

## Chapter Fourteen

### Indirect Forms of Suggestion in Hand Levitation

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Since the senior author first introduced and demonstrated hand levitation at the 1923-1924 Hull seminar group at the University of Wisconsin, this approach has become an effective and widely used means of inducing hypnosis (Wolberg, 1948; Pattie, 1956; Kroger, 1963). The senior author (Erickson, 1961) regards hand levitation as just one of a class of ideomotor techniques (along with automatic head nodding or shaking, finger signaling, etc.) that induces trance by focusing attention. He has described his views as follows:

These techniques are of particular value with patients who want hypnosis, who could benefit from it, but who resist any formal or overt effort at trance induction and who need to have their obstructive resistances bypassed. The essential consideration in the use of ideomotor techniques lies not in their elaborateness or novelty but simply in the initiation of motor activity, either real or hallucinated, as a means of fixating and focusing the subject's attention upon inner experiential learnings and capabilities. (Erickson, 1961)

In this paragraph the senior author uses the term "experiential learnings" in a special sense to refer to (1) unconsciously acquired patterns of response (termed "latent learning" in experimental psychology, Osgood, 1953), in contrast to the consciously acquired patterns of intellectual learning; and, (2) those overlearned patterns of behavior that have become automatic and more or less autonomous in their functioning. He *believes it is precisely these unconsciously acquired responses and overlearned behavior patterns that are the raw material out of which hypnotic phenomena are evoked*. Since such responses can appear automatically, the patient frequently experiences them with a sense of surprise when they are evoked by indirect suggestion. Such suggestions are

indirect only in the sense that the conscious mind does not recognize how they are associated with, and provide a stimulus for, the automatic or “hypnotic” response.

The following protocol is an edited version of a demonstration of hand levitation by the senior author in a 1964 seminar on hypnosis [Made available by Florence Sharp, Ph.D.] In our commentaries we will focus on the indirect forms of suggestion that are used to evoke the experiential learnings that facilitate trance induction. As presented in our previous work (Erickson, Rossi, and Rossi, 1976; Erickson and Rossi, 1976), indirect suggestions are understood as those which tend to bypass the learned limitations of the conscious mind’s habitual sets so that unconscious searches and processes are initiated. This unconscious activity then evokes the automatic behavior patterns that are frequently experienced as taking place in an autonomous or “hypnotic” manner.

***Hand Levitation: Nonverbal Cues As Indirect Suggestions To Focus The Patient Inward***

- E: You can lean back in your chair and relax your body while you give *your* attention to *your* hands placed on your thighs. (Therapist models to provide nonverbal cues. Both hands rest lightly on the thighs without touching each other. Forearms and elbows are able to float freely without touching anything). And you can notice the feeling and texture of your slacks in the tips of *your* fingers.**
- R: Your nonverbal cues modeling the desired behavior tend to bypass conscious critical analysis and are therefore a very effective form of indirect suggestion.
- E: Now I carefully emphasized the pronoun “your”. I emphasize a patient’s own functioning and feelings as a unique personality. With a series of suggestions like this you can focus the patients’ attention more and more onto their own inner experiences. The series begins with the very general and easy-to-accept suggestion to “lean back” and ends with a highly specific and individualized focus of attention on feelings in the fingertips. It all sounds so casual and matter-of-fact that patients usually don’t even recognize how they are already following suggestions and beginning to build a yes set that will facilitate the acceptance of further suggestions.
- R: You are utilizing the patients’ own inner responsiveness to focus attention on their experiential, inner realities. That intense focus on a few inner realities is a way of defining trance in contrast to the generalized reality orientation whereby we attend to many things simultaneously when we are awake.

***Utilizing The Common Everyday Trance: Generalization, Implication, and Contingency as Indirect Hypnotic Forms***

**E: Now if you sense the texture of *your* slacks in your fingertips, it will probably remind *you* of other experiences, of other feelings you have had.**

E: “Other experiences, other feelings” is a very inclusive generalization. It includes the possibility of utilizing trance feelings from everyday life that we all commonly experience when we are “absorbed” or in deep “reverie,” concentrating very deeply on something. The patient does not recognize, however, that in accepting “other experiences, other feelings” he is actually including this possibility of trance experience from everyday life when he was similarly focused on a few inner feelings.

