THE HEART OF ERICKSONIAN HYPNOTHERAPY

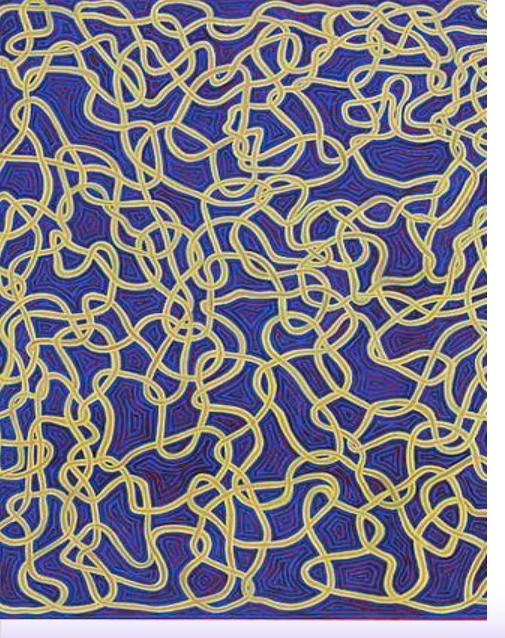
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DISCLAIMER

Materials that are included in this course may include interventions and modalities that are beyond the authorized practice of mental health professionals. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your professional standards.



LEARNING OBJECTIVES

- Describe how hypnosis accesses the mind-body communication system.
- List 3 key components of an Ericksonian approach.
- State 2 similarities between inviting trance and inviting therapeutic change.



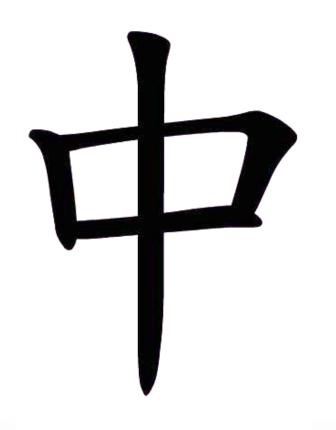
"HYPNOTHERAPY"

- "The use of hypnosis in the treatment of a medical or psychological disorder or concern" (Elkins et al., 2015, p. 383).
- Many experts in the field consider the term hypnotherapy to be problematic (e.g., Frischholz, 1997).
- "Hypnosis is a technique, not a psychotherapy" (Orne et al., 1995, p. 1812).

"HYPNOTHERAPY"

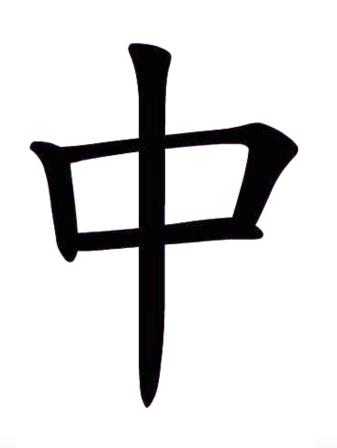
- When Freud was first etching out his method, "hypnotherapy and psychotherapy . . . were virtually synonymous" (Pintar, 2010, p. 36).
- Erickson "embedded hypnosis so deeply into his psychotherapeutic techniques that it is possible in looking at Ericksonian psychotherapy to forget it is there at all" (Pintar & Lynn, 2008, p. 115).
- Brief therapies (MRI, Strategic, Solution Focused) are all psychotherapies derived from Erickson's hypnotic methods, refracted through Gregory Bateson's cybernetic conceptions of communication.

THE HEART OF ERICKSONIAN HYPNOSIS



- Connection between hypnotist and client (shared mind)
- Connection between client and his/her experience (mind-body communication)
- Collaborative expectancy (meaning making)

THE HEART OF ERICKSONIAN HYPNOTHERAPY



- Inviting associational thinking (via metaphoric communication)
- Facilitating avolitional innovation and discovery of possibilities
- Shifting patterns of thought/imagination/action
- Enabling contextual reorientation to the problem

THEHEART OF ERICKSONIAN HYPNOTHERAPY

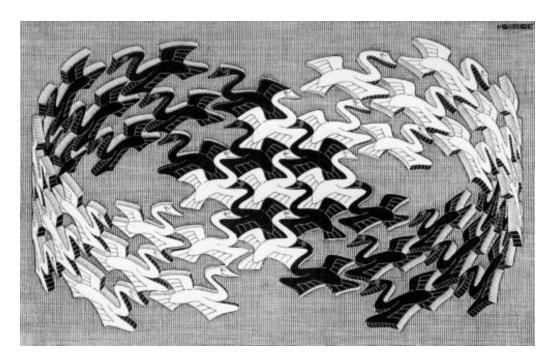


La coeur a ses raisons que le raison ne connaît point.

