

*Handbook of Short-term Psychotherapy*



**Making a  
Relaxing and  
Ego-Building  
Recording**

**Lewis R. Wolberg**

# **Making a Relaxing and Ego-Building Tape**

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## Table of Contents

### [Making a Relaxing and Ego-Building Tape](#)

#### [Preliminary Preparations](#)

#### [Making the Tape](#)

#### [Reactions to the Tape](#)

#### [Conclusion](#)

## Making a Relaxing and Ego-Building Tape

One of the simplest ways of promoting relaxation and enhancing morale is through the employment of a cassette recording. Among the advantages of this adjunct is that the patient can use it away from the therapist's office. Too often treatment begins and ends with each weekly or biweekly therapeutic session. The only carryover is the memory of the patient, which tends to be blunted by resistance and by the intrusion of everyday distractions and responsibilities. By playing the tape at least twice daily, the patient reinforces and consolidates the lessons learned in the therapeutic session.

Other tangible benefits accrue too: (1) The tape is material evidence that something definite and palpable is being done for the patient. Some persons consider the "talking cure" temporary and flimsy. They seek something more substantial. This, in part at least, is why demonstrable techniques, such as those used in behavior therapy, make a greater impact on certain patients than simply verbalizing. It may be that the placebo effect is also enhanced through the instrumentality of a tape. (2) A relationship with the therapist becomes more intensified. Listening to someone who soothes, quiets, relaxes, and reassures solidifies rapport. The idealized image of empathic authority is augmented. Even when the voice on the tape is not that of the therapist, it becomes identified with the therapist. A relationship that may not develop in the brief time devoted to treatment will have a better chance of evolving because of the more intensive contact with an extension of the therapist. (3) Tensions and anxieties become alleviated through relaxing and reassuring suggestions. This subdues defensive maneuvers that have perturbed the patient from putting into practice more adaptive patterns. (4) A more constructive self-image is encouraged through positive persuasive suggestions neutralizing negative suggestions with which the patient has been habitually preoccupied. (5) Termination is more easily achieved since a token of the therapist, embodied in the cassette, remains with the patient, and this ameliorates separation anxiety. (6) After therapy the patient has a helping resource to turn to in the tape should anxiety emerge, symptoms return, or critical situations arise that threaten to overwhelm coping capacities.

Understandably, several questions arise regarding limitations, disadvantages, and dangers of supplying the patient with an ersatz therapist in the form of a tape.

*Does not a tape enhance the patient's dependency and provide him with a crutch he can use instead of standing on his own feet?*

In follow-ups, which have extended in some cases over 15 years, I have not encountered a single patient who has become dependent on a tape or in whom dependency has increased as a consequence of having a tape available to him or her. The problem is not that patients will overuse the tape; rather, it is that they will stop using it when they start feeling better, putting it aside before they have achieved its full benefit. Some tape suggestions are akin to forms of assertive training, and they lead to greater, not lesser, self-sufficiency.

*Doesn't a tape, which contains supportive and reeducative suggestions, take away from a dynamic approach that deals with deeper and more fundamental issues?*

On the contrary, it adds to a dynamic approach. Transference may be enhanced through the patient's reactions to the tape (as will be illustrated later in the chapter), and characteristic resistances may surface—that is, if one watches for these responses and if the patient is encouraged to report dreams. Several reasons account for this. Contact with the therapist through the tape is on a daily basis, thus preventing the patient from avoiding or repressing emerging destructive feelings, which can happen when therapeutic contact is minimal. Moreover, inducing relaxation results in an altered state of consciousness that invigorates regressive phenomena. How one handles transference, resistance, emergence of archaic emotions, and the elicitation of memories should these erupt will determine whether or not a therapeutic effect will be registered. Of course, the therapist may choose to ignore these manifestations. But where resistances are powerful enough to block the therapeutic effort, learning about them expeditiously (which can occur by studying the patient's responses to the tape) may enable the therapist to deal with them and thus salvage treatment that otherwise would end in failure.

*In the event the tape breaks or is lost, won't the patient's symptoms return?*

An adjunctive cassette tape is no substitute for psychotherapy. It supplements and expedites psychotherapy. There is no reason why symptoms should return if psychotherapy has dealt satisfactorily with the patient's problems.

## Preliminary Preparations

The equipment for making a tape is simple. A good cassette recorder and a microphone that has a start and stop switch are essential. It is best not to rely on the patient's recorder, with which idiosyncrasies the therapist may not be acquainted. A metronome is optional. I use an electronic metronome that is tuned to a base tone at a speed of about one beat per second. A metronome may be purchased in any music store. A small bottle of rubbing alcohol, some Q-tips and a needle should be available in the event the therapist wishes to test for glove anaesthesia. In making a tape the suggestions should be given fluently, with conviction and without stumbling for words. To prevent omissions and embarrassing speech blunders, a prepared script is essential, one that is sufficiently general so that it applies to practically all patients, yet into which the therapist can interpolate special suggestions that are applicable to specific patients. The script in this chapter has been tested over a number of years, and it has many advantages. The therapist may copy it on cards and experiment with it. It is best to rehearse the making of a tape with pauses and emphasis at certain points so that when it is played back it sounds like natural talk. Performers on radio or television have mastered the skill of reading a script so that it sounds spontaneous. The therapist should practice by dictating several tapes, trying to articulate naturally, then listening to what has been dictated, and continuing to recite until the art of talking casually from script has been mastered. Some therapists prefer to give their patients a prerecorded tape made by another person.<sup>1</sup> It may also be helpful for a therapist to secure a tape that can serve as a model to follow.

