a history of traumatic experience(s) and the second referred to the first session with a client. Through assessments, other participants have found that athletes who do not use imagery or relaxation in a productive manner often benefit from hypnosis.

Subtheme #3: *"Are you going to make me bark like a dog and cluck like a chicken?" - Dispelling myths related to hypnosis.* This subtheme addressed the false notions that have encompassed hypnosis and hypnotic techniques. All six participants referred to a greater or lesser extent to how much stereotypes and misconceptions influence their ability to use hypnosis in their practice.

The first component related to myths related to participants who reported an absence of stereotypes and misconceptions in their practice. The biggest factor that relates to whether or not stereotypes and misconceptions influenced the treatment process was the way participants market their services. Participants who avoid associating their services with hypnosis and avoid using the term during sessions were less likely to run into stereotypes and misconceptions during their work with clients. Therefore, an absence of stereotypes and misconceptions was the first component of this subtheme. As

mentioned previously, Participant #3 viewed hypnosis as a form of communication; therefore, the term "hypnosis" is not used during her work with athletes. When asked if there are any myths and misconceptions her clients bring to the consultation process she said, "Well they probably do, but I have no way of knowing because I don't discuss it with them." Participant #1 had a similar belief concerning why he does not market himself as using hypnosis in his practice:

> "Well I think some of it might go back to all those misconceptions when you start hearing about hypnosis, and using hypnosis, and you know you start thinking about all these entertainers who promote themselves as hypnotists. These are some of the things you have to think about, do you wanna be associated with these kinds of individuals?... That's part of the reason why I don't think I promote myself as someone who uses hypnosis. I have a lot of training and understanding of hypnosis but I don't promote myself as someone who uses hypnosis regularly or as a hypnotherapist. I think the same problems you have with individuals and expectations and misconceptions are the reasons why I really don't use it in that way."

Education was the second factor that seemed to influence whether or not myths and misconceptions would create an issue while working with an athlete. Participant #2 discussed a sort of positive relationship between education and faulty thinking:

> "That the more you understand, when I present things like anxiety and being in the zone about performance, the more you understand those, the more you're open to hypnosis. So I think that probably education is the biggest thing that any of the negative myths are, out of distortion and not knowing what hypnosis is."

The third factor that played a role in determining if stereotypes and misconception would be an issue was the age of the client. Younger athletes typically are not aware of the wide range of myths and misconceptions that surround hypnosis. Because they have not been exposed to these stereotypes, they are generally more open to hypnotic interventions:

> "I basically haven't. Most the kids are fairly open minded to doing this

> stuff...I'm sure they have a few [misconceptions], but I don't make a big deal about it. If I say, "We're going to do hypnosis." The misconceptions people have are usually based on entertainment uses." [Participant #5]

> "They're usually between fifteen and twenty-two so they really haven't been exposed to the weirdest stuff out there. Most of them say, "OK, that makes sense. Now I understand why we're doing what we're going to be doing." And because they're focusing on being in the zone that makes more sense to them than going about using a watch or being comatose or any of those other kinds of things." [Participant #2]

Although a number of participants did not find stereotypes and misconceptions to be a big issue, all participants understood the importance of being able to separate out fact from fiction. Participants presented a number of issues they routinely go through with clients in order to dispel a variety of preconceived notions. Some of these myths included a loss of control or consciousness, hypnosis is a battle of the mind, hypnosis is a miracle intervention, and the client is completely passive during all processes associated with hypnosis.

The second component was the issue of control and conscious awareness. Athletes who believed they would lose control or become unconscious typically were not willing to go along with hypnotic interventions. Participant #6 reported why he believes this misconception is so commonly held by clients:

> "Oh, you know the watch being held and swinging in front of people, people sleep, or they give up their control somehow. You know it's the kind of stuff, that you see in stage hypnosis. You know the guy who goes to the playboy club and walks up to guy on stage and makes him cluck like a chicken. You have to wanna do that, I mean some part of you wants to do that." [Participant #6]

Although stage hypnosis has painted a grim picture of hypnosis, Participant #1 suggested that such could not be further from the truth:

> "So if you start to go down the road of potentially using hypnosis with athletes there clearly has to be some education involved. The whole idea that the athletes

> is in control over the hypnotic experience rather than the person doing the induction. I mean, that is a very very uninformed perspective for most consumers. You see the hypnotic inductions done on stage and it's clearly the person that is inducting that is in control over the experience rather than the person that is in the trance. So I think there is a lot of education that needs to go into it."

Due to this belief, some athletes believe they lose control while hypnotized and some even believe they become unconscious and, in effect, lose all control over their body. Participant #4 specifically addresses the issue of consciousness:

> "You probably think you're going to become unconscious, indeed you're not. You're going to be awake during hypnosis, but your wakefulness will be different. You'll be very focused on what I'm saying. Distractions often fade away."

In order to further dispel this myth, current research has looked at brain activity during various states of consciousness. Berne and Levy (1998) and Williams and Gruzelier (2001) have shown that hypnosis does not share the exact same characteristics as sleep or being unconscious. Although it is not known what the "signature" EEG activity is in the brain during hypnosis, research has shown a difference between hypnosis, a wakeful state and sleep (Barabasz, 2000). When an individual is in a normal state of wakefulness his/her brain activity is characterized by electroencephalogram (EEG) recordings of high frequency, low voltage activity (Hatfield & Hillman, 2000). When an individual is asleep, brain activity begins to slow down and EEG readings are associated with theta and delta waves. The brain activity that occurs when an individual is unconscious shares many of the same qualities as EEG readings during sleep (Berne & Levy, 1998). EEG readings while hypnotized does not resemble the same brain activity as these states (Berne & Levy, 1998; Williams & Gruzelier, 2001).

The third component of the stereotypes and misconceptions participants reported

was related to a battle of the minds. Many athletes believe hypnosis is a battle between the mind of the consultant and themselves. Whether athletes believe they are weak minded or the consultant is in a position of authority this logic is clearly a misconceptions according to Participant #4:

> "Sometimes the belief that hypnotism is a battle of the wills. You know, my mind's stronger than yours, you know, if we're doing hypnosis, your mind's stronger or you're stubborn, or whatever, then it's not going to work. The belief that there is a total loss of self. Many people have seen stage hypnosis and they often come in here and say, "If you do hypnosis are you going to make me a chicken or something like that?" (chuckling) I can deal with all these and I have."

Athletes often believe hypnosis is some sort of a cure all or it is a miracle. intervention that works instantly. Hypnosis is like any other intervention because it takes time to be effective. The belief that hypnosis will solve an athletes problems immediately is a false impression of the way hypnosis is conducted. Participant #4 illustrated his point:

> "But the common misconceptions are one, it's going to be a miracle. Suddenly, you're going to hypnotize me in one session and I'm going be able to do things after that I've never dreamed of being able to do before. So you don't wanna set up those unrealistic expectations."

Because many athletes believe hypnosis is a miracle intervention they also have the understanding that the process does not require any work on their part. Therefore, passivity was the fourth component of stereotypes and misconceptions. Participant #4 reported that athletes often believe they are inactive observers while hypnotized and it is the consultant who feeds the intervention to the client. Although relaxed and focused, clients are in fact very active during the entire process of hypnosis. Participant #4 suggested an analogy to surgery. Athletes often act under the faulty logic that hypnosis is

like being knocked out and the consultant/therapist administers interventions:

> "But the common misconceptions are one, it's going to be a miracle. Suddenly, you're going to hypnotize me in one session and I'm going be able to do things after that I've never dreamed of being able to do before. So you don't wanna set up those unrealistic expectations. The second myth is the belief that you do all the work and, you know, I'm out of it. It's like going into surgery, you knock me out and rewired my brain. I suddenly wake different."

In summary, a number of stereotypes and misconceptions surrounding hypnosis resonate within the realm of athletics. Participants discussed these forms of faulty thinking and described the importance of dispelling these misconceptions when working with athletes. For some participants, stereotypes and misconceptions did not pose as great an issue as it did for other participants. The biggest factor that determined if stereotypes and misconceptions would create potential issues within the consultation process was how the participant marketed his/her services. In other words, do participants specifically use the term "hypnosis" or "hypnotherapy" with their clientele? The other two factors included previous understanding of hypnosis or education level and the age of the client. The younger the client, the less likely s/he has been exposed to the stereotypes associated with hypnosis.

Subtheme #4: *"If these interventions are for you why do I feel this way?" - experiencing your own process.* This subtheme relates to a phenomenon of a reciprocal hypnotic state. Just as clients enter a "trance" during hypnosis, two participants reported that they too enter a mild or light trance when working with clients. Therefore, they often experience their own process. Both participants believed this allows them to create dialog that would not normally be available to them. They do not understand where the dialog comes from: however, they have each come to utilize this unique experience in a

way that benefits their clients:

> "You know, and sometimes I'd surprise myself with the words that would come out because I think I might get into a mild trance myself, without trying to sound too mystical. Sometimes it flows very nicely, using some of the metaphors they use, some things that are important to them. And that just came gradually over time." [Participant #4]

Participant #5 agreed:

> "When you first start you're constrained. Everyone's the same way because you're kind of fearful. What do I do, what if this happens? It's all about what if's and unknowns. As you become more experienced, in fact, what I think happens, the more experience you get the more you do it, the easier it is and the simpler it is. I find for me, and I do right now, a lot of time I go into a light trance. And when I do that, ideas just come out from I don't know where." [Participant #5]

In summary, the ability to enter a light or mild trance while working with an athlete is something these participants were not able to experience until they had a great deal of experience. The specific antecedents to this light or mild trance state were unknown to the participants. However, as a result, they felt this phenomenon has helped them become more creative and less self-conscious over the years and has ultimately been an asset for their clients. When this phenomenon is put in perspective with the way participants described their training and experience with hypnosis one can begin to understand how the process of learning and using hypnosis develops. These processes occurr in a manner that is similar to what Fitts (1964) and Anderson (1982) referred to as the stages of skill acquisition. When the participants described first using hypnosis with athletes the sessions were conducted with well thought out scripts. The use of prewritten scripts correlates with Fitt's (1964) first stage of skill acquisition, the cognitive stage, because it is in this stage the learner often works from instructions, each step is well thought out, and the learner can quite often describe the experience verbally (Anderson,

2000; Fitts, 1964). Over time and with gained experience participants described how they were less dependant on scripts and often worked with only a few prewritten notes or took notes during the session with an athlete. These descriptions are similar to the second stage of skill acquisition, the associative stage. The third stage of skill acquisition is the autonomous stage. Participants #4 and #5 described experiencing a light or mild trance while working with an athlete that is indicative of this final stage learning. When these two participants have used hypnosis, they have found themselves engrossed in the process. No longer were these sport psychology consultants worried or concerned with using sport hypnosis efficiently or in a self-conscious manner. Instead, each allowed the experience to unfold naturally and in doing so each felt their ability to use hypnosis effectively and creatively was enhanced.

Subtheme #5: *"Think before you leap" – becoming culturally aware and its influence on sport hypnosis.* Cultural studies offers a good critique of applied sport psychology because, according to Blake (****), sport is one aspect of popular culture where individuals "forge and reaffirm their own identities" (p. 15). A functionalist view does not see sport as a frivolous activity without significant meaning to an individual and/or society (Coakley, 2001). Therefore, it is important for sport psychology consultants to recognize and understand what makes individuals different and how interventions can be tailored to meet individual needs.

Participants in this study discussed a variety of reasons why cultural awareness plays a prominent role in service delivery. The participants believed it was difficult to be aware of every single cultural factor that might influence how they work with an athlete. However, the general agreement was that there should be a general awareness of cultural

factors such as age, race, ethnicity, religion, sexual orientation, education level and economic class when working with an athlete. Participant #1 reported his overall awareness in the following manner:

> "From the standpoint of the therapist controlling the patient or the sport psychologist controlling the athletes. These are clear issues that imply upon gender, race and individuals differences in culture. I think these are clear issues that you need to be aware of."

Participant #4 discussed a similar approach to cultural awareness. He believed it is important to be open minded and have the athlete teach the consultant what it is like to be in the position s/he is in. Therefore, the consultant is not in a position to assume s/he knows what is like to be that athlete. He reported his view in the following statement:

> "I think for the most part my clientele are not as wide a range. As I mentioned there's differences in ages and ethnicity but probably there's a common denominator with most of the people I work with are fairly highly educated, middle to upper economic status. So I probably don't see the full wide a range as if I were in a different setting. I think that, you know, I've always tried to have sensitivity to a person's background, to the extent I'm aware of differences and I try to learn from them. So I'm aware there may be differences, but I might not know what they are. [I might say to a client,] 'So explain to me what it's like growing up in an Italian-American family from the east coast.' I don't presume to know what that's like directly or indirectly."

A number of participants reported cultural factors that influence the way they use hypnosis with their athletic clientele. Three factors of primary concern related to gender, religion and language. Therefore, the second component of cultural awareness was gender. Participants discussed a potential problem when working with female clients.

