

# Self-Hypnosis

(Reprinted from Ideomotor Signals for Rapid Hypnoanalysis

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The reason for teaching a patient self-hypnosis is to continue the process of positive change. Self-hypnosis can be used for relaxation and stress reduction, for reinforcement and further imprinting of self-suggestions, and for ideomotor self-analysis. Cheek and LeCron (1968) pointed out that “the easiest way for one to learn to hypnotize himself is first to be inducted by someone else and be given posthypnotic suggestions for induction. There should be some definite formula to follow, stated in detail. By going through this formula, the subject enters hypnosis”.

After we’ve done hypnoanalysis, and gotten closure on a problem, we suggest to the patient while in trance, that from now on, anytime he wants to use self-hypnosis [posthypnotic suggestion], he can get just as deep or even deeper than he is now by simply getting comfortable, closing his eyes, rolling his eyes up, and taking a deep breath and holding it for a count of three (i.e., rapid eye roll self-induction), and as he EXHALES, go immediately into a pleasant, comfortable hypnotic trance [this is the formula]. He can use this method to reinforce his determination to accomplish his current goal.

## **Relaxation and Stress Reduction**

If the patient is under situational stress (e.g., starting an examination, beginning a project), it’s a good time to make it a practice of having relaxing moments of self-hypnosis and going to his laughing place. Just 30 seconds of this will significantly reduce situational stress.

When regular self-hypnosis sessions are indicated, something like the following can

be suggested to the patient: *You can practice your own self-hypnosis twice a day for about ten minutes each session. When you do your self-hypnosis in the morning, it helps you start the day off right, and when you do your self-hypnosis in the late afternoon, after work, it helps you leave the pressures of work at work. Each time you do your own self-hypnosis, it reinforces and strengthens the positive things I say to you when we are working together.*

### **Further Imprinting of Self-Suggestions**

With habit issues like smoking and weight reduction and nail biting, the self-suggestion we typically use is: “I live in the most precious body in the world. And I reject . . . because it hurts me.” These are in effect two separate suggestions, neither of which has more than 10 words. Having those two suggestions sink in is a good time to reward himself with a short visit to his laughing place to feel so good, and then self-alert.

### **Self-Hypnosis Tape**

When we’ve done a significant hypnoanalysis, on our last or next to last visit with the patient, we will often make a personal self-hypnosis tape. The tape can:

1. Summarize what insights we’ve had.
2. Reinforce our reframes.
3. Give ego-strengthening suggestions to develop new solutions and continue to overcome the problem.
4. As we discuss below, guide the patient in conducting his own self-analysis session.

### **Chronic Pain**

For chronic pain patients, we make a self-hypnosis tape that includes whichever of the following suggestions may seem most appropriate for that particular patient. Add

others as is appropriate.

1. No pain lasts forever.
2. I can have all the comfort I need.
3. I'm just as good as anybody else, and I don't have to prove that to anyone.
4. It's all right to have some mild discomfort as long as it's tolerable.
5. Pure pain doesn't really hurt that much.
6. I can numb my hand and pass the numbness to where it hurts.
7. I can take a vacation and go to my "laughing place".
8. I can temporarily turn off the pain.

### **Studying**

For students who are having trouble concentrating on their studies, we like for one word to be the title under a picture to be used in self-hypnosis. I (DME) teach my medical students to write down the following as their picture:

"CONCENTRATE means: From now on when I want to study, I'll get comfortable, with a good light, and ignoring all distractions, focus on what I'm reading, understand it, store it in memory, and recall it at will."

Before beginning his study time, the student is to read this three times, go into self-hypnosis, and simply let the word CONCENTRATE be the title under the picture in the daydream of what CONCENTRATE means as specified in the written self-suggestion. After a short trance, the student re-alerts and starts to study. Every 20 minutes, he should take a short break, and repeat the above.

### **Test Anxiety**

I (DME) had to take a course in differential equations (advanced calculus) to get

into medical school. I was used to making A's, but somehow felt that this was too complicated for me to understand. In the window of a bookstore, I saw a book titled *Calculus Made Easy* and bought it. The blurb on the inside jacket said, "Any fool can calculate. You're surrounded by fools who calculate. What one fool can do, another can." That's all I read in the book because somehow, in my mind, I knew I could calculate and had never equated calculus with calculating. The next day, I went to class and looked around at all the fools around me who were calculating and I decided I could do it too. I raised my grade to a B. It was too late to make an A.

