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Introductory note to the reader

Following an address to the Twelfth National Convention of Australian Hypnotherapists (in Canberra, in March 2000) entitled "The Legacy of Hartland: Hartland's Ego-Strengthening Procedure and its Impact and Enduring Influence on Suggestive Hypnotherapy", I prepared a paper extending the ideas that I had presented. It was submitted in October 2000.

A paper entitled *The "MORE TEST": A Mechanism for Increasing the Efficiency of Suggestion* was published (pp.11-26) in the March 2001 (Vol.22, No.1) edition of the *Australian Journal of Clinical Hypnotherapy and Hypnosis*.

The Journal's publisher had, in accord with its fixed policy, refused to supply the modern equivalent of "galley proofs" to either the Journal's editorial staff or the author. Clearly as a consequence of this refusal to supply "galley proofs", the paper's final published form contained textual, typographical and formatting errors that very seriously misrepresented my view(s); and, moreover, sections of the published version were significantly different from the manuscript I had submitted to the Journal (and the version that had been sent on to publisher, by the editorial staff, following the peer review of the submitted paper).

Martin Pearce, editor of the Journal at that time, in a most generous and amicable way, immediately and without reservation acknowledged the publisher's typesetter's errors and their significance; he went on to clearly explain his lack of control over (and his inability to scrutinize) the typesetting, and agreed to republish the paper. In the process of our discussion, Martin and I agreed upon certain improvements to the original article as well.

However, Martin also informed me, somewhat reluctantly, that, even in these special circumstances, he would be unable to extract "galley proofs" from the publisher.

[And, given that the typesetter had made some very serious mistakes in relation to the use of italics within the earlier version, I decided to place the otherwise italicized words or expressions in full capital letters in the "new" manuscript that was sent on to the publisher.]

The following notice appeared in the *Australian Journal of Clinical Hypnotherapy and Hypnosis* of March 2002 (Volume 23, Number 1) at p.iv:

Erratum

The "MORE TEST": A Mechanism for Increasing the Efficiency of Suggestion by Lindsay B. Yeates, previously published in Volume 22 (1) pp. 11–26 of the Australian Journal of Clinical Hypnotherapy and Hypnosis, has been reprinted following discussions between the author and the editor over some confusion regarding the editing of the paper.

Despite all of the best efforts of Martin and myself (in the absence of “galley proofs”), the ‘new’ version contained a number of typesetting errors, the most significant of which appeared at the foot of page 11. Where it should have had . . .

In accordance with the “Law of Subconscious Teleology”, the content of the directives would be determined in a very simple way:

- (1) The current situation would be identified and qualitatively described in terms of the subject’s experience of that situation;
- (2) The “polar opposite” of that experience would be identified and described (again in qualitative terms); and
- (3) An ordered sequence of directives, expressed in qualitative terms, oriented towards establishing the goals described in (2), would be constructed.

the typesetter had completely altered the meaning of the third point:

In accordance with the “Law of Subconscious Teleology”, the content of the directives would be determined in a very simple way:

1. The current situation would be identified and qualitatively described in terms of the subject’s experience of that situation;
2. The “polar opposite” of that experience would be identified and described (again in qualitative terms); and
3. An ordered sequence of directives, expressed in qualitative terms, oriented towards establishing the goals described in Footnote 2, would be constructed.

In the version that follows, a number of small corrections and clarifying/elaborative additions have been made to the text (including straightening out a confusing mistake in the footnotes).

The beginning of each of the pages in the published (second) version are marked as “{10}”, etc.

It is also important to state that, if I were to write this paper today, I would certainly not use the equivocal term “hypnosis” at all; I would use either “hypnotism” (for the operator’s activities) or “the hypnotic state” (for the subject’s mental arrangement).

My more recent research has revealed that the distortions/misrepresentations in the literature of Baudouin’s four Laws — viz., *loi de l’attention concentrée* (‘law of concentrated attention’), *loi de l’émotion auxiliaire* (‘law of auxiliary emotion’), *loi de l’effort converti* (‘law of reversed effort’), and *loi de la finalité subconsciente* (‘law of subconscious teleology’) — and the outright mistranslation of the titles of each, is even more widespread and of even greater magnitude than I discussed below.

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The "MORE TEST": A Mechanism for Increasing the Efficiency of Suggestion.

Lindsay B. Yeates, Kensington, New South Wales¹

Abstract: Hypnosis is a powerful therapeutic tool that significantly increases the closeness between the various psychological and physiological processes. Suggestion is the usual means through which this closeness is established, maintained and exploited. The effectiveness of all hypnotherapy (including its uncovering and analytical applications) depends upon the effectiveness of suggestion; thus, suggestions must always be efficient in terms of precision and outcomes sought. This paper discusses aspects of hypnosis and suggestion, contrasting suggestions that seek to establish particular circumstances (e.g., calmness) with others that seek to eliminate particular circumstances (e.g., tension) in the same subject. The importance of positively worded suggestions that seek positive outcomes is emphasized, a thought experiment is offered, and a simple, exclusive procedure, the "MORE TEST", is described that allows hypnotherapists to clearly determine whether a particular suggestion is productive or counter-productive. Examples are presented to demonstrate the practical application of the "MORE TEST".

