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FOUNDATIONS, APPLICATIONS, AND PROFESSIONAL ISSUES

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CHAPTER 7

Formulating Hypnotic Suggestions

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In considering how to formulate "hypnotic" suggestions, it is useful to first begin to think about the nature and construction of suggestions outside of the hypnotic context. For our purposes, I propose that a suggestion is any manner of transmitting your intention into another person's behavior or experience.

For example, if I intend for you to walk into my office and sit down, I might enjoin you to do so in a variety of ways. I might simply give you directions: "Come into my office and sit down." However, the authoritarian nature of this suggestion would only be appropriate within a limited number of culturally defined settings. I would be more likely to frame my intention as a question or an invitation: "Please come in" or "Why don't you come in?" Rather than telling you to sit down, I might offer you the gift of a seat: "Please have a seat" or even "Make yourself comfortable." All of these suggestions are a means of communicating the same intention, but the manner in which the intention is suggested creates and maintains a particular frame for the relationship. In some cases, I may not make any verbal utterance at all regarding your entering my office and sitting down, but might simply move one hand outward and downward in a gesture of invitation. If our relationship is well enough established that we already share a mutual intention for you to come in and sit down upon arrival at my office door, then it may be that no suggestion is necessary—we can discuss other things while our shared intention is carried out *naturally and automatically*.

Now suppose I see you looking unhappy and want to make you feel better—so I intend to change your affective state. If I simply enjoin you to smile, you might comply momentarily, but since smiling is mostly the outward result of the internal processes we refer to as happiness, any compliance will usually produce only superficial and transient changes in your affective state. I might therefore instead suggest that you directly alter your affect by saying something like "Don't be sad" or "Be happy." However, since most people tend to experience their affective state as being outside of their conscious control, this suggestion may further highlight your apparent lack of control—thereby increasing your experience of unhappiness. In order to achieve meaningful affective change, a new state must be elicited. I might do this by telling you a joke (distraction), by drawing your attention to some positive aspect of your present situation (distortion), or by asking you to recall the time we took a hot air balloon ride together (dissociation; Frischholz, 2010).

In a therapeutic interaction, the patient and clinician typically share a mutual intention to alter some condition of the patient's existence. However, no matter how motivated the patient, a particular set of more specific intentions must become a part of the experience in order for the transaction to be a success. The clinician constructs a "treatment" that consists of a series of specific intentions that the patient must manifest—in the form of consent at the very least, and in many cases as self-directed action. For example, if a patient presents to his or her physician with a sore throat, the physician may instruct the patient to submit to a throat swab, to come in for a follow-up appointment, to visit the pharmacy, and to remember to take an antibiotic capsule each morning for 7 days. A psychologist treating a phobia may suggest that the patient participate in a series of graded exposures despite the immediate discomfort of doing so. If the patient does not respond to these treatment suggestions, the patient might maintain the more general intention of getting better, but not take any particular actions that would lead the patient to experience

positive results. Clinicians are therefore tasked with stoking their patients' *expectancy* and *motivation* for the specific interventions they prescribe.

At this point, it becomes important to note that each patient, and each person, holds multiple and often conflicting motivations based on his or her particular configuration of values, beliefs, and resources. Furthermore, these motivations and their resulting intentions are not always available to us as conscious understandings. We have all had the experience of behaving in some unusual or undesirable way and then asking ourselves, "Why did I do that?" Or of performing some action more effectively than we imagined ourselves capable of.

The primary distinction between hypnotic and nonhypnotic styles of suggestion is that a hypnotic suggestion is explicitly intended to stimulate motivation from outside the level of conscious awareness—so that the desired intentions will be carried out without any need for the suggestion's recipient to pay attention to them happening or to exert any effort in causing them to happen. The suggested phenomena can then occur *naturally and automatically*.

For example, you breathe automatically. If you do not think about breathing all day long, nevertheless, not a single minute will go by in which you fail to draw and expel breath. However, suppose your pattern of breathing is somewhat disordered—perhaps you habitually draw shallow and rapid breaths without even noticing that you are doing so. Because this pattern of breathing can have profound effects on other aspects of your physiology, it may be desirable to change it. But you do not maintain your pattern of breathing at a conscious level. So while you may be able to temporarily exert your intention to breathe more slowly and deeply, as soon as you are distracted by something else, your breath will tend to more or less return to its previous pace and speed. Gradually, through practice, you might hope that your unconscious pattern of breathing will be altered, so that you can at last begin to enjoy discovering yourself breathing in a relaxed way *naturally and automatically throughout the day*. Whereas nonhypnotic suggestions call for the initiation or maintenance of activities that are consciously chosen and will generally only become habitual through much focus and repetition, hypnotic suggestions aim to directly influence the automatic, unconscious processes that effect physiology, habits, attitudes, and beliefs.

