

The 13th International Congress
On Ericksonian Approaches to Hypnosis and Psychotherapy

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Hypnotic Meditative Directed Self-Inquiry (HMDSI): It's simple. Trust Story Thinking or Trust Pure Experience (that means you). It's Just a Choice.



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Hypnotic Meditative Directed Self-Inquiry
Accountability Communication for Couples

Increasingly, this therapist finds clients who are not satisfied with counseling methodology that provides empathic support, processing, advice, and techniques for symptom management. There is a yearning for a more complex, deeper understanding of personal existential meaning, and the role of intimate relationships relative to individual sense of self. In addition to individual functioning, there is often conflicted feeling between the desire to have one's needs met and a more expansive understanding of and participation in life partnership greater than personal need.

True to the Ericksonian principle of individualizing treatment and strategic intervention, HMDSI, like all methodologies, is not appropriate or necessary for all clients. This therapist does his best to recognize the unique individual needs of each client and develop counseling strategies best suited for their needs and circumstances.

However, when appropriate, HMDSI (and for couples Accountability Communication) has the potential to provide the complex, deeper sense of meaning, purpose, and self that may resonate with individuals/couples.

HMDSI

There are three primary components to HMDSI methodology. They are integrated with Accountability Communication when working with couples. However, with a couple there is the need to teach the concept of Accountability and the Steps of Discussion/Conversation required for adult relationship and problem solving. (To be presented below).

The HMDSI components are:

1. The story.

Everyone has a story. It is an ages old concept referred to in some Eastern religions as *wrong understanding*. Transactional Analysis referred to it as a Script. In the seventies, it was generally referred to as the *Tape* running in our head. Gestalt Therapy referred to it as *characterology*.

Our story begins at birth as we join a story already constructed and in progress. We quickly learn our place in the story; our role and the roles of others; expectations and the outcome of actions; belief and value systems. Our story influences our perception of self and other and drives our decisions and behaviors.

The story is wired in the most primitive part of our brain: the reptilian fight or flight, survivor part of our brain. Not being able to self-reflect or utilize self-awareness the *lizard brain* operates as a protective program that inadvertently is programmed to support and sustain the constructed story as a part of its purpose to keep us safe.

Most of us do not realize that we have a story. We never question or doubt that the constructed reality of our story is not true. As we grow and develop, our *experience* may contradict our story. The result of developmental maturation and experience often results in resonance with our changing belief system and our true nature; our core essential needs and sense of self.

Any movement away from the story, perhaps a multi-generational story, is determined to be a threat to our safety by the reptilian brain where the story was wired. The difference between what we think (I refer to this as *story thinking*) and what we *know that we know* (understanding derived through pure experience that I refer to as *intelligent thought*) and the effort to reconcile the two results at the very least in confusion, and at its worst in disabling anxiety, depression, relationship conflict, and exacerbation of varying functional impairments.

There is nothing too strange, bizarre, irrational, catastrophic, terrifying, or horrifying that the lizard brain will not produce in the form of thought (I refer to this as *ignorant thought*) in an effort to maintain our belief and trust in the story to protect us and keep us safe; ironically far from a sense of safety, confidence, or trust in self produces great suffering.

I often tell my clients, “never trust what you think. If you find it impossible to not trust what you think, make at least a commitment to test what you think to find out through pure experience if the thought is true, beneficial, intelligent, and trustworthy.”

When there are repeated failed attempted solutions (as taught by Fisch, Weakland, Segal, and Watzlawick), then the client is advised to consider the possibility that one will **never** be able to THINK one's way OUT of their continuing difficulty and failed attempted solutions.

After completing an initial assessment with a new client (one to three sessions) if HMDSI appears to be warranted and appropriate, with the client's agreement, this therapist will utilize it.

In order to change we need to know our story. Once we know our story, we become empowered to choose. If driven by story we are living without consciously choosing the possibilities and potentialities of our own unique, individual lives. If driven by story we fail to honor and enact during lifetime our own true nature; our core essential self and needs.

