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Hypnotic Psychotherapy

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The following material taken in large part from lectures given by Milton H. Erickson M.D.

HYPNOTHERAPY PROCESS
1.Interview
2.Induction
3.dissociation/deepening/literalness
4.Trance work
5.Amnesia
6.Conscious education

Dynamics of Hypnosis

1st Dynamic of Hypnosis: Conscious vs. Unconscious thinking. Literal thinking is unconscious thinking. The unconscious mind listens to the literal meaning of the questions you as the hypnotist provide. Consciously we respond to the behavioral implications of a question. For example, "will you stand up?" , will be responded to in the waking state with the behavioral response of standing up. In the trance state, the answer to the same question is either "yes" or "no". Responding to the behavioral implications of a question is the result of a lifetime of experience in conscious adjustment. In the hypnotic trance the subject tends to respond to ideas and very exactly to ideas. They tend to hear you so literally and respond literally. If you say to a patient: "I'd like to have you awaken right now" and the patient listens very carefully and continues right on in the trance and does nothing, what is happening? Lets analyze what you have said. "I'd like you to awaken now". That request is a personal wish or want of yours. That's what you want. The patient in the deep trance will recognize that statement as your wish or desire. It has nothing to do with them. That statement can be used to test the depth of the patient's trance. When you say instead, "Now awaken", then the patient in the deep trance will awaken. Whenever you talk to a patient, try and understand your words and your suggestions. It's important for you to know what you have said to that patient. Don't overlook the literalness of the person in the hypnotic trance.

You start out learning with your conscious mind and then bit-by-bit you learn more and more with your unconscious mind until you are willing to let your unconscious mind do all of the learning. And you can see the patient who's just learning to go into trances, learning some at the conscious level and some at the unconscious level. Sooner or later the patient learns those processes that are important and gives attention to just those processes that have to do with going into trance.

Whenever the patient responds to the ideas or suggestions that you give, they respond to them in accord with their own learnings because they cannot respond beyond their own learning. For example, a person with a

great deal of musical talent can hear a note and respond to that note, feel that note, remember that note much better than a person who's tone deaf. This is also true of the hypnotic subject that is gifted in art who, when you show them a group of colors, has a much more comprehensive response than the hypnotized person that's color blind.

So you present ideas to a patient in a way that interests them and you rely upon their own capacity to learn and understand and their own capacity to fit it in with their own past experience. For example, you never tell the uneducated person to develop an anesthesia on the dorsum of their hand. But you can tell him. "Now on the back of your hand, get a dead feeling." That he can understand. So you're using his experiential learning, his experiential understands and you can induce an anesthesia in the back of his left hand by telling him to get a dead feeling in the back of his left hand.

2nd dynamic of hypnosis: *Participation*.

You aren't the important one in the hypnotic situation, your patient is. Your task or part is to have your patient **participate**. You want the patient to have the experience that they are going to accomplish their goal and that they're going to do it and not you. You want them thinking that they, as a total personality, are achieving their goal, whatever that goal is and it's their participation in the hypnosis and in the post hypnotic period that will bring about the good results, not the therapist's participation.

3rd dynamic of hypnosis: Learning experience

Whenever you deal with a patient, you want it to be a **learning experience** for you and a **learning experience** for the patient. You should always be looking for something new and something interesting in your patient. You need to convey to the patient that they are **interesting to you** and that you expect to learn something from them of interest to you. In other words, you help the patient recognize that they are a person of value and of interest to you. And you point out this little piece of behavior and that little piece of behavior as proof. You want to help the patient take an interest in themselves and when they do, they are more likely to want to cooperate with you in learning something more about their own abilities. Then you can approach the patient asking them if they'd like to learn something new like arm levitation, etc.

When you create this kind of relationship with the patient, you can present ideas to the unconscious mind and you're letting the unconscious mind of your patient think about the ideas that you're presenting. The unconscious mind picks up an idea and it examines it and turns it over and it understands it. While your patient sleeps at night his unconscious mind will translate those ideas into new understandings and new behaviors. You want your patient's unconscious mind to do the understanding.

4th Dynamic of Hypnosis: Competence

5th Dynamic of Hypnosis: Expectation

6th Dynamic of Hypnosis: Willingness

You need to have enough **competence** in your professional knowledge and ability in the field of hypnosis. You need to know that you know a lot more than your patient about hypnosis and how to apply it to your patient. So your **competence** should be absolute. This competence needs to be softened by your **willingness to** learn and your **willingness** to share with your patient. I'm not talking about an egotistical self-confidence…that's wrong. Your **competence** in your ability to practice hypnotherapy in a way that pleases and helps your patient. Not to dictate but to learn from the patient how you can help him and how you can use hypnosis for his benefit. It's your absolute **confidence** that creates the feeling in your patient that he wants to cooperate with you to achieve the goals that are possible. You **always expect** your patient to understand and to hear and to make the response. When you ask your patient to look over there on that blank wall and see a moving picture of themselves, your whole manner needs to be one of **expectation** that he's going to look up there and see that moving picture or whatever you want him to see. Everything about how you present that idea is one of **complete expectation** that the patient is going to see and understand. You don't compel or make the patient do something. You bring it about through an attitude of **expectation,** which gives him the freedom to say, "**No**", I prefer not to. Then you can say to your patient: What would you like to do? Would you like to listen to music? And then they can say that they think that music would be much better than a movie screen. So your attitude is one of **expectation**, not compulsion, not dictation. The therapist that wants to use hypnosis dynamically uses **expectation and competence** in his attitude and gives his patient the freedom to respond. After they do what they want (listen to music) then they're much more willing to watch the movie of themselves at 4 years of age that you wanted them to see.