The heart has its reasons of which the reason knows nothing.

-Blaise Pascal

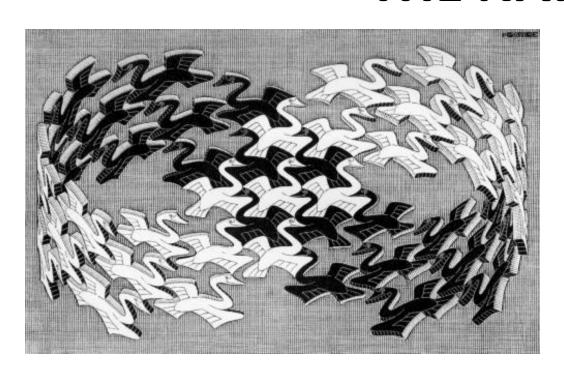




 Bateson defined information as "news of difference."

• A difference is a relationship between two somethings or two parts, "or between a part at time 1 and the same part at time 2" (Bateson, 2000, p. 89).

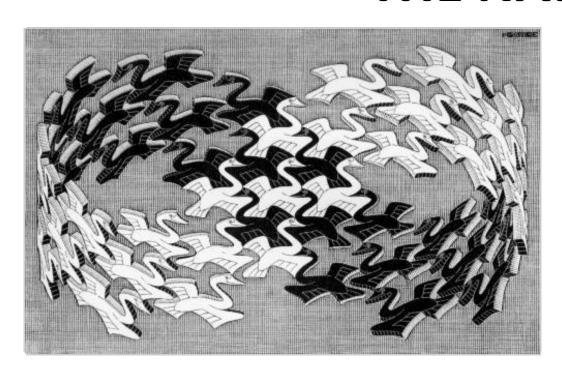




 "[What] a sensory end organ responds to is a difference or a change" (Bateson, 2002, p. 89).

Information is a difference that makes a difference.





• A difference that doesn't make a difference (isn't noticed or doesn't matter) is just ambient noise.

• An imperceptible difference is indifferentiated.



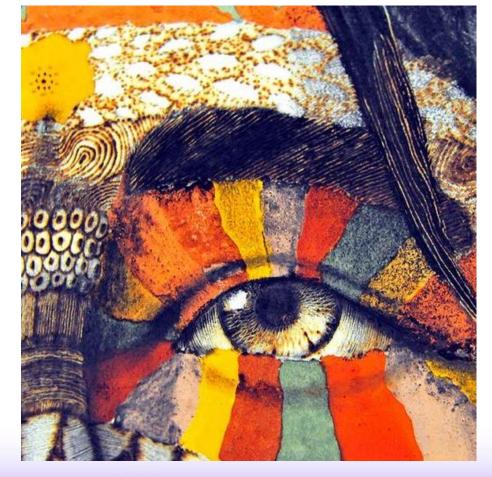


• Indifferentiation reflects the imperception of boundaries and/or the dissolution of meaning.

Hypnotherapists facilitate the indifferentiation of problems.

THE EMBODIMENT OF MIND

- "Mind is [not] simply brain activity" (Siegel, 2012, p. XIX).
- Mind "extends beyond the physical cortex of the brain's flesh" (Beilock, 2015, p. 210).
- "We have a head-brain, heart-brain, and gut-brain. . . . The mind [is] . . . fully embodied, not just enskulled (Siegel, 2017, p. 153).





THE MINDFULNESS OF THE BODY

- You have more neurons in your digestive system than in your spinal cord or peripheral nervous system (Hadhazy, 2010).
- Your immune system contains the same mood-altering endorphins found in the brain—"not just the chemicals, but the receptors as well" (Moyers, 1993, p. 180).





