

Suggestion, posthypnotic suggestion and ego-strengthening in therapy

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INTRODUCTION

Much of the practice of hypnosis entails the giving of suggestions and posthypnotic suggestions that are intended, directly or indirectly, to promote the desired changes. Inherent in this process is the assumption that the induction of hypnosis potentiates the suggestions given, that is, increases the likelihood of a response or tends to elicit a more profound response.

We have outlined two theoretical bases, or working models, that may underlie the above contention. One model assumes that the induction of hypnosis guides the subjects into a state of mind that is conducive to enhanced responsiveness to suggestion. This model may be based on a 'strong' or 'weak' interpretation of the hypnotic trance, as discussed in earlier chapters. Another model posits that by defining the context as 'hypnosis', most notably by conducting an hypnotic induction ceremony, we enhance the subjects' commitment and expectation that they are going to respond to the suggestions to follow.

These two working models are not mutually incompatible and the procedures that they generate are very similar. However, we recommend that, when engaged in therapy, you do not simply rely on the idea that because you have hypnotised your patient, whatever you say, in whatever way you say it, is automatically going to be acted upon by the patient. Far from it. Instead, think about how you can maximise the impact of your suggestions in ways that are not exclusive to hypnosis – the building-up of positive expectancies, the use of voice tone, the customising of suggestions and imagery to the patient's own life experiences, and so on (see also our discussion of therapeutic suggestions in Ch. 7).

THERAPEUTIC SUGGESTIONS DURING HYPNOSIS

It is usually most appropriate to give your suggestions in a calm and convincing, but not overdramatic, way and to repeat them using variations on the words you use (e.g. 'Your body is becoming very heavy ... heavy and comfortable ... feel the heaviness in the whole of your body'). Emphasise key words with an appropriate change of stress.

You might improve on the effectiveness of the suggestions by linking the desired outcome with some other activity or experience. The form of the suggestion then becomes:

As X is happening, you will do/think/feel Y.

Here 'X' is termed a cue or anchor for the desired response. For example, you may say:

As I count from 1 to 10, let your hand become cold and numb.

You may further improve on the effectiveness of your suggestion by using a cue or anchor that is apposite to the intended outcome. This is usually an image, as in the example of a bucket of ice and water for eliciting glove anaesthesia or a bridge leading back into the mists of time in the case of age regression.

We should say here that, for non-clinical purposes, the evidence from the laboratory has not indicated that appropriate imagery is of central importance to hypnotic responding (Kirsch 1991). However, our impression is that in clinical practice it may be helpful to use images chosen by the subject.

POSTHYPNOTIC SUGGESTION IN THERAPY

Posthypnotic suggestions in therapy often take the form of instructions that you might give the patient or client in the normal way (e.g. 'Every time you reach for a cigarette just think of what it's doing to your lungs!'). Once again, underlying the use of posthypnotic suggestion is the assumption that the hypnotic induction renders the patient more likely to respond, or to respond more strongly. As before, we can choose between different models (e.g. strong trance, weak trance or expectancy) on which to base our use of posthypnotic suggestion. However, we consider that there is a strong case for advocating that more attention be paid to the research literature before deciding what rationale one is to adopt for the use of this technique. In our experience, the 'strong trance' model can easily depict posthypnotic suggestion as having the properties of a magic spell (and the hypnotic trance, a 'state of bewitchment').

Research findings on posthypnotic suggestion

As one would expect, the probability that subjects will respond to a posthypnotic suggestion is positively correlated with their measured hypnotic susceptibility, and susceptible subjects do experience a certain compulsion to respond (Barnier & McConkey 1998). Some theories of hypnosis (e.g. that of Woody & Bowers 1994) may explain this in terms of the subject's loss of executive control over the stipulated response, so that it is executed in automatic fashion. However, this kind of explanation may be of less cogency in the context of treatment, in which the posthypnotic response may first occur hours or even days after the session of therapy. Moreover, studies (e.g. Barnier & McConkey 1998) indicate also that responding to posthypnotic suggestion involves the active participation of the subject, who must be motivated and prepared and feel expected to respond. Also, in laboratory studies, subjects do not always respond when they are not under the surveillance of the experimenter (Spanos et al 1987).

