Naturalistic Techniques of Hypnosis

Milton H. Erickson, M.D.

The naturalistic approach to the problem of the induction of hypnotic trances, as opposed to formalized ritualistic procedures of trance induction, merits much more investigation, experimentation and study than have been accorded it to date.

By naturalistic approach is meant the acceptance of the situation encountered and the utilization of it, without endeavoring to restructure it psychologically. In so doing, the presenting behavior of the patient becomes a definite aid and an actual part in inducing a trance, rather than a possible hindrance. For lack of a more definite terminology, the method may be termed a naturalistic approach, in which an aspect of the principle of synergism is utilized.

Basic to this naturalistic approach are the interrelationships and the interdependencies reported by this writer in 1943 and repeatedly confirmed in experience since then. In these studies emphasis was placed upon the desirability of utilizing one modality of response as an integral part in the eliciting of responses in another modality and upon the dependency upon each other of differing modalities of behavior, somewhat analogous to the increasing of the knee jerk by a tensing of the arm muscles. To illustrate and clarify these points, a number of reports will be cited.

Report No. 1

A man in his thirties became interested in hypnosis and volunteered to act as a subject for some experimental studies at a university. In the first hypnotic session he discovered that he was an excellent hypnotic subject, but lost his interest in any further experimental studies.

Several years later he decided to have hypnosis employed by his dentist, since he needed extensive dental work and feared greatly the possibility of pain. He entered a trance state for his dentist readily, developed an excellent anesthesia of the hand upon suggestion, but failed to be able to transfer this anesthesia or even an analgesia to his mouth in any degree. Instead, he seemed to become even more sensitive orally. Efforts to develop oral anesthesia or analgesia directly also failed.

Further, but unsuccessful efforts, were painstakingly made by the dentist and a colleague to teach this patient by various techniques either anesthesia or

analgesia. He could respond in this way only in parts of the body other than the mouth. He was then brought to this writer as a special problem.

A trance state was induced readily and the patient was casually reminded of his wish for comfort in the dental chair. Thereupon he was instructed to be attentive to the instructions given him and to execute them fully.

Suggestions were then given to him that his left hand would become exceedingly sensitive to all stimuli, in fact painfully so. This hyperesthetic state would continue until he received instructions to the contrary. Throughout its duration, however, adequate care would be exercised to protect his hand from painful contacts.

The patient made a full and adequate response to these suggestions. In addition to the hyperesthesia of the hand and entirely without any suggestion to that effect, he developed an anesthesia spontaneously of his mouth, permitting full dental work with no other anesthetic agent.

Even in subsequent efforts, anesthesia or analgesia could not be induced directly or purposely except as a part of the hyperesthesia-anesthesia pattern peculiar to that patient. However, this is not a single instance of this type of behavior. Other comparable cases have been encountered from time to time.

Apparently, psychologically the patient’s fixed understanding was that dental work must absolutely be associated with hypersensitivity. When this rigid understanding was met, dental anesthesia could be achieved, in a fashion analogous to the relaxation of one muscle permitting the contraction of another.

Report No. 2

Hypnosis had been attempted repeatedly and unsuccessfully on a dentist’s wife by her husband and several of his colleagues. Each time, she stated she became “absolutely scared stiff, so I just couldn’t move and then I’d start crying. I just couldn’t do anything they asked. I couldn’t relax, I couldn’t do hand levitation, I couldn’t shut my eyes; all I could do was be scared silly and cry.”

Again a naturalistic approach, employing “synergism” was utilized. A general summary of her situation was offered to her in essentially the following words:

“You wish to have hypnosis utilized in connection with your dental work. Your husband and his colleagues wish the same, but each time hypnosis was attempted, you have failed to go into a trance. You got scared stiff and you cried. It would really be enough just to get stiff without crying. Now you want me to treat you psychiatrically if necessary, but I don’t believe it is. Instead, I will just put you in a trance, so that you can have hypnosis for your dentistry.”

She replied, “But I’ll just get scared stiff and cry.”

She was answered with, “No, you will first get stiff. That is the first thing to do and do it now. Just get more and more stiff, your arms, your legs, your body, your neck—completely stiff—even stiffer than you were with your husband. Now close your eyes and let the lids get stiff, so stiff that you can’t open them.”

Her responses were most adequate.