This therapist developed a technique called *The Alien Question* and has found that this technique can often assist to identify a client's story in one session. Though it is simple (like HMDSI and Accountability Communication) it is a radically different way of understanding/perceiving and may be difficult for some clients. It requires the ability to view self from a third-party position (assuming a disassociated independent position from which to report about self). In those cases, it may be necessary to compliment the Alien Question by conducting a formal early childhood family history.

2. Core Essential Self

Identification of one's *Core Essential needs* and *Core Essential self* is required to help the client differentiate and contrast one's inner true sense of self from the externally constructed and injunctioned story. When a client is asked what their core needs are; their core sense of self, ninety percent of them report that they do not know. Many state that no one had ever asked that question of them before and they had never considered it.

Contemplating what the *essential core needs* are is often prescribed as a homework assignment. The therapist needs to explain the difference between what is important and what is essential. There is much that is extremely important to us in our lives, including friends, family, social causes, etc.... However, these things are not essential. The therapist takes care to not minimize the value of what is important or ask that what is important to be abandoned. The therapist needs to help the client understand that what is important can be lost and is insufficient to have the strength and weight to counter *story thinking*. What is *essential* has always been, is present, and will always be. What is *essential* to the client is always available and is the counterweight to constructed story and ignorant thought.

Recognizing one's *core essential needs* and *core essential sense of self* provides the option to choose to honor them and live a life dedicated to enacting them. That is what allows one to look in the mirror each morning and feel satisfied and content with who one is and how one chooses to live life; even when confronted by the most difficult times out of our control and outside of what we would wish or desire.

3. Enacting HMDSI

HMDSI, hopefully, will be demonstrated during this therapist's workshop. There are principles to enacting the method, but it requires flexible adjustment dependent on the unique responses of each client.

The purpose of HMDSI is to help the client recognize the impact on one's physiological responses (feelings) to *story thinking* and to differentiate thought (which is not to be trusted, is of no benefit, and results in suffering) from pure experience.

We typically avoid pure experience because the physiological response to *story thinking* is physical distress. Unfortunately, we are taught that emotional distress and/or feelings in general validate the thought process. We are fearful of fixating our attention initially on the pure experience of distressful feelings because we are trusting thought and believe that distress will increase; the goal is to distance from the distress.

HMDSI teaches the client how to strengthen control over the ability to choose how and where to direct one's attention. This is also a definition of the purpose of meditation. It's simple. Choose attending to ignorant story thinking, which time and time again produces suffering; or trust one's inner sense of self; core essential self, and choose attending to the pure experience of inner self.

HMDSI connects one's intellectual understanding of what is core essential to the experiential phenomena of one's inner sense of self, detached from thought.

HMDSI teaches that thought cannot be stopped, quieted, or mediated. The myth that this is possible and is the goal risks years of internal conflict and a sense of personal failure. The goal is not to stop, quiet, or mediate thought. As an ancient story about the Buddha teaches, the goal is not to oppose or battle with the demons of thought; rather, to invite the demons in for tea.

HMDSI teaches allowing the story to be, while choosing not to trust it and turn/fixate one's attention on pure inner experience resulting in the story drifting out of awareness and its slow disempowerment.

The therapist guides (directs) the client through the necessary steps; first to help them discover that the story they have trusted is a lie through the experience of one's core self and true nature.

During HMDSI the therapist may utilize Ericksonian Hypnosis including deepening, strategic reframing, suggestion, interspersal communication, therapeutic metaphor, and post-hypnotic/HMDSI suggestion.

An audio teaching demonstration with an actual client has been posted for the workshop attendee which will hopefully clarify further.

Accountability Communication

This therapist will immediately interrupt a couple's session if one of the partners begins to communicate what they *need* from their partner.

This therapist will immediately interrupt a couple's session if one of the partners says, "us" or "we."

