Further Clinical Techniques of Hypnosis: Utilization Techniques

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In the more common techniques of hypnotic trance induction, the procedure is based primarily upon altering the subject’s activity of the moment and instructing him variously in a different form of behavior. Thus, the subject may be told to sit quietly and comfortably in a chair, to fixate his gaze and then to relax his body progressively and to develop a trance state as he does this. Or he may be asked to close his eyes and to develop imagery of various types until a trance state develops. Similarly, in the hand levitation technique, a participatory attitude, an interest in the experiential aspects of the situation, and the development of ideomotor activity may all be suggested as a measure of inducing a trance.

Such techniques as these require a willing acceptance of and cooperation with an externally suggested or imposed form of behavior, which may be either active or passive. Resistance to or rejection of this imposed behavior may require resort by the operator to another technique more readily accepted or more pleasing to the subject. Or it may be met by a fatiguing of the subject into an acquiescence by the operator’s persistence, and sometimes it requires a postponement of the effort at hypnosis. Ordinarily, one or another of these measures meets adequately the particular resistance problem presented by the individual patient, but there is always a risk of some degree that a change of technique, undue prolongation of effort, or postponement of the hypnosis will have an adverse effect upon the patient’s acceptance of hypnosis as a personally possible experiential learning.

However, there is another type of patient, actually readily amenable to hypnosis but unresponsive and resistant to the usual induction techniques. While encountered more frequently in psychotherapeutic practice, they are met not infrequently in general medical and dental practice and are judged too frequently to be unsuitable patients for the use of hypnosis. These patients are those who are unwilling to accept any suggested behavior until their own resistant or contradictory or opposing behavior has first been met by the operator. By reason of their physical condition, state of tension or anxiety, intense interest, concern or absorption in their own behavior, they are unable to give either actively or passively the requisite cooperation to permit an effective alteration of their behavior. For these patients, what may be termed Techniques of Utilization frequently serve to meet most
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adequately their special needs. But more than this, these same techniques are readily applicable to the usual patient and they frequently serve to facilitate in both rapidity and ease the process of trance induction in the average patient.

These techniques are, in essence, no more than a simple reversal of the usual procedure of inducing hypnosis. Ordinarily, trance induction is based upon securing from the patient some form of initial acceptance and cooperation with the operator. In Techniques of Utilization the usual procedure is reversed to an initial acceptance of the patient’s presenting behavior by the operator and a ready cooperation with it by the operator, however seemingly adverse that presenting behavior may appear to be in the clinical situation. To clarify and illustrate these various Techniques of Utilization, the following clinical examples will be cited:

Example 1

The patient entered the office in a most energetic fashion, declared at once that he did not know if he were hypnotizable but that he would be willing to go into trance if it were at all possible, provided that the writer were willing to approach the entire matter in an intellectual fashion rather than in a mystical, ritualistic manner. He went on to declare that he needed psychotherapy for a variety of reasons, that he had tried various schools of psychotherapy extensively without benefit, that hypnosis had been attempted on various occasions and had failed miserably because of mysticism and a lack of appreciation for the “intellectual” approach.

Inquiry elicited that he felt that an “intelligent” approach signified not a suggestion of ideas to him but a questioning of him concerning his own thinking and feeling in relationship to reality. For example, the writer, he declared should recognize he was sitting in a chair, that was in front of a desk, and that these constituted absolute facts of reality and, as such, could not be overlooked, forgotten, denied, or ignored. In further illustration he pointed out that he was obviously tense and anxious and concerned about the tension tremors of his hands, which were resting on the arms of the chair, and that he was also highly distractible, noticing everything about him.

This last comment was seized upon immediately as the basis for the initial cooperation with him, and he was told, “Please proceed with an account of your ideas and understandings, permitting me only enough interruptions to insure that I understand fully and that I follow along with you. For example, you mentioned the chair but obviously you have seen my desk and have been distracted by the objects on it. Please explain fully.”

He responded verbosely with a wealth of more or less connected comments about everything in sight, but at every slight pause, the writer interjected a word or a phrase to direct his attention anew. These interruptions, made with increasing frequency, were of the following order: And that paperweight; the filing cabinet; your foot on the rug; the ceiling light; the draperies; your right hand on the arm of the chair; the pictures on the wall: the changing focus of your eyes as you glance about; the interest of the book titles; the tension in shoulders; the feeling of the chair; the disturbing noises; disturbing thoughts; weight of hands, weight of feet, weight of problems, weight of desk; the stationery stand; the records of many patients; the phenomena of life, of illness, of emotion, of physical and mental behavior; the restfulness of relaxation; the need to attend to one’s needs; the need to attend to one’s tension while looking at the desk or the paperweight or the filing cabinet; the comfort of withdrawal from the environment; fatigue and its development; the unchanging character of the desk; the monotony of the filing cabinet; the need to take a rest; the comfort of closing one’s eyes; the relaxing sensation of a deep breath; the delight of learning passively;
the capacity for intellectual learning by the unconscious; and various other similar brief interjections were offered, slowly at first and then with increasing frequency.

These interjections initially were merely supplementary to the patient’s own train of thought and utterances and the effect, at first, was simply to stimulate him to further effort. As this response was made, it became possible to utilize his acceptance of stimulation of his behavior by a procedure of pausing and hesitating in the completion of an interjection. This served to effect in him an expectant dependency upon the writer for further and more complete stimulation.

As this procedure was continued, gradually and unnoticeably to the patient, his attention was progressively directed to inner subjective experiential matters, whereupon it became possible to use almost directly a simple, progressive relaxation technique of trance induction and to secure a light medium trance.

Throughout therapy for this patient, further trance inductions were similar, although the procedure became progressively abbreviated.

Example 2

Comparable to the first patient was the woman who presented a somewhat similar problem. She stated that in all previous attempts she had been defeated in her efforts to secure therapy by a compulsive attentiveness to the minutiae of the immediate environment, and that she invariably found difficulty in completing her history and in attending to what was said to her because of the overpowering nature of her need to attend to and to comment upon what she saw about her. (Even this small amount of history was interrupted by her inquiries about or simple mention of various objects in the office.) She explained further that a family friend, a psychiatrist who knew her well, had suggested that hypnosis might enable her to cooperate in therapy, and he had referred her to the writer.

Since she herself had impressed the writer as a possible candidate for hypnotherapy and since little progress was being made in the interview, hypnosis was attempted by utilizing her own behavior as the technique most suited to be employed. This was done in the following fashion:

As she inquired about a paperweight on the desk, reply was quickly made, “It is on the corner of the desk just behind the clock.” As she flicked her gaze to the clock and asked urgently, “What time is it?” she was answered with, “The minute hand indicates the same numeral as does the desk calendar.”

There followed then a whole series of comments and inquiries by her without pause for any replies, and with a rapid shifting from one object or subject to another. Her entire behavior was similar to that of an unhappy small child, warding off questioning by the measure of forcing the direction of the interrogation into irrelevant, distracting avenues.

Once launched into her verbal flow, it was not possible to interrupt her verbally except with great difficulty, and then fruitlessly. However, the measure of extending a paper knife compelled her to make mention of it. As she responded and then continued in her monologue, the writer polished his glasses, again forcing her to make a comment in accord with her pattern of behavior. Next she was interrupted by a placing of the glasses in their case, then the desk blotter was shifted, a glance was directed at the book case, and the schedule book opened and closed. Each of these acts was fitted by her into her compulsive stream of utterances. At first these various acts were performed by the writer at intervals and rather quickly, but as she developed an attitude of expectation for the writer’s silent interruptions, his movements were deliberately slowed and made with slight hesitant pauses,
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which compelled her to slow down her own behavior and to await the writer’s utilization of her conduct. Then the writer added to his silent indication of objects an identifying word or phrase of comment.

