

# Excerpts from Special Techniques of Brief Hypnotherapy

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**T**he development of neurotic systems constitutes behavior of the defensive protective character. Because it is an unconscious process, and thus excluded from conscious understandings, it is blind and groping in nature and does not serve personality purposes usefully. Rather it tends to be handicapping and disabling in its effects. Therapy of such distorted behavior ordinarily presupposes that there must be a correction of the underlying causation. However, such correction in turn presupposes not only a fundamental willingness on the part of the patient for adequate therapy but also an actual opportunity and situation conducive to treatment. In the absence of one or both of these requisites, psychotherapeutic goals and methods must be reordered to meet as adequately as possible the total reality situation

In attempting such modified psychotherapy, the difficult problem arises of what can really be done about neurotic symptomatology where the realities of the patient and his life situation constitute a barrier to comprehensive treatment. Efforts at symptom removal by hypnosis, persuasion, reconditioning, etc. are usually futile. Almost invariably there is a return to the symptomatology in either the same form or another guise, with increased resistance to therapy.

Equally futile, under such limiting circumstances, is any effort to center treatment around idealistic concepts of comprehensiveness, or, as is unfortunately too often the case, around the therapist's conception of what is needed, proper

and desirable. Instead, it is imperative that recognition be given to the fact that comprehensive therapy is unacceptable to some patients. Their total pattern of adjustment is based upon the continuance of certain maladjustments which derive from actual frailties. Hence, any correction of those maladjustments would be undesirable if not actually impossible. Similarly, the realities of time and situational restrictions can render comprehensive therapy impossible and hence, frustrating, unacceptable and actually intolerable to the patient.

Therefore, a proper therapeutic goal is one that aids the patient to function as adequately and as constructively as possible under those handicaps, internal and external, that constitute part of his life situation and needs.

Consequently, the therapeutic task becomes a problem of intentionally utilizing neurotic symptomatology to meet the unique needs of the patient. Such utilization must satisfy the compelling desire for neurotic handicaps, the limitations imposed upon therapy by external forces, and, above all, provide adequately for constructive adjustments aided rather than handicapped by the continuance of neuroticisms.

Such utilization is illustrated in the following case reports by special therapeutic techniques of symptom substitution, transformation, amelioration and the induction of corrective emotional response.

### **Symptom Substitution**

In the two following case histories, neither a willingness for adequate therapy nor a favorable reality situation existed. Hence therapy was based upon a process of *Symptom Substitution*, a vastly different method from *symptom removal*. There resulted a satisfaction of the patient's needs for defensive neurotic manifestations and the achievement of satisfactory adjustments, aided by continued neurotic behavior.

### Patient A

*Patient A was treated for a “hysterical paralysis of the right arm” and was in danger of losing his pension if declared mentally ill. Erickson and the physicians of the patient conducted elaborate mock examinations with a fake diagnosis and a prognosis that the symptoms would vanish gradually, leaving behind only a stiff wrist. The patient believed his doctors, the symptoms vanished gradually and he could be released with a stiff wrist. When he retired from work after one year, his symptoms vanished completely.*

### Patient B

*Patient B also had developed a “hysterical paralysis of the right arm” after a work injury. Also in this case Erickson confused the patient by showing him medical books and using incomprehensible medical terminology. Patient B’s arm was tested with pseudo-tests and a prognosis was given that he would regain use of his arm except for the right little finger. The patient regained use of his arm.*

### Comment

Little discussion of these two case histories is necessary. Apparently both patients needed desperately a neurotic disability in order to face their life situations. No possibility existed for the correction of positive underlying maladjustments. Therefore, as therapy, it was substituted for the existing neurotic disability another, comparable in kind, non-incapacitating in character and symptomatically satisfying to them as constructively functioning personalities. As a result both received that aid and impetus that permitted them to make good reality adjustments.

Although more in the way of understanding the total problem could be desired, the essential fact remains that the patient’s needs were met sufficiently well to afford them the achievement of a satisfying, constructive personal success.

## Symptom Transformation

In the next two case histories, the therapeutically restricting factors were the limitations imposed by time and situational realities. Accordingly, therapy was based upon a technique of *Symptom Transformation*. While seemingly similar to symptom substitution, it differs significantly in that there is a utilization of neurotic behavior by a transformation of the personality purposes served without an attack upon the symptomatology itself.

In understanding this technique it may be well to keep in mind the patter of the magician which is not intended to inform but to distract so that his purposes may be accomplished.

