ST. AUGUSTINUS-KLINIKEN

Willkommen

Lecture by Jeffrey K. Zeig, Ph.D.
Director, The Milton H. Erickson Foundation

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**Brief Therapy:
Lessons from Hypnosis**

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Purpose

- My primary purpose is to add more multi-dimensional depth to therapy and the change process
- A secondary purpose is to tell you about Milton Erickson, and the Milton Erickson Foundation and its resources

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Standing on the Shoulders of Mentors

Who made therapy into an unusual conversation

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Sigmund Freud, M.D.

"Everywhere I go, the poet has already been there before me."

Freud can be credited as the first experiential therapist. He made therapy into a completely unusual conversation.

Milton H. Erickson, M.D. (1901-1980)

Erickson was the quintessential, most radical experiential therapist.

Hypnosis is the "mother" of all therapies

And there is often rejection of the mother.

Hypnosis is the "mother" of all therapies

But, what can we learn from our "mother?"

Opening Thesis

"Clients want to change their "state," or they want others to change theirs.

Imagine this Diagram is a Car
How to create influence:
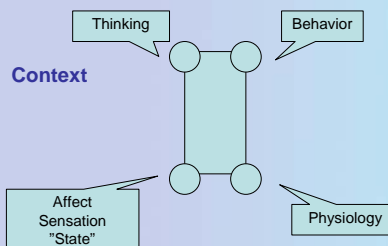
Context

Thinking

Behavior

Affect Sensation "State"

Physiology

Imagine this Diagram is a Car:

Conscious

Thinking

Behavior

Context

Affect
Sensation
"State"

Physiology

Unconscious
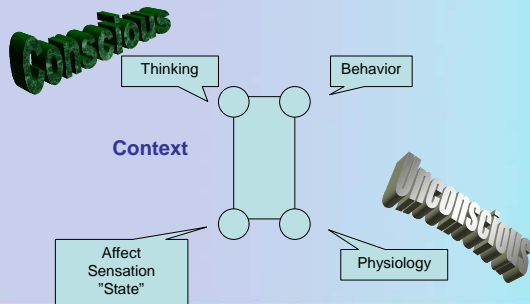
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Thesis

- Problems ("states") are located in sub cortical regions of the brain—I think.
- Solutions should address sub cortical regions of the brain– I am sure.
- Animals communicate experientially
- So do movie makers, poets, novelists, artists, and so forth.

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My Background

To provide an orientation from which
to understand my perspectives.

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My Background

In Hypnosis and Psychotherapy

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Psychotherapy

I have advanced training in:
- Transactional Analysis
- Gestalt
- Family Therapy

I integrate approaches from diverse approaches including psychodyamic and cognitive behavioral methods.

I consider myself an experiential, integrative psychotherapist.

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Hypnosis

- I started studying hypnosis in 1971, including learning traditional methods.
- I studied intermittently with Milton Erickson from 1973 until he died in 1980.
- Studying hypnosis changed my orientation to therapy. It has made me experiential rather than didactic or psychoeducational.

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My Work at the Milton Erickson Foundation.

- I am the Founder and Director of the Foundation.
- The Foundation organizes Conferences, houses an archive, has a Press.

I will return to this shortly…

Salvador Dali

Representative Case

"Dirty Gertie"

Therapeutic Phenomenology

- Don't be intimidated by the situation.
- You have resources to change your preconception and cope adequately.
- You can use unusual communication.
- You can use the techniques that I have been teaching you, e.g., embedded commands.
- You can access humor in self and others.
- I have memories that could come alive, and that I use.

Experiential Exercise

Experiential Exercise One

- Think of a problem—Do not share it at all.
- Find a partner who you do not know. (And will never meet again)
- Group Hypnotic Induction from Jeff

Experiential Exercise One

1. Place your problem ceremoniously in the room.
2. Sculpt your self physically into posture that represents The Best That is In You by aligning the three points. Hold the posture. Get suggestions from your partner that will strengthen the Ideal State, and accept them if they help.
3. Look at the problem with compassion.
4. Look at the problem with appreciation. It serves a purpose in some contexts.

