EXPLORATION OF HYPNOTIC TECHNIQUES FOR CLINICAL SOCIAL WORK PRACTICE

by

Brian W. E. Johnson

A Practicum
submitted to the Faculty of Graduate
Studies in Partial FulFillment of the
requirements for the Degree of

MASTER OF SOCIAL WORK

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Acknowledgements

We live and work in a world where people tend to mistake the map for the territory or the symbol for the reality. I have been fortunate in that I have had the opportunity of working with a group of talented professionals who were able to recognize the value of responding to my own unique needs and aspirations. I would like to express my appreciation to my committee members, Joe Kuypers, Glen Kunzman, and Michael Thomas. I would like to express special appreciation to Glen Kunzman for his talent as a therapist and, most of all, for taking the time to listen.

CHAPTER I

INTRODUCTION

> Like an adolescent, psychotherapy has faced the predicament of knowing quite well what it was against, but not having a very clear vision of what it was for. (Gardner, 1976, p.202)

This author approached the practicum experience with the goal of furthering and developing techniques which promote "positive mental health". Concepts such as mastery (Murphy, 1962), self actualization (Maslow, 1962), happiness (Ricks and Wessman, 1966), competance (White, 1959), and ego-activity (Rapaport, 1967) all reflect different aspects of "positive mental health". An important advantage of emphasizing concepts such as these is that they reflect the aspirations and needs of the mainstream of our population as well as those in serious difficulty. Focussing only on pathology does not promote preventative and growth-orientated techniques.

It is within this context that the author developed a real appreciation of the potency of clinical hypnosis as a clinical tool. Hypnosis has an inherent emphasis on the positive which makes it an almost ideal vehicle for facilitating positive mental health. It is hardly surprising that this emphasis on human growth and potential has surfaced in the literature on clinical hypnosis (Fromm, 1972; Gooding,

1969; Hartland, 1971; Gardner, 1976). One researcher has even suggested that hypnotic training alone might be a means toward personal growth (Diamond, 1974).

The adaptibility of hypnosis is quite remarkable. It can be used with individuals or groups as a primary or adjunct therapy. It provides an effective alternative to utilizing prescribed drugs and may be employed in relation to a whole range of typical problems which confront therapists in a general therapeutic setting. Wolberg (1977) in his classic resource book, The Technique of Psychotherapy notes that "studies have shown that employed by reasonably trained professionals within the context of a structured therapeutic program, with awareness of limits of its application, hypnosis can make a contribution as an adjunct to any of the manifold branches of psychotherapy, whether those be supportive, re-educative, or psychoanalytic" (p.791).

This has particular relevance to psychiatric social work. There is a very real need for techniques which can enhance functioning and promote human growth and potential. This author has a particular interest in techniques which utilize hypnosis as an adjunct to psychotherapy (see pp.29-33 this report). Another common use of hypnosis is teaching "self-hypnosis" as a vehicle for relaxation training and stress reduction (see Fromm 1981, also section 2.3.3 this report). Hypnosis may also be adapted to specific areas such as sexuality (Fabbri, 1976), pain control (Hilgard, 1975), insomnia (Graham et al, 1975) and a whole range of other difficulties often encountered in the

course of clinical social work practice (see section 2.4.1 this report). All of these interventions are designed to enhance client functioning and reflect the basic aims of clinical social work service. "Social work is a profession which endeavours to foster human welfare through professional services and activities aimed at enhancing, maintaining, or restoring the social functioning of persons" (preamble to the C.A.S.W. Code of Ethics, 1975).

It is important to be aware of the fact that during the past decade the practice of clinical hypnosis has been re-defined. This redefinition reflects the gradual recognition of the importance of the work of Milton H. Erickson. Erickson spent over half a century practicing and promoting the techniques of clinical hypnosis.

> Erickson has redefined hypnotic trance to apply not to the state of one person but to a special type of interchange between two people...Hypnosis is a process between people, a way in which one person communicates with another. (Jay Haley, 1973, pp.20-21)

It is essential to recognize that the study of hypnosis naturally furthers and promotes the study of human communication and change. Haley (1973, p.9) has acknowledged that Erickson's expertise in clinical hypnosis was the primary force behind the development of "strategic therapy" which has had an immense impact on both individual and family therapy. Watzlawick, Weakland, and Fisch (1974, p.xv) have also acknowledged the

primacy of hypnosis and Erickson's work in general as a major impetus in their work in Change. The purpose here is not to list all of the areas of human communication which have been affected by Erickson's work with hypnosis. The main point to be made here is that the study of clinical hypnosis has been widely recognized as a "leading edge" in the study of human communication and change, and as such, is an excellent area for practicum work.

The efficacy of hypnosis is widely recognized, even by its informed critics. In fact, in the conclusion of a recent review of the relevant literature, Udolf (1982) concludes that "there is little, if any, difference among theorists concerning the empirical facts of hypnotic phenomena" (p.306). Some theorists argue that attitudes, expectations, and the therapist/client relationship are the crucial variables and that a "trance state" per se is unnecessary. From a clinical perspective this is an interesting but not essential consideration. The main issue from a clinical perspective is whether or not the therapeutic goals are achieved.

Thus hypnosis represents a useful and fascinating clinical technique which is almost an ideal vehicle for promoting "positive mental health". The development of these clinical skills reflect the basic aims of professional service in general and psychiatric social work in particular. The study of clinical hypnosis, especially Erickson's work, has been a

major element in recent changes in how we facilitate human change and growth. It is the combination of factors such as these which provided the author with the rationale for the practicum work.

The author began this practicum with two general goals: a) to increase the author's knowledge in the area of clinical hypnosis and b) to enhance the author's skills in the practical utilization of clinical hypnosis.

In general terms the goal of the interventions was to enhance human growth, or as Erickson and Rossi (1976) stated it "helping individuals outgrow learned limitations so that inner potentials can be realized to achieve therapeutic goals" (p.6). More specifically, for the purposes of definition and evaluation, the focus was on "enhancing self-esteem and self-confidence".

The evaluation was primarily based on direct and indirect feedback. In the "planned program" measures of self-esteem and Locus of control are used to validate and quantify clinical impressions.

CHAPTER II

LITERATURE REVIEW

2.1 Introduction

Clinical hypnosis is in the process of being redefined. The recent prominence of "Ericksonian" hypnosis represents a fundamental shift in direction. One way to understand the Ericksonian style is that it incorporates all of the factors of "traditional" hypnosis and adapts them to the individual characteristics of clients. Thus the basic concepts of "traditional" hypnosis must be understood before Erickson's techniques can be properly utilized. To provide some background for these developments, this author has selected three general areas for presentation and discussion: 1) theories regarding the nature of hypnosis, 2) hypnosis as an altered state and 3) the impact of Ericksonian strategies on clinical hypnosis. The real value of this review may be found in the selection of references and quotations - considerable effort has gone into "highlighting essential concepts".

2.2 The Nature of Hypnosis: Theoretical Controversies

Throughout history[1] hypnosis has been surrounded by con-

[1]The history of hypnosis is well-documented and will not be recounted here. Shor and Orne (1965) provide a brief account and Ellenberger (1970). Bramwell (1956), and Moll (1958) are examples of more comprehensive sources of information.

troversy and conflict. Even today there are differing opinions regarding which explanations should be applied to observed phenomena. However, during the past two or three decades there has been a dramatic improvement in the quality and quantity of investigation into the nature and characteristics of hypnosis. For the first time there is a satisfactory body of knowledge available regarding some important aspects of the phenomena which occurs during the "hypnotic" process. To utilize hypnosis in a proper and professional manner it is essential to have some understanding of these developments.

2.2.1 Hilgard's Seven Characteristics. Hilgard (1965) has outlined seven characteristics which he suggests can be helpful in terms of delineating the hypnotic state. They are: 1) subsidience of the planning function, 2) redistribution of attention, 3) availability of memories and heightened ability for fantasy production, 4) reduction of reality testing and a tolerance for persistent reality distortion, 5) increased suggestibility, 6) role behaviour, and 7) amnesia for what transpired within the hypnotic state. These seven characteristics represent factors which are commonly associated with the process which we have called hypnosis. (Also see Appendix A) However, Hilgard is best known for his collaboration with Weitzenhoffer in the development of the Stanford Hypnotic Susceptibility Scale (SHSS). These scales have been widely

used and have proven to be a reasonably consistent measure.

> The development of scales for measuring hypnotic susceptibility have shown that 1) reliable scales can be constructed 2) hypnotic ability, although subject to some degree of modification, tends to be quite stable over time, 3) there is a high common factor to tests of hypnotic-ability that conform to the type of behaviour commonly included in the social definition of hypnosis (responsiveness to ideomotor suggestions, positive and negative hallucinations, dreams and regression, amnesia, post-hypnotic suggestions, and so on). (Hilgard, 1967, p.439)

Thus, Hilgard has been instrumental in terms of providing a working definition of the hypnotic state as well as developing a measure which increases the level of empirical reliability in hypnotic research. His work, Hypnosis in the Relief of Pain (Hilgard and Hilgard, 1975), is foundational in the field and is highly recommended. It provides the kind of dual emphasis (ie., clinical and experimental) which is so important in hypnosis.

In fact, the necessity of maintaining this kind of dual emphasis is a distinctive factor which is characteristic of hypnotic research. Shor (1979) has pointed out that there are two generic methodological dangers: "the first is the danger of not providing sufficient disciplined skepticism, and the second is the danger of not providing sufficient positive catalyst" (p.40). Thus, the disciplined skeptism of the scientist must be balanced by the confident persuasiveness of

the hypnotist. Hilgard's work on pain is an excellent example of how the two seemingly divergent features can be intertwined in an empirical enquiry.

2.2.2 Attitudes, Motivations, and Expectations. The work done by Barber (1969) is an example of how hypnotic phenomena can be viewed from a different perspective. He suggests that the notion of "hypnotic trance" is not a useful explanatory concept. As an alternative he proposes that dependent and independent variables be specified as a means to understanding what happens during hypnosis. Examples of these variables are outlined in Table 1.1. Barber has done considerable research with these individual factors (especially the procedural variables) and has been successful in producing many of the kinds of behaviour commonly labelled as "hypnotic" (see Barber, 1969, 1979). Thus, he has demonstrated that most hypnotic phenomena can be produced in the absence of a hypnotic trance per se. He hopes to identify a combination of variables which can produce all of the hypnotic phenomena without the necessity of a traditional "hypnotic trance". Barber hopes to find a way out of the kind of circular argument where "hypnotic phenomena" is possible because subjects are in a "hypnotic trance". He concludes that hypnotic phenomena can be achieved by "an awake subject who has positive attitudes, motivations, and expectations toward the situation and is ready

and willing to think with and to imagine those things that are suggested" (Barber, 1979, p.257).

It is interesting to note that this is not a particularly new assertion. Bernheim (1837-1919) and others have made the same point.

> Bernheim was not the first to call attention to the fact that suggestions can be effective in the absence of hypnosis or to claim that hypnosis itself is a product of suggestion. However, he does appear to have been the first to state explicitly that all hypnotic phenomena can be produced by suggestion in the absence of hypnosis. This important discovery is thus a hundred years old. (Weitzenhoffer, 1976, p.47)

The controversies which surround hypnosis are long-standing and often "new" assertions are simply the resurfacing of old issues. Nonetheless, Barber's work is important - he has identified positive attitudes, motivations, and expectations as important variables in the elicitation of hypnotic phenomena. His data also supports the notion that the role of traditional hypnotic induction may be minimal.[2]

2.2.3 Role Theory. Sarbin and Anderson (1979) have utilized constructs from role theory to facilitate an analysis of hypnosis.

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[2]A more precise statement might be that the role of hypnotic induction is minimal for highly hypnotizable people.

TABLE 1.1

Preliminary listing of denotable independent and dependent variables subsumed under the topic HYPNOSIS.

I. Independent (Antecedent) Variables

1. Procedural variables (instructions and suggestions)

A. Procedural variables subsumed under the term hypnotic induction procedure

a. Statements which define the situation as "hypnosis'
b. Motivational instructions
c. Suggestions of relaxation, drowsiness, and sleep
d. Statements that it is easy to respond to suggestions

B. Other procedural variables

a. Specific wording of suggestions
b. Experimenter's tone of voice in presenting suggestions
c. Method used to present suggestions, e.g., spoken vs. tape-recorded presentation
d. Specific wording of the questions used to elicit subjective testimony

2. Subject variables (eg., subject's personality characteristics, and his attitudes and expectations with respect to the experimental situation)

3. Experimenter variables (eg., experimenter's prestige, personality characteristics, expectancies, and attitudes)

4. Subject-experimenter interaction variables (eg., liking of experimenter for subject and subject for experimenter)

II. Dependent (Consequent) Variables

1. Response to test-suggestions

a. Muscular rigidities
b. Analgesia
c. Visual-auditory hallucination
d. Age regression
e. Deafness, colorblindness, blindness, and other "physiological' effects
f. Amnesia
g. Postexperimental ("posthypnotic") response etc.

2. "Hypnotic" appearance (eg., limpness-relaxation, lack of spontaneity, fixed facial expression, "trance stare," psychomotor retardation)

3. Reports of unusual experiences (eg., changes in body image and feelings of unreality)

4. Testimony of having felt hypnotized

*From Barber,T.X., Hypnosis: A Scientific Approach; New York: Litton, 1969,P.12

> Role theory attempts to account for hypnotic phenomena by seeking out the antecedent and concurrent events that are associated with individual differencies in the convincingness, validity, or propriety with which a person performs the hypnotic role. To account for these individual differences, six variables are proposed: 1) the validity of the subjects role expectations. 2) the accuracy of the subjects role perceptions. 3) the presence of role relevant skills. 4) the degree of congruence of the requirements of the role with self characteristics. 5) sensitivity to role demands and 6) responsiveness to reinforcement provided by audiences. The same variables are claimed to be useful in analysing individual differences in the effectiveness, validity, or convincingness of any role performance. (Sarbin and Anderson, 1967, pp.341-42)

Sarbin is suggesting that the significant variable is cognitive - the variable which has been identified as role skill. Sarbin and Coe (1972) develop this argument and conclude that "no striking effects can be clearly related to the classic induction procedures for hypnosis" (p.240). Thus, Sarbin, like Barber, is putting the emphasis on task motivational variables rather than hypnotic "inductions" as the primary causal factors in the development of hypnotic phenomena.

Again it is interesting to note that this is not a new explanation of hypnotic phenomena. Indeed, Braid (1795-1860) made essentially the same observation.

> They seemed to utilize very efficiently cues contained in the manners, looks, voice or physical manipulations of the operator and to be affected in accordance

> with what they believed to be the will and intention of the operator, even when the latter wanted just the opposite.
>
> All of these phenomena, as wonderful as they may be, are only increases in physical or psychological functions which we all possess to a large extent in a waking condition. (Braid, cited in Gordon, 1967, p.319)

Thus, Braid recognized that role theory was a factor in producing hypnotic phenomena and further that hypnotic phenomena were functions we all possess to some degree in the waking state. The research which strives to identify factors which will allow us to produce the whole range of hypnotic phenomena (to the same degree as can be achieved in a trance-like state) is important. The issue of whether or not a trance state is a necessary precondition to the full-development of hypnotic phenomena is, as we have seen a controversy which has been going on for centuries.

2.2.4 State-Non-State Controversy. The contemporary version of this controversy has been termed the "state-non-state issue". Barber and Sarbin are the best known proponents of the non-state perspective. Unfortunately, this has sometimes been misinterpreted as meaning that the reality of hypnotic phenomena is being challenged. This is not the case. Udolf (1981) at the end of a thorough review of the recent evidence concludes:

> There is little, if any, difference among theorists concerning the empirical facts of hypnotic phenomena. Also, there are

> no theorists that the author (Udolf) is aware of who deny the reality of hypnotic phenomena...Barber and his associates...do not regard the phenomena as any less real because they believe it may be accounted for in terms of task motivation rather than a trance state (p.306).

It is important to realize that the "controversy" over state vs. non-state has very little to do with the observations made but rather with explanations. Hilgard (1975) uses the analogy of the old controversy over "instinct" in psychology. The objection was that the word "instinct" was often used in a circular manner in attempts at explanation. The result of the controversy was the classificatory label was changed to "species specific behaviour". The important point is that there is no question of the reality of "instinctive behaviour". (For instance birds build their nest in correspondence with their species even though they may be raised in isolation.) It is a question of conceptualization and explanation rather than a questioning of the reality of the behaviour patterns being observed. It is the same question in the case of state vs. non-state. It is hardly surprising therefore, that Udolf concludes:

> The state versus non-state issue of hypnosis, while appearing to be a major one seems...to be largely a semantic issue produced by different theorists meaning different things by the word "state"...The situation is quite analgous to the story of the four blind men who examined

> different aspects of an elephant and came up with different ideas of what the total entity called elephant is like (p.306).