A rather neat demonstration of factors influencing posthypnotic suggestion was reported by Fisher (1954). He gave a posthypnotic suggestion to 13 subjects, seen individually, of medium or high hypnotisability. The suggestion was that they would scratch their right ear whenever he or any of his assistants said the word 'psychology'. All subjects responded positively after alerting. After some time, without explicitly cancelling the suggestion, the experimenter subtly altered the tone and content of the interactions with the subject to convey the impression that the experiment was now completed. This went on for between 5 and 10 minutes, during which period only two of the subjects continued to give the posthypnotic response in a consistent manner. Nine of the subjects stopped responding altogether. Finally, the experimenter subtly altered the conversation again, intimating that the experiment was actually still in progress. Now, 11 of the subjects (including the nine non-responders in the previous phase) gave the posthypnotic response.

These kinds of experiments are sometimes cited as 'debunking hypnosis'. This is not the case. However, they reveal that hypnosis involves the fascinating rich and subtle interplay of a range of cognitive and social psychological processes. Much of this understanding is lost, however, when we simply ascribe what we superficially observe to some hypothetical 'trance' state, about which scientists currently know very little but at some indeterminate time in the future will all be explained.

Guidelines on the use of posthypnotic suggestion in therapy

How can we use the above knowledge in therapy?

A posthypnotic suggestion is *not* a magic spell (or in negative terms, a curse!). It quickly decays in strength unless consolidated by the naturally

occurring processes of conditioning and cognitive restructuring. It is usually easily over-ridden by conscious control or existing competing habits. The suggestion has to be aimed at responses that are appropriate to the context, valued by or acceptable to the subject or patient, and demonstrably within the subject's repertoire or potentialities.

Posthypnotic suggestions have the following form:

From now on, when/whenever/each time/each and every time X (*stimulus*), you will Y (*response*).

Box 11.1 gives some good examples of posthypnotic suggestions. The following are some guidelines for using posthypnotic suggestion in therapy:

1. We recommend that X and Y should be discrete and identifiable stimuli or responses. For example, in the case of examination anxiety, instead of just saying: 'From now on, whenever you sit an exam you will feel confident', say something like:

As soon as you put your pen on your answer paper, you will bring this memory (of being confident) to mind and all the good feelings that go with it.

(Prior to this suggestion you will have encouraged your client to recall and rehearse in imagination a memory in which your client felt especially confident.)

2. In framing the above kinds of suggestions, always endeavour to identify as precisely as possible X (the salient trigger) and Y (the appropriate response). For example, if you are a dentist working with a dentally phobic patient, identify the stimulus that starts off the panic, say the switching on of the dentist's drill. In other cases of anxiety, sometimes the triggers for the beginning of an anxiety attack are internal stimuli such as 'butterflies' in the stomach or the thought 'I'm going to pass out'. Likewise determine what is the most appropriate response to the trigger. To accomplish this, you will need to carefully take the patient through the sequence of events – internal and external – that precede the problematic feeling or behaviour.

3. Use your tone of voice, demeanour, and so on to be convincing.

4. Repeat the suggestion several times.

5. Especially when you have adopted the second approach to hypnosis (Ch. 7), use the following ploy. If the patient has responded well to previous suggestions, say arm levitation and eye heaviness, you may say, 'Just as your arm became light when I suggested this, and just as your eyes became heavy when I suggested this, so ...' (and then give the posthypnotic suggestion).

6. Sometimes it may be useful, in the earlier formula for a posthypnotic suggestion, to interpose between the 'X' and the 'Y' a mediating image or action by the patient that is designed to 'cue in' the desired response. The

Box 11.1 Examples of posthypnotic suggestions in therapy	
Examples	Applications
From now, each and every time you feel these anxious sensations in your stomach, you will immediately take in a deep breath, and as you breathe out your whole body will relax.	Anxiety management
As soon as you start to notice your heart beating, the thought of that relaxing scene will come to mind.	Anxiety management
Each and every time you feel the urge to expose yourself, the image of that terrible scene will come to mind.	Exhibitionism
If, at any time, your hand moves to scratch your skin, even when you are asleep, you will immediately withdraw your hand again and experience a sense of relief and relaxation (Waxman 1989).	Eczema
As you reach to pull your hair, you will immediately become aware of what you are doing and allow yourself the choice of pulling your hair or leaving your hair alone (Barabasz 1987).	Compulsive hair pulling
Every time you have those negative thoughts (specified) in that situation, you will immediately replace them by these new realistic thoughts (specified).	Cognitive therapy
Whenever you start to get anxious about going to the toilet, you will immediately say to yourself 'Stop! Relax! I am in control! I do not have to go to the toilet right now' (Walker 1988).	Irritable bowel or incontinence phobia
Between now and when I see you again, you will have a dream at night that will help you understand your problem.	Psychodynamic therapy
The moment your pen touches the paper, you will experience this same feeling of relaxation and you will concentrate fully on your examination.	Exam nerves
While you are brushing your teeth in the morning, you will remember to use your inhaler (Gainer, unpublished work, 1999).	Compliance with asthma treatment