Several years ago, at a hypnotherapy conference in Sydney, a speaker was addressing the issue of "identity crises"; and how, whenever an individual's identity was threatened, they suffered strong negative emotions. In order to clarify the issue of a "psychological identity", the speaker asked the audience to consider the case of a nun and a prostitute, and elaborated on how, whilst chastity was a very important part of the nun's psychological self-identity, it was mostly irrelevant to the prostitute. Consequently, argued the speaker, if both women were raped, the impact of the rape would be far greater on the nun; because it would cause a significant change in her concepts of herself – in other words, he said, she would go through "an identity crisis".

The audience, misunderstanding the speaker to have said that it was less of a crime to rape a prostitute than a nun, objected strongly, and the speaker had to pause for a short time until quietness was restored. Still trying to transmit the intended message, the speaker offered another example: two men in gaol; one heterosexual, the other homosexual. Both men are raped. The speaker asked the audience to recognize that the heterosexual man would suffer profoundly due to his ensuing "identity crisis" and its consequent emotions.

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At this point the audience, apparently not familiar with thought experiments, had a political correctness explosion; and it was some minutes before the speaker could continue.

¹ Lindsay B. Yeates has spent the last 24 years as a clinical hypnotherapist. He conducted a clinical practice at the Sports Centre of the Australian National University for 10 years. Since 1988, he has practised and taught at the Rose Bay Hypnotherapy Centre. He is currently on study leave, and is completing his M.A. (Cognitive Science) at the University of New South Wales.

The speaker could have used a totally different example: that of a criminal gang invading the house of a rich family and, in the process, forcing the family's teenage daughter to eat her pet dog. The audience could then have examined the different emotional impacts of the event on the daughter if she had been a life-long vegetarian, compared with if she was not a vegetarian at all.

This real life example of how an inappropriate vehicle can confuse, confound, and ultimately prevent the delivery of an intended message, is even more relevant to the question of the effectiveness of hypnotic suggestion. In order to understand the importance of particular theoretical issues about the principles and practice of suggestion, it is necessary to revisit certain aspects of the history of hypnosis.

THE "HYSTERIA SCHOOL"

The "Hysteria School", based at the Salpêtrière hospital in Paris, and centred on the work of neurologist Jean-Martin Charcot (1825-1893), taught that hypnosis was induced by an external mechanical means, and held that hypnosis was an abnormal pathological state – almost identical with hysteria – and that, because of this, hypnosis could only be displayed by subjects with an abnormal nervous constitution.

There is no record of Charcot ever hypnotizing anyone. His assistants always did that work (Sheehan & Perry, 1976, p.36). Moreover, there is no record of Charcot or his assistants ever trying to utilize hypnosis for any sort of therapeutic purpose. Their only interest was in *the phenomena produced by hypnosis*.

THE "SUGGESTION SCHOOL"

The "Suggestion School", based at Nancy, and centred on the work of Ambroise August Liébeault (1823-1904) and Hippolyte-Marie Bernheim (1843-1917), taught that hypnosis could be produced, deepened and removed by verbal suggestion; rather than by manipulating their "energy field" (mesmerism), exhausting their optic nerves by staring (James Braid), or the mechanical manipulation of their hypnogenic zones (Charcot).

Observing that hypnotic suggestion could produce actual physical changes in otherwise normal subjects, they discovered that the reverse also applied: that hypnosis could gain access to the same mechanisms of physiological change for active healing.

In addition to its study of how hypnosis could be induced by an {3} ordered sequence of directives, it also studied how sequences of different directives might bring about profound physical change in both hypnotized and non-hypnotized subjects.

The school held that the single reason for the effectiveness of hypnotic suggestion was that hypnosis increased a subject's "suggestibility"; and that this *increased* "suggestibility" simply *amplified* the effects of the otherwise efficacious "waking suggestion" (Bernheim, 1889/1993, p.15). Bernheim's *Suggestive Therapeutics* (published in 1884 and 1886) was ultimately responsible for the total demolition of Charcot's 'external mechanical induction' and 'hypnosis is a morbid condition' theories. By contrast with Charcot,

Bernheim considered hypnosis itself to be a normal physiological state that could be elicited in healthy individuals. It was not a neurosis, nor was it indicative of neurosis. It was, however, subject to individual differences...

Finally, Bernheim believed that any type of induction was rooted in suggestion and that suggestion was the key to all hypnotic phenomena. He believed, with some justification, that when one knows how to utilize suggestion, a person is able to hypnotize 80% of his subjects.

(Laurence & Perry, 1976, p.203)

A widespread misunderstanding of Bernheim's view led many – especially those who had not read Bernheim's book at all – to dismiss his work, in the mistaken belief that Bernheim recommended that physicians *use hypnosis on 80% of their clientele*.