The notion that there are many different aspects of hypnosis and that what you see depends on where you look is an accurate analogy. Erickson and Rossi (1976) make an important distinction between experimental and clinical hypnosis.

> We would therefore, submit that the alternative paradigm, which views the trance and waking conditions as more or less continuous, with no evidence of a "special state of trance" is correct in evaluating the typical experimental situation. It does not, however, adequately conceptualize those clinical situations where the skill of the therapist together with the needs of the patient interact to produce the striking discontinuities between trance and the normal state of consciousness that are so suggestive of special state theory (p.300).

In fact, Erickson is a master at utilizing the unique characteristics of clients in a variety of clinical situations. More shall be said about this process in Chapter III. However, before proceeding it is worthwhile to review other developments which can provide a theoretical backdrop to Erickson's work.

2.2.5 Use of Simulators in Research. Orne (1965) has also provided a model which he has developed regarding the "essence" of the hypnotic trance.

> In sum, the principle features of the hypnotic state are seen as changes in the subjective experience which are characterized by a) discontinuity from

> normal waking experience, b) a compulsion to follow the cues given by the hypnotist, c) a potentiality for experiencing, as subjectively real, distortions of perception, memory, or feeling based on "suggestions" by the hypnotic rather than on objective reality, d) the ability to tolerate logical inconsistencies that would be disturbing to the individual in the wake state (p.121).

This model was developed partly as a result of his use of simulators in hypnotic research. Hypnosis is interpreted along three major lines: a) desire to play the role of "subject", b) an increase in suggestibility, and c) an altered state of consciousness. He suggests that while the role factor and the increase in suggestibility can be attributed to factors other than hypnosis the "altered state" remains as the essence of hypnosis. His use of simulators in his experimental work has created some misunderstanding. At no point does Orne imply that hypnosis is simulation. Quite the contrary, his work has helped shed light on important unique aspects of hypnosis. It is interesting to note, for instance, that trance logic surfaced as the variable least amenable to simulation. In addition, Orne made some important conclusions regarding the importance of the subjective experience of trance.

> It was concluded that in the absence of objective indices of hypnosis the existence of trance must be considered a clinical diagnosis. Until an invariant index of hypnosis can be established such a diagnosis must be confirmed by

> the subjects report of alterations in his experience, since the real focus of hypnosis appears to lie in the subjective experience of trance (p.122).

2.2.6 Experiential Ratings. Charles Tart (1979) has also recognized the importance of utilizing subjective or experiential ratings as a means to understanding hypnosis. He emphasizes the view that experiential ratings reach into areas of hypnotic phenomena which are unavailable through behavioural approaches. He provides a comprehensive review of five scales which have evolved to measure the depth of hypnosis according to experiential appraisals and argues that more research in this direction is needed. He notes the importance of the "depth" variable in terms of hypnotic research.

> In many past studies of particular hypnotic phenomena, it is likely that the depth of hypnosis varied from subject to subject...This would result in high variability of results that could obscure important relationships. If depth reports are used, the subject could be kept at the same relative depth level for each evocation of the phenomena under study, thus, eliminating a major source of variability (p.600).

An example of this susceptibility-depth factor was illustrated by Hilgard and Tart (1966) when they demonstrated that suggestibility test items given under "waking" conditions could function as hypnotic induction procedures for highly susceptible subjects. The idea that hypnotic phenomena must be understood in relation to the depth of an altered state could have

important implications for experimental work. It may be that altered states of consciousness may demand new ways of acquiring knowledge as Tart has suggested in his arguments for "state-specific sciences" (Tart, 1973). In terms of hypnotic research, the use of experiential ratings is an area which will likely receive continued attention.

2.2.7 The Receptive Mode. Fromm (1979) has suggested that we may develop a better understanding of hypnosis by focusing on the differences between the active and receptive mode of consciousness.

> The receptive mode is organized around intake of the environment rather than its manipulation. In the receptive mode one allows things to happen, one does not make them happen. The EEG in the receptive mode of thinking and feeling is characterized by a preponderance of alpha waves; baseline muscle tone is decreased; attention is diffused; there is decreased boundary perception. And in the field of cognition there is a dominance of the sensory over formal conceptual thought, ie., more prelogical imagery and thought than strictly logical processes (Deikman, 1971). In this state the barriers between conscious awareness and the unconscious and preconscious are lowered. This leads to a greater availability of unconscious material. (Fromm, 1979, p.87)

This "greater availability of unconscious material" may be a factor in terms of understanding how hypnosis seems to provide access to memories and abilities which are not normally available. The investigations of bimodal consciousness also

suggest that the right brain "seems specialized for holistic mentation...It processes information more diffusely than does the left hemisphere, and its responsibilities demand a ready integration of many inputs at once" (Ornstein, 1972, p.52). An interesting question is whether or not the ability to access "the receptive mode" will correlate with hypnotic susceptibility. The identification of the receptive mode may provide answers to long standing questions and controversies.

2.2.8 Summary. During the past two or three decades the improvement of the quality and methodology of research has resulted in a wealth of new information. It has been demonstrated that "hypnotic susceptibility" can be measured in a consistent fashion over time. The importance of the traditional induction procedures, particularly for highly hypnotizable subjects, has been shown to be minimal. The importance of positive attitudes, motivations, and expectations has been established. The "role factor" has been articulated and has proven a significant factor in the development of hypnotic phenomena. The receptive mode may prove to be an important factor not only for hypnosis but in terms of understanding human consciousness in general. Each new piece of information creates greater clarity. The study of hypnosis is the study of man's ability to utilize his own (unconscious?) abilities. We have only just begun to understand this potential.

2.3 Hypnosis as an Altered State

It is hardly surprising that hypnotic research is finding common ground with researchers working with altered states of consciousness (ASC's). Already, we have mentioned Tart's work with experiential ratings and state-specific science and the work on bimodal consciousness (receptive mode). There are other important developments which are relevant to both the study of altered states and hypnotic research. As Fromm (1979) pointed out:

> It is time for researchers in altered states of consciousness and in hypnosis to get acquainted with each other; to recognize that hypnosis is an ASC... and to start conducting research on the similarities between various altered states. (Fromm, 1977, p.326)

2.3.1 Adaptive Regression. A good example of this kind of commonality of interest is the idea that hypnosis can be understood as "adaptive regression".

> In adaptive regression the ego initiates, controls and terminates regression by temporarily losing contact with reality for the purpose of gaining improved mastery over inner experiences. Those who view hypnosis as an adaptive regression hypothesize that in hypnosis a regressed subsystem of the ego is placed in the service of the overall ego; this includes the development of a special transferance relationship to the hypnotist. (Gruenwald, Fromm, & Oberlander, 1979, p.618)

The term adaptive regression may have application in research

on altered states, as well. For instance Brown (1977) has hypothesized that the path of meditation and its steps repeat in reverse order the cognitive development of the child. It is quite conceivable that fundamental questions about the hypnotic process may be answered by research findings in the study of altered states and vice-versa.

2.3.2 Breathing Patterns. The process of breathing is one area which has been recognized by researchers in hypnosis and altered states of consciousness as having fundamental importance. Jencks (1976) has contributed important observations regarding our breathing patterns and habits. She identifies the phases of a relaxed breathing rhythm.

> The phases of a relaxed breathing rhythm are a tension-reducing, long, slow, exhalation followed by a patient pause of relaxed emptiness until the need for oxygen finally prompts a passive inhalation. During the latter the diaphram contracts automatically, acting like a piston which moves downward and forward, creating a space in the chest cavity to be filled by the expanding lungs. This expansion reduces the air pressure, and the outside air enters the lungs passively through the respiratory passages which are normally in free communication with the outside air. (Jencks, 1976, p.170)

The ability to observe breathing patterns is an excellent clinical tool. The emphasis on breathing in yoga (pranayama) and Zen is well known. Jencks (1976) also offers a description of a tense breathing pattern.

> The phases of a tense breathing rhythm are a forced inhalation which usually employs the chest muscles maximally, followed by a tense pause of retention, until excess tension or tension for too long forces an explosive exhalation. (Jencks, 1976, p.170)

The ability to recognize breathing patterns thus gives clinical practitioners the ability to gauge the tension level or psychophysical state of consciousness. In addition, breathing patterns can be utilized to modify or alter the consciousness.

Grinder and Bandler (1981) utilize breathing patterns as a vehicle to "matching" the behaviour of their client.

> Matching builds rapport and is the basis for leading someone into an altered state. You can match any part of the persons behavioural output. It's particularly useful to match something like breathing rate which is always occurring, but is something the person is not likely to be conscious of. If you match breathing rate with your speech tempo, you can simply slow down the rate of your speech and the other person's breathing will become slower (p.33).

Thus, "matching" the breathing pattern appears to enhance rapport and subsequently can be used to "lead" the client to a desirable therapeutic state. Hypnosis also utilizes breathing during induction and trance utilization.

> The inhale-hold-exhale breathing pattern, used during inductions for relaxation or "going down", is the most frequent use of breathing in hypnosis. Also, frequently used is the coupling of levitation suggestions with inhalation. However, all repetitive breathing patterns spontaneously induce a hypnotic state. (Jencks, 1976, p.171)

Obviously, breathing patterns deserve a lot of attention in terms of research and clinical practice. Jencks also provides suggestions as to how an awareness of breathing patterns can provide other insights regarding perception and subjective experience.

> In general, long, slow, deep, exhalations are conducive to relaxation with the accompanying sensations of sinking, widening, opening up, and softening; feelings of comfort, heaviness, warmth, and moisture; and moods of patience and calmness. Inhalations evoke invigaration, tension, or levitation; feelings of tightness, coolness and dryness; and moods of courage, determination and exhilaration (p.175).

It has been suggested that breathing is the bridge between body and mind - if indeed this is the case, then we may expect that breathing patterns and habits will, in time, emerge as the primary catalysts in terms of altering subjective experience.

2.3.3 Self-Directed Trance Utilization. Self hypnosis and autogemic training has been widely acknowledged as a useful therapeutic tool. Shultz and Luthe (1959) have provided solid working principles for the development of autogenic training. Luthe (1969) outlines some of the basic exercises:

> The six standard exercises are physiologically oriented. The verbal content of the standard formulas is focussed on the neuromuscular system (heaviness) and the vasomotor system (warmth); on the heart, the respiratory mechanism,

> warmth in the abdominal area, and the cooling of the forehead.
>
> The meditative exercises are composed of a series of seven exercises which focus primarily on certain mental functions and are reserved for trainees who master the standard exercises. (Luthe, 1969, p.311)

It is interesting to note that self-hypnosis and meditation are on a continium in autogenic training. To successfully utilize the meditative exercises the client must first acquire mastery of the standard exercises. This indicates that these skills, like most other skills, improve with successful practice. This would support Brown (1977) and his suggestion that time-dependent variables (ie., continued practice of yoga meditation over time) are crucial in terms of developing increased control over inner processes. The therapeutic style of autogenic training offers some clear advantages over traditional hypnosis:

> The self-directed nature of the approach had a number of clinical advantages over the conventional techniques of hypnosis, among them the active role and the responsibility of the patient in applying the treatment and the elimination of dependence on the hypnotist. (Luthe, 1969, p.311)

The practice of self-hypnosis seems to be more popular in Europe than in North America. The reason for this is not entirely clear. One could speculate that it is quicker (and therefore, more profitable) to utilize drugs than to teach patients self-hypnosis. In any case autogenic training offers

an alternative therapeutic strategy. Autogenic training and self-hypnosis in general are both under-utilized. A well documented analysis of the phenomena and characteristics of self-hypnosis has been provided by Fromm, et.al., (1981) and is recommended.

2.3.4 Concentration. The ability to concentrate on a single idea or sensation has surfaced as being important to both hypnosis and altered states of consciousness. Braid (1795-1860) considered it so important that he tried (unsuccessfully) to change the name of hypnosis to "monoideism" (see Udolf, 1981, p.6). This narrowing of the perceptual field or "one pointedness of mind" is also given primary importance in the practice of yoga (Evans-Wentz, 1967, p.117). It is suggested that this ability to concentrate in a "one-pointed" fashion is a crucial part of the mechanism which facilitates the creation of desirable altered states. Recent studies (Van Nuys, 1973) have confirmed that good concentration is a necessary (but not sufficient) condition for hypnotic susceptibility. This indicates that one-pointed concentration in concert with other processes is a significant factor in terms of understanding hypnosis.

2.3.5 Role of the Imagination. The role of the imagination and fantasy has also surfaced as being an important factor in hypnosis. Recently Josephine Hilgard (1979) has identified

interesting parallels between imaginative involvement in everyday life and hypnosis. She shows how activities such as the enjoyment of imaginative literature, creative imagination, and aesthetic appreciation of nature are related to hypnotizability. Sheehan (1979) has also noted that imagery and fantasy are an important aspect of hypnosis (also see Hillard, Sheehan, et.al., 1981). He focuses on the enrichment of imagery, the relationships between hypnotizability and enduring attitudes for vivid imagery, and tolerance for fantasy experiences. Sacerdote (1977) attempts to use guided imagery as a vehicle to the attainment of mystical states. Sarbin and Slagle (1979) have found strong evidence that "imaginings" and symbolic stimuli can produce significant changes in physiological processes. Imagination is clearly a factor in the mechanism of developing hypnotic phenomena. Guided imagery in co-ordination with "one-pointed" concentration and appropriate breathing patterns represent a powerful combination of factors which can facilitate change in physiological and psychological processes. It may be that we are only beginning to understand the potency of these factors as catalysts for change.

2.3.6 Multi-Levels of Consciousness. Conceptualizations of multi-levels of consciousness and awareness are common throughout the history of hypnosis. Shor's "generalized reality orientation" is a recent example of an attempt to

articulate this elusive phenomena.

> The usual state of consciousness is characterized by the mobilization of a structural frame of reference in the background of attention which supports, interprets, and gives meaning to all experiences. This frame of reference will be called the usual generalized reality orientation. (Shor, 1969, p.236)

This can be compared with the concepts of "deep structure" and "surface structure" as outlined by Bandler and Grinder (1975) utilizing a linguistic model. The notion that we act in accordance with a structural frame of reference in the background of attention is quite conceivable, however, it is difficult to substantiate. Shor also speculates about how this relates to hypnosis.

> Hypnosis is a complex of two fundamental processes. The first is the construction of a special, temporary orientation to a small range of preoccupations and the second is the relative fading of the generalized reality-orientation into non-functional awareness (p.243).

Fischer (1977) has presented a more comprehensive (and highly speculative) model of the varieties of normal and altered states of consciousness. He utilizes a continuum of increasing sub-cortical hyperarousal to classify states of consciousness in terms of perception-hallucination on the one hand and perception-medication on the other.

2.3.7 Summary. The importance of breathing, concentration, and the imagination is recognized in the literature on both altered states and hypnosis. The main difference is that the meditative exercises are self-directed while induction fantasies or visions are structured by the hypnotist. It is interesting to note that self-hypnosis and autogenic training are both "self-directed" and therefore even more similar to meditative practices. It is useful to recognize that hypnosis is one of many altered states and it may be that research focussing on initiating and sustaining ASC's will prove invaluable in the study of hypnosis. It would appear, however, that attempts to develop a comprehensive theory of ASC's is premature.

In the absence of an objective indices it is difficult to substantiate claims made regarding these matters. However, the momentum of current research indicates that our improving ability to measure psychological and physiological processes combined with the steadily increasing accumulation of evidence is slowly creating more clarity regarding these issues. It is not unlikely that the next two or three decades will produce evidence which will resolve questions which have remained ambiguous for years.

2.4 Clinical Interventions

From the clinical perspective it is of little consequence

whether or not the theoretical constructs of hypnosis have reached maturity. The goal in clinical work is to help a specific client rather than (necessarily) to advance human knowledge. The test of a clinical technique is not whether it is right or wrong in theoretical terms, but whether it is clinically useful. The crucial factor in clinical work is how to use therapeutic technique to facilitate adaptive change in human functioning.