Switch and have your partner do the same.

Experiential Exercise One
Step Two

1. Give the problem advice non-verbally from the positions of the Ideal State. Don't let any sounds come out, but state the advice specifically. Reframe.
2. Reshape the problem from the Ideal State.
3. Describe to your partner the new shape, and how, when and where it can be useful.

Switch so your partner can do the same.

Perception is reality?

"Your problem is that you see, but you do not observe," snapped Sherlock Holmes to his friend Dr. Watson

Gorilla Experiment

Cleaning Fluid

Pudovkin

"One must learn to understand that [film] editing is in actual fact a compulsory and deliberate guidance of the thoughts and associations of the spectator."

Movie Clip

Multi-Layered Influence

- Music
- Visual effects
- Sound effects
- Plot
- Plot embellishments
- Set design
- Costume design
- Etc

Zeig

"One must learn to understand that therapy is in actual fact a compulsory and deliberate guidance of the thoughts and associations of the client." Brain Scripts. Innate representations.

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Demonstration Interview

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Six "weapons of influence" Robert Cialdini

- **Reciprocation** - People tend to return a favor.
- **Commitment and Consistency** - If people commit, verbally or in writing, to an idea or goal, they are more likely to honor that commitment.
- **Social Proof** - People will do things that they see other people are doing.
- **Authority** - People will tend to obey authority figures, even if they are asked to perform objectionable acts.
- **Liking** - People are easily persuaded by other people that they like..
- **Scarcity** - Perceived scarcity will generate demand. For example, saying offers are available for a "limited time only" encourages sales.

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Other Social Psychology Orientations

- Priming or Seeding (see www.erickson-foundation.org/10thCongress)
- Attributions
- Misattributions
- Cognitive Dissonance
- External Justification/Effort Justification
- Destabilization
- Implicit influence/implicit responsiveness (people walking in a mall)
- Emotional contagion
- Perceptual blindness, etc.

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Basic Principles of an Ericksonian Approach

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Basic Principles

1. Utilization
2. Individualized treatment
3. Orienting toward
4. Precision: Communicate for effect
5. Experiential treatment: Using drama
6. Positive expectation
7. Resource elicitation — Strength takes precedence over pathology

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Basic Principles (cont.)

8. Atheoretical
9. Gift-wrapping
10. Responsiveness
11. Goal orientation
12. Guiding Associations

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- The Foundation organizes Conferences and training programs; houses an archive; and has a Press.

An Introduction to Milton H. Erickson, M.D.

The man and his work

Milton H. Erickson, M.D.

The Man

Erickson's parents and older siblings

Bout with Polio

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Erickson's Three Professional Careers

- Researcher (From 1920s to late 1940s)
- Clinician (from 1947 to 1970 when he retired)
- Teacher (From 1973 to 1980): The Teaching Seminar Years.

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Traveling and Teaching

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Traveling and Teaching

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The Teaching Seminars

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Milton Erickson

Respected Intellectual Figure

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Margret Mead and Mrs. Erickson at the Erickson Home.

Erickson and Bateson, 1978

In Erickson's living room.

Erickson's Intellectual Heirs

- Jay Haley
- Watzlawick, Weakland and Fisch.
- Rossi
- Bandler and Grinder
- Gilligan, Lankton, Yapko, O'Hanlon, etc

With Jeff Zeig, circa 1975

Milton H. Erickson, M.D.

