

The experience of PTR Hypnosis practitioners in the treatment of PTSD

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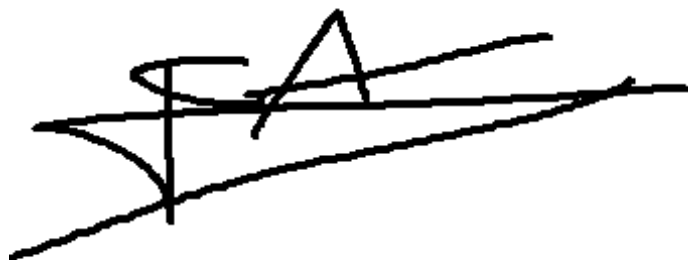
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21st October 2021

Julian Fernando Carbajo Antelo

A handwritten signature in black ink, consisting of several overlapping, stylized lines that form a cursive representation of the name 'Julian Fernando Carbajo Antelo'.

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Abstract

This study examined the experience of Trauma Re-association Psychotherapy (PTR) Hypnosis practitioners in the treatment of PTSD. The aim was to increase knowledge and understanding of PTR hypnosis therapy by comprehending practitioners' experience when working with PTSD clients. Gaining insight on how it improved PTSD symptoms and how their therapeutic experience could improve PTR hypnosis. Six participants participated in this study, five female and a male with ages ranging from 35 to 62. Participants were selected using authoritative sampling and interviewed online once using a semi-structured questionnaire. A qualitative research design was applied to the research and thematic analysis was applied to analyze results. Three main themes emerged from thematic analysis: understanding PTR features from practitioners' experiences, the significance of understanding trauma and its features, and perceptions on client's needs and characteristics. PTR practitioners' experiences demonstrated the effectiveness of this therapy treating PTSD and they felt it was helpful in alleviating PTSD symptoms both physical and psychological. PTR practitioners found that PTR was healing and generated positive change in PTSD by giving the client back control of his emotions and sensation and allowing him to process them. Participants also found significance of understanding trauma and its features by clients and practitioners was also instrumental in provoking therapeutic change. Awareness of PTR hypnosis should be promoted in mental health professionals and added to mental health programs to bring confidence to young professionals in dealing with the most severe PTSD symptoms.

Keywords: Trauma, hypnosis, therapy, PTR, Post-traumatic stress disorder

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Introduction

Background

This research examines the experience of Trauma Re-association Psychotherapy (PTR) Hypnosis practitioners in the treatment of PTSD. It focuses on capturing and studying the experience of PTR hypnosis practitioners and their challenges as well as understanding how this therapy influences the client's wellbeing by discerning its processes and its overall effectiveness.

Terms and definitions

a. Trauma

Trauma was a Greek term which meant "to harm, to damage" it also included an allusion to an injury with abrasion. The term was broadly employed in medicine since the 1800's later in clinical psychology to imply the overbearing effect of stimuli on the subject's capability to deal with it. Trauma could be defined as one or several incidents recognized by the subject as originating an invalidating stress which jeopardizes the person's psychological equilibrium (Perrotta, 2020).

The DSM-5 (2013) defined trauma as 'actual or threatened death, serious injury, or sexual violence' (p. 271). Stressful experiences that do not directly jeopardize life or physical integrity like psychological stress factors (e.g.: unemployment, separation) were not included in this definition. It is also important to note that not every stressful happening provokes trauma.

Trauma was separated into three principal types: acute, chronic, and complex and could also be classified into type 1 or type 2 (Perrotta, 2020 ; Terr, 1991). The typology of trauma was determined by the subject's experience factors which defined the strength of the trauma and the likeliness of developing PTSD.

Acute trauma or type 1 originated from a unique troubling event as for instance an accident, sexual assault, and natural disaster. The incident generated a long-lasting impact on the person psyche. If left unaddressed it may interfere in the subject's cognition and behaviour. Acute trauma may lead to disorders such as PTSD that may manifest itself with symptoms such as anxiety, panic attacks, confusion, irritability, insomnia, aggressive behaviour, lack of focus, and physical sensations such as sweating or trembling (Perrotta, 2020).

Chronic trauma or type 2 occurs when an individual is subjected to numerous, long run, and extended distressful, traumatizing incidents. Chronic trauma may prompt long duration diseases, molestation, violence in the home, and harassment. Various acute traumas if left untreated may turn into chronic trauma. Symptoms of chronic trauma often emerge long after the incident sometimes years past. It includes symptoms such as anxiety, flashbacks, anger and/ or emotional outbursts, headaches, and nausea (Perrotta, 2020).

Complex trauma is the product of numerous and wide-ranging incidents or happenings. The incidents usually evolve within the scope of social interactions. It may create a feeling of being corralled and it has a strong impact on the individual's psyche, general health, and professional or academic performance (Perrotta, 2020).

While the term 'trauma' may be inferred to as both type 1 or type 2 traumas, the term 'trauma' throughout this research shall indicate specifically the PTSD disorder as the participant's symptomatology refers to PTSD specifically.

b. Hypnosis

The British Psychological Society and Division 30 of APA shared the proposal that hypnosis consisted of the interaction between the hypnotized person and the person who hypnotizes, the hypnotist and through this interaction he/she induced the subject using a hypnotic suggestion, "influencing" the perception, behaviours, thoughts or feelings of the subject, presenting imaginative experiences. (British Psychological Society, 2002; American Psychological Association, 2014)

The British Psychological Society added the differentiation between suggestions that involved users experiencing a response with involuntary characteristics or lack of effort, as opposed to instructions received in everyday life.

On the other hand, a recent addendum (APA, 2014) described hypnosis as a state of consciousness, in which focused attention was involved, and diminished peripheral consciousness, increasing the training to give suggestions.

Kay Thompson (2004) defined hypnosis as an altered state of consciousness in which any individual went into at certain given moments. The learning of the reproduction of this state was usually spontaneous as well as its use in seeking a benefit. Thompson went further into the definition by stating that it is a state of hyper-focus, in which sensory and motor

capabilities are modified in order to initiate an appropriate behaviour (taking control of the central nervous system).

Trauma re-association psychotherapy hypnosis or PTR hypnosis is a hypnosis in which the patient and the hypnotherapist converse and where the patient is invited to take an active part in the process of his recovery. This form of hypnosis practice was developed by Gérald Brassine (2020) a work inspired by M.H. Erickson and Kay Thompson. It allows the therapist to work while being, at all times, as close as possible to the patient's needs while protecting him, for example, from reliving and other possible pain during the session. With PTR hypnosis, therapist and patient collaborate in order to desensitize past painful elements, emotionally or physically, and treat the resulting symptoms: flashbacks, nightmares, loss of self-esteem, depression, and psychosomatic illnesses. The patient is therefore not asleep, "passive" or "absent". On the contrary, with the help of the hypnotherapist, the patient has control over his own physical symptoms (which are regulated by the autonomic nervous system) or troubled over images with the associated emotions.

Rationale for the research

As reported by the World Mental Survey (2015) 70% of people globally were subjected to at least one traumatic experience and 31% to four or more experiences during their lifetime and as a result they have developed symptoms linked to trauma.

As stated by the U.S department of Veteran Affairs (2021) in the United States, 8.6 million adults suffer from PTSD and 7-8% of Americans will experience PTSD during their existence. Women are two times more inclined to suffer from the disorder. Furthermore, 78% of individuals diagnosed with PTSD suffered also from depression during their life.

While in Europe, two thirds of the population faced a traumatic event during their existence, 1-3% of the total population or 7.7 million people have suffered from PTSD in 2017.

After thorough analysis of these results, one can observe that most people had been exposed to trauma related situations and as a result a considerable number of individuals developed symptoms linked to psychological trauma. The originality of this research lied in the existence of a gap in the literature on studies focused on the subjective experience of PTR hypnosis practitioners. This is important because practitioners are exposed daily to PTSD and their therapeutic experience can be very insightful to the improvement of PTSD treatment. Till now only a quantitative study by Rabinovitch (2019) had been performed on PTR hypnosis but focusing on the patient's perspective. This research demonstrated the efficacy of PTR hypnosis on psychological trauma with the remission of PTSD-C symptoms in the subject of the research after 4 months treatment. The qualitative emphasis of this research allowed for the identification of new phenomena and to delve deeper into the behaviour and attitudes of participants which allowed for a better understanding of the research question.

Aims of this research

The current research aimed at developing knowledge and understanding surrounding PTR Hypnosis by examining practitioners' experiences of employing PTR hypnosis for clients who experience PTSD symptoms.

Research questions

1. What are PTR practitioners' therapeutic experience when working with PTSD clients?

2. How PTR hypnosis treatment contributes to improve clients' PTSD symptoms?
3. How the experience of PTR Hypnosis practitioners could contribute to improve the PTR hypnosis therapy protocol for PTSD clients?

Literature review

Introduction to trauma

Trauma affects people in different ways. Some individuals may have matching criteria linked with PTSD for example while others may show subthreshold symptoms outward of the diagnosis criterion. Several factors come into play that may influence an individual such as his personality traits, the typology of the traumatic event, social and cultural elements. Typical responses comprise anxiety, fatigue, detachment, dissociative symptoms, and physiological arousal (Samsha, 2014).

Trauma sufferers generally display rapid reactions and these often settle without long lasting repercussions. This is due to the resilience of trauma victims and how they devise coping strategies as for example employing social assistance to address the aftershock and consequences of trauma. Most of trauma responses are socially admissible and psychologically efficient. Stronger trauma responses consist of permanent distress, serious dissociative symptoms, recurring intrusive memories despite a return to everyday life. Further delayed onset of symptoms may appear such as emotional and activity avoidance related to the traumatic event, depression, sleeping disorders, and extreme fatigue (Samsha, 2014).

Stress derived from trauma inclines to arouse emotional extremes. Either overwhelming emotional response or a numb emotional response. This may be treated by assisting the client

in securing the optimum emotional arousal and help him to experience and regulate hard emotions. The objective of treatment is to assist the client in regulating emotions free of drugs or harmful behaviour. This implies the acquisition of novel coping aptitudes and learning to put up with hard emotions. Clients may profit from hypnosis, mindfulness, CBT, EMDR and trauma desensitization therapies.

Trauma may be linked with the commencement of different mental disorders especially those related with personality, anxiety, mood, and substance abuse disorders. Trauma often intensifies the symptomatology of pre-existent disorders and may accelerate or trigger a disorder in mental in individuals which already have a predisposition. Mental disorders may arise while the traumatic event is occurring or following it (Samsha, 2014).

Theories about PTSD

Biological understanding of PTSD

Trauma is deeply connected to biological responses. The most occurring result of trauma is PTSD. The progress of PTSD is believed to be regulated by biological stress reactions. The stress mechanism is started when the individual's milieu is considered hostile. Sensory inputs attain the brain and are treated by the amygdala which may be considered as fears' 'switchboard'. When a threat arises, the HPA (hypothalamic-pituitary-adrenal) axis and the SNS (sympathetic nervous system) are roused via neural beckoning instigating several effects. With the triggering of the SNS, hormones are secreted into the circulatory systems coming from the adrenal glands: the catecholamines. These hormones rise blood pressure, glucose concentration, and heart rate provoking 'fight or flight' arousal. Neuropeptides are then secreted through hypothalamus stimulation and thus releasing cortisol. Cortisol connection to

receptors in the brain reduces responses to stress. Stress response is geared to adjust the body to a threat and to restore the homeostasis. As stress hormones have a central function in consolidating memories, the modified stress response triggered by trauma exposure may over consolidate distressing recollections that belong to PTSD symptoms (Solomon & Heide, 2005).

Neuroendocrine research has discovered alterations in cortisol levels in PTSD subjects and these alterations are partly responsible for the early onset of the disorder. Cortisol baseline anomalies in PTSD have generally manifested in the system's hypo-arousal. Subjects suffering from PTSD after a acute trauma are inclined to a lesser cortisol baseline than healthful individuals or trauma suffering subjects not fulfilling PTSD diagnosis criteria (Meewisse et al., 2007).

Psychological understanding of PTSD

a. Conditioning theories (behavioural)

Conditioning theories were previously applied to other anxiety disorders before being applied to PTSD. Early conditioning researchers based their research on Mowrer (1960) dual factor learning theory which consisted of a first stage where fear acquired via classical conditioning generates neutral stimulus existing in the traumatic episode and which acquired fear provoking features via the linking with the unconditioned stimuli. Keane et al. (1985) suggested that an extensive assortment of associated stimulus would obtain the possibility to trigger fear via high order conditioning. Even if recurrent exposure to impromptu trauma recollections would typically be enough for these associations to extinguish, distraction could

cause the person to be unsuccessful at extinguishing these associations. Keane et al. (1985) when working with war veterans to find the source of several symptoms, went further in suggesting that amnesia related to the traumatic episode could be the product of cognitive avoidance or refraining to discuss about it as well as if the mood the person finds herself in at the moment of recollection is different from trauma episode. Further research in 2000 showed that individuals suffering from PTSD, built up conditioned responses faster to traumatic episodes on the whole and that they are tougher to extinguish (Orr et al., 2000). Conditioning theories deliver an accurate explication on a consistent amount of PTSD characteristics such as avoidance, trauma recollection, psychological and physical arousal. However, it does not differentiate the origins of PTSD from other anxiety disorders. The theory finds limitations in explaining effectively the effects of conditioning on attention, declarative memory, and emotions excluding fear (Brewin & Holmes, 2003).

b. Emotional processing theory

Foa et. al (1989) is responsible for the inception and early work on emotional processing theory which was consequently developed and enriched in further studies (Foa & Riggs, 1993; Foa & Rothbaum, 1998) amassing information on abused and raped casualties. They defended that subjects with intransigent views prior to trauma exposure would be more susceptible to suffering from PTSD. It could be for instance affirmative views of oneself as someone very capable and viewing the world as a very secure place. These views would be put into question by the traumatic episode or very negative viewpoint about oneself and the world which would be corroborated by the traumatic experience.

A further advancement into the theory is the accrued focus on pessimistic self-assessment of responses and actions that could intensify discernments of incompetency. These self-

assessments are described in the theory by Foa et al. (1989) and their connection to traumatic episodes and symptoms appearing subsequently. Existing Personal beliefs prior, during, and following the traumatic episode could interrelate to increase the pessimistic schemata comprising incompetency and underlying hypothetic PTSD risk.

Emotional processing theory (EPT) is deeply lined to a very efficacious PTSD treatment: prolonged exposure (Foa et al., 1999). Multiple studies have reviewed if the theory foresees the positive result of exposure therapy when exposing subjects to preliminary fear activation and habituation in-session and between sessions. Several studies have successfully forecasted this link by using physiognomy (Foa et al., 1995) or heartbeat measurements (Pitman et al., 1996). In another study, it was found that early fear activation was uniquely linked with enhancement when continued habituation was pursued (Jaycox et al., 1998). On the other hand, a study did not encounter a link of significance between fear activation and betterment after symptom intensity was regulated (Van Minnen & Hageraars, 2002). This study found a decrease in fear intensity between sessions but not during sessions. It is yet to be determined whether fear decrease between sessions is triggered by habituation instead of cognitive reappraisal for example.

EPT is a very thorough theory and succeeds at giving explanation to observed phenomena. It allows for a better understanding of the underlying factors composing PTSD also confronted during therapeutic interventions and attempts at providing useful conceptualization recommendations to therapists. The notice on intransigence of beliefs and self-assessment whether affirmative or negative brings insights on how to provide resolution to some of the challenges with the shattered assumptions theories which defends that trauma episodes can alter the victim's personal views of themselves and the world.

c. Ehlers and Clark cognitive model

Ehlers and Clark's (2000) cognitive model put on the spotlight to the contradiction in PTSD where individuals have developed anxiety regarding the future despite the traumatic episode being in the past. Maladaptive trauma response emerges when subjects deal with trauma linked data in a manner that generates a feeling of present threat which may be endogenous or exogenous threatening the future and oneself. Two main processes that generate this result include negative trauma appraisals and its aftermath adding the essence of traumatic episode recollection. Ehlers and Clark built on previous research (Foa & Rothbaum, 1998; Jones and Barlow, 1990) by determining an extensive array of negative appraisals. These concentrate on trauma episodes and over victimization as well as one self's negative appraisal of own acts. Further appraisals concentrate on the trauma aftermath like numbing belong to common PTSD symptomatology, someone else's reaction, and life expectations. The numerous appraisals presented show the emotional diversity experienced by PTSD subjects especially when including threat, or abuse to personal standards or else. Negative appraisals may be influenced by factors such as cognitive processes including the individual beliefs and experiences before the traumatic episode and during the traumatic episode.

This cognitive model also attempted to provide an explanation of results on research on memory of trauma. Ehlers and Clark proposed that this type of memory was deficiently conceived, without temporal and spatial references, and poorly incorporated into autobiographical memory. This may explain the challenges in intentional recollection, re-experiencing the present, and the absence of links with other important information in PTSD subjects' memories.

As previously mentioned, there are several studies supporting several facets of this model. Specifically, on multiple variables holding a correlation with trauma aftermath PTSD symptomatology. For instance, Ehlers et al. (2000) showed evidence that individuals with chronic PTSD were more inclined to feel mental defeat than subjects without the disorder. Dunmore et al. (1999) unsuccessfully attempted at replicating this study due to stricter monitoring of participants traumatic history. Dunmore et al. (1997) and Halligan et al. (2003) confirmed the negative renditions on early PTSD symptomatology.

One of the shortcomings of research focusing on trauma victims is the essence of any connection between forecasting variables and PTSD symptomatology. The preliminary event or symptom elements could adventitiously sway the variables and the intensity of the condition.

Studies have shown that mental defeat (Dunmore et al., 2001) and negative interpretation of preliminary PTSD symptomatology (Mayou et al., 2001) are variables influencing in the phases following the initial onset of PTSD. Lastly, it was found that strategies such as rumination and cognitive suppression were triggered as a response distress generated by negative interpretations of preliminary PTSD symptomatology (Steil and Ehlers, 2000).

Types of Hypnosis

There are different ways of "doing" hypnosis, among which we would find classical hypnosis, and Ericksonian hypnosis. Sessions are carried out like any other psychotherapeutic session. Being compulsory the explanation of the technique and clarification of the possible erroneous beliefs that the patient brings. Most of the time, hypnosis is a technique integrated into a psychotherapy model as a tool within said intervention model. In this sense, classical hypnosis is the most used in the medical context and as a tool for cognitive-behavioral therapies. It is

characterized by being directive, especially useful in emergency situations, states of shock or medical procedures (Pekala, 2015).

Hypnotic suggestibility tests are performed to determine the extent to which the patient will be more or less hypnotizable, through classical hypnosis procedures. The hypnotist of classical hypnosis will try to produce fatigue of the senses, to focus on the internal experience (Ledochowski, 2003).

Ericksonian hypnosis is one of the most used in the psychological field, and with which real advances have been discovered in terms of faster and more agile treatments, without side effects. It does not mean that it is necessarily the most effective form of hypnosis, but through the bibliographic review on the subject, it is one of the forms about which the most has been written, apart from classical hypnosis. Although the volume of research is lower than classical hypnosis, it could be argued that the reason is the lack of protocolization.

Ericksonian hypnosis, is used mainly by professionals of systemic and constructivist psychology. This represents a new conception of hypnosis and brief therapy treatments (Short, 2018). Erickson emphasizes that it is the person who enters hypnosis, and the hypnotist is only a facilitator of it, implying that hypnosis occurs spontaneously and naturally, also adapting and improving hypnotic methods, to adapt to the plurality of people, based on the trust and resources that human beings have, activated for their benefit through hypnosis (Erickson & Rossi, 1981).

Hypnosis and Trauma

Numerous scientific publications have dealt with hypnosis from an experimental point of view. Current research is trying to determine the applicability of different therapeutic

approaches with hypnosis in various pathological, psychological and medical conditions. Particularly abundant and interesting are the works that investigate the psychobiological mechanisms underlying the effects of hypnosis, and the relationship of this technique with normal or pathological mental processes.

Stuart Derbyshire et al. (2009) has employed functional magnetic resonance imaging (fMRI) to explore the differences between the modulation of pain in fibromyalgia by means of suggestions with or without hypnotic induction, as well as its relationship with the activation of different brain areas; or the research of Rainville et al. (1999) who examined by means of hypnosis the separation of the emotional and sensory constituents of pain. More recent studies, such as Pyka et al. (2011) found a correlate for the hypnotic paralysis of a hand in the "default mode network", which is the area of the brain that is active while we are at rest; or the work of Kallio et al. (2011) who claimed to have demonstrated the existence of the hypnotic state with a case study of a healthy, highly hypnotisable volunteer.

Back in 2009, McGeown et al. (2009) conducted an experiment measuring spontaneous cerebral performance at rest, the default mode, using fMRI, and found that activity decreased when hypnosis was induced, at rest, and before any suggestion was administered, and only in highly hypnotisable participants. It is important to emphasise that the reduction of brain activity in the default mode occurs with the subject is at rest, since it has often been debated whether the changes, we observe in a hypnotised subject are caused by the hypnotic induction itself, or whether they are caused by the suggestions that are administered after the hypnotic induction.

We cannot fail to draw attention to an important aspect of hypnosis, and that is that the highly hypnotisable subjects, with whom most of these studies have been conducted, despite being a

small percentage of the population, have a great facility to enter hypnosis and experience genuine hypnotic effects without a formal hypnotic induction.

PTR Hypnosis and Trauma

Strategic Conversational Hypnosis and PTR does not use practitioner suggestion; on the other hand, it uses the imaginary or / and memory, by making the patient transform events linked to traumatic memories through imagination, thereby detaching them from extremely intense emotions (Brassine, 2010, 2020). The patient will therefore desensitize his traumatic memories, frozen in time for sometimes decades, and thus suppress the symptoms of psychological trauma while reassociating the traumatic events with his autobiographical memory (Brassine, 2020). According to Brassine (2020), what makes this work possible is the fact that, at the unconscious level, the brain does not differentiate between reality and the imaginary.

Several studies are going in this direction as those that had researched this hypothesis, as Ranganathan et al. (2004) who investigated the physical influence of hypnosis. The researchers asked participants to train mentally by entering into a hypnotic state their little finger and the elbow muscles. 3 groups were formed, the first one included mental training of the little finger, the second group included mental training of the elbow muscles, and third group acted as control group. First group increased the little finger strength by 35% and the elbow muscle group by 13.5%. The control group did not experience any variation in strength. The increase in strength experienced was accompanied by increased cortical activation.

The psychotherapy of re-associative trauma (PTR) created by Brassine is based on the main and fundamental concept of dissociative protections (Brassine, 2010, 2020): during traumatic events, hypnotic phenomena spontaneously take place in the subject, in which survival mechanisms, in particular dissociative protections, are triggered, such as depersonalization, dissociative amnesia, surprise or anesthesia (Brassine, 2010, 2020; Cheek, 1981). Brassine calls these survival 'defences' dissociative protections, which, once put in place, are sometimes maintained over time or are suddenly reactivated without real vital necessity, by sometimes trivial triggers, such as a smell, a sound or the sight of an object (Brassine, 2010, 2020). In this case, dissociative protections turn into symptoms or symptom vehicles (Brassine, 2010, 2020). In PTR, psychosomatic conversions are considered as dissociative protections: in fact, the emotional suffering linked to the memory of the traumatic event is such that the person can make the unconscious choice to protect himself by transforming it into a more easily manageable physical pain. even if it is potentially disabling, for example a disease of the digestive tract, eczema or fibromyalgia (Brassine, 2020).

The treatment of symptoms by PTR will consist in using in a hypnotic state the dissociative protections put in place during the traumatic events, which will give control to the patient while he has suffered them until then and will paradoxically make them disappear. (Brassine, 2010, 2020). Thanks to the patient's control over the dissociative protections used during therapeutic work, the desensitization of traumatic events will be carried out in complete safety, aiming for "zero pain" during the sessions (Brassine, 2010, 2020).

Research studies for hypnosis and PTSD

Wampold et al., 2010 Roberts et al., 2009; Watts et al., 2013 Kornør et al., 2008, Van Etten & Taylor, 1998) were mostly made before the publishing of RCTs (randomized controlled trials) trying hypnotherapy-originated treatments for PTSD and therefore only included one study by Brom, Kleber and Defare (1989). As a result, the requirement for further trials complicates the inclusion of hypnosis amid the accredited interventions for a series of disorders. Further study of the topic may contribute to improve the therapeutic approach to PTSD. Bisson and Andrew (2009) showed in their study that hypnosis could successfully relieve symptoms in PTSD sufferers and further research corroborates its efficacy with a series of symptoms and demographic groups. (Abramowitz et al., 2008; Abramowitz & Lichtenberg, 2010; Lesmana et al., 2009; Shakibaei, 2008). The assertion that hypnosis is not successful in mitigating PTSD symptoms is upheld by research which compares sets of PTSD subjects treated with hypnosis with sets being given interventions such as counterconditioning (Brom, Kleber, & Deflare, 1989), pharmacological treatment, (Abramowitz et. al, 2008), and inactive substance (Barabasz et al., 2013). In further studies, it was demonstrated that hypnosis may contend with alternate treatments. Van Ettten and Taylor (1998) established that psychogenic therapies were more potent than pharmacological treatments and together more efficacious than the control goup in addressing PTSD. In this meta-analysis, the impact of hypnosis therapy has been comparable to EMDR, behavioral, and pharmacological therapy. Yet, hypnotherapy remains the less effectual psychogenic intervention as results are problematic to assess as their a founded on a sole experiment. Hypnosis misses enough case and group studies to deduce its effectiveness in PTSD treatment (Cardena et al., 2009). They defend that hypnosis can be associated amid other interventions regularly employed with trauma sufferers and it may also be employed with symptomatology commonly linked with PTSD as well as assisting in

moderating and incorporating trauma recollections (Cardena et al., 2009). An additional controlled treatment article inferred that by combining hypnosis and cognitive behavioral therapy it leads to a higher decrease of symptom re-experimentation after treatment compared with CBT solely (Bryant et al., 2005). However, this higher decrease was not sustained in time after half a year and 3-year monitoring assessments. It was also observed the pressing requirement for further investigation on hypnosis and PTSD (Lynn and Cardena, 2007).

Methodology

Philosophical assumptions

In this section, there will be a review of the philosophical positioning that inspired the researcher's curiosity in analysing and interpreting the semi-structured interviews and the way his epistemological stance is rooted into this dissertation's methods and methodology. In this research, the chosen positioning is Social Constructionist, and it will be clarified how it affects the research at hand. Qualitative sources such as interviews, audiovisual materials, audio recordings may provide significant content, profundity, and meaning as they portray the wealth of the human experiences.

Social constructionism suggests that our mind and inner reality is outlined by language and collective accord via what we comprehend of our worldview (Young & Collin, 2004). In research, McNamee (2012) considered a study as a cooperative proceeding between scientists and participants in the building of novel avenues of knowledge. The stakeholders in the research build realities and sense inside the interaction. As such, the researcher is required to show transparency in data management and processing. The association between researcher and participant belongs to the active segment of the collected inputs. Consequently, results are not shared with independence and objectivity nevertheless as a byproduct of a subjective construct (Burr, 2015).

Design

Qualitative approach

To relate the experiences of handling trauma, an inductive qualitative design has been chosen for this research. Qualitative research can be defined by the processes involved in the building of knowledge and is not defined by the type of data that should be included. It rests on three principles (Rey, 2000):

- Knowledge is a constructive-interpretative construct and is not a sum of defined facts of the empirical moment. Its interpretative nature is generated by the need to give sense to the participant's expressions which meanings are indirect and implicit to the domain of study. The interpretation is a constant, complex, and progressive process that develops through meaning in different forms.
- The interactive character the knowledge production process which focuses on the relations between the researcher and the participants.
- The significance of singularity in the production of knowledge: scientific knowledge is not legitimized by the quantity of studies performed but the quality of its expression. In other words, the number of participants to be studies relies on a qualitative criterion defined by the needs of the research discovered during the study.

The qualitative design adaptably and thoroughly investigates the influence of experience. Furthermore, it can deliver a deeper comprehension of the world, accomplished via semi-structured interviews which entail assembling real life data employing the participant's dialectic and fostering them to ponder on the impact of culture and societal experiences in their social milieu (Smith, 2015).

The purpose of employing a qualitative approach is to advance a profound comprehension, significant and beneficial to groups of persons sharing comparable experiences and conditions (Marks & Yardley, 2004).

Subjectivity can be understood as a complex system of meaning and subjective meanings produced by human cultural life that is defined ontologically as the social, biological, ecological elements related between themselves and the complex process of their development (Rey, 2000).

Thematic analysis

When qualitative data is analyzed it provides investigators additional prospects to ponder human processes deeply in a supple way that faces social matters in order to keep an equilibrium between society and the individual. The clarifying processes belonging to *symbolic interactions* are deemed the fundamental standpoint to qualitative study methods since they are thought to be a subjective comprehension. The goal is to activate recollections in a secure environment (Smith, 2015). Nevertheless, themes in Thematic Analysis (TA) should be aground as they are fundamental to comprehend comportment representing a connection between human suppleness and sensibility. TA is a methodical and well-structured model and the researcher may utilize guidance as provided by Braun and Clark (2006). TA is very flexible and provide an unlimited number of options and there is no correct or incorrect way of working with data throughout the analytical process. Potentially, TA delivers the possibility of giving details along the analytical process. It also offers the possibility to seek and link interrelated themes, trends, and notions in the amassed data. The importance of TA

permits researchers to locate trauma-related thematic trends while analysing the data (Antaki et al., 2003). In addition, TA is an effectual model that promotes the origination of unforeseen insights into the gathered data. The identification of thematic, concepts, ideas is carried out with ease without altering the substance of the gathered data. In brief, TA model was best adapted for this study so that the specific research questions may be addressed (Braun and Clarke, 2006). TA was deemed adequate to examine the therapeutic experience of practitioners when dealing with PTSD clients and how their experience could help improve the PTR Hypnosis protocol as well as understanding how Hypnosis PTR contributed to improve PTSD symptoms (Kozłowska, 2020).

Participants

Seven participants were initially recruited for this study and one participant decided to not take part in the study. Participants were five females and a male. Ages ranged between 35 and 62 years old. All six participants were PTR certified practitioners and had more than half a year experience in PTR hypnosis. One out of 5 female participants held a doctorate, two held a master's degree, and two a professional qualification. The only male participant held a master's degree.

Materials

Email including a flyer explaining the research and seeking a declaration of intent was sent to prospective participants. Participant information sheet and consent form were supplied electronically in word/pdf format to participants including information on the title and purpose of the study, risks and disadvantages of participating, right to opt-out, researcher's

contact information, confidentiality and data protection (See Appendix A). A qualitative semi-structured questionnaire was created by the researcher comprising six open-ended questions built around the research questions and used to interview the participants online via Zoom and recorded. The questionnaire was available only to the researcher. An automatic transcription was generated by Zoom, revised and amended by the researcher (See Appendix B).

Sampling procedures

Participants were recruited via an email including a flyer explaining the research and seeking a declaration of intent to 142 PTR Hypnosis practitioners accredited by the Milton Erickson Institute of Belgium. Participants were chosen using an authoritative sampling. A consent form and an explanation of the interview process was provided in electronic form via email to the participants.

Procedure

Data collection methods

The data was collected via online semi-structured interviews recorded via the online communication desktop PC application Zoom. All participants were provided with a participant information sheet on the study and asked to sign a consent form before the interviews took place. Interviews lasted between 10 and 21 minutes between June and July 2021. The questionnaire was developed in English and the answers by the participants were transcribed into a verbatim firstly automatically via Zoom then revised manually by the researcher using Word editor.

Interview schedule and protocol

The semi-structured interview schedule was meant to assist in responding to the research questions of what the PTR practitioners' therapeutic experience are when working with PTSD clients and how their experience could help improve PTR hypnosis as well as finding out how PTR hypnosis treatment contributes to improve client's PTSD symptoms. Furthermore, the schedule was created in order to facilitate a thorough exploration as to gain exhaustive understandings on linked subjects connected to PTSD context. The purpose was to deepen the insights of how PTR hypnosis practitioners find meaning in their everyday practice when dealing with PTSD patients. This consecutively will promote the examination of ways to improve PTR hypnosis therapy as to improve client's PTSD symptoms.

Ethical issues

Ethical issues were taken into consideration before the recruitment of participants took place and acceptance was granted by Arden's University ethics committee. Ethical guidelines by the British Psychological Society were implemented in the design of this study and interactions with participants. Information on the study, potential risks and hazards, right to consent, right to retrieve, and data protection guidelines were followed (BPS, 2018).