2.4.1 General Applications. Hypnosis, or some form of hypnotherapy, has been reported to have been employed in the treatment of a wide variety of psychological disorders. Many of these difficulties are fairly typical of problem areas commonly targeted for social work intervention. These would include: alcoholism (Byers, 1975), suicidal tendencies (Hodge, 1972), phobias (Daniels, 1976; Deiker and Pollock, 1975), insomnia (Graham, Wright, Toman, and Mark, 1975) and smoking (Hobroyd, 1980, Barkley, Hastings, and Jackson, 1977; Gaston and Hutzell, 1976). In addition, sexual disorders (Fabbri, 1976), impotence (Deabler, 1976), frigidity (Cheek, 1976), and schizophrenic and borderline conditions (Plapp, 1976; Scagnelli, 1976) are areas which have been responded to with some form of hypnotic treatment. These are only examples, there are many other areas such as, psychogenic seizures (Tindner, 1973), psychogenic tremors (Fogel, 1976), psychosomatic disorders (Daniels, 1975), and migraine (Anderson, Basker, and Dalton,

1976), which can also be treated with some form of hypnosis. The important point here is to demonstrate the hypnosis has a wide variety of applications.

Many of these applications use hypnosis in a strategic manner to enhance particular aspects of therapy. "Study problems" provides a good example of an area where hypnosis can have a number of useful applications. It has been reported that concentration and the acquisition/retention of information can be improved by clinical hypnosis. Dhanens and Tundy (1975) maintain that meaningfulness of material, motivation to learn, and hypnotic suggestibility are influential variables. The use of hypnosis in a remedial context is supported as an effective clinical tool (Estabrooks and Gross, 1961; Illovsky, 1963). Porter (1978) has outlined an impressive clinical process wherein she uses hypnosis in conjunction with "idealized self-image" (ISI), as proposed by Suskind (1970) as a confidence training technique. The combination of these two techniques create a sophisticated clinical strategy.

2.4.2 Hypnosis as an Adjunct Therapy. One of the most common uses of hypnosis is as an adjunct therapy. Analytic hypnotherapy can be used to retrieve early memories by facilitating regression, generate emotional reactions and thereby facilitate ventilation of emotionally charged material, or to generate and analyse dreams (Hodge and Wagner, 1969). Moss

and Bremer (1973) have suggested that dream analysis may be performed by the patient (under hypnosis) while he is dreaming and that insight into how maladaptive behaviour is learned provides a motivation for a change which helps to overcome resistance. Scagnelli (1976) used hypnotic dream and imagery production with eight schizophenic and borderline patients to reduce anxiety, build ego strengths and develop insight. Thus, hypnosis, in combination with analytic skills form a useful and potent therapeutic intervention.

> In summary, the essential nature of analytic hypnotherapy is the use of hypnotic techniques to a greater or lesser degree to further the progress of analysis. It is not the hypnosis but the analysis with its attendant transferance and the development of insight that produces a cure. The role of hypnosis is to facilitate this process and provide an alternative means of circumventing roadblocks in therapy. (Udolf, 1981, p.205)

2.4.3. Hypnosis and Behaviour Modification. Hypnosis and behaviour modification are mutually compatible and while hypnosis is not essential to the practice of behaviour therapy, it can facilitate it (Astor, 1973; Dengrove, 1973). For example, hypnosis can be used to enhance the speed and depth of relaxation procedures, shape behaviour through post-hypnotic suggestions, facilitate communication, and generate vivid imagery in dreams and systematic desensitization procedures. These are excellent examples of the use of hypnosis as an

adjunct therapy. Dengrove (1973) concludes "that there are many situations where some of the special characteristics of hypnosis can be employed to great advantage in a behaviour therapy setting. The exciting possibilities inherent in the combination of hypnosis and behaviour therapies have barely been tapped." (p.17)

2.4.4 Symptom Substitution. Treatment aimed primarily at the direct removal of maladaptive behaviour, whether by behaviour modification techniques or direct hypnotic suggestion raises the issue of "symptom-substitution" (Rosen, 1941; Wallace and Rothstun, 1975). The example of pain removal can serve as an analogy. No competent therapist "would undertake a procedure aimed at the hypnotic control of pain unless the etiology of the pain had been established and whatever medical treatment was required had been initiated. In other words, we only treat pains hypnotically when they have no value to the patient" (Udolf, 1981, p.188). Field and Kline (1974) argue that psychological symptoms deserve the same respect. This is reasonable enough. However, the kind of extreme position taken by some analytically-oriented therapists wherein all maladaptive behaviour is symptomatic of some trauma in the distant past should also be avoided. This is an area where informed and professional judgement must prevail.

2.5 The Impact of Ericksonian Hypnosis

The advent of Ericksonian hypnosis represents a new orientation in clinical hypnosis. However, the basic concepts of "traditional" hypnosis must be fully understood before Erickson's techniques can be properly utilized in the hypnotic process. The "authoritarian technique" is common in historical accounts and is still in use today. It is almost always used by stage hypnotists and, unfortunately, has done much to develop stereotypes regarding the nature of the hypnotic process. The image of the all powerful hypnotist who has complete control over the helpless subject is all too well known. One result of this unfortunate and erroneous image is that therapists using hypnosis often have to "re-educate" clients regarding the collaborative aspects of less authoritarian styles of clinical hypnosis.

The "standardized technique" is particularly well suited to experimental settings. Here the hypnotist is seen as being relatively unimportant while the emphasis is placed more on the susceptibility of individual subjects. If ten subjects are given a standardized induction (i.e. on tape) and subsequently given tests designed to measure hypnotic susceptibility some will score higher than others. Therefore, it is the susceptibility of the individual subjects rather than the power of the hypnotist which is important. Obviously the standardized approach is well suited to research purposes in

that it is consistent and easily controlled. A limitation of this approach is that it cannot handle or utilize difficulties an individual may experience during the hypnotic induction.

The Ericksonian or "utilization approach" emphasizes the interactional nature of the hypnotic relationship. The utilization approach necessitates that the hypnotist have the ability to adapt his strategies to the unique characteristics of the individual subject. The hypnotic experience is a collaborative endeavour wherein the hypnotist guides the subject and facilitates the development of hypnotic phenomena. The subject may or may not respond to the suggestions offered by the hypnotist. Like most other forms of psychotherapy the client participates actively in the process of new learning and growth. The utilization approach is particularly well suited for clinical work.

> This utilization approach, wherein each patient's individuality is carefully studied, facilitated, and utilized is one of the ways "clinical" hypnosis is different from the standardized approaches of experimental and research hypnosis as it is usually conducted in the laboratory. It is in the clinician's ability to evaluate and utilize patient's uniqueness together with the exigencies of their ever-changing real-life situation that the most striking hypnotic and therapeutic results are often achieved. The utilization approaches achieve their results precisely because they activate and further develop what is already within the patient rather than attempting to

> impose something from the outside that might be unsuitable for the patient's individuality. (Erickson and Rossi, 1976, pp.20-21)

The goal of the therapist is to amplify natural inner processes in a manner which facilitates therapeutic change. Rather than imposing something from the outside, which may be unsuitable to the individual client the Ericksonian technique "activate and further develop what is already within the patient". Erickson is one of the most innovative therapists in recent history, some have suggested he is the therapist of the century. "It is not hyperbole to state that history will demonstrate that what Freud contributed to the theory of psychotherapy Erickson will be known as contributing to the practice of psychotherapy" (Zeig, 1980, p.xix). The Ericksonian approach is more than a new technique or style of clinical hypnosis - it represents a new direction and orientation.

It should be noted that, most of the available evidence on Erickson's work consists of single-case reporting and, therefore, it is difficult to make broad-based empirical statements regarding the effect of these innovations on the efficacy of clinical hypnosis. This will likely change as more clinicians adopt this style of work and our ability to accurately measure altered states improves. It may prove useful, for those interested in Erickson's style of inter-

vention to outline some of the readily available written material which focuses directly on Erickson and his therapeutic techniques. Because many of these works are widely cited throughout this report only the general nature or orientation of the explication will be presented here.

2.5.1 Interpretations of Erickson's Work. There are several interpretations of Erickson's work available, each emphasizing a different aspect of his technique and style. This reflects how wide ranging his therapeutic innovation and techniques were. Jay Haley has taken an interactional view, Jeffrey Zeig has gathered information and commented on his teaching seminars, Bandler and Grinder have provided a linguistic analysis and Ernest Rossi has provided a comprehensive articulation of Erickson's hypnotic communication techniques. In addition, Stephen and Carol Lankton have done a fairly thorough job of presenting a framework for Ericksonian hypnotherapy. All of these authors have provided some insight into how Erickson worked.

Jay Haley was one of the first to recognize Erickson's originality and the kind of broad applications which were possible in general psychotherapy. He published a collection of some of Erickson's best articles and an excellent commentary on Erickson and his therapeutic style (Haley, 1967). He subsequently went further in terms of his analysis of Erickson's

techniques calling it uncommon or "strategic" therapy (Haley, 1973). It was largely this work which brought Erickson to the attention of many other authors and therapists. Haley's interpretation suggests that Erickson had "redefined hypnotic trance to apply not to the state of one person but to a special type of interchange between two people" (pp.20-21). This recognition that Erickson had gone beyond the traditional "hypnotic ritual" and had developed a manner of communication and therapeutic technique which could have broad application brought Erickson's work into national prominence. Strategic therapy has evolved into a number of sophisticated family and individual therapies. The model of therapy outlined by Haley is a good representation of Erickson's teleological therapeutic style.

> In strategic therapy the initiative is largely taken by the therapist. He must identify solvable problems, set goals, design interventions to achieve these goals, examine the response he receives to correct his approach, and ultimately examine the outcome of his therapy to see if it has been effective. (Haley, 1973, p.17)

Bandler and Grinder (1975) have provided a linguistic analysis of Erickson's hypnotic language patterns. They suggest that Erickson's language patterns provide ways of structuring sentences in which almost all specific information is deleted. This allows the hypnotic subject to interpret the language in terms of their own content and subjective exper-

They suggest that this process distracts the dominhemisphere and facilitates trance induction. They also provide an analysis of the differing effects of verbal and non-verbal communication on the subjective experience of the client (Grinder, Delozier, and Bandler, 1977). This analysis of Erickson's work provided Bandler and Grinder with the basis of "neurolinguistic programming" (Dilts, et.al., 1980).

In addition to their excellent work on the imbedded metaphor, Lankton and Lankton (1983) provide a fairly thorough inventory of practical clinical techniques which may be useful while working within an Ericksonian framework. The listing of "typical Ericksonian features" provided below is an example of their work.

> 1) indirection - the use of indirect suggestions, binds, metaphor, and resource retrieval,
> 2) conscious/unconscious dissociation - multiple level communication, interspersol, double binds, multiple imbedded metaphors,
> 3) utilization of the client's behavior - paradox, behavioral matching, naturalistic induction, symptom prescription, and strategic use of trance phenomena. (p.6)

Jeffrey Zeig (1980) provides a complete five day transcription of a workshop on clinical hypnosis given by Erickson. Zeig's commentary on Erickson's use of anecdotes is especially useful. Erickson usually taught in an indirect manner and

Zeig's commentary and transcription is probably the best source of this. In addition, Zeig (1982) has edited a volume of the proceedings of the International Congress held in Erickson's honour in December, 1980. This volume, entitled Ericksonian Approaches to Hypnosis and Psychotherapy contains a wealth of useful information and should be considered as essential reading.

The most comprehensive elaboration of Erickson's hypnotic technique is outlined in the work Erickson has done with Ernest Rossi. This is the most complete articulation of Erickson's work and is highly recommended. Rossi (1980) has edited the most complete collection of Erickson's writings available and in addition coauthored a "triology" on Erickson's techniques of clinical hypnosis (Erickson and Rossi, 1976, 1979, 1981). For the therapist interested in learning the Ericksonian style of clinical hypnosis the collaborative work done by Erickson and Rossi is the primary source.

The "triology" begins with Hypnotic Realities which includes a presentation of some of the ways in which Erickson would evoke an altered state of consciousness. His methods of framing suggestions and utilizing inner processes of his clients is outlined in a clear and understandable manner. Rossi has done excellent work in terms of identifying patterns and regularities in Erickson's hypnotic work. The explanations are provided in concert with transcriptions of actual

inductions. This is an excellent format as it joins theory and practice. The book is accompanied by a tape of a basic Ericksonian induction and includes a brief description of the techniques used. These methods will be outlined in more detail in Chapter III of this report. Hypnotherapy and Experiencing Hypnosis are a continuation of the work begun in the first book. The sixteen cases presented in "Hypnotherapy" provide a practical basis for the discussion of theoretical material. The final volume "Experiencing Hypnosis" discusses altered states and contains excellent explications of catalepsy and ideomotor signalling. It is accompanied by a tape of "The Ocean Monarch Lecture" which is an excellent example of Erickson's earlier style of engaging a professional audience. These three books are the best vehicles for learning Ericksonian hypnosis.

The Collected Papers of Milton H. Erickson (Rossi (ed.), 1980) contain 151 articles written by Erickson that span over half a century of research and inquiry into hypnosis and therapy. It includes all of the articles contained in Haley (1967) and many more. It includes the primary sources on utilization theory, interspersal, confusion and pantomine techniques, inquiry into ideomotor response, and the whole range of innovative therapeutic strategies which comprise Ericksonian hypnotic interventions. Erickson's descriptive style is always interesting and sometimes exceptional in

terms of his ability to convey the nuances of individual casework situations. The reader cannot help but notice the patience and commitment which Erickson displayed when he described his elaborate planning and time investment into individual clients. The "Collected Papers" represent an autobiographical history of the innovative interventions of a master therapist.

In summation, different interpretations emphasize different aspects of his work. For the therapist interested in understanding the specific techniques of Ericksonian hypnosis the collaborative work by Erickson and Rossi is unequalled as an information source. For the clinician interested in utilizing Erickson's therapeutic strategies in a more general format Haley's (1973) exposition of uncommon or strategic therapy is the best place to begin. Zeig's (1982) editorial work provides a useful background and is a good general source of information. The other works cited can be used according to individual interests.

2.5.2 Recommended Reading on Ericksonian Approaches.

Rossi, E. R. (ed.) The Collected Papers on Milton H. Erickson (4 Vols.) New York: Irvington, 1980.
Volume 1: The Nature of Hypnosis and Suggestion
Volume 2: Hypnotic Alteration of Sensory, Perceptual and Psychophysiological Processes
Volume 3: Hypnotic Investigation of Psychodynamic Processes
Volume 4: Innovative Hypnotherapy

Erickson, M. H., and Rossi, E. L., and Rossi, S. I. Hypnotic Realities. New York: Irvington, 1976.

Erickson, M. H., Rossi, E. L. Hypnotherapy: An Exploratory Casebook. New York: Irvington, 1979.

Erickson, M. H. and Rossi, E. L. Experiencing Hypnosis (Therapeutic Approaches to Altered States). New York: Irvington, 1981.

Haley, J. (ed.). Advanced Techniques of Hypnosis and Therapy (Selected Papers of Milton H. Erickson, M.D.). New York: Grune and Stratton, 1967.

Haley, Jay. Uncommon Therapy. New York: W. W. Norton, 1973.

Zeig, J. K. Teaching Seminar with Milton H. Erickson, M.D. New York: Brunner/Mazel, 1980.

Zeig, J. K. Erickson Approaches to Hypnosis and Psychotherapy. New York: Brunner/Mazel, 1982.

Bandler, R. and Grinder, J. Patterns of the Hypnotic Techniques of Milton H. Erickson, M.D.I. California: Meta Publications, 1975.

Lankton, S. and Lankton, C. The Answer within: A Clinical Framework of Ericksonian Hypnotherapy. New York: Brunner/Mazel, 1983.

CHAPTER III

ERICKSONIAN APPROACHES: A CLINICAL MODEL

> Trance induction is not a standardized process that can be applied in the same way to everyone. There is no method or technique that always works with everyone or even with the same person on different occasions. Because of this we speak of "approaches" to trance experience. We thereby emphasize that we have many means of facilitating, guiding, or teaching how one might be led to experience the state of receptivity that we call therapeutic trance. (Erickson and Rossi, 1979, p.3)

3.1 Introduction

This chapter presents a clinical model of Ericksonian hypnosis which revolves around three basic clinical principles: 1) Pace and then lead, 2) Distract and utilize dominant hemisphere, and 3) Access the non-dominant hemisphere (Bandler and Grinder, 1975, p.247). However, before proceeding directly with a detailed presentation of these principles, it is necessary, both practically and theoretically, to develop a basic understanding of Erickson's general "therapeutic posture".

