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The Ericksonian approach to trance induction and it's application to nonhypnotic therapy

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The Ericksonian approach to trance induction and its application to nonhypnotic therapy

Abstract

Milton Erickson reasoned that since each person is unique, psychotherapy should be adapted to meet the individual's needs, rather than attempting to tailor the person to fit the therapist's theory (Zeig, 1985). He said that he invented a new theory for each individual (Lankton & Lankton, 1963). The unconscious or 'the back of the mind' as Erickson described it is the reservoir of learning (Erickson, 1980). It constitutes a storehouse of experiences, learnings, memories and skills that could be utilized by therapists to bring about desired changes. Clients were helped to find both the tools and the raw materials for changes within themselves. By mentioning such experiences as learning to walk or learning the alphabet Erickson helped clients begin to feel confident in the abilities which they had 'forgotten' or taken for granted. Recapitulating these resources and experiences helped clients become ready to work on a variety of therapeutic tasks, which often involved reassociations with previously mentioned resources (Lankton & Lankton, 1963).

THE ERICKSONIAN APPROACH TO TRANCE INDUCTION
AND IT'S APPLICATION TO NONHYPNOTIC THERAPY

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Milton Erickson reasoned that since each person is unique, psychotherapy should be adapted to meet the individual's needs, rather than attempting to tailor the person to fit the therapist's theory (Zeig, 1985). He said that he invented a new theory for each individual (Lankton & Lankton, 1963).

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In hypnotic trance induction clients could become more receptive to their own inner experiences and unrealized potentials because these are part of their own personal histories. The hypnotic technique served only to induce a favorable setting in which to help clients better use their own personal potential (Lankton & Lankton, 1963).

Erickson's approach to trance induction offers a variety of helpful concepts and procedures that could be utilized by counselors, whether or not they planned to engage in hypnotherapy (Erickson, 1980). Good hypnotherapists share many of the same characteristics and approaches of good therapists, including confidence, sensitivity, flexibility and empathy (Lazar, 1984).

The goal of therapy is to facilitate growth and bring about change; Milton Erickson's approaches were particularly effective in doing this. The study of his ideas, philosophy, attitudes and approaches are thus of value in giving counselors an opportunity to develop new insights and skills. Some of Erickson's approaches that would be useful in nonhypnotic therapy include: observation to aid in diagnosis and treatment, acceptance and respect for clients, changing the frame of reference, the use of paradox, the use of indirect suggestions, and methods for dealing with resistance. The Ericksonian approaches that will be dealt with in this paper seem most likely to bring about successful change and growth in nonhypnotic therapy. These are the approaches that congruent counselors could learn, accept, and use in their therapy because they are adaptable to a variety of situations and could be used with various degrees of intensity and expertise.

Observation to Aid in Diagnosis and Treatment

As a child Erickson was stricken with polio and was confined to bed for a long period of time. It was then that he began being intrigued with developing his observational skills. Later in life, he used these skills in his therapeutic work (Lankton & Lankton, 1963). He said that the more therapists were able to observe about the regularities of individual clients, the more they would be able to bring about therapeutic responses. Looking for mannerisms, ritualistic behavior and how clients handle themselves all give clues to the observant therapist. Erickson looked for 'response attentiveness' or the degree to which a person was absorbed in what another was saying. This helped determine if clients were open and available to change and perhaps willing to accept suggestions from the therapist (Erickson, Rossi, & Rossi, 1976).

Lankton and Lankton (1963) suggest that counselors consider verbal and nonverbal messages that clients give in order to develop understanding and communicate that understanding to them. This is done by observing vocal tone, gestures and facial expressions. Therapists can use these observations to respond appropriately and with a greater degree of understanding (Lankton & Lankton, 1963).

The observation of language and significant statements as well as somatics of clients is an important process (Araoz, 1985). An aspect of verbal messages therapists listen for is the clients representational system or neuro-linguistic processes. This can be determined by listening for the use of certain predicates. Clients reveal what they are thinking and feeling through sensory based statements, such as "I SEE what you mean;" (visual), "I'm TOUCHED by your offer;" (kinesthetic), "I like it when you TELL me you appreciate what I've done," (auditory) (Goldenberg & Goldenberg, 1985). Observing and matching clients' representational systems was one of Erickson's methods of meeting clients in their world (Lankton & Lankton, 1963). The process of matching clients' representational systems is a means of enhancing therapeutic influence (Bandler & Grinder, 1975).

