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Interactional Pragmatics of Directive Speech Acts in Hypnotherapy: A Qualitative Case Study of a Mental-Block Client

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ABSTRACT

Language serves as a therapeutic instrument in hypnotherapy, yet how directive speech acts are strategically organized to facilitate emotional regulation and behavioral transformation in naturally occurring sessions remains underexplored. Existing research predominantly emphasizes clinical efficacy and psychological outcomes, while micro-pragmatic analyses of how therapists linguistically construct suggestion, authority, and client agency across session phases remain limited, particularly in non-English therapeutic contexts. To address this gap, the present qualitative case study investigates the interactional pragmatics of directive speech acts in a hypnotherapy session with a client experiencing a persistent mental block that undermined confidence, initiative, and occupational engagement. Data comprised a verbatim transcript of one complete session and a structured post-session outcome note collected within one week. Drawing on speech act theory and interactional pragmatics, clause-level utterances were analyzed by directive form, function, and interactional purpose across five session stages: rapport building, induction, imagery work, transformational suggestion, and closure. The findings reveal a phase-specific directive choreography: interrogative directives scaffolded client narration, embodied imperatives managed attention and compliance, metaphorical imagery directives externalized negative affect, and transformational suggestions reconstructed a more confident future self. Following the session, the client reported increased confidence, stronger work motivation, reduced intimidation, and greater initiative in social and entrepreneurial activities. This study contributes an original micro-pragmatic model linking directive design with observable perlocutionary outcomes, advancing therapeutic discourse studies, clinical pragmatics, and hypnosis research by demonstrating that strategically structured language can function as a measurable resource for psychological and behavioral change.

1. Introduction

In clinical practice, mental blocks are among the most pervasive yet least understood psychological barriers affecting human performance across educational, occupational, and interpersonal settings. Individuals who experience mental blocks often possess adequate competence and motivation yet remain unable to act effectively because fear, negative self-perception, anxiety, or unresolved emotional experiences interfere with goal-directed behavior (Bandura, 1997; Faustino, 2022). From a psychological standpoint, mental blocking reflects a disruption of self-efficacy and agency in which the individual's capacity to initiate purposeful action becomes inhibited despite the absence of cognitive or intellectual deficit (Bandura, 1997; Vaisvaser, 2025). In contemporary society, where productivity, adaptability, and self-confidence are increasingly demanded, such internal barriers can significantly diminish personal agency and social functioning.

Recent research in neuroscience-informed psychotherapy frames mental blocking during social action not as an isolated cognitive lapse, but as a disruption in self-related functioning shaped by affective, bodily, and interpersonal dynamics (Faustino, 2022; Vaisvaser, 2025). Prior emotional learning and autobiographical or implicit memory may bias predictive expectations and self-evaluation, influencing how individuals appraise themselves and

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communicate under social demand (Cammisuli & Castelnuovo, 2023; Vaisvaser, 2025). Although interactional change has been linked to empathic attunement and dyadic synchronization in the therapeutic relationship, neural explanations such as mirror-neuron accounts remain debated (Cammisuli & Castelnuovo, 2023; Vaisvaser, 2025). This perspective foregrounds interventions that reorganize cognition, emotion, and behavior through structured communication, combining top-down strategies such as emotion labeling, cognitive reappraisal, and self-representation change with relational approaches targeting implicit memory and communication patterns (Cammisuli & Castelnuovo, 2023; Faustino, 2022). Clinical rehabilitation syntheses similarly emphasize psychoeducation and social-skills training as communication-focused methods for building behavioral memory in real social situations (Samochowiec et al., 2021).

Language occupies a central role in this therapeutic process because healing in many psychological interventions is accomplished not only through techniques but through carefully structured talk (Peräkylä & Vehviläinen, 2003). Therapeutic communication enables clinicians to guide attention, construct meaning, regulate emotions, and facilitate behavioral transformation through questions, suggestions, affirmations, and directives. From an interactional perspective, therapists' utterances are not neutral exchanges of information; they function as social actions that shape participation, authority, and client responsiveness within institutional interaction (Drew & Heritage, 1992; Heritage & Clayman, 2010; Ong et al., 2021; Peräkylä, 2019). Institutional talk, as a domain of inquiry, reveals how professional participants deploy specific discourse practices to manage asymmetries of knowledge, authority, and agency in ways that constrain and enable particular interactional outcomes (Drew & Heritage, 1992). Speech act theory provides a particularly useful analytical framework because it conceptualizes utterances as performative actions capable of producing effects beyond literal meaning (Austin, 1962; Searle, 1976). Within therapeutic discourse, directive speech acts are especially significant since they are designed to encourage, guide, or influence clients' thoughts, emotions, and actions in real time (Ekberg & LeCouteur, 2015; Searle, 1976). Directives thus represent the primary mechanism through which therapists exercise deontic authority while simultaneously constructing an affiliative environment conducive to client responsiveness (Weiste & Peräkylä, 2014).

The relevance of directive language becomes even more pronounced in hypnosis and hypnotherapy, where verbal suggestion functions as the primary therapeutic instrument. The revised APA Division 30 definition characterizes hypnosis as a state of focused attention and reduced peripheral awareness associated with enhanced responsiveness to suggestion (Elkins et al., 2015; Lynn et al., 2015). In this modality, clinicians intentionally employ linguistic suggestions, guided imagery, attentional instructions, and symbolic reframing to modify affective states and behavioral responses (Yapko, 2012). Over the past decade, meta-analytic studies have demonstrated that hypnosis effectively reduces pain, anxiety, stress, and procedure-related distress, particularly when integrated with broader psychological interventions (Milling et al., 2021; Rosendahl et al., 2024; Valentine et al., 2019). Similar findings have been reported for depression-related outcomes, although recent reviews note methodological heterogeneity and the need for more rigorous qualitative and process-oriented research (Souza et al., 2024). Beyond clinical efficacy, biopsychosocial accounts suggest that responsiveness to hypnotic suggestion emerges through the interaction of motivation, expectation, rapport, absorption, and contextual communication (Jensen et al., 2015). Consequently, language in hypnotherapy is not simply a medium of therapy; it constitutes the mechanism through which therapeutic change is enacted (Yapko, 2012).

