1.9 The Study Script

Commentary on the Study Script

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Specific parts of the Study Script are analyzed below. Extracts from the Study Script text appear in italic type. Discussion and relevant commentary of each extraction follow in roman type.

> *We want you to help us to help you to learn a concentration exercise to help you to get through the procedure more comfortably. You could even say We want to help you so that you can help us to help you to learn a concentration exercise to help you to get through the procedure more comfortably.*

A little confusing, isn't it? When the conscious mind becomes confused, it becomes less able to control the subconscious mind, which then has a better opportunity to open itself to upcoming suggestions. The introductory sentence above may also illustrate why it might be easier to read from a script rather than attempting this sentence from memory.

> *It is just a form of concentration, like getting so caught up in a movie or a good book that you forget you are watching a movie or reading a book.*

At this point you may even ask the patient, "Can you recall such an experience?" Most people will affirm that they have. For patients who appear uneasy and concerned about mind control, you can help ally their fears by expanding the "good book or movie" or "getting lost in the web or email" analogy through statements such as: "And as you know this only happens with a book or movie you like. Otherwise you would close the book or change the channel on TV or turn it off all together. You are always fully in control."

> *If you hear sounds or noises in the room, just use these to deepen your experience.*

The medical procedure environment will have noises. People talk, the phone may ring, pagers may go off, perhaps a helicopter lands on the building, or a truck drives by. You want to reduce the risk of those noises startling or distracting the patient. Immunization against noise is critical.

> *And use only the suggestions that are helpful for you.*

Equally important as immunizing against noise, is immunizing against unhelpful suggestions. When a patient hears suggestions while in trance, those suggestions can become powerfully embedded into the patient's subconscious. Unhelpful suggestions are always counter productive to the procedure and can be harmful to the patient. A common misstep is choosing suggestions or imagery that although usually fine for most patients is unhelpful for the specific patient. For example, suggesting that the patient "visit" a meadow with beautiful flowers and scents would not be pleasant if the patient has pollen allergies. Briefly talking with the patient before beginning can help you avoid such pitfalls. Also, it is realistic to assume that while you are structuring hypnosis there will be other healthcare professionals who may feel a need to jump in to express their empathy. Unfortunately they may misguidedly choose negative suggestions and distractions.[1; 2]

> *"On* one, *you can do one thing—look up, on* two, *two things, slowly close your eyes and take a deep breath; and on* three, *three things, breath out, relax your eyes, and let your body float."*

The script uses a so-called "eye-roll" induction. Associating counts one, two, three with the number of steps needed for each count of the induction makes it easy to remember and repeat. After you introduce the eye roll with, *"There are a lot of ways to relax but here is one simple way,"* you can also say, "You can follow me along or first see how it works. It is a great way to relax yourself whenever you need and you can do this now or later or whenever you need to in the hospital or at home." Patients may follow your eye roll instructions right away. If they don't, you can say, "Looks pretty doable, hmm? What do you think?" Pause, and then repeat the instructions. You can also look up at the ceiling when you instruct the patient to *"look up."* You may even point to the ceiling with your hand. Also, take a deep breath in when instructing the patient to do so at sentence two, and breathe out audibly just after *"three things…"* or after completing the last sentence—making sure your patient doesn't need to keep their breath held too long. You may want to practice this.

> *Right now imagine that you are floating somewhere safe and comfortable, in a bath, a lake, a hot tub, or just floating in space, each breath deeper and easier. Just notice how with each breath you let a little more tension out of your body as you let your whole body float, safe and comfortable, each breath deeper and easier.*

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You continue your induction with a paradox of floating through the table or—if a patient were in a chair—you can say, "floating right DOWN through the chair; emphasizing DOWN:

> *"That's good, just imagine your whole body floating, floating through the table, with each breath deeper and easier."*

This paradox contradicts the usual expectations of floating being directed upwards. The acceptance of such a statement becomes part of the hypnotic experience.[3] Hypnotic inductions can include suggestions for muscle relaxation, but they tend to be lengthy. Inducing a sensation of floating is the fastest way to relax the entire body.

