

---

# Techniques of Hypnotic Induction

---

“Clear, edifying, and encouraging language...In well under 200 pages,  
the authors present a readily useful handbook...a useful resource.”

Deborah Beckman, MS The Milton H. Erickson Foundation Newsletter

---

George Gafner, MSW, LCSW

---

# *Techniques of Hypnotic Induction*

*George Gafner*



Crown House Publishing Limited

[www.crownhouse.co.uk](http://www.crownhouse.co.uk)  
[www.crownhousepublishing.com](http://www.crownhousepublishing.com)

First published by

Crown House Publishing Ltd  
Crown Buildings, Bancyfelin, Carmarthen, Wales, SA33 5ND, UK  
[www.crownhouse.co.uk](http://www.crownhouse.co.uk)

and

Crown House Publishing Company LLC  
6 Trowbridge Drive, Suite 5, Bethel, CT 06801-2858, USA  
[www.crownhousepublishing.com](http://www.crownhousepublishing.com)

© George Gafner 2010

The right of George Gafner to be identified as the author of this work  
has been asserted by him in accordance with  
the Copyright, Designs and Patents Act 1988.

All rights reserved. No part of this work may be photocopied, stored in a  
retrieval system, published, performed in public, adapted, broadcast, trans-  
mitted, recorded or reproduced in any form or by any means, without the prior  
permission of the copyright owner. Enquiries should be addressed to  
Crown House Publishing Limited.

**British Library Cataloguing-in-Publication Data**

A catalogue entry for this book is available  
from the British Library.

**ISBN 978-184590292-6**

**LCCN 2009936670**

Printed in the USA

# *Contents*

1. Introduction	1
2. Getting Started	7
What is hypnosis?	9
Negative stereotypes	10
Issues of control and intimacy	12
Unconsciously directed hypnosis	14
Hypnosis as adjunct	14
What does the literature say about hypnosis?	16
The hypnosis setting	26
3. Story Inductions	29
Glen Canyon	31
Contest of Time	37
Redwall	42
Acceptance	48
Kokopelli s Legs	52
4. Finding Your Own Voice	59
What is a good hypnotic voice?	62
Contrasts are your friend	63
Your voice in an induction and other scripts	64
A few more notions	65
5. Guided Imagery Inductions	67
The Magic Theater	69
The Forest	74
Complex Canopies	77
6. Confusional Inductions	81
Just Forget about Amnesia	83
West is Right	86

7. Afterword	91
A few caveats	93
Clinical privileges and practice guidelines	94
Corrective and abreactive techniques	95
In summary	96
Appendix I A Compilation of Techniques	97
Glossary	105
References	123
Further Reading	133
Hypnosis Organizations	137
Index	139

# *Introduction*

Let's say you've begun a long anticipated vacation and your final destination is Pleasure Island. This island represents the therapy phase of hypnotherapy. But first you have to *get* to the island. You board a cruise ship to take you to the island. This brief journey on the ship is the hypnotic induction.

The therapy phase of the process may consist of a story, an age regression, or any other myriad techniques (see Appendix I). But first you must successfully induce trance so that your client is prepared for what follows. That's what this book is about, the cruise ship, or induction. If your client's goal is simply relaxation, or a brief respite from the stress of everyday life, then one of the inductions in this book may be all you'll need for the session, both the cruise ship and island wrapped into one.

This book contains both directive inductions as well as ones that are indirect. The directive inductions are guided imagery experiences that invite clients to imagine immersing themselves in a structured experience, for example, walking down

a path in the forest and participating in one image and then another. Guided imagery inductions are good for people who require structure, especially structures that contain realizable steps, one thing leading to another, like links in a chain, where a positive albeit unexpected outcome is built into the experience.

Other clients, though, appreciate less structure. Some people may be wary of hypnosis, or resistant to letting go. They do not like to be told what to feel, or they may have difficulty experiencing hypnotic phenomena, such as time distortion or amnesia. These clients may not like guided imagery inductions, much less an authoritarian approach such as, Beginning now, I want you to develop a heaviness in your right hand that's right, make that hand as heavy as lead so that you can't lift it even an inch off your lap. Instead, I employ story inductions with these folks, as they tend to appreciate a permissive and indirect approach, one that permits them to experience any variety of hypnotic phenomena of their choosing. For most people who want to experience trance, I reach first for a story induction. The main thing about any induction is that the client *experience* something. Their experiencing catalepsy, dissociation, numbness or tingling in the extremities, or any other hypnotic phenomena, ratifies trance. They can then say, Yes, indeed, I *experienced* something.

