

## Integration of values into Ericksonian hypnosis and psychotherapy

■ *Values are integral aspects in the personality and adjustment of all individuals. Recent research has systematized knowledge regarding values and their universal influence across age, gender, culture, and other variables. This research allows clinicians to utilize values in psychotherapy to harness vital motivational forces in their patients' lives. Milton H. Erickson implicitly did so, as is illustrated in several of his well known cases. Recommendations are provided for ways in which therapists can incorporate values into intervention and treatment planning in both hypnotic and nonhypnotic approaches.*

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The utilization approach of Milton Erickson has generated some of the most important innovations in the history of psychotherapy. Models of treatment which incorporate the utilization perspective - including Ericksonian, strategic, interactional, solution-focused, and others - stand at the forefront of contemporary therapy. The manner in which psychotherapy is being conducted is changing dramatically throughout the world and utilization is the fuel that is propelling much of that change.

The purpose of this chapter is to elaborate the variety of ways in which the utilization of values can enhance the delivery of psychotherapy. The study of values has progressed significantly during the past 15 years and these dimensions of human endeavor are more systematically available to clinicians than ever before. A number of themes will be developed that provide a rationale for the incorporation of values into treatment. This can be accomplished by practitioners from many theoretical orientations for, as the reader will see, the language of values is universal.

Erickson was often interested, sometimes amused, when students and colleagues explained his techniques to him in terms of principles from social psychology, linguistics, alternate therapeutic modalities, and other perspectives. Though he rarely addressed values explicitly, Erickson implicitly utilized values to a great extent in his work. The field continues to explore Erickson's boundless creativity by explaining his methods in terms of empirically demonstrated processes and constructs. Erickson laid the foundation for this investigation by exemplifying the cardinal feature of utilization: Everything can be utilized.

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## Values

Initial studies of values were primarily philosophical in nature, focusing on ways to categorize the numerous concepts that were proposed as values. It was Milton Rokeach, a social psychologist, who initially advanced the study of values by seeking to systematize these concepts into a coherent organization that would allow comparison across individuals and cultures. Rokeach (1973) developed the notion of value hierarchies and he compiled a list of 36 values which he believed to be conceptually and semantically distinct (1967). The Rokeach Value Survey has been employed in numerous studies during the past three decades in examination of the influence of values in domains such as politics, religion, consumer behavior, gender differences, and psychotherapy.

## VALUE TYPES

**Power:** Social power, Authority, Wealth, Preserving my public image, Social recognition

**Achievement:** Successful, Capable, Ambitious, Influential, Intelligent

**Hedonism:** Pleasure, Enjoying life

**Stimulation:** Daring, A varied life, An exciting life

**Self-direction:** Curious, Creativity, Freedom, Choosing own goals, Independent, Self-respect

**Universalism:** Protecting the environment, Unity with nature, A world of beauty, Bro- adminded, Social justice, Wisdom, Equality, A world at peace, Inner harmony

**Benevolence:** Helpful, Honest, Forgiving, Loyal, Responsible, A spiritual life, True friendship, Mature love, Meaning in life

**Tradition:** Accepting my portion in life, Devout, Humble, Respect for tradition, Moderate, Detachment

**Conformity:** Obedient, Honoring of parents and elders, Politeness, Self-discipline

**Security:** Clean, National security, Reciprocation of favors, Social order, Family security, Sense of belonging, Healthy