> "Well, gender's always an issue, I suppose. Often it's more of an issue for clients in general, than it is for therapists. We have to be considerate of gender issues, that's all varied in itself. As well as issues of race and ethnicity. A female might say, oh I don't feel comfortable with [participant's name] because he's a male. Well that's just what you think, if you've ever sat in on a meeting or sat in that chair and talked with me. I look the way I look, my hair might be a little bit scary, maybe a little pink in the face, I mean I don't bite, I have a lot of

> experience. I'm about as kind of person as you get, but if you think I can't help you maybe you need to work with someone else."

The issue related to gender was situated in one of the stereotypes and misconceptions previously discussed. Male consultants working with female clients need to understand that their client's logic regarding control issues can be increased due to the dynamics of the consulting relationship. Participant #1 discussed the issue in the following statement:

> "I think all of those [cultural factors] need to be considered on an individual basis but I think if you start talking about people having a misconceptions about hypnosis. Especially if you start working with a female who sees hypnosis as a controlling aspect or controlling technique."

The third component of cultural awareness is religion. Two participants discussed religious affiliations they need to be aware of because of the dim view they hold regarding hypnosis. Participant #4 related his understanding of Jehovah's Witnesses and why they might not want to be part of hypnotic interventions:

> "If I recall correctly Jehovah's Witnesses take a dim view of hypnosis and I have had a few people years ago at a small clinic and they had to make their decision, as I recall, with whatever process they had to go through, they decided they would have hypnosis. Um, the issue that some of the religious groups have appears to be around the issue of surrendering one's free will."

A second religious affiliation one of the participants discussed was the Church of Scientology. Participant #5 discussed why the Church of Scientology does not view hypnosis in a positive manner:

> "I know there's some groups that are anti-hypnosis. I tend to think they're the one that are often seen as very controlling, right wing religions or very much won't allow control over people. So for that reason, I think that's their argument. I think the church of scientology is very anti using hypnosis, very orthodox, right winged, and by right winged I don't necessarily mean factious but in terms of control and everything else."

The fourth component of cultural awareness participants discussed related to

language. All individuals interviewed spoke English as their primary language. One participant reported why language can create a barrier when using hypnosis with clients whose native language is not English:

> "Not really based upon that issue, more on the language issue because of this being such a highly Hispanic population. Occasionally it's more difficult to do hypnosis with a person whose language is not English to start with."

In summary, a number of cultural factor have influenced the way participants use hypnosis with athletes. Although a number of participants have not encountered these issues first hand, they reported understanding the importance of being aware of cultural issues. Having the athlete teach the consultant about his/her culture was one recommendation and not assuming to know what the client experiences was a second recommendation. Gender, religion, and language were all specific examples that could create issues regarding the use of hypnosis with athletes.

Theme #3: The Process of Working with Athletes

The third and final major theme of the interview content begins to demystifies the experience of participants integrating hypnotic techniques into their work with athletes. Two subthemes emerged from this theme: (1) *"using hypnosis as a dynamite tool" – why hypnosis seems to be an affective intervention for athletes* and (2) *"hypnosis as a syringe: delivering sport psychology interventions" – using hypnosis in applied sport psychology.* Quotes from the interviews are provided to facilitate each subtheme and further discussion is offered to help integrate these results back into relevant sport psychology literature.

Subtheme #1: *"Using hypnosis as a dynamite tool" – why hypnosis seems to be an effective intervention for athletes.* All six participants discussed a multitude of

advantages hypnosis brings to their practice. A critical concept numerous participants emphasized was that hypnosis brings something different to their practice that standard interventions are unable to offer. Some of these advantages included talking to an individual's unconscious mind, experientially reliving a past experience, kinesthetic connection to the body, and deep and higher quality of focusing and visualization.

The first component was talking to an individual's unconscious mind. Participant #3 discussed in detail why this concept is important for athletes. Her belief was that if athletes consciously understood the source of their problem they would gravitate toward fixing it. Because athletes are often unaware of the source of their problem and how to solve it hypnosis is believed to be an effective intervention.

> "Yes, and the reason I say that [I use hypnosis with all athletes] is because in my opinion it is a complete waste of time to talk to somebody's conscious mind because if that worked they would have solved their problem a long time ago. Because they would have told themselves the common sensible thing, perform perfectly, concentrate all the time. That's what I logically, consciously want to do, so just do it." [Partcipant #3]

> "Like I said, everyone else is talking to the person's conscious mind. When you talk to the person's unconscious mind they can do something different. And that's what they want. They wanna do something different, they wanna stop doing what they're doing. They wanna do something different." [Participant #3]

The second component related to experientially reliving past performances. Hypnosis helps the athlete mentally (re)create the problematic situation. Participant #4 described how negative self-talk and imagery inhibits athletic performance. Some kind of intervention is needed in order to reconstruct these thoughts and images. According to his experience hypnosis allows this type of intervention to occur.

> "My belief, is that particularly dealing with performance anxiety, that when you're not in the situation but they're anticipating and the only way they can anticipate is through some mental representing of the anticipated experience. It

> breaks down into either self-talk or imagery, or a combination of the two, which is most likely. So if they're not in the situation and they're inflicting the anxiety on themselves then hypnosis is a good tool to turn that around and have planned imagery and self-talk, rather than spontaneous negative."

The third advantage participants discussed referred to a kinesthetic body awareness. Hypnosis helps athletes become more aware of the connection between body and mind. Controlling how the mind thinks and perceives can influence how the body will react. Hypnosis can be used in a positive manner by helping athletes achieve this connection:

> "And so as they learn they can levitate. As they can create heaviness. As they learn their mind can change perceptions of what's going on then I create the belief system, "Wow, I can control what's going on." And so, by having that, um, building that belief, as I've always said it, the advantage of hypnosis is they have a tool that allows them to do something different. In contrast, for example, some people use visualization, but they quit using it because they don't have the kinesthetic connection that hypnosis brings to it. They don't see the change it brings. And so hypnosis, I think, give people a tool that says, "Wow, here's one more tool that I have that I know how it works. I can see the difference. It allows me to do what I wanna do. I can stay in that zone." [Participant #2]

The final component participants discussed depth and quality of focusing and visualization athletes experience during hypnosis. Participant #5 discussed how focusing and visualization through hypnosis differs from standard relaxation and visualization techniques:

> "It [hypnosis] brings to them the sorts of skills it's difficult to get otherwise. Again, it depends on how you define hypnosis. To get that really deep relaxation, that really deep focusing. I'm sure there are other ways to get there, but not as deep with them, things like yoga, and those kinds of things. You can get similar things, but hypnosis really takes off when using imagery, um, for warm ups, practicing, you know, things a person's sort of getting prepared for wherever they are. Game preparation. So that's truly an advantage of it. Being able to use positive self-statements, positive imagery. I think that's very powerful. I think it depends how you define hypnosis."

A recent study conducted by Liggett (2000b) empirically supported these

participants' experience with hypnosis. Liggett assessed how imagery quality would be affected when combined with hypnosis. The treatment group received imagery with hypnosis while the control group received imagery alone. Participants were instructed to visualize a variety of competitive situations. The four trials included: (1) practicing alone, (2) practicing together with the team, (3) watching another individual practice and (4) competing. In each of the visualization trials hypnotized subjects reported, much higher sensory experiences compared to non-hypnotized subjects. In other words, Liggett found that hypnosis combined with imagery significantly improved the vividness and kinesthetic experience compared to imagery alone. Although this study did not address how hypnosis combined with imagery influences athletic performance, it did begin to address how hypnosis differs from other commonly used interventions and that is the point many participants in this study expressed.

In summary, the underlying supposition of this theme was that participants believed hypnosis has brought something positive to their work with athletes that other interventions without hypnosis are incapable of contributing. As a result, it is likely these sport psychology consultants would not continue to use hypnosis if they felt it did not bring something constructive to their practice. Whether it is talking to an individual's unconscious mind, experientially reliving a past experience, experiencing a kinesthetic connection to the body, or increasing an individuals ability to focus or visualize, hypnosis has contributed something to each participant's work with athletes.

Subtheme #2: *"Hypnosis as a syringe: delivering sport psychology interventions" – Using hypnosis in applied sport psychology.* This sub-theme specifically described how the participants have used hypnosis to help facilitate athletic performance. Each

participant discussed various ways s/he has used hypnosis in his/her practice. Six components or interventions emerged from the interviews. Although the majority of all interventions have been utilized to some degree by each of the participants it is important to note that participants described hypnosis as a facilitative tool, not a direct intervention. Participants described hypnosis as being little to no value when used alone but when used in conjunction with other sport psychology or clinical interventions athletes typically benefit from its use.

The first component participants discussed dealt with various cognitive-behavioral techniques. To a greater or lesser degree all six participants have incorporated cognitive-behavioral interventions into their practice. Some of these techniques include mental imagery, relaxation, autogenic training, progressive muscle relaxation, goal setting, mental rehearsal, and reframing. Participant #2 briefly mentioned how he has used hypnosis to help athletes regulate arousal and anxiety levels:

> "Because the majority of what I do is really looking at the attention styles and what anxiety does to attention and focus. So if I can teach people how to use quick inductions to contain themselves on their playing field then that's the major phase we start at. If we can teach people how to relax under pressure we can teach people how to perform under pressure..."
>
> "...For people it gives them the sense, that the advantage of hypnosis is, 'Wow, I can maintain my anxiety so I can then perform at the level I want.' Where if I just have to relax all my thinking is going to desert me."

Participant #4 described how he has used hypnosis to help athletes incorporate imagery and relaxation into their mental rehearsal.

> "I do start out with progressive relaxation, which in itself is not a hypnotic technique but usually by the second session they've been practicing progressive relaxation with a tape for a week and then the second session I do get into hypnosis. Giving them some triggers to elicit a relaxation response, have them practice that. Then gradually we start introducing that into imagery and what that has to do with

> the sport environment. [I] use hypnosis with mental rehearsal, you know, very often. We'll put a script together and I'll have the person in a light state of hypnosis and they'll be guided through a mental rehearsal or whatever work they're in. Those are probably the two biggest one."
>
> "But probably mentally rehearsing their program under hypnosis is probably the most helpful to them. They write out their program in some detail, [I help] coach them through it with a pre-performance routine. I've used hypnosis to take them through some exercises in attention focusing and that happens in quite a few different sports. What to pay attention to and what to filter out."

Hall (1985) and Issac (1992) have empirically shown that athletes who can create more vivid and controllable images are more likely to improve performance compared to individuals who have difficulty controlling the vividness of the image. In a study discussed previously, Liggett (2000b) found support for the notion that imagery performed during hypnosis is a much more effective cognitive technique compared to imagery without hypnosis. Participants in this study discussed combining imagery, relaxation and hypnosis during mental rehearsal and when helping an athlete regulate arousal levels.

Participant #4 also understood that imagery and relaxation can be done without a hypnotic intervention; however, one of the advantages he believed hypnosis could bring to his practice was the ability to elicit a rapid response:

> "Much of the time when it [hypnosis] is applied to the right problem and right person; it seems to be a very effective tool. And specifically from my experience, teaching relaxation in a relatively short period of time, and visualize the images in a productive way in a relatively short period of time. Those are probably two of the main ways." [Participant #4]

Participant #6 reported using imagery and hypnosis in a slightly different manner than the other participants. He has utilized imagery to help lead individuals into hypnosis and then help them return to an optimal performance state:

> "I'm not there to try and create or help people enter some sort of deep trance state. That's typically not what we're doing. On the flip side of that, a lot of what people do, for example, imagery, those are very excellent leads into trance, or what have you. I'll just use that word. And, it's my view that having been an athlete and a coach that peak performance and people talk about flow, people talk about being in the zone."
>
> "All the ZOF stuff, being centered, in bubbles…For me, most of those peak performance states are related to trance states. And so people talk a lot about those sort of things and we try to help with performance enhancement stuff…That's what we're helping people return to. Help the high jumper to go six-nine or wherever they're at. To teach them focus, teach them attention skills, self-talk, creating a state of optimal performance in the athlete. That's been my experience, not only working with people but as an athlete and a coach. For me it shares a lot of features with trance."

Participant #6 further described how he has used hypnosis to help athletes create optimal performance states in order to reframe pre-competitive feeling and thoughts:

> "Helping people develop imagery scripts for instance. And it might be to create that optimal performance. Where you think back to [a time] when they PR'd in their 200 in the pool up here, or they had a great round of golf. It could [be used] to [help] if they're struggling with, say for instance, pre-competitive feelings. Having them replace that with a time when they didn't experience these things. You help give them some sense of distance. There's an exception, there's exceptions to that."
>
> "Relaxation, it talks about [referring to Sport Hypnosis by D. R. Liggett] regulating arousal, kinesthetic imagery. I mean this guy to some extent thinks along the lines about some of the stuff I've been talking about. I mean it's really about creating a state that's used for some other purpose, maybe relaxation. Say for example, we create a state where we help a person remember what it feels like to swim a PR. We could as people try think back to a time when they PR'd use hypnosis to help them think about what the chlorine smelled like, what did you hear in the crowd. I mean as vivid as you can make the experience, and as they go back they're using their conscious mind, versus their unconscious mind. You know that could be incorporated into tape, or mp3's or CD. It can be paired with, you know, after progressive relaxation enter that state, you can do some work or imagery, or diaphragmatic breathing, or autogenic training. These are all the experiences that people report. All roads kind of lead to that."