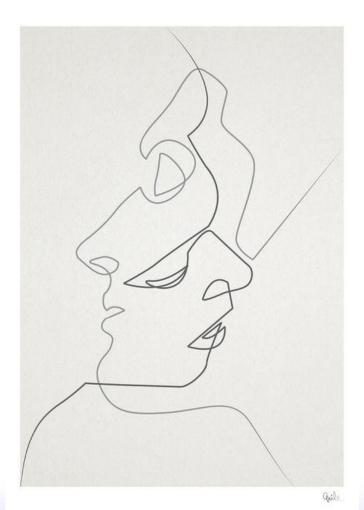
THE MINDFULNESS OF THE BODY

"Even to fulfill a defensive role, the immune system must exhibit properties that are typically cognitive[:] . . . [It] recogniz[es] molecular profiles. . . . [It] must have a learning ability, . . . [and] it must have a memory" (Varela & Coutinho, 1991, pp. 240-241).





THE SHARING OF MIND



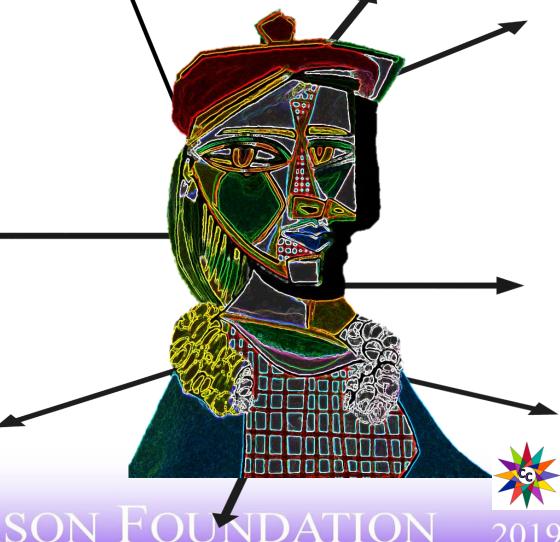
"My mind is not . . . confined inside me. A good deal of it is inside, . . . but a good deal of it is outside. . . . All the things that I do, which are picked up by your perceptions, are a part of you. And things that you do, which are picked up by my perceptions, are a part of me. And there's an enormous overlap in our two minds. So that it is not unreasonable to speak of a "shared mind." This is not a miraculous phenomenon; it is a commonsense phenomenon" (Bateson, 1997, p. 144).

 Discomfort, displeasure, and other forms of contrast—edges, juxtapositions—all contribute to an experience of feeling, of being, separate and distinct: a unique individual.



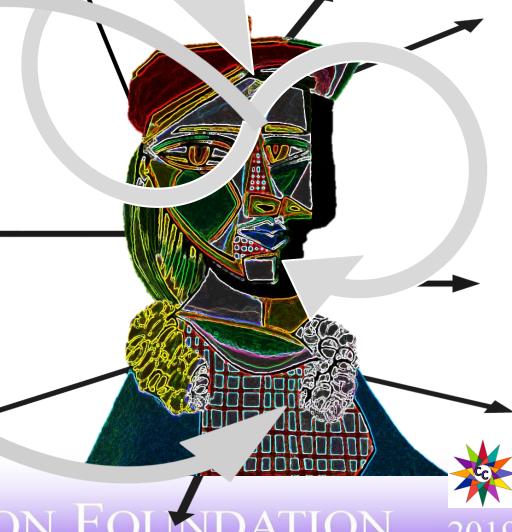
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This is true not only of our relationship to what is OUTSIDE and around us,



MIND AND THE SFIE

- Discomfort, displeasure, and other forms of contrast—edges, juxtapositions—all contribute to an experience of feeling, of being, separate and distinct: a unique individual.
- This is true not only of our relationship to what is OUTSIDE and around us, but also to what is INSIDE—our relationship to ourselves.



 Consciousness involves the marking of boundaries that define perceptions of, ideas about, and attitudes toward what is happening outside and inside.



- Consciousness involves the marking of boundaries that define perceptions of, ideas about, and attitudes toward what is happening outside and inside.
- This reflexively circles back to circumscribe consciousness itself: We are conscious of being conscious and, in so doing, conscious of being a "self."





 Self = Body: "Be careful not to bump into ME."





