

- Levitt, E.E., & Herschman, C. (1962). The clinical practice of hypnosis in the United States: A preliminary survey. *International Journal of Clinical and Experimental Hypnosis*, 32, 55-65.
- Lynn, S.J., Martin, D.J. & Frauman, D.C. (1996). Does hypnosis pose special risks for negative effects? *International Journal of Clinical and Experimental Hypnosis*, (in press).
- MacHovec, F.J. (1986). Hypnosis complications: Prevention and risk management. Springfield, IL: Charles C. Thomas.
- MacHovec, F.J. (1988). Hypnosis complications, risk factors, and prevention. *American Journal of Clinical Hypnosis*, 31, 40-49.
- Marcuse, F.L. (1959). Hypnosis - fact and fiction. Baltimore; Penguin Books.
- Meares, A. (1960). A system of medical hypnosis. New York: Julian Press.
- Meares, A. (1961). An evaluation of the dangers of medical hypnosis. *American Journal of Clinical Hypnosis*, 4, 90-97.
- Meldman, M.J. (1960). Personality decompensation after hypnosis symptom suppression. *Journal of the American Medical Association*, 173, 359-364.
- Miller, M.M. (1979). Therapeutic hypnosis. New York: Human Sciences Press.
- Misra, P. (1985). Psychiatric casualties of stage hypnosis. Paper presented at the 10th International Congress of Hypnosis and Psychosomatic Medicine, Toronto, Canada.
- Orne, M.T. (1965). Undesirable effects of hypnosis: The determinants and management. *International Journal of Clinical and Experimental Hypnosis*, 13, 226-237.
- Orne, M.T. (1972). Can a hypnotized subject be compelled to carry out otherwise unacceptable behaviour? *International Journal of Clinical and Experimental Hypnosis*, 20, 101-117.
- Reiter, P.J. (1958). Antisocial or criminal acts and hypnosis: A case study. Springfield: Charles Thomas.
- Rosen, H. (1960). Hypnosis: Applications and misapplications. *Journal of the American Medical Association*, 172, 683-687.
- Spiegel, H. & Spiegel, D. (1978). Trance and treatment: Clinical uses of hypnosis. New York: Basic Books.
- Watkins, J.G. (1987). Hypnotherapeutic techniques. New York: Irvington.
- Weitzenhoffer, A.M. (1957). General techniques of hypnotism. New York: Grune & Stratton.
- Williams, G.W. (1953). Difficulties in dehypnotizing. *Journal of Clinical and Experimental Hypnosis*, 1, 3-12.
- Wolberg, L.R. (1948). Medical hypnosis. New York: Grune & Stratton.
- Yapko, M.D. (1992). Hypnosis and the treatment of depression - strategies for change. New York: Brunner/Mazel.

## A River runs through it: The Relational Self in Psychotherapy

Stephen Gilligan

■ *The symptom is like a stone drawing a person deeper into the depths of beingness. If a person resists the movement or becomes identified with it, bad things tend to happen. If they continue to happen, the person may consult a therapist at some point. The slogans we examine here can help a therapist recognize the inevitability and blessedness of each symptom, while remaining sober about the danger of improperly relating with it. Self-relations encourages therapists to join and harmonize with the currents running through the client, so that in relatedness a human way of being with experience can be renewed.*

"And we did what we did, made love attentively, then Dove into the river, and our bodies joined as calmly As the swimmer's shoulders glisten at dawn,  
As the pine tree stands in the rain at the edge of the village.  
The affection rose on a slope century after century.  
And one day my faithfulness to you was born."

From *The Good Silence* by Robert Bly

Self-relations psychotherapy is an approach developed by the author (Gilligan, 1994, 1996) over the past decade. Based in part on the legacies of Milton Erickson and Gregory Bateson (see Gilligan, 1987), it is also influenced by the gifts of Morehei Ueshiba (the founder of aikido), Ghandi, Groucho Marx, Jerry Garcia, T.S. Eliot, Martin Luther King, Jr., and my daughter Zoe. It seeks to re-poeticize experience while encouraging a deeper sobriety of being present in life without sentimentality, self-pity, or grandiosity. It endorses a marriage between the power of love and the love of power, and thus seeks the primacy of being as well as the art of becoming. It offers an explicit way of thinking about how life becomes (and remains) a problem for people, and suggests specific principles and methods by which individuals may find their way out of recurrent suffering.

This paper presents some ideas of Self-relations and then describes what the

approach has to say about the multiple levels of therapist-client relationship. The informal principles which underly the approach are first presented. Then, five principles for “deconstructing” or “reframing” reality are presented, with comments regarding how they might be used by both therapist and client. Throughout, the emphasis will be on cultivating a consciousness that holds opposite truths: love and power, masculine and feminine, problem and solution, and therapist and client.

