

Erickson and the Unity of Hypnotism

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■ *Starting around 1980 there has been an increasing tendency among certain professionals to make a sharp distinction between what they refer to as „traditional hypnosis“ and „Ericksonian hypnosis.“ A careful examination of the fundamental body of facts and hypotheses upon which the differentiation has been made shows little basis for it. Hypnotism as conceived and used by Erickson and as conceived and used by other mid-twentieth century leaders in the field are clearly both founded upon certain propositions first enunciated by Bernheim in 1884. Such differences as appear to exist most likely are of a superficial nature, partly, the result of a procedural shaping imposed by the domains of study and applications and, partly, the result of a confounding of elements that are not intrinsic to the phenomenology of hypnotism with elements that are intrinsic to the latter.*

There was a time when one simply spoke of „hypnosis“ and „hypnotism“ without qualifications, and this in spite of the fact that, through some 137 years of existence, more than one school of thought had evolved around the associated phenomenology. There would certainly have been some justification earlier for using such qualifiers as „Braidian“, „Charcotian“, and „Bernheimian“ in relation to this subject matter. Somehow this did not take place, that is, not until the death of Milton H. Erickson in 1980, following which his students and followers began to make a sharp distinction between „traditional hypnosis“ and „Ericksonian hypnosis“. The very fact this paper is being presented at a conference partly on „Ericksonian hypnosis“, which is to be followed by a congress on „hypnosis“, each sponsored by a quite distinct organization, is mute evidence of this demarcation, there being little question that the congress will focus on so-called „traditional“ hypnosis. But how justified is this demarcation? Did Erickson, in his work with and in his conceptualization of hypnotic phenomena, depart so much from hypnotism as conceived and used by others of his contemporaries as to require such a distinction? Possibly the departure was only in certain respects, for let us note that many Ericksonians seem to prefer to

speak of a „traditional“ and an Ericksonian „approach“, and still others focus on the term „hypnotherapy“ rather than the term „hypnosis“.

But before going further and so that there be no misunderstanding in this regard, I wish to make it clear from the outset that, in accordance with what was once accepted terminology, I will from here on reserve the term „hypnosis“ to denote certain inferred or hypothesized states or conditions of being. In contrast I will use the term „hypnotism“ to denote the totality of those facts and beliefs that bear immediately and directly upon these states. Using the term „science“ somewhat loosely, one might also more briefly say in the above context that hypnotism is the science of the state or states of hypnosis. It includes their production as well as that of their associated phenomenology, their study and their applications. Alternately, in keeping with the view that all hypnotic phenomena are suggested effects, a view that has held sway since at least 1890, one can also say that hypnotism is the science of suggestion. From this standpoint it would actually be more correct and consistent to speak of „suggested“ rather than „hypnotic“ effects and phenomena. The latter, however, remains the convention and I will follow suit with this understanding. I shall also use, for the time, the terms „hypnosis“ and „trance“ synonymously. Lastly, I need to say a few words regarding my use of the term „approach.“ Basically it refers to a way of doing something. One dictionary definition is that it is „the method used or steps taken in setting about a task, a problem, etc.“ I will make a distinction here between a „fundamentally“ and a „circumstantially“ based approach and refer to them, for short, respectively as „fundamental“ and „circumstantial“ approaches. The first of these is an approach founded on some unchanging fundamental or intrinsic property, on the perceived nature of some event, or again on some fundamental theoretical position, all relevant to the task, problem, etc., in question. The second is mainly determined by existing changeable aspects or elements of the context in which the task, etc., is carried out. Finally let me make it clear that my main focus will be on hypnotism as seen and used mainly by Erickson and not by his students and followers.

This said, let me return to the matter at hand, the distinction between „traditional“ and „Ericksonian“ hypnotism and what it seems to entail. I now use the term „hypnotism“ rather than „hypnosis“, as is usual in this context because, as we shall see, the issue here does not appear to be the kind of state that is involved and anyhow, if this should be the case, the more inclusive term „hypnotism“ would cover it. In any event then, what do the Ericksonians exactly have in mind when they speak of „traditional hypnotism?“

Most Ericksonians tend to shy away from specifics here. They seem to dislike mentioning names and sources for their statements in this connection. For the most part they limit themselves to making broad, general statements, such as those made by Yapko (1990), that

„traditional hypnotists believe they exert a power over the patient“ and that „traditional textbooks say that psychotics cannot be hypnotized.“ Having been told many times that I am a traditional hypnotist, such assertions as these surprise me because, not only I do not believe either of these things, but I have never said this in any of my writings, some of which surely can be called textbooks! I am the more surprised because I am unable to find anything like the first assertion in the major writings of other twentieth-century North American authorities on hypnotism who have been considered traditional hypnotists, and I have found only two who have made the second statement. I most certainly agree that probably none of these people or myself could or should be labeled „Ericksonians“ but, if being „traditional“ denotes holding to the above kinds of erroneous ideas, then this label is not applicable either.

