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ERICKSON'S PRINCIPLES OF INDIVIDUALIZATION AND UTILIZATION

Milton Erickson emphasized the need to individualize hypnotic procedures. But many lay hypnotists and even some legitimate professionals assume that hypnotic response is only a trait and that individualization is, therefore, unnecessary. Thus, they mass produce popularized self-hypnosis tapes, presenting everyone with the same induction and suggestions. There is limited evidence, however, suggesting that hypnosis may be more effective when it is individualized (Holroyd, 1980; Nuland & Field, 1970) and takes into account the unique motivations, personality, interests and preferences of the patient. Furthermore, there is evidence in psychotherapy outcome research that failure to individualize therapy not only may result in poor outcome, but may be associated with psychological casualties (Lieberman, Yalom & Miles, 1973). Therefore, I have many of my patients take home a paper and pencil checklist of life experiences, interest and values (Hammond, 1985, 1988a). The checklist rapidly provides information to use in individualizing the induction, metaphors and suggestions.

As one example of individualization, we can determine by brief questioning (during or after hypnosis) which sensory modalities a patient is

primarily able to imagine (visual, auditory, kinesthetic, olfactory). We may then tailor the imagery that we suggest accordingly. I also recommend questioning your patients after an initial hypnotic experience to obtain their feedback about how you can make the experience even more effective.

MYTH OF THE SUPERIORITY OF INDIRECT SUGGESTIONS. As clinicians begin to study hypnosis, they commonly ponder over the question, "Should I be direct or indirect in my approach?" In recent years this has become one of the most controversial areas in hypnosis, particularly among workshop presenters and non-research-oriented writers; therefore, we will examine in some detail the existing evidence.

Some authors, particularly some of those identifying themselves as "Ericksonian," have assumed that indirect, permissive suggestions are always superior to direct suggestions. Some have even been so bold as to make statements like these: "Direct suggestion will bring only temporary relief, will intensify the transference relationship toward authority, and will increase repression of the conflict that led to the symptomatology" (Lankton & Lankton, 1983, p. 150), and "An Ericksonian hypnotist strives to be artfully indirect in all suggestions and interventions" (Lankton & Lankton, 1983, p. 251). "He [Erickson] noticed that direct suggestions were useful only to the extent that clients knew what they wanted, were congruent about wanting to accomplish it, and had the resources necessary to change available and organized. Clients seeking therapy rarely meet these criteria" (Lankton, 1985). Are indirect and permissive suggestions always superior?

Alman (1983) experimentally tested this assumption and to his surprise found that response to direct versus indirect suggestions was normally distributed—some patients responded better to very direct suggestions, and others were more responsive to permissive, indirect suggestions. Very similarly, McConkey (1984) found subjects were heterogeneous in their response to indirect suggestions—half were responsive to this type of suggestion and half were not. He speculated that "indirection may not be the clinically important notion as much as the creation of a motivational context where the overall suggestion is acceptable, e.g. by making the ideas congruent with other aims and hopes of the patient" (p. 312).

There have been some studies and uncontrolled case reports (Alman & Carney, 1980; Barber, 1977; Friction & Roth, 1985; Stone & Lundy, 1985) that have reported superior effects for indirect suggestions, but several of these studies (e.g., Barber, 1977) had serious methodological flaws. The indirect condition that was used by Matthews, Bennett, Bean and Gallagher (1985), for example, was 34% longer than the direct condition, which appears to have accounted for the greater depth reported.

In contrast to the studies claiming greater potency for indirect suggestions, many other studies have failed to find a difference in effectiveness (e.g., Lynn, Neufeld, & Matyi, 1987; Matthews et al., 1985; Murphy, 1988; Reyher & Wilson, 1976; Spinhoven, Baak, Van Dyck, & Vermeulen, 1988). For instance, Barber's (1977) superior results with indirect suggestions have

not been replicated with dental procedures (Gillett & Coe, 1984), with foot surgery (Crowley, 1980), obstetrical patients (Omer, Darnel, Silberman, Shuval, & Palti, 1988) or with pain in paraplegic patients (Snow, 1979). Furthermore, Van Gorp, Meyer and Dunbar (1985) used his procedure with experimental pain and found that traditional hypnotic suggestions were significantly more effective than indirect suggestions. Still other studies have likewise found that direct suggestions produce better posthypnotic response (e.g., Stone & Lundy, 1985).

