Journal of Heart-Centered Therapies, 2001, Vol. 4, No. 1, pp. 57-65
© 2001 Heart-Centered Therapies Association

Heart-Centered Hypnotherapy in Sports Counseling

H. Ray Wooten, Ph.D. and Noelle R. St. Germain, M.A.*

Abstract: The use of hypnosis with athletes is well-represented in the literature. However, much of the existing functionality of hypnotherapy in sports is geared toward performance enhancement or aspects of performance. The use of hypnosis in dealing with developmental and identity issues of athletes has been minimally represented in the existing literature. Heart-Centered Hypnotherapy (HCH) is a model which utilizes the hypnotic process while expanding the focus to address the growth, healing, and transformation of mind, body, emotion, and spirit. This article demonstrates the effectiveness of utilizing the Heart-Centered Hypnotherapy (HCH) modality when counseling athletes.

The use of hypnosis in sports counseling and athletic training is modestly represented in the literature. However, almost all of the existing literature on sports hypnosis focuses on hypnosis for performance enhancement or aspects related to performance enhancement, such as concentration and stress reduction (Braybrooke, 1988; Collins, Doherty, & Talbot, 1993; Heyman, 1987; Krenz, 1984; Liggett, 2000; Morgan, 1993; Robazza & Bortoli, 1995; Stanton, 1994; Tafti, Besset, & Billiard, 1992; Wojcikiewicz & Orlick, 1987). This article will examine themes reflected in the literature on sports hypnosis and will explore uses of Heart-Centered Hypnotherapy (HCH)with athletes as demonstrated through case examples. Several authors provide general overviews of the uses of hypnosis in sports (Liggett, 2000; Morgan, 1993; Taylor, Horevitz, & Balague, 1993). However, the majority of available literature on sports hypnosis focuses on using hypnosis for performance enhancement. In addition, many of the articles that do not focus on performance enhancement per se, describe characteristics which have a direct effect on performance. For example, this literature review found that the second most common use for hypnosis in sports was anxiety or stress reduction (Howard & Reardon, 1986; Krenz, 1984; Naruse, 1965; Onestak, 1991; Wojcikiewicz & Orlick, 1987). Another common theme in sports hypnosis literature (also connected to performance enhancement) is the relationship of hypnosis to mental and psychological training (Krenz, 1984; Onestak, 1991). In addition, hypnosis has been used for other aspects of performance enhancement, including

* H. Ray Wooten, Ph.D., is an Associate Professor; Noelle R. St. Germain is a doctoral candidate, Department of Counseling and Human Services, One Camino Santa Maria, St. Mary's University, San Antonio, TX 78228-8527

strength and physical and emotional control (Diamante & Baker, 1991; Howard & Reardon, 1986; Johnson & Kramer, 1961; Liggett & Hamada, 1993; Scott, 1984), concentration (Collins, Doherty, & Talbot, 1993; Schreiber, 1991), self-concept (Howard & Reardon, 1986), motivation (Baybrooke, 1988; Darden, 1972; Pearson, 1983), and mood enhancement (Oakley, Norell, & Cripps, 1995). Hypnosis has also been used to achieve optimal levels of performance arousal, which are necessary for the individual to achieve peak performance (Garver, 1977; Liggett, 2000; McMaster, 1993).

Sports hypnosis has been further investigated in the literature in order to better understand the relationships among trance states, performance, pain, and healing. Researchers have examined occurrences of trance states in athletes and the effects of these states on performance and health (Callen, 1983; Cancio, 1991; Grove & Lewis, 1996; Masters, 1992). Finally, in sports medicine, hypnosis has been utilized to decrease pain and increase healing (Ballinger, 1987; Kroger, 1988).

Although performance is a primary concern for athletes, a variety of other issues exist which affect the mental health and functioning of athletes. Various developmental issues impact athletes, including identity issues, personal competence, and career planning (Jordan & Denson, 1990; Pearson & Petipas, 1990; Wooten, 1994). Athletes must also confront identity issues related to their level of participation and achievement in sports (Greendorfor & Blinde, 1985; Ogilivie & Howe, 1982; Svoboda & Vanek, 1982). For athletes who focus solely on sports activities, self-esteem, identity, and social affiliation may be entirely dependent upon their athletic involvement (Gordett, 1985; Pearson & Petipas, 1990). Once participation in athletics ceases (either voluntarily or involuntarily), the individual may experience crises related to identity, self-efficacy, and helplessness (Kleiber & Brock, 1992). Athletes transitioning out of sports often must deal with rebuilding identity in a non-athletic context, constructing career-life plans, and developing personal competencies (Wooten & Hinkle, 1991).