PRINCIPLES OF HYPNOTIC SUGGESTION

From this previous discussion, I offer that the most basic principle of formulating hypnotic suggestions is to structure and administer them in a manner that consistently promotes automaticity. Zeig (2014) elegantly describes this as "gift-wrapping"—your intention for the patient is wrapped up in language that associates the patient to the types of emotional, mental, social, and physiological possibilities that can facilitate its realization without the need for intentional responding. In this way, a *response set* is established, in which a particular type of response is potentiated through repeated activation. The basic components of this gift-wrapping are *truisms, conjunctions, contingencies*, and *dissociated language*.

A *truism* is simply a statement that the patient can readily observe to be true. Because things that are already true do not require any action, they can be used to promote a stance of passive observation while artfully guiding attention, offering suggestions, and ratifying the trance (Erickson, Rossi, & Rossi, 1976). For example: At this moment, you are reading the words on this page; and some part of you is able to make sense out of these words automatically; and you can notice the changes in your awareness as that process continues on its own. Those three statements drew your attention first to the fact of reading words on a page, then to the essentially unconscious nature of this aspect of your present activity, and then to the reality that shifting your attention has altered your awareness. Because each of those statements is essentially indisputable, they yield no resistance. And yet each has the effect of guiding your focus to increasingly internal, unconscious processes.

Conjunctions and *contingencies* are the parts of speech that allow us to string together these suggestive truths so as to lead the patient into various response sets. Because we desire to minimize conscious analysis and resistance, it is helpful to frame each suggestion as a natural outgrowth of the last. Consider the following series of suggestions: "Continue reading this chapter. Feel relaxed. Be fascinated. Learn the material deeply." Each suggestion is a new command for you to evaluate—you must orient yourself toward their meaning and then decide whether you want to obey them. I can make it much easier for you to experience a relaxed feeling of deep learning by framing these suggestions as truisms, linking them together, and making them contingent

upon something that you are already doing (which is reading the chapter.) So, ***as you continue reading this chapter, you can relax into a feeling of fascination about how deeply you can learn***. I have not told you to relax and learn deeply, I have just reminded you that you can do so when you are feeling fascinated. And you really can.

The use of *dissociated language* is a natural outgrowth of these principles. If I am working with you hypnotically, I do not want *you* (the conscious self that you identify as) to do anything other than *notice and observe* what is *happening to you*. I do not want you to feel the weight of responsibility for producing learning—how would you go about doing that anyway? Learning is something that just happens when the conditions are right, and those conditions are attention, interest, and relevance. So why not ***just allow those eyes to continue absorbing this chapter deeply, as you attend to the feeling of fascination about the deep learning that is beginning to take place inside of you.***

You can really begin to notice the manner in which this chapter is written. The information is being provided on two levels simultaneously, so that you can begin to feel as though the ability to formulate these suggestions is building up within you naturally, and then later on you can return to the beginning of this chapter and read it over, to gain the conscious knowledge of exactly *how* you have become able to formulate the artful suggestions you will have begun to find yourself using in practice, naturally and automatically.

Now, let us translate these principles into a clinical situation. If I want to induce hypnotic (avolitional) eye closure, I cannot just tell the patient to close his or her eyes, because that will induce a nonhypnotic (volitional) eye closure. But I can build up an involuntary somatic response set by suggesting that a dissociated eye closure will be contingent upon something that is already happening and connecting it with other current phenomena. In the following example, I will denote truisms as (t), conjunctions as (cj), contingencies as (cg), and dissociated language as (d):

Each time you breathe out (cg), ***you can notice the sense of heaviness as your body moves gently downward*** (t). ***And*** (cj) ***as you continue to attend to those sensations*** (cg), ***you can experience that feeling of heaviness more deeply*** (t), ***filling up more and more of your body with that gentle, pleasant feeling. And*** (cj) ***as that heaviness continues to develop*** (cg), ***you can notice the heaviness in your arms*** (t), ***you can notice the heaviness in your head*** (t), ***you can notice the heaviness in your eyes*** (t). ***And*** (cj) ***as those eyes*** (d) ***become heavier and heavier, you can feel them wanting to close*** (t). ***And*** (cj) ***as those eyes*** (d) ***begin to blink more frequently and more slowly*** (cg), ***it may begin to feel like an awful lot of work trying to keep them open*** (t). ***And*** (cg) ***you can enjoy a certain feeling of relief*** (t) ***when you finally*** (cg) ***allow them to close tightly*** (d) ***and go into a deep hypnotic trance*** (cj).