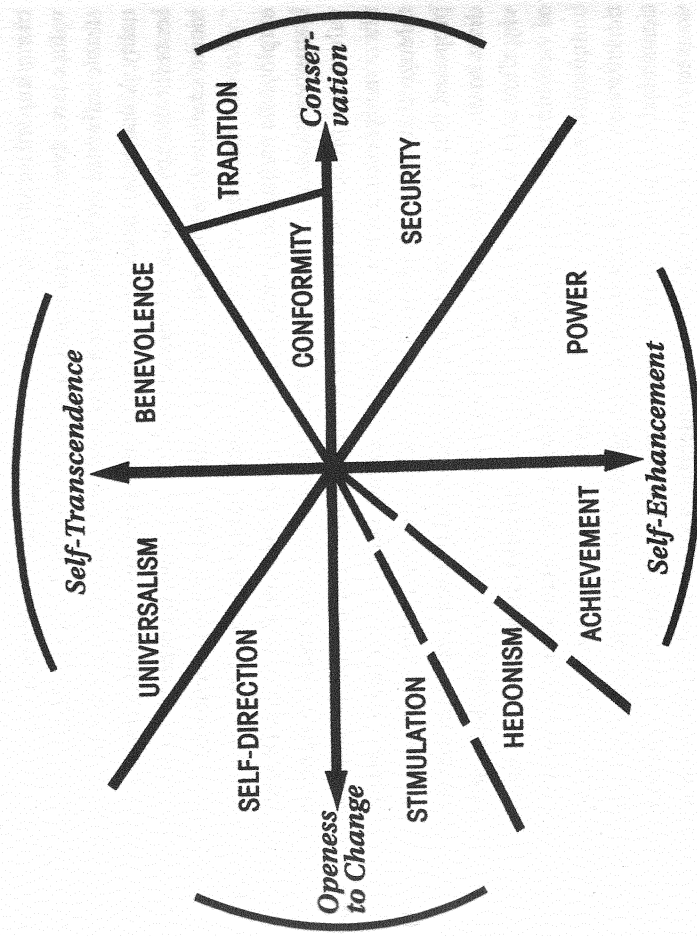
Recently, Shalom Schwartz and a number of collaborators have extended Rokeach's work in a series of studies that demonstrate interrelations among values, their consistency across cultures, and the association of values with a variety of other variables. Schwartz and Bilsky (1987) offered a comprehensive definition of values that incorporates five features common to most conceptualizations that previously appeared in the literature. These authors view values as "(a) concepts or beliefs, (b) about desirable end states or behavior, (c) that transcend specific situations, (d) guide selection or

evaluation of behavior and events, and (e) are ordered by relative importance" (p. 551).

Values were described as "cognitive representations of three types of universal human requirements: biologically based needs of the organism, social interactional requirements for interpersonal coordination, and social institutional demands for group welfare and survival" (p. 551). In a landmark 1992 article, Schwartz modified several aspects of the values theory that he and his colleagues forwarded in earlier articles. He surveyed student, teacher, and general samples in 20 countries from every inhabited continent, representing 13 different languages and including followers of eight major religious groups as well as atheists. Schwartz employed a 56 item values survey that included 21 of the original Rokeach values. Schwartz' data analysis supported the existence of 10 value types (or domains) that subsume the 56 values employed in the survey instrument. These value types and the discrete values they contain are presented below:

Schwartz also "mapped" the value types as a representation of their intercorrelations from smallest space analysis.

Schwartz noted that the partitions placed in the map are arbitrary but they "support the view that motivational differences between value types can be seen as continuous rather than as discrete" (p. 46). The author also postulated "higher order types that form two basic, bipolar, conceptual dimensions" and highlight dynamic conflict among the motivations of value types. These conflicts are (1) openness to change (stimulation and self-direction) versus conservation (security, conformity, and tradition) and (2) self-



enhancement (power, achievement, and hedonism) versus self-transcendence (universalism and benevolence). Summarizing the findings from his massive examination of values, Schwartz concluded:

"The consistent patterns of compatibility and conflict among value types across cultures support the basic assumption underlying the hypotheses of dynamic relations among values: When people pursue the various types of values, the universal aspects of the human social condition lead to cross-culturally consistent psychological, practical, and social consequences. These consequences, in turn, give rise to the experience of nearly universal conflicts and compatibilities in value priorities. Note that this is a statement about universality in the structure of values, not about the universality of their relative importance" (p. 47).