These examples demonstrate the broad spectrum of developmental and identity issues that exist in the world of the athlete. However, the use of hypnosis in dealing with athletes' developmental and identity issues has been conspicuously absent from the existing literature.
Almost all descriptions of hypnosis in sports counseling are fundamentally connected to performance enhancement.

This article will demonstrate uses for Heart-Centered Hypnotherapy (HCH) in sports counseling which expands beyond performance

enhancement. Case examples will be used to demonstrate the effectiveness of using HCH in working with athletes.

Heart-Centered Hypnotherapy

A broad based definition of hypnosis refers to an altered state of consciousness characterized by certain physiological attributes (e.g., relaxation, slowed breath rate), enhanced receptivity to suggestion, and increased access to unconscious thoughts, memories, and emotions. The HCH modality utilizes the hypnotic process while expanding the focus to address the growth, healing, and transformation of mind, body, emotion, and spirit. HCH is an eclectic modality that utilizes traditional and Ericksonian hypnosis, Neuro-Linguistic Programming, Transactional Analysis, developmental psychology, cognitive-behavioral techniques, Gestalt Therapy, and pre- and perinatal psychology. Zimberoff and Hartman (1999) state that the ultimate goals of HCH are "living a harmonious balanced life; a life so balanced and conscious that one maintains equanimity, composure, and spiritual focus even at the moment of death" (p. 9). It is beyond the scope of this article to describe HCH in detail. An in-depth description of the HCH model can be found in Zimberoff & Hartman (1998). The following two cases demonstrate the efficacy of HCH in sports counseling and the corrective experience created to effect change and healing

Case 1

Stan was a junior scholarship football player at a NCAA Division II college. Stan was part of the starting line-up and had received extensive playing time as an outside linebacker. During the second game of the season Stan sustained a mild trauma to a ligament in his left knee. The training staff and the team physician were optimistic about the injury and gave a positive prognosis indicating that he would be back in several weeks with appropriate rehabilitation. The training staff set up an intensive rehabilitation schedule. Stan was in good spirits and was initially motivated with the rehabilitation. After several weeks of rehabilitation Stan was cleared for practice by the head trainer and physician. However, Stan was reluctant to practice and the training staff accommodated his fears and allowed him to exercise on the field at his own pace. Continued rehabilitation and assessment indicated that Stan was physically ready to practice and eventually play. Since the injury Stan had become agitated, moody, and had become increasingly negative concerning the treatment and the training staff's assessment that he was physically ready to practice.

Trainers and coaches discussed Stan's needs with him and attempted to motivate him. The campus counseling center was utilized, however, Stan would not "open-up" and missed several appointments. The training staff thought that he needed stress management and pain control. Stan agreed and was referred to me (RW) for the hypnosis procedures.

Stan reported to the first session fifteen minutes late. He was withdrawn, mildly depressed, and stated that he was anxious because he had never been hypnotized before. We discussed the dynamics of hypnosis which alleviated much of his anxiety. He agreed that he could certainly use some relaxation and agreed to proceed. Once the induction process began Stan started sobbing uncontrollably and began complaining of panic symptoms (e.g., pain in his chest, difficulty breathing). Stan admitted to being depressed, difficulty sleeping, and recently experiencing panic symptoms. We briefly discussed Stan's history and feelings. He agreed that he wanted to get to the source of his emotional pain. We immediately moved from a focus on stress management and pain control to pain exploration and exacerbation.

Utilizing the Heart-Centered Hypnotherapy modality we began with Stan's current situation and associated emotions. Stan released a spectrum of emotions and subsequently followed the affect bridge back to the source of this pattern in his life. Stan went through several regressions. Predominant themes in this session included past coaches and in particular his father who were overly demanding, abusive, and shaming. Stan had become so thoroughly hardened that he had literally anesthetized himself to the physical pain he had experienced. Abuse included injunctions such as "suck it up," "don't feel," "don't be a sissy/wimp," "you will let the team down (and the community)," and "you get love by being successful in sports." As Stan grew older, his parents had increased their expectations and had demanded (explicitly and implicitly) that he do certain things and be a certain way. Stan feared that if he did not meet those expectations, he would be rejected and abandoned. Due to these experiences, Stan had developed a constant state of tension which blocked his experience and inhibited his aliveness.