first two examples in Box 11.1 illustrate this, the outward breath and the relaxing image each serving as a cue to relaxed feelings. Sometimes the cue or anchor has no intrinsic relationship with the response or experience. One of the most common examples of this is the use of a simple gesture that has been explicitly linked to the desired experience. For example, your intention may be to help the patient feel calm in a situation that she finds very difficult to cope with. You ask the patient to imagine a situation in which she normally feels confident. Ask the patient to signal to you when these feelings have been brought to mind, then say:

Now, while you are experiencing these confident feelings, press your thumb and forefinger of your preferred hand together. As you are doing that, connect the feelings in your thumb and finger with those good feelings.

Good! Now, whenever ... X ... , you will bring your thumb and forefinger together and immediately these feelings of confidence will come flooding back and you will cope with the situation just as you want to.

It is a good idea for the patient to rehearse this several times.

In Chapter 12, we shall present the use of the clenched fist in an anchoring method for coping with difficult feelings such as excessive anxiety or anger. An anchor may also be an image or a word spoken to oneself. In the third example given in Box 11.1, one could use a word that the person associates with the 'terrible scene'. In fact, this was done in a case reported by Wright & Humphreys (1984). The cue word was 'police' which was associated with the patient's arrest for indecent exposure, a terrible experience for the patient and one that was used as an image in a covert sensitisation procedure (see Ch. 20).

7. The posthypnotic suggestion may be incorporated as a self-suggestion in the patient's self-hypnosis routine.

Posthypnotic suggestion as an adjunctive technique

We do not recommend that you rely solely on posthypnotic suggestion to promote the kinds of changes your patient is striving for. For example, in Chapter 12 we describe how you can use memories of difficult experiences and the technique of future rehearsal to assist the desired changes and new methods of coping and we shall demonstrate how posthypnotic suggestion can be used to facilitate such procedures.

EGO-STRENGTHENING

Ego-strengthening in clinical hypnosis appears to have been popularised by John Hartland (1966) and is a way of helping people to enhance their self-confidence and self-worth. It is similar to the approach of Emile Coué, namely that of repeating positive suggestions to oneself (e.g. 'Every day in every way I am getting better and better'), the idea being that somehow these suggestions take hold in the person's subconscious mind and exert an automatic influence on feelings, thoughts and behaviour.

Applications of ego-strengthening

Ego-strengthening and general positive suggestions of well-being may be incorporated into most applications of hypnosis. We warn below of the inappropriateness of relying on them as the main therapeutic technique. It is better to use them to reinforce any progress that patients are making and to help them build a feeling of self-confidence and self-reliance, trusting themselves that they have the strength and resources to handle the inevitable strains and pressures of life.

The following is the original ego-strengthening routine of Hartland, taken from the earliest edition of this book (Hartland 1966). Hartland used the term 'sleep' as a metaphor for hypnosis, but this practice has declined since his original writings.

Hartland's ego-strengthening routine

You have now become so deeply relaxed ... so deeply asleep ... that your mind has become so sensitive ... so ... receptive to what I say ... that *everything* that I put into your mind ... will sink so deeply into the unconscious part of your mind ... and will cause so deep and lasting an impression there ... that *nothing* will eradicate it.

Consequently ... these things that I put into your unconscious mind ... will begin to exercise a greater and greater influence over the way you think ... over the way you feel ... over the way you behave.

And ... because these things *will* remain ... firmly imbedded in the unconscious part of your mind ... after you have left here ... when you are no longer with me ... they will continue to exercise that same great influence ... over your *thoughts* ... your *feelings* ... and your *actions* ... *just* as strongly ... *just* as surely ... *just* as powerfully ... when you are back home ... or at work ... as when you are with me in this room.

