



Human Givens
College

DIPLOMA MANUAL

The Human Givens Diploma Course

*“Beware lest you lose the substance by
grasping at the shadow.”*

Aesop

Using language skills to influence change

The way we use language can have a profound effect in therapy. As we have already seen, matching and mirroring your client's language can demonstrate that you both share an understanding and that you are on their side. Using carefully chosen, positive language can help to build the client's expectation that they will get better. Reframing can reduce the impact of their problem on their life and open up the possibility of change. Embedded suggestions can influence their thinking, building up their positive resources and reducing negative emotional arousal.

Often the work we do will be subtle and indirect. By making carefully worded suggestions and indirect suppositions we can influence our clients to open up possibilities, heighten their awareness, bring them into their observing self, induce helpful trance and build the desire for change. As we noted before, when you first begin to work with these language skills they may seem uncomfortable and unnatural. But remember we are just using the natural rhythms and idioms of everyday speech. You probably use many of these techniques already without realising it. The key to becoming comfortable is constant practice. Use the opportunity of the exercises during Part 2 to practise these skills and use them in your day-to-day life. Like a river cutting a channel, the more you practise the easier your skills will flow.

The following language skills are all indirect forms of communication that can be used alongside the language skills you have already practised. It is important to remember that these different language skills often overlap – one sentence might encompass a number of these techniques. We separate these techniques out only so that we can teach you the different ways in which language can be used but in practice we often use them together. Language is a living thing – it flows; it cannot be neatly atomised. Working with it is an art that improves with practice.

We recommend that you spend a lot of time thinking about, writing out and using these language forms as it will pay enormous dividends when they are incorporated naturally into your counselling sessions.

Therapeutic presuppositions

A presupposition is a statement that implies the existence of some condition, state or feeling. It presupposes (or assumes) that something is going to happen. The power of presuppositions is that they cannot be ignored and, if used subtly, create expectations for change that are outside or beyond the conscious mind. Examples:

“I don't know if you will go into a light trance or a deep trance.”

The presupposition is that the client will go into a trance.

“How did you bring about that improvement?”

The presupposition is that the client has some control over their condition while underscoring that there has been improvement.

“What positive things have happened to you since we last met?”

The presupposition is that some good things are happening in the client's life.

“May I make a
suggestion, hoping it is
not an impertinence?”

Robertson Davies

“I’m interested in what you want to learn from seeing me today.”

The presupposition is that the client wants to learn something new.

“I don’t know how your behaviour will start to improve.”

The presupposition is that their behaviour will improve.

“I wonder when you’ll realise the panic attacks have stopped.”

The presupposition is that they will stop.

Truism-linked suggestions

A truism-linked suggestion has two component parts: a statement of something that is undeniably true linked to a suggestion of something that may happen. For example:

“Your back is against the back of the chair [undeniably true] and soon you can begin to relax [the suggestion].”

Remember, our brains work through patterns. By starting with something that is undeniably true and then making the suggestion, we create a pattern that leads to an assumption – if the first thing is true the second thing must be true as well.

Notice that the word ‘and’ acts as a link between the truism and the suggestion.

Here are some more examples:

“You are sitting there/breathing/looking around the room/listening/ moving your head/[any behaviour you can describe], and your eyes can close/ one of your hands can feel lighter/you will feel even more relaxed [any behaviour or feeling you wish to elicit].”

“You have done well and can continue.”

A pause has the same effect. A pause is an implied ‘and’. Both the ‘and’ and the pause imply a relationship between the truism and the suggestion. In reality no relationship need exist, except within the pattern that we have created.

Using this skill for inductions and/or therapy

Truisms followed by suggestions can be used for inducing trance. They are equally powerful when used for inducing therapeutic change.

Induction example:

“Your feet are resting on the floor, your arms are resting on the chair, your back is supported, and soon you can relax”.

Therapeutic change example:

“You have felt relaxed at various times in your past, and this can occur again more and more in your future”.

(Naturally you would only give this suggestion if you knew that the patient had had a previous experience of feeling relaxed. A truism cannot be denied, it is a statement of fact.)