In the session, Stan vocalized his fear that he possibly could not return to his previous level of athletic performance and would therefore be a major disappointment to his family and friends. He believed that he was unlovable and a disgrace to his family. Stan stayed with the process and continued to release and let go of unwanted thoughts, feelings, and body blocks. Stan proceeded to make new decisions that reflected that he was lovable regardless of his performance and that he was lovable even if he

chose not to play football any longer. He was able to release the "gender straitjacket" that inhibited his actions and was able to experience the nurturing that he had always longed for. During the session, Stan got the message that he could express his full range of emotions safely without retaliation.

Stan had several more HCH sessions and focused on the release of intense negative emotions and body blocks. Any change in functioning eventually produces a change in structure as was apparent in Stan's body as he released numbness and pain. Stan was able to re-own his experience and was willing to experience those things that he had previously repressed. A new aliveness and energy returned to Stan as he continued to eliminate barriers.

Stan eventually had his family come for family therapy sessions. Stan expressed himself openly, honestly, and with emotion. His family responded affirmatively and agreed to support him in every way. Stan chose to continue to play football, however with a new emphasis. The new emphasis was playing for himself and his enjoyment and becoming more engaged in extra-curricular activities. Stan played the last four games of the season and brought with him a new energy that was contagious. Stan was awarded several honors for his motivation and spirit and was named one of the team captains for the season.

Case 2

Liz was a fourteen-year-old "elite swimmer." She was referred to me (RW) by her coach and parents. They were concerned about her bizarre behavior before swim meets and reported that she "loses it." The coach had tried numerous techniques but nothing had worked. He acknowledged increased stress and pressure from the swim meets but felt that her reaction was outside of what would be expected. Liz had a history of being nervous and anxious before swim meets and her symptoms had intensified during the past two swim meets. Her coach described her behavior as an extreme fear of making mistakes, vomiting, and obsessing with her goggles and swim cap, which had developed into compulsive rituals. Liz was now spending up to forty-five minutes fixing and adjusting her goggles and swim cap before a race. In consultation with Liz, her parents, and the coach a decision was made for Heart-Centered Hypnotherapy as opposed to other behavioral or cognitive approaches. The decision was made to get to the source of the difficulty rather than temporary symptom alleviation.

Liz presented for the hypnotherapy session on time and in an affable manner. She stated that she was a little nervous yet excited about dealing

with her symptoms. In the interview Liz reported that in a previous swim meet her goggles slipped down over her mouth when she came off the block during the start. She swallowed water, started to gag, and briefly panicked with feelings of helplessness. Liz reported that she somehow responded appropriately and continued the race. She posted a dismal time for the event and felt she had been a huge disappointment for her parents and coach. She and her parents had high expectations for the swim meet and that particular event.

Liz started her session with the experience at the swim meet and the associated emotions. Liz began gagging and experiencing panic symptoms. During this initial exploration she spontaneously regressed to an experience when she nearly drowned as a three-year-old. Liz reported accidentally stepping off into her backyard pool. Liz reported being under water and feeling herself going down into darkness. She stated that she felt helpless, hopeless, and impending doom. Liz gave these feelings a voice and truly got in touch with feelings of despair and agreements she would uphold if she ever got out of the pool. Her father eventually pulled her out of the pool. Her experience following this ordeal was filled with fear and shame as she had to face two extremely frightened parents. Liz was in the process of releasing intense emotion when she suddenly stated that everything went black and she did not know where she was. She pulled her legs up to her chest and buried her head. She reported feeling panic symptoms and impending doom. She started choking and gagging which exacerbated the panic. I reminded her of the "1-2-3 STOP" safety rule while encouraging her to breath through the sensations and fear. Liz reported feelings of sadness, grief, not being good enough, and fears that she would not be accepted. She was encouraged to breathe and stay with the process for release. Liz stopped resisting the experience, continued to breathe and stayed with the sensations and feelings. She eventually felt a shift in her body, thoughts, and emotions. Liz reported feeling inexplicable sensations and movement in her body accompanied with a feeling of hope and well-being. She reported being held by both her mother and father and the room being filled with bright light. Liz began to sob as she described the compassion, warmth, and love from her parents. We continued the healing part of the session and anchored the experience.

Liz had several more Heart-Centered Hypnotherapy sessions and continued to integrate the connections and the healing. Liz reported a more loving and relaxed relationship with her parents and a new capacity to communicate more openly. The maladaptive symptoms were extinguished as evidenced in subsequent swim meets without the anxiety, obsessions, or

compulsions. Liz's swim times have continued to improve since the sessions, as well as her relationship with her parents and coach.