Most Ericksonians will of course point out that, in their eyes, there are other features that define „traditional“ hypnotists. They essentially define the latter by describing them as being very authoritarian, controlling and domineering individuals. They are said to proceed inflexibly according to set rules, formulas and scripts, cookbook fashion, giving suggestions in the form of time-limited recitations with little consideration given to the individuality of the patient. In the case of those who are clinicians, treatment, in their hands, is stated to be primarily a matter of imposing whatever the hypnoterapist views the cure should be, the latter often consisting of nothing more than a brute-force removal of symptoms according to a so-called „medical model.“ Another characteristic of this so-called „traditional“ hypnotism that has been claimed, is that any therapeutic use of suggestion is always preceded by a so-called, explicit, „formal“ induction of hypnosis, usually itself followed by a „formal,“ explicit deepening of hypnosis and testing of this depth. These activities are said also to usually follow a fixed, time-limited formula. Then follows the actual treatment by suggestion. Pretesting of the patient's hypnotizability prior to any induction is also said to be done frequently, again following a set pattern. Traditional hypnotists are also considered to adhere to the trait theory of hypnotizability and, in particular, to the view that there are individuals who absolutely cannot be hypnotized, and to act accordingly.

„Traditional,“ according to dictionaries, denotes beliefs and practices that have been handed down by word of mouth and by example from generation to generation and acted upon, presumably without concern about their reliability or truth-value. It seems pretty clear that not a few Ericksonians qualify for the stereotype I have just reviewed as being traditional with this definition in mind and many, perhaps all, consider stage hypnotists as the example par excellence of the traditional hypnotist as thus described. And, according to some Ericksonian authorities, such as again Yapko (1990), there has been and still is an appreciably large group of accredited practicing clinicians using hypnotism who are to be

considered as traditional, by virtue of ascribing to popular erroneous notions and/or modeling themselves after stage hypnotists. Now I do not contest that in the past some individuals, possibly quite a few, doing clinical work with hypnosis have fallen into this category and still do, but I seriously question the actual extent to which this has been so in the case of licensed academically trained health providers.

If I have just placed emphasis on the practice of clinical hypnosis by individuals who have academic training and are licensed to practice, this is because it seems to me that, if one is going to make meaningful comparisons between the traditional and the Ericksonian approaches, these comparisons should be based upon the work and thinking of those serious workers who are the knowledgeable and recognized authorities in these areas, not upon an indiscriminate sampling including individuals who have attended one or two relevant seminars, read some book on the subject, even less including individuals who have had minimal to no formal training as therapists from an accredited institution, and certainly not upon what stage hypnotists do or what the average man in the street believes.

But who exactly would these „traditional“ experts be that are to serve as proper models? Now, Erickson did not get his medical degree until 1928, therefore, I think it is safe to assume the list of these names would include those of academically trained professionals who were active in hypnosis prior and up to this date. As a matter of fact, I think one can reasonably extend this date to at least 1961 because it is clear (Erickson et al, 1961) that even at that late date Erickson was still presenting hypnosis in seminars pretty much as it was conceived by his contemporaries, although one can see that by this date he was beginning also to introduce more typically Ericksonian elements, such as the confusion technique. (Actually, many elements of his post-1960 approach can be found present in some of his clinical work done as early as 1945 but published only much later (Erickson and Rossi, 1991).) But how far back should we go? As far back as Braid? I do not think so. I am of the opinion that the Ericksonians have in mind mainly North American twentieth century practitioners of hypnosis. Insofar as experts on hypnosis are concerned, I believe they are specifically referring to North American clinicians such as Lindner, Wolberg, Kubie, Senter, Dorcus, Heron, Hershman, H. Rosen, Aston, Watkins, H. Spiegel, Crasilneck, Marmer and Kroger to name the more prominent among them, and such researchers as Pattie, Wells, Young, Estabrook, White, Hull, T. X. Barber, Sarbin, and Weitzenhoffer, again to name the better established researchers of that period. These would appear to be the elite among Americans best representing hypnosis as it was practiced and conceived before the post-Erickson revolution, hence presumably representing the „traditional“ group. As an aside, I do not mean to imply that there were no comparable European clinicians and researchers, but these are not those whom, I believe, Ericksonians specifically have in mind.

Furthermore, to keep my sample as pure as possible, I have limited myself to naming individuals who were well-established as hypnosis experts prior to 1961. Other later arrivals on the scene, such as Orne, Hilgard, Frankel, and E. Fromm, to mention these few who clearly were not influenced by Erickson, are also among those that one could list here.