When to introduce the desirability of making a tape is a concern. I usually decide to do this if I have the time at the end of the first session after collecting data about the patient and presenting a hypothesis of the problem. However, it may be done at the second or a later session. The patient may be approached as in the following excerpt:

Th. I believe you would benefit if I make a relaxing cassette tape for you. Understandably, with what you have gone through, you have a lot of tension, and the tape should help.

Pt. I see.

Th. Have you ever noticed how much better you feel when you are free from tension and relaxed?

Pt. Yes, but that's the trouble. I can't relax.

Th. For that reason I'm going to teach you a method that will help you relax. You know when you are tense, every

organ in your body is keyed up. This makes it hard for you to heal. By learning how to relax your muscles and breathe easily you should begin to notice an improvement. This will give you the best chance to overcome tension.

Pt. That's good. Is that like meditation?

Th. Meditation is one form of relaxation. Hypnosis is another. There are other forms too. I will show you one that should be suitable for you. Do you have a tape recorder—a cassette recorder? *[If the patient has no recorder, it is best that he purchase one, preferably one that has an automatic shutoff with the ending of the tape.]*

Pt. Yes, I play music on it.

Th. Fine, I'll make a relaxing tape for you that should be of help. The next time you come here bring a blank 1-hour tape, that is, 30 minutes on each side. Get a good quality tape so that it will last. It is not necessary to bring your recorder since I'll use mine.

Pt. All right.

It is usually best to employ the word “relaxation” rather than “hypnosis” since the latter may have connotations for the patient that will complicate matters. People are acquainted with the symptoms of relaxation, but they may anticipate some mysterious, extramundane phenomenon in hypnosis, which when not experienced will inspire disappointment and a sense of failure. In the course of responding to the relaxing exercises many patients will actually enter a state of hypnosis. For practical purposes it is not necessary to differentiate relaxation from hypnosis in making a tape since the suggestions that are given are effective in both states. Indeed, it may be wise to minimize the need for hypnosis by stating that all we wish to do is to practice relaxation. If the patient asks whether what will be done is a form of hypnosis, he may be advised: “Some people relax so deeply that they may go into hypnosis, and some actually doze off. But this is not important. How deep you go makes little difference. The suggestions I will give you can be equally effective whether you are lightly relaxed or close to sleep.”

It is often expedient at the end of the initial interview to have a preparatory session of relaxation as a preliminary to making a tape, which is done at the next session. The reason this is helpful is that it enables the therapist to observe how the patient responds to suggestions. It also prepares the patient for what will happen at the tape-making session.

The patient is made comfortable in a chair that should be sufficiently high so that it provides support for the head. An ottoman, if available, provides support for the feet. The patient may be told the



following:

Th. Prior to making a relaxing tape for you, which we will do next time, I would like to see how you relax. What I would like to have you do is just lean back, close your eyelids and keep them closed until I give you the command to open them. Remember you will not be asleep and you will not be hypnotized, just pleasantly relaxed.

The following script is then slowly read in a kind of drawling, chanting tone as if lulling a person to sleep.

Now just settle back and shut your eyes. Listen comfortably to the sound of your breathing. Breathe in right down into the pit of your stomach. D-e-e-p-l-y, but gently, d-e-e-p-l-y. Just deeply enough so that you feel the air soaking in. In . . . and out. D-e-e-p-l-y, d-e-e-p-l-y. In . . . and out. And as you feel the air soaking in, you begin to feel yourself getting pleasantly tired and r-e-l-a-x-e-d, very r-e-l-a-x-e-d. Even d-r-o-w-s-y, d-r-o-w-s-y and relaxed. Drowsy and relaxed.

Now I want you to concentrate on the muscle groups that I point out to you. Loosen them, relax them, all while visualizing them. You will notice that you may be tense in certain areas and the idea is to relax yourself completely. Concentrate on your forehead. Loosen the muscles in your forehead. Now your eyes. Loosen the muscles around your eyes. Your eyelids relax. Now your face, your face relaxes. And your mouth . . . relax the muscles around your mouth. Your chin; let it sag and feel heavy. And as you relax your muscles, your breathing continues r-e-g-u-l-a-r-l-y and d-e-e-p-l-y, deeply within yourself.