- Self = Body: "Be careful not to bump into me."
- Sense-of-Self Shifts:
 - o "My stomach feels so much better"
 - o "I can't contain my excitement"
 - "My idea is a little different from yours."





- "My stomach, excitement, idea": an implicit division between owner and owned.
- My experience is
 - opart of who I am
 - apart from my circumscribed sense-of-self





 Pain, thoughts, and fear are all defined as "mine" but feel other.
 They happen to me.







- o surroundings
- o another person
- o intrapersonal experience



Boundaries of the circumscribed self become indifferentiated when we shift from:

- o standing out to fitting in
- o counter-acting to interacting
- o contending with to engaging in



- When the self-other boundary dissolves, the sense of being a reified, circumscribed self dissolves along with it.
- A feeling of separation gives way to one of effortless connection when we enter what Mihaly Csikszentmihalyi (1990) calls





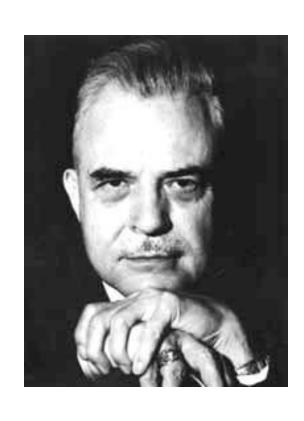


Hypnosis is an experience of





ERICKSONIAN HYPNOSIS



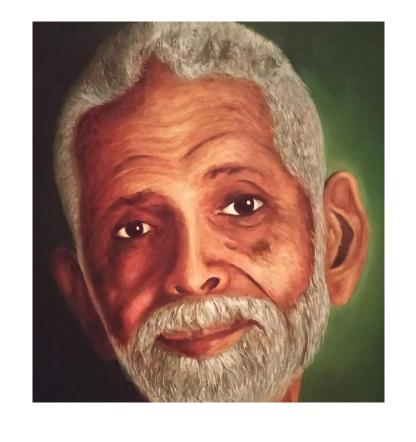
Hypnosis = getting in sync with the mind/body of the client

•

- Empathy
- Hypnotic Invitation
- Expectancy
- Utilization
- Permissive Language
- Metaphor



VS
SYMPATHY
&
COMPASSION





SYMPATHY

< Greek Sumpátheia

(syn-"with, together" + pathos "feeling" or "suffering"): feeling together

COMPASSION

< Late Latin Compassio

(com- "with, together" + pati "feeling" or "suffering"): suffering together



EMPATHY

< German Einfühlung
 (ein- "in" + fühlung "feeling"):
 feeling into</pre>

 Originated in the philosophy of art, to explain why certain paintings or sculptures move people.



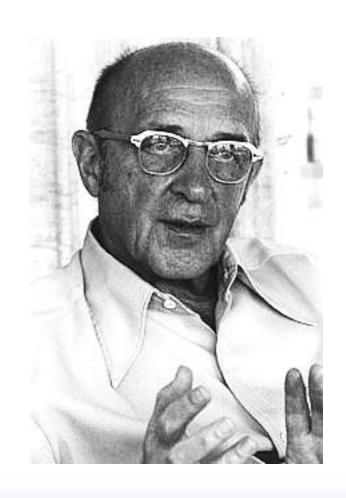
EMPATHY

- < German Einfühlung
 (ein- "in" + fühlung "feeling"):
 feeling into</pre>
- Describes the emotional "knowing" of a work of art from within, by feeling an emotional resonance with [it]. ("The Science of Empathy," Helen Riess)





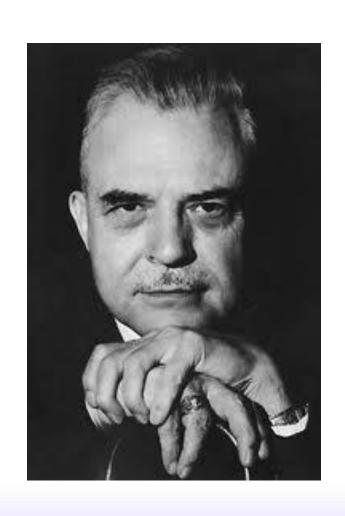
ROGERIAN EMPATHY



Carl Rogers:

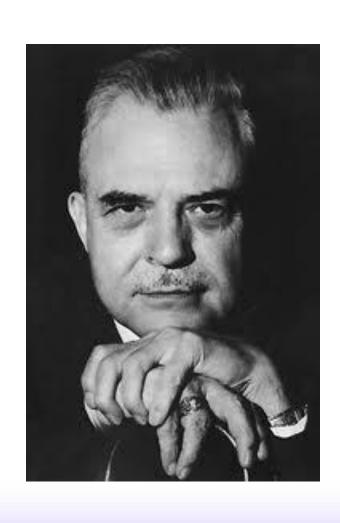
"When a person realizes he has been deeply heard, his eyes moisten. I think in some real sense, he is weeping for joy. It is as though he were saying, 'Thank God, somebody heard me. Someone knows what it's like to be me'."

ERICKSONIAN EMPATHY



A 21-year-old woman told Milton Erickson she was certain he would not want to see her. When she arrived in the office, she said, "I told you so, I will go now. My father is dead, my mother is dead, my sister is dead, and that is all that's left of me."

ERICKSONIAN EMPATHY



"I urged the girl to take a seat, and . . . I realized that the only possible way of communicating . . . was . . . to use brutality to convince her of my sincerity. She would misinterpret any kindness. . . . I would have to convince her . . . that I understood her and recognized her problem, and that I was not afraid to speak openly, freely, unemotionally, and truthfully" (Haley, 1986, p. 115).

EMPATHIC COMMUNICATION



- naming relevant details of clients' stories.
- inferring and articulating clients' emotional experience within the stories and/or in telling the stories.

EMPATHIC COMMUNICATION

When your clients hear you accurately naming relevant deta of their stories and articulating their emotional responses, then the boundary between them and you—

dissipates.





EMPATHIC COMMUNICATION



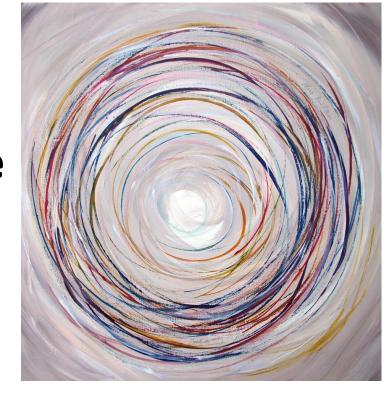
Empathic communication makes it possible for you to move from being an outsider to being an insider.



As an insider, you're positioned to offer hypnotic invitations that the client needn't guard against.



Your invitations facilitate the safe dissolution of the boundaries of the client's circumscribed self.



You don't put your clients in a "trance" or in an "altered state."
Your invitations facilitate your clients getting in sync.





You get in sync with the client.

The client's circumscribed self gets in sync with you and with the rest of him or herself.

As boundaries dissolve, you and your client become of one mind.



EXPECTANCY



Expectancy is an orientation to, a preparation for, change, affecting perception and experience.



EXPECTANCY



- "Meaning can activate biological processes" (Moerman, 2002, p. 151).
- Physiological and psychological responses to suggestions in a hypnosis session are influenced by what the client (Kirsch, 1985) and therapist (Erickson, 2008) expect and imagine is possible.

CLASSIC HYPNOSIS

The hypnotist encourages the indifferentiation of the boundaries of clients' circumscribed self by entreating them to follow her directives.





CLASSIC HYPNOSIS



If clients don't follow along, the hypnotist ups the intensity. If they are still not responsive, he concludes that they are either unhypnotizable or resistant.



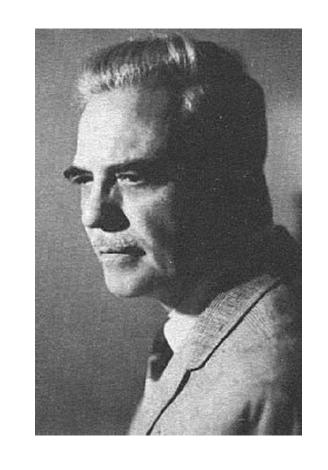
ERICKSONIAN HYPNOSIS: UTILIZATION

[Utilization entails the] simple reversal of the usual procedure of inducing hypnosis.



ERICKSONIAN HYPNOSIS: UTILIZATION

Rather than putting the onus on his patients to cooperate with him, Erickson strove to cooperate with them. He took responsibility for entering the experiential world of his patients.