As this procedure was continued, it had a progressively profound inhibitory effect upon her, with the result that she began to depend more and more exclusively upon the writer to indicate either verbally or by gesture the next object she was to comment upon or to name. After about 40 minutes of this, it became possible to instruct her to close her eyes and to name from memory everything that she had seen and to do this until she developed a deep hypnotic sleep. As she obeyed, she was prompted, “And now, ‘paper-weight,’ and deeper asleep; and now ‘clock,’ go even deeper into the trance,” etc., until in another ten minutes a profound somnambulistic trance state was secured.

Thereafter, through this measure of utilizing as an induction technique her own pattern of resistant behavior, ready cooperation in therapy marked the clinical course of this previously “impossible” patient. Each therapeutic session at the beginning began with her compulsive behavior which was immediately utilized as a technique of another induction of a therapeutic trance. Later a simple gesture indicating the chair in which she was to sit sufficed to elicit a trance state.

Example 3

Essentially the same procedure was employed with a male patient in his early 30s who entered the office and began pacing the floor. He explained repetitiously that he could not endure sitting quietly or lying on a couch and relating his problems and that he had repeatedly been discharged by various psychiatrists because they “accused” him of lack of cooperation. He asked that hypnotherapy be employed, if possible, since his anxieties were almost unendurable and always increased in intensity in a psychiatrist’s office and made it necessary for him to pace the floor constantly.

There was still further repetitious explanation of his need to pace the floor which was finally successfully interrupted by the question, “Are you willing to cooperate with me by continuing to pace the floor, even as you are doing now?” His reply was a startled, “Willing? Good God, man! I’ve got to do it if I stay in the office.” Thereupon, he was asked to permit the writer to participate in his pacing by the measure of directing it in part. To this he agreed rather bewilderedly.

Thereupon he was asked to pace back and forth, to turn to the right, to the left, to walk away from the chair, and to walk toward it. At first these instructions were given in a tempo matching his step. Gradually the tempo of the instructions was slowed and the wording changed to, “Now turn to the right away from the chair in which you can sit; turn left toward the chair in which you can sit; walk away from the chair in which you can sit; walk toward the chair in which you can sit,” etc. By this wording a foundation was laid for more cooperative behavior.

The tempo was slowed still more and the instructions again varied to include the phrase, “the chair which you will soon approach as if to seat yourself comfortably,” and this in turn was altered to, “the chair in which you will shortly find yourself sitting comfortably.” His pacing became progressively slower and more and more dependent upon the writer’s verbal instructions until direct suggestions could be given that he seat himself in the chair and go deeper and deeper into a profound trance as he related his history.

Approximately 45 minutes were spent in this manner inducing a medium trance that so lessened the patient’s tension and anxiety that he could cooperate readily with therapy thereafter.
The value of this type of Utilization Technique probably lies in its effective demonstration to the patient that he is completely acceptable and that the therapist can deal effectively with him regardless of his behavior. It meets both the patient’s presenting needs and it employs as the significant part of the induction procedure the very behavior that dominates the patient.

Another type of Utilization Technique is the employment of the patient’s inner, as opposed to outer, behavior, that is, using his thoughts and understandings as the basis for the actual induction procedure. This technique has been employed experimentally and also more than once in therapeutic situations where the type of the patient’s resistances made it advisable. Although it has been effectively used on naive subjects, ordinarily good intelligence and some degree of sophistication, as well as earnestness of purpose, are required.

The procedure is relatively simple. The subject, whether experimental or therapeutic, is either asked or allowed to give expression freely to his thoughts, understandings, and opinions. As he does this, he is encouraged to speculate aloud more and more extensively upon what could be the possible course of his thinking and feeling if he were to develop a trance state. As the patient does this, or even if he merely protests about the impossibility of such speculation, his utterances are repeated after him in their essence as if the operator were either earnestly seeking further understanding or were confirming his statements. Thus, further comment by the subject is elicited and repeated in turn by the operator. In the more sophisticated subject, there tends to be greater spontaneity, but occasionally the naive, even uneducated, subject may prove to be remarkably responsive.

**Example 4**

An illustration of this technique is the following account, considerably abbreviated because of the extensive repetition required. With this technique, the patient’s utterances may vary greatly from one instance to another, but the following example is given in sufficient detail to illustrate the method.

This patient, in seeking psychiatric help, declared, “I’ve made no progress at all in three years of psychoanalysis, and the year I spent in hypnotherapy was a total loss. I didn’t even go into a trance. But I tried hard enough. I just got nowhere. But I’ve been referred to you and I don’t see much sense in it. Probably another failure. I just can’t conceive of me going into a trance. I don’t even know what a trance is.” These remarks, together with the information received previously from the referring physician, suggested the possibility of employing her own verbalization as the induction procedure.

In the following account, the writer’s utterances are in italics:

*You really can’t conceive of what a trance is*—no, I can’t, what is it?—yes, what is it?—a psychological state, I suppose—A psychological state you suppose, what else?—I don’t know—*you really don’t know*—no, I don’t—you don’t, you wonder, you think—think what—yes, what do you think, feel, sense?—(pause)—I don’t know—but you can wonder—do you go to sleep?—no, tired, relaxed, sleepy—really tired—so very tired and relaxed, what else?—I’m puzzled—puzzles you, you wonder, you think, you feel, what do you feel—my eyes—yes, your eyes, how?—they seem blurred—blurred, closing—(pause)—they are closing—closing, breathing deeper—(pause)—tired and relaxed, what else?—(pause)—sleep, tired, relaxed, sleep, breathing deeper—(pause)—what else—I feel funny—funny, so comfortable, really learning—(pause)—learning, yes, learning more and more—(pause)—eyes closed, breathing deeply, relaxed, comfortable, so very comfortable, what else?—(pause)—I don’t know—you really don’t know, but really learning to go deeper
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and deeper—(pause)—too tired to talk, just sleep—(pause)—maybe a word or two—I don’t know (spoken laboriously)—breathing deeper and you really don’t know, just going deeper, sleeping soundly, more and more soundly, not caring, just learning, continuing ever deeper and deeper and learning more and more with your unconscious mind.

From this point on it was possible to deal with her simply and directly without any special elaborations of suggestions, and subsequently trances were secured through the use of post-hypnotic suggestions.

The above is simply a summary of the illustrative utterances and the method of utilization. In general there is much more repetition, usually only of certain ideas, and these vary from patient to patient. Sometimes, this technique proves to be decidedly rapid. Frequently with anxious, fearful patients, it serves to comfort them with a conviction that they are secure, that nothing is being done to them or being imposed upon them, and they feel that they can comfortably be aware of every step of the procedure. Consequently, they are able to give full cooperation, which would be difficult to secure if they were to feel that a pattern of behavior was being forcibly imposed upon them.

The general principle of the above technique can be readily adapted into a separate Utilization Technique, somewhat parallel in character, but a definitely different, effective reinduction technique for those patients previously good hypnotic subjects but who, for one reason or another, have become highly resistant to hypnosis despite outward cooperativeness.

The procedure is simply to get the subject to recall from the beginning in a reasonably orderly, detailed manner the events of a previous successful hypnotic trance. As the subject does this, repetitions of his statements are offered and helpful questions are asked. As he becomes absorbed in this, task, the subject revivifies the previous trance state, usually regressing subjectively to that previous situation and developing a special rapport with the operator. The following example, in summary form, illustrates this utilization technique:

Example 5

A volunteer subject at a lecture before a university group declared, “I was hypnotized once several years ago. It was a light trance, not very satisfactory, and while I would like to cooperate with you, I’m quite certain that I can’t be hypnotized.” “Do you recall the physical setting of that trance?” “Oh yes, it was in the psychology laboratory of the university I was then attending.” “Could you, as you sit here, recall and describe to me the physical setting of that trance situation?”