Sport psychology research has often addressed peak performance states and how performance can be influenced by such states (Cohn, 199; Csikszentmihalyi, 1990;

Hanin, 2000; Ravizza, 1977). Privette defined peak performance as "behavior which exceeds one's average performance" (p. 242) therefore, it is commonly associated with a lack of structured cognitive processing of performance, complete immersion in the activity, narrow focus of attention, feelings of effortlessness, time and space disorientation, limited in duration, and probably one of the most notable characteristics of peak performance, involuntary experience (Cohn, 1991; Rivizza, 1977). The Individualized Zone of Optimal Functionaing (IZOF) (Hanin, 2000) and flow (Csikszentmihalyi, 1990) have been characterized in a similar manner. When athletes are in flow, they experience a perceived effortless performance, total and complete concentration on the pursued task, loss of self-consciousness, a transformation of time and space, and an increased intrinsic appreciation for the activity (Csikszentmihalyi, 1990; Jackson, 2000). Participants in this study have used hypnosis to help athletes understand these peak performance states in an attempt to help them return to those states in order to improve performance.

Participant #3 further provided a detailed description of how hypnosis has been used to help athletes recall different performance states in order to influence future performance. She believed a trance state is completely different from standard imagery or peak performance states. According to her, a deep trance state allows the individual to fully return to a desired performance state. The thoughts, feelings, and experiences of the individual while in trance allow him/her to be fully absorbed in the moment:

> "Because in order to access that state, to really get back and be fully in that experience which is the totality of the sensory experience. They're going into a trance to do that. And then after a while, the fact that I'm retrieving and optimal state I want to retrieve a negative state, for example performance anxiety. I want you to pay attention to that feeling of anxiety you have. The emotional feeling of

> anxiety, where do you feel it? I want you to pay attention to it. Is it round? Is it square? Is it heavy? Is it light? You begin to notice those words, as we describe how something feels, also describes how something looks. So now we're going into the area of visual kinesthetic sensation so that a feeling generates an image. So we'll take a look at what that feeling looks like and have a conversation with this part of yourself. And now they're in a trance. When I say get in touch with this part of yourself that is responsible for these anxiety feelings, ah, has a positive affect on the trance, it deepens the trance because that is such a strange idea to those people. This thing that I'm uncomfortable with, I hate, I'm trying to get rid of that, you know, all this rhetoric you hear about mind control and discipline, mental toughness. I'm saying the opposite, embrace this part of yourself. Do not try to get rid of it. It's a powerful part of yourself that you can integrate into your performance in a new way that will make your performance better or will give you a more satisfying performance. And as I said, that deepens the trance because it throws the person into a thought process that is different from what they are normally used to."

Hypnosis has been used to help youth hockey players practice distraction control, as Participant #5 addressed:

> "In some ways I've been very fortunate having a great sort of experimental setting. I work with an ex-NHL player... He's the coach of a junior team up here, fourteen to nineteen [year olds]. He buys right into this and always has. Usually, when we do this stuff, with experiments, which is really neat, we'll make sort of really loud noises to see how many of the kids will jump. Having them stay focused."

Participant #5 further described one case example where he used a hypnotic technique to help an injured youth hockey player redirect his focus away from an injured part of the body. The technique was not used to help facilitate recovery, but instead to help the athlete refocus his/her attention away from the injured part of the body:

> "I told him everything he needed to hear without focusing on the collarbone. If I say, 'You don't feel it.' And I slip in a couple, 'the guy thinks he's got you up against the board and you have to squeeze by him. Your gonna have to bounce your shoulder off the board. You sure fooled him.' That kind of [thing], I mentioned the banging on the shoulder but I never mentioned the collarbone... I never mentioned break or pain."

The participants described a variety of ways hypnosis has been used to help

deliver cognitive-behavioral interventions in applied settings. The majority of participants have predominantly used hypnosis to help athletes visualize mental images or elicit a relaxation response. Four of the six participants discussed how imagery and relaxation comprised the majority of their hypnotic work with athletes. Although only one participant discussed the use of hypnosis with an injured athlete, there is research to support the use of hypnosis in decreasing bone fracture recovery time (Altshul, 2000)

The second component of delivering applied sport psychology interventions focused on suggestion. A number of participants alluded to two different terms they used throughout the interviews, suggestion and suggestibility. Participant #5 briefly highlighted the difference between the two:

> "They're more open to suggestions and that's not suggestibility... What I do is very different from what they do in entertainment or the media...Suggestibility I presume, a person will just go along with it. You know, some kids are highly suggestible and they'll go along with whatever you tell them to do. Suggestion is offering a person the option to accept or reject, offering them idea. You're offering the ability to make a conscious decision."

Participant #1 has found suggestion to be a very useful technique to help facilitate imagery and relaxation. He believed it is common for sport psychology consultants to direct the images athletes are forming. Instead of being an authority figure he uses suggestion in a manner that empowers the athlete, allowing him/her to form his/her own mental images:

> "So I'll make suggestions. I will, you know, not indirect suggestions, subliminal suggestions, but I'll make suggestions along the line of while a patient is doing breathing exercises or doing some relaxation training about just cueing them into creating their own images. Rather than me sort of dictating to them word for word what they should be seeing."

One of the advantages Participant #1 believed hypnotic suggestion brings to his practice

is the ability to convey messages almost in a covert manner. In order to do this he incorporates a variety of indirect statements, metaphors, and stories into his work with athletes:

> "I don't necessarily see the advantages of knowing just hypnotic inductions but when I think about hypnosis and hypnotic inductions I clearly think of Milton Erickson and his theories of the use of hypnotic induction, but also indirect statements, metaphors, the use of storytelling, those sorts of things. I include that into my understanding of what hypnosis is. So I think if you have a good understanding of communication techniques, indirect communications, suggestion, metaphor, stories, and be able to convey a message almost subliminally to someone by telling a story. I think these are very effective techniques as a sport psychologist that you can use. So these can be very invaluable."

Participant #4 offered an applied example of how suggestion can be used in athletics. His example mentioned golf however, this idea could be used with almost any sport:

> "I am giving direct and indirect suggestions. If they're just using imagery, carrying them through a mental rehearsal, it's somewhat suggestive, but not directly suggestive. O.k., so with hypnosis I'm both indirectly and directly suggestive to them. I will say, 'As you're driving to the golf course you're thinking to yourself I am well prepared. When I arrive I leave behind me all the tasks and worries of the day and I move into a state of singular focus and playing my best golf.' It's very very suggestive, and it's editorializing me being a metal rehearsal."

To these participants, suggestion was seen as offering a person options, while suggestibility referred to the idea that a person would do whatever the authority figure asked of them. In other words, with suggestion the sport psychology consultant is offering the ability for the athlete to make a conscious decision. The American Society of Clinical Hypnosis (1973) offers a variety of recommendations for consultants who are using suggestive therapy to help individuals. The following recommendations have been amended to fit the practice of sport psychology: (1) suggestion is useful for helping

individuals with psychosomatic difficulties, (2) the consultant must have the attention of the athlete when giving suggestions, (3) suggestion works well when the patient is motivated to change, (4) suggestions should be worded simply and in a manner athletes can understand, (5) the sport psychology consultant must have a clear purpose for giving a certain suggestion, (6) suggestions should be repeated but not overdone, (7) use positive rather than negative suggestions, (8) the sport psychology consultant should embody a persuasive and confident attitude, (9) if a posthypnotic suggestion is used always incorporate a cue for the termination of the suggestion, (10) indirect suggestions are usually more effective than direct suggestion, and (11) whenever possible, the sport psychology consultant should make an implied contract with the athlete to carry out the suggestion (American Society of Clinical Hypnosis, 1973). Because suggestion differs from suggestibility it is not guaranteed that they will be 100% effective all the time. The attitude of the consultant and the inflection of his/her voice also play a role in athletes making these choices.

The third component was closely related to suggestion. Offering a choice is similar to suggestion although not as direct. Participants discussed how choice can be used to empower athletes to make decisions without make the decisions for them. Participant #6 described how he uses this illusion of choice with athletes:

> "There's a choice. You're going to make them choose something. "Well you can choose this or that, or this or that"... So, they're going there one way or the other. They're going to make their choice, you're empowering them in some way, but you're not. You're being sneaky. "Here's the Chinese menu, one in column A, one in column B, and column C. Maybe you could try one out and see how you experience and see where they go." If they start going, then that's where you go. You follow people more then you lead them."

The fourth component of intervention delivery focused on fractionation.

Participant #5 described the concept of fractionation as the ability to be hypnotized a lot easier a second time right after the first. Participant #2 detailed how he has used fractionation to help golfers stay alert and focused over long durations:

> "Particularly with golfers what I try to do is to get them to be able to relax on each tee shot. We use the concept of fractionation so that they're coming in and out of that focused zone because there's not way to stay focused like that for four and a half hours… So my goal is to teach them how you come into a better zone of focus and then how you pull out of that and then help them understand through the concept of fractionation that the better you do that over four and a half hours and the more likely you're going to be mentally tough on hole number seventeen because you've been intentionally coming in and out of that zone and you're in control of it instead of letting other distractions take care of it."

O'Hanlon (1987) supports this hypnotic technique although, Milton Erickson often refers to it as an "illusion of alternatives" or "double blind" (p. 58). When this technique is used, two or more options are always given. Whatever option is chosen will lead to a desired result (O'Hanlon, 1987).

The fifth component addressed a concept taken from systems theory and complexity theory; connectivity. Participant #3 believed individuals can bee seen as a systems. All systems are made up of part, and because humans are no different various parts of the system need attention from time to time:

> "So I look at the human being is made up of parts, and when there's a high level of connectivity, when a high level of connectivity is reached, the system transforms to a complex, adaptive system…So I like to think about the personality of an individual as a group of people sitting around a table talking. When there's a certain density of connectivity, that person transforms into a complex adaptive system, it becomes optimally functioning by definition."

Participant #3 further added how this concept of connectivity is addressed in her applied work with athletes:

> "So what I say to the person, 'so we are going to talk to this part of yourself, in a trance, I'm going to talk to this part of yourself that is responsible for your

> anxiety.' Basically I'm picking out one part of the system and saying, lets have a conversation, you have been destructive to the system, you have been causing the problem. One of the ideas is that when all parts of the system are in a conversation where there is an appreciation for the positive intention of that part, that's the definition of connectivity. The communication is, there's an appreciation for the positive intention. So I'll say to that part, 'what is your positive intention, can you tell John what your positive intention is, or can John thank you for your positive intention?' You can go different ways with this. So you can allow different parts of the personality with different goals to engage in this dialog of appreciation about each other's positive intention. And can we generate new behaviors to address those positive intentions. And when you get that conversation going it allows all the parts of the personality to become a complex adaptive system. So that's the theory I work with. So, when I'm talking with the person in a trance, I'm asking them to talk to different parts of themselves, that is the conversation I'm asking them to have with all the parts of the self. "What is your positive intention? What new behavior can you come up with in order to address that positive intention?" And of course, when the suggestion is made that, 'you will come up with these behaviors and you won't know what they are, and when you leave my office you'll be doing things differently, to address different positive intentions, but you won't know. You might notice yourself doing something different.' This is a posthypnotic suggestion, 'you might notice yourself doing something different and say, hey this might be a new behavior that means that the positive intention of that part of myself that is responsible for my anxiety is being address and I won't be getting anxious anymore because that part will have something to do besides making me anxious.'"

The sixth and final component of intervention delivery referred to a common clinical term known as dissociation. Participants described a number of ways dissociation can be used with athletes. One of the ways dissociation has been used in sport hypnosis is in pain relief. Participant #6 discussed using dissociation with distance runners:

> "A distance runner or someone who's running, thinking about something, or they're planning something or they're reflecting back on another experience. Very focused on their body, their sensations because it's important for them to observe. Dissociating because they don't wanna feel the discomfort."

Pain relief is not the only use for dissociation in sport. Another participant discussed how it can be used to block out distractions.

> "But all that's to say is that, I think, that hypnosis can tap into dissociation and when you understand that it gets you into that absorbed state in a much better way. And so having a clinical background gives me a significant advantage of using hypnosis with athletes cause I have that higher level of expectation of what can be done with focus because I'm use to working with clients who are so absorbed they don't know it's 2002. Now that's clinically, but athletically clearly you can block out all kinds of distractions. You may focus on the baseball or focus on your fencing match, or whatever [sport you're involved with]." [Participant #2]

Edgette and Edgette (1995) refer to dissociation as "one part of a person's mental or physical experience functioning distinctly and independently from another part" (p. 145). In clinical patients, dissociative disorders often include multiple personalities, fugue states, and feelings of derealization (Edgette & Edgette, 1995; Michelson & Ray, 1996). Although sport psychology does not often address dissociation in the same manner as clinical psychology, there are practical applications to sport. An important aspect of dissociation that is relevant to sport is that the dissociated part of the athlete (i.e., the injured part of the body) is autonomous because it functions almost independently or with some degree of independence from the rest of the body (Edgette & Edgette, 1995). Edgette and Edgetter (1995) provide an example of what this technique might sound like when working with a client who is experiencing pain during recovery from a knee injury.