THE SECOND INTERNATIONAL CONGRESS ON EXPERIMENTAL PSYCHOLOGY

By the time of the Second International Congress on Experimental Psychology in London in 1892, the theories of the Suggestion School had so comprehensively replaced those of the Hysteria School that Charcot's theories had become an historical curiosity – even Charcot himself was revising his views at the time of his death in 1893 (Laurence & Perry, 1976, p38).

The delegates at the plenary session of the Congress accepted the following four propositions as true:

- (1) That "suggestion" given to a hypnotized subject could be therapeutically effective;
- (2) That a subject's susceptibility to "suggestion" whilst in hypnosis was not a sign of the presence of disease;
- (3) That "self-suggestion" had great importance in all forms of psychotherapy; and
- (4) That "self-suggestion" was only efficacious because of the influence of the powers of the subject's own *will*.

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The view that a subject's *will* was the sole factor determining clinical success of therapeutic suggestion was entirely consistent with the views of the contemporary *proto-psychiatrists*, known as Alienists, who worked to effect cures through "moral guidance".

Their moral guidance involved intense one-to-one personal interactions using coercion, rhetoric, appeals to personal values, honour, loyalty etc. – rather like the appeals of a football coach to a grand-final team – coupled with the influence of the Alienist's own charismatic personality. According to the prevailing Victorian/Edwardian views on mental health and illness, in a healthy condition, the will was credited with exercising a supervisory function over all activities of the mind – ideas, sensory impressions, emotions, desires, imagination – and over the so-called lower impulses, or instincts, of humanity's animal nature as well. The ability to reason, to exercise judgment, to fulfill one's role in life were all contingent on the operations of the will, for if that became inadequate to its directing task, the personality disintegrated. (Oppenheim, 1991, p.43)

ÉMILE COUÉ AND “AUTOSUGGESTION”

In terms of his influence over modern hypnotherapy, the French pharmacist Émile Coué (1857-1926) was the most important member of the Suggestion School. Coué travelled from Troyes to Nancy to meet Liébeault in 1885. He studied Liébeault's work, and began to develop his own system; a task he finalized somewhere around 1910.

Coué's ideas were based on more than twenty years' hard-won clinical experience;² and they represented a very significant departure from the prevailing views. He strongly argued that it was the *imagination*, and not the *will* (as others supposed), that was *the* crucial factor in the effectiveness of suggestion. He argued that we continuously suggest things to ourselves (“autosuggestion”); and, because these autosuggestions were so productive, it was critical that all were aware of:

- (1) The extent to which an individual can be influenced by suggestion in general.
- (2) The extent to which our lives can be influenced by “*unconscious* auto-suggestion” (viz., autosuggestions that are self-administered without any conscious awareness).
- (3) The extent to which these “*unconscious* autosuggestions” are continuously and unknowingly being self-administered (and unconsciously being accepted).
- (4) Ways in which negative “*unconscious* autosuggestions” could be nullified.
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- (5) Ways in which alternative positive self-suggestions could be deliberately and *intentionally* self-administered (thus, “*conscious* autosuggestion”).

² Coué's experience was extensively grounded in his intensive day-to-day work with real cases over many years in his busy clinic:

During the months preceding the outbreak of [World War I, Coué] was consulted by more than one hundred persons daily, so that the annual average of consultations would have been 40,000. (Baudouin, 1920, p.14)

Coué was convinced that hypnotic suggestion was not responsible for the positive outcome of hypnotherapy. He held that each hetero-suggestion was only effective to the extent that it had been (a) accepted by the subject's subconscious and (b) subsequently transformed, without any conscious awareness, into a continuously self-administered autosuggestion. From this, he argued, all so-called "hypnosis" was, simply, self-hypnosis.

Coué agreed with Abbé Faria's (1756-1819) view that "a person can be charmed into sickness, and can be charmed into health" and that, because people had been generally "suggested into" their problems, they could just as easily be "suggested out of" them.

Coué's quest was to make people aware of the awesome power of the imagination in both the prevention and cure of disease. Defining autosuggestion as "the influence of the imagination upon the moral and physical being of mankind" (1922, p.12), his lectures were designed to explain the rationale behind his simple self-help procedure to lay audiences, to elaborate his "unconscious autosuggestion" vs. "conscious autosuggestion" model, and to clearly demonstrate the effects of negative suggestion on non-hypnotized subjects. His work was based on five main principles:

- (1) The subconscious mind can not hold two contradictory thoughts at the same time.
- (2) Every idea that exclusively occupies the subconscious mind is transformed into an actual physical or mental state.
- (3) The imagination is far more powerful than any rational knowledge.
- (4) Any efforts made to conquer a thought by exerting the *will* only serve to make that thought more powerful.
- (5) Once a thought occupies a particular location in the subconscious mind, it remains there unchanged until it is replaced by another idea.

