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

Shaul Livnay

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 resourcefullness 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 integra tion 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

will attempt to describe the different effects, as well as the dilemmas involved in the introduction, both from the viewpoint of the therapist and the supervisor.

Diamond (1986) listed nine contributions of hypnotically trained therapists upon psychotherapy:

1. A focus upon the subtleties of communication.
2. Maximizing expectation and belief.
3. Emphasis upon the mind-body relationship.
4. Reframing of resistance as a message to be understood and respected.
5. Employment of trance phenomena.
6. Using archaic levels of relationship.
7. Stressing healthy, adaptive ego functions.
8. Using own trance experiences to further empathy and receptivity.
9. Permitting responsible creativity.

Lynn et al. (1996) listed the following as benefits deriving from the utilization of hypnosis in psychotherapy:

- a means of providing structure and increasing salience
- disinhibition of the client & therapist
- nondeceptive placebo
- facilitating the therapeutic relationship
- stabilization and soothing
- conducive to enhancing therapeutic imagery
- enabling the use of ego state metaphors
- facilitating desensitization
- self hypnosis
- post-hypnotic suggestions

While the above very explicitly described the positive effects of hypnotic training and implementation in therapy, the effects can be discerned on three levels:

1. The direct impact of a hypnotic intervention upon the patient.
2. The indirect and subsequent effect of delivering the intervention upon the therapist (see previous papers on associative style).
3. The effect upon the process, as a variation has been introduced.

Direct effect upon the patient

Hypnosis, when introduced into therapy has a tendency to:

- Make the therapy more focused and intensive

As one of the properties of hypnosis is around concentration - whether the usual sharpening of focus, or the loosening of the associative process; both aspects lead to intensity, as both participants concentrate upon the point in focus.

- Intensify the affect

As the patient focuses upon internal experience, the affective components of the

experience emerge and become intensified.

- Reduce (or increase temporarily) anxiety

The relaxation component of hypnosis usually has an almost immediate, relaxing effect, which reduces tension and anxiety quite dramatically. However, at times, the aforementioned components of focus and affect lead to a temporary increase of the anxiety.

- Raise consciousness

The focus upon sensory experience leads to a heightening of awareness and expansion of consciousness.

- Allow freer access to unconscious material:

As boundaries are loosened, flexibility and flow are increased. The reduction of resistance, and rigidity enables unconscious material to come to fore.

- Strengthen the therapeutic alliance

The emphasis upon pacing and reflecting of sensory experience, and the progressive leading to expected consequences brings a sense of togetherness and archaic involvement (Shor, 1969). The therapeutic alliance is thereby significantly enhanced.

Effect upon the therapist

Likewise, the use of hypnosis by the therapist introduces a byproduct, through the evocation of the therapist trance, upon him- or herself. As described above for the patient, there is a resultant:

a) Raising of consciousness
b) Reduction of anxiety
c) Freer access to unconscious materials
d) Concentration of energy
e) Access to own/patients current feeling state
f) Emphasis on here & now
g) Reduction of intellectual set
h) Bodymind and feeling state as bio-feedback
i) Heightened empathic contact

Effect upon the process

a) Intensification
b) Transition, mixture
c) Blurring of boundaries
d) Here and now
e) Affective
f) Regressive/progressive levels of interaction:
- Heightening of manifestations of transference.
- Intensification of the therapeutic alliance on the rational as well as irrational

dimension.
- Fusional: infantile, symbiotic.
- Real: Heightening of the sensitivity to real aspects of the interaction. Thera-pist's personality and behavioral traits.

Timing and style

The approaches of hypnotic interventions in psychotherapy have been amply de-scribed elsewhere (Baker, 1981; Copeland, 1985; Fromm & Brown, 1986; Smith 1984). Questions requiring elaboration, before the main focus, are in the direction of *indications* and *style.*

When does the therapist feel the necessity to bring in Hypnosis? Should he or she use a formal or informal-naturalistic approach?

Indications

- Most often, the thought of introducing hypnosis arises when a *stalemate* occurs in the therapy.
- When it is felt that the patient is *open* to a *new direction.*
- When the patient tends to *over-intellectualization,* using his verbosity to evade more affective involvement.
- When there are many *somatic references* and use of body symbolism to ex-press distress.
- Sometimes, the *need* arises in the *therapist,* for positive or negative reasons.
- At times, the thought is the result of what I call a *collusion.*
- The most natural point is when the patient brings up *significant imagery* or uses a *metaphor.*

Style

What style is most fitting in psychotherapy? Is a formal induction and technique warranted? Should imagery be subtly be elaborated. Or would a naturalistic and indirect technique be more "ego syntonic"?

Most therapists feel more comfortable with indirect techniques, as they do not cause as much "disruption", and call for less attention to a change in style. It is much simpler to elaborate imagery into a smooth naturalistic induction, than to move to a formal induction. Yet, at times, there is great power in the ritual of an induction. Much of the powerful effect of hypnosis depends upon the strong expectations stemming from the patient's prior set. Foregoing the induction may seem smoother and easier, yet might lead with certain patients, to foregoing the benefits of the dramatic potential. Going through "the full ritual" gives the patient the framework and the signal: "This is different/special. Under these conditions, you can allow for change to occur".

