Pace-and-Lead Hypnotic Induction Profile

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Background for Clinical Hypnosis: Clinical hypnosis can be understood as a relaxation technique that nudges a person into a mildly altered state during which habitual processing of internal (sleepiness, hunger, discomfort) and external (bright lights, sounds, situational stress) can be altered. A subset of the population can enter into deep states of relaxation and altered non-sleep consciousness; everybody can enter into a mild trance and we do so routinely as the part of normal day-to-day life, starting in childhood. There are a variety of techniques that providers can learn and engage with patients and clients. Hypnosis can both be conducted by a provider on a client, and a person can perform self-hypnosis on himself/herself. A well-known technique is “arm levitation” induction. A detailed history is beyond the scope of this syllabus: those interested in learning more, are encouraged to attend numerous hypnosis-training workshops provided around the country for clinicians of various backgrounds, and to read the works of Milton Erickson, James Braid, and David Patterson.

Background for Pace-and-Lead: The idea is to say three statements that are undeniably true and generally neutral to positive, then make a suggestion. It is better to use words with slightly positive connotation than outright, for example, ‘wouldn’t it be interesting?’ or ‘wouldn’t it be curious?’ rather than ‘wouldn’t it be so incredibly magnificent?’

Here is my basic script, inspired by the methodology taught by David R. Patterson, PhD:

Hypnosis is a technique that involves simple, repetitive speaking, thoughts or focus to help improve health. I do not know how to theater hypnosis: if your goal were to wake up thinking you were a duck, I can’t help you. Hypnosis can be thought of as being on a continuum with mindfulness meditation, and altered states achieved through biofeedback. One special feature of hypnosis is that it piggybacks survival parts of your brain so that the relief happens completely on its own without any effort on your part.

For the purposes of this exercise, we are going to pretend there are two parts of your brain. The awake, talking, behaving you who identifies itself as you, and the quiet, toiling survival part of your brain that is linked to your heart beating and your lungs breathing. I am going to talk only to the survival part of your brain. If the awake, talking, behaving part of your brain felt puzzled, or skeptical, that is fine, in fact that is good, because that critical thinking is part of who you are and your drive to be independent and healthy; all we are asking is that the awake, talking part of you just observe long enough to see if this could help. Obviously I do not think there are two little separates versions of yourself in your brain: it is
a metaphor and it is also important to note that scientists do now know that we have truly do have different circuits for thoughtful reflection and self-awareness and others for breathing and heart rate.

[At some point, gather information about what symptom you are trying to treat and for discomfort what kind of temperature might they prefer]

Shall we try to decrease your head discomfort? Where do you notice it now? What kind of temperature would be a pleasant sensation to experience?

[If the patient were amenable you can start with the forehead touch procedure; otherwise just skip it]

If it were agreeable to you, I am going to gently touch your forehead to begin this little exercise. I want you to look at my finger and when I press my fingers onto your forehead I want you to gently close your eyes. After that, all you have to do is listen. Shall we start now? [choose a point off center, above one eye, instruct them to look and when staring at your finger, put your palm to the forehead and have them close eyes]

[If the you skip the forehead touch then say something like this:]

If the survival part of your brain would prefer your eyes to close that may happen, if the survival part of your brain would prefer your eyes to be open that also would be fine, whatever the survival part of your brain found most comfortable. That’s right, having your eyes [open/closed, depending on what they do] might be more comfortable. [if open may add] And if later, the survival part of your brain felt like closing your eyes that would also be fine, whatever it felt were more comfortable.

As you are sitting in the chair, breathing in out, with your feet on the ground, wouldn’t it be interesting if the survival part of your brain allowed you to have a memory of a time, perhaps some years ago, when your head was feeling, healthy, flexible and good?

And as you are sitting in the chair, breathing in and out, with your feet on the ground, wouldn’t it be so interesting if, even as the details of that memory fades, as they do for all memories, that the survival part of your brain could hold on to that feeling, and give that feeling back to you, whenever you needed it?

And as you are sitting in the chair, breathing in and out, with your feet on the ground, perhaps you might notice the sound of the vents, perhaps a phone will ring, or you may hear somebody’s voice, all the while knowing that your heart is beating and your lungs are breathing, and what a gift that is that you have these survival circuits, through all the ups and downs of life, quietly, strongly, trying to keep you as healthy as you can be.

And as you are sitting in the chair, breathing in and out, with your feet on the ground, wouldn’t it be so interesting if in just a moment the survival part of your brain might allow you to experience just the faintest warmth [or coolness if that were their preference] right around where you felt the discomfort: that without ignoring any of that discomfort, because after all that might be a legitimate response of
your body or brain to protect you, that without ignoring or suppressing any of it, wouldn't it be so interesting if the survival part of your brain could paint on the thinnest layer of a gentle, quiet, strong, relieving warmth?

And as you are sitting in the chair, breathing in and out, with your feet on the ground, wouldn't it be so interesting if the survival part of your brain might allow that sensation of a relieving warmth to spread across your forehead, down over your cheekbones, your jaw, back over your ears, up over your entire scalp and to the back of your head, till your entire head and neck were in a kind of cocoon of warmth?

And as you are sitting in the chair, breathing in and out, with your feet on the ground, wouldn't it be so interesting if the survival part of your brain might allow you to feel just the faintest hint of that strong, quiet, powerful relieving warmth? Or imagine what that might feel like?

And as you are sitting in the chair, breathing in and out, with your feet on the ground, perhaps the survival part of your brain allowing you to feel or just imagine what that pleasant warmth might feel like, wouldn't it also be interesting if next time, in the coming days and weeks and months if there were a time when the discomfort were present that, again without ignoring or suppressing those sensations because they may be legitimate responses of your body and brain to keep you healthy, that the survival part of your brain just at those moments, could take the edge off, even slightly? So that at those moments the survival part of your brain without judgment, and full of compassion, might allow you to, rather than becoming increasingly frustrated with your reaction to instead feel puzzled or curious? Wouldn't that be healthier and interesting?

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References:


• Patterson, David R. Clinical Hypnosis for Pain Control. 2010.