He agreeably proceeded to describe in detail the laboratory room in which he had been hypnotized lightly, including a description of the chair in which he sat, and a description of the professor who induced the trance. This was followed by a comparable response to the writer’s request that he describe in as orderly and as comprehensive a fashion as possible his recollection of the actual suggestions given him at that time and the responses he made to them.

Slowly, thoughtfully, the subject described an eye closure technique with suggestions of relaxation, fatigue and sleep. As he progressed in his verbalizations of his recollections, his eyes slowly closed, his body relaxed, his speech became slower and more hesitant, and he required increasingly more prompting until it became evident that he was in a trance state. Thereupon, he was asked to state where he was and who was present. He named the previous university and the former professor. Immediately he was asked to listen carefully to what the writer had to say also, and he was then employed to demonstrate the phenomena of the deep trance.

This same technique of utilizing previous hypnotic learnings has been employed
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with patients, particularly those who develop inexplicable resistances to further hypnosis, or who declare that they have been in hypnotherapy elsewhere and therefore doubt seriously their ability, to develop a trance for a new hypnotherapist. The simple measure of seating the patient comfortably and asking him to give a detailed account of a previous successful trance experience results in a trance, usually decidedly rapidly and usually a revivification of the previous trance, or even a regression to that trance. This technique can also be utilized with one’s own patients who have developed resistance to further hypnosis. In such instances, resolution of the resistances is frequently greatly facilitated and therapy accelerated.

Another Utilization Technique, comparable to those immediately above, has been employed experimentally and clinically on both naive and experienced subjects. It has been used as a means of circumventing resistances, as a method of initial trance induction, and as a trance reinduction procedure. It is a technique based upon an immediate direct eliciting of meaningful unconsciously executed behavior which is separate and apart from consciously directed activity except that of interested attention. The procedure is as follows:

**Example 6**

Depending upon the subject’s educational background, a suitable casual explanation is given of the general concepts of the conscious and of the unconscious or subconscious minds. Similarly, a casual though carefully instructive explanation is given of ideomotor activity with a citing of familiar examples, including hand levitation.

Then, with utter simplicity, the subject is told to sit quietly, to rest his hands palm down on his thighs, and to listen carefully to a question that will be asked. This question, it is explained, is possible of answer only by his unconscious mind, not by his conscious mind. He can, it is added, offer a conscious reply, but such a reply will be only a conscious statement and not an actual, reply to the question. As for the question itself, it can be one of several that could be asked, and it is of no particular significance to the personality. Its only purpose is to give the unconscious mind an opportunity to manifest itself in the answer given. The further explanation is offered that the answer will be an ideomotor response of one or the other hand upward, that of the left signifying an answer of “no,” that of the right a “yes,” to the question asked the unconscious mind.

The question is then presented: “Does your unconscious mind think that you can go into a trance?” Further elaboration is offered again, “Consciously you cannot know what your unconscious mind thinks or knows. But your unconscious mind can let your conscious mind discover what it thinks or understands by the simple process of causing a levitation of either the right or the left hand. Thus your unconscious mind can communicate in a visibly recognizable way with your conscious mind. Now just watch your hands and see what the answer is. Neither you nor I know what your unconscious mind thinks, but as you see one or the other of your hands lifting, you will know.”

If there is much delay, additional suggestions can be given: “One of your hands is lifting. Try to notice the slightest movement, try to feel and to see it, and enjoy the sensation of its lifting and be pleased to learn what your unconscious thinks.”

Regardless of which hand levitates, a trance state supervenes simultaneously, frequently of the somnambulistic type. Usually it is advisable to utilize, rather than to test, the trance immediately, since the subject tends to arouse promptly. This is usually best done by remarking simply and casually, “It is very pleasing to discover that your unconscious can communicate with your conscious mind in this way, and there are many other things that your unconscious can learn to do. For example, now that it has learned that it can develop
a trance state and to do it remarkably well, it can learn various trance phenomena. For instance, you might be interested in ____________, and the needs of the situation can then be met.

In essence, this technique centers in the utilization of the subject’s interest in his own unconscious activity. A “yes” or “no” situation is outlined concerning thinking, with action contingent upon that thinking and constituting an overt unconscious communication; a manifestation basic to and an integral part of an hypnotic trance. In other words, it is necessary for the subject to go into a trance in order to discover the answer to the question.

Various experienced subjects, approached with this technique, have recognized it immediately and made comment to the effect: “How interesting! No matter which answer you give, you have to go into a trance first.”

The willing subjects disclose from the beginning their unaffected interest, while resistant unwilling subjects manifest their attitudes by difficulty in understanding the preliminary explanations, by asking repeatedly for instructions and then by an anticipation of hand levitation by lifting the left hand voluntarily. Those subjects who object to trance induction in this manner tend to awaken at the first effort to test or to utilize the trance. Most of them, however, will readily go back into the trance immediately when told, “And you can go into a trance just as easily and quickly as your unconscious answered that question just by continuing to watch as your unconscious mind continues to move your hand up toward your face. As your hand moves up, your eyes will close, and you will go into a deep trance. In nearly all instances, the subject develops a trance state.

An essential consideration in this technique, however, is an attitude on the part of the operator of utter expectancy, casualness, and simplicity, which places the responsibility for any developments entirely upon the subject.

A patient’s misunderstandings, doubts and uncertainties may also be utilized as the technique of induction. Exemplifying this approach are the instances of two patients, both college bred women, one in her late 30s, the other in her early 40s.

Example 7

The first patient expressed extreme doubt and uncertainty about the validity of hypnotic phenomena as applied to herself as a person, but explained her desperate need for help compelled her to try it as a remotely possible means of therapy.

The other declared her convictions that hypnosis and physiological sleep were necessarily identical or, at the very least, equal and complementary component parts of a single psychophysiological manifestation and that she could not possibly go into a trance without first developing physiological sleep. This, she explained, would preclude therapy, and yet she felt that hypnosis offered the only possible, however questionable, means of psychotherapy for her, provided that the hypnotherapy was so conducted as to preclude physiological sleep. That this was possible she disbelieved completely.

Efforts at explanation were futile and served only to increase the anxiety and tension of both patients. Therefore an approach utilizing their misapprehensions was employed, and the technique, except for the emphasis employed, was essentially the same for both patients. This was done by instructing each that deep hypnosis would be employed and that each would cooperate in going into a deep trance by assessing, appraising, evaluating, and examining the validity and genuineness of each item of reality and of each item of subjective experience that was mentioned. In so doing, each was to feel under obligation to discredit and to reject anything that seemed at all uncertain or questionable. For the one, emphasis was placed primarily upon subjective sensations and reactions with an interspersed
commentary upon reality objects. For the other, attentiveness to reality objects as proof of wakefulness was emphasized with an interspersing of suggestions of subjective responses. In this manner, there was effected for each a progressive narrowing of the field of awareness and a corresponding increase in a dependency upon and a responsiveness to the writer. As this state developed, it became possible to induce in each a somnambulistic trance by employing a simple eye closure progressive relaxation technique slightly modified to meet the special needs of each patient.

To illustrate the actual verbalization employed, the following sample of utterances, in which the emphasis is approximately evenly divided between subjective aspect and reality objects is offered:

“As you sit comfortably in that chair, you can feel the weight of your arms resting on the arms of the chair. And your eyes are open and you can see the desk and there is only the ordinary blinking of the eyelids, which you may or may not notice, just as one may notice the feeling of the shoes on one’s feet and then again forget about it. And you really know that you can see the bookcase and you can wonder if your unconscious has noted any particular book title. But now again you can note the feeling of the shoes on your feet as they rest on the floor and, at the same time you can become aware of the lowering of your eyelids as you direct your gaze upon the floor. And your arms are still resting their weight on the arms of the chair, and all these things are real and you can be attentive to them and sense them. And if you look at your wrist and then look at the corner of the room perhaps you can feel or sense the change in your visual focus and perhaps you can remember when, as a child, you may have played with the experience of looking at an object as if it were far off and then close by, and as associated memories of your childhood pass through your mind, they can range from simple memories to tired feelings because memories are real. They are things, even though abstract, as real as the chair and the desk and the tired feeling that comes from sitting without moving, and for which one can compensate by relaxing the muscles and sensing the weight of the body, just as one can feel so vividly the weariness of the eyelids as fatigue and relaxation develop more and more. And all that has been said is real and your attention to it is real, and you can feel and sense more and more as you give your attention to your hand or to your foot or the desk or your breathing or to the memory of the feeling of comfort some time when you closed your eyes to rest your gaze. And you know that dreams are real, that one sees chairs and trees and people and hears and feels various things in his dreams and that visual and auditory images are as real as chairs and desks and bookcases that become visual images.” In this way, with increasing frequency, the writer’s utterances became simple, direct suggestions for subjective responses.