### Slogans for Self-relations work

Every therapist is guided by ideas about how life works and doesn't work. Such principles are often implicit, weaving (and woven into) the multi-layered fabric of a therapy conversation. We will note 4 ideas that often guide Self-relations methods. They are often introduced when a client has identified an impasse of some sort, and are typically communicated with an “Irish twinkle,” with the intention of shifting the conversation from the dreary literality of fundamentalism to the artistic intrigue and fresh possibilities of life itself.

(1) *Life sucks, but it's not a problem.* This first principle is based on the Buddha's first noble truth: Suffering exists. On a daily basis, this much is clear: If it's not one thing, it's another. If you have a car, you're going to have car problems. If you have a relationship, you're going to have relationship problems. If you have a therapist, you are going to have therapist problems. And on and on it goes. But life itself is not a problem, and neither are you. When problems become an identity level statement (“I am a problem”), we become identified with (or as) suffering, and all hell breaks loose.

Self-relations assumes that a person's unwillingness or inability to stay in direct relationship with suffering is partly what brings him or her into therapy. Something keeps hurting badly, and the person is seeking a way out of the suffering by (reenactment of) violence against self or others. This violence takes many forms: addiction, hostility, self-denigration, starving one's self, and on and on. Self-relations sees that there is no way out of suffering, but there is a way through it. It is especially interested in methods that help a person to “be with” suffering without becoming it. It decries attempts to “just be happy” or to just focus on “solutions” as much as it challenges methods that encourage regression or other “face in the place of spaghetti” approaches to experience. It looks to find a middle way between these opposite paths, one that will allow suffering as well as joy and happiness.

Like Buddhist practices, Self-relations seeks to dissolve the attachment (and hence the identification with or dissociation from) suffering. To do this, it distinguishes the experience of suffering from the narratives constructed to represent it. It observes that problems degrade into symptoms when the person relates to a problem or to suffering at an identity level - “I am a problem” rather than “a problem exists and I can explore how to be in relationship with it.”

The idea of suffering evokes many different images and hence many different understandings, many unhelpful to the relief of suffering. Suffering is often seen through the

mediating frames of self-pity, grandiosity, or intellectualization, which invariably results in distorted (e.g., overly complicated or narrow) views. Many people believe that to accept one's suffering is to submit to injustice or define one's self as a victim. The main purpose in acknowledging suffering as primary is to recognize the many pains, losses, traumas, heartbreaks, and failures that, if unintegrated, stall a person's development and perpetuates the cycle of violence. The point in recognizing them is not to wallow or otherwise identify with them, but to open the possibility of being with them in a way that allow them to move through us. This leads to our second principle.

(2) *Life moves through you, except when it doesn't.* We often think of mind and experience as occurring inside a person, rather than a process that flows through the organic circuitries of relatedness connecting everything. Mind is a verb. You are a receptor site in the Great Internet, a conduit through which the mystery of life flows. As I suggest (with an Irish twinkle) to many clients, life is out to get you. Or as Rilke (1981) wrote in “The man watching”:

“What we choose to fight with is so tiny!  
What fights with us is so great!

If only we would let ourselves be dominated  
as things do by some immense storm  
we would become strong too, and not need names.” (p. 105)

Life relentlessly follows you, calling on you to change your point of view, to develop a deeper understanding of yourself and life. The illusion of control is tragic and costly, though the possibilities of cooperation are endless. In our models of isolated patriarchy, the power principle reigns, urging us to control and oppose that which is outside our narrow identity. The idea of surrender to a power greater than our ego (it doesn't take much!) is regarded with horror and indignance, seen as a loss of control or a submission to injustice (which it can be). We are reminded of Eliot (1963):

“Do not let me hear  
Of the wisdom of old men, but rather of their folly,  
Their fear of fear and frenzy, their fear of possession,  
Of belonging to another, or to others, or to God.  
The only wisdom we can hope to acquire  
Is the wisdom of humility: humility is endless.” (p. 185)

The effort to control life, to hang on to a fixed position, inevitably fails. Symptoms represent a breakdown of the power principle, a failure of the person to maintain a stable representation of self and world. In mythological terms, it signals the end of a middle stage of a journey. The first stage is living in the garden. Here life is innocent, spontaneous, complete. My 4 year old daughter Zoe still pretty much lives in the garden. At

some point - it could be through violence, trauma, formal education, systemic injustice, whatever - life forces you out of the garden and into exile. This poignant tragedy befalls each of us; there seems to be no escape from it. As we walk our forty years (of mythological time) in the desert, operating from an exile government, we are forced to learn a new language. We are challenged to rely on ourselves, to differentiate and hold differences, to develop our own understanding of things. But at some point, life begins to call us back to our selves and to our connection with others. Symptoms can be seen as a call to "return from exile," back to ourselves, to learn what Erich Fromm (1956) called the "art of loving."

