

Using Hypnosis to Transform Sleep Disruptions with Active Intention

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The basic premise of this article is that sleep disrupting behaviors exist for some adaptive purpose and people will logically resist giving up their particular behavior, even when it causes them some problem, unless convinced that they can still get their needs met some other way. That is, they don't want to give up an existing choice until a better choice is insured. Hypnosis is an excellent modality to help clients use their own active intention to transform psychologically and behaviorally influenced sleep disrupting behaviors into alternative behaviors that will more efficiently meet their needs. (*Sleep and Hypnosis* 2000;4:170-177)

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INTRODUCTION TO THIS TRANSFORMATION APPROACH

Therapists often observe that clients come to therapy expressing their desire for some change but at another level seem to resist taking the therapeutic actions that would accomplish that change. Hypnotists are often approached with the request to use hypnosis to make a variety of symptoms just disappear. Freud denounced hypnosis early in his career stating that symptoms suppressed with direct suggestion would recur (1). Erickson expanded on this concern when he said: "The idea of simple 'symptom removal' is a gross oversimplification of what sound hypnotherapy can be. The hypnotherapist is more appropriately involved in the broader program of facilitating a creative reorganization of the patient's inner psychodynamics so that life experience is enhanced and symptom formation is no longer necessary (2, p.

147)." Clients seeking hypnosis for sleep goals or any other problem need to be informed that hypnosis, in and of itself, solves nothing. It is simply a modality to communicate. Assessment of the unique situation determines how we need to communicate in order to facilitate a therapeutic reassociation of experience. The goal is to be able to associate to preferred choices in those situations where their existing choice was limited or problematic in some way. Central to this theory is the assumption that every behavior has a positive intention, even those behaviors universally considered undesirable or problematic such as obsessive anxiety, worrying, procrastination, perfectionism, overeating, or whatever. The basic premise is that we learn, usually with limited information, about the world and our place in it and we seek to make the best possible adjustments we can think of at the time to get our needs met without alienating those upon whom we are dependent for survival and well being. Often these choices turn out to be quite bad in the sense that they don't really meet needs very well and, in fact, may alienate the ones we most want to impress. Nonetheless, the positive intention behind them remains valid. And people will cling with some tenacity to that best choice they have put together even in the face of mounting evidence that it isn't working and is even causing additional problems. It isn't that people are basically self

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destructive but rather are goal oriented creatures of habit. And the best way to resolve a bad habit is to replace it with an incompatible preferred habit that still accomplishes the positive intention.

OPERATIONAL DEFINITION OF HYPNOSIS AND SELECTED SLEEP DISTURBANCES

Within the scope of this paper, sleep disturbances described for treatment are those psychologically and behaviorally influenced disorders such as hypertension, insomnia, night waking from disturbing dreams, and failure to return to sleep due to worry, anxiety, or depression. This symptom transformation approach is not intended to be applied to the range of physiological sleep disturbances such as breathing related sleep disorders, circadian rhythm sleep disorders, or those disorders that are due to a general medical condition or effects of a substance. Certainly the loss of sleep from disturbances in the first category soon contributes to fatigue and other physiological difficulties such as narcolepsy. But it is the first category of difficulties we are investigating with an interest in assessing positive intention and thus transforming the symptomatic behavior to satisfy this intention.

I use the word hypnosis to refer to the range of heightened, inwardly focused concentration that will be relevant to this treatment in the clinical context as well as self hypnosis context. Clinical hypnosis occurs in a time limited relationship in which heightened awareness is focused inward. It is a modality to communicate with the client and stimulate thinking in the service of resolving stated problems or goals. I have stated that hypnosis is an excellent modality to help clients focus their own active intention toward the goal of transforming sleep disrupting into alternative behaviors that will more efficiently meet their needs for sleep. I propose its use in several areas for different goals. But for all the applications and purposes, I am referring to a formal process of induction of trance state with indirect suggestions for clients to let themselves develop whatever depth of altered state is necessary to reduce distractions and focus heightened awareness into the area indicated by their symptom. I am usually not concerned that they demonstrate an arbitrary hypnotic responsiveness but instead give suggestions for relaxing, curiosity, understanding, and discovering that the trance they create will be uniquely relevant and completely adequate to beneficially address their goals.