> "So, now you can turn around and begin your ascent up the safe staircase...as you do, you can begin to bring most of you up and out of the trance, you can leave your knees in trance, you can leave your knees in trance if you wish...and the extent to which they stay in trance can be adjusted by your conscious wishes and your subconscious mind can respond...that's how the conscious mind can ask for cooperation from the subconscious mind...so, your knees can remain in trance and have that numb, warm tingling feeling to the extent that you need...You'll be able to walk fine, you'll be able to drive fine, the extent to which your knees are in trance will vary depending on situations, depending on context, but you don't need to have any pain, you can have comfort there-some numbness...so, you can step up to step three, step up to step two...noticing again the plush soft carpet

beneath your feet like a cushion...up to step one like a cushion..." (p. 157).

Participant #2 referred to using dissociation techniques to help athletes focus on critical parts of his/her game. In this case, instead of dissociating a part of the body the athlete learns how to dissociate from distractions in order to maintain his/her focus. This is very similar to a hypnotic distancing technique described by Peterson (1996). Hypnotic distancing is a clinical technique often used with clients remembering traumatic memories from the past. According to Peterson (1996) "some parts [of the memory] need to be protected from knowing or processing specific past traumas and they ask for or require amnesia." (pg 459) Therefore, these patients can pay attention to certain aspects of the memory while dissociating from highly emotional aspects of the memory.

This technique is not much different from commonly used interventions in sport psychology that help athletes regulate concentration (Schmid, Peper, & Wilson, 2001) and attention (Cox, 1998). Arousal research has shown that athletes who are unable to discriminate between relevant and irrelevant cues and to focus on important cues experience a decrease in performance (Schmidt, 1988). Therefore, hypnosis can be used to help athletes learn how to dissociate unimportant aspects of performance (e.g., crowds, score, home court advantage, etc.) in an effort to focus attention on the task at hand.

In summary, this sub-theme highlighted a number of ways the participants have utilized hypnosis in an applied sport psychology setting. The majority of participants discussed incorporating hypnosis into cognitive-behavioral interventions such as mental imagery, relaxation, autogenic training, progressive muscle relaxation, mental rehearsal, and reframing. To a greater or lesser extent all six participants utilized some form of these interventions with hypnosis.

CHAPTER V

RESULTS AND DISCUSSION RELATED TO MY THOUGHTS ON THE INTERVIEW PROCESS

While the previous chapter focused on results and discussion related to contextual information, this chapter represents themes that emerged in regards to the interview process itself. In other words, these themes addressed subject matter below the contextual surface. From the analysis of the data, three major themes emerged that related to the process of conducting the interviews. The first, Verbal Language, dealt with verbal expressions that were not meant to be specifically parts of the contextual information exchanged between myself and the participants. Subthemes included: (1) *"let's not talk about hypnosis" - resistance to using the term in one's practice,* (2) *"you're probably not even paying attention" – using paralanguage to facilitate hypnosis,* and (3) *"heavy feathers" – the role of confusion in hypnosis.* The second theme, Nonverbal Language, related to multiple occurrences throughout interview discussions when participants used a variety of nonverbal expressions to influence or create some sort of change within the dynamics of the interview. Subthemes included: (1) *"clapping your way through hypnosis" – hand claps during the hypnosis process,* (2) *"a real life game of Simon Says" – the use of mirroring during hypnosis,* and (3) *"look into my eyes" – glancing with the eyes to change focus.* The final theme, Affect, addressed emotional states that developed due to the content being discussed. Subthemes included: (1) *"they just don't seem to get it" – why hypnosis can be a frustrating experience*, and (2) *"what more could you ask for" – why hypnosis gets me excited.* Figure 3 represents the hierarchical thematic structure of these major theme and supporting subthemes. Each

theme and subtheme is discussed in greater detail throughout the following section and supporting quotes are used to provide depth and understanding.

Theme #1: Verbal Language

As previously mentioned, this theme addressed interview content that was not necessarily part of the interview objectives. This theme was comprised of three supporting subthemes that included: (1) *"let's not talk about hypnosis" - resistance to using the term in one's practice,* (2) *"a real life game of Simon Says" – using paralanguage to facilitate hypnosis,* and (3) *"heavy feathers" – the role of confusion in hypnosis.*

Subtheme #1: *"Let's not talk about hypnosis" - resistance to using the term in one's practice .* Several participants showed some form of resistance when using the term "hypnosis" or processes associated with its use. Participants were either reluctant to admit using hypnosis in their practice or were resistant to using the term during the interview process. Resistance on the part of Participant #1 was the most dramatic. He illustrated his reluctance to admit using hypnosis in his practice. During the following excerpts from interview:

> J: "In those fifteen to twenty-five hours per week on average how many hours would you say you implement hypnosis into your work with athletes?"
>
> #1: "Formal hypnosis, probably zero."
>
> J: "Ok, and indirect? We'll have an opportunity to discuss your definition of hypnosis but according to your definition of hypnosis how many hours per week do you implement it into your work with athletes?"
>
> #1: "I would say I don't."
>
> J: "Ok, so you don't implement hypnosis into your work with athletes?"

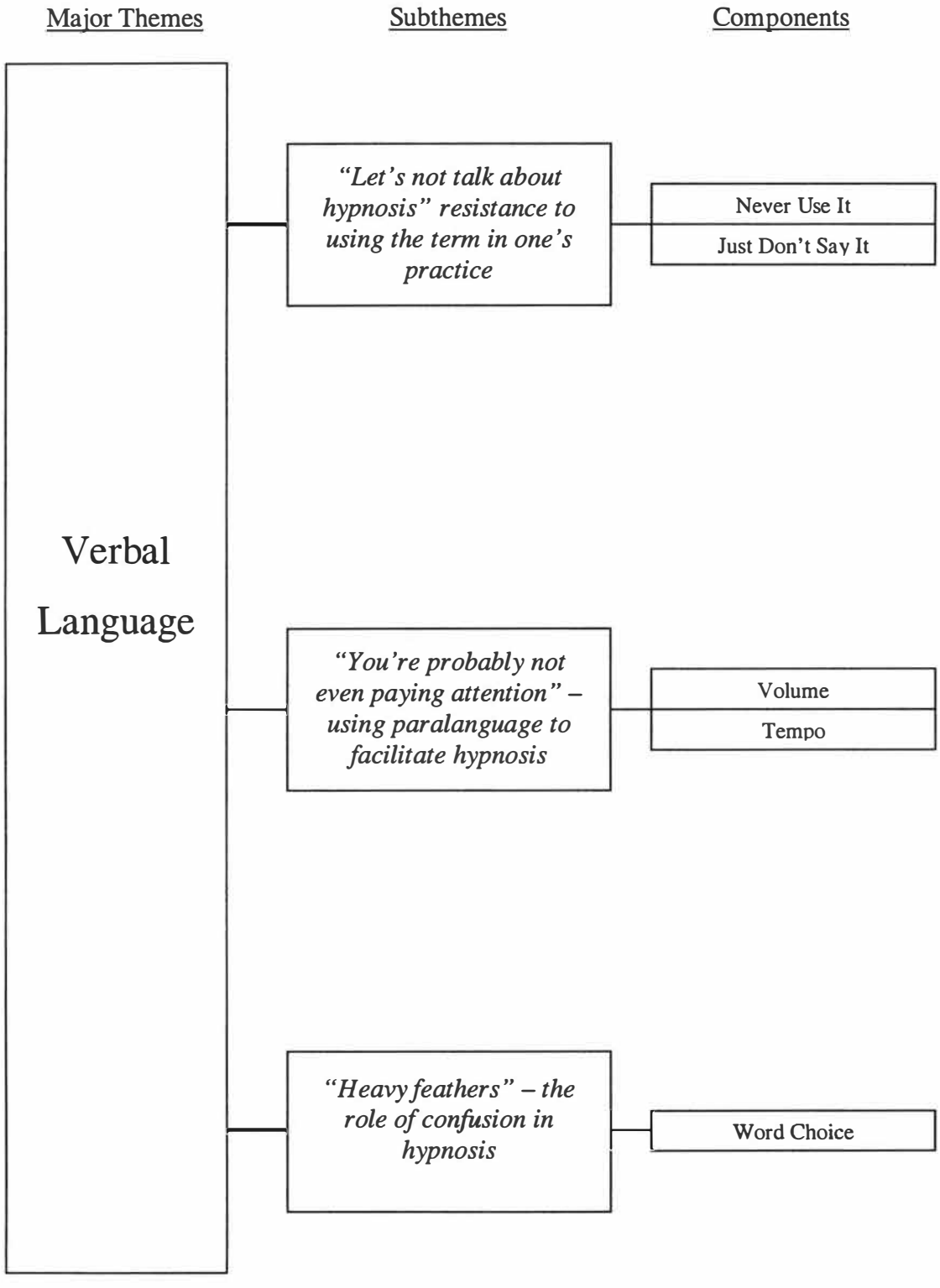


Figure 3 – Themes, Subthemes, and Components Dealing With The Interview Process

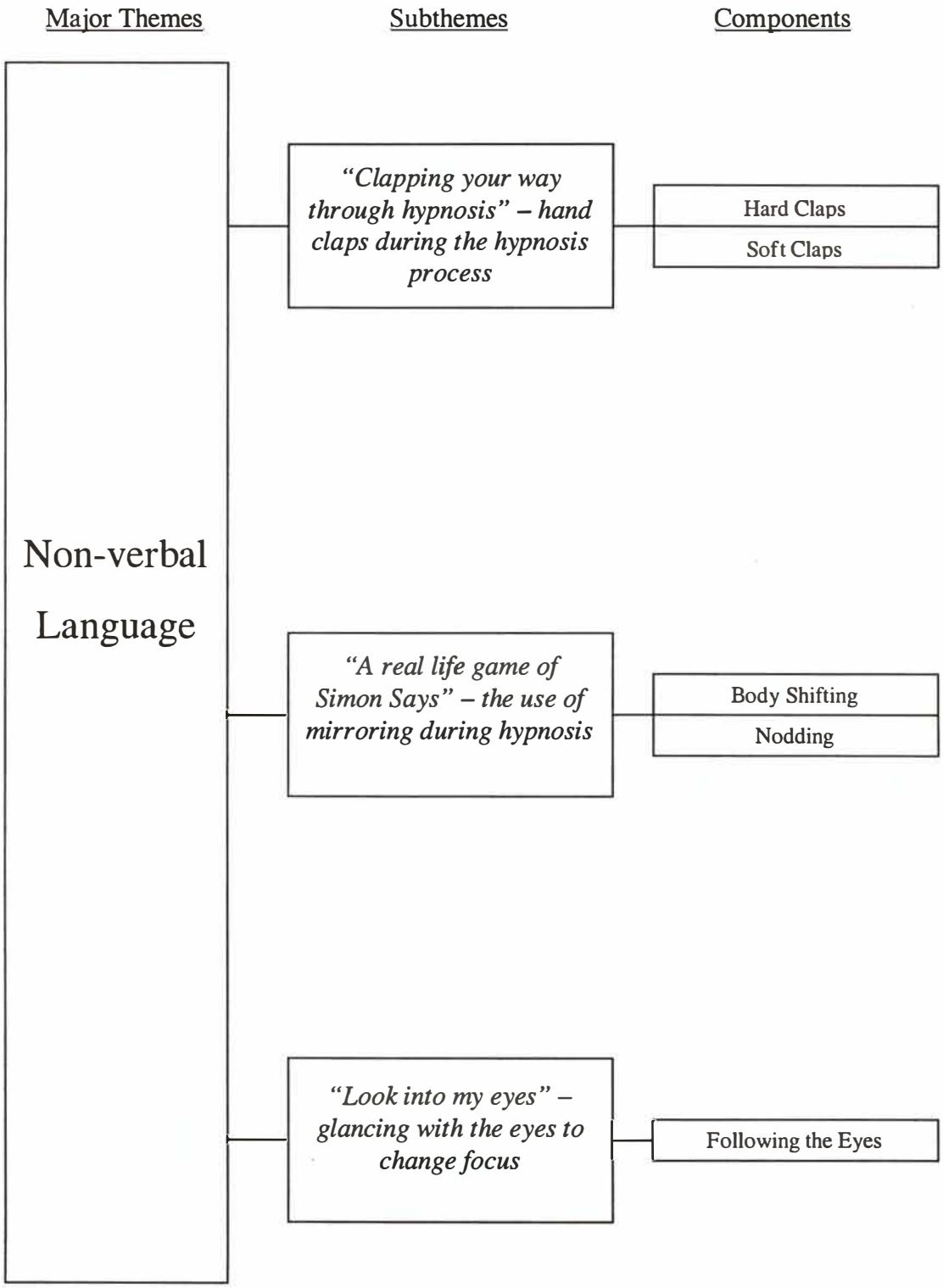


Figure 3 – (continued)