### Patient C

*Patient C wanted to enlist in the military. He would be rejected because of his persistent enuresis which he had tried to have treated in many ways but none had helped. Erickson used hypnosis and when Patient C was in a trance, he suggested that he rent a hotel room and think about how stressed he would be when the maid discovered his wet bed. He would then suddenly think how ironic it would be if at this time, he did not wet the bed and would start stressing about a dry bed. After three dry nights, he would then start worrying about visiting his grandparents and doubts about the lengths of his visits. His anxiety about bed-wetting was replaced by other anxieties and he was able to join the military without his previous symptom.*

### Patient D

*Patient D also wanted to join the military but was greatly embarrassed because he could only urinate through a wooden or metal pipe. He attributed this problem to having been severely punished and embarrassed after urinating through a fence at a golf course. Erickson's post-hypnotic suggestion was to buy a piece of bamboo and urinate through it. He might*

*then consider shortening the bamboo incrementally until he was able to urinate without. Patient D was able to do this in a very short time.*

### **Comment**

In both of these patients anxiety, precipitated by unhappy reactions of other people, existed in relation to a natural function. Therapy was accomplished by systematically utilizing this anxiety by a process of redirecting and transforming it. By thoroughly confusing and distracting Patient C his anxiety about a wet bed was transformed into anxiety about a dry bed. Then his anxiety about his wet bed-home relationships was transformed into anxiety about relatives. The final transformation became that of his mother's anxiety about his military service.

For Patient D, the transformation of anxiety progressed from: kind of tube; to sensing the passage of urine; to shortening of the tube; to the question of the day for shortening the tube; and finally, into the important question of where the writer would stand.

Thus, for both patients, the utilization of anxiety by continuance and a transformation of it provided for therapeutic resolution into a normal emotion permitting a normal adjustment, known to have continued for nine months while in service. Contact was then lost.

### **Symptom amelioration**

Not infrequently in neurotic difficulties there is a surrender of the personality to an overwhelming symptom-complex formation, which may actually be out of proportion to the maladjustment problem. In such instances, therapy is difficult since the involvement of the patient in the symptomatology precludes accessibility. In such cases the technique of *Symptom Amelioration* may be of value. In the two following cases an overwhelming, all-absorbing symptom-complex existed; therapy had to be based upon an apparently complex

acceptance of the symptoms that was achieved by ameliorating the symptoms.

### **Patient E**

*Patient E was a 17 year old boy who had developed a “rapidly alternating flexion and extension of the right arm” which disappeared when he was sleeping. He also had an intelligence quotient of only 65. Erickson hypnotized the patient and suggested first an increase and then a decrease of frequency of arm movements. He was then invited to guess on which day there would be no uncontrolled movements. On this day, he had no involuntary arm movements. He went back to his school and his symptoms subsided.*

### **Patient F**

*A mental hospital employee had developed sudden acute blindness and was very frightened. The blindness had started when his wife had told a “risqué” story. Erickson asked him to describe the onset of his blindness in detail and he related that he had a sudden “flash of intense redness” which persisted at a certain street corner. In an interview with the patient’s wife, Erickson discovered that she was having an affair with a gas station attendant with red hair who worked at that corner. The patient was then hypnotized and told to look at and remember the cover of a book which he could describe at a post-hypnotic cue. He was confused but then willing to talk about his marital problems, his interest in a red haired co-worker and his suspicions of his wife’s affair. He wanted the redness to become less intense and his vision to return gradually. After six months his vision was improved and he and his wife had reached an agreement for a divorce.*

### **Comment**

The procedure with these two patients was essentially the same. The underlying causation was not therapeutically considered. Patient E’s intellectual limitations precluded this

and Patient F had demonstrated the violence of his unwillingness to face his problem. Hence for both, an amelioration of the overwhelming symptom formation was effected. By process of alternating increments and decrements a control of E's symptom complex was effected.

For Patient F, the reduction of the blinding redness, permission to remain blind and yet to have progressively more frequent and clearer flashes of vision was a parallel procedure.

As a consequence of the amelioration of their symptoms both patients were able to make their own personal adjustments.

### **Corrective Emotional Response**

The following case histories concern intensely emotional problems. Therapy was achieved in one case by a deliberate correction of immediate emotional responses without rejecting them and the utilization of time to palliate and force the correction of the problem by the intensity of the emotional reaction to its definition.

For the second patient, the procedure was the deliberate development, at a near conscious level, of an immediately stronger emotion in the situation compelling and emotional response corrective, in turn, upon the actual problem.