Erickson also found it helpful to match clients' body position, breathing pattern, tempo and tone of voice. He even used words and phrases that he had heard clients use in order to let clients know that he was 'with them', he was meeting them in their world, building trust and rapport (Erickson, Rossi, & Rossi, 1976).

Lankton and Lankton (1963) note that perceptions may not be entirely accurate, so observations are to be used as hunches or guesses in getting a more complete picture. They

can be used as hypotheses until more evidence is obtained to reach conclusions.

Awareness of the ways clients respond allows therapists to modify their approaches to fit the individuality of clients, so that they can achieve the inner directions and receptiveness that is needed for trance induction or for nonhypnotic therapy. Clients need to realize that they are of utmost importance to the therapist. Therapists who build rapport and trust by matching client's verbal and nonverbal messages have given clients the idea that they respect and understand them, that they are trying to enter their world (Araoz, 1985). Clients who feel understood and respected are more motivated and eager to work on growth and change issues. Therefore therapists must develop keen observation skills in order to shape the treatment to the client (Erickson, Rossi, & Rossi, 1976).

Acceptance and Respect for the Client

Another approach Milton Erickson used to facilitate growth and change was the establishment of a unique personal relationship with his clients. By entering into the world the way clients saw and experienced it, he helped them sense that they were understood, were free to accept suggestions and believe they were protected. The conditions established by Erickson of congruence, rapport, respect, acceptance and

confidence are the foundation for effective counseling relationships and outcomes (Gunnison, 1985).

Therapists need to become involved with the current awareness of their clients without intruding or judging. This involvement is an availability or a presence that makes the other's experience more comfortable. The therapists' warmth and respect, without judgment encourages clients to increase self-acceptance and discover what it is within themselves that needs to be dealt with (Araoz, 1985). A sense of equality between clients and therapists should be considered to facilitate rapport building and a willingness to work on growth and change issues (Close, 1985).

Lazar (1984) suggests that the outcome of therapy depends on the relationship that develops out of the interaction between therapists' and clients' personalities. He contends that sensitivity, flexibility and objectivity on the part of therapists leads to trust, hope and openness for clients. If therapists are confident and unpretentious they give clients confidence in their own ability to solve problems (Erickson, 1980). Clients are assumed to have a desire to function in an effective and enjoyable manner and therapists can put that responsibility on clients, so that they have the choice of growing and developing. Instead of doing something TO clients, effective therapy helps clients look for resources

within themselves by arranging conditions that facilitate and elicit change and growth (Gunnison, 1985).

Changing the Frame of Reference

Often one condition that may need rearranging is a frame of reference which may be habitual and self-limiting. Changing clients' frames of reference may open up new combinations of associations and mental skills that can be used for creative problem solving (Erickson, Rossi, & Rossi, 1976). ✓

Reframing helps people break out of limiting preconceptions and broaden possibilities for dealing with problems that they may consider out of their control. It is a means of 'reunderstanding', which if carried out nonjudgmentally by the therapist, can open up new ways for clients to look at situations (Lankton & Lankton, 1963). Reframing means to change the conceptual and/or emotional viewpoint regarding a situation experienced by clients and to place it in another frame which fits the 'facts' of the situation equally well or even better and changes its meaning. It can be used to help clients view their behavior in terms of assets or strengths (Sober & L'Abate, 1977) or to redirect clients' attention to new positive labels (Kraft, Claiborn, & Dowd, 1985).

Reframing is especially useful for treating clients who have problems they consider out of their control (Lankton &

Lankton, 1963). Milton Erickson used this approach in treating a child abuser, where the act of abuse was reframed as his intention to control his daughter's behavior because he loved her and wanted to be sure she learned only values that were good for her. This was the first step in therapy and subsequent treatment dealt with helping him deal with his daughter in a more tender manner. The reframing made him less defensive so that new learnings could be conveyed and accepted (Lankton & Lankton, 1963).

Substituting a positive interpretation for a negative one is also beneficial. An example of this type of substitute reframing might be to view a backache as good pain because it means the person has done a good day's work. If this idea can be accepted, it may pave the way for other experiences to be seen from different, more productive perspectives (Lankton & Lankton, 1963).