COUÉ'S FOUR OBSERVATIONS ON THE POWER OF THE IMAGINATION

Although he had been extensively trained in hypnosis, Coué never used hypnosis in any of his demonstrations, lectures or therapeutic sessions; and whilst his discoveries were exclusively about "waking suggestion", they are even more relevant to suggestion given in hypnosis. He made four observations on the relationship between the *will* and the *imagination* (1922, p.14):

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- (1) Without exception, whenever the will and the imagination are in conflict, the imagination always wins.
- (2) Whenever the will and the imagination are in conflict, the force of the imagination is (metaphorically) as strong as the square of the will.

(3) Whenever the will and the imagination are in concert, their combined force is not the sum of both, but (metaphorically) the product of one being multiplied by the other.

(4) The imagination can be directed.

For Coué, the only worthwhile therapeutic goal was the *education* of the *imagination*; rather than the *re-education* of the *will* (as the others maintained).

THE ROLE OF THE HYPNOTIST

The efficacy of hypnotic suggestion is generally attributed to the fact that, in hypnosis, a subject's conscious mind exercises far less critical control; and, thus, the deeper the hypnosis, the more the un-critical, subconscious aspects of the mind will operate.

In the past, the induction of hypnosis was characterized as a desperate power struggle — between the single-minded strength, purpose and intention of an educated, powerful, charismatic and omniscient operator and the wavering will of a naïve, inadequate, evasive and resistant subject — in order to bring about the subject's submission to the operator's will. By contrast, today, the induction of hypnosis is considered to be a predictable, easily understood, systematic, interactive process in which eight features seem consistently present:

- (1) Subjects stop paying attention to, monitoring, and critically processing external information — leaving this task to the hypnotist.
- (2) Subjects become far less interested in, and far less concerned about, maintaining contact with external events.
- (3) Subjects narrow their attention to a far more limited range of stimuli/concepts; and increasingly rely on the hypnotist's voice as the sole channel of information.
- (4) (Unless their attention has been specifically directed to some particular external event) subjects concentrate their attention and awareness on specific internal events.
- (5) (To the extent that they choose to cooperate) subjects relinquish control to the hypnotist; in that they quite readily do whatever the hypnotist might

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tell them to do — or find themselves quite unable to do whatever the hypnotist might suggest that they can not do.
- (6) The hypnotist becomes the only connection subjects have with the external world.
- (7) Subjects totally rely on the hypnotist to be vigilant in relation to any threats to their own wellbeing.

- (8) Subjects suspend their normal, day-to-day understanding that any relaxation, and concomitant decrease in tension, involves a dangerous reduction in their own, on-going, life-preserving vigilance.

Hypnotism is no longer considered to be a (subject-external) procedure that is applied to a subject by an operator. It is now clearly understood that hypnosis is a (subject-internal) response; which a subject has — and the level of the subject's response depends upon the degree to which their imagination can be stimulated.

Whilst the most responsive individuals display a wide range of capacities, it seems that all subjects have the ability to respond to the degree necessary for most hypnotherapeutic purposes; provided, of course, that they have no brain damage, can concentrate, and are prepared to cooperate.

SUGGESTIONS ARE DIRECTIVES

It is productive to think of suggestions as directives that are delivered to willing, cooperative and suitable subjects.

Because a significant part of the 'contract' of the hypnotic interchange is that a subject will obediently comply with these directives, it is essential that the directives given by the hypnotist are actually 'compliant with'; and that their content is unequivocally understood by the subject in the intended way.

And, precisely because hypnosis is a subject-centred response, the effectiveness of any hypnotic interaction is ultimately determined by the extent to which the intended responses are invoked; which is, in turn, a direct consequence of the extent to which the offered directives have been accepted. Consequently, it is incumbent upon the hypnotist to ensure that each directive is administered in such a way that:

- (1) It efficiently bypasses the critical scrutiny of the subject's conscious mind;
- (2) Its form is structured in such a way that it is clearly understood; and
- (3) Its content unequivocally directs the subject towards the goals sought.

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BAUDOUIIN'S SYSTEMATIC REPRESENTATION OF COUÉ'S PRINCIPLES OF SUGGESTION

Although there are some transcriptions of his public lectures, and the text of the few letters he wrote to newspapers, Coué never wrote extensively about his work; he left that task to others.

The Swiss psychotherapist Charles Baudouin (1893-1963) who had studied under Coué, published a systematic representation of Coué's theoretical principles and clinical practice – *Suggestion and Autosuggestion* (published in French and English in 1920) – based on lectures Baudouin had delivered to the Jean Jacques Rousseau Institute in Geneva. Baudouin (pp.114-117) elaborated four important principles of effective suggestion that he had distilled from Coué's work:

1. The Law of Concentrated Attention. Whenever an individual's attention is exclusively and continuously concentrated on a particular idea over and over again, that idea tends to spontaneously (and non-voluntarily) realize itself.

2. The Law of Auxiliary Emotion. A suggestion linked to a strong and powerful emotion is far more likely to be realized.^{3,4,5} Baudouin offers examples of stage fright, and the temporary suggestive amnesia of examination candidates.

