

The Three Pillars of Ericksonian Hypnotherapy

By Dan Jones (Adapted from my book *Hypnotherapy* available from www.askdrdavid.co.uk Hypnosis Training)

Introduction

There are three main fundamental principles underpinning Ericksonian Hypnosis – Observation, Utilisation and having a Goal or Direction. I call these *the three pillars*.

From these three fundamental principles much of the complexity of Ericksonian therapy develops naturally. When working with clients it is important to know what you are working towards or trying to achieve and to then make observations and utilise these observations in the direction of the goal. So if a therapist observes that someone is anxious and holding on to the arm of the chair and the goal is to help them relax then you can utilise the gripping by suggesting ‘you can put all the tension in that grip’ (focusing physical and emotional tension in one place), or ‘as you grip that arm of the chair with all of your tension I wonder how quickly you will relax’ (presupposing relaxation and linking tension in the grip with relaxing), or ‘while you grip that arm of the chair another part of you can relax’ (linking the gripping with relaxing), or ‘I don’t know whether you will discover gripping the chair leads to relaxation spreading through the rest of your body, or whether you find your mind drifts and wanders and dreams’ (linking gripping with a double bind – either the gripping will lead to relaxation, or the gripping will lead to the mind wandering and drifting into a dream-like state), or a whole range of other suggestions that are hypnotic language patterns, but the focus isn’t on the language pattern, the language patterns come naturally from utilising observations towards a goal.

Observation

Observation has been covered previously as it is so important. You can’t do effective therapy without good observation skills. Here we are focusing on observation from an Ericksonian perspective.

Observation is something that therapists should continually practice and refine. When watching clients, observation is the key to giving you something to feedback. So if a client twitches at a key point then the therapist would acknowledge this, all of the clients’ micro-movements and unconscious movements would be acknowledged towards the desired goal. This goal may be the therapeutic goal, or it may be a series of goals, so firstly it could be the goal of inducing trance, then the goal of going to a specific place in the mind, then to the goal of post hypnotic suggestions or future therapeutic success.

When I first learnt about congruency between conscious and unconscious messages I wanted to know how I could practice this and refine it as a skill.

The best way I found was to watch people, watch them in pubs, clubs, restaurants, anywhere where you get to observe people interacting. By doing this you can listen to conversations at the same time as objectively watching non-verbal behaviour. Another place to watch this is on reality TV shows like Big Brother and on programmes like ‘the Jeremy Kyle show’ or ‘Jerry Springer’. I used to record one of these shows a week and watch interactions and see what I could figure out about people based on mismatching communication. With programmes like Big Brother you can test your ideas about your observations over a period of time.

You can watch people talking and look for patterns. Doing this you don’t get to ask the questions but you can pay your full attention because you aren’t involved. Anyone that has knowledge of magic and watches a magician knows that if the magician is captivating enough you miss what they do even though you know it happened right under your nose. This is the same when starting out doing therapy; you know lots of stuff but miss it when you are in a real situation because you have too much to take in.

As you watch people you may work by initially just getting a sense of something or you may actively look for patterns that you could tell someone else (like change in facial colour, change in lips, body posture, eye contact, etc.)

The best way to learn to recognise minimal cues is to focus on one at a time while you learn.

What you do with the observations depends on what you are observing for (it could be to look for congruence, or it could be for a specific state, etc.) If it is for a state then you can suggest back the minimal cues, so if you wanted to induce a deep trance comment on the minimal cues (overtly or indirectly) each time you see a trance

based minimal cue. You could link it to going deeper for example by saying 'as you continue to blink in that special way you can drift deeper.' Or 'That's Right' (said on each blink or sign of ideo-motor movement etc.)

The easiest way of noticing minimal cues is to be in a trance, letting your unconscious notice for you.

To switch the trance focus (from internal to external or external to internal) you can start by matching the experience then guiding it to where it is wanted.

'You can be aware of the ticking clock, of the traffic outside, of the sound of my breathing AND you can notice what those hands feel like resting on your lap WHILE you wonder what will happen next...and BEFORE you discover what will happen next you can notice which hand feels the heaviest and wonder which one will lift...!' (Getting more internal)

To do this the other way reverse the process and match on-going internal experience then you can ask them to remain in this state while they open their eyes and pay their full attention honestly and completely (a statement they should take literally) to ... (whatever the external thing is - reading, practicing an instrument etc.)