If we disregard or otherwise don't properly respond to this call, symptoms and other forms of violence develop. As Fromm (1956) noted, the alternatives to learning to love include addiction, fascism, fundamentalism, indulgence (sex, drugs, rock & roll), and conformity. Such processes are attempts to regress to a pre-individual, pre-rational mode of consciousness (cf. Wilbur, 1983). They are primarily acts of violence because they require us to kill off parts of ourselves or others as "final solutions" to our pain. In psychological experience, there is a world of difference between killing and dying. We cannot kill ideas, though we can "be with" a death/rebirth cycle. Symptoms signal a death/rebirth cycle, an identity in transition. As life moves through us, it brings death to old ways and birth of new possibilities.

Symptoms are thus attempts to change that are thwarted in part by violence. As we say in Self-relations, *symptoms signal that the person is "up to something big."* We assume that some life force keeps moving through them, over and over again. The person has tried everything to turn away from, control, or otherwise deny this force - it feels meaningless and threatening - but has failed miserably. Rather than regarding this force as bad, we see it as a lively life-giving presence. This is not meant flippantly, for it is a dangerous time. If a person cannot somehow be changed by the experience, he or she may be damaged significantly. As the wave rolls to shore, you may be thrown down to the bottom of the sea, caught in an undercurrent, so it is important to stay tuned. Sentimentality, intellectualization, and other false approaches must be avoided. So the challenge of therapy is how to sense the presence of this "other than ego" life force that is moving through the person, and help a person move through it without resorting to violence against self or others. (A symptom is thus a type of violence).

In this regard, the principle of "neuro-muscular lock" is central. To quote William Blake: "Satan has many names, Opacity being the most common." The easiest way to create opacity, such that you can't feel or see through things to a deeper level, is to "freeze" the muscles, prompting an excitatory/inhibitory imbalance in the nervous system (Gilligan, 1996; Shapiro, 1995) This moves the experience of life from a dynamic to a static orientation, and makes the mind/body sheathing (or boundaries) "opaque" rather than translucent. "Inside" and "outside" the self seem irreconcilable, as no common-unity ground is sensed to underly differences.

Neuro-muscular lock occurs in every threatened organism, but only humans can per-

sist in the frozen state long after the threatening conditions are removed. Most of what we call thinking and acting are performed from this state of neuro-muscular lock, and the result is that we feel alienated from ourselves and the world within and around us. Thus, the meaning of "life moves through us, except when it doesn't" is that we can (and have) shut down to the currents of life moving through everything. (As Thoreau observed, "This current allies me to the rest of the world.") While shutting down was probably unavoidable at an earlier point, the symptom is demanding that we learn to open back up to life. As long as neuro-muscular lock persists, the gift of the symptom will feel alien and threatening, and thus lead to further (violent) attempts to destroy it.

The MRI group (Watzlawick, Weakland, & Fisch, 1974), in crystalizing their work with Bateson and Erickson, emphasized that the attempted solution is the problem. In trying to separate from the symptom, we co-create it as a self-destructive act. At the heart of this unwitting act is neuro-muscular lock: Our bodies shut down to the energies of life and our images get locked into a fundamentalist freeze about how life should look and about what something means. To relieve a symptom, we must soften neuro-muscular lock; in technical language, we must "chill out." It can help immensely to examine how agitation and neuro-muscular lock underly most of our activities.

Self-relations suggests that a cardinal feature of a mature consciousness is to think, experience, and act without neuro-muscular lock.<sup>1</sup> The whole idea in hypnosis and meditation is to "just let it happen," to learn to let life move through while we stick around to learn from it. In the larger sense, all of art is based on sensing and being used by energies greater than the ego. As Faust spoke through Mephistocles (cited in Edinger, 1990):

"The stuff lies there, the problem is to win it:

That calls for art, and who can now begin it?" (p. 48)

Every artist knows the importance of learning some workable traditions for relaxing and letting go. This letting go is not into a stuporous drool; indeed, it is a heightened sensitivity that allows a greater sense of control, albeit one distinct from egoic muscular contraction. It is not a trance state, though trance could be developed from it. In such a state, one can better carry out the aikido slogan of "Expect nothing, be ready for anything." The principles in the second part of the paper all have to do with this process.