3.2 Erickson's Therapeutic Posture

For those who wish to develop an "in-depth" understanding of Erickson's attitudinal framework, Lankton and Lankton (1983, pp.11-27) and Haley (1967, pp.534-39) are excellent sources and are recommended. However, for the purposes of this re-

port something more concise is in order. This author has chosen to emphasis two foundational concepts. If the essence of these two concepts is understood, and they are integrated into clinical practice simultaneously, many other "Ericksonian techniques" will manifest naturally. To understand the Ericksonian therapeutic posture, it is necessary to develop a practical and intuitive understanding of the following two principles:

1) The Utilization Approach
The utilization approaches achieve their results precisely because they activate and further develop what is already within the patient rather than attempting to impose something from the outside which may be unsuitable for the patient's individuality.
(Erickson and Rossi, 1976, pp.20-21)

2) A Strategic Orientation
1)know what outcome you want
2)have the behavioral flexibility to vary what you are doing to get the outcome
3)have the sensory experience to know when you've got the response that you want.
(Grinder and Bandler, 1981, p.201)

Once these foundational principles are integrated into the overall approach to therapy, many of the seemingly unrelated Ericksonian techniques begin to make sense. For instance, by definition the process of "utilization" necessitates going to the client's model of the world and clarifies the reason for approaching clients with the idea that people operate out of their own internal maps and not out of sensory

experience. The process of utilization also necessitates that we observe carefully and keep in mind that the explanation, theory, or metaphor used to relate facts about a person is not the person. In addition, because of the importance of "utilizing resistance" we recognize all predictable patterns of behavior and realize that "a person cannot NOT COMMUNICATE.

The "strategic orientation" assumes that we adapt the intervention to the situation at hand. Therefore there is no right technique and it is necessary to allow ourselves freedom to manoeuvre. The nature of the strategic orientation necessitates that we take responsibility for directly influencing the client and again, learn to recognize patterns or regularities of behavior. The real challenge of both the strategic orientation and the utilization approach is to use them as a basis for adapting our own skills to the unique characteristics of the client situation.

> One of the important things to remember about technique is your willingness to learn this technique and that technique and then to recognize that you, as an individual personality, are quite different from any of your teachers who taught you a particular technique. You need to extract from the various techniques the particular elements that allow you to express yourself as a personality. The next important thing about a technique is your awareness of the fact that every patient who comes in to you represents a different personality, a different attitude, a different background of experience. Your approach to him must be in terms of him as a person with a particular frame of reference for that day and the immediate situation. (Erickson cited in Haley, 1967, pp.534-35)

3.3 Hemispheric Asymmetry as a Clinical Model

The purpose here is to provide a straight-forward presentation of some of the clinical strategies which may be applicable during Ericksonian trance induction and utilization. It is hoped that the use of hemispheric asymmetry as a clinical model will highlight the process which is inherent in Ericksonian hypnosis. The nature of the utilization approach is such that there are necessarily an unlimited number of strategies available - as many strategies as there are unique individual situations. Rather than attempting to provide a comprehensive listing of available strategies, which have been well documented elsewhere (Erickson and Rossi, 1976; 1979; 1981) the focus here is on the presentation of basic Ericksonian approaches which may be generalized and adapted if the general process is understood. If one observes carefully patterns begin to emerge.

Bandler and Grinder (1975) spent considerable time carefully observing Erickson's work. They identified three principles which can serve as a process model for Ericksonian trance induction and utilization. Each of these principles will be discussed in relation to specific clinical strategies.

1. Pace and then lead.
2. Distract and utilize dominant hemisphere.
3. Access the non-dominant hemisphere. (Bandler and Grinder, 1975, p.247)

The most important aspect of these principles is the emphasis on hemispheric asymmetry. The use of the bimodal functioning of the brain as an organizing principle for understanding the hypnotic process has a number of advantages. It allows us an added perspective in that we can view Ericksonian strategies in relation to the knowledge we have regarding bimodal functioning. There is, of course, a growing body of research which points to the asymmetry of functions of the cerebral hemispheres (Dimond, 1972; Dimond and Beaumont, 1974; Galin, 1974; Galin and Ornstein, 1975; Gazzaniga, 1970; Gazzaniga and LeDoux, 1978; Gordon, 1974; Hilgard, 1977; Kimura, 1973). A summation of the relevant literature regarding the asymmetry of hemispheric functions is presented in Figure 1 (from Carter, Elkins, and Kraft, 1982, p.206).

Figure 1

LATERALIZED HEMISPHERIC FUNCTIONS

Left (Dominant) Hemisphere	Right (Non-Dominant) Hemisphere
Speech and Language (Expressive)	Holistic Analysis
Syntax	Patterns
Phonemic Analysis	Part/Whole Perceptions
Sequential Auditory Information	Tone
Rhythm and Tempo	Melody
Reading, Writing, Arithmetic	Environmental Sounds
Digital Communication	Visualization
	Interpretation of Special classes of language such as metaphor, nuance cliche

These functions will be used as a theoretical backdrop for the presentation of Ericksonian clinical strategies.

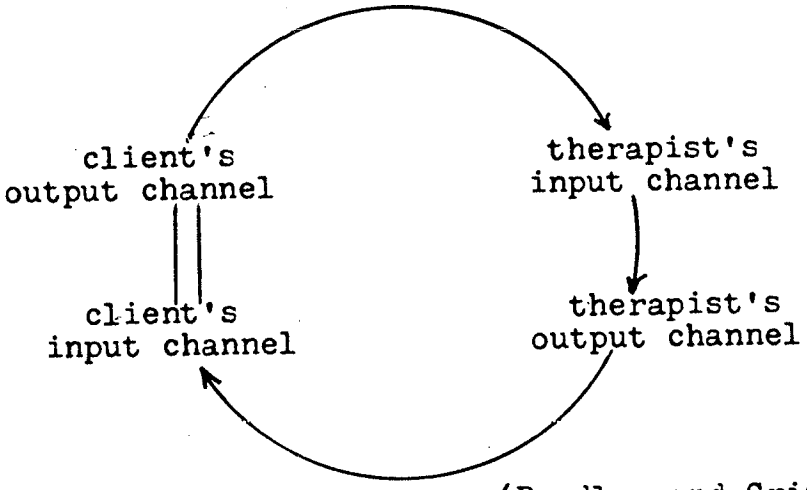
It is important to distinguish right from the onset, the difference between Ericksonian strategies and the paradigms which can be used to explain them. The same strategies may be presented without reference to biomodal functioning. For instance, Stephan Gilligan (1982) has provided a summation of three basic Ericksonian strategies:

1. Secure and maintain the subjects attentional absorption.
2. Access and develop unconscious processes (associational strategies).
3. Pace and Distract conscious processes (dissociational strategies).

The important point here is that the use of bimodal functioning as a theoretical backdrop is useful and interesting but not essential. From a clinical perspective it is relatively unimportant whether the strategies are explained in terms of "associational" and "dissociational" functions or "dominant" and "non-dominant" hemispheric differences. The techniques presented here will be explained mainly in terms of hemispheric dominance. This is clinically useful in that it provides a working model which indicates how Ericksonian strategies may be applied most effectively.

3.4 Pacing and Leading

Pacing is essentially a process wherein the hypnotist feeds back to the client behaviors which have been observed. Bandler and Grinder use the model of a "biofeedback loop" to clarify the nature of this process. Thus the hypnotist becomes



(Bandler and Grinder, 1975, p.17)

a sophisticated biofeedback mechanism. The primary modality for providing the feedback will be the hypnotist's ability to recognize and verbally match the client's ongoing experience. However, other modalities such as bodily posture and movement, or tonality and tempo are also effective. This process facilitates the ability of the hypnotist to "secure and maintain the subject's attentional absorption" which as Gilligan has pointed out, is a first step in the induction process. The "biofeedback loop" can thus be understood as a means to securing and maintaining the subject's attentional

absorption. Once this is accomplished the hypnotist can direct the attention in a manner which can evoke "unconscious" processes in accordance with therapeutic goals.

The biofeedback model also demonstrates the primary importance of observation in Ericksonian hypnosis. The ongoing process of accurate and close observation necessarily precedes accurate and appropriate feedback. We must first observe and then "feedback" our observations. The recognition of invariants and correlations in human behavior is an important aspect of observation. It is very useful, for instance to know that given a certain stimulus a certain behavior will follow. These regularities can be used to shape "hypnotic" phenomena and behavior. The awareness of spontaneous ideomotor signalling is another important aspect of observation (see Erickson and Rossi, 1981). Thus the recognition of the often "unconscious" and almost imperceptible nodding ("yes") or shaking ("no") of the head can provide information which verbal exchanges will not. Erickson's ability to observe detail is lengendary and provides an important clue as to his success as a therapist. He considered "observation" to be the most important aspect of early hypnotic training (Erickson and Rossi, 1976, p.15).

The pacing process begins from the perceived and experienced reality of the client. This reflects a fundamental concept of the utilization approach which is "going to the

client's model of the world". The recognition of the primary sensory orientation of the client (i.e. visual, auditory, kinesthetic) may be useful in terms of providing feedback which reflects the client's perspective or "model of the world". This can be identified (i.e. by noting the predicates used) and then reflected during the ongoing feedback process. Bandler and Grinder have used their experience in close observation and pacing as the basis for "neurolinguistic programming" (Dilts et al, 1980). The main point here is that some clients may be primarily visual in their orientation while others may be auditory or kinesthetic. These are factors in the client's overall model of the world and should be utilized as part of the feedback/packing process with other observed aspects of the client's unique individuality.

Once the pacing or "matching" process is established the way is opened for "leading". Matching (or pacing) and leading the breathing process provides a good example and is an effective technique.

> Matching builds rapport and is the basis for leading someone into an altered state. You can match any of the person's behavioral output. It's particularly useful to match something like breathing rate which is always occurring, but is something the person isn't likely to be conscious of. If you match breathing rate with your speech tempo, you can simply slow down the rate of your speech and the other person's breathing will become slower.
> (Grinder and Bandler, 1981, p.33)

Thus the first step is to match behavior (i.e. breathing pattern, primary sensory orientation, etc.) and then "lead" the client to a therapeutically desirable state. Once the attentual absorption of the client has been maintained and secured the attention can gradually be directed towards therapeutically desirable states.

The principles of "pacing and leading" may take place almost simultaneously in hypnotic communication. Consider this sentence:

> As you breath deeply and settle into the chair you may find yourself becoming drowsy

As you breath deeply and settle into the chair		You may find yourself becoming drowsy
immediately verifiable	is linked with	desired behavior

Thus pacing (immediately verifiable) is linked with leading (desired behavior). The rapport established during the pacing process opens the way for therapeutic suggestions.

3.5 Distract Dominant Hemisphere

We live and act in accordance with learned limitations and notions of what is possible - we do not utilize our full potential. Erickson recognized this and utilized therapeutic trance as a means of facilitating new learning and growth.

> We are interested in that therapeutic aspect of trance wherein the limitations of one's usual conscious sets and belief systems are temporarily altered so that

> one can be receptive to an experience of other patterns of association and modes of mental functioning. (Erickson and Rossi, 1976, p.20)

Given that one of the purposes of therapeutic trance is to circumvent our limiting habitual patterns of belief and functioning it is not surprising the "depotentiating conscious sets" is a cornerstone of Ericksonian hypnosis.

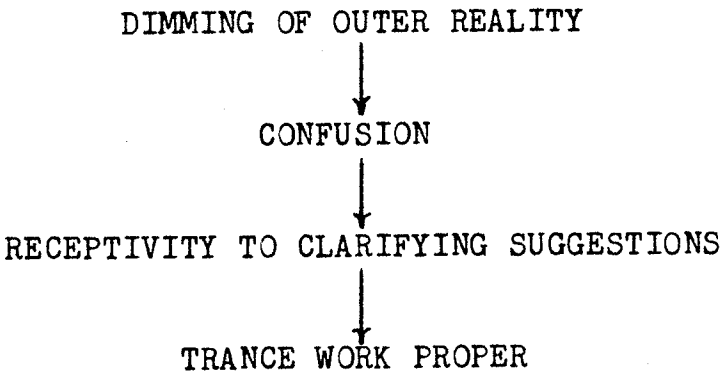
The orderly, rational, abstract, and directing dominant hemisphere can be understood as a source of many of these self-imposed limitations. Thus the ability on the part of the hypnotist to "distract the dominant hemisphere" can facilitate trance induction and the development of hypnotic phenomena. It is as if an old outdated guard at the gate must be distracted or temporarily confused so that new information can be communicated to those inside the castle. The purpose of this distraction, overloading, or confusion is to depotentiate conscious beliefs and open the way for therapeutic suggestion. Teitelbaum (1965) stated the same general principle in a different way.

> When the mind is concentrated on one particular matter, suggestions received which are not related to that particular matter are not subjected as much to the reasoning process and they are transmitted more readily to the subconscious. (p.15)

Thus one of the central tasks of the hypnotist is to distract, confuse, or overload "the dominant hemisphere" in order to

open the way for other mental mechanisms and processes. "In understanding this technique it may be well to keep in mind the pattern of the magician which is not intended to inform but to distract so that his purposes may be accomplished" (Erickson, in Haley, 1967, p.393).

The question for the hypnotist becomes how to effectively achieve this temporary suspension of conscious belief sets. Although shock, surprise, and boredom may all be utilized effectively in some situations it is distraction, overloading, and particularly confusion which are most common. In fact Erickson has stated that confusion of some kind is essential to trance induction and offers the following flow diagram of trance induction.



(Erickson and Rossi, 1976, p.197)

It should be noted that "confusion" often includes distraction, overloading, shock, surprise and elements of other methods of "distracting the dominant hemisphere". Once we have understood the purpose and importance of confusion in the process of de-

potentiating the dominant hemisphere some of the myriad of techniques begin to make sense.

Bandler and Grinder (1975) identified a number of ways in which language can be used to distract the dominant hemisphere. They suggest that by skillfully deleting portions of the full linguistic presentation, processes are evoked (in the dominant hemisphere) which "fill in the blanks" or ascribe meaning to these incomplete language forms. By evoking these processes the dominant hemisphere is distracted. A number of these language forms presented to the subject in succession can "overload" the dominant hemisphere and create sufficient distraction to allow other processes and associations to proceed unimpeded by the typical limiting aspects of the dominant hemisphere. The keyword here is "distraction" - the working hypothesis is that, if the dominant hemisphere is engaged in attempting to ascribe meaning to incomplete language forms it is less likely to screen and evaluate or reject other suggestions which are presented simultaneously. The dominant hemisphere is thus "distracted" because it is required to fill in meaning and specification.

One of the ways this kind of distraction is described in linguistic terms is that a "transderivational search" is activated by certain kinds of language and communication. A transderivational search can be understood, within this context, as a search for meaning. Bandler and Grinder (1975)

have identified a number of language patterns which may utilize to activate these processes. Some common examples of forms useful for hypnosis are presented below.

Generalized Referential Index

> A sentence with a noun phrase with a generalized referential index allows the client full assessing and activating of the transderivational search processes. This is accomplished simply by using noun phrases with no referential index in the world of the clients experience. (Bandler and Grinder, 1975, p.157)

The general idea here is that if the language used (in this cause noun phrases) is sufficiently generalized and non specific the client will automatically initiate a process to ascribe meaning. Consider these specific (!) examples:

> Certain sensations in your hand will increase
> You will become aware of that specific memory
> Nobody knows for sure
> People can be comfortable while reading this sentence.

All of the above are examples of communications with generalized referential indices. Because there is no specific index this activates a "transderivational search" (thus distracting the dominant hemisphere) and allows the client to fully supply the index most relevant from his own experience.

Nominalization

A nominalization has been described as the linguistic representation of a process by an event. This often occurs with a deletion of some referential index and also activates

transderivational search.

> The satisfaction of allowing your unconscious mind to communicate
> The awareness of the feeling of the chair
> The depths of the trance state
> Hearing the impossible actuality
> The utter comfort of knowledge and clarity
> As the presence of relaxation and curiosity. (p.162)

Note how many nominalizations may be included in a single sentence in addition to a generalized referential indices. It is this compounding of incomplete language forms which can progressively overload, distract, and eventually confuse the dominant hemisphere.

Ambiguity

Ambiguity may be understood as the experience that people have with sentences that can mean more than one thing. Consider this sentence:

> Investigating FBI agent can be dangerous
> a) FBI agents who are conducting investigations can be dangerous for someone
> or
> b) For someone to investigate FBI agents can be dangerous to someone. (p.165)

Ambiguity is created when more than one meaning can be ascribed to a particular language pattern. Note the similarity between generalized referential index, nominalization, and ambiguity - in order to achieve clarity of all of them require further processing (i.e. search for meaning, transderivational search).

This effectively distracts the dominant hemisphere.