What we have done there is to utilize the characteristics of the ongoing, automatic process of breathing to gradually build up a response set for avolitional sensations and muscle movements. Each time a person breathes out, the shoulders, chest, back, and neck all tend to settle downward—you can notice it in your own pattern of breathing right now. And because any sensation a person attends to will tend to get stronger, it is a truism to draw focus to the manner in which attention alters the somatic experience. Now, any part of the human body has physical weight that is subject to gravity, so if I draw your attention to the heaviness of your arms or head, it will always be true that you can notice those sensations. The same forces affect the eyelids, but to a much lesser degree—however, the subject is now tuned in to those types of sensations, and so will be able to become aware of the heaviness of the eyelids in a way the subject might not usually be prone to. It is also true to say that a person can feel his or her eyes wanting to close, because eyes are always closing on their own in order to blink. But we create a contingency here: *As* the eyes begin to blink more frequently and slowly, it *may feel* like work to keep them open. Because we have not put any particular time frame on the development of frequent and slow eye blinks, this cannot contradict the subject's experience—since, if the phenomenon has not happened yet, it *can begin* to happen, or can even be perceived to happen without any objective change. And our contingency demands that whenever that happens, it will feel like work to keep them open. Since nobody likes to do unnecessary work, it can legitimately feel like a relief to allow them to close tightly—note the dissociative language: It is not a relief to *close them tightly*, but rather to *allow them to close tightly*. This is the culmination of our involuntary somatic response set—eye closure that is experienced as

automatic and involuntary. This is, in itself, a hypnotic phenomenon, and so at this point, we can feel confident that hypnosis is occurring. And because we know that, we can use a simple conjunction to connect the existing hypnotic phenomenon with the idea that hypnosis is occurring ("*and go into a deep hypnotic trance*,") essentially asking the patient's conscious mind to go away (Where is a hypnotic trance? How does one go there?) and accept that a trance state now exists. So there we have a complete hypnotic induction built up from nothing but these four basic principles: truisms, conjunctions, contingencies, and dissociated language.

GUIDELINES FOR FORMULATING HYPNOTIC SUGGESTIONS

In 1923, the French pharmacist Émile Coué laid out four laws of suggestion, which continue to be of great value to the modern practitioner.

The Law of Concentrated Attention

An idea tends to realize itself, within the limits of possibility. The more attention is focused on an idea, the more powerful it becomes. Therefore, desirable ideas should be accentuated and repeated, while undesirable ideas are minimized. Repetition is an important aspect of hypnotic suggestion for this reason—through repetition, the subject is given time to experience multiple aspects of a suggestion, its corollaries, and its implications, and so to concentrate their attention on their associations to the suggested actions. While classical hypnotists tended to simply repeat suggestions verbatim over and over, it is now generally considered preferable to repeat important suggestions a number of times in different ways, so as to play a more direct role in conjuring these important associations (Hammond, 1990; Zeig, 2014). This type of repetition will usually begin with more indirect forms of suggestion, such as metaphor, seeding, and embedded commands (which is reviewed later on in this chapter), and gradually progress to more direct suggestions.

The Law of Reversed Effort

If a person fears that he cannot do something, the harder he tries, the less he is able. This is a natural extension of the Law of Concentrated Attention; the more a person struggles against an idea, the more powerful it becomes—because an idea tends to realize itself the more it is attended to. It is therefore desirable to frame suggestions in a present tense and with a positive structure (Hammond, 1990; Yapko, 2003). For example, note the effects that the following suggestions have on you as you read them:

"Now clear your mind of any anxiety you have about being able to employ these techniques in your work. Put aside any memories of times you tried other techniques and failed miserably, and allow yourself to forget about the intense feelings of inadequacy that have often seemed to plague you in new endeavors. From now on you will no longer experience anxiety, and in the future you will find that you will no longer be troubled by a fear of failure."

Compare your response to those well-meaning but horrifically negative suggestions with the following:

"Now allow your body to relax, as you just go back in your mind and remember how incredible you felt the first time you realized that you really are capable of helping people in a profound and important way. Maybe it was early on in your training, as your apprehension was replaced with the thrill of getting to put all those new ideas into practice. Or it might have been more recently, as you have been able to take a step back from all the pressure and realize just how far you've come. And as you now begin to <u>really feel</u> your growing understanding of the nature of hypnotic suggestion, you may notice that familiar feeling of confidence and passion stirring inside you now."

I often use Pascal's example of a balance beam, as cited by Coué (Coué, 1923). Most people would have little trouble walking the length of a 20-foot balance beam if it were lain out on the floor. But if we suspended the same beam 1,500 feet above ground, who among us would trust ourselves to walk it? The increased danger of falling creates a context in which it feels very important to succeed, and so we exert greater conscious effort. But our conscious efforts only undermine the real active principle within us, and so have a reversed effect. A talented acrobat does not accomplish impressive feats through the conscious effort of overcoming

the sheer difficulty of them, but through an effortless reliance on what has already been learned at an unconscious level. Just as you and I do not consciously manipulate the muscles in our legs as we walk—skillful actions must be effected by *unconscious* processes, due to the limitations of conscious attention. They therefore cannot be *done*, they must be *allowed to happen*.

The Law of Auxiliary Emotion

The intensity of a suggestion is proportional to the emotion that accompanies it. Negative ideas easily become fixed in our subconscious minds because of the powerful emotions attached to them. A single frightful event often precipitates a phobia that can last a lifetime if left untreated. Therefore, we can strengthen positive suggestions by connecting them with powerful emotions, and we can banish negative suggestions by diffusing the emotions associated with them.