I tell this story to my patients who are having test anxiety. They know the information, but they are not getting it onto their test answer sheet. I suggest that they lay aside their books the night before the examination, get a good night's sleep, go to the test, and look around at all the fools who are going to pass, do a momentary self-hypnosis with the title, "What one fool can do, another can", self-alert, and then take the test. When confronted with uncertainty about which of two answers is best in a multiple choice, I suggest, "Trust your guts (read right brain), not your intellect (read left brain)."

If the student has the fixed idea that he has to make a perfect score, we remove that suggestion by pointing out that the passing grade is (whatever it is), and the object is to pass. There's nothing wrong with making 100, but it is not the goal. This also works with doctoral students who are stuck in getting their dissertations done. They are helped to understand that they just have to get it done. It doesn't have to be the best dissertation ever written, or Nobel Prize material.

The only people who come for hypnosis are people who have been failing examinations in spite of the fact that they have the intellectual capacity to have passed.

They are desperate for help. There is often a disabling level of embarrassment or shame associated with having had to take a board or licensing exam multiple times. The patient feels as if his career is threatened by failing the examination which adds to his anxiety level.

**“What One Fool Can Do Another Can”**

The treatment should include hypnoanalysis. We set up the IM signals in trance.

T: In order to get into (medical school, law school, etc.), a student has made outstanding grades through college and now he is flunking. For you, there is something different about being a medical student, law student, bar candidate, etc. than being an undergraduate, graduate student, etc. The subconscious message is that I have a duty to other people, and if I don't do this right, somebody else will suffer. Nothing happens for no reason at all. There is a reason that you're used to making high grades and now you're failing. <Name>, is it all right for you to know what feeling has changed?

IM: YES.

T: All right. In your subconscious, review what feels so different and when you know at a conscious level, your YES finger will rise.

IM: YES rises

T: Tell me what crossed your mind.

P: If people's lives are going to depend on me, I can't afford to make a mistake.

T: In other words you should be perfect? You should make a 100 on the test?

IM: YES.

T: But the passing grade is 70 (or whatever). Nobody's perfect. All through medical school (or law school, etc.), your teachers repeat and repeat the basic things you need to

know, and you learn how to use the library and the internet as resources to find specific information on diagnoses, drug reactions, (in the case of law students, case law, legal precedents, and so on). Even after you get out of school, you are supervised as an intern and on through your residency. [In the case of practicing doctors or attorneys: You have access to colleagues for consultation.] The goal right now is to simply pass and get your degree. There's nothing wrong with making a 100 on a test, as long as you remember that the goal is to pass, and the passing grade is 70 (or whatever it is).

T: Would it be all right to turn off the idea that you'll get anxious if you don't get a perfect score?

IM: (After a moment, there is usually a big sigh.) YES.

T: [At this point, we tell the story of what one fool can do another can, and suggest to the student to begin the test taking by looking around at all the other fools who are going to pass. This usually suffices.]

Being a professor, I (DME) treat this problem as a teacher-student consultation rather than as therapy. Therefore, I (DME) do not monetarily charge my medical students who have this problem. I do tell them they owe me, and when they ask me what, I say "You owe me an invitation to your graduation" (an indirect suggestion that they will succeed).

I (BNE) am in private practice and I do charge a fee. Even so, my patients often will say to me, "I will be eternally grateful (or indebted) if you help me pass the exam." I typically respond: "The only thing you'll owe me is to call me when you are notified that you've passed, and to continue to be the best (doctor, lawyer, judge) you can be." (another indirect suggestion that he will pass).

## **Self-Hypnosis for Self-Analysis**

When we want to do self-analysis of a symptom (headache, cough, unexplained fatigue, an itch, pain, etc.), or uncover the origins of a self-defeating emotional overreaction (e.g., defensive anger or hot temper when “hot buttons” are pushed), we go into self-hypnosis and set up our own ideomotor signals. We then go through the seven common causes as noted in Chapter 7.

If it’s a Conflict, we know we must make a decision. If it’s Organ Language, we must re-word it. If it’s Motivation, we know we must find a better solution. If it’s a Past Experience, we need to repeatedly regress and reframe. If it’s an Identification, we must separate the identities. If it’s Self-Punishment, we identify what caused the feeling of guilt, and either remediate it, or forgive ourselves. And, if it’s a Suggestion, we identify the idea and remove it.

We can teach this self-analysis method to the patient in trance. However, it should not be taught prematurely. First the patient must have been taught self-hypnosis. Second, he must be practicing self-hypnosis in between sessions. Then, after we’ve conducted a significant hypnoanalysis, the motivated patient can learn to use self-analysis to continue the process of change, deal with recurrences of the symptom, and better understand the origins of self-defeating emotional overreactions.