Specific language patterns, such as the one's cited above, are useful and it is worthwhile to have a ready working knowledge of how they can be used most effectively. However, they are best understood in relation to the confusion technique. Once this is understood the therapist can develop his own style of language patterns. Consider Erickson's own rather awesome explication of this technique:

> A primary consideration in the use of the Confusion Technique is the consistent maintenance of a general casual but definitely interested attitude and speaking in a gravely earnest intent manner expressive of certain, utterly complete, expectation of their understanding of what is being said or done together with an extremely careful shifting of the tenses employed. Also of great importance is a ready flow of language, rapid for the fast thinker, slower for the slower-minded but always being careful to give a little time for a response but never quite sufficient. Thus the subject is led almost to begin a response, is frustrated in this by then being presented with the next idea, and the whole process is repeated with a continued development of a state of inhibition, leading to confusion and a growing need to receive a clear cut comprehensible communication to which he may make a ready and full response.
> (Erickson, cited in Haley, 1967, p.130)

It is worth noting that the confusion technique and specific language forms can and should be adapted to the unique characteristics of the individual client and situation. The fact that these methods may be used in a conversational context

indicate both the potential power of the techniques and the need for professional judgment in their utilization.

There are, of course, other techniques which minimize the interference of the dominant hemisphere. An excellent example is Erickson's emphasis on "not doing, not knowing". Erickson and Rossi (1976) note that "most hypnotic phenomena can be experienced simply by relaxing to the point where we simply give up our patterns of control and self-direction" (p.24). Thus the client is often instructed early in the induction process to "relax and let things happen".

> It comes as a pleasant surprise when they relax and find that associations, sensations, perceptions, movements, and mental mechanisms can proceed quite on their own. This autonomous flow of undirected experience is a simple way of defining trance. (p.23)

This allows the client to have an experience wherein he does not have to control, evaluate, or direct his functioning and, implicit in this is the relaxing of the controls usually associated with the dominant hemisphere.

The use of double bind questions is another method which Erickson uses to minimize the interference of the dominant hemisphere. Consider these examples:

> Will your right hand or your left hand begin to feel light first? Or will they both feel that lightness at the same time? Will your right hand move or lift or shift to the side or press down first? Or will it be your left hand?

These questions allow clients to use their consciousness (i.e. dominant hemisphere) to maintain some control. This approach is particularly suitable for anxious, tense subjects because it allows them to facilitate the recognition of the suggested phenomena. Time (now or later) and consciousness (conscious or unconscious) are common themes and often provide the limited alternatives implicit in double bind questions. Of course, all of the alternatives facilitate an approach towards a desired outcome.

A number of clinical techniques designed to distract the dominant hemisphere have been presented. The use of language forms such as the generalized referential index, nominalizations, and ambiguity combined with other techniques such as "not knowing, not doing" or double bind questions are good examples of hypnotic communication. There are many other examples - as many as there are individual clients and situations. It is part of the artistry of individual therapy to design and adapt technique in accordance with the unique characteristics of individual clients. The combination of techniques which evokes the desired outcome is the right method for that client and situation.

> A successful clinical hypnotic experience then, is one in which trance alters habitual attitudes and modes of functioning so that carefully formulated hypnotic suggestions can evoke and utilize other patterns of association and potentials within the patient to implement therapeutic goals.
> (Erickson and Rossi, 1976, p.20)

A primary clinical task in Ericksonian hypnosis is to develop the ability to observe the client carefully and recognize when the desired outcome is being achieved. The right technique is the one which evokes the desired outcome.

3.6 Accessing the Non-Dominant Hemisphere

The purpose of distracting the dominant hemisphere is to open the way for unobstructed access to those mental mechanisms commonly "associated" with the right hemisphere. Experiences of trance, reverie, and dream are all characteristics of non-dominant hemispheric functioning (Erickson and Rossi, 1976, p.277) and the ability to evoke these mechanisms is obviously fundamental to hypnotic work. The removal of the blocks presented by the dominant hemisphere facilitates the ability of the hypnotist to begin accessing the mechanisms of the non-dominant hemisphere. One of the ways these mechanisms have been described is in terms of the "receptive mode" of right-brain functioning (Deikman, 1971; Ornstein, 1972). The receptive mode is organized around intake of the environment rather than its manipulation - one allows things to happen rather than making them happen. Thus by evoking the mechanisms of the non-dominant hemisphere we are facilitating a different quality of mental functioning. Fromm (1979) suggests an interesting explanation of the role of focussed attention in this process:

> I suspect that ego receptivity, primary process, fantasy, imagery, and unfocused free-floating attention are produced by the right hemisphere of the brain; ego activity, secondary process, reality orientation, and conceptualization by the left hemisphere. Depending on whether it is reality orientated or not, focused attention can probably be produced either by the right hemisphere (e.g. the focused attention in hypnosis that shuts out the reality orientation) or by the left hemisphere (e.g. the attention the construction worker pays to lowering a heavy steel girder into just exactly the right spot). (Fromm, 1979, p.102)

The idea that focused attention can function within the context of either right or left brain mental mechanisms has clear implications for understanding the process of clinical hypnosis. Once the hypnotist has managed to "secure and maintain the subject's attentional absorption" and the interference of the dominant hemisphere has been minimized; attention may be directed in a manner which gradually evokes non-dominant processes. This gradual movement into non-dominant processes, once begun, may well be facilitated by a natural tendency of the brain to primarily utilize one hemisphere at a given time. "As if to reduce the interference between the two conflicting modes of operation of its two cerebral hemispheres, the brain tends to turn off its unused side in a given situation" (Ornstein, 1972, p.62; also see Galin and Ornstein, 1975). This natural transition could well appear as "spontaneous" movement into a "hypnotic trance". There are a number of

clinical techniques which facilitate this transition.

The use of visual imagery is probably the most common method of accessing the non-dominant hemisphere. Visual imagery in some form is an integral part of most standardized induction processes. The technique of "painting word pictures" is also common (i.e. heavy as a lead weight, rigid as an iron bar, etc.) and the effectiveness may be, at least partially due to the fact that it necessitates a shift away from the verbal, rational and logical parameters of the left hemisphere. The use of imagery, of "seeing with the mind's eye" is a straightforward and reliable method of accessing the non-dominant hemisphere. It is hardly surprising that Josephine Hilgard (1979) has noted that important correlations may be drawn between the imagination and hypnotic susceptibility. The utilization of this right brain function is a powerful clinical tool for hypnosis and overall human growth.

The process of receptivity which has been associated with the non-dominant hemisphere (i.e. receptive mode) can be facilitated by clinical technique. For example Erickson often evoked an "early learning set". Consider this transcription of part of a conversational induction:

> When you first went to kindergarten, grade school, this matter of learning letters and numerals seemed to be a big insurmountable task. To recognize the letter A to tell a Q from an O was very, very, difficult. And then too, script and print were so different.

> But you learned to form a mental image of some kind. You didn't know it at the time but it was a permanent mental image.
> (Erickson and Rossi, 1976, pp.6-7)

This seemingly innocuous phrasing is utilizing several hypnotic strategies. The reference to kindergarten clearly suggests regression and initiates an inner search for memories of that time. In addition the specific reference to the difference between the letters O and Q (etc.) will evoke images of those letters within the client. This will effectively evoke the non-dominant hemisphere as the primary source of this kind of activity. Note that the technique which evokes the "imagery" is "interspersed" within the conversation. The fact that an "early learning set" is also being evoked (i.e. increased receptivity) is another advantage which can be generalized to the "new learning" inherent in the induction process. Thus the use of imagery is combined with other hypnotic forms to create a multi-faceted approach to trance induction and non-dominant hemispheric functioning.

Although the left brain is clearly dominant in terms of language forms there is by no means an absolute split in functioning. Gardner (1975) notes the ability of patients with serious left-hemispheric dysfunctions to process certain kinds of language patterns.

> The fact that totally aphasic patients can recite well known verses, sing simple familiar songs, and emit curse

> words suggests the presence of whole auditory Gestalts in the right hemisphere, particularly in view of the fact that such patients cannot recite verses or sing songs unless they start at the beginning. (pp.329-330

The main point to be made here is that it would appear that the non-dominant hemisphere may automatically process certain types of "simple" language forms. One could speculate that this could account for the reported success of the "dual induction method" (Bandler and Grinder, 1975), wherein different language patterns are presented simultaneously in both ears. In this "dual induction method complex distracting patterns are presented to the dominant hemisphere (via contralateral ear) while at the same time simple childlike phrases or two word utterances are presented to the non-dominant hemisphere (via the contralateral ear). Gardner also noted that certain musical tasks (i.e. melody) appear to be processed by the right brain. Both Erickson (in Haley, 1967, p.30) and Bandler and Grinder (1975, p.192) have reported successful use of the recollection of melody as a means of trance induction. Both the use of melody and the dual induction method are interesting strategies worthy of further study - however, the important point in terms of clinical work is that the non-dominant hemisphere appears to process certain kinds of language. It also appears that the manner in which language is processed may be quite different: "While the right hemisphere does under-

stand simple spoken words, it must gain meaning from the whole sound of the word and not from its phonemic elements" (Gazzaniga and LeDoux, 1978, p.85).

This tendency of the right brain to process special kinds of language forms may explain the efficacy of "analogically marking" certain parts of communication with a shift in voice locus and/or body language (Grinder and Bandler, 1981, p.63). This is a factor used in Erickson's Interspersal Technique "wherein subject matter of interest to a particular patient is utilized as a general context to fixate conscious attention while interspersed suggestions are received for their effects on an unconscious level" (Erickson and Rossi, 1976, p.226). Another way of saying this is that the non-dominant hemisphere will only process language forms which are emphasized by a change in voice locus/or body language. Thus the hypnotist can communicate on two levels - selecting portions within the conversational context for "analogical marking". This kind of emphasis can increase the impact of many communication forms such as imbedded commands or questions (See Bandler and Grinder, 1975, pp.237-40). It is especially important to recognize that this receptivity and processing of the non-dominant hemisphere will take place outside of the conscious awareness of the subject. Thus resistance to suggestions may be circumvented. This is especially effective when the relatively uncomplicated and "analogically

marked" suggestions are interspersed with more distracting language forms and techniques. It is through the cumulative effect of these techniques that the most remarkable results will be achieved.

The use of metaphor or analogy are also typical Ericksonian strategies for shifting mental processes away from the verbal, rational, and logical and towards the non-dominant hemisphere. The use of metaphor effectively distracts the dominant hemisphere and develops, often through the use of imagery, the kind of holistic understanding which is often associated with the non-dominant hemisphere. Erickson and Rossi (1976) provide an excellent summary of the ways in which the use of metaphor and analogy as communication forms can facilitate trance development.

> This kind of communication can be explained as communication on two levels: the conscious and the unconscious. The logic of an analogy can appeal to the conscious mind and break through some of its limiting sets. When the analogy also refers to deeply engrained (automatic and therefore functionally unconscious) associations, mental mechanisms, and learned patterns of behavior, it tends to activate these internal responses and make them available for problem-solving. Suggestions made by analogy are thus a powerful and indirect twofold approach that mediates between conscious and unconscious. Appropriate analogies appeal to the conscious mind because of their inherent interest while mobilizing the resources of the unconscious by many processes of association.
> (Erickson and Rossi, 1976, p.225)

In addition it is worth noting that metaphoric communication forms often omits a referential index thus distracting the dominant hemisphere while at the same time evoking non-dominant hemispheric processes by communicating in symbolic images. In addition it is possible to utilize symbolic images as a vehicle to evoking right-brain processes while at the same time "analogically marking" phrases which are therapeutically useful. It is hardly surprising that Erickson often communicated in this manner.

Psychological implication is another tool which can be used to evoke a desired response. In every psychological implication there is a direction initially structured by the therapist and a response created by the client.

> If you sit down, then you can go into trance. Before you go into trance you ought to be comfortable. (p.60)

The therapist provides the stimulus - it is the activity of the client's own associations and mental processes that create the hypnotic experience. Combined with positive expectancy, close observation, and distracting communication forms, psychological implication becomes an effective clinical tool.

> Psychological implication is a key that automatically turns the tumblers of a patient's associative processes into predictable patterns without awareness of how it happened. The implied thought or response seems to come up autonomously within patients. (Erickson and Rossi, 1976, p.59)

The use of open-ended suggestions, partial remarks, and dangling phrases may also be utilized to evoke right-brain functioning. When a client experiences an unfinished phrase or remark the tendency is for the client to complete the sentence or phrase in accordance with his/her experience. This requires holistic analysis which is a right brain process. The same principle also applies to open-ended suggestions.

> You phrase your suggestions in such a manner that the patient's own unconscious can select just what experience is most appropriate at that time.
> (Erickson and Rossi, 1976, p.58)

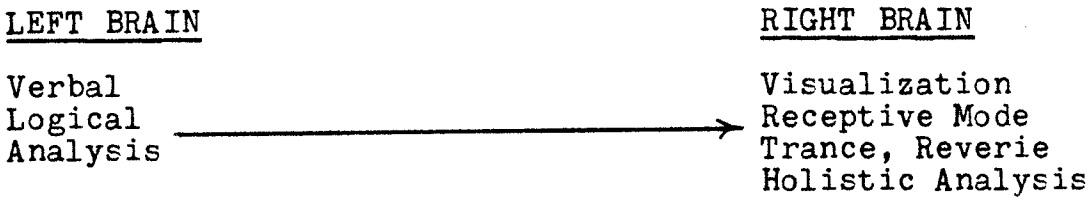
> We witness a simple secret of the effectiveness of his approach: he offers suggestions in an open-ended manner that admits many possibilities of response as acceptable. Suggestions are offered in such a manner that any response the patient makes can be accepted as a valid hypnotic phenomena.
> (p.27)

It is the client who is utilizing the suggestions in terms of the content of his/her own experience. The role of the hypnotist is that of a guide and benevolent teacher who acts as a catalyst to evoke the client's own natural mental processes.

3.7 Summary

1. Pace and lead; secure and maintain the subject's attentional absorption.
2. Distract dominant hemisphere.
3. Access or evoke right brain processes.

These three principles are three parts of one continuous process. Once the hypnotist has secured and maintained the subject's attentional absorption he can begin to direct this attentional absorption in the direction of right brain functioning. This can be done simply by evoking right brain processes - techniques such as visualization, communicating in metaphor, "analogically marking" phrases, and whatever strategies facilitate an increase in the number and intensity of non-dominant processes.



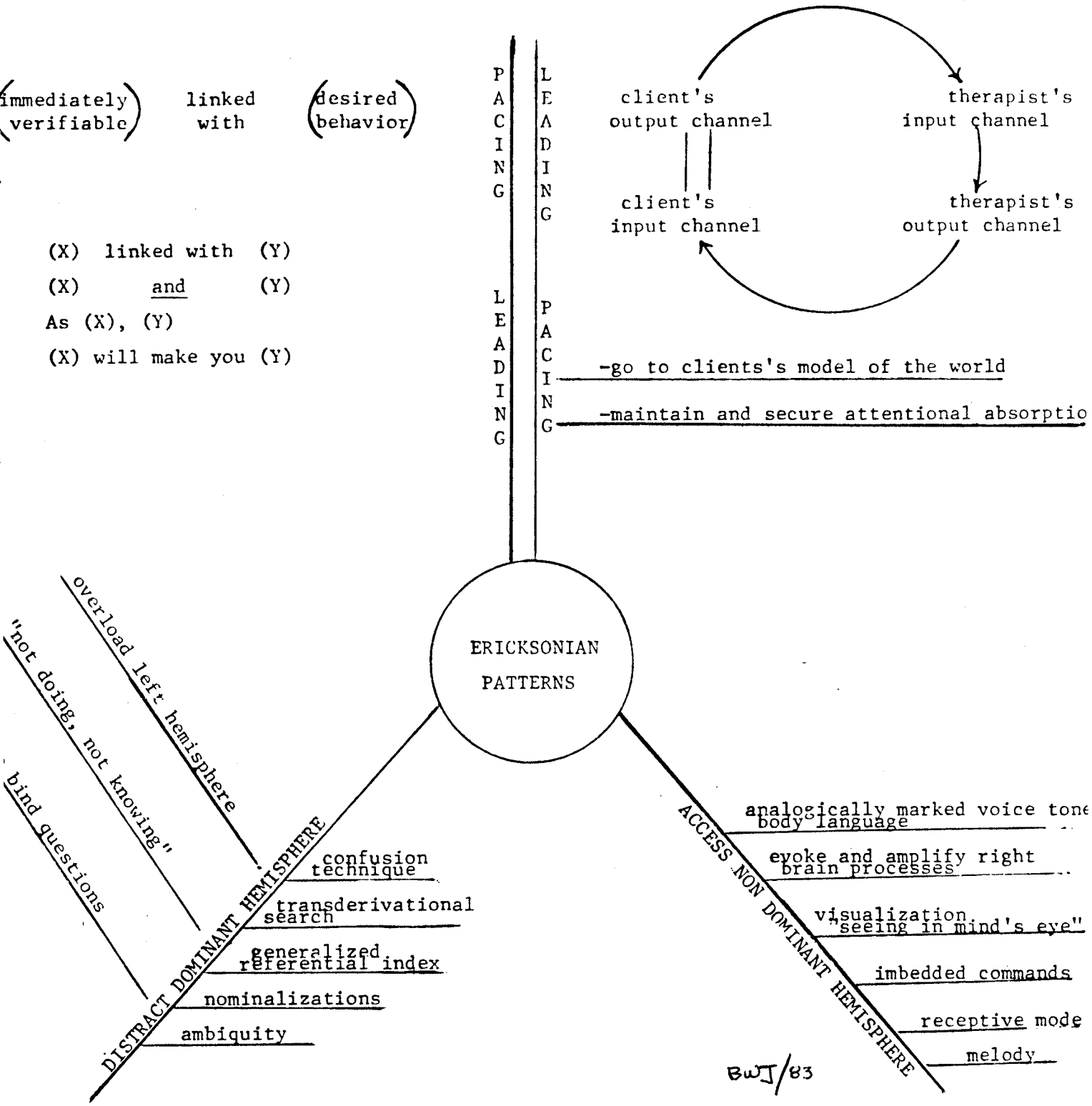
Attentional Absorption
of Client is Directed Towards
Right Brain Processes

At some point in the course of this process the right brain will become the natural and immediate focus of the client's awareness, while the left brain being relatively unused will fade into the background. "As if to reduce the interference between the two conflicting modes of operation of its two cerebral hemispheres the brain tends to turn off its unused side in a given situation" (Ornstein, 1972; Galin and Ornstein, 1975). During this process the client's attentional absorption will become more and more involved in experiencing the right brain processes under the active guidance of the hypnotist.