Discussion

Hypnosis is a common modality for performance enhancement and as a research tool when investigating mechanisms underlying physical performance of athletes. Cognitive and behavioral techniques have been the treatment of choice for athletes and have proven to be empirically sound. Hypnotherapy, on the other hand, is often the last resort in treating athletes. The value of HCH is the speed and depth at which psychotherapeutic goals can be achieved. HCH can accelerate the conversion of insight into action and bring about more rapid relief of disabling symptoms. In the cases presented, the maladaptive symptoms could not initially be alleviated by traditional cognitive-behavioral techniques and time was a mediating variable. Furthermore, there were indications that the symptoms of the current dilemmas had roots earlier in the athlete's life. The HCH modality gets to the source and helps to uncover negative symptom patterns that have become difficult to see because of life's stresses and strains. The recovering of significant experiences facilitated the clients' (i.e., athletes') understanding of their current attitudes and behavior and allowed for modification, clarity, and healing. In both cases, the athletes achieved a reconstructive understanding on the emotional, cognitive, behavioral, physical, and spiritual level. The process of HCH allowed for restorative acts by the clients which resonated in both their personal and athletic lives.

References

Ballinger, S. E. (1987). Uses and limitations of hypnosis in treating a conversion overlay following somatic trauma. *Australian Journal of Clinical & Experimental Hypnosis, 15(1)*, 29-37.

Braybrooke, Z. (1988). Sports motivation in a case of a sixty year old woman. *Australian Journal of Clinical Hypnotherapy & Hypnosis, 9(1)*, 25-28.

Callen, K. E. (1983). Auto-hypnosis in long distance runners. *American Journal of Clinical Hypnosis, 26(1)*, 30-36.

Cancio, L. C. (1991). Stress and trance in freefall parachuting: A pilot study. *American Journal of Clinical Hypnosis, 33(4),* 225-234.

Collins, D., Doherty, M., & Talbot, S. (1993). Performance enhancement in motocross: A case study of the sport science team in action. *Sports Psychologist, 7(3),* 290-297.

Darden, E. (1972). The use of motivational techniques in strength development: A review of literature. *Psychology, 9(2),* 3-9.

Diamant, L. R., & Baker, R. M. (1991). Mental states and physical performance. In L. R. Diamant, (Ed.), *Mind-body Maturity: Psychological Approaches to Sports, Exercise, and Fitness*, 255-264. New York, NY: Hemisphere Publishing Corp.

Garver, R. B. (1977). The enhancement of human performance with hypnosis through neuromotor facilitation and control of arousal level. *The American Journal of Clinical Hypnosis, 19(3),* 177-181.

Gordett, F. J. (1985). Psychosocial adjustment of athletes to retirement. In L. K. Bunker, R. J. Rotella, & A. Reilly (Eds.), *Sports Psychology: Psychological Considerations in Maximizing Sport Performance*, 288-294. Ithaca, N.Y: Mouvement.

Greendorfer, S. L., & Blinde, E. M. (1985). Retirement for intercollegiate sport: Theoretical and empirical considerations. *Sociology of Sport Journal, 2,* 101-110.

Grove, J. R., & Lewis, M. A. (1996). Hypnotic susceptibility and the attainment of flowlike states during exercise. *Journal of Sports and Exercise Physiology, 18(4),* 380-391.

Heyman, S. R. (1987). Research and interventions in sports psychology: Issues encountered in working with an amateur boxer. *Sport Psychologist, 1(3),* 208-223.

Howard, W. L., & Reardon, J. P. (1986). Changes in the self concept and athletic performance of weight lifters through a cognitive-hypnotic approach: An empirical study. *American Journal of Clinical Hypnosis, 28(4),* 248-257.

Johnson, W. R., & Kramer, G. F. (1961). Effects of stereotyped non-hypnotic, hypnotic, and posthypnotic suggestions upon strength, power, and endurance. *Research Quarterly of the American Association for Health, Physical Education, & Recreation, 32,* 522-529.

Jordan, J., & Denson, E. (1990). Student services for athletes: A model for enhancing the student-athlete experience. *Journal of Counseling and Development, 69,* 95-97.

Kleiber, D. A., & Brock, S. C. (1992). The effect of career-ending injuries on the subsequent well-being of elite college athletes. *Sociology of Sport Journal, 9,* 70-75.

Krenz, E. W. (1984). Improving competitive performance with hypnotic suggestions and modified autogenic training: Case reports. *American Journal of Clinical Hypnosis, 27(1),* 58-63.

Kroger, R. O. (1988). The social nature of hypnosis: An ethogenic analysis of hypnotic pain. *New Ideas in Psychology, 6(1),* 47-66.

Liggett, D. R. (2000). *Sports Hypnosis.* Champaign, IL: Human Kinetics.