The several applications of hypnosis in this area are to initially utilize it for unconscious search toward identifying the positive intention of the problem behavior, generating preferred alternative means of

accomplishing that intention, and then retrieving, reviewing, and experiencing those particular resources. I make distinctions in these resources with regard to whether they are beliefs, behaviors, or affect states. I discuss each of them separately but all three areas are well served by use of therapeutic goal oriented metaphor as the primary method to communicate and stimulate thinking while the client is focused inward and wondering. The final application discussed here is in the area of creating an associational link so that the retrieved resource experiences are conditioned to occur in the problem or goal context. It is actually a way to make use of any recurrence of the problem by having it become a post hypnotic suggestion for clients to access these preferred experiences they have retrieved, organized, and associated in trance. This is described in the final section on self image thinking.

Transforming the Symptom: Step 1 – Identify its positive intention

If we accept the idea that people are trying to accomplish something useful with all of their behaviors, our first goal in therapy is to discern that goal so that we can begin to transform the symptom. Sometimes this purpose is not very clear at all. I am suggesting that the symptom complex itself often contains essential data about what the afflicted person is trying to accomplish. So before we make suggestions to help the person "just get rid of it", it is often very beneficial to embrace the symptom as a source of valuable data, at least. One man who described himself as a "Type A perfectionist" recognized the hazards associated with that trait, including sleep disruption, but was reluctant to alter his style of being because he felt it gave him an edge in performance. He felt that he was able to accomplish things quicker and better than others who might be more "laid back." Speculating with him about the desired outcome of all this performance, he eventually mentioned something to the effect that he hoped it would finally prove to his parents that he is worthwhile. He then was able to assess the possibility of recognizing that his worth is in fact independent of anyone else's approval.

Since transformation of a problem pattern begins with identifying what the person might be trying to accomplish with this behavior or mind set, hypnosis can be initially applied to the task of helping the client focus introspectively and inquire within just what this intention might be. With suggestions to focus awareness, the hypnotist can wonder and speculate about how the behavior helps or what it is trying to accomplish. The client's search and identification

process will be stimulated, sometimes with a very clear understanding of the goal emerging in a post trance discussion.

A woman whose cancer remission was threatened by her chronic insomnia described a new insight about fairly obvious but previously unrecognized factors that made her positive intention very clear. She had essentially "slept with one eye open" for her entire 40 year marriage to a diabetic man who would periodically lapse into near coma during the night, requiring her intervention to administer insulin. Her vigilance was quite understandable. It was a life or death duty and she was never relieved. Another client who presented a similar persistent insomnia had a more difficult task of discerning his positive intention. All he knew was that he would go to bed and be unable to fall asleep for many hours, feeling full of energy whenever he was in bed but tired if he got up. He felt it was a curse and thought hypnosis might free him. He denied the possibility of any psychological problems but speculated that maybe it was some form of anxiety. Upon further investigation into this 'anxiety,' he described habitual worrying as his best effort to solve his various problems. This turned out to be a much more workable assumption than being cursed.

Transforming the Symptom: Step 2 – Generate acceptable alternatives

When we have a theory as to how the presented constellation of characteristics is actually in service of a valid need, hypnosis can beneficially be used again to facilitate another introspection in which clients are invited to generate acceptable alternatives. That is, they are asked to connect to a creative part of themselves and concentrate their focused attention in trance to determine or speculate about what they would need in order to accomplish this intention even better, or at least in a way that is adequate. They do not have to consciously assess these new alternatives as something they are capable of doing. Initially the goal is simply to generate a "wish list" of alternatives that would satisfy the intention. The woman married to the diabetic husband initiated a search into the unfamiliar territory of what she needed and how she could transfer a large part of the observing responsibility to the husband who tended to deny signals that a blood sugar imbalance was building. This change led to deeper awareness about other "selfish" needs and feelings that she allowed herself to verbalize for the first time. Prior to this investigation she had only been able to express such needs in what she considered bizarre and disturbing dreams and nightmares. These perfectly normal impulses were so

embarrassing to her that she suppressed them completely except in the freedom of her dream life which she was unable to control. She worried that these dreams might be consistent with being "crazy." She was just trying to be nice and suppress all the parts of her she considered unacceptable. When she broadened her perspective to realize that she could be much nicer by accepting her needs and feelings as valid and even expressing them to her husband in waking state, her sleep was able to be much less labored. She was still a dreamer but learned to dream without disturbing her sleep and forget the dreams upon waking if she wanted to. She accepted her dreams simply as information about her needs, fears, or conflicts instead of bizarre proof of something being seriously wrong with her. Once she stopped losing sleep worrying about the dreams that were waking her, she was able to rapidly return to sleep and then exercise choice the next day as to whether to analyze them with interest about what she might learn or simply to think about something else.