“Now the next thing you have to do is to get scared silly and then to cry. Of course, you don’t want to do this, but you have to because you learned to, but don’t do it just yet.”
“It would be so much easier to take a deep breath and relax all over and to sleep deeply.”

“Why don’t you try this, instead of going on to getting scared silly and crying?”

Her response to this alternative suggestion was immediate and remarkably good.

The next suggestion was, “Of course you can continue to sleep deeper and deeper in the trance state and be relaxed and comfortable. But any time you wish, you can start to get scared stiff and silly and to cry, but maybe now that you know how to do so, you will just keep on being comfortable in the trance so that any dental or medical work you need can be done comfortably for you.”

A simple post-hypnotic suggestion to enable the induction of future trances was then given. Following this she was asked if she was interested in discovering that she was a most competent subject. Upon her assent, various phenomena of the deep somnambulistic trance were elicited to her pleasure and satisfaction. Since then, for a period of nearly a year, she has been a most competent subject.

**Report No. 3**

Another type of case in which this same general approach was utilized concerns a bride of a week, who desired a consummation of her marriage, but developed a state of extreme panic with her legs in the scissors position at every attempt or offer of an attempt.

She entered the office with her husband, haltingly gave her story, and explained that something had to be done, since she was being threatened with an annulment. Her husband confirmed her story and added other descriptive details. The technique employed was essentially the same as that utilized in a half dozen similar instances.

She was asked if she was willing to have any reasonable procedure employed to correct her problem. Her answer was, “Yes, anything except that I mustn’t be touched because I just go crazy if I’m touched.” This statement her husband corroborated. She was instructed that hypnosis would be employed. She consented hesitantly, but again demanded that no effort be made to touch her.

She was told that her husband would sit continuously in the chair on the other side of the office and that the writer would also sit continuously beside her husband. She, however, was personally to move her chair to the far side of the room, there to sit and watch her husband continuously. Should either he or the writer at any time leave their chairs, she was to leave the room immediately since she was sitting next to the office door.

Next, she was to sprawl out in her chair, leaning far back with her legs extended, her feet crossed, and all the muscles fully tensed. She was then to look at her husband fixedly until all she could see would be him, with just a view of the writer out of the corner of her eye. Her arms were to be crossed in front of her and her fists were to be tightly clenched.

Obediently she began this task. As she did so, she was told to sleep deeper and deeper, seeing nothing but her husband and the writer. As she slept more and more deeply, she would become scared and panicky, unable to move or to do anything except to watch us both and to sleep more and more deeply in the trance, in direct proportion to her panic state. This panic state, she was instructed, would deepen her trance, and at the same time hold her rigidly immobile in the chair.

Then gradually, she was told, she would begin to feel her husband touching her intimately, caressingly, even though she would continue to see him still on the other side of the room. She was asked if she were willing to experience such sensations and she was informed that her existing body rigidity would relax just sufficiently to permit her to nod or to
shake her head in reply, and that an honest answer was to be given slowly and thoughtfully. Slowly, she nodded her head affirmatively. She was asked to note that both her husband and the writer were turning their heads away from her because she would now begin to feel a progressively more intimate caressing of her body by her husband, until finally she felt entirely pleased, happy and relaxed. Approximately five minutes later she addressed the writer, “Please don’t look around. I’m so embarrassed. May we go home now because I’m all right?”

She was dismissed from the office and her husband was instructed to take her home and passively await developments. Two hours later a joint telephone call was received, explaining simply, “Everything is alright.” A checkup telephone call a week later disclosed all to be well. Approximately 15 months later they brought their first-born in with the greatest of pride.

Similar techniques have been employed in instances of nuptial impotence. These cases, in which this general approach has been employed, are eight in number; only one illustrative example will be cited.

Report No. 4

This 24-year-old college-bred bridegroom returned from his honeymoon of 2 weeks most despondent in mood. His bride went immediately to a lawyer’s office to seek an annulment, while he sought psychiatric aid.

He was persuaded to bring his wife to the office and, without difficulty, she was persuaded to cooperate in the hypnotherapy of her husband. This proceeded in the following fashion. He was told to look at his wife and to experience anew and completely his sense of absolute shame, humiliation and hopeless helplessness.