Liggett, D. R., & Hamada, S. (1993). Enhancing the visual gymnasts. *American Journal of Clinical Hypnosis, 35(3),* 190-197.

London, R. W. (1984). Strategies in sports medicine. *Australian Journal of Clinical Hypnotherapy & Hypnosis, 5(2),* 97-98.

Mairs, D. A. (1988). Hypnosis in sport. In M. Heap, (Ed.), *Hypnosis: Current Clinical, Experimental and Forensic Practices*, 340-348. London, England: Croom Helm.

Masters, K. S. (1992). Hypnotic susceptibility, cognitive dissociation, and runner's high in a sample of marathon runners. *American Journal of Clinical Hypnosis, 34(3),* 193-201.

McMaster, N. (1993). Behaviour modification with hypnotic visualisation, the mental side of golf: A case history. *Australian Journal of Clinical Hypnotherapy and Hypnosis, 14(1),* 17-22.

Morgan, W. P. (1993). In J. W. Rhue, S. J. Lynn, et. al. (Eds.), *Handbook of Clinical Hypnosis*, 649-669. Washington, DC: American Psychological Association.

Naruse, G. (1965). The hypnotic treatment of stage fright in champion athletes. *The International Journal of Clinical and Experimental Hypnosis, 13(2),* 63-70.

Oakley, D. A., Norell, S. K., & Cripps, B. D. (1995). Exercise, mood and hypnotic susceptibility in a sports context. *Contemporary Hypnosis, 12(2),* 125-130.

Ogilivie, B. C., & Howe, M. (1982). Career crisis in sport. In T. Orlick, J. T. Partington, & J. H. Salmela (Eds.), *Proceedings of the Fifth World Congress of Sport Psychology*, 176-183. Ottawa, Canada: Coaching Associate of Canada.

Onestak, D. M. (1991). The effects of progressive relaxation, mental practice, and hypnosis on athletic performance: A review. *Journal of Sport Behavior, 14(4),* 247-282.

Pearson, P. (1983). Practical applications of hypnosis in sporting performance. *Australian Journal of Clinical Hypnotherapy & Hypnosis, 4(1),* 13-19.

Pearson, R., & Petipas, A. (1990). Transitions of athletes: Pitfalls and prevention. *Journal of Counseling and Development, 69,* 7-10.

Robazza, C., & Bortoli, L. (1995). A case study of improved performance in archery using hypnosis. *Perceptual and Motor Skills, 81,* 1364-1366.

Schreiber, E. H. (1991). Using hypnosis to improve performance of college basketball players. *Perceptual & Motor Skill, 72(2),* 536-538.

Scott, J. A. (1984). Hypnotherapy training for basketball: An experimental approach. *Medical Hypnoanalysis, 5(3),* 109-116.

Stanton, H. E. (1994). Sports imagery and hypnosis: A potent mix. *Australian Journal of Clinical and Experimental Hypnosis, 22(2),* 119-124.

Svoboda, B., & Vanek, M. (1982). Retirement from high level competition. In T. Orlick, J. T. Partington, and J. H. Salmela (Eds.), *Proceedings of the Fifth World Congress of Sport Psychology* (pp. 176-183). Ottawa, Canada: Coaching Associate of Canada.

Tafti, M., Besset, A., & Billiard, M. (1992). Effects of zopicone on subjective evaluation of sleep and daytime alertness and on psychomotor and physical performance tests in athletes. *Progress in Neuro-Psychopharmacology & Biological Psychiatry, 16(1),* 55-63.

Taylor, J., Horevitz, R., & Balague, G. (1993). The use of hypnosis in applied sport psychology. *Sport Psychologist, 7(1),* 58-78.

Wojcikiewicz, A., & Orlick, T. (1987). The effects of post-hypnotic suggestion and relaxation with suggestion on competitive fencing anxiety and performance. *International Journal of Sports Psychology, 18(4),* 303-313.

Wooten, H. R. (1994). Cutting losses for student-athletes in transition: An integrative transition model. *Journal of Employment Counseling, 31,* 2-10.

Wooten, H. R., & Hinkle, J. S. (1992). Career-life planning with college student-athletes. *TCA Journal, 20,* 41-46.

Zimberoff, D., & Hartman, D. (1998). The heart-centered hypnotherapy modality defined. *Journal of Heart-Centered Therapies, 1(1),* 3-49.

Zimberoff, D., & Hartman, D. (1999). Personal transformation with heart-centered therapies. *Journal of Heart-Centered Therapies, 2(2),* 3-53.