His Work

Revolutions in Therapy

Revolutions in Therapy

<u>Commencing in1885</u>
- Psychoanalysis and Psychodynamic Approaches: Freud and his followers

<u>Post World War II</u>
- Behavioral Therapy: Wolpe
- Humanistic Therapy: Rogers, and Perls.
- Systemic Approaches: Bowen, Satir, Whitaker, Haley, and Minuchin.
- Cognitive-Behavioral Therapy: Beck and Ellis.
- Experiential Approach: Erickson

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The Evolution of Therapy

- Freud's emphasis on understanding "Why," which helped him develop a theory of personality.
- Intervention, which came second to developing theory, was based in illuminating the transference. It is based in a traditional (psychodynamic) lens, which presupposes that the problem is something other than its presentation, and that insight (into the transference) is the "royal road" to change.

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Lenses

Ways of Viewing Alter

Ways of Doing

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Lenses

- Biology
- Developmental History
- Psychoanalysis
- Physical Structure
- Relationship Patterns
- Belief Systems
- Cognitions
- Spirituality
- Etc.

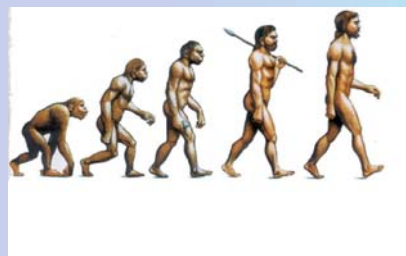The Evolution *of* Psychotherapy   www.**evolutionofpsychotherapy**.com

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An Evolutionary/Darwinian "Lens"

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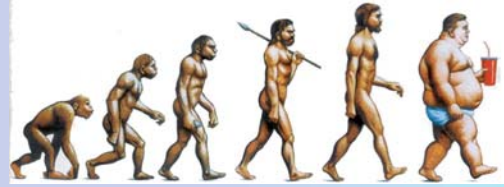The Evolution *of* Psychotherapy   www.**evolutionofpsychotherapy**.com

An Evolutionary "Lens"

Sometimes lenses fail us, and a way of viewing does not lead to the most effective way of doing.

"Dr Zeig, You have to help me."

- Freudian Therapist
- Rogerian Therapist
- Cognitive Therapist
- Transactional Analyst
- Gestalt Therapist
- Ericksonian Therapist

Hypnosis

An Phenomenological
Ericksonian "Lens"
An Experiential Approach

Cases

- Three lines
- Passive patient
- Patient who had to Validate; Question as an anthropologist; Question using Socratic methods.
- Erickson alcoholic couple

Ericksonian Hypnosis

- An Orientation to Phenomenology and Heuristics
- Hypnosis is a strategic approach to change.
- Practicing hypnosis changes ones orientation to psychotherapy.

Hypotheses that Underlie Contemporary Therapy

1. Patients come to therapy because they want a change in "state," either that of themselves or that of others.
2. Hypnosis is a way of changing "states."
3. Hypnotic (heuristic) principles of changing states can be applied without the necessity of a formal induction to facilitate change.
4. To modify states by using heuristics we must first map the phenomenology of the problem and the solution. Additionally, it is best if the therapist can flexibly assume different "states."

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Heuristics and Algorithms

- Algorithms can be used when there are concrete steps that lead to a finite solution.
- Heuristics must be used when steps and solutions are ambiguous.

Mathematics is learned by a series of algorithms.

Learning to love (or be happy) is a heuristic process.

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Deconstructing and Reconstructing Hypnosis, Therapy and the Therapist

Important considerations:

- Hypnosis is about altering phenomenology
- Therapy is about altering phenomenology, in the structure of both the problem and the solution.
- BEING the best therapist requires altering phenomenology

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Phenomenology

- "What is phenomenology? It's the bold project to eschew conceptualization of 'the real' for description of whatever presents itself as real in our deepest experience. It is, in other words, the discipline that makes the implicit meanings of lived experience explicit..."

Christopher M. Aanstoos, Ph.D

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A "non-induction"

Do not go into trance.

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A "non-induction"

Do not go into trance.

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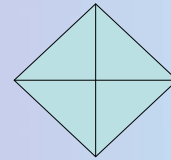
A "non-induction"

"Do not go into trance."
- I was not giving information or advice: I was NOT a teacher.
- I was working to influence mood and perspective. I was a Poet, using non-linear communication.