Matthews and Mosher (1988) entered their study anticipating a superior response with indirect suggestions, and expecting that it would decrease resistance as hypothesized by Erickson and Rossi (1979). Subjects not only did not respond differently to either indirect inductions or indirect suggestions, but subjects receiving indirect suggestions were actually found to become more resistant! Lynn et al. (1988) likewise did not find that resistance was minimized by using indirect suggestion. Further testing the "Ericksonian" belief that indirect suggestions are superior with resistant and more independent patients, Spinhoven et al. (1988) examined the relationship of locus of control to preference for direct or indirect suggestions. Locus of control did not predict response to either direct or indirect approaches.

Sense of involuntariness of response to suggestions has also been discovered to be the same for direct and indirect suggestions (Matthews et al., 1985; Stone & Lundy, 1985). Furthermore, Lynn et al. (1988) actually found that sense of involuntariness and of subjective involvement was greater when direct suggestions were used. The later finding replicated the carefully controlled results of Lynn, Neufeld, and Matyi (1987).

Research (Matthews, Kirsch, & Mosher, 1985) has now carefully examined the Bandler and Grinder (1975) and Lankton and Lankton (1983) contention that using two-level communication and interspersing suggestions in a confusing dual induction produces superior results. If anything, they found the opposite. Not only was a double induction not more effective than a traditional induction procedure, but when it was used as the initial induction experienced by a subject, it was *less* effective and appeared to have a negative impact on later hypnotic experiences. Even Erickson (1964) would have probably predicted this, however, since he designed confusional procedures for primary use with consciously motivated but unconsciously resistant subjects.

So, let's return to our initial query, "Are indirect suggestions superior to direct hypnotic suggestions?" The weight of existing evidence clearly requires a response of "No." Indirect suggestions do *not* seem more effective than direct suggestions; in fact, direct suggestions may possess some advantages. Several studies (Alman, 1983; McConkey, 1984; Spinhoven et al., 1988) seem to indicate that some individuals will respond better to each type of suggestion, but most people fall in the middle of the distribution and may well respond equally well to either type of suggestion. The furor of the past decade over the belief that "indirect is always better" is rather reminiscent of the extensive research literature that has now failed to replicate the creative, but nonetheless unfounded tenets of NLP. As

mental health professionals we may stand too ready to adopt unproven theories as truth.

It is thus my recommendation, in the light of current evidence, that we should keep our therapeutic options open and maintain the flexibility to use both direct and indirect suggestions. In light of the research, the debate over the preferability of one type of suggestion over the other may be "much ado about nothing." We are probably well advised to not spend so much time worrying about it. Erickson certainly felt free to use both highly directive and even authoritarian suggestions with some patients, and to use very permissive and indirect suggestions with others (Hammond, 1984).

We have no validated indications or contraindications for the type of suggestions to use. In fact, some of the widely accepted indications for when to use indirect suggestions (e.g., with resistant and more independent subjects) that evolved from clinical beliefs may be nothing more than folklore, since they have not received research support thus far. Hypnosis—like so much of psychotherapy—is still more art than science. We must therefore remain open and appropriately humble about what we actually know, rather than becoming prematurely entrenched in untested theories that may limit our options for intervention and learning.