It's your willingness to make it a learning situation and your recognition that your patient's unconscious mind can deal with ideas. Even if your patient doesn't understand the first time, your **willingness** to make it a learning situation allows your patient to come back and ask for more explanations.

So you approach hypnosis with an attitude of **competence**, an attitude of **willingness** and an attitude of **expectation** that your patient is going to learn this and that in accord with their own patterns of learnings and understanding and you're going to be very satisfied with their successful learning of all the things they need to learn. Finally, you take the attitude that you are going to do everything you can to help them learn all the things they need to learn and that you're going to enjoy it. You never take the attitude "I hope you can do it". Or "maybe you can do this a little bit". You need to approach the patient with the attitude that I'm going to teach you to be a good hypnotic subject. There should be no doubt in your mind.

Psychotherapy and Hypnosis

The goal of therapy is to lead the patient into a more satisfying set of living patterns that allow them to express themselves in unique and individual ways.

The means of accomplishing this goal is a matter of concern and interest to all students of psychotherapy. The focus of the therapy should be on what the patient does in the present and what they will do in the future rather than on a mere understanding of why some long-past event occurred. The goal of the therapy ought to be the present and future adjustment of the patient with only the necessary attention paid to the past in order to prevent

a continuance or reoccurrence of past maladjustments.
The patient's behavior is part of the problem brought into the office. It's the personal environment within which the therapy must take place and it may be the dominant force in the total therapist-patient relationship. In other words, their behavior is a part of them and a part of their problem. The patient should be looked at with a sympathetic eye. What is needed in the therapy situation are those conditions which are favorable in encouraging the patient to use his own thinking, his own understandings and his own emotions in a way that best fits him. It's not necessary or important for the patient to understand what the therapist thinks, knows, believes, likes or dislikes. In regards to other matters of conducting therapy in general, it is also important to consider the related matters of time spent, effective utilization of efforts and, above all, learning to utilize the fullest functional capacities and abilities and experiential and acquisitional learnings of the patient.
In other words, each patient needs to be studied individually in regards to their own particular learning capacities and their abilities to execute and elaborate understandings as well as understanding the role of emotions in a patient's pattern of functioning. The student of psychotherapy should recognize the importance of the patient themselves with needs, capabilities, experiences and separateness as individuals with their own unique background of experiential and acquisitional learning.
Hypnosis is a modality of psychotherapy that serves to elicit and to release the actual patterns of behavior and response existing within the patient and be made available for adequate and useful expression of the personality. Hypnosis does not try to educate the patient into some regimented school of thought in a "one size fits all" approach.

Hypnotherapy: *The essence of hypnotherapy is to evoke unbiased answers and potentials from within the patient.* This process begins by first securing the patient's attention and then suspending their everyday conscious mind sets. The operator wants to temporarily suspend conscious operations so that other mental mechanisms can be activated including activating an inner search within the patient. In general, the operator wants to activate unconscious mechanism to a threshold of therapeutic work, as opposed to the idea that hypnosis is programming a "blank-slate".
You lead the patient to think that you see something that they don't feel yet. As an infant you start learning the moment you hear something. You wonder what is being said, what does it mean, etc.
"What happens next will be a reference to something outside this room. "
"Is that "yes" (written automatically) a contradiction to what you said?"
Confusion deepens the inner search, which deepens the trance automatically.
The hypnotic mode: conscious mind and intentionality are shunted a bit and put aside as your patient waits for answers to come from unconscious searches and processes without conscious intentionality.
"Have you forgotten something?" "Do you believe you've forgotten something?" "Is connected with something you've forgotten?"
The goal is to get the patient to respond from or at two different levels or response systems: conscious and unconscious. You try to get the patient to get information from other than their consciously chosen point of view which is unbiased by conscious frames of reference and learned limitations.

"Are you going to be surprised tonight?" "Who is going to do it?" " Will you help?"
"Block out everything except my voice." "You **have a purpose** for going to sleep and you are going to accomplish that purpose in a comfortable way and you'll really sleep deeply so you can only hear my voice and my voice will go with you and change to become the voices of people from you past."
In hypnotherapy you approach everything as slowly or as quickly as the patient can endure the material. Don't drive it home hard because that can be rejected. The slow approach allows the patient to recognize the value in your ideas. Understand that you the therapist don't understand the problem and it's your job to find out what the problem is no matter what the patient tells you at the conscious level, that's just the conscious story. What are the unconscious factors? You want to deal with the unconscious mind and bring about the therapy at that level. Then you can translate it to the conscious mind so that the conscious mind can make changes in the conscious patterns of thinking and behaving. You help bring out those understandings developed at the unconscious level to the conscious level as far as are needed.