In both types of inductions I employ metaphor that strongly targets the unconscious, for it is in the unconscious where change begins. With story inductions, trance occurs when you read your client a story about *someone else* who develops interesting sensations in her body. Easy, non-threatening, and failsafe. Such a metaphorical approach gets in underneath the radar and cannot be defended against. So, for example, in the Glen Canyon induction (see Chapter 3), the client listens to a story about people taking a journey down the Colorado River. The people in the story experience dissociation, time distortion, and many other hypnotic phenomena, and trance is induced because the listener automatically self-references these phenomena. When clients don't respond to a story or guided imagery induction, I usually reach for a confusional induction. I have included two of these inductions for those clients

whose unconscious resistance does not permit them to let go (see Chapter 6).

I have written four previous books on clinical hypnosis and conducted sessions with thousands of clients over thirty years as a therapist. I employ inductions ad lib but because I can't remember every induction or story I have come to rely on reading scripts. Our reading to clients becomes a natural part of the session. They readily expect and appreciate the caring and intimacy inherent in a carefully crafted and well read induction.

In addition to notes for practice, a glossary, and an appendix on techniques to choose from once trance is induced, along with a chapter on finding your hypnotic voice, this book features call-outs in some of the chapters. At conferences many people have told me they learn much from this device in which, say, *she lost track of time* is italicized in the text and next to it *time distortion* appears in the margin, thus explaining the principle or technique. In the notes for practice I try to anticipate the learning needs of the clinician. As such, I am especially interested in the personal growth and development of the therapist.

These inductions have been successfully employed with clients in the mental health clinic of the Veterans Affairs Health Care System in Tucson, Arizona. These are clients with personality disorders, medical problems, and a wide range of Axis I disorders including schizophrenia and substance use disorders, as well as mood and anxiety disorders. These are ready-made inductions for individuals or groups in your office or hospital practice. Others use these inductions in educational or wellness settings, or in practices where meditation, guided imagery, or relaxation techniques are customarily employed.

It is with privilege and pleasure that I offer you *Techniques of Hypnotic Induction*. Doing hypnotherapy is a gratifying and sometimes challenging! clinical activity. I am truly pleased that you have chosen this book to augment your professional practice.

# *Getting Started*

## *What is hypnosis?*

In 2005 the American Psychological Association (APA) adopted a new definition of hypnosis: “Hypnosis typically involves an introduction to the procedure during which the subject is told that suggestions for imaginative experiences will be presented (Green et al., 2005: 104). Doesn’t that have the clarity of a mud puddle and sound like it was written by company attorneys? Not something you want to tell clients if they ask you to define hypnosis. The above definition goes on to narrowly limit and obfuscate, along with reinforcing the negative stereotype of the client as a passive recipient instead of one who is an interactive participant in a cooperative venture (Yapko, 20052006) .

That’s why I prefer the APA’s 1993 definition: “A procedure wherein changes in sensations, perceptions, thoughts, feelings, or behavior are suggested (Gafner, 2004), something I include in a handout that I send to clients before the initial

session. People also may have heard the following as definitions: a narrowing of conscious attention, guided daydreaming, controlled dissociation, believed-in imagination, or myriad other terms, and if they ask me if any of those are hypnosis, I say, Yes, you bet. If they ask if guided imagery and meditation are hypnosis I say, Yes, they are very similar to hypnosis, as they certainly could fall into the two APA definitions. Progressive muscle relaxation (PMR), though, a commonly practiced procedure to relax the body, is not hypnosis, but if you throw in imagery, a story, or any other metaphorical suggestions, it starts to look like hypnosis. My general rule of thumb is this: it is hypnosis if you call it hypnosis.

