

(conditioned past) embedded pathways which, as 'life-centres', have accumulated an egoic strength, drawing to themselves the vital energies - and thus impeding the direct sensitivity generated in the essence nature. They have arisen largely as a result of fears imbibed into the psyche in the course of various susceptibilities to outer impressions of a mostly imagined threatening nature.

The potentially out-flowing essence forces, carrying positive emotions

which have no opposites, find no vehicle prepared for them . . . become smothered and lost, dispersed and ineffective.

To see all this in oneself and experience the wish to be more free, sets up a new receptivity which draws in little by little the means by which a new inner vehicle can grow. Thus is attracted into our being a new dimension to life, wherein non-materialistic purpose and aim have a place.

MUST HYPNOTHERAPY BE FOR EVER THE UGLY DUCKLING?

by

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Hypnotherapy has not been highly esteemed by most psychotherapists since 1896, when Freud switched from hypnosis as an analytical tool to free association. However, it is high time that it was generally recognised that the art of hypnotherapy has gone a long way since Freud's day, and in particular that the whole approach has been completely revolutionised by the work of Milton H. Erickson, who died in 1980.

Traditional hypnotherapists still stick to a ritualistic and often boringly repetitive form of

induction, based on some form of progressive relaxation, followed by direct suggestions for symptom removal. Some use hypnoanalysis along the lines advocated by Lewis R. Wolberg. (1) These approaches are often effective, at least temporarily. For one thing, the relaxation which these methods obtain is in itself therapeutic for most psychosomatic and neurotic complaints.

The main accusation levelled against traditional hypnotherapy is that it infantilises the client and

robs him of his autonomy. (2) I do not believe that this is necessarily true and, in so far as it is true, it renders such therapy ineffective. However, I am primarily concerned with showing that such an accusation is hopelessly wide of the mark if it is directed at modern, Ericksonian hypnotherapy.

In the Ericksonian approach to trance induction and utilisation, nearly all the suggestions are indirect. This does not mean that they are a series of cratty manipulations. Indirect suggestions are indirect in the sense that they are open-ended invitations to respond to ideas. They offer choices and stimulate creative activity of a kind which is not only unpredictable but often outside the awareness of the therapist. They are also couched in such a way that they can be ignored without the issue of resistance being raised. They are typically phrased in such an 'artfully vague' way that they cannot achieve anything unless the client's own creative faculties are engaged. This is hardly robbing the client of his autonomy. (3)

Like many other therapists, Erickson believed that neurotic and self-defeating behaviour and psychogenic illness were caused by unexamined assumptions, over-generalisations, deletions and repressions, restricting mental sets, and automatic patterns of thought, feeling and behaviour often traceable to 'forgotten' memories. The sought-after therapeutic change which gave the client more choices was a shift in perceptions and evaluations. Erickson also believed that clients have to make

these shifts for themselves, so that the therapist's job is to provide the framework within which clients can do their own therapy.

The distinction between hypnotherapy and other forms of psychotherapy is not as clear cut as is usually assumed. Erickson often pointed out that, in the course of ordinary conversation, people frequently slide into a 'common everyday trance', especially when, as in therapy, they are dealing with matters of overwhelming emotional significance. Erickson often made use of hypnotic states without going to the trouble of inducing them 'officially', but he was only doing wittingly what many other therapists do unwittingly. Similarly, other therapists produce hypnotic states and hypnotic phenomena even when their conscious attitude is condemnatory of hypnosis. The regressions of psychoanalysis are hypnotic in character; so are the emotional outbursts, heightened memories, and 'conversations with cushions' so common in Gestalt therapy. (4) The whole thing becomes clearer as soon as one realises that hypnosis is not some magically induced state in which people are mysteriously transformed into obedient zombies, but a naturally occurring state of mind in which attention is concentrated more upon the inner than the outer world. (The 'obedient zombies' of stage hypnosis are, of course, skilfully selected by the entertainer from volunteers; they are selected not just for their powers of imaginative responsiveness, but also for their exhibitionism and obedience, traits which they naturally retain in the hypnotic state as well as out of it).

Ericksonians believe that, when a client comes for psychotherapy, he has already exhausted the resources of his conscious mind: hypnosis is a valuable tool for stimulating the creativity of the mind at both the conscious and the unconscious levels. Erickson's 'unconscious' has not got much in common with the Freudian unconscious. He defines it as simply every mental function that takes place out of awareness - the numerous functions of the autonomic nervous system, skills, habits, internalised messages from childhood, and the 'automatic functioning of forgotten memories'.

(5) Today, some people would recast his dichotomy between the conscious and the unconscious minds as a dichotomy between the left and right brains. The left brain (or conscious mind) is seen as verbal, analytical, logical, propositional, and tending not to see the wood for the trees, while the right brain (or unconscious) is seen as imaginal, global, symbolising, metaphorical, and seeing the wood without being too concerned with details like trees. Whereas Freudians see the unconscious as a Pandora's box of imperfectly contained and repressed socially disruptive desires and impulses, Erickson always stressed the positive aspects of the unconscious, seeing it as a 'vast storehouse of resources', especially in the form of digested experiences and memories which can be used 'in a directed manner'. (6) The therapist's task becomes one of helping the client to find for himself new associations and connections, rather like a musician searching in an attic and finding first a violin, and then a bow, and only able to make music when he has brought

them together. It is, of course, impossible to describe Erickson's beautifully ingenious and subtle procedures in a short article. Let me just say that they were designed to stimulate the autonomous functioning of the unconscious in search for therapeutic change. As Erickson saw it, the therapeutic problem was to overcome, not a shortage of resources, but a shortage of associative links, and one of his basic principles is the retrieval of experiential resources, so that more choices become available.

I will try, very briefly to outline some of Erickson's contributions to psychotherapy and hypnotherapy.

He pioneered the use of paradoxical symptom prescription and the art of setting therapeutic tasks of an apparently irrelevant but actually crucial kind, in that they were designed to give the client an experience which he could not fit into his existing model of the world. Like Viktor Frankl, he was a brilliant exploiter of the principles of 'paradoxical intention'. His use of metaphor and symbolism to invite new ways of appraising problematic life situations contains lessons for psychotherapists of all persuasions. So does his ability to establish rapport at both the conscious and the unconscious level, his insistence upon the futility of confronting the client's behaviour instead of finding a way to make therapeutic use of it, his ability to avoid the issue of so-called resistance by characterising it as cooperation, his incredibly acute powers of observation which enabled him to respond to the most minimal

physiological cues, and finally his use of regression to mobilise needed resources and, if necessary, bring about a re-appraisal of traumas or a re-editing of impoverished personal lives, so that under-developed faculties were actually developed by a series of imaginative acts encouraged by the hypnotist but very much the work of the client himself.

Whole books have been written about various aspects of Erickson's work and I must resist the temptation to turn an article into a work of encyclopaedic proportions. I just hope that I have said enough to enable hitherto hostile psychotherapists to realise that the ugly duckling of hypnotherapy has grown up into a beautiful swan. (7)

References

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