After IM signals have been set up in trance, a dialogue such as the following takes place:

T: Yes or no, would you like to learn how to use self-hypnosis and your fingers to do your own self-analysis?

IM: YES

T: When you want to do self-analysis of a symptom, or understand the origins of a self-defeating emotional overreaction, such as when your “hot buttons” are pushed, you enter self-hypnosis, and then you set up your finger signals. You think to yourself, “If I ask myself a ‘yes’ or ‘no’ question and the answer is ‘yes’, my YES finger will slowly rise to signal that I agree.” Then you ask yourself a question that you know is “yes”, and your YES finger will rise. Next, you think to yourself, “If I ask myself a ‘yes’ or ‘no’ question and the answer is ‘no’, my NO finger will slowly rise to signal that I disagree.” Then you ask yourself a question that you know is “no”, and your NO finger will rise. Then, you think to yourself, “If I ask myself a ‘yes’ or ‘no’ question and the answer is ‘I don’t know’, or ‘I’m not ready to answer yet’, I will raise my thumb.” Now, answer with your fingers, yes or no, does that feel all right?

IM: YES

T: Yes. Okay. And each time your fingers answer a question, you go deeper and deeper into self-hypnosis, and get more in touch with your deepest and most heartfelt feelings. Then, you ask yourself, you think to yourself, “‘Yes’ or ‘no’, is it all right for me to better understand this problem I have with [whatever the problem is] so that I can feel better?” You wait for your fingers to answer.

T: If the answer is YES, you continue to ask your feeling mind questions. If the answer is NO, respect that answer, and come out of your self-hypnosis when you are ready to re-alert. Now answer with your fingers, yes or no, does that feel all right?

IM: YES

[Comment: Deal with any objections or questions the patient raises.]

T: You can begin your self-analysis of the problem by asking your feeling mind a

direct question such as, “Is it all right to subconsciously review the cause of this problem?” If you get a “yes”, go ahead and review it on a feeling level. Think to yourself, “My ‘yes’ finger will rise as I begin to review it, my ‘no’ finger will rise each time I review something emotionally important, and I will raise my thumb after I’ve completed my review.”

T: Next, you ask your feeling mind, “Yes or no, is it all right to bring this cause to a conscious level, so I can consciously know what it is?” If you get a ‘yes’, go ahead and review it with your fingers on a conscious level. If you get a ‘no’, that’s all right. Just leave it for another time. Now answer with your fingers, yes or no, does this feel all right?

IM: YES

T: Yes. Then when you have reviewed enough and you are ready to stop your self-analysis and exit self-hypnosis, you count to three and at three, blink your eyes and alert yourself, and you’ll feel wide awake, alert, refreshed, relaxed, sound in mind, sound in body and in control of your feelings.

T: Answer with your fingers. Yes or no, is it all right for you to rehearse doing self-analysis right now?

IM: YES

T: Yes. Good. Orient your mind to a problem you want to solve, or a symptom you want to be free of, and use your fingers to analyze the problem. For example (with a “weight loss” patient), if you find yourself overeating again, ask your inner mind, yes or no, if it’s all right to know the reason you are overeating. If it feels “yes”, scan the reason on a subconscious level. Your “yes” finger will rise as your subconscious begins to scan, your “no” finger will rise each time your subconscious reviews something emotionally important, and your thumb will lift when you’ve completed your subconscious review. Go

ahead and rehearse this now, and when you have completed your rehearsal, signal with your thumb.

IM: Thumb rises.

T: Good. Okay. Now answer with your fingers and your feelings. Yes or no, is it all right to know the reason on a conscious level?

IM: YES

T: Yes. Okay. Bring the reason up to a conscious level and when a thought comes to mind, your “yes” finger will lift.

IM: YES

T: Yes. Good. Now ask your inner mind, and answer with your feelings, “Yes or no, now that I know this, is it all right to stop overeating and find another way to deal with the reason I overate?”

IM: YES

T: Yes. And when another better way comes to mind, your “yes” finger will rise.

IM: YES

T: Great. Now you know how to do your own self-analysis. When you are ready to re-alert yourself, just as you’ll be doing on your own, count to three, and at three, blink your eyes and come back awake, alert, refreshed, sound in mind, sound in body and in control of your feelings.

A personalized self-analysis tape can also be made to guide the patient through this process.

