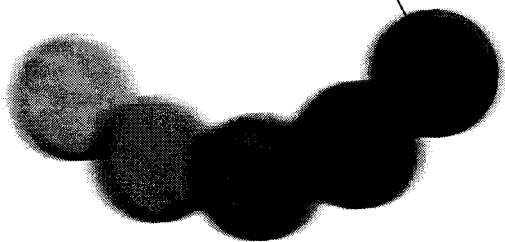


# HYPNOTIC

# *Techniques*



DAVID CALOF

An Audio Cassette Seminar



**Genesis II**

*Audio Cassette Seminars*

# HYPNOTIC *Techniques*

*"Hypnotherapy as adjunctive to therapy... exploratory, investigative, corrective, educative, but not curative."*

—Milton H. Erickson, M.D.

## The History of Hypnosis

Key ideas in the development of hypnosis:

- Influence traveled from the operator to the subject through an invisible medium called a "magnetic ether."
- Patients were deficient and needed something added in the form of suggestion.

## Erickson's Contributions

Client has the necessary resources.

Indirect, permissive approach.

Use of naturalistic trance.

Trance as a naturally occurring phenomenon.

Directing suggestions to the underlying dynamic instead of the symptom alone.

Hypnosis as a relationship with both intrapsychic and interpersonal dimensions.

Hypnosis is contextually dependent and therefore variable in it's experience, expression and characteristic features.

Hypnosis is a special state in which interventions are not restricted to the immediate experience and therefore can occur at multiple levels. Time, place and person are all plastic concepts in hypnosis.

Conjoint use of hypnosis to alter interpersonal dynamics.

Pioneered conjoint family work.

The importance of describing everyday psycho-social experience in common easy to understand terms.

New induction techniques, including:

- Early learning set.
- Naturalistic.
- Surprise.
- Confusion.
- My friend John.

## Pre-Induction Talk

*"You do an induction to engage the client's cooperation."*

—Milton H. Erickson, M.D.

Address misconceptions about hypnosis:

- Confusion with sleep.
- Loss of control.
- Weakening the will.
- Stage hypnotists.
- "Getting stuck" in trance.
- Sexual transferences.
- Expectations of symptom removal.
- Expectations of temporary, transient effects.

- Anti-social uses.
- Fear of learning something about oneself that one is not prepared to know.
- Fear of remembering things that one is not ready to remember.

Create a climate of rapport and mutual cooperation.

Focus mutual expectations.

## The Structure of Traditional Hypnotic Inductions

### Version I: Milton H. Erickson M.D. (1962)

- Attention fixation.
- Relaxation.
- Suggestion.
- Ideomotor activity.
- Ideosensory activity.
- Dissociative processes.
- Regressive processes.
- Amnestic processes.

### Version II: Jeff Zeig, Ph.D.

- Guide attention—external to internal.
- Build responsiveness—simple to complex.
- Use confusion.
- Guide subject's associations.
- Regression.
- Dissociative processes.
- Promote automatic responses.
- Pattern perceptual changes.

## Induction Assessment

*"The client stands poised on the cusp of change with all the resources needed at that moment in time."*

—David Calof

Set & Setting for hypnosis.

Motivation.

Patterns of adaptation to external reality:

- Introversion/extroversion.

Cognitive style:

- Hysteric (impressionistic)/obsessional.

Diagnostic Features:

- Attention:
  - Focus/diffuse.
  - Internal/external.
- Thinking:
  - Linear/mosaic.
  - Abstract/concrete.
- Interpersonal stance:
  - One-up/one-down.
  - Intrapunitive/extrapunitive.

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- Enhancer/reducer.
  - Taker/giver.
  - Compliant/defiant.
  - Affective:
    - Specific/general.
    - Consistent/sporadic.
    - Variable/restrictive.
  - Language:
    - Recursive words and phrases.
    - Accents and dialects.
    - Language structure.
    - Idiosyncratic features.
  - Representational systems:
    - Visual.
    - Auditory.
    - Kinesthetic.
    - Olfactory.
    - Gustatory.
  - Geographical (situation and background):
    - Urban.
    - Rural.
    - Suburban.
    - Special situations (military, diplomatic family).
    - Stability.
- Family:
- Birth order.
  - Major emotional & developmental events.
  - Significant (non-nuclear) family members.
  - Family structure/organization (coalitions, alliances, hierarchy).
  - Living/deceased parents & siblings.
  - Affiliation/alienation.
  - Family rules:
    - Affect.
    - Negotiations.
    - Differences.
    - Religion.
    - Behavior.
- Geographical proximity to family members.
- Therapist characteristics:
- Aspects of convergence from client.
  - Aspects of divergence from client.
- Lifestyle issues:
- Immediate environment (live next to airport/inner city).
  - Debt, litigation.
- Client self-description:
- Problem.
  - Personal values (hooks).
  - Self.
  - Others.

