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Freedom of Choice and Hypnotic Communication in Psychotherapy and Public Address

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Historical, theoretical and methodological aspects of clinical hypnosis relevant to free agency are reviewed, including therapeutic hypnotic communication techniques used by effective public speakers. Hypnosis is defined as specific techniques to capture and hold someone's attention, and is herein considered as simply a more sophisticated method of communication – which some effective public speakers and therapists do naturally, but which with study of these effective communication forms, therapists and speakers may learn to do with greater facility. Methods of applying specific hypnotic techniques to enhance the efficacy of psychotherapy and public address are demonstrated, including indirect suggestion, rapport, presupposition, embedded commands and metaphor. Examples are drawn from addresses by Milton H. Erickson, LeGrand Richards, Bruce R. McConkie, Richard G. Scott, and Elaine Cannon.

The bylaws of the Association of Mormon Counselors and Psychotherapists (AMCAP) indicate the Association's purpose includes to promote the identification of conceptual frameworks and therapeutic practices that are "consistent with gospel principles" (Article 1, Section 2b; see Westover 1994, p.2). This paper asserts that basic hypnotic concepts and therapeutic methods are consistent with gospel communication principles and practices.

Elder George R. Hill¹, who was a prominent research scientist for 40 years prior to his call as a General Authority, points out:

there is no conflict between the facts and truths of science and those given to us by direct revelation. Rather than conflicting, the facts and truths in each area complement each other, each supplying answers to basic questions ... Apparent conflicts arise when the theories of science –

which serve as a scaffolding erected to try to understand relationships among observed facts – are mistaken for the experimentally verified facts. (Hill, 1988, p. 72)

It is a basic tenant of our faith that the Lord "will yet reveal many great and important things" (AF 1:9). It is

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precisely because we are committed to believe “all that is true,” that we must diligently seek learning “by study and also by faith” (D&C 88:118).

Certainly all that is currently accepted within the field of psychotherapy is not consistent with revealed truth; as Alan Westover MS, AMCAP President 1993-94, has pointed out “we work in a field in which controversial ... treatment methodologies and ethical standards of conduct are prevalent” (Westover, 1994, p. 2). However, there should be no such controversy regarding modern hypnosis methodologies, because they are consistent with gospel principles respecting individual agency. Hypnosis can be considered to be, basically, a very effective way of communicating with a person’s deep self. That is, communicating in ways such that people can really listen deeply – and change. Therefore, it would be expected that methodologies taught by premier hypnotherapists are also exemplified in the presentations of premier gospel communicators.

HISTORY OF HYPNOSIS

However, hypnosis is not always perceived as a therapeutic or positive form of communication (Gauld, 1992). As pointed out by Melvin A. Gravitz PhD, former president of the American Society of Clinical Hypnosis, hypnosis has been “beset at times with extravagant claims on the one hand, and infiltration by mysticists and spiritualists on the other” (Gravitz & Gerton, 1984, p. 4). The struggle with such misconceptions is exemplified by a question posed by an LDS Social Worker who asked during a training session, “How do you deal with this negative attitude the church leaders have toward hypnosis?” In order to knowledgeably answer this question, a historical background of hypnosis must be presented.

Animal Magnetism

The beginnings of hypnosis were dominated by a fallacious concept of “animal magnetism” which was postulated to be some kind of “magnetic fluid” which somehow carried influence from the Mesmerist to his subject. When the theory was disproved, hypnosis fell into disregard and disrepute because it was difficult to separate the theory from the technique (note that the technique did work to induce hypnosis — however, not for the theoretical reasons Mesmer originally postulated).

Despite being discredited by the French investigative commissions of the 1780s (Best, 2004), ideas of animal magnetism became especially popular in America during the early 1800s, blending with the widespread spiritual revivalism of that era. (This same revivalist fervor influenced Joseph Smith’s spiritual quest; see JS-H 1:5-12.) Unfortunately, this unholy mixture of spiritualism and animal magnetism led hypnosis to acquire “a negative connotation ... which heavily permeated the attitudes of reputable medical and psychological scientists” (Gravitz, 1993b, p. 64-65). This also to some degree later influenced Charcot’s unfortunate 1882 theoretical conclusion, later disproved, that hypnotism was merely “a variant of hysteria, that is, that it was a mental disorder” (Gravitz, 1993a, p. 8). Of course, Charcot’s widely circulated hypothesis only served to further discredit hypnosis.

These unfortunate notions/definitions of hypnosis have persisted into this century, prompting such comments (quoted in McConkie, 1966) as that of Elder Francis M. Lyman of the Council of the Twelve:

From what I understand and have seen, I should advise you not to practice hypnotism ... The free agency that the Lord has given us is the choicest gift we have. As soon, however, as we permit another mind to control us ... we have completely surrendered our free agency to another; and so long as we are in the hypnotic spell ... we give no consent in any sense whatever to anything we do. (McConkie, 1966, p. 371)

Medical Hypnosis

Although unknown to most of 19th-century America, there were several brilliant physicians of that era who staunchly differentiated medical hypnosis from mysticism and spiritualism. These physicians successfully used hypnosis in surgery, depression, and many other medical contexts. Among the first of these was an English physician, Dr. James Braid, whose 1842 book *Satanic Agency and Mesmerism Reviewed* (reprinted in Tinterow, 1970) not only listed successful medical uses of hypnotism, but also convincingly argued against notions of hypnosis being a satanic influence.