3. *There are two of you.* At some point in a therapy, usually in the first or second session, I suggest to a client that once you wipe away the "booga-booga" aspects of hypnosis (which are about 95% of it), a handful of ideas remain that can be quite helpful to therapy. One of them, I say, is that there are two of you. Many clients wryly smile, responding, "Is that all?" I acknowledge that there are many faces and many forms of Self, but there are two distinct psyches through which they are known. In hypnosis, of course, they are referred to as the "conscious mind" and the "unconscious mind." I rarely use these terms any more, mostly because I lost any felt sense of what they

meant. They suddenly seemed too impersonal and mechanical to describe the struggles and mysteries of human experience. Still, they have value in suggesting that you are more than simply an egoic self, that someone else lives inside of you. Robert Bly (1986) observes in his poem, "The watcher":

"Inside us there is a listener who listens for what we say, a watcher who watches what we do. Each step we take in conversation with our friends, moving slowly, or flying among worlds, he watches, calling us into what is possible, into what is not said, into the shuckheap of ruined arrowheads, or the old man with missing fingers." (p. 135)

This idea of the "other self" is, of course, central to artistic awareness. The Chilean writer Isabelle Allende offered a beautiful description in an interview about her writing style (*Common Boundary*, May/June, 1994). She described how the characters in her novels first appear as "beings in her belly." She holds these beings in a sort of pregnancy. Her process of "giving birth" to them includes falling in love with them on their own terms, accurately describing them, and listening to the story they have to tell. (How much this sounds like good parenting!) In the first stage of the process, these beings in the belly are guiding the story; in her second stage of editing, her writer's ear and craft are more active. In both stages, *the Relational Self is the felt sense of connection between these two orders of being*.

So the conscious/unconscious distinction of Erickson's work is modified in Self-relations work to emphasize a "normal" (everyday) sense of self located in the head, and an experiential/archetypal self located in the belly (see Gilligan, 1996). If a person identifies only with the normal self, alienation from life as it "moves through the belly" will ensue, and fear and (unsuccessful) attempts to control will predominate. If the identification is with ongoing experience or with the archetypal self, a person will be lost in emotion, trauma, and fantasy, suffering what the Jungians call "inflation of the archetype." (If you look this term up, you'll see pictures of such luminaries as Michael Jackson and Marilyn Monroe.) So what Self-relations looks to do is develop a felt sense of both at the same time. The approach says that you are the field that holds, and the spirit that connects, the differences. It thus encourages therapists to sense a client as a relationship between selves, rather than as a position of an given self.

The Relational Self can be noted in diverse contexts. Seymour Epstein (1994) reviewed a wide variety of research supporting a dual-processing or "double-mind" model. William James used the "rider/horse" metaphor to describe it. Good parent/child or teacher/student relationships embody it. Art raises it to a beautiful level. Milton Erickson's therapy demonstrated it, though I believe Erickson misdescribed it, committing the typical Occidental epistemological error of not including the observer - that is, himself - in the description. He would emphasize the intelligence of the person's "unconscious," but not quite explain why it was acting so poorly until Erickson started

relating with it. I believe a more complete description is that "Erickson PLUS Client's unconscious" was the generative unit. Of course, this raises the question of whether "Client's normal self PLUS Client's other self" might not be a better fit in the long run. This latter relationship is what Self-relations tries to establish (see Gilligan, 1996).

One way is to move the relationship between the normal self and the "other self" from an "I - it" to an "I - thou" connection. For example, the symptomatic "it" (e.g., depression) is moved to a personal "he" or "she" that has a felt center in the body and often an age. Thus, the person is not the symptomatic experience but can be helped to "be with it" in a way that provides a container within which it can be felt and expressed. Like in mindfulness meditation, the self is not acted out via muscular behavior, but experientially held in a mind/body container.

The "other self" can be named in various ways - one's center, soul, "he" or "she," the guest, the inner being, etc. This other self cannot be reduced to any given image or description, such as an inner child or wise old man. It is a center through which every psychological form moves, as in the young child who manifests in the course of a day every psychological form known to humankind at least twice. Each form moves through except when it doesn't, that is, when fear and contraction hold it in neuro-muscular lock, spinning in reiterative cycles until human presence is there to "bless" it and work with it.

It is also important to remember that this other self doesn't belong to you. It is part of your larger Self, but not a part or extension of you. It has its own autonomous life, in many ways different from your own. You might regard it as a mate. In this regard it matters whether I regard Denise, my wife, as "Denise" first and "my wife" second, or the other way around. Similarly, when we regard the "other self" as autonomous, we can begin to realize that life moves through him or her. Our mission thus is to feel the center in our body that "houses" this self, and to listen and feel each experience of life flowing through it, responding to it without identification or dissociation.

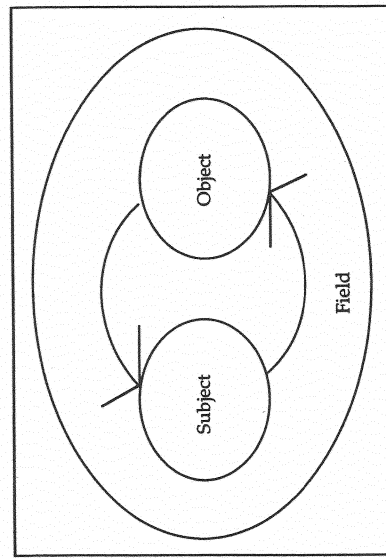


Figure 1: The Relational Self as the pattern that connects differences.