Analysis

Coding may be defined as an analytical procedure. To begin with, the researcher should read several times the verbatim and browse through the collected information. Then, the researcher looks for trends, themes, sense, and notions. In the third order, the researcher peruse across

the verbatims of the interviews and merge them into a single document. In the fourth order, the researcher employs coding techniques. In the fifth order, the researcher employs inductive codes created along the coding process and employs deductive themes derived from the literature and the research questions (Braun and Clarke, 2006). Lastly, the researcher employs a mix of deductive and inductive techniques to examine the variations in an individual's experiences by expanding thematic classifications originated from the gathered data and pursuing the variations in these trends throughout the interviews.

The coding procedure for themes can be performed during each and every interview. The analytical procedure includes choosing which themes are pertinent to the research question or the contrary. Subsequently, the researcher chooses the best fitting coding technique linked to the research question. Coding categories should be developed following the beginning of the interviews in order to begin analysis early into the process. Moreover, the researcher begins the categorization and observation of the participant together with the interview environment (Antaki et al., 2003). The coding and relevant emerging themes will be illustrated in the form of a thematic table (See Figure 1) in order to provide a thematic understanding that is relevant to the research questions. Codes and themes that are less relevant and less frequent to the research questions of this study will be presented in the appendix due to word count restrictions (See Appendix C).

Reliability and validity in research

The relevance of Thematic analysis (TA) lies in the fact that it permits researchers to discover recurrent trends of themes on PTSD experience throughout the analysis procedure. Also, different qualitative analytical methods permit the determination of themes along the analytical process and in this instance, the gathered data may be employed for the

development of a novel questionnaire for example. Besides, TA is a functional model that promotes the origination of unanticipated foresights within the gathered data. The identification of meanings, concepts, and themes is relatively straightforward without altering the content (Smith, 2015). In brief, TA was deemed suitable for the current research, for the sake of responding to the research questions (Braun & Clarke, 2006).

TA was deemed adequate as a model to examine the experiences of PTR hypnosis practitioners in the treatment of PTSD. Moreover, the study sought to comprehend how PTR hypnosis contributed to improve PTSD symptoms and how the practitioner's experience could contribute to improve PTR Hypnosis therapy.

The questionnaire employed for the semi-structured interviews was conceived by the researcher to allow the assessment of the pertinent qualitative variables within PTR hypnosis practitioners. The interviews included 6 questions exploring the experiences of PTR hypnosis practitioners when working with people with PTSD, their experience and understanding of the benefits and challenges of using PTR hypnosis. The overarching aim was to examine and supply a deeper insight of the experiences of practitioners.

The grounds for employing this method in the research is that qualitative inductive approach have become customary in research in psychology, and they can be as coherent as different methods (Braun & Clarke, 2006). By employing these matter-of-fact methods, it was possible to reply to the research questions and acquire information on how to apply these methods on the frontlines of mental health practice and to gain valuable findings.

TA inner validity represents the crucial issue, which is linked to the coding method.

Validating a study lies on the analysis of the transcriptions and the assessment if the external validity notions show reliability when utilized on different sets amid the general population.

Internal validity can be generally maintained by citing the verbatim to corroborate the

analysis. This can be achieved via continuous comparative analysis amid the six steps of TA method or may be backed and verified by two skilled examiners to validate the interpretation. All pertinent data out of the 5 semi structured interviews performed in this study have been included by the researcher to scrutinize, treat, and create a custom-made qualitative study adapted to PTR hypnosis practitioners experience. Themes present in this study are mentioned as trends incorporated amid the data sets and can be recognized from the early coding. Every single initial code catered a short account of its subject matter within the data and the trends in codes were subsequently incorporated to produce themes (Braun & Clarke, 2006). This incorporation presented that several codes were clearly ascertained, however, this was not the case in prior qualitative research where codes were barely discernable. This may be explained by the fact that some elements were voluntarily or involuntarily concealed, sidestepped, or designated an event or implied event. The researcher conceived a structure for coding categories and produced the main themes as a way to guarantee transparency and validity during the analysis. According to Braun and Clarke (2006), the consistency and credibility of the codes should be assured at the close of TA process.

Results

In this section, the results of the analysis of PTR practitioners were highlighted. The main themes arising recurrently were all presented in this section following the analytical procedure and the development of themes was based on thematic analysis method (Braun and Clarke, 2006). Due to word count restrictions only the first 3 subthemes will be presented of each theme. All themes, sub-themes, and codes will be available in full for consultation in Appendix B. The three proposed main themes are illustrated in a thematic table shown in Figure 1:

Theme	Number of references
Understanding PTR features from practitioners' experiences	100
The significance of understanding trauma and its features	82
Perception on client's needs and characteristics	44

Figure 1: Main themes from PTR practitioners' interviews

Following a thematic analysis, three main themes emerged from data processing as highlighted below:

The first main theme was attempting to gain more understanding from the PTR features from practitioners' experiences. It was the largest theme composed of nine sub-themes and 100 references or codes. The themes focused on the healing features and the PTR drive for change in PTSD patients, the effectiveness and efficiency of PTR practice and what makes it an

effective and efficient practice, why exactly its novelty and uniqueness as a tool to treat trauma, as well as safety cautions when using PTR.

The second main theme arising from the study was focusing on the significance of understanding trauma and its features. This main theme was composed of six sub-themes and 82 codes or references. The sub-themes concentrated on understanding dissociative protections and its features, working with the emotional and reasoning part of the brain to facilitate change, body-mind work to facilitate change, and more generally to understanding trauma.

The third main theme concentrated on PTR practitioners' perceptions on client's needs and defining characteristics. It was composed of six sub-themes and 44 references. The sub-themes concentrated on the perceptions on clients' strengths and weaknesses, type of disorders clients consulted, client and therapist relationships, clients' needs, and client's favorable characteristics which are significant for PTR.

Participant number	Abbreviation	Nationality	Gender	PTR experience
1001	ID	Belgian	Female	3 years
1002	MC	Belgian	Female	2 years
1003	EN	Belgian	Female	2 years
1004	SB	Belgian	Female	1 year
1005	MJ	Belgian	Female	2 years
1006	GS	French	Male	3 years

Figure 2: Participants’ abbreviations and information

Understanding PTR features from practitioners’ experiences

The largest theme revolved around participant’s understanding of PTR features derived from their experience. References to PTR features were present across all interviews and its characteristics and effectiveness were explained in detail. The themes are shown in Figure 3.

Understanding PTR features from practitioners' experiences			
		Search Project	
Name	Files	References	
It is healing and allows positive change in PTSD	1	46	
It is an amazing tool, effective and efficient with PTSD	1	35	
What makes a PTR effective practice	1	22	

Figure 3: Screenshot NVivo sub-themes of theme understanding PTR features from practitioners’ experiences

The first theme focused on the healing features and positive change triggered by PTR therapy. Participants agreed that PTR helped reducing symptoms common with trauma and especially with PTSD as well as empowering the client by giving back control on their emotions and helping them process them as shown in Figure 4. This corroborated the findings in Rabinovitch (2019) PTR study.

- It is healing and allows positive change in PTSD
 - PTR gives control & power back
 - PTR processes helps processing emotions

Figure 4: Screenshot NVivo of the sub-theme it is healing and allows positive change in PTSD

For example participant 1 (ID) shared her impressions on the recovery of control and power on client's feelings from trauma provided by PTR therapy as contributing to the client's wellbeing as seen in Brassine (2020). Participant 2 (MC) also spoke on the client controlling its emotions and sensations with PTR and contributing to the client's wellbeing.

So as you're giving this control back to the people by helping them to augment some feelings... (ID Lines 48-49)

Participant 3 (EN) explained how PTR helped her processing emotions by allowing time and space for the trauma suffering client to feel the emotions very often avoided and thus completing the emotion's cycle. This was followed by changing the traumatic memory linked to that emotion, thus meeting the needs of the unconscious and symptoms are reduced as a result, as seen in Brassine (2020).

By allowing them to process the emotions we question the patient about the emotion linked to what the patient is saying is talking about and doing so, we allow time and space for the patient to feel the emotion and so to complete the cycle of emotion because most of the time people are experiencing emotions that they try to avoid them. (EN, Lines 21-25)

...change the scenario to respond to the needs of the unconscious. And when it's done. Then the symptoms and the suffering is. Yes. Well, is less important... (EN, Lines 39-41)

Overall, PTR was evaluated by practitioners as an effective and efficient tool in the PTSD treatment. PTR was described with positive affirmations as tool or therapeutic technique and that was safe and secure features when addressing trauma, sub-themes of these are clearly highlighted as shown in Figure 5.

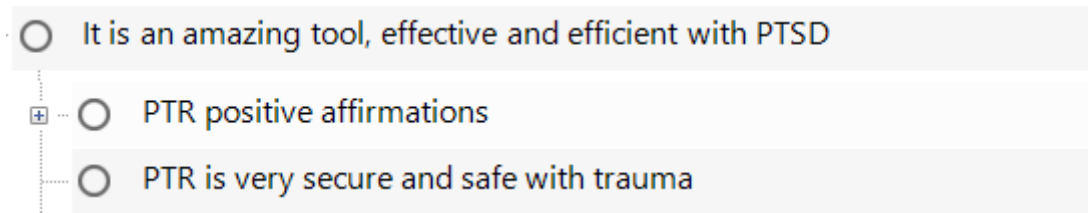


Figure 5 : Screenshot NVivo of the sub-theme “It is an amazing tool, effective and efficient with PTSD”

Participant 1 (ID) praised PTR as an 'amazing tool' when working with PTSD clients as they regained control of their emotions back and therefore helped them to go back to normality.

I found it extremely amazing tool to work with, because it gives the people back their control their power, and their knowledge to get back on their path. (ID, Lines 24-25)

Participant 6 (GS) shared his experience when working with PTSD and complex PTSD patients and found PTR to be very safe when addressing traumatizing events in the patient's life. He also found important for the client to understand the safe nature of PTR for him to work faster on his traumas, a finding aligned with the concept of 'zero pain' maintained by Brassine (2020).

What is the most important is that it is very safe for them, and they understand it very quickly that it's safe, so they can sort out things faster because they feel like it's not more. not anymore dangerous to work out these things. (GS, Lines 48-50)

Participants provided recommendations on what actions the practitioner should undertake in a therapeutic setting and what practices make PTR more effective such as therapeutic provocation and client experiencing PTR smoothly as shown in Figure 6.

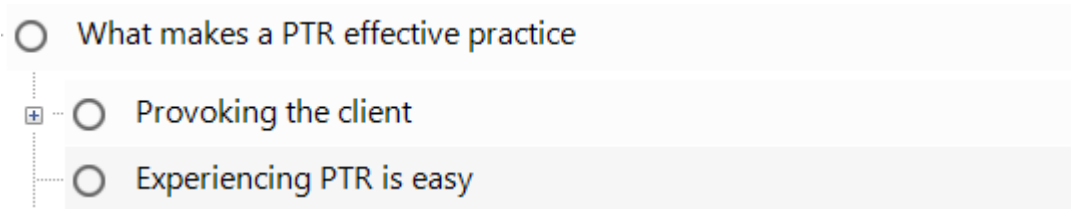


Figure 6: Screenshot NVivo of the sub-theme “What makes a PTR effective practice”

Participant 2 (MC) advised to use provocation therapeutically to engage the client in the therapy and essentially provoking change by showing the hypothetical outcome of his social interactions while in hypnosis.

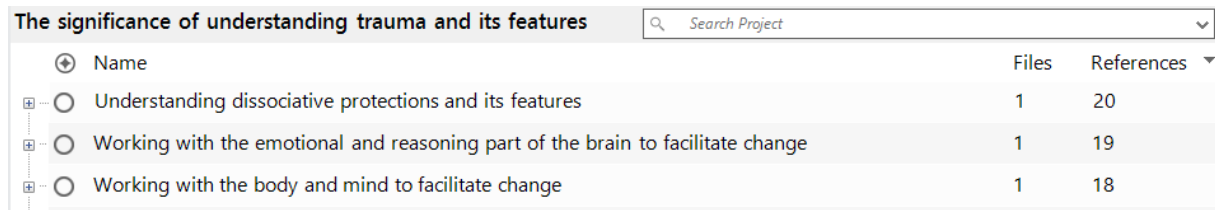
And sometimes it's interesting to provoke know I can do that I love him too much. Feel how much you love it's very important. Feel how much it's very important that everyone everyone takes advantage in you. (MC, Lines 90-92)

Participant 5 (MJ) raised the importance of demonstrating to the client that although PTR allows for making changes easily it is really working for them from the first session.

But you have to kind of prove that. Even if it's easy. It works. And when they have the time in one session to see that. It's okay. (MJ, Lines 70-71)

The significance of understanding trauma and its features

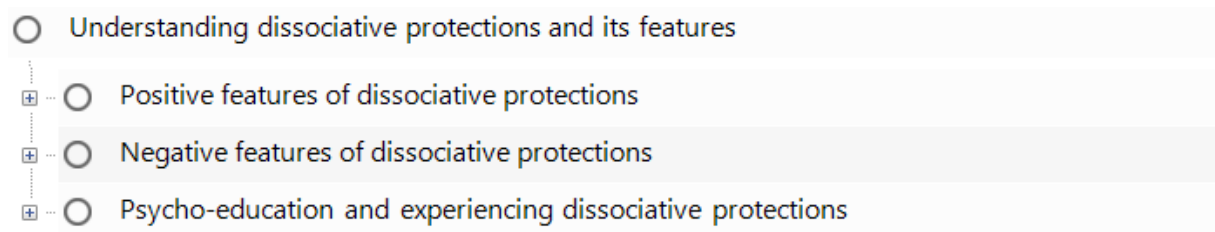
The second main theme looked at the importance of understanding trauma and its impact on the mind and body from the perspective of PTR. This perspective included the dissociative protections which were hypnotic protections such as dissociation or depersonalization used therapeutically, and the functioning of the brain while in hypnosis as shown in Figure 7.



The significance of understanding trauma and its features		Search Project	
Name	Files	References	
Understanding dissociative protections and its features	1	20	
Working with the emotional and reasoning part of the brain to facilitate change	1	19	
Working with the body and mind to facilitate change	1	18	

Figure 7: Screenshot NVivo sub-themes of main theme “The significance of understanding trauma and its features”

The first sub-theme emerged from the positive and negative features of dissociative protections and their significance as shown below in Figure 8:



Name
Understanding dissociative protections and its features
Positive features of dissociative protections
Negative features of dissociative protections
Psycho-education and experiencing dissociative protections

Figure 8: Screenshot NVivo of the sub-theme “Understanding dissociative protections and its features”

Dissociative protections played a central role in the reduction of PTSD symptoms as seen in Brassine (2020). Clients in PTR were allowed to healing trauma with minimum suffering and thus securing the client as shown in Figure 8.

So, by using the methods invented in modernized by Gérald Brassine, using all the protective ways of not feeling the traumas using all these protections. means you give them exactly the comfort they need to read again, the trauma differently. (MC, Lines 25-28)

A negative feature of dissociative protections was when it occurred spontaneously for the client, thus preventing him from regaining emotions and physical sensations. This corroborates the findings by Cheek (1981) and the study by Keane et al. (1985) on amnesia in PTSD war veterans.

...that these securities these protections cling on to the body and make it so that the people are unable to regain emotional feelings or regain physical feelings or regain the recalling what has been happening because they had amnesia and so forth... (ID, Lines 37-40)

Psychoeducation was essential to bringing awareness to the client on different types of dissociative protections, and how to control them.

...main protections are dissociation or emotional anesthesia, physical anesthesia, or amnesia. These are the three big ones that are happening when we're confronted with a traumatic situation... (ID, Lines 32-34)

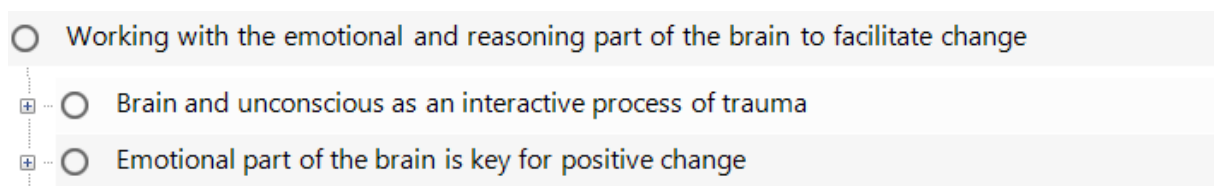


Figure 9: Screenshot NVivo of the sub-themes “Working with the emotional and reasoning part of the brain to facilitate change”

Trauma was assimilated to an image that is kept as traumatic image in the brain. PTR and hypnosis therapy solicited the emotional area of the brain and interacted with the unconscious. However, for this to occur the conscious and the front part of the brain would need to understand the process in order to allow the access to the emotional part of the brain (Figure 9).

...trauma is something that is put on the brain, and it's kept as an image as a traumatic image... (ID, Lines 55-56)

With your brains. But if you don't solve the problem, where it's fixed which is in your unconscious, then you may take ages so it's very efficient because you go exactly where it happened, where the emotions got stuck. (MC, Lines 106-108)

Accessing the emotional part of the brain was essential to desensitize traumatic images and emotions.

With your brains. But if you don't solve the problem, where it's fixed which is in your unconscious, then you may take ages so it's very efficient because you go exactly where it happened, where the emotions got stuck. (MC, Lines 106-108)

The third sub-theme emerged from the interaction of the body and mind which enables therapeutic change as shown in Figure 10:

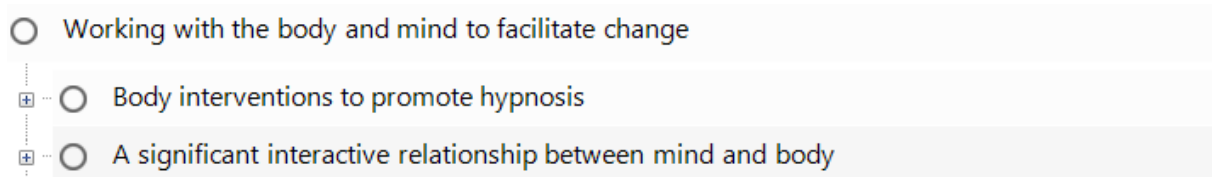


Figure 10: Screenshot NVivo of the sub-theme “Working the body and mind facilitate change”

PTR was an integrative mind-body therapy, and this combination facilitated therapeutic change. When clients reconnect to their body and lessen control by the mind may be able to access and control the body as well as their nervous system to process trauma effectively (Figure 10).

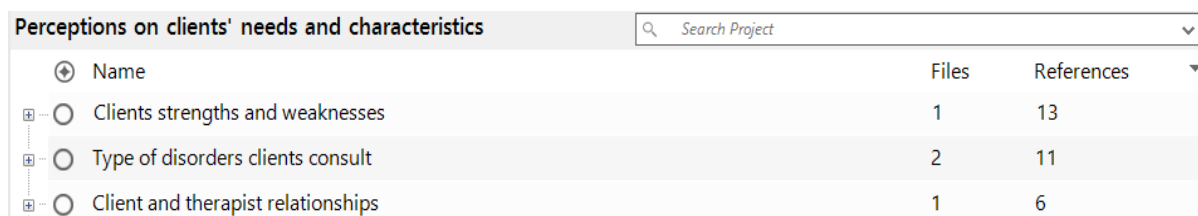
...losing a little bit of that mind control will help you to reconnect deep insight with your body and will help you to desensitize desensitize the traumatic events, which is going to be so much more work than if you keep the complete mind control. (ID, Lines 76-79)

Body interventions such as breathing and relaxation were key techniques for the mind to reconnect to the body and for PTR hypnosis to be effective.

...I recommend with my clients, is that they do some breathing because the breathing is the first thing 97 that really helps the body to relax at some point. (ID, Lines 95-97)

Perceptions on clients' needs and characteristics

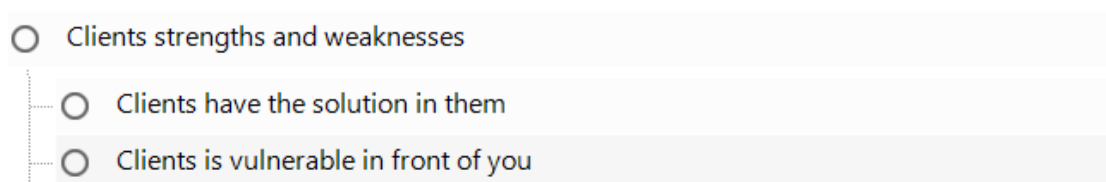
The third main theme focused on the clients' needs in therapy and their characteristics, strengths and weaknesses, type of disorder they consult for, and the relationship between client and therapist as shown in Figure 11.



Perceptions on clients' needs and characteristics		Search Project	
Name	Files	References	
○ Clients strengths and weaknesses	1	13	
○ Type of disorders clients consult	2	11	
○ Client and therapist relationships	1	6	

Figure 11: Screenshot NVivo sub-themes “Perceptions on clients’ needs and characteristics”

The first sub-theme emerged from the clients’ resolving skills but also their vulnerabilities as shown below in Figure 12:



○ Clients strengths and weaknesses
○ Clients have the solution in them
○ Clients is vulnerable in front of you

Figure 12: Screenshot NVivo of the sub-theme “Clients’ strength and weaknesses”

In PTR, the client was encouraged to learn to access and work with his unconscious where he could obtain solutions to his problem(s) rather than expecting it from the therapist suggestions in line with the conception of hypnosis by Erickson and Rossi (1981) (Figure 12).

And every answer every step forward is coming from. His, or her subconscious. So, it's really specific to him because it her or his own solution. (SB, Lines 15-16)

The client became more vulnerable than other therapies as hypnosis allowed to tear down some conscious barriers and thus accessing the vulnerability of the individual in the unconscious and represented a risk in therapy.

And in hypnosis, the vulnerability can be increased because there are some barriers there that fall down and so you, you can really access their vulnerability of the, of the person and I think a risk... (EN, Lines 53-55)

The second sub-theme illustrates the type of clients that may benefit from the PTR therapy as shown below in Figure 13:

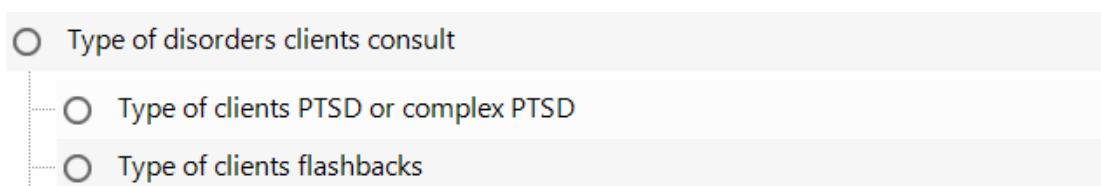


Figure 13: Screenshot NVivo of sub-theme “Type of disorders clients’ consult”

In this theme, the different disorders clients consult is presented. The most recurring codes were PTSD or complex PTSD with flashbacks being their common symptom. According to Participant 6 (GS), many clients suffering from trauma suffered from PTSD or complex PTSD and those suffering from flashbacks suffered from other PTSD symptoms as well

(Figure 13).

And since then, I mostly have people who are suffering from traumas, and quite a lot of them have PTSD or complex PTSD... (GS, Lines 7-9)

...when people come, they usually have many flashbacks, and symptoms that are linked to PTSD. (GS, Lines 35-36)

The third sub-theme emerged from participants perspectives on the importance of client and therapist therapeutic relationship as shown below in Figure 14:

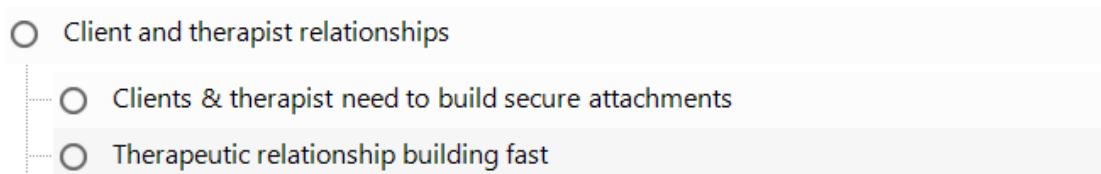


Figure 14: Screenshot NVivo of sub-theme “Client and therapist relationships”

A trust-based relationship was needed for the therapy to be successful and provoke change.

...when you can really change some that I put I put it like that, it's just that when there is a trust between the therapist and, and the clients, and the patient. (EN, Lines 50-51)

The relationship and collaboration between client and therapist were described by participants to be of great importance, as when it is introduced correctly then the therapeutic relationship is established quite fast.

Therapeutic relationship relationship which is building from the first time in a few minutes. Usually, it goes very fast. because the way it is. The way it's presented to the patients is making the relationship. (GS, Lines 54-56)

Discussion

Aims and research questions

The overarching aim of this research was to increase our understanding and knowledge on PTR hypnosis by exploring PTR practitioners' subjective experiences for treating clients who experience PTSD symptoms. More specifically what were PTR practitioner's therapeutic experience when working with PTSD clients; how PTR hypnosis treatment contributed to improve PTSD symptoms; how the experience of PTR hypnosis could contribute to improve the PTR hypnosis therapy protocol for PTSD clients.

Understanding PTR features from practitioners' experiences

The first and largest theme in the findings of this study focused on understanding PTR features from practitioner's experiences. This section gave insights in answering the second research question: how PTR hypnosis treatment contributed to improve PTSD symptoms. Participants agreed that PTR helped in reducing symptoms commonly associated with PTSD as well as empowering the client by giving back control on their emotions and helping to process them. Participants elicited different PTSD symptoms such as dissociative symptoms and flashbacks consistent with the diagnostic criteria on the DSM-5 descriptions (American Psychiatric Association, 2013). These findings confirmed the results of a study by Bisson and Andrew (2009) where several psychological interventions were compared using RCTs of psychological therapies. It was found that hypnosis could successfully relieve the symptoms of PTSD clients. Another study by Abramowitz et al. (2008) examined the benefits of employing hypnosis for treating clients with chronic PTSD versus the use of antidepressants.

Hypnosis employed was focused on symptoms solely. A significant main effect was found in using hypnosis and the effect was prolonged a month after. These promising results not only confirmed that hypnosis helped reducing PTSD symptoms but that it was also effective in variations of PTSD such as chronic PTSD (Abramowitz et al, 2008). These results aligned with a study by Van Etten and Taylor (1998) who established that psychological therapies were more potent than pharmacological treatments in addressing PTSD.

The only study on PTR by Rabinovitch (2019) focused on relieving PTSD and complex PTSD symptoms by treating clients with PTR hypnosis during a period of 4 months and a half. The findings were the complete disappearance of PTSD and complex PTSD symptoms. In this study, the client and the practitioner collaborated to desensitize past traumatic emotional or physical recollections by restructuring and processing cognitions, emotions, and physical sensations. The initial views of the world by the client may be a predictor of the severity of PTSD as was consistent with Emotional processing theory (Foa et. al, 1989). All these findings corroborated the experience of PTR practitioners' experiences in alleviating PTSD symptoms but more especially Participant 6 (GS) who successfully treated clients for PTSD and complex PTSD. However, Rabinovitch (2019) warned about the remains of dissociative symptoms in clients following PTR intervention and this should be considered in future research. This warning was substantiated by Participant 2 (MC) of the present study warning about the practitioners being overconfident about the speed of their clients' remission. It was also important to underline the fact that hypnosis was missing enough cases and group studies to confirm its effectiveness unlike other therapies such as Cognitive Behavioural Therapy (Cardena et al., 2009).

Participants also spoke about other healing features of PTR helping the client in recovering from other ailments such as a loss self-confidence or bereavement, which, constituted traumas also affecting PTSD clients and the severity of their symptoms. There was evidence in the literature of the effects of hypnosis and its sister discipline self-hypnosis which shares very similar inner processes (Ledochowski, 2003).

The study by Ilmi et al. (2017) aimed at defining the effects of self-hypnosis on public speaking in university students. It was shown that hypnosis could increase self-confidence in students when speaking in public.

Although bereavement was not classified as a psychological disorder but a typical response to loss, it was treated successfully using hypnosis. Loss could be considered of traumatic nature and provoked trauma associated symptomatology requiring hypnosis intervention. In a study by Iglesias and Iglesias (2005), two participants were treated using hypnosis in a single session with noticeable results and a substantial reduction in their physical symptoms such as abdominal discomfort, and skin swelling and itching and a reduction in their psychological symptoms such as obsessive thinking, worry, and dark ideations. The limited focus of this research did not allow generalisation but gave insights on variables to address in future research notably the influence of hypnosis on physical sensations and somatizations as well as cognitive restructuring which constituted the areas of action of PTR hypnosis (Brassine, 2020).

PTR practitioners shared their experiences using PTR and there was quorum in considering the tool as effective, efficient, and safe with PTSD. The main praise was the possibility for clients to recover their control and power back. This recovery of control was essential in the healing process of PTSD clients and especially in victims of sexual abuse and assault which fell prey to abusers and lost control over their bodies and emotions (Cowan et al., 2020). This

recovery of control allowed for the person to consciously act on his emotions and body sensations in order to take control of the dissociative protections such as dissociation or depersonalization. According to Brassine (2020) this recovery of control also allowed the client to change the association between traumatic images and emotions ‘stuck’ in the limbic brain which led to a reduction in PTSD symptomatology. For this to happen, the client needed to understand that the process was safe as very often PTSD clients were afraid of their symptomatology and the risk of revivification (Cowan et al., 2020). Once the client understood this, the transformation of the traumatic event using PTR could go very fast.

In the present study, participants provided recommendations on what actions practitioners should undertake in a therapeutic setting. The essential objective of PTR therapy was to provoke change in the client symptoms, emotions, sensations, and behaviours (Brassine, 2020). Therapeutic provocation in PTR aimed for the patient to project himself through the moderation of his own emotions and body sensations in prospective life scenarios where the client was involved in a toxic relationship for example. The projection allowed the client to observe the hypothetical outcome of the relation and assess it with the objective of provoking change. This may be assimilated to the underpinnings of emotional processing theory and its ‘therapeutic’ sister exposure therapy which defended the emotional activation and habituation of the client using imaginal exposure (Foa et al., 1999). PTR went further by adding dissociative protections and thus meeting the ‘zero pain’ requirement and the cognitive and emotional restructuring (Brassine, 2020).

The significance of understanding trauma and its features

The second theme in the findings of this study focused on the significance of trauma and its features. This section gave insights in answering the first and second research questions: what were PTR practitioners' therapeutic experience when working with PTSD clients; how PTR hypnosis treatment contributed to improve PTSD symptoms.

Participants discussed the understanding of dissociative protections and their features as a pivotal aspect of PTR hypnosis and the understanding of trauma. Dissociative protections (DP) played a central role in allowing the reduction of PTSD symptoms with minimum suffering and increased safety. These dissociative protections and PTSD symptoms could be in some instances the same manifestations such as dissociation, depersonalization, and amnesia (Cheek, 2020; Brassine, 2020).

PTR practitioners were teaching clients to control DP through hypnotic work by making them augment these DP which de facto helped the client taking control of these DP for then reducing them or removing them completely as shown in the study by Rabinovitch (2019). Once these DP were lifted very often a resurgence of traumatic event recollections arose in the client and subsequently these were desensitized in a therapeutic collaboration between the client and the practitioner (Brassine, 2010).

A negative feature of DP was that it generally appeared following trauma as a protection set up by the mind against a traumatic event (Graniera et al., 2018). The main issue was that it occurred spontaneously without the client's control thus preventing him for recovering

emotions, physical sensations, and recollections of the events provoking a neuro-muscular lock as related by Participant 1 (ID). This represented a major obstacle in PTR therapy as the emotions and body sensations must be controlled by the client in order to desensitize trauma. These findings were corroborated by a study on trauma-related dissociation by Graniera et al. (2018). In this research, it was found that exposure to several traumatic events may trigger spontaneous dissociative processes and trauma related psychological and physical symptoms leading to alterations in the personality such as psychosis or negative affectivity. These findings were especially important in clients suffering from complex PTSD.

Participants also shared the need for the practitioner to practice psychoeducation with the client on trauma and dissociative protections as this could have facilitated the success of the therapy (Brassine, 2020). Notably, the types of DP and their functioning was particularly important according to Participant 1 (ID). A study by Rice and Moller (2006) on the 'wellness outcomes of psychoeducation' found that participants suffering from trauma related disorders such as PTSD or BPD sensed an enhancement in their general health and behaviour.

Participants shared their understanding of how trauma is processed by the brain and the biological processes involved. PTSD triggered a biological response in the body beginning when the individual felt the environment was hostile. The sensory inputs reached the amygdala which in turn triggered the HPA (hypothalamic-pituitary-adrenal) and the autonomic nervous system triggering hormone secretion and subsequent rise in blood pressure, glucose concentration, and heart rate provoking a fight or flight response (Solomon & Heide, 2005). PTR hypnosis, as a psycho-corporeal therapy, allowed the client to access and control the autonomic nervous system notably controlling and triggering physical anaesthesia and pain. In a study by Derbyshire et al. (2009) it was shown that hypnotized

participants suffering from fibromyalgia, a condition often classified as psychosomatic, were able to exert increased control over their ache and reduce pain significantly more than in a normal state.