Dr. Braid’s work, by separating the use of medical hypnotism from concepts of animal magnetism and satanism, became the apparent foundation for modern medical hypnosis (see Tinterow, 1993, p. 4-5). Note that

such a separation is precisely the stance taken by modern LDS church leaders. Elder McConkie, after quoting Elder Francis M. Lyman's warning against hypnotism, states:

Reputable doctors sometimes use hypnotherapy ... with the practice of their profession ... to relieve pain and aid patients in perfecting their physical well-being [note that the LDS church *General Handbook of Instructions* (1989) also includes mental well-being] ... This medical practice of hypnotism obviously does not carry the same opprobrium that attached to hypnotism in general. (McConkie, 1966, p. 371)

However, objections to hypnosis – even the therapeutic practice of medical hypnosis – continue in the modern church; the major concerns involve notions of agency and free will.

HYPNOSIS AND FREE AGENCY

Through the years, church leaders have strongly advocated free agency; for example:

- President Joseph Smith, Jr. – We are not disposed, had we the power, to deprive anyone of exercising ... free independence of mind. (1938, p. 49)
- President Brigham Young – Every intelligent being must have the power of choice. (*Journal of Discourses*, 11:272)
- President John Taylor – Satan sought to take away the free agency of man in the beginning, for which cause he was thrust out of heaven, and has sought to introduce the same principles upon the earth, which principles are opposed to ... the freedom, the welfare and happiness of man. (1882, p. 134)
- Elder L. Tom Perry – The desire to be free has spiritual roots. There is an innate, overwhelming, compelling desire to be free. This desire seems to be more precious than life itself. (1990, p. 19)
- Elder Carlos Asay – We are inconsistent if we resort to Satanic tactics [of forcing others] in attempting to achieve righteous ends. Such inconsistency results only in frustration, loss of the Spirit, and ultimate defeat. (1981, p. 68)

Similarly, recent psychological researchers in agency and freedom have called for “a psychology grounded in [both] freedom and responsibility” (Denner, 1994, p. 143; see also Kernis, 1995), and a psychology in which a person “is free from error [because] the truth of the

matter is available” (Williams, 1992, p. 757). These theorists specifically define *agency* and *freedom* as:

it is not [merely] the ability to choose among alternatives that constitutes freedom [but] the ability to fabricate alternatives and then to test them against selected criteria, including conditions in the real world, [that] is ... definitive of free agents. (Stroud, 1994, p. 142)

These current psychological theory discussions closely parallel Elder Bruce R. McConkie's (1966, p. 26) definitive discussion of free agency, which indicates “the spirit offspring of the Father had agency” in the pre-earth existence and therefore agency is an essential part of the gospel plan (see D&C 29:36). As the Lord told President John Taylor (1882, p. 134), “I have given to man his free agency ... and have never controlled the consciences of men.” Thus it is that free agency played a most essential part in the institution of the gospel plan on earth. Adam and Eve were required to choose to take mortality upon themselves rather than having mortality forced upon them (Moses 3:17); then and only then would they be able to willingly accept the atonement (which also had to be freely offered; see John 10:17-18).

Indeed, the universal conflict between good and evil is, ultimately, a conflict between agency and compulsion (so characterized by Hinkley, 1986, p. 42; see also Brown 1985; Hanks 1986, 1992; Packer 1983, 1988, 1990; Nelson 1988, 1990; Hunter 1989). Without agency there really can be no plan or purpose in earth life (Hanks 1983, Warner 1992, D&C 29:39, 2 Nephi 2:11-27, Moses 4:3). In fact, without agency our very existence is in question – D&C 93:30 suggests that intelligence must be able to act for itself “otherwise there is no existence.”

Thus the association of hypnosis with claims of mental compulsion² and spurious “spiritualism” might well foster an understandable avoidance of hypnosis by church members – especially in light of the Apostle Paul's recommendation to “abstain from all appearances of evil” (1 Thess. 5:21). However, the task of overcoming such negative attitudes is not so difficult when the actual nature of hypnosis is considered.

THE NATURE OF HYPNOTIC TRANCE

Normal and Natural Human Process

So, what is “hypnosis,” also known as “trance”?

Hypnotic trance is a very common normal everyday mental occurrence. For example, you're sitting bored in a classroom, or maybe waiting at the street light (remember this kind of experience?) waiting for the light to change, and you mentally go to another place³ – so to speak. Then the car behind you has to honk because you don't notice the light has changed to green even though it was entirely within your field of vision. That's a naturally occurring altered state of consciousness, a trance. It's very common and very normal to go into a trance. Anyone who has been to graduate school has experienced the "boredom technique of hypnotic induction." Indeed, some of you may be experiencing that at this very moment!