3. The Law of Reversed Effort. "When an idea imposes itself on the mind to such an extent as to give rise to a suggestion, all the conscious efforts which the subject makes in order to counteract this suggestion are not merely without the desired effect, but they actually run counter to the subject's conscious wishes and tend to intensify the suggestion" (p.116).⁶

³ In its original form, this vitally important, universally applicable law is seldom seen in our current literature; viz.,

When, for one reason or other, an idea is enveloped in a powerful *emotion*, there is more likelihood that this idea will be suggestively realised. (Baudouin, p.114).

⁴ A far more restrictive, and entirely non-Baudouinian version, "The Law of Dominant *Affect*", is usually cited in the literature: whenever *two simultaneous suggestions* conflict, the suggestion that is attached to the stronger emotion (viz. the 'dominant affect') will prevail.

For some inexplicable reason, Hartland (1971, p.37) and many others (e.g., Kroger, 1977, p.49; Pratt, Wood & Alman, 1988, p.59; Hammond, 1990, p.13) label this restrictive version with the totally meaningless title "The Law of Dominant *Effect*" (viz., 'whatever it is that has the strongest effect, has the strongest effect').

⁵ Weitzenhoffer (1989, pp.77-79) postulates that there are at least three additional principles that apply to the situation wherever conflicting suggestions are given simultaneously:

(a) The Law of Temporal Precedence. [*All things being equal*] the suggestion that is given first will have precedence over the others. (p.77)

(b) The Law of Impressional Precedence. [*All things being equal*] it is the suggestion being impressed the most strongly that has precedence. "Impressed" means the extent, complexity, stability, and permanence of the associations that are formed between a suggestion and already existing determinants of the suggested effect. (pp.77-78).

Weitzenhoffer comments further (p.78): *This notion of "impression" is probably, at least in part, what Hartland had in mind when he speaks [Hartland, 1971, p.39] of the principle that a suggestion should also be worded as to conform as much as possible with the habits and thoughts of the subject.*

(c) The Law of Depth Precedence. [*All things being equal*] it is the suggestion associated with the greater depth of hypnosis, that is, hypnotic suggestibility, will have precedence over the others. (pp.78).

⁶ Edmonston (1986, p.181):

The heavy reliance on the patient's unconscious, the belief in the power of the unconscious, through autosuggestion, to effect cures through the transformation of thought into action, and the notion of what Baudouin called the Law of Reverse [sic] Effort bear a striking resemblance to the principles taught in the 1950s and 1960s by Milton Erickson and his colleagues . . . With knowledge of Coué's method and the underlying principles, it is easy to see the historical continuity between that method and the emphasis placed on client-centered responsibility for treatment outcome and the importance of the unconscious by modern hypnotherapeutic

The more you try to get rid of something, the more it will remain there – because, in order to get rid of “it”, you must keep “it” constantly in mind (thus, activating the “Law of Concentrated Attention”).⁷ It is also significant that this law strongly warns the subject against making any sort of conscious efforts to try to make the suggested idea become realized.⁸

4. The Law of Subconscious Teleology. “When the end has been suggested the subconscious finds a means for its realisation” (p.117). Once a suggestion has been accepted, the subconscious engages in goal-directed behaviour in order to realize the suggested goals.⁹ The subject is, again, warned against making conscious efforts to realize the suggested goals; and the hypnotist is very strongly warned against specifying the physical, physiological or biochemical means through which any of the designated goals might be reached.

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THOUGHT EXPERIMENT

Imagine, for a moment, you are at your best friend’s house. You are sitting in a deep and comfortable leather armchair in a very large lounge room. It is a winter’s afternoon; a fire is crackling in the grate, the curtains are open, and the weak, winter sunlight is coming through the window behind you. Your friend is sitting opposite you on a long sofa, with her legs tucked beneath her, hugging a cushion to herself, while you both happily talk about how much you enjoyed your recent holiday in Melbourne. You both had some wine with lunch, and everything is very happy.

Suddenly your friend’s face changes dramatically; she drops the cushion, gestures towards you wildly, and shouts, “Quick, get out of the chair!” What do you do?

techniques. Thus many of the Ericksonian techniques being so highly idolized nowadays are little more than the modern restatement of Coué’s New Nancy School method, which, in turn, was the 20th century development of the methods of Liébault.

⁷ “Stand in the corner,” his brother told young Leo Tolstoy, “until you stop thinking of a white bear.” It seems a simple enough command, but Tolstoy was unable to do it. Instead, he found himself standing helplessly in the corner, consumed with thoughts of a white bear.” (Wegner, 1989, p.64) All young Tolstoy had to do was to actively think of something else (e.g., a giraffe). Yet the real problem was this: in order to recognize that he had stopped thinking of a white bear, he would have to think of a white bear once again.