To reiterate, the notion of a relational field that underlies both selves is crucial to doing this. When "I" and "thou" are both sensed, an "us" emerges. As Figure 1 illustrates, the sensing of this field is crucial to holding different positions simultaneously in the field. This is a natural state known to most people. For example, if you review what you do when you need to "get back to yourself" - activities such as reading, walking, listening to music - you probably will notice that at some point you sense an expanded sense of feeling beyond your body boundaries. If you were asked where your self ends in such an experience, you would probably find it an inappropriate question, for it is sensed as a unitary field. Self-relations is especially interested in what practices or traditions a person may engage in to enter this field, and is curious as to how they may be generated and maintained under adverse circumstances (such as the problem context).

4. *You are an incurable deviant, but so is everybody else.* One of the concerns many clients have is that they are weird and strange. I try to assure them as soon as possible (again with a sympathetic Irish twinkle) that they have understated the matter tremendously. They're a lot wierder than their deepest fears suggest, and it's only going to get worse.

One of the obvious implications is that a person will have to face the fact that he or she cannot meet other people's expectations. This signals the end of what might be called the "camel" phase of human development. I believe it was Nietzsche who suggested that for the first part of life, we are camels, trudging through the desert, accepting on our backs everybody's "shoulds" and "don'ts." Camels only know how to spit; they don't think for themselves or talk back. When the camel dies, a lion begins to emerge. Lions discover both their roar and the art of preening. It may seem a little shaky at first, so a little coaching can be helpful. But once the camel begins to die (e.g. signaled by depression), there seems to be no turning back. Symptoms occupy the space between the death of the camel and the birth of the lion. A therapist can be a good midwife during this liminal phase.

Joseph Campbell used to say that sometimes you climb the ladder to the top, only to discover that you've placed it against the wrong wall. A symptom can be such a message. It says the way you've directed your life no longer works. Something or somebody inside is urging you to find a new way. But first we must climb down off the ladder set against the wall of other people's expectations.

One of the values of accepting your "deviancy" (or uniqueness, if that feels better) is that you can ease the endless self-demands for change. Wanting to change is often a form of self-hatred, stemming often from the hope that "If only I was different from who I am now, then you would love me." Endless attempts to perform in hopes of love result in the horrible realization that you have failed; if you can stay with this, you will realize that it's not about you, it's the nature of the beast. Symptoms such as depression are remarkable voices of integrity at this time. They signal that "nothing will work," "it doesn't matter," and "there's no use." This signals the death of an illusory self, and if properly accepted and dealt with, can lead to enormous reconciliation between the normal and archetypal self. A need for a solid container is crucial at this point, for the

dangers of acting out in violence are substantial. But the cry of a symptom is an expression in part of the need to accept some unique, unacknowledged aspect(s) of one's self.

As I suggest to clients, one of the other therapeutic nuggets that may be mined from hypnotic experience is the realization of just how weird you are. In hypnosis, everybody does it his or her own way. The therapist suggests one thing but when things are working properly, the client responds with something else. I believe that therapeutic hypnosis only begins when the client is not following what I'm saying, but doing something in parallel.<sup>2</sup> Without resistance or failure, therapy is invariably merely a polite social game.

Therapy is a conversation for discovering the client's unique way. Since the therapist's way is different, the success of therapy is predicated on the failure of the therapeutic theory and technique. The therapist is thus at his or her best a sort of "holy fool" who knows that his or her way is not the client's way, but must proceed with dignity nonetheless, waiting for the client to "push back" the theory and technique offered by the therapist to reveal a different perspective, one that is more true for the client. The capacity to accept and hold these differences leads to good therapy. It also leads to an increasing appreciation that the client must continue to discover their own unique "deviant" way of knowing and being in the world.

To summarize, these four slogans encourage the therapist to accept the presence of suffering in life, without sentimentality or denial. This allows a confirmation of what Trungpa Rinpoche (1984) has called the "original soft spot" (as compared to "original sin") that is the center of each human being. When the soft spot is violated, pain occurs. To avoid pain, a person spins off a persona (including a story line) that lives some distance from one's center. (Ego is founded on the denial of the original soft spot.) The mental agitation and distortion produced by this denial produces suffering, which produces further agitation and distortion, and away we go, sometimes only returning years or even generations later.