This technique of utilizing doubts and misunderstandings has been used with other patients and with experimental subjects and it also adapts well to the use of hand levitation as a final development, since ideomotor activity within the visual range offers opportunity for excellent objective and subjective realities.

Another Utilization Technique centers around the need that some people, potentially excellent subjects, have to resist and to reject completely hypnosis as a personal experience until after it becomes paradoxically an accomplished fact for them.

Occasionally such a person, because of naivete or misdirected resistance, may develop even a somnambulistic trance, but thereafter is likely either to reject hypnosis completely or to limit unduly and inexplicably his capacity for hypnotic responses. More frequently such persons remain seemingly unhypnotizable, often despite an obvious capacity for responsiveness, until their special individual needs are met in a manner satisfying to
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them. Those who permit themselves limited hypnotic responses may, for example, develop an excellent obstetrical anesthesia but remain incapable of dental anesthesia, or vice versa. But should by some chance the second type of manifestation be secured, there may occur a loss of the capacity for the first type, or there may be a loss of capacity for all hypnotic responses. Another example is the similar type of patient in psychotherapy who will respond hypnotically only to specific types of circumscribed therapeutic problems.

On the whole, these individuals constitute seemingly impossible or unpredictable and unreliable hypnotic subjects until their special needs are met, whereupon they can then become remarkably competent subjects.

Following are accounts of this type of subject, encountered in both experimental and clinical work.

Example 8

A 20-year old girl, a member of a group of psychology students actively engaged in experimental hypnosis both as subjects and operators, failed completely to develop any trance phenomena despite many hours of endeavor to go into a trance. She had originally expressed a conviction that hypnosis as a personal experience was impossible but that she hoped to learn otherwise. Finally two of her associates, both competent as an operator or as a somnambulistic subject, suggested to Miss X, as a last resort, a visit to the writer. The situation was explained in full, and Miss X reaffirmed both her conviction and her hope, and she requested the writer to make every possible effort to induce a trance. Her entire appearance and behavior suggested that she was essentially a most responsive type of personality.

She was found to be outwardly most cooperative but actually completely resistive and unresponsive hypnotically, even after three hours of intensive effort with a great variety of both direct and indirect techniques. This served to confirm Miss X in her conviction of her unhypnotizability and to suggest to the writer the experimental possibility of utilizing Miss X’s need to resist and to reject hypnosis as a personal experience as a means of effecting paradoxically trance phenomena or a trance state for her.

To achieve this, Miss X was reminded that her two companions, A and B, were excellent somnambules and could enter a deep trance at a moment’s notice. A and B were then instructed openly to remain continuously in the state of psychological awareness that existed for them at the moment and not to betray in any way to Miss X whether or not they had spontaneously gone into a trance state in response to the writer’s efforts with Miss X. (They had not developed trance states, a fact obvious to the writer but not to Miss X.)

She was then challenged to scrutinize A and B carefully and to state definitely if she knew if they were in a trance, while A and B, in turn, were told to answer honestly with a simple nod or shake of the head any question put to them when so instructed by the writer.

Miss X confessed her inability to identify the state of awareness of either A or B. She was reminded that she was awake and could not develop a trance state and hence could not manifest trance phenomena, but that A and B, being experienced subjects, could do so readily. She agreed, and the statement was made that, if A and B were in a trance state, negative visual hallucinations could be elicited. Again she agreed. Turning away from the three of them and facing the office wall, the writer offered the following instructions: “Miss X, I want you to observe carefully the responses that A and B make, since I shall not be looking at them, and at the end of my remarks I shall ask them a special question which they are to answer by either a nod or shake of the head, as I explained before. All of you know, do YOU not, the fish pond (a campus landmark) and all of you can nod your head in answer.

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You have seen it many times, you know it well, and you can see it any time you want to. Now, Miss X, observe A and B carefully and be ready to report their answer, and A and B, while Miss X continues to await your response, DO NOT SEE (speaking softly, emphatically and looking intently and pointing with slow, deliberation at the office wall that was well within Miss X’s field of vision), DO NOT SEE THE FISH POND, RIGHT THERE. And you don’t see the fish pond, do you?” A and B both shook their heads negatively and Miss X excitedly declared, “They are both in a trance. They are showing negative hallucinations.” Without comment to her, the writer asked A and B if they saw the students walking past the fish pond or the fish and plants in the water. Again they shook their heads negatively.

Thereupon the writer suggested to Miss X that A and B be left to their own devices while she and he discussed hypnosis. She agreed and almost immediately declared that the demonstration of negative visual hallucinations on the part of A and B had convinced her in some way that she could be hypnotized and that she would be glad to volunteer at any time to go into a trance, that she was certain that she could go into a deep trance.

Instead of replying directly to her statement she was asked if she were willing to talk to A and B. Upon her assent, they were told to ask Miss X the written questions the writer had just handed to them. They asked her if she could see the fish pond and the students walking past it. Upon her affirmative reply, she was asked to state exactly where she was. She described herself as standing with them and with the writer some ten feet away from the campus fish pond.

She was then told by the writer that A and B would be awakened from their “trance” by the simple measure of having them, while she did likewise, close their eyes and then at the count of three, there would be a full awakening from all trance states with the continuing ability to go into a trance at any desired future time for any legitimate purpose. She awakened from her trance as instructed with a complete spontaneous amnesia for trance events and with an apparent persistence of her original ideas of her unhypnotizability. The trio was then dismissed, with A and B privately instructed to avoid all mention of hypnosis.

The next day Miss X again volunteered as a subject at the psychology laboratory and developed rapidly a profound somnambulistic trance. So pleased was she that she visited the writer that evening with the request that he make another attempt to hypnotize her. She responded with a deep trance almost immediately, and thereafter did extensive work as an experimental subject.

Example 9

A clinical instance in which this same technique was employed centers in an obstreperous 25-year-old patient for who hypnotherapy was not indicated. Nevertheless he repeatedly demanded hypnosis and in the same breath declared himself unhypnotizable. On one occasion he forced the issue by demanding absolutely, “Hypnotize me even though I’m not hypnotizable.”

This demand was met by employing softly spoken suggestions of slow, progressive relaxation, fatigue and sleep. Throughout the hour that this was done, the patient sat on the edge of his chair, gesticulated and bitterly denounced the entire procedure as stupid and incompetent. At the close of the session, the patient declared that his time and money had been wasted, that he could “remember every ineffectual, stupid suggestion” that had been offered, and that he could “remember everything that took place the whole time.”

The writer immediately seized upon these utterances to declare somewhat repetitiously, “Certainly you remember. Your are here in the office. Naturally here in the
Utilization Techniques

office you can remember everything. It all occurred here in the office, and you were here, and here you can remember everything.” Impatiently he demanded another appointment and left angrily.