For example, in the treatment of trauma, I routinely guide my patients to reexperience their traumatic events from a dissociated perspective, in which they are insulated from the emotions that previously gave the memory its power. In my experience, this type of dissociated exposure treatment is dramatically more effective than traditional exposure-based trauma therapy, because it explicitly and rapidly severs the connection between the traumatic memory and the emotions it has been associated with. Patients can then be guided, through simple cognitive interventions, to develop new emotional associations, such as strength in having survived and security in knowing that even though it seemed terrible at the time, they made it through okay. Since the outcome is now known, they no longer have any need to be afraid of what will happen (Ewin, 2009).

The Law of Dominant Effect

When the will and the imagination are at odds, the imagination invariably wins. A contest between conscious and unconscious processes is no contest at all. I have talked with hundreds of addicts who decided firmly and resolutely that they would never go near a drug again, only to find themselves using at the very earliest opportunity. They know the results will be terrible, but they *imagine* getting high. As Ewin (2009) observes, phobics can be totally convinced of the safety of traveling in an elevator, but if they still *imagine* there is danger, they will be taking the stairs.

This same principle can be used to elicit effects that are otherwise outside of conscious control. As Hammond (1990) points out, it would be extremely difficult to consciously will a physiological phenomenon such as sexual arousal, orgasm, perspiration, or salivation. But now remember the last time you sliced into a ripe, juicy lemon and smelled that crisp fragrance wafting up as the acidic juice ran out over your fingers. And as you lick that intense, sour juice off your fingers, you can feel your lips pucker as the flavor spreads out across your tongue. And just by imagining this, your mouth begins to salivate naturally and automatically. For this reason, it is better to focus on activating the imagination and eliciting internal states and resources, rather than appealing directly to the conscious will.

Likewise, resistant patients can often nevertheless be afforded effective treatment by avoiding the seemingly inescapable battle of wills altogether, and instead engaging their imaginations in processes that mirror the therapeutic processes you wish to effect. This can be accomplished through the use of stories, metaphors, and symbolic interventions.

GUIDELINES FOR ADMINISTERING HYPNOTIC SUGGESTIONS

Earlier in this chapter, I introduced the idea of structuring suggestions to **establish hypnotic response sets**—rather than simply suggesting isolated hypnotic responses—and this idea bears repeating. The amount of time that it can take to cultivate a good, automatic, hypnotic response varies widely based on the personal characteristics of the patient, situational and relational factors, and the subject's internal state at the time the suggestions are being administered. By way of example, let me suggest right now as you are reading, that you take a quick break and relax your whole body before reading on.

This relatively accessible autonomic response might have taken you a short time, a long time, or you might have decided it was too much effort to be worth doing at all. And your degree of success will have been determined by your mindset, degree of motivation, ambient stress level, and current surroundings. I did not walk you into the state of relaxation. I did not break it down for you into manageable pieces by advising you to attend first

to one part of the body and then to another, noticing the sensations in each, breathing into them, and gradually allowing them to let go of their tension and tightness. First allowing a foot to relax, and then a leg, and gradually up along the length of your spine. In other words, I asked for a complex autonomic response without first establishing a response set that made it easy for you to produce that response.

Some patients will be extremely receptive to your suggestions, motivated to respond, imaginative, and high in innate hypnotic susceptibility, and those patients will tend to respond well regardless of how much care you have taken to gift-wrap the experience for them. But I suggest you assume that those patient factors (which are entirely outside your control) may not be present. And you can get into the habit of thinking not only about what you want patients to do, but how you can help them access the internal resources and imaginative associations that will lead them to *naturally and automatically* find themselves doing those things. You want to structure the experience for them in such a way as to make the desired response the most natural response.

Let us take arm levitation as another example. Suppose I suggest to you: ***"Your hand is getting lighter and lighter now, and will soon begin to float upward."*** This suggestion does a fine job of asking for a feeling of lightness and the beginning of levitation, but it does not establish the associations that make it likely that this will happen. As a result, highly hypnotizable individuals may respond well to it *because they are naturally prone to arranging their imaginative power in a way that facilitates this type of responding*. But the vast majority of individuals will struggle to experience what you are asking them to experience. Worse, they may experience their lack of response as a failure, and conclude that hypnosis cannot help them. You want to be sure to take the time to set your patients up for success. Spiegel and Spiegel's (2004, p. 58) excellent Hypnotic Induction Profile provides a very straightforward and directive example of building a response set for arm levitation:

"Imagine a feeling of floating, floating right down through the chair. There will be something pleasant and welcome about this sensation of floating. And as you concentrate on this floating, I am going to concentrate on your left arm and hand. In a while, I am going to stroke the middle finger of your left hand, and after I do so, you will develop movement sensations in that finger. Then the movement sensations will spread, causing your left hand to feel really light and buoyant, and you will let it float upward."