As of 1961, which I propose is probably the date when Erickson began to really place his imprint upon the clinical community, hypnosis proper had gone through three clear-cut evolutionary phases, the last having been initiated in Europe by the publication in 1884 of Bernheim's „De la suggestion dans l'etat hypnotique et dans l'etat de veille. By 1890 the „doctrine of suggestion,“ as it often was referred to, that had been developed in this work and its 1886 sequel, had become quasi-universally accepted by the majority of European workers in the field. The full adoption of this doctrine in the United States came somewhat later because it was 1895 before Bernheim's 1886 work, the only one to be thus translated, became available in the English language. I think it can be said that, with the exception of the equation of hypnosis to sleep, this doctrine, which I prefer to refer to as Bernheim's thesis, has served as the foundation of scientific and clinical twentieth century hypnosis, and has remained so to this day. It is hypnosis as understood by the academically trained majority that has studied and/or practiced it since about 1890, for it took a few years for Bernheim's thesis to be fully adopted. Since it is the foundation, not only upon which the „traditional“ authorities I just mentioned relied, but most certainly must have been a, if not the, starting point for Erickson, it is pertinent to look at it in some details. Without further ado, let me then state what his 1984 thesis was:

1. Suggestion is the sole agent behind all hypnotic phenomena, including „hypnosis“, i.e., induced sleep.
2. Hypnosis, as induced sleep, is a real state of sleep.
3. Hypnosis does not create suggestibility, but it does enhance it.
4. In general, other induced psychological states that enhance suggestibility should also be considered to constitute a state of „hypnosis“.
5. Hypnosis, when sleep, has depth, and suggestibility measures the latter.
6. Suggestibility is expressed through a general class of behaviors that may be referred to as „automatisms“, and that are reflex in nature.
7. „Ideodynamic action“, which is the reflex transformation of an idea into the action it denotes, is the most basic of the automatisms that underlie all suggested effects.
8. All automatisms are expressions of the activity of an „inferior psychism“, as opposed to a „superior psychism“ that is the locus of all conscious, voluntary acts.
9. All hypnotic behaviors belong to the domain of normal behavior. Thus they belong to

normal psychology.

In his early work Bernheim routinely followed the common practice of suggesting sleep to maximize suggestibility. However, as was just noted, he fully recognized that suggested sleep was only one of a number of possible ways of producing such an enhancement. At a later date he proposed to reserve the term „hypnosis“ to denote suggested sleep, and to substitute all enhancing methods under the term „hypnotism“, which he stated to be (Bernheim, 1886): „the induction of a peculiar psychical condition which increases the susceptibility to suggestion“. This is one feature of Bernheim's thesis that was unfortunately largely ignored during the first half of this century. This resulted in hypnotists predominantly favoring sleep inductions over other potential induction methods. Even Erickson was prone to follow this practice until the early 1950s, after which directly inducing sleep became a much less frequent practice with him as it did eventually with Bernheim. There is here an interesting parallel between these two men.

Bernheim made few attempts to provide concise definitions of what he understood a suggestion to be, and those, such as he gave, tended to be circular and/or cryptic when taken out of the context of his writings. For instance he circularly states (Bernheim 1886) that suggestion is „the influence exerted by an idea which has been suggested to and received by the mind“. Elsewhere (1903) he says, somewhat vacuously, „All ideas accepted by the brain constitute suggestions. All suggestions have a tendency to become act, to realize themselves“. As we shall see presently the key words here that give meaning to these assertions are „accepted“ and „received“.

For the sake of the record let it be recognized here that Bernheim was not the first to bring out the role played by suggestion in the production of hypnotic phenomena. Bernheim himself (1903) with Croq (1896) credited Faria for having done this as early as 1814. By 1853 Braid (1853a) too was explicitly recognizing the potential role verbal and non-verbal suggestions might have in the overall uses and production of hypnotic effects. He may have done so earlier in an 1846 article, at least he intimates this in his 1853 paper, but I have been unable to find clear evidence of it. Braid (1846) does, however, write at great length in this earlier paper on the role of suggestion in the production of effects that would later be said by others to have been instances of „waking hypnosis“. Philips (1860) should also be recognized for having indirectly (that is, not specifically using this term) pointed to suggestion („ideoplasty“) as being the main tool in the use of hypnosis („hypotaxy“). And of course one needs to mention Liebeault here, not only for his proposing in considerable detail in 1866 that hypnosis was a suggested effect but more so for his direct influence on Bernheim who became his associate in 1882. Still it remained for Bernheim to

coherently and homogeneously formulate that which came to be known as the „doctrine of suggestion“ and to obtain its quasi- and eventual universal acceptance by 1890.