Protect the Patient:
The patient comes to you **not** because you're a therapist but because he or she needs your protection and your help in some regard. If the patient could handle their problem they wouldn't need you. Your value to the patient is in your ability to bring out their untapped resources and potentials and response systems that the patient's conscious mind or ego has not been able to utilize in a voluntary and intentional way. Hypnosis allows you to circumvent the patient's conscious limitations.
The patient's personality is very vital to them and they don't want you to do too much and they don't want you to do it too suddenly. You've got to do it in the order that they can assimilate it.
Look at the personality of your patient. How do they express their behavior? Are they overly friendly, hostile, defiant, extroverted? The therapist must modify their own behavior and be fairly fluid and not rigid because rigidity brings out rigidity in the patient. You let the patient dominate the therapy either by complete domination or subservience. The patient doesn't come in for the therapist to take compete charge. The patient comes in so that the therapist can do something and especially something in accord with the needs of the patient and not in accord with the needs of the therapist.
You protect the patient by giving them suggestions in a way that doesn't elicit or arouse too much difficulty, i.e. "I want you to recall a pleasant memory that you can comfortably share with a stranger" or " I want you to recall an unpleasant memory that you can feel safe in sharing with a stranger…only tell me those things that you can comfortably share with as stranger". When you ask a patient in trance to tell you something that they've learned in trance, you might ask: "***Can you want me to know? I believe you want me to know and at the same time you wish I wouldn't. I want you to really hope that I will know it, so let's do it the best way, so that you either tell me or decide not to tell me. Because you really expect me to understand it and really help you to understand it, don't***

you?" There's a big difference between merely giving the therapist permission to know something and the subject having the hope the therapist will understand it or know it. Your hesitation compels the subject to focus on the emotional aspects of their memory.

Basic Principle of Hypnosis

In hypnotherapy you open the patient up to knowledge that lies within *rather than programming him with new "software"*, as if he were a computer. Erickson said: "too many hypnotherapists take you out to dinner and tell you what to order. I like to take a patient out to a psychotherapeutic dinner and I say 'you give the order'. The patient makes his own selection of the food he wants. He's not hindered by my instructions, which would only obstruct and confuse his inner processes. You provide the patient first with the idea of "alternatives". This **idea of alternatives** in turn triggers off the inner search and creative problem solving abilities within the patient.

The utilization of common everyday mental mechanisms such as amnesia, projection and repression. The hypnotherapist intentionally uses the mental mechanisms or dynamics of human behavior to facilitate the reorganization and reassociation of the patient's experiential life, leading to a fuller expression of the personality without self-limiting and self-defeating neurotic patterns. The therapist tries to prevent the patient from getting the new information from their **conscious point of view.** In other words, you try and evoke something without the bias of their own conscious frames of reference and learned limitations.

Trance Induction:

Explaining to the patient that you are going to introduce them to a new way of learning some things that are going to enable them to discover unrealized capacities to learn and to act in new ways that could be applied to other and different things.

During trance induction the patient's behavior is made up a both conscious and unconscious patterns, while the behavior of the trance state itself should be primarily of an unconscious origin.

The patient needs to be educated by the therapist that they are being prepared for another type of experience in which new learnings will be utilized for other purposes and in a different way. In other words, they need to be good hypnotic subjects, familiar with all kinds of hypnotic phenomena. This training should be done before any attempt at therapy is made.

<u>Role of suggestion and the role of the therapist in Hypnosis:</u>

The patient's responses in trance come not from the therapist, but from their own life experiences. Hypnosis doesn't change people nor does it alter their past experiential life. What it does is help them learn more about themselves and to express themselves more adequately. It is the experience of reassociating and reorganizing of the patient's own experiential life that results in a cure and **not the words or teachings of the therapist**.

Hypnotic psychotherapy is a learning process for the patient and a procedure of reeducation. Effective results in hypnotherapy result only from the patient's activity. The therapist merely stimulates the patient into activity.

Hypnotic training:

The goal in training the hypnotic subject before the therapy begins is to help him be able to respond unconsciously in the trance with as little participation of waking patterns as possible. For valid results, a training process extending over several hours is required. In this training procedure subjects may be hypnotized, awakened, re-hypnotized, and reawakened repeatedly, with each of the trance and waking states employed to teach them by slow degrees a facility of control over mental faculties and an organization of responses that increases the degree of dissociation between consciousness and unconsciousness, thus establishing in effect but not in actuality a **dissociated hypnotic personality**. The hypnotic subject is being taught how to dissociate from his conscious awareness, which includes conscious patterns learned over a life time. The subject is being trained to dissociate the conscious elements of the personality from the unconscious elements of the personality. In this way there can be a therapeutic manipulation of those parts of the personality under study in each case.

In the waking state the patient is restricted to his general conscious concepts of how to function intellectually, while in the trance he responds in a totally different way based on real-life experiences and the reactivated memories of such experiences. Amnesia is a fundamental tool in hypnosis because it increases the effectiveness of hypnotherapeutic work by protecting the patient from the doubting, debating and negating effects of their rigid conscious neurotic mind sets; the same limiting mind sets that brought them to seek help.