At the next appointment, he was deliberately met in the reception room. He immediately inquired if he had kept his previous appointment. Reply was given evasively that surely he would remember if he had done so. He explained that on that day he had suddenly found himself at home sitting in his car unable to remember if he had just returned from his appointment or were just leaving for it. This question he debated for an infinite period of time before he thought of checking with his watch, and then he discovered that the time was long past the proper hour. However, he was still unable to decide the problem because he did not know how long he had debated the question. Again he asked if he had kept his previous appointment, and again he was assured evasively that surely he would remember if he had.

As he entered the office, he stopped short and declared, “I did too keep my appointment. You wasted my time with that silly, soft, gentle, ineffectual hypnotic technique of yours, and you failed miserably.”

After a few more derogatory comments from him, he was maneuvered into returning to the reception room, where again he manifested an amnesia for the previous appointment as well as his original inquiries about it. His questions were again parried and he was led back into the office, where for a second time he experienced full recall of the previous appointment.

Again he was induced to return to the reception room with a resultant reestablishment of his amnesia, but upon reentering the office, he added to his recollection of the previous appointment a full recall of his separate entrances into the reception room and the accompanying amnesic states. This bewildered and intrigued him to such an extent that he spent most of the hour going from the office to the reception room and back again, experiencing a full amnesia in the reception room and full recollection, inclusive of the reception room manifestations, of the total experience in the office.

The therapeutic effect of this hypnotic experience was the correction almost immediately of much of the patient’s hostile, antagonistic, hypercritical, demanding attitude and the establishment of a good rapport and an acceleration of therapy, even though no further hypnosis was employed.

The technique employed in these two instances is somewhat comparable to the procedure reported by this writer in “Deep Hypnosis and Its Induction” (1) and it has been used repeatedly with various modifications. Patients requiring the use of this technique are usually those with a distressing need for a sense of utter security in the competence of the therapist. Its advantage as a therapeutic technique lies in the fact that it permits the patient to achieve that sense of security through experiential learning as a single separate process rather than through a prolonged demonstration of competence always subject to criticism and rejection.

In essence, this technique is no more than a modification of a much simpler elementary procedure, such as the hand clasp and the postural sway, sometimes so effectively employed to correct minor attitudes of doubt and resistance to trance induction. Its advantage lies in the effectiveness with which it can both elicit the phenomena of even deep hypnosis and correct various problems of resistance to hypnosis and to therapy.

Another Utilization Technique was employed during a lecture and demonstration before a medical student body. One of the students proceeded, at the beginning of the lecture, to heckle the writer by denouncing hypnosis as a fraud and the writer as a charlatan, and he declared that any demonstration using his fellow students would be a prearranged hoax perpetrated upon the audience. The measures employed were as follows:
Example 10

Since he persisted in his noisy, adverse comments as the lecture proceeded, it became necessary to take corrective action. Accordingly, the lecture was interrupted and the writer engaged in an acrimonious interchange with the heckler, in which the writer’s utterances were carefully worded to elicit an emphatic contradiction from the heckler, either verbally or by action.

Thus he was told that he had to remain silent; that he could not speak again; that he did not dare to stand up; that he could not again charge fraud; that he dared not walk over to the aisle or up to the front of the auditorium; that he had to do whatever the writer demanded; that he had to sit down; that he had to return to his original seat; that he was afraid of the writer; that he dared not risk being hypnotized; that he was a noisy coward; that he was afraid to look at the volunteer subjects sitting on the platform; that he had to take a seat in the back of the auditorium; that he had to leave the auditorium; that he did not dare to come up on the platform; that he was afraid to shake hands in a friendly fashion with the writer; that he did not dare to remain silent; that he was afraid to walk over to one of the chairs on the platform for volunteer subjects; that he was afraid to face the audience and to smile at them; that he dared not look at or listen to the writer; that he could not sit in one of the chairs; that he would have to put his hands behind him instead of resting them on his thighs; that he dared not experience hand levitation; that he was afraid to close his eyes; that he had to remain awake; that he was afraid to go into a trance; that he had to hurry off the platform; that he could not remain and go into a trance; that he did not dare to remain silent; that he was afraid to walk over to one of the chairs on the platform for volunteer subjects; that he was afraid to shake hands in a friendly fashion with the writer; that he did not dare to remain silent; that he was afraid to walk over to one of the chairs on the platform for volunteer subjects; that he was afraid to face the audience and to smile at them; that he dared not look at or listen to the writer; that he could not sit in one of the chairs; that he would have to put his hands behind him instead of resting them on his thighs; that he dared not experience hand levitation; that he was afraid to close his eyes; that he had to remain awake; that he was afraid to go into a trance; that he had to hurry off the platform; that he could not remain and go into a trance; that he could not even develop a light trance; that he dared not go into a deep trance, etc.

The student disputed either by word or action every step of the procedure with considerable ease until he was forced into silence. With his dissents then limited to action alone and caught in his own pattern of contradiction of the writer, it became relatively easy to induce a somnambulistic trance state. He was then employed as the demonstration subject for the lecture most effectively.

The next weekend he sought out the writer, gave an account of his extensive personal unhappiness and unpopularity and requested psychotherapy. In this he progressed with phenomenal rapidity and success.

This technique, either in part or in toto, has been used repeatedly in various modifications, especially with defiant, resistive patients, particularly the “incorrigible” juvenile delinquent. Its significance lies in the utilization of the patient’s ambivalences and the opportunity such an approach affords the patient to achieve successfully contradictory goals, with the feeling that these derived out of the unexpected but adequate use of his own behavior. This need to meet fully the demands of the patient, however manifested, ought never to be minimized.

Another Technique of Utilization centers in a combination of utilization, distraction, and participatory activity, all of which are illustrated in the following account.

Example 11

Seven year old Allan fell on a broken bottle and severely lacerated his leg. He came rushing into the kitchen, crying loudly from both pain and fright and shouting, “It’s bleeding; it’s bleeding.” As he entered the kitchen, he seized a towel and began swabbing wildly to wipe up the blood. As he paused in his shouting to catch his breath, he was told urgently, “Wipe up that blood; wipe up that blood; use a bath towel; use a bath towel; use a bath towel, a bath towel, not a hand towel, a bath towel,” and one was handed to him. He dropped the towel he had already had and was immediately told urgently, repetitiously.
“Now wrap it around your leg, wrap it tightly, wrap it tightly.” This he did awkwardly but sufficiently effectively, whereupon, with continued urgency, he was told, “Now hold it tight, hold it tight; let’s get in the car and go to the doctor’s office and hold it tightly.”

All the way to the surgeon’s office careful explanation was given him that his injury was really not large enough to warrant as many stitches as his sister had had at the time of her hand injury. However, he was urgently counselled and exhorted that it would be his responsibility entirely to see to it that the surgeon put in as many stitches as possible, and he was thoroughly coached all the way there on how to demand emphatically his full rights.

At the surgeon’s office, without awaiting any inquiry, Allan emphatically told the nurse that he wanted 100 stitches. She made no response, but merely said, “This way, sir, right to the surgery.” As she was followed, Allan was told, “That’s just the nurse. The doctor is in the next room. Now don’t forget to tell him everything just the way you want it.”

As Allan entered the room, he announced to the surgeon, “I want 100 stitches. See!” Whipping off the towel, he pointed at his leg and declared, “Right there, 100 stitches. That’s a lot more than Betty Alice had. And don’t put them too far apart. And don’t get in my way. I want to see. I got to count them. And I want black thread, so you can see it. Hey, I don’t want a bandage. I want stitches!”

It was explained to the surgeon that Allan understood well his situation and needed no anesthesia, and to Allan the writer explained that his leg would first have to be washed. Then he was to watch carefully and notice the placing of the sutures to make sure they were not too far apart and that he was to count each one carefully and not to make any mistakes in his counting.

While the surgeon performed his task in puzzled silence, Allan counted the sutures and rechecked his counting, demanded that the sutures be placed closer together and complainingly lamented that he would not have as many as his sister. His parting statement to the surgeon was to the effect that, with a little more effort, the surgeon could have given him more sutures.