Now your neck, your neck relaxes. Every muscle, every fiber in your neck relaxes. Your shoulders relax . . . your arms . . . your elbows . . . your forearms . . . your wrists . . . your hands . . . and your fingers relax. Your arms feel loose and relaxed; heavy and loose and relaxed. Your whole body begins to feel loose and relaxed. Your neck muscles relax; the front of your neck; the back muscles. If you wish, wiggle your head to get all the kinks out. Keep breathing deeply and relax. Now your chest. The front part of your chest relaxes . . . and the back part of your chest relaxes. Your abdomen . . . the pit of your stomach, that relaxes. The small of your back, loosen the muscles. Your hips . . . your thighs . . . your knees relax . . . even the muscles in your legs. Your ankles . . . your feet . . . and your toes. Your whole body feels loose and relaxed. And now as you feel the muscles relaxing, you will notice that you begin to feel relaxed and pleasantly tired all over. Your body begins to feel v-e-r-y, v-e-r-y relaxed . . . and you are going to feel d-r-

o-w-s-i-e-r, and d-r-o-w-s-i-e-r, and d-r-o-w- s-i-e-r, from the top of your head right down to your toes. Every breath you take is going to soak in deeper and deeper and deeper, and you feel your body getting drowsier and drowsier, (*pause*)

And now I want you to imagine, to visualize the most relaxed and quiet and pleasant scene imaginable. Visualize, a relaxed and pleasant quiet scene. Any scene that is comfortable. Drowsier, and drowsier, and drowsier. You are v-e-r-y weary, and every breath will send you into deeper and deeper and deeper. [*If a metronome is to be used the patient may be told, "I am going to turn on a metronome and every beat of the metronome will send you in deeper and deeper."*] As you visualize this quiet scene, I shall count from one to twenty, and when I reach the count of twenty, you will feel yourself in deep, sufficiently deep to absorb the suggestions I'm going to give you. One, deeper and deeper. Two, deeper, and deeper, and deeper. Three . . . drowsier and drowsier. Four, deeper and deeper. Five . . . drowsier, and drowsier, and drowsier. Six . . . seven, very tired, very relaxed. Eight, deeper and deeper. Nine . . . ten, drowsier and drowsier. Eleven, twelve, thirteen, deeper and deeper, d-r-o-w-s-i-e-r and d-r-o-w-s-i-e-r. Fourteen, drowsier, and drowsier, and drowsier. Fifteen . . . sixteen . . . seventeen, deeper and deeper. Eighteen . . . nineteen . . . and finally twenty, (*pause*)

I want you (*the patient's first name may be mentioned*) for the next few minutes, to continue visualizing a quiet and wonderfully relaxed scene, and, as you do, you will get more, and more, and more, and more relaxed. Your body will begin to get more pleasantly tired and more relaxed, and you will get drowsier and drowsier; your arms may feel heavy, your hands tingly. When I talk to you next, you'll be more deeply relaxed. Deep, d-r-o-w-s-y and relaxed; d-r-o-w-s-y, and deep, and relaxed; deep, d-r-o-w-s-y, and relaxed; relaxed, and deep, and drowsy, (*pause for about 30 seconds*)

Now I'd like to have you concentrate on your left arm. I am going to stroke the arm and as I stroke it, the muscles get firm and rigid and the arms get stiff. Every muscle, every fiber in the arm stiffens, and the arm will feel as if it is glued right down to the side of the chair. (*The therapist at this point may walk over to the patient and while suggestions are given stroke the left arm. The intonation should now change from a lulling chant to a firmer more commanding tone.*) Every muscle, every fiber feels stiff and firm and rigid. The arm feels as if a 100-pound weight presses on the arm (*the therapist may press the arm down*) as if a suction pad holds the arm down, as if steel bands bind the arm down to the chair. The arm seems glued to

the chair, and when I try to lift it, it feels heavy and rigid, glued against the chair. *(The therapist then lightly tries to lift the arm.)* Heavy and stiff and rigid. *[This is the first test as to whether the patient is responding to suggestions. The great majority of patients will exhibit a stiffness of the arm. Those who show no stiffness and rigidity are resisting for some reason. In the latter event the therapist may remark, "It is a little hard to do this the first time. Next time you will probably find it easier." Then the therapist may go on uninterrupted.]* And now I'm going to stroke the arm, and whatever stiffness is there will leave. In fact, the arm will feel light as a feather. *(The arm is stroked and then rapidly lifted.)*

Feel your eyelids glued together now. Your eyelids feel tight, tight and when you try to lift them, they feel as if they are glued together. Tight, tight, tight. *[This is the next test, and most patients will comply with the suggestions. In the event the patient is in resistance and lifts the eyelids, simply press them down to close them and say, "It is a little difficult now. Next time it will be easier," and continue with the suggestions.]*

Now what I'd like to have you do is to picture things in your mind as I describe them, and, as you do, indicate it by lifting this finger an inch or so in the air. *(The index finger of the left hand is touched.)* For example, imagine yourself walking outside on the street, and when you see yourself walking on the street, indicate this by lifting up your finger. *[These suggestions are aimed at training the patient in imagery. Most patients easily visualize themselves walking on the street. Occasionally, a patient will block doing this for one reason or another. Where this occurs and after a minute or so has passed without the finger lifting, the therapist may say: "It is a difficult to do this. So now picture yourself sitting in the chair and you are in looking at me. In your imagination see me as I talk to you, and when you do, lift the finger." This usually brings a positive response since the image of the therapist is fresh in the patient's mind. Once the patient has lifted the finger, the suggestion about picturing oneself walking on the street is made and should be successfully executed. In the very unusual event the patient resists all these suggestions, or later suggestions during the session, the therapist may say: "It is a little difficult now. You will find it easier next time." The hope is that the patient will eventually work through the resistance.]*

Visualize yourself walking into an alleyway between two buildings. See yourself stepping into this alleyway. And you walk right into an open courtyard. See yourself walking into this courtyard, and right in front of you you see a tall church—the steeple, spire, and bell. Then lift the finger. *(The therapist*