The subject's conscious mind is occupied with an imaginative somatosensory task (a feeling of floating), and advised that something else *that the subject does not need to concentrate on* will be taking place involving the left arm and hand. It is explained that when the subject's finger is stroked, her or she will develop *movement sensations* in that finger, and that as those sensations spread a feeling of lightness will develop that causes the hand to rise. After these suggestions are administered, the sensory signal they describe is provided by the practitioner, in the form of gentle downward pressure on the middle finger and then up along the arm. This downward pressure tends to produce a slight, corrective upward movement (or movement sensation) in the finger and arm, making this suggestion a truism. This stroke of the finger is continued up along the arm toward the elbow, which ratifies the suggestion that the movement sensations will spread. A feeling of lightness and buoyancy is made contingent upon the spreading of those movement sensations, and the subject is given instructions on how he or she can respond to that involuntary sense of lightness—by *allowing* the hand to float upward. By building up the response set in this way, even individuals with relatively low innate hypnotizability are often able to experience some degree of success.

Additionally, it is important to *give clients time to develop responses*. Just as there is a large degree of variability in the amount of time and care required to establish a successful response set, so too is there variability in the time it may take for an individual to produce a particular response. In fact, the less hypnotically gifted a person is, the more time it will tend to take for the person to manifest a suggested phenomenon (Spiegel & Spiegel, 2004). In many cases, the feeling that a suggestion is "not working" is simply a result of impatience and inexperience; all that may be needed is to demonstrate positive expectancy by waiting patiently for the subject to develop the suggested response. You can begin to feel more and more comfortable with silence.

In other cases, you may find that only partial responses are elicited, which must be encouraged and reinforced as the desired response is gradually approximated (Hammond, 1990). No matter what happens, it is important to **frame the patient's responses as successes** regardless of whether they match up with your expectations, because doing so maintains the sense that the patient does not need to consciously attend to or criticize what is happening. The more ego-involved a patient becomes in the hypnotic process, the more difficult it will be for the patient to manifest fully automatic responses. An anxious patient who feels like he or she is not doing hypnosis right will no more be able to manifest a good arm levitation than be able to walk across a balance beam 1,500 feet in the air. I like to think about this aspect of a hypnotist's work as being like the supervillain who responds to everything with the pleasure of a mastermind whose incomprehensibly intricate scheme is playing out exactly according to plan. No matter what happens, the villain exclaims "Yesss . . . that's riiiiight!"

In a recent workshop practice session, one of the participants seemed unable to experience arm levitation. Each member of her practice group took a turn trying to induce the phenomenon, and the more they tried the more resistant that arm became. And so I encouraged and reinforced the resistant response by saying to her,

"You're doing much better than you think you're doing at experiencing hypnosis . . . did you know that? And that arm is doing much better than you think it's doing at experiencing hypnosis. Because the more you've focused on that arm, and all the feelings that you think it's been supposed to have been having, that arm just keeps getting heavier and heavier, doesn't it? That's right. And the more you want that arm to raise up into the air, I'll bet it just gets more and more difficult to lift it, because of that uncontrollable feeling of heaviness. As if the arm were made of a big, heavy chunk of solid lead. So heavy it could sink to the bottom of the ocean. I wonder whether that arm has already gotten so heavy that you wouldn't even be able to lift it if you tried. Isn't that right? I wonder what it would feel like if you were to <u>just try</u> to lift that arm now."

The subject responded by unsuccessfully attempting to lift the arm in question, causing it to fall off her lap and hang limply over the side of the chair. She could have experienced her lack of arm levitation as a failure and left thinking she was no good at hypnosis. Instead, she left with the quite correct sense that she had successfully experienced a fairly powerful ideomotor hypnotic phenomenon.

FORMS OF HYPNOTIC SUGGESTION

The more direct, or overt, a suggestion is, the more easily it can be understood and integrated into the patient's response pattern. However, it can also be more readily subjected to conscious evaluation and criticism, and so may more readily evoke existing performance anxiety or defensiveness. Therefore, the degree of directness or indirectness that is appropriate may vary moment by moment, based on the type of suggestion being offered and the pattern of responding the patient is currently exhibiting (Yapko, 2003).

In most situations, it is desirable to repeat a given suggestion several times in different forms, generally moving from more indirect to more direct. So to induce age regression, I might first recount a story about my own childhood, then mention a number of truisms related to some particular period of childhood, then use a couple of indirect suggestions about going back to that time, before making a number of direct suggestions about the types of specific experiences I would like the patient to have. This builds up a clear pattern of associations (a response set) that makes it easy for the patient to accomplish the direct suggestions I will ultimately administer.