On the way home, Allan was comforted regarding the fewness, of the sutures and adequately complimented on his competence in overseeing so well the entire procedure. It was also suggested that he eat a big dinner and go to sleep right afterwards so that his leg could heal faster, so that he would not have to go to the hospital the way his sister did. Full of zeal, Allan did as suggested.

No mention of pain or anesthesia was made to Allan at any time nor were any “comforting reassurances” offered. Neither was there any formal effort to induce a trance. Instead, various aspects of the total situation were utilized to distract his attention completely away from the painful considerations and to focus it upon values of importance to a seven year old boy and to secure his full, active cooperation and intense participation in dealing with the entire problem adequately.

In situations such as this, the patient experiences as a personality a tremendously urgent need to have something done. Recognition of this need and a readiness to utilize it by to the origin of the need constitutes a most effective type of suggestion in securing the patient’s full cooperation for adequate measures.

Example 12

To cite another similar illustrative example, when little Roxanna came sobbing into the house, distressed by an inconsequential (but not to her) scratch upon her knee, adequate therapy was not assurance that the injury was too minor to warrant treatment, nor even the
statement that she was mother’s brave little girl and that mother would kiss her and the pain would cease and the scratch would heal. Instead, effective therapy was based upon the utilization of the personality need for something to be done in direct relationship to, the injury. Hence, a kiss to the right, a kiss to the left and a kiss right on top of the scratch effected for Roxie an instantaneous healing of the wound and the whole incident promptly became a part of her thrilling historical past.

This technique, based as it is upon the utilization of strong personality needs, is effective with both children and adults, and it can be adapted readily to situations requiring in some way strong, active, intense responses and participation by the patient.

These techniques of suggestive therapy, in one form or another, are in the repertoire of every experienced mother and they are as old as motherhood. Every experienced general practitioner employs them regularly without necessarily recognizing them formally as based upon suggestion. But with the development of clinical hypnosis, there is a need to examine into and to give recognition to those psychological principles that enable the communications of desirable understandings at times of stress.

Another type of Utilization Technique is based upon a process of conditioning behavioral manifestations and then interpolating into them new and corrective forms of behavior.

Example 13

An example of this is the therapy employed to correct the nightmares developed during convalescence by seven-year-old Robert, a traffic casualty, suffering from a skull fracture, brain concussion, fractured thighs and other varied injuries.

Upon his return home in a body cast from the hospital, he was noted almost nightly to suffer from nightmares. These followed essentially the same pattern each a long time. They began with moaning, followed by frightened crying, then shuddering sobs, and finally culminated with the frightened cries, “Oh, oh, it’s going to hit me-it’s going to hit me,” followed by a shuddering collapse into silence and slow, shallow breathing, as if he had fainted.

Sometimes several nightmares would occur in a single night, sometimes only one, sometimes he would skip a night. He had no waking memory of these nightmares, and he disclaimed dreams.

Upon first noting the nightmares, an effort was made to arouse him from them, but the first few attempts were futile. When the lights were turned on in his bedroom, his eyes were found to be wide open, his pupils dilated, his face contorted in an expression of terror, and his attention could not be secured. When, however, he repeated his phrase of “it’s going to hit me,” his eyes would shut, his entire body would relax, and he would remain unresponsive as if in a faint for several minutes. Then he would seem to lapse into physiological sleep from which he could be aroused but with no memory of the nightmare.

When all these findings had been confirmed repeatedly, a technique was devised to secure his attention and to correct the nightmare. The approach to the problem was relatively simple and comprehensive and was based upon the assumption that the nightmares were essentially a distorted and disorderly, perhaps even fragmentary, reliving of the accident. Therefore, they could not be distorted or overthrown, but would have to be accepted and then modified and corrected.

The procedure was as follows: At the beginning of his nightmare, as his moaning began, Robert was told, in a cadence and tone that matched his outcries, “Something’s going to happen - it’s going to hurt you bad - it’s a truck - it’s coming right at you - it’s going to hurt you - it’s going to hit you - hit you - hurt you - hit you - hurt you awful bad.” These
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utterances were matched with his outcries and were terminated with his collapse. In other words, an effort was made to parallel in time and in character the inner subjective stimulation he was experiencing with external stimulation. In this way it was hoped to effect an association between the two types of stimulation and possibly to condition the one to the other.

The first night that the procedure was employed, Robert had two nightmares. The next night he again had two more. After a long wait and while he was sleeping peacefully, the procedure was employed again, and a third nightmare developed almost immediately.

On the third night, after he had been sleeping peacefully for some time and before a nightmare had developed, the procedure was deliberately employed twice. Both time a nightmare resulted, apparently in response to the procedure. A third nightmare was later elicited that night by the same procedure but with the addition of a new phrase that could possibly capitalize upon wishes and feelings without distorting the reality involved. This phrase was the statement that, “There is another truck on the other side of the street and that one won’t hit you. It will just go right by.” The reason for this type of interpolation was to employ an idea that would be entirely acceptable and yet would not alter the historical reality. Then, if accepted, the way would be paved for more pertinent interpolations.

The next night he developed a nightmare spontaneously, which was treated by the modified procedure. A second nightmare was deliberately induced later that night and handled by a still further modification of the procedure, the change being the addition of, “but you will get well, all well, all well.”

Thereafter, night after night, but only when he developed a spontaneous nightmare, this general procedure followed. His utterances and cries were matched, but each time with a progressive modification of the writer’s utterance until the final content was nothing more than, “There’s a truck coming, and it is too bad it is going to hit you. You will have to go to the hospital, but that will be all right because you will come home, and you will get all well. And all the other cars and trucks on the street you will see, and you will keep out of their way.”

As the change was made progressively in the statements said to him, the character and severity of the nightmares slowly changed and lessened until it seemed that Robert was merely rousing slightly and listening for the reassurance offered.

From beginning to end, the therapy of the nightmares covered a period of one month, and the last three were scarcely more than a slight seeming arousal from sleep, as if to assure himself vaguely of the writer’s presence. Thereafter, to his present age of fourteen, he has continued to sleep well and without a recurrence of his nightmares.

The following Utilization Technique is one based upon the employment of seemingly inconsequential irrelevant considerations and an apparent disregard or oversight of the major issues involved. Following are two illustrative instances.

Example 14

A 70 year old woman, born in a rural community, had not been allowed to attend school, since her parents did not believe in education for women. At the age of 14 she married a youth of 16, whose formal education was limited to his signature for signing checks and “figgering.” The bride was pleased with her husband’s greater education and resolved to have him teach her, since she resented her lack of schooling. This hope did not materialize. During the next six years she was kept busy with farm work and pregnancies, but she did learn to “figger” excellently but only mentally, since it was apparently impossible for her to learn to write numerals. Neither was she able to learn to sign her name.

At the age of 20, she hit upon the idea of furnishing room and board for the local
rural schoolteacher, with the intention of receiving, in return for reduced rates, the much desired instruction in reading and writing.

Each school year for the next fifty years she made and kept her agreement, and the teachers hopefully began the attempt and finally, some soon, others only after prolonged labor, abandoned the task of teaching her as hopeless. As the community grew, the number of teachers increased until she was boarding year after year a total of four. None succeeded, despite the sincerity of her desire and the honesty of their effort. Her children went through grade school, high school and college, and they too tried to instruct their mother but without results.

Each time she was given a lesson, invariably she developed, after the manner of a seriously frightened small child, a state of mental blankness or a state of frantic disorganized efforts to please that led to a total impasse.

It was not that “Maw” was unintelligent. She had an excellent memory, good critical judgment, listened well, and was remarkably well informed. She often gave strangers, through her conversation, the impression that she had a college education, despite her faulty grammar.