*continues suggestions.*) Now watch the bell. Now watch the bell. It will begin to move from one side to the next, from one side to the next, and as it does, you get the sensation of a clanging, c-l-a-n-g-i-n-g in your ears. As soon as that happens, as soon as you see the bell move, lift your finger. *[It is possible that the patient may be an excellent hypnotic subject and actually hallucinate ringing of the bell at this point. This is, however, not questioned so that in the event no auditory hallucinations exist the patient does not infer he has failed. Actually, it makes no difference whether or not the patient hallucinates insofar as the later making of the tape is concerned.]* (pause, until the finger lifts)

Turn away from the church building now and see yourself walking back through the courtyard into the alley. Over the right-hand side of the alley, on the ground, you see a pail with steaming water. Lift your finger when you see this, (pause, until finger lifts)

Now see yourself taking your right hand and waving it through the steam. As you do this, your hand will get tingly and tender and sensitive as if it has been soaked in steam. When you see yourself doing this, lift your finger. In a moment your hand will become sensitive and tender as if you have waved it in steam, (pause, until finger lifts)

In contrast to your sensitive right hand, your left hand is going to get numb and insensitive. It will feel as if I have created a wrist block with novocaine (*The therapist may touch the patient's left wrist with his finger in a number of spots, circling it as if novocaine is being injected.*) As a matter of fact, you are now going to imagine yourself wearing a thick heavy leather glove on your left hand, and as soon as you see yourself in your imagination wearing a thick heavy leather glove on your left hand, indicate it by lifting your finger, (pause, until finger lifts)

Now I am going to show you the difference between the sensitive right hand and the left hand enveloped in a glove. *[In most cases a partial glove anaesthesia will be obtained, and this more than any other phenomenon during the present relaxing session will impress the patient that something important may be accomplished with suggestion. After the session is over, many patients express surprise or incredulity that anaesthesia has occurred. Some doubt that the therapist actually touched the hand with the needle, and the therapist will have to assure them this was so.]* I am going to touch your left hand with a sterilized needle, and it will feel as if I am touching it through a thick, heavy leather glove. You will feel touch, but no pain;

touch but no pain. Touch, but no real pain. (*A needle, a small bottle of alcohol and a swab of cotton or Q-tip being available, the needle is wiped with alcohol, and the alcohol-soaked swab is applied to the back of the hand in the triangle between the thumb and forefinger. The therapist should then touch the skin with the needle lightly to avoid drawing blood*). On the contrary, the other hand, the right hand, will be very sensitive and tender and painful even to the slightest touch. (*The same process with the needle is repeated with the back of the right hand to demonstrate the difference in sensation between the two hands.*)

What we have done is to produce an anesthesia, which is sometimes used in minor surgical operations. But what it indicates is the power of the mind in controlling physical functions. And if the mind can do this with a fundamental function like pain, it can also control your symptoms (*these may be mentioned*).

I am now going to count slowly from one to five. When I reach the count of five lift your eyes and you will be out of it. One . . . two . . . three . . . four . . . five.

Most patients will slowly lift their eyelids and spontaneously comment on how relaxed they feel. They may inquire if the therapist really touched the left hand with a needle. If the patient does not present his comments spontaneously, the therapist may inquire about his personal reactions. In the event the patient resisted certain suggestions (which as has been mentioned before is not unusual), the therapist may ask whether the patient was upset or had any other feelings or thoughts during the relaxing exercises.

In one patient, for example, when asked what thoughts came to him when he could not visualize a church when asked to do so, he replied: "I had a peculiar fantasy, visionlike. There was a manhole in the street, and I was walking toward it. And there was a machine with teeth in it ready to grind me up." At this point, the patient smiled and he said; "I knew a man who went for analysis and referred to his analyst's office as a hell hole." The fantasy and his association provided a dynamic focus for our interviews, which dealt with transference feelings that I, like his father, was a dangerous authority who, if he relaxed his guard, might injure him.

In most cases resistances will not be encountered and the therapist may then proceed with these instructions: "The next time you come here bring a 1-hour blank cassette tape of good quality, 30 minutes

on each side. It is not necessary to bring your recorder since I will use my own machine.”

At the next session, if the patient does not spontaneously report dreams, the therapist should inquire about them. Following the relaxing session, many patients are apt to have dreams that relate to their relaxation experience and that expose transference as well as resistance maneuvers. These reactions may be very important because not only do they open a window into the underlying dynamics, but they are warning signals of problems that will have to be handled that may sabotage the benefits of the recorded tape.

Thus a male patient brought in this dream after the first session: “I was ill in bed. Friends were visiting me. It’s grandpa’s house, and my mother is there. She talks about helping me, but she gets me pink ribbons for my bed and tells me to sleep. I say, ‘This is for girls.’ She tries to persuade me it’s all right. But I don’t want to believe her. Then I had another dream. There was a rope around my penis; it changed to ribbons and it was choking my penis.” The transference elements came out rapidly after the relaxation session. Had I not been alerted to the patient’s fear of castration (which apparently stemmed from his unresolved oedipal fantasies and which he was projecting onto me) I would not have been able to deal with his core problem. I delayed the making of the tape until we had worked sufficiently on this material so that he would not interpret my tape-making activities as a castrating threat.