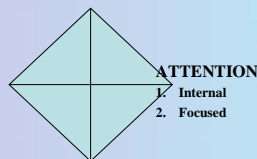The Evolution of Psychotherapy   www.evolutionofpsychotherapy.com

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The Phenomenology of Hypnosis

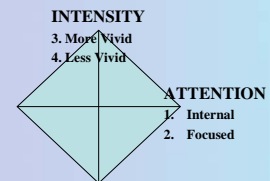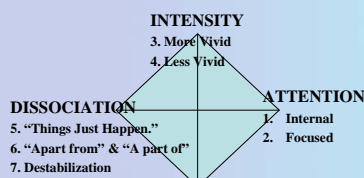The Evolution of Psychotherapy   www.evolutionofpsychotherapy.com

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The Phenomenology of Hypnosis

ATTENTION
1. Internal
2. Focused

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The Phenomenology of Hypnosis

INTENSITY
3. More Vivid
4. Less Vivid

ATTENTION
1. Internal
2. Focused

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The Phenomenology of Hypnosis

INTENSITY
3. More Vivid
4. Less Vivid

DISSOCIATION
5. "Things Just Happen."
6. "Apart from" & "A part of"
7. Destabilization

ATTENTION
1. Internal
2. Focused

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The Phenomenology of Hypnosis

INTENSITY
3. More Vivid
4. Less Vivid

DISSOCIATION
5. "Things Just Happen."
6. "Apart from" & "Apart of"
7. Destabilization

ATTENTION
1. Internal
2. Focused

RESPONSE
8. Minimal Cues/Implication
9. Search for Personal Meaning
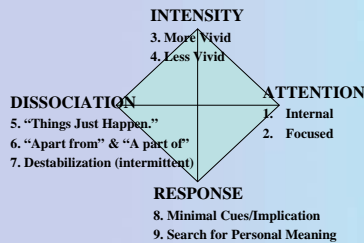
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The Phenomenology of Hypnosis
(Define the situation as hypnosis)

INTENSITY
3. More Vivid
4. Less Vivid

DISSOCIATION
5. "Things Just Happen."
6. "Apart from" & "A part of"
7. Destabilization (intermittent)

ATTENTION
1. Internal
2. Focused

RESPONSE
8. Minimal Cues/Implication
9. Search for Personal Meaning

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Conclusions

- "Hypnosis" does not exist. It is a construct of convenience used to describe a sub-phenomenology.
- It is elicited by using heuristic processes.

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Heuristics

To elicit phenomenological changes one must use heuristic principles.

These heuristic principles are lessons from hypnosis that inform contemporary therapy.

Before listing some heuristics, I will further elaborate phenomenology by discussing the phenomenology of "problems," "solutions," and the "therapist."

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The "States" Model

The Phenomenology of Depression

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Depression

- Internal
- In the past
- Inactive
- Negative
- Hopeless – no goals
- Intropunitive
- Withdrawn socially
- Tactile
- Vision limited
- Judgmental
- Negate/discount accomplishments
- Absorb social energy
- "If only …" vocabulary
- Physiologically deadened
- "I am not okay" existentially
- Victim

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Conclusion

- "Depression" does not exist. It is a construct of convenience used to describe a sub-phenomenology.
- It is maintained by using heuristic processes.

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The "States" Model

Phenomenology of the solution

Depression	Happiness
• Internal	• External
• In the past	• Present
• Inactive	• Active
• Negative	• Positive
• Hopeless – no goals	• Hope – directed
• Intropunitive	• (Balanced)
• Withdrawn socially	• Engaged
• Tactile	• Visual
• Vision limited	• Scope and depth

Depression	Happiness (cont.)
• Judgmental	• Open
• Negate/discount accomplishments	• Acknowledge accomplishments
• Absorb social energy	• Emit Social Energy
• "If only …" vocabulary	• "Yea and …" vocabulary
• Physiologically deadened	• Arousal
• "I am not okay" existentially	• "We are okay" existentially
• Victim	• Victor

Conclusion

- "Happiness" does not exist. It is a construct of convenience used to describe a sub-phenomenology.
- It is elicited by using heuristic processes.