The combined process of directing the attentional absorption of the client, distracting the interference of the dominant hemisphere, and evoking the associations of the non-dominant hemisphere is a sophisticated and effective method of guiding the client beyond haphazard limited belief systems and towards the utilization of full potential. Although we continue to name this process as hypnosis it is nothing less than the active investigation and utilization of our own potential. Why should we continue to live utilizing only half of our own natural mental mechanisms? The study of hypnosis includes the study of how to access and utilize the natural processes which we have allowed to lay dormant.

> The art of the hypnotherapist is in helping patients reach an understanding that will help them give up some of the limitations of their common everyday world view so that they can achieve a state of receptivity to the new and creative within themselves.
> (Erickson and Rossi, 1979, p.3)

FIGURE 2.1



"SUGGESTION ARE DESIGNED TO BYPASS THE PATIENT'S ERRONEOUSLY LIMITED BELIEF SYSTEM; SUGGESTIONS MUST CIRCUMVENT THE ALL TOO NARROW LIMITS OF ORDINARY EVERYDAY CONSCIOUSNESS."

(Erickson and Rossi, 1976, P.309)

CHAPTER IV

THE PRACTICUM EXPERIENCE

4.1 Introduction

The clinical work for the practicum took place at the Psychological Service Centre, University of Manitoba between September, 1982 and April, 1983. A total of 13 clients were seen; 11 individuals and one dyad. Referrals were obtained from the general student body, University Counselling Services, and St. Boniface Hospital. The duration of the therapy ranged from 2 weeks to 6 months in accordance with the nature and severity of the presenting problem.

In addition to the ongoing practicum work, the author participated in weekly seminars focussing on professional and clinical issues specifically related to hypnosis. The seminars provided the author with the opportunity of directly observing trained professionals utilizing the techniques of clinical hypnosis. This opportunity to observe and model the nuances of induction and the art of utilizing suggestion was an excellent learning experience. Clinical hypnosis, like family therapy and other sophisticated clinical strategies, develops via a process of step by step learning. The ongoing dialogue with other professionals was one vehicle for this learning. Another important aspect of the learning process was a program of review of readings in clinical technique (i.e. Erickson,

1976; Teitelbaum, 1965; Spiegal, 1978; etc. etc.) as well as published works by practictioners with a background in social work (i.e. Lankton and Lankton, 1983).

The seminars also provided a setting which allowed the author to receive direct feedback regarding his own development in terms of utilizing the skills of clinical hypnosis. This reflects a standard procedure in the professional utilization of clinical hypnosis in that all sessions are taped (audio or audio visual) and thereby are available for review and scrutiny. Thus the seminars provided a vehicle for skill development as well as the ongoing exchange of relevant information. Finally, the seminars provided the author with the opportunity and the challenge of participating in informed discussion of issues directly related to clinical practice (i.e. screening clients, choice of techniques, theoretical controversies, etc.). Many of the issues discussed are presented in one form or another throughout this report. One of these issues is the importance of clinical experience and professional judgment as a backdrop for the appropriate use of clinical hypnosis.

4.2 The Importance of Clinical Experience

The seminar work allowed the author to develop an appreciation of the role of clinical hypnosis in a general therapeutic format. The therapist utilizing hypnosis in a professional capacity provides expertise and guidance for those

who wish to understand and realize the potential of their own inner resources and natural processes. However, it is important to recognize that it is always the therapist who decides whether or not to use hypnosis. There are many situations where it is unnecessary or innappropriate to use hypnosis. The most obvious examples are clients who are clinically depressed or who show any signs of pre-psychotic functioning. The professional utilizing hypnosis soon learns the necessity of saying "no" and "witholding the magic" of hypnosis despite the fact that clients may be convinced it is what they need. In the final analysis it is a matter of informed professional judgment.

At risk of stating the obvious it must be recognized that the professional use of hypnosis demands a working knowledge of general therapeutic techniques. The fact that hypnosis is often best utilized as an adjunct therapy (see this report section 2.4.2.) requires that the therapist be familiar with a variety of interventive strategies and therapeutic resources. When the decision is made not to utilize hypnosis it is the responsibility of the therapist to provide alternative therapy or appropriate referral. This author found his background in psychiatric social work was most helpful in terms of utilizing hypnosis in a measured and appropriate manner.

Employed by reasonably trained
professionals within the context

> of a structured therapeutic program, with awareness of limits of its application, hypnosis can make a contribution as an adjunct to any of the manifold branches of psychotherapy, whether those be supportive, re-educative, or psychoanalytic. (Wolberg, 1977, p.791)

Some of the above points will be exemplified in a selected case illustration. The following case illustration will be briefly presented with the purpose of highlighting some of the themes discussed above.

Case Illustration - Bob, a 17 year old high school student, came into therapy requesting hypnosis as a means of alleviating the anxiety he experienced when he was left alone. He reported that he became "uptight and felt bad" when he found himself alone, especially on the weekends. His mother and father had been divorced for approximately ten years. His mother had recently found "a new boyfriend" and she would often spend weekends at this man's summer cottage. Bob did not accompany his mother and thus found himself alone on weekends. Bob was convinced that his anxiety was caused by an event in his past which he had forgotten and wished to use hypnosis to recover this information and thereby "solve" his problem.

Our first meeting was for the purpose of assessment and the client was informed of this prior to the meeting. Bob was encouraged to describe his perceptions and feelings regarding his overall life situation and the elements he felt were relevant to his problem. The therapist (this author) listened

attentively, emphasizing close observation and establishing rapport. This process was continued during the second session one week later. The details of these sessions were reviewed and discussed with colleagues in the course of the seminar work and will not be recounted here as they are not directly relevant to the themes being exemplified in this illustration.

What is important is that two problem areas were targetted for intervention. The overall impression of the therapist was that Bob was experiencing (a) separation anxiety coupled together with (b) low self-esteem. The separation anxiety appeared to be primarily a function of enmeshment and poor boundary definition in the relationship with his (single parent) mother. The difficulty with self-esteem seemed especially problematic in peer relations.

In Bob's case the decision was made not to utilize hypnosis. Although hypnosis could have been used it was judged to be unnecessary and the young man was informed of this. It simply was not the therapy judged to be most effective and appropriate in this particular situation. However, an offer was made to proceed with an alternative therapy. Although rather disappointed that we would not utilize hypnosis, Bob agreed to continue therapy.

In response to the separation anxiety, two sessions were done with Bob and his single-parent mother. The intervention focussed on issues of separation, boundary definition, and clarifying expectations (see Minuchin, S. Families and Family

Therapy, Harvard University Press, 1974, p.51-60). Although Bob was less than enthusiastic about these sessions initially, he was pleased with the result and reported a sharp decrease in his anxiety level. His mother reported relief and a decrease in her level of apprehension and feelings of guilt. Not surprisingly, the problem and resolution involved both of them. Having the mother participate in the therapeutic process increased the power of the intervention in that it modified two interacting parts of a dysfunctional system (see Minuchin, as above, p.1-16).

Bob's poor self-image was responded to with some basic counselling regarding situational determinants and the use of positive imagery (see Maltz, 1973). Bob was particularly pleased with the positive imagery and soon learned to utilize it in a self-directed manner. He was still utilizing positive imagery on a regular basis when we met for our follow up meeting six weeks after the final session.

The above illustration exemplifies a number of important points: 1) the therapist must be prepared to say "no" or "withold the magic" of hypnosis despite the fact that the client may be convinced it is the answer to his/her problems, 2) it is the responsibility of the therapist to offer alternative therapy (as in this case illustration) or appropriate referral and that 3) to do this in an informed and effective manner it is essential that the therapist have and adequate background of professional clinical experience and service.

Clinical hypnosis is most effectively utilized as one clinical technique within the context of a general therapeutic format.

4.3 The Planned Program

Hypnosis may also be used in a fairly structured, standardized manner as a clinical service to individuals or groups with a common need or problem. A planned program designed during the practicum experience will be presented in some detail. The process of designing the program included the following steps: a) problem identification, b) survey of existing clinical strategies, c) adapt or design a clinical program, and d) implementation and evaluation.

4.3.1 Problem Identification. This author approached the practicum experience with an interest in what may be called "positive mental health". Concepts such as "mastery" (Murphy, 1962), self-actualization (Maslow, 1962), competance (White, 1959), happiness (Ricks and Wessman, 1966), and ego-activity (Rapaport, 1967) all reflect aspects of "positive mental health". Not surprisingly, the "sense of mastery" and related concepts have also been mentioned in the literature on hypnotherapy (Fromm, 1972; Gooding, 1969; Gardner, 1976; Hartland, 1971). In fact, it has even been suggested that hypnotic training alone might be a means towards ongoing personal growth (Diamond, 1974).

One advantage of developing clinical techniques in this

area is that they are applicable to "normal" individuals. The development of clinical techniques relevant to the aspirations and needs of the mainstream of our population as well as to those in serious difficulty was a personal goal of this author at the onset of the practicum. Focussing only on pathology does not promote preventative and growth-oriented clinical techniques.

It is within this context that the decision was made to develop a program designed to increase self-esteem, confidence, or what may be called "a sense of mastery". This is a positive therapeutic direction for skill development and may be generalized to many typical clinical situations. It also reflects an "emphasis on the positive" which is a common theme in hypnotic literature.

The timing and setting of the practicum provided an ideal source of clients. The needs of university students to cope with academic workloads provided an excellent example of a group with a common problem or need. Thus confidence-building or increasing the sense of mastery in terms of study and study-related skills was selected as the problem area for intervention. Other target groups could have been selected as the focus of the intervention. The importance of the practicum experience was the development of a clinical program which could be adapted and generalized to other population groups. It was felt that building confidence and self-esteem in the area of study skills and habits would meet the general

goals of the therapist and provide a useful clinical service for interested students.

4.3.2 Designing the Intervention. When designing an intervention, it is important to be aware of existing clinical techniques. A number of resources were utilized in the practicum work:

A) Consultation with colleagues
B) Survey of appropriate journals
   i.e. The American Journal of Clinical Hypnosis
   The International Journal of Experimental and Clinical Hypnosis
C) General or edited works (i.e. Udolf, 1981)
D) Computer Search.

Once this information was collected, it was possible to replicate, adapt, or design the strategy most suitable to the identified problem. The results of the survey provided a number of excellent resources. For example it has been reported that concentration and the acquisition/retention of information can be improved by clinical hypnosis. Dhanens and Lundy (1975) maintain that meaningfulness of material, motivation to learn, and hypnotic suggestibility are influential variables. The use of hypnosis in a remedial context is also supported (Estabrooks and Gross, 1961; Illovsky, 1963). Jeannie Porter (1978) has described a specific procedure for dealing with study problems in cases where clients came in with the expectancy of help through hypnosis.

In terms of confidence-building Hartland (1971) has described general ego-strengthening techniques and provided

a sample of suggestions for general use. The use of idealized self-imagery has been recommended by Susskind (1970) as a confidence training technique (see pp.91-92). Susskind's work reflects the earlier programmes as outlined by Maltz (1973).

The planned programme utilized in the practicum work was a combination of selected elements from these clinical techniques. The overall model is an adaptation of Porter's (1978) work. This model was selected because it offered a specific program which could be easily adapted to the target group of the planned program (i.e. under-graduate students). The use of Susskind's idealized self-imagery (I.S.I.) was especially useful because it emphasized "imagery" which facilitates the hypnotic process (see this report pp.92-94, 63-64). A standardized induction (Wolberg, 1977) was utilized because it is amenable to measurement. The general format of the planned program is outlined below.

4.3.3 Format of the Planned Program. The basic format consisted of the following sequence of clinical techniques and suggestions:

1) introduction
2) induction
3) ego strengthening suggestions
4) specific study suggestions
5) concentration and recall suggestions

6) relax/let go breathing instructions

7) awakening.

All clients were seen on an individual basis. The program consisted of two sessions which are referred to as the "initial" and "reinforcement" sessions in this report. They were designed to be offered one week apart although the number of reinforcement sessions could have been increased as necessary. While both sessions follow the same basic format there are some important differences in terms of emphasis and content which will be identified and explained in the course of this presentation. The following is an explication of the above seven steps:

1) Introduction - The students were informed of the general nature and purpose of the program during a brief presentation offered by the author. They volunteered to participate in the program with the hope and expectation of increasing their self-confidence regarding study skills. Following this the interested students attended a brief (individual) informational meeting prior to the initial session. In addition to responding to some general requests for information they were asked to fill out, two questionnaires and return them to the therapist prior to the first session. These standardized measures provided the therapist with information regarding self-esteem and locus of control. The questionnaires will be discussed in more detail in the section

of this report on "evaluation". The students/clients were also asked if there were any specific problem areas which they would like to focus on during the treatment process.

An "introduction phase" is standard procedure when introducing a client to hypnosis. In addition to a general screening function, it is an opportunity for the client to ask questions which they may have about the hypnotic process. It is, at the same time, an opportunity for the therapist to dispel any unfounded myths the client may have about hypnosis. Typical questions and answers are provided in Appendix B of this report. The duration of the introductory phase will vary in accordance with the needs of the individual client.

The exchange of information allows the therapist to develop rapport with the client and sets the stage for induction. The therapist asks some standard questions (i.e. Have you been hypnotized before?) and in general, facilitates an atmosphere of trust, relaxation, and positive expectation. It has been suggested that the hypnotic trance applies "not only to the state of one person but to a special type of interchange between two people" (Haley, 1973, p.19). Thus the rapport developed in the "introduction" phase creates an atmosphere of trust and relaxation which facilitates induction.

2) Induction - The induction phase includes a series of suggestions and instructions which facilitate receptivity on the part of the client. Chapter III of this report outlines

a clinical model for understanding the mechanics of trance induction and utilization. However, for the straightforward purposes of a planned program such as this one, a fairly simple induction process is quite sufficient. A combination of "structured fantasy" and a "fractionalized relaxation technique" were utilized as the primary induction techniques. A standardized example is provided below (from Wolberg, 1977, pp.794-95).