Participants also explained how PTR hypnosis accessed the emotional part of the brain (central/back) to desensitize traumas stored as images and its interaction with the unconscious. This part of the brain coincided with the areas located between the inferior parietal cortex and the secondary somatosensory cortex that were stimulated following an fMRI on hypnotized participants (Derbyshire et al., 2009). Another study by Pyka et al. (2011) focused on hand paralysis a common occurrence when controlling the autonomic nervous system while in hypnosis. In this study, an fMRI was performed finding that the central and back part of brain were solicited while in hypnosis thus confirming the participant explanations on how the brain processes hypnosis and trauma in the same region of the brain. These findings were consistent with participant 2 (MC) explanation on trauma stating that talking therapy to address trauma is not efficient since it mobilized the front part of the brain and not the emotional part of the brain. However, in order for the client to desensitize trauma the practitioner needed to provide explanations to the conscious or 'front brain' on how PTR works by providing the logical explanations for the conscious to allow the access into the emotional brain and the unconscious where trauma desensitization will take place (Brassine, 2020).

PTR was considered by participants as a mind-body therapy and its combination facilitated change. The practitioner encouraged clients to reconnect to their body as very often PTSD clients were distressed and suffered from heavy symptoms such dissociation, hypervigilance, emotional numbness preventing them from mind-body synchronization which allows change and improvement in his symptoms and condition (Brassine, 2020). Additionally, these clients

also suffered from heavy psychosomatic manifestations in the body such as Musculoskeletal pain, gastrointestinal disruptions, and cardio-respiratory pain that could be addressed by this mind-body synchronization (Pacella et al., 2013). Research confirmed the effectiveness of corporeal reconnection to alleviate physical symptoms (Golden, 2012; Kaiser, 2014; Kuttner & Friedrichsdorf, 2009). Participant 1 (ID) recommended the use of breathing and relaxation to lose an excessive focus of the client on the mind as seen in a therapeutic study by Sawni and Breuner (2017) on the use of clinical hypnosis in adolescents suffering from psychosomatic symptoms. In this study, participants were taught by the practitioner how to focus their breathing and relax their body prior to teaching them how to connect the mind to the body while in hypnosis.

Perceptions on clients' needs and characteristics

The third and last theme in the findings of this study focused on the perceptions on clients' needs and characteristics. This section gave insights in answering the first research question: what were PTR practitioners' therapeutic experience when working with PTSD clients.

In this theme, participants discussed how PTR was experience differently from other more traditional types of hypnosis, and in line with the principles of Milton H. Erickson, how it represented a strength for the client (Erickson and Rossi, 1981). Participant 4 (SB) explained PTR principles which consisted of the client finding his own solutions by learning to access and to work with his unconscious, his imagination and his memory rather than waiting for a suggestion from the practitioner (Brassine, 2010). This approach empowered the client to make the necessary changes in a collaborative relationship where client and practitioner were equal, and each had its own therapeutic duties (Rabinovitch, 2019). The practitioner monitored the process, provided suggestions only when required preferring the use of the

client's own metaphors, and intervened to ensure maximum comfort and zero pain. The client kept the practitioner informed of all his perceptions (visual, auditory, kinesthetic), emotions, and sensations, as the changes made with his subconscious. This approach had the advantage of reducing resistance to hypnosis and reinforcing the therapeutic alliance (Brassine, 2010).

Participant 3 (EN) warned that the client's vulnerability was higher in hypnosis than in other therapies representing a risk in therapy. This could be explained by the fact that hypnosis removed some conscious barriers and thus accessed the vulnerability of the unconscious where trauma was stored as an image (Brassine, 2020). Another important element was the control of the process by the practitioner which gave him a position of authority and power over the client as shown in study by Radoykov et al. (2021) where several participants relayed problems with power balance and vulnerability in hypnosis. Additionally, this vulnerability may lead to deceptive information and intrusion in the client's recollections (Kaltzky & Erdelyi, 1985). This maladaptive recollection was consistent with Ehlers and Clark (2000) cognitive model which argued that traumatic recollections were often deficiently conceived without temporal, or spatial references and poorly incorporated into the memory.

In the current theme, participants discussed the types of clients consulting. The most recurring references were PTSD and complex PTSD clients followed clients suffering from symptoms such as flashbacks. Participant 6 (GS) asserted that many of his clients suffering from trauma suffered from PTSD or complex PTSD and those suffering from flashbacks often suffered from other PTSD symptoms. Flashbacks were the main identifier of PTSD and its features were that it was intrusive and involuntary and also an indicator that other PTSD symptoms could be also present. Addressing the symptom in therapy may also increase therapeutic effectivity (Brewin, 2015).

Participants shared their experience on client-therapist relationships. Participant 3 (EN) shared that clients and practitioners needed to build secure attachments. Attachment theory applied to psychotherapy earned substantial clinical and research fundamentals particularly in the domain of complex PTSD. The use of joint tone of speech, pacing, attention, and hypnotic dialectic granted hypnosis practitioners the opportunity to introduce a beneficial relationship with the practitioner (Spiegel, 2016). Participant 3 (EN) defended that this therapeutic relationship was based on trust towards PTR hypnosis and the practitioner by allowing the client to perform the therapeutic changes. Participant 6 (GS) said that the way PTR hypnosis is presented to the client was essential to earn his collaboration and usually took only a few minutes to build.

In PTR, the client-therapist relationship was termed as ‘therapeutic alliance’ in Brassine (2020) PTR hypnosis protocol. This protocol aimed at removing the client’s preconceptions of hypnosis by explaining him the natural and recurring nature of the hypnotic state. The conversational aspect of PTR was also explained as an egalitarian exchange and a co-construction performed between client and practitioner following the Brief therapy model (Brassine, 2020; Rabinovitch, 2019). These steps were performed as a preparation to build the relationship and reduce therapeutic resistance before the hypnotic work may begin.

The information from themes presented in this section helped answering the third research question: How the experience of PTR Hypnosis practitioners could contribute to improve the PTR hypnosis therapy protocol for PTSD clients? The experiences of PTR practitioners had contributed to improve the PTR hypnosis therapy protocol by providing therapeutic experience corroborating PTR theory. This was especially the case in the desensitization of past traumatic emotional or physical recollections by restructuring and processing cognitions,

emotions, and physical sensations described by participants as seen in a study by Poon (2007) where hypnosis was employed to reprocess trauma memories by working on the emotions and body sensation in victims of abuse leading to a reduction in trauma symptoms. Another important element is the reduction in the client's negative self-conceptions typical in PTSD patients (Ehlers and Clark, 2000).

PTR practitioners provided insights on how to improve the hypnosis protocol and Participant 2 (MC) advised on using therapeutic provocation by encouraging the client to project himself in prospective life scenarios. This novel combination of provocation and hypnotic projection could especially be useful in situations where the client had mixed feelings towards a close relationship. There is already a PTR technique called 'Two tv' and this recommendation could be added to training manual. Participant 2 also advised about the importance of supervision in young practitioners and to discuss the need to avoid being over-optimistic with the clients' healing process.

Participant 1 (ID) also shared the importance of adding breathing and relaxation as a preparation for the client to enter in hypnosis as part of the therapeutic protocol. This was especially important in traumatized and stressed clients for them to be able to work in hypnosis and lower therapeutic resistance (Sawni and Breuner, 2017).

Limitations

The findings of this study originated important and noteworthy understandings of PTR hypnosis practitioners' experience in treating PTSD notably their therapeutic experience. The number of participants was limited to six and this represented a small sample. However, the volume of data collected was substantial and qualitative studies had generally significantly lower samples than other methodologies (Smith, 2015). Instead of concentrating on the number of participants, the focus was on capturing experiences with the necessary depth

during thematic analysis. The sample was predominantly composed of females and only a male. This may be due to the predominance of female PTR practitioner and in the psychotherapeutic profession as a whole. According to APA (2019), psychology workforce is composed of 30% male and 70% female in the United States. It will be important to balance the gender breakdown in order to have a more balanced male representation in future research. The collection of data included the recalling of previous experience of treating PTSD and participant's responses were founded on subjective recollections. Episode recalling after a period of time may become inflated or lessened consequently misrepresenting events. Additional qualitative studies would be required to contrast the present findings with further research (Smith, 2015). Lastly, the researcher was trained in PTR hypnosis and was practicing privately at the time of the study.

Reflexivity

During this qualitative research, the researcher acquired a deeper understanding of the therapeutic experience of PTR practitioners treating PTSD. This study examined how PTR hypnosis was employed and how it addressed PTSD and its symptoms.

The researcher was a Master degree student in Psychology and psychotherapist trained in PTR hypnosis at the time of the research. The researcher therapeutic experience could have influenced the interpretation of the data collected and provoked to be biased in the interpretation of the results as he shared most of the experiences the participants had. The researcher paid attention to double check the recordings and the transcriptions to make sure that the results and their interpretation was most accurate.

This study taught him the use of qualitative methods as way to capture practitioners' experience and complete the gap left by quantitative methods in the scientific understanding of the human experience in the area of PTR hypnosis and trauma. This research allowed to

connect the researcher with the therapeutic practitioner and therefore merge theoretical knowledge with professional practice. Another challenging element was the limited scientific bibliography available on PTR hypnosis since it was a novel psychotherapy unlike CBT for example.

Conclusions and implications of this study

The results of this study suggested that PTR hypnosis was an effective, efficient, and safe psychotherapy to treat PTSD. PTR was successful in alleviating PTSD symptoms both physical and psychological. PTR also allowed healing and positive change in PTSD by giving the client back control of his emotions and sensation and allowing him to process them. The significance of understanding trauma and its features by clients and practitioners was also instrumental in provoking therapeutic change. Finally, a deeper understanding of perceptions of clients' needs and characteristics was also gained as contributory in improving therapeutic practice. The participants also conveyed recommendations as well as cautions to ensure an effective PTR hypnosis therapeutic practice. As for instance, being aware of the client's vulnerability, avoiding being overly optimistic of the client's remission, and the need to combine PTR with other psychotherapeutic training.

Future research and contribution made by this study

Future qualitative research on PTR hypnosis should be organized in a way that keeps the human side of the experience and provide insights. It is interesting to remain open to different research designs that concentrate on capturing subjective experiences as these experiences could vary between participants. Perhaps, the experience of PTR practitioners in treating PTSD was conspicuous, nevertheless, the results have shown that each practitioner's

experience was inimitable. Hence, researchers should attempt to interpret participants accounts together with their distinct experiential dimensions observing the uniqueness of each experience.

PTR practitioners' experiences could be examined deeper to discover novel avenues for the development of therapeutic interventions in PTR hypnosis and its prospective combination with EMDR.

This research focused on the subjective therapeutic experience of PTR hypnosis practitioners when working with PTSD patients. Improving our knowledge via personal accounts of practitioners may constitute a precious instrument for mental health professionals. These accounts were shared by specialized practitioners treating PTSD. Below a list of contributions made by this study:

- Via improved awareness and the addition of PTR hypnosis into mental health training programs, it would bring young professionals added confidence in their professional practice when dealing with the most severe PTSD symptoms.
- Findings in this study may enhance the level of mental health assistance offered for PTSD in Europe within an atheoretical framework adapted to each patient.
- Social services and education specialists could create PTSD early action plans for trauma to raise awareness in young people. Early intervention may considerably avert psychological and behavioural disorders, improve family cohesion and reduce treatment costs and hospitalization.
- Comprehension of PTSD experiences may contribute to a more tolerant social environment for the victims by raising awareness of the illness in the general population and leading to lower stigmatization.

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Appendix A

Email/Flyer

Object: Invitation to participate in the research project: The experience of PTR Hypnosis practitioners in the treatment of PTSD

Dear Sir/Madam,

We are conducting interviews as part of a research study to develop the knowledge surrounding PTR Hypnosis by examining practitioner' experiences of employing PTR Hypnosis for PTSD and their viewpoint on how it influences client well-being.

As a PTR practitioner, you are in an ideal position to provide us with valuable first-hand information from your own experience and viewpoint. The interview lasts around 20 minutes and is very straightforward. We are trying to capture your thoughts and perspectives on being a PTR hypnosis practitioner and dealing with the treatment of PTSD.

The interview will be done online via Zoom. It will be recorded and your responses to the question will be kept confidential and destroyed on May 1st 2022. Each interview will be assigned a number code to help ensure the personal identifiers are not revealed during the analysis and writing up of the findings.

There is no compensation for the participating in the study. However, your participation will be a valuable addition to our research and findings could lead to greater public understanding of PTR Hypnosis and the people in the field. If you are willing to participate please reply to this email suggesting a day and time that suits you and I'll do my best to be available. If you have any questions, please do not hesitate to ask.

Thanks!

Julian

Researcher: Julian Carbajo Antelo
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Supervisor: Lucy Anacleto
Email: lanacleto@arden.ac.uk



Informed consent and participant sheet

Informed Consent Form

Participant Number:

You are invited to participate in this study on “The experience of PTR Hypnosis practitioners in the treatment of PTSD”.

Before you decide to participate in the research, please make sure you have read the accompanying participant information sheet so that you can make an informed decision on your participation.

If you have any questions about this study, please make sure you ask the researcher and receive satisfactory answers to your questions before signing this consent form.

If you are happy to consent to participation, please complete the below by ticking YES to each of the statements, and sign and date the form to acknowledge your consent. Please keep a copy of your signed consent form.

	YES	NO
I have read the participant information sheet and have understood what my participation will involve.		
I have had the opportunity to ask questions and have received satisfactory answers.		
I understand that my participation is completely voluntary and that I can withdraw my data up to two weeks after the interview, without providing a reason, all data and personal information will be stored until the 01/05/2022 the date when it will be deleted. This information is also available on the Participant Information Sheet.		
I have made a note of my participant number (provided in the box at the top of this form), to provide to the lead researcher should I wish to withdraw my data.		
I understand that my data will be treated confidentially and processed in accordance with GDPR 2016 and the Data Protection Act 2018.		
I am happy for my interview to be recorded.		
I am happy for my anonymised data to be used in the writing of a research project, dissertation, and/or academic journal articles.		
I consent to participate in the study.		

Participant name:

Participant signature:

Date:

Researcher name: Julian Carbajo Antelo

Research signature:

Date:

Participant Information Sheet

You are being cordially invited to take part in a research study. This study is being conducted as part of a graduate student research project at Arden University, UK. It is important that you fully understand what this study entails and the process before you decide to take part. Please allow time to read the following information carefully and if you have any questions, do not hesitate to ask. Thank you for taking time to read this.

Project Title: The experience of PTR Hypnosis practitioners in the treatment of PTSD

The purpose of this study:

This study aims to develop the knowledge surrounding PTR Hypnosis by examining practitioner' experiences of employing PTR Hypnosis for PTSD and their viewpoint on how it influences client well-being.

Why you have been asked to take part:

I am asking you to take part in this study as you have shown interest in my proposal.

Do you have to take part?

Participation in this study is totally voluntary, and you are free to withdraw up to two weeks after the interview and without giving a reason. If you have any questions as a result of reading this information sheet, you should ask the researcher before you start.

What you will be asked to do:

Your participation in this study will include following instructions as to how to carry the experiment.

Participate in an online interview via Zoom that will be recorded. A total of 6 questions will be asked and you will be kindly requested to answer them openly.

The possible risks and disadvantages of taking part:

This study requires you to be mentally able to discuss about your practice of PTR Hypnosis and experience as a practitioner. This might lead to potential remembrance of potentially difficult past experiences.

No names or confidential information will be requested from your side as to preserve professional secrecy and confidentiality

Besides that, there are no other known risks and you will be fully debriefed in person when the study has finished to ensure you have understood why all the specific details could not have been disclosed prior as not to affect the study outcome.

The benefits of taking part:

the information you provide can contribute to future research being conducted in this area.

If something goes wrong:

To ensure that all participants are left content with how the study was conducted, you are free to email me or my project tutor.

Confidentiality and results of the research:

All data collected will be kept confidential and used for research purposes only. Respecting data protection legislation and GDPR.

All data and personal information collected will be deleted on the 01/05/2022.

Please briefly examine the information sheet before signing this consent form.

Contact for further information:

If you have any questions/concerns, during or after the study, or wish to contact an independent person to whom any questions may be directed or further information may be sought from, please contact:

Researcher: Julian Carbajo Antelo
Graduate student
Arden University
Email: STU67700@arden.ac.uk

Supervisor: Lucy Anacleto
Email: lanacleto@arden.ac.uk

Thank you for taking part and I hope you find the experience enjoyable.

Appendix B

Semi-structured questionnaire

- **What is your experience with PTR Hypnosis when working with people with PTSD?**
- **In your experience and how PTR Hypnosis contributes to client's wellbeing?**
- **In your experience are there any challenges in the use of PTR Hypnosis with this group of clients?**
- **What specific interventions in the PTR therapeutic protocol demonstrates positive outcomes to alleviate client's symptoms.**
- **How efficient you find that the PTR Hypnosis therapy is with PTSD clients?**
- **What could be improved in the PTR Hypnosis therapy protocol and why?**

Interview transcript

Abbreviations:

Researcher: **JC** participants: **ID, MC, EN, SB, MJ, GS**

Interview #1 Participant 1001 ID

1 **JC**: So, well, thank you for participating in this research. I will now begin with the with the 2 with the interview, and the topic of my research is how the experience of PTR hypnosis. 3 Practitioners could contribute to improve PTSD treatment.

4 **ID**: Great idea to do that.

Question 1

5 **JC**: So, my first question for you is what is your experience with PTR hypnosis when 6 working with people with posttraumatic stress disorder?

7 **ID**: Okay, so I have been in hypnosis ever since 2014 where I met Steven Gilligan. Students 8 of Milton Erickson in California. And I followed his courses for at least while I'm still doing 9 some courses with him upon today. So that was my first introduction to hypnosis and then 10 as I came back from China to live in Belgium because I've been living in China for five 11 years. I met Gerald Brassine from the International Milton Erickson school in Belgium. 12 And that's where I got the PTR hypnosis from in 2018, if I'm not mistaken. So ever since, I 13 have been conducting consultations with people with PTR. And most of the people that 14 are coming. I have two main.

15 How would you say sorry if sometimes I'm looking for my words in English because 17 English is my second language, so I have two main people who are coming. It's either 18 adults or parents with children. And most of the time when parents come with their 19 children. They found there's a problem with the child but most of the time, I have to go 20 back to the parents because there is a post traumatic syndrome with the parents, which 21 the child is mirroring at the age where the parent had its first trauma. And so that's 22 where I go back to the parent and then I work with the parents with PTR, but we work 23 PTR with the kids as well.

24 I found it extremely amazing tool to work with, because it gives the people back their 25 control their power, and their knowledge to get back on their path. And that is an 26 amazing thing to do for people is to reconnect them with who they are and bringing them 27 the possibility to pick up their path again and go forward so I just love that too. Indeed.

Question 2

28 **JC**: Very well. Moving on to the next question. In your experience. How PTR hypnosis 29 contributes to clients wellbeing?

30 **ID**: It contributes by the fact that you are first giving a big explanation on what is has been 31 going on. Ever since they have been traumatized how the body naturally brings on 32 protections on the body, so the main protections are dissociation or emotional 33 anesthesia, physical anesthesia, or amnesia. These are the three big ones that are 34 happening when we're confronted with a traumatic situation.

35 And sometimes as that impacts on us to secure us, which is a very good thing at the time 36 that the trauma is going on at the time that we are confronted with some very traumatic 37 experience, it might happen, that these securities these protections cling on to the body 38 and make it so that the people are unable to regain emotional feelings or regain physical 39 feelings or regain the recalling what has been happening because they had amnesia and 40 so forth. So, they're missing something in their life and living a traumatic life is just a 41 catastrophic thing because it's taking away a whole part of yourself.

42 And it's actually disconnecting you completely from your deeper self. So, as you're 43 working with PTR you're explaining this to the people in your explaining to them that you 44 are now going together with myself in a contribution by working together, going to be 45 able to handle these predictions so that they are not overwhelming you. And so that, that 46 these protections are not taking away.

47 Being happy in life, taking away of feeling things taking away, of having the ability to get 48 back into relationship with people. So as you're giving this control back to the people by 49 helping them to augment some feelings or. How would you say that in a perfect English 50 word to, when you when you augment a feeling are you putting the dot down the feeling 51 you degrading the feeling is that something?

52 That's correct. So you're helping those people to understand that they are the boss on 53 their feelings and it's not the feelings the boss on their bodies. So being able to regain 54 that possibility is like life changing. And as its life changing. You are being able to bring 55 the person to desensitize the trauma that has happened because the trauma is 56 something that is put on the brain, and it's kept as an image as a traumatic image, each 57 time that life is bringing you a new experience in the same core of what you went 58 through as a trauma.

59 This image comes back, and it brings you into a neuro-muscular lock because of the 60 protections that your body has been putting on at the time of the trauma. When you help 61 the people understand that and help the people to say okay. In that situation, you do not 62 need those protections, but these protections are on you.

63 We're going now to desensitize this image.to put on. And because it's a creative, 64 constructive and positive one. That's what the brain is going to retain and putting down 65 the traumatic image, and so that life can go on with this new image inputs in your brain. 66 If that makes sense if my English is okay.

Question 3

67 **JC:** I understood fully what you actually said. Moving on to the, to the next question. In 68 your experience, are there any challenges in the use of PTR hypnosis with this group of 69 clients?

70 **ID:** The biggest challenge is to tell them that they still have control over everything. That's 71 what we need to give them as the environment in which we're bringing them needs to be 72 a very kind, loving, understanding, non-judgmental environments where they need to 73 feel completely at ease, to talk and to work towards us.

74 So, the contact with the person really needs to be very well established before we start to 75 do that work. In the second way is helping them to understand that having the control 76 and at the same time, losing a little bit of that mind control will help you to reconnect 77 deep insight with your body and will help you to desensitize desensitize the traumatic 78 events, which is going to be so much more work than if you keep the complete mind 79 control.

80 That's why I think before we started that kind of work, we really need to establish a 81 relaxed, open and aware body, mind, intuition relation so we really need to help the 82 people to be centered and open because that's when the work, and really begin.

83 If we have people that are very in fear and anguish stressed control freaks and so forth. 84 We need a bigger time to really settle down the body, open it up and being able to go 85 and contribute to the work.

Question 4

86 **JC:** very well. I will move on then to the next question. What specific interventions in the 87 PTR therapeutic protocol demonstrates positive outcomes to alleviate client symptoms?

88 **ID:** Okay. Say that again, and if you can, like, yeah. Please say it again.

89 **JC:** So what specific interventions in the PTR therapeutic protocol demonstrates positive 90 outcomes to alleviate client symptoms?

91 **ID:** Which is extremely important, is the the start of the PTR protocol, with a good 92 moment with a place, as well as I was explaining for the first the. The other question is 93 that the body needs to be as relaxed as possible as open as possible, because then you 94 can help the people to practice, to augment, and get the protection lowered so for 95 example, you will give the client, a possibility to first what would I do what I recommend 96 with my clients, is that they do some breathing because the breathing is the first thing 97 that really helps the body to relax at some point.

98 So we started with the, with the tummy breathing, and then the lungs and so forth so I 99 started to bring them into a relaxed mode, then we bring them into, we asked them to 100 find a souvenir or a place, it might be in the mountains or the seaside or in the garden, a 101 place where they really felt completely relaxed and very happy and in a very good place.

102 So when you can put the people in good places with a relaxed breathing and open up. 103 That's where you can start asking them for, Like, how do you feel inside when you're in 104 this good place when you remember when you recall, with your whole body with all 105 your senses when you recall this good place. What is it feeling inside so we started with 106 good feelings, and then we will ask those people with us is feeling look like, what does it 107 feel like inside your body where in the body.

108 Do you feel it the most. And then we will ask them to kind of concentrate on that feeling 109 being very aware of what is happening in the body, and to augment this feeling as if 110 they were like sunrays, and they could come into the whole body so that the whole 111 body can really feel relaxed. When you get people in that's state.

112 That's where it's the most easiest path to go do work because they get really the hang 113 of. I can look at myself from a higher place so I can dissociate, most of the time people 114 that are in traumas, do that very well very easily, and they go like way way high up they 115 can go travel into the stars traveled to go around the moon and feel the lightness and so 116 forth.

117 That's something very easy, and then they come back, so we can already see with them 118 that they can dissociate easily but come back, easily so they're our own control of that.

119 After that we're going to do the emotional feeling so how do you feel I feel lovely I feel 120 light I feel in peace and so forth. Okay, so how about we cut that feeling for a very short 121 amount of

time just to show you that you have control over that. And that makes them 122 feel like really on top of things because they regain control of their emotional feelings 123 and the senses that they have in their body. Same with the physical feelings.

124 And then we will ask them, can you look at yourself, as if you were looking at yourself as 125 another person and how do you see this and what do you see, so it means that by go 126 working under traumatic events later, they will be able to use these protections to go 127 see it, and to go change it, and that is where the best possible results come out to work 128 on traumas, From what I think.

Question 5

129 **JC:** Very, very well.

130 Moving on to the next question. How efficient you find that the PTR hypnosis therapy 131 ease with the PTSD client.

132 **ID:** Very efficient.

133 I would say, as in all the therapies, I think, if you take all the therapists that are existing 134 right now. I think we can fairly say that we have a 60% of success with the people that 135 we are seeing so there's always 40% of people that are not responding to your therapy 136 because maybe it's not something that they were into or something, doesn't mean that 137 these people cannot be treated. It just means that they need to go to a different 138 therapy. So if I'm taking the 60% of people that I'm helping and that are successful.

139 I found the PTR or the PTR or the most successful tool that I have used up until now, 140 people in one session, one session can go with all the protections, with all the 141 protections put in place, they can go back to their traumatic event, they can go change 142 completely what has happened there, so they can inscribe it back into their brains 143 changed into a positive creative image, and they can come out of it.

144 And it's not that they have forgotten what the trauma was, it's just, they are not 145 overwhelmed with the emotion or the feeling that has happened at that time. And that 146 has been locked into their body. They have been able to release it and to fill it with a 147 new feeling with a new sense with a new emotion, so that when life is going to bring 148 them a new thing, or they're meeting their, their, the person, like, I'm working.

149 I'm sorry. I'm working with a lot of people who have been going through, rape and 150 abuse and manipulate manipulators, and sometimes these people have to live with 151 these people sometimes these people have these people in their family so it's not that 152 they can just walk away from them. So they need to be able to be strong to be anchored 153 to be with the new feeling with the new power with the new control when they meet 154 there.

166 How do you call this, these people in French, the, the people who abuse them. If they 167 meet them again so that they can be strong in front of these people and not being 168 under their power. So PR is really helping that, and it's really successful in one to 169 maximum three sessions, we can get these people back up again. It doesn't mean that 170 everything is done, but at least they have the control back, and that is something just 171 fantastic because they can pick up their life again.

Question 6

172 **JC:** Thank you. now we're moving on to the last question of the interview.

173 What could be improved in the PTR hypnosis therapy protocol, and why?

174 **ID:** Maybe, maybe I'm, I'm rephrasing myself all the time, but I think that is the most 175 important parts. What I would like to see better done is to contact with the clients and 176 putting the client in a very kind, loving, or holding secure space for the clients. And in 177 order to do that is to really help the client to be aware of what's going on in the body to 178 reconnect with the body.

179 So, the starting point of reading, opening up the fields, and being completely relaxed in 180 the body is maybe in the way I have received the knowledge of PTR was one missing link 181 for me at that time. It's a link that I got from, from my other teachers Stephen Gilligan, 182 who is really putting a lot of emphasis to the opening up of the space being really 183 relaxed and in a relaxed body, you can then bring the, the thresholds.

184 Whatever the threshold is that you need to face, that's when if you're relaxed and open 185 that's where you can do something with a relaxed mind, if you're locked like this there is 186 no way that your mind can open up and bring all the creativity of your unconscious, to 187 help you find the right solution to change and desensitize the traumatic event. if that 188 makes sense.

189 **JC:** Well, thank you very much for for for answering the questions I think it has been.

190 I mean, is going to be of great helpful for the research. I will keep you informed also on 191 the outcome of the research.

192 **ID:** Great, great. I would love to read it when it's done and thank you for what you're 193 doing.

194 I think it's going to be such a big big big big help for everybody and hopefully doctors in 195 medicine, scientific people will really understand the power of the unconscious minds.

Interview #2 Participant ID 1002

Question 1

1 **JC:** So first of all thank you for participating in the study. I will put up the connector 2 recording now and we'll begin with the, with the questions. Sure. Floor is all yours.

3 So my first my first question is, what is your experience with PTR hypnosis, when working 4 with people with posttraumatic stress disorder.

5 **MC:** Like, so you want to know what my experiences in general, or you want to know if it's 6 a big question or not what is exactly the question? Just so I understand, and I can answer 7 correctly.

8 **JC:** Your general experience with the, with your hypnosis in treating PTSD,

9 **MC:** Whether it's very efficient? For sure.

10 For sure, because, as you know, or may know when when you experienced traumas or 11 very difficult situations, emotionally very difficult situations. The first way the brain uses 12 to protect yourself is to cut yourself from the emotions and sensations. 14 these are the PTSD effect is that you're not connected any longer with your emotions and 15 everything stays underwater, I would say, And when as a psychotherapist when people 16 come to me it's because they feel that their protections doesn't work, they don't know 17 exactly it's because the

protections don't work any longer, but they feel that they are 18 18 blocked in their life that they cannot go further that they cannot take decisions, or they 19 have, they feel anxiety they cannot sleep.

20 So all these protective hypnotic ways of protecting yourself, do not work any longer, so 21 my expense is that by helping the patients to connect with these hidden parts of 22 emotions that are blocked, you change them, their emotional reading. And, you, you, you 23 treat the patients at the right level. Because, talking in using the front part of the brains 24 helps, but not enough because, at a certain stage.

25 All, what he didn't own the unfinished business that's in the unconscious stays there. So, 26 by using the methods invented in modernized by Gérald Brassine, using all the protective 27 ways of not feeling the traumas using all these protections. means you give them exactly 28 the comfort they need to read again, the trauma differently.

29 And to meet with their right needs, and right demands. And so we focus on the attend on 30 the sensations we focus on on the on the on the body, we, we focus on the sensations, 31 and my expenses that by going in the right place where everything is hidden This is where 32 you find the solution, not by talking because this is not the same, the same floor. You 33 have the unfinished business of the unconscious and you have or what's in the 34 conscious of the front part of the brain, so it really helps.

Question 2

36 **JC:** Okay, Moving on to the next question. In your experience.

37 How PR hypnosis contributes to clients wellbeing?

38 **MC:** Because you begin control you begin control over yourself your emotions, your 39 sensations, as simple as that can you repeat the questions.

40 **JC:** So, in your experience, How PTR hypnosis contributes to the client's wellbeing?

41 **MC:** first you need to understand exactly what their objective is. What, what they want to 42 achieve. If you don't put the right address and the GPS then you don't know where to go 43 and, and sometimes they are wellbeing is not your wellbeing so you don't know in 44 advance exactly what you're going to fix so unconsciously your unconscious helps you 45 find the way and it contributes because you regain control it's just a question of control 46 how you can give back the control over the emotions, and by using the security offered 47 by the dissociative protections.

48 This is the right way because you use the protections used at the first step that the 49 patient experience to protect himself not to suffer too much. This is something as you 50 know the brain provides automatically. And so, it really helps to regain control.

53 So for instance if you have an adult that as a charging field security with the parent, you 54 provide security to the child to make sure the child can grow up as an adult with secure 55 feelings, and then begin control. I don't know if I answered correctly.

Question 3

56 **JC:** Moving on to the next question, in your experience. Are there any challenges in the 57 use of PTR hypnosis with this group of clients?

58 **MC:** There are always challenges because hmm

59 Sometimes I'm doing supervision with with young PTRists I don't know how 60
 extreme That is, they always face, yesterday I spoke with a psychologist and he was 61 facing
 with someone who really wanted to keep control and have a control, and no I 62 don't feel
 anything and no I didn't feel any sensations, and he was lost because in in the 63 course.