I deeply respect any opinion by Michael D. Yapko, a clinical psychologist in California who is regarded as one of the brightest and most articulate spokesmen in our field. He has a different take on this. He believes that hypnosis will not advance if we back off on definition. He believes that parallel procedures like meditation share *hypnotic qualities* with hypnosis, but could never achieve full-blown hypnotic phenomena such as an anesthesia that would withstand undergoing surgery. He believes that only with hypnosis can a client experience substantial degrees of dissociation and automaticity of responses. He prefers to put the emphasis on the person's *experiencing* hypnosis and to this end he simply launches into his trademark permissive, hypnotic pattern and leaves it up to clients whether or not they feel hypnotized. Furthermore, he strongly opposes the policy of giving people a mini-lecture on misconceptions about hypnosis and then having them sign a waiver (personal communication, 2009).

## *Negative stereotypes*

In your practice you may not have a choice on policy matters such as waivers, as negative fears and preconceived notions may prevail. Many of us who practice hypnosis recognize that it is not only akin to other modalities but that it is also a modality predated thousands of years by ancient storytellers, medicine men, and religious healers, and connected as well to conveyances of suggestion in story, movie, and song whose

# *Story Inductions*

## *Glen Canyon*

In a moment I will read you an account of floating down the Colorado River in 1963 before the gates of Glen Canyon dam closed and water from the river began to fill in this 200-mile expanse. I call this account My Journey of Discovery and some listeners of this story have indeed discovered something of importance in their own lives. You may sit back, close your eyes if you wish, and let yourself travel in your own way as I read you the following induction.

I want to tell you about time, both clock time and geologic time, *rapidly occurring* time distortion like the shutter speed of my camera, and *timeless time*, like when the photo of shimmering sandstone cliffs remains in my mind's eye. Or, when the camera's tripod waits on the soft sand of the river's shore,

*time standing still*, awaiting ephemeral light and shadow for the next photograph, milliseconds blending into minutes amidst millennia s majesty. How delightful when my *unmoving body* and *steady gaze* are arrested by vermilion cliffs, or when an *hour escapes* my grasp, and the sun descends in mere *seconds*, when mid-afternoon *hurtles* into nighttime as my eyes briefly close. I remember well *the grave of the Confederate soldier* near Pick Axe Canyon, and how each year I would pause there and *see new pieces* of gray uniform that were brought up by pack rats. Wherever we stop for the night along the river the stars are so bright I can read by them, but after a few words *sleep* comes quickly and the images of the day are woven into my *dreams*.

time distortion

cataplexy eye fixation

time distortion

fluff

suggestions

Dreaming by night and journeying as if in a dream by day, therein my travels through Glen Canyon. One minute my body is *heavy*, warmed by the sun, though my mind is *light*, and the next minute alternating air currents *moist, dry, cool, warm* enliven my body as my mind is seized by the vibrant *green* of a *redbud* tree, and behind that green the delicate lavender of the walls gives way to slate gray and powder blue sky, and then to black because a crow has cawed somewhere. I can hear my breathing in that narrow canyon, and my footfalls produce an echo on the crackling shale, but soon my feet, *way down there*, are back on soft river sand.

apposition of opposites

dissociation

It is time to leave this lovely canyon, knowing I will return, if only in my dream. My body moves on, *disconnected* from my mind way back there, as the ever-beckoning river awaits and my journey continues. I most

dissociation

## *Finding Your Own Voice*

Let's take a moment and compare the hypnotherapist to a general surgeon. The surgeon has operating room privileges, scalpels, saws and similar tools, ample assistance from an anesthesiologist and other personnel, and a license to write prescriptions for antibiotics, opiates, and other medications once the surgery is done. But hypnotherapists get the job done with only one thing: *their voice*.

To use a less sanguine metaphor, let's compare a radio announcer to a TV announcer. The latter has benefit of a host of visual aids, while radio announcers can influence their audience with only one thing: *their voice*. When I train therapists to do hypnosis I liken the therapist to the radio announcer. The radio announcer's audience is similar to our clients who are sitting there with their eyes closed. Your new perm, nicely trimmed beard, or the mouth wash you just gargled will have little or no influence with either audience, as they both care about only one thing: *your voice*. Therapists new to hypnosis often say things such as, I don't like the sound of my voice. I say to them, Well, then, let's practice. Hypnosis is like

anything else. The more you practice, the better you get. People may practice in the shower or with a tape recorder. I know people who get the feel of a script by reading it to their spouse, or even their dog or cat. Some work on their hypnotic patter while stuck in traffic. It's all about practice. Remember Marilyn Monroe's squeaky girlish voice in those old movies? Well, I had an intern once, Kay, whose voice was just like Marilyn Monroe's. The very first day she said, "Just listen to my voice! and What would you do if you had a voice like mine? I was stumped and thought, Oh my, this is not good. But even Kay, through tedious practice with a tape recorder, succeeded in developing a fairly good hypnotic voice.