With leisure activities you can have an external focus activity and guide it internally (even by saying 'I sense you can feel some of that now').

Utilisation

Remember utilisation! Use what the client gives you. If the client shows resistance, use it.

Use client's interests and what they say to you

Any of the client's opinions can be used. If the client starts to tell you about the weather and how nice it is outside you can use this to elicit pleasant feelings or to encourage them to think about a holiday that can be used to relax them.

To utilise feelings that the client mentions it is important to feedback what they say in a way that gets them more absorbed in those feelings in the present (if that is the aim).

For example if a client was talking about a time they felt good about an achievement, as you talk to them you can begin to re-evolve those feelings in the present and begin to associate them with solving the problem.

To do this you need to feedback what they say into present tense. Use it whether it is anger or resistance or lack of motivation or positive things like having a supportive family, being confident at playing a musical instrument, running a marathon each year, or a pleasant experience, whatever it happens to be.

For example:

Client: I went out for a walk in the country the other day. It was so relaxing.

Therapist: What was it you find so relaxing?

Client: All the different colours, the cool breeze, the feeling of the warm sun on my face.

Therapist: So you see all the different colours, feel that cool breeze and the warm sun on your face.

Client: Yes.

You can do anchoring to link a resource with solving their problem, or you can get them to rehearse hypnotically utilising resources. Rehearsing hypnotically doesn't mean putting the client into a formal hypnotic trance, it means creating an experience in the mind of the client that is focused on what is helpful for them to focus on.

With practice utilisation becomes easier, and resources begin to stand out as if they are marked with neon markers.

Use resistance, everything the client says and does is right for helping to treat them. When I am doing therapy I constantly use all the client does to get them to where they want to go. I regularly tell them 'that's right' or go 'mmm' or do something that is acknowledging to them that they are doing the right thing to go into a trance or to quit smoking or whatever it happens to be.

For example if someone comes to me for therapy and says 'I'm too stressed to be able to relax and go into a trance.' I'll tell them 'That's excellent. All the best work is done with the clients that have some tension there. What I need you to do is just hold on to some of that tension for a while as we do this.'

If a client says 'You won't be able to hypnotise me because I'm too strong willed.' I'll tell them 'Your right I won't be able to hypnotise you, all I can do is guide you into a state of mind that gives you greater control over the inner workings of your mind and body. A state of mind that allows you to control your heart rate, your blood pressure, your breathing and many other processes, but it takes a strong willed person to enter that state fully and completely.'

One quick way to induce a trance is to have a person recall their problem (it is often likely to be trance inducing), like getting a smoker to recall smoking (or getting a craving), or a person in pain to focus on the pain (only this time in a non-attached way be focusing on its colour, shape, size, etc.), or a person that has OCD to discuss their OCD process, or someone with a spider phobia to recall the phobia, etc...

The higher the level of emotion the deeper the trance the person will naturally go into when they recall it.

You're always working with the trances you get; some people are just more responsive than others and so better hypnotic subjects.

Everybody is different; some people you can just look at them and say sleep and they will (if they know you do hypnosis and expect it to happen) go into a 'hypnotic sleep'. Others would not respond in this way.

A good hypnotic subject is likely to be able to perform hypnotic phenomena and respond to therapy easily.

As Milton Erickson used to mention, in some cases he had to train people for some time to help them to be good hypnotic subjects. It is useful to know when someone is at that stage, so that you can move on to hypnotic therapy using different phenomena and so that you know they will be more responsive to what you say, whether this is when you first meet them or after you have trained them for some time. Generally though people don't need to be brilliant trance subjects to do good therapy, the therapist just needs to be able to utilise whatever the client brings to the therapy.

Something to consider is that there it can be helpful to notice when people enter mini trances so that they will be taking on what you are saying (assuming the trance includes you) or they could be in a trance to integrate what you have just taught (like doodling or staring into space) so you would want to give them a brief bit of time to finish. Or if you want to demonstrate and have as few problems as possible then someone very responsive is likely to carry out what you say best (which can also act as a convincer to the less engaged)

If you ask someone about the stages of their problem they have to enter trance to tell you. If you ask them about a leisure activity they enjoy they will enter trance. If you ask them what colour their front door is they will enter trance. Ask them how they will know when they are better and they will have to enter trance. It would be difficult not to have them enter trance. Even if you sat doing nothing they will go inside to ask themselves what is going on, so they will have entered trance. These are all small and can be built on and used for a bigger future trance or any of these can be deepened as they appear.

