2019 Keynote – 40th Anniversary Congress

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Erickson’s Work

• 1922 - Canoe trip 1200 miles on the Mississippi River (Madison, WI to St. Louis, MO and back).
• 1928 - Graduated from Medical School and was keenly interested in hypnosis.
• 1958 - Started the American Society for Clinical Hypnosis.
• Published 147 professional papers, and 2 books on hypnosis and his approaches to change.

Consistent findings Regarding Hypnotizability

a. 10-15% of individuals being low hypnotizable.
b. 70% to 80% being medium hypnotizable.
c. 10% to 15% being high hypnotizable.

(Woody & Barnier, 2008)
Erickson Observation in 1941

- “Who was hypnotizable? Any normal person is hypnotizable but not necessarily by you or me…
- 100% of normal people are hypnotizable it does not necessarily follow that 100% are hypnotizable by any one individual…
- The personal relationship established between the operator and the subject is of great importance.” (Erickson, 1980g, p. 29)

Factors Influencing Hypnotizability

- No personality dimensions have been found reliably associated with hypnotizability.
  (Laurence, Beaulieu-Prévost, & Du Chêne, 2008).
- Underlying genetic and neurophysiological factors contribute to 35 individual differences in hypnotizability.

Influences on response to suggestions

- Brain stimulation: (Coltheart et al., 2018; Dienes & Hutton, 2013).
- Intrapersonal psychological factors: (e.g., expectancy, motivation, attitudes toward hypnosis, the individual’s ability to form response sets in keeping with suggested experiences) (Lynn, Kirsch, & Hallquist, 2008).
- Interpersonal factors: The quality of the relationship between hypnotist and subject (Glegher, Lynn, & Pribble, 1987).
- Sociocultural context: (Cardeña & Krippner, 2010; Gandhi & Oakley, 2005; Spanos, Gabara, Jarrett, & Gwynn, 1989).
- Environmental stimulation: (Barabasz & Barabasz, 1989).
- Drugs: (Bryant, Hung, Guastella, & Mitchell, 2012; Carhart-Harris et al., 2015).
Erickson’s Definition of Hypnosis

- 1934 – “Thus it may be defined as an artificially enhanced state of suggestibility resembling sleep where in there appears to be a normal time-limited, and stimulus limited dissociation of the conscious from the subconscious elements of the psyche” (Erickson & Rossi, 1980f, p. 8).
- 1950 – “Hypnosis is... a systematic utilization of experiential learnings -- that is, the extensive learnings acquired through the process of living itself” (Erickson, 1980c, p. 224).
- 1966 – “Hypnosis is a special but normal type of behavior, encountered when attention and the thinking processes are directed to the body of experiential learnings acquired from, or achieved in, the experiences of living” (Erickson, 1980a, p. 54).

His Language

- Meeting colleague at Erickson’s Office
- Language was the reason to the development of the tributaries
- MRI, etc....quantum

Key Concepts in Erickson’s Writings

1. Suggestions for Induction & Therapy
2. Speaking the Client’s Language
3. Utilization Approach
4. Conscious/Unconscious Dissociation
5. Depotentiating Conscious Sets
   - Ambiguity: Indirect Suggestions and Binds, Confusion, Assignments, Metaphor
6. Use of Experiential Resources
Evolution of Suggestions for Induction

"Properly, there is no set form or pattern to follow, just as there is no set form for a good bedside manner. One needs the respect, confidence, and trust of the subject, and then one suggests fatigue, a desire for sleep and rest, an increasing feelings of sleep, and finally a deep sound restful sleep." (Erickson, 1980e, p. 15). [italics mine]

*Induction* in 1941: Redundancy and Sleep

"And still more. [Pause.] And you can go deeper and deeper asleep. [Pause.] And I want you to go deeper and deeper asleep." And, "I want you to go deeper asleep, still deeper," [a pause], "still deeper."

All total, he says “deeper” 12 times to the patient in the induction. And he says “sleep” or “asleep” a whopping 55 times He also states, “I can put you in any level of trance” (Erickson in Haley, 1967, p. 54).

*Induction* in 1957: Erickson’s Direct Suggestions
*Induction* up to 1957: Erickson’s Early View

- His induction is authoritarian, direct, redundant.
- He emphasizes sleep, deeper asleep, etc.
- Note: this is his *induction* technique until the 1960s and not his *therapy* technique.

Evolution of Suggestions for *Therapy*

- From his earliest writing, Erickson’s work shows that indirect suggestion -- and not direct suggestion -- is most useful for evoking and eliciting experiential resources.
- Note that these comments are about *therapy* and not about induction (during which he still did with redundant suggestions about sleepiness).
Erickson’s Views about Suggestions in Therapy – 1948

“Direct suggestion is based primarily, if unwittingly, upon the assumption that whatever develops in hypnosis derives from the suggestions given. It implies that the therapist has the miraculous power of effecting therapeutic changes in the patient and disregards the fact that therapy results from an inner re-synthesis of the patient’s behavior achieved by the patient himself. It is true that direct suggestion can effect an alteration in the patient’s behavior and result in a symptomatic cure, at least temporarily. (Erickson, 2008b, p. 46).