> All that will happen is that you will be pleasantly relaxed, no sleep, no deep trances, just comfortable. Now just settle back and shut your eyes. Breathe in deeply through your nostrils or mouth, right down into the pit of your stomach. D-e-e-p-l-y, d-e-e-p-l-y, d-e-e-p-l-y; but not so deeply that you are uncomfortable. Just deeply enough so that you feel the air soaking in. In...and out. D-e-e-p-l-y, d-e-e-p-l-y. In...and out. And as you feel the air soaking in, you begin to feel yourself getting t-i-r-e-d and r-e-l-a-x-e-d. Very r-e-l-a-x-e-d. Even d-r-o-w-s-y, d-r-o-w-s-y and relaxed. Drowsy and relaxed.
>
> Now I want you to concentrate on the muscle groups that I point out to you. Loosen them, relax them while visualizing them. You will notice that you may be tense in certain areas and the idea is to relax yourself completely. Concentrate on your forehead. Loosen the muscles around your eyes. Your eyelids relax. Now your face, your face relaxes. And your mouth... relax the muscles around your mouth, and even the inside of your mouth. Your chin; let it sag and feel heavy. And as you relax your muscles, your breathing continues r-e-g-u-l-a-r-l-y and d-e-e-p-l-y, deeply within yourself. Now your neck, your neck relaxes. Every muscle, every fiber in your neck relaxes. Your shoulders relax...your arms...your elbows...your forearms...your wrists...your hands...

and your fingers relax. Your arms feel loose and limp; heavy and loose and limp. Your whole body begins to feel loose and limp. Your neck muscles relax; the front of your neck, the back muscles. If you wish, wiggle your head if necessary to get all the kinks out. Keep breathing deeply and relax. Now your chest. The front part of your chest relaxes...and the back part of your chest relaxes. Your abdomen...the pit of your stomach, that relaxes. The small of your back, loosen the muscles. Your hips...your thighs...your knees relax...even the muscles in your legs. Your ankles... your feet...and your toes. Your whole body feels loose and limp. [Pause] And now, as you feel the muscles relaxing, you will notice that you begin to feel relaxed and tired all over. Your body begins to feel v-e-r-y, v-e-r-y tired...and you are going to feel d-r-o-w-s-i-e-r, and d-r-o-w-s-i-e-r, from the top of your head right down to your toes. Every breath you take is going to soak in deeper and deeper and deeper, and you feel your body getting drowsier and drowsier.

And now, I want you to imagine, to visualize the most relaxed and quiet and pleasant scene imaginable. Visualize a relaxed and pleasant quiet scene. Any scene that is comfortable. It can be some scene in your past, or a scene you project in the future. It can be nothing more than being at the beach watching the water breaking on the shore. Or a lake with a sailboat floating lazily by. Or merely looking at the blue sky with one or two billowy clouds moving slowly. Any scene that is quiet and pleasant and makes you feel drowsy. Or a sound like Beethoven's sonata, or any other selection that is soothing. Drowsier and drowsier and drowsier. You are v-e-r-y weary, and every breath will send you in deeper and deeper and deeper.

As you visualize this quiet scene, I shall count from one to twenty, and when I reach the count of twenty, you will feel yourself in deep. One, deeper, deeper, Two, deeper and deeper and deeper. Three... drowsier and drowsier. Four, deeper and deeper. Five...drowsier and drowsier and drowsier. Six...seven, very tired, very relaxed. Eight, deeper and deeper. Nine... ten, drowsier and drowsier. Eleven, twelve, thirteen; deeper and deeper. D-r-o-w-s-i-e-r and d-r-o-w-s-i-e-r. Fourteen, drowsier and drowsier and drowsier. Fifteen...sixteen... seventeen, deeper and deeper. Eighteen... nineteen...and finally twenty.

3) Ego Strengthening Suggestions - Following the induction process more specific suggestions were offered. All of the following suggestions were used selectively and as appropriate for each client (from Hartland, 1965, pp.89-93).

As I talk to you, you will absorb what I say d-e-e-p-l-y into yourself. "Every day... you will become physically STRONGER and FITTER. You will become MORE ALERT...MORE WIDE AWAKE...MORE ENERGETIC. You will become MUCH LESS EASILY TIRED...MUCH LESS EASILY FATIGUED...MUCH LESS EASILY DEPRESSED...MUCH LESS EASILY DISCOURAGED. Every day...you will become SO DEEPLY INTERESTED IN WHATEVER YOU ARE DOING... SO DEEPLY INTERESTED IN WHATEVER IS GOING ON...THAT YOUR MIND WILL BECOME MUCH LESS PREOCCUPIED WITH YOURSELF... AND YOU WILL BECOME MUCH LESS CONSCIOUS OF YOURSELF...AND YOUR OWN FEELINGS.

"Every day...YOUR NERVES WILL BECOME STRONGER AND STEADIER...YOUR MIND WILL BECOME CALMER AND CLEARER...MORE COMPOSED... MORE PLACID...MORE TRANQUIL. You will become MUCH LESS EASILY WORRIED...MUCH LESS EASILY AGITATED...MUCH LESS FEARFUL AND APPREHENSIVE...MUCH LESS EASILY UPSET. You will be able to THINK MORE CLEARLY... you will be able to CONCENTRATE MORE EASILY...YOUR MEMORY WILL IMPROVE...and

you will be able to SEE THINGS IN THEIR TRUE PERSPECTIVE...WITHOUT MAGNIFYING THEM...WITHOUT ALLOWING THEM TO GET OUT OF PROPORTION.

"Every day...you will become EMOTIONALLY MUCH CALMER...MUCH MORE SETTLED...MUCH LESS EASILY DISTURBED.

"Every day...you will feel a GREATER FEELING OF PERSONAL WELL-BEING...A GREATER FEELING OF PERSONAL SAFETY...AND SECURITY... than you have felt for a long, long time.

"Every day...YOU will become...and YOU will remain...MORE AND MORE COMPLETELY RELAXED...AND LESS TENSE EACH DAY...BOTH MENTALLY AND PHYSICALLY.

"And, as you become...and, AS you remain... MORE RELAXED...AND LESS TENSE EACH DAY...SO, you will develop MUCH MORE CONFIDENCE IN YOURSELF.

"MUCH more confidence in your ability to DO...NOT only what you HAVE to do each day... but MUCH more confidence in your ability to do whatever you OUGHT to be able to do... WITHOUT FEAR OF CONSEQUENCES...WITHOUT UN-NECESSARY ANXIETY...WITHOUT UNEASINESS. Because of this...every day...you will feel MORE AND MORE INDEPENDENT...MORE ABLE TO 'STICK UP FOR YOURSELF'...TO STAND UPON YOUR OWN FEET...TO 'HOLD YOUR OWN'...no matter how difficult or trying things may be. And, because all these things WILL begin to happen...EXACTLY as I tell you they will happen, you will begin to feel MUCH HAPPIER... much more contented...MUCH MORE CHEERFUL... MUCH MORE OPTIMISTIC...MUCH LESS EASILY DISCOURAGED...MUCH LESS EASILY DEPRESSED."

4) Specific Study Suggestions (Porter, 1978, p.67) -

Work efficiently without being fatigued by the sheer effort of study, it will come naturally and easily...

Enjoy the learning process, find it easy and natural to study and to learn...

Ability to learn and recall information, to integrate new information with what you already know, and answer appropriately any oral or written questions...

Spend adequate time to ensure success. Take sufficient rest pauses to remain alert and efficient...

Have increasing belief in your own abilities and certainty that you will succeed.

Gain ability to switch on the internal success mechanism within the mind, instead of the failure mechanism...until very soon you forget even how to switch on the failure mechanism...

Treat failures as merely pointers to a new path to success.

Have general confidence in your ability to do not only what you have to do but what you want to do...

Maintain a pleasant balance between work and pleasure while remaining always on an overall path to success...

As belief in your own abilities increases, you will see potential as unlimited...

Given the opportunity to learn and the ability, you can do anything if you have the desire...

Do the necessary practice and have the determination to bring success, but you will be able to do this without having to strive unduly...The entire process will be enjoyable and pleasant and you will have the overall conviction that you can be a success...

Have an increasing sense of achievement and accomplishment.

5) Concentrate and Recall (Adapted from Porter, 1978) -

When you enter a study situation and prepare to begin the task at hand you may briefly pause and say three times firmly and slowly to yourself, "Concentrate and Recall". This will release the necessary energy to continue working, remove all barriers or limiting influences whether past or present, and allow you to think clearly and work efficiently without strain.

6) Relax/Let Go, 5 Breaths (Adapted from Porter, 1978) -

> Take five slow, deep breaths, thinking at the same time to RELAX as you breath in and to LET GO as you breath out...
> By taking the five deep breaths, you call on your body's natural resources to relax and, with the conscious mental commands of RELAX and LET GO you evoke inner strength and calmness.
> During your day to day activities you can evoke this same control, if you choose, by simply repeating this same process. You can use this technique without others being aware. At any time during your day, in any situation, you can attain inner control.

7) Awakening -

> "In a short while I am going to awaken you.
> a) you will have all of your normal functions and abilities (2 x)
> b) if you choose to become HYPNOTIZED at some time in the future you will find that you can relax quickly and easily
> c) upon my counting to three you will awaken feeling refreshed and relaxed.
> All right, one, two, three - awaken, feeling refreshed and relaxed.

Immediately following "awakening" it is useful to provide clients with a model for the kind of learning which takes place during hypnosis. It is a different kind of learning than the linear, logical, process which we utilize in many day to day activities. The following example contains an analogy which was utilized during the practicum work. The use of analogy and imagery are a common mode of communication in hypnosis.

> Even though there may be no apparent alterations on the surface, a restructuring is going on underneath. An analogy may make this clear. If you hold a batch of white blotters above the level of your eyes so that you see the bottom

> blotter, and if you dribble drops of ink onto the top blotter, you will observe nothing different for a while until sufficient ink has been poured to soak through the entire thickness. Eventually the ink will come down. During this period while nothing seemingly was happening penetrations are occurring...Suggestions in hypnosis are like ink poured on layers of resistance; one must keep repeating them before they come through to influence old, destructive patterns. (Wolberg, 1977, p.1208)

4.3.4 Reinforcement Session. The reinforcement session followed the same basic format as the initial session. That is, the induction was followed by a series of positive, constructive suggestions. However, the content was modified in some important ways.

The first modification was the substitution of the structured fantasy imagery. In the initial session the client was instructed to continue to imagine a "peaceful scene" (which had been introduced during the induction) while the therapist offered the ego-strengthening and study skills suggestions. Thus, while the client was focussing his attention on the "peaceful image" the therapist was offering suggestions. During the reinforcement session, following the induction, the client was instructed to imagine his/her Idealized-Self-Image (I.S.I) (Susskind, 1970). They were instructed to imagine a large T.V. screen in front of them, and to see themselves "functioning in an ideal and successful manner in all of your activities, study, work and home".

They were reminded to "imagine this in detail, and allow themselves to feel pleased and satisfied with themselves as they participated in the imagery". While the client attended to this task of imagining the therapist proceeded with the various ego-strengthening and study suggestions. As in the initial session the clients attention would be directed back to the structured fantasy at appropriate intervals.

4.3.5 Idealized-Self-Imagery. Some comment and explanation may be helpful here. First of all, the use of the Idealized-Self-Imagery is in itself a confidence training technique. Porter (1978, p.65) offers a succinct description: "Principles of self-fulfilling prophecy and operant reinforcement shape change in self-perception towards successful outcome responses." Porter (p.65) also describes the same process from a different perspective:

> This technique is directly comparable to Maltz's (1973) use of "target imagery" in programming the subconscious to realize self-fulfillment as goals are successively set on a conscious level and achieved through the ongoing activity of the subconscious working to bring about the 'desired end'.

In other words the use of Idealized-Self-Imagery provides an "idealized goal" or clear cut "target" which may evoke natural teleological mental processes. Milton Erickson also emphasized the self-image in his clinical work.

> In brief psychotherapy one of the important considerations is the body image. By body image, I mean how does the person look upon herself? What sort of image do they have of themselves?...It is so tremendously important to have a good body image. A good body image implies not only to the physical self, as such, but the functional self, and the personality within the body. (Cited in Haley, 1973, p.95)

Another factor worthy of consideration is the tendency of the client to generalize the relaxation developed during the "peaceful scene" imagery to the "success" imagery. In other words, once the client had "de-sensitized" to the experience of structured fantasy it was easier to change the content from "peaceful scene" to "successful" functioning. The clients did not find it difficult to make this transition and, more importantly, they were able to maintain, insofar as the therapist could observe, the same level of relaxation and receptivity.

It is also worth mentioning the function that imagery plays here in terms of the efficacy of the suggestions offered. By instructing the client to "focus in a detailed manner on the sights, sounds, and feelings" associated with the imagery the therapist is distracting the attention from the suggestions themselves. This may have the effect of increasing the receptivity of the mind. This may be clarified by considering Teitelbaum's (1965) first two "principles of mind".

> The first general principle is that the mind can give concentrated attention to only one particular matter at a time... The second general principle is that when the mind is concentrated on one particular matter, suggestions received which are not related to that particular matter are not subjected as much to the reasoning process and are transmitted more readily to the subconscious (p.15).

Thus by directing the client's attention to the details of the structured fantasy the therapist increases the efficacy of the primary suggestions. One could speculate that the "peaceful scene" imagery might be more effective in this regard because the content is generally less related to the primary suggestions. However, this is a secondary consideration, the main point here is that both types of imagery serve at least two functions: a) as a vehicle for peaceful and/or successful structured fantasy experiences and b) as a means of directing the attention to inner processes and away from the "primary" suggestions.

4.3.6 Termination. Another way in which the reinforcement session was different from the initial session was the reduction of time spent on "introduction". It was unnecessary to spend as much time on general explanation. The induction phase also took less time. This reflects a common phenomena in clinical hypnosis - the client is often able to enter a trance-like state "faster and deeper" after a successful and relaxed initial experience. In any case, the time saved was utilized at the end of the reinforcement session to set the

stage for further "self-directed" work on the part of the client. (At the point of termination the therapist offered the clients a metaphor which suggested that the momentum of positive change could be like "a snowball going down a mountainside" if they acquired the habit of utilizing positive imagery.) The clients were given detailed instructions (Maltz, 1973) for utilizing success imagery on their own. It is hoped that the use of the success imagery during the hypnotic session will facilitate and strengthen future self-directed success imagery. The clients were also given some specific instructions for utilizing the "right brain" for processing information, increasing recall, and improving study habits in general (see Buzan, 1974).

A final statement about the reinforcement session, indeed the whole program, is that one of its main strengths is its adaptibility. It is a fairly simple matter to shift the content from "study skills" to anxiety reduction, relationship skills, or any number of typical problem areas encountered in a general therapeutic context. The process of using hypnosis in concert with the Idealized-Self-Image and success imagery provides a sophisticated basic process which may be adapted to a wide variety of problem areas.

4.4 Evaluation of the Planned Program

In addition to ongoing clinical impressions and client feedback, "standardized measures" were utilized as evalua-

tion tools in the planned program. Questionnaires designed to measure "self-esteem" and locus of control were given to the clients prior to the initial session and (at least) 48 hours after the final session. In addition, the clients were contacted and asked for feedback approximately six weeks following the final session. These evaluation procedures, as well as clinical impressions, will be briefly presented.

4.4.1 Index of Self-Esteem (I.S.E.).

Summary of I.S.E.	This 25 item scale is designed to measure the degree or magnitude of the problem the client has with his or her self-esteem. The measure is reported to have internal consistency reliability and test-retest reliability of .90 or better, which is very high. In addition it is reported that the scale has high face, concurrent, and construct validity. (See Bloom and Fischer, 1982, p.149; Hudson, 1982)

The scale has been designed to have a "clinical cutting score" of 30. The idea here is that people who score over 30 generally have been found to have problems in the area being measured while people who score below 30 have been found not to have such problems. It is assumed that despite the high reliability of the scale, there will be some error. Therefore, it would probably be prudent to view the 30 level

as a very rough guide in terms of the existance or absence of problems. It has been suggested that changes in the score of five points or less over repeated administrations may be the result of error, and that changes of more than five points in either direction probably reflect real changes in the client's problem or situation (Bloom and Fischer, 1982, p.161).

A standardized measure of self-esteem was chosen as the primary measure for several reasons. First of all it was useful as a screening device in terms of identifying the level of difficulty clients may have in this area. By identifying those clients who scored substantially above 30 prior to the initial session the therapist could adapt the clinical procedure accordingly. For example, for some clients the amount of time spent on the ego-strenghtening suggestions was increased. In addition, the utilization of the I.S.E. provides an objective indices of the direction and magnitude of changes which may occur in the level of self-esteem. This is useful feedback for both the therapist and client.

4.4.2 The Rotter Internal-External Locus of Control Scale (I.E.Scale)

In Brief	This is a forced choice 29 item scale including 6 filler items. Item analysis and factor analysis show reasonably high internal consistency for an additive scale. Test-retest reliability is satisfactory with other methods of assessing the same variables. (Rotter, 1966, p.25)

Some explanation is in order here. The test is considered to be a measure of generalized expectancy and reflects Rotter's Social Learning Theory. The questionnaire measures the subject's beliefs about the effects of reward or reinforcement on preceding behavior, that is, whether the person perceives reward as being contingent on his own behavior or independent of it. Scores can range from zero (most internal) to 23 (most external). Clients who feel that they have control of the situation are likely to exhibit behavior that will enable them to better cope with potentially threatening situations than subjects who feel chance or other non-controllable forces determine whether or not their behavior will be successful. It has been suggested that clients who believe in chance or luck as a solution to one's problems are characterized by less productivity and greater possivity (Rotter, 1966).