Hypnotic training involves the use of common mental mechanisms for educational purposes. Amnesia, projection, repression, dissociation, fantasy: these mechanisms, to name a few, are "re-taught" to the patient and become the mechanisms utilized in facilitating the reorganizing and reassociating necessary for the patient to alter their own life course.

Amnesia

"**State Bound" nature of hypnotic amnesia**:

Trance is an altered state of consciousness and amnesia is a natural consequence of this altered state. Amnesias are "state-bound" experiences.

Successful trance is dependent on the learned and practiced ability to subordinate or make secondary and temporarily eliminate everyday waking patterns of behavior.

Our experiences arise from a bonding or coupling of a particular state or level of arousal with a particular symbolic interpretation of that arousal. This "state" can later be elicited or evoked either by inducing it or by presenting some symbol of its representation, such as an image, a melody or a taste, to name a few. In other words, the state of mind

we are in when we learn something is the state of mind we need to return to when we want to recall it. A single experience can create "state-boundness", as in rape, war and traumas of all kinds…i.e. PSTD. LSD flashbacks, Déjà vu experiences. The apparent continuity of consciousness that exist in everyday life is in fact a related series or bits of experiences, be they conversation, tasks, behaviors, all are connected by bridges of associations that provide us with the sense we have of continuity in consciousness. Amnesias happen to us quit regularly if you think of how easily you can lose the "thread of your thought" by being interrupted, i.e. phone, person, noise, external event. Without the bridges or associations that link our various experiences together, our sense of the world and ourselves in the world, would break down into a series of discrete and separate states which would feel to us much like a dream state.

Hypnosis in and of itself may be an entirely adequate genetic factor for the development of amnesia. Amnesia develops readily and immediately and can be elicited by simple suggestion. Hypnotic amnesia is not the same as ordinary forgetting. Hypnotic amnesia is a definite and significant trance phenomenon. It can be enhanced by a careful choice of hypnotic suggestions.

Waking state amnesias:
#1: When introduced to someone new, shaking hands, repeating the person's name, and a moment later wondering desperately what the person's name is.
#2: Asking for directions, repeating the directions as they are being given, only to wonder a few minuets later at which intersection to turn and whether to turn left or right.
#3: Professor tells class the day, the hour, and the room in which the final exam will be given and then, when he turns to leave the room he sees some of the class members turn to each other (in room or the hallway) and wrongly debate the hour, day and class room. It's not just a lack of attentiveness. We tend to spontaneously forget the parts or details of a situation when we are fixated or motivated by the total gestalt or the major goal of that situation, i.e. getting a good grade on the final.
#4: Drive through traffic engaged in an intense conversation and when arriving at destination there is a totally surprise that we have arrived. There is no memory for having stopped at lights, turned on the correct streets, etc. The absorbing conversation was a special state.
5. Children being told "*just **forget** about that* (comment, behavior, disturbance, quarrel) *and got out and have a good time*." An hour later the child doesn't remember what they were complaining to the parent about earlier.
6. When you go out to lunch or dinner and the bill comes and one of the guys says: "*Oh forget it boys, this is on me*".
7. "I got so damn mad, I forgot".

In ordinary waking state direct suggestions can be given to elicit amnesias. These should be given in a casual, non-repetitive fashion and under circumstances of increased emotion.

Trance amnesia
The subject has the same abilities he does in normal waking state but manifest those abilities in ways that are the same or different than in an ordinary waking state. Trance permits the operator to evoke, in a controlled manner, the same mechanisms that operate spontaneously in everyday life.
Thus, some subjects may develop without instruction a totally **spontaneous amnesia** because of an interruption of the ordinary state of awareness by the establishment of the hypnotic state with no associative connectiveness to the ordinary waking state. If this can occur spontaneously, why should there be any doubt that similar situations can be set up psychologically in order to deliberately and intentionally to evoke hypnotic amnesia?
While the majority of hypnotic subjects will manifest amnesia following a deep trance experience, there are some personalities that cannot allow for amnesia and therefore, for any amnesias they have as a result of being in a deep trance, they go through a spontaneous process of recovering in full or in part, enough material to satisfy their personality needs.

Direct suggestions for amnesia:
In hypnosis the matter of direct suggestion to "forget" is of another character than forgetting in the ordinary everyday waking state. It can be given directly, emphatically, and repetitiously as a specific instruction rather than as an incidental, casual, admonition or suggestion.
The suggestion to ***forget*** that develops in the trance is effective in both the trance and post trance situations. For example, a subject is told in trance that she is to forget what she had for breakfast, or lunch that day. As he/she accepts the suggestion, she can then be questioned by naming a variety of possible foods, among them, those she actually did have for breakfast. She may reject each one readily or more thoughtfully. The recall of what she ate for breakfast or lunch can be made contingent upon some past hypnotic clue (tapping of a pencil, drinking coffee pull on beard, rub nose, etc.), Such amnesias are dependent upon external stimuli rather than upon inner associative processes.

