



SPONTANEOUS POST HYPNOTIC TRANCE AND ITS THERAPEUTIC USES

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The difficulties encountered in the ordinary process of inducing a hypnotic trance suitable for hypnotherapy are well known to any experienced practitioner of hypnotic psychotherapy. These difficulties arise, in part, from the need to subordinate and eliminate the subject's waking patterns of behavior. The continuance of these waking patterns in a trance, including conscious intentions regarding trance behavior as well as any misconceptions about hypnosis, may contribute to the hypnotic subject unintentionally limiting the depth and nature of their trance and, in some cases, precluding the development of trance and the consequent hypnotherapy altogether. Post hypnotic trance behavior provides a way of securing a trance state suitable for therapeutic progress quickly and without prior notice and thus avoids resistances and, overall, reduces the likelihood of the subject unintentionally contra posing the psychotherapy being offered.

The first published study of the character and nature of the mental processes involved in posthypnotic trance behavior was submitted by Milton and Betty

Erickson in 1941. (Rossi, 1980). In that article they described a post hypnotic act as a behavior and/or thought process that is prescribed directly or indirectly to a hypnotized subject and is performed by the subject following the trance in which the suggestion was given. Its occurrence is prompted by a signal or cue that has been established in another context and is not consciously motivated. Consequently, the post hypnotic act is not an integrated part of the situation in which it occurs but rather at variance or even disruptive of the ongoing pattern of activity.

The Ericksons further pointed out that the signature characteristic of the post hypnotic response and an integral part of the performance of the post hypnotic act is the spontaneous development of yet another hypnotic trance whose time duration is in direct relation to the performance of the post hypnotic act and whose presence the subject is unaware of and for which there is an absence of any intellectual curiosity regarding how it was secured. The development of this spontaneous trance requires neither suggestion nor



instruction to develop and develops spontaneously upon initiating the posthypnotic act. Since the subject is making a response to a suggestion which is based upon the revivification of the hypnotic elements of another situation, the response is limited and restricted to the immediate environment (removed from the original context), leaving little possibility or need for the continuation of conscious attitudes and patterns of behavior, including resistance. Most importantly, by interfering with the subject's execution of the post hypnotic task, the subject is arrested in a spontaneously developed trance--a trance more dissociated (deeper) from their immediate environment than a trance resulting from the usual process of induction and trance development.

Continuation in the post hypnotic trance remains contingent upon the overall situation remaining beneficial to the subject. When perceived as favorable, the subject participates in a responsive, automatic manner out of which therapeutic advances can be attempted. Finally, when the subject is then allowed to complete the post hypnotic task originally assigned, spontaneous awakening will occur accompanied by complete amnesia for the intervening trance and its experiences. (Erickson, M.H. & Erickson, E.M., in Rossi, 1980)

A search of the literature since 1941 has not revealed any reports of the therapeutic uses of the dynamics of post hypnotic trance behavior other than the use of post hypnotic suggestion carried outside the

therapy setting. For example, Edgette & Edgette (1995)

The author has found that the most conducive type of trance for giving post hypnotic suggestions concludes in a passive sleeping state. In this regard, various "relaxation" suggestions can bring about a trance state (once deepened) that can be adequate for the suggestion of a post hypnotic performance. Deepening and testing the depth of trance can be accomplished by checking for the presence of catalepsy--an indicator of trance. To test for catalepsy, the operator can gently take hold of one of the subject's wrists and suggest an upward movement with touch and not words. Catalepsy is present when the hand and forearm lift themselves once movement and direction is initiated. If catalepsy is present, eliciting ideomotor signaling can further deepen the trance. For example, when the subject manifests an unconsciously generated "yes" and "no" signal (finger, hand, hand/arm or head), "yes" and "no" type answers can then be elicited. The more literal the subject's responses to the questions, the greater the likelihood of the presence of a trance state, i.e. the question, "Do you mind me asking you this question? What is your name?" elicits a "yes" or "no" and not a verbal response of their name. Overall, the goal is to encourage the psychotherapy subject to acquire trance experiences of deeper levels without eliciting any resistance by avoiding any therapeutic exploration or therapeutic suggestion.

Once an trance state deep enough to produce post trance amnesia has developed, a post hypnotic task



can be assigned. (It should be kept in mind that several attempts may be needed before the subject is able to carry out a post hypnotic suggestion with amnesia present for the original suggestion.) The post hypnotic suggestion should be kept simple and natural to the therapy environment. For example, "Upon awakening you will notice a book on the table in front of you of interest to you. You will ask me to hand it to you so you can examine it more closely. Ask me to hand it to you." Any suggestion that allows the operator to participate can be used. This allows the operator the option of interrupting the subject in carrying out of the hypnotic task.

Two different approaches with post hypnotic trance will be presented. In the first example, the subject is instructed to carry out a post hypnotic task which involves completing a number of behavioral and cognitive steps, which, when completed will result in the development of yet another trance. In all, three successive trance states are involved.

The technique of interfering with the completion of post hypnotic behavior (tasks) arrests the subject in the spontaneously developed trance. As previously discussed, any difficulties and resistances associated with subordinating the subject's waking patterns of behavior have been completely circumvented. The trance state that has spontaneously developed in response to the interruption can then be used therapeutically. The therapeutic usefulness of this approach will be illustrated below.

In the first example, a post hypnotic task was given which included, upon completion, going into another trance.