⁸ Edmonston (1986, p.181):

Conscious efforts to counteract a suggestion only serve to intensify its action. (Here we see stated the principle behind such Ericksonian-like utterances as: “The more you try to resist entering hypnosis, the more relaxed you become.”)

⁹ This “Law of Subconscious Teleology”, which predates Maltz’s (1960) “Psycho-Cybernetics” by 40 years, rarely appears in contemporary literature. It is certainly the most important principle relating to (a) the form and content of hypnotic suggestion, and (b) the selection of hypnotherapeutic goals; and is even more critical to the form, content and application of mental imagery.

The standard practices of many who actively promote the use of mental imagery for the treatment of cancer (e.g., Simonton, Matthews-Simonton & Creighton, 1980) seem to completely ignore the “Law of Subconscious Teleology” and concentrate their efforts on eliminating the tumour – which, of course, invites the continued presence of the tumour (via the operation of “Law of Concentrated Attention”) – seemingly unaware that the “Law of Reversed Effort” says that their strategy has little hope of success anyway.

Most people would have great difficulty obeying her command instantaneously; because the act of 'getting out of the chair' clearly implies an act of 'moving to somewhere else'.

Given the intensity and urgency of your friend's totally unexpected command, your ignorance of the reason for her command, your need to vacate the chair, your need to move very rapidly, and your instinctive feeling that you are in great danger, you may very well freeze, and simply continue to sit in the chair; not from any wish to be disobedient, but from a realistic fear that wherever you might move to next could very well be far more dangerous than your current location.

However, if your friend, in the same circumstances, had simply pointed to the sofa beside her, and shouted, "Quick, come and sit here!", you would have been there in a flash.

THE NEED FOR POSITIVE SUGGESTIONS

Suggestions given in hypnosis are more effective because the hypnotized subject is in a far simpler, far more naïve, far less critical, and far more literal state of mind; which also means that they are far less able to detect (and process) subtle nuances of meaning.

When attempting to suggest things to a subject's subconscious (to the exclusion of their conscious mind), it is counterproductive to offer suggestions that are so linguistically complex, equivocal and/or ambiguous that their conscious mind must be continuously active in order to process them.

This also makes deep hypnosis difficult, if not impossible.

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Although there is no research data to support this principle – most likely due to problems of experimental design – the overwhelming empirical, clinical observation of experienced hypnotherapists is that the most productive suggestions are those which:

- (1) Are grammatically positive in their form and content (supported by the "Law of Concentrated Attention");
- (2) Do not suggest the negative goal of the *absence* of something, such as 'worry' (supported by the "Laws" of "Concentrated Attention" and "Reversed Effort"); and
- (3) Actively suggest the positive goal of the *presence* of some other thing, such as 'calmness' (supported by the "Laws" of "Concentrated Attention" and "Subconscious Teleology").

Indeed, commonsense tells us it is better to say to a child "Walk here with me on the pathway" than to say "Don't go near that puddle";¹⁰ and, as hypnotherapists, it is better to direct a little boy "to have a dry bed" than "to not wet his bed". The simple rule is this: always ask for the *presence* of whatever it is that you want, never the *absence* of what you don't want, and always suggest things in terms of the subject moving towards their intended destination (the sofa), rather moving away from their point of departure (the leather arm chair).

Once a particular set of therapeutic outcomes have been clearly identified, the sequence of suggestions must unequivocally specify:

- (1) What the subject is to *do* (vs. what they are not to do);
- (2) What the subject is to *think* (vs. what they are not to think); and
- (3) What the subject is to *move towards* (vs. what they are to move away from).

THE EXORCISM MODEL OF HYPNOTHERAPY

Beginning hypnotherapists often have great trouble formulating "positive content suggestions".

Whilst they can easily identify negative outcomes to eliminate (e.g., gambling), they seem to have great difficulty identifying and creating suggestions for the promotion of corresponding positive outcomes.

Perhaps this is because much of today's hypnotherapy is conducted along the lines of a secular exorcism; an approach that can be traced back to Johann Gassner (1727-1779), a priest, whose curative methods were based on the formal Catholic rites of exorcism. The situation has been further encouraged by the concentration of conventional Western medicine on disease elimination – **{11}** rather than health promotion – and the overall influence of the idiosyncratic theories of Freud on the practice of psychotherapy.

The current, almost exclusive concentration on uncovering-technique-based-hypnotherapy indicates that the trend continues; and, it seems, hypnotherapy has once again become a ritual of secular exorcism, with the hypnotherapist – like an exorcist, who must discover the name of the demon in order to cast it out – needing to identify "the true cause" in order to banish the disorder.

¹⁰ I am indebted to Philippa Worsley for this example.

Six years after writing this paper, in a casual conversation with a colleague responsible for training post-graduate students to use special microscopic apparatus, she complained that her students, despite being told not to touch the surface of its lens, consistently did so; meaning that, maybe twelve times a year, very expensive lenses had to be replaced. After a long discussion, wherein I elaborated these principles, I convinced her to instruct her students that, whenever they had to hold the lens, they must, at all times, hold it by its sides. She did so; and, in the intervening seven years, not one replacement lens has been required.