64 He's been told it's very important to us all the protection, that, that, that are in place and 65 it's
 important to increase them and the challenge is that when you face a patient who 66 says, I
 cannot do that and nothing comes, or. And then, you may fall into a vicious circle 67 and is I need an
 have to as a therapist want more than, then, then the patient so actually 68 to consider the the
 challenge is, as a therapist to use whatever the patient brings if he if 69 he brings you something like,
 I cannot do that is to increase this feeling and increase that 70 it's very important to have a control
 and follow the reason and not and not follow your 71 own reason because you want to go fast and
 make sure you can cure him and fix human 72 and repair him. That's the challenge for young
 therapists, I think.

Question 4

73 **JC:** Very well. What specific interventions in the PTR therapeutic protocol demonstrates 74
 positive outcomes to alleviate the client symptoms?

77 **MC:** Can you repeat the first part of the question?

78 **JC:** what, what specific interventions.

79 **MC:** What do you mean specific interventions like ?

79 **JC:** Well, Well, well, what what's the part of the protocol.

80 Well, well, what's the part of the protocol. So, the therapeutic protocol so the, the 81
 dissociative protections. What part of it, do you use that. Basically, it's the most efficient 82 with the,
 with the in in reducing the symptoms of the patients,

83 **MC:** Increase protections increased whatever comes and stay on it.

84 Give the time to the patient to increase fee and stay in it. It's you need to play with 85
 whatever the patient brings. I have a stomachache in increase, nothing comes. Okay. Can 86 you
 believe. can you feel? more than anything comes? So, Anything works as soon as you 87 play around
 you. It's a dance, it's a dance with the patient, not to force the rhythm it's his 88 own rhythm.

89 I explained a lot during my interventions I see many patients as a Therapist So, and 90
 everyone has its own reason. And sometimes it's interesting to provoke know I can do 91 that I love
 him too much. Feel how much you love it's very important. Feel how much it's 92 very important that
 everyone everyone takes advantage in you.

93 Yeah, feel it. It's, it's almost feel it and then provoke provocation is very important also 94
 sometimes you need to take risk and put yourself at risk, or even, you know, say, you 95 know, if
 you don't know then I don't know neither, maybe it's very important for you to 96 stay like that. Why
 not. Can you visualize yourself in 10 years still like that? How is it?

97 So, use an increase and increase and then choose a DP, dissociative protection, and and 98
 provoke, yeah. Sometimes it's, it's important to challenge. Moving reason.

Question 5

99 **JC:** Moving on to the next question. How efficient you find that the PTR hypnosis therapy is with PTSD clients? 100

101 **MC:** We go back to the first question it is very important and very, as a tool in being efficient because for many years I only used on them, a brief and strategic therapist specialized in Palo Alto, I give trainings and I go to schools working on emotions and on school harassment and at some point, and I'm very scientific and then at some point I felt stuck because you can go into all directions. 102 103 104 105

106 With your brains. But if you don't solve the problem, where it's fixed which is in your unconscious, then you may take ages so it's very efficient because you go exactly where it happened, where the emotions got stuck. And it's always a question of how to gain control on myself on my emotions on my sensations. What were my needs at that time? 107 108 109 110

111 What were my emotional needs at that time? How can I meet with my demands, my emotional needs at that time? So, you respect the charger. Where are you respect the other, you were at that time, whether it be a car accident, whether it be a child abuse, and it's not always a question of I need revenge know sometimes you need to feel you had security because the parents were there, because it would have been better if you were born in another family, or sometimes you know how often us during the reign of animals, I would have felt so much secure with lions around me. 112 113 114 115 116 117 118

118 So it's interesting to suggest not to impose respect and increase, increase, increase whatever comes, whatever. Hmm interesting! The point is sometimes you may be challenged, because the person agrees on anything. 119 120

122 No, I don't want, and then you can say, Wow, I'm impressed. Look how much you can take control over me. And then, there is always a smile in the face, ah, how does that resonate controlling you, control your emotions, you are really good. Please continue. Can you feel that, and that's why it's always a dance, not imposing anything of your rhythm, just the unconscious has its own reason. And does not make the difference between past, present, future, whatever comes this fine. 123 124 125 126 127

128 **JC:** Very well.

129 **MC:** So yes, very efficient and of course, because we we work in the right floor, at the right floor, how can we say that you with with your brain. It's another floor, we wrote that the right floor. We work at the right floor. 130 131

132 **JC:** Moving on to the last question. What could be improved in the PTR hypnosis therapy protocol and why? 133

134 **MC:** In, in protocol, or in the lectures in the, in the course?

135 **JC:** I mean in the technique as a whole.

136 **MC:** I'm not to consider it as a technique. First, I would say, it's, it's part of a process of helping out a patient it's. I have doubts but I guess this remains confidential. What I hope so. 137

138 **JC:** Yes of course I will only mean

139 **MC:** I will be the doubts that people who have not experienced psychotherapy before can really help produce the patients in a in a in an efficient process, all the time. Only using PTR 140 141

because it's very important. How can I say, I don't want to, to appear arrogant 142 or pretentious but I supervise. Some of the students who followed PTR, they have no 143 clue on.

144 What is it, to, to put an objective? And How can I help the patient, better, because they 145 will face traumas and they will face many hidden awful stories or feelings so it is a very 146 nice, impressive, and efficient tool, but to be complemented with a follow up, a 147 psychotherapy for a psychological follow up you cannot leave a patient just with PTR, 148 you may but at some point, you're going to be stuck.

149 You may and so a lot of students are very enthusiastic at the beginning because they 150 feel: Oh my god, that works and it's very successful and just by being reinventing 151 disturbing history. You could read that in order Peter on division posts, they feel they 152 felt cured, but sometimes I'm like, oh my god. Too soon too happy. I have doubts about 153 that. So, it's very important to, to, to guarantee security of the patient. And for that, you 154 need to be to be trained, and not only use a tool, because it's efficient.

155 Of course, it always depends if you come for your weight you want to lose weight, you 156 want to feel okay with your colleague, why not, but when you work with deep traumas, 157 it's very important to consider the patient as a whole and not only as a person who has 158 something to fix.

Interview #3 Participant ID 1003

Question 1

1EN: I do yes. Okay. All right, so I will start now.

2JC: Welcome again to my research on PTR hypnosis. I would begin to us to ask you a couple 3 of questions. And you're free also to to ask if there is any clarification. Okay? I will begin 4 with, with the first question. What is your experience with the PTR hypnosis when working 5 with people with post-traumatic stress disorder?

6EN: This is a big question.

7 My experience, I don't know how to, to answer this is really vague and you specify what 8 the results. Do I have to speak about the results? I don't know.

9 JC: You can actually speak about what you want, actually, it's a very wide question to allow 10 people to actually come up with, with the answer that they wish to the give, actually.

11 EN: Okay. Um, well my experience is that I began using this method. Two years ago, and it 12 was because I, I heard about it from colleagues and friends and from, from my family too. 13 And when I began using using it I really noticed a difference in the results. I was seeing 14 with the, with the patients, because their, their symptoms were less intense in really a 15 short amount of time so in from for example in one session, some symptoms could go 16 could go away in just one session.

17 So, I. Well, it's really efficient, and it's also allows to process the emotions, which is, In my 18 opinion, really year. Essentially, in psychotherapy. So, yes, I'd say that's our start.

Question 2

19 **JC:** Very well. Moving on to the next question. In your experience, and how that PTR 20 hypnosis contributes to the client wellbeing?

21 **EN:** Well, as I just said, by allowing them to process the emotions. So basically, we went 22 when something come comes up, we question the patient about the emotion linked to 23 what the patient is saying is talking about and doing so, we allow time and space for the 24 patient to feel the emotion and so to to complete the cycle of emotion because most of 25 the time people are experiencing emotions that they try to avoid them.

26 And this is, the more you avoid the more the motion stay, like in the body. They're 27 basically energy, staying in the body and so when we do PTR. We allow them to process 28 those, those emotions to proceed. Yes, to process the emotions, and we allow time and 29 space for them to do so. Even just that's not even talking about traumatology, is really a 30 big difference from therapy where you just talk about things. So, this is one thing, and the 31 second thing is about.

32 And this is really what PTR and been created, has been created, sorry, is to treat the 33 traumatic experiences of the patients. So, when we notice that there is a trauma in, in, in 34 the patient's history. We can use that, that technique to, to go back to the memory 35 change where, what is needed to be changed, and then to, to allow the person to process 36 again the emotions linked to the memory.

37 So, yes, this is the, the main use of the processing emotion from now and from the past, 38 and changing the, the scenario, which is the basically the core of the technique is to recall 39 a memory, which is source of suffering for the person and then change the scenario to to 40 respond to the needs of the unconscious. And when it's done. Then the symptoms and 41 the suffering is. Yes. Well, is less important. All is important.

Question 3

42 **JC:** Very well, moving on to the next question. In your experience are there any challenges 43 in the use of PTR hypnosis with this group of 58 clients? The group of clients being the 44 most traumatic stress disorder, suffering clients.

45 **EN:** Of course there is but there are all the challenges we know when simply doing 46 psychotherapy is. It's, I'd say the. Apart from that, from all the challenging, there are 47 common to all the techniques you could use in psychotherapy. And with this type of 48 clients, is that PTR hypnosis is really powerful.

49 So, I think that should be used with care. And you can really, you are powerful when you 50 add that tool when you can really change some that I put I put it like that, it's just that 51 when there is a trust between the therapist and, and the clients, and the patient. The 52 patient allows himself, themselves to be vulnerable in front of you.

53 And in hypnosis, the vulnerability can be increased because there are some barriers there 54 that fall down and so you, you can really access their vulnerability of the, of the person 55 and I think a risk a challenge, it's to be to ever deontology or ethics that are really clear to 56 not take advantage of the situation.

57 So, I think this is a powerful tool that needs to be handled with care. And I think this is 58 our responsibility as trainers to, to be yes to be to pay attention to that, when we are 59 training people to use that, that technique.

Question 4

78 **JC:** Moving up to the next question.

79 What specific intervention in the PTR therapeutic protocol demonstrates positive outcomes to alleviate client symptoms? 80

81 **EN:** Two things. As I said, the time and space for you though, we create for the person to 82 feel the emotions so processing emotions. We center the attention of the patient on the, 83 on the emotion on the sensations in the body. And this is really important, not just the 84 emotion, but where where it is, where the patient feels it in their body.

85 Where, where the patient feels it in their body. This is really something really important. 86 And the other thing is changing the scenario of the, of the memory. The traumatic 87 memories the patients have. I think that this is really the two main things that are 88 efficient in this technique, I think I'd say.

Question 5

89 **JC:** How efficient you find that the PTR hypnosis therapy with PTSD clients?

90 **EN:** like a scale or

91 **JC:** well on your own experience.

92 **EN:** Okay.

93 Well, in my experience because maybe I should say that I also use it EMDR. So another 94 technique, to treat the trauma trauma. And in my opinion, this is the most efficient. The 95 hypnosis PTR hypnosis is the most efficient. But I do use both of them, so I say they are 96 complimentary so yeah I think this is really efficient to treat trauma, really.

Question 6

97 **JC:** Moving on to the last question.

98 What could be improved in the PTR hypnosis therapy protocol, and why?

99 **EN:** This is a good one.

100 I'd say that there. Well I don't know where you gonna interview for this research but I 101 think that what is specific about me is that I do train people to to use that technique so I 102 am trying to spot the things that we could change on the, on the protocol.

103 And every time we give the formation, we, we try to to spot what could be better for 104 next time, and there are I think we could add some how to put that we could use some 105 of the techniques to make the PTR technique stronger I mean, for example I do know 106 tools from EMDR. We could use that to, to, to make the PTR protocol better.

107 But, I think. Apart from that, which, which is more like more global more about, we, we 108 can stabilize the person for example, about the PTR protocol I think there are small 109 changes that could be that could be applied, but more in line with the specific problem 110 that person has, has. For example, I don't know about depression, we get, like, standard 111 protocol like say, and we can make it like more specific about this problematic and this 112 is what we are, we are doing, trying to, to make specificities about the standard 113 protocol. I'd say, I'd say that.

114 **JC:** Well, thank you, thank you very much for your time and for all the answers. And we 115 have any questions or. There's something.

116 **EN:** Yeah, just about the research what is what's your question research what is your, 117 what are you trying to?

118 Basically my research is on how the experience of PTR hypnosis could contribute to 119 improve PTSD treatment. Okay. Okay, great. Cool, by gathering the, I mean the all 120 through the interviews I focus instead of focusing on the patient, I chose to focus on the 121 practitioners and the therapist experience, because it's interesting also to see the, I 122 mean the other side the coin and also because therapist and practitioners are exposed 123 to many more cases. I think there is a trove of experience and information that could be 124 actually gathered and valued.

Interview #4 Participant 1004

Question 1

1 **JC:** Okay. Hello. Okay. So hello. Hello, Sophie, thanks for participating in my research on 2 PTSD.

3 **SB:** With pleasure.

4 **JC:** I have a couple of questions to ask you. I will start first with asking you what is your 5 experience with PTR hypnosis when working with people with posttraumatic stress 6 disorder?

7 **SB:** Um, I would say it's now more or less six months, I am working with the PTR hypnosis I 8 mainly have women in the session, and the focus is more about pregnancy. So, how to give 9 birth, with a and getting help with the hypnosis. And I had a few people about for the self-10 confidence for let's say.

Question 2

11 **JC:** Very well. Moving on to the next question. In your experience. How PTR hypnosis 12 contributes to the client wellbeing?

13 **SB:** have only this answer is pretty easy, just because the, The patient who comes to see 14 you. Let's say all decision would it be about his own solution resolution. So, he's bringing 15 out all his own resources. And every answer every step forward is coming from. His, or 16 her subconscious. So, it's really specific to him because it her or his own solution.

17 **JC:** Very well. We wish to add something to this question or do we move to the next one.

18 **SB:** I will say it's like the patient got the key of his own solution and PTR helps to get the 19 key that he has.

Question 3

20 **JC:** very well. Moving on to the next question, in your experience, are there any 21 challenges in the use of PTR hypnosis with this group of clients?

22 **SB:** It's a good question. Um let's say when I follow a woman pregnancy yeah use 23 different techniques, so I use here I use meditation and breathing. So, I'm using different 24 techniques, but I don't really have any difficulties with the PTR, because the process is 25 pretty simple. And It works pretty well, pretty fast.

26 So maybe sometimes. I will say maybe the complexity, could be during the induction. So, 27 to have the people to release the stress or the control they want to have them the 28 session so maybe this is that sometimes, I need more time for the induction and so I use 29 briefing breathing techniques, and I drove a bit more, the client, into the induction.

Question 4

30 **JC:** Very good. Very well. What specific interventions in the PTR therapeutic protocol 31 demonstrates positive outcomes to alleviate the client's symptoms?

32 **SB:** Sorry, can you repeat the question?

33 **JC:** what what specific intervention in the PTR therapeutic protocol demonstrates 34 positive outcomes to alleviate client' symptoms?

35 **SB:** I would say the during the session. I would say the feeling in the body, you can 36 directly see it. And with the feedback that they received, directly the thoughts are 37 changing as well. And you can directly see the impact of a session regarding a poor 38 problem about the emotion, the body sensations, the physical symptoms. And the way 39 the people can look at their own situation at the end of the session. She will say what I 40 guess you're right.

Question 5

41 **JC:** Moving on to the next question. How efficient you find the PTR hypnosis therapy with 42 PTSD clients?

43 **SB:** What does it mean PTSD?

44 **JC:** Post Traumatic Stress Disorder, clients.

45 **SB:** I think it's fantastic, it's really efficient. You can go really deep and recruit in the work 46 and to safely. So to keep them safe, and to work on different aspects, really fast. So I 47 would say for me is the best technique to work with trauma.

Question 6

48 **JC:** Okay, last question. Moving on to the last question. What could be improved in the 49 PTR hypnosis therapy protocol, and why?

50 **SB:** Good question. I don't know, I don't really know. I don't know. So, I need I think more 51 experienced and be more critical about it, maybe.

Interview #5 Participant 1005

Question 1

1 Welcome.

2 **JC:** So, hello Mitra, and welcome to my research on the experience of PTR hypnosis.

3 **MJ:** Hello. Thank you and happy to see you for this interview,

4 **JC:** I will, we will have six questions, I will begin with the first question. What is your 5
experience with PTR hypnosis, when working with people with post-traumatic stress 6
disorder?

7 MJ: Well, it depends on what you put in the PTSD, of course, but a lot of symptoms can be 8 related to PTSD. My, my experience with the traumas that seem not so important at the 9 beginning for the people that are coming here is always related to parenthood, and how 10 they parents acted with them when they were very, very little children. Yeah, at a small 11 age low age. Low age... This impacts always I could tell, the self-esteem. And, of course, in 12 the next years.

13 You can sometimes observe some. How could I tell disorders in the alimentation sphere? 14 So, and, of course, I don't know if I am, I'm correct in answering you what was exactly the 15 question?

16 JC: So I will repeat the question. So, what is your experience with PTR hypnosis? When 17 working with people who are suffering from PTSD.

18 MJ: Okay. Oh, well, actually. You can't always say, what is PTSD exactly what are you 19 putting in it, because I'm working with a paper. The first paper that I submit to the 20 patient is to note, every symptom. So, my kind of work 30 is going through the symptoms 21 or through the list of traumatisms. So, so some people, when they are not. When you can 22 when you can't have the answer to the symptoms you attack by the, the list of 23 traumatisms. So, if someone is coming and telling me okay.

24 When I was a teenager, I started to have some panic attacks. Okay, so I take the 25 symptom. And I'm just noting it down to see later, if I can work on it, if it's necessary. 26 Okay, so I have a list of traumatisms, and I have a list of symptoms. And I, I kinda try to 27 connect them in hypnosis. Yeah. And, yeah, I have, I have seen. Of course, some patients 28 with what you can call big trauma. Yeah.

29 Some sex abuse in childhood, or some very very big accident, I have some, some patient 30 that survived to the tsunami. Okay, so it's a big thing. So, the experience is always if the, if 31 the person is. How could I say it's brave enough to try one session. And if this session is 32 changing, even little things in the behavior or with the, with the entourage. Yeah, 33 because it's always, it's often the entourage that noticing the change. Yeah. First, and 34 when the patient is coming back, and is kind of admitting that something has changed.

35 It's okay and you can start the real work, because you have like to show that a little thing 36 is changing, and then it's okay. The person is ready to work with this tool that is quite 37 impressive and efficient. Yeah. I don't know if I answer to your question but that is quite 38 my experience my first experiences with hypnosis.

Question 2

39 JC: Well, moving on to the next question. In your experience. How does PTR hypnosis 40 contributes to the clients wellbeing?

41 MJ: Well, actually, I was formed in brief therapy. Okay. At the same school when I, where 42 I learned PTR. And of course, I use the techniques of brief therapy systemic brief therapy, 43 plus I I'm, I had a lot of formations before, but this is the tool that I use the most. because 44 this is the most efficient. When it comes to PTSD symptoms and problems in relations. 45 Also, because there is always a reason.

46 Maybe more, but always one or more reasons to have a behavior. And the best way to go 47 and change it is here at the back of the brain so it's this brain I, I have to take always the 48 time to explain a lot to the people that this brain doesn't help them so much when it 49 happens to when they want to change something that is deep.

50 Yeah, this is good for logical and language, of course, but when you are in the state of 51 hypnosis. This brain helps a lot better. So, this is something that you have to explain a lot 52 of course, you have different kinds of people. Some that gets it very fast and see that the 53 work is more useful when you have more hypnosis. You can work better. Then, of course, 54 you have to also reassure this brain (hand on the front of the head) by explaining a lot 55 and putting words.

56 Because if this brain has the, the impression to understand.

57 It feels reassured, so it helps for later to get in hypnosis as well.

Question 3

58 **JC:** Well, moving on then to the next question. In your experience, are there any 59 challenges in the use of PTR hypnosis, with this group of clients?

60 **MJ:** Challenges? what do you mean with the one that are very much in this brain 61 (front brain) you mean?

62 **JC:** With PTR hypnosis in general.

63 **MJ:** I'm sorry I kind of don't get the question

64 **JC:** When you are using PTR hypnosis with your patients or general general, what are the 65 challenges you find using a PTR hypnosis with them?

66 **MJ:** Well, the. The first one is to reassure this brain. But the challenges is to help the 67 patient to experiment, the fact that. How could I say to experiment, the fact that this is 68 easy? Because it seems too easy to be true. So you have to prove to the patient. Of 69 course by letting him, letting him do, what because we work with his brain hurt her brain so.

70 But you have to kind of prove that. Even if it's easy. It works. And when they have the 71 time in one session to see that. It's okay. After they are very eager to continue the work 72 so the majority of course you you have some patients that are 100 the profile, of course, 73 is changing but that's the second challenge to yeah, to tell them and show them that it's 74 easy, but it works.

Question 4

75 **JC:** Moving on to the next question. What specific interventions in the PTR therapeutic 76 protocol demonstrates positive outcomes to alleviate the client symptoms?

77 Sorry, could you repeat, so what what specific interventions in the, in the therapeutic 78 protocols in the PTR protocol demonstrates positive outcomes to alleviate the symptoms 79 of the clients?

80 **MJ:** Okay. Well, we have some techniques that are quite useful. Whoever is the patient, 81 you have some, you know, some parents who are dead, or they have lost loss, you have a 82 good technique in PTR to prevent every symptom of depression or, you know, I don't 83 know how to say it in English. Deuil. So, loss, I could say. It works very good in one 84 session, sometimes.

85 As usual one session is enough. And the technique is to go and see the person, and have a 86 talk with it, and put him in a good place. It could be heaven or anything. 87 And it changed a lot, a lot, the behavior and the overall wellbeing of the person. So, this 88 is a trauma that I have to note down, because even if it happened. 30 years ago. It can 89 always have some impact on the, on the person so this is one technique, and the 90 other one, of course, is the re-parenting.

91 So, to go and find the little children, the little child that he or she was, and go find new
 92 parents for this child. It helps a lot. Also, it changed a lot of things. And of course, my 93
 specialty is also the high potentials PTR is a, is a very good tool for 128 95 high potential 94 profiles.
 Gifted people, as you say in English. And I also work with techniques that work 95 on the energy part
 so the trauma that are in the family, and is repeating, and even 96 symptoms that you can
 find in the mother or the grandma.

97 And when you cut it for the patient. It changes a lot of things in the family as well so it's 98 quite
 interesting. Yeah. So I have special techniques with in the energy field also, but you 99 use PTR
 hypnosis. Whatever could be the problem so.

Question 5

100 **JC:** moving on to the, to the next question.

101 How efficient you find that the PTR hypnosis therapy is with PTSD clients?

102 **MJ:** Okay, um, I have, I struggled to, to see what I can put in PTSD, patients.

103 Because whoever you are, you, you had some trauma. So, it's very efficient, in case of. I 104
 could maybe take some, some problems. When you have abuse in childhood. Of course, 105 you
 have PTSD, it can change the overall behavior of the person. So, it, it, it helps a lot 106 to, to avoid
 any flashback. Because you can change every, Every scene. So, I had the 107 patient that came
 for something very very. That seems very, you know, not so hard.

108 She consults and tells me that she has a problem that she always want to get her 109
 buttons of her, you know acne. But when she comes. The first question that I asked her 110 is have
 you some repetitive memories and she's talking about that, a month ago, she 111 had been great.

112 Two times. I had one session with her, and the flashback. It's all finished. Of course, she 113 has
 to work on it. Of course, the trauma is not quite clean, I could say, I have to make 114 sure, but one
 session, and no many, no flashback at all, so she can, Of course sleep.

115 So it's an example of what it can do. Of course, it depends of the person that you have, 116 of
 course, in front of you. Some are quite fast to get it, and to accept the tool, and some 117 other you
 you you have to make, maybe two or three sessions to show them that they 118 are in control and
 they can change everything so it's a very efficient for flashbacks, for, 119 for example,yeah.

Question 6

120 **JC:** Moving on to the last question.

121 What could be improved in the PTR hypnosis therapy protocol and why? what could 122
 improve improve it?

123 **MJ:** What, what could improve it is the world to, to know that it exists. I think it couldn't 124
 improve it because a lot of people that are formed. You can kind of take the tool and 125 make it
 yours.

126 Because I'm making it mine. I'm using it in my way, and my colleagues are using it their 127 way.
 So, to improve it. I think anyone that can have this tool can merge it with any tool 128 that they are
 using, or they were using before. I'm using. I'm using it with the energy 129 field. So, I can't, I can't
 see how to improve it.

130 Officially, but I think that every, every therapist can improve it.

131 By making it, its own. Yeah.

Interview #5 Participant 1006

Question 1

1 **JC:** So Hello.

2 Thank you very much for participating in this study. So, I will begin by asking you a few 3 questions.

4 **GS:** Hello.

5 **JC:** So my first question is, what is your experience with PTR hypnosis, when working with 6 people with the post-traumatic stress disorder?

7 **GS:** Well, I got my certification to PTR notice. In February 2018. And since then, I mostly 8 have people who are suffering from traumas, and quite a lot of them have PTSD or 9 complex PTSD, you can. So, I am a "PTRist" about three years now. So, what do you want 10 to know more? I am not hearing any sound.

11 **JC:** Basically, to know more about how was your your your experience with this kind of 12 patients, you know, and how it was to use the hypnosis with these patients?

13 **GS:** Well, the way I'm experiencing the way I'm living that that through music. It's very 14 very comfortable. I mean, it's a very secure. It's safe. Mostly, when we talk about an 15 event that is traumatizing.

16 People can have flashbacks of that and in PTR really, it doesn't happen because we have 17 many, many tools that allows us to avoid this flashbacks that's why we're working on, on the, the event. and also, it's for the treatment, itself, it's very very fast, very very fast. It works very very well. That's the way I experienced. I don't know what, What would you like details on what I do not know exactly.

Question 2

30 I will move on to the, to the next question, which will also probably not narrow down a 31 bit the topic. In your experience, how does PTR hypnosis contributes to the client's wellbeing?

32 **GS:** To the what? Sorry , English problem.

34 **JC:** To the wellbeing, wellbeing, le "bien-être".

35 **GS:** Yeah. Well, when people come, they usually have many flashbacks, and symptoms 36 that are linked to PTSD. Usually after one or two sessions, they begin to feel better they 37 have less flashbacks, or not even not anymore about the precise event.

38 When they have many of them, like complexity can be very very confusing better we can 39 take, of course, more time to to feel to to avoid all the flashbacks and things like that. But 40 it's really. As soon as we stopped. Once they see that they can be comfortable that they 41 can work, work out the events. but not living them anymore. Why they are working on 42 them. It's going very fast. Basic symptoms like flashbacks are very after one or two 43 sessions they are gone. About our symptoms like a self-confidence about self-loathing 44 thing, I think it's, it's a mechanism. So to me

positions to support the relevancy. It's a, it 45 can take a little longer, because for people with a complex PTSD. It's yours, years that 46 have to be worked out.

47 But even like that very quickly they find a good solutions. They feel better. What is the 48 most important is that it is very safe for them, and they understand it very quickly that it's 49 safe, so they can sort out things faster because they feel like it's not more. not any more 50 dangerous to work out these things. They their own, much less trying to avoid them. So, 51 it's also a tool that from the start that I don't know in English the word therapeutic 52 relationship.

53 **JC:** Relationship yes

54 **GS:** Therapeutic relationship relationship which is building from the first time in a few 55 minutes. Usually, it goes very fast. because the way it is. The way it's presented to the 56 patients is making the relationship. Very Stable stable. And you have a dog.

57 **JC:** Sorry about that.

58 **GS:** No problem. Was it understandable My English is not so good so.

Question 3

59 **JC:** moving on to the next question.

60 Your experience are they any challenges in the use of PTR hypnosis with this group of 61 clients?

62 **GS:** With PTSD not so much. Sometimes, rarely but it happens. People need, of course, 63 time to be stabilized before being able to work, strictly on the, on the event, they need to 64 feel safe.

65 You can sometimes it can take a little longer. But still, it goes quite fast. What is one thing 66 I can, I could add is that, to build the secure attachments. When people have complex 67 PTSD can take more time, much more time because, because it's something that could 68 not build from the start. And they have to learn how to build it in themselves. So, even 69 with PTR, it can take longer, but about the traumas, themselves, it goes very fast about 70 the basic symptoms, the ones that are making them to like in the hell, like the flashbacks 71 like rage on really being members of.

72 My English, my English is for a simple song not good so that's what I could say for for we 73 need to build a safe. Safe attachment secure attachment. It can take longer with complex 74 PTSD, with PTSD those usually very few sessions and it's okay.

Question 4

75 **JC:** Moving on to the next question.

76 What specific interventions in the PTR therapeutic protocol demonstrates positive 77 outcomes to alleviate client symptoms?

78 **GS:** I would say that so when it is accidents or natural events, traumatic events, but not 79 from people. It is just transforming the events, extremely efficient. So you have like 80 opposites in cognitive and behavioral therapy you, you use usually progressive exposure 81 to trauma events. And with PTR you just transform it instead. you go into the 82 event, but as soon as you are in it you you just confirm things with working with the 83 client imaginary imagination, and that is extremely efficient and extremely fast.

84 When it is a traumatic event that is coming from people like rape, or beating, when you 85 were a child or something like that. You can add a very efficient tool, which is, which is 86 called two TVs,

for example. So, if it is something that went bad with father or mother, 87 that was violent for example.

88 As a child, you love your parents, and at the same time, you had to deal with violence 89 from the people who you are loving, okay. So, you have a tool, that's a consistent 90 separating very efficiently. The good reasons to love the parents and the things that have 91 to be thrown away. And that way you can work out the guilty feeling, by keeping the 92 good things.

93 And just throwing away the bad things from these people. For example, this is very 115 94 often I have to use this tool and it's very very strong, very, very good tool for example 116 95 that's just one example.

Question 5

96 **JC:** Very well. Moving on to the next question. How efficient, you find that the PTR 97 hypnosis therapy is with posttraumatic stress disorder clients?

98 **GS:** Can you repeat the question please?

99 **JC:** Sure, how efficient, or how effective, you find that the PTR hypnosis therapy is with 100 post-traumatic stress disorder clients?

101 **GS:** From all the tools that I know it's the most efficient. I know about. I think its lifespan 102 therapy, something that you wish I knew about EMDR, and both tools are good but the 103 PTR, to me, is much more efficient because it's much safer, and faster. So, Yes, but I 104 don't know about the other tools. I don't really know about the other tools they. I don't 105 know them enough to be able to compare. But for me, that's the way I think I'm using 106 very very often the hypnosis PTR.

Question 6

107 **JC:** Moving on to the last question. What could be improved in the PTR hypnosis therapy 108 protocol, and why?

109 **GS:** What can be improved, you're asking.

110 **JC:** Yes, yes.

111 **GS:** So, PTR protocol is changing all the time improving. So, it's very living tool. It's a very 112 living tool It changes, improving and what from my experience right now where I am 113 now. I would like to find tools to improve the building of a secure attachment. In the 114 whole identity, feeling of people.

115 That's what I would like to, to find that's what I would like to find because it's very 116 extremely efficient about the traumas themselves about the list of traumas.

117 But when it is time to build something that has never been a big deal able to be built. I 118 think we have something to find there but I am sure it is going to happen.

119 **JC:** Thank you very much for participating in this interview. I will interrupt now the 120 recording.

Coding Summary by Code

Dissertation

18/10/2021 11:52

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Code

Codes\\Confirmation required with the client's imagination

Document

Files\\Interviews transcription verified

No	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
	0,0021	1	1	J	07/10/2021 16:40
but as soon as you are in it you you just confirm things with working with the			83	client imaginary	imagination

Codes\\First years of training and experience

Document

Files\\Interviews full

No	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
	0,0037	1	1	J	25/09/2021 13:56

Okay, so I I have been in hypnosis ever since 2014 where I met Steven Gilligan.

8 Students of Milton Erickson in California. And I followed his courses for at least while I'm 9 still doing some courses with him uppon today.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\How to better help the traumatized patient

Document

Files\Interviews transcription verified

No	0,0029	1	1	J	08/10/2021 13:19
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144 What is it, to, to put an objective? And How can I help the patient, better, because they 145 will face traumas and they will face many hidden awful stories or feelings so

Codes\Increase whatever comes

Document

Files\Interviews transcription verified

No	0,0044	4	1	J	07/10/2021 13:32
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if he if 69 he brings you something like, I cannot do that is to increase this feeling and increase that

2	J	07/10/2021 15:59
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Increase protections increased whatever comes and stay on it.

3	J	07/10/2021 16:05
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97 So, use an increase and increase

4	J	08/10/2021 10:46
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increase, increase, increase 119 whatever comes, whatever

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\Induction focuses on good feelings features

Document

Files\Interviews transcription verified

No	0,0091	1	1	J	07/10/2021 15:50
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What is it feeling inside so we started with 106 good feelings, and then we will ask those people with us is feeling look like, what does it 107 feel like inside your body where in the body.
 108 Do you feel it the most. And then we will ask them to kind of concentrate on that feeling 109 being very aware of what is happening in the body, and to augment this feeling as if 110 they were like sunrays, and they could come into the whole body so that the whole 111 body can really feel relaxed. When you get people in that's state.