At the time she was seen by the writer, she and her husband had been retired for some years, but she was still boarding teachers, three at that time. These three had made it a joint project for several months to teach her the elements of reading and writing but were finally forced to give up. They described her as, “It’s always the same. She starts the lesson period full of enthusiasm and hope and that’s the way you feel, too. But inside of a minute you’ll swear that you must be talking a foreign language to her because she doesn’t understand a thing you say or do. No matter what you say or do, she just sits there with those eager, troubled eyes, trying hard to make sense out of the nonsense you seem to be saying to her. We’ve tried everything. We’ve talked to some of our friends who have tried. She is just like a badly scared child who has blanked out completely, except that she doesn’t seem scared but just blanked out. Because she is so intelligent, we just couldn’t believe that she couldn’t learn easily.”

The patient herself explained, “My sons that graduated from engineering told me that I’ve got the right gears for reading and writing, but that they are of different sizes and that’s the reason they don’t mesh. Now you can file them down or trim them to size because I’ve got to learn to read and write. Even boarding three teachers and baking and cooking and washing and ironing for them ain’t half enough work for me and I get so tired sitting around with nothing to do. Can you learn me?”

This history and much more comparable material suggested a long, persistent, circumscribed psychological blocking that might yield to hypnotic suggestion. Accordingly she was accepted as a patient with the rash promise that she would be reading and writing within three weeks’ time, but without being taught anything that she did not already know and had known for a long time.

Although this declaration puzzled her greatly, so great was her desire that she was easily persuaded to cooperate fully in every way with the writer, even though he might not teach her anything except how to let her read and write which she already knew.

The next step was to induce by simple, direct suggestions, a light-to-medium trance, predicated, in accord with her own unique neurotic needs, upon her full understandings that it would be something apart from and completely unrelated to her learning problem; that there would be no effort to teach her anything she did not already know; that the trance would be employed only to let her do things she already knew how to do; and that everything undertaken would be something she had learned about a long time ago. With her responses to hypnotism contingent upon these understandings, it became possible to induce a trance
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and to instruct her to remain in it until otherwise instructed and to obey completely and
without argument every instruction given her provided that it was always something in
relationship to things she had already learned a long time ago.

Thereupon paper and pencil were pushed toward her and she was instructed “not
to write but just pick up the pencil any old way and hold it in your hand any old way. You and
I know you can do that. Any baby can pick up a pencil in any old way.

“0. K. Now make a mark on the paper, any old scribbling mark like a baby that can’t
write makes. Just any old crooked mark! That’s something you don’t often have to learn.”

“0. K. Now make a straight mark on the paper, like you make with a nail when you
want to saw a board straight or with a stick when you mark a row in the garden. You can make
it short or long or straight up and down or just lying down.”

“0. K. Now make a mark like the hole in a doughnut and then two marks like the
halves of the doughnut when you break tile doughnut in half.”

“O.K. Now make two slanted marks, one like one side of the gable roof of a barn and
the other like the other side.”

“0. K. Now make a mark like a horse’s crupper standing on the little end. And now
poke the pencil at the paper and make just a little spot.”

“O.K. Now all those marks you made you can make different sizes and in different
places on the paper and in different order and even one on top of the other or one next to
another. 0. K.?”

“Now, those marks that you made and can make again any old time [straight, vertical,
horizontal, and oblique lines; circles, semicircles, etc.] are writing, but you don’t know that
it is writing. You don’t have to believe that it is writing all you have to do is know that, you
can make those marks and that isn’t hard to know, because you already know it. Now I’m
going to awaken you and do the same thing all over and I want you to practice at home
making those marks. 0. K.?”. The procedure of the trance state was repeated, with no additional elaboration in
the waking state and with the same instructions. She was dismissed, not entirely pleased but
somewhat intrigued, with instructions to return the next day.

A medium-to-deep trance was readily induced and it was learned that she had spent
approximately two hours “marking marks!” The explanation was then offered her that the
only difference between a pile of lumber to construct a house and the completed house was
that the latter was the former “merely put together.” To this she agreed wonderingly. She was
then shown a rectangle and told, “That’s a rough plan of the side of a 40-foot barn.” The
rectangle was then bisected vertically and she was told, “Now it’s a rough plan of two 20-
foot long barns end to end.” Still wondering, she agreed.

She was then shown a neat copy of the “marks” she had made the previous day and
was asked to select those that could be used to make a small scale “rough plan” of the side
of a 40-foot barn and to ‘mark out’ such a plan. She was then asked to “split it in the middle”
and then to “mark out one 20-foot side of a barn up on top of another one the same size.”
Bewilderedly she did so.

She was then asked to use the oblique lines to “mark out” the gable end of a roof and
then one of the straight lines to “stretch halfway up from one side to the other like a scantling
used to brace the end of the roof.” Obediently she did so and she was emphatically assured that
she now knew how to put marks together, but that she should take half of the doughnut hole and
use it repeatedly to “round off the corners of the side of the barn.” This she did.
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Thereupon she was emphatically instructed as an indisputable item of information that not only did she know how to write but the fact had been irrefutably established. This dogmatic statement puzzled her greatly but without diminishing her cooperation. Before she could organize any thoughts on this matter, she was peremptorily instructed to inspect the “marks” and “put them together in twos and threes in different ways.”

With a little judicious maneuvering and indirect guidance on the part of the writer, it was possible to secure among the various “combinations” she made the complete alphabet printed in block form and with some of the letters formed in rounded fashion. These were carefully reduplicated on a separate sheet of paper. Thereupon, a newspaper advertisement, magazine advertisements and a child’s textbook were brought out, and systematically it was pointed out that she, without recourse to a copying procedure, had printed each of the letters of the alphabet. She then was maneuvered into orienting her recognition of the letters not by comparing her printed letters with those in the book but by validating the letters in the book by their similarity to her own constructions. Great care was exerted to prevent her from losing this orientation. Her excitement, pleasure and interest were most striking. The entire procedure was then repeated in the waking state.

The next problem was to interest her safely in “letter building” and “word building” and the “naming,” not reading each new construct. Each step was accomplished first in the trance state and then repeated in the waking state. No mention was made of writing or reading, circumlocutions being used. For example, she would be told, “Take some of these straight or crooked lines and build me another letter. Now build me a few letters along side of each other and name the word.”

Then she was taught that “a dictionary is not a book to read; it is a book to look up words in, just like a picture book isn’t for reading, it’s just to look at pictures.” With the dictionary she was enabled to discover that she could use vertical, horizontal, oblique or curved lines to “build” any word in it and great care was exerted to emphasize the importance of “the right name for each word, just like you never forget the correct name for a harrow, a disk or a cultivator.”

As a succeeding step, she was taught the game of anagrams which was described as entirely comparable to tearing down “the back porch and using the old lumber to build on a new room with a kitchen sink.” The task of “naming” the words became most fascinating to her.

The final step was to have her discover that “naming words is just like talking” and this was achieved simply by having her “build” words taken from the dictionary, apparently chosen at random but carefully selected by the writer and which she was asked to “set down here or there on this straight line.” Since the words were not put down in correct order but were in correct spacing, the final result when she was called upon to “name” them astonished her. The words were. “Get going Ma and put some grub on the table.” As she completed “naming” the words, she declared, “Why, that’s what Pa always says - it’s just like talking.”

The transition from “talking words” to “reading words” was then a minor matter. Within three weeks’ time she was spending every spare minute with her dictionary and a Readers’ Digest. She died of a cerebral hemorrhage at the age of 80, a most prolific reader and a frequent letter writer to her children and grandchildren.

Example 15

The second instance concerns a nine-year-old girl who began failing all of her school work and withdrawing from social contacts. When questioned, she would reply either angrily or tearfully in a defensive fashion, “I just can’t do nothing.”
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Inquiry disclosed good scholastic work in previous years, but poor adjustment on the playground in that she was inept, hesitant, and awkward. However, her parents were concerned only about her scholastic rating and sought psychiatric aid for their daughter from the writer.