The measurement of "locus of control" is useful as a screening device as well as providing an added dimension to the measure of self-esteem. By identifying those clients with a tendency towards an external locus of control the therapist is able to adapt the intervention accordingly. This could include an emphasis on the efficacy of self-directed positive imagery as a vehicle of change. In fact, suggestions directed towards self-management and self-directedness are a common theme throughout the planned program. This counteracts any tendency towards dependency on the therapist which is a

factor in most forms of therapeutic intervention. Thus, in the planned program the hypnosis acts as a catalyst to promote and sustain self-directedness on the part of the client. It was hoped that the program would result in both an increase in self-esteem and movement towards an internal locus of control.

4.4.3 Follow Up Contact. All of the clients who participated in the planned program with the exception of one who was not available, were contacted by telephone approximately six weeks after the final session. They were asked for any feedback they might have regarding their experience with hypnosis. The general attitude was that it was very helpful and that it had been a source of support during a stressful time. All of those who completed the program were very positive regarding their experience. They were asked to rate their overall experience on a scale of 1 to 10, wiith ten being very positive. All of those who completed the program rated it as 8 or better. Even the two clients who only participated in one session rated it as a positive experience (7, 8). When asked why they had missed the reinforcement session, they both said they had been too busy and disorganized and regretted their non-attendance. One of them asked to be included in any future programs of a similar nature.

The generally positive response reflects the overall tone

of the therapeutic encounters. A positive attitude was an integral part of the planned program and is an important element of clinical hypnosis in general. It is hardly surprising that clients pick up on this and respond in kind. Milton Erickson not only proceeded with the confidence that change was possible but as if change was inevitable (Haley, 1967, p.535). This kind of positive expectation provides the context for offering the client a positive imprint in the form of hypnotic suggestion.

Sometimes feedback from the clients includes requests for further sessions. This was more common in individualized therapy than the more structured "planned program". Whether or not further sessions are necessary and appropriate is a matter of informed professional judgment. The number of sessions required may reflect the severity of the problem. Recall the analogy cited earlier in this report: "Suggestions in hypnosis are like ink poured on layers of resistance, one must keep repeating them before they come through to influence old destructive patterns" (Wolberg, 1977, p.1208).

4.4.4 Results. The most pronounced changes were in terms of self-esteem as measured by the I.S.E. These results are depicted in Table 4.1 (below). Note that 100% of the clients who completed the program measured improvements beyond the five point level which, according to Bloom and Fischer (1982, p.161) "probably reflect real changes in the clients

Table 4.1 Time One - Time Two Change Scores for Self-Esteem/Locus of Control

Client M=Male F=Female	I.S.E. (Self Esteem)			I.E. Scale (Locus of Control)		
	Pre	Post	Change Score	Pre	Post	Change Score
1(F)	31	18	+13	4	2	+2
2(M)	51	44	+ 7	8	10	-2
3(F)	37	25	+12	14	15	-1
4(F)	27	17	+10	14	8	+6
5(F)	22	6	+16	12	8	+4
6(F)	25	18	+ 7	12	5	+7

problem or situation". In fact, the average difference was 10.83, double the five point level. Clearly all of the clients who completed the program showed an improvement in their measured level of self-esteem.

The data regarding locus of control as measured by the I.E. scale is less pronounced. However, the greatest degree of change was towards an internal locus of control. See Table 4.1. Note that 50% of the clients who completed the program demonstrated substantial movement towards an internal locus of control. This is the desired direction of change. The remaining fifty percent showed relatively small differences (one or two points) in both directions. It may be that changes of this nature can be accounted for by error. In any case although the results were not as pronounced as they were with the self-esteem, it was a definite movement in the desired direction.

4.4.5 Discussion. It is important to recognize the limitations of the evaluation design. For instance, the use of questionnaires on a pre and post test basis at best only indicates whether or not changes have occurred. The changes may or may not have been due to the hypnosis. Secondly, the questionnaires do not provide sufficient information regarding the duration of change. The follow up contact cannot be accepted as a reliable indication of whether or not the changes were sustained. It may be that the changes only lasted a week or two. Thirdly, there are no empirical measures which demonstrate changes or improvements in actual performance. Even if the evaluation design were stronger, the small sample size limits the strength of any general statements which could be made regarding the statistical significance of the data.

Nonetheless, insofar as it went, the data indicated positive change had taken place. This is encouraging. The rather dramatic increases in self-esteem alone invites further research and inquiry. In addition, 50% of the clients who finished the program demonstrated "positive" changes on both measures. This indicates that they were feeling better about themselves as well as perceiving themselves to be more in control of their lives. This certainly is worthwhile and reflects the general goals of increasing self-esteem and confidence.

4.4.6 Conclusions. Because of the small sample size and limitations of the evaluation design, no general statements may be made beyond the boundaries of the program itself. However, the data indicates that: a) changes did occur and b) these changes were in the desired direction. The data measured a pronounced improvement in self-esteem as well as movement towards an internal locus of control. It may be that controlled research would verify that it was the hypnosis which facilitated these changes.

. . . .

The therapeutic goals of the planned program were to increase self-esteem, confidence, or a "sense of mastery" in relation to study skills and general stress management. The author's own opinion, based on clinical impressions and supported by the data insofar as it goes, is that these goals were achieved. The practicum work reflected a basic endeavour of psychotherapy which is "helping individuals outgrow learned limitations so that inner potentials can be realized to achieve therapeutic goals" (Erickson and Rossi, 1976, p.2).

The techniques of clinical hypnosis encourage the amplification of the same inner processes which create change naturally in our day to day life experience. Thus the combination of relaxation and imagery, when properly directed, becomes a powerful instrument of change. The therapist utilizing hypnosis in a professional capacity provides exper-

tise and guidance for those who wish to understand and realize the potential of their own inner resources and natural processes.

APPENDIX A

Hypnotic Phenomena

The following phenomena have commonly been associated with the hypnotic process. The brief descriptions offered here are intended to indicate the general character of the concepts for the purposes of this report. It should be noted that there are conflicting views in the research, often about the role of the hypnotic trance and the degree of the phenomena which can be elicited under controlled experimental conditions. The research cited provides a sampling of these different perspectives. As general sources of information Hilgard (1965), Barber (1969) and Udolf (1981) are recommended.

Physiological Effects: "These effects commonly include slight to profound muscular relaxation, with consequent alterations in facial expression and posture, eye closure, and lack of spontaneous movement or speech." (Udolf, 1981, p.86) (Crasilneck and Hall, 1959; Goton, 1949; Barber, 1965A)

Hypnotic Analgesia and Anesthesia: Anesthesia refers to general reduction in sensitivity, while analgesia refers specifically to reduction in experienced pain. (Hilgard, 1975; Barber, 1963)

Hypnotic Amnesia: "Post-hypnotic amnesia is a condition which occurs when, with or without explicit or implicit instructions to do so, a subject is unable to remember some or all of the events occurring in the hypnotic state when he is subsequently awakened." (Udolf, 1981, p.111) (Kihlstrom and Evans, 1977; Barber and Calverley, 1966)

Post Hypnotic Suggestion: "A post hypnotic suggestion is generally defined as a suggestion made during hypnosis that is intended to be carried out in the subsequent waking state, usually in response to some cue." (Udolf, 1981, p.43-44) (Barber, 1962A; Sheehan and Orne, 1968; Erickson and Erickson, 1941)

Trance Logic: "It refers to the ability of a deeply hypnotized subject to tolerate, without apparent disturbance, the coexistance of two or more logically inconsistent perceptions or ideas." (Udolf, 1981, p.101)(Sheehan, 1977; McDonald and Smith, 1975)

Hypnotic Dissociation: "Hypnotic dissociation refers to the situation in which a hypnotized or posthypnotized subject carries out two tasks independently, one on a conscious and the other on an unconscious level." (Udolf, 1981, p.152) (Hilgard, 1973; Knox, Crutchfield and Hilgard, 1975)

Hypnotically Induced Dreams: "Hypnotically induced dreams can be generated either under hypnosis or subsequent to it, in which case they are just a specific type of post-hypnotic phenomena." (Udolf, 1981, p.154) (Barber, 1962B; Torda, 1978; Albert and Boone, 1975)

Hypnotically Induced Emotional State: "Since an emotion is generally regarded as a combination of the activities of the autonomic nervous sytem, the subjective perception of these activities and the accompanying ideation, it follows that hypnotically suggested emotional states are closely related to the physiological effects of hypnosis. Because the autonomic nervous system is generally not under voluntary control, many of the physiological effects producible under hypnosis may in fact be mediated by emotional states that are more directly produced by hypnotic suggestion." (Udolf, 1981, p.92) (Hodge and Wagner, 1969)

Hypnotic Age Regression and Revivication: "The phenomenon of hypnotic age regression is demonstrated when it is suggested to a hypnotic subject that he is going back in time to an earlier period in his life. Good subjects given suggestions that they are getting younger typically display immature behavior characteristic of an earlier period of life." (Udolf, 1981, p.145) (Orne, 1951; Barber 1962C; Walker, Garrett and Wallace, 1976)

Hypnotic Distortion of Subjective Time: "Under hypnosis good subjects generally report that suggestions that time is passing slower or faster are effective in altering their perception of time." (Udolf, 1981, p.141) (Cooper and Erickson, 1954; Barber and Calverly, 1964A)

Hallucinations: A perception in the absence of real external stimulas. (Barber and Calverly, 1964B; Erickson and Erickson, 1944)

Hypnotic Hypernesia: "The use of hypnosis to augument recall, or to produce hypernesia, is the opposite of its usage in producing a posthypnotic amnesia...Basically there are two major types of studies in this area: studies of the effect of hypnosis or hypnotic suggestions on learning (the memory recording function), and studies of the effect of hypnosis or hypnotic suggestions on the recall of previously learned material (the retrieval function)." (Udolf, 1981, pp.125-26) (Krippner, 1963; Barber, 1965B; Cooper and London, 1973)

APPENDIX B

Questions You May Have About Hypnosis (from Wolberg, 1977, pp.1206-08)

Exactly What is Hypnosis?

Hypnosis is a state of altered consciousness that occurs normally in every person just before one enters into the sleep state. In therapeutic hypnosis we prolong this brief interlude so that we can work within its bounds.

Can Everybody be Hypnotized?

Yes, because it is a normal state that everybody passes through before going to sleep. However, it is possible to resist hypnosis like it is possible to resist going to sleep. But even if one resists hypnosis, with practice the resistance can be overcome.

What is the Value of Hypnosis?

There is no magic in hypnosis. There are some conditions in which it is useful and others in which no great benefit is derived. It is employed in medicine to reduce tension and pain that accompany various physical problems and to aid certain rehabilitative procedures. In psychiatric practice it is helpful in short-term therapy and also, in some cases, in long-term treatment where obstinate resistances have been encountered.

Who Can do Hypnosis?

Only a qualified professional person should decide whether one needs hypnosis or could benefit from it. In addition to other experience, the professional person requires further training in the techniques and uses of hypnosis before considered qualified.

Why do some Doctors have Doubts about Hypnosis?

Hypnosis is a much misunderstood phenomenon. For centuries it has been affiliated with spiritualism, witchcraft and various kinds of mumbo jumbo. It is a common tool of quacks who have used it to "cure" every imaginable illness, from baldness to cancer. The exaggerated claims made for it by undisciplined persons have turned some doctors against it. Some psychiatrists too doubt the value of hypnosis because

Freud gave it up 60 years ago and because they themselves have not had too much experience with its modern uses.

If Hypnosis is Valuable, Shouldn't it be Employed in all Psychological or Psychiatric Problems?

Most psychological and psychiatric problems respond to treatment by skilled therapists without requiring hypnosis. Where blocks in treatment develop, a therapist skilled in hypnosis may be able to utilize it effectively. But only a qualified professional person can decide whether this is necessary or desirable...

Can't Hypnosis be Dangerous?

The hypnotic state is no more dangerous than is the sleep state. But unskilled operators may give subjects foolish suggestions, such as one often witnesses in stage hypnosis, where the trance is exploited for entertainment pusposes. A delicately balanced and sensitive person exposed to unwise and humiliating suggestions may respond with anxiety. On the whole, there are no dangers in hypnosis when practiced by ethical and qualified practitioners.

I am Afraid I can't be Hypnotized.

All people go through a state akin to hypnosis before falling asleep. There is no reason why you should not be able to enter a hypnotic state.

What Does it Feel Like to be Hypnotized?

The answer to this is extremely important because it may determine whether or not you can benefit from hypnosis. Most people give up hypnosis after a few sessions because they are disappointed in their reactions, believing that they are not suitable subjects. The average person has the idea that he will go through something different, new and spectacular in the hypnotic state. Often he equates being hypnotized with being anaesthetized, or being asleep, or being unconscious. When in hypnosis, he finds that his mind is active; that he can hear every sound in the room; that he can resist suggestions if he so desires; that his attention keeps wandering, his thoughts racing around; that he has not fallen asleep; and that he remembers everything that has happened when he opens his eyes, and thus he believes himself to have failed. He imagines then that he is a poor subject, and he is apt to abandon hypnotic treatments. The experience of being hypnotized is no different from the experience of relaxing and of starting to go to sleep. Because this experience is

so familiar to you, and because you may expect something startlingly different in hypnosis, you may get discouraged when a trance is induced. Remember, you are not anaesthetized, you are not unconscious, you are not asleep. Your mind is active, your thoughts are under your control, you perceive all stimuli, and you are in complete communication with the operator. The only unique thing you may experience is a feeling of heaviness in your arms and tingliness in your hands and fingers. If you are habitually a deep sleeper, you may doze momentarily; if you are a light sleeper, you may have a feeling you are completely awake.

How Deep do I have go to to get Benefits from Hypnosis?

If you can conceive of hypnosis as a spectrum of awareness that stretches from waking to sleep, you will realize that some aspects are close to the waking state, and share the phenomena of waking; and some aspects are close to sleep, and participate in the phenomena of light sleep. But over the entire spectrum suggestibility is increased; and this is what makes hypnosis potentially beneficial, provided we put the suggestibility to a constructive use. The depth of hypnosis does not always correlate with the degree of suggestibility. In other words, even if you go no deeper than the lightest stages of hypnosis and are merely mildly relaxed, you will still be able to benefit from its therapeutic effects. It so happens that with practice you should be able to go in deeper, but this really is not too important in the great majority of cases.

How Does Hypnosis Work?

The human mind is extremely suggestible and is being bombarded constantly with suggestive stimuli from the outside, and suggestive thoughts and ideas from the inside. A good deal of suffering is the consequence of "negative" thoughts and impulses invading one's mind from subconscious recesses. Unfortunately, past experiences, guilt feelings, and repudiated impulses and desires are incessantly pushing themselves into awareness, directly or in disguised forms, sabotaging one's happiness, health, and efficiency. By the time one has reached adulthood, he has built up "negative" modes of thinking, feeling, and acting that persist like bad habits. And like any habits they are hard to break. In hypnosis we attempt to replace these "negative" attitudes with "positive" ones. But it takes time to disintegrate old habit patterns; so do not be discouraged if there is no immediate effect. If you continue to practice the principles taught you by your therapist, you will eventually notice change. Even though there

may be no apparent alterations on the surface, a restructuring is going on underneath. An analogy may make this clear. If you hold a batch of white blotters above the level of your eyes so that you see the bottom blotter, and if you dribble drops of ink onto the top blotter, you will observe nothing different for a while until sufficient ink has been poured to soak through the entire thickness. Eventually the ink will come down. During this period while nothing seemingly was happening, penetrations were occurring. Had the process been stopped before enough ink had been poured, we would be tempted to consider the process a failure. Suggestions in hypnosis are like ink poured on layers of resistance; one must keep repeating them before they come through to influence old, destructive patterns.

How Can I Help in the Treatment Process?

It is important to mention to your therapist your reactions to treatment and to him or her, no matter how unfounded, unfair, or ridiculous these reactions may seem. Your dreams may also be important...Important clues may be derived from your reactions, dreams, and resistances that will provide an understanding of your inner problems and help in your treatment.

Wouldn't Hypnotic Drugs be Valuable and Force me to go Deeper?

Experience shows that drugs are usually not necessary. Often they complicate matters.

What about Self-Hypnosis?

"Relaxing exercises", "self-hypnosis", and "auto-hypnosis" are interchangeable terms for a reinforcing process that may be valuable in helping your therapist help you. If this adjunct is necessary, it will be employed. The technique is simple and safe.

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