Transforming the Symptom: Step 3 - Develop preferred alternatives

The final step in this method of transformation is to retrieve and organize the different characteristics and resource experiences needed to implement the new arrangement, much like upgrading a software program. The new arrangement will eventually run automatically whenever access impulses are received to run the old program. The upgrade is entirely due to the client's thoughtful consideration and active intention. An old habit will simply have become obsolete as the new, improved habit satisfies the positive intentions. And people usually have these resource experiences readily available, just not usually stored in the area where they had experienced the problem. As Erickson pointed out, people have psychological problems simply because they don't know how to get the resource experiences they want into the situations in which they are needed (3). Hypnosis is a particularly useful modality at this phase in that clients can be helped to retrieve the desired experiences from contexts in which they are available and then create an associational link to the problem context. After this rehearsal in trance, encountering the problem then serves to initiate a retrieval of the now available preferred experiences which include specific beliefs, behaviors, and emotion.

Chronic sleep disruption habits, though tenacious due to the interplay between long held beliefs, behaviors, and feelings, can be transformed on the basis of a decision and a wish to do so. The approach

is based on the belief that people are flexible, capable, intelligent, cognizant beings who can elect to use their storehouse of potentials to put together a superior choice for meeting their needs abundantly without having to suffer the consequences that were connected to operating on unexamined and limited choices. Hypnosis is valuable as a context to stimulate significant experiences that allow clients to alter long held beliefs, cultivate novel behaviors, and develop novel affect states as they pertain to putting the preferred alternatives into operation so abundantly that the habitual behaviors become obsolete. Orienting clients to the approach, it is useful for the hypnotist to review with them some of those things they previously enjoyed or needed that they have outgrown physically, emotionally, mentally, and spiritually. This innate ability to change beliefs, modify behaviors, and feel differently in many arenas of life is tapped into and framed as a personal power of active intention that can culminate in preferred alternatives to the previous sleep disrupting behaviors. The three elements are interconnected in that beliefs support behaviors and emotion which in turn reinforce belief but they can each be addressed separately in order to describe methods for changing each as well as typical obstacles to anticipate.

CHANGING BELIEFS TO SUPPORT TRANSFORMATION OF SYMPTOM PATTERNS

Beliefs that limit access to preferred experiences serve to maintain a symptom pattern. Challenging the certainty of a belief initiates a beneficial confusion about what is true and creates a receptive space in which seeds of an alternative solution supporting belief can be planted. The goal is movement away from rigidly held absolutes to a freeing sense of choice and option. This kind of challenge might take place in a variety of ways during therapy but hypnosis is a conducive context to relate goal oriented metaphors in which characters in the story are described as they illustrate and have confusion about rigidly held limiting beliefs that are parallel to those held by the client. An example of a rigid limiting belief is the perfectionist idea that 'mistakes are unacceptable.' Providing metaphoric examples of that attitude failing to accomplish its mission can be contrasted with metaphoric examples of a more flexible belief such as 'mistakes are opportunities for valuable learnings.' So the hypnotist could induce trance and relate an illustrative metaphor that describes two characters, one of whom will not tolerate mistakes and condemns any imperfection because he believes that's how a good job must be done. The other character operates

from the seemingly absurd notion, at least as viewed from the perspective of the client, that what you learn from mistakes makes them worth happening. Unexpected consequences are then revealed in which the character who can't tolerate mistakes has some negative consequence like a heart attack or being dismissed from a job while the other character gets a promotion because of his truly valuable contributions. The client's resulting confusion about how the character sharing his belief failed to achieve the expected positive, protective outcome can be considered a therapeutic shift (4). These stories are told without emphasizing a moral or clear point about the intended meaning. It is left for the client to determine ultimate meaning.