Likewise the concept of ideodynamic action in relation to suggestion did not originate with Bernheim. The basic idea behind it had been detailed earlier by Carpenter (1852) under that of „the ideo-motor principle of action“, again discussed by him in another article in 1875, and much more fully in 1880 in a book. In the meantime Braid (1855) can be found to have made a very brief reference to the same kind of effect under the label of „monodeodynamic“ action. He recognized its resemblance to Carpenter's ideomotor principle but claimed some degree of originality by pointing out that his was a more general principle! Whatever the case may be, there is no question that both men were anticipated by Chevreul (1833), by some twenty years, in the case of ideomotor action. By an interesting coincidence, both Braid (1853b) and Chevreul (1854) went on to publish within one year of each other, the former a letter and the latter a book, detailing how ideomotor action could account for the table turning and tilting in vogue among the spiritists of their time.

The 1884 formulation of Bernheim's thesis is especially important because it was probably the one most widely disseminated and was the only one that became available in the United States. Actually, the only notable change that Bernheim was to make in it later was his introduction in 1903, but possibly as early as 1891, of the potentially important element of „creditive“, which can best be translated in English by „credivity“. This neologism, that he acknowledged borrowing from Durand de Gros (a pseudonym used by Philips), was a reference to a person's capacity to believe as absolutely true, i.e., to have absolute faith in, the words of another person. Although Bernheim (1886) had earlier used the term „credulous“ in a brief allusion to this matter, he subsequently emphasized that „credivity“ and „credulity“ were quite different notions, the former being a normal trait, while the latter is pathological. Bernheim never satisfactorily developed what he had in mind here. The gist of it seems to have been that before an idea can be ideodynamically transformed into action its implicit truth or validity has to first be „accepted“. But, once it is accepted, then the transformation will follow as a matter of course. Hypnosis, according to Bernheim, not only enhances automatisms, but it also selectively reinforces such credivity as the subject or patient possesses with respect to the hypnotist, and makes suggestions that more effective. This may be seen possibly as an early indirect reference to the role played by rapport and/or transference in hypnotism. Although a clinician from the start, Bernheim appears to have been more concerned, in 1884, with the scientific and psychological foundations of hypnotic behavior than with its clinical uses. This emphasis shifted in later years. By 1900, in contrast to his colleagues who viewed hypnotherapy and psychotherapy as one and the same, Bernheim was taking the important position that psychotherapy was a bro-

ader subject and that the use of hypnosis was only one part of it. Also he increasingly insisted that, in clinical work, suggestion and not hypnosis should be the main tool. This is succinctly reflected in his 1903 definition of clinical hypnosis as the „systematic, reasoned application of suggestion in the treatment of patients.“ As already mentioned, as time passed he became less and less concerned in his practice with inductions of hypnosis, relying more and more on the use of so-called „waking“ suggestion. The latter shift in emphasis is clearly reflected by the titles of his last two books (Bernheim 1916, 1917) in which only the word „suggestion“ appears.

It should be said that Bernheim's position regarding the primacy of suggestion in clinical practice, and how it was to be used, had been clearly anticipated, some sixty years earlier, by Philips (1860) in his seminars. Also, without going into detail, it ought to be pointed out that Braid (1853) too had earlier emphasized that the clinical uses of hypnosis should be a methodical, reasoned application of the effects associated with this state.

I think that, without my going into further details here, most Ericksonians will agree with me when I say that Erickson's view of hypnosis is essentially summarized by Bernheim's thesis. In brief, Erickson was essentially a Bernheimian, just as were his immediate predecessors and his contemporaries among professionals working with hypnosis. Possibly the most pronounced difference between Bernheim and Erickson was the latter's later insistence that heightened suggestibility is not always associated with trance. However, Erickson's conception of „trance“ became much wider than Bernheim's conception of „hypnosis,“ so that there may really be no disagreement here.

Bernheimian or not, by 1970 Erickson had begun to gain the reputation of being a remarkably effective hypnotist and hypnotherapist and, by 1975, some efforts were being made by a small number of persons, Haley, Bandler, Grinder, and Rossi being the fore-runners, to discover what made Erickson so effective. Actually this investigation had begun earlier, in the late 1950s, when, somewhat irregularly, Haley, Bernard Gorton and myself began to meet with Erickson in Philadelphia, for this purpose. Our initial idea was to eventually publish his collected papers with commentaries. But Gorton died a few years later and the demands of a new position in Oklahoma forced me to drop out of the project. In the end Haley was left to edit the papers without commentaries.

Let me say at this point, at the risk of being labeled a heretic or worse, that I do not believe the greater efficacy of Erickson, as a hypnotist and in comparison to the better known of his colleagues, has ever been clearly demonstrated. This greater efficacy really is a moot question. However, although an important issue, it is at best only a side-issue here, so I will not pursue it further but I do want to call attention to it. Whatever the case may have been, the fact remains that Erickson came to be perceived as the master hypno-

tist and hypnotherapist of this century. One of the outcomes of these efforts to understand what Erickson did was the perception that he was essentially the antithesis of the „traditional“ hypnotist as described earlier and, hence, also of the majority of his colleagues whose names I have mentioned.