The "States" Model

Phenomenology of the therapist

Traditional Therapist	Traditional Hypnotist
• Empathic	• Directed
• Attentive	• Commanding
• Accepting	• Powerful
• Quiet	• Active
• Educational	• Suggestive
• Inquisitive	• Imperative
• Placid	• Dynamic
• Warm	• Calculating
• Present	• Future
• "Vanilla"	• "Colorful"

Ericksonian Therapist

- Experiential
- Dramatic
- Active
- "Tour guide" – in charge
- Flexible
- Metaphoric – "oriented-towards"
- Utilizing
- Expectant
- Systemic
- Gift-wrapping

Conclusion

- "Therapists" do not exist. At least they should not exist. They are a construct of convenience used to describe a sub-phenomenology.
- By using heuristic processes flexibly in a way that is individualized to the patient, they can stimulate generative change.

A Phenomenological View

Depression	Happiness
•Internal	•External
•In the past	•Present
•Inactive	•Active
•Etc.	•Etc.
Hypnosis	Therapist
•Attention	•Experiential
•Intensity	•Dramatic
•Dissociation	•Flexible
•Response	•Etc.

Important Leanings from Hypnotic Induction: Heuristics

1. You can alter "states" and phenomenology.
2. Utilization
3. Be experiential: Create experiences to catalyze change.
4. Orient towards, elicit do not induce.
5. Use multiple level communication.
6. Create a process. (SIFT—Set-up, Intervene, Follow Through).
7. Destabilize habitual sets.
8. Gift-wrap goals.
9. Speak the patient's emotional language. Tailor. Focus through the patient's lens. Use the patient's metaphor.
10. Individualize; no set scripts

Important Leanings from Hypnotic Induction: Heuristics

11. Build responsiveness
12. Precision in communication.
13. Raise the tension; guide the tension.
14. Do the opposite of the prevailing norm. Be paradoxical.
15. Access motivation.
16. Use expectations.
17. Small changes snowball.
18. Use ambiguity.

Important Leanings from Hypnotic Induction: Heuristics

19. You can be strategic, have a goal in mind, be outcome-oriented.
20. Promote systemic change.
21. Use drama.
22. Communication can be ambiguous.
23. Elicit possibilities.
24. Change perception.
25. Establish a context for change.
26. Trance is a systemic phenomena.
27. Talk to the physiology.
28. Build on the positive.
29. Reframe

The Experiential Approach

Major streams

Contemporary Therapy Approaches Derived From Erickson

Contemporary Therapy Approaches Derived From Erickson

1. Strategic Therapy (Haley & Madanes)
2. Interactional Therapy (Watzlawick, Weakland, Fisch, Nardone, etc.)
3. NLP (Bandler, Grinder, Dilts, Andreas, Gordon, etc.)
4. Mind-Body (Rossi)
5. Solution-Focused (DeShazer, Berg, O'Hanlon, Weiner-Davis, Dolan, etc.) (Derived from #2)
6. Self-Relations (Gilligan)

Contemporary Therapy Approaches Derived From Erickson(cont.)

7. Neo-Ericksonians (Zeig, Lankton, B.A. Erickson, Yapko, etc.)
8. Outcome Informed (Miller)

Plus: Many experts openly acknowledge the influence of Erickson in their approach including Nick Cummings, R. Reid Wilson, and Peggy Papp.

Family Therapy (especially through Haley and Madanes, but also acknowledged by Minuchin and the Ackerman Institute)

Strategic Approaches

Jay Haley and Cloe Madanes

Jay Haley
www.jay-haley-on-therapy.com

Jay Haley

- *Uncommon Therapy*, Norton Publishers.