> *Good. Now with your eyes closed and remaining in this state of concentration please describe for me how your body is feeling right now.*

It is a good idea to check in early if there is resistance or if there is something that is stopping the patient from proceeding. Patients who are too anxious or too worried will not enter a hypnotic state. Therefore, at this early stage, we are asking the patient to tell us how his or her body is feeling. Note that patients can talk freely with you in hypnosis as compared to general anesthesia or heavy pharmacological sedation.

> *Where do you imagine yourself being; what is it like? Can you smell the air? Can you see what is around you?*

If the patient expresses distress, you may need to proceed to the provisions for management of pain and distress in the script. Otherwise, you can continue with helping the patient structure his or her imagery by appealing to all of the senses: Some patients will tell you where they are; others want to keep it for themselves. It is okay either way.

> *Good. Now this is your safe and pleasant place to be and you can use it in a sense to play a trick on the doctors (or this whole procedure). Your body has to be here, but you don't. So just spend your time being somewhere you would rather be.*

Creating a safe space helps immunize against procedural reminders of old abuse and permits the patient to return to this safe space in case of abreactions—the violent reliving of past trauma.

You often find interspersed in the script: "Good." Slowly saying, "Good" or "mmhmm" with a pause, reassures the patient that things are going as expected. A "Good" or "mmhmmm" on and off may also be all you need to say during lengthy procedures to keep the patient in trance. These words not only reassure the people who hear them but also the person who says them out loud.

> *Now again with your eyes closed and remaining in the state of concentration, describe what you are feeling right now.*

Note the check-ins in the script of how the patient is feeling.

> *Now, if there is some discomfort, and there may be some with the procedure as they prepare you and insert the line, or as you feel the dye entering your body, there is no point in fighting it. You can admit it, but then transform that sensation. If you feel some discomfort, you might find it helpful to make that part of your body to feel warmer, as if you were in a bath. Or cooler, if that is more comfortable, as if you had ice or snow on that part of your body. This warmth and coolness becomes a protective filter between you and the pain." If you have any discomfort right now imagine that you are applying a hot pack or you are putting snow or ice on it and see what it feels like. Develop the sense of warm or cool tingling numbness to filter the hurt out of the pain. With each breath, breathe deeper and easier, your body is floating, filter the hurt out of the pain.*

The script contains suggestions in how to deal with pain and discomfort as a prophylactic measure and also to mitigate pain and discomfort once they are experienced. For procedures that include painful stimuli or extended uncomfortable positioning, it is helpful to set realistic expectations and not have patients feel they have failed if they experience discomfort. You cannot and should not promise that there will be no discomfort. Such a promise is not believable and may not be attainable. Instead, stick to the approach the script suggests.

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You may notice that there are several more segments where the patient's feedback is requested. The actions to be followed depending on the response are self-explanatory in the script.

> *We are going to leave formally this state of concentration by counting backwards from three to one. On three get ready, on two with your eyes closed roll up your eyes, and on one let your eyes open and take a deep breath and let it out. That will be the end of the formal exercise, but when you come out of it you will still have the feeling of comfort that you felt during it. Ready, three, two, one. If necessary: Three—get ready. Two—with your eyes closed, roll up your eyes. One—let your eyes open and take a deep breath, and feel refreshed and proud about having helped yourself through this procedure.*

The conclusion of a hypnotic session is the reorientation to the waking state. Reorientation is another ritualized approach that can mirror the induction or use a different approach. Some hypnotists count up, others down for the transitions between trance and waking state. This is also the time when you can embed posthypnotic suggestions, which are suggestions the patient can carry beyond the session. We like adding the suggestion of feeling proud about having been able to help themselves though the procedure—this also acknowledges the patients' efforts in having learned this new skill. It also rounds up the initial premise of the script and procedure hypnosis in general: All you do is help patients help themselves. They do the real work and deserve all the credit.

References

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2. Blankfield, Robert P. 1991. Suggestion, relaxation, and hypnosis as adjuncts in the care of surgery patients: A review of the literature. *American Journal of Clinical Hypnosis* 33:172-186.
3. Spiegel, Herbert, and David Spiegel. 1978. *Trance and treatment: Clinical uses of hypnosis.* New York: Basic Books.