SUGGESTION BASED ON BAUDOUIIN'S PRINCIPLES

Baudouin thought that this approach to therapy was ridiculous.

Using the analogy of an exorcism – and, on the basis that, within this belief system, “God” obviously out-ranked “Satan” – Baudouin asked why such an effort was made to *banish* Satan, when all that seemed necessary was to *invoke* the presence of God; something that would (by definition) exclude the presence of Satan.

Veni Creator is, in all respects, a far more potent exorcism than *Vade retro Satanas*. We get rid of evil by filling its place with good. (Baudouin, 1920, p.180)

To Baudouin, suggestive therapy was all about invoking health, rather than banishing disease; for, obviously, a robustly healthy person is far better than someone who is simply non-sick. He constantly stressed the need for suggestions that sought to establish what was required (rather than eliminate what was undesirable).

Baudouin’s principle was an astonishing departure from the ‘banishing rituals’ of the (then prevailing) ‘*secular exorcism*’ style of hypnotherapy. Rather than suggesting the absence of a certain condition – which, at best, would simply nullify the original situation – Baudouin’s approach involved actively suggesting a set of circumstances that were mutually exclusive of that original condition (e.g., health and illness, freedom and slavery, stillness and agitation, movement and stasis are all mutually exclusive pairs).

In accordance with the “Law of Subconscious Teleology”, the content of the directives would be determined in a very simple way:

- (1) The current situation would be identified and qualitatively described in terms of the subject’s experience of that situation;
- (2) The “polar opposite” of that experience would be identified and described (again in qualitative terms); and
- (3) An ordered sequence of directives, expressed in qualitative terms, oriented towards establishing the goals described in (2), would be constructed.

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THE PROBLEM OF NEGATIVELY EXPRESSED SUGGESTIONS

Many published hypnotherapeutic scripts seem to follow a ‘banish disease’ approach.

For example, John Hartland’s (1901-1970) famous *ego-strengthening procedure* (1971, pp.199-202) contains many suggestions which, despite their intended goal of producing positive therapeutic outcomes, are clearly expressed in grammatically negatively terms.¹¹

¹¹ Hartland stressed that the *sequence* of his suggestions, not the constituent words, was the critical feature of his procedure. He strongly felt that no-one should use his script in its published form:

It is certainly not intended that this verbatim account [of my own, standard, Ego Strengthening Routine] should be adopted in the precise form that has been described. It is the principle that is worthy of attention, and the sequence outlined should be regarded simply as

Four examples (with Hartland's emphasis and pauses omitted) will suffice:

(1) "... you will become much less easily tired, much less easily fatigued, much less easily discouraged, much less easily depressed ..." (p.201);¹²

(2) "... you will become much less easily worried, much less easily agitated, much less easily fearful and apprehensive, much less easily upset ..." (p.201);

(3) "... without fear of failure, without fear of consequences, without unnecessary anxiety, without uneasiness ..." (p.202); and

(4) "... you will no longer think nearly so much about yourself, you will no longer dwell nearly so much upon yourself and your difficulties, and you will become much less conscious of yourself, much less pre-occupied with yourself, and with your own feelings ..." (p.201).

The fourth suggestion ("*you will no longer think nearly so much about yourself*") seems dangerously equivocal.

Many of those who present for hypnotherapy have low self-esteem; and, consequently, at least in one sense, they need to begin to 'think a great deal more about themselves'.

THE "MORE TEST"

The author has developed a simple mechanism to determine whether or not a particular qualitative description is productive or counter-productive, or suitable or unsuitable, for inclusion in a suggestion.

Step One

Make a list of all the qualitative words (usually these are adjectives) in the script.

Consider the following, based on words that appear in Hartland's script: agitated; alert; anxious; apprehensive; calm; clear; composed; contented; dependable; depressed; difficult; discouraged; distracted; disturbed; energetic; fatigued; fearful; fit; happy; independent; interested; optimistic; powerful; pre-occupied; receptive; relaxed; reliable; safe; secure; sensitive; settled; steady; strong; tense; tired; tranquil; trying; unconscious; uneasy; upset; wide awake; and worried.

a guide to the individual therapist in framing his own suggestions to conform with his own personality, method of approach and style of delivery. (1971, p.203)

Unfortunately, many have accorded to Hartland's words a status matching those of a ritual magician's *grimoire*, and have consistently used Hartland's script, precisely as written by Hartland, without any of his recommended variations and amendments.

¹² One can speculate on just how (if at all) a subject in deep hypnosis might subconsciously process the qualifying expression "much less" in this, and the following three examples.

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Step Two

Further modify each of the selected words or expressions with the adjective “*more*”; thus: “*more agitated*”, “*more alert*”, “*more anxious*”, etc.

Step Three

Identify which of the modified expressions represent a better set of circumstances, and which represent a worse set of circumstances.