Now it should be clear there is nothing in Bernheim's thesis that inherently calls for the sort of things that characterize the so-called „traditional“ approach, and this is particularly true regarding clinical applications. Basically it leaves the details of how suggestion and hypnosis are to be used, and the manner in which this is to be done, pretty much up to the practitioner who must act in terms of his expertise, training and predilections. Braid had, much earlier, also made this very point in his 1853 article on the therapeutic uses of hypnosis. Bernheim's definition of clinical hypnosis is merely a good common sense prescription that one should expect any good therapist to naturally follow. This raises an interesting question. Why then should all those leading hypnotherapists and researchers I have mentioned have adopted this so-called „traditional approach,“ and why should Erickson have been the only one to go in an opposite direction? At best one could only speculate here were this really the case. But is it? Let me first point out that those who have arrived at the above conclusion made little to no effort to also do an *in vivo* study of these other men, comparable to the one they had done of Erickson, or even any such study. Furthermore there is no evidence that they even bothered to study their writings. In brief, the data upon which the conclusion was based is highly biased. Secondly, one has only to read with an open mind such writings as those of Wolberg and those of Lindner to see that these men were far from being fully „traditional“ in their approach. I did not have the opportunity to watch many of these so-called „traditional,“ hypnotherapists, but those I did watch in action, such as LeCron, Senter, Hershman, Aston, and Cheek, fail by a long shot to meet many of the criteria defining the „traditional“ hypnotist. In fact this probably can also be said of Bernheim. Although there is a scarcity of details regarding just how Bernheim approached his patients/subjects when inducing and using hypnotic procedures, here and there one finds indications in his writings that he probably did not fully fit the stereotype of the „traditional“ hypnotist, except in the imagination of later writers. In fact his predominant use of direct suggestion may be the only point of similarity. It is particularly worth noting that such suggestions were not necessarily directly aimed at the problem at hand. This is nicely exemplified, for instance, in his treatment of a case of muscular spasms (Bernheim, 1886). These were eliminated by his addressing himself directly to a pain problem that he perceived as being at the bottom of the spasms and not to the latter. That is, with the pain reduced the spasms vanished.

There is no denying that prior to 1961 Erickson's colleagues did show in their work

various elements of the „traditional“ approach. But this I think can be understood in another way than that they were fundamentally subscribing to the „traditional“ model. Ericksonian authorities may have failed to realize this because of the fact that the majority of the latter are psychotherapists who write about Erickson's psychotherapeutic work, and who generally have psychotherapy in mind when they refer to clinical hypnotism. But the domain of the clinical applications of hypnotism in the past and still today has been much wider than this. In addition to psychotherapists, other medical specialists and dentists have also extensively made use of hypnotism. Braid was a surgeon and Bernheim was a general practitioner. Also psychotherapists themselves have been distributed among many different specialties and schools of psychotherapy, the latest of these being possibly the Ericksonian school and/or specialty. Keeping this in mind, I would propose for your consideration the following: many of the traditional-seeming features attributed to various practitioners have largely been by-products of these persons acting according to Bernheim's prescription in the context of their specialties, each, according to his understanding of the nature of the therapeutic process, the situational demands of his practice, as well as a function of his personal inclinations. Thus the presence of „traditional“ features does not, in itself, necessarily denote any particular fundamental approach or philosophy, but instead may denote circumstantial approaches that I have grouped elsewhere (Weitzenhoffer, 1989) under the heading of „semi-traditional.“

Typically, the dentist who has a patient with a hypersensitive gag reflex has a rather different situation than the surgeon who has a patient suffering from a dumping syndrome, and both have a very different situation from that of the psychiatrist or psychologist who has a patient with a severe fear of flying. Furthermore the situation is appreciably different for a psychoanalytically oriented psychiatrist than for one who is behaviorally therapeutically oriented. Time and space restriction do not allow me to go into details here but perhaps a few additional remarks will help to clarify the point I am trying to make. First let me point out that there is nothing in the Bernheimian thesis that states „transference“ should or should not be analyzed, or that „resistance“ should or should not be utilized. Such choices are determined by the psychotherapy process as it is defined by each existing school of psychotherapy. There is nothing in Bernheim's thesis that says which is better, a direct or an indirect suggestion, or when the one should be used rather than the other. Nor does it say that a symptom should or should not be directly removed. This again is determined by the therapist's understanding of the symptomatology, the therapeutic rules he follows, and to some extent by what seems most expedient and indicated. Keeping this last in mind, one could hardly expect a psychoanalytically oriented psychotherapist to utilize the patient's resistance a la Erickson when using hypnotism, even if he expects it to interfere