Codes\Induction more challenging with stressed or control clients

Document

Files\Interviews transcription verified

No	0,0037	1	1	J	07/10/2021 13:50
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complexity, could be during the induction. So, 27 to have the people to release the stress or the control they want to have them the session so maybe this is that sometimes, I need more time for the induction 28

Codes\\Make PTR more specific to disorders

Document

Files\\Interviews transcription verified

No	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
	0,0075	1	1	J	10/10/2021 11:47

PTR protocol I think there are small 109 changes that could be that could be applied, but more in line with the specific problem 110 that person has, has. For example, I don't know about depression, we get, like, standard 111 protocol like say, and we can make it like more specific about this problematic and this 112 is what we are, we are doing, trying to, to make specificities about the standard 113 protocol. I'd say, I'd say that.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Meditation and breathing techniques

Document

Files\\Interviews transcription verified

No	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
	0,0014	1	1	J	07/10/2021 13:52

use 23 different techniques, so I use here I use meditation and breathing.

Codes\\PTR technique two tv's target groups

Document

Files\\Interviews transcription verified

No	0,0021	1			
			1	J	07/10/2021 16:43

84 When it is a traumatic event that is coming from people like rape, or beating, when you 85 were a child or something like that.

Codes\\Results of a session can be observed directly

Document

Files\\Interviews transcription verified

No	0,0024	1			
			1	J	07/10/2021 16:24

And you can directly see the impact of a session regarding a poor 38 problem about the emotion, the body sensations, the physical symptoms.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Similar challenges as in other psychotherapies

Document

Files\\Interviews transcription verified

No	0,0042	1			
			1	J	07/10/2021 13:37

45 EN: Of course there is but there are all the challenges we know when simply doing 46 psychotherapy is. It's, I'd say the. Apart from that, from all the challenging, there are 47 common to all the techniques you could use in psychotherapy.

Codes\\Successful induction

Document

Files\\Interviews transcription verified

No	0,0014	1			
			1	J	07/10/2021 15:47

102 So when you can put the people in good places with a relaxed breathing and open up.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\A recent and unique tool to treat trauma

Document

Files\\Interviews transcription verified

Yes	0,0379	13			
			1	J	06/10/2021 16:09

PTR you're explaining this to the people in your explaining to them that you 44 are now going together with myself in a contribution by working together, going to be 45 able to handle these predictions so that they are not overwhelming you.

			2	J	04/10/2021 15:41
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And so we focus on the attend on 30 the sensations we focus on on the on the on the body, we, we focus on the sensations, 31 and my expenses that by going in the right place where everything is hidden This is where 32 you find the solution, not by talking because this is not the same, the same floor.

			3	J	08/10/2021 13:18
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but to be complemented with a follow up, a 147 psychotherapy for a psychological follow up you cannot leave a patient just with PTR, 148 you may but at some point, you're going to be stuck.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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			4	J	08/10/2021 13:28
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155 Of course, it always depends if you come for your weight you want to lose weight, you 156 want to feel okay with your colleague,

5 J 07/10/2021 11:49

Even just that's not even talking about traumatology, is really a 30 big difference from therapy where you just talk about things.

6 J 07/10/2021 11:50

And this is really what PTR and been created, has been created, sorry, is to treat the 33 traumatic experiences of the patients.

7 J 07/10/2021 16:46

I should say that I also use it EMDR. So another 94 technique, to treat the trauma trauma. And in my opinion, this is the most efficient. The 95 hypnosis PTR hypnosis is the most efficient. But I do use both of them, so I say they are 96 complimentary so yeah I think this is really efficient to treat trauma, really.

8 J 07/10/2021 16:35

And I also work with techniques that work 95 on the energy part so the trauma that are in the family, and is repeating, and even 96 symptoms that you can find in the mother or the grandma.

9 J 07/10/2021 16:36

It changes a lot of things in the family as well so it's 98 quite interesting. Yeah. So I have special techniques with in the energy field also, but you 99 use PTR hypnosis.

10 J 10/10/2021 11:50

123 MJ: What, what could improve it is the world to, to know that it exists.

11 J 10/10/2021 11:52

So, to improve it. I think anyone that can have this tool can merge it with any tool 128 that they are using, or they were using before. I'm using. I'm using it with the energy 129 field. So, I can't, I can't see how to improve it.

12 J 10/10/2021 11:56

I'm using it with the energy 129 field.

13 J 10/10/2021 12:02

78 GS: I would say that so when it is accidents or natural events, traumatic events, but not 79 from people.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\A recent and unique tool to treat trauma\\PTR focuses on body Document

Files\\Interviews transcription verified

No		0,0051	1	1	J	04/10/2021 15:41
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And so we focus on the attend on 30 the sensations we focus on on the on the on the body, we, we focus on the sensations, 31 and my expenses that by going in the right place where everything is hidden This is where 32 you find the solution, not by talking because this is not the same, the same floor.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\A recent and unique tool to treat trauma\\PTR has better results with transforming events than people Document

Files\\Interviews transcription verified

No		0,0018	1	1	J	10/10/2021 12:02
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78 GS: I would say that so when it is accidents or natural events, traumatic events, but not 79 from people.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\A recent and unique tool to treat trauma\\PTR integrated with other interventions Document

Files\\Interviews transcription verified

Yes		0,0190	6	1	J	08/10/2021 13:18
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but to be complemented with a follow up, a 147 psychotherapy for a psychological follow up you cannot leave a patient just with PTR, 148 you may but at some point, you're going to be stuck.

2	J	07/10/2021 16:46
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I should say that I also use it EMDR. So another 94 technique, to treat the trauma trauma. And in my opinion, this is the most efficient. The 95 hypnosis PTR hypnosis is the most efficient. But I do use both of them, so I say they are 96 complimentary so yeah I think this is really efficient to treat trauma, really.

3 J 07/10/2021 16:35

And I also work with techniques that work 95 on the energy part so the trauma that are in the family, and is repeating, and even symptoms that you can find in the mother or the grandma.

96

Formatted Reports\Coding Summary by Code Formatted Report

Page 7 of 113

18/10/2021 11:52

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
				4	J	07/10/2021 16:36
						It changes a lot of things in the family as well so it's 98 quite interesting. Yeah. So I have special techniques with in the energy field also, but you 99 use PTR hypnosis.
				5	J	10/10/2021 11:52
						So, to improve it. I think anyone that can have this tool can merge it with any tool 128 that they are using, or they were using before. I'm using. I'm using it with the energy 129 field. So, I can't, I can't see how to improve it.
				6	J	10/10/2021 11:56
						I'm using it with the energy 129 field.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\A recent and unique tool to treat trauma\PTR integrated with other interventions\PTR and EMDR are complimentary Document

Files\\Interviews transcription verified

No	0,0053	1
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1 J 07/10/2021 16:46

I should say that I also use it EMDR. So another 94 technique, to treat the trauma trauma. And in my opinion, this is the most efficient. The 95 hypnosis PTR hypnosis is the most efficient. But I do use both of them, so I say they are 96 complimentary so yeah I think this is really efficient to treat trauma, really.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\A recent and unique tool to treat trauma\PTR integrated with other interventions\PTR and energetic therapies can be combined Document

Files\\Interviews transcription verified

No	0,0063	2
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1 J 07/10/2021 16:35

And I also work with techniques that work 95 on the energy part so the trauma that are in the family, and is repeating, and even symptoms that you can find in the mother or the grandma. 96

2 J 07/10/2021 16:36

It changes a lot of things in the family as well so it's 98 quite interesting. Yeah. So I have special techniques with in the energy field also, but you 99 use PTR hypnosis.

18/10/2021 11:52

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\A recent and unique tool to treat trauma\PTR integrated with other interventions\PTR can be improved by merging it with other tools
Document

Files\\Interviews transcription verified

No	0,0039	1	1	J	10/10/2021 11:52
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So, to improve it. I think anyone that can have this tool can merge it with any tool 128 that they are using, or they were using before. I'm using. I'm using it with the energy 129 field. So, I can't, I can't see how to improve it.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\A recent and unique tool to treat trauma\PTR integrated with other interventions\PTR combined with energy field
Document

Files\\Interviews transcription verified

No	0,0006	1	1	J	10/10/2021 11:56
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I'm using it with the energy 129 field.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\A recent and unique tool to treat trauma\\PTR integrated with other interventions\\PTR complemented with another psychotherapy

Document

Files\\Interviews transcription verified

No	0,0033	1	1	J	08/10/2021 13:18
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but to be complemented with a follow up, a 147 psychotherapy for a psychological follow up you cannot leave a patient just with PTR, 148 you may but at some point, you're going to be stuck.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\A recent and unique tool to treat trauma\\PTR is different from talking therapy

Document

Files\\Interviews transcription verified

No	0,0021	1	1	J	07/10/2021 11:49
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Even just that's not even talking about traumatology, is really a 30 big difference from therapy where you just talk about things.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\A recent and unique tool to treat trauma\\PTR may be use alone for minor issues

Document

Files\\Interviews transcription verified

No	0,0022	1	1	J	08/10/2021 13:28
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155 Of course, it always depends if you come for your weight you want to lose weight, you 156 want to feel okay with your colleague,

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\A recent and unique tool to treat trauma\\PTR relatively unknown worldwide Document

Files\\Interviews transcription verified

No	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
	0,0012	1	1	J	10/10/2021 11:50

123 MJ: What, what could improve it is the world to, to know that it exists.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\A recent and unique tool to treat trauma\\PTR requires client and practitioner cooperation Document

Files\\Interviews transcription verified

No	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
	0,0040	1	1	J	06/10/2021 16:09

PTR you're explaining this to the people in your explaining to them that you 44 are now going together with myself in a contribution by working together, going to be 45 able to handle these predictions so that they are not overwhelming you.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\A recent and unique tool to treat trauma\\PTR was created to treat trauma Document

Files\\Interviews transcription verified

No	0,0022	1
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1	J	07/10/2021 11:50
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And this is really what PTR and been created, has been created, sorry, is to treat the 33 traumatic experiences of the patients.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\An evolving tool used by therapists

Document

Files\\Interviews transcription verified

Yes	0,0296	8
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1	J	07/10/2021 15:46
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we asked them to 100 find a souvenir or a place, it might be in the mountains or the seaside or in the garden, a 101 place where they really felt completely relaxed and very happy and in a very good place.

2	J	07/10/2021 15:48
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103 That's where you can start asking them for, Like, how do you feel inside when you're in 104 this good place when you remember when you recall, with your whole body with all 105 your senses when you recall this good place.

3	J	07/10/2021 16:29
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have a 82 good technique in PTR to prevent every symptom of depression

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
				4	J	10/10/2021 11:51
				5	J	10/10/2021 11:53
				6	J	07/10/2021 16:42

You can kind of take the tool and 125 make it yours.
126 Because I'm making it mine. I'm using it in my way, and my colleagues are using it their 127 way.

130 Officially, but I think that every, every therapist can improve it.
131 By making it, its own. Yeah.

You can add a very efficient tool, which is, which is 86 called two TVs, for example. So, if it is something that went bad with father or mother, 87 that was violent for example.
88 As a child, you love your parents, and at the same time, you had to deal with violence 89 from the people who you are loving, okay. So, you have a tool, that's a consistent 90 separating very efficiently. The good reasons to love the parents and the things that have 91 to be thrown away. And that way you can work out the guilty feeling, by keeping the 92 good things.
93 And just throwing away the bad things from these people.

7 J 07/10/2021 16:44

For example, this is very 115 94 often I have to use this tool and it's very very strong, very, very good tool for example 116 95 that's just one example.

8 J 10/10/2021 11:58

111 GS: So, PTR protocol is changing all the time improving. So, it's very living tool. It's a very 112 living tool It changes, improving and what from my experience right now where I am 113 now.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\An evolving tool used by therapists\\PTR can be adapted to therapist's way of working Document

Files\\Interviews transcription verified

No 0,0026 1

1 J 10/10/2021 11:51

You can kind of take the tool and 125 make it yours.
126 Because I'm making it mine. I'm using it in my way, and my colleagues are using it their 127 way.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\An evolving tool used by therapists\\PTR can be improved by therapist assimilating it Document

Files\\Interviews transcription verified

No	0,0018	1			
			1	J	10/10/2021 11:53

130 Officially, but I think that every, every therapist can improve it.
 131 By making it, its own. Yeah.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\An evolving tool used by therapists\\PTR induction is about imagining a good moment
Document

Files\\Interviews transcription verified

No	0,0073	2			
			1	J	07/10/2021 15:46

we asked them to 100 find a souvenir or a place, it might be in the mountains or the seaside or in the garden, a 101 place where they really felt completely relaxed and very happy and in a very good place.

			2	J	07/10/2021 15:48
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103 That's where you can start asking them for, Like, how do you feel inside when you're in 104 this good place when you remember when you recall, with your whole body with all 105 your senses when you recall this good place.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\An evolving tool used by therapists\\PTR technique prevents all depression symptoms
Document

Files\\Interviews transcription verified

No	0,0011	1			
			1	J	07/10/2021 16:29

have a 82 good technique in PTR to prevent every symptom of depression

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\An evolving tool used by therapists\\PTR technique two tv's very strong tool

Document

Files\\Interviews transcription verified

No	0,0026	1			
			1	J	07/10/2021 16:44

For example, this is very 115 94 often I have to use this tool and it's very very strong, very, very good tool for example 116 95 that's just one example.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\An evolving tool used by therapists\\PTR technique uses two tv's

Document

Files\\Interviews transcription verified

No	0,0107	1			
			1	J	07/10/2021 16:42

You can add a very efficient tool, which is, which is 86 called two TVs, for example. So, if it is something that went bad with father or mother, 87 that was violent for example.

88 As a child, you love your parents, and at the same time, you had to deal with violence 89 from the people who you are loving, okay. So, you have a tool, that's a consistent 90 separating very efficiently. The good reasons to love the parents and the things that have 91 to be thrown away. And that way you can work out the guilty feeling, by keeping the 92 good things.

93 And just throwing away the bad things from these people.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\Cautions for effective and safe PTR practice

Document

Files\\Interviews transcription verified

Yes	0,0145	8			
			1	J	04/10/2021 14:37

Because, talking in using the front part of the brains 24 helps, but not enough because, at a certain stage.

25 All, what he didn't own the unfinished business that's in the unconscious stays there.

			2	J	08/10/2021 11:02
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I 105 felt stuck because you can go into all directions.

18/10/2021 11:52

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
				3	J	08/10/2021 10:45
	118	So it's interesting to suggest not to impose respect				
				4	J	08/10/2021 13:22
	149	You may and so a lot of students are very enthusiastic at the beginning because they 150 feel: Oh my god, that works and it's very successful and just by being reinventing 151 disturbing history.				
				5	J	08/10/2021 13:22
		Too soon too happy				
				6	J	08/10/2021 13:20
		So, it's very important to, to, to guarantee security of the patient. And for that, you 154 need to be to be trained				
				7	J	07/10/2021 13:41
		And you can really, you are powerful when you 50 add that tool				
				8	J	08/10/2021 12:02
		the trauma is not quite clean, I could say, I have to make 114 sure, but one session, and no many, no flashback at all, so she can, Of course sleep.				

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\Cautions for effective and safe PTR practice\\Novice PTR therapist being too enthusiastic about results Document

Files\\Interviews transcription verified

No 0,0037 2

				1	J	08/10/2021 13:22
	149	You may and so a lot of students are very enthusiastic at the beginning because they 150 feel: Oh my god, that works and it's very successful and just by being reinventing 151 disturbing history.				
				2	J	08/10/2021 13:22
		Too soon too happy				

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\Cautions for effective and safe PTR practice\Professional training ensures safety Document

Files\\Interviews transcription verified

No		0,0019	1	1	J	08/10/2021 13:20
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So, it's very important to, to, to guarantee security of the patient. And for that, you 154 need to be to be trained

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\Cautions for effective and safe PTR practice\Re-evaluating trauma symptoms after PTR intervention Document

Files\\Interviews transcription verified

No		0,0024	1	1	J	08/10/2021 12:02
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the trauma is not quite clean, I could say, I have to make 114 sure, but one session, and no many, no flashback at all, so she can, Of course sleep.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\Cautions for effective and safe PTR practice\Suggesting not imposing ideas

Document

Files\\Interviews transcription verified

No	0,0009	1			
			1	J	08/10/2021 10:45

118 So it's interesting to suggest not to impose respect

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\Cautions for effective and safe PTR practice\Talking not helpful while working trauma

Document

Files\\Interviews transcription verified

No	0,0033	1			
			1	J	04/10/2021 14:37

Because, talking in using the front part of the brains 24 helps, but not enough because, at a certain stage. 25 All, what he didn't own the unfinished business that's in the unconscious stays there.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\Cautions for effective and safe PTR practice\Therapist stuck because many directions in therapy

Document

Files\\Interviews transcription verified

No	0,0009	1			
			1	J	08/10/2021 11:02

I 105 felt stuck because you can go into all directions.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\Cautions for effective and safe PTR practice\\With great power comes great responsibility Document

Files\\Interviews transcription verified

No	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
	0,0010	1	1	J	07/10/2021 13:41

And you can really, you are powerful when you 50 add that tool

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\It is a process rather than a technique Document

Files\\Interviews transcription verified

Yes	0,0195	7	1	J	06/10/2021 16:26
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When you help 61 the people understand that and help the people to say okay. In that situation, you do not 62 need those protections, but these protections are on you.

2	J	07/10/2021 16:02
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It's a dance, it's a dance with the patient, not to force the rhythm it's his 88 own rhythm.

3	J	08/10/2021 10:50
---	---	------------------

that's why it's always a dance, not imposing anything of your 126 rhythm

4 J 08/10/2021 12:33
 136 MC: I'm not to consider it as a technique. First, I would say, it's, it's part of a process of 137 helping out a patient it's

5 J 07/10/2021 13:54
 PTR, because the process is 25 pretty simple

6 J 06/10/2021 10:52
 The first paper that I submit to the 20 patient is to note, every symptom. So, my kind of work 30 is going through the symptoms 21 or through the list of traumatisms. So, so some people, when they are not. When you can 22 when you can't have the answer to the symptoms you attack by the, the list of 23 traumatisms. So, if someone is coming and telling me okay.

7 J 06/10/2021 10:58
 Okay, so I take the 25 symptom. And I'm just noting it down to see later, if I can work on it, if it's necessary. 26 Okay, so I have a list of traumatisms, and I have a list of symptoms. And I, I kinda try to 27 connect them in hypnosis.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\It is a process rather than a technique\\Explaining to the client how protections work Document

Files\\Interviews transcription verified

No 0,0028 1

1 J 06/10/2021 16:26

When you help 61 the people understand that and help the people to say okay. In that situation, you do not 62 need those protections, but these protections are on you.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\It is a process rather than a technique\\PTR anamnesis lists symptoms and traumas Document

Files\\Interviews transcription verified

No 0,0108 2

1 J 06/10/2021 10:52

The first paper that I submit to the 20 patient is to note, every symptom. So, my kind of work 30 is going through the symptoms 21 or through the list of traumatisms. So, so some people, when they are not. When you can 22 when you can't have the answer to the symptoms you attack by the, the list of 23 traumatisms. So, if someone is coming and telling me okay.

2 J 06/10/2021 10:58

Okay, so I take the 25 symptom. And I'm just noting it down to see later, if I can work on it, if it's necessary. 26 Okay, so I have a list of traumatisms, and I have a list of symptoms. And I, I kinda try to 27 connect them in hypnosis.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\It is a process rather than a technique\\PTR is a dance with the patient following his rythm Document

Files\\Interviews transcription verified

No 0,0028 2

1 J 07/10/2021 16:02

It's a dance, it's a dance with the patient, not to force the rhythm it's his 88 own rhythm.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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2 J 08/10/2021 10:50

that's why it's always a dance, not imposing anything of your 126 rhythm

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\It is a process rather than a technique\\PTR is not considered a technique but a process of helping the client

Document

Files\\Interviews transcription verified

No	0,0022	1
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1	J	08/10/2021 12:33
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136 MC: I'm not to consider it as a technique. First, I would say, it's, it's part of a process of 137 helping out a patient it's

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\It is an amazing tool, effective and efficient with PTSD

Document

Files\\Interviews transcription verified

Yes	0,0546	35
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1	J	04/10/2021 15:22
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24 I found it extremely amazing tool to work with, because it gives the people back their 25 control their power, and their knowledge to get back on their path. And that is an 26 amazing thing to do for people is to reconnect them with who they are and bringing them 27 the possibility to pick up their path again and go forward so I just love that too.

2	J	10/10/2021 14:55
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I found it extremely amazing tool to work with, because it gives the people back their 25 control their power, and their knowledge to get back on their path.

3	J	07/10/2021 16:47
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132 ID: Very efficient

4	J	10/10/2021 14:53
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I think we can fairly say that we have a 60% of success with the people that 135 we are seeing

5	J	10/10/2021 14:53
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I'm taking the 60% of people that I'm helping and that are successful.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
				6	J	04/10/2021 15:27
						9 MC: Whether it's very efficient? For sure.
				7	J	08/10/2021 10:52
						129 MC: So yes, very efficient
				8	J	08/10/2021 13:19
						it is a very 146 nice, impressive, and efficient tool
				9	J	10/10/2021 14:34
						And when I began using using it I really noticed a difference in the results. I was seeing 14 with the, with the patients, because their, their symptoms were less intense in really a 15 short amount of time so in from for example in one session, some symptoms could go 16 could go away in just one session.
				10	J	04/10/2021 15:43
						So, I. Well, it's really efficient,
				11	J	07/10/2021 16:46
						And in my opinion, this is the most efficient. The 95 hypnosis PTR hypnosis is the most efficient.
				12	J	10/10/2021 14:34
						process is 25 pretty simple. And It works pretty well, pretty fast.
				13	J	08/10/2021 11:07
						45 SB: I think it's fantastic,
				14	J	08/10/2021 11:04
						it's really efficient.
				15	J	08/10/2021 11:05
						So to keep them safe
				16	J	08/10/2021 11:07
						really fast
				17	J	08/10/2021 11:06
						I 47 would say for me is the best technique to work with trauma.
				18	J	06/10/2021 11:10
						tool that is quite 37 impressive and efficient
				19	J	07/10/2021 12:03
						this is the tool that I use the most. because 44 this is the most efficient.

20 J 08/10/2021 11:08

103 Because whoever you are, you, you had some trauma. So, it's very efficient,

Formatted Reports\Coding Summary by Code Formatted Report

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18/10/2021 11:52

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
				21	J	06/10/2021 11:21
It's very	14 very comfortable. I mean, it's a very secure. It's safe. Mostly, when we talk about an					15 event that is traumatizing.
				22	J	10/10/2021 14:34
it's for the treatment, itself, it's very very fast, very very fast						
				23	J	10/10/2021 14:54
It works very very well.						
				24	J	10/10/2021 14:34
Usually after one or two sessions, they begin to feel better they	37 have less flashbacks, or not even not anymore about the precise event.					
				25	J	10/10/2021 14:34
Basic symptoms like flashbacks are very after one or two	43 sessions they are gone.					
				26	J	07/10/2021 12:34
What is the	48 most important is that it is very safe for them, and they understand it very quickly that it's					49 safe, so they can sort out things faster because they feel like it's not more. not any more
				27	J	07/10/2021 15:28
62 GS: With PTSD not so much. Sometimes, rarely but it happens.						
				28	J	10/10/2021 14:34
But still, it goes quite fast						
				29	J	10/10/2021 14:34
the traumas, themselves, it goes very fast about						
				30	J	07/10/2021 15:36
it goes very fast about	70 the basic symptoms, the ones that are making them to like in the hell, like the flashbacks					71 like rage
				31	J	10/10/2021 14:53
78 GS: I would say that so when it is accidents or natural events, traumatic events, but not	79 from people. It is just transforming the events, extremely efficient.					
				32	J	10/10/2021 14:53
And with PTR you just transform it instead. you go into the	82 event , but as soon as you are in it you you just confirm things with working with the					83 client imaginary imagination, and that is extremely efficient and extremely fast.

33 J 08/10/2021 12:11

101 GS: From all the tools that I know it's the most efficient

34 J 08/10/2021 12:12

something that you wish I knew about EMDR, and both tools are good but the 103 PTR, to me, is much more efficient because it's much safer, and faster.

18/10/2021 11:52

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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35 J 10/10/2021 11:59

it's very 116 extremely efficient about the traumas themselves about the list of traumas.

Codes\Theme 1 Understanding PTR features from practitioners' experiences\It is an amazing tool, effective and efficient with PTSD\PTR challenges occur rarely with PTSD patients

Document

Files\Interviews transcription verified

No 0,0010 1

1 J 07/10/2021 15:28

62 GS: With PTSD not so much. Sometimes, rarely but it happens.

Codes\Theme 1 Understanding PTR features from practitioners' experiences\It is an amazing tool, effective and efficient with PTSD\PTR is safer and faster than EMDR

Document

Files\Interviews transcription verified

No 0,0025 1

1 J 08/10/2021 12:12

something that you wish I knew about EMDR, and both tools are good but the 103 PTR, to me, is much more efficient because it's much safer, and faster.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\It is an amazing tool, effective and efficient with PTSD\\PTR is very fast with basic symptoms Document

Files\\Interviews transcription verified

No	0,0023	2			
			1	J	08/10/2021 11:07

really fast

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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			2	J	07/10/2021 15:36
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it goes very fast about 70 the basic symptoms, the ones that are making them to like in the hell, like the flashbacks 71 like rage

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\It is an amazing tool, effective and efficient with PTSD\\PTR is very secure and safe with trauma Document

Files\\Interviews transcription verified

No	0,0068	3			
			1	J	08/10/2021 11:05

So to keep them safe

			2	J	06/10/2021 11:21
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It's very 14 very comfortable. I mean, it's a very secure. It's safe. Mostly, when we talk about an 15 event that is traumatizing.

			3	J	07/10/2021 12:34
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What is the 48 most important is that it is very safe for them, and they understand it very quickly that it's 49 safe, so they can sort out things faster because they feel like it's not more. not any more 50 dangerous to work out these things.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\It is an amazing tool, effective and efficient with PTSD\\PTR positive affirmations Document

Files\\Interviews transcription verified

Yes 0,0079 3

1 J 04/10/2021 15:22

24 I found it extremely amazing tool to work with, because it gives the people back their 25 control their power, and their knowledge to get back on their path. And that is an 26 amazing thing to do for people is to reconnect them with who they are and bringing them 27 the possibility to pick up their path again and go forward so I just love that too.

2 J 08/10/2021 11:07

45 SB: I think it's fantastic,

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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3 J 08/10/2021 11:06

I 47 would say for me is the best technique to work with trauma.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\It is an amazing tool, effective and efficient with PTSD\\PTR positive affirmations\\PTR amazing tool Document

Files\\Interviews transcription verified

No 0,0061 1

1 J 04/10/2021 15:22

24 I found it extremely amazing tool to work with, because it gives the people back their 25 control their power, and their knowledge to get back on their path. And that is an 26 amazing thing to do for people is to reconnect them with who they are and bringing them 27 the possibility to pick up their path again and go forward so I just love that too.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\It is an amazing tool, effective and efficient with PTSD\\PTR positive affirmations\\PTR is best technique for trauma Document

Files\\Interviews transcription verified

No	0,0012	1				
			1	J	08/10/2021 11:06	

I 47 would say for me is the best technique to work with trauma.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\It is an amazing tool, effective and efficient with PTSD\\PTR positive affirmations\\PTR is fantastic Document

Files\\Interviews transcription verified

No	0,0005	1				
			1	J	08/10/2021 11:07	

45 SB: I think it's fantastic,

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\It is healing and allows positive change in PTSD
Document

Files\\Interviews transcription verified

Yes	0,0904	46			
			1	J	04/10/2021 15:24
it gives the people back their 25 control their power					
			2	J	04/10/2021 15:25
And that is an 26 amazing thing to do for people is to reconnect them with who they are					
			3	J	04/10/2021 15:25
and bringing them 27 the possibility to pick up their path again and go forward					
			4	J	06/10/2021 16:17
having the ability to get 48 back into relationship with people					
			5	J	06/10/2021 16:18
So as you're giving this control back to the people by 49 helping them to augment some feelings or					
			6	J	06/10/2021 16:19
they are the boss on 53 their feelings and it's not the feelings the boss on their bodies.					
			7	J	06/10/2021 16:21
You are being able to bring 55 the person to desensitize the trauma that has happened because the trauma is 56 something that is put on the brain, and it's kept as an image as a traumatic image, each 57 time that life is bringing you a new experience in the same core of what you went 58 through as a trauma.					
			8	J	06/10/2021 16:28
And because it's a creative, 64 constructive and positive one. That's what the brain is going to retain and putting down 65 the traumatic image, and so that life can go on with this new image inputs in your brain.					

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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				9	J	07/10/2021 15:55
they regain control of their emotional feelings 123 and the senses that they have in their body.Same with the physical feelings.						

10	J	07/10/2021 17:07	So they need to be able to be strong to be anchored 153 to be with the new feeling with the new power with the new control when they meet 154 there.
11	J	07/10/2021 17:08	If they 167 meet them again so that they can be strong in front of these people and not being 168 under their power.
12	J	07/10/2021 17:08	but at least they have the control back
13	J	08/10/2021 12:29	to change and desensitize the traumatic event
14	J	06/10/2021 16:29	Because you begin control you begin control over yourself your emotions, your 39 sensations, as simple as that
15	J	08/10/2021 10:41	And it's always a question of how to gain 109 regain control on myself on my emotions on my sensations.
16	J	08/10/2021 11:03	125 Can you feel that
17	J	04/10/2021 15:46	I was seeing 14 with the, with the patients, because their, their symptoms were less intense in really a 15 short amount of time so in from for example in one session, some symptoms could go 16 could go away in just one session.
18	J	10/10/2021 15:10	I was seeing 14 with the, with the patients, because their, their symptoms were less intense in really a 15 short amount of time so in from for example in one session, some symptoms could go 16 could go away in just one session.
19	J	04/10/2021 15:44	it's also allows to process the emotions,
20	J	07/10/2021 11:43	21 EN: Well, as I just said, by allowing them to process the emotions.
21	J	07/10/2021 11:43	we question the patient about the emotion linked to 23 what the patient is saying is talking about and doing so, we allow time and space for the 24 patient to feel the emotion and so to to complete the cycle of emotion because most of 25 the time people are experiencing emotions that they try to avoid them.
22	J	07/10/2021 11:48	26 And this is, the more you avoid the more the emotion stay, like in the body. They're 27 basically energy, staying in the body and so when we do PTR. We allow them to process 28 those, those emotions to proceed. Yes, to process the emotions, and we allow time and 29 space for them to do so.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
				23	J	10/10/2021 14:50
						when we notice that there is a trauma in, in, in 34 the patient's history. We can use that, that technique to, to go back to the memory 35 change where, what is needed to be changed, and then to, to allow the person to process 36 again the emotions linked to the memory. 37 So, yes, this is the, the main use of the processing emotion from now and from the past, 38 and changing the, the scenario, which is the basically the core of the technique is to recall 39 a memory, which is source of suffering for the person and then change the scenario to to 40 respond to the needs of the unconscious.
				24	J	10/10/2021 15:10
						And when it's done. Then the symptoms and 41 the suffering is. Yes
				25	J	07/10/2021 11:56
						And when it's done. Then the symptoms and 41 the suffering is. Yes
				26	J	10/10/2021 14:51
						And with this type of 48 clients, is that PTR hypnosis is really powerful.
				27	J	10/10/2021 14:51
						57 So, I think this is a powerful tool that needs to be handled with care.
				28	J	04/10/2021 15:50
						I am working with the PTR hypnosis I 8 mainly have women in the session, and the focus is more about pregnancy. So, how to give 9 birth, with a and getting help with the hypnosis.
				29	J	10/10/2021 15:10
						I am working with the PTR hypnosis I 8 mainly have women in the session, and the focus is more about pregnancy. So, how to give 9 birth, with a and getting help with the hypnosis.
				30	J	04/10/2021 15:50
						And I had a few people about for the self-10 confidence for let's say.
				31	J	07/10/2021 12:01
						PTR helps to get the 19 key that he has.
				32	J	10/10/2021 15:10
						Um let's say when I follow a woman pregnancy
				33	J	07/10/2021 13:51
						Um let's say when I follow a woman pregnancy
				34	J	06/10/2021 11:08
						Yeah, 33 because it's always, it's often the entourage that noticing the change. Yeah. First, and 34 when the patient is coming back, and is kind of admitting that something has changed.
				35	J	07/10/2021 12:06
						this is the tool that I use the most. because 44 this is the most efficient. When it comes to PTSD symptoms
				36	J	07/10/2021 12:06
						this is the tool that I use the most. because 44 this is the most efficient. When it comes to PTSD symptoms and problems in relations.