Hypnosis, then, is not a theory in psychotherapy; it is a method or technique. It is, basically, a set of specialized communication tools, much like speaking Spanish. Some experts (Barber, 1980, 1991; Hart, 1985) have pointed out that the client who does not readily go into a trance is not necessarily "resistant" (in the traditional psychoanalytic sense); rather, that the hypnotist does not have sufficient rapport and/or does not present a varied enough individualized hypnotic repertoire⁴ to reach this particular patient – very much like a therapist who does not know Spanish:

the natural variations in the ways people experience hypnosis require the therapist to undertake a "locksmith" approach to engaging both hypnotic and curative capacities ... from the perspective of the locksmith, lack of treatment success means that one has not yet found (or fashioned) the right key – not that there is no lock and no key. (Barber, 1994, p. 254)

But trance happens to all of us often, every day. Trance is a naturally occurring state of mind; everyone slips in and out of altered states of consciousness several times during the day. A trance state is not merely sleep; there's much mental processing and learning going on. It is an entirely routine, natural process for human beings to experience this kind of altered state.

All of you already know how to slip off into an altered state of consciousness: each one of us can remember being mentally absorbed while waiting at a streetlight, or on an escalator; each one of us has gone to sleep, so to speak, in the classroom. You can experience an age-regression trance for just a minute or two, right now. You

can go back in your mind to a time in high school when that certain song was playing and you were with, or wished you were with, your number one heartthrob. For me, in 1963, it was *Blue Velvet*.⁵ This triggers a vivid memory of a beautiful girl, and her dress, and the dance, and the music – all memories triggered by the paired-associate cue of that song. The song is, then, an auditory paired-associate cue (Bandler & Grinder, 1979, refer to such a cue as an "anchor").

Now that you've all gone back into your memory and are enjoying your own *Blue Velvet*, you are invited to come back to the present time, and return to the discussion of what exactly is this thing called hypnosis.

Therapeutic Trance

Therapeutic trance is not necessarily somnolence, not necessarily pain control, not necessarily a "deeper-deeper-deeper" kind of experience, but is a

subjective internal experience whose behavioral manifestations will vary across individuals ... It is an opportunity for the subject to set aside his identification with any limiting conscious processes and shift into a context (i.e., trance) where he/she can access and utilize unconscious resources for therapeutic gain. (Gilligan 1980, in Zeig 1982, p. 89)

Such a hypnotic trance, then, facilitates psychotherapy. This is decidedly not an "animal magnetism" type of phenomenon, but is medically therapeutic. Note that hypnosis is not an "alternative" type of therapy; hypnosis was recognized by the American Medical Association in 1958 as a legitimate "medical treatment."

HYPNOTIC INDUCTION

Hypnotic induction specifically facilitates the setting aside of these "limiting conscious processes" so that therapeutic unconscious resources can be accessed. Sometimes implied hypnotic suggestions can be more powerful⁶ than directive suggestions (Hart, 1985).

Directive Induction Suggestions

The classical authoritarian method of trance induction (e.g., "go into a trance now"), or standardized induction methods such as the Stanford Hypnotic Susceptibility Scales (Weitzenhoffer & Hilgard, 1962)

are *directive* induction methods. Directive methods do not, or can not, allow for individuality: they allow no alternative pathways into trance, only presenting one standardized directive route – indeed, some standardized inductions, such as the Harvard Group Scale of Hypnotic Susceptibility (Shor & Orne, 1962, 1963), are presented by tape recording. Directive inductions such as these are often used to determine who is susceptible to [this form of directive] hypnotic induction. Such directive methods do induce hypnosis in a sizable portion – but only a portion⁷ – of the normal population. But a significant percent are not able to be hypnotized by these directive methods (see Kirsch, 1997; Benham, Smith & Nash, 2002).

Indirect Induction Suggestions

The question often arises as to why a significant percentage of people don't "respond" to direct hypnotic induction techniques. Those familiar with LDS theology can readily identify a likely reason: free agency is basic to eternal identity. People don't want to be forced; everyone wants to freely make his or her own choices.⁸ Indeed, one of the earliest and most pervasive childhood learnings is to insist on autonomy ("by myself"). But how can hypnosis be induced if not by directly and authoritatively telling someone to "go into a trance"?

UNCONSCIOUS AND CONSCIOUS

Erickson (1957) asserted that two distinct parts of personality exist, the conscious mind and the unconscious mind; he stated that he liked to think of the patient as having a conscious mind and an unconscious mind, and that

I expect to find both the conscious and the unconscious mind in the same patient at the same time, and I expect them to both be listening, able to hear what is being said. (Erickson 1957; transcription in Erickson & Rossi, 1981)

The conscious mind is who we think we are. That is, we think we're the person who reacts in a certain way, who cries at this and gets angry at that, but this is only the conscious part of our personality. As Dr. Erickson often pointed out, the unconscious mind operates "entirely independently" of the conscious. He would often tell his patient, "you're very smart, and the

unconscious is a whole lot smarter than you are" (Erickson & Rossi, 1981).