This dissociation from one's center is initially a solution. Not only does it numb the pain, it leads to the development of a separate egoic self. But as the person develops resources, the continued alienation grows into a liability, for a better way is now available. This better way involves a relational Self which connects the egoic self and the original self, as well as other self-other (Self) complementarities. This is what a symptom attempts to do for a person: It is a call to return to the original center, and an opportunity to move into an integrated relational Self. What it requires is a surrender of the power principle, a willingness to engage the other (interior or exterior) self without violence. Unfortunately, neuro-muscular lock leads one to think that surrender would be a disaster, so we continue to resist the change moving through us. On this point nature seems eternally patient: It simply waits, and begins the cycle again. At some point, a person feels that control is slipping away, and they come to a therapist in desperation.

The therapist realizes that clients are well along in some process of change, but that they have been conditioned to distrust and regard their other selves as alien and threat-

ening. A solution therefore requires a paradoxical relationship of "not resisting" (allowing experience to flow through) while "not becoming" (not identifying with the experience). Self-relations looks to develop an experience of Self as a felt field that holds two selves, one to witness and "be with" and the other to "experience" life moving through. From this relational Self, a middle way between repression and acting out is cultivated, and life is no longer a problem (for a while).

So the Self-relations therapist enters a session with the attitude, this person is up to something big. My job is to sense it and properly name it. I need to name the suffering in a way that begins its dissolution, while keeping a connection with the part of the person who is not damaged (and doesn't need to change). To do this, remember that the client is a relationship: *Don't act until you can feel both selves simultaneously*. My job is to foster a feeling of relatedness between these two selves. What will block that relatedness is neuro-muscular lock, so I need to introduce some principle of unlocking the body/mind. As that happens, I can join, bless, and harmonize with whatever is happening, knowing the solution is already in motion. Other methods (see Gilligan, 1996) can then be applied.

## Steps in returning from exile

Influenced a great deal by the legacies of Milton Erickson and Morehei Ueshiba (the founder of aikido), Self-relations sees symptoms as arising when a person feels "breaks" in beingness, belongingness, and relatedness. The following principles are some of the guidelines for making the reconnections. It should be emphasized that the *therapist always follows these guidelines him or herself while suggesting them to the client*. They are not meant to put a person into an "altered state," but rather to "deframe" or "deconstruct" the neuro-muscular fixation that is at the heart of symptomatic behavior.

### 1. Sense the center.

The basic question here is: To what (or whom) do you give first attention? A simple task for the therapist is to watch where the client's eyes project; this is where primary attention is given. Self-relations makes the observation that in stress, a person usually (without awareness) gives his or her focal point away to the stressor. This may be a physical presence - for example, another person in the room - or a remembered presence (via eye accessing cues). The problem with this is that a person is left to react, rather than respond; the *stressor is the "higher power" that determines identity*.

So a simple shift is to train one's self to "keep coming back," to return to one's center. In aikido, where you are faced with the prospect of people attacking you with all sorts of blunt instruments and malicious intents, this is done by softening the eyes and dropping awareness to a point several inches below the navel. In training this response, it may help to let several fingers touch that point in your body and rest gently until you can feel them harmonize with the natural in-breath/out-breath. This may take awhile and require some gentle coaching to let go, so patience and tenderness are pre-

mium qualities.

The therapist can use this process to drop into the "belly-mind" when stressed, and may also suggest it to the client. The basic idea is that when "first attention" is in your center point, you can be in a more receptive, non-reactive relationship with the "antagonistic other" (person, image, thing). Being receptive doesn't mean you allow a person to run you over. As an exercise in martial arts, lowering your center is about increasing the freedom to feel secure and to respond from a natural sense of being, rather than one foreign to you.

The underlying premise here is that your relation to your center (or what some might call their soul, or sobriety, or daemon) is your primary commitment. This is a new idea for many, so the difference between narcissistic absorption and responsible selfishness may be important to distinguish. The simple notion, testable in action, is that when you leave your center, you cannot sustain being with anything or anyone else. You make a mess of things, whatever your intention. Training attention to be centered allows one to let life move through you, and to thus allow awareness to include, but also extend beyond, egoic interests.

### 2. Open awareness to peripheral fields.

Another simple observation in Self-relations is that in symptomatic behavior, attention is fixed rigidly on the figure of the stressor, and withdrawn from the field around it. Another aikido principle relevant in this regard is, *never fix your focus on the attack*.

Instead, let your awareness soften and spread to the peripheral field. This is similar to advice Don Juan gave to Carlos Castaneda (1974) in *Tales of Power*, when he recommended that Carlos learn to walk with eyes spread to 180 degrees peripheral vision, watching the horizon on both sides while feeling his hands at his sides. (Don Juan added the further sobering suggestion to then sense death always stalking you over your left shoulder!) We might call this field-based (rather than the traditional figure-based) perception "juggler's consciousness": It allows one to connect with the field holding the different figures (truths, people, positions, etc.), without locking into any of them.