In the great majority of patients the dreams and fantasies that follow the first relaxing session are pleasant ones and do not indicate any need for delay in dictating the cassette.

### **Making the Tape**

The patient is made comfortable in a chair (some patients prefer lying on a couch since they are more relaxed in it), and the blank cassette is put into the therapist’s recorder. It is wise to test the voice level, counting from one to ten in the microphone, at the volume that one will use during the dictation, and then listening to the playback. After the proper adjustments have been made, the therapist says to the patient, “If you hear some rustling it is because I may refer to my cards and to the case record to make sure I include all the material that is important. Now I want you to shut your eyelids and keep them shut until I give you the command to open your eyes.”

The script, which has been copied on cards, is essentially similar to that in my book, *The Technique of Psychotherapy* (1977, pp. 795-796). The first part is identical with that of the beginning of the preliminary session, but to avoid confusion the complete script will be included here. Dictation should be slow, with proper pauses and emphases much as in the first session. The patient's first name may be interpolated in certain spots to make the tape more personal. The patient having shut the eyes, the recorder is turned on and the script dictated.

Now just settle back and shut your eyes. Listen comfortably to the sound of your breathing. Breathe in right down into the pit of your stomach. D-e-e-p-l-y, but gently, d-e-e-p-l-y. Just deeply enough so that you feel the air soaking in. In . . . and out. D-e-e-p-l-y, d-e-e-p-l-y. In . . . and out. And as you feel the air soaking in, you begin to feel yourself getting pleasantly tired and r-e-l-a-x-e-d, very r-e-l-a-x-e-d. Even d-r-o-w-s-y, d-r-o-w-s-y and relaxed. Drowsy and relaxed.

Now I want you to concentrate on the muscle groups that I point out to you. Loosen them, relax them, all while visualizing them. You will notice that you may be tense in certain areas and the idea is to relax yourself completely. Concentrate on your forehead. Loosen the muscles in your forehead. Now your eyes. Loosen the muscles around your eyes. Your eyelids relax. Now your face, your face relaxes. And your mouth . . . relax the muscles around your mouth. Your chin; let it sag and feel heavy. And as you relax your muscles, your breathing continues r-e-g-u-l-a-r-l-y and d-e-e-p-l-y, deeply within yourself.

Now your neck, your neck relaxes. Every muscle, every fiber in your neck relaxes. Your shoulders relax . . . your arms . . . your elbows . . . your forearms . . . your wrists . . . your hands . . . and your fingers relax. Your arms feel loose and relaxed; heavy and loose and relaxed. Your whole body begins to feel loose and relaxed. Your neck muscles relax; the front of your neck; the back muscles. If you wish, wiggle your head to get all the kinks out. Keep breathing deeply and relax. Now your chest. The front part of your chest relaxes . . . and the back part of your chest relaxes. Your abdomen . . . the pit of your stomach, that relaxes. The small of your back, loosen the muscles. Your hips . . . your thighs . . . your knees relax . . . even the muscles in your legs. Your ankles . . . your feet . . . and your toes. Your whole body feels loose and relaxed. And now as you feel the muscles relaxing, you will notice that you begin to feel relaxed and pleasantly tired all over. Your body begins to feel v-e-r-y, v-e-r-y relaxed . . . and you are going to feel d-r-o-w-s-i-e-r, and d-r-o-w-s-i-e-r, and d-r-o-w-s-i-e-r, from the top of your head right down to your toes.

Every breath you take is going to soak in deeper and deeper and deeper, and you feel your body getting drowsier and drowsier, (*pause*)

And now I want you to imagine, to visualize the most relaxed and quiet and pleasant scene imaginable. Visualize, a relaxed and pleasant quiet scene. Any scene that is comfortable. Drowsier, and drowsier, and drowsier. You are v-e-r-y weary, and every breath will send you into deeper and deeper and deeper. [*If a metronome is to be used the patient may be told, "I am going to turn on a metronome and every beat of the metronome will send you in deeper and deeper."*] As you visualize this quiet scene, I shall count from one to twenty, and when I reach the count of twenty, you will feel yourself in deep, sufficiently deep to absorb the suggestions I'm going to give you. One, deeper and deeper. Two, deeper, and deeper, and deeper. Three . . . drowsier and drowsier. Four, deeper and deeper. Five . . . drowsier, and drowsier, and drowsier. Six . . . seven, very tired, very relaxed. Eight, deeper and deeper. Nine . . . ten, drowsier and drowsier. Eleven, twelve, thirteen, deeper and deeper, d-r-o-w-s-i-e-r and d-r-o-w-s-i-e-r. Fourteen, drowsier, and drowsier, and drowsier. Fifteen . . . sixteen . . . seventeen, deeper and deeper. Eighteen . . . nineteen . . . and finally twenty, (*pause*)

I want you (*the patient's first name may be mentioned*) for the next few minutes, to continue visualizing a quiet and wonderfully relaxed scene, and, as you do, you will get more, and more, and more, and more relaxed. Your body will begin to get more pleasantly tired and more relaxed, and you will get drowsier and drowsier, your arms may feel heavy, your hands tingly. When I talk to you next, you'll be more deeply relaxed. Deep, d-r-o-w-s-y and relaxed; d-r-o-w-s-y and deep and relaxed; deep, d-r-o-w-s-y, and relaxed; relaxed, and deep, and drowsy, (*pause for about 30 seconds*)

Relax and feel drowsy. As you begin to feel more drowsy, you have a sort of floating sensation and you relax more. Things seem to fade a little and lose their immediacy—any anxiety and depression fade. A sort of fuzzy and tingling sensation and a feeling of welcoming sleep, yet different from the reaction to ordinary sleep.