R: You are utilizing the “common everyday trance” experiences everyone has to facilitate the patient’s current therapeutic trance. Although your use of generalization in this instance is so broad it could evoke almost anything, the basic principle remains that generalization is an indirect approach to suggestion that may move patients toward trance without their quite knowing why. If the patient’s conscious mind does not know how to facilitate a “trance” experience, your indirect suggestions may automatically mobilize their experiential learning about trance from everyday life even though it may not have been labeled as trance before. The form of this sentence, “If you (easy behavior of sensing texture of slacks), it will probably remind you of (more relevant hypnotic behavior)” involves the use of implication and contingency as indirect hypnotic forms.

***Knitting Suggestions Into The Fabric Of An Inner Reality Called “Trance”; Initiating An Associational Network***

**E: Now as you continue . . .**

E: “Continue” is a continuing word. That word tells the patient to keep right on, and it ties the previously successful inner experience to the new suggestion you are going to introduce.

R: It enables you to knit a series of separate suggestions into the fabric of an inner reality we shall call “trance. “ You are integrating your suggestions into an associational network wherein they all mutually reinforce each other.

***“Perhaps” To Initiate Inner Exploration***

**E: . . . to sense the feeling, the texture of the cloth with your fingers, perhaps, you will feel your hand getting lighter.**

E: “Perhaps” means you’re not ordering, you’re not instructing. Actually it is a subtle challenge that motivates the patient to search for and experience a feeling of lightness. “Perhaps” utilizes a common experience most of us have had. When someone threatens to knock you down and you say, “perhaps!” what are you doing? You are stimulating the bully to think, “Well, wait a minute. Does that guy really know how to fight?” Your “perhaps” thereby evokes pause, hesitation, and doubt, so he finally thinks, “Maybe I’d better not tangle with him after all.” With that single word “perhaps” you’ve evoked a process of thought completely contradictory to his original assertion, “I’ll knock you down.” He doesn’t even know you started him on it; he is too busy with it.

R: Many other words like “wonder, explore, imagine, feel, sense” tend to depotentiate our usual everyday frames of reference and tend to initiate an unconscious search and autonomous process that may evolve into hypnotic responses.

***Voice Locus And Inflection As Indirect Cues: Utilizing Unconsciously Acquired Responses***

**E: Perhaps you will feel your hand getting lighter and lighter and lighter.**

E: We are usually unaware of all the automatic responses we make on the basis of the locus of sound and the inflections of voice (Erickson, 1973). Thus such vocal cues are indirect forms of suggestion because they tend to facilitate automatic responses that can bypass conscious intentionality. Whenever you suggest an arm levitating higher, you can subtly pitch your voice higher. The locus of your voice is a very potent suggestion because you have learned that over a long period of time: “Look at me when you answer,” says the teacher.”

R: Utilizing the unconsciously acquired responses and association patterns to voice locus are an unusually clear example of how you evoke hypnotic phenomena out of the patient’s repertory of past experiential patterns of learning. You do not suggest in the sense of putting something into the patient’s mind; rather, your suggestions simply evoke unconscious response potentials and association patterns that are already there. The clinician’s art is to help the patient reassociate and synthesize these previously learned associations into thera-

peutic responses.

***Implication And Not Knowing As Indirect Hypnotic Forms Depotentiating Conscious Intentionality And Initiating An Unconscious Search***

**E: Now I don't know, I really don't know which finger is going to want to move first.**

E: Here I am excluding myself so the patient must initiate his own inner exploration. At the same time, without quite realizing it the patient is receiving a very potent indirect suggestion in the form of an implication: a finger will move even though I don't know which one. I state it in such a way that the patient has to look and see which moves first.

R: *Not knowing* is another indirect hypnotic form that may depotentiate the patients' conscious mental sets and intentionality so that they have to wait and see which finger their unconscious will move. This initiates a dissociation between the conscious and the unconscious. Dissociation is also facilitated by your *wondering* "which finger is going to want to move first"; the implication is that a finger will initiate its own movement independent of conscious intentionality.

***Mutually Reinforcing Compound Suggestions***

**E: It may be the first, second, third, fourth, or fifth, and after your fingers start moving, you will probably begin to feel your wrist lifting.**

E: I've inserted a completely new suggestion about wrist lifting into the same sentence with finger movement so that the patient does not really recognize the separateness of the wrist lifting. Your vocal inflections can emphasize and motivate it, however.

R: This is a compound suggestion where you add a new, closely related suggestion to an already accepted or ongoing response. If the patient has been slow or responding to finger movement in a marginal manner only, the new wrist suggestion may add a burst of muscle tonus to that area so that the fingers now move more easily. Actually everyone will respond in their own individual way and the therapist's task is to recognize and reinforce whatever enhances each individual's responsiveness. Two or more closely related suggestions (a series again) can be given in such a manner that they are mutually reinforcing.