Amnesia by distraction:
After a patient awakens from their trance, the trance state still persists, even though they appear to be awake. Questioning them about the events of the trance in any way can result in a full recall of the trance experience. Talk instead about things very remote from the hypnotic experience, i.e.(while looking out the window on a fall day) "Did you know that the color of those leaves, the red ones out there, were always there, even in the spring. Now the chlorophyll is draining out….revealing the inside color". Or sometime the author picks up his guitar and plays a tune asking the patient if they ever heard that tune before. You might even want to rush them out of the office as a way to avoid them recalling any of the trance experience. The importance of this is that you want them to continue thinking through the ideas and experiences at the unconscious level before the conscious mind unintentionally

"undoes" the good work you've just done with the patient.

Indirect suggestions for Amnesia:

In most trances some consciousness is usually present in the form of the observer attitude. Part of the subject is "lost" or absorbed in the trance experience while another part of the ego is still quietly observing what is happening, just like sometimes in a dream. When a direct suggestion in given the observing ego takes note and having taken note, it can later chose not to carry out the suggestion. In other words, he can debate with himself regarding the merits of a suggestion and decide whether or not to carry it out. Indirect suggestions allow for unconscious potentials to be used without or with considerably less interference from the rigid and limiting preconceptions of the conscious frames of reference which comprise consciousness.

Structured amnesias: all associations that come between the beginning and ending reminder tend to be lost in an amnesic gap such that the listener's conscious thinking becomes confused and depotentiated.

With little or no direct suggestion, there is no ability to debate or negate it. Indirect suggestions are more easily programmed directly into the unconscious thinking processes and can therefore merge more naturally in the patient's ordinary course of behavior.

The alternating of hypnotic and natural amnesias:

Amnesic memories can be recovered in the trance state and reacted to with strong emotions while still in a trance, but the total experience of this does not carry over into the waking state. When, in the future, the patient recovers the memory in the waking state, the preliminary trance experiences becomes unimportant to the conscious personality and is not recalled. It's like baking and serving a cake. You don't remember studying the recipe, mixing the batter and which bowl you used. So when the patient finally gets everything ready to be remembered at the conscious level, how they went about getting everything ready and arranged to be remembered at the conscious level and all they went through are no longer important. In other words, in the practice of hypnotherapy, a spontaneous trance develops for the trance work once the memory is integrated into the conscious personality. It's not enough to simply recover a lost memory in the trance. Such trance work is only a preparation for integration into the conscious personality in the waking state.

Amnesic material in dreams:

A full account of the trance experience for which a subject had a spontaneous amnesia may surface in a dream that the subject may or may not recognize as a recounting of the trance experience in question.

Amnesia by displacement and distortion of memories:

Here's an example of amnesia developing in response to carrying out a post-hypnotic suggestion. Upon awakening you will be offered a cigarette (or glass of water, etc.) which you will want to smoke. As soon as you take the first drag (inhale) you will want to join in the conversation most enthusiastically. Upon reaching the end of the cigarette

you will put it out. The moment you put it out you will develop a complete amnesia for all occurrences between the time you took your first drag and when you put out the cigarette.

Amnesia by interrupting the spontaneous post hypnotic trance:
In order for a subject to carry out a posthypnotic suggestion/task, the subject must go into a new, unrecognized, trance.
If the operator interrupts that new trance and temporarily prevents the subject from carrying out the posthypnotic task, new hypnotic work can be introduced and acted upon. When the subject is then allowed to complete the original posthypnotic suggestion, they will awaken spontaneously and have a full and spontaneous amnesia for the new hypnotic work that was inserted into the 2nd trance.

Early training for amnesia:
Early training for hypnosis includes developing a specific amnesia for some innocuous memory then restoring it along with some other unimportant, but forgotten memory. In this way there is established an experiential learning that can be used in the recovery of important memories later in the therapy process. Also, in teaching the subject to repress memories or develop amnesias, it clears the slate for a reassociation and reorganization of ideas, attitudes, feelings, memories and experiences. In proceeding in this manner, it becomes possible for the patient to reach a critical objective understanding of unrecognized material from their own life experience and then to reorganize and reassociate it in accord with reality significances and their own personality needs. An analogy would be a child who is iodine or calcium deficient who shows a strong preference for iodine or calcium rich foods.
Developing a complete amnesia for all trance experiences: Develop a deep trance each time you (speak fluently, don't smoke, don't over eat, don't get anxious, etc.) ***Next time we meet, no matter where or when, as we greet each other with a handshake, you will immediately develop a profound trance***.

Dissociation:
Initiating dissociation by automatic writing, ideomotor signaling, "crystal gazing", puzzles, etc.
Early training in dissociation includes instructing the patient to discover that they can hallucinate "strange", unfamiliar people and be able to speculate upon their probable history, etc. This "crystal gazing", as Erickson referred to it, is an unrecognized projection of unconscious material onto a hallucinated screen or T.V. This technique is particularly well suited when serioiusly traumatic material needs to be uncovered. While the subject is watching an unknown person and that person's significant others in a horrible scene, the hypnotherapist can ask the subject to describe in full all they see. They can learn to discuss at length what the hallucinated unknown person is saying, feeling and the probable reasons why. The hypnotic subject can be asked how they think that unknown person might react in the future and how they think the person should react and, finally, what a therapist could later do to help. After eliciting all this information, the hypnotherapist can decide when his subject is ready

to recognize that they have really been looking at themselves. . Without realizing it, the patient is hallucinating their own personality and the significant others in their life. In this way they can develop a complete and adequate objective understanding and a corresponding new frame of reference. Thus, the dissociation of intellectual content from emotional significances can facilitate an understanding of the meaningfulness of both.
The tendency to fantasy at the expense of action can be used in hypnosis to create a need for action.