The mind is like a sponge. It soaks up suggestions. In your case it has been filled with negative suggestions that have piled up in you over the years. [*These may be enumerated. For example, if the patient has a feeling that he cannot get better, or is unable to succeed at anything or if he has a devalued self-*



*image, these may be mentioned as negative thoughts. ]*

I shall now give you a number of suggestions and you may utilize those that apply to you at this moment and put aside those that do not, which may apply at some other moment.

Every day . . . you will become physically STRONGER and FITTER. You will become MORE ALERT . . . MORE WIDE AWAKE . . . MORE ENERGETIC. You will become MUCH LESS EASILY TIRED . . . MUCH LESS EASILY FATIGUED . . . MUCH LESS EASILY DEPRESSED . . . MUCH LESS EASILY DISCOURAGED. Because of resolution of your troubles [*specific symptoms that have burdened the patient may be mentioned here if desired*]. Every day . . . you will become . . . SO DEEPLY INTERESTED IN WHATEVER YOU ARE DOING . . . SO DEEPLY INTERESTED IN WHATEVER IS GOING ON . . . THAT YOUR MIND WILL BECOME MUCH LESS PREOCCUPIED WITH YOURSELF AND YOUR PROBLEMS . . . AND YOUR OWN FEELINGS.

Every day . . . YOUR NERVES WILL BECOME STRONGER AND STEADIER . . . YOUR MIND WILL BECOME CALMER AND CLEARER . . . MORE COMPOSED . . . MORE PLACID . . . MORE TRANQUIL. You will become MUCH LESS EASILY WORRIED . . . MUCH LESS EASILY AGITATED . . . MUCH LESS FEARFUL AND APPREHENSIVE . . . MUCH LESS EASILY UPSET. You will be able to THINK MORE CLEARLY . . . You will be able to CONCENTRATE MORE EASILY. YOUR MEMORY WILL IMPROVE . . . and you will be able to SEE THINGS IN THEIR TRUE PERSPECTIVE . . . WITHOUT MAGNIFYING THEM . . . WITHOUT ALLOWING THEM TO GET OUT OF PROPORTION.

Every day . . . you will become EMOTIONALLY MUCH CALMER . . . MUCH MORE SETTLED . . . MUCH LESS EASILY DISTURBED. Every day . . . you will feel a GREATER FEELING OF PERSONAL WELLBEING . . . A GREATER FEELING OF PERSONAL SAFETY . . . AND SECURITY AND CONTROL than you have felt for a long, long time.

Every day . . . YOU will become . . . and YOU will remain . . . MORE AND MORE COMPLETELY RELAXED . . . AND LESS TENSE EACH DAY . . . BOTH MENTALLY AND PHYSICALLY . . . And, AS you become . . . and, AS you remain . . . MORE RELAXED . . . AND LESS TENSE EACH DAY . . . SO, you will develop MUCH MORE CONFIDENCE IN YOURSELF. MUCH more confidence in your ability to DO . . . NOT ONLY what you HAVE to do each day, . . . but MUCH more confidence in your ability to do whatever you OUGHT to be able to do . . . WITHOUT FEAR OF CONSEQUENCES . . . WITHOUT UNNECESSARY ANXIETY. . . WITHOUT

UNEASINESS. Because of this . . . every day . . . you will feel MORE AND MORE INDEPENDENT . . . MORE ABLE TO STAND UPON YOUR OWN FEET WITHOUT PROPS [*If the patient is utilizing props, like tranquilizers or pills, these may be mentioned, "Like tranquilizers and sleeping pills."*] AND WITHOUT WORRYING. TO HOLD YOUR OWN . . . no matter how difficult or trying things may be.

And, because all these things WILL begin to happen . . . EXACTLY as I tell you they will happen, you will begin to feel MUCH HAPPIER . . . MUCH MORE CONTENTED . . . MUCH MORE CHEERFUL . . . MUCH MORE OPTIMISTIC . . . MUCH LESS EASILY DISCOURAGED . . . MUCH LESS EASILY DEPRESSED.

Now relax and rest for a minute or so, going deeper, d-e-e-p-e-r, d-e-e-p-e-r, and in a minute or so I shall talk to you, and you will be more deeply relaxed, (*pause about 10 seconds*)

There are four things we are going to accomplish as a result of these suggestions. I call them the four S's: symptom relief, self-confidence, situational control, and self-understanding. First, your various symptoms (*enumerate*) are going to be less and less upsetting to you. You will pay less and less attention to them because they will bother you less and less. You will find that you have a desire to overcome them more and more. And as we work at your problems, you will feel that your self-confidence grows and expands. You will feel more assertive and stronger. You will be able to handle yourself better in any situations that come along, particularly those that tend to upset you (*enumerate*). Finally, and most importantly, your understanding of yourself will improve. (*pause*)

I want you to continue to listen to this recording as often as possible and as practical. It makes no difference how deep you go. Even if you feel you are conscious, or if your mind wanders off while listening, or if you fall asleep, the suggestions will penetrate, (*pause*)

Relax and rest and, if you wish, give yourself any additional suggestions to yourself to feel better, or suggestions to handle an immediate problem, using the word "you" as if you are talking to yourself. Then relax, go to sleep or arouse yourself. Take as long as you like. When you are ready you will arouse *yourself* no matter when that is by counting slowly to yourself from one to five. You will be completely out of it then—awake and alert. Remember the more you practice the more intense will be your response, the more easily will your resistances give way.