You are now so very *deeply asleep* ... that *everything* that I tell you that is going to happen to you ... *for your own good* ... *will* happen ... *exactly* as I tell you.

And every *feeling* ... that I tell you that you will experience ... you *will* experience ... *exactly* as I tell you.

And these same things *will continue to happen* to you ... *every day* ... and you *will continue to experience* these same feelings ... *every day* ... *just* as strongly ... *just* as surely ... *just* as powerfully ... when you are back home ... or at work ... as when you are with me in this room.

During this deep sleep ... you are going to feel physically *stronger* and *fitter* in every way. You will feel *more* alert ... *more* wide awake ... *more* energetic. You will become *much* less easily tired ... *much* less easily fatigued ... *much* less easily discouraged ... *much* less easily depressed. *Every day* ... you will become so *deeply interested* in whatever you are doing ... in whatever is going on around you ... that your mind will become *completely distracted away from yourself*.

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.

Every day ... your nerves will become *stronger and steadier* ... your mind *calmer and clearer* ... *more composed* ... *more placid* ... *more tranquil*. You will become *much less easily worried* ... *much less easily agitated* ... *much less easily fearful and apprehensive* ... *much less easily upset*.

You will be able to *think more clearly* ... you will be able to *concentrate more easily*. You will be able to *give up your whole undivided attention to whatever you are*

doing ... to the complete exclusion of everything else. Consequently ... your memory will rapidly improve ... and you will be able to see things in their true perspective ... without magnifying your difficulties ... without ever allowing them to get out of proportion.

Every day ... you will become emotionally much calmer ... much more settled ... much less easily disturbed.

Every day ... you will become ... and you will remain ... more and more completely relaxed ... and less tense each day ... both mentally and physically ... even when you are no longer with me.

And as you become ... and as you remain ... more relaxed ... and less tense each day ... so you will develop much more confidence in yourself ... more confidence in your ability to do ... not only what you have ... to do each day but more confidence in your ability to do whatever you ought to be able to do ... without fear of failure ... without fear of consequences ... without unnecessary anxiety ... without uneasiness.

Because of this ... every day ... you will feel more and more independent ... more able to 'stick up for yourself' ... to stand upon your own feet ... to hold your own ... no matter how difficult or trying things may be.

Every day ... you will feel a greater feeling of personal well-being ... a greater feeling of personal safety ... and security ... than you have felt for a long, long time.

And because all these things will begin to happen ... exactly as I tell you they will happen ... more and more rapidly ... powerfully ... and completely ... with every treatment I give you ... you will feel much happier ... much more contented ... much more optimistic in every way.

You will consequently become much more able to rely upon ... to depend upon ... yourself ... your own efforts ... your own judgement ... your own opinions. You will feel much less need ... to have to rely upon ... or to depend upon ... other people.

This ego-strengthening routine has proved very popular and in our experience many therapists, particularly medical and dental practitioners, swear by it. It is, however, true to say that it is not to everyone's taste. It is rather lengthy and some people find it too authoritarian in tone; this conflicts with the more egalitarian, client-centred approach of modern therapies. Another criticism is that it does not make use of an important resource that all people possess, namely their imagination. Also, the suggestions do not indicate *how* the person is to achieve these desirable feelings. *How* is the person going to come to feel confident, for example?

Unless there are good feelings present to begin with, the whole thing may backfire. For example, you cannot simply use this procedure to lift the mood of a depressed person. One of us (Heap 1984) has described the case of a depressed patient whose relatives funded a 12-session course of treatment with a Harley Street hypnotherapist (on the questionable assumption that 'that's as good as you can get'). The entire fee had to be paid in the first

session. The therapy consisted solely of sessions of ego-strengthening. Despite being assured by the hypnotherapist that his treatment had a 95% success rate, by the 11th session the patient had to inform the therapist that he was in fact feeling worse. The hypnotherapist then suggested he ask his relatives to fund a further course of 12 sessions. Soon afterwards, the patient was admitted to hospital, having made a serious attempt on his life.

This unfortunate story illustrates another point. For ego-strengthening suggestions to stand any chance of success, there must be a good therapeutic relationship.