with the hypnosis induction. For him, indeed the patient may be, at least temporarily, of limited hypnotizability and any effort to breach the resistance would be not only probably a waste of time, but therapeutically contraindicated. Or consider a behavioral therapist who wishes to use suggested structured hallucinations for desensitization purposes. At best he might use an Ericksonian approach to obtain a hypnotic state, but beyond that the latter approach has little to offer that can satisfy a strict behavioral therapeutic model. In these instances, what appears to be a traditional approach is really an approach shaped by the demands of the type of psychotherapy the therapist favors and it does not follow that these therapists have a fundamental „traditional“ approach. This is simply not inferable from these kinds of situation, only the possibility they might have.

These remarks are particularly applicable to recent references by some Ericksonians to a so-called „standardized approach“ (Yapko, 1990; Gilligan, 1987) which, it would seem, according to them, should be distinguished from both the „traditional“ and the „Ericksonian“ approaches. Offhand I do not see why the use of standardized inductions, tests and other procedures requires one to create a new category. It seems to me that we have nothing more here than a case of the „traditional“ approach par excellence. But, more to the point, is this really a fundamental approach to hypnotism, or a structure imposed upon it by the demands of scientific research? Partly speaking from personal experience as both a researcher and clinician, I am inclined to say the latter is the case. Were one to try to scientifically study the Ericksonian approach one would have to impose a structure of this sort upon it too. Would that of necessity mean we were dealing with a new fundamental approach? I do not believe it would necessarily do so.

Although I question the validity of as widely applying the „traditional hypnotist“ stereotype, as the Ericksonian have done, particularly to the group of academically trained individuals I have listed, this is not to say I also deny the validity of speaking of a specific Ericksonian approach. On the contrary. Like Lindner, Wolberg, Schneek, and other contemporary psychotherapists I have mentioned, having adopted Bernheim's thesis, Erickson went on seemingly to develop a rather unique way of utilizing hypnotic phenomena. In this, like his colleagues, he was most likely guided by his perception of the nature of psychotherapy, the demands of the multiple role he took on and, of course, by his personal idiosyncrasies. The various explanations that Erickson has given, or is said to have offered, of why he did what he did, seem strong support for the view that he considered hypnotherapy to be a methodical application of his knowledge of hypnotic phenomena to therapeutic ends, just as Bernheim did.

I say the above keeping in mind Fink's (Erickson and Rossi, 1991) admonition that one should use caution in accepting all of Erickson's post hoc explanations given in later years

as evidence of his having fully reasoned out a given intervention prior to or at the time of making it. Furthermore, I suspect that in some of the works discussing Erickson's responses to questions and comments of others, some of the answers attributed to him are not purely his (Weitzenhoffer 1989), but rather are post hoc explanations, and at best hypotheses, contributed by others, in their function as co-authors and authors. As Fink suggests, Erickson's actions may have been more often the result of intuition than of conscious reasoning and planning. On the other hand, intuition may be noting more than a name we give to a form of rapid unconscious processing and problem solving which may follow a „logic“ unique to it. Whatever the case may be, it is my opinion that successful psychotherapists are regularly guided by their intuition. Erickson was thus not unique in that, but he may have been unique in the greater extent to which he did so and did so correctly.

A feature of Erickson's work that, I believe, has created a great deal of confusion regarding his production and use of hypnosis, is the fact that, because he eschewed the use of formal inductions, it was often anything but clear, to those watching him at work, when hypnosis had been and when it had not been induced. In the absence of accompanying commentaries the same is true when one reads the descriptions of many of his cases. Indeed, there is some evidence that even Erickson was not always sure in this regard (Erickson, 1963). Also, as in the case with Bernheim, it would appear it became less and less important for Erickson whether or not the patient was hypnotized when he gave suggestions (Erickson, 1963). If so, some, perhaps many instances of Erickson's uses of suggestion may have been mistakenly perceived by others as involving informal inductions when none were present. Another related problem is that, even when an attempt at induction seems pretty clearly to have been made by Erickson, it is not always clear that the subject or patient actually entered a hypnotic state. More than once, it was my experience, as well as that of other observers, watching Erickson work with a person that was presumably hypnotized, to have been in doubt regarding the actual presence of the state. As I have been pointing out for several years, the so-called signs of hypnosis are quite equivocal and, I believe, Erickson was prone at times to act upon minimal and questionable evidence of its presence. Also, I believe that in many instances those who watched Erickson were led to assume hypnosis was present because of the surrounding context, their expectations, and Erickson's behavior, when possibly only waking (non-hypnotic) suggestibility was being exhibited. Erickson may actually have been more particularly adept at using suggestions and the effects produced through them than at producing a hypnotic state. But even here one must be cautious in coming to this conclusion for reasons I shall now take up.