A client who has always believed that 'if you want something done right, you have to do it yourself' will be incredulous as the story unfolds about a character who is exhausted from trying to do everything herself and in the end is not nearly as efficient as someone else who is admittedly quite inferior. Or if the belief is that 'perfection is the ultimate mark that must be met and anything less than that is failure,' the therapeutic story might illustrate how such an impossible standard actually inhibited the discovery of worthy and valid treasure. With clients suffering from the idea that 'any mistakes prove an essential weakness and inadequacy,' the resulting confusion experienced as they listen to these sorts of metaphors might prompt them to somehow give themselves permission to learn what they learn when they learn it and to celebrate the good mistakes they make that provide an opportunity to learn something. Another limiting belief that can inhibit appropriate relaxation response is the idea that if tension is relaxed, the person might miss something or become vulnerable. The alternative belief to suggest is that it is possible to make even more profound and meaningful contributions from the base state of relaxed presence. Exploring a new or unknown belief is likely to be awkward initially. Within hypnotic trance, the client can be invited to let this desired belief be gradually integrated at all levels despite the conscious mind's doubt and awareness of pretense. Repeating the essence of the belief in the present tense as though it is already believed congruently will facilitate a sort of self fulfilling prophecy that will eventually become true. Dr. Christine Northrup, (5) a holistic physician, writes out a self hypnosis type prescription for her patients to look themselves deeply in the eye, in a mirror reflection, and tell that self in the mirror: 'I accept you unconditionally right now.' Though not formally self hypnosis, it certainly qualifies as focusing active intention toward desired change. When a person does this the first time, it is almost guaranteed

to access an entire chorus of internal dissenters and critics begging to differ. Dr. Northrup advises patients to simply include these objecting parts in the unconditional acceptance. As the person comes to believe that such a thing is possible and that it is deserved, by virtue of being alive, there may be a distinct mixture of feelings and fears such as stirrings of something like joy and relief right alongside a terror that if this belief takes hold that a total atrophy and complete lack of motivation will ensue. At that point, the person might need to reassure the self that an unconditionally accepted self is much more capable of and likely to make significant accomplishments the driven self could never even imagine.

Clients seek hypnotherapy both hoping and fearing that the hypnotist has the power to give compelling suggestions. They underrate the power of their own suggestions. They don't realize that what they believe becomes true and that they get to believe what they decide to believe. Consider the example of a person in a state of agitated obsession about a keynote address about to be made to a large conference. Entering an elevator, the person encounters a colleague also on the way to address the same conference. He is holding his plastic nametag clinched between his teeth and repeating the sentence out loud: 'I do this because I like it.' The wisdom in this tactic was immediately appreciated by the first person who might have been repeating internally something like 'I hate this and I don't want to do it.' Ultimately, people do the things they want to do, purposefully, and with some good reason. Choosing to remind oneself of that truth will contribute to a more desirable outcome.

The hypnotist can assist clients as they address the mixed feelings that result from successfully considering an attitude change and initiating a shift in beliefs. There is a cognitive dissonance that is uncomfortable and disorienting. For example, a person might experience a logical wish to feel safe, worthwhile, and appreciated but simultaneously believe it might be dangerous or incompatible with task oriented, responsible behavior. Significant anxiety will result at the thought of risking such a bold departure from conditioned beliefs. The woman who loses sleep over her diabetic husband and chronically worries that her normal impulses are unacceptably selfish is torn between expressing her needs and feelings but fearing that she will lose her self respect as a nice person. She is trying on the alternative idea that it isn't nice to be too nice and that many people actually prefer to interact with others who have and share their clear preferences. Similarly, she is considering the bold move of simply quieting her worry about various concerns that are beyond her

control and engaging her choice to entertain thoughts consistent with relaxing and sleep. But there is an obstacle born of her almost superstitious belief that she somehow keeps the fears from becoming reality by her agitated worrying.