As he did this, he would feel like doing anything, just anything, to escape from that completely wretched feeling. As this continued, he would feel himself becoming unable to see anything except his wife, even unable to see the writer, though able to hear his voice. As this happened, he would realize that he was entering a deep hypnotic trance in which he would have no control over his entire body. Then he would begin to hallucinate his bride in the nude, and then himself in the nude. This would lead to a discovery that he could not move his body and that he had no control over it. In turn, this would then lead to the surprising discovery for him that he was sensing physical contact with his bride that would become more and more intimate and exciting, and that there would be nothing he could do to control his physical responses. However, there could be no completion of his uncontrolled responses until his bride so requested. The trance state developed readily and in full accord with the instructions given above.

At the conclusion of the trance state he was instructed, “You now know that you can, you are confident. In fact, you have succeeded and there is nothing that you can do to keep from succeeding again and again.”

Consummation was readily effected that evening. They were seen thereafter occasionally in the role of a family advisor and their marriage has been happy for more than ten years. Another type of case concerns the small child who has been brought unwillingly to the office, and whose parents have both threatened and bribed him in relation to the office call.

Report No. 5

An example is that of an enuretic 8-year-old boy, half carried, half dragged into the office by his parents. They had previously solicited the aid of the neighbors on his behalf and he had been prayed for publicly in church. Now he was being brought to a “crazy
doctor” as the last resort, with a promise of a “hotel dinner,” to be provided following the interview. His resentment and hostility toward all were fully apparent.

The approach was made by declaring, “You’re mad and you’re going to keep right on being mad, and you think there isn’t a thing you can do about it, but there is. You don’t like to see a ‘crazy doctor’, but you are here and you would like to do something, but you don’t know what. Your parents brought you here, made you come. Well, you can make them get out of the office. In fact, we both can—come on, let’s tell them to go on out.” At this point the parents were unobtrusively given a dismissal signal to which they readily responded, to the boy’s immediate, almost startled, satisfaction.

The writer then continued, “But you’re still mad and so am I because they ordered me to cure your bed wetting. But they can’t give me orders like they give you. But before we fix them for that,” -with a slow, elaborate, attention-compelling, pointing gesture “look at those puppies right there. I like the brown one best, but I suppose you like the black-and-white one because its front paws are white. If you are very careful, you can pet mine, too. I like puppies, don’t you?”

Here the child, taken completely by surprise, readily developed a somnambulistic trance, walked over and went through the motions of petting two puppies one more than the other. When finally he looked up at the writer, the statement was made to him, “I’m glad you’re not mad at me any more and I don’t think that you or I have to tell your parents anything. In fact, maybe it would serve them just right for the way they brought you here if you waited until the school year was almost over.

But one thing certain, you can just bet that after you’ve had a dry bed for a month, they will get you a puppy just about like little Spotty there, even if you never say a word to them about it. They just got to. Now close your eyes, take a deep breath, sleep deeply, and wake up awful hungry.”

The child did as instructed and was dismissed in care of his parents, who had been given instructions privately. Two weeks later he was used as a demonstration subject for a group of physicians. No therapy was done. During the last month of the school year, the boy each morning dramatically crossed off the current calendar day. Toward the last few days of the month he remarked cryptically to his mother, “You better get ready.”

On the 31st day his mother told him there was a surprise for him. His reply was, “It better be black-and-white.” At that moment his father came in with a puppy. In the boy’s excited pleasure, he forgot to ask questions. Eighteen months later, the boy’s bed was still continuously dry.

Report No. 6

One final case concerns a 16-year-old high school girl, whose thumb-sucking was the bane of her parents, her teachers, her schoolmates, the school bus driver, in fact, the special abhorrence of everybody who came in contact with her.

After much effort on their part, the soliciting of the aid of the entire neighborhood, the intervention (as in the preceding case) by public prayer in church, the forcing of her to wear a sign declaring her to be a thumb-sucker, it was finally decided in desperation by the parents to consult, as a last and shameful resort, a psychiatrist.

The parents’ first statement to the writer was to express the hope that therapy of their daughter would be based primarily upon religion. As matters progressed, a promise was extracted from them that after the girl became the writer’s patient, for a whole month neither parent would interfere with therapy, no matter what happened, nor would a single word or look of admonition be offered.
The girl came unwillingly to the office with her parents. She was nursing her thumb noisily. Her parents were dismissed from the office and the door closed. As the writer turned to face the girl, she removed her thumb sufficiently to declare her dislike of “nut doctors.”