Recent neurocognitive research has further strengthened the theoretical plausibility of suggestion-based change. Cognitive neuroscience demonstrates that hypnotic suggestions influence attention, agency, perception, and emotional regulation through top-down modulation of consciousness and functional brain connectivity (De Pascalis, 2024; Faerman et al., 2024; Terhune et al., 2017). Evidence outside formal hypnosis confirms the clinical potency of language: randomized controlled trials reveal that brief positive suggestions delivered during medical procedures significantly reduce postoperative pain, opioid consumption, and nausea (Nowak et al., 2020; Nowak et al., 2022). These neurocognitive findings converge with interactional evidence showing that therapists strategically manage deontic authority and client resistance through directive formulations, mitigators, and affiliative sequencing (Ekberg & LeCouteur, 2015; Muntigl et al., 2020; Ong et al., 2021), and that therapist questions and observer-perspective prompts facilitate self-reflection and emotional reframing (Muntigl & Horvath, 2023; Weiste & Peräkylä, 2014).

Despite these advances, detailed pragmatic analyses of hypnotherapy discourse remain surprisingly limited. This gap is distinct from the well-developed tradition of discourse research in psychotherapy and counseling, where interactional mechanisms have received sustained analytical attention (Peräkylä & Vehviläinen, 2003; Yip, 2022). The reason lies partly in how hypnotherapy research has been framed: treatment is typically defined through measurable outcomes and predefined protocols rather than fine-grained analysis of how therapist directives are interactionally produced (Cammisuli & Castelnuovo, 2023; Vaisvaser, 2025). Hypnotherapy is

commonly presented as a staged procedure involving pre-talk, induction and deepening, therapeutic suggestions linked to imagery, and closure, with each phase treated as a protocol component (Samochowiec et al., 2021; Vaisvaser, 2025). Script-based scholarship reinforces this tendency by emphasizing standardized verbal materials from pre-induction to termination (Samochowiec et al., 2021). Although ethnographic work notes that some practitioners treat rapport itself as hypnotherapy and may omit explicit induction, it also confirms that hypnotherapy rarely receives sustained qualitative scrutiny (Geagea et al., 2022). Directive speech acts are thus treated as pre-specified "suggestions" within protocols, leaving their moment-to-moment interactional organization across phases underexamined (Geagea et al., 2022; Vaisvaser, 2025). Research in Indonesian therapeutic contexts remains even scarcer, despite evidence showing the prominence of directive illocutionary acts in relaxation-based hypnotic procedures (Nurhadi et al., 2024).

Against this background, the present study positions itself within the emerging intersection of clinical pragmatics, therapeutic discourse analysis, and hypnosis research. Unlike previous studies that treat hypnotic suggestions as isolated or standardized utterances, this study conceptualizes directive speech acts as part of a dynamic, phase-sensitive interactional choreography through which therapists progressively reorganize attention, agency, emotional regulation, and self-construction. The novelty lies specifically in its micro-pragmatic analysis of how directive forms are strategically deployed across an entire hypnotherapy session and linked to observable post-session behavioral outcomes, an analytical integration absent from both protocol-focused hypnotherapy research and discourse studies confined to psychotherapy. By examining naturally occurring therapeutic interaction in an Indonesian context, this study also contributes culturally situated evidence to the broader literature on hypnosis and therapeutic communication.

The study is significant both theoretically and practically. Theoretically, it contributes to interactional pragmatics by demonstrating how directive speech acts function beyond simple commands, operating as therapeutic resources that regulate participation, construct affiliative authority, and facilitate cognitive-emotional transformation. Practically, the findings offer insights for hypnotherapists, counselors, and communication practitioners by identifying how specific directive strategies support client engagement and behavioral change. Furthermore, the study extends contemporary hypnosis research by integrating discourse analysis with therapeutic outcome perspectives, bridging the gap between linguistic micro-analysis and clinically meaningful effects.

Accordingly, this study investigates directive speech acts employed during a naturally occurring hypnotherapy session involving a client experiencing a persistent mental block. The study addresses three research questions: (1) What directive types and functions characterize each phase of the hypnotherapy session? (2) How do directive designs manage participation, agency, and therapist authority during therapeutic interaction? (3) How do these directives correspond to the client's reported post-session behavioral changes?

This study argues that hypnotherapy is fundamentally an interactional accomplishment structured through strategically organized directive speech acts. By tracing how directives evolve from interrogative elicitation to embodied imperatives, symbolic imagery instructions, and transformational future-self suggestions, the research demonstrates how language functions as a measurable therapeutic resource capable of influencing agency, confidence, and behavioral orientation. The findings are expected to enrich scholarship in interactional pragmatics, clinical discourse analysis, and hypnosis studies while encouraging future multimodal and longitudinal investigations into therapeutic language and psychological change across diverse cultural and clinical contexts.

2. Literature Review

2.1 Hypnotherapy, suggestion, and therapeutic outcomes

Contemporary clinical hypnosis is increasingly examined through controlled studies, scoping reviews, and meta-analyses, especially in medical contexts such as pain and procedural distress (Cammisuli & Castelnuovo, 2023; Vaisvaser, 2025). Methodological rigor has improved through preregistration, expectancy manipulation, and balanced-placebo controls, which help distinguish the effects of induction from labeling and expectation (Geagea et al., 2022). Mechanistically, hypnosis is commonly defined as focused attention, reduced peripheral awareness, and increased responsiveness to suggestion, making suggestion the main communicative driver of therapeutic change (Leo et al., 2025; Samochowiec et al., 2021; Vaisvaser, 2025). Findings that procedure labeling can influence reported hypnotic depth partly support expectancy theory and highlight the need for stronger controls (Geagea et al., 2022; Samochowiec et al., 2021). Clinically, suggestions help reframe distressing sensations and meanings, with controlled evidence showing reduced pain and related outcomes in settings such as surgery, anesthesia, and dental injections (Cammisuli & Castelnuovo, 2023; Faustino, 2022).

