

## THE SPIRAL TECHNIQUE OF HYPNOTIC INDUCTION: *A Brief Communication*

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**Abstract:** The spiral method directs the patient's attention to a sequence of body locations. During 3 years of clinical trials, the method proved valuable in hetero-hypnotic induction and in training patients in self-relaxation. The spiral technique is compared with progressive relaxation, and advantages of this method are discussed. A brief case report is presented.

Joy (1979) introduced a technique of meditation based on the ancient Hindu theory of *chakras*. For 3 years the present author used modifications of this technique to induce hypnosis and to train subjects in self-relaxation. Neither the patient nor the practitioner need subscribe to the Hindu theory in order to use this technique to full advantage.

### METHOD

The patient may sit or recline. I prefer the eyes be closed, to help the patient maintain an inward focus. The hypnotist asks the patient to direct attention to a sequence of locations in and around the body. The spiral takes its name from the fact that Joy (1979) arranged these locations roughly in the form of a spiral which winds outward from the heart. Some of the locations which may be included are the (a) heart, (b) solar plexus, (c) middle chest, (d) lower abdomen, (e) throat, (f) left shoulder, (g) left hip, (h) base of spine, (i) right hip, (j) right shoulder, (k) center of forehead, (l) left elbow, (m) left knee, (n) right knee, (o) right elbow, (p) center of scalp, (q) left hand, (r) left foot, (s) right foot, (t) right hand, and (u) point in midair, several inches above the center of the scalp.

Locations may be added or subtracted, to lengthen or shorten the induction as the situation demands. Greatly abbreviated versions of the spiral have been given using only the arms, legs, and head, with no apparent dilution of its power as an induction technique. When the visceral locations are given, the patient may be asked to picture a spiral connecting these organs, which otherwise might appear to form a vertical line through the torso.

In using the technique, the hypnotist names the locations slowly, giving the patient a number of seconds to focus on each spot. The hypnotist can use each pause to describe the healthy functioning of each organ, or to describe the focusing process itself. Each way station of the spiral provides a wealth of opportunity for interspersed suggestions. A typical example follows:

Now I want you to focus on your heart, and when I say "focus," I mean to narrow your attention down, the way you narrow down a pencil when you sharpen it, until all you are thinking about is the way your heart feels right now. You don't

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have to think about the past or the future. Just the way your heart feels right now. And do you have any way to let it feel better? Can you relax it? Can you let it feel more comfortable?

After covering the points of the body in this manner, most patients are significantly relaxed. The hypnotist may spend a few minutes giving therapeutic suggestions, and then "rewind" the spiral by naming the points in reverse order. During "rewinding," I often name one point for each breath the patient takes. This lasts about 2 minutes and demonstrates that hypnosis or relaxation need not take much time. When the reverse spiral is completed, I may dehypnotize the patient and end the session. This permits a highly structured hypnotic session, which appeals to many patients who otherwise are perplexed by the vagueness of psychotherapeutic methods. When I ask patients to practice the spiral at home, I may advise them to move from point to point with each breath. This adds structure for patients who otherwise tend to ask, "When do I know to move from one spot to the next?"

During or after the first few sessions with the spiral, patients may experience enhanced body awareness, which often manifests itself in two ways.

1. While working through a spiral, certain locations are likely to be felt more strongly than others and to absorb the patient's attention more fully. The heart, throat, and forehead are often among these "stronger" locations.

2. While the patient is engaged in everyday activities, spiral points may "light up" or intrude into attention, in a manner reminiscent of trance. The patient may be instructed to enjoy these moments and may be assured that trance will not ensue unless the patient desires it and the circumstances are safe.

The brief case report given below illustrates some of the important features of the spiral technique.

#### CASE REPORT

Mrs. R. was a 38-year-old woman, referred for training in hypnotic analgesia several weeks prior to oral surgery. I recognized her as a patient I had seen several months earlier for addiction to diazepam. At that time, I had been instrumental in seeing that local physicians stopped prescribing for her. Clinically, she was a very angry woman with pronounced histrionic features. She had a very troubled marriage, for which she was in treatment with the psychologist who referred her for hypnotic analgesia.

When we met for hypnosis, she perfunctorily stated her willingness to work with me, but I did not feel that she had so easily dispelled the anger she felt over the diazepam incident. As I proceeded with hypnotic induction, she gave no sign of relaxation, heightened suggestibility, or other physical or behavioral change commonly associated with trance. I attempted eye fixation, eye closure, progressive relaxation, a "descending stairs" visualization technique, and a conversational, interspersal technique described by Erickson and Rossi (1979). She cooperated superficially with all my instructions, but she maintained her tense and cautious manner. After 30 minutes of induction, she still sat rigidly in her chair and showed a great deal of tension in her posture and breathing. I then launched into a slow and leisurely spiral induction that lasted another 30 minutes. I prolonged the spiral by lingering over each point for many seconds, and this technique seemed to succeed where the other methods had failed. After 10 minutes, she showed postural relaxation and the slow, rhythmic breathing suggestive of trance. I completed the induction and gave suggestions for analgesia.

Mrs. R. may have entered trance after 40 minutes of any persevering, non-rejecting technique, or perhaps the predictable and almost mechanical pattern of the spiral overcame her resistance and enabled her to experience trance within the safe structure created by the technique.



## DISCUSSION

The spiral technique lends structure as well as flexibility to hypnotic induction. It can be administered in 2 minutes, or in 30. Any number of points can be included or excluded, and while the technique may be presented as highly structured, it allows ample opportunity for interspersing suggestions. The intense focus on body awareness facilitates the preoccupation with inner experience and the dissociation from external reality which some authorities believe is essential for successful trance induction (Chertok, 1981; Erickson & Rossi, 1979).

Because of the direct focus on physical relaxation, the technique is similar to Jacobson's (1929) progressive relaxation. Jacobson, however, focused on striated muscle, whereas the spiral focuses on the joints and viscera. By focusing on the joints, the spiral seems to facilitate the relaxation of adjacent muscle groups, thereby being more economical than progressive relaxation, which often seems unduly time-consuming when fully applied.

Three years of clinical observation have suggested two hypotheses which may be borne out in future research. First, the spiral seems especially suited to the treatment of disorders which have a component of physical tension, such as insomnia, sexual dysfunction, and certain chronic pains such as headache and backache. Second, as in the case presented above of a histrionic woman, structured techniques such as the spiral may be suited to individuals with disorders of self-control, such as histrionic and compulsive personalities.

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