Pitfalls

Following the consideration of the significant benefits of hypnosis upon the participants in the psychotherapeutic process, it is time to consider the circumstances that

lead to negative effects. Before I elaborate upon the latter, *it is incumbent to note that I consider negative effects, when handled genuinely, with empathy and sensitivity to be a possible source of significant progress in therapy. Hypnosis is fraught with drama, both positive and negative. When the latter emerges, the opportunity for a breakthrough is provided.*

As a trainer and supervisor, I have discerned certain patterns of development as the novice hypnotherapist attempts to integrate hypnosis into therapy. The latter tends to experience the challenge of introducing hypnosis into psychotherapy along a continuum of two opposite poles:

"Omnipotent", overenthusiastic, over-inclusive: the knowledge of being in possession of a hypnotic repertoire leads to a loosening of boundaries and to a sense of power that at the outset does not allow the novice to sense the limits of his or her possibilities, especially with regards to the hypnotic intervention. Inappropriate implementation can cause the patient not to want further hypnotic intervention, at a more appropriate time.

"Impotent", skeptic, constricted, and anxious: the situation never seems just right; the novice doesn't feel sufficiently prepared, or competent enough, or there isn't enough time left this session. Appropriate opportunities are thus passed over, increasing the sense of personal and professional frustration, while increasing the tendency to avoid further implementation.

The trainer or supervisor must help the novice find the balance between daring and sensitivity and judgment, and enable true integration into a natural style with integrity.

While I related to the novice hypnotherapist above, the description of the continuum is valid for all therapists considering the use of hypnosis in therapy. As the therapist develops further, and becomes more comfortable and realistic as to the benefits to be gained from introducing hypnosis, he or she will be able to find a median point between the two extremes.

Possible dangers, complications or pitfalls

Hypnosis encourages *activity* and *initiative* in the therapist. At times, this may bring about the emphasis upon "doing" instead of "being", or staying with the problematic affect which the patient may be expressing. Patients often expect a hypnotherapist to use a magical solution, to "exorcize" the unwanted introjects, affects, symptoms. They want us to provide a solution, which may come instead of the possibility of true growth and mastery by clarifying and encouraging staying with the discomfort till a resolution is possible. Barber (1998) emphasized our vulnerability to "doing" at points where we are pressed by the patient because of a feeling of ineffectiveness. As we know we can do something because of our rich repertoire of creative tools, we might forego questions which might enable a further elucidation of the impasse ("staying").. With patients suffering from a primitive level of organization, the blurring of boundaries inherent in the hypnotic process often increases the anxiety and thereupon the resistance. Sometimes, the result is the formation of a phobia to the subsequent use of hyp-

nosis (what I call *hypnophobia*). My first "teacher" can highlight the problem:

> A fourteen-year-old adolescent girl suffering from severe test anxiety characterized by panic attacks with a hysterical flavor, seemed to be ready to begin to learn some means to modulate the severity of her symptoms. I chose a seemingly "innocuous" exploration of a "safe place" wherein she could find comfort, security & confidence. She chose a cloud, very quickly achieving a sense of serenity. After about three minutes of relaxation, she began to breathe heavily, to toss & turn, displaying some signs of abreaction. When asked what she was experiencing, she responded in a panicky voice, that there was a hole in the cloud, and that she was falling! I suggested in a matter of fact way that in the Circus, there is always a safety net below the high wire, which she immediately implemented by landing on Garfield the cat! She thereupon opened her eyes and began to scream at me as to what stupid and infantile nonsense I was putting into her head! The experience proved traumatic for her, and led to forming an avoiding, hypersensitive attitude to using any kind of imagination in dealing with her problems. It took much time and therapeutic effort to achieve the stability and trust necessary to accept further hypnotic assistance.

The temptation may be considerable to use hypnosis as *a giving in to the patient's regressive needs.* A sort of collusion is created which fulfills both participant's more primal needs. For the patient, it is to finally receive what his parents failed to provide.

Here Diamond's (1987) proposal of four dimensions of interaction between therapist and patient is utilized. He mentions elaboration of transferential themes, therapeutic alliance including irrational elements, a fusional dimension, as well as a real dimension.

On the side of the therapist we have to consider the *countertransference* dimension to fully understand where the hypnotherapist can be pulled into the collusion experience. In this paper it will suffice to list the possible *countertransferential themes* which may affect the therapist. Fromm (1968) and Gruenewald (1971) have described these themes. They can be ordered into four different categories:

(1) power, potency, megalomania,
(2) fostering of dependence,
(3) good mother and
(4) sibling rivalry themes.

Maybe the most complex difficulty is centered around the *change in style* and *resulting expectations* when hypnosis is introduced in a manner which differs significantly from the standard mode of therapy till the point of introduction. This has been most blatant when I have used the Gong (see Livnay, 1995). The shift from a passive to active stance introduces possible alterations to the patient's perception of the therapist, and of the therapy itself. Again, the very complication provides opportunities for elucidation and clarification. Often, a therapy will be moving smoothly until the therapist implements the change. Only then are other facets of the patient's personality accessed, enabling the therapy to have a greater impact.