In anxiety treatment, hypnosis is most strongly supported as an adjunct to psychotherapy, especially CBT, rather than as a stand-alone technique, because controlled-study syntheses report larger effects for CBT plus hypnosis than CBT alone (Faustino, 2022; Vaisvaser, 2025). This aligns with meta-analytic evidence showing that hypnosis reduces anxiety compared with controls and produces stronger effects

when combined with other interventions (Valentine et al., 2019). For depression, the evidence is less consistent: evidence maps report small and methodologically limited studies in which group hypnosis combined with psychoeducation improved depressive outcomes, but causal inference remains constrained (Cammisuli & Castelnuovo, 2023). Disorder-specific reviews also note improvements in anxiety and depression in some contexts, while stressing mixed findings, heterogeneity, and limited study quality (Samochowiec et al., 2021; Souza et al., 2024; Valentine et al., 2019). Overall, current evidence suggests potential benefits but limited certainty due to methodological variation and weak component-specific attribution (Cammisuli & Castelnuovo, 2023; Samochowiec et al., 2021).

2.2 Directives and deontic authority in therapeutic interaction

In institutional talk, directives are inseparable from questions of authority: who can legitimately tell whom what to do. Conversation-analytic studies show that clinicians regularly modulate "deontic stance" (the displayed right to direct) through mitigators, proposals, and collaborative formulations, which can support engagement and reduce resistance (Ong et al., 2021; Peräkylä, 2019).

Client resistance often emerges when advice or directives threaten autonomy or face needs. In psychotherapy and counseling, clients may resist suggestions implicitly (e.g., minimal uptake, topic shifts) or explicitly (e.g., disagreement), prompting therapists to recalibrate their directive design (Ekberg & LeCouteur, 2015; Muntigl et al., 2020) These findings suggest that directive efficacy is interactionally contingent, not merely a property of content.

2.3 Speech act analysis for clinical pragmatics

Speech act theory provides a systematic basis for classifying directives by their illocutionary purpose, namely prompting the addressee to act or provide information, and for linking forms such as imperatives, directive declaratives/interrogatives, and modalized requests to functions like elicitation, advice, suggestions, and guidance (Jautz et al., 2023; Yip, 2022). In psychotherapy research, questions are similarly treated as directive illocutionary acts whose uptake can shape therapist–client asymmetry (Lee et al., 2022).

Applied studies show that therapists manage directiveness to protect client autonomy, with corpus-assisted evidence indicating a preference for declarative/interrogative directive formats and low-value modality that reduces obligation (Yip, 2022). Conversation-analytic and interactional-pragmatic research further shows that professionals' questioning and agenda-setting practices, including requests, suggestions, and proposals, distribute epistemic/deontic authority and may return agency to clients, strengthen alliance, and promote self-reflection (Lee et al., 2022; Worsøe & Jensen, 2020). These findings align with recent work linking therapists' question designs to agency reframing and support integrating speech-act categories with sequential and dialogical accounts of therapeutic interaction (Lee et al., 2022; Muntigl & Horvath, 2023; Worsøe & Jensen, 2020).

2.4 Hypnotherapy as a phased interactional practice

Hypnotherapy can be viewed as an interactional sequence centered on hypnotic induction and therapeutic suggestion, with hypnosis defined as focused attention and heightened responsiveness to suggestion (Trognon, 1988). From an interactional-pragmatic perspective, induction can be analyzed as organized speech-act sequences whose directive force coordinates mutual understanding between participants (Yip, 2022). A phase-sensitive approach is therefore needed because pre-induction talk, such as rapport and assessment, differs from trance work, where clinicians may elicit dissociative talk, use question-formatted suggestions to monitor and deepen trance, and apply methods such as guided imagery (Jautz et al., 2023; Worsøe & Jensen, 2020). However, the majority of fine-grained pragmatic studies in this area have tended to focus primarily on selected induction excerpts, rather than examining how directive designs are constructed and negotiated across the full therapeutic encounter (Yip, 2022). Indonesian ethnographic evidence also shows that hypnotherapeutic relationality and authority vary across linguistic and cultural contexts, supporting analyses beyond Anglophone settings (Lee et al., 2022). Thus, to address this gap, the present study employs a single-case, transcript-based analytical approach that is firmly grounded in the framework of interactional pragmatics.

3. Method

This study employed a qualitative single-case study design with an interactional-pragmatic orientation to investigate the use of directive speech acts in hypnotherapy discourse. A qualitative approach was considered appropriate because the study aimed to explore the nuanced relationship between language, interaction, and therapeutic action within a naturally occurring clinical encounter rather than to produce statistical generalizations. The case-study framework enabled an in-depth examination of how directive utterances were sequentially organized and functionally deployed throughout different stages of the hypnotherapy session. Furthermore, by adopting an interactional-pragmatic perspective, the analysis was able to move beyond a narrow focus on the linguistic forms of directives and attend more broadly to their social, therapeutic, and perlocutionary functions as they emerged within the dynamics of situated communication.

3.1 Research Setting and Participants

The study was conducted in Indonesia and involved one naturally occurring hypnotherapy session between a certified hypnotherapist and an adult client experiencing a persistent mental block. To ensure confidentiality and ethical protection, pseudonyms were used throughout the study. The therapist is referred to as *Therapist A*, while the client is identified as *Client FD*. The client reported recurring psychological barriers associated with low confidence, fear of social interaction, intimidation, and difficulty initiating occupational and entrepreneurial activities. The therapeutic session focused on addressing these issues through guided hypnotic intervention.