The unconscious is what is sometimes referred to as the "Real You" (Ellsworth & Ellsworth, 1980), the "Real Self" (Masterson, 1988), the "inward" or "inner" man (Rom. 7:22; 2 Cor. 4:16; Eph. 3:16). It has been thought of as that "Being within" (Brigham Young, *Journal of Discourses* 6:332) "which gives life, force, intelligence and capacity to man" (J.F. Smith in Ludlow, 1948, p. 18), and has the actual power to effect personal change.

Dr. Erickson told many patients that their unconscious would hear and process what he said to them without their conscious mind necessarily understanding.⁹ Dr. Erickson was often very careful to explicitly describe (e.g., Erickson & Rossi, 1976) how a patient's conscious mind is always attempting to correct

what did not seem logical, yet the unconscious mind received the uncorrected version, translated it, and made the appropriate association ... Erickson described trance as an active process of unconscious learning. He actually preferred that therapy occur without the client being consciously aware of what was happening. (Slosar 1980, p. 123)

HYPNOTIC COMMUNICATION TECHNIQUES

However, as Erickson taught (1957), a deep trance is not always necessary in order to access unconscious resources and effect valid therapeutic change¹⁰. Even a light trance is not necessary. All that is necessary, as mentioned, is to distract or set aside the "limiting conscious processes" and then to "shift into a context" which accesses unconscious therapeutic resources (Gilligan 1980, p. 89). That's how biofeedback heals, and that's how most psychotherapy succeeds. Indeed, "who hath ears to hear, let him hear" (Matthew 13:9).

There are many hypnotic techniques which enhance communication with the unconscious. It is useful to consider four: Rapport, Presupposition, Embedded Commands, and Metaphor.

Rapport

To readily gain rapport, Erickson would match or parallel, (also known as "pacing") some of the patient's unconscious physical processes; i.e., rate of eye blinking, breathing, or heartbeat. He did this by making some of

his own physical process to be parallel, via movement or voice tone or voice rate, to the patient's processes. This, of course, corroborates the classic study (Mehrabian 1972, p. 182) demonstrating that most of a communication's message is encoded not in the words but in body posture, voice tone and facial gesture.

Erickson's techniques of rapport address some of the ways unconscious intuitions really govern communication, because intuitive feelings usually arise from unconscious responses to rapport cues (such as pacing physiological processes). By acknowledging and respecting the patient's unconscious physical processes (this message is communicated by pacing them), the patient is unconsciously led to feel more understood, acknowledged and respected – that the therapist respects his/her "intuitive" rate(s) of coping. Much of the real power to effect personal therapeutic change is an unconscious process. And, very little unconscious listening is going to occur if the patient is not feeling respected. Pacing, then, is a very effective method for showing recognition and respect of unconscious processes – and thus enhancing deep therapeutic communication.

Even when not formally doing a hypnotic induction, Dr. Erickson would utilize a speech pattern which paced listeners' unconscious processes, because this hypnotic rapport technique enhanced the efficacy of his communication. For example, in the Ocean Monarch lecture (Erickson 1957), while talking about someone observing hypnosis, Dr. Erickson's voice tone and breath patterns are carefully rhythmically paced to parallel his listeners' normal breathing rate:

They're well aware of the fact – [beat]
 that this is a lecture – [beat]
 that it is not personally directed to them,
 that all that is directed to them – [beat]
 is – [beat]
 the general understanding ...

The most effective gospel communicators often have a public speaking style similar to what is termed *breath-rate pacing*, as well as other Ericksonian hypnotic communication techniques, which leads to much more effective (i.e., unconscious-level) communication.

For example, Elder Bruce R. McConkie¹¹ and Elder LeGrand Richards,¹² two of the greatest church orators of the 20th century, consistently demonstrated this

breath-rate pacing technique. Elder LeGrand Richards punctuated nearly every sentence at a rate closely pacing listeners' breathing. His oft-repeated inspiring discussion of how missions build character is perhaps his most well-known (Richards 1978, p. 34):

I wouldn't want to raise a boy,
 and not have him go – [beat]
 on a – [beat]
 mission!

Elder Bruce R. McConkie exemplified a vocal rhythm style similar to Dr. Erickson's verbal pacing, which greatly emphasized and facilitated understanding of the inspired messages on a deep level. For example (McConkie 1979, p. 93):¹³

We must do all we can, [beat]
 to proclaim peace, [beat]
 to avoid war, [beat]
 to heal disease, [beat]
 to prepare for natural disasters – [beat, beat]
 but with it all, [beat]
 that which is to be, [beat]
 shall be ...
 Relying always on the Lord, [beat]
 we must become independent, [beat]
 of the world. [beat, beat]
 We must be, [beat, beat]
 self- [beat]
 reliant. [beat]

It is likely, then, that Elder McConkie's message was communicated more effectively and powerfully, because he spoke it – [beat] – in the same pattern – [beat] – that we tend to unconsciously – [beat] – breathe.