Keep on practicing: and now go ahead . . . relax . . . and *when* you are ready . . . wake *yourself* up.

After the patient lifts the eyelids, he may be asked how he feels. Generally, the reply will be "Relaxed." The therapist then plays back the last sentence and then rewinds to the beginning and plays back the first few words to make sure the tape contains the start and end of the script. The patient is given the tape with the injunction; "If you can borrow another recorder, it is best to copy the tape. Use the copy so that if the tape breaks or is lost you have a master to copy from."

### Reactions to the Tape

The patient's experiences in playing the tape should be reviewed at the next session. A number of questions may concern the patient, such as the following:

Q. I fall asleep before the tape ends. Does this matter?

A. No. The suggestions will still get through. All it means is that you are a good subject.

Q. Should I count out loud before I come out of it?

A. It is best to count to yourself.

Q. Supposing someone is at the door buzzing or the telephone rings while the tape is playing, what do I do?

A. If you wish to interrupt the session, just count to yourself from one to five and tell yourself to lift your eyelids.

Q. At the end of the tape before I come out of it, what suggestions should I give myself?

A. Whatever your immediate problems are, tell yourself you will work them out. If you are anticipating difficulties in facing a situation, try to outline in advance the best way of handling it and tell yourself you will do it.

Q. If my mind wanders and I am not concentrating on what the tape says, what then?

A. Let it wander. Some of the suggestions will still get through even if you fall asleep. There are peripheral areas of attention that still are absorbing the suggestions that are being made.

Q. What are the best times to use the tape?

A. If convenient the first thing in the morning and the last thing at night before going to sleep. Some people put themselves to sleep with the tape. The tape should be played daily.

Q. When I use the tape at night my wife listens to it. I think she gets as much out of it as I do.

A. Your problems are different than hers. But you probably do share some common problems. You can get an ear plug [one usually comes with a recorder] to let you listen privately without disturbing your wife.

Q. How often shall I use the tape?

A. At least twice a day, every day.

The patient's reactions to the tape are important because they may reveal some basic problems, transference manifestations, resistances, and the movement in therapy. Occasionally a patient will become quite argumentative after listening to the tape a few times. For example, one patient at the third session (the tape had been made at the second session) handed me the following typewritten comments:

#### The tape—questions and reactions.

*"Lean back"* Must I sit? I have no chair where I can rest my head. If I do get drowsy I get to be like a Japanese wobblehead doll, and the sudden jerk of the head distracts. Can I lie down? (Then I tend to fall asleep.)

*"In and out"*—I don't breathe that fast, and the in and out never coincide.

*"Tired and relaxed."* Very tired, very relaxed." A total contradiction, and I must add "pleasantly," and it's distracting. To me "tired" means extreme tension and collapse, tension to the point of violent pain.

Cannot relax, not most of the time (or much of the time. Not really relax). And cannot follow the points enumerated so fast. Arms never feel loose. Neck is most difficult. And—how can anyone relax on order?

Can't "wiggle my head" if I lie down.

Enumeration of parts of body is felt like physical touch—an intrusion, an invasion of my private self—with erotic undertones—and resented.

Cannot visualize a "pleasant, quiet, wonderfully relaxed scene." Every time respond with bitterness— I've never experienced one.

When you mention my name it always surprises and touches me—a recognition of me (unworthy of notice).

*"Floating sensation . . . things fade a little and lose their immediacy. Anxiety and depression fade ... a sort of fuzzy and tingling sensation and a feeling of welcoming sleep."* It does not happen. Also "sleep." Why sleep?

*"Negative suggestions that piled up in you over the years."* If the thoughts and feelings are suggestions, they must have come from somewhere or someone. From where? From whom?

*"We must replace them with positive suggestions."* My reaction—a bitter and angry "the power of positive thinking," "every day in every way I get better and better."

Description of how I've felt brings me to the point of tears. "Every day now, etc., etc."— promises that are not being

fulfilled (too good to be true, unattainable—to me). None of it is happening. How long must it take to take effect?

*"You'll be much less easily tired."* "Tired" again. Contradiction is disturbing. I was urged to feel tired before. Are there different kinds of "tired"? "Every day, you will become so deeply interested ..." Felt as a derogation. I've always been deeply interested—in what I was doing, in people, in so many things, except when the depression got so bad that I didn't *want to do* anything or see anyone. And this persists, even though to a lesser degree. Enough to keep me stuck and paralyzed. The "what the hell for?" still operates. I don't, or almost don't work. I cannot answer letters. I am not functioning *from within* (only, to some extent, in response to outside stimuli and people), either emotionally or creatively. Whatever potential is there, is still locked up tight. And when I say I am nothing, I am not self-depreciating, I am merely describing the awful sense of emptiness within.