The selection of a single-case design was a deliberate methodological choice, reflecting the study's prioritization of micro-level interactional analysis and the generation of theoretical insight over concerns of numerical representativeness. Such a design is particularly valuable within discourse-oriented therapeutic research, as it enables the close and sustained examination of sequential organization, participation frameworks, and the evolving relationship between directive language and client responsiveness as it develops across the course of therapeutic interaction.

3.2 Ethical Considerations

Ethical procedures were carefully implemented at each stage of the research process to ensure the protection of participant rights and well-being. Prior to data collection, written informed consent was obtained from the client, granting explicit permission for audio recording, transcription, analysis, and the subsequent publication of anonymized excerpts. All identifying information was systematically removed from the dataset in order to safeguard participant confidentiality and privacy throughout. Furthermore, only interactional data directly relevant to the stated research objectives were included in the analysis and reporting, thereby ensuring that no unnecessary personal information was disclosed.

3.3 Data Collection

The data for this study were drawn from two primary sources. The first was a verbatim transcript of the complete hypnotherapy session, capturing therapist utterances, client responses, pauses, continuers, and interactional markers in full detail. The transcribed session encompassed several distinct therapeutic stages, namely rapport building, assessment, induction, imagery work, transformational suggestion, reframing, and reorientation. The second source consisted of a structured post-session outcome note, which was collected within one week following the therapy session. This note documented the client's self-reported emotional and behavioral changes attributed to the intervention, including increased confidence, a reduction in feelings of intimidation, improved engagement with work tasks, and greater initiative in conducting selling activities at a bazaar.

The audio-recorded session was transcribed manually to preserve interactional detail and pragmatic features relevant to the analysis. Both Indonesian utterances and their English translations were retained to maintain contextual and semantic accuracy. The post-session outcome note was treated as supplementary qualitative evidence to examine the potential perlocutionary effects of the therapist's directive speech acts.

3.4 Data Analysis

Data analysis was conducted within the integrated framework of speech act theory and interactional pragmatics, which together served as the primary analytical lenses guiding the interpretation of the data. The transcript was systematically segmented into clause-level action units in order to identify directive speech acts and to trace their interactional functions as they shifted across the different phases of the hypnotherapy session. The analysis was organized around three interrelated yet analytically distinct dimensions: (1) linguistic form, (2) directive function, and (3) interactional work.

First, directive forms were categorized according to their grammatical and pragmatic realizations, encompassing imperatives, interrogative directives, modalized requests, and evaluative suggestions. Second, directive functions were identified on the basis of their underlying therapeutic purposes, including elicitation, attentional guidance, response management, imagery instruction, transformational suggestion, reframing, forgiveness work, and reorientation. Third, the interactional dimension of the analysis examined how directives served to manage participation frameworks, therapist authority, displays of affiliation, and the construction of client agency as the session unfolded.

The coding process was both iterative and abductive in nature, involving a continuous and recursive movement between the empirical data and the relevant theoretical literature. Throughout this process, particular attention was given to the sequential positioning of directives within the interaction and to the ways in which directive forms shifted in response to the evolving demands of successive therapeutic phases. In addition, the analysis considered how directive speech acts contributed, both directly and indirectly, to the client's reported post-session behavioral and emotional outcomes.

Table 1. Directive Coding Scheme: Forms, Functions, and Interactional Purposes

Directive Category	Typical Linguistic Realizations	Interactional/Therapeutic Function
Elicitation (Interrogative Directive)	Questions and prompts such as *"What is the trauma like?"* and *"And then?"*	Elicit narrative, identify problems, and establish epistemic access
Uptake Management	Restricted-response directives such as *"No need to answer, just nod"*	Reduce verbal output, secure compliance, and maintain trance alignment
Induction and Attentional Guidance	Embodied imperatives such as *breathe*, *relax*, *focus*, and *ignore distractions*	Regulate attention and arousal; establish hypnotic focus
Imagery and Symbolic Externalization	Guided imagery instructions involving balloons, smoke, and release sequences	Externalize affect, facilitate catharsis, and support meaning transformation
Transformational Suggestion	Future-self directives such as *"From now on, you are more confident"*	Construct positive identity and strengthen self-efficacy
Reframing and Forgiveness Directive	Acceptance and forgiveness talk such as *"I forgive myself"*	Encourage cognitive-emotional reappraisal and emotional release
Reorientation and Closure	Wake-up directives such as *open your eyes* and *feel energized*	Exit trance state and consolidate positive emotional orientation

To strengthen analytical transparency, the frequency and distribution of directive units across session phases were also mapped heuristically, as presented in Table 2.

Table 2. Distribution of Directive Units Across Hypnotherapy Phases

Session Phase	Elicitation	Uptake Management	Induction	Imagery	Transformation	Reframing	Closure
Rapport and Assessment	35	0	0	0	0	0	0
Induction and Deepening	0	3	12	0	4	0	0
Externalization (Balloon Metaphor)	0	1	1	18	2	1	0
Transformational Suggestion	0	0	1	5	11	3	0
Reorientation and Closure	0	0	0	0	0	0	2

The distribution demonstrates that directive speech acts were phase-sensitive and strategically organized according to the therapeutic objectives of each interactional stage. Interrogative directives dominated the rapport and assessment phase, whereas imagery and transformational directives became increasingly prominent during the therapeutic core of the session.

3.6 Trustworthiness and Analytical Rigor

Several strategies were employed to enhance the credibility and trustworthiness of the study. First, an audit trail was maintained by systematically linking coded segments to transcript excerpts and analytical interpretations. Second, peer debriefing was conducted with a second coder who possessed expertise in

pragmatics and discourse analysis to ensure coding consistency and interpretive reliability. Third, triangulation was achieved by comparing interactional findings from the session transcript with the client's post-session outcome note. This triangulation enabled the analysis to connect directive speech acts with reported behavioral and emotional changes.

Finally, transferability was supported through thick description of the therapeutic context, interactional sequences, and linguistic features of the session. Such detailed contextualization allows future researchers and practitioners to evaluate the applicability of the findings to other therapeutic and discourse settings.