Since the girl would not come to the office, she was seen each evening in her home. One of the first bits of information elicited was that she didn’t like certain girls because they were always playing jacks or rollerskating or jumping rope. “They never do anything that’s fun.” It was learned that she had a set of jacks and a ball but that she “played terrible.” The writer challenged her, on the grounds that infantile paralysis had crippled his right arm, to the effect that he could play a “more terrible” game than she could. The challenge was accepted, but after the first few evenings a spirit of good competition and good rapport developed, and it was relatively easy to induce a light-to-medium trance. Some of the games were played in the trance state and some in the waking state. Within three weeks she was an excellent player, though her parents were highly displeased because of the writer’s apparent lack of interest in her scholastic difficulties.

After three weeks of playing jacks, the writer declared that he could be worse on roller skates than she could be, since his leg was crippled. There followed the same course of developments as with the jacks, only this time it took only two weeks for her to develop reasonable skill.

Next she was challenged to jump the rope and see if she could possibly teach the writer this skill. In a week’s time she was adept.

Then the writer challenged her to a bicycle race, pointing out that he actually could ride a bicycle well, as she herself knew. The statement was boldly made that he could beat her in a race and only her conviction that he would defeat her allowed her to accept. However, she did promise in the trance state to try hard. She had owned a bicycle for more than six months and had not ridden it more than one city block.

At the appointed time she appeared with her bicycle but demanded, “You have got to be honest and not just let me win. You got to try hard and I know you can ride fast enough to beat me so I’m going to watch you so you can’t cheat.”

The writer mounted his bike and she followed on hers. What she did not know was that the use of both legs in pedalling constituted for the writer a serious handicap in riding a bicycle and that ordinarily only his left leg is used. But as the girl watched suspiciously, she saw the writer most laboriously pedaling with both feet without developing much speed. Finally convinced, she rode past to win the race to her complete satisfaction.

That was the last therapeutic interview. She promptly proceeded to become the grade school champion in jacks and rope jumping. Her scholastic work improved similarly.

Years later the girl sought out the writer to inquire how he had managed to let her excel him in bicycle riding. She explained that learning to play jacks and jump the rope and to rollerskate had had the effect of bolstering her ego immensely, but that she had had to discredit those achievements considerably because of the writer’s physical handicaps. The bicycle riding, however, she knew was another matter.

She explained that at that time she knew the writer to be a good bicyclist, and she was certain that he could beat her and that she had no intention of letting the race be handed to her. The fact that the writer had genuinely tried hard and that she had beaten him convinced her that she “could do anything.” Elated with that conviction, she had found school and all that it offered a most pleasant challenge.
Erickson

A definitely different type of Utilization Technique is one in which the general reality situation is employed as the essential component of the induction procedure. A basic consideration is a seemingly incidental or unintentional interference with the subject’s spontaneous responses to the reality situation. This leads to a state of uncertainty, frustration, and confusion, in the subject, which effects in turn a ready acceptance of hypnosis as a possible means of resolving the subjective situation. It is a combined utilization-confusion technique and can be used experimentally or clinically on both children and adults. It is frequently a technique of choice, and sometimes it is very simply and rapidly accomplished, with shy timid children and with self-conscious adults. An illustrative instance is as follows:

Example 16

At a lecture before the professional staff of a hospital, a student nurse who had neither experienced nor witnessed hypnosis was authoritatively instructed by her superior to act as a “volunteer” subject for the writer. Although actually interested, she manifested definite resentment as she hesitantly came forward. Advantage was taken of her emotional state to employ a utilization technique that would effect, first, a state of confusion to obviate resistance and, secondly, the ready induction of hypnosis.

As she approached the front of the lecture room from a side aisle, a chair was moved somewhat ostentatiously into place for her. When she was within six feet of the chair, she was asked, “Will you sit in this chair here?” As the word “this” was spoken, the writer’s left hand was carefully placed on the back of that chair, as if to point it out. As the word “here” was spoken, the writer gestured with his right hand, as if indicating a chair to the side of the actual chair. There was a momentary pause in her behavior, but as she continued her approach, the chair was pushed gently toward her, causing a slight but definitely audible noise as it scraped on the floor. As she came still closer to the chair, it was pushed slightly to one side away from her and immediately, as she seemed to note this, it was pushed back an inch or so, and then another inch or so forward and to the side toward her. All of this she noted because the writer’s left hand on the back of the chair constituted a focusing point for her gaze.

By this time she had reached the chair, had turned and had begun to lower her body into it. As soon as her knees were bent, the chair was rotated somewhat noisily about one inch and, as she paused again momentarily to turn her head to look at the chair, the writer took hold of her right elbow and moved it away from her body slightly and then a bit forward. As she turned to look in response to this, her elbow was released and her right hand and wrist were gently taken and moved a little upward and then downward. As she shifted her gaze from her elbow to her hand, she was told quietly, “Just sit all the way down in the chair and as you do so, close your eyes and go way deeply into the trance and as you continue to sit there, sleep over more deeply in a hypnotic trance.” As she settled in the chair, the additional statement was made, “And now you can take a deep comfortable breath while I go on with my lecture.” Thereupon, without any further delay or training she was immediately employed to demonstrate the somnambulistic trance and many other phenomena of the deep trance. She was awakened from the trance approximately an hour later.

An aspect of the original reality situation constituting a part of the utilization technique was re-established by the measure of the writer, at the moment of awakening her, again holding her right hand and wrist as he had been doing at the moment of trance induction. Accordingly, in awakening, she reverted at once to the original state of conscious bewilderment which had been interrupted by the rapid development of a deep trance. This she demonstrated, along with a total amnesia for the events of the preceding hour, by stating, “But you’ve got me
so confused. I don’t know what to do. Is it all right to sit this way, and what do you want me to do with my hand?” Reply was made, “Would you like to go into a trance?” She answered, “I don’t really know. I’m not sure. I don’t even know if I can be hypnotized. I suppose maybe I could. I’m willing to try if you want me to.” She still had no awareness that she had been in a trance and that an hour had elapsed. This amnesia continued to persist. She was asked what she meant by saying that she was confused “Well, when I started to come up here, you asked me to sit in this chair and then you started moving it first one way and then another and then somehow you started to move my arm and before I knew what you wanted, you started moving my hand and I’m still confused. What do you want me to do?”

In this last question, the subject defines adequately the goal of a confusion technique, whether based upon direct suggestions eliciting variously oriented and contradictory responses from the subject or, as in this instance, upon a utilization technique employing various aspects of the reality situation. This goal is an urgent pressing need on the part of the subject to have the confusion of the situation clarified, and hence, the presentation of the suggestion of trance state as a definitive idea is readily accepted and acted upon. In this instance, she accepted at once the instructions “Sit down” “Close your eyes,” “Sleep deeply.” These instructions dispersed for her all of the confusion she had been experiencing.

For this subject, as in other instances in which this type of technique has been employed, the utilization of the reality situation was of such character that she could formulate no subjectively adequate responses. This resulted in an increasing need to make some kind of a response. As this desire increased, an opportunity for response was presented to her in a form rendered inherently appropriate and effective by the total situation. Thus, the very nature of the total situation was utilized in the technique of induction.

To summarize, a number of differing special techniques of hypnotic trance induction are reported and illustrated by clinical and experimental examples. These methods are based upon the utilization of the subject’s own attitudes, thinking, feeling, and behavior, and aspects of the reality situation, variously employed, as the essential components of the trance induction procedure. In this way, they differ from the more commonly used techniques which are based upon the suggestion to the subject of some form of operator-selected responsive behavior. These special techniques, while readily adaptable to subjects in general, demonstrate particularly the applicability of hypnosis under various conditions of stress and to subjects seemingly not amendable to its use. They also serve to illustrate in part some of the fundamental psychological principles underlying hypnosis and its induction.

Reference

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