Direct Suggestion

Let us begin by using the principles discussed so far to generate some fairly direct suggestions for a variety of hypnotic phenomena, psychological effects, and medical effects. You may notice that these suggestions are not squarely focused on the desired phenomena themselves, but rather on the cognitive processes and imaginative associations that might facilitate those phenomena:

- *Negative hallucination*: ***"There is no one here in the room now except you and I. And if you looked around, we are the only two people you would have to see, because there's no sense having to see people who aren't there."***

- *Age regression*: ***"Now go back in your memory, and remember when you first learned all the letters of the alphabet. The way it feels to hold that large pencil in your little hand."***
- *Time distortion*: ***"We all have times when time seems to be moving very slowly, barely moving at all. And you can experience each minute as if it were an hour."***
- *Anxiety relief*: ***"And as you think of that old trigger for anxiety, you'll notice how strongly you can see yourself practicing this new ability to just relax and play with challenging situations. So you can really see how that same old trigger for anxiety is now becoming a trigger for joy and fun."***
- *Behavioral activation for depression*: ***"The more you begin to notice that depressed feeling coming on, the more urgently you'll feel compelled to get up and begin to exercise."***
- *Analgesia*: ***"Now imagine that area being filled with a cool blue feeling like an ice pack that soothes the discomfort. So that those uncomfortable feelings just fade off into the background."***
- *Anesthesia*: ***"You can imagine that that hand doesn't even really belong to you. Like it belongs to someone else and isn't even really a part of you. And you already know that you can't feel anything that happens to my hand—Why would you? It's not your hand, so you can't feel it. And as you look at that hand, there isn't any reason for you to notice any feeling at all."***

Indirect Suggestion

Indirect suggestions are *implied* suggestions, and these can occur in either hypnotic or nonhypnotic situations. I started this chapter talking about various ways that I might invite you into my office. Among the examples were a couple of fairly innocent-looking questions that Bandler and Grinder (1975) described as **conversational postulates**: "Would you like to come in?" or "Why don't you come in?" In each case, the suggestion to *come in* is embedded within a question that is not likely to be answered as a question. If I asked you whether you wanted to come in and you replied "yes" without moving from the hallway, it would be a very unusual interaction. And yet, framing my suggestion as a question makes it seem more polite—because I am explicitly giving you an option, even though it is an option you already had.

Now we can take that simple conversational principle and apply it quite hypnotically. By adding in the basic ingredients of hypnotic suggestion—truisms, conjunctions, contingencies, and dissociated language—hypnotic suggestions can be offered that are similarly soft and polite. I might ask you "Would you like to sit down and relax?" or "Why don't you begin by closing your eyes and going into a nice trance?" Maybe I am wondering, "Would it be alright for those eyes to begin to close as you inhale deeply?" or "Can you imagine the feeling of your eyes beginning to close?"

In the pages that follow, we consider a number of increasingly indirect forms of suggestion, most of which were developed and described by Milton H. Erickson, MD. It is important to note, as Erickson, Rossi, and Rossi (1976, p. 312) suggested:

> These hypnotic forms are all merely descriptive labels of different aspects of suggestion; they need not function independently of each other. . . . In fact, the art of formulating suggestions is to utilize as many of these mutually reinforcing forms as possible in close proximity.

As you may already be starting to realize, you can craft extremely interesting and powerful suggestions by weaving together a few very simple principles of hypnotic communication. Let us return to **truisms** for a moment to deepen our understanding of communication. We previously examined truisms that were observably true, but there are also many things that we know to be true internally, and things that are true for everyone. Consider the following sequence of truisms that draws focus to a number of universal experiences in order to build up a sleepy/dreamy response set:

- ***"We've all had times when we weren't quite awake, and weren't quite asleep."***
- ***"And you already know how to <u>fall asleep</u>, even if sometimes it can be difficult to remember."***
- ***"Most people find that when they're not thinking about how tired they are, that's when they're most likely to <u>just drift off</u>."***
- ***"And there have been times when you didn't even realize you weren't paying attention, until***

your mind had already drifted a long way off into a daydream."

- ***"And when people daydream, the outside world seems to disappear—they just go inside and find what's most important to them in this moment."***

Now, **presuppositions** are statements that assume something to be true. To tell a patient, "I'm not sure you're *all the way* in a trance *yet*" presupposes that he or she will end up *all the way* in a trance; the only question is whether it has already happened. Care must be taken not to engage the subject's tendency for critical reasoning when using presuppositions this way, as it would be very easy to presuppose something too far outside the subject's current belief system to be rapidly accepted without conscious reflection. For example, I might ask you: "How hilarious will it be when you start sending me Christmas cards, seemingly out of nowhere?" There is a chance you might *add me to your Christmas card list this year* so you can enjoy being a part of this great hypnosis in-joke. You might even find yourself laughing about it the next time you are standing in a greeting card aisle looking for a card. On the other hand, I might have broken rapport with you to some extent (i.e., engaged your critical conscious mind—*Is this guy trying to get me to do something weird?*).