When you ask someone 'have you ever been in a hypnotic trance before?' what you are doing is a double bind. This is because you have added the word before. If you ask have you ever been in a trance? They can say yes or no, if you ask 'before' it means before what? Before the one you are in? Before the one you are about to go into? So whether they answer yes or no they are accepting they will go into or are in a trance.

If they answer yes and it is a good experience then gathering information will quickly drop them into a trance again yet it will appear like you were just enquiring about that previous trance. If you want to still follow this line of questioning to induce trance when they have said no you can just explain what it will be like (using your hypnotic language skills)

Either way they are likely to enter a hypnotic state rapidly and be well on their way before they know what is happening.

I just wanted to share my experiences of stopping using scripts and moving on from direct hypnosis, to hypnosis using observation, utilisation and a goal.

When I first trained everything was direct and all about using scripts. I even contacted every therapist in my area to learn from them, get their opinions and views on their success etc. and all the feedback was to buy lots of scripts and when a client tells you what their problem is, use a script for that, find out which induction script they want and use that and use a script for ending the therapy. I had a collection of over 500 scripts! Imagine sitting with a client and trying to remember which script I should use!! I also felt it was wrong to just read in a

monotonous voice from a sheet of paper and get paid for it and claim I know what I was doing. They could buy a book of scripts, choose the ones that suit them best, talk to a tape machine and do it themselves for much cheaper.

When I found out about Ericksonian Hypnosis I realised what I should be doing, and it wasn't just memorizing and reciting inductions and therapy scripts, it was tailoring the therapy and hypnosis to the client.

I attended a two day course on Ericksonian Hypnosis with Uncommon Knowledge in Brighton, UK, and on the course we had to sit opposite someone and (like the TV quiz show catchphrase) 'say what you see'. This was fine and I was comfortable with this in the safety of a course where at least I know I could do hypnosis, there were beginners that couldn't. I had also by this point started 'ad-libbing' self-help tracks because I couldn't find tracks or scripts for what I wanted to explore and had been doing hypnosis for about ten years, but hadn't yet fully let go of my script crutches. I had also learnt about hypnotic language patterns and tonality, and had been studying the work of Milton H Erickson, but I still used scripts with client because I thought I would not know what to say if I didn't have a 'professional script' in front of me.

After the course I met up with a friend that was willing to be a guinea pig, I said confidently that I can now do hypnosis without using scripts (having only done this on the training course, apart from some of my personal self-hypnosis tapes and CD's). I decided I would do a leisure induction with him and utilise his interests and times his mind has naturally wandered, and utilise on-going behaviours that I can observe.

I asked him 'in an ideal world where you could do anything, what would you do that would make your mind wander, that would make you lose track of time and really enjoy yourself?'

His response was 'I would go back to Thunder Mountain (apparently some water-ride in a water park in America?)'

I thought well I said I would use anything...so I did, and he said it was the deepest trance he had ever been in and we got numerous hypnotic phenomenon and great success.

I was nervous when he didn't say a nice warm beach or something like all the course participants had said, but I am glad, I have never looked back and now can't imagine using a script.

The thing I learnt is you can't be wrong because you are given your script moment by moment by paying attention. And if you expect them to go into a trance and so let your voice and breathing guide them it doesn't matter if you don't yet know all of the language patterns. You learn best by being uncertain at first rather than knowing it all then deciding to try it out.

Another area of utilisation is where people believe they always get all the side effects when they take medication. You talk to them and they tell you all about all the different tablets they take and how they always get most of the side effects. With these people on many occasions I have got them to be agreeing that when they receive treatments they have the side effects. I then give them side effects for the treatment they receive from me. These side effects are obviously positive though.

I do this when working with some people with Obsessive Compulsive Disorder also. I will give them a daily treatment plan that sounds specific but isn't, like between 1830 & 1945 you will have fun with your children, the plan gets followed obsessively, I have symptoms created of what happens if the plan isn't followed (positive of course) that gets the person trapped in a double bind. Doing the re-framing and getting agreement initially is the trick, once they are willing to follow the plan they also tie themselves into following the consequences of not following the plan...