Dissociating thinking and doing:
The outer head movement and the inner thought processes are usually associated together in a mind-body pattern of agreement in everyday life. Reversing the process, i.e. the mind thinks the opposite of the head nodding or shaking. The critical point comes when the subject shakes her/his head "no" to indicate she's not in a trance but the "reverse set", that has already been activated in her makes her think: "I must be in a trance". You try and encourage the S. to accept an attitude of passive expectation.
The conscious mind is to do nothing except witness unusual sensations, perceptions, movements, etc., coming from the unconscious.
O. All you have to do is let things happen and they will happen. How much are you willing to learn? Do you know about the feeling that you get when you're feeding a baby and you want the baby to open it's mouth and you open yours instead? Did you ever put on the brakes when you were sitting on the passenger side of the car or in the back seat?
S. says "yes".
O. That's the kind of automatic response I'm trying to get you to do. Now watch my hands: my right hand can lift very slowly and it can lower very slowly. Now what I'd like to have you understand is this: you have a conscious mind and you know that I know that, and you have an unconscious mind and you know I know what I mean by that. Now you could lift your right hand or your left hand consciously, but your unconscious can lift one or the other of your hands and I'd like you to look at your hands and I'm going to ask you a question and you do not know the answer to that question consciously, and you'll have to wait and see what the answer is. I'm going to ask you: Which hand is the unconscious going to lift up first? The right hand or the left hand and you really don't know. But your unconscious knows. (pause as one hands begins to move/quiver, etc.)
O. That's right and it's beginning to lift one of your hands…lifting and lifting, now watch it. That's right..watch it…lifting…lifting, up it comes, lifting..higher and higher. And watch it. Soon you'll notice it and keep watching your hand and watching it and if you wish you can close your eyes and just feel your hand lifting higher and higher. That's right..lifting still more. Elbow will start bending and the hand will come up. That's right and now close your eyes and just feel it lifting and it's lifting higher and higher. (your voice tone now goes up). This can facilitate arm levitation at unconscious level and at this point the O. can gently guide the other hand up)
O. Now I wonder which hand will go down first? One or the other is going to go down first and as it comes down,

I want you to go deeper into a trance and I'd like to have you enjoy going deeper and deeper and when your hand reaches your lap, you'll take a deep breath and go even deeper and when your hand reaches your lap, you'll take a deep breath and go even deeper into the trance because you're beginning to learn how now and now let it seem to you that many minuets have passed and now I'd like you to awaken and look at me and talk to me (reach over and gently touch underside of one of the hands so that it remains slightly levitated as subject awakens.
If you learn to do this at exactly the right moment, the S. will awaken and stare with curiosity at the arm in its cataleptic position. In other words, you try and give the tactile clue in-between the trance and the awake state which actually then belongs to neither one.
O. now watch that hand get closer and closer to your face and pay attention to the sensations of movement of your arm, the bending of your elbow and the way that hand is getting closer and closer to your face and very shortly it's going to touch your face but it's not going to touch your face until you're ready to close your eyes and go way deep sound asleep. That's right. Almost ready, almost touching your face now. Getting ready to go way deep, sound asleep in a deep trance.
O: I want you to discover the difference between your thinking and your doing. You know how to nod your head and you know how to shake your head and you know that your name is ……. And you know that you're a (woman/man) and you know that you're sitting down and I know all those things too and no matter what I say or you say or anyone else says, it won't change your name, will it? And it won't change the fact that you are a (woman/man) and it won't change the fact that you're sitting down. But I can say anything and you can think anything. It doesn't change the facts.
Now I'm going to ask you, is your first name (S.'s real name) ?
S: says "yes"
O. Now just nod your head or shake your head to answer me. Are you a woman?
S. nods head.
O. Are you sitting down?
S. nods head.
O. all right. Now I'm going to ask you some other questions and you will nod your head in answer to my questions and you will nod your head. Is your name (some other name)?
S. shakes head "no"
O. Just nod your head to answer. Is your name(wrong name again)?
S. nods "yes"
O. That's right because your thinking can be different than the muscles in your neck. Are you standing up?
S. Nods "yes".
O That's right. Are you a man (opposite sex)?
S. nods "yes"

O. That's right. And now I want you to shake your head "no" in response to the next set of questions. Your name isn't (correct name), is it?
S. Shakes head "no".
O. And you're not a woman/man are you?
S. shakes head "no"
O. And you aren't sitting down, are you?
S. shakes head "no".
O. And you're not in a trance, are you?
S. shakes head "no".
O. and you're not answering me, are you?
S. Shakes head "no".
O. and you're not going to answer me, are you?
S. shakes head "no".
O. That's right and you can hear everything I say to you, can you not.
S. shakes head "no"
O. all right and ;you can close your eyes, can you not? And you can enjoy going deeper and deeper all the time and you really are and just keep on sleeping deeper and deeper in trance.