Common sources of difficulty

Several types of problematic situations can develop as a result of introducing hypnosis. Barber (1998) described difficulties and dangers arising from:

- acceleration of transference
- disorientation
- acting out
- paralysis
- memory contamination
- therapist's need for power
- therapist's distraction from the process

The most common problem is that of *faulty timing.* Most often, the exuberant hypnotherapist will introduce the induction before the patient has been fully pre-pared. That includes clarification of expectations, anxieties and fears. Smith (1984) emphasizes the clarification of the curative fantasy as extremely elucidating. On the other hand, a patient may be ready, but the therapist lacking confidence, and thereby missing the best opportunity, when the patient himself comes with the expectation & readiness. If he picks up the therapist's hesitation and anxiety, he might get a message of hypnosis being dangerous, and fulfill that expectation. Let us hear from my second "teacher":

> A 50 year-old salesman came for hypnotherapy, after having been in several series of prolonged psychotherapy, with no significant improvement in a life-long pattern of spoiling relationships. During the first few sessions of elaborating and examining his expectations, I turned to the Theater Technique (Wolberg, 1945; Fromm & Nash, 1997), inviting him to see the underlying difficulties on Stage. He proceeded to see a knight holding his sword above the head of a youth. When we returned to inspect the image, he deliberated as to the knight's intentions: friend or foe? My association (which I tentatively shared with him) was to the process of anointing a novice, to empowering. He tended to feeling ominous, hostility on the part of the knight, and fear on the part of the youth. Further examination reflected his feelings about the hypnotic relationship: on the one hand fear, on the other hand, his wish to be empowered, to be able to act without fear in his relationships.

Furthermore, a *proper induction* includes proper pacing, that includes taking in the patient's set, mentality, and style (intellectual, somatic, etc.). When these facets are ignored, the hypnosis will have a good chance of failing or being at least ineffective. The patient will feel misunderstood, ignored, and at times even rejected.

While the induction might be successful, how does the therapist continue to "lead" the patient? Again, either exuberance or constriction will lead to unwanted effects. My third "teacher" will shed further light:

> A 28 year-old Mormon reported having been sexually abused by her step-father from the age of 14. She was very constricted and depressed for years. Being a novice to hypnosis, I enthusiastically expected to use hypnosis to help her return to the trauma and work it through. I eventually discovered that the more I encouraged her

to reexperience the trauma, or merely mentioned the availability of hypnotic work of returning to "the scene of the crime", she became more and more withdrawn & reluctant. I began to grasp that I was "reabusing" her with my enthusiasm. When I shared my realization with her, she was able to experience for the first time the "aggressor" as open to self-inspection. Here, in the therapy, she could discuss her feelings with someone whom she was experiencing as an aggressor. Her step-father had never verbally acknowledged his actions, not had she been able to confront him till this day. The invitation on my part to talk had the effect of an emotional corrective-experience (Alexander, 1946).

The therapist may be drawn into *collusion* with the patient. This occurs by being invited to fulfill needs which can't be provided by him or her, or which come instead of tolerating mature and difficult affective states: fear of relationship, loss of boundaries, etc. The availability of creative resources facilitates the therapist to participate in the illusion that he or she can provide the needs instead of "real figures".

Let my fourth "teacher" elucidate:

A 38 year-old single woman sought an hypnoanalytic treatment after years of standard psychotherapy with minimal results. During the course of the treatment, I realized that she was enjoying the trancework so much, but using it to form a pseudo-relationship with me (on the line of Diamond's irrational therapeutic alliance) which reduced to nil the need to further develop real life relationships. She developed an intense positive transference relationship which was being fulfilled foremost in trance states which she would continue for hours at home. Sharing the realization with her led to a poignant inspection of her fears of a real relationship, and a subsequent "weaning" from the satisfaction from the trance states, to facing her many hesitations in relating to men.

In conclusion, the bottom line for the Hypnotherapist entails real *sensitivity* and *empathy* for the patient's experience. The therapist who has at his or her disposal the option of introducing hypnosis has a great advantage, which is also fraught with risks. The point where the temptation to introduce hypnosis arises calls for considerable reflection and self-inspection, along the reservations raised above. The very deliberation and the dabbling in the therapist's own experience at that juncture in the therapeutic process, may be one of the most significant signs for the therapist, and may provide important clues for unconscious interaction. Allowing oneself to "be" and to "stay" for an extended moment in the deliberation may have important value. If the "fulfillment of the creative urge" still seem beneficial, then hypnosis is indicated, with all of its positive effects. Again, if the use of hypnosis has negative effects or aspects, it will be nevertheless be instructive for both parties when the therapist is able to share his or her insights and awareness as to the developments, in an open and honest manner. These moments often prove to be most poignant and significant, and provide the "matter" for a corrective experience.

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