Cloe Madanes
www.CloeMadanes.com

The Interactional School

Watzlawick, Weakland and Fisch
Nardone
www.MRI.org

Paul Watzlawick

John Weakland
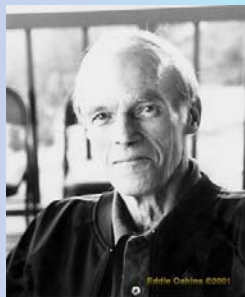
Dick Fisch, M.D.

Giorgio Nardone

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Solution-Focused

De Shazer, Berg, Dolan,
Weiner-Davis
www.brief-therapy.org

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Steve de Shazer
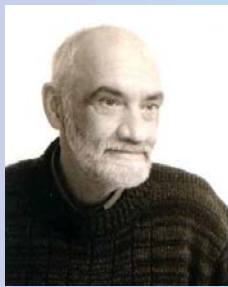
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Insoo Kim Berg

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Yvonne Dolan
YvonneDolan.com

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Michele Weiner-Davis

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Solution-Focused Session

- What will make today's session useful?
- Exceptions
- Miracle Question: "As if"
- (Plan Follow up.)
- Scaling questions: Confidence in accomplishing goals? 1-10.
- What will continue your success?
- Summarize

Possibility Therapy

Bill O'Hanlon
www.brieftherapy.com

Bill O'Hanlon

NLP

Bandler, Grinder, Dilts, Gordon

Richard Bandler

John Grinder
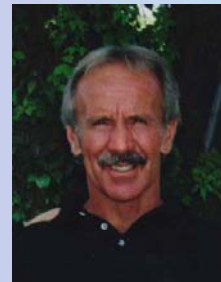
Robert Dilts
www.nlpu.com

David Gordon

Steve Andreas
www.steveandreas.com
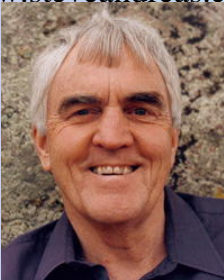
Resolving Shame Process Outline
www.steveandreas.com/shame.html

- Overall, the Shame Resolution pattern first eliminates the feeling of shame in response to not meeting someone else's standards, by utilizing shifts in submodalities. Then it teaches a decision process to examine the external standard, and determine: a. whether the person wants to have this standard, or some modification of it, for himself, and b. what the person wants to do in response to this situation.
  1. Contrastive Analysis
      Compare the following two experiences, and list the content differences and the submodality differences between:
      a. An experience of shame. (This will always be a response to not meeting someone else's standard.)
      b. An experience of not meeting someone else's standard without shame, and with a more resourceful coping response.
- 2. Testing (Optional)
      Test to find out which of the content and submodality differences are most powerful in increasing or reducing the feeling of shame. Change one difference at a time to find out how powerful it is in changing the person's feeling of shame, and then change that difference back and change another one, in order to learn more about what is going on.
      The typical important content differences we have found are:
      a. Other people are facing and staring directly at the ashamed person, disapprovingly.
      b. The person who is ashamed may be seen as naked, misshapen, etc.
      c. Others are seen as much larger than the person who is ashamed,
      d. In not shame, the person is sometimes surrounded by some kind of protective shield, often transparent.
      The major important typical submodality differences we have found for shame are:
      a. The location of the image is different, and usually a "driver" of other submodality shifts.
      b. The image is often still, or almost still: a frozen eternal moment in time, or a short repeating tape loop.
  3. Transformation:
      Map across the content of the shame experience to that of not shame, using the most powerful content and submodality elements you found by testing in step 2.
      a. First adjust any content distortions in the self-image. (Put clothes on, change misshapen image to normal image, etc.)
      b. Make the self as large as the others. (Occasionally, in severe shame, you may want to temporarily make the self larger than others, or make others smaller than the self.)
      c. Change the location of the image.
      When these changes have been made, usually all the other submodality differences will have changed automatically. Check to be sure, and shift any that remain unchanged. When the mapping across is complete, the person will not feel any shame, and will feel resourceful instead.