Presupposition and Embedded Commands

As an example of presupposition, Dr. Erickson might have said something like this: "I don't know how soon you are going to go into trance, but I've never had a patient who hasn't gone into trance, here, and you are here, and are a patient of mine, are you not? And you are here, are you not?" The patient of course agrees "Well, yes, I'm here, yes, and I'm your patient today, yes." So not only is Dr. Erickson assuming that the patient will readily go into a trance, but he uses the additional technique

of inducing repeated agreements, "Yes, yes, yes," from the patient. Very soon it's just a matter of asking, "And you do want to **go into a trance now**, don't you? But I wouldn't want you to **go into a trance** too soon, to **go into a trance right away**." And this draws another "yes" from the confused patient because of the already established pattern of agreement.

Note that this last example includes the repeated phrase "you do want to go into a trance, now ... go into a trance soon ... go into a trance right away." This exemplifies the embedded command technique (i.e., **go into a trance**). The cognitive processing principle which enlivens embedded commands with presupposition has been outlined by Bandler & Grinder (1979); they title this "You Can't Not Understand."

To examine this cognitive process in more detail, consider what happens mentally upon hearing the example (from Bandler & Grinder, 1979), "Don't think of blue." Specifically, how does the language interpretation process work, in this case, with such negated sentences? In the course of being processed from sound to meaning, the structure of a sentence is mentally transformed, manipulated and reworked, in order to proceed from sound to meaningful understanding. Academically this process is outlined in linguistic syntactic theory. First a positive version of the negated phrase is created, and then the negation "don't" is added. That is, "think of blue" is the first phrase processed. And, as many of you probably experienced, "blue" almost immediately appears in the mind. When the "don't" portion is interpreted, the mental vision of "blue" is removed. That is, there's a stage in this mental process when only the non-negated command is there; i.e., "think of blue." Then almost immediately the "don't" is added, and thinking of blue is removed. Perhaps this explains why when a child is told "don't spill the milk" he of course spills the milk. So, because of "You Can't Not Understand," the mind automatically obeys the brief command; i.e., to "think of blue" or "spill the milk."

Embedded commands can be used in many contexts besides a negation, and in conjunction with presuppositions, are perhaps the most powerful of the communication techniques in the Ericksonian repertoire. Further examples are:

• "I don't know how long it will be before **you start to feel even more comfortable** than you're feeling right now" (note the embedded command: "you start to feel even more comfortable")

• "I've been thinking a long time about hypnosis and wondering about, how some people **go into a trance, now**, and other people **go into a trance** later and I don't know how you're going to **go into a trance** but I do know that trance is a very common happening, and ..."

Many people more readily enter into a trance due to the repeated embedded command, "go into a trance." The point is that within all that other verbiage there is the clear command to enter trance. Now some therapists think such embeddings need to be marked out with intonation; that is, to emphasize in voice tone the embedded message which is actually intended to be received. Of course, in teaching presentations there has to be some over-exaggeration for didactic purposes. However, in the therapeutic situation, such exaggeration may not be necessary. It is believed that the unconscious mind will readily understand; indeed, it "can't not understand." Besides, it is vital that the conscious mind does not realize these messages are being communicated to the unconscious, because then the conscious mind could intervene and sabotage the therapeutic effect.

Another example of embedded commands, which employed a confusion technique as well, occurred while I was visiting a friend who had been hospitalized with a very painful aneurysm and partial paralysis, yet was experiencing tremendous pain, unable to sleep or even think clearly due to the pain. He was understandably very focused on the two pain control medications which he was to receive on a schedule of one every 3 hours and the other every 4 hours. While he was waiting to be transferred to another room in the hospital, I leaned over and said something like this: "You are about to **go to another place, to be involved in a transfer** to another room – and, that **this transfer is a way to be more and more comfortable, even better**, since you've been waiting in this room for the past few days, but that, of course, now you will **leave behind some painful memories** in this room." Also, I mentioned sympathetically, "How frustrating and **how confusing it must be** to understand this medication schedule, that you could only have one medication every three hours, or was it the two medications every four hours, which has of course made **you be confused**, so that you're not really sure when **it is time for you to get pain relief**, are you? It is so easy to **get confused** just thinking about it, and it's

certain that **you are confused**; if you can, figure out how many of the medication you can have during the day, at, you know, 4 times per day; that would be one every 6 hours – but wait a minute, it seems that it was really every 4 hours, wasn't it – which would be 6 times per day, was it not? Yes, and that would imply, wouldn't it, that **you can get relief a lot more often**. Is that not correct? **This way you can get relief a lot more often**. And I think it's still so very **easy to be confused** about the second medication to **stop your pain**, how long in between doses is it that **you are allowed to have relief from the pain**. Was it 8 pills a day, since that's what 24 hours divided by 3 is, or was it 3 pills a day, or was it a pill every 3 hours? I don't know; it's so easy to **be confused about this, and get relief from the pain most of the time** – or does it mean that **you will get relief all of the time**? I'm certainly not sure, but I do know that **you are feeling confused** about the schedule for you to **be relieved of pain**, but one thing is certain, and that's the fact that on this schedule that some of the times, **somehow you are already getting relief from the pain**, because you are lying here now, are you not? And thinking **you'll be, uh, transferred** right away. Now, **remember, you're in the middle of a transfer** to another room here in this hospital, so you can more **easily go to sleep, and rest** – so that **after this transfer you'll wake up peacefully and refreshed**.