The therapist explains the concept of individual accountability. The partners are fully accountable for self and no one else can meet one's *core essential needs*, despite what Walt Disney taught us.

The therapist uses research by Gottman to explain that 60% of who we are is hard wired and will NEVER change. Out of ignorance we tell our partner what we need; at times with desperation. Since in general we are loved the partner works hard to change and meet the required need. Many find it possible out of love and with hard work to make that change. However, the effort is NEVER going to maintain if the

target of change is part of the genetic, psychological, and personality structure of the individual. Thus, the partner will drift back to the original functioning.

Due to having been able to “change” for a few months to a few years, the needy partner interprets the drift back to baseline as not loving or caring enough about his/her needs. Personalization occurs. The partner is seen as being ego-centric and this usually results in conflict and angry blaming.

Since each partner has their own unique story (often ignorant of their core essential needs or the story itself) triggering is common and projection of angry blaming is the process, resulting in escalating conflict and harm to the relationship.

The therapist’s role is to utilize the HMDSI process described above, and then ask the couple to work with him/her to approach the relationship in a radically new way.

- A. To educate each other about their core essential needs. This therapist finds that in most cases couples do not know their own core essential needs, let alone be aware of their partner’s ones. Couples desire change that their partner is not capable of, thus they cannot maintain change despite loving and caring for their partner.
- B. Once understanding, partners need to decide as adults without demonizing or angrily blaming their partner whether they can support their partner’s core essential needs.
- C. In this model partners are taught to relinquish all expectation of their partner. The purpose of discussion is not to get one’s need met by other. Instead, the purpose of discussion is to determine if what is needed can be supported. If a partner chooses and can assist in the essential need, that is wonderful. However, it is understood that if a partner supports the stated essential need but cannot accept or participate in helping meet it, the partner is accountable for meeting it for him/herself.

The therapist defines a healthy, meaningful relationship (bound to be successful long-term) as one where two unique individuals accountable and responsible for enacting their own essential core needs and following their own satisfying life path discover that their partner supports and accepts who she/he is and what his/her path is. There is deep satisfaction, gratitude, and loyalty in such a partnership. It is a true partnership valued by both. There is very little conflict, arguing, or anger in such a relationship.

It is hard work. It requires great commitment and time.

If partners find after genuine hard work and commitment that they cannot support or accept the core essential needs of the other, then as mature adults they can recognize that they should not continue in the relationship. This can be accomplished without the horrific anger and demonizing so many partners engage in with each other as a part of separating. This therapist believes this terrible scenario occurs due to ignorance of one’s story, ignorance of one’s core essential needs, ignorance of one’s triggers, and ignorance of their partner’s core essential needs, story, and triggers resulting in personalizing and a false certainty that the partner is to blame.

In couples counseling, if partners are committed to a journey of discovery of self and the other, these are the steps of discussion and conversation as the means for problem solving while maintaining an understanding of individual accountability and responsibility for one’s individual needs.

1. **Ask for consent.** Prior to any discussion inform your partner that there is something you would like to discuss, that you would like to present a need or needs that you have, and that you want your partner to know.

When there is consent for discussion, the risk of conflict is dramatically reduced. If I ask for consent to listen, then I am contradicting myself if I do not listen, if I interrupt, or get defensive. If we ask for our partner's consent before launching into expressing our needs, he/she is much less likely to feel defensive, criticized, or disrespected which will likely result in an immediate conflict.

Approach your partner without expectation. This is a core principle of this model. Your partner may not want to consent to discussion when you ask, perhaps for very good reason. He/she may have just gotten home from work. He/she may have a terrible headache or feel terribly stressed. Accept with grace if your partner says no. Negotiate a different time that your partner would be ready and comfortable to listen.