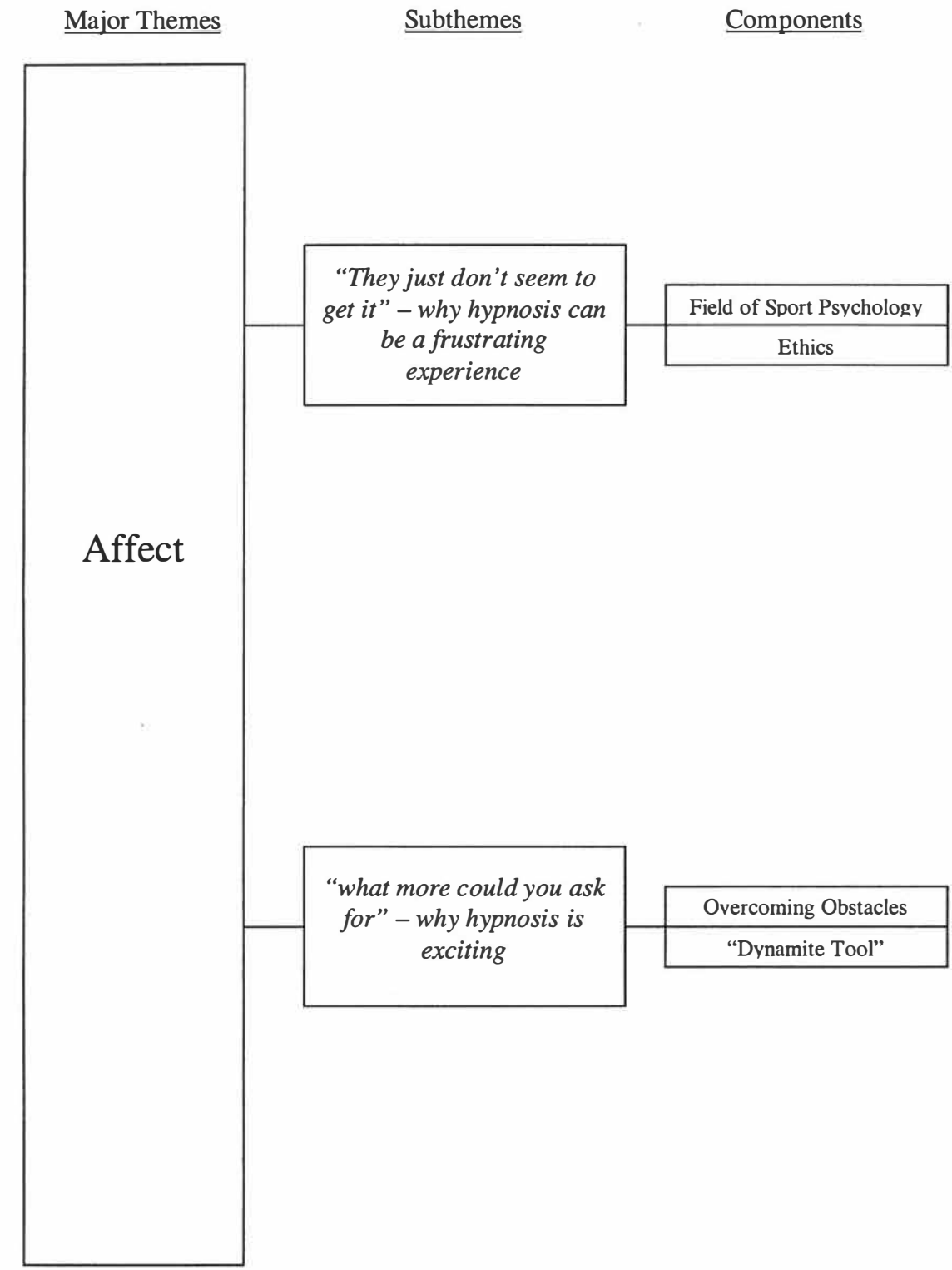


Figure 3 – (continued)

> #1: "Not really. I implement more along the lines of Ericksonian therapy. The whole idea of meeting clients "where they are," speaking in metaphor … those kinds of things. I usually don't do formal hypnotic inductions with athletes."

Through further discussion and questioning Participant #1 went on to explain just minutes later how he does incorporate hypnotic techniques into his work with athletes:

> J: "But do you, you use some of the indirect techniques, informal ways of Ericksonian therapy, hypnosis with your athletic cliental."
>
> #1: "Well no, yes and no. I mean, you're right in the sense that Ericksonian techniques use a little bit of the indirect suggestion and those kind of things and I certainly don't use those kinds of things in athletics and working with individual clients. But I guess when I say Ericksonian I think of more along the lines of trying to adapt to a patients perspective, a clients perspective, an athletes perspective if you will. Trying to offer or provide choice and opportunity. Included in that incorporating sort of meditational, relaxation techniques. Which is about as close as I get to a formal inductive, hypnotic induction."
>
> J: "OK."
>
> #1: "So I'll make suggestions. I will, you know, not indirect suggestions, subliminal suggestions, but I'll make suggestions along the line of while a patient is doing breathing exercises or doing some relaxation training about just cueing them into creating their own images. Rather than me sort of dictating to them word for word what they should be seeing."

During a later point of the interview Participant #1 went on to describe how he sees some of his work as hypnotic in nature:

> "Mostly, I guess, when I use it … I usually use the hypnotic suggestions and that style [of intervention] in terms of visualization and relaxation training. So that's really where I see it being the most direct application."

Upon completion of the interview it was discussed why his reluctance to use the term hypnosis. According to Participant #1 he admitted that his understanding and use of hypnosis was different due to syntax reasons. He believed he was not using hypnosis because his use of the intervention did not incorporate "formal" hypnotic techniques. Only after he clarified how he has used more informal hypnotic techniques, such as

indirect suggestion, utilizing the patients perspective, and the illusions of choice, did Participant #1 begin to use the term "hypnosis" in a much more relaxed manner. The way participant #1 described working with athletes showed striking similarity with other participants. As mentioned, it became apparent the issue was related to the way he was defining hypnosis, not if he was or was not using hypnotic technique with athletes.

Participant #3 also expressed her resistance to using the term hypnosis in her practice. Participant #3 expressed this resistance through a story about a recent client. During this encounter the client confronted Participant #3 with the term hypnosis and asked if she had hypnotized him during their last meeting:

J: "Hum. Do you specifically use the term hypnosis?"

#3: "No"

J: "You don't."

#3: "Almost never, unless the person says to me, and this happed just the other day. I got a phone call from a guy who is a day trader, and he said 'Isn't this like what you do with athletes. To help them out to perform, and I'm performing when I'm day trading.'"

J: "Right."

#3: "I said, 'Sure come and see me.' And when he came back the second time, he said, 'When I went home and my wife saw me she said what happened, did that women hypnotize you?' And, ah, so he said, 'Did you hypnotize me?', when he came back. And he's a person who formally was a lawyer who dealt with medical malpractice."

J: "Right."

#3: "So, this is sort of a joke. "You put me in a trance without telling me, that's medical malpractice." And I said, 'No, you know, ah, I didn't put you in a trance, you went into a trance when I talked to you. You know, we can say that or we can describe it another way, or there's a hundred other ways what happened in our conversation.'"

J: "Right."

#3: "So you know, I gave him my definition of trance and maybe that happened to him. But, he went into a trance, I didn't put him in one."

Upon describing this encounter with a recent client, Participant #3 was hesitant whenever using the term "hypnosis" throughout the interview. It was important for her to convey a deeper understanding of what hypnosis is and to fully understand and appreciate its meaning instead of simply using the term during the interview. This point was illustrated when I asked Participant #3 about her training in hypnosis:

J: "So you have a great deal of training in hypnosis, it sounds like."

#3: "Well we really haven't gotten around to defining what hypnosis is. So, you know, we're still using a word we don't have a good definition of. I wanna state that now, so we don't go off on the primrose path of what hypnosis is."

J: "That kind of leads into my next question..."

Participants who resisted using the term "hypnosis" due to issues of formality predominantly worked from an Ericksonian hypnotherapy perspective. An Ericksonian perspective is different form the neodissociation perspective and the sociocognitive perspective because it refers to hypnosis as a form of communication. A number of participants alluded to communication when describing their definition of hypnosis. Ericksonian hypnosis is characterized by adapting to the client's perspective, matching verbal responses, and utilizing a patient's language (O'Hanlon, 1987). Once the issues of formal and informal hypnotic techniques were discussed, participants' resistance diminished.

In summary, some participants were reluctant to use the term hypnosis when describing how they work with athletes. Through their discussions I came to the

understanding that the way the participant defined hypnosis played a prominent role in determining how they used the term. Participants that worked with more informal techniques were more resistant to the term, while participants that discussed the use of formal hypnotic techniques were much more open to the term.

Subtheme #2: *"You're probably not even paying attention" – using paralanguage to facilitate hypnosis.* Paralanguage referred to changes in the volume and tempo of participants' voices. At various points during the interview there were tendencies to try and elicit some sort of behavior or reaction from me. Three different participants used these alterations to cause some sort of change in the dynamics of the interview discussion. Participant #3 began a dialog that intended to help me remember a peak performance state:

> "Alright, what I do, is I say to a person, [*speed and volume of voice decrease considerably*] "I want you to remember a time when you were performing superbly well. You were at your peak, you were fully concentrated, you were confident. Whatever words you find that you would like to use when you were in that state of. You're very satisfied with your performance, you're doing your best. Remember those experiences and as you do so begin to see the things you saw, [*dramatically slower speech*] hear the things you heard, feel the things you felt on the inside and the outside. You know, the colors of the trees. [*volume and tempo increase* slightly] Begin to pay attend to the things that you saw and felt on the inside." [*volume and tempo of voice back to* normal] And I go through each one of these very slowly and in great detail and especially what you saw. What kind of mental images you were making. Which you might not have thought of then but now when I ask you, [*calm yet commanding voice*] "Your unconscious mind can remember what it was that you. What kind of mental images you were making. You can pay attention to the kind of things you heard on the inside when you were doing that. Were you talking to yourself? Were you hearing music?" [*speech back to* normal] And now as I'm speaking the person is going into a trance."

In a similar instance Participant #5 used hypnotic techniques to create a situation where performance anxiety and muscle tension could be reduced.

> [*In a soft soothing* voice] "'Focus on your breathing, breathing in and out.' [*normal speaking voice*] Just keep them doing that for a while. [*back to slow and monotonous* voice] "Now focus on the muscles in your neck and shoulders, if there's any tightness or tension… Give it a color. Have the color turn into a liquid, [*normal voice*] a slower pace than that, of course, [*soft and slow voice*] "and let the liquid flow away. As the liquid flows away your muscles feel more relaxed and calm." [*volume and tempo of voice increase*]Then I go, I've got another one I've developed for ninety-five percent of the time, [*decrease in volume and speed of voice*] "now imagine you've got a tap in your head. Feel yourself reaching up and turning the tap on, and instead of water coming out all your thought draining away; all your negative thoughts." [Participant #5]

As Participant #6 used alterations in the volume and tempo of his voice to illustrate how an individual's verbal and nonverbal behavior can be used to elicit a desired response.

> "But I'll listen for the way that they attend, and I'll try, depending upon what type of information we're trying to elicit or change just watch the way they behave [*slow down speech dramatically*]. You know you saw me kind of do one thing, that's sort of. I'm agreeing with you, you're probably not even paying that much attention to what I'm doing but. If you breathe at a certain time, I will at the same time. And that will cause you to do something like that [*without knowing what I did]*. I know something's going on, or I figure your face changes. You're observing people quite closely."

Subtheme #3: *"Heavy feathers" – the role of confusion in hypnosis.* Along with altering the volume and tempo of the voice, one participant used confusing word choices to create a response. Participant #6 used this technique in an attempt to induce a brief hypnotic state.

> "Or to some level of agreeing with me, and so, then you'll see that [*do not know what I did*] or you'll see that [*another unknown behavior or reaction*], a little tiny bit, it doesn't take much. I mean people are listening at different levels. And whether you remember it or not you don't really need to know how to, I mean that kind of language or confusing people. Say well, as you relax, for progressive relaxation, you know your right hand might feel heavy or your left hand might wanna lift up, or as you try to lift your right hand up your left hand will also do the same sort of thing, or maybe just the opposite. You just confuse them. They're just sitting there agreeing with whatever you're saying. There's a lot of different ways of doing this." [Participant #6]

The confusion technique is a common Ericksonian technique used to overwhelm the

client's conscious, rational thinking in an attempt to facilitate induction (O'Hanlon, 1987). According to O'Hanlon there are three elements to a confusion technique: "(1) out-of-the-context remarks or behavior, (2) remarks or behavior that lend themselves to two or more interpretations, and (3) a process of overwhelming patients' or subjects' conscious processing capabilities" (p. 106). Participant #6 did just that when he changed the volume and tone of voice, along with his confusing remarks during two different parts of our discussion. Each moment during the interview left me bewildered and puzzled regarding what just took place. Did he directly hypnotize me during the interview? That is to be determined however, the techniques he incorporated into his responses to my questions were directly related to common Ericksonian hypnotic techniques.

Theme #2: "Nonverbal Language"

From the second theme emerged three subthemes that focused on nonverbal expressions such as manual movements and facial expression. These were done in an attempt to elicit some sort of response from me. The subthemes included: (1) *"clapping your way through hypnosis" – hand claps during the hypnosis process,* (2) *"a real life game of Simon Says" – the use of mirroring during hypnosis,* and (3) *"look into my eyes" – glancing with the eyes to change focus*. In the following sections I provide quotes to support each subtheme.