She was told in reply, “And I don’t like the way your parents ordered me to cure your thumb-sucking. Ordering me, huh! It’s your thumb and your mouth and why in hell can’t you suck it if you want to? Ordering me to cure you. Huh! The only thing I’m interested in is why, when you want to be aggressive about thumb-sucking, you don’t really get aggressive instead of piddling around like a baby that doesn’t know how to suck a thumb aggressively.

“What I’d like to do is tell you how to suck your thumb aggressively enough to irk the hell out of your old man and your old lady. If you’re interested, I’ll tell you—if you aren’t, I’ll just laugh at YOU.”

The use of the word “hell” arrested her attention completely—she knew that a professional man ought not to use that kind of language to a high school girl who attended church regularly. Challenging the inadequacy of her aggressiveness, two terms the school psychologist had taught her, commanded her attention still more.

The offer to teach her how to irk her parents, referred to so disrespectfully, elicited even more complete fixation of her attention so that, to all intents and purposes, she was in a hypnotic trance. Thereupon, in an intent tone of voice, she was told:

“Every night after dinner, just like a clock, your father goes into the living room and reads the newspaper from the front page to the back. Each night when he does that, go in there, sit down beside him, really nurse your thumb good and loud, and irk the hell out of him for the longest 20 minutes he has ever experienced.”

“Then go in the sewing room, where your mother sews for one hour every night before she washes the dishes. Sit down beside her and nurse you thumb good and loud and irk the hell out of the old lady for the longest 20 minutes she ever knew.”

“Do this every night and do it up good. And on the way to school, figure out carefully just which crummy jerk you dislike most, and every time you meet him, pop your thumb in your mouth and watch him turn his head away. And be ready to pop your thumb back if he turns to look again.

“And think over all your teachers and pick out the one you really dislike and treat that teacher to a thumb pop every time he or she looks at you. I just hope you can be really aggressive.” After some desultory irrelevant remarks, the girl was dismissed and her parents summoned into the office.

They were reminded of the absoluteness of their promise and the declaration was made that if they kept their promises faithfully, the girl’s thumb-sucking would cease within a month. Both parents affirmed their wholehearted cooperation. On the way home the girl did not suck her thumb and she was silent the entire trip. The parents were so pleased that they telephoned to report their gratification.

That evening, to the parental horror, the girl obeyed instructions, as they did, all of which they reported unhappily by telephone the next day. They were reminded of their promise and of the writer’s statement of the girl’s prognosis.

Each night, for the next ten evenings, the girl was faithful in her performance. Then it began to pall on her. She began to shorten the time, then she began late and quit early, then finally she skipped, and then she forgot!
In less than four weeks the girl had discontinued her thumb-sucking, both at home and elsewhere. She became increasingly interested in the much more legitimate teenage activities of her own group. Her adjustments improved in all regards.

The girl was seen again in a social setting about a year later. She recognized the writer, viewed him thoughtfully for a few minutes and then remarked, “I don’t know whether I like you or not, but I am grateful to you.”

**Discussion & Summary**

One of the most important of all considerations in inducing hypnosis is meeting adequately the patient as a personality and his needs as an individual. Too often the effort is made to fit the patient to an accepted formal technique of suggestion, rather than adapting the technique to the patient in accord with his actual personality situation. In any such adaptation, there is an imperative need to accept and to utilize those psychological states, understandings and attitudes that the patient brings into the situation. To ignore those factors in favor of some ritual of procedure may and often does delay, impede, limit or even prevent the desired results. The acceptance and utilization of those factors, on the other hand, promotes more rapid trance induction, the development of more profound trance states, the more ready acceptance of therapy and greater ease for the handling of the total therapeutic situation.

Another important consideration is the need to avoid a repetitious belaboring of the obvious. Once the patient and the therapist have a clear understanding of what is to be done, only fatigue is to be expected from further reiteration. The acceptance as an absolute finality of the definition of understandings of what the patient wants and needs and what is to be done, and then expectantly and confidently awaiting the patient’s responses serves more readily to elicit the desired results than repetitious instructions for specific responses. This simplicity of instructions with adequate results is clearly illustrated in the second case report above.

In brief, in each of the above case reports an effort has been made to illustrate the utilization of patient behavior and patient needs as a naturalistic technique of hypnotic trance induction. Also, an effort has been made to demonstrate that the adaptation of hypnotic techniques to the patient and his needs, rather than vice versa, leads readily and easily to effective therapeutic result.

**References**

The following articles are suggested for further reading:


