

## 2019 Keynote – 40<sup>th</sup> Anniversary Congress

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## Erickson's Work

- Graduated from Medical School in 1925 and was keenly interested in hypnosis.
- Published 147 professional papers, and 2 books.
- Started the American Society for Clinical Hypnosis in 1958.
- Was the Editor-in-Chief of the *American Journal of Clinical Hypnosis* from 1958-1968.
- Hypnotized over 35 thousand subjects (Erickson & Rossi, 1979, p. ix).
- Over 6 ¾ million links and 653 books respectively on Google.

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## Consistent findings & Personality Dimensions

- 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)

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## 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)

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## Factors Influencing Hypnotizability

- *no personality dimensions have been found reliably associated with hypnotizability* (Laurence, Beaulieu-Prévost, & Du Chéné, 2008).
- underlying genetic and neurophysiological factors contribute to 35 individual differences in hypnotizability (De Pascalis & Scacchia, 2018; Horton, Crawford, Harrington, & Downs, 2004; Jiang, White, Greicius, Waelde, & Spiegel, 2017; Morgan, 1973; Rominger et al., 2014).

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## 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 (Gfeller, Lynn, & Pribble, 1987).

**Sociocultural** context (Cardeña & Krippner, 2010; Gandhi & Oakley, 2005; Spanos, Gabora, Jarrett, & Gwynn, 1989).

**Environmental** stimulation (Barabasz & Barabasz, 1989).

**Drugs** (Bryant, Hung, Guastella, & Mitchell, 2012; Carhart-Harris et al., 2015).  
Overall, hypnotizability can be best explained by comprehensive theoretical models that take into account factors from biological, psychological, and social domains (Jensen et al., 2015).

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## 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).

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## Erickson's Key Concepts for Therapy

- A. Induction & Therapy Suggestions**
- B. Speaking the Client's Language**
- C. Utilization Approach**
- D. Con/Unconscious Dissociation**
- E. Depotentiating Conscious Sets**
- F. Use Experiential Resources & Cure**

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## Evolution of Suggestions for Induction

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### **\*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 and not his therapy technique until the 1960s.

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## **\*Induction\*: Redundancy and Sleep**

In 1941 he wrote, "Properly, there is no set form of pattern to follow, just as there is no set form for a good bedside manner. One needs to respect, confidence, and trust of the subject, and then one *suggests fatigue, a desire for sleep and rest, as increasing feelings of sleep, and finally a deep sound restful sleep*" (Erickson, 1980e, p. 15). [italics mine]

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## **\*Induction\* Example 1957: Erickson's Direct Suggestions**

"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).

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## Evolution of Suggestions for Therapy

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### **\*Therapy\*: Erickson's View**

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

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## Erickson's Changing Views about Suggestions

“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. 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, not the manifestation of responsive behavior which can, at best, satisfy only the observer” (Erickson, 2008b, p. 46).

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## Direct Suggestion does Not Evoke

“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).

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## Induction and Therapy Both

- 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

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## Interspersal Technique - 1966

Joe, I would like to talk to you. I know you are a florist, that you grow flowers, and I grew up on a farm in Wisconsin and 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. 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)

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## 1979-81 Erickson's Inductions

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).

“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).

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**Speak the Client’s Language**

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## Recognition of Different Client Needs

In 1944 he spoke, slightly differently: "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 or 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).

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## EX: Speak the Client's Language

- The Mumbler case example
  - The only way he'd get resources is if they were packaged (or coded) the client's or patient's way.
  - It is an ongoing path not simply a door to unlock one time.

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## In Erickson's Words

- "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).

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## Make Use of Non-Verbal Signals



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## Utilization

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### Ex: Appropriate for Utilization

- Use of communication pattern
  - Case of university professor
- Overt “resistant” attitude
  - Case of fearful Southern Baptist Parishioner
- Gross “resistant” behavior
  - Case of OCD door locker, switch flipper

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## Ericksons 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).

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## Conscious/Unconscious Dissociation

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[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 parts of the personality under study” (Erickson & Rossi, 2008b, p. 12-13).

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## **Ex: Conscious/Unconscious Dissociation**

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

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"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 or the planes overhead or the typing in the next room. Or you can think about any thought that come 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..." [italics Erickson's] (Erickson, 1964, p. 54-55).

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## 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).

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## 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).

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## Right/Left Hemisphere Functions

### Left Hemisphere

Linguistic  
Logical-grammatical  
Rational  
Abstract  
Directed  
Focal  
Effortful

### Right Hemisphere

Visuospatial-musical  
Intuitive  
Perceptual- synthetic  
Spontaneous  
Diffuse  
Gestalt  
Comfortable

Notes

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## **Depotentiating Conscious Sets: Ambiguity**

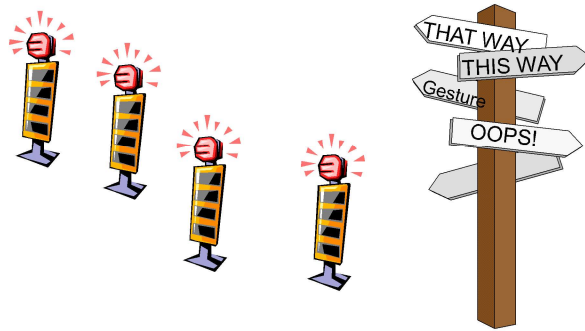
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“Psychological problems exist precisely because the conscious mind does not know how to initiate psychological experience and behavior change to the degree that one would like”  
(Erickson and Rossi, 1979, p. 18)

“Depotentiating the limitation of the individual’s usual patterns of awareness thus open 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. 449)

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## Clients Search for New Meaning








“an unconscious search continues at the rate of approximately thirty items per second” (Erickson and Rossi, 1979, p. 18).

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## Indirect Suggestion and Therapeutic Binds

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## Ambiguous and Specific Meaning

- Words or phrases with multiple meanings
- Words or phrases with vague meaning
- Interspersing of meaningful words
-  **YOU CAN**  **CLOSE YOUR EYES**
-  **RELAX**  **DEEPER**  **DREAM**

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“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*” (Erickson, in Haley, 1973, p. 206). [my italics]

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## Metaphor

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- A. 1954: The development of neurotic symptoms “constitutes behavior of a defensive, protective character” (Erickson, 1954, p. 109).
- B. 1966: "Mental disease is the breaking down of communication between people" (Erickson, 1980a, p. 75).
- C. 1979: "Symptoms are forms of communication" ... and ... "cues of developmental problems that are in the process of becoming conscious" (Erickson, & Rossi, 1979, p. 143).

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- **1944**, "The Method Employed to Formulate a Complex Story for the Induction of the Experimental Neurosis" (Haley, 1967).
- **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).

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## Assignments

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## **Ex: Use of Ambiguous Assignments**

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

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## **Experiential Resources and Cure**

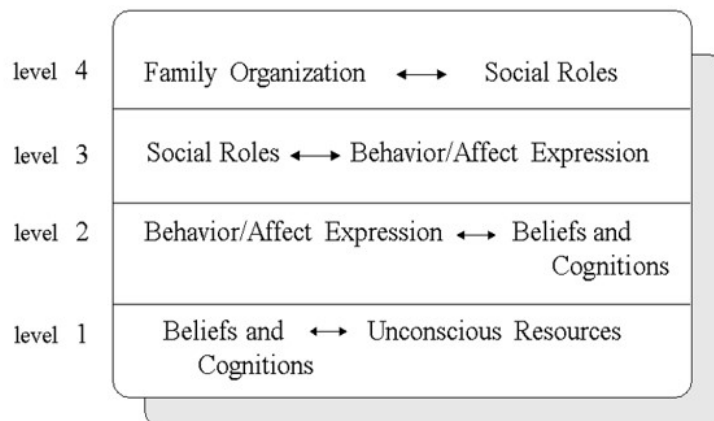
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## Cure: Early as 1948

“It is this experience of re-associating and reorganizing his own experiential life that eventuates in a cure, not the manifestation of responsive behavior which can, at best, satisfy only the observer” (Erickson, 1980b, p. 38).

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## Resources Have Levels of Complexity



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