Subtheme #1: *"Clapping your way through hypnosis" – hand claps during the hypnosis process.* Clapping was one of the techniques used to help facilitate the discussion. This was done repeatedly by Participant #6 over the course of his interview. He used soft claps and hard claps when discriminating between the amount of emphasis he placed on his verbal responses. Soft claps occurred throughout soft and soothing

vocal expressions. Hard and loud claps were used during normal conversation. The following dialog exchange illustrates this point:

> #6: "And sometimes I'll see people three times in a week [*hard clap*]. So it depends. But, ah, I'll listen for the way that they attend, and I'll try, depending upon what type of information we're trying to elicit or change just watch the way they behave [slow down speech]. You know you saw me kind of do one thing (*soft clap*), that's sort of. I'm agreeing with you, you're probably not even paying that much attention to what I'm doing but. If you breath at a certain time, I will at the same time [*soft clap*]. And that will cause you to do something like that [*don't know what I did*]. I know something's going on, or I figure your face changes. Your observing people quite closely."
>
> J: "Um hum [*a bit disoriented*]."
>
> #6: "[*Volume and tempo of speech return to normal*] But it could also be we have a, ah, a person who wants to learn imagery to do the high jump higher [hard clap]. We ask them to think back to a time they PR'd last time. When they do that we're in the zone of trance at some point."
>
> J: "Feed off their nonverbal behaviors?"
>
> #6: "Well, they're using their memory [*soft clap*] to trigger rich, past experiences. So, it's not like we're doing anything like age regression or anything like that. In some simple way that could be considered, think back to a time when you did this or that. They sit there and you can kind of see them [*hard clap*]."

Subtheme #2: *"A real life game of Simon Says" – the use of mirroring during hypnosis.* This subtheme addressed nonverbal behavior used by the participants in order to create some behavioral change in me. During these situations when participants began speaking, to me they would mirror my body position or change their body position in an attempt to change my body position. The most commonly used mirroring technique incorporated in the interviews was crossing the legs. This happened multiple times throughout the interviews conducted in person. Participant #5 did this when he was discussing how he helps athletes relax and reduce muscle tension throughout their body:

> "Ya, so most of the time I'll just have them sit back [*as he leaned back in his*

> *chair and crossed his legs in a similar manner as I did*] in the chair, just focus on your breathing, breathing in and out. Just keep them doing that for a while. Now focus on the muscles in your neck and shoulders [*letting out a deep breath of air as his shoulder dropped; my shoulders followed his lead*], if there's any tightness or tension."

Nodding was another commonly used mirroring technique used by participants. Participant #6 verbalized how he uses nodding in conjunction to mirroring to help induce a hypnotic state:

> "The way I'm sort of looking at helping people experience trance and using it to some extent is linked to communication…So I feel pretty comfort in communicating with people. So it would be like, so Jason, you're probably come here cause something's wrong, you wanna wrestle better, and so you know, given that it seems like you're motivated to work on some mental skills. And so you've probably learned about some of these things in class is that right… And so I will yes you into trance. Ok, or to some level of agreeing with me."

Subtheme #3: *"Look into my eyes" – glancing with the eyes to change focus.*

This subtheme dealt with participants using eye glances as a way of expressing themselves or elicit a desired response from me. Eye glances were not only used to confuse, but to create change, and direct attention. Participant #6 illustrated the use of eye glances in the following two situations:

> "Well, say if like their goals, I would try to work toward their goals based on upon what they say is important to them. I would do a lot of nonverbal behavior, observe their verbal behavior. You know their tone of voice. Ah, you know, if [*he's looking up and to the right*] I do what I am doing to you right now, you might see that."

> "But I'll listen for the way that they attend, and I'll try, depending upon what type of information we're trying to elicit or change just watch the way they behave. You know you saw me kind of do one thing [*briefly look over to the left*], that's sort of. I'm agreeing with you, you're probably not even paying that much attention to what I'm doing but. If you breathe at a certain time, I will at the same time. And that will cause you to do something like that [*I did something but I don't know what*]."

> In summary, although this theme was subjective in nature (in a similar manner to

the previous theme), when put in reference to Ericksonian hypnotic techniques, they are more understandable. Nonverbal expressions were predominantly used by Participant #6 through the use of biorapport, matching and mirroring. Throughout the interview Participant #6 clapped his hands in distinctly different ways. There were soft claps and hard claps. These claps were used in way to establish biorapport with me. Biorapport is a phenomena associated with the "rhythmic alignment of people who are affiliated and rapport." (O'Hanlon, 1987; Scheflen, 1965). His claps corresponded to something he was trying to convey.

A second way Participant #6 used biorapport was through yes sets. Yes sets are a way of setting up indirect suggestions (Erickson & Rossi, 1979). The way they work is the sport psychology consultant asks a serious of question to which each answer is yes. The yes response is then used to set up a positive response tendency for the indirect suggestion (Erickson & Rossi, 1979). When this was done during the interview I was not aware of it being used until moments after he acknowledge what he had done.

Two other Ericksonian techniques were evident at different points during the interview - matching and mirroring. Often referred to as the same concepts, matching and mirroring are used when the consultant consciously copies the client's nonverbal behavior (Bandler & Grinder, 1975, O'Hanlon, 1987). This can include matching the client's rhythms, posture, vocal tone or volume, and/or breathing rates (O'Hanlon, 1987). Participant #6 did this throughout the interview, but mainly when crossing the legs, shifting body weight, nodding, and eye glances.

Theme #3: Affect

This final theme addressed emotional states that were adamantly expressed by a

number of participants. As mentioned the two subthemes included: (1) *"they just don't seem to get it" – why hypnosis can be a frustrating experience*, and (2) *"what more could you ask for" – why hypnosis is exciting"*. Each subtheme is addressed separately in the following paragraphs with quotes supporting each component.

Subtheme #1: *"They just don't seem to get it" – why hypnosis can be a frustrating experience.* This subtheme was apparent when individuals became disturbed and upset in regards to select interview content. The specific interview content was different for different individuals. The first topic that caused a sense of frustration related to ethical issues and hypnosis. A sense of frustration was expressed when participants were discussing ethical issues related to hypnosis and how the field of sport psychology perceives hypnosis. Participant #6 conveyed his concern with regards to individuals in the field who use hypnotic techniques unethically:

> "It's a kind of training you need to have, just as. You need to work with someone who's had some supervision, like when I did my internship. Someone who knows what he's talking about, clients who are amendable to this kind of work, or at least you know make sure you're doing videotapes, that you can see these things going on so you can process this kind of stuff. [*voice much louder*] A person who goes to a workshop and goes,[*in disgust*] oh, well I can go do hypnosis or I can do that kind of work with people is unethical and may be breaking the law and certainly putting his clients him or herself at risk. You know there are a lot of people who do that… And that's kind of scary."

It was upsetting to Participant #6 that so many individuals use hypnosis with little to no training. Individuals that use hypnotic technique unethically pose serious harm to the client. As discussed earlier, hypnosis seems to open up what Participant #6 referred to as "Pandora's box". An untrained individual using hypnosis with an athlete is asking for ramifications s/he might not be prepared to deal with. If the athlete suddenly remembers a traumatic event from early childhood how is the sport psychology consultant going to

deal with that? A sport psychology consultant with hypnosis training will understand how to best handle a situation such as that.

A second reason one participant was frustrated related to the way hypnosis and her practice is perceived by her former clients and the field of sport psychology. Part of her uneasiness stems from a disadvantage she associated with using hypnosis in her practice. Former clients expressing little to no gratitude for the services they received while working with her. Typically this was due to former clients experiencing amnesia for any problems they had prior to working with her. She related her frustrations in the following dialogue:

> J: "Because you do implement hypnosis into your work with athletes do you see any disadvantages of using it in your work?"
>
> #3: "Yes, certain disadvantages are people who I call [on the phone] and they say, "what did I come to see you about?" And I'll say..."
>
> J: "Really."
>
> #3: "Because they have amnesia for their problem. So they don't give me any credit whatsoever. They don't have any appreciation as to what happened what so ever. They could have spent five years in therapy with somebody and not gotten what they got in an hour and a half in that session. They don't tell anybody about it. I don't get any referrals from it because they don't understand what happened. They forget my name, they forget they were ever here (laughing)."
>
> J: "Do you kind of resent that, or do you just smile and go on your way?"
>
> #3: "You know in a way it's the most desired outcome for them."

Furthermore, she described how there seems to be a negative connotation associated with hypnosis within the field of sport psychology. She expressed concerns regarding professional conferences, publications, and how colleagues have ostracized her work:

> "I think the big thing, maybe the biggest obstacle that I did have was I was a little bit unsure because I didn't know how to handle the outrage and rejection that I

> got from my colleagues. I didn't know how to react to people who said I was practicing unethically, that I was using techniques that weren't proven. Basically, the ostracizing in the profession has been the hardest part for me in the beginning because I took it personally. Now I don't take it anyway, they can but I don't think about it. I don't even avoid people who say they feel threatened, those people don't understand. I don't say that, I don't say anything about them. They're doing what they were trained to do. They're believing what they were taught, they're as much a part of our cultural society that teaches use the cognitive-behavioral approach. They're saying that they're already doing what they were taught, what's expected of them. You can not criticize individuals in that type of situation. That's our society and culture. So, everything has to change if that's going to change. You can't look at an individual and say she should be different. That's my opinion."
>
> "That was the hardest part for me. Was not knowing how to react to people who were, you know, I couldn't get a job. I couldn't get into AAASP conferences to do presentations if I used the word hypnosis. You know, anything like that, that was very taboo, very stigmatized. It's starting to change, I've seen a little crack. I mean your work. John Pates has had a couple things published."

Participant #3 was clearly frustrated because of the stigma associated with hypnosis in the field of sport psychology. She believes she has encountered difficulty being published and presenting research at conference because of the term "hypnosis" in the title. She also reported a great deal of criticism from her colleagues in applied sport psychology. Although it was evident she felt some discomfort because of the way she has been treated in the past she understands sport psychology is evolving and opening it's doors to new techniques and interventions.

Subtheme #2: *"What more could you ask for?" – why hypnosis is exciting*". This subtheme dealt with the emotional attachment participants conveyed during our discussions regarding the excitement they felt in their practice. One participant described an intrinsic joy he feels when helping athletes. In the past he has never really considered himself an athlete. By overcoming that obstacle in his professional practice he now believes he truly has something to offer athletes and that has been meaningful to him.

The following statement illustrates how he felt:

> "...I'm not a significant athlete, but I try. I have kids and how I got into this [was] because of my kids and my belief that you can teach kids positive things by being a coach and those kinds of things as well. So for me the biggest hurdle was believing that I could teach people who were much better athletes things that could be helpful to them even if I wasn't at or anywhere near their level of athlete in their sport. Over the last seven years I've been involved in sports. I really knew very little about like fencing, but still was able to be helpful once I could understand what his need was and what I could bring to it. And he still teaches what fencing is. So it puts him in a trust relationship as well. The biggest thing is overcoming and learning about sports you know nothing about."

Another participant was elated when describing why hypnosis seems to be an affective intervention for athletes. He believed hypnosis was a "dynamite tool". He related his excitement during the following dialogue:

> J: "Great, that's pretty much my last question. My official last question is do you think there is anything else that is important for me to know regarding hypnosis or your work with athletes?
>
> #4: Ah, probably nothing I haven't said already, although I do think as I've used it and many other people use it, it's a dynamite tool. It really is a dynamite tool, it really does bring about change fairly quickly."

In summary, participants expressed a dichotomy of emotions that ranged from frustration to excitement. Individuals who showed some frustration were not upset with the way hypnosis facilitates their own practice but rather by external factors such as unethical uses of hypnosis by individuals without proper training and experience, or how the field of sport psychology perceives hypnosis as a performance enhancement technique. Although two participants showed some frustration, others expressed excitement about using hypnosis and their practice. These participants' feeling stemmed from two beliefs. First, although consultants may not be significantly good athletes themselves they still have a great deal to offer clients through their practice. The second

related to the way one participant felt about hypnosis in his practice. He believed hypnosis is extremely effective when used in the right situations and it brings positive change quickly.

CHAPTER VI

CONCLUSIONS AND RECOMMENDATIONS

In the previous two chapters I provided a detailed analysis and description of the major themes and subthemes that emerged from the six interviews. Chapter IV focused on the content information from the interviews while Chapter V addressed the process of conducting the interviews. I attempted to tie in relevant sport psychology literature with the experiences of the six participants in order to demystify how hypnosis can best be used in applied sport psychology. The purpose of this final chapter was to address the overall conclusions of the study and to provide recommendations for sport psychology consultants, researchers, and athletes.

Conclusions

1. For individuals participating in this study, using hypnosis in their sport psychology consulting practice has generally been a positive experience, both for them and for the clients they have worked with.
2. Participants predominantly used hypnosis to facilitate mental imagery and relaxation training with athletes.
3. The way participants defined hypnosis played a role in determining how they use hypnosis to help facilitate athletic performance.
4. Although athletes are more open to suggestion during hypnosis there are discrete differences between suggestion and suggestibility.
5. Hypnosis can be seen as an art, and just like artists sport psychology consultants have become better at using hypnosis with athletes over time.
6. Athletes typically have a wide range of misconceptions concerning hypnosis and these

should be dispelling prior to using hypnotic techniques with them.