One simple way to do this is what I call 3-point attention, which I sometimes introduce to clients as an "anti-anxiety" technique. I point out that in order to worry, you have to tense your eyes and then move them around in arhythmic patterns. (This is why in a traditional hypnotic induction a person is asked to relax and focus on a point: It disrupts the orienting response triggered by eye movements and thereby sets hypnosis into action.) I then suggest a simple experiment, namely that they relax and allow a first point of attention to develop in their belly (or heart, or hands, whichever is most comfortable). I then suggest that they select 2 other points in front of them, preferably one on either side of me. We work a bit on relaxation and gently distributing attention until all 3 points are equally in focus. I then suggest they soften the field a bit more while remaining alert.

A nice aspect of this technique is that the therapist can easily monitor how the per-

son is doing. If the eyes shift, gentle coaching suggestions to relax and refocus can be given. This can be a straightforward way to develop a relaxed and alert focus. (Again, the therapist can do this in parallel with the person.) Work, especially with anxiety-related issues, can then be done with the person while they are in this state. It keeps a person from accessing a lot of control/fear reactions to an experience, thereby allowing the person to stay present. Also, the person may be encouraged to use this exercise before or during stressful situations as a centering method. (In public situations, one can learn to do it in non-obvious ways.)

A modification of this exercise is what might be called "orbital looping." This is similar to a process I use in aikido, where one of the guiding principles (regarding the relationship with the attacker) is,

"Heart to heart,  
Mind with mind,  
Center with center."

In orbital looping, the person feels gentle curved bands of energy pulsating through various channels, connecting through another person. For example, suggestions may be given that the client feel a gentle energy behind his or her eyes, a relaxing feeling that can be felt as a pulsating band. This curved band can extend through the temples of their forehead into an orbital circuit, moving through the temples and behind the eyes of the therapist. Similar orbital loops may be developed through the ears, the fingertips, and toes.

This process may sound a bit strange at first description, but it is a simple way to feel the "pattern that connects" you and another person. (I also use it as a technique with couples.) It is a process to encourage an experience of a relational mind that is a field between people rather than a position inside a person's head. The idea is that the more you can move from the isolation of being locked inside your head to the community field that holds you and others, life is no longer sensed as a problem.

### 3. *Softening agitation.*

Neuro-muscular lock ensures that most of our experience, thinking, and acting arises from an underlying state of agitation. A simple exercise to help in the monumental task of decreasing agitation is to move through a series of gentle self-suggestions for "soft mind ... soft body ... soft eyes ... soft heart ... soft soul." (Additional suggestions for trouble spots such as the jaw, forehead, and shoulders may be included.) The idea is to simply bring awareness and then releasing to each space.

For example, in softening the mind, it may help to adopt the Buddhist view that mind is space and that space is sky. So we feel the space in which the thoughts move, feel it as a full emptiness. We then simply allow the thought of "soft mind," and wait patiently. The key is in our response to what happens. Often nothing happens at first,

so we can move through the first 2 steps (center point, peripheral field), and gently return to the idea of soft mind. It may help to feel the most dense area, the busiest "downtown" area of your mind - for most people, this is in their head - and start there. With training it is possible to develop a mindfulness that is full of awareness without trying to fix things. Again, this can be helpful to both therapists and clients,

If the mind is agitated, it's very hard to relax the body, and vice versa. So it's good to cycle through the different areas. The point, which is central to many martial arts, is that true resilience, strength, and courage come from softening the agitation.

### 4. *Erase any hypnotic phenomena.*

All of this talk about softness and relaxation is bound to encourage people to drift off into trance, so it should be emphasized that this is not the goal in following these principles. Trance states can be therapeutic and a lot of fun, but here we're exploring ways to deframe symptomatic altered states of consciousness and return from exile.. A few common side effects of hypnosis are grogginess, distortion of reality, and falling out of one's chair. Since these may detract from therapeutic presence, it is helpful to have a few ways to steer away from them. A simple question may be asked in this regard: *How do you know you are going into trance?*

The most common answer is trance phenomena. That is, I know trance is developing because the phenomena (or appearances) of my experience change significantly. How I see things (in the exterior and interior worlds) changes; how I feel things changes; and how I hear things changes.

So an intriguing experiment is the following. Find a comfortable position and take a few moments to get into a receptive state. Tuning to your visual awareness, ask "What are the first (small) signs that trance is developing?" It could be a tunnel vision, or a certain type of imagery, or a shift in detail. As you notice whatever it is, imaginably take a "gentle, mental eraser" and tenderly erase that phenomena, and then feel what's behind that. (Not in the sense of a hidden meaning or symbol, but the experiential space - often emptiness - that is sensed.) As you feel what's behind it, let yourself move deeper into a trance (without the trance phenomenon).