I don't want to be *"much less conscious of myself and my feelings."* I want to be conscious, but I want the feelings to change. I want to *feel* (and not only pain and rage). I want to be able to feel love. To feel joy. To *have* a "feeling of personal well-being." "See things in their true perspective." What the devil is "true perspective?" There is no such thing.

*"More relaxed, less tense each day."* It isn't happening.

*"Not only what you have to do each day, but what you ought to be able to do."* (Meaning? But, of course, I am to supply the meaning.)

*"Without fear of consequences."* (Meaning?)

*"More and more able to stand on your own feet without props."* Is the tape a prop? Are the W's props?

*"They will happen, exactly as I tell you they will happen."* When?

Cannot stand *"I call them the four S's."* I can scream whenever I hear a formula. Can it be omitted, please? (If another tape is made).

*"As we work on your problems"* (? Do we?)

*"In situations that upset you."* Situations don't upset me. (Of course not. I avoid what I fear).

*"It makes no difference how deep you go. Even if you feel you are conscious"* (Am I supposed to be unconscious? I am conscious every time—not every time or all the time. At times I've fallen asleep).

*"Make your own suggestions."* Among them: Stop rejecting yourself. Stop rejecting life. Be glad you are alive. Feel good. Feel alive. Don't feel worthless. You are worthwhile. You are intelligent. You are talented. You have accomplished much. Relax, feel rested. Feel bright. Feel alert. Feel. Remember—this or that.

*"Go to sleep. Or arouse yourself."* Confusing each time. Is this deliberate?

Fortunately, it is rare that one encounters so negative a reaction. In this case I listened silently to her objections and merely told the patient to continue listening to the tape, promising that if she needed a new tape in the future I would make one. I then discussed her dreams and her feelings about me. Her

response was a good one, and she did not request another tape, benefiting from the one I had dictated to which originally she had so many negative reactions. She seemed to be fighting off closeness to me as indicated in this dream:

Pt. A herd of wild hogs across the field, moving rapidly, full of wild angry energy, but rather small. I wonder—I thought they were bigger. They are dangerous.

Back to where I came from. Mother says I shouldn't have gone. That area is very dangerous. I am frightened in retrospect. I look across the water at the distant, green land. It seems peaceful from here. But no, it is very dangerous.

Total loneliness. I can see strangers to whom I mean nothing. Aside from that—nothing. I can run and run. When I stop, there is nothing. I love no one, and no one loves me.

I walk with my hand in Dr. Wolberg's arm. Somewhat behind us walks his wife. Will she feel jealous? I am mildly anxious. (There was more, but I can't recall it.)

I was listening to the tape and I kept thinking maybe you didn't hate me. But I pushed it out of my mind. Because I couldn't tolerate that because it would make me vulnerable. I said, "I'm going to ask him if he is sure he approves me." I had another dream:

I was on a stage giving a performance, and I felt I could do it. I wanted everybody to like me, and I wanted to put on a pose of confidence. I kept saying, "Dr. Wolberg says I'm not bad." Then I was in an embryonic sac, like a balloon, like I was giving birth to a baby. A man was blowing on it as if he was helping me.

The positive aspects of the dream predicted the responsive relationship the patient developed with me.

Another patient with a strong fear of authority had the following reaction and dream after the playback of the tape.

Pt. I felt comfortable and protected and I thought maybe I can stand up to my supervisor. That night I dreamed, that there was a woman at a campsite. She was a cross between a fury and a witch. There was also a man and a child. I was coming for help. As I approached the campsite, this woman came forward. I was supposed to have inner conviction, the strength of will to overcome this specter. She comes toward me—awful looking, pale. I awoke in a cold sweat. Then I fell asleep again and the dream resumed. The director came in and said: "This thing is not real—all imaginary—no reality." I went in again to the campsite. This time it is not so bad, but I sweat and have anxiety and I woke up. Again I went to sleep and the dream continued. The director said, "O.K. Look at it as it is. Recognize the reality for what it is and face it." I did it and that was it. I looked at the vision and the dream ended.

I awoke relaxed and happy. Played the tape again. I have had recurrent dreams all my life of a child or baby. Must be some aspect of myself, I'm sure. The child is usually dying or sick or in danger. A burden. And I as an adult am saving it. The woman in this dream, the fury-witch, the awful—looked like a combination of my mother, the woman analyst

I had once seen, and myself. The man I'm not sure—my stepfather? The director looks like you and the man I live with. This week I was able to face and talk to my supervisor without shaking.

It may not always be possible to get dreams or associated feelings from patients in response to the tape, but the therapist will be able to deduce the responses from behavioral and other clues. In the event the patient does not bring up the matter, the therapist should inquire as to how the patient feels listening to the tape. It is rare that objections to some aspects of the tape are so strong that a new tape deleting these sections will be needed.

### Conclusion

A cassette tape containing relaxing and ego-building suggestions offers the patient a continuing means of supportive and educational help away from the therapist's office. Responses to the tape provide transference and resistance material for a dynamic focus that may be explored and interpreted. Upon termination of therapy the tape may serve as an important aid toward furthering the objectives of treatment.

<sup>1</sup> A prerecorded relaxing and ego-building tape was made from the script in this chapter and may be obtained from Elba Industries, 491 Seventh Ave., New York, N.Y. 10018.