## *What is a good hypnotic voice?*

Generally, a hypnotic voice will be melodic and smooth, and have less pitch and volume. Does this mean you should speak in a boring monotone? Sometimes. When clients tell me, You have such a nice voice, I answer with, Believe me, it took years of practice for me to become this boring! I have my conversational voice, my therapist voice, and my *hypnotic voice*. Maybe you have more than three. A conversational voice may be breezy and carefree with little attention paid to enunciation. In other words, it is very casual, maybe even sloppy, and there's nothing wrong with that *except* when it carries over to your other voices. My therapist voice may be casual at times, but in speaking to clients I am careful to pronounce words completely and with sufficient volume. However, when I want to emphasize a point, I speak in a lower pitch and with less volume to lend emphasis to a key point. Then there's my *hypnotic voice*, which is probably the most varied.

People who have done hypnosis for a while come to appreciate the need for clear, careful enunciation, and speaking with the front part of the mouth, not strangling words in the throat. A psychologist friend of mine used to remind interns, Massage them with your words. And that's precisely what I think about, a massage, as I'm speaking to clients in trance. I want

One of the most challenging parts of the practice of clinical hypnosis is the creation and use of hypnotic inductions. The therapy phase of the hypnotic process can consist of a story, an age regression, or any one of a myriad techniques. The therapist must successfully induce trance to prepare the client for what follows.

This book discusses both direct and indirect inductions. Direct inductions are guided imagery experiences that invite clients to imagine immersing themselves in a structured experience. Some clients may not respond well to guided imagery inductions but, instead, will respond to story inductions, as they appreciate an approach that permits them to experience a variety of hypnotic phenomena of their choosing. These are considered indirect inductions.

Metaphors are used in both types of inductions. With indirect inductions, trance occurs when the therapist reads a client a story about someone else who develops interesting sensations in his or her body. These inductions are easy, non-threatening, and usually failsafe. Such a metaphorical approach gets in underneath the radar and cannot be defended against. When clients don't respond to a story or guided imagery induction, the author introduces a 'confusion' induction.

This book will guide both beginning and experienced clinicians in this most important stage of the hypnotic process.

*"Techniques of Hypnotic Induction makes enjoyable reading for hypnotherapists who want to bring creativity and imagination to their inductions. The entire book makes for a truly entrancing learning experience."*

**Judith E. Pearson, PhD, Psychotherapist, Life Coach,**  
*author of *The Weight, Hypnotherapy and You Weight Reduction Program**

*"As an experienced teacher and practitioner of hypnotherapy spanning two decades, George Gafner's work has offered me enormous insights into the therapeutic work that is seldom seen. This book is highly recommended!"*

**Tom Barber, MA, Director, Contemporary College of Therapeutic Studies, UK**

*"Not only does George Gafner do it again in his latest book, but he surpasses his previous excellent work. George is one of the most gifted hypnotic story writers of our time."*

**Sonja Benson, PhD, co-author of *Hypnotic Techniques and Handbook of Hypnotic Interventions***



**George Gafner, MSW, LCSW,** George Gafner, MSW, LCSW, recently retired as director of family therapy and hypnosis training at the Southern Arizona Veterans Affairs Health Care System in Tucson, Arizona, and continues to work there in a hypnosis study in the gastroenterology department. He is the author of four previous books on clinical hypnosis as well as 35 journal articles.

Psychotherapy Hypnosis



**Crown House Publishing Ltd**

[www.crownhouse.co.uk](http://www.crownhouse.co.uk) [www.crownhousepublishing.com](http://www.crownhousepublishing.com)

ISBN 978-184590292-6



9 0000



9 781845 902926