Using truisms and suggestions to focus on internal reality

You can use this skill to help shift the client's awareness from external to internal reality.

If you give the client a suggestion consisting of a truism about an undeniable, external, observable behaviour followed by a suggestion for a possible, internal and unverifiable behaviour, the client will experience a shifting of awareness from external to internal reality.

Examples:

"You're looking out of the window and all kinds of happy memories can come to mind."

"You're sitting in that chair relaxing deeper and deeper, and soon you can think more calmly and clearly about your situation."

"You're breathing quite quickly now and soon you can begin to notice how you can slow down your breathing."

If you gently offer a series of these forms of suggestions the client has to make a shift in awareness from external to internal reality.

Ongoing activity suggestions

An ongoing activity suggestion is similar to a truism-linked suggestion, in that we create a link between one thing that is happening and another that we wish to happen. In this instance we create the link between something the client is already doing and a suggestion. In this way we imply a causal connection between the ongoing behaviour and the suggestion, even though one may not exist. For example:

"With every breath you breathe out, you can relax deeper and deeper."

The implication is that each breath is going to relax them more deeply. At some level the client connects the two parts and behaves as if the statement were true. More examples:

"As you continue looking at that spot your eyes may get tired and close all by themselves."

"As your breathing slows down, you can remember more about the last time you relaxed very deeply."

"With every sound you hear around you, you can relax more deeply."

"With every image, sound or feeling that comes into your mind, you can relax deeper and become more absorbed in your own inner experience."

“There are many ways of inducing a trance. What you do is ask patients primarily to give their attention to one particular idea. You get them to centre their attention on their own experiential learning... to direct their attention to processes which are taking place within them. Thus you can induce a trance by directing patients’ attention to experiences, to memories, to ideas, to concepts that belong to them. All you do is direct the patients’ attention to those processes within themselves.”

Milton H. Erickson

Contextual (post-hypnotic) suggestions

These suggestions connect the therapy to the world outside the therapy room. They take the therapy into the context of the person's life – so must be shaped carefully to fit into that context, to help them meet their PAN goals in their specific circumstances. They follow the pattern: “When you are in that circumstance again, then this ... [behaviour or feeling] can occur.” Some examples are:

*“If someone offers you a cigarette, you may see an image of your little child’s big eyes pleading with you not to / yourself running easily / yourself breathing deeply / climbing steps two at a time and **remember exactly why you decided to stop smoking.**”*

*“When you walk through the door into the meeting a **sense of calm and relaxation sweeps through you** and an **image of speaking easily and comfortably**, as if to your family and friends, can stay with you.”*

*“When you come home from work, you can walk past the kitchen, go to your bedroom, put on your running gear and **go for a run, feeling in control and empowered.**”*

*“As you sit down in your favourite chair, **you can begin to go into a deep state of healthy relaxation.**”*

*“And when your conscious mind recognises a plausible and worthwhile solution, **your eyes will open all by themselves.**”*

Open-ended suggestions

Open-ended suggestions give clients autonomy to choose their own solutions and engage their problem-solving brain to identify a solution which neither of you has uncovered yet. Within the open-ended suggestion you create a template or pattern for the client to complete in their own time and in the context of their own life.

“When you are looking at your garden, you might find new ideas and solutions growing naturally in your mind.”

“And, within your mind, you can now go to a special place in which you feel particularly secure and comfortable. It may be in the countryside, by the sea, or the middle of some crowded place, or somewhere in between, but a place of comfort that’s particularly special for you.”

“We all have potentials we are unaware of, and we usually don’t know how they will be expressed.”

“As you look at the sunlight in the morning, you might find that the right solution appears to you and that you have the energy to implement it straight away.”

EXERCISE – generating examples of language skills

Enhancing your language skills

Using language to help clients relax and believe in possible positive futures

Whatever techniques or strategies we are employing, our use of language remains vital. As we explored in Week 1, language can help people stay locked inside their problems or, through reframing, help to set them free to meet their needs. Using the language techniques we covered in Week 1 can help to ensure that techniques such as the rewind, are much more likely to be effective.