Then it happened just like in the hypnosis journals: he fell asleep and awakened refreshed in his new room. During his long subsequent medical recovery, he never mentioned the overwhelming pain again. And neither did I!

Examples in LDS Public Address

Church authorities desire so sincerely to communicate deeply and directly with their listeners. Using hypnotic techniques such as pacing in public address is unconsciously mediated: church authorities are of course not trained in hypnotic communication techniques; they are not manipulative people carefully planning to overpower listeners with sophisticated hypnotic methodologies. Rather, by opening their hearts to inspiration, these premier gospel communicators receive specific spiritual direction not only regarding the topics and doctrines of their addresses, but regarding the very mode of presentation as well.

Among LDS church leaders, Elder Richard G. Scott most readily exemplifies these communication

techniques (now that Elder Bruce R. McConkie and Elder LeGrand Richards are gone). And, it is very clear that Elder Scott's sincere goal is to most effectively present inspired communication to the hearts of his listeners. In this he readily succeeds – his addresses do indeed touch the heart, uplifting in ways beyond consciousness. It is not surprising that in these powerful addresses, Elder Scott masterfully demonstrates pacing, presupposition and embeddings in multiple contexts. For example (Scott 1992a, p. 33):

You **must understand**, [beat]
that **you are free**, [beat]
to **determine to overcome**, [beat]
the harmful results of abuse.

Elder Scott also exemplifies voice tone patterns similar to Dr. Erickson's. Many therapists remember Dr. Erickson's favorite word, "nowww..." Note the similar use of "now" in Elder Scott's memorable discussion of emotional healing (Scott 1992b, p. 62):

May the Lord **soften your heart** ...
May he give you the courage and strength to [beat]
begin to be healed, [beat] [beat]
now ...

This very inspiring message is communicated much more powerfully by the use of these hypnotic communication patterns.

Metaphor

Students of the New Testament are well aware of how powerful a teaching tool metaphorical stories and parables are. Indeed, it is often the case that metaphors motivate very powerful teaching on the unconscious level; thus Jesus usually did not "explain" the parables (see Matthew 13:9-17, when the disciples became focused on a conscious interpretation). Similarly, therapeutic metaphors or stories or parables are sometimes best presented without conscious interpretations, because such explanations can at times distract¹⁴ from the unconscious learning and undermine therapeutic outcome.

Some premier examples of such therapeutic metaphors, teaching stories or parables, have been presented by Sister Elaine Cannon (1983) and Elder Richard G. Scott (1992b):

I was fascinated watching the children deal with their environment. Some deliberately plowed right through the deep mud puddles time and again – and came forth filthy. Others automatically marched around the puddle, almost oblivious to it. Many absolutely couldn't resist the temptation to gingerly touch a toe in the mire. One little girl, afterwards, stooped over and tried to wipe the mud from her shoe, then from her hand; then she brushed the spot on her clothes where she had wiped her hand. *Mud is tough to erase.* (Cannon 1983, p. 88)

Elder Scott (1992b) presented this powerful metaphor regarding drug abuse:

The most treasured experience was the rope swing Uncle Zane had hung in a tall tree near a beautiful brook. Its long gliding passes provided hours of pure joy. We would arch our backs and fling our legs and feet to see who could go the fastest and highest. It was sheer delight! Once, to treat me to even more excitement, my brother Gerald put me on the wooden seat, then rotated the swing until the ropes were twisted in a double row of knots. With a mighty thrust he launched me into a spin of ever-increasing velocity. At first there was a feeling of exhilaration as I began to pick up speed. That short-lived pleasure was quickly replaced by increasing feelings of dizziness, nausea, and just plain terror. When the horrible experience was over, I couldn't walk without falling, my head reeled, and I was certain my stomach would never again be the same. Throughout it all, Gerald jumped with glee. When I finally fell out of the seat, he shouted, "Wasn't that terrific?" My mind thought, "You're crazy," but my mouth said, "Yeah, that was great. Get in and I'll show you how much fun it is." (Scott 1992b, p. 60)

Now, which is the more effective, meaningful communication: these two marvelous metaphorical stories, or to advise "just say no to drugs"?

You Can't Not Understand Part 2: Further Techniques

There are many other hypnotic techniques which enhance communication, such as talking to someone while really directing messages to a third party who doesn't think the messages are for him/her. This is an especially useful technique in marital and group counseling. This is very effectively exemplified in the video, *The Artistry of Milton H. Erickson, M.D.* (Lustig 1975;

transcribed in Grinder, et al. 1977), where Dr. Erickson works with one person (Nick) while supposedly talking with another (Mondie). Additionally, there were many times while giving a lecture that Erickson would single out a member of the audience to demonstrate hypnotic phenomena while he was seeming to be merely discussing theories of hypnosis. In fact, sometimes Dr. Erickson would use as a clandestine induction a discussion of how "when they listen to a lecture about hypnosis, they ..." (Erickson, 1957). He then would describe the very actions of his intended subject at that moment, and embed within his lecture commands to enter trance.