In 1995, Schwartz and Sagiv reported research that more than doubled and considerably increased the heterogeneity of the 1992 database. The hypotheses from Schwartz' earlier studies were supported. Schwartz has subsequently collaborated in examination of the relationship between values and personality (Bilsky & Schwartz, 1994), value priorities in Western religions (Schwartz & Huisman, 1995), prediction of readiness for out-group contact (Sagiv & Schwartz, 1995), associations among value priorities and interpersonal cooperation (Schwartz, 1996), and effects of gender on ratings of value types (Prince-Gibson & Schwartz, 1998).

### Assessment of Values

The sociological and social-psychological research described above holds far-reaching import for clinicians. There is solid empirical evidence for these constructs and values have been comprehensively described in the literature. Values have a demonstrable influence on behavior and they are highly integrated into the structure of personality. Value types have been shown to be nearly universal, so every patient who presents for therapy is already known to hold value orientations and priorities. It is the clinician's task to discern, understand, and utilize them in the direction of desired change.

Several methods exist to formally assess values. Much of the extant research has employed a methodology whereby subjects rank-ordered Rokeach's 18 terminal and 18 instrumental values. This is a very difficult task but it immerses the respondent in one's values and processes involved in personal choices. The procedure yields an individual's own representation of their value priorities. The Schwartz Value Survey, developed through that investigator's work, uses a Likert rating system. Schwartz (1992, 1994) proposed that rating is preferable to rank-ordering because it does not force respondents to discriminate among equally important values. Use of the Schwartz Value Survey allows clinicians to assess the relative motivation of the 10 value types, a number of variables less cumbersome than the 56 discrete values contained on the Survey.

Informal assessment of values can be conducted conversationally during therapeutic interviews or through questions designed to elicit value descriptions. Asking patients what is important to them, what it means to have a particular symptom, why they want to change, and what guides their decisions are examples of ways in which thera-

peutists can amplify patients' narrative delineation of values. It is also the case that when therapists are aware of and oriented toward values, they will discover that much of the content of sessions ultimately involves the discussion of value dynamics.

### Erickson's Utilization of Values

Erickson's clinical work was replete with examples of his implicit understanding of the dimensions of values that Rokeach, Schwartz, and others have identified. Erickson's utilization of values can be discerned in many of his published cases. Several of his best known examples are vividly illustrative.

In his therapy with a depressed woman who became known as "The African Violet Queen of Milwaukee," (Zeig, 1980) Erickson noted that the woman had only two interests in life, attending church and growing African violet flowers. He gave the woman "some medical orders, ... [to] grow additional mature African violets" and send one to members of her church to mark events such as the birth and christening of children, illness, engagements, marriages, and condolences upon deaths. He also instructed the woman to contribute African violets for sale at church bazaars. Erickson laughed, "Anybody that takes care of 200 African violets is too busy to be depressed." It is clear that Erickson "busied" the woman by absorbing her in Benevolence. He placed her in a position of being responsible for the care of delicate flowers, lending a helpful hand to church activities, and extending tokens of friendship to others in her church community. In doing so, Erickson elicited meaning in life for this woman.

Erickson saw a nine year-old girl "who began failing all of her schoolwork and withdrawing from social contacts" (Erickson, 1959). Erickson was informed that the girl had achieved "good scholastic work in previous years but poor adjustment on the playground in that she was inept, hesitant, and awkward." Over the course of several weeks treatment, Erickson challenged the girl in contests of playing jacks, roller skating, jumping rope, and bicycle riding and she eventually became adept in these activities and beat Erickson at them. Indeed, "She promptly proceeded to become the grade school champion in jacks and rope jumping. Her scholastic work improved similarly." Erickson arranged contexts in which the girl attained tangible experiences of Achievement. Her feelings of success and capability in endeavors such as playing jacks and jumping rope generalized into her academic performance.