A 35 year old woman was referred for "pseudo seizures" non-epileptic occurrences and was given the following post hypnotic suggestion at the end of her second trance, "When you awaken you will see a paper cup sitting on the floor next to your counselor's chair. That cup is filled with water. You may ask to have a sip of that water and the cup will be handed to you immediately. After you take your first sip of water, suddenly, but not immediately, a rush of issues confronting our society will come to your mind where upon you can begin discussing any one that you choose. In the process of discussing a social topic you may have a second and third sip of water from the paper cup. Only after finishing your fourth sip, will you develop yet another hypnotic trance. Do you understand?" (subject nods) "Do you have any objection to carrying out that task?" (subject shakes head).

Upon awakening from the trance in which the post hypnotic suggestion was given, the subject stated that she knew what the hypnotist had instructed her to do. The hypnotist responded by confirming the accuracy of her recollection of the post hypnotic suggestion and then asked if she was thirsty. The subject then requested that she be handed the paper cup. Upon receiving the paper cup the subject paused and held the cup securely on her lap but did not partake. The hypnotist then asked the subject if she wanted to see what would



happen when she takes a sip of water. The subject nodded her head “yes” and then took a sip of water. Almost immediately the subject’s eyes glassed over. She stared straight ahead, became immobilized and didn’t speak. The hypnotist then asked her what social issues she was thinking about, to which she responded by shaking her head. The hypnotist then began suggesting issues like religion, politics, and environment and was interrupted by the subject who stated: ***sexual trafficking of children in foreign countries***. A conversation ensued about which countries and what coordinated efforts would be required by the various nations to stop sexual trafficking. As the subject talked, she casually took two more sips of water and then became silent, whereupon uncoordinated muscle movements began on her right side and she began to show signs of emotional distress. When asked by the hypnotist what was happening, she stated that she might be about to have a seizure. She was told that now would be a good time and place to have a seizure so that the hypnotist could witness and better understand the type and nature of her seizures. Instead of developing a seizure, however, the subject fell silent, stared straight ahead, her eyes fixed on a spot on the opposite wall and her body remained immobile. After several minutes of intensive staring, she began talking about different events of her childhood, including the function of her seizures which she believed kept her from being filled with the “fear of abandonment.” Finally, she was asked a series of “yes” and “no” questions regarding the time frame in which she thought she’d

be seizure free. After considered thought, she decided upon a month long time frame during which she’d cease to have seizures. Subsequently, the subject remained seizure free for over three months. Most recently, she reported an “almost” seizure precipitated by a friend arriving a half hour late for shopping date for a new outfit she was buying in preparation for a “big” new job interview in a far away city. She reported that her mouth was twitching and arm started shaking but she never lost consciousness as before. She was offered the “big” new job which she accepted. She moved out of her hometown and away from her mother.

In the second example a 25 year old woman and her husband of two years sought marital counseling due to an impasse over having children. They feared this impasse might lead to a separation. The woman agreed to accept hypnosis as a way of breaking the impasse. She entered her first trance deeply enough for the operator to suggest a post hypnotic task. She was told that upon awakening she would focus her attention on the coffee table in front of her. On the table she would see a number of items, one of which would appeal to her. She was further instructed that she ask the operator if she could hold it herself and take a closer look. She was further told that the item she chose would be handed to her by the operator. Upon awakening she initially remarked to her husband about the profound feelings of relaxation she felt and then began intently looking over the items on the coffee table in front of her. Shortly, she asked if she could hold one of the items, to which the



operator said “sure” and then began handing it to her but stopped short and said: *before you take a hold of this, I’ve arranged for you to see series of screens over there (pointing to the opposite wall of the office). Is that little girl there in the first screen there on the left upset about something?* The woman stared in the direction of the wall indicated, became still, pupils dilated and then said: *She’s scared. She just found her mother lying on the floor hardly breathing. Now two men are taking her mother to the hospital.* Next, a series of screens were suggested and the woman’s entire history with a depressed and suicidal mother emerged. She was asked if she still feared being abandoned by her mother, in response to which she stated: *no, but I’m afraid my husband could get depressed and the same thing could happen. He gets anxious just like my mother. Sometimes I think it’s better for me to be alone.* The operator then asked her if she thought this would be something important to talk about with her husband after she awakened. She agreed that it would and then the operator handed her the item he’d been holding. She took the item, examined it, smiled and then handed it back. She immediately began reorienting herself to the room and, upon awakening stated: *“Wow! I could see all the different times in my life I needed someone but I always had to take care of my brother and sister and my mother and be the strong one.”* This experienced provided a breakthrough for the couple and two months later they reported that they were pregnant.

In summary, psychotherapy patients arrive in treatment often times anxious and fearful, making hypnotherapy rather challenging. Securing a trance state quickly and unexpectedly without the subject having an opportunity to prepare themselves or to make any special and unnecessary adjustments to their behavior, provides both subject and operator with a distinct advantage in bringing about therapeutic goal(s) primarily because of the deeply hypnotized subject’s unbiased ability to consider and respond to relevant therapeutic suggestions. In addition, if post trance amnesia is spontaneously and naturally present, the learnings achieved unconsciously can be stored and organized for later conscious integration—often a necessity in successful therapy. By and large, circumventing conscious resistance, in all their various manifestations, makes it less likely that the subject will controvert the therapy being offered.

References:

- Rossi, E.L. (ed) (1980). The Collective Papers of Milton H. Erickson, “Concerning the Nature and Character of Posthypnotic Behavior”. (Erickson, M.H. & Erickson, E.M.) Vol. I The Nature of Hypnosis and Suggestion. New York: Irvington.
- Clayton, D.H. (1992) “Treating Psychosomatic Disorder: Negotiating with the Unconscious in Trance.” *Hypnos* Vol. XXIV No. 1-1992.