SAMPLE INDUCTION

Presenting this topic to a group audience, in order to create a personal experience with therapeutic hypnotic trance, I said something like the following:

It's important to remember that the unconscious mind operates independently of the conscious mind. When I talked earlier about going into a trance, talking for example with embedded commands and marking things out, you probably noticed some things were happening to you, at the moment, as you were relaxing and as you were sitting there, you know, you might want to uncross your legs, or something like that; remembering some of the things I was saying were like that, and you can probably remember right now. It was about a half-hour ago but you can remember at this moment what it felt like to just sort of drift off like that, so you can remember what it felt like to drift off the last time you found yourself having to get honked at, for example, when you were at the intersection street light. I mentioned earlier about getting a series of yes answers from the hypnotic subject, and that's another way for you to go into a trance. And all of you can, now that you're here at this conference today, just go ahead and try it: just go ahead and let yourself, go ahead and let your mind wander. Just go ahead with that upright person who might be in your office later this week, and just say, "I wonder, I'm just wondering, how soon it will be before you feel more comfortable than you feel comfortable now?" Do you really think that they might or could object to that? Is that an affront to your client's free agency or integrity? Just say, "I wonder how soon you're sitting very very still, now, and I wonder if you could feel, um, would you like to feel more comfortable than you're feeling now?"

The answer, of course, is “yes,” since you are sitting here, already, now, are you not? Of course you are. And you do feel even more relaxed, now, do you not? Why, yes, of course you are feeling even more comfortable. Well, there’s a series of “yeses” – and that is the first step for you to induce a trance yourself. And if you notice, the things that I was saying did have some embedded commands for you to feel more comfortable, now, and the point is that you absorb the complete attention of the conscious mind, so that the unconscious mind is who I’m really talking to. The point is to relax, the point is to slow down, the point is to think about some time when you were feeling even more relaxed—you know, but it’s really not necessary that you fall asleep now.¹⁵

Since you now have experienced trance like this, perhaps tomorrow or next week when you’re watching a video, or listening to an audio tape, or working with a client, maybe you’ll find yourself using and remembering all the important and interesting things that you learned here today.

CONCLUSION

It is hoped that this presentation has brought about an increased understanding of what hypnosis is – and more importantly what it is not – and has taught some specific methods for enhanced therapeutic communication through hypnotic techniques.

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ENDNOTES

- 1 Elder George R. Hill (1921-2001) served in the First and Second Quorums of the Seventy from 1987-1992. A graduate of Cornell University (PhD), he was an internationally-known scientist, a pioneer in the field of fossil fuels, and Dean of the College of Mines & Mineral Industries at the University of Utah; he also served as Director of the Office of Coal Research in the U.S. Department of the Interior.
- 2 Regarding hypnotic compulsion or obedience, especially as exemplified by hypnosis "entertainers" – almost any group of people includes a certain number who are both especially susceptible to trance induction as well as exceptionally willing to obey any suggestion. Stage hypnotists learn to pick such susceptible-obedient people out of the crowd. Joseph Barber PhD, former president of the Society for Experimental & Clinical Hypnosis, stated in reference to stage hypnosis, "That's not *hypnosis*, that's *obedience*" (UCLA Psychiatry Department hypnosis seminar, 1983). This implies a reason why "false memory" phenomena, which likely also proceed following a similar process, cannot be believed (see Barber, 1997).
- 3 Cory Hammond PhD, former president of the American Society of Clinical Hypnosis, notes that "Ericksonian analogies about mentally drifting to another place aren't entirely accurate. Brainwave (EEG) research on hypnosis documents that what is happening during hypnosis is a state of very highly focused attention and concentration, very similar to internally focused mental problem solving (such as mental math), characterized by what is called mid-frontal theta and 40 Hz gamma activity, both of which are associated with focused attention" (Hammond, 2001).
- 4 A client who does not readily go into a trance, then, could represent a lack of rapport and/or a lack of individualization on the therapist's part – or such situations could be incident to client beliefs about hypnosis which result in negative attitudes toward hypnosis. For example, in comparing a group of subjects holding negative attitudes toward hypnosis with a group of subjects holding reasonable attitudes toward hypnosis, none of those in the negative attitude group scored in the high-hypnotizable range on a hypnotizability scale (see Spanos, Liddy & Baxter, 1994). Note, however, that there is now sufficient brain research on hypnosis to say that highly hypnotizable persons are *hard wired* (so termed by Hammond, 2001) differently to some degree. Thus, persons with a distinctive brainwave category (e.g., OCD) demonstrate low hypnotizability as a group (see Perlini & Spanos, 1991, for review).
- 5 Artist: Bobby Vinton, from the album "Blue on Blue" (Hollywood: Sony, 1963).
*She wore blue velvet
 Bluer than velvet was the night
 Softer than satin was the light
 From the stars
 She wore blue velvet
 Bluer than velvet were her eyes
 Warmer than May her tender sighs
 Love was ours
 Ours a love I held tightly
 Feeling the rapture grow
 Like a flame burning brightly
 But when she left, gone was the glow of
 Blue velvet
 But in my heart there'll always be
 Precious and warm, a memory
 Through the years
 And I still can see blue velvet
 Through my tears*
- 6 However, note that using a permissive approach (vs. the standardized authoritarian approach) does not necessarily result in greater hypnotic responsivity (Lynn, et al., 1993; Spinhoven, et al., 1988; Matthews & Mosher, 1988). In fact, research (Lynn, et al., 1987) utilizing the Alman-Wexler Indirect Hypnotic Susceptibility Scale (Pratt, et al., 1984) showed that a few people respond more readily to a directive approach, a few more readily respond to an indirect approach, but for most, it makes no real difference in responsiveness to suggestions. Erickson's remarkable success was based not on indirection, but *individualization* and *flexibility* – i.e., sometimes providing authoritarian directives and direct suggestions to dependent people who accepted authority and desired to be told what to do, but when someone seemed more "resistant" (i.e., not as motivated, not as highly responsive to hypnosis, and/or did not have good rapport with the therapist), using more permissive communication, indirect suggestions, metaphors, etc., that would bypass their resistance:
 One of the distinctive features of Erickson's approach was his ability to individualize and flexibly adapt to patients, sometimes being highly direct and forceful, and other times being very subtle and communicating on multiple levels (see Haley, 1973, p. 135). Ernest Rossi explained: "He was direct ... when it was appropriate. This was his genius, of knowing when to use what ... extreme flexibility is the keynote of Erickson." To understand the success of Erickson, we must understand his flexibility and freedom