Continued - 1948

However, such a “cure” is simply a response to the suggestion and does not entail that reassociation and reorganization of ideas, understandings, and memories so essential for an actual cure. It is this experience of re-associating and reorganizing his own experiential life that eventuates in a cure…” (Erickson, 2008b, p. 46).

Direct Suggestion does Not Evoke Experience in therapy - 1979

“Direct suggestion….does not evoke the re-association and reorganization of ideas, understandings and memories so essential for an actual cure…Effective results in hypnotic psychotherapy … derived only from the patient’s activities” (Erickson & Rossi, 1979, p. xii).
"The therapist is needed to facilitate the emergence of untapped potentials and response systems that the patient’s own ego has not been able to utilize in a voluntary and intentional way. Thus, the basic purpose of Erickson’s indirect approaches is to circumvent the patient’s leaned limitations so that previously unrealized potentials may become manifest" (Erickson, 2008b, p. 46; Rossi, 1980, p. 97).

Erickson’s Approach to Induction
Changes

- In the mid to late 1960’s he changes his approach to induction to match his therapy
- Now both induction and therapy are being done in the same manner:
  - Indirection
  - Conscious / Unconscious Dissociation
  - Permissive – Egalitarian Interpersonal Approach
  - Interspersal Technique
Joe, I would like to talk to you. I know you are a florist, ... I like growing flowers. .... I’m going to say a lot of things to you, but it won’t be about flowers because you know more than I do about flowers. That isn’t what you want. ... I wish you could listen to me comfortably as I talk about a tomato plant. ... One puts a tomato seed in the ground. (Erickson, 1966, pp. 203-204)

One can feel hope that it will grow into a tomato plant that will bring satisfaction by the fruit it has.... The seed soaks up water, not very much difficulty in doing that because of the rains that bring peace and comfort and the joy of growing to flowers and tomatoes.... Joe to watch a plant grow and not see its growth not feel it but just know that all is getting better for that little tomato plant... (Erickson, 1966, pp. 203-204)

Erickson writes, that he “offers” ideas and suggestions and adds, “I don’t like this matter of telling a patient I want you to get tired and sleepy” (Erickson, & Rossi, 1981, p. 4).

In contrast to 1941: “The indirect forms of suggestion are most useful for exploring potentialities and facilitation a patient’s natural response tendencies rather than imposing control over behavior” (Erickson, & Rossi, 1979, p. 19).
Speak the Client’s Language

"A variety of individual approaches may be employed... To this end, some subject need to feel themselves dominated by the hypnotist, others want to be coaxed of persuaded, some wish to go into the trance as a result of joint cooperative endeavor, and there are those who wish, or more properly need, to be overwhelmed by a wealth of repetitious suggestions, guiding every response they make" (Erickson, 1980d, p. 27-28).

Recognition of Differing Client Needs in Therapy - 1944

EX: Speak the Client’s Language

- The Mumbling client - case example
  - The only way he’ll get resources is if they are packaged, or coded, the client’s/patient’s own way.
  - It is an ongoing path not simply a door to unlock one time.
“What fascinates me is that whatever the language of patient is, when you talk in that language you can effect a therapeutic change” (Erickson & Rossi, 1979, pp. 381-382).

“Now how do you treat difficult patients? Try to use their language” (Erickson, 2017, p. 214);

“Meet the patient at his own level” (Erickson, 2013, p. 181).
Grossly “resistant” behavior
• Case of OCD door locker, light switch flipper

Potentially “resistant” attitude
• Case of strict Southern Baptist

Erickson regarding Utilization

“These patients are those who are unwilling to accept any suggested behavior until their own resistant or contradictory or opposing behaviors have first been met by the operator. … For these patients what may be termed Techniques of Utilization often serve to adequately meet most of their special needs. But more than this, these same techniques are readily applicable to the usual patients and frequently serve to facilitate in both rapidity and ease the process of trance induction in average patients” (Erickson, 1959, p. 3).
Case Example: Conscious/Unconscious Dissociation

- Pelvic Socket case example
  - Legs driven through pelvic sockets
  - Pain in every movement and posture
  - Using unconscious resources and amnesia

Erickson on the topic of C/U

“Both the therapist and the patient need to make this differentiation, the former in order to guide the patient’s behavior more effectively, the latter in order to learn to distinguish between conscious and unconscious behavior patterns” (Erickson, 2008b, p. 45).