Resolving Shame Process Outline Continued

- 4. Evaluate Standards:
      Now that the person feels resourceful, it's important to examine the external standard, its outcome, and the possible consequences of meeting or not meeting it.
      a. Whose standard is this?
      b. What is the outcome/intention of the standard?
      c. Keeping the outcome in mind, "Is the external standard in this situation one that you want to have for yourself?"
          1. Yes. If the answer is "Yes," go directly to step 5. (Even when someone basically agrees with the standard, usually they will want to revise it or restate it in some way to make it completely appropriate.)
          2. No. If the answer is "No," ask, "If not, what standard do you want to have for yourself in this situation? . . ." (Be sure this standard applies reciprocally, as in "the Golden Rule.")
          3. Unsure. If the person is ambivalent or incongruent, sort polarities, get outcomes/intentions, and then integrate the two in some way, or negotiate for a joint agreement on a standard. (See 1, pp. 151-154) When you are done, they will be able to answer yes or no congruently.
- 5. Plan a Specific Response:
      "Having decided on your own standard in this situation in which you did not meet someone else's standard, what do you want to do in this situation?"
      a. Same standard. "If your standard is the same as, or similar to, the other person's standard, you might want to consider an apology, or some kind of amends, a specific commitment to meet that standard in the future, etc."
      b. Different standard. If your standard is different, you might want to consider not associating with that person, explaining that your standards are different, "going through the motions" of meeting their standards, even though you think they're silly, joking about your differences, leave the country, etc. Keep in mind that no two people have exactly the same standards. If the person needs help developing a satisfactory response, use the "New Behavior Generator" (including the "as if" frame and modeling) to select an appropriate response.
- 6. Future-Pace Response:
      Actually rehearse whatever response you decided upon in step 5. Imagine carrying it out associated. (Do it dissociated first, if you have any doubts about it), in context, to be sure it's satisfactory to you. If not, back up to step 5.)
- 7. Congruence Check
      "Does any part of me have any objection to having this ability to evaluate a situation, and the standards involved, and decide what I want to do?"
- 8. Testing
      "Think again of that situation in which you felt shame." Check for nonverbal as well as verbal responses.
- 9. Timeline generalization
      If the person has had many experiences of shame, it can be very useful to use timeline generalization to help the person reevaluate all their past experiences of shame in the way they have just learned through the shame resolution pattern.
      "You have just reprocessed an experience of shame in a way that gives you more choices about how you respond to situations in which someone else has different values or standards than you do. I want you to take this capability with you back to an earlier time in your life, before you had any experiences of shame, and come rapidly forward through time, carrying this ability with you as part of yourself, reprocessing any other experiences of shame, realizing that much of this will take place at the unconscious level. Take all the time you need, and when you reach the present, see yourself moving forward through time, still carrying this ability with you."
      This timeline generalization process can have a dramatic impact on a multitude of past experiences as it installs this ability as a "through time" and cross-contextual ability that becomes part of the person's sense of themselves, their identity. This is particularly useful if the shame was about the self, rather than about a specific behavior.

Mind-Body

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On Line Resources

- **Book on Milton Erickson from Sage Publishers:**
  http://www.sagepub.co.uk London office
  http://www.sagepub.com USA office
- **Books edited by Jeff Zeig including,**
  "A Teaching Seminar with Milton Erickson"
  can be found at Taylor & Francis London or NYC
  http://www.tandf.co.uk/ and www.taylorandfrancis.com
- **Zeig Tucker & Theisen Publishers: www.zeigtucker.com**
- **Jeff Zeig's Web Site: www.jeffzeig.com**
- **Erickson Foundation Listserv: www.topica.com/lists/EricksonList**
- **Erickson Foundation Press: www.erickson-foundation.org/press**

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