The value domain of Self-direction was enhanced through Power and Achievement in the case of Harvey, "a Sad Sack," that Erickson discussed during the Ocean March Lecture (Erickson & Rossi, 1981). Erickson allowed Harvey to have a feeling of achievement by writing clearly (he was forced to change from left to right-hand writing during school) to the point that he exclaimed, "I can write clearly! I can write legibly!" These are clear proclamations of achievement and Erickson "suggested that he would keep that sense of accomplishment, that sense of personal pride, with him, and that he would use it in every essential way" (p. 11). Harvey subsequently utilized a sense of personal power to confront a fellow employee at his work site who had always taken advantage of him. Harvey successfully negotiated a solution to a quandary invol-

ving parking places. Erickson discussed a variety of changes that Harvey effected in his life, all indications of a new found sense of Self-direction, that followed from the experiences of Achievement and Power that he gained.

The above are classic examples of the manner in which Erickson utilized values with some of his patients. Though the value domains have universal motivational influence, the manner in which they exert that influence in a particular individual's life is idiosyncratic. Therefore, treatment employing values, like other variables in Ericksonian psychotherapy, should be tailored to particulars in each patient's life. In each of the cases, Erickson placed the patients in contexts in which their expression of and participation in values emerged. The values were not discussed or elaborated, rather, Erickson utilized an approach in which each person directly experienced the dynamics of the respective values.

### *Incorporating Values into Clinical Practice*

There appear to be a number of advantages in utilizing values in psychotherapy:

1. Values provide a common language across cultures, age, gender, and other variables. Schwartz' research has shown that people from widely divergent backgrounds consider values in a consistent manner. Therefore, clinicians can utilize values to bridge differences that might exist between themselves and their clientele.
2. Values provide an inherently positive frame for clinical issues. Practitioners are able to utilize values as a focus for treatment and "depathologize" problems, for all values hold at least potentially favorable connotations. Therapy can thereby focus on value priorities and choices deriving from them instead of personal deficiencies.
3. Patients can easily understand that value priorities and the evaluations and choices that derive from them are malleable. Similar to reframing, values can be posited as benign motivational forces that influence behavior. Patients can be shown that there are multiple ways in which they can functionally participate in behaviors that satisfy the desire for values.
4. Values provide instant access to motivation. People are motivated by and motivated toward values, that is, values are both the impetus behind behavior and goal states that people strive to attain. For this reason, it is easy to identify the role of values and behavior, emotional reactions, plans, and patterns in which people engage.
5. Values are empirically validated constructs. The extensive research of Rokeach, Schwartz, and others has established values as demonstrable and reliably identified aspects of human endeavor. Working with values provides a more tangible basis for therapy and circumvents the necessity of concocting hypothetical entities (e.g., super ego, "inner child," true self) that can be abstract and elusive.
6. Focusing on values allows therapeutic work with "deep" aspects of a person. According to Schwartz and Bilsky (1987), values "guide selection or evaluation of behavior and events." There are no functions that are more intrinsic or important in personality or adjustment. Psychotherapy employing values provides a doorway to the

most essential aspects of a person.

7. Values are adaptable to different therapeutic orientations and settings. Values are atheoretical and can be utilized by practitioners from diverse models. Values can be employed in brief- and long-term therapeutic contexts and with patients from a broad array of backgrounds. Adherence to a particular philosophical perspective is not necessary as a prerequisite to incorporating values into clinical practice.

### **Recommendations for utilization of values in Ericksonian hypnosis and psychotherapy**

Based on the foregoing, several recommendations are offered to therapists who wish to incorporate a values perspective into their practice:

1. Match treatment approach to patients' value orientations. For example, one would employ markedly different hypnotic approaches to patients who hold stimulation as a high value priority versus those for whom security is more important. Consideration of values that are important to a particular patient can allow a therapist to conduct "designer" therapy that harnesses the most powerful forms of motivation in peoples' lives.
2. Purposefully use values in anecdotes and metaphors. Such can be accomplished in a multitude of ways. For instance, the protagonist of a metaphor can illustrate processes through which specific values can enhance life. Values can serve as themes for anecdotes that propose solutions, highlight decisions, exemplify conflicts, and the like.
3. Use values to allow patients to have more explicit understanding and increased awareness regarding motivational forces in their lives. The 56 values that Schwartz identified are all familiar to most people. Therapeutic conversations that employ value terms are more understandable for patients and avoid the pitfalls that can be involved in the use of psychological jargon and psychiatric nomenclature.
4. Values can be utilized paradoxically by "restraining" patients from participating in activities that involve values they favor. People experience discomfort when they are thwarted from striving toward important goals and immersing themselves in motivational processes. Enhanced awareness of the role of values can be achieved in some cases by "prescribing" that patients refrain from engaging in values of high priority. For example, a patient who values power can be told to exercise no authority or influence for a set period of time to highlight how important this quality is in his or her life.
5. Identify skill and developmental deficits that diminish patients' ability to enact values and integrate skill development into treatment planning. It is often the case that patients are ill-equipped to satisfy their desire for the benefits of particular values. Harvey, the Sad Sack in the earlier Erickson case, is a prime example of this type of individual. Psychotherapy can focus on the acquisitions of skills that allow patients to more fully engage in behaviors that promote realization of values.

6. Design homework to allow patients to "discover" values, compare values, immerse themselves in important values, and similar processes outside the consulting room. Values occur in life. Therefore, clinicians should consider naturalistic settings (e.g., family life, nature, social settings, vacations) in which people can experience the relevance of values. Erickson was a master at designing assignments and tasks in which value dynamics emerged as his patients participated in them. Since the opportunity to participate in values is literally everywhere, clinicians can creatively construct similar opportunities for their patients to directly experience processes related to values.

## Conclusion

The "Corrective Experience" has long been discussed in psychotherapy as an ultimate aim of successful treatment. And "corrective" experiences do probably occasionally occur in therapy. But Erickson demonstrated that the "Directive Experience" is much more reliably elicited and often more impactful. The reassociation that can be achieved through utilization methods alters the direction of thought, affect, and behavior that is so vital in the process of change. Values are directional forces in people's lives. Erickson demonstrated the far-reaching results that can be achieved through the utilization of values. The contemporary values literature has made these vital variables more available than ever before. Clinicians can once again follow Erickson's lead, this time by incorporating values into psychotherapy in an informed and comprehensive manner. Doing so can greatly enhance the direction in which peoples' lives lead.

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## The limit of being "over-resourceful": Reflections upon the benefits and limits of the creative urge of hypnotherapists

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■ *The training of a psychotherapist in hypnosis leads to a significant enhancement in his or her capacity to be creative, and to provide creative solutions at points of impasse in the therapeutic process. At times, however, the presence of an unlimited reservoir of possibilities may prevent the therapist from "staying" with the patient in the impasse, till a full clarification of feelings and thoughts can be reached. This paper will attempt to reflect upon the benefits as well as dangers stemming from the enhanced resourcefulness brought about by training in hypnosis.*

Applying hypnosis in therapy has many diverse and on-the-whole positive effects upon both the client and the therapist. One of the crucial effects upon the latter is expansion of the creative capacity. While experiencing this expansion enhances and fills our reservoir of resources and potential to provide creative solutions for our patients, we may lose sight of the limits of our role, and be tempted to "do" while we may just need to "stay with... and be with". I will attempt to share the fruits of my learnings with my most important teachers, those patients who taught me most about the limits of my capacities to "help".

To begin, let us first look at the effects, which the introduction of hypnosis into psychotherapy has upon the process and its participants. The basis for my observations will be:

- My own personal experience as a psychotherapist using hypnosis.
- My experience with many students in courses focusing on the area of the integration of hypnosis in psychotherapy.

Very often my students have asked me how much, and how I actually use hypnosis in my work. My answer is "Always", as I have long realized that learning hypnosis has affected my basic style of work. Today, I work quite differently while doing psychotherapy, than I did before I began my formal training in hypnosis. So, while I carefully select the situations wherein I introduce hypnosis per se into psychotherapy, my style, approach and way of thinking and perceiving has been significantly affected. I