But worldview beliefs can change in a single moment when perspective shifts and somehow a glimpse of the big picture comes into focus. Usually a person doesn't recognize the exact moment when such a shift occurs because it is a process that is often subtle and largely unconscious. But minds can change as a result of active intention, freeing the self to engage in new behaviors and feelings. Setting the mind to lasting change is often as simple as volitionally switching verb tense: 'I used to be a tense, rigid, perfectionist but now I am becoming calm, focused, forgiving, and free to do what I want to do. In fact, the more I was driven by tension and fear, the more I am able to recognize and embrace the inverse of that lifestyle.' Putting their active intentions into validating suggestions they repeat to themselves, silently or externally, is an excellent content for self hypnosis sessions.

CHANGING BEHAVIORS TO PUT BELIEFS INTO ACTION

Once a new belief superstructure is in place, a decision can be made about what it now makes sense to do differently. An inventory of what a person has been doing helps assess which behaviors are valuable enough to keep. It's a bit like conducting an analysis of space use in a vegetable garden. One would assess how easily each item grows, whether the produce is actually liked and consumed, its nutritional value, its compatibility with the other plants, and whether it grows there by accident or intention. Most gardeners will probably realize that they could use their space differently in order to better meet their unique needs and wishes, keeping some plants exactly how they are, expanding others, eliminating some altogether and replacing them with things they might have never grown before. When I planted my first garden in sandy Florida soil, it was a complete waste of time except for the learnings about what not to do. But across the street where the grass is always greener, my neighbors, in the very same soil, produced the most bountiful garden imaginable. I immediately selected them as my gardening mentors and did everything exactly as they were doing with similar results.

Examining a behavior repertoire usually reveals behaviors that aren't working so well and will need to be replaced. Often the new behaviors are essentially unknown to the person desiring to use them and research into their operation may be required. It's the

kind of research every two year old child intuitively knows how to do when they model via deep trance identification with the human representative of any behavior they are interested in acquiring. Either through behavior observation assignments or through skill building metaphors told in trance (4), someone who is a model of the desired behaviors is studied, interviewed, observed for breathing, movements, speed of speech, selection of words, facial expression, etc. Anyone willing to tolerate the initial awkwardness can claim the selected behaviors.

Behaviors such as excessive worrying, competition, criticism, perfectionism, and blaming self and others are likely to be presented as sleep disrupting factors. After generating likely replacement behaviors that will still satisfy the positive intention, the hypnotist can again use the trance context as a mental stage for clients to remember, retrieve, and rehearse essential aspects and nuances of the desired behaviors. A story might be told, for example that illustrates how the character exchanges worrying for relaxed but attentive behaviors. It would detail how the character can continue to anticipate the future when necessary, but is not constrained to do so in the same old way where they imagine everything going badly while feeling anxious. Instead, the character imagines the self in the future, handling the situation in the preferred manner while feeling relaxed and capable. Perhaps they rest from anticipating the future altogether by learning to be really present in the moment, attending to nuances and details of it that had been ignored. The character might be observed as he systematically identifies current data from each sensory modality, thoughtfully attending to what he sees, hears, feels, and smells. He might then go even deeper into the moment by doing it again and noticing more data in each channel.

Being able to quiet the mind and simply observe thoughts while disengaging judgment is an excellent internal behavioral prelude to sleep. Most people are not able to make the mind go blank and it isn't really necessary since the limited conscious mind is easily overloaded with selected goal directed material. A wide variety of goals might be chosen such as the goal of becoming completely relaxed, both physically and mentally for a specified period of time. It is easily accomplished with one of those self hypnosis, present tense, self fulfilling prophecies discussed earlier. Clients learn to repeat silently to themselves: 'I am completely relaxed, at this time, both physically, and mentally.' They enhance the effect by thinking each of the four parts of this sentence in rhythm with exhaling four different breaths and associating any helpful imagery with each phrase. When they say 'completely relaxed' I suggest they search through the body,

willfully relaxing any obviously tense muscles, letting the jaw go slack, and maybe imagining something melting or the body becoming limp like a cooked noodle. Then as they say 'at this time' I might suggest they imagine being in a safe little envelope of time, temporarily free from doing anything other than being relaxed in this moment. When they say 'physically,' they can discover that the already relaxed body is able to release further tension. Then comes the phrase 'and mentally' which raises the logical question of what mental relaxation is. Since they can think of the flow of thoughts through the conscious mind as an indicator of an active brain and a healthy nervous system, they don't necessarily need to try and stop that. But they can stop their involvement with it. It might be helpful to imagine sitting beside a river, just passively observing the variety of thoughts that flow by. I encourage them to concentrate on watching the thoughts come and letting them go, just like they are doing with each breath that comes and goes. Or perhaps they would prefer to imagine standing in front of a blank chalkboard and writing the current thought in a rainbow shaped arc. Then, upon exhaling, they imagine the hand coming back across that arc from the opposite direction, holding an eraser with which to erase and let the thought go, knowing that it will be available again when it is needed. But at this moment in time, they are electing to let it go. There is nothing they need to do about that thought other than observe it, validate it, and let it go.

