

## FIVE SIGNS OF HYPNOSIS

(by Dr Warwick Phipps, PhD, BCH, CI)

One of the quintessential questions in the field of hypnotherapy is “How do you know when a client is hypnotised or has entered the trance state?”<sup>1</sup> At first glance, the answer to this question may seem rather obvious: “Just ask the client!” The difficulty, though, is that the client’s subjective experience of hypnosis is not necessarily consistent with the behaviour he or she displays. This is especially the case, for example, when a client, who has a particularly narrow or limited perception of hypnosis, actually experiences the phenomenon without recognising or identifying it as such. In this instance, although the client entered the trance state, he or she has no knowledge of this and, as a result, has doubts about the nature and validity of his or her said hypnotic experience. The secret to answering this question, however, lies in the therapist’s observational skills.

By careful and selective—trained—observation of the client’s behaviour, it is possible for the therapist to determine whether or not the client has entered the trance state. The difficulty, though, is in identifying what behaviour the therapist should selectively attend to. Books and literature are abounding on this subject, but not always helpful. For example, it has been suggested that “head dropping,” “shoulder slumping,” “physical relaxation,” “immobility—catalepsy,” “sighing,” “swallowing,” or even “lack of swallowing,” for that matter, are all indications of hypnosis. The limitation of these so called *signs* of hypnosis is that they can be imitated or modelled. The art then is in selectively attending to those behaviours or signs that *cannot* be imitated. This brings us to the work of Dave Elman.

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Very briefly, Dave Elman—born Dave Kopelman—was a practicing hypnotist in North Dakota, United States in the middle of the last century. His inductions were extremely rapid and his propensity to facilitate deep hypnosis—somnambulism (i.e., partial or complete amnesia in the trance state)—was profound. By 1948 he had given up stage hypnosis and, until his death in 1967, dedicated himself to teaching hypnosis and hypnotherapy to doctors throughout the United States. In 1964, he wrote one cherished book “Findings in Hypnosis,” which was later published as “Hypnotherapy.” It is in this book that he uncovers the subtle and minute signs of hypnosis.

According to Elman (1964), there are five special signs of hypnosis, the first one being *body warmth*. By noting the temperature of, for example, the hand—as in a handshake—it is possible to determine how receptive the client is to (hypnotic) suggestion. Very simply, a cold hand indicates that the client is “cold” to the subject; a hot, wet hand indicates that the client is liable to resist; and a warm hand says that you should be successful immediately. It should also be noted that this is not a “hard and fast” rule, but rather a guideline as to how amenable the client may be to suggestion. Thus, it should not be concluded that, just because the client presents with a hot, wet hand—one possibly indicative of anxiety or fear—he or she is necessarily closed to suggestion or hypnosis. Interestingly, this issue of body warmth formed the basis for one of Elman’s earliest and simplest inductions, the handshake induction, the subject of which is another discussion.

The second sign of hypnosis is *fluttering eyelids*. As the client enters the hypnotic state, his or her eyelids begin to flutter. In fact, in hypnosis, the fluttering eyelids occur nearly constantly as the induction proceeds.

The third sign is that of *injected sclera*. Very often the client—upon eye opening—will evidence that the whites of the eyes have gone pinkish or reddish.

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The fourth one is that of *increased lacrimation*—tearing—of the eyes. In this respect, the client displays increased tearing or a watery surface on the eye. Elman hypothesised that this phenomenon was a function of the relaxation of the tear ducts near the eyes.

The fifth sign has to do with the *eyes rolling upward in the head*—eyeball inversion. Often the eyes will turn up into the head. This can be observed directly when the eyes open or even when they are shut. In the latter instance, the therapist can deduce this by careful observation of the (change of) shape of the eyeball behind or beneath the eyelids. Although this sign does not show up every time, when it does, it is a strong indication that the client is headed for somnambulism. Having identified these five signs, Elman (1964) highlighted that there was another group of signs frequently reported by other therapists erroneously.

This sixth group of signs relates to anxiety or fear on the client's part, that is, when he or she approaches a hypnotic situation and is fearful of it. These signs include *faster pulse*—for example, the radial (i.e. wrist) and carotid (i.e., neck) pulse—*faster heartbeat*, and *increased respiration*. These signs can be observed in an individual who is afraid of anything and, thus, they are not hypnotic signs. Consider, for example, the practice of a behavioural technique such as Jacobson's progressive relaxation.

In performing Jacobson's progressive relaxation for, let's say, the purposes of systematic desensitisation, the client will frequently become so deeply relaxed that he or she spontaneously enters a transient hypnotic state, as evidenced by body warmth, fluttering eyelids, injected sclera, increased lacrimation, and even perhaps eyes rolling upward in the head. Although the phenomenon of entering trance spontaneously is not, in itself, noteworthy—because we tend to experience this daily, such as, when we fall asleep, wake up, drive long distances, or when we are engrossed in something—what is, is that when this occurs, as with progressive relaxation,

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there is generally an absence of the anxiety or fear response and, thus, the supposed sixth group of signs does not show up. Consequently, to the extent that the hypnotic situation is clearly defined for therapeutic purposes and the client is fearful of it, this sixth set of signs can be expected to manifest.

It should be apparent by now that true hypnotic signs cannot be imitated or pretended. For example, you cannot imitate or pretend body warmth—either it is there or not there. Similarly, you can't model fluttering eyelids. After trying for a second or two the eyelids no longer flutter, but in hypnosis the eyelids flutter nearly all the time as the induction proceeds. The same holds true for all five—and where appropriate six—signs of hypnosis and, therefore, the more that these signs show up, the more confident the therapist can be of the client's rate and depth of trance.

To the extent that the therapist becomes adroit in observing these five signs of hypnosis—namely, body warmth, fluttering eyelids, injected sclera, increased lacrimation, and eyes rolling upward in the head—he or she may even, on occasion, forego the use of more traditional suggestibility tests or pre-inductions exercises. So, remember, when you next shake the client's hand, contained in that handclasp is the first sign of hypnosis!

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## References

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