4. Results

Results are presented as a phase-based analysis of directive speech acts, supported by representative excerpts. All names are pseudonyms; Indonesian originals are followed by English translations in brackets.

4.1 Rapport and assessment: interrogative directives as epistemic scaffolding

During the opening phase, the therapist used interrogative directives and minimal prompts to elicit a coherent problem narrative. Questions located the client's experiential timeline, invited sensory details, and established the therapist's epistemic orientation as a listener while preserving the client's authority over personal experience. This phase also functioned as implicit rapport building, as the therapist's repeated confirmations ("okay", "thank you") and non-judgmental inquiry reduced face threat.

Excerpt 1. Interrogative directives (assessment)

H: "Seperti apa trauma ta?"

"What is the trauma like?"

C: "Waktu SD saya pernah dibully"

"When I was in Elementary school, I was bullied"

H: "Masih SD ya? Terus?"

"When you were in Elementary school? And then?"

Excerpt 1, p. 1

These directives do more than gather facts: they establish the therapeutic relevance of earlier bullying/violence experiences and guide the client toward an emotionally salient account.

4.2 Induction and response management: embodied imperatives and restricted-response directives.

As the session transitioned into induction, directive forms shifted from narrative-eliciting questions to embodied imperatives that regulated breathing, posture, and attentional focus. Notably, the therapist issued restricted-response directives (e.g., "no need to answer, just nod"), which re-configured the participation framework: the client's role became primarily embodied compliance rather than extended talk. This move is interactionally consequential because it both secures alignment and reduces opportunities for resistance.

Excerpt 2. Uptake management and induction directives

H: "Tarik napas yang dalam… hembuskan perlahan"

"Take a deep breath… exhale slowly."

H: "Tidak usah dijawab; cukup anggukkan kepala"

"No need to answer; just nod your head"

H: "Abaikan suara-suara di sekitar; fokus pada suara saya"

"Ignore any voices around you; focus only on my voice."

Excerpt 2, p. 3

4.3 Imagery directives: externalizing negative affect via a balloon-and-smoke metaphor.

In the therapeutic work phase, the therapist employed a tightly scripted series of imagery directives. The client was instructed to visualize a yellow balloon containing "black smoke" representing unwanted feelings, then to release the smoke and burst the balloon. From a speech-act perspective, these directives function as 'guided enactments': they instruct an action in an imagined space, while treating the action as consequential for the client's affective state. The sequence culminated in a release directive ("burst the balloon"), which provides a symbolic endpoint for the negative state.

Excerpt 3. Imagery & release directives

H: "*Bayangkan tanpa alasan yang jelas tiba-tiba di tangan kiri anda ada sebuah balon yang warnanya kuning*"

"Imagine that for no apparent reason, suddenly in your left hand there is a yellow balloon".

H: "*Pada saat anda tiup balon bayangkan asap hitam itu keluar dari dalam tubuh*."

"when you blow up the balloon, imagine black smoke coming out of the body".

H: "*Now pierce it with a needle… pop it*."

"Sekarang tusuk dengan jarum… letuskan balonnya."

Excerpt 3, p. 3

4.4 Transformational suggestions: constructing a confident post-block self.

After the release sequence, the therapist delivered future-oriented directives that explicitly constructed a new self-description (e.g., 'more positive', 'more confident', 'more enthusiastic'). These utterances combine directive and evaluative force: they instruct the client to adopt a stance while simultaneously

asserting that the change is already taking place. The therapist also used affiliative framing ('I will guide you', 'you are safe') that supports acceptance of suggestions.

Excerpt 4. Transformational directives (suggestion)

H: "*Mulai sekarang anda menjadi pribadi yang jauh lebih positif*"

"From now on, you are a much more positive person"

H: "*Anda semakin percaya diri"*

"You are more and more confident"

H: "*Anda lebih bersemangat*"

"You are more enthusiastic"

Excerpt 4, p. 4

4.5 Reframing and forgiveness directives: reducing residual guilt and fear.

A further directive set targeted relational memories through reframing and forgiveness talk. The therapist instructed the client to verbalize forgiveness and to accept past events. In interactional terms, this move re-positions the client from a passive recipient of harm to an agent capable of re-authoring the meaning of the memory. The directive design treats forgiveness as an actionable practice rather than a mere feeling.

Excerpt 5. Reframing/forgiveness directives

H: "*Katakan: 'Saya maafkan kalian… saya maafkan kejadian itu dan saya maafkan diri saya sendiri*"

"Say: 'I forgive you all… I forgive the incident and I forgive myself"

H: "*Lepaskan semua… bebas…*"

"Let it go and be free"

Excerpt 5, p.4

4.6 Perlocutionary outcomes: mapping targeted suggestions to post-session behavior.

The post-session outcome note reveals clear perlocutionary effects on the client's confidence, social agency, work motivation, and task-oriented behavior. Within one week, the client reported feeling highly confident, initiating sales at a bazaar, finding it easier to offer products, feeling less intimidated, becoming more enthusiastic at work, and completing tasks on target. These changes indicate that the therapist's suggestions were internalized as practical orientations for action rather than received as mere verbal encouragement. The key finding is a movement from psychological release to behavioral transformation: from hesitation to action, from fear of social judgment to communicative readiness, and from emotional restraint to productive engagement.

Analytically, the client's increased confidence is significant because it was followed by concrete behavior. Confidence became performative when it enabled the client to approach people, offer products, and sustain work performance. The report that selling felt "easy" is especially meaningful, as the same activity had previously been experienced as difficult, indicating a shift in the client's internal framing: the bazaar was no longer perceived as intimidating but as manageable. Thus, the therapist's directive and transformational suggestions appear to have helped the client enact a new self-positioning: more capable, socially resilient, and action-oriented.