Projection:

Projection of material from one's own life experiences is a common mental mechanism. Personality traits dislike by the self are easily repressed from consciousness while readily recognized in others..projected onto others.
In order to put the patient in an objective/observer, 3rd person role, the therapist utilizes the mental mechanisms of repression and projection. From the observer position, the patient can view freely a panorama of his own life complete with a recognition of faults and distortions without the blinding effects of emotional bias. All this can take place for the hypnotized subject because he's not aware that he is looking at himself. He can hallucinate himself with significant others and see these relationships in a great number of different life settings known to be traumatic . Once an adequate understanding has been built up, while the patient is still in this
detached, objective state, the patient can be asked to speculate whether comparable incidents had ever occurred in his life. As he does this he's given permission to remember every little thing necessary in his own history.

Age Regression: The tendency of the personality to revert to some method or form of expression belonging to an earlier phase of the development of the personality. Direct suggestion for age regression gives inconsistent results. An indirect approach to age regression begins with an inner search process begun by the operator. The following is an example: *somehow or another you will realize that you are safe and that you are secure and that there*

is someone you know you can trust who will talk with you and with whom you can shake hands and you learned to shake hands when you were very young. It's very difficult to remember the first time you ever shook hands. It is very hard to remember that-the day after you shook hands for the first time and if you forgot a number of things that have happened to you since the first time you shook hand, you will really get closer and closer to that memory, will you not? Now I'd like to have you make a guess. Do you suppose you know what month it is right now?

The inner search, which may never reach consciousness facilitates the age regression process…the search for early memories.

Sufficient time must be allotted when giving most hypnotic suggestions because the subject needs time to evoke and reorganize the profound psycho-physiological processes necessary to carry out the suggested task or behavior.

Age regression and trauma

Initiating a search for traumatic memories without the patient's conscious mind realizing it: *"I would like you to be unwilling to answer this question: is there something about those flowers you don't like?"*

Flowers, in general, are likeable, but there are ***somethings about something*** which is likeable that you don't like. For example, my wife loved Omar, her cat, but she doesn't want to be reminded of him because he's dead. She doesn't like him dead. So she forgot about Omar completely. Things we *don't like* are very often associated with things that *we do like*. So by asking the "flower question" you are evoking a "set" for the patient to look for something that the patient does not like. Some kind of traumatic memory, which is important and precious to the patient. So the phrase: "be unwilling to answer", is actually an indirect suggestion *to search* for the repressed memory-it initiates an inner search.

"Will you write it?"

Introducing yourself during an age regression as Mr. May, June, February, etc. You can tell the regressed subject to dream about going to the zoo with Mr. August or going to the playground, etc. You are eliciting all her own ideas about what someone like her father would have done for her had they lived. As a child, she craved attention after her father died. It's all her own dreams that you are eliciting and she probably did some of that kind of thinking right after her father died.

What year is it? Can you write? We are talking, aren't we? Do you know who I am? Do you know my voice? You can tell by the tone of my voice that you'll probably like me. I'm going to put your hands on your lap, like this. I'm going to put two things there.(ring and pencil) One between the little finger and one between this finger and this finger. Now I want you to tell me what the yellow things are that you see on your hand. You will have to open your eyes, won't you?

Is there anything you don't like or understand? Tell me one…the most troublesome. Is there some question that you'd like to ask or something else you want to say that troubles you a lot? Have you got anything else that troubles you a lot? Anything you're afraid of?

Waking subjects are restricted to their general conscious concepts of how to function intellectually while hypnotic subjects respond in a totally different way based on real life experience and the reactivated memories of such experiences. Thus, the age regressed subject utilizes reactivated personal associations in an immediate and spontaneous manner.

Reversal of Regression:
Reorient the patient a day, a week, a month, a year at a time until you come to the present age. What happens? They learn something about the control of obsessional, compulsive behavior.

Denial
Take them back before they had to deny. Reestablish contact with them previous to the event they need to deny. Then speculate with them about the possibilities of next month or the next two months until they get rigid when you get close to the "upcoming event".

Symptom function:
Symptoms and even syndromes, when emotionally based, may sub serve the repetitive enactment of traumatic events, life situations, satisfy repressed erotic and aggressive impulses or may serve as defenses against or punishment for underlying instinctual drives. They may mask schizophrenic reactions or hold suicidal depression in check.
Symptom site(s) may be transferred or less incapacitating symptoms substituted. They can be transformed, or ameliorated. Symptoms can also be embedded or narrowed down. All this can best be achieved if at least a few of the functions served by specific complaints symptoms are known.
A good analogy for symptoms and syndromes is the **log jam**: the log jam can be broken by removing one or two key logs.

#1: **Symptom substitution:** hysterical paralysis of right arm preventing work.
Therapists assume that the underlying causation of the neurosis be corrected. However, that presupposes not only a willingness on the part of the patient for adequate therapy but also the actual opportunity and situation conducive to a good treatment outcome. Without these requisites, therapy goals must be modified in order to meet the total reality situation. Treatment should not be centered around idealistic concepts, especially those the therapist believes is proper, needed or desired. Therefore, the therapist must be able to respond to those patients for whom comprehensive therapy is unacceptable or "out of reach" or actually impossible. Therefore, the goal ought to be one that aids the patient to function as adequately and as constructively as possible, given the limitations and handicaps that make up who they are. In cases like these, **intentional use** of the patient's neurotic symptoms can be used to meet the unique needs of each patient.