***Shifting Foci Of Attention Utilizing Ongoing Patterns Of Behavior***

**E: As your wrist lifts, you will note your elbow bending.**

- E: Now it isn't a question of wrists lifting. Resistance cannot focus on wrists because it now appears that another thing is the focus of attention: "Note your elbow bending." Well, naturally, as his wrist lifts he will note his elbow bending; it cannot be otherwise. When a wrist lifts, an elbow has to bend. It is an inevitability and thus a safe suggestion that cannot be rejected. Also notice I'm only directly suggesting a *psychological awareness* of the bending of the elbow. The patient has to bend his elbow in order to become psychologically aware of it, but the actual bending is his own addition to my suggestion.
- R: I've observed this before in your work (Erickson and Rossi, 1976): With rapid shifts of attention you frequently arrange multiple tasks to utilize awareness, states of tension, dissociation, disequilibrium, and ongoing patterns of behavior (the inevitabilities) that can only be resolved or completed by the execution of some suggested response.

### ***Truisms As Indirect Hypnotic Forms***

- E: As your elbow bends, your wrist will lift higher and higher (Pause) and higher.**
- E: I pause because it is a continual process. When I pause at the second "higher," you almost feel that's as high as it's going to go. Then he has to correct it because you throw in the third "higher." I am using time, pauses, inflections, and inevitabilities: of course, the wrist and hand will lift higher as the elbow bends. He knows it is true, and therefore he has to verify it by the actual bending of his elbow.
- R: In other words, these suggestions are basic truths, truisms, that no one could possibly deny. Truisms are indirect hypnotic forms insofar as they initiate a yes or acceptance set for whatever other suggestions the therapist may choose to add to the situation.

### ***Permitting Choice: The Apposition Of Opposites***

- E: And as it lifts higher and higher (Pause) and still higher, your eyelids may lower in direct relationship to the lifting of your hand.**
- E: There are two possibilities: the lowering of his eyelids and the lifting of his hand. Shall they take place simultaneously? That is a possibility. Shall they take place separately? "Well," he may think to himself, "but my eyelids aren't lowering even though my hand is lifting." Well, he has confirmed the lifting of his hand by rejecting the lowering of his lids. You see, psychologically one needs to give the patient the opportunity both to accept and to reject anything you offer. He has the opportunity to refuse the lowering of the lids, but in doing that he

has to emphasize the lifting of the hand. If he accepts the lowering of the lids, that also confirms the lifting of his hand, and so you have both processes of behavior. But it is his choice.

- R: Choice activates unconscious searches and processes that can facilitate each individual's own unique predispositions for response. You arrange the situation so that the patient has choices, but whatever choice is made leads to a desired hypnotic response. The close juxtaposition of *lifting* hand with *lowering* eyelids tends to maintain a form of psychological equilibrium (if the patient begins to resist so much *lifting*, his psychological equilibrium can be reestablished by the *lowering*) that we have called the apposition of opposites.

#### ***Distraction In A Double Suggestion: Mutually Reinforcing Suggestions***

**E: And as your hand goes higher and higher, perhaps your elbow will lit up so that your hand comes nearer to your face.**

- E: When I say the "hand comes nearer to your face," I've intensified what I've said about the elbow. The real question appears to be: Will his hand come nearer to his face or not? So attention is focused on the last part of the suggestion about the hand getting nearer to the face. The lifting of the elbow is automatically accepted, so he can deal with the hand question. If he accepts the hand question, however, he has automatically accepted the elbow suggestion. I've intensified it. This is a double suggestion wherein I've distracted attention away from an important part of the suggestion (elbow bending) to an unimportant part.

- R: They are a mutually reinforcing pair of suggestions; whichever is accepted will automatically reinforce the other.

#### ***Hitchhiking A Series Of Suggestions***

**E: And as the hand comes nearer to your face, it will probably move more slowly until you are ready to take a deep breath and close your eyes and go into a trance.**

- E: I am not ordering the patient because I've observed that his hand was, in fact, going slower. As he accepted this observation of his own experience, he also accepts taking a deep breath, closing eyes, and going into a deep trance.

- R: This is a series of suggestions that is easy to accept and follow because you hitchhike taking a deep breath, closing eyes, and a deep trance onto the already initiated behavior of the hand moving slowly nearer the face. You are again integrating your suggestions into an associational network wherein they tend to be mutually reinforcing, creating a reality of autonomous and semiautonomous behavior that

we call “trance.”