Much of what has been stated about Erickson as a hypnotist has been derived from his work as a psychotherapist. I think that failure on the part of Ericksonians to distinguish

clearly between his conception and use of hypnosis and his conception and practice of psychotherapy proper, that is, apart from hypnosis, has been a major source of misunderstanding regarding his work and the nature of his contributions. In particular, there has been a failure to realize or to recognize that many of the communication techniques he used are not necessarily per se therapeutic or in the nature of suggestions, but became so in his hands only by virtue of the way Erickson used them and /or the context in which they were used. For instance, as I have pointed out elsewhere (Weitzenhoffer 1989), a so-called Ericksonian double („therapeutic“) bind, assuming there is validity in speaking of one, can be used for purposes of bringing about a hypnotic state (or trance) only, or only an effect in the presence of such a state induced some other way, or can be used to bring about a therapeutic change, whether or not hypnosis is present; or still it can be used in a purely social context in which neither hypnosis nor therapy is involved. Likewise, reframing may be helped by the presence of a hypnotic state, promoted and reinforced through the use of suggestion, but it does not depend upon the existence of hypnosis or of suggestions for its own existence as a therapeutic intervention. The same may be said of paradoxical interventions. Utilization is often taken to be a defining characteristic of the Ericksonian approach. It is indeed a most excellent principle, but there is nothing that makes it inherently „hypnotic.“ For instance, to use a person's altruism or his/her prejudices to get him/her to take a certain action in the context of an ordinary social interaction is certainly a utilization procedure, but any relation of it to hypnosis, if any can be found, seems most remote to me. The situation is no different here than it would be if, having used a series of suggested graded hallucinations, instead of slides, to progressively desensitize a patient, as indeed I have done, I were to maintain that progressive desensitization is thereby hypnotic in nature. That would be quite unreasonable. I think this needs to be said because not at few Ericksonians and practitioners of so-called „strategic therapies“ have come to identify the use of these techniques with the use of hypnosis. This has led authors like Malarewicz (1988) to make the paradoxical, nonsensical assertion that strategic therapies are „hypnosis without hypnosis“, and others, like Yapko (1990) to make the patently unreasonable assertion that „all influential communications are hypnosis“. Some, like Ritterman (1983), would reduce the whole of family intra-dynamics and therapy to a matter of „hypnotic“ interactions on extremely tenuous grounds. Getting back to Erickson, I am inclined to think that it is far more his approach to psychotherapy proper than his way of provoking hypnotic phenomena that contributed to his success as a hypnotist.

As we have seen, and making allowance for some changes in terminology, Erickson's understanding and conception of hypnotic phenomena and suggestion seems pretty much to have been the same as Bernheim's, hence, also as that of other experts in the field who

were his contemporaries. From this standpoint any distinction made between „Ericksonian“ and „traditional“ hypnotism seems unfounded. Likewise for the distinction often made by Ericksonians between „clinical“ and „laboratory“ hypnosis. Phenomenologically there is no demonstrated difference. Insofar as hypnotherapy is concerned I think there definitely is a basis for making a distinction between „Braidian“ hypnotherapy, „Ericksonian“ hypnotherapy, various kinds of „psychoanalytic“ hypnotherapies, possibly „behavioral“ hypnotherapies, and others. Directly removing symptoms by suggestion is certainly a form of hypnotherapy different from these other ones and one might agree, for lack of a better term, to refer to it as being „traditional.“ My objection to this is that I do not see it as being any more „traditional“ than, say, the use of hypnosis to specifically bring about abreactions. Wouldn't „direct symptom removal“ hypnotherapy be as good, if not a much better designation?

Having recognized that there is probably a basis for at least distinguishing Erickson's concept and practice of psychotherapy, with and without the use of hypnotic techniques, from other recognized forms of psychotherapy, there remains one last question for us to examine. Is there really a fundamental difference between Erickson's approach to the production of hypnotic phenomena per se as contrasted to Bernheim's and those who succeeded him? To many of you, especially those of you who are Ericksonians, the answer may seem quite obviously affirmative, but I think this is a question that must actually remain open for the time being. Outwardly there are clear differences in modus operandi, but evidence is lacking to show that these differences have a significant effect on outcomes. If they do not, then there is little basis for viewing Ericksonian hypnotic techniques apart from others. Furthermore, to the extent there may be specific effects, the mechanisms behind these effects have not been shown to belong to the class of mechanisms that can be considered to be responsible for hypnotic behavior per se. They might, for instance, merely facilitate their production. If concentration of the hypnotist's communication is crucial, and eliminating distracting sounds is found helpful, does that make this additional procedure a new hypnotic procedure? Hardly! More specifically in the Ericksonian context, consider, for instance, this matter of „truisms“ being suggestions (Erickson and Rossi, 1976). On what basis can a statement of an unquestionable truth be construed to be a suggestion in a sense that is consistent with other recognized accepted definitions of a suggestion? Personally, and this may be a personal limitation, I am unable to conceive how saying to a sitting subject/patient, „As you sit in this chair ...“, constitutes a suggestion. Of what? How? I am willing to agree it may be helpful in making the next statement I might add, such as, „you can become more relaxed“, more effective than it might otherwise be, but that is another matter. The suggestion is to be relaxed or to be relaxed while sitting. Just