Presuppositions and truisms can be used together very powerfully for this reason (Zeig, 2014). Suppose I want to induce a state of relaxation. Some truisms related to this are ***"You can relax; a part of you knows how to relax; there have been times when you've felt unusually relaxed."*** Because these statements are all true, we can safely presuppose them in ways that evoke more desirable and more automatic responses:

- ***"You can fully enjoy relaxing"***—relaxation is presupposed; the only question is how fully you'll be able to enjoy it.
- ***"You can enjoy allowing your body to relax very slowly"***—this complex presupposition takes it for granted that your body will relax, calling into question whether you will enjoy it and how slowly it can happen.
- ***"I'm not sure if you realize that a part of you knows how to relax quickly and completely"***—relaxation is taken for granted, focusing instead on which part does the relaxing, how quickly and completely it will do so, and whether you are aware of it.
- ***"A part of you already knows that you can choose to relax yourself"***—it is assumed that you can relax; you are only left to wonder which part is able to make the decision to do so.
- ***"Your mind can begin to dwell on those times in the past when you've felt unusually relaxed"***—it is presupposed that you can relax, and that there have been times when you were unusually relaxed, and the question is how fully you can inhabit those memories now.

Now just imagine stringing those presupposed truisms together with some conjunctions, contingencies, and dissociated language to create a smooth, multifaceted hypnotic suggestion:

"Take a moment to fully enjoy the feeling of allowing your body to relax completely now, just allowing that to happen very slowly. And I'm not sure if you realize that a part of you knows just exactly how slowly or quickly to choose to allow that body to fully relax. And as each part of the body is relaxing now at just the right pace and speed, your mind can begin to dwell on those times in the past when you've felt unusually relaxed."

■ Embedded Commands

By altering the tone and tempo with which a suggestion is delivered, certain words and phrases can become implicit commands. Take, for example, the truism, "***A part of you already knows how to . . . relax your body completely***." A slight pause and change of inflection turns *relax your body completely* into a clear and direct command that is not likely to be perceived as such on a conscious level, provided it is delivered in a smooth and natural manner. Zeig (2014) notes that it is generally more effective to *underemphasize* embedded commands, rather than *overemphasize* them, as underemphasis delineates them from the rest of the dialogue just as clearly, while being much less likely to be consciously perceived as a direct suggestion.

Some discussion about pacing in general might be helpful to you now as you consider beginning to employ embedded commands in your hypnotic speech. Speaking more slowly, and allowing some

space . . . and time . . . to pass between . . . these ideas . . . provides more and more . . . opportunity . . . to . . . *go inside* . . . and really *begin to discover* . . . the inner significance . . . of all the things . . . *you're learning now* . . . and allow, *your unconscious* . . . to apply these new understandings . . . in ways that will surprise and delight . . . your conscious mind.

In addition to allowing the patient's mind more time to find internal associations for each phrase, speaking more slowly and deliberately also allows you as a practitioner more time to track the associations you are cultivating and build more intentional associative momentum. Once you have established a good hypnotic tone and tempo, you will find there are endless opportunities to embed commands within the therapeutic dialogue. For example, you can begin building a hypnotic response set before you have officially begun "doing" hypnosis, by embedding commands within the early discussions about what to expect during the hypnosis session.

Hypnotic suggestions can be embedded in quotations to especially good effect, because the suggestion is delivered as though from a hypothetical third party who need not be resisted. For example: ***"My friend John experienced a deeper hypnotic trance than anyone I ever knew. And when I asked him how to go into a really deep trance, he told me, 'pay careful attention to that very slight buzz of electricity as the top eyelid meets the bottom one.' "***

Not Knowing, Not Doing

As we have discussed, the nature of hypnotic suggestion is that we are asking our patients not to do things, but rather to allow those things to happen. We are asking them not to know things, but rather to allow those things to be known. Erickson, Rossi, and Rossi (1976, p. 23) note,

> Most people do not know that most mental processes are autonomous. . . . 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.

Suggestions of the following form can therefore be highly effective in eliciting trance:

"You can just continue sitting there, and you don't even have to hold yourself up, because your body just stays comfortably in its place. And you can continue to hear the sound of my voice without even bothering to listen, because your unconscious mind will just inevitably absorb what's going on. And you don't have to make any kind of effort at all . . . you don't even have to hold your eyes open. And you can sleep without dreaming, and you can dream without remembering the dream."

Binds and Double Binds

A bind is a suggestion that provides a free, conscious choice between two comparable alternatives, where each alternative facilitates the patient's movement toward the desired response. Some examples:

- Would you prefer to go into a trance gradually, or more rapidly?
- Would you prefer to experience hypnosis in the chair, or on the sofa?
- Would you like to decide on an affirmation before going into trance, or while you're already in trance?