Table 4.6. Mapping Targeted Therapeutic Suggestions to Post-Session Perlocutionary Outcomes

Targeted Therapeutic Suggestion	Reported Post-Session Behavior	Perlocutionary Outcome	Analytical Interpretation
Confidence and future self-capability	The client felt highly confident within one week	Increased self-assurance	The suggestion strengthened the client's self-positioning and supported a more capable sense of self.
Readiness to act and engage with others	The client began selling at a bazaar	Behavioral activation	The client moved from intention to concrete action beyond the therapy session.
Reduction of fear, pressure, and intimidation	The client felt less easily intimidated	Emotional regulation and social resilience	The client showed reduced vulnerability to external judgment and stronger personal agency.
Transformation in daily performance	The client felt more enthusiastic at work and completed tasks according to target	Improved motivation and task completion	The effects extended beyond selling and influenced broader work discipline and energy.

Several representative excerpts may strengthen the presentation of the results. The client's statement, "I felt much more confident, as if I could face people without overthinking too much," reflects confidence as both an internal feeling and a readiness for social interaction. Similarly, "When I joined the bazaar, offering the products felt easier than before" shows that a previously difficult communicative activity became more fluent and manageable. The excerpt, "I did not feel as easily intimidated when meeting people or explaining the products," further indicates improved emotional stability in socially evaluative situations, while "At work, I felt more enthusiastic and could finish my tasks according to the target" shows that the session's effect also extended to professional motivation and productivity.

Taken together, these excerpts indicate that the post-session changes occurred across affective, behavioral, interpersonal, and occupational dimensions. From a pragmatic perspective, the therapist's suggestions functioned as transformational directives because they oriented the client toward a desired future self rather than simply instructing the client to behave differently. The hypnotic frame likely intensified this process by creating a receptive communicative space in which fear-based interpretations could be suspended and replaced with more empowering self-understandings. Therefore, the most important finding is that the perlocutionary outcome was not limited to emotional relief or verbal agreement after the session; it appeared as near-term behavioral transformation in everyday contexts. Language, in this sense, operated not only as therapeutic communication but also as a catalyst for agency, self-regulation, and behavioral change.

5. Discussion

The present study demonstrates that directive speech acts in hypnotherapy are not randomly distributed linguistic forms but strategically organized interactional resources that guide clients through progressive stages of emotional regulation, attentional control, symbolic transformation, and identity reconstruction. Central to this demonstration is the proposal of a micro-pragmatic model linking directive design to observable perlocutionary outcomes across sequential therapeutic phases. This model reframes hypnotherapy not as the mechanical delivery of "suggestion" to a passive recipient but as an *interactional accomplishment* in which therapeutic change is co-produced through relational and communicative practices (Drigas et al., 2021; Long, 2025).

Although hypnosis is often operationalized through staged procedures, the present analysis reveals that these stages rely on carefully calibrated linguistic and symbolic resources, including conversational approaches, guided imagery, metaphor, and developmentally tailored permissive formulations that manage resistance and sustain engagement (Long, 2025; Sanyal et al., 2022). Recent communication research on Indonesian hypnotherapy similarly demonstrates that message design in therapeutic interaction relies on indirect style, metaphorical framing, and persuasive logic operating through both expressive and rhetorical registers (Tarsani, Subhan, & Widowati, 2023). The micro-pragmatic model thus offers an analytical architecture that makes visible the otherwise implicit interactional work underlying each protocol stage.

5.1 Interrogative Directives, Epistemic Agency, and Alliance Formation

One of the most significant findings concerns how interrogative directives during rapport building operated beyond mere information gathering. The therapist's open-ended prompts and continuers scaffolded the client's emotional narration while preserving epistemic agency over personal experiences. This pattern aligns with conversation-analytic research demonstrating that therapist questions collaboratively construct therapeutic understanding rather than simply extract data (Muntigl & Horvath, 2023). Research on agency positioning further shows that therapists' use of second-person reference in initiative turns ascribes active agency to clients, inviting them to respond from a personal standpoint and thereby reinforcing their epistemic authority over their own experience (Wahlström, 2023). Minimal prompts such as "and then?" reduced interruption and encouraged narrative expansion, reinforcing a non-threatening affiliative stance.

From an interactional-pragmatic perspective, these early directives functioned as low-imposition deontic moves that assigned participant roles and normative expectations without overtly constraining client responses (Drigas et al., 2021; Long, 2025). Because deontic forms differ in perceived directness and may be interpreted as evaluative depending on linguistic framing, they also negotiate interpersonal stance and alignment rather than simply issue commands (Long, 2025; Sanyal et al., 2022). Research on mitigation in therapeutic conversations confirms that therapists deploy illocutionary and propositional mitigation devices precisely to preserve positive face, maintain social rights, and concentrate on interactive goals, thereby reducing the risk of relational conflict (Cheng, Mao, & Zhang, 2023). This affiliative groundwork is therapeutically consequential: discursive studies of the psychotherapy relationship demonstrate that affiliation, alignment, and empathy are not abstract qualities but interactionally accomplished phenomena constructed through specific sequential practices (Muntigl & Scarvaglieri, 2023).

Ethnographic and clinical reviews further confirm that effective hypnotherapeutic care is relationally achieved through collaborative accompaniment and individually tailored, often indirect techniques such as

guided imagery and self-hypnosis coaching (Al-Beltagi, 2025; Gnezdechko, 2019). Early low-imposition directive sequences therefore scaffold later, higher-deontic suggestions by establishing the relational conditions under which prescriptive moves become acceptable and resistance-minimized (Al-Beltagi, 2025; Sanyal et al., 2022).

This finding critically distinguishes hypnotherapy from what existing psychotherapy discourse research typically describes. In counseling interaction, therapists tend to maintain relatively consistent levels of mitigation throughout sessions to preserve client autonomy (Ekberg & LeCouteur, 2015; Ong et al., 2021). The present data, by contrast, reveal a deliberate *gradient escalation* of directive force, in which rapport-phase interrogatives serve as interactional preconditions for the more coercive imperatives that follow. The micro-pragmatic model captures this escalation as a designed trajectory rather than an ad hoc adjustment.