2. During a discussion/conversation NEVER angrily blame the other. If you find yourself angry and blaming, you are probably being driven by your story. You have probably been triggered. You are accountable for recognizing if your story has been triggered. If you are triggered, you must STOP the discussion immediately and disengage. You should use techniques that you have determined in counseling to manage your trigger, calm, and return to your authentic self in the present.
3. You cannot stop a discussion or disengage without using *The Reassurance Step*. If you do not reassure your partner and accept full accountability for disengaging, your partner will feel blamed and quite possibly escalate and refuse to disengage. It is at this point that many couples report the partner follows them around; will even break down a door to force continued discussion. In the *Reassurance Step* you say something like, "I am not angry at you or blaming you. I cannot handle continuing to be in this discussion any longer. If I continue, I will likely say mean things and perhaps act in a mean way. That is not who I really am, and not who I want to be any longer. It is not your fault. I need time to understand how I have been triggered and calm. Then, I will be ready to resume the conversation."
4. If during a discussion you realize that your partner does not understand what you are trying to share OR does not accept what you are sharing, you are accountable for stopping the conversation. Our typical assumption is that if our partner does not understand or accept what we are communicating (a need), if we persist and can find another way to explain it, we will get through to him/her and feel supported/accepted. This rarely happens. Instead a cybernetic process develops and as the discussion continues it escalates, there is mutual triggering, and angry blaming begins. When stopping, you MUST use the *reassurance step*.
5. If there is a healthy conversation (this does not mean people do not get frustrated or angry. The frustration and anger are contained and is present focused) beginning with consent, after reasonably successful effort (perhaps repeated efforts) it becomes clear that you are not going to get the support for what you need there is one of two options to choose at this point:

- A. If your need is important but not ESSENTIAL, relinquish the request for support and cease any plan to meet the need individually. The reason is that trust will strengthen with your partner as he/she recognizes your respect for her/his non-acceptance for what is merely important.
- B. If your need is *core essential*, respect and honor your partners unwillingness or inability to support you and explain that this is not merely important but essential to you and you are going to find a way to meet the need with individual accountability and without expectation for your partner's support or assistance without any anger or personalization. If you and your partner have developed trust over time the likelihood increases that it will be understood that this is truly essential, not merely important, and your partner is much more likely to then support you taking care of your own essential need without anger or escalation. Caution: be sure the need you are about to meet without your partners consent, support, or acceptance is truly essential and not merely important; no matter HOW important it is to you.
- C. For couples where both partners have trauma histories the risk for domestic violence may be higher; at minimum the triggering will be much more complex and the treatment much more difficult, requiring great patience, caring, and time.

This has been a brief summary review of the basic concepts of HMDSI, and especially Accountability Communication with couples. The process can be complex and difficult and beyond the means of this therapist to discuss in a more comprehensive manner. This summary is incomplete and merely intended as a support for the attendees of the therapist's workshop.

Recommended Readings

Experiencing Erickson: An Introduction to the Man and his Work, by Jeffrey Zeig, Ph.D. Publisher: Routledge, 1985

The Tactics of Change: Doing Therapy Briefly, by Richard Fisch, MD; John H Weakland; Lynn Segal. Publisher: Jossey-Bass, 1982

The Diamond in your Pocket: Discovering your True Radiance, by Gangaji (Toni Roberson). Publisher: Sounds True, Inc., Boulder, CO 80306, 2005-2007

The Truth Is, by Sri H.W.L. Poonja (Papaji). Publisher: Samuel Weiser, Inc., 2000

Sadhana Of The Heart: A Collection of Talks on Spiritual Life by Gurumayi Chidvilasananda. Publisher: Syda Foundation, 2006 (<http://siddhayogabookstore.org/sadhanaoftheheart.aspx>)

Gestalt Therapy Verbatim, by Frederick S Perls, MD. The Gestalt Journal Press, 1992. From a handwritten inscription by Dr. Perls: "To suffer one's death and be reborn is not easy."

Note from Don: A paraphrased Hindu saying: "The goal of life is to die while still in the body."