UTILIZATION



Incorporating outer and inner disruptions to the hypnotic relationship in the hypnotic invitation, including ambient sounds, as well as clients' beliefs, expectations, worries, efforts, reluctance, or behaviors.



UTILIZATION

Helping clients get in sync with whatever has been keeping them out of sync with you and with themselves.





UTILIZATION

NO NO	NO NO	NO NO NO NO NO	NO NO NO	
NO NO	NO NO	NO NO NO NO NO	NO NO NO NO	
NO NO	NO NO	NO NO	NO NO	NO
NO NO	NO NO	NO NO	NO NO	
NO NO NO NO		NO NO	NO NO NO	
NO NO NO		NO NO NO NO NO	NO NO NO	
NO NO		NO NO NO NO NO	NO NO NO	
NO NO		NO NO	NO NO	
NO NO		NO NO		NO NO
NO NO		NO NO	NO	NO NO
NO NO		NO NO NO NO NO	NO NO NO NO NO	
NO NO		NO NO NO NO NO	NO NO NO NO	



PERMISSIVE LANGUAGE

If you claim something will happen and it does not, a sharp boundary is drawn between you and the client, as well as between the client and his or her experience.





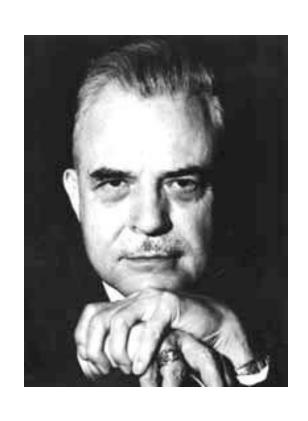
PERMISSIVE LANGUAGE



If you suggest that something might happen and it hasn't yet, then you're not wrong. The boundary between what currently is and what could be is less distinct (and thus more easily dissolvable) than the boundary between what is and what is not.



ERICKSONIAN HYPNOTHERAPY



Hypnotherapy = getting in sync with the problem and inviting change :

- Creating expectancy
- Conducting experiments
- Providing extemporaneous feedback
- Altering boundaries/patterns/meaning
- Suggesting analogic change
- Offering therapeutic double binds



CREATE EXPECTANCY



- You're not sure if the problem will change in this way or that way or some other way.
- You're not sure if the change will be noticeable right away or will emerge more subtly.
- You're not sure what the first sign of change will be.

CONDUCT EXPERIMENTS

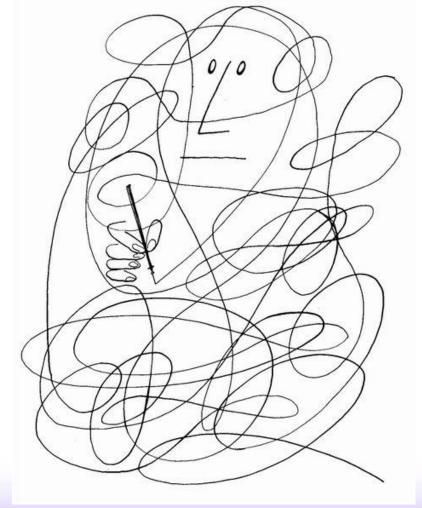
Treat everything you say, every step of the process, as an experiment. Adapt to results of your and the client's ongoing trial-and-error learning.





PROVIDE EXTEMPORANEOUS FEEDBACK

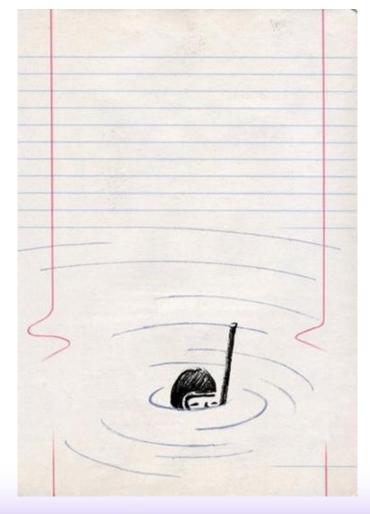
Feedback intensifies, extends, & instantiates (ratifies) emerging changes.





ALTER BOUNDARIES/PATTERNS/MEANING

Shift the location, dimensions, rhythm, meaning, and/or predictability of the problem.