to be eclectic. (Hammond 1988, p. 175)

- 7 That is, about 30% demonstrate “high or very high” hypnotic responsiveness and another significant percent are mid-range (medium) in responsiveness. The several standardized hypnotic scales include:

Alman-Wexler Indirect Hypnotic Susceptibility Scale
 Stanford Hypnotic Susceptibility Scale, Forms A & B
 Stanford Hypnotic Susceptibility Scale, Form C
 Harvard Group Scale of Hypnotic Susceptibility, Form A
 Stanford Profile Scales, Forms I & II
 Barber Suggestibility Scale
 Diagnostic Rating Scale
 Hypnotic Induction Profile
 Creative Imagination Scale
 Stanford Hypnotic Clinical Scale, Adults
 Stanford Hypnotic Clinical Scale, Children
 Stanford Hypnotic Arm Levitation Induction and Test
 Carleton University Responsiveness to Suggestion Scale
 Waterloo-Stanford Group Scale

- 8 Regarding diffusing such control issues: Erickson (1957) insisted that memories will surface only when the time is right, and no sooner. To provide a feeling of safety in the patient, he suggested that the therapist first ask a question which is too far over the privacy line. But, before the patient can answer, he would insist “no, I shouldn’t have asked that, you don’t need to answer that question.” This promotes a sense of safety for the patient to know that he/she won’t be asked to reveal anything he/she would not want to reveal anyway.
- 9 Indeed, some researchers assert that the unconscious has all the resources to effect change even if the specific problem is not consciously known. Bandler & Grinder (1979) outline a *content-free* therapy: while in a trance, the unconscious mind is asked if it is aware of the overriding problem in the person’s life and if a change would be appropriate. When the unconscious answers “yes” the therapist asks if the unconscious knows what resources need to be applied in order to effect these necessary changes. The therapist then tells the unconscious “OK, go ahead and do that.” Bandler & Grinder (1979) report that when the patient awakens from the

trance his/her understanding of the problem situation is quite changed. What happened? The therapist does not know, because from the therapist’s viewpoint, this therapeutic process is *content-free*. According to this treatment outline, the unconscious mind is considered to already have the necessary resources, but needs a little therapeutic push to bring them to bear on the problem.

- 10 More correctly, Erickson said a deep trance is not always necessary for change or eliciting hypnotic phenomena. But note that Erickson can really be quoted both ways on this issue. For example, he once told Rossi that he never gave important suggestions to patients until they had been in a trance for 20 minutes or more and a large proportion of his famous cases were working in profound, deep, time-extended trances (Hammond, 2001).
- 11 Elder Bruce R. McConkie (1915-1985) served as a President of the Seventy 1946-1972 and as an Apostle 1972-1985.
- 12 Elder LeGrand Richards (1886-1983) served as Presiding Bishop 1938-1952 and as an Apostle 1952-1983.
- 13 Elder McConkie also used classical linguistic structural devices and figures of speech such as parallelism, but analysis of these oratory techniques will not be addressed herein.
- 14 It appears to be one of the modern Ericksonian myths (Hammond, 1984) that Erickson believed metaphors were best presented without conscious interpretation. In fact, he many times made bridging associations after a story or metaphor, clearly noting the relevance to the patient’s problem. Rossi has reported Erickson’s assessment about elicited unconscious information – that it should not necessarily be regarded as *superior* to what was consciously known, but as simply one more source of information to be considered along with conscious knowledge (Hammond, 2001).
- 15 Erickson would sometimes lecture medical students about hypnosis. In contrast to the other professors’ complaints about students watching the clock and fidgeting during the lecture, Dr. Erickson with obvious pride reported he never had that problem because “all my students go comfortably right to sleep” (Erickson, 1957).