7. Sport psychology consultants with training and experience in hypnosis practice within their competency and do not use hypnosis with other procedures they have no training with.

8. When using hypnosis with athletes, participants strived to be aware of cultural factors that might influence how hypnosis will be received by the athlete, particularly regarding the issues of gender, religion, and primary language.

9. Each participant believed that hypnosis brings something to their practice that standard sport psychology interventions alone do not.

10. Some participants with a great deal of training and experience have reported experiencing a light trace state when using hypnosis with athletes.

11. Sport hypnosis can be defined as a subjective biopsychosocial experience that has the potential to effect emotions, thoughts, perceptions, feelings, and the physical body in a phenomenological manner.

Implications for Sport Psychology Consultants

There are a number of implications of the results of this study for sport psychology consultants:

1. Sport psychology consultants who consider using hypnosis in their work with athletes should regard hypnosis as a tool, not an all-inclusive technique. As a tool, hypnosis facilitates other interventions and through this dual relationship, no one technique is more important than the another.

2. Athletes who have difficulty using mental imagery and relaxation training in a structured manner might benefit from hypnotic interventions.

3. Sport psychology consultants should work from a theoretical perspective or framework when using hypnosis with an athletes. Theoretical perspectives help the practitioner better understand the process that takes place, why interventions are effective, and how procedures can be modified to better suit the needs of athletes.
4. Hypnosis should not be attempted with athletes unless sufficient training has been obtained. The best combination for developing expertise is training, experience and supervision.
5. Sport psychology consultants who are interested in learning more about hypnosis and to gaining experience and training with hypnotic techniques can do so through a variety of workshops.
6. Future sport psychology consultants who are currently in graduate training can take courses that discuss hypnosis and hypnotic techniques. Depending on the institution or university, these courses are generally offered through a clinical psychology department.
7. It is not in the best interest of the athlete for a sport psychology consultant to use hypnotic techniques when the athlete has a history of traumatic experience(s). Under these circumstances an athlete is much more likely to vividly recall the previous trauma, possibly resulting in a number of negative reactions.
8. Sport psychology consultants should find out what athletes know about hypnosis and what they do not know and should help the athlete dispel any myths and misconceptions they might have before attempting any hypnotic techniques.
9. Consultants should obtain feedback from the athlete upon coming out of hypnosis. Feedback allows the practitioner to better understand what does and does not work

for the athlete, what his/her preferences are, and if that technique would be something they would like to try again.

10. Skills such as indirect suggestion and offering choice can be used with hypnosis.
11. Sport psychology consultants should be aware that cultural factors such as gender, religion and language all play a role in how athletes react to hypnosis. If the sport psychology consultant does not share the athlete's cultural background and the issue poses a problem it should be discussed and then the SPC should be open the athletes concerns. In other words, sport psychology consultants should allow the athletes to teach them what their experiences and situations are like.
12. Hypnosis is a skill that takes a great deal of time to master. Sport psychology consultants should understand they will not be able to incorporate such a technique into their practice in a matter of weeks or a few months. Persistence and further experience are the keys to increasing self-confidence with hypnosis.

Implications for Athletes

Implications of this study for athletes include the following:

1. Hypnosis does not create a situation where the athlete loses control of his/her body, or does anything against his/her spiritual and/or moral beliefs. If an athlete fears the hypnosis process it creates a situation where s/he is more resistant to hypnotic interventions and is unlikely to experience improved performance due to the intervention.
2. Sport psychology consultants conduct their practice in a manner that reflects a higher code of ethics. These ethical codes put the athlete first and always protect the welfare of the athlete. If an athlete experiences a situation that involves hypnosis and a

suggestion is made that s/he do something against his/her spiritual and/or moral beliefs they should report it to another individual (i.e., another professor, psychologist, or sport psychology consultant).

3. Hypnosis is a natural phenomenon that many people experience on a daily basis and because hypnosis shares many of the same qualities with peak performance states, sport psychology consultants who use hypnosis in their practice believe these states can be recreated in a similar manner and directed toward future performance.
4. Hypnosis is not a passive experience; therefore, an athlete will have to work hard and collaboratively with the sport psychology consultant in order to gain the most from his/her experience with hypnosis.
5. Athletes who are interested in seeking the services of a sport psychology consultant for the purposes of performance enhancement training with hypnosis should seek an individual who has both training and experience. Organizations such as the American Society for Clinical Hypnosis (ASCH), Society for Clincial and Experimental Hypnosis (SCEH), or the Milton H. Erickson Foundation all provide reputable training and experience with hypnotic techniques.
6. Hypnosis is best if used under the guidance of a sport psychology consultant who has training and experience.

Implications for Researchers

The results of this study have several implications for researchers:

1. Research is needed regarding the effectiveness of hypnotic techniques combined with various sport psychology interventions versus sport psychology interventions alone and athletes' performance.

2. Further investigation is warranted to determine the influence of a variety of cultural factors that influence the effectiveness of hypnosis with athletes. Such cultural factors might include the power dynamics of opposite sex consultants using hypnosis with clients who perceive hypnosis as losing free-will and control over their own body.
3. Research is needed to examine the "light" or "mild" trance phenomenon two participants experienced while using hypnosis with athletes.
4. Research should investigate how other sport psychology consultants who do not use hypnosis in their consulting work perceive its use in applied sport psychology
5. More research is needed that describes how athletes' experience hypnosis and how they perceive its effectiveness as a performance enhancement technique. A qualitative research paradigm provides an excellent framework for such research.
6. Further research is needed in order to assess how peak performance states are similar to and different from hypnotic states and whether hypnosis can help athletes experience peak performance states more often during practice and competition.
7. Research is needed to determine the relative effectiveness of individual an group settings.).
8. Research should attempt to identify sport specific situations or events for which hypnosis would pose harm or decrements in performance for athletes.

References

Altshul, S. (2000). Hypnosis speeds fracture recovery. Prevention; 52, 9, 66-67.

American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. American Psychologist, 47, 12, 1597-1611.

American Society of Clinical Hypnosis. (1973). A syllabus on hypnosis and a handbook of therapeutic suggestions, Education and Research Foundation.

American Society of Clinical Hypnosis. (2002). Retrieved June 16, 2002, http://www.asch.net/

Anderson, J. R. (1982). Acquisition of cognitive skill. Psychological Review, 89, 369-406.

Anderson, J. R. (2000). Learning and memory: An integrated approach (2nd ed.) New York: John Wiley & Sons, Inc.

Bandler, R., & Grinder, J. (1975). Patterns of the hypnotic techniques of Milton H. Erickson, M.D. Vol. 1, Cuperteno, CA: Meta.

Bandura, A. (1986). Social foundations of thought and action; A social cognitive theory. Englewood Cliffs, NJ; Prentice Hall.

Barabasz, A. (2000). EEG markers of alert hypnosis: The induction makes a difference. Sleep and Hypnosis, 2, 4, 164-169.

Barr, K., & Hall, C. (1992). The use of imagery in rowers. International Journal of Sport Psychology, 23, 243-261.

Berne, R. M., Levy, M. N., Koeppen, B. M., & Statnton, B.A. (1998) Physiology (4th Ed.) St. Louis, MO; Mosby, Inc.

Blake, A. (****) Sport in culture, sport in cultural studies. In A. Blake The Body Language: The Meaning of Modern Sport, London: Lawrence & Wishart.

Boutcher, S. H., & Zinsser, N. W. (1990). Cardia deceleration of elite and beginning golfers during putting. Journal of Sport and Exercise Psychology, 12, 37-47.

Charmaz, K. (2000). Grounded theory: objectivist and constructivist methods. In N. K. Denzin & Y. K. Lincoln (Eds.), Handbook of Qualitative Research (2nd ed.) (pp. 509-535).

Coakley, J. (2001). Sport in society: Issues and controversies (7th ed.) New York, NY:

McGraw Hill Company.

Coffey, A., & Atkinson, P. (1996). Making sense of qualitative data: Complementary research strategies, Thousand Oaks, CA: Sage.

Cohn, P. J. (1991). An exploratory study on peak performance in golf. The Sport Psychologist, 5, 1-14.

Cox, R. H. (1998) Sport psychology: concepts and applications (4th Ed.), Madison, WI; McGraw Hill Companies.

Crocker, P. R. E. (1989). A follow-up of cognitive-affective stress management training. Journal of Sport and Exercise Psychology, 11, 236-242.

Crocker, P. R. E., Alderman, R. B., & Smith, F. M. R. (1988). Cognitive-affective stress management training with high performance youth volleyball players: Effects on affect, cognition, and performance. Journal of Sport and Exercise Psychology, 10, 448-460.

Csikszentmihalyi, M. (1990). Flow: The psychology of optimal performance. New York: Harper & Row.

Denzin, N. K., & Lincoln, Y. S. (2000). Handbook of Qualitative Research (2nd ed.) Thousand Oaks, CA: Sage.

Edgette, J. H., & Edgette, J. S. (1995). The handbook of hypnotic phenomena in psychotherapy. New York: Brunner/Mazel Publishers.

Erickson, M. H. (2002). Milton H. Erickson Foundation. Retrieved June 16, 2002, http://www.erickson-foundation.org/

Erickson, M. H., & Rossi, E. (1979). Hypnotherapy: An exploratory casebook. New York: Irvington.

Eysenck, H. J. (1970a). Readings in extraversion-introversion: Theoretical and methodological issues. London: Staples Press.

Eysenck, H. J. (1970b). The structure of human personality. London, Methuen, New York, Wiley.

Fitts, P. M. (1964). Perceptual-motor skill learning. In A. W. Melton (Ed.), Categories of human learning. New York: Academic Press.

Fontana, A., & Frey, J. H. (2000). The interview: From structured question negotiated text. In N. K. Denzin & Y. S. Lincoln (Eds.), Handbook of Qualitative Research

(2nd Ed.). (pp. 645- 672), Thousand Oaks, CA: Sage.

Glisky, M. L., Williams, J. M., & Kihlstrom, J. F. (1996). Internal and external imagery perspectives and performance on two tasks. Journal of Sport Behavior, 19, 1, 3-19.

Gould, D., Weinberg, R., Jackson, A. (1980). Mental preparation strategies, cognitions, and strength performance. Journal of Sport Psychology, 2, 329-339.

Hale, B. D. (1982). The effects of internal and external imagery on muscular and ocular concomitants. Journal of Sport Psychology, 4, 379-387.

Hall, C. R. (1985). Individual differences in the mental practice and imagery of motor skill performance. Canadian Journal of Applied Sport Science, 10, 17S-21S.

Hanin, Y. L. (2000). Individual zones of optimal performance (IZOF) model: Emotion-performance relationships in sport. In Y. L. Hanin (Ed.), Emotions in sport (pp. 65-89). Champaign, IL: Human Kinetics.

Hatfield, B. D., & Hillman, C. H. (2000). The psychophysiology of sport. In R. N. Singer, H. A. Hausenblas, & C. M. Janelle (Eds.), Handbook of Sport Psychology (2nd ed.) (pp. 362-386)

Hilgard, E. R. (1994). Neodissociation theory. In S.J. Lynn & J. W. Rhue (Eds.), Dissociation: Clinical, theoretical, and research perspectives (pp. 32-51). New York; Guilford Press.

Issac, A. R. (1992). Mental practice – Does it work in the field? The Sport Psychologist, 6, 192-198.

Jackson, S. A. (2000). Joy, fun, and flow state in sport. In Y. L. Hanin (Ed.), Emotions in sport (pp. 135-156). Champaign, IL: Human Kinetics.

Janet, P. (1925). Psychological healing. New York; Crowell-Collier & Macmillan.

Kerr, J. H. (1993). An eclectic approach to psychological interventions in sport: Reversal theory. The Sport Psychologist, 7, 400-418.

Kirsch, I. (1991). The social learning theory of hypnosis. In S. J. Lynn & J. W. Rhue (Eds.), Theories of Hypnosis: Current Models and Perspectives (pp. 439-465). New York; Guilford Press.

Kirsh, I. (2001). The altered state of hypnosis. Social Research, 68, 3, 795-807.

Kosslyn, S. M., Thompson, W. L., Maria, F., Alpert, N. M., & Speigel, D. (2000).

Hypnotic visual illusion alters color processing in the brain. American Journal of Psychiatry, 157, 8, 1279-1284.

Levine, N., Shenefelt, P. D. (2001). Hypnosis functional as dermatologic tool. Dermatology Times; 22, 4, 13-14.

Liggett, D. R. (2000a). Sport hypnosis. Champaign, IL,;Human Kinetics.

Liggett, D. R. (2000b). Enhancing imagery through hypnosis: A performance aid for athletes. American Journal of Clinical Hypnosis, 34, 2, 149-157.

Lubin, B. (1965). Adjective checklists for measurement of depression. Archives of General Psychiatry, 12, 1, 57-62.

Lynn, S. J., Neufeld, V., & Matyi, C. L. (1987). Inductions versus suggestions: Effects of direct and indirect working on hypnotic responding and experience. Journal of Abnormal Psychology, 96, 1, 76-79.

Lynn, S. J.; Rhue, J. W. (1991). Theories of hypnosis: Current models and perspectives. New York; Guilford Press.