5.2 Deontic Authority and the Dynamic Management of Participation

The shift from narrative interaction to restricted-response directives during induction transformed the participation framework. Directives such as "no need to answer; just nod" constrained responses, redirected attention inward, and supported hypnotic alignment by reducing resistance opportunities. Conversation-analytic research views deontic authority as locally constructed, jointly ratified, and gradient, showing that compliance or resistance can reshape participants' rights to determine future actions (Drigas et al., 2021; Long, 2025). A conversation-analytic study of therapeutic interaction shows that therapists using stepwise entry sequences and question–answer prefaces achieve different interactional outcomes from those issuing direct directives, highlighting how authority is negotiated turn by turn (Smoliak et al., 2021). Authority is enacted not only through directive wording but procedurally through turn-taking and sequence organization, allowing phase-sensitive shifts in interactional control (Sanyal et al., 2022).

Critically, the data suggest that once earlier talk has established affiliation and alliance, stronger directive force during trance induction becomes acceptable because participants treat it as procedurally required by the therapeutic task (Al-Beltagi, 2025; Bioy et al., 2024; Drigas et al., 2021; Long, 2025). Clinical consultation studies corroborate this pattern: after recommendations are negotiated, clinicians may reassert deontic primacy through imperative series during implementation, with patients adjusting their participation accordingly (Al-Beltagi, 2025; Sanyal et al., 2022). Research on directive design further shows that speakers upgrade or downgrade coerciveness through linguistic resources, supporting a view of authority as fluidly negotiated across phases (Gnezdechko, 2019; Long, 2025).

This finding challenges the assumption, prevalent in counseling discourse literature, that directive mitigation is uniformly desirable. In hypnotherapy, the *strategic withholding* of mitigation constitutes a therapeutically productive resource. The micro-pragmatic model theorizes this shift as the passage from an *affiliative-epistemic* regime (rapport) to a *procedural-deontic* regime (induction), each with distinct directive designs calibrated to phase-specific therapeutic objectives.

5.3 Embodied Imperatives and the Regulation of Cognitive-Emotional States

Directives involving breathing, relaxation, bodily awareness, and attentional focus functioned as mechanisms for controlling arousal and narrowing perceptual orientation. These findings align with studies of progressive relaxation hypnosis scripts in Indonesian contexts, where directive illocutionary acts related to calming, focusing, and commanding dominate therapeutic interaction (Nurhadi et al., 2024). Genre analysis of Indonesian hypnotherapy induction scripts further identifies a system of rhetorical moves characterized by performative verbs such as commanding, declaring, and praising, confirming that directive sequencing constitutes the generic structure of hypnotic induction as a discourse type (Khotima, Sudana, Gunawan, Nurhadi, & Rahman, 2023). Interactional-pragmatic work also views hypnotic induction as built through directive utterances that help make represented states of affairs occur, such as relaxation and attentional shifts, making directive sequencing constitutive rather than incidental to induction (Long, 2025). Clinical syntheses confirm that hypnosis relies on scripted or semi-scripted instructional language delivered through individualized formulations (Sanyal et al., 2022).

At a broader theoretical level, these results support biopsychosocial accounts emphasizing the interaction between expectancy, motivation, attention, and contextual communication in shaping hypnotic responsiveness (Jensen et al., 2015; Worsøe & Jensen, 2020). The therapist's repeated assurances of safety and comfort likely strengthened positive expectancy, identified as a significant predictor of successful hypnotic outcomes (Siewert et al., 2024). Embodied imperatives therefore operate not merely as linguistic commands but as interactional mechanisms that simultaneously regulate cognition, emotion, and attentional orientation, enacting the preconditions for subsequent symbolic work.

5.4 Imagery Directives as Symbolic Enactments of Emotional Transformation

A particularly novel aspect of this study concerns the analysis of imagery-based directives as guided symbolic enactments. The balloon-and-black-smoke metaphor enabled the client to externalize negative affect and imaginatively perform a release sequence

culminating in symbolic destruction. From a pragmatic perspective, these directives function as performative enactments in which imagined actions are treated as psychologically consequential. This interpretation is supported by neurocognitive accounts demonstrating that hypnotic suggestions modulate perception, agency, and emotional processing through top-down regulatory mechanisms (De Pascalis, 2024; Faerman et al., 2024; Terhune et al., 2017).

Research on therapeutic metaphor further supports this analysis, showing that metaphors in psychotherapy have cognitive processing advantages by facilitating creative insight, enhancing long-term memory retention, and promoting cognitive engagement, thereby contributing to schema restructuring and meaning transformation (Yu, Liu, & Zhang, 2022). Within hypnosis specifically, metaphors and narratives are theorized as tools that address the creative unconscious, enabling autonomous connections that promote change without passing through the resistance of conscious rationality (Casula, 2022). Unlike previous hypnotherapy studies focused on clinical efficacy or isolated scripts, this research shows how metaphorical directives are interactionally constructed and sequentially organized to facilitate emotional catharsis. Rather than a discrete technique, imagery emerges as an interactional accomplishment, prepared by attentional narrowing (induction) and followed by identity-reconstructive suggestion (transformation). The micro-pragmatic model positions imagery directives as the *pivot point* of therapy, transforming embodied attentional readiness into symbolic material for subsequent transformation.

5.5 Transformational Directives, Identity Reconstruction, and Perlocutionary Effects

Future-oriented suggestions such as "you are becoming more confident" simultaneously operated as directives, affirmations, and identity-positioning strategies. These utterances did not merely instruct behavioral change; they discursively constructed a post-block self-characterized by confidence, motivation, and resilience. Conversation-analytic research on transformative sequences in psychotherapy demonstrates that interactional change occurs when therapists' formulations successfully reposition clients from passive experiencers of difficulties to active agents capable of adopting new behavioral orientations (Fan, Zhang, & Ma, 2022). Similarly, research on therapist formulations in cognitive behavioral therapy shows that both affirmative and challenging formulations serve as robust interactional devices for ascribing agentic positions to clients (Yao, Dong, & Ji, 2022). The present data extend these findings by demonstrating that in hypnotherapy, such agency ascription operates through future-tense declarative directives delivered during a state of heightened suggestibility.