New behaviors such as efficient worrying, breathing, resting, and quieting the mind may well be instrumental in reconstructing symptomatic behaviors like extreme competing, blaming, or controlling. Often it is simply a matter of backing off of the extreme, keeping the behavior as a choice, but also developing choice in what seems like polar opposites to these behaviors so they do not need to be relied upon so extensively. There is often a yin/yang type interconnectedness between what first seem to be polar opposites. For example, the more they have been driven to compete, the more they can recognize and develop the innate ability to cooperate. Or, the more they have blamed and criticized themselves or others, the more they are free to truly recognize and compliment significant components of progress. And the more they have carried the burden of controlling everything, the more they can expect to appreciate the relief that comes when they create a more satisfying balance. The more they used to think they had to be the expert, the more they can let themselves ask for help expertly.

One client who wanted to use hypnosis to lower his hypertension explained that he had always had these characteristics and that he considered himself to

be genetically, emotionally, and culturally predisposed to this symptom as his father, who had just died of a heart attack, had also been that way and thus passed it on to his son. Certainly the man identified with most of these disease prone behaviors just discussed. He was a professor who believed he had to know all the answers and criticized himself severely if he did not. He was also a father and husband who thought he had to be the strong leader. He even tried to control his hypertension with obsessive running, biofeedback, and meditation until he could prove to his satisfaction on a monitor he used that he had forced his symptom into normal range. But his success was short lived because as soon as he would return to the self inflicted stresses of his life, the monitor would reflect the return of the hypertension. So, rather than using hypnosis to force him more effectively somehow, I encouraged him to use his trance to make peace with his fear of emotional vulnerability as the means to accomplishing the true control that his healthy development required. Because the more he was free to allow his vulnerability, the more he could know his true confidence and power. In this paradoxical way that appealed to him intuitively, he told his father goodbye and, while thanking him for doing the best he could, informed him that he was going to go further than the father had been able to teach him. Therefore, he released his father from any haunting guilt that his own limitations had permanently limited his son. Then my client proceeded to launch a whole set of uncharacteristic behaviors: asking for help, letting people help him, saying 'I don't know' without anxiety, welcoming mistakes as learning opportunities, and a host of breathing and 'being' behaviors that were largely unknown by him. He even exercised differently. Instead of forcing himself on a treadmill track, he began to swim regularly, describing the act of letting himself enter the water and float out on its surface as a stimulus that reminded him to breathe, relax, and move accordingly. He forgot to worry about his hypertension which coincidentally stayed within an acceptable range.

AFFECT AND EMOTION AS THE LOGICAL RESULT OF TRANSFORMATION

I have been suggesting that what people think and do are crucial steps to transforming certain sleep disruptions. Feeling different may, in fact, simply be the logical result of creating new beliefs and making different behavior choices. And feeling good has enormous benefits in addition to the obvious one of feeling good. There is an entire science devoted to the study of psychoneuroimmunology, which essentially

describes the miracle of the mind-body connection with regard to disease and wellness. What people think effects the body, both physically and emotionally. What we do similarly influences how we feel. What feeling good means has to be determined by each individual as there are lots of variations and one person's pleasure may be another's pain. I endorse the assumption that all feelings are part of health and balance. Carl Jung (6) once said he would rather be 'whole' than 'healthy.' He was using 'healthy' to refer to society's current prejudice as to which feelings are approved. Erickson told clients that they deserved to have all of their feelings by virtue of being alive (7). Unnatural imbalance which can lead to disease can occur as easily when any feeling is blocked completely as when it is overused to an obsessive extreme. So, there are no purely bad or good feelings but rather how we balance, allow, contain or release natural emotion that effects us negatively or positively.