ALTER BOUNDARIES/PATTERNS/MEANING

Shift the location, dimensions, rhythm, meaning, and/or predictability of the problem.





SUGGEST ANALOGIC CHANGE

Metaphor

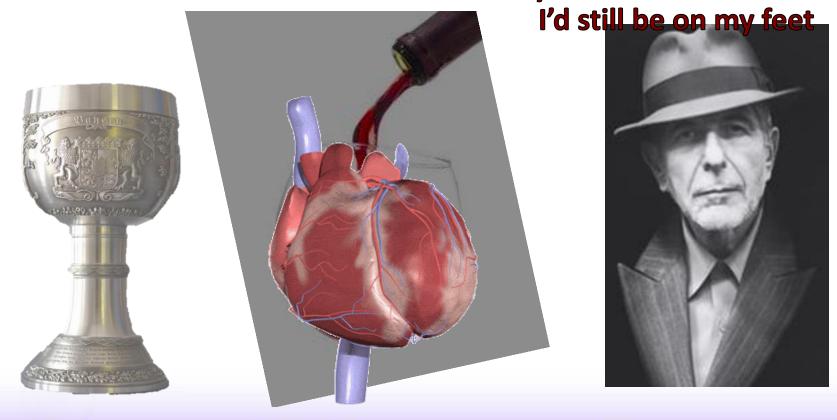
indifferentiates the differences betwee two objects or processes.





METAPHOR

Otoyyldudrinika arop secondy blue Darlyingine Aandest is blue to array deletastes so sweet



METAPHOR

$$X = Y$$

I could drink a case of you And still be on my feet.

Lover = Wine

sex = Inebriation

METAPHOR

Metaphor offers translation services across the mind-body gap





SUGGEST ANALOGIC CHANGE

SYMPTOM FORMATION

Car in Flood

= Anxiety Response

Car in Rain = Car in Flood

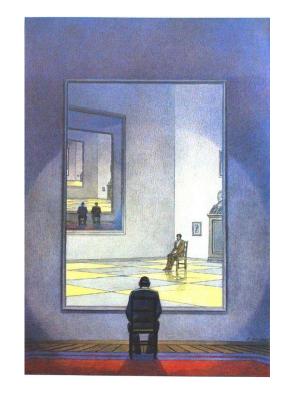
Car on Wet Highway

= Car in Rain

Car on Highway

= Car on Wet Highway

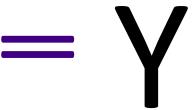
Car Anywhere = Car on Highway



SUGGEST ANALOGIC CHANGE

SYMPTOM RESOLUTION



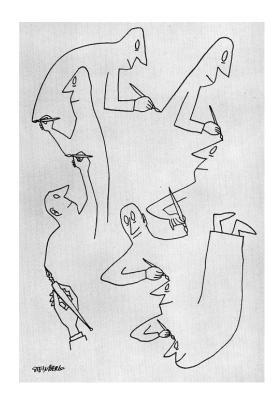


Trance Reality = Outside Reality

Calm in Trance = Calm in Flooded Car

Calm in Flooded Car

= Calm in Car Anywhere



OFFER THERAPEUTIC DOUBLE BINDS

A therapeutic double bind offers alternative possibilities for free choice or discovery. In so doing, it establishes, outside conscious awareness, a context within which the choices or discoveries will be made.





OFFER THERAPEUTIC DOUBLE BINDS

The context you establish is therapeutic to the degree that it offers a way forward, through, or out.



LIMITATIONS OF THE RESEARCH AND POTENTIAL RISKS

The field of hypnosis is replete with conflicting theories, but most share a linear, dualistic conception of mind. This presentation articulates an alternative, relational, understanding of hypnosis and hypnotherapy. Grounded in Bateson's cybernetic framework and Erickson's clinical innovations, it offers a different way of orienting to clients, to the invitation of hypnosis, and to the collaborative invention of therapeutic change. If this relational approach is taken seriously, researchers will be tasked with reworking their methodologies and explanatory principles. Confusion may ensue. Clinicians wishing to put into practice the paradigm-shifting implications of these ideas also risk grappling with confusion, which may be reflected in their work with their clients. But because respect and therapeutic nonviolence are infused throughout, clients will benefit from their therapist's commitment to connection and relational change.

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