Mahoney, M.J., & Avener, M. (1977). Psychology of the elite athlete: An exploratory study. Cognitive Therapy and Research. 1, 135-141.

Michelson, L. K., & Williams, J. R. (1996). Handbook of dissociation: Theoretical, empirical, and clinical perspectives. New York: Plenum Press.

Mischel, W. (1990). Personality dispositions revisited and revised; A view after three decades. In L.A. Previn (Ed.), Handbook of Personality. New York; Guilford Press.

Morgan, W. P. (1996). Hypnosis in sport and exercise psychology. In J. L. Van Raalte & B. W. Brewer (Eds.), Exploring Sport and Exercise Psychology (pp. 107-130). Washington D.C.; American Psychological Association.

Morse, J. M. (1994). Emerging from the data: the cognitive processes of analysis in qualitative inquiry. In J. M. Morse (Ed.), Critical issues in qualitative research methods. pp. 23-43. Thousand Oaks, CA: Sage.

Murphy, S. M. (1994). Imagery interventions in sport. Medicine and Science in Sport and Exercise, 26, 486-494.

Nash, M. R. (2001). The truth and the hype of hypnosis. Scientific American, 285, 1, 46-55.

O'Hanlon, W. H. (1987). Taproots: Underlying principles of Milton Erickson's therapy and hypnosis. New York; W. W. Norton and Company, Inc.

O'Hanlon, W. H., Martin, M. (1992). Solution-oriented hypnosis; An Ericksonian approach. New York; W. W. Norton and Company, Inc.

O'Keefe, T. (2002) Self-hypnosis for life. Retrieved June 16, 2002, http://www.tracieokeefe.com/workshops.htm.

Pates, J., Maynard, I., & Westbury, T. (2001). An investigation into the effects of hypnosis on basketball performance. Journal of Applied Sport Psychology, 13, 1, 84-102.

Pates, J., Oliver, R., & Maynard, I. (2001). The effects of hypnosis on flow states and golf-putting performance. Journal of Applied Sport Psychology, 13, 4, 341-354.

Peterson, J. A. (1996). Hypnotherapeutic techniques to facilitate psychotherapy with PTSD and dissociative clients. In L. K. Michleson & W. J. Ray (Eds.), Handbook of Dissociation: Theoretical, Empirical, and Clinical Perspectives, (pp 449-474), New York: Plenum Press.

Privette, G. (1982). Peak performance in sports: A factorial topology. International Journal of Sport Psychology, 13, 242-249.

Rainville, P. D., Duncan, G. H., Price, D. D., Carrier, B., & Bushnell, C. M. (1997). Pain affect encoded in human anterior cingulate but not somatosensory cortex. Science, 277, 5328, 968-971.

Ravizza, K. (1977). Peak experiences in sport. Journal of Humanistic Psychology, 17, 35-40.

Rossi, E. L., Cheek, D. B. (1988). Mind-body therapy: Methods of ideodynamic healing in hypnosis. New York; W. W. Norton and Company, Inc.

Rotter, J. B. (1954). Social learning and clinical psychology. Englewood Cliff, NJ; Prentice Hall.

Rotter, J. B. (1966). Generalized expectancies for internal versus external locus of control of reinforcement. Psychological Monographs: General and Applied, 80 (609).

Sachs, M. L. (1993). Professional ethics in sport psychology. In R. Singer, M. Murphy, & L. K. Janelle (Eds) Handbook of research on sport psychology. New York, NY: MacMillan Publishing Company.

Seabourne, T. G., Weinberg, R. S., & Jackson, A. (1984). The effect of individualized

practice and training of visuo-motor behavior rehearsal in enhancing karate performance. Journal of Sport Behavior, 7, 58-67.

Scheflen, A. E. (1965). Quasi-courting behavior in psychotherapy. Psychiatry, 28, 245-257.

Schmid, A., Peper, E., & Wilson, V. E. (2001). Strategies for training concentration. In J. M. Williams (Ed.) Applied sport psychology: personal growth to peak performance (4th ed.) (pp. 333-346). Mountain View, CA: Mayfield Publishing Company.

Schmidt, R. A. (1988). Motor control and learning. (2nd ed.) Champaign, IL: Human Kinetics Publishers, Inc.

Shank, G. D. (2002). Qualitative Research: A Personal Skills Approach. Upper Saddle River, NJ: Merrill Prentice Hall

Spielberger, C. D., Gorsuch, R. I., & Lushene, R. L. (1970). Manual for the State-Trait Anxiety Inventory. Palo Alto, CA: Consulting Psychologists.

Spinhoven, P., Baak, D., Van-Dyck, R., & Vermeulen, P. (1988). The effectiveness of an authoritative versus permissive style of hypnotic communication. International Journal of Clinical and Experimental Hypnosis, 36, 3, 182-191.

Strauss, A. & Corbin, J. (1998) Basics of qualitative research: Techniques and procedures for developing grounded theory. Thousand Oaks, CA: Sage.

Suedfeld, P., & Bruno, T. (1990). Flotation REST and imagery in the improvement of athletic performance. Journal of Sport & Exercise Psychology, 12, 82-85.

Taylor, J., Horevitz, R., & Balague, G. (1993). The use of hypnosis in applied sport psychology. The Sport Psychologist, 7, 58-78.

Thompson, C. L., & Rudolph, L. B. (2000). Counseling children (5th ed.) United States; Brooks/Cole Company.

Van Der Does, A. J., Van Dyck, R., Spinhoven, P., & Klossman, A. (1989). The effectiveness of standardized versus individualized hypnotic suggestions: A brief communication. International Journal of Clinical and Experimental Hypnosis, 37, 1, 1-5.

Van Raalte, J. L., & Anderson, M. B. (2000). Supervision I: from models to doing. In M. B. Anderson (ed.). Doing Sport Psychology, Champaign, IL: Human Kinetics

Williams, J. M., & Krane, V. (2001). Psychological characteristics of peak performance.

In J. M. Williams (Ed.) Applied sport psychology: personal growth to peak performance (4th ed.) (pp. 162-178). Mountain View, CA: Mayfield Publishing Company.

Williams, J. D., & Gruzelier, J. H. (2001). Differentiation of hypnosis and relaxation by analysis of narrow band theta and alpha frequencies. International Journal of Clinical and Experimental Hypnosis, 49, 3, 185-206.

Woolfolk, R. L., Parrish, M. W., & Murphy, S. M. (1985). The effects of positive and negative imagery on motor skill performance. Cognitive Therapy and Research, 9, 3, 335-341.

Wrisbeg, C. A., & Anshel, M. H. (1989). The effect of cognitive strategies on the free throw shooting performance of young athletes. Sport Psychologist, 3, 2, 95-104.

Zeig, J. K. (1988). An Ericksonian phenomenological approach to therapeutic hypnotic induction and symptom utilization. In J. K. Zeig, & S. R. Lankton (Eds.), Developing Ericksonian therapy: State of the art (pp. 353-375). New York: Brunner/Mazel.

Zeig, J. K., & Rennick, P. J. (1991). Ericksonian Hypnotherapy: A Communcations Approach to Hypnosis. In S. J. Lynn, & J. W. Rhue. Theories of hypnosis: Current models and perspectives. New York; Guilford Press.

Ziegler, S. G., Klinzing, J., & Williamson, K. (1982). The effects of two stress management training programs on cardiorespiratory efficiency. Journal of Sport Psychology, 4, 280-289.

Appendix A

E-mail Invitation for Participation

A study is being conducted (pending approval) at the University of Tennessee, Knoxville addressing the use of hypnosis in sport. Sport psychology consultants using hypnotic techniques will be interviewed in an attempt to better understand the experience of using hypnosis in their practice. Although there is a growing body of knowledge in the area of sport hypnosis research little is know about how and when it is used in consulting. This study will address these issues along with a number of other concerns.

Although no compensation will be given for participation in the study, the principal investigator will travel to do the in-person interview at your convenience. The interview will consist of a short demographic questionnaire followed by more in depth interview questions. The anticipated time length for each interview is approximately 30 minutes to one hour.

This study serves as an exciting opportunity to further the field of sport psychology and help others associated with sport (coaches, trainers, doctors, athletes, etc) better understand some of the potential benefits of including hypnosis in facilitating the consulting process. Any individuals interested can either e-mail or call for more information. The contact information for those associated with this study is listed below. Thank you very much.

Principal Investigator:
Jason S. Grindstaff
865-974-8768
jgrinds1@utk.edu

Faculty Advisor:
Leslee A. Fisher, Ph.D.
865-974-9973
lfisher2@utk.edu

Appendix B

Statement of Consent

The University of Tennessee, Knoxville Department of Cultural Studies supports the practice and protection of human subjects participating in research. The information that follows is given so that you are aware of the nature of the study and can then decide if you wish to participate in this study. If you decide to participate in the present study, you are free to withdraw at any point during the course of the study without penalty.

This study is being conducted in order to address the use of hypnosis in the area of sport. Your involvement will include the completion of a short demographic questionnaire and a semi-structured interview. The interview will consist of questions ranging from background information to questions detailing your experience using hypnosis with athletes. The anticipated interview time length will be 30 minutes to one hour. With your participation in this study, it is hoped the information acquired can be used to help others interested in sport better understand how hypnosis can benefit a wide range of athletic participants.

Although there are no foreseeable risks associated with involvement in this study, no compensation for physical injury or psychological distress will be provided from any person associated with the present study, including the University of Tennessee, Knoxville. However, you will have a formal opportunity at the end of the interview to express any concerns or questions you might have regarding any process that occurred before, during or after your participation in this study.

To ensure that your rights as a participant are maintained, the principal investigator will keep all records and data collected in a secure and confidential space located at the University of Tennessee. Any data collected over the course of your participation will be locked in a file with access granted to only the principal investigator and his faculty advisor. No individual results from this study will be used in formal write-ups or presentations; all results will be used to make general assumptions about the use of hypnosis in sport.

Your participation is solicited, but strictly voluntary. You will have a formal opportunity to express any questions or concerns following the completion of the interview. However, please feel free to contact the principal investigator or faculty advisor if there are any questions or concerns during any stage of your participation. Your cooperation is greatly appreciated and those associated with the present study thank you very much for your time.

Sincerely,

Jason S. Grindstaff
Principal Investigator
(865) 974-8768
jgrinds1@utk.edu

Leslee A. Fisher, Ph.D.
Faculty Advisor
(865) 974-9973
lfisher2@utk.edu

Participant's Name (Please Print)

_____

Participant's Signature:_____ Date: ___/___/___

Appendix C

Interview Guide

Section 1: Background Information
1. Participant's name?
2. Age?
3. What race do you consider yourself?
4. What ethnicity do you consider yourself?
5. Number of years experience consulting athletes?
6. If you feel comfortable what is your approximate annual income from consulting?
7. Sport or psychological organizations affiliated with?
8. Organizations and affiliations specific to hypnosis?
9. How many years of training and experience do you have with hypnosis?
10. On average, how many hours per week do you spend consulting athletes?
11. On average, how many hours per week do you implement hypnosis to facilitate your work with athletes?
12. Tell me about the average ages, ethnicities, genders, etc. of your athletic clientele.

Section 2: Hypnosis Experience
1. Can you describe your training in hypnosis?
2. Can you describe your experience using hypnosis with athletes?
3. How do you determine or assess if hypnosis is a likely intervention for a particular athlete?
4. What are some of the ways you have used hypnosis to help facilitate athletic performance?
5. What are some of the stereotypes and misconceptions you have encountered when using hypnosis with athletes?
6. What are some of the possible advantages of using hypnosis in a consulting practice?
7. How about some of the possible disadvantages?
8. What have been some of the biggest hurdles you have overcome in order for you to feel confident in your abilities to use hypnosis successfully?
9. What are some of the cultural considerations (age, race, gender, religion, economic class, sexual orientation, physical disabilities, etc) that influence and affect how you use hypnosis in your work with athletes?
10. Is there anything else about hypnosis that you think is important?

Appendix D

Title: Sport Psychology Consultants' Experience of Using Hypnosis in Their Practice

Confidentiality Statement

As a member of this research group, I understand the interview transcriptions that I will help analyze may contain information of a sensitive nature. I also understand the importance of maintaining the confidentiality of the information given in the interviews.

With this in mind, I agree not to discuss these interviews outside the research group. In addition, I agree I will make no attempts to identify the research participants. If at any point during my involvement in the research group I feel I can identify any of the research participants whose interviews are being analyzed I will excuse myself from the research group.

_____ _____

Signature Date

_____

Name (printed)

VITA

Jason S. Grindstaff earned his B.A. degree from Dakota Wesleyan University, Mitchell, South Dakota in the spring of 2001. While at DWU he earned a double major in Psychology and Sports Medicine, with a concentration in Fitness and Performance. He was a four year varsity wrestler, qualifying for the NAIA twice and earning Academic All-American honors his junior and senior season. In the fall of 2001 Jason began his graduate studies at the University of Tennessee under the direction of Dr. Leslee A. Fisher. While at Tennessee he was the head coach for the university's club wrestling team. In July, 2002 he will receive his Master of Science degree in Human Performance and Sport Studies.

5175 3768 44
09/24/02 MAB