Emotions that are considered negative include aggressive or vulnerable experiences like hostility, anger, impatience, fear, or sadness. Emotions of strength, confidence, pride, and capability are considered desirable by almost everyone. Tender emotions such as joy, happiness, safe, calm, compassionate, relaxed, satisfied, hopeful, while generally considered desirable, still can be considered possibly dangerous or suspicious. They might lead to messy, mushy, emotional displays in business settings or worse, to someone losing their drive to perform, keep up, and successfully compete. Obviously, there is unavoidable overlap when discussing matters of belief, behavior and emotion. And there are always good reasons everyone has learned to have the feelings that are characteristic of them and to avoid the feelings they consider foreign, weird, undesirable, or unattainable. But everyone has the capacity to claim their human birthright to have all of the feelings available to humans and to be in control of how and when they will be dispersed.

Agitated clients may particularly appreciate experiencing the tender, vulnerable emotions such as patience, compassion, calm, satisfied, safe, relaxed, hopeful, even sadness, and making an ally out of fear. All of these feelings have value and they have been known all along at some level. In therapy the hypnotist can help clients focus awareness on these feeling experiences with the goal of becoming healthy, happy, balanced, and free to be whole. This focus can be as simple as a direct suggestion to pay attention to components of the indicated feeling or as elaborate as an affect retrieving story complete with character development, dramatic movement, metaphorical intensification of the feeling, and indirect suggestions for the identifying client to experience the emotion personally (4).

SELF IMAGE THINKING TO ORGANIZE PREFERRED ALTERNATIVES

When clients simply imagine seeing themselves having the characteristics and feelings they want to feel in the contexts where they want to have them available, they begin to experience benefits even while part of the conscious mind may still be analyzing and criticizing how this would never work. In this mental rehearsal aspect of both clinical and self hypnosis, the client is most effective in channeling the power of active intention. They are free to 'borrow' any desired feeling characteristic from someone else who has it abundantly if they cannot remember any aspect available in personal history. Even more interesting is to borrow it from the older, wiser self from the future who has so much of it that sharing with the current self would be a pleasure. I frequently suggest to clients that they employ the 'drag and drop' computer analogy method. That is, while they are picturing themselves, they imagine 'clicking' on the example of that trait as exemplified in someone else, and then 'dragging' it over and releasing it onto their own image.

I help clients create a visual self image on which they represent with behaviorally specific cues the various experiential characteristics they value and want to have available (8). They can see themselves feeling the way they want to feel and can then merge with that image to actually experience the feelings directly. Back in the observer role, they are instructed to let various background scenarios emerge around the central self image and to watch that self interacting in these situations in an acceptable way that reflects the desired characteristics and experienced feelings. Eventually, the situations that had been problem contexts are reviewed in this manner guided by the client's active intention to interact according to their preferences and feel the different way they want to

feel. This includes watching themselves going to sleep, staying asleep, quickly returning to sleep if awakened, sleeping restfully, waking up rested at the desired time, and attending to any dream material in a relaxed and curious manner. The person can consciously and unconsciously orchestrate all this complex mental imagery in trance, creating a map of images that will guide affect and behavior in future similar situations, even while the conscious mind may be full of doubt.

CONCLUSION

Hypnosis is an extremely effective modality to allow clients to immerse themselves in a comfortable cocoon where they can discover the ability to freely feel the relevant emotion at the proper intensity in the current moment of ever changing experience. I often conclude such trance work with the post hypnotic suggestion to look forward to the days when they will be able to look back and review the ongoing transformation from that vantage point, remembering to accept the self unconditionally in the past, present, and future time, both awake and deep inside dreams within dreams. And in that review, perhaps they can appreciate that the multi-faceted transformation of an entire lifestyle was somehow initiated by the awareness of a sleep problem they had once experienced long ago. This sleep problem, like images encountered in dreams, revealed that which was needed but not yet grasped and articulated. But symptoms and dream images alike have the capacity to inform, guide, and reveal aspects of self outside usual awareness. And in this light, clients can come away from the therapy experience not only free of their presented difficulty but with a new attitudinal appreciation for the wisdom within the symptom they had once only seen as a problem. And this is the essence of therapeutic transformation.

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