The client's subsequent report of increased initiative, improved work engagement, and reduced intimidation aligns strongly with these future-self suggestions. Such alignment supports broader evidence showing that strategically designed therapeutic suggestions influence behavioral and psychological outcomes across medical and clinical contexts (Nowak et al., 2020; Nowak et al., 2022). Reviewed protocols targeting motivation and self-esteem similarly report gains in confidence and self-control beyond the session (Gnezdechko, 2019), while tracked functional outcomes after hypnosis-based interventions indicate that suggestion embedded in structured communication may support measurable everyday improvements, although interpretation should remain cautious given evidentiary debates and heterogeneity (Alario, 2025; Al-Beltagi, 2025).

From a speech act-theoretic perspective, these findings illuminate the *perlocutionary* dimension of directives: the effects achieved on the hearer that extend beyond the illocutionary force of the utterance itself. Transformational directives are designed not simply to be obeyed in the moment but to reshape self-evaluation and behavioral disposition over time. The micro-pragmatic model captures this by distinguishing between *immediate perlocution* (in-session compliance, emotional release) and *extended perlocution* (post-session behavioral change), thereby linking discourse-level analysis to clinically meaningful outcomes.

5.6 Theoretical Implications for Speech Act Theory and Clinical Pragmatics

The study advances speech act theory in three ways. First, it shows that directive speech acts in institutional contexts are not monolithic but vary in force, function, and meaning according to sequential position, phase-specific goals, and relational history. Second, it extends the Searlean taxonomy by demonstrating that therapeutic directives can simultaneously perform multiple functions (directing, affirming, positioning) through their design and placement. Third, it highlights the limits of analyzing directives in isolation, reinforcing interactional-pragmatic views that meaning emerges through context and co-construction.

For clinical pragmatics, the micro-pragmatic model offers a replicable analytical framework for examining how therapeutic talk produces change. By mapping directive types onto session phases and linking these to reported outcomes, the model provides a bridge between the micro-level concerns of discourse analysis and the macro-level concerns of clinical efficacy research. This integration responds directly to calls for more rigorous qualitative and process-oriented research in hypnosis studies (Souza et al., 2024) and addresses the longstanding disconnection between linguistic micro-analysis and clinically meaningful effects.

5.7 Culturally Situated Therapeutic Discourse

The Indonesian context of this study offers important theoretical and practical contributions. The prominence of directive illocutionary acts observed here resonates with findings from Indonesian relaxation-based hypnotic procedures (Nurhadi et al., 2024) and genre-analytic studies of Indonesian hypnotherapy induction (Khotima et al., 2023), suggesting that directive dominance may reflect culturally conditioned expectations of therapeutic authority. In Indonesian institutional interaction, where relational hierarchy and affiliative care are deeply embedded in communicative practice, high-deontic directives may carry different interactional valences than in Western therapeutic contexts that privilege client autonomy and non-directiveness. The micro-pragmatic model is therefore culturally sensitive in the sense that it identifies universal interactional mechanisms (phase-specific escalation, affiliative grounding, symbolic externalization) while acknowledging that their realization and acceptance are shaped by local discourse norms. Future cross-cultural comparisons will be essential for determining which features of the model are generalizable and which are culturally contingent.

5.8 Limitations and Future Directions

Several limitations should be acknowledged. First, the study is based on a single case and does not claim statistical generalizability; directive patterns may vary across therapists, clients, and sociocultural contexts. Second, post-session outcomes relied on short-term self-report rather than standardized measurement or longitudinal observation. Third, the analysis focused on verbal interaction and did not incorporate multimodal dimensions such as gaze, gesture, posture, or prosody, which likely play significant roles in hypnotic responsiveness.

Future research should expand interactional-pragmatic studies in hypnotherapy by incorporating multiple cases, cross-cultural comparisons, multimodal discourse analysis, and longitudinal outcome tracking. Comparative studies between hypnotherapy and other therapeutic modalities may illuminate how directive speech acts operate differently across institutional contexts. Additionally, research exploring the relationship between therapist authority, client resistance, emotional alignment, and linguistic mitigation in diverse settings would further strengthen understanding of therapeutic language as an interactional, psychological, and sociocultural phenomenon.

6. Conclusions

This study demonstrates that directive speech acts in hypnotherapy function as strategically organized interactional resources that facilitate emotional regulation, attentional control, symbolic transformation, and identity reconstruction throughout the therapeutic process. The findings reveal a phase-specific directive choreography in which interrogative directives scaffolded narrative disclosure, embodied imperatives managed hypnotic focus and participation, imagery-based directives externalized negative affect, and transformational suggestions reconstructed a more confident and agentive self. The client's reported post-session improvements in confidence, initiative, work engagement, and reduced intimidation further indicate that directive language can produce meaningful perlocutionary effects within therapeutic interaction. The principal novelty of this study lies in its integration of speech act theory, interactional pragmatics, and hypnotherapy discourse through a micro-pragmatic model linking directive forms across therapeutic phases to observable behavioral outcomes in a naturally occurring Indonesian clinical context.

The study therefore contributes theoretically to therapeutic discourse studies and clinical pragmatics by foregrounding language as a measurable therapeutic resource rather than merely a medium of communication. Practically, the findings provide valuable insights for hypnotherapists, counselors, and therapeutic practitioners regarding the strategic design of directive sequences to enhance client responsiveness and therapeutic alignment. Nevertheless, because this study is limited to a single case and short-term outcome observations, future research should incorporate multimodal analysis, longitudinal tracking, multiple-case comparisons, and cross-cultural therapeutic contexts to further examine how directive speech acts interact with therapist authority, client agency, emotional regulation, and long-term behavioral transformation across diverse forms of therapeutic communication.

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