***Displacing And Discharging Resistance: Contingent Suggestion***

**E: Your hand is moving slowly toward your face, but you won't go into a trance until your hand touches your face.**

E: It's much better for the therapist to say “you won't go into a trance” than for the patient to say it.

R: You thereby displace and discharge any resistance that the patient may have with your own negative “*you won't go into a trance.*”

E: The word “until” has pivotal significance. Going into a trance is thereby made contingent on an inevitability: The hand is moving toward the face, the patient now knows it eventually will touch his face and, therefore, tends to agree that he will go into a trance.

***Implication Initiating Unconscious Search And Processes Of Trance Experience***

**E: In all probability you will not be able to recognize the trance for some moments.**

E: How long is some moments?

R: You're allowing the patient to define and take his own time.

E: You evoke the question within the patient's mind, “Will I be able to recognize the trance?” When he asks himself that question, he is assuming absolutely that there will be a trance. The only question is, will he be able to recognize it?

R: Your question initiates an *unconscious search* for cues enabling him to recognize trance. It contains the implication that trance is or soon will be present. That implication probably evokes an *unconscious search and processes* that will evoke certain unconscious mental mechanisms that will be experienced as trance.

E: While he is busy with that curious question about recognizing trance, you raise another goal as follows.

***Implied Directive And Interspersed Suggestion***

**E: Probably not until after your hand has slowly lowered to your lap to signify that you will continue in a deep trance. Will you be able to recognize it?**

E: So you give him another goal, and he wants to recognize it. His recognition is going to depend on the lowering of his hand to his lap. But you have put upon that lowering of his hand the condition that it will signify that he will “continue in a deep trance.” Remember that the

word “continue” has a continuing message; the actual meaning of the word is itself a suggestion. He is going to look forward to that.

R: “Continue” is itself an interspersed suggestion buried within the broader context of the whole sentence. The sentence as a whole is an example of what we’ve called the implied directive (Erickson, Rossi, and Rossi, 1976), wherein a behavioral response (hand in lap) signals when an internal response (the implied directive “continue in deep trance”) has taken place. In this case the implied directive is itself hidden as attention is distracted to the fascinating question of being able to recognize trance.

***Contingency Rather Than Logic In Suggestion: Permissiveness In Trance Induction***

E: In the induction of hypnosis you make one thing, contingent upon another because your subject cannot analyze your suggestions for their logic. He cannot and does not have time to recognize that the suggestions are fallacious in so many ways. You are here utilizing the fact that we have a lifetime of experience in responding to false contingencies and false relationships. The suggestion you give the patient is only a suggestion that he do something, possibly produce hand levitation. Just possible. If there is something else he prefers to do, let him do it. Do not try to restrict him to hand levitation. That is false and that is wrong. Your attitude should be completely permissive. He can respond to your hand levitation suggestion by the procedure of pushing down harder and harder and harder with his hands, as I’ve had subjects do. I’m thinking of a certain college student that did that. After he did that long enough, I said, “It’s rather interesting and surprising, at least it is to me, I think it will be to you when you discover that you can’t stop pushing down.” He thought he was resisting. The idea that he couldn’t stop took him completely by surprise, and it was a full-grown idea when it hit him. That would be something he would be interested in. He’d be surprised. He couldn’t stop pushing down. Not being able to stop pushing down was contingent upon the word surprise. He actually found to his surprise that he couldn’t stop pushing down, and he asked, “What happened?” I said, “At least your arms have gone into a trance. Can you stand up?” Can he? That simple question generalized “at least your arms have gone into a trance.” Can you stand up? Of course he couldn’t stand up. There was only one conclusion to reach: His body is in a trance because he no longer has control over it. Apparently that’s what he wants to regard hypnosis as—a condition in which you have no control of yourself—or else he wouldn’t get into that sort of a situation.

**Twofold Hand Levitation: Simultaneous Direct and Indirect Suggestion For Hand Levitation: Separating Thinking and Doing**

The senior author recently described an interesting form of direct and indirect suggestion for hand levitation.

**E: One or the other hand is going to lift, and you might enjoy thinking one isn't.**

E: This produces two types of hand levitation: the first phrase is a direct suggestion, while the second is an indirect suggestion by implication. The second phrase "you might enjoy *thinking* one isn't" is an indirect suggestion for levitation, because the more the subject is certain in "thinking" that one hand won't lift, the more it lifts. This is because I emphasized the word "thinking" in such a tone as to imply doubt. The doubt implies that the subject *only thinks* the hand will not lift; actually it will. I'm introducing a separation between thinking and doing that is actually very common in everyday life. How often do we think one thing and actually do another?

