What is hypnosis?

Hypnosis is a natural, altered state of attention where a person becomes more focused and responsive to suggestions. It can feel similar to being “lost in thought,” deeply relaxed, or absorbed in a calming, guided experience.

Hypnosis is not mind control. You remain aware of what’s happening, and you can usually choose what you want to respond to (and what you don’t).

What is it like to be hypnotised?

Most people experience hypnosis as a combination of:

- Relaxation (body may feel heavy or calm)
- Focused attention (your mind becomes quieter or more “single-track”)
- Imagery and guided suggestions (visualising, feeling sensations, or following instructi ons)
- Heightened openness (you may become more receptive to helpful suggestions)

Common experiences include:

- Feeling sleepy, calm, or deeply relaxed
- Feeling more in control than usual (many clients report this)
- Feeling “in the moment” and less distracted
- Sometimes noticing changes in body sensations (warmth, tingling, ease)

You may not remember every detail afterwards—this can be normal—but most clients retain enough memory to understand what was discussed and the direction of the session.

Myths about hypnosis

Myth 1: Hypnosis makes you lose control.
Reality: You are not forced to do anything. Hypnosis does not bypass consent or values.

Myth 2: The hypnotist can make you act against your will.
Reality: You cannot be compelled to do things you don’t want to do.

Myth 3: Hypnosis is only “for people who can’t think normally.”
Reality: Many people respond well—
hypnosis is a skill of attention and receptivity, not a measure of intelligence.

Myth 4: You'll be asleep the whole time.
Reality: Some clients feel very relaxed, but hypnosis does not require sleep. Many people sta y aware.

Myth 5: Hypnosis reveals hidden secrets or memories you couldn't otherwise access.
Reality: Suggestions can influence recall, and memories are not guaranteed to be accurate. E thical practicefocuses on supportive, present-day change—not "fact-finding" for traumatic or disputed events.

Myth 6: Hypnosis always works.
Reality: Not everyone responds in the same way, and the outcome depends on many factors (goals, readiness,rapport, and appropriateness of the approach).

Frequently Asked Questions (FAQs)

1) Will hypnosis make me feel "out of it"?
Some relaxation is normal, but most clients feel safe, calm, and present. You can stop or adju st the process withyour practitioner.

2) Do I have to believe in hypnosis for it to work?
Genuine openness helps. You don't need to "fully believe" in order to participate, but willing ness andcollaboration improve results.

3) Can anyone be hypnotised?
Many people can experience some level of hypnotic state, but effectiveness varies. Response depends on theindividual and the suitability of hypnosis for the presenting issue.

4) Is hypnosis safe?
When delivered appropriately by a trained practitioner, hypnosis is generally considered low risk. However, thereare important contraindications and clinical considerations (see below).

5) What happens in a typical session?
A session often includes:

- Discussion of your goals and concerns
- Education and consent
- Relaxation/focus induction
- Tailored suggestions and techniques
- Debrief and integration (how it felt, what to do between sessions)

6) How many sessions will I need?
It depends on your goal and baseline factors. Some clients notice changes quickly; others be nefit from a shortseries.

7) Will I be able to drive afterwards?
Most clients can drive after they feel fully oriented and alert. If you feel drowsy or “slow,” wa it until you feel fullyawake and steady before driving.

8) Can hypnosis replace therapy or medical care?
Hypnotherapy may complement counselling and medical treatment, but it does not replace urgent medical care.

Contraindications / situations where hypnosis may not be appropriate

Hypnosis may be contraindicated or require extra clinical caution in the following situations. This list is general guidance—your practitioner should assess suitability during intake:

- Acute psychosis, severe mania, or current episode of unstable psychiatric symptoms
- Unmanaged dissociation where induction could worsen symptoms
- Active substance intoxication or withdrawal states that significantly impair safety or j udgement
- Severe cognitive impairment that prevents informed consent or safe participation
- Any situation where hypnosis could increase risk (e.g., severe agitation, inability to fo llow instructions, orhigh risk of harm)

Pregnancy: first trimester contraindication

- First trimester of pregnancy: hypnosis (and especially induction involving deep relaxa tion or intensephysiological focus) is generally approached with caution and is typical ly not offered during the firsttrimester. For pregnancy support during early pregnancy , alternative approaches may be more appropriate(for example, counselling-focused strategies, relaxation techniques without trance induction, or referral toa sui table provider).

When hypnosis is not for you

For whatever reason, if hypnosis isn’t suitable for you, Brendan Online Hypnotherapy can provide counselling and/or referrals to other services that may better support the client’s needs.

Aftercare and expectations

- You may notice emotional or physical changes after a session (often calming, someti mes reflective).

- Hydrate, rest if you feel relaxed, and resume normal activities as you feel able.
- If you experience distressing reactions, contact your practitioner promptly so your pl an can be adjusted.