For example “*more powerful*”, is considered to be a better set of circumstances, and “*more depressed*” worse.

The "MORE TEST" *selects* twenty-three of the expressions: i.e., alert, calm, clear, composed, contented, dependable, energetic, fit, happy, independent, interested, optimistic, powerful, receptive, relaxed, reliable, safe, secure, settled, steady, strong, tranquil, and wide awake.

The "MORE TEST" *rejects* nineteen of the expressions: i.e., agitated, anxious, apprehensive, depressed, difficult, discouraged, distracted, disturbed, fatigued, fearful, pre-occupied, sensitive, tense, tired, trying, unconscious, uneasy, upset, and worried.

Step Four

Find alternative, positive expressions that represent the *polar opposite* of the qualitative descriptions that have been rejected by the "MORE TEST". For example, depending upon the nature of the qualitative experience the subject labelled “*anxious*”, the polar opposite of “*anxious*” might well be “*confident*”.

It is considered axiomatic that the words will be selected for their ability to communicate something to the subject. Consequently, the choice must take into account both the subject’s qualitative experience of their own situation, and the way in which they understand and use words.

Gindes (1951, p.104) draws attention to the problems associated with simply assuming that a subject understands a particular word or expression in the intended way:

... the word construction of any spoken suggestion must be in strict conformity with the subject's personal familiarity with the language.

In this respect, limited education provides a considerable hazard. A friend of mine was temporarily frustrated by a case of this calibre. He was employing a practically "fool-proof" method on a difficult subject. He iterated and re-iterated the suggestion that the patient's body was becoming “*increasingly lethargic*”. After an hour or so of futile effort, the subject opened his eyes, and mildly inquired, "What is “*lethargic*”, anyway?" ...

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CONCLUSION

A simple exclusive procedure, the "MORE TEST", has been described.

The procedure is particularly valuable because it is an *exclusive* test: words are either selected or rejected; there is no third choice.

It requires no extensive mental gymnastics or linguistic training to operate.

It concentrates on the subject's experience; and identifies qualitative, rather than quantitative descriptions of that experience.

It ensures that the *content* and the *form* of direct suggestions are efficient; which significantly increases the likelihood that a deeper level of hypnosis can be maintained throughout.

It provides an invaluable tool for those beginners who need a mechanism to improve and adapt the wording of less than perfect published scripts.

It will greatly assist those experienced hypnotherapists who are seeking to create more efficient, effective and productive direct suggestions of their own; and, by extension, its embedded principle can also be used to formulate far more effective mental imagery.

References

- Baudouin, C. (trans. by Paul E & Paul C.) (1920), *Suggestion and Autosuggestion: A Psychological and Pedagogical Study Based on the Investigations made by the New Nancy School*. London: George Allen & Unwin.
- Bernheim, H. (1889/1993) *Hypnosis and Suggestion in Psychotherapy*. Northvale: Jason Aronson [reprint of Bernheim, H. (trans. by Herter C.A. from second, revised French Edition of 1887) (1889) *Suggestive Therapeutics: A Treatise on the Nature and Uses of Hypnotism*. New York: G.P. Putnam's Sons].
- Coué, E. (1922) *Self Mastery Through Conscious Autosuggestion*. New York: American Library Service.
- Edmonston, W.E. (1986) *The Induction of Hypnosis*. New York: John Wiley & Sons.
- Gindes, B.C. (1951) *New Concepts of Hypnosis: As an Adjunct to Psychotherapy and Medicine*. New York: Julian Press.
- Hammond, D.C. (ed.) (1990) *Handbook of Hypnotic Suggestions and Metaphors*. New York: W.W. Norton & Co.
- Hartland, J. (1971) *Medical and Dental Hypnosis and Its Clinical Applications (Second Edition)*. London: Baillière, Tindall.
- Kroger, W.S. (1977) *Clinical and Experimental Hypnosis in Medicine, Dentistry, and Psychology (Second Edition)*. Philadelphia: J.B. Lippincott Company.
- Laurence, J-R & Perry, C.W. (1988) *Hypnosis, Will, and Memory: A Psycho-Legal History*. New York: The Guildford Press.
- Maltz, M. (1960) *Psycho-Cybernetics*. New York: Pocket Books.
- Oppenheim, J. (1991) *"Shattered Nerves": Doctors, Patients, and Depression in Victorian England*. New York: Oxford University Press.
- Pratt, G.G., Wood, D.P. & Alman, B.M. (1988) *A Clinical Hypnosis Primer (Expanded & Updated)*. New York: John Wiley & Sons.
- Simonton, O.C., Matthews-Simonton, S. & Creighton, J.L. (1980) *Getting Well Again*. New York: Bantam Books.
- Wegner, D.M. (1989) Try Not to Think of a White Bear... *Psychology Today*, 23(6), 64-66.
- Weitzenhoffer, A.M. (1989) *The Practice of Hypnotism (Volume One): Traditional and Semi-Traditional Techniques and Phenomenology*. New York: John Wiley & Sons.