What I am going to express now is only my tentatively held clinical belief, which may or may not prove to be accurate. In my own clinical work I tend to be more direct, straightforward, and forceful in giving hypnotic suggestions under the following circumstances: 1) When a good therapeutic relationship and rapport have been established with the patient; (2) When the patient seems motivated and nonresistant; (3) When the patient seems able to accept direction and authority, or is more dependent and used to accepting authority; (4) When the patient seems more highly hypnotically talented and is in a deeper hypnotic state; (5) When I am familiar with the hypnotic talents and capacities of the patient and am thus aware of the hypnotic phenomena she or he can manifest; and (6) When, upon questioning the patient, I learn that he or she seems to prefer and respond more positively to a direct approach. (In other words, a "work sample" of how the patient responds to different styles of suggestion is probably more valid than drawing inferences from unsubstantiated "personality" characteristics.)

UTILIZING PATIENT LANGUAGE PATTERNS. Another method for tailoring hypnosis to patients is to incorporate their idiosyncratic syntax and styles of speech into the suggestions you give. Listen for phrases and words that the patient tends to use. For instance, during the initial evaluation a patient with relationship problems described himself as "very intelligent," and indicated, "I have a lot of common sense." He also used the phrase, "Take my own destiny in my own hands."

The phrases and concepts of this patient were incorporated into the following suggestions: "Now you are an intelligent person, an astute person, who can very level-headedly size up situations. And you can begin to realize that you have even further mental resources, beyond your conscious intellect. Your unconscious mind is very perceptive, and within you there is

a great deal of intuitive common sense. Your unconscious mind perceives what needs to be done. And your unconscious mind will use these aptitudes, and will begin to give you spontaneous impressions about your relationships. As you interact with people, and as you observe other people interact, impressions, recognitions will spontaneously come into your mind, about what you do that's self-defeating in relationships. And you can trust that your unconscious mind has the common sense to recognize how you've been turning people off, without fully realizing it consciously. Your unconscious mind isn't about to let you just drift along, leaving your future to chance. It will bring images and impressions about your relationships into your mind, so that you can make intelligent decisions and changes. And rather than leaving your relationships to chance, you will find that you will begin to take your destiny into your own hands, realizing changes that need to be made."

When we are able to incorporate the patient's own language into suggestions, the ideas may feel more compatible and congruent to the patient. We are literally speaking the patient's language and thus the suggestions may conform more to the patient's pattern of thinking and make a more profound and lasting impression.

UTILIZATION. Another facet of individualization is Erickson's principle of utilization. Erickson used this term to convey the importance of utterly accepting whatever occurs with the patient, and then seeking to use, displace, and transform it. In hypnosis, this is essentially the parallel of using empathy and respect to establish rapport in psychotherapy.

Thus if a patient yawns in a tired way, one may comment, "Have you ever noticed, how after a yawn, your whole body relaxes more deeply?" If a patient has some muscles jerk slightly in one leg during the process of induction, the therapist may say, "And you notice the little muscles jerk in your leg, which is a good sign that the tension is really flowing out of you, as your muscles relax." This intense observation and focus on the patient, in and of itself, creates rapport. But suggestions may then also reframe nonverbal behavior, making the attribution that it is evidence of hypnotic responsiveness. Patient behavior, even if it might be interpreted by some as problematic, is thus accepted and suggestions are connected to it.

A new patient complained that, in hypnotic attempts with a previous therapist, he could only enter a light hypnotic state because his mind kept wandering. Therefore, the following suggestions were offered during the induction: "And as we continue, undoubtedly your mind will begin to wander to thinking about other things [accepting his "resistant" behavior]. And different images may run through your mind. And that's perfectly all right, because for the next little while, your conscious mind doesn't have to do anything of importance. Just allow your unconscious mind to wander in whatever way it wants, because the only thing that matters, is the activity of your unconscious mind." The patient went into a profound, deep trance and experienced spontaneous amnesia for almost the entire session.

In individualizing hypnosis, you may also consider taking into account and utilizing the personality styles and needs of patients. In a highly competitive patient, for example, one might choose a dual levitation

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induction, while suggesting an attitude of curiosity about which hand will reach the face first. You are encouraged to thoroughly study the literature on utilization (Erickson, 1959; Erickson, 1980; Erickson & Rossi, 1979; Haley, 1973; Hammond, 1985).