R: This is particularly true in habit problems where we *think* we will do one thing but unfortunately find ourselves *doing* another. You are therefore utilizing this very common and all too haunting (that is, unconsciously determined) dissociation between thinking and doing that we all have experienced to facilitate an autonomous or hypnotic behavioral response.

E: Another variation of the same thing is as follows:

**E: Your right hand is going to move up toward your face; you might like to think your left hand isn't going to move.**

E: The second half is again an indirect suggestion for levitation. This indirect suggestion by implication usually yields a slower and more hesitant levitation of the left hand in comparison with the quicker levitation of the right hand by direct suggestion.

R: The implication for levitating the left hand works more slowly, but is it more autonomous, would you say?

E: Yes, it is more autonomous

R: Since it is more autonomous, does it lead to deeper trance?

E: Yes, that deepens the trance very much.

R: The direct suggestions for levitating the right hand could be followed simply because the subject is complacent and consciously wants to cooperate. It is therefore less hypnotic in character than the more autonomous response of the left hand, which surprises the subject. But suppose only the right hand lifted with the direct suggestion and the left hand with the indirect suggestion did not?

E: You would wait and then continue with, "And you are still thinking your left hand isn't going to lift." With that they tend to go into a

deeper trance. You use that twofold hand levitation to induce somnambulism. They experience something happening to them that is outside their control: The hand continues to lift even when the conscious mind thinks it isn't.

R: This begins to sound like a confusion technique.

E: So much of what I do is confusion. You're dealing with patches of conscious awareness along with patterns of unconscious behavior.

R: The confusion tends to depotentiate whatever patches of conscious awareness are present so the unconscious patterns of behavior can become more manifest. When the patches of awareness sense the presence of these autonomous patterns of behavior, the patient's habitual "normal" belief system and its learned limitations tend to be further depotentiated, so the unconscious has more freedom to utilize its latent potentials for facilitating a therapeutic response. In therapy this can become a self-perpetuating cycle wherein autonomous processes find more and more freedom from the learned limitations of the conscious mind, so the unconscious can operate in new ways to create therapeutic responses previously unknown to therapist and patient.

### ***Exercises For Learning Indirect Hypnotic Suggestion***

In working out various hypnotic approaches, I've written them down in detail so that I could understand the actual meaning of the statement that I made. When planning a series of suggestions, first write them down. Then you can pick them apart more easily for their actual significance. You can rearrange the wording to see the advantage of placing one phrase or one clause first and the other one second; you try to analyze your suggestion for the purpose of placing a pause in any particular location to emphasize a specific word so that one word stands out. Years ago I'd write out about 40 pages of suggestions that I would condense down to 20 pages and then down to 10. Then I'd carefully reformulate and make good use of every word and phrase so I'd finally condense it down to about five pages. Everyone who is serious about learning suggestion needs to go through that process to become truly aware of just what they are really saying.

I am not the least bit shy about hesitating, pausing, or even deliberately stuttering on words. I may mispronounce a potent word because that is the word I want the patients to hear. I want that word to echo in their own minds correctly. If I mispronounce it slightly, they mentally correct it, but they are the ones that are saying it; they have joined with me in saying that word, and when *they* join me in saying it, they are making the suggestion to themselves. The subjects should participate.

They are not placid, indifferent people when in trance. They should be participating much more than you because you are only offering them a wealth of suggestions, knowing that at best they're going to select this one here, that one there, and still another one over there to act upon. I see too many people use hypnosis in an attempt to get a subject to act on all the suggestions given when, of course, the subject isn't going to. I've watched a student work with the hand levitation technique and laboriously try to get the little finger up, the third finger, the little finger, the index finger, then the thumb, the palm, and then the rest. The student was so busy with the hands that he forgot the subject. You should keep totally aware of your subject all the time.

Hallucinatory hand levitation is a very effective way of developing an immediate somnambulistic trance; some subjects will not actually move their hand, but they will hallucinate the hand levitation. If you are waiting for that hand to move, you're just not going to see it. Yet as you watch the fixed expression of the face and the retarded blinking of the eyelids, the breathing, the pulse rate, the condition of the neck muscles, and so on, you realize your subject is already in a trance state. Very often when I see the subject has already gone into a trance state while I'm still beginning the hand levitation suggestions, I say, "And you can continue as you are, doing it even better while I make some more suggestions about your hands—not that they are important, what you are doing is more important." And so I continue and let subjects deepen their own trances because what they are doing is more important, and they can continue. I continue my hand levitation suggestions, knowing that they are useless and serving no purpose except to give the subjects opportunity to deepen their own trance experiences.