18/10/2021 11:52

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
				37	J	07/10/2021 16:32
				Whoever is the patient, 81 you have some, you know, some parents who are dead, or they have lost loss, you have a 82 good technique in PTR to prevent every symptom of depression		
				38	J	10/10/2021 15:10
				Whoever is the patient, 81 you have some, you know, some parents who are dead, or they have lost loss, you have a 82 good technique in PTR to prevent every symptom of depression		
				39	J	07/10/2021 16:34
				the technique is to go and see the person, and have a 86 talk with it, and put him in a good place. It could be heaven or anything. 87 And it changed a lot, a lot, the behavior and the overall wellbeing of the person. So, this 88 is a trauma that I have to note down, because even if it happened. 30 years ago. It can 89 always have some impact on the, on the person so this is one technique, and the 90 other one, of course, is the re parenting. 91 So, to go and find the little children, the little child that he or she was, and go find new 92 parents for this child. It helps a lot. Also, it changed a lot of things.		
				40	J	10/10/2021 15:10
				the technique is to go and see the person, and have a 86 talk with it, and put him in a good place. It could be heaven or anything. 87 And it changed a lot, a lot, the behavior and the overall wellbeing of the person. So, this 88 is a trauma that I have to note down, because even if it happened. 30 years ago. It can 89 always have some impact on the, on the person so this is one technique, and the 90 other one, of course, is the re parenting. 91 So, to go and find the little children, the little child that he or she was, and go find new 92 parents for this child. It helps a lot. Also, it changed a lot of things.		
				41	J	08/10/2021 12:01
				it helps a lot 106 to, to avoid any flashback. Because you can change every, Every scene.		
				42	J	10/10/2021 15:10
				it helps a lot 106 to, to avoid any flashback. Because you can change every, Every scene.		
				43	J	08/10/2021 12:07
				I had one session with her, and the flashback. It's all finished. Of course, she 113 has to work on it.		
				44	J	10/10/2021 15:10
				I had one session with her, and the flashback. It's all finished. Of course, she 113 has to work on it.		
				45	J	08/10/2021 12:07
				it's a very efficient for flashbacks, for, 119 for example,yeah.		
				46	J	10/10/2021 15:10
				it's a very efficient for flashbacks, for, 119 for example,yeah.		

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
	Codes\Theme 1 Understanding PTR features from practitioners' experiences\It is healing and allows positive change in PTSD\Clients take back control over their feelings Document					
	Files\Interviews transcription verified					
No		0,0058	4			
				1	J	06/10/2021 16:19
				they are the boss on 53 their feelings and it's not the feelings the boss on their bodies.		
				2	J	07/10/2021 15:55
				they regain control of their emotional feelings 123 and the senses that they have in their body.Same with the physical feelings.		
				3	J	08/10/2021 10:41
				And it's always a question of how to gain 109 regain control on myself on my emotions on my sensations.		
				4	J	08/10/2021 11:03
				125 Can you feel that		

Codes\Theme 1 Understanding PTR features from practitioners' experiences\It is healing and allows positive change in PTSD\Entourage notices first change in clients after PTR Document

Files\Interviews transcription verified

No	0,0033	1	1	J	06/10/2021 11:08
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Yeah, 33 because it's always, it's often the entourage that noticing the change. Yeah. First, and 34 when the patient is coming back, and is kind of admitting that something has changed.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\Theme 1 Understanding PTR features from practitioners' experiences\It is healing and allows positive change in PTSD\PTR allows to get back into relationships Document

Files\Interviews transcription verified

No	0,0010	1	1	J	06/10/2021 16:17
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having the ability to get 48 back into relationship with people

Codes\Theme 1 Understanding PTR features from practitioners' experiences\It is healing and allows positive change in PTSD\PTR desensitizes trauma Document

Files\Interviews transcription verified

No	0,0064	2	1	J	06/10/2021 16:21
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You are being able to bring 55 the person to desensitize the trauma that has happened because the trauma is 56 something that is put on the brain, and it's kept as an image as a traumatic image, each 57 time that life is bringing you a new experience in the same core of what you went 58 through as a trauma.

2 J 08/10/2021 12:29

to change and desensitize the traumatic event

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\It is healing and allows positive change in PTSD\\PTR gives control & power back Document

Files\\Interviews transcription verified

No 0,0080 6

1 J 04/10/2021 15:24

it gives the people back their 25 control their power

2 J 06/10/2021 16:18

So as you're giving this control back to the people by 49 helping them to augment some feelings or

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
			3		J	07/10/2021 17:08
			4		J	06/10/2021 16:29
			5		J	10/10/2021 14:51
			6		J	10/10/2021 14:51

but at least they have the control back

Because you begin control you begin control over yourself your emotions, your 39 sensations, as simple as that

And with this type of 48 clients, is that PTR hypnosis is really powerful.

57 So, I think this is a powerful tool that needs to be handled with care.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\It is healing and allows positive change in PTSD\\PTR helps against flashbacks

Document

Files\\Interviews transcription verified

No	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
	0,0043	3	1	J	08/10/2021 12:01
it helps a lot 106 to, to avoid any flashback. Because you can change every, Every scene.					
			2	J	08/10/2021 12:07
I had one session with her, and the flashback. It's all finished. Of course, she 113 has to work on it.					
			3	J	08/10/2021 12:07
it's a very efficient for flashbacks, for, 119 for example,yeah.					

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\It is healing and allows positive change in PTSD\\PTR helps clients find their own solution

Document

Files\\Interviews transcription verified

No	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
	0,0007	1	1	J	07/10/2021 12:01
PTR helps to get the 19 key that he has.					

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\It is healing and allows positive change in PTSD\\PTR helps reducing symptoms
Document

Files\\Interviews transcription verified

No 0,0050 2

1 J 04/10/2021 15:46

I was seeing 14 with the, with the patients, because their, their symptoms were less intense in really a 15 short amount of time so in from for example in one session, some symptoms could go 16 could go away in just one session.

2 J 07/10/2021 11:56

And when it's done. Then the symptoms and 41 the suffering is. Yes

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\It is healing and allows positive change in PTSD\\PTR helps to move on
Document

Files\\Interviews transcription verified

No 0,0013 1

1 J 04/10/2021 15:25

and bringing them 27 the possibility to pick up their path again and go forward

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\It is healing and allows positive change in PTSD\\PTR helps with pregnancy
Document

Files\\Interviews transcription verified

No	0,0037	2			
			1	J	04/10/2021 15:50

I am working with the PTR hypnosis I 8 mainly have women in the session, and the focus is more about pregnancy. So, how to give 9 birth, with a and getting help with the hypnosis.

			2	J	07/10/2021 13:51
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Um let's say when I follow a woman pregnancy

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\It is healing and allows positive change in PTSD\\PTR helps with problems in relations

Document

Files\\Interviews transcription verified

No	0,0022	1			
			1	J	07/10/2021 12:06

this is the tool that I use the most. because 44 this is the most efficient. When it comes to PTSD symptoms and problems in relations.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\It is healing and allows positive change in PTSD\\PTR helps with PTSD symptoms

Document

Files\\Interviews transcription verified

No	0,0018	1			
			1	J	07/10/2021 12:06

this is the tool that I use the most. because 44 this is the most efficient. When it comes to PTSD symptoms

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\It is healing and allows positive change in PTSD\\PTR helps with self confidence

Document

Files\\Interviews transcription verified

No		0,0012	1			
				1	J	04/10/2021 15:50

And I had a few people about for the self-10 confidence for let's say.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\It is healing and allows positive change in PTSD\\PTR makes abuse victims strong and anchored

Document

Files\\Interviews transcription verified

No		0,0045	2			
				1	J	07/10/2021 17:07

So they need to be able to be strong to be anchored 153 to be with the new feeling with the new power with the new control when they meet 154 there.

				2	J	07/10/2021 17:08
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If they 167 meet them again so that they can be strong in front of these people and not being 168 under their power.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\It is healing and allows positive change in PTSD\\PTR processes helps processing emotions

Document

Files\\Interviews transcription verified

No		0,0223	5			
				1	J	04/10/2021 15:44

it's also allows to process the emotions,

				2	J	07/10/2021 11:43
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21 EN: Well, as I just said, by allowing them to process the emotions.

18/10/2021 11:52

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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3 J 07/10/2021 11:43

we question the patient about the emotion linked to 23 what the patient is saying is talking about and doing so, we allow time and space for the 24 patient to feel the emotion and so to to complete the cycle of emotion because most of 25 the time people are experiencing emotions that they try to avoid them.

4 J 07/10/2021 11:48

26 And this is, the more you avoid the more the emotion stay, like in the body. They're 27 basically energy, staying in the body and so when we do PTR. We allow them to process 28 those, those emotions to proceed. Yes, to process the emotions, and we allow time and 29 space for them to do so.

5 J 10/10/2021 14:50

when we notice that there is a trauma in, in, in 34 the patient's history. We can use that, that technique to, to go back to the memory 35 change where, what is needed to be changed, and then to, to allow the person to process 36 again the emotions linked to the memory. 37 So, yes, this is the, the main use of the processing emotion from now and from the past, 38 and changing the, the scenario, which is the basically the core of the technique is to recall 39 a memory, which is source of suffering for the person and then change the scenario to to 40 respond to the needs of the unconscious.

Codes\Theme 1 Understanding PTR features from practitioners' experiences\It is healing and allows positive change in PTSD\PTR reconnects to self-identity Document

Files\Interviews transcription verified

No 0,0016 1

1 J 04/10/2021 15:25

And that is an 26 amazing thing to do for people is to reconnect them with who they are

Codes\Theme 1 Understanding PTR features from practitioners' experiences\It is healing and allows positive change in PTSD\PTR technique helps with bereavement Document

Files\Interviews transcription verified

No	0,0145	2
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1 J 07/10/2021 16:32

Whoever is the patient, 81 you have some, you know, some parents who are dead, or they have lost loss, you have a 82 good technique in PTR to prevent every symptom of depression

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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2 J 07/10/2021 16:34

the technique is to go and see the person, and have a 86 talk with it, and put him in a good place. It could be heaven or anything. 87 And it changed a lot, a lot, the behavior and the overall wellbeing of the person. So, this 88 is a trauma that I have to note down, because even if it happened. 30 years ago. It can 89 always have some impact on the, on the person so this is one technique, and the 90 other one, of course, is the re parenting. 91 So, to go and find the little children, the little child that he or she was, and go find new 92 parents for this child. It helps a lot. Also, it changed a lot of things.

Codes\Theme 1 Understanding PTR features from practitioners' experiences\It is healing and allows positive change in PTSD\Traumatic image replaced by positive image Document

Files\Interviews transcription verified

No	0,0037	1
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1 J 06/10/2021 16:28

And because it's a creative, 64 constructive and positive one. That's what the brain is going to retain and putting down 65 the traumatic image, and so that life can go on with this new image inputs in your brain.

Codes\Theme 1 Understanding PTR features from practitioners' experiences\Professional PTR experience Document

Files\Interviews full

Yes	0,0025	1
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1 J 25/09/2021 14:02

13 And that's where I got the PTR hypnosis from in 2018, if I'm not mistaken. So ever since, I 14 have been conducting consultations with people with PTR.

Files\\Interviews transcription verified

Yes 0,0087 5

1 J 07/10/2021 13:27

I'm doing supervision with with young PTRists

2 J 15/10/2021 12:31

because for many years I only used on them, a brief and strategic therapist 103 specialized in Palo Alto

Formatted Reports\\Coding Summary by Code Formatted Report

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18/10/2021 11:52

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
				3	J	07/10/2021 12:05
				4	J	06/10/2021 11:13
				5	J	08/10/2021 12:14

41 MJ: Well, actually, I was formed in brief therapy. Okay. At the same school when I, where 42 I learned PTR. And of course, I use the techniques of brief therapy systemic brief therapy,

I am a "PTRist" about three years now

104 don't know about the other tools. I don't really know about the other tools they. I don't 105 know them enough to be able to compare.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\Professional PTR experience\\3 years of PTR Document

Files\\Interviews full

Yes 0,0025 1

1 J 25/09/2021 14:02

13 And that's where I got the PTR hypnosis from in 2018, if I'm not mistaken. So ever since, I 14 have been conducting consultations with people with PTR.

Files\\Interviews transcription verified

Yes	0,0006	1				
			1	J	06/10/2021 11:13	

I am a "PTRist" about three years now

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\Professional PTR experience\\Brief and strategic Palo Alto therapist Document

Files\\Interviews transcription verified

No	0,0017	1				
			1	J	15/10/2021 12:31	

because for many years I only used on them, a brief and strategic therapist 103 specialized in Palo Alto

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\Professional PTR experience\\Doing Supervision with young therapists Document

Files\\Interviews transcription verified

Yes	0,0007	1	1	J	07/10/2021 13:27
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I'm doing supervision with with young PTRists

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\Professional PTR experience\\Not enough knowledge to compare therapy tools Document

Files\\Interviews transcription verified

No	0,0023	1	1	J	08/10/2021 12:14
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104 don't know about the other tools. I don't really know about the other tools they. I don't 105 know them enough to be able to compare.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\Professional PTR experience\\Trained in PTR and systemic brief therapy Document

Files\\Interviews transcription verified

No	0,0031	1	1	J	07/10/2021 12:05
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41 MJ: Well, actually, I was formed in brief therapy. Okay. At the same school when I, where 42 I learned PTR. And of course, I use the techniques of brief therapy systemic brief therapy,

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\PTR practitioner's challenges
Document

Files\\Interviews transcription verified

Yes 0,0095 3

1 J 07/10/2021 13:26

70 ID: The biggest challenge is to tell them that they still have control over everything.

2 J 07/10/2021 13:31

challenge is that when you face a patient who 66 says, I cannot do that and nothing comes, or. And then, you may fall into a vicious circle 67 and is I need an have to as a therapist want more than, then, then the patient so actually 68 to consider the the challenge is, as a therapist to use whatever the patient brings if he if

3 J 07/10/2021 13:35

because you want to go fast and make sure you can cure him and fix human 72 and repair him. That's the challenge for young therapists, I think.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\PTR practitioner's challenges\\Helping client's acceptance that they are in control
Document

Files\\Interviews transcription verified

No	0,0015	1			
			1	J	07/10/2021 13:26

70 ID: The biggest challenge is to tell them that they still have control over everything.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\PTR practitioner's challenges\\Novice PTR therapist wanting to 'fix' client fast Document

Files\\Interviews transcription verified

No	0,0024	1			
			1	J	07/10/2021 13:35

because you want to go fast and make sure you can cure him and fix human 72 and repair him. That's the challenge for young therapists, I think.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\PTR practitioner's challenges\\Novice therapist working with a challenging client Document

Files\\Interviews transcription verified

No	0,0056	1			
			1	J	07/10/2021 13:31

challenge is that when you face a patient who 66 says, I cannot do that and nothing comes, or. And then, you may fall into a vicious circle 67 and is I need an have to as a therapist want more than, then, then the patient so actually 68 to consider the the challenge is, as a therapist to use whatever the patient brings if he if

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
	Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\Safety cautions when using PTR Document					
	Files\\Interviews transcription verified					
Yes		0,0215	9			
				1	J	07/10/2021 16:50
						there's always 40% of people that are not responding to your therapy 136 because maybe it's not something that they were into or something, doesn't mean that 137 these people cannot be treated.
				2	J	07/10/2021 16:51
						one session can go with all the protections, with all the 141 protections put in place, they can go back to their traumatic event, they can go change 142 completely what has happened there, so they can inscribe it back into their brains 143 changed into a positive creative image, and they can come out of it.
				3	J	08/10/2021 10:36
						PTR is really helping that, and it's really successful in one to 169 maximum three sessions,
				4	J	08/10/2021 12:34
						139 MC: I will be the doubts that people who have not experienced psychotherapy before 140 can really help produce the patients in a in a in an efficient process, all the time. Only 141 using PTR because it's very important.
				5	J	08/10/2021 13:12
						Some of the students who followed PTR, they have no 143 clue on.
				6	J	08/10/2021 13:24
						they feel they 152 felt cured, but sometimes I'm like, oh my god. Too soon too happy. I have doubts about 153 that.
				7	J	08/10/2021 13:27
						not only use a tool, because it's efficient.
				8	J	07/10/2021 13:40
						49 So, I think that should be used with care.
				9	J	07/10/2021 13:48
						I think this is 58 our responsibility as trainers to, to be yes to be to pay attention to that, when we are 59 training people to use that, that technique.

18/10/2021 11:52

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\Safety cautions when using PTR\Efficiency is not the only criteria to use a tool Document

Files\\Interviews transcription verified

No		0,0007	1			
				1	J	08/10/2021 13:27

not only use a tool, because it's efficient.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\Safety cautions when using PTR\One session can go with all protections Document

Files\\Interviews transcription verified

No		0,0055	1			
				1	J	07/10/2021 16:51

one session can go with all the protections, with all the 141 protections put in place, they can go back to their traumatic event, they can go change 142 completely what has happened there, so they can inscribe it back into their brains 143 changed into a positive creative image, and they can come out of it.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\Safety cautions when using PTR\PTR has 40% people not responding to therapy Document

Files\\Interviews transcription verified

No		0,0032	1			
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1 J 07/10/2021 16:50

there's always 40% of people that are not responding to your therapy 136 because maybe it's not something that they were into or something, doesn't mean that 137 these people cannot be treated.

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Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\Safety cautions when using PTR\\PTR is not enough without experience in another psychotherapy Document

Files\\Interviews transcription verified

No	0,0049	2
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1 J 08/10/2021 12:34

139 MC: I will be the doubts that people who have not experienced psychotherapy before 140 can really help produce the patients in a in a in an efficient process, all the time. Only 141 using PTR because it's very important.

2 J 08/10/2021 13:12

Some of the students who followed PTR, they have no 143 clue on.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\Safety cautions when using PTR\\PTR should be used with care Document

Files\\Interviews transcription verified

No	0,0007	1
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1 J 07/10/2021 13:40

49 So, I think that should be used with care.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\Safety cautions when using PTR\\PTR takes 1 to 3 sessions to be succesful with abuse Document

Files\\Interviews transcription verified

No	0,0017	1				
			1	J	08/10/2021 10:36	

PTR is really helping that, and it's really successful in one to 169 maximum three sessions,

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\Safety cautions when using PTR\\PTR trainers need to teach to be careful using PTR Document

Files\\Interviews transcription verified

No	0,0027	1				
			1	J	07/10/2021 13:48	

I think this is 58 our responsibility as trainers to, to be yes to be to pay attention to that, when we are 59 training people to use that, that technique.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\Safety cautions when using PTR\\Too soon too happy Document

Files\\Interviews transcription verified

No	0,0019	1				
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1 J 08/10/2021 13:24

they feel they 152 felt cured, but sometimes I'm like, oh my god. Too soon too happy. I have doubts about 153 that.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\What makes a PTR effective practice

Document

Files\\Interviews transcription verified

Yes 0,0421 22

1 J 12/10/2021 18:01

It contributes by the fact that you are first giving a big explanation on what is has been 31 going on

2 J 07/10/2021 13:28

He's been told it's very important to us all the protection, that, that, that are in place and 65 it's important to increase them

3 J 12/10/2021 18:01

70 it's very important to have a control and follow the reason and not and not follow your 71 own reason

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
				4	J	12/10/2021 18:01
						Give the time to the patient to increase fee and stay in it
				5	J	07/10/2021 16:00
						It's you need to play with 85 whatever the patient brings
				6	J	07/10/2021 16:02
						Anything works as soon as you 87 play around you.
				7	J	07/10/2021 16:03
						And sometimes it's interesting to provoke
				8	J	07/10/2021 16:07
						know I can do 91 that I love him too much. Feel how much you love it's very important. Feel how much it's 92 very important that everyone everyone takes advantage in you.

9 J 07/10/2021 16:04
is very important also 94 sometimes you need to take risk and put yourself at risk

10 J 07/10/2021 16:04
if you don't know then I don't know neither, maybe it's very important for you to 96 stay like that. Why not. Can you visualize yourself in 10 years still like that? How is it?

11 J 07/10/2021 16:06
choose a DP, dissociative protection, and and 98 provoke, yeah. Sometimes it's, it's important to challenge.

12 J 12/10/2021 18:01
What were my needs at 110 that time?
111 What were my emotional needs at that time? How can I meet with my demands, my 112 emotional needs at that time?

13 J 08/10/2021 10:48
122 No, I don't want, and then you can say, Wow, I'm impressed. Look how much you can 123 take control over me.

14 J 12/10/2021 18:01
122 No, I don't want, and then you can say, Wow, I'm impressed. Look how much you can 123 take control over me. And then, there is always a smile in the face, ah, how does that 124 resonate controlling you, control your emotions, you are really good.

15 J 12/10/2021 18:01
why not, but when you work with deep traumas, 157 it's very important to consider the patient as a whole and not only as a person who has 158 something to fix.

16 J 12/10/2021 18:01
it's to be to ever deontology or ethics that are really clear to 56 not take advantage of the situation.

17 J 07/10/2021 16:10
we create for the person to 82 feel the emotions so processing emotions

18 J 07/10/2021 16:12
We center the attention of the patient on the, 83 on the emotion on the sensations in the body.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
				19	J	12/10/2021 18:01
				69		How could I say to experiment, the fact that this is 68 easy? Because it seems too easy to be true. So you have to prove to the patient. Of course by letting him, letting him do, what because we work with his brain
				20	J	12/10/2021 18:01
				71		But you have to kind of prove that. Even if it's easy. It works. And when they have the 71 time in one session to see that. It's okay.
				21	J	12/10/2021 18:01
				74		the second challenge to yeah, to tell them and show them that it's 74 easy, but it works.

22 J 12/10/2021 18:01

People need, of course, 63 time to be stabilized before being able to work, strictly on the, on the event,

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\What makes a PTR effective practice\\Creating a safe environment for emotional processing

Document

Files\\Interviews transcription verified

No	0,0011	1	1	J	07/10/2021 16:10
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we create for the person to 82 feel the emotions so processing emotions

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\What makes a PTR effective practice\\Emphasising on client's emotions and sensations

Document

Files\\Interviews transcription verified

No	0,0016	1	1	J	07/10/2021 16:12
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We center the attention of the patient on the, 83 on the emotion on the sensations in the body.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\What makes a PTR effective practice\\Encouraging opposition from the client

Document

Files\\Interviews transcription verified

No	0,0018	1			
			1	J	08/10/2021 10:48

122 No, I don't want, and then you can say, Wow, I'm impressed. Look how much you can 123 take control over me.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\What makes a PTR effective practice\Ethical approach towards clients Document

Files\\Interviews transcription verified

No	0,0017	1			
			1	J	12/10/2021 18:01

it's to be to ever deontology or ethics that are really clear to 56 not take advantage of the situation.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\What makes a PTR effective practice\Experiencing PTR is easy Document

Files\\Interviews transcription verified

No	0,0076	3			
			1	J	12/10/2021 18:01

How could I say to experiment, the fact that this is 68 easy? Because it seems too easy to be true. So you have to prove to the patient. Of course by letting him, letting him do, what because we work with his brain 69

			2	J	12/10/2021 18:01
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But you have to kind of prove that. Even if it's easy. It works. And when they have the 71 time in one session to see that. It's okay.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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			3		J	12/10/2021 18:01
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the second challenge to yeah, to tell them and show them that it's 74 easy, but it works.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\What makes a PTR effective practice\Explaining dissociative protections to the client

Document

Files\\Interviews transcription verified

No	0,0017	1
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			1		J	12/10/2021 18:01
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It contributes by the fact that you are first giving a big explanation on what is has been 31 going on

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\What makes a PTR effective practice\Follow client's therapy goals without imposing

Document

Files\\Interviews transcription verified

No	0,0017	1
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			1		J	12/10/2021 18:01
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70 it's very important to have a control and follow the reason and not and not follow your 71 own reason

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\Theme 1 Understanding PTR features from practitioners' experiences\What makes a PTR effective practice\Follow client's therapy goals without imposing\Projection of therapist ideas on client Document

Files\Interviews transcription verified

No		0,0014	1			
				1	J	12/10/2021 18:01

their wellbeing is not your wellbeing so you don't know in 44 advance exactly

Codes\Theme 1 Understanding PTR features from practitioners' experiences\What makes a PTR effective practice\Give time to patient to increase arising emotions and sensations Document

Files\Interviews transcription verified

No		0,0009	1			
				1	J	12/10/2021 18:01

Give the time to the patient to increase fee and stay in it

Codes\Theme 1 Understanding PTR features from practitioners' experiences\What makes a PTR effective practice\Holistic approach to deep trauma Document

Files\Interviews transcription verified

No		0,0027	1			
				1	J	12/10/2021 18:01

why not, but when you work with deep traumas, 157 it's very important to consider the patient as a whole and not only as a person who has 158 something to fix.

18/10/2021 11:52

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\What makes a PTR effective practice\Importance of psychological stability at the beginning Document

Files\\Interviews transcription verified

No		0,0018	1	1	J	12/10/2021 18:01
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People need, of course, 63 time to be stabilized before being able to work, strictly on the, on the event,

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\What makes a PTR effective practice\Increasing dissociative protections Document

Files\\Interviews transcription verified

No		0,0021	1	1	J	07/10/2021 13:28
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He's been told it's very important to us all the protection, that, that, that are in place and 65 it's important to increase them

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\What makes a PTR effective practice\Meeting client's emotional needs

Document

Files\\Interviews transcription verified

No	0,0026	1			
			1	J	12/10/2021 18:01

What were my needs at 110 that time?

111 What were my emotional needs at that time? How can I meet with my demands, my 112 emotional needs at that time?

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\What makes a PTR effective practice\\Opposing therapist's guidance provides clients' control over emotions
Document

Files\\Interviews transcription verified

No	0,0043	1			
			1	J	12/10/2021 18:01

122 No, I don't want, and then you can say, Wow, I'm impressed. Look how much you can 123 take control over me. And then, there is always a smile in the face, ah, how does that 124 resonate controlling you, control your emotions, you are really good.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\What makes a PTR effective practice\\Provoking the client
Document

Files\\Interviews transcription verified

No	0,0084	4			
			1	J	07/10/2021 16:03

And sometimes it's interesting to provoke

2 J 07/10/2021 16:07

know I can do 91 that I love him too much. Feel how much you love it's very important. Feel how much it's 92 very important that everyone everyone takes advantage in you.

3 J 07/10/2021 16:04

if you don't know then I don't know neither, maybe it's very important for you to 96 stay like that. Why not. Can you visualize yourself in 10 years still like that? How is it?

4 J 07/10/2021 16:06

choose a DP, dissociative protection, and and 98 provoke, yeah. Sometimes it's, it's important to challenge.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\What makes a PTR effective practice\Provoking the client\Therapist combines dissociative protection with provocation Document

Files\\Interviews transcription verified

No 0,0018 1

1 J 07/10/2021 16:06

choose a DP, dissociative protection, and and 98 provoke, yeah. Sometimes it's, it's important to challenge.

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\What makes a PTR effective practice\Taking risks can be helpful Document

Files\\Interviews transcription verified

No 0,0013 1

1 J 07/10/2021 16:04

is very important also 94 sometimes you need to take risk and put yourself at risk

Codes\\Theme 1 Understanding PTR features from practitioners' experiences\\What makes a PTR effective practice\\Work with whatever the patients brings Document

Files\\Interviews transcription verified

No 0,0019 2

1 J 07/10/2021 16:00

It's you need to play with 85 whatever the patient brings

2 J 07/10/2021 16:02

Anything works as soon as you 87 play around you.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 2 The significance of understanding trauma and its features\\PTR and psychotherapies Document

Files\\Interviews transcription verified

Yes 0,0155 5

1 J 07/10/2021 16:46

I should say that I also use it EMDR. So another 94 technique, to treat the trauma trauma. And in my opinion, this is the most efficient. The 95 hypnosis PTR hypnosis is the most efficient. But I do use both of them, so I say they are 96 complimentary so yeah I think this is really efficient to treat trauma, really.

2 J 10/10/2021 11:44

we could use some 105 of the techniques to make the PTR technique stronger I mean, for example I do know 106 tools from EMDR. We could use that to, to, to make the PTR protocol better.

3 J 07/10/2021 16:39

So you have like 80 opposites in cognitive and behavioral therapy you, you use usually progressive exposure 81 to trauma events.

4 J 08/10/2021 12:12

something that you wish I knew about EMDR, and both tools are good but the 103 PTR, to me, is much more efficient because it's much safer, and faster.

5 J 10/10/2021 12:00

I would like to find tools to improve the building of a secure attachment. In the 114 whole identity, feeling of people.

Codes\\Theme 2 The significance of understanding trauma and its features\\PTR and psychotherapies\\Add EMDR tools to improve PTR Document

Files\\Interviews transcription verified

No 0,0030 1

1 J 10/10/2021 11:44

we could use some 105 of the techniques to make the PTR technique stronger I mean, for example I do know 106 tools from EMDR. We could use that to, to, to make the PTR protocol better.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 2 The significance of understanding trauma and its features\\PTR and psychotherapies\\CBT progressive exposure to trauma events Document

Files\\Interviews transcription verified

No 0,0025 1

1 J 07/10/2021 16:39

So you have like 80 opposites in cognitive and behavioral therapy you, you use usually progressive exposure 81 to trauma events.

Codes\\Theme 2 The significance of understanding trauma and its features\\PTR and psychotherapies\\Looking for tools to improve secure attachment Document

Files\\Interviews transcription verified

No 0,0020 1

1 J 10/10/2021 12:00

I would like to find tools to improve the building of a secure attachment. In the 114 whole identity, feeling of people.

Codes\\Theme 2 The significance of understanding trauma and its features\\PTR and psychotherapies\\PTR and EMDR are complimentary Document

Files\\Interviews transcription verified

No 0,0053 1

1 J 07/10/2021 16:46

I should say that I also use it EMDR. So another 94 technique, to treat the trauma trauma. And in my opinion, this is the most efficient. The 95 hypnosis PTR hypnosis is the most efficient. But I do use both of them, so I say they are 96 complimentary so yeah I think this is really efficient to treat trauma, really.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 2 The significance of understanding trauma and its features\\PTR and psychotherapies\\PTR is safer and faster than EMDR

Document

Files\\Interviews transcription verified

No	0,0025	1			
			1	J	08/10/2021 12:12

something that you wish I knew about EMDR, and both tools are good but the 103 PTR, to me, is much more efficient because it's much safer, and faster.

Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding dissociative protections and its features

Document

Files\\Interviews transcription verified

Yes	0,0511	20			
			1	J	12/10/2021 21:31

main protections are dissociation or emotional 33 anesthesia, physical anesthesia, or amnesia. These are the three big ones that are 34 happening when we're confronted with a traumatic situation.

			2	J	06/10/2021 11:41
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And sometimes as that impacts on us to secure us, which is a very good thing at the time 36 that the trauma is going on at the time that we are confronted with some very traumatic 37 experience

			3	J	06/10/2021 16:01
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that these securities these protections cling on to the body 38 and make it so that the people are unable to regain emotional feelings or regain physical 39 feelings

			4	J	06/10/2021 16:00
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these securities these protections cling on to the body 38 and make it so that the people are unable to regain emotional feelings

			5	J	06/10/2021 16:02
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securities these protections cling on to the body 38 and make it so that the people are unable to regain emotional feelings or regain physical 39 feelings or regain the recalling what has been happening because they had amnesia and 40 so forth.

			6	J	06/10/2021 16:04
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missing something in their life and living a traumatic life is just a 41 catastrophic thing because it's taking away a whole part of yourself

			7	J	06/10/2021 16:13
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going to be 45 able to handle these predictions so that they are not overwhelming you. And so that, that 46 these protections are not taking away.

			8	J	06/10/2021 16:24
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This image comes back, and it brings you into a neuro-muscular lock because of the 60 protections that your body has been putting on at the time of the trauma.