Indeed Heap (1991) has questioned whether suggestions such as ‘You are feeling more confident’, ‘Your nerves are getting stronger’ and ‘You are beginning to stand up for yourself’ can really be responded to in the automatic manner of the response to a hypnotic suggestion (compare with ‘Your arm is getting lighter’ or ‘Your hands are feeling warmer’). These suggestions do not specify *discrete* thoughts, behaviour, feelings and imagery that we said earlier should characterise posthypnotic suggestion in therapy. It seems more likely that whether a patient responds positively to these general kinds of suggestions would depend greatly on the patient’s faith in the therapist, and whether these good feelings are already being experienced, rather than on the patient’s hypnotic susceptibility.

Heap’s ego-strengthening routine

The following is a routine used by one of the present authors (MH) that is somewhat shorter than Hartland’s and which may be a useful way of rounding off a session of hypnosis when progress seems to be under way.

As you are relaxing and letting go, you may at some time be thinking of how many things you have learnt to do and *how* you learnt to do those things – everyday things like reading and writing, walking and talking. (*Others as appropriate.*) You have learnt to do all these things automatically, so you don’t even have to try to do them.

Now as you’re relaxing, and each time you relax like this, either with me or on your own, you can be learning just from the experience, how to relax and be calm in everyday situations; not *just* when you’re sitting or lying down, but also when you’re up and about and active How to feel in control so when you do start to experience any anxious thoughts and feelings, *you* can control *them*, *they* won’t control *you*.

You are learning all this from the experience of relaxing, in the same way that you have learnt so many things just by experiencing them. And as you are learning that you can control these anxious thoughts and feelings, so you will find it easier and easier to put aside these thoughts and feelings when they do arise, just like when someone’s trying to bother you and distract you and you ignore them and

carry on with what you're doing – they soon go away, and you don't even notice when they have gone.

So each and every time you are aware of any unnecessary thoughts or feelings of anxiety or self-doubt, you can think to yourself '*I can control them. They won't control me!*' and you can immediately switch your attention away from yourself and towards whatever you're doing and whatever is happening around you.

And it might surprise you when you realise some time later that those anxious thoughts and feelings have gone away.

So in this way you can start to feel more confident in your ability to handle any tense or anxious thoughts and feelings and any doubts about yourself. So, you will feel more confident to face up to things and enter situations which previously you may have avoided ... feeling more calm, more in control and more ready to take on the things that you wish to do ... *do the things you want to do ... say the things you want to say ... in your own way.* You can be learning all this *now* as you are relaxing ... just from the experience of relaxing.

So just continue to relax for a little longer and imagine all these suggestions finding a place deep down in your mind where they can work automatically and effectively whenever you need them in your everyday life.

As the patient is improving, the tenses may be suitably altered; for example, 'You are now noticing that you are starting to feel more confident'.

Ego-strengthening routines using symbolic and metaphorical imagery

The following are two examples from Stanton (1990) of routines that have the advantage of making use of imagery. As with any imagery method, it is a good idea to check with the patient that the kind of images you are about to use appeal to him or her and that there are no adverse memories or feelings associated with them. The first metaphor is associated with Hitchcock (1981).

Patients are asked to visualise a cloud hovering nearby. When they have signalled that they have created that image, the therapist then instructs them to put into the cloud all the reasons for their lack of assertiveness. (The instructions may be adapted to a patient's particular problems.) It is suggested that these reasons are like computer programmes that maintain their unwanted behaviour and can be erased. The therapist further suggests that as they are drifting along in this relaxed way, if any further reasons come to mind, they are to put them in the cloud also, so that it becomes darker and darker. Eventually it will become 'inky black' and they are to signal when this happens. They are then to study the cloud and they will see a source of light behind it that is at first dim but becomes increasingly bright. When they have signalled that this has happened, the therapist explains that the light is in fact the sun, 'the sun of your own desire to be free of everything

that has been preventing you from living life to its fullest'. The therapist then counts to 5 and suggests that with each count, patients will become aware of the warmth of the sun, burning away the cloud completely. They are then able to bask in the warmth of the sun, 'feeling the sun's rays penetrating every cell of their bodies, bringing a sense of assertiveness and self-confidence'.

The second ego-strengthening imagery that Stanton uses comes from Gibbons (1979). Gibbons promoted the use of alert methods of hypnosis (see Ch. 10), which he called 'hyperempiria', a term that never caught on. This is one of his examples (Gibbons 1979, p 175–176).