Integration of Conscious/Unconscious

“Properly, hypnotherapy should be oriented equally about the conscious and unconscious, since the integration of the total personality is the desired goal in psychotherapy” (Erickson, 2008b, p. 48).
[Procedures are done]…”that increases the degree of dissociation between consciousness and subconsciousness, thus establishing in effect but not in actuality a dissociated hypnotic personality. …Only in this way can there be secured an extensive dissociation of the conscious from the subconscious elements of the personality which will permit a satisfactory manipulation of those „ ” (Erickson & Rossi, 2008b, p. 12-13).

“Now when you came into this room, you brought into it both of your minds, that is, the front of your mind and the back of your mind. … Now, I really don’t care if you listen to me with your conscious mind, because it doesn’t understand your problem anyway, or you wouldn’t be here, so I just want to talk to your unconscious mind because it’s here and close enough to hear me, so you can let your conscious mind listen to the street noises... “

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<tr>
<th>Left Hemisphere</th>
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<tr>
<td>Linguistic</td>
<td>Visuospatial-musical</td>
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“... or the planes overhead or the typing in the next room. Or you can think about any thought that comes to your conscious mind, systematic thoughts, random thoughts because all I just want to do is talk to your unconscious mind, and it will listen to me because it is within hearing distance even if your conscious mind does get bored”...“If your eyes get tired, it will be all right to close them but be sure to keep a good alert...” [itals Erickson's]

(Erickson, 1964a, p. 54-55).

Depotentiating Conscious Sets

Conscious Mind Does Not Know How

“Psychological problems exist precisely because the conscious mind does not know how to initiate psychological experience and behavior change to the degree that one would like” (Erickson and Rossi, 1979, p. 18)
What Causes the Conscious Mind’s Learned Limitations?

- Childhood conclusions and decisions regarding the self and the world
  - due to ongoing parental words and actions.
  - due to other ongoing psychosocial variables.
- Specific trauma
- Absence of previous exposure or need.

Erickson put it this way:

- 1966: “Mental disease is the breaking down of communication between people” (Erickson, 1980a, p. 75).
- 1979: “Symptoms are forms of communication” and “cues of developmental problems that are in the process of becoming conscious” (Erickson, & Rossi, 1979, p. 143).

Opening Possibilities for Experiences

“Depotentiating the limitation of the individual’s usual patterns of awareness thus opens up the possibility that new combinations of associations and mental skill may be evolved for creative problem solving within the individual” (Erickson and Rossi, 1976, p. 168)
“…an unconscious search continues at the rate of approximately thirty items per second” (Erickson and Rossi, 1979, p. 18).

**Indirect Suggestion and Therapeutic Binds**

- Words or phrases with multiple meanings.
- Words or phrases with vague meaning.
- Paragraphs with meaningful words interspersed within and throughout it.
- **YOU CAN** **CLOSE YOUR EYES**
  **RELAX** **DEEPER** **DREAM**
  **Ambiguity**
“I do certain things when I interview a family group, or a husband and wife, or a mother and son. People come for help, but they also come to be substantiated in their attitudes and they come to have face saved. I pay attention to this, and I'm on their side. Then I digress on a tangent that they can accept, but it leaves them teetering on the edge of expectation. They have to admit that my digression is all right, it's perfectly correct, but they didn't expect me to do it that way. …”

“It's an uncomfortable position to be teetering, and they want some solution of the matter that I had just brought to the edge of settlement. Since they want that solution, they are more likely to accept what I say. They are very eager for a decisive statement. If you gave the directive right away, they could take issue with it. But if you digress, they hope you will get back and they welcome a decisive statement from you.”

Depotentiating

Ambiguity

Using Ambiguous Assignments

- Louisiana Lawyer case example
  - First night in Pensacola
  - Response to assignment

Depotentiating

Confusion Techniques
Confusion in 1964 Publication

- “That which now is will soon be was yesterday's future even as it will be tomorrow’s was.” (Erickson, 1964b, p. 183).
- “… a burden of constructing meaning is placed upon them, and before they can reject it, another statement can be made to hold their attention.” (Erickson, 1964b, p. 183)

Depotentiating

Metaphor

Evolution of Using Metaphor

- 1954, Erickson was using many “fabricated case histories” of fleeting symptomatology (Erickson, 1954, p. 112).
- 1979, Erickson and Rossi finally use the heading of "Metaphor" as a class of interventions (Erickson, & Rossi, 1979, p. 49).
Erickson communicated in beguiling ways. In his words we can systematize those ways into so called “Interventions.” These include:

- Hypnosis, Indirect suggestions, Binds, Confusion, Speaking the client’s language, Utilization, Conscious/Unconscious dissociation, Ambiguity, and Metaphor.

Erickson did not DO interventions to people. Interventions can fail – Interactions don’t fail if you keep building upon them until a new beneficial reality is achieved.

References