#### **Patient G**

*A social service student claimed suffering from a "prostitution complex". She was very promiscuous, felt that she had to "keep on doing it" but also felt very bad about it. Erickson had her promise that she would "control her activities" until the next session. She came into the office twice a day for three days to renew her promise as this helped her keep it. In the following three hour sessions, she kept berating herself. In the next session, Erickson told her to "sit down and shut up". Erickson would now take charge of the interviews. He put her in a trance state and asked her unconscious to reveal the cause of her behavior. After the trance, she was shown a piece of*

*printed text and asked to underline the letters that tell the reason. Erickson took away the text and asked her when would be a good time for the reason to be revealed. She came back the next day and said: "three weeks." She came back for irregular sessions to discuss other topics and even when a young man tried to seduce her, she did not engage in her previous behavior. After three weeks, she came back and the text was shown to her. The revealed reason was that she wanted to have sex with her father. This explanation helped her in not having to have sex with many men. After several years, Erickson heard that she was happily married and had three children.*

### **Comment**

The entire management of this case was essentially that of the strong dictatorial father with a "bad" child. Her initial emotional attacks upon the writer were immediately corrected by a careful choice of words but without a nullification of her emotions.

Her contempt for her father was corrected by the acceptance of her identification of the writer as a father-surrogate and the utilization of absolute dictatorial authority over her and essentially forcibly continuing it.

The tremendously strong and compelling emotions deriving from her problem were corrected by the emotions of the waiting period which culminated in the distressing, painful emotionality of the final session.

### **Patient H**

*Patient H first came because of weight loss and then stated that his real issue was the "failure to consummate the marriage". His wife promised every night that this night they would sleep together, but she always panicked and it did not happen. Erickson asked both to attend a session together. The wife explained that she felt an "overpowering terror" to do with moral and religious teachings about sex. When Erickson*



*asked her whether she wanted help with their marital problem, she agreed but was frightened and did not want to start this night. Erickson hypnotized her and suggested to her while she was in trance that she would lose her fear. The next morning she discovered that her period, which had always been very regular, had started 17 days early. In the next session, she was hypnotized again and was asked to decide for herself when she would sleep with her husband: "Saturday night, Sunday, Erickson preferred Friday, it could also be Tuesday" etc. mentioning all days of the week stressing Erickson's preference for Friday. On Thursday night before the next meeting with Erickson, she initiated sex twice and when in the session she told Erickson that she was happy that it was not Friday. The couple continued a happy marriage with three children.*

## **Comment**

The psychosomatic response of the seventeen-day early menstrual period in a woman so sexually rigid is a remarkable illustration of the intensity and effectiveness with which the body can provide defenses for psychological reasons.

The rationale of the ten day period, the naming of the days of the week, and the emphasis upon the writer's preference may be recognized easily. Ten days was a sufficiently long period in which to make her decision and this length of time was, in effect, reduced to seven days by naming them. The emphasis upon the writers preference posed the most compelling, unpleasant, emotional problem. Since all the days of the week had been named, the passage of each day brought her closer and closer to the unacceptable day of the writers preference. Hence, on Thursday, only that day and Friday remained. Saturday, Sunday, Monday, Tuesday and Wednesday have all been rejected. Therefore, consummation had to occur either on Thursday as her choice or on Friday as the writer's choice.

The procedure employed in the first interview was obviously wrong, but fortunately it was beautifully utilized by the patient to continue her neurotic behavior and to punish and to frustrate the writer for his incompetence.

The second interview was more fortunate. The dilemma she could not recognize of two alternatives was created for her — the date of her choice or of the writer's preference. The repeated emphasis upon the latter had evoked a strong, emotional response, corrective in effect upon her emotional problems. The immediate need to punish the writer and to frustrate his preference transcended her other emotional problem. The consummation effected, she could then taunt the writer with a declaration that last night was not Friday, happily secure that he would understand.

In brief, the resolution of this emotional problem, substantiated by the therapeutic results, was integral to and contingent upon an emotional response of corrective effect.

### **General comments**

Essentially the purpose of psychotherapy should be the helping of the patient in that fashion most adequate, available and acceptable. In rendering the patient aid, there should be full of respect for and utilization of whatever the patient presents. Emphasis should be placed more on what the patient does in the present and will do in the future than upon a mere understanding of why some long past event occurred. The *sine qua non* of psychotherapy should be the present and future adjustment of the patient with only that amount of attention to the past necessary to prevent a continuance or a recurrence of past maladjustments.

Why patient H refused to permit the consummation of the marriage is of interest only to others, not her — she is too happy with her children, her marriage and her home to give even a passing, backward glance at the possible causation of her behavior. To assume that the original maladjustments must necessarily come forth