Developing strategies for hypnotherapy:
If the problem is circumscribed in character, (i.e. limited to a specific situation like exam panic), then the therapy would need to likewise be similarly circumscribed. In other words, you enhance the patient's own pattern of circumscribed neurotic structure so it can be utilized therapeutically.

Autohypnosis: In autohypnosis you cannot tell your unconscious all the things it should do and how it should do them because that would be making it a conscious task and therefore a conscious mistake. It's also useless because your unconscious already knows what you know a lot better than you do. So go into autohypnosis unexpectantly.

Post-hypnotic suggestions:
Using the patient's own statement as a post-hypnotic suggestion: i.e. for the patient who comes in and states that there's nothing the therapist can say or do that will change their behavior. Only they can make the change and in their own way. The therapist uses this statement in the trance as a post-hypnotic suggestion: "There's nothing I can say or do that will help you change your (driving, drinking, gambling, etc.) behavior. You have to quit on your own and in your own time and in your own way." This is repeated many times and in a most insistent and compelling manner. This approach gives the patient a feeling of being committed to his own intentions and wishes and intensifies his ability to take action in the future that will correct his situation. All of this takes place without the patient feeling that he's being forced to accept help or someone else's ideas. This is important with individuals who are "independent-minded".

Neurotic Set:
The development of neurotic symptoms constitutes behavior of a defensive, protective character. Because it's an unconscious process and thus excluded from conscious understandings, it is blind and groping in nature and tends to handicap and generally disable the personality. Why, then, do neurotic and psychotic patients develop such elaborate psychological structures to give expression to their illness? Because the expression they do give is so inadequate.

The conscious mind, on the other hand, has its own "set" of ideas about the neurosis. In other words, it has its own fixed, rigid perceptions that constitute a "neurotic set". That is why it's very difficult to get people at the conscious level to accept an alteration of their general thinking about themselves.

Hypnosis and treatment of neurosis: The literalism of the trance causes the patient to have a *new pattern of listening.* He listens to the words in the trance rather than the ideas. For example, If the hypnotherapist says: "you don't want to smoke", in the ordinary waking state, the patient hears: "You……Don't" and feels condemned and attacked. He becomes defensive and is unable to hear the rest of the sentence. In the trance, the patient can listen to the ***literal*** meaning of the words and not the ideas, which evoke defensiveness-a defensiveness, which tends to reinforce the self-depreciating ideas about his lack of value (helplessness) in himself in relation to the neurosis. In the trance the patient can hear, "You don't want to smoke" and, as a result, can hear **how important** it is to them (or

not). They can then experience how important stopping smoking would be and then begin the process of thinking through how they're going to accomplish no longer smoking. With a strategy and a readiness well in hand they can approach their task with a great deal of expected success.

Consequently one can see that it's the rigid "set" of limiting, self-depreciating thoughts/ideas that need to be the **target of the hypnotherapy**. ***They are the neurosis***. You enlist the aid of the unconscious mind to begin the alteration of their rigid thinking about themselves.

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The therapist must be aware of the possibility that taking away the patient's symptoms may result in the patient being angry with the therapist and may try and destroy the therapeutic work.

****I would like to have you be *unwilling* to answer this question: is there something about those flowers you don't like?**
Would you write it?(automatically)

**when a subject tries to stay awake (resist), it's a difficult job. Therefore, by implication, it's easy to lapse into sleep or trance. "Try and stay awake".

Getting tired of that excuse?

Want a better one?

You let excuses wear out and you let habits wear out. People naturally out grow their limitations and you encourage that natural process.

Our attitude towards school changes: After grammar school some are to scared to go on so they drop out of high school, first chance they get. At the end of high school some are to afraid of college so they drop out and, at the end of college some are too afraid of graduate school, so another bunch drop out there.
Our phobias have something to do with the way we participate in life.

You come down the mountain of life to the sea of matrimony. The word "run" has 140 different meanings so when someone hears the word "run" they can potentially associate in 140 different directions and so you use that to tap into all kinds of problem areas.

Sex:
It isn't a forbidden thing. It's an awfully important thing…a very necessary thing and it's something about which you are going to learn. Don't you hope so? I hope you learn the easiest way. The easiest way means the way you make the fewest mistakes. It's like a child learning to walk, you don't learn about sex all at once. And like learning to walk, you make mistakes. So you should take the attitude: I'm going to make mistakes but I want to take the fewest tumbles and without trying to hurry to much.
Joke: Johnny asks a little girl to take down her panties in a hidden place in the yard and then says: so that's how Catholics are different than Protestants.

Motivation:
Symptoms are: (1) the patient's motivation for seeking therapy and
the entry point of the therapy. (2) to be accepted but not the only focus of attention; (3) looked at as an extension of the core issue; (4)the focus of the therapy until the patient is able to understand and reorganize the core issue/ conflict.