## Utilization

*"Resistance is a multi-party process. It is not a quality of individual but a quality of interaction."*

—David Calof

### Principles:

The therapist usually omits him/herself from the description of the case with a resistant client. Resistance is raw potential that can be utilized. At an impasse, resistance is a cue to change behavior (with the exception of survivors of incest and child abuse, who need constancy).

Dangers of adapting to maladaptiveness.

Client has the answers.

Allow the subject the opportunity to dispute you successfully.

Assume the client's doubts.

Build responsiveness.

Produce conviction phenomena.

Use the subject's language, metaphors & model of the world.

Don't treat trance as a fragile thing.

Notion of entry point:

- Intensity.
- Expectational set.
- Affective tone.
- Assessment issues.
- Cognitive set.

Pace-lead:

- Observable behavior.
- Inferred behavior.
- Direct mirroring.
- Cross-over mirroring.
- Language:
  - Predicate (representational system) match.
  - Dialect.
  - Vocabulary.
  - Tonality, tempo.
  - Nominalization.
  - Linkages:
    - Conjunctions.
    - Implied causative.
    - Cause-effect.

## Indicators of Trance Development

Catalepsy.  
Changes in voice quality.  
Economy of speech.  
Smoothing of muscles, tension lines.  
Reduction of body movement.  
Economy of body movement.  
Facial features smooth.

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Lack of startle reflex.  
Literalism.  
Slowing or loss of swallowing reflex.  
Slowing or loss of blinking reflex.  
Slowing of pulse.  
Slowing of respiration.  
Paraesthesia.  
Pupillary changes.  
Nodding of head from side to side.  
Facial asymmetry increases.  
Spontaneous jerks and twitches in limbs.  
Independence from on-going experience.  
Breathing tends to shift to the abdomen.  
Drain of facial color.  
Rolling back of the eyes.  
Eye flutter.  
Spontaneous hypnotic phenomenon.

## Exercises

### Pacing & Leading Exercise One

Pace: You are sitting here.

Pace: Listening attentively.

Pace: Wanting to learn.

Lead: Because of that you'll find that in your dreams tonight you can integrate these understandings.

Pace: Because you are sitting here in the room listening to me.

Pace: Because you are looking forward to the rest of the day.

Pace: Because you are seated.

Lead: You can begin to make some connections you hadn't made before.

**Instructions for practice:** Make three pacing statements and a leading statement. Pacing statements may be about observable behavior or inferred internal experience. Make the leading statement about the development of trance. Reorient the subject by telling them that you will count from 20 to 1, with each count they will feel more awake, more alert and, at the count of 1, wide awake and refreshed.

### Pacing & Leading Exercise Two

#### Pacing with nonverbal behavior

- When a person exhales, use the word relax.
  - When a person blinks, use the word heavy.
  - When a person slumps in their chair, let your voice go down.
- Pace the non-verbal behavior with your verbal and non-verbal behavior.

## Fractionation

Pacing the person's report of their experience.

The person goes a bit of the way into trance, partially reorients to consciousness, and reports on the experience. The report of the experience is then used in the next pacing statement.

**Instructions for practice:** Make three pacing statements about observable or inferred behavior and a leading statement about the development of trance. Bring the person out of trance a little by counting from 20 to 5 and ask about their experience. Incorporate the report into your next pacing statement. As you make your pacing and leading statements, pace their nonverbal behavior as well. Reorient the subject by telling them that you will count from 20 to 1 with each count they will feel more awake, more alert and, at the count of 1, wide awake and refreshed.

## Dissociative Statement Exercise

"Hypnosis is the process of dissociation."

—David Calof

### Examples of dissociative statements:

- The arms.
- Inner child.
- Tolerable pain/intolerable pain.
- A part of you does A/the other part of you does B.
- Your conscious mind does A/your unconscious mind does B.
- The auditory part hears A/the visual part sees B.
- The child part thinks A/the adult part feels B.

### A structure for making dissociative statements:

Your conscious mind **can** (observable or inferred behavior) **while** (or another conjunction) your unconscious mind **can** (leading statement), **because** (motivational statement).

Your conscious mind **can** listen to my voice **while** your unconscious mind **can** consider the potential for you **because** you are here to learn.

Your adult mind **can** manage your life **while** your inner child **can** play **because** play is a useful thing for you to learn to do.

**Instructions for practice:** Using the dissociative statement structure above, make pacing statements about observable or inferred behavior and a leading statement about the development of trance and conclude each statement with a motivational phrase. Reorient the subject by telling them that you will count from 20 to 1, with each count they will feel more awake, more alert and, at the count of 1, wide awake and refreshed.

# HYPNOTIC *Techniques*

## Hypnotic Phenomena

*"The hypnotic phenomena the client can do is the best strategy for the hypnotherapy."*

—Jeff Zeig, Ph.D.