## **Weight Loss**

I (BNE) see numerous patients in my practice for weight loss. In most cases, the

problem that has to be addressed is overeating. While the reasons vary, some common causes are: an identification with one or both parents, a learned (or conditioned) association of eating with comfort, a motivation to be overweight for its secondary benefit (e.g., to avoid be sexually attractive, or the opposite motive of substituting stomach gratification for sexual gratification), a compulsive desire for sweets, low blood sugar, guilt feelings and self-punishment, and conflicts over body image, being healthy, or sex. Investigation with ideomotor signaling will bring out the emotional causes, and regression and reframing with ideomotor analysis can help the patient find a better alternative.

Weight loss patients are typically experts at dieting, and more of the same is not the answer. It often helps to tell the patient that he can forget about diets and calories, and instead focus on making some changes in his eating habits. The kinds of foods eaten, and how often and how much, are more important than calories and grams of fat. The patient must be helped to transform eating from a compulsion into a conscious choice.

The first visit is devoted to the psychodynamic intake and giving the patient his first experience of hypnosis. Direct suggestions in hypnosis (DSIH) are administered based on the information gathered in the intake.

At the second visit, trance is induced, IM signals are set up, and the patient is taught self-hypnosis for relaxation, stress reduction, and for reinforcement and continued imprinting of individualized self-suggestions. Hypnoanalysis is initiated.

Based on the data obtained in the first two visits, a 15-minute self-hypnosis tape is made before the third session, and given to the patient at that third visit. First, four to five direct therapeutic suggestions are recorded. Each suggestion is repeated three times.

These suggestions are followed by a rapid self-hypnosis trance induction. Each of the suggestions is then repeated three times, followed by a suggestion for exiting self-hypnosis such as:

*When you're ready to alert yourself and come out of hypnosis, count to three, and at three, blink your eyes and then open them, and come back fully alert, awake, refreshed, sound in mind, sound in body and in control of your feelings. If you're listening to this tape before going to sleep, count backwards from three, and at one, continue to relax and drift into a comfortable and peaceful sleep state. When you awake, you'll feel rested and refreshed. Your deepest mind will continue to process the things we're working on, and reinforce the helpful suggestions.*

Direct therapeutic suggestions such as the following are recorded on the tape:

- You live in the most precious body in the world, and when it gets sick, you get sick with it. And when it finally dies, you'll die with it.
- Your body is innocent. It has to take what you give it.
- Only you can take care of this body.
- It's all right to walk around a little bit hungry to remind yourself that you are doing something for your own health.
- Fat hurts you.
- Cookies, candy, etc. hurt you and you refuse to be tempted.
- For you, but more so for your body, junk food is poison.
- For you, and for your body, overeating is like poison.
- Half of your food feeds your body. The rest is garbage.
- You are not a garbage can.

- You will be able to avoid sweet, sugary foods easily.
- You will also be aware that sweet foods no longer taste as good as they did.
- You will be eating slowly and filling up quickly in a comfortable way.
- You will eat less and enjoy your food more.

Hypnoanalysis is conducted during the third and subsequent visits. By the end of the third visit, ideomotor signaling has been employed for questioning the patient as to the causes of his problems with weight and overeating. Typical questions include (adapted from Cheek & LeCron, 1968):

1. Is there some emotional or subconscious cause for you to be overweight? To overeat?
2. Is your feeling mind willing for you to know the reasons for your overeating? For your being overweight?
3. Are you identifying with someone, perhaps a parent, who overate, or was overweight?
4. Do you think of food when you are emotionally upset?
5. Do you overeat when you feel frustrated? Nervous? Guilty? Ashamed? Angry? Sad? Needy? Bored? Rejected? Insecure?
6. Is one of the causes that as a child, you felt better when you were fed?
7. Does food serve as a reward for you?
8. Do you like your appearance now?
9. Do you tend to dislike yourself as to your body image?
10. Do you tend to dislike yourself in other ways?

11. Are you punishing yourself by being overweight?
12. Are you unconsciously trying to harm yourself by being overweight?
13. Do you substitute food for sexual appetite?
14. Is there some conflict in your inner mind over sex that leads you to overeat or be overweight?
15. Are you carrying out some fixed idea implanted in your mind as a child about eating, such as about not wasting food, having to clean your plate, eating a lot is good for you, or any other similar ideas?
16. Are you using your overweight condition for some purpose, possibly as an alibi of some kind?
17. Are you trying to make yourself unattractive to avoid sex or members of the opposite sex?
18. Are you possibly using this condition as a way of being a rebel, to be contrary to yourself or others?
19. Are there any other reasons or motives for your overeating? For your being overweight?

Other questions are formulated depending on the individual case. Answers to these questions are subjected to ideomotor analysis. With a motivated patient, by the end of the treatment, symptom self-analysis is also taught.