It could be argued that most of what we are doing in therapy is reframing. Learning is often about reframing existing knowledge within a larger context. All successful therapy involves reframing experiences. We understand our stories through language and the vast majority of our cognitive thinking is done in language.

It is important, therefore, to take care of your language when discussing a client's situation or inducting them into relaxation. Try to use positive embedded suggestions and abstractions and avoid embedding negative suggestions, such as *"I know you don't want to feel sad"*. Our use of language must be ethical and geared towards positive change for our clients. Negative suggestions take the form of a 'nocebo'.

Your use of language should seek to reflect your client's experiences, so as to maintain rapport, but to do so in a way that opens up the possibility of change and a better future.

Note that many of the tyrannical language patterns discussed on Week 1 involve self-imposed simple binds where people use clichés or limiting beliefs to describe themselves: they bind themselves into a status quo or stuckness.

Remember that the language skills we teach often overlap and can be used together to really increase their impact.

Using binds to influence change

In Week 1 we looked at presuppositions, which are statements that presuppose (or assume) that something is going to happen. We are going to break that down further now to look at some different ways we can use this technique. We call these different ways 'binds' because we use them to bind (or tie) together two ideas and to bind people to a specific behaviour. Maintaining rapport and allowing our clients autonomy is central to human givens therapy. Milton Erickson described a therapeutic bind thus: *"I give my patients all the freedom they need to follow my suggestions!"* However, when used correctly, binds are entirely ethical in that they are geared towards the client's goals and a client can always choose not to go along with them, if preferred.

Conscious binds

The most obvious type of bind is a conscious bind. A conscious bind sets up a deliberate choice between alternatives, both of which are therapeutic.

“The Ancient Mariner
would not have taken so
well if it had been called
The Old Sailor.”

Samuel Butler

The question, *“Would you like to relax in this chair or that chair?”* is an example of a conscious bind. It is a simple question which can be answered consciously. However, the decision to sit in one chair or the other effectively binds the patient to relaxing regardless of which chair is chosen.

Salesmen use this technique. If you were interested in buying a car, for example, to get you to commit to making a purchase they might ask, *“Which would you prefer? The red one or the blue one?”*

More examples:

“Would you like to tell me about it standing up or sitting down?”
(This binds the client to telling about it, either way)

“Do you prefer to relax with your hands on your lap or on the arms of the chair?” (This binds the client to relaxing)

When you ask a client a conscious bind question the patient can still reject either choice. For example, to ask, *“Do you prefer tea or coffee?”* is to presuppose that the client is going to drink something or likes either. But of course they may say, *“I won’t have anything, thanks.”*

Unconscious binds

An unconscious bind involves an unconscious choice between two therapeutic alternatives and, because the answer to the question will only become evident at a future time, the patient is less able to reject it. For instance, asking a client, *“Will you relax more deeply as you breathe in or as you breathe out?”* binds the person to go into deep relaxation although they can’t consciously answer the question. Instead the bind focuses their attention on relaxing. (Note also the embedded suggestion)

Unconscious binds have been described as ‘mild quandaries’. They provide patients with an opportunity for growth and are one of the most effective indirect language skills for inducing trance or encouraging therapeutic change in counselling.

The prerequisite to structuring an unconscious bind is the embedded presupposition that something will occur – which, in the example above, is that the client will relax more deeply.

More examples:

“I don’t know if you will notice the depression has lifted in a day or two, or whether it will take you a week or more to notice the difference.”
(This directs the client’s attention to noticing positive changes – either now or over the next week.)

“Will you notice you have longer and longer periods of time without depression or will the depression just get lighter and lighter?”
(Again this directs the person’s attention to improvements; it leaves no room for no improvement).

“I wonder which foot will relax first, your right foot left there or your left foot, right there?” (This is also confusional language and may be used for an overly analytical person)

“Will you choose to ignore the distraction or listen to my voice?”

“Practice is the best
of all instructors.”

Publilius Syrus

*“All the mystery in life turns out to be this same mystery,
the join between things which are distinct and
yet continuous, body and mind ...”*

Tom Stoppard

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