A double bind, on the other hand, offers a choice between alternatives that cannot be consciously produced. The subject must wait for an unconscious response to manifest itself before the subject can know the outcome. Following are some example suggestions for a variety of hypnotic phenomena:

- *Relaxation*: ***"And what part of your body begins to feel the most comfortable?"***
- *Arm levitation*: ***"Do you first notice that feeling of lightness starting in the fingers, or in the back of the hand? Or does it begin with the wrist moving upward?"***
- *Anesthesia*: ***"Is that anesthesia progressing quickly, or slowly?"***
- *Negative auditory hallucination*: ***"You can just be aware of the sound of my voice, or you can simply ignore everything else."***

- *Time distortion*: ***"Time may seem to be passing very quickly, or you may simply be unaware of its passing."***
- *Restriction of blood flow*: ***"You might notice a particular sensation as the blood stops flowing into that area, or you might simply be aware of a reduced ability to bleed without being fully sure of how you know."***

Conscious–Unconscious Double Binds

The more resistant or anxious a patient is, the more useful it may become to draw an explicit distinction between conscious and unconscious processes as they are occurring (Erickson, Rossi, & Rossi, 1976). The conscious–unconscious double bind offers unconscious alternatives in a way that offers education about the nature of hypnotic processing (Lankton & Lankton, 1983) such as

- *Ideomotor signaling*: ***"We've all had the experience of not even realizing that our head is nodding yes or shaking no. And if your unconscious mind is ready to begin looking for solutions to this problem, then your head can begin to nod yes whether or not you're even aware of it. And if it needs more time to prepare, then you may or may not feel it as your head gently shakes no."***
- *Problem solving*: ***"Your unconscious mind can continue to work on this problem after you leave. And you might or might not be aware, consciously, that this process is taking place until the solution emerges unexpectedly into consciousness."***
- *Panic attacks*: ***"If you didn't notice you were feeling anxious, you wouldn't have to panic about it. Isn't that right? And so you can begin to realize the need to panic only after your unconscious mind has found a solution for the anxiety, or you can consciously work out those solutions before noticing any feelings of panic."***

Dissociative Double Binds

This type of bind provides two alternatives, neither of which can be responded to without an act of dissociation. This type of suggestion creates a disorienting effect, because the dissociative statements offered essentially cannot be understood consciously. Therefore, a tendency toward cognitive dissociation is elicited by merely trying to understand what has been said. These statements are easier to compose than they are to parse, so let us work on building some from the ground up.

Suppose my intention is to induce or deepen a trance state in a subject who is consciously critical of his or her ability to experience trance. I might want to begin building a response set by discussing the fact that everyone goes to sleep and dreams, and we have all had the experience of drifting off into a daydream. Now, I will write two dissociative statements that each presuppose that a trance will be experienced. In the first, I will offer the opportunity to continue feeling consciously awake even as trance is experienced: ***"You can dream you're awake, even while you're in trance."*** And to complete the double bind, I will offer the reverse opportunity, which would be to actually remain awake while nevertheless experiencing trance: "***Or, you can feel as if you are in trance, even while awake***."

Let us craft another, aimed at eliciting somatic dissociation. As before, we will create two dissociative statements that each presuppose the desired experience—in this case a dissociation between the conscious mind and the somatic experiences of the body. So, in the first statement, we will suggest that a person can be mentally awake while the body sleeps, and in the second, we will offer that the body can be awake but without being a part of awareness:

"You can allow your mind to awaken while the body remains asleep, or you can develop a recognition that the body is awake, without needing to have any experience of that awakeness or of that body."

CONCLUSION

Each of us uses language every day without really being aware of how we are doing it. You simply trust your unconscious mind to translate your intentions into spoken words, and then allow those words to emerge. And your style of speech evolves over time—there have been periods of time when you acquired new words or phrases, or when a

familiar phrasing became more common in your vernacular. Your rhythm and intonation change based on the environment that you are in, the people you are around, and the subject at hand. And I really do not know whether you will first begin to employ the suggestive strategies outlined in this chapter consciously and deliberately, gradually acquiring new habits of speech, or whether you will first discover yourself using a new, more effective style of suggestion with your patients, only to go back later and really study and refine that change. What I do know is that the more comfortable and familiar these forms of hypnotic suggestion become, the easier it will be for you to experience success. And you can begin to develop that comfort and familiarity now, by spending a very interesting and enjoyable period of time completing the exercises that follow.

First, review this list of hypnotic phenomena. For each one, write out two or three distinct ways you might go about building up and then activating a response set for it. Write each suggestion in a complete form that includes some truisms, conjunctions, contingencies, and dissociated language as well as some indirect suggestions and some direct suggestions:

- Catalepsy
- Levitation
- Analgesia
- Anesthesia
- Amnesia
- Hypermnesia
- Time distortion
- Age regression
- Age progression
- Positive hallucination
- Negative hallucination
- Dissociation

Next, generate a list of six or eight hypnotic effects that you want to be able to reliably elicit in your patients. For example, any clinician will want to be able to elicit states of relaxation, motivation, comfort, and trust. A psychotherapist will want suggestions to address common ailments such as anxiety, panic, insomnia, nightmares, sadness, anhedonia, and self-worth. A physician will want suggestions for common complaints such as headache, muscle ache, gastrointestinal distress, needle phobia, and so on. Once you have developed this list, use it to complete these exercises again, crafting for each item two or three complete suggestions that elicit and then activate a response set for your desired outcome.

As you spend this time engaging your imagination in the process of formulating hypnotic suggestions, it will become increasingly natural and automatic for you to do so in your practice. And as you re-read this chapter, you will become increasingly aware of the forms of hypnotic suggestion demonstrated throughout.

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