Then move your attention to the kinesthetic mode, and ask the same question: "What are the first small signs that trance is developing?" It could be a heaviness in the body, a tingling in the hands, or a dissociative feeling. Take the gentle, mental eraser and erase that distortion, feel what's behind that, and go deeper into trance as a result. Repeat the same for the auditory realm, and then recycle through each modality as many times as you'd like.

Some people have amazing experiences with this process. An experience may be developed that is neither the dictatorial control of egoic identity nor the dreaminess of hypnotic reality. It can help develop an exquisite awareness of the middle way between the extremes. In this middle way, life is not a problem - it simply "is." This can help one deal more directly with the challenges that are presented.

### 5. Erase analytical phenomena.

On the one extreme we lose ourselves to the seductiveness of trance phenomena, on the other to the thought-forms and constructs of rational consciousness. We become addicted to thinking, ruminating over images, rigidly applying rehearsed mental structures. We believe that we think thoughts, not recognizing that usually thoughts think us.

When thinking becomes unhelpful, the same "experiments in consciousness" used with hypnotic phenomena can be applied to analytical content. Thus, after the person has centered, spread to the peripheral, softened the mind/body/heart etc., and erased the hypnotic phenomena, he or she may wonder, "What else am I aware of? As each thought, image, percept is attended to, the "gentle mental eraser" may soften it, allowing a felt sense of the tender space behind it. This is the experience of mind as a relational field. Like Erickson's "middle of nowhere," it is a space from which fresh experience can arise. It may allow relief from compulsive doing/thinking and a return to the more basic level of the consciousness of being. This is an antidote for the mind caught in the endless cycle of performance. Here one can feel the sorrow of Rilke:

"The man who cannot quietly close his eyes  
 Certain that there is vision after vision  
 Inside, simply waiting until nighttime  
 To rise all around him in the darkness -  
 He is an old man, it's all over for him.

Nothing else will come; no more days will open,  
 And everything that does happen will cheat him.  
 Even you, my God. And you are like a stone  
 That draws him daily deeper into the depths" (p 53).

### References

- Bly, R. (1986). The good silence. In R. Bly, Selected poems. New York: Harper & Row.  
 Bly, R. (1986). The watcher. In R. Bly, Selected poems. New York: Harper & Row.  
 Castenada, C. (1974). Tales of power. New York: Simon & Schuster.  
 Edinger, E. F. (1990). Goethe's Faust: Notes for a Jungian Commentary. Toronto, Canada: Inner City Books.  
 Eliot, T. S. (1963). The four quartets. In T. S. Eliot, Collected poems: 1909-1962. San Diego: Harcourt Brace Jovanovich.  
 Epstein, S. (1994). Integration of the cognitive and the psychodynamic unconscious. *American Psychologist*, 49, 8, 709-724.  
 Fromm, E. (1956). The art of loving. New York: Harper & Row.  
 Gilligan, S. G. (1987). Therapeutic trances: The cooperation principle in Ericksonian hypnotherapy. New York: Brunner/Mazel.  
 Gilligan, S. G. (1994). The fight against fundamentalism: Searching for soul in Erickson's legacy. In J. Zeig (Ed.), Ericksonian methods: The essence of the story. New York: Brunner/Mazel.

- Gilligan, S. G. (1996). The relational self: The expanding of love beyond desire. In M. Hoyt (Ed.), *Constructive therapies, Vol. 2: Expanding and integrating effective practices*. New York: Guilford Press.  
 Rilke, R. M. (1981). In R. Bly (Ed.), *Selected poems of Rainier Maria Rilke*. New York: Harper & Row.  
 Shapiro, F. (1995). *Eye movement desensitization and reprocessing*. New York: Guilford Press.  
 Trungpa, C. (1984). *Shambhala: The sacred path of the warrior*. Boston: Shambhala.  
 Watzlawick, P., Weakland, J., & Fisch, R. (1974). *Change: Principles of problem formation and problem resolution*. New York: W.W. Norton.  
 Wilbur, K. (1983). *Eye to eye: The quest for the new paradigm*. Garden City, New York: Anchor Books.

### Notes

- 1 It is interesting in this regard to note that Milton Erickson's severe polio attack at the age of 17 left him paralyzed and without the capacity to think by squeezing his muscles. He had no felt connection to his muscles! Thus, he had to learn to think without moving or talking. A common line in his later hypnotherapy inductions was, "you don't have to move... you don't have to talk... you can let your unconscious mind begin to do the work for you..." I suspect Erickson's polio forced him into learning this non-muscular type of mature thinking at a relative early age, and that he passed his learning onto others via hypnotic processes.
- 2 A common hypnotic suggestion Erickson used to make was: "As you listen to me, you can change my meanings into your meanings... my images into your images... my understandings into your own understandings." The idea is that therapeutic hypnosis really begins when the client is able to do this. At this point s/he is no longer following suggestions but discovering her/his own creative responses.