Dissociation.  
Age regression.  
Pseudo-orientation in time.  
Amnesia.  
Time distortion.  
Automatic writing.  
Positive hallucination.  
Negative hallucination.  
Hypermnesia (re-vivification).  
Anesthesia (analgesia).  
Limited vision.  
Literal suggestibility.  
Catalepsy.  
Hyperacuity of senses.  
Autonomic system controls.  
Hypnotic dreaming.

## Four Classes of Defense

- Sleep.
- Fidgeting.
- Simulation.
- Negativism (polarity response).

## Pain Control

### Dissociative techniques

Principle: Use the kind of dissociation your client can do.

- Simple relaxation will produce a 20% reduction in pain.
- Dissociation in time:
  - Present pain.
  - Past pain.
  - Future pain.
- Split between pain and suffering.
- Distinguish between tolerable and intolerable pain.
- Distinguish between needed and unneeded pain.
- Split pain between representational systems.
- The notion of pain as communication.
- Examining the pain, intellectualizing about the pain.
- Distinguish between chronic and self-induced (anticipatory) pain.
- Get a detailed description of pain.
- Contrast pain with other sensations (pressure, past pain, pleasure).
- The meaning of pain in context such as family, work, recreation, life plans.

## Modification strategies

### Principles:

Modify the habitual patterns of behavior related to pain.  
Trance needs to be only deep enough to begin the modification process.

Work from periphery of problem inward, making small strategic steps, and then build on those steps.

- Distraction.
- Counter-irritation.
- Reciprocal inhibition (using a conflicting emotion):
  - Fear compared to pain.
  - Anger compared to pain.

## Self-Hypnosis

### Principles:

Build rapport with your unconscious mind.

Thank your unconscious mind for all responses.

Start with small steps.

Start with something simple.

Start with one goal.

Start by working on creating more positive experiences before moving to more difficult areas.

Take your time—don't expect to change immediately.

Proceed with deference to your unconscious mind.

## Techniques

### Write a description of exactly how you want to be.

- Leave it as it is or...
- Compress it down to a paragraph, then a sentence, then a phrase, then a single word.
- Write the word or phrase on a piece of paper, wad it up in your hand, go into a trance and ask for help in becoming this new you.

**Imagery and rehearsal:** Practice your goal in trance until you become confused about whether you are thinking into the future or remembering the past.

**Pseudo-orientation in time:** Orient to a future point when you have solved the problem or achieved your goal and then work backwards from that point in time.

**Re-decision work:** Orient to a time in your past when you made a decision that is the cause of the current problem. Dialog with you at that age; view the situation from various perspectives; re-decide the original situation and let those changes move up through time.

## **Finger signals:**

For a directive approach, decide which finger will be your "yes" finger. Feel the finger, and think over and over "*this is my 'yes' finger.*" See in your mind the word "yes" and your finger moving. Then simply ask your unconscious mind to let the "yes" finger move. Do this same process to establish your "no" finger, "*I don't know*" finger and "*I don't want to tell you*" finger.

For a non-directive approach, in trance, simply ask your unconscious mind to indicate to you which will be the "yes" finger. Proceed the same way to find out which finger is your "no" finger, your "*I don't know*" finger, and "*I don't want to tell you*" finger.

## **Pendulum techniques**

For a directive approach, decide which direction you want the pendulum to swing to indicate "yes". See the pendulum swinging in that direction. Think over and over, "this direction is 'yes'". See in your mind the word "yes". Do this same process to establish your "no" direction, "*I don't know*" direction and "*I don't want to tell you*" direction.

For a non-directive approach, in trance, simply ask your unconscious mind to indicate to you which direction the pendulum will swing to indicate "yes". Proceed the same way to find out which direction is "no", "*I don't know*", and "*I don't want to tell you*".

## **Betty Erickson technique**

Three statements in the visual modality:

- I can see the lights in the room.
- I can see the floor.
- I can see the window.

Three statements in the auditory modality.

Three statements in the kinesthetic modality.

Make two statements for each modality with suggestions for trance development and the development of hypnotic phenomena.

Make a single statement for each modality with suggestions for trance and begin to direct the trance in the most appropriate way for you.

## **Dream programming**

In trance, request a dream. Instruct your unconscious mind to let you remember the dream when your unconscious mind decides you are ready to remember it. When you have the dream, you can go into a trance and request help in interpreting the dream.

## **Other techniques**

Internal advisor: In a trance, ask for an internal advisor.

Progressive relaxation.

Remember the strategy you used as a child to go to sleep.

Fredda Morris technique: Use a tape recorder to record your own induction and play it back for yourself.

Make tape recordings of any standard induction to which you respond well.

Utilize the twilight state of sleep.

Mirror staring and dialoguing.

## **Bibliography**

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Zeig, J. July 16, 1982, Seattle Workshop.

## **Notes**

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