Example of utilising describing your own experience to induce a trance

'You know one of my interests is going on walks through the nearby woods. I'll spend hours just *wandering* along in my own little world...*feeling the breeze on your skin*...I...begin to *notice the sound of each footstep*...time seems to just... *slow right down*...and I seem to be able to ...*notice the smoothness of the movement of breathing*, of each regular step, of individual sounds from the birds, the rustling of the leaves...*noticing the shimmering rays of light*...the warmth of the sun on my face...and as I continue walking I...*notice how the breathing begins to relax and deepen all by itself*...often I find my...*muscles relaxing*...around my shoulders, arms, neck and face...and before long it already seems like time to go home...'

When a therapist talks hypnotically about an interest the client often finds it a familiar experience and so gets guided indirectly by listening to the description. I did this for one person (a hypnotherapist) where I challenged myself to see if I could hypnotise a hypnotist without them noticing I was hypnotising them. Part of what I did was said 'you know I've always wanted to drive down America, *see how things change on a journey through the States*' I went into detail about this imaginary journey in conversation and he was in a trance in no time at all.

If a client doesn't give the response that you expect then utilise what they do give you and acknowledge that what they are doing is what they need to do to achieve the desired goal.

Goal

Without setting goals you would have no idea of knowing when you have reached the time to end therapy. Without setting goals you also don't know exactly what the client needs or what to say to them about what they hope to gain from the therapy.

Goal setting is a vital part of the process of effective therapy. You need to ask questions that establish what the client wants to achieve and how they expect it to impact on their life in the future.

You need to use the information gathering to build up a picture of the goals that are required. These goals can then be used to focus your mind on what you need to do to help the client get what it is that they want.

You may choose to make some points known to the client like stating 'what you want is...' and telling them what they have said in a way that confirms the goal. Once you know the client's goal you can then work on achieving it. You can begin to presuppose the goals as definitely going to occur. If the client's goals are unrealistic then you can use re-framing to find a compromise, creating a goal that is more realistic or acceptable.

Pacing and leading

The idea behind nearly all hypnotic techniques is pacing and leading, you want to pace where someone currently is and then lead them to somewhere else. It can go from any point to any other point. The best linguistic techniques for this are compound suggestions and contingent suggestions and presuppositions. The first two use linking terms like 'and, before, during, after, while, as, these naturally pace and lead. The leap you make will depend on the individual and how big the gap is between where they are and where they want to be. For example in therapy it could be:

'You've come here today to see me (pacing) because you want to see how I can help (leading but still likely to be true so not a huge leap, and presupposing I can help)'

'And you don't yet know how I'm going to be able to help you (pacing and presupposition) but you're probably curious to find out (leading)'

'Well before I explain how I'm going to help you (presupposition that I will help) I wonder if you can tell me what you would like (linking the being told with getting help)'

In everyday situations:

'As you go into the kitchen (pacing) could you flick the kettle on (leading)'

'You appear to want to continue shouting and ignoring me (pacing) and don't yet want to listen (leading - yet implies/presupposes in the future you will want to listen)'

Many examples specific to situations can be created.

To build rapport and good relationships you have to begin by pacing another person. Pacing is when you enter the other person's model of the world on their terms. It is like walking beside them at their speed. Too fast and they will have to hurry to keep up with you, too slow and they have to hold themselves back. Either way they have to make a special effort. You are the one that should be making the special effort for the benefit of making the client relaxed and comfortable with you.

Talk at the same rate as the client, because people process information consciously at the rate that they speak which means that if you speak too fast or slow for them then they won't feel comfortable or understood (or likely to understand you).

Once you have paced another person, and gained rapport and shown that you understand where they're coming from, then you can lead them. To pace the client you can either do matching, cross-matching or mirroring

depending on the situation and which feels right for the circumstances. Trust your feelings, they will usually be right.

Matching is where the therapist does the same as the client, so if the client moves their right arm, so does the therapist. Cross-matching is where the therapist matches the client with something different, so the client moves their right arm, and the therapist moves their left leg. Or the client is tapping their foot, so the therapist taps a finger, or the therapist is watching the client's pulse and matches this with a foot movement. Mirroring is where the therapist is like a mirror of the client, so if they move their right arm, the therapist moves their left arm the same.