New or obscure associations are part of the reframing process and hypnosis is generally assumed to operate by providing a temporary element of unreality or irrationality to clients' views of a situation. This assumption is extended to include the premise that people live in an as-if-world, thus not only hypnotherapy, but therapy in general should attempt to change one's as-if pretense to another less pain-producing one. This is the essence of reframing, one of

Erickson's approaches that is helpful in nonhypnotic therapy as well (Watzlawick, 1985).

The Use of Paradox

Erickson was a master at the use of paradox and paradoxical directives. A paradox can be defined as a contradiction in conclusions that were correctly argued from consistent premises, where typically, the paradox is a statement between two extremes. There may be a period of confusion associated with the paradox in which clients search their minds for some logical conclusion (Lankton & Lankton, 1963).

Types of paradox techniques used by Erickson are the therapeutic double bind and symptom prescription. In the therapeutic double bind therapists tell clients to change while remaining unchanged, with the implication that the therapists' injunction is the cause of change. The therapist can implicitly encourage a client to remain depressed by saying, "It's a wonder you aren't more depressed." Clients are then in a position of either changing and demonstrating control over their problem or of resisting by behaving nonsymptomatically. Thus, clients are bound to change. Prescribing the symptom is simply instructing clients to maintain or exaggerate their symptomatic behavior. For example, a client complaining of headaches is told to make

every effort to have more headaches at specified times during the coming week. Regardless of whether the headaches get worse or disappear, the client is bound to demonstrate that the apparently unchangeable problem could change. The symptom has run its course when the client recognizes its absurdity and gains sufficient self-detachment to laugh at the symptom (Soper & L'Abate, 1977).

The basic appeal of paradox is its novelty. It is a means of 'shaking up' clients. It presents the familiar in a new, unexpected light and has a greater chance of being heard and therefore of evoking change (Soper & L'Abate, 1977).

Indirect Suggestions

Many of Erickson's approaches were so common and ordinary that they seemed remarkable in their effectiveness. His style of indirect suggestions or implied directives to demonstrate empathic rapport with his clients not only respected their integrity and behavior, but was a means of beginning therapy on the clients' level of behavior and understanding. This was crucial in bringing about effective changes and growth (Erickson, 1980).

By using the common, everyday language that people do in their usual conversations, clients were helped to become more comfortable and at ease. Family communications, for instance, frequently use a variety of indirect directives or

implied commands, such as "Let's eat dinner at six o'clock," or "I hope you will take the garbage out." Erickson built upon these social mechanisms of influence and used them in his therapy (Lankton & Lankton, 1963).

In order to lead, rather than command, he used indirect suggestions. For example, instead of saying, "Sit down," he would have said, "You can sit down." This offered clients an option and was not as challenging. The possibility of resistance was diminished and clients felt more a part of the problem solving process (Lankton & Lankton, 1963). He also used implied directives with words such as "wonder," "surprise," "curious," "know," "doubt," and "hope." For example, Erickson asked a client, "Aren't you surprised that you can't stand up?" Using this type of language focused the client's awareness on consciousness (surprise) and got it off of her problem (inability to stand up) (Lankton & Lankton, 1963).

Combining implied directives with psychological presuppositions, such as the words "certain," "one," or "just" helped clients feel more at ease. For example, an implied directive that Erickson might have used was, "Can you sit there quietly and close your eyes?" Adding the presupposition, this same idea became, "Can you just sit there and only begin to close your eyes?" This presumed that the clients' eyes

would close, but the conscious mind did not notice this and clients became self-motivated to do what was suggested (Lankton & Lankton, 1963). To apply this to nonhypnotic therapy, the counselor might say, "Can you just begin to tell your daughter that you love her?"

Indirect suggestions are a useful means of giving information that might not otherwise be accepted. The indirection may not be as important in itself as the creation of a motivational context where overall suggestions are acceptable (McConkey, 1984).

Dealing With Resistance

Using indirect suggestions increased clients' involvement and did not increase resistance (Lankton & Lankton, 1963). However, it was quite natural for clients to be hesitant or even resistant to therapy, especially if it was a new situation or if they had been ordered to seek help. According to Erickson's philosophy, utilization of the attitudes of clients was a good approach for circumventing resistance. If clients were resistant, he accepted that, and offered a contrasting idea or situation (Erickson, 1980). Shifting the focus from contesting to understanding was helpful. For example, therapists might say, "I would like to understand your problem." In this case the therapist has joined the client, even if minimally, and has lowered resistance. Once again,

meeting clients in their own world, trying to see it as they saw it, was a facilitating approach.

People can refuse if asked to do something, so Erickson asked in such a way that his clients could not possibly refuse. In this way he offered illusory choice and often bypassed resistance. He believed in offering choices, but he also used this to overcome resistance in a unique manner. He asked a client if he wanted all of the pain or a little bit of the pain removed. When the client answered "All of the pain," he told Erickson that he wanted help (Erickson, Rossi, & Rossi, 1976).

His use of the therapeutic bind was an example of utilizing resistance. A choice was offered which led behavior in the desired direction. Clients were free to choose, but felt bound to accept one of the alternatives. The purpose of this was to provide mild quandary and an opportunity for growth (Erickson, Rossi, & Rossi, 1976). He used this approach in treating a 12-year-old boy, who was a bed-wetter. The boy was resistant to any type of therapy, so Erickson offered him the choice of having a dry bed on Wednesday or Thursday night and told the boy that he should not tell Erickson on which night it would happen because it was none of Erickson's business. When the boy reported back that he had a dry bed on both nights, Erickson said that he couldn't expect that

to happen again very soon; it was not reasonable to expect too much too soon. He gave the boy the burden of the responsibility, eliminating resistance as well as offering future problem solving capabilities to this client (Erickson, 1980). By 'encouraging resistance', Erickson avoided direct confrontation and utilized the client's own momentum to force symptom abandonment (Goldenberg & Goldenberg, 1985).

Milton Erickson said, "An attitude of empathy and respect on the part of the therapist is crucial to ensure a successful change." It was important to meet clients where they were, to 'join' them. This did not mean staying there, but it was the place to start. The goal of therapy was to teach choice and change, and building a rapport with clients was a necessary first step. Letting clients know that they were the center of his thoughts and energies during the therapy session aided in their acceptance of further suggestions and ideas. When clients realized that they were involved in making choices and that they were respected, resistance was diminished or even eliminated (Lankton & Lankton, 1963).

Whatever clients presented could be used. If they brought resistance, Erickson said to be grateful for that, but never get disgusted with the amount of resistance (Erickson, Rossi, & Rossi, 1976). It is natural to doubt or at least test any suggestions, so skilled therapists display a cooperative

effort, so that clients realize that nothing will be done or suggested without their best interest in mind.

By acknowledging that resistance and hesitancy were natural and normal and that therapists understood this, clients were often more willing to give up some of that resistance. Once again, empathy and understanding were of assistance in dealing with a hesitant or resistant person (Erickson, Rossi, & Rossi, 1976).

Conclusion

The belief that all people have a constructive capacity was part of Erickson's philosophy. Others concur with him in believing that an actualizing tendency is present in all living organisms (Rogers, 1985). The client's ability to understand causes of their unhappiness and pain and the capacity to reorganize their self-structure in order to overcome difficulties becomes available to them if a congruent therapist can establish a relationship involving acceptance and understanding. Clients can begin to feel safe and relaxed, knowing that therapists are 'with' them. When there is no evaluation or judgment, defenses can be dispensed with and clients can learn to rely on their own true experiences (Carkhuff, 1967). Erickson's approaches offer the acceptance and understanding necessary to facilitate growth and change (Lankton & Lankton, 1963).

In order to most effectively provide these conditions, therapists need to have a good understanding of themselves as persons and to think of themselves as being therapeutic, while accepting clients as unique individuals (Sacerdote, 1970). Milton Erickson said that therapists must have a personal manner that displays credibility and potency in order to accomplish the goal of facilitating therapy (Lankton & Lankton, 1963).

Because Milton Erickson's approaches have been shown to facilitate growth and change for clients, they should be incorporated into counselor training. This could be part of an introductory course, because it is so encompassing and fundamental; or Erickson's approaches could be part of a counseling theories course, where it could be demonstrated that his approaches fit a variety of theories. While various techniques, strategies and even competence can be taught, teaching sensitivity, flexibility, empathy, persistence and confidence need to be absorbed.

The person of Milton Erickson was so highly regarded by those who knew him that the writings of those people seem to make his genius come alive. They portray not only what to do, but how to BE with clients. He was a mentor, teacher, friend and trainer for many people. Those who knew Milton Erickson were devoted to him, not only for his ability, but

for his personality, his wit and his values (Lankton & Lankton, 1963). To be exposed to his approaches, philosophy and ideas would benefit any therapist.

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