18/10/2021 11:52

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
				9	J	07/10/2021 15:44
				because then you 94 can help the people to practice, to augment, and get the protection lowered		
				10	J	07/10/2021 15:53
				I can look at myself from a higher place so I can dissociate		
				11	J	07/10/2021 15:54
				After that we're going to do the emotional feeling so how do you feel I feel lovely I feel 120 light I feel in peace and so forth. Okay, so how about we cut that feeling for a very short 121 amount of time just to show you that you have control over that.		
				12	J	07/10/2021 15:56
				124 And then we will ask them, can you look at yourself, as if you were looking at yourself as 125 another person		
				13	J	07/10/2021 15:58
				it means that by go 126 working under traumatic events later, they will be able to use these protections to go 127 see it, and to go change it, and that is where the best possible results come out to work 128 on traumas		
				14	J	04/10/2021 15:13
				The first way the brain uses 12 to protect yourself is to cut yourself from the emotions and sensations.		
				15	J	04/10/2021 15:16
				And when as a psychotherapist when people 16 come to me it's because they feel that their protections doesn't work, they don't know 17 exactly it's because the protections don't work any longer, but they feel that they are 18 18 blocked in their life that they cannot go further that they cannot take decisions, or they 19 have, they feel anxiety they cannot sleep. 20 So all these protective hypnotic ways of protecting yourself, do not work any longer		
				16	J	04/10/2021 15:16
				their protections doesn't work, they don't know 17 exactly it's because the protections don't work any longer, but they feel that they are 18 18 blocked in their life that they cannot go further that they cannot take decisions, or they 19 have, they feel anxiety they cannot sleep.		
				17	J	04/10/2021 15:19
				So, 26 by using the methods invented in modernized by Gérald Brassine, using all the protective 27 ways of not feeling the traumas using all these protections. means you give them exactly 28 the comfort they need to read again, the trauma differently.		
				18	J	07/10/2021 11:36
				and by using the security offered 47 by the dissociative protections. 48 This is the right way because you use the protections used at the first step that the 49 patient experience to protect himself not to suffer too much		
				19	J	07/10/2021 11:39
				48 This is the right way because you use the protections used at the first step that the 49 patient experience to protect himself not to suffer too much. This is something as you 50 know the brain provides automatically.		
				20	J	07/10/2021 11:40
				And so, it really helps to regain control.		

18/10/2021 11:52

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
	Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding dissociative protections and its features\\Negative features of dissociative protections Document					
	Files\\Interviews transcription verified					
Yes		0,0143	6			
				1	J	06/10/2021 16:01
				that these securities these protections cling on to the body 38 and make it so that the people are unable to regain emotional feelings or regain physical 39 feelings		
				2	J	06/10/2021 16:00
				these securities these protections cling on to the body 38 and make it so that the people are unable to regain emotional feelings		
				3	J	06/10/2021 16:02
				securities these protections cling on to the body 38 and make it so that the people are unable to regain emotional feelings or regain physical 39 feelings or regain the recalling what has been happening because they had amnesia and 40 so forth.		
				4	J	06/10/2021 16:04
				missing something in their life and living a traumatic life is just a 41 catastrophic thing because it's taking away a whole part of yourself		
				5	J	06/10/2021 16:24
				This image comes back, and it brings you into a neuro-muscular lock because of the 60 protections that your body has been putting on at the time of the trauma.		
				6	J	04/10/2021 15:16
				their protections doesn't work, they don't know 17 exactly it's because the protections don't work any longer, but they feel that they are 18 18 blocked in their life that they cannot go further that they cannot take decisions, or they 19 have, they feel anxiety they cannot sleep.		

Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding dissociative protections and its features\\Negative features of dissociative protections\\Amnesia prevents recall

Document

Files\\Interviews transcription verified

No	0,0041	1			
			1	J	06/10/2021 16:02

securities these protections cling on to the body 38 and make it so that the people are unable to regain emotional feelings or regain physical 39 feelings or regain the recalling what has been happening because they had amnesia and 40 so forth.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding dissociative protections and its features\\Negative features of dissociative protections\\Causes neuro-muscular lock Document

Files\\Interviews transcription verified

No	0,0027	1			
			1	J	06/10/2021 16:24

This image comes back, and it brings you into a neuro-muscular lock because of the 60 protections that your body has been putting on at the time of the trauma.

Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding dissociative protections and its features\\Negative features of dissociative protections\\Emotional anesthesia prevents regaining emotions Document

Files\\Interviews transcription verified

No	0,0021	1			
			1	J	06/10/2021 16:00

these securities these protections cling on to the body 38 and make it so that the people are unable to regain emotional feelings

Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding dissociative protections and its features\\Negative features of dissociative protections\\Provokes doubt about life decisions and overwhelming anxiety

Document

Files\\Interviews transcription verified

No	0,0048	1	1	J	04/10/2021 15:16
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their protections doesn't work, they don't know 17 exactly it's because the protections don't work any longer, but they feel that they are 18 18 blocked in their life that they cannot go further that they cannot take decisions, or they 19 have, they feel anxiety they cannot sleep.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding dissociative protections and its features\\Negative features of dissociative protections\\Provokes physical anesthesia

Document

Files\\Interviews transcription verified

No	0,0027	1	1	J	06/10/2021 16:01
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that these securities these protections cling on to the body 38 and make it so that the people are unable to regain emotional feelings or regain physical 39 feelings

Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding dissociative protections and its features\\Negative features of dissociative protections\\Take away part of life

Document

Files\\Interviews transcription verified

No	0,0024	1
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1	J	06/10/2021 16:04
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missing something in their life and living a traumatic life is just a 41 catastrophic thing because it's taking away a whole part of yourself

Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding dissociative protections and its features\\Positive features of dissociative protections Document

Files\\Interviews transcription verified

Yes	0,0316	11
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1	J	06/10/2021 11:41
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And sometimes as that impacts on us to secure us, which is a very good thing at the time 36 that the trauma is going on at the time that we are confronted with some very traumatic 37 experience

2	J	06/10/2021 16:13
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going to be 45 able to handle these predictions so that they are not overwhelming you. And so that, that 46 these protections are not taking away.

3	J	07/10/2021 15:44
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because then you 94 can help the people to practice, to augment, and get the protection lowered

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
				4	J	07/10/2021 15:53
				5	J	07/10/2021 15:58
				6	J	04/10/2021 15:13
				7	J	04/10/2021 15:16

I can look at myself from a higher place so I can dissociate

it means that by go 126 working under traumatic events later, they will be able to use these protections to go 127 see it, and to go change it, and that is where the best possible results come out to work 128 on traumas

The first way the brain uses 12 to protect yourself is to cut yourself from the emotions and sensations.

And when as a psychotherapist when people 16 come to me it's because they feel that their protections doesn't work, they don't know 17 exactly it's because the protections don't work any longer, but they feel that they are 18 18 blocked in their life that they cannot go further that they cannot take decisions, or they 19 have, they feel anxiety they cannot sleep.
20 So all these protective hypnotic ways of protecting yourself, do not work any longer

8 J 04/10/2021 15:19

So, 26 by using the methods invented in modernized by Gérald Brassine, using all the protective 27 ways of not feeling the traumas using all these protections. means you give them exactly 28 the comfort they need to read again, the trauma differently.

9 J 07/10/2021 11:36

and by using the security offered 47 by the dissociative protections.
48 This is the right way because you use the protections used at the first step that the 49 patient experience to protect himself not to suffer too much

10 J 07/10/2021 11:39

48 This is the right way because you use the protections used at the first step that the 49 patient experience to protect himself not to suffer too much. This is something as you 50 know the brain provides automatically.

11 J 07/10/2021 11:40

And so, it really helps to regain control.

Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding dissociative protections and its features\\Positive features of dissociative protections\\Can be self-controlled Document

Files\\Interviews transcription verified

No 0,0025 1

1 J 06/10/2021 16:13

going to be 45 able to handle these predictions so that they are not overwhelming you. And so that, that 46 these protections are not taking away.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding dissociative protections and its features\\Positive features of dissociative protections\\Dissociation allows to see oneself as an observer Document

Files\\Interviews transcription verified

No	0,0010	1			
			1	J	07/10/2021 15:53

I can look at myself from a higher place so I can dissociate

Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding dissociative protections and its features\\Positive features of dissociative protections\\Help regain control Document

Files\\Interviews transcription verified

No	0,0007	1			
			1	J	07/10/2021 11:40

And so, it really helps to regain control.

Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding dissociative protections and its features\\Positive features of dissociative protections\\Protecting from overwhelming emotions and sensations Document

Files\\Interviews transcription verified

No	0,0017	1			
			1	J	04/10/2021 15:13

The first way the brain uses 12 to protect yourself is to cut yourself from the emotions and sensations.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding dissociative protections and its features\\Positive features of dissociative protections\\Provides short-term relief Document

Files\\Interviews transcription verified

No		0,0076	1	1	J	04/10/2021 15:16
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And when as a psychotherapist when people 16 come to me it's because they feel that their protections doesn't work, they don't know 17 exactly it's because the protections don't work any longer, but they feel that they are 18 18 blocked in their life that they cannot go further that they cannot take decisions, or they 19 have, they feel anxiety they cannot sleep.
20 So all these protective hypnotic ways of protecting yourself, do not work any longer

Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding dissociative protections and its features\\Positive features of dissociative protections\\Relive the trauma with emotional detachment Document

Files\\Interviews transcription verified

No		0,0042	1	1	J	04/10/2021 15:19
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So, 26 by using the methods invented in modernized by Gérald Brassine, using all the protective 27 ways of not feeling the traumas using all these protections. means you give them exactly 28 the comfort they need to read again, the trauma differently.

Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding dissociative protections and its features\\Positive features of dissociative protections\\Secures clients from trauma Document

Files\\Interviews transcription verified

No		0,0071	2	1	J	06/10/2021 11:41
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And sometimes as that impacts on us to secure us, which is a very good thing at the time 36 that the trauma is going on at the time that we are confronted with some very traumatic 37 experience

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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2 J 07/10/2021 11:36

and by using the security offered 47 by the dissociative protections.

48 This is the right way because you use the protections used at the first step that the 49 patient experience to protect himself not to suffer too much

Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding dissociative protections and its features\\Positive features of dissociative protections\\Self-practiced and controlled by the client

Document

Files\\Interviews transcription verified

No 0,0016 1

1 J 07/10/2021 15:44

because then you 94 can help the people to practice, to augment, and get the protection lowered

Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding dissociative protections and its features\\Positive features of dissociative protections\\Taking control provides best results

Document

Files\\Interviews transcription verified

No 0,0036 1

1 J 07/10/2021 15:58

it means that by go 126 working under traumatic events later, they will be able to use these protections to go 127 see it, and to go change it, and that is where the best possible results come out to work 128 on traumas

18/10/2021 11:52

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding dissociative protections and its features\Positive features of dissociative protections\Triggered automatically by the brain Document

Files\\Interviews transcription verified

No	0,0038	1	1	J	07/10/2021 11:39
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48 This is the right way because you use the protections used at the first step that the too much. This is something as you 50 know the brain provides automatically. 49 patient experience to protect himself not to suffer

Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding dissociative protections and its features\Psycho-education and experiencing dissociative protections Document

Files\\Interviews transcription verified

Yes	0,0099	3	1	J	12/10/2021 21:31
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main protections are dissociation or emotional 33 anesthesia, physical anesthesia, or amnesia. These are the three big ones that are 34 happening when we're confronted with a traumatic situation.

2	J	07/10/2021 15:54
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After that we're going to do the emotional feeling so how do you feel I feel lovely I feel 120 light I feel in peace and so forth. Okay, so how about we cut that feeling for a very short 121 amount of time just to show you that you have control over that.

124 And then we will ask them, can you look at yourself, as if you were looking at yourself as 125 another person

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding dissociative protections and its features\\Psycho-education and experiencing dissociative protections\\Understanding and experiencing depersonalization Document

Files\\Interviews transcription verified

No		0,0019	1	1	J	07/10/2021 15:56
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124 And then we will ask them, can you look at yourself, as if you were looking at yourself as 125 another person

Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding dissociative protections and its features\\Psycho-education and experiencing dissociative protections\\Understanding and experiencing emotional anesthesia Document

Files\\Interviews transcription verified

No		0,0043	1			
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1 J 07/10/2021 15:54

After that we're going to do the emotional feeling so how do you feel I feel lovely I feel 120 light I feel in peace and so forth. Okay, so how about we cut that feeling for a very short 121 amount of time just to show you that you have control over that.

Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding dissociative protections and its features\\Psycho-education and experiencing dissociative protections\\Understanding and experiencing physical anesthesia Document

Files\\Interviews transcription verified

No 0,0037 1

1 J 12/10/2021 21:31

main protections are dissociation or emotional 33 anesthesia, physical anesthesia, or amnesia. These are the three big ones that are 34 happening when we're confronted with a traumatic situation.

18/10/2021 11:52

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding systemic mirroring of trauma Document

Files\\Interviews transcription verified

Yes 0,0104 4

1 J 04/10/2021 14:44

They found there's a problem with the child but most of the time, I have to go 20 back to the parents because there is a post traumatic syndrome with the parents, which 21 the child is mirroring at the age where the parent had its first trauma.

2 J 04/10/2021 14:45

They found there's a problem with the child but most of the time, I have to go 20 back to the parents because there is a post traumatic syndrome with the parents, which 21 the child is mirroring at the age where the parent had its first trauma.

3 J 04/10/2021 14:44

And so that's 22 where I go back to the parent and then I work with the parents with PTR, but we work 23 PTR with the kids as well.

4 J 06/10/2021 10:47

people that are coming here is always related to parenthood, and how 10 they parents acted with them when they were very, very little children. Yeah, at a small 11 age low age. Low age... This impacts always I could tell, the self-esteem.

Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding systemic mirroring of trauma\\Age-related mirroring of trauma Document

Files\\Interviews transcription verified

No	0,0041	1			
			1	J	04/10/2021 14:44

They found there's a problem with the child but most of the time, I have to go 20 back to the parents because there is a post traumatic syndrome with the parents, which 21 the child is mirroring at the age where the parent had its first trauma.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding systemic mirroring of trauma\\Paralel PTR with parents and children Document

Files\\Interviews transcription verified

No	0,0023	1			
			1	J	04/10/2021 14:44

And so that's 22 where I go back to the parent and then I work with the parents with PTR, but we work 23 PTR with the kids as well.

Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding systemic mirroring of trauma\\Transgenerational trauma mirroring Document

Files\\Interviews transcription verified

No	0,0041	1	1	J	04/10/2021 14:45
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They found there's a problem with the child but most of the time, I have to go 20 back to the parents because there is a post traumatic syndrome with the parents, which 21 the child is mirroring at the age where the parent had its first trauma.

Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding systemic mirroring of trauma\\Trauma at low age with parents affects self esteem Document

Files\\Interviews transcription verified

No	0,0039	1	1	J	06/10/2021 10:47
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people that are coming here is always related to parenthood, and how 10 they parents acted with them when they were very, very little children. Yeah, at a small 11 age low age. Low age... This impacts always I could tell, the self-esteem.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding trauma Document

Files\\Interviews transcription verified

Yes	0,0161	10			
			1	J	06/10/2021 16:07
And it's actually disconnecting you completely from your deeper self					
			2	J	07/10/2021 16:53
143 changed into a positive creative image, and they can come out of it.					
			3	J	07/10/2021 17:03
They have been able to release it and to fill it with a 147 new feeling with a new sense with a new emotion,					
			4	J	07/10/2021 16:15
changing the scenario of the, of the memory. The traumatic 87 memories the patients have.					
			5	J	08/10/2021 12:00
When you have abuse in childhood. Of course, 105 you have PTSD					
			6	J	08/10/2021 11:09
PTSD, it can change the overall behavior of the person					
			7	J	07/10/2021 12:32
38 When they have many of them, like complexity can be very very confusing better we can 39 take, of course, more time to to feel to to avoid all the flashbacks and things like that.					
			8	J	07/10/2021 12:33
because for people with a complex PTSD. It's yours, years that 46 have to be worked out.					
			9	J	07/10/2021 15:31
When people have complex 67 PTSD can take more time, much more time because, because it's something that could 68 not build from the start.					
			10	J	07/10/2021 15:34
It can take longer with complex 74 PTSD, with PTSD those usually very few sessions					

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding trauma\\Abuse in childhood leads to PTSD

Document

Files\\Interviews transcription verified

No	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
	0,0010	1	1	J	08/10/2021 12:00

When you have abuse in childhood. Of course, 105 you have PTSD

Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding trauma\\Changing the scenario of the memory

Document

Files\\Interviews transcription verified

No	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
	0,0016	1	1	J	07/10/2021 16:15

changing the scenario of the, of the memory. The traumatic 87 memories the patients have.

Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding trauma\\Complex PTSD takes more time to treat

Document

Files\\Interviews transcription verified

No	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
	0,0084	4	1	J	07/10/2021 12:32

38 When they have many of them, like complexity can be very very confusing better we can 39 take, of course, more time to to feel to to avoid all the flashbacks and things like that.

2	J	07/10/2021 12:33
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because for people with a complex PTSD. It's yours, years that 46 have to be worked out.

3	J	07/10/2021 15:31
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When people have complex 67 PTSD can take more time, much more time because, because it's something that could 68 not build from the start.

18/10/2021 11:52

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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				4	J	07/10/2021 15:34
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It can take longer with complex 74 PTSD, with PTSD those usually very few sessions

Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding trauma\PTSD can alter person's behaviour

Document

Files\\Interviews transcription verified

No	0,0009	1
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			1	J	08/10/2021 11:09
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PTSD, it can change the overall behavior of the person

Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding trauma\Trauma can be changed into a positive image

Document

Files\\Interviews transcription verified

No	0,0012	1
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			1	J	07/10/2021 16:53
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143 changed into a positive creative image, and they can come out of it.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding trauma\Trauma can be released and replaced with new emotions senses Document

Files\\Interviews transcription verified

No		0,0018	1	1	J	07/10/2021 17:03
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They have been able to release it and to fill it with a 147 new feeling with a new sense with a new emotion,

Codes\\Theme 2 The significance of understanding trauma and its features\\Understanding trauma\Trauma is disconnecting the client from deeper self Document

Files\\Interviews transcription verified

No		0,0011	1	1	J	06/10/2021 16:07
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And it's actually disconnecting you completely from your deeper self

Codes\\Theme 2 The significance of understanding trauma and its features\\Working with the body and mind to facilitate change

Document

Files\\Interviews transcription verified

Yes 0,0496 18

Reference Number	Coded By Initials	Modified On
1	J	06/10/2021 11:35
Ever since they have been traumatized how the body naturally brings on 32 protections on the body		
2	J	07/10/2021 13:20
losing a little bit of that mind control will help you to reconnect 77 deep insight with your body and will help you to desensitize desensitize the traumatic 78 events, which is going to be so much more work than if you keep the complete mind 79 control.		
3	J	07/10/2021 13:22
we really need to establish a 81 relaxed, open and aware body, mind, intuition relation so we really need to help the 82 people to be centered and open because that's when the work, and really begin.		

Formatted Reports\\Coding Summary by Code Formatted Report

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18/10/2021 11:52

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
			4	J	07/10/2021 13:23	
			If we have people that are very in fear and anguish stressed control freaks and so forth. 84 We need a bigger time to really settle down the body, open it up and being able to go 85 and contribute to the work.			
			5	J	07/10/2021 15:40	
			body needs to be as relaxed as possible as open as possible, because then you 94 can help the people to practice, to augment, and get the protection lowered			
			6	J	07/10/2021 15:47	
			I recommend 96 with my clients, is that they do some breathing because the breathing is the first thing 97 that really helps the body to relax at some point. 98 So we started with the, with the tummy breathing, and then the lungs and so forth so I 99 started to bring them into a relaxed mode,			
			7	J	07/10/2021 15:47	
			98 So we started with the, with the tummy breathing, and then the lungs and so forth so I 99 started to bring them into a relaxed mode,			
			8	J	07/10/2021 17:02	
			145 overwhelmed with the emotion or the feeling that has happened at that time. And that 146 has been locked into their body.			
			9	J	08/10/2021 12:18	
			What I would like to see better done is to contact with the clients and 176 putting the client in a very kind, loving, or holding secure space for the clients. And in 177 order to do that is to really help the client to be aware of what's going on in the body to 178 reconnect with the body.			
			10	J	08/10/2021 12:23	
			being completely relaxed in 180 the body is maybe in the way I have received the knowledge of PTR was one missing link 181 for me at that time.			
			11	J	08/10/2021 12:23	
			Stephen Gilligan, 182 who is really putting a lot of emphasis to the opening up of the space being really 183 relaxed and in a relaxed body			

12 J 08/10/2021 12:28
 when if you're relaxed and open 185 that's where you can do something with a relaxed mind

13 J 08/10/2021 12:29
 if you're locked like this there is 186 no way that your mind can open up and bring all the creativity of your unconscious,

14 J 04/10/2021 15:17
 And to meet with their right needs, and right demands. And so we focus on the attend on 30 the sensations we focus on on the on the on the body, we, we focus on the sensations, 31 and my expenses that by going in the right place where everything is hidden This is where 32 you find the solution, not by talking because this is not the same, the same floor.

15 J 07/10/2021 16:12
 And this is really important, not just the 84 emotion, but where where it is, where the patient feels it in their body.

16 J 07/10/2021 16:16
 85 Where, where the patient feels it in their body. This is really something really important.

17 J 07/10/2021 13:53
 I use 29 breathing techniques, and I drove a bit more, the client, into the induction.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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18 J 07/10/2021 16:20
 SB: I would say the during the session. I would say the feeling in the body, you can 36 directly see it.

Codes\Theme 2 The significance of understanding trauma and its features\Working with the body and mind to facilitate change\A significant interactive relationship between mind and body Document

Files\Interviews transcription verified

Yes 0,0196 7

1 J 06/10/2021 11:35
 Ever since they have been traumatized how the body naturally brings on 32 protections on the body

2 J 07/10/2021 13:20

losing a little bit of that mind control will help you to reconnect 77 deep insight with your body and will help you to desensitize desensitize the traumatic 78 events, which is going to be so much more work than if you keep the complete mind 79 control.

3 J 07/10/2021 13:22

we really need to establish a 81 relaxed, open and aware body, mind, intuition relation so we really need to help the 82 people to be centered and open because that's when the work, and really begin.

4 J 07/10/2021 13:23

If we have people that are very in fear and anguish stressed control freaks and so forth. 84 We need a bigger time to really settle down the body, open it up and being able to go 85 and contribute to the work.

5 J 07/10/2021 17:02

145 overwhelmed with the emotion or the feeling that has happened at that time. And that 146 has been locked into their body.

6 J 08/10/2021 12:29

if you're locked like this there is 186 no way that your mind can open up and bring all the creativity of your unconscious,

7 J 07/10/2021 16:12

And this is really important, not just the 84 emotion, but where where it is, where the patient feels it in their body.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\Theme 2 The significance of understanding trauma and its features\Working with the body and mind to facilitate change\A significant interactive relationship between mind and body\Body in fearsome individuals take longer to be ready to work Document

Files\Interviews transcription verified

No 0,0036 1

1 J 07/10/2021 13:23

If we have people that are very in fear and anguish stressed control freaks and so forth. 84 We need a bigger time to really settle down the body, open it up and being able to go 85 and contribute to the work.

Codes\\Theme 2 The significance of understanding trauma and its features\\Working with the body and mind to facilitate change\\A significant interactive relationship between mind and body\\Body mind relation alignment required to work

Document

Files\\Interviews transcription verified

No	0,0035	1	1	J	07/10/2021 13:22
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we really need to establish a 81 relaxed, open and aware body, mind, intuition relation so we really need to help the 82 people to be centered and open because that's when the work, and really begin.

Codes\\Theme 2 The significance of understanding trauma and its features\\Working with the body and mind to facilitate change\\A significant interactive relationship between mind and body\\Body Sensations are as important as emotions

Document

Files\\Interviews transcription verified

No	0,0020	1	1	J	07/10/2021 16:12
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And this is really important, not just the 84 emotion, but where where it is, where the patient feels it in their body.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 2 The significance of understanding trauma and its features\\Working with the body and mind to facilitate change\\A significant interactive relationship between mind and body\\Easing mind control allow reconnection with body

Document

Files\\Interviews transcription verified

No 0,0044 1

1 J 07/10/2021 13:20

losing a little bit of that mind control will help you to reconnect 77 deep insight with your body and will help you to desensitize desensitize the traumatic 78 events, which is going to be so much more work than if you keep the complete mind 79 control.

Codes\\Theme 2 The significance of understanding trauma and its features\\Working with the body and mind to facilitate change\\A significant interactive relationship between mind and body\\Locked body does not allow to work on the unconscious

Document

Files\\Interviews transcription verified

No 0,0020 1

1 J 08/10/2021 12:29

if you're locked like this there is 186 no way that your mind can open up and bring all the creativity of your unconscious,

Codes\\Theme 2 The significance of understanding trauma and its features\\Working with the body and mind to facilitate change\\A significant interactive relationship between mind and body\\Overwhelming emotions locked into the body

Document

Files\\Interviews transcription verified

No 0,0021 1

1 J 07/10/2021 17:02

145 overwhelmed with the emotion or the feeling that has happened at that time. And that 146 has been locked into their body.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 2 The significance of understanding trauma and its features\\Working with the body and mind to facilitate change\\A significant interactive relationship between mind and body\\Trauma causes the body to trigger dissociative protections

Document

Files\\Interviews transcription verified

No	0,0017	1
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1	J	06/10/2021 11:35
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Ever since they have been traumatized how the body naturally brings on 32 protections on the body

Codes\\Theme 2 The significance of understanding trauma and its features\\Working with the body and mind to facilitate change\\Body interventions to promote hypnosis

Document

Files\\Interviews transcription verified

Yes	0,0204	8
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1	J	07/10/2021 15:40
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body needs to be as relaxed as possible as open as possible, because then you 94 can help the people to practice, to augment, and get the protection lowered

2	J	07/10/2021 15:47
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I recommend 96 with my clients, is that they do some breathing because the breathing is the first thing 97 that really helps the body to relax at some point.

98 So we started with the, with the tummy breathing, and then the lungs and so forth so I 99 started to bring them into a relaxed mode,

3	J	07/10/2021 15:47
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98 So we started with the, with the tummy breathing, and then the lungs and so forth so I 99 started to bring them into a relaxed mode,

4	J	08/10/2021 12:18
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What I would like to see better done is to contact with the clients and 176 putting the client in a very kind, loving, or holding secure space for the clients. And in 177 order to do that is to really help the client to be aware of what's going on in the body to 178 reconnect with the body.

5	J	08/10/2021 12:23
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being completely relaxed in 180 the body is maybe in the way I have received the knowledge of PTR was one missing link 181 for me at that time.

6	J	08/10/2021 12:23
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Stephen Gilligan, 182 who is really putting a lot of emphasis to the opening up of the space being really 183 relaxed and in a relaxed body

7	J	08/10/2021 12:28
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when if you're relaxed and open 185 that's where you can do something with a relaxed mind

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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8 J 07/10/2021 13:53

I use 29 breathing techniques, and I drove a bit more, the client, into the induction.

Codes\Theme 2 The significance of understanding trauma and its features\Working with the body and mind to facilitate change\Body interventions to promote hypnosis\Body needs to be relaxed and open in PTR

Document

Files\Interviews transcription verified

No 0,0089 4

1 J 07/10/2021 15:40

body needs to be as relaxed as possible as open as possible, because then you 94 can help the people to practice, to augment, and get the protection lowered

2 J 08/10/2021 12:23

being completely relaxed in 180 the body is maybe in the way I have received the knowledge of PTR was one missing link 181 for me at that time.

3 J 08/10/2021 12:23

Stephen Gilligan, 182 who is really putting a lot of emphasis to the opening up of the space being really 183 relaxed and in a relaxed body

4 J 08/10/2021 12:28

when if you're relaxed and open 185 that's where you can do something with a relaxed mind

18/10/2021 11:52

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\Theme 2 The significance of understanding trauma and its features\Working with the body and mind to facilitate change\Body interventions to promote hypnosis\Breathing helps the body to relax Document

Files\Interviews transcription verified

No		0,0050	1	1	J	07/10/2021 15:47
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I recommend 96 with my clients, is that they do some breathing because the breathing is the first thing 97 that really helps the body to relax at some point.
98 So we started with the, with the tummy breathing, and then the lungs and so forth so I 99 started to bring them into a relaxed mode,

Codes\Theme 2 The significance of understanding trauma and its features\Working with the body and mind to facilitate change\Body interventions to promote hypnosis\Breathing prepares client into the induction Document

Files\Interviews transcription verified

No		0,0037	2	1	J	07/10/2021 15:47
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98 So we started with the, with the tummy breathing, and then the lungs and so forth so I 99 started to bring them into a relaxed mode,

				2	J	07/10/2021 13:53
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I use 29 breathing techniques, and I drove a bit more, the client, into the induction.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
	Codes\\Theme 2 The significance of understanding trauma and its features\\Working with the body and mind to facilitate change\\Body interventions to promote hypnosis\\Improving therapeutic environment through client's body awareness Document					
	Files\\Interviews transcription verified					
No		0,0049	1	1	J	08/10/2021 12:18

What I would like to see better done is to contact with the clients and 176 putting the client in a very kind, loving, or holding secure space for the clients. And in 177 order to do that is to really help the client to be aware of what's going on in the body to 178 reconnect with the body.

Codes\\Theme 2 The significance of understanding trauma and its features\\Working with the body and mind to facilitate change\\Localisation of body sensations Document

Files\\Interviews transcription verified

Yes		0,0095	3
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1 J 04/10/2021 15:17

And to meet with their right needs, and right demands. And so we focus on the attend on 30 the sensations we focus on on the on the on the body, we, we focus on the sensations, 31 and my expenses that by going in the right place where everything is hidden This is where 32 you find the solution, not by talking because this is not the same, the same floor.

2 J 07/10/2021 16:16

85 Where, where the patient feels it in their body. This is really something really important.

3 J 07/10/2021 16:20

SB: I would say the during the session. I would say the feeling in the body, you can 36 directly see it.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 2 The significance of understanding trauma and its features\\Working with the body and mind to facilitate change\\Localisation of body sensations\\Body sensations reporting as a way to see PTR results

Document

Files\\Interviews transcription verified

No 0,0019 1

1 J 07/10/2021 16:20

SB: I would say the during the session. I would say the feeling in the body, you can 36 directly see it.

Codes\\Theme 2 The significance of understanding trauma and its features\\Working with the body and mind to facilitate change\\Localisation of body sensations\\Focusing on the body and the sensations on the right place

Document

Files\\Interviews transcription verified

No	0,0060	1	1	J	04/10/2021 15:17
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And to meet with their right needs, and right demands. And so we focus on the attend on 30 the sensations we focus on on the on the on the body, we, we focus on the sensations, 31 and my expenses that by going in the right place where everything is hidden This is where 32 you find the solution, not by talking because this is not the same, the same floor.

Codes\\Theme 2 The significance of understanding trauma and its features\\Working with the body and mind to facilitate change\\Localisation of body sensations\\Significance of location of sensation in their body

Document

Files\\Interviews transcription verified

No	0,0015	1	1	J	07/10/2021 16:16
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85 Where, where the patient feels it in their body. This is really something really important.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 2 The significance of understanding trauma and its features\\Working with the emotional and reasoning part of the brain to facilitate change

Document

Files\\Interviews transcription verified

Yes	0,0428	19	1	J	06/10/2021 16:23
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trauma is 56 something that is put on the brain, and it's kept as an image as a traumatic image

	2	J	07/10/2021 16:53
they can go back to their traumatic event, they can go change 142 completely what has happened there, so they can inscribe it back into their brains 143 changed into a positive creative image, and they can come out of it.			
	3	J	08/10/2021 12:29
if you're locked like this there is 186 no way that your mind can open up and bring all the creativity of your unconscious,			
	4	J	08/10/2021 12:27
hopefully doctors in 195 medicine, scientific people will really understand the power of the unconscious minds.			
	5	J	04/10/2021 15:21
so 21 my expense is that by helping the patients to connect with these hidden parts of their emotional reading.	22	emotions that are blocked, you change them,	
	6	J	04/10/2021 15:20
so 21 my expense is that by helping the patients to connect with these hidden parts of their emotional reading. And, you, you, you 23 treat the patients at the right level.	22	emotions that are blocked, you change them,	
	7	J	07/10/2021 11:33
what you're going to fix so unconsciously your unconscious helps you 45 find the way and it contributes because you regain control it's just a question of control 46 how you can give back the control over the emotions			
	8	J	07/10/2021 11:34
what you're going to fix so unconsciously your unconscious helps you 45 find the way			
	9	J	07/10/2021 11:39
48 This is the right way because you use the protections used at the first step that the too much. This is something as you 50 know the brain provides automatically.	49	patient experience to protect himself not to suffer	
	10	J	08/10/2021 10:40
106 With your brains. But if you don't solve the problem, where it's fixed which is in your 107 unconscious, then you may take ages so it's very efficient because you go exactly where 108 it happened, where the emotions got stuck.			
	11	J	08/10/2021 10:39
106 With your brains. But if you don't solve the problem, where it's fixed which is in your 107 unconscious, then you may take ages so it's very efficient because you go exactly where 108 it happened, where the emotions got stuck.			
	12	J	08/10/2021 10:51
just the unconscious has its own reason			
	13	J	08/10/2021 10:51
just the unconscious has its own reason. And does not make the difference 127 between past, present, future, whatever comes is fine.			