how the truism functions in this context, if it has any special function, is anyone's guess. Or I might have said, „As you sit comfortably in this chair ...“, thus imbedding the suggestion of comfort in the truism. The effectiveness of this assertion may derive, according to Ericksonian precepts, from comfort being suggested indirectly, because it is associated with a truism, possibly involves the creation of a „yes set“, or from all three. Clearly this is another matter than just speaking of the truism being a suggestion. This example also points to another issue, namely, all these reasons why the suggestion might be more effective are merely suppositions. Well, as a matter of fact, there is now evidence that, insofar as indirect suggestions are concerned, they are not always more effective than direct ones! Or consider my saying to the subject/patient „I wonder which of your two hands will first rise?“ We are told (Erickson and Rossi, 1976) that this „therapeutic bind“, formerly called a „double bind“, is a particularly effective way of obtaining a hand levitation. Just where and in what way there is a „bind“ here is quite unclear. How it works, if it exists, is equally unclear too. So is its relation to suggestion or any hypnotic effect. As already mentioned, there are no reasons to think double or therapeutic binds are specifically or uniquely „hypnotic“ in nature. Some Ericksonians prefer to speak here of an „illusory choice“ as if this explained everything! „Wondering“ is itself supposed to be a very powerful tool in its own right. How, why, remain unanswered questions. There are vague references to it promoting an „internal search“ which mysteriously leads to „trance“. Could it just be that all we have here is the implied idea of a hand rising functioning like any well-behaved suggestion, direct or indirect, and the rest of the communication just gives it a body? In any case, whether this is more or less effective than suggesting the effect directly remains an unknown.

I think that until such issues as these have been dealt with adequately there is little ground for claiming Erickson has introduced anything fundamentally methodologically different in the realm of hypnotism per se. The modus operandi may be different, but it may only represent a superficial difference and not a fundamental one.

To conclude, Erickson's main contribution seems to me to have been to the practice of psychotherapy. As yet, I do not see much ground for claiming he has fundamentally changed hypnotism per se. While I see it as legitimate to specifically speak of an „Ericksonian therapy“ and, by extension, of „Ericksonian hypnotherapy“, such qualifications of „traditional“ and „Ericksonian“, as applied to hypnotism itself seem to me to be inappropriate.

What I have said is not meant to diminish Erickson's work but should be kept in mind when trying to understand what went on when Erickson worked with a patient/subject. His effectiveness may have been very real, but for rather different reasons than those that are given.

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Ericksonian Hypnosis: A Perspective on Direct and Indirect Methods

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The primary purpose of this paper is to emphasize the essential role of indirection in hypnosis. Another purpose of this paper is to compare and contrast the nature of direct versus indirect suggestions. Some experts (cf. Lynn, Neufeld, & Mare, 1993) have examined the question, „Are indirect suggestions better than direct suggestions?“ but that query has limited applicability. A forceful position will be advanced on the nature of hypnotic suggestion: All suggestions in hypnosis are necessarily indirect. This is due to the injunctive nature of the hypnotic frame which modifies the manner in which suggestions - direct and indirect - are understood.

The greatest thing by far is to have a command of metaphor. (Aristotle)

Ericksonian hypnotherapy is presented as an experiential method whereby reliance on indirect methods facilitates a patient's increased personal effectiveness. An abridged model of Ericksonian methods is offered, which illustrates the role of indirection in hypnotic induction, where it serves as a precursor for indirection in therapy.

Communication will be described as both injunctive and indicative, and this distinction will be used to study the implicit context of hypnosis in order to explicate the claim that all suggestions in hypnosis are superordinately indirect. Direct and indirect suggestions will be discussed in the contexts of traditional hypnosis and Ericksonian hypnosis, respectively. Distinctions between traditional and Ericksonian hypnosis will be drawn regarding induction methods.

However, before proceeding, I will exert my prerogative as an Ericksonian and tell a story: I was having dinner with a female friend in Phoenix, Arizona, when a stunning woman walked into the restaurant wearing extraordinarily seductive and revealing clothing. I turned to my friend and said, „What do you make of that?“ She replied, „Power packaging.“ I like the concept of „power packaging.“ It has relevance to psychotherapy.