Patients picture themselves standing at the top of a tall, snow-covered mountain, looking down into a valley below. As they are focusing on this image, it soon becomes as vivid and real as if they are really there. Down in the valley below, at the very foot of the mountain, they can see the place that they have been trying to reach. They have come as far as the mountain top, but all along the mountainside, standing between them and their goal, are barriers and obstacles that represent all the things that have been standing between them and the things they want to accomplish.

They are then instructed to bend down and pick up a handful of snow and examine it. They notice how soft and powdery it feels. It is similar to how their own resolve has been at times – 'soft and powdery, when it ought to have been firm and strong'. They then start to pack the snow together in their hands, compressing it into a snowball as they add still more snow, so that it becomes firm, round and hard. As they do so, they feel their own courage and resolution becoming stronger and firmer too, hard and firm as the snowball that they are preparing for its trip down the mountainside.

They then imagine walking over to a very steep incline at the side of the mountain and gently rolling the snowball down the mountain towards the obstacles below. 'Slowly, slowly the snowball begins to roll down the mountainside; and slowly, slowly it begins to grow. It's growing and growing and increasing in size with every foot (*metre*) it travels'. As the snowball rolls down the mountain, 'it grows to the size of a boulder, and then it becomes an avalanche, sweeping everything before it as it continues on all the way to the bottom'.

Now patients can see that their way ahead is clear and the obstacles have all been swept away. They then begin their own descent down the mountainside, 'where your courage has gone before to clear a path for you.' And so they stride down the mountainside, their confidence and resolve continuing to grow just like the snowball. 'They are going to continue growing and getting stronger by themselves, just as the snowball did. And soon your confidence and resolve will become so strong that they, too, will sweep away every obstacle in their path, and you will easily be able to attain whatever goals in life you have set for yourself, just as easily as you now see yourself walking down the mountainside'.

The therapist then gives posthypnotic suggestions that in the coming days and weeks ‘the processes we have begun on the mountainside will continue of themselves’. The patients’ resolve will continue to grow and strengthen with each new day until they are able to accomplish everything they have set out to do.

You may wish to adapt the above routines to suit your own personal style. In fact, there is absolutely no reason why you should not make up ones with which you feel most comfortable. There is a great deal to be said for improvising your own routines, tailored to the needs and interests of the particular patient you are seeing.

Summary of guidelines on ego-strengthening

1. Ensure that you have established good rapport between you and your patient and that your patient has trust and confidence in you and the therapy you are offering.

2. Ensure that some good feelings are already there to be amplified. For instance, the suggestions may be used to ‘round off’ a good session of therapy when some progress has been evident. Don’t just rely on them alone for therapy, especially with depressed patients.

3. Sound convincing! Don’t just speak in a droning monotone.

4. Be realistic! For example, you can suggest that the patient will be able to cope with the frustration of any setbacks that are part of the process of recovery.

5. Use the technique described earlier for enhancing the impact of posthypnotic suggestions; namely, tell patients that just as they have already responded to suggestions (specified), so they will (for example) find that their confidence is growing with each day.

6. Customise the suggestions to the needs of the individual patient. (For example, it is no use, and indeed may harm rapport, saying to patients that they are going to become more assertive with people, if they have never considered this to be a problem.)

7. Use memories of real experiences that the patient can recall when confident feelings were present – for instance, when the patient experienced a great sense of achievement. (Earlier in this chapter and in Ch. 12, we describe the technique of ‘anchoring’ feelings, and this may be useful here.)

8. Make use of symbolic or metaphorical imagery as in the examples from Stanton (1990). It is also a good idea to elicit from patients their own personal metaphors or images which symbolise their poor self-regard, and to modify them accordingly. An illustration of this is as follows. A client, Oya, (seen by MH) who was training for a certain profession, suffered from bouts of depressed mood, self-doubt and lack of confidence. She had aspirations to succeed in her chosen career but saw her ideal as a set of goalposts in the far distance. Her therapist asked her how she could modify

this image so that it was more constructive and useful for her, yet still realistic. We shall not disclose to you what she came up with but allow you to do the exercise for yourself. The client found it useful to remind herself of her reconstructed image every time her self-doubts started to trouble her. One lesson of this is that an image can have much more impact (negative and positive) on how one is feeling than the equivalent idea expressed in words.

9. Explore the use of alert methods, described in Chapter 10, particularly for use in self-hypnosis.

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