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
			14		J	08/10/2021 10:54

because we we work in the right floor, at the 130 right floor, how can we say that you with with your brain. It's another floor, we wrote 131 that the right floor. We work at the right floor.

15 J 07/10/2021 12:11

And the best way to go 47 and change it is here at the back of the brain so it's this brain I, I have to take always the 48 time to explain a lot to the people that this brain doesn't help them so much when it 49 happens to when they want to change something that is deep.

16 J 07/10/2021 12:17

50 Yeah, this is good for logical and language

17 J 07/10/2021 12:18

but when you are in the state of 51 hypnosis. This brain helps a lot better.

18 J 07/10/2021 12:24

of course, 54 you have to also reassure this brain (hand on the front of the head) by explaining a lot 55 and putting words.

56 Because if this brain has the, the impression to understand.

57 It feels reassured, so it helps for later to get in hypnosis as well.

19 J 07/10/2021 13:57

66 MJ: Well, the. The first one is to reassure this brain.

Codes\\Theme 2 The significance of understanding trauma and its features\\Working with the emotional and reasoning part of the brain to facilitate change\\Brain and unconscious as an interactive process of trauma

Document

Files\\Interviews transcription verified

Yes 0,0234 10

1 J 06/10/2021 16:23

trauma is 56 something that is put on the brain, and it's kept as an image as a traumatic image

2 J 07/10/2021 16:53

they can go back to their traumatic event, they can go change 142 completely what has happened there, so they can inscribe it back into their brains 143 changed into a positive creative image, and they can come out of it.

3 J 08/10/2021 12:29

if you're locked like this there is 186 no way that your mind can open up and bring all the creativity of your unconscious,

4 J 08/10/2021 12:27

hopefully doctors in 195 medicine, scientific people will really understand the power of the unconscious minds.

5 J 07/10/2021 11:33

what you're going to fix so unconsciously your unconscious helps you 45 find the way and it contributes because you regain control it's just a question of control 46 how you can give back the control over the emotions

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
				6	J	07/10/2021 11:34
				what you're going to fix so unconsciously your unconscious helps you 45 find the way		
				7	J	07/10/2021 11:39
				48 This is the right way because you use the protections used at the first step that the too much. This is something as you 50 know the brain provides automatically.		
				8	J	08/10/2021 10:40
				106 With your brains. But if you don't solve the problem, where it's fixed which is in your 107 unconscious, then you may take ages so it's very efficient because you go exactly where 108 it happened, where the emotions got stuck.		
				9	J	08/10/2021 10:51
				just the unconscious has its own reason		
				10	J	08/10/2021 10:51
				just the unconscious has its own reason. And does not make the difference 127 between past, present, future, whatever comes is fine.		

Codes\\Theme 2 The significance of understanding trauma and its features\\Working with the emotional and reasoning part of the brain to facilitate change\\Brain and unconscious as an interactive process of trauma\\Client transforms trauma in their brain Document

Files\\Interviews transcription verified

No 0,0038 1

1 J 07/10/2021 16:53

they can go back to their traumatic event, they can go change 142 completely what has happened there, so they can inscribe it back into their brains 143 changed into a positive creative image, and they can come out of it.

18/10/2021 11:52

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 2 The significance of understanding trauma and its features\\Working with the emotional and reasoning part of the brain to facilitate change\\Brain and unconscious as an interactive process of trauma\\Dissociative protections are triggered automatically by the brain Document

Files\\Interviews transcription verified

No	0,0038	1	1	J	07/10/2021 11:39
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48 This is the right way because you use the protections used at the first step that the too much. This is something as you 50 know the brain provides automatically. 49 patient experience to protect himself not to suffer

Codes\\Theme 2 The significance of understanding trauma and its features\\Working with the emotional and reasoning part of the brain to facilitate change\\Brain and unconscious as an interactive process of trauma\\The significant role of the unconscious in trauma Document

Files\\Interviews transcription verified

Yes	0,0138	7	1	J	08/10/2021 12:29
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if you're locked like this there is 186 no way that your mind can open up and bring all the creativity of your unconscious,

2	J	08/10/2021 12:27
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hopefully doctors in 195 medicine, scientific people will really understand the power of the unconscious minds.

3	J	07/10/2021 11:33
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what you're going to fix so unconsciously your unconscious helps you 45 find the way and it contributes because you regain control it's just a question of control 46 how you can give back the control over the emotions

4	J	07/10/2021 11:34
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what you're going to fix so unconsciously your unconscious helps you 45 find the way

5 J 08/10/2021 10:40

106 With your brains. But if you don't solve the problem, where it's fixed which is in your 107 unconscious, then you may take ages so it's very efficient because you go exactly where 108 it happened, where the emotions got stuck.

6 J 08/10/2021 10:51

just the unconscious has its own reason

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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7 J 08/10/2021 10:51

just the unconscious has its own reason. And does not make the difference 127 between past, present, future, whatever comes is fine.

Codes\\Theme 2 The significance of understanding trauma and its features\\Working with the emotional and reasoning part of the brain to facilitate change\\Brain and unconscious as an interactive process of trauma\\The significant role of the unconscious in trauma\\Emotions are stuck in the unconscious Document

Files\\Interviews transcription verified

No 0,0038 1

1 J 08/10/2021 10:40

106 With your brains. But if you don't solve the problem, where it's fixed which is in your 107 unconscious, then you may take ages so it's very efficient because you go exactly where 108 it happened, where the emotions got stuck.

Codes\\Theme 2 The significance of understanding trauma and its features\\Working with the emotional and reasoning part of the brain to facilitate change\\Brain and unconscious as an interactive process of trauma\\The significant role of the unconscious in trauma\\Locked body does not allow to work on the unconscious

Document

Files\\Interviews transcription verified

No	0,0020	1				
			1	J	08/10/2021 12:29	

if you're locked like this there is 186 no way that your mind can open up and bring all the creativity of your unconscious,

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 2 The significance of understanding trauma and its features\\Working with the emotional and reasoning part of the brain to facilitate change\\Brain and unconscious as an interactive process of trauma\\The significant role of the unconscious in trauma\\Relying on the unconscious helps finding the way in therapy
Document

Files\\Interviews transcription verified

No	0,0014	1				
			1	J	07/10/2021 11:34	

what you're going to fix so unconsciously your unconscious helps you 45 find the way

Codes\\Theme 2 The significance of understanding trauma and its features\\Working with the emotional and reasoning part of the brain to facilitate change\\Brain and unconscious as an interactive process of trauma\\The significant role of the unconscious in trauma\\Relying on the unconscious helps regaining control over emotions

Document

Files\\Interviews transcription verified

No	0,0037	1	1	J	07/10/2021 11:33
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what you're going to fix so unconsciously your unconscious helps you 45 find the way and it contributes because you regain control it's just a question of control 46 how you can give back the control over the emotions

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 2 The significance of understanding trauma and its features\\Working with the emotional and reasoning part of the brain to facilitate change\\Brain and unconscious as an interactive process of trauma\\The significant role of the unconscious in trauma\\Unconscious does not differentiate between past, present, future
Document

Files\\Interviews transcription verified

No	0,0022	1	1	J	08/10/2021 10:51
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just the unconscious has its own reason. And does not make the difference 127 between past, present, future, whatever comes is fine.

Codes\\Theme 2 The significance of understanding trauma and its features\\Working with the emotional and reasoning part of the brain to facilitate change\\Brain and unconscious as an interactive process of trauma\\The significant role of the unconscious in trauma\\Unconscious has its own reason
Document

Files\\Interviews transcription verified

No	0,0006	1			
			1	J	08/10/2021 10:51

just the unconscious has its own reason

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 2 The significance of understanding trauma and its features\\Working with the emotional and reasoning part of the brain to facilitate change\\Brain and unconscious as an interactive process of trauma\\The significant role of the unconscious in trauma\\Understanding of the unconscious mind by the medical community
Document

Files\\Interviews transcription verified

No	0,0018	1			
			1	J	08/10/2021 12:27

hopefully doctors in 195 medicine, scientific people will really understand the power of the unconscious minds.

Codes\\Theme 2 The significance of understanding trauma and its features\\Working with the emotional and reasoning part of the brain to facilitate change\\Brain and unconscious as an interactive process of trauma\\Trauma stored as an image in the brain

Document

Files\\Interviews transcription verified

No	0,0018	1			
			1	J	06/10/2021 16:23

trauma is 56 something that is put on the brain, and it's kept as an image as a traumatic image

Codes\\Theme 2 The significance of understanding trauma and its features\\Working with the emotional and reasoning part of the brain to facilitate change\\Emotional part of the brain is key for positive change

Document

Files\\Interviews transcription verified

Yes	0,0170	6			
			1	J	04/10/2021 15:21

so 21 my expense is that by helping the patients to connect with these hidden parts of their emotional reading. 22 emotions that are blocked, you change them,

			2	J	04/10/2021 15:20
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so 21 my expense is that by helping the patients to connect with these hidden parts of their emotional reading. And, you, you, you 23 treat the patients at the right level.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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3 J 08/10/2021 10:39

106 With your brains. But if you don't solve the problem, where it's fixed which is in your 107 unconscious, then you may take ages so it's very efficient because you go exactly where 108 it happened, where the emotions got stuck.

4 J 08/10/2021 10:54

because we we work in the right floor, at the 130 right floor, how can we say that you with with your brain. It's another floor, we wrote 131 that the right floor. We work at the right floor.

5 J 07/10/2021 12:11

And the best way to go 47 and change it is here at the back of the brain so it's this brain I, I have to take always the 48 time to explain a lot to the people that this brain doesn't help them so much when it 49 happens to when they want to change something that is deep.

6 J 07/10/2021 12:18

but when you are in the state of 51 hypnosis. This brain helps a lot better.

Codes\\Theme 2 The significance of understanding trauma and its features\\Working with the emotional and reasoning part of the brain to facilitate change\\Emotional part of the brain is key for positive change\\Back brain helps better in hypnosis Document

Files\\Interviews transcription verified

No 0,0013 1

1 J 07/10/2021 12:18

but when you are in the state of 51 hypnosis. This brain helps a lot better.

Codes\\Theme 2 The significance of understanding trauma and its features\\Working with the emotional and reasoning part of the brain to facilitate change\\Emotional part of the brain is key for positive change\\Change occurs at the back of the brain Document

Files\\Interviews transcription verified

No 0,0085 2

1 J 08/10/2021 10:39

106 With your brains. But if you don't solve the problem, where it's fixed which is in your 107 unconscious, then you may take ages so it's very efficient because you go exactly where 108 it happened, where the emotions got stuck.

18/10/2021 11:52

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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			2		J	07/10/2021 12:11
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And the best way to go 47 and change it is here at the back of the brain so it's this brain I, I have to take always the 48 time to explain a lot to the people that this brain doesn't help them so much when it 49 happens to when they want to change something that is deep.

Codes\\Theme 2 The significance of understanding trauma and its features\\Working with the emotional and reasoning part of the brain to facilitate change\\Emotional part of the brain is key for positive change\\Working and changing blocked emotions Document

Files\\Interviews transcription verified

No	0,0038	1
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	1	J	04/10/2021 15:20
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so 21 my expense is that by helping the patients to connect with these hidden parts of their emotional reading. And, you, you, you 23 treat the patients at the right level. 22 emotions that are blocked, you change them,

Codes\\Theme 2 The significance of understanding trauma and its features\\Working with the emotional and reasoning part of the brain to facilitate change\\Emotional part of the brain is key for positive change\\Working at the right floor in the brain Document

Files\\Interviews transcription verified

No	0,0032	1
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	1	J	08/10/2021 10:54
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because we we work in the right floor, at the 130 right floor, how can we say that you with with your brain. It's another floor, we wrote 131 that the right floor. We work at the right floor.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\Theme 2 The significance of understanding trauma and its features\Working with the emotional and reasoning part of the brain to facilitate change\Emotional part of the brain is key for positive change\Working emotions at the right level Document

Files\Interviews transcription verified

No	0,0028	1
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1	J	04/10/2021 15:21
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so 21 my expense is that by helping the patients to connect with these hidden parts of their emotional reading. 22 emotions that are blocked, you change them,

Codes\Theme 2 The significance of understanding trauma and its features\Working with the emotional and reasoning part of the brain to facilitate change\Reasoning part of the brain needs to understand the process Document

Files\Interviews transcription verified

Yes	0,0062	3
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1	J	07/10/2021 12:17
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50 Yeah, this is good for logical and language

2	J	07/10/2021 12:24
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of course, 54 you have to also reassure this brain (hand on the front of the head) by explaining a lot 55 and putting words.
 56 Because if this brain has the, the impression to understand.
 57 It feels reassured, so it helps for later to get in hypnosis as well.

3 J 07/10/2021 13:57

66 MJ: Well, the. The first one is to reassure this brain.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\Theme 2 The significance of understanding trauma and its features\Working with the emotional and reasoning part of the brain to facilitate change\Reasoning part of the brain needs to understand the process\Client's brain need reassurance Document

Files\Interviews transcription verified

No 0,0054 2

1 J 07/10/2021 12:24

of course, 54 you have to also reassure this brain (hand on the front of the head) by explaining a lot 55 and putting words.
 56 Because if this brain has the, the impression to understand.
 57 It feels reassured, so it helps for later to get in hypnosis as well.

2 J 07/10/2021 13:57

66 MJ: Well, the. The first one is to reassure this brain.

Codes\Theme 2 The significance of understanding trauma and its features\Working with the emotional and reasoning part of the brain to facilitate change\Reasoning part of the brain needs to understand the process\Front brain good for logic and language

Document

Files\\Interviews transcription verified

No	0,0007	1			
			1	J	07/10/2021 12:17

50 Yeah, this is good for logical and language

Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Client and therapist relationships

Document

Files\\Interviews transcription verified

Yes	0,0116	6			
			1	J	07/10/2021 13:17

74 So, the contact with the person really needs to be very well established before we start to 75 do that work.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
				2	J	07/10/2021 13:43
				3	J	07/10/2021 13:06
				4	J	07/10/2021 15:32
				5	J	07/10/2021 15:32
				6	J	07/10/2021 15:34

when you can really change some that I put I put it like that, it's just that 51 when there is a trust between the therapist and, and the clients, and the patient.

54 GS: Therapeutic relationship relationship which is building from the first time in a few 55 minutes. Usually, it goes very fast. because the way it is. The way it's presented to the 56 patients is making the relationship.

I could add is that, to build the secure attachments.

And they have to learn how to build it in themselves.

I could say for for we 73 need to build a safe. Safe attachment secure attachment

Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Client and therapist relationships\\Changes happen when trust established Document

Files\\Interviews transcription verified

No	0,0027	1			
			1	J	07/10/2021 13:43

when you can really change some that I put I put it like that, it's just that 51 when there is a trust between the therapist and, and the clients, and the patient.

Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Client and therapist relationships\\Clients & therapist need to build secure attachments Document

Files\\Interviews transcription verified

No	0,0031	3			
			1	J	07/10/2021 15:32

I could add is that, to build the secure attachments.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
				2	J	07/10/2021 15:32
				3	J	07/10/2021 15:34

And they have to learn how to build it in themselves.

I could say for for we 73 need to build a safe. Safe attachment secure attachment

Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Client and therapist relationships\\Therapeutic relationship building fast Document

Files\\Interviews transcription verified

No	0,0038	1			
			1	J	07/10/2021 13:06

54 GS: Therapeutic relationship relationship which is building from the first time in a few 55 minutes. Usually, it goes very fast. because the way it is. The way it's presented to the 56 patients is making the relationship.

Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Client and therapist relationships\\Therapeutic relationship needs consolidation before working on traumas Document

Files\\Interviews transcription verified

No	0,0018	1			
			1	J	07/10/2021 13:17

74 So, the contact with the person really needs to be very well established before we start to 75 do that work.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Clients' favourable characteristics significant for PTR

Document

Files\\Interviews transcription verified

Yes 0,0156 5

1 J 07/10/2021 15:51

most of the time people 114 that are in traumas, do that very well very easily, and they go like way way high up they 115 can go travel into the stars traveled to go around the moon and feel the lightness and so 116 forth.

2 J 07/10/2021 11:59

The patient who comes to see 14 you. Let's say all decision would it be about his own solution resolution. So, he's bringing 15 out all his own resources.

3 J 07/10/2021 16:34

And of course, my 93 specialty is also the high potentials PTR is a, is a very good tool for 128 95 high potential 94 profiles.

4 J 07/10/2021 12:29

Once they see that they can be comfortable that they 41 can work, work out the events. but not living them anymore. Why they are working on 42 them. It's going very fast.

5 J 07/10/2021 13:02

What is the 48 most important is that it is very safe for them, and they understand it very quickly that it's 49 safe, so they can sort out things faster because they feel like it's not more. not any more 50 dangerous to work out these things.

Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Clients' favourable characteristics significant for PTR\\Clients can dissociate easily

Document

Files\\Interviews transcription verified

No 0,0037 1

1 J 07/10/2021 15:51

most of the time people 114 that are in traumas, do that very well very easily, and they go like way way high up they 115 can go travel into the stars traveled to go around the moon and feel the lightness and so 116 forth.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Clients' favourable characteristics significant for PTR\Clients feeling safe progress fast Document

Files\\Interviews transcription verified

No		0,0041	1	1	J	07/10/2021 13:02
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What is the 48 most important is that it is very safe for them, and they understand it very quickly that it's 49 safe, so they can sort out things faster because they feel like it's not more. not any more 50 dangerous to work out these things.

Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Clients' favourable characteristics significant for PTR\Clients high potentials Document

Files\\Interviews transcription verified

No		0,0022	1	1	J	07/10/2021 16:34
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And of course, my 93 specialty is also the high potentials PTR is a, is a very good tool for 128 95 high potential 94 profiles.

Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Clients' favourable characteristics significant for PTR\Clients who bring their own resources to the therapy Document

Files\\Interviews transcription verified

No		0,0025	1	1	J	07/10/2021 11:59
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The patient who comes to see 14 you. Let's say all decision would it be about his own solution resolution. So, he's bringing 15 out all his own resources.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\Theme 3 Perceptions on clients' needs and characteristics\Clients' favourable characteristics significant for PTR\Comfortable clients progress fast Document

Files\Interviews transcription verified

No		0,0028	1	1	J	07/10/2021 12:29
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Once they see that they can be comfortable that they 41 can work, work out the events. but not living them anymore. Why they are working on 42 them. It's going very fast.

Codes\Theme 3 Perceptions on clients' needs and characteristics\Clients' needs Document

Document

Files\Interviews transcription verified

Yes		0,0139	5	1	J	08/10/2021 10:58
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sometimes you need to feel you 115 had security because the parents were there, because it would have been better if you 116 were born in another family, or sometimes you know how often us during the reign of 117 animals, I would have felt so much secure with lions around me.

2	J	07/10/2021 12:23
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So, this is something that you have to explain a lot 52 of course, you have different kinds of people. Some that gets it very fast and see that the 53 work is more useful when you have more hypnosis.

3	J	07/10/2021 12:24
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of course, 54 you have to also reassure this brain (hand on the front of the head) by explaining a lot 55 and putting words. 56 Because if this brain has the, the impression to understand. 57 It feels reassured, so it helps for later to get in hypnosis as well.

66 MJ: Well, the. The first one is to reassure this brain.

4 J 07/10/2021 13:57

they need to 64 feel safe.

5 J 07/10/2021 15:30

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\Theme 3 Perceptions on clients' needs and characteristics\Clients' needs\Brain need reassurance

Document

Files\Interviews transcription verified

No 0,0054 2

1 J 07/10/2021 12:24

of course, 54 you have to also reassure this brain (hand on the front of the head) by explaining a lot 55 and putting words.
56 Because if this brain has the, the impression to understand.
57 It feels reassured, so it helps for later to get in hypnosis as well.

2 J 07/10/2021 13:57

66 MJ: Well, the. The first one is to reassure this brain.

Codes\Theme 3 Perceptions on clients' needs and characteristics\Clients' needs\Need to change the past to feel secure

Document

Files\Interviews transcription verified

No 0,0046 1

sometimes you need to feel you 115 had security because the parents were there, because it would have been better if you 116 were born in another family, or sometimes you know how often us during the reign of 117 animals, I would have felt so much secure with lions around me.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\Theme 3 Perceptions on clients' needs and characteristics\Clients' needs\Need to explain why hypnosis is more useful than talking Document

Files\Interviews transcription verified

No	0,0033	1	1	J	07/10/2021 12:23
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So, this is something that you have to explain a lot 52 of course, you have different kinds of people. Some that gets it very fast and see that the 53 work is more useful when you have more hypnosis.

Codes\Theme 3 Perceptions on clients' needs and characteristics\Clients' needs\Need to feel safe in therapy Document

Files\\Interviews transcription verified

No 0,0004 1

1 J 07/10/2021 15:30

they need to 64 feel safe.

Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Clients strengths and weaknesses

Document

Files\\Interviews transcription verified

Yes 0,0293 13

1 J 06/10/2021 16:06

they're missing something in their life and living a traumatic life is just a 41 catastrophic thing because it's taking away a whole part of yourself

2 J 07/10/2021 15:53

That's something very easy, and then they come back, so we can already see with them 118 that they can dissociate easily but come back,

3 J 07/10/2021 16:53

they can go back to their traumatic event, they can go change 142 completely what has happened there, so they can inscribe it back into their brains 143 changed into a positive creative image, and they can come out of it.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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4 J 15/10/2021 11:53

The 52 patient allows himself, themselves to be vulnerable in front of you. 53 And in hypnosis, the vulnerability can be increased because there are some barriers there 54 that fall down and so you, you can really access their vulnerability of the, of the person 55 and I think a risk

5 J 07/10/2021 13:44

53 And in hypnosis, the vulnerability can be increased because there are some barriers there 54 that fall down and so you, you can really access their vulnerability

6 J 07/10/2021 11:59

The patient who comes to see 14 you. Let's say all decision would it be about his own solution resolution. So, he's bringing 15 out all his own resources.

7 J 07/10/2021 12:02

And every answer every step forward is coming from. His, or 16 her subconscious. So, it's really specific to him because it her or his own solution.

	8	J	07/10/2021 12:00
18 SB: I will say it's like the patient got the key of his own solution			
	9	J	07/10/2021 16:27
the thoughts are 37 changing as well.			
	10	J	07/10/2021 16:28
And the way 39 the people can look at their own situation at the end of the session.			
	11	J	06/10/2021 11:07
So, the experience is always if the, if 31 the person is. How could I say it's brave enough to try one session.			
	12	J	08/10/2021 12:11
Of course, it depends of the person that you have, 116 of course, in front of you. Some are quite fast to get it, and to accept the tool, and some 117 other you you have to make, maybe two or three sessions to show them that they 118 are in control and they can change everything so			
	13	J	07/10/2021 15:30
they need to 64 feel safe.			

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
	Codes\Theme 3 Perceptions on clients' needs and characteristics\Clients strengths and weaknesses\Clients bring their own resources to the therapy Document					
	Files\Interviews transcription verified					
No		0,0025	1			

1 J 07/10/2021 11:59

The patient who comes to see 14 you. Let's say all decision would it be about his own solution resolution. So, he's bringing 15 out all his own resources.

Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Clients strengths and weaknesses\\Clients can reassociate easily

Document

Files\\Interviews transcription verified

No 0,0022 1

1 J 07/10/2021 15:53

That's something very easy, and then they come back, so we can already see with them 118 that they can dissociate easily but come back,

Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Clients strengths and weaknesses\\Clients have the solution in them

Document

Files\\Interviews transcription verified

No 0,0037 2

1 J 07/10/2021 12:02

And every answer every step forward is coming from. His, or 16 her subconscious. So, it's really specific to him because it her or his own solution.

2 J 07/10/2021 12:00

18 SB: I will say it's like the patient got the key of his own solution

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Clients strengths and weaknesses\\Clients is vulnerable in front of you
Document

Files\\Interviews transcription verified

No	0,0049	1	1	J	15/10/2021 11:53
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The 52 patient allows himself, themselves to be vulnerable in front of you.

53 And in hypnosis, the vulnerability can be increased because there are some barriers there 54 that fall down and so you, you can really access their vulnerability of the, of the person 55 and I think a risk

Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Clients strengths and weaknesses\\Clients need to feel safe
Document

Files\\Interviews transcription verified

No	0,0004	1	1	J	07/10/2021 15:30
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they need to 64 feel safe.

Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Clients strengths and weaknesses\\Client's own situation viewpoint change after a session
Document

Files\\Interviews transcription verified

No	0,0014	1	1	J	07/10/2021 16:28
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And the way 39 the people can look at their own situation at the end of the session.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Clients strengths and weaknesses\Clients react at different speeds to PTR Document

Files\\Interviews transcription verified

No		0,0048	1	1	J	08/10/2021 12:11
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Of course, it depends of the person that you have, 116 of course, in front of you. Some are quite fast to get it, and to accept the tool, and some 117 other you you have to make, maybe two or three sessions to show them that they 118 are in control and they can change everything so

Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Clients strengths and weaknesses\Client's thoughts are changing after a session Document

Files\\Interviews transcription verified

No		0,0007	1	1	J	07/10/2021 16:27
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the thoughts are 37 changing as well.

Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Clients strengths and weaknesses\Client's transform trauma in their brain Document

Files\\Interviews transcription verified

No		0,0038	1			
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1 J 07/10/2021 16:53

they can go back to their traumatic event, they can go change 142 completely what has happened there, so they can inscribe it back into their brains 143 changed into a positive creative image, and they can come out of it.

18/10/2021 11:52

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\Theme 3 Perceptions on clients' needs and characteristics\Clients strengths and weaknesses\Hypnosis increases client's vulnerability Document

Files\Interviews transcription verified

No	0,0027	1	1	J	07/10/2021 13:44
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53 And in hypnosis, the vulnerability can be increased because there are some barriers there 54 that fall down and so you, you can really access their vulnerability

Codes\Theme 3 Perceptions on clients' needs and characteristics\Clients strengths and weaknesses\Trauma client brave enough to experience PTR Document

Files\Interviews transcription verified

No	0,0018	1	1	J	06/10/2021 11:07
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So, the experience is always if the, if 31 the person is. How could I say it's brave enough to try one session.

Codes\Theme 3 Perceptions on clients' needs and characteristics\Clients strengths and weaknesses\Traumatized clients are missing something in their life

Document

Files\\Interviews transcription verified

No 0,0025 1

1 J 06/10/2021 16:06

they're missing something in their life and living a traumatic life is just a 41 catastrophic thing because it's taking away a whole part of yourself

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Client's unfavourable characteristics for PTR treatment

Document

Files\\Interviews transcription verified

Yes 0,0100 4

1 J 07/10/2021 17:05

manipulate manipulators, and sometimes these people have to live with 151 these people sometimes these people have these people in their family so it's not that 152 they can just walk away from them.

2 J 07/10/2021 13:25

he was 61 facing with someone who really wanted to keep control and have a control, and no I 62 don't feel anything and no I didn't feel any sensations, and he was lost because in in the 63 course.

3 J 08/10/2021 10:47

The point is sometimes you may be 120 challenged, because the person agrees on anything.

4 J 07/10/2021 11:45

most of 25 the time people are experiencing emotions that they try to avoid them.

Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Client's unfavourable characteristics for PTR treatment\\A client avoiding experiencing emotions

Document

Files\\Interviews transcription verified

No	0,0014	1				
			1	J	07/10/2021 11:45	

most of 25 the time people are experiencing emotions that they try to avoid them.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Client's unfavourable characteristics for PTR treatment\\A client being too compliant

Document

Files\\Interviews transcription verified

No	0,0017	1				
			1	J	08/10/2021 10:47	

The point is sometimes you may be 120 challenged, because the person agrees on anything.

Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Client's unfavourable characteristics for PTR treatment\\A client maintaining full control of emotions and sensations

Document

Files\\Interviews transcription verified

No	0,0035	1	1	J	07/10/2021 13:25
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he was 61 facing with someone who really wanted to keep control and have a control, and no I 62 don't feel anything and no I didn't feel any sensations, and he was lost because in in the 63 course.

Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Client's unfavourable characteristics for PTR treatment\\Trauma maintenance living with the abuser

Document

Files\\Interviews transcription verified

No	0,0034	1	1	J	07/10/2021 17:05
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manipulate manipulators, and sometimes these people have to live with 151 these people sometimes these people have these people in their family so it's not that 152 they can just walk away from them.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Type of disorders clients consult

Document

Files\\Interviews full

Yes	0,0025	1	1	J	25/09/2021 14:05
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18 So I have two main people who are coming It's either adults or parents with children.
19 And most of the time when parents come with their children.

Files\\Interviews transcription verified

Yes	0,0114	10			
			1	J	07/10/2021 17:04
I'm working with a lot of people who have been going through, rape and	150	abuse			
			2	J	06/10/2021 11:02
13 You can sometimes observe some. How could I tell disorders in the alimentation sphere					
			3	J	06/10/2021 11:43
Some sex abuse in childhood					
			4	J	06/10/2021 11:05
or some very very big accident, I have some, some patient 30 that survived to the tsunami.					
			5	J	08/10/2021 12:05
108 She consults and tells me that she has a problem that she always want to get her	109	buttons of her, you know acne.			
			6	J	15/10/2021 12:04
And since then, I mostly	8	have people who are suffering from traumas, and quite a lot of them have PTSD or			9 complex PTSD,
			7	J	06/10/2021 11:15
I mostly	8	have people who are suffering from traumas			
			8	J	06/10/2021 11:22
People can have flashbacks					
			9	J	07/10/2021 12:25
when people come, they usually have many flashbacks, and symptoms	36	that are linked to PTSD.			

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
				10	J	07/10/2021 12:24
when people come, they usually have many flashbacks						

Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Type of disorders clients consult\\clients are adults or parents with children

Document

Files\\Interviews full

No	0,0025	1			
			1	J	25/09/2021 14:05

18 So I have two main people who are coming It's either adults or parents with children.

19 And most of the time when parents come with their children.

Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Type of disorders clients consult\\Type of client trauma sufferers

Document

Files\\Interviews transcription verified

No	0,0009	1			
			1	J	06/10/2021 11:15

I mostly 8 have people who are suffering from traumas

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Type of disorders clients consult\\Type of clients abused in childhood

Document

Files\\Interviews transcription verified

No		0,0004	1			
				1	J	06/10/2021 11:43

Some sex abuse in childhood

Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Type of disorders clients consult\\Type of clients alimentation disorders

Document

Files\\Interviews transcription verified

No		0,0014	1			
				1	J	06/10/2021 11:02

13 You can sometimes observe some. How could I tell disorders in the alimentation sphere

Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Type of disorders clients consult\\Type of clients consult for acne

Document

Files\\Interviews transcription verified

No		0,0021	1			
				1	J	08/10/2021 12:05

108 She consults and tells me that she has a problem that she always want to get her 109 buttons of her, you know acne.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Type of disorders clients consult\\Type of clients flashbacks

Document

Files\\Interviews transcription verified

No 0,0013 2

1 J 06/10/2021 11:22

People can have flashbacks

2 J 07/10/2021 12:24

when people come, they usually have many flashbacks

Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Type of disorders clients consult\\Type of clients PTSD or complex PTSD

Document

Files\\Interviews transcription verified

No 0,0039 2

1 J 15/10/2021 12:04

And since then, I mostly 8 have people who are suffering from traumas, and quite a lot of them have PTSD or 9 complex PTSD,

2 J 07/10/2021 12:25

when people come, they usually have many flashbacks, and symptoms 36 that are linked to PTSD.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Type of disorders clients consult\\Type of clients rape and abuse Document

Files\\Interviews transcription verified

No	0,0014	1	1	J	07/10/2021 17:04
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I'm working with a lot of people who have been going through, rape and 150 abuse

Codes\\Theme 3 Perceptions on clients' needs and characteristics\\Type of disorders clients consult\\Type of patients victims of big accident Document

Files\\Interviews transcription verified

No	0,0015	1	1	J	06/10/2021 11:05
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or some very very big accident, I have some, some patient 30 that survived to the tsunami.

Codes\\Therapy begins with defining objective

Document

Files\\Interviews transcription verified

No	0,0016	1				
			1	J	07/10/2021 11:23	

first you need to understand exactly what their objective is. What, what they want to 42 achieve

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
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Codes\\Time and space alleviate symptoms

Document

Files\\Interviews transcription verified

No	0,0006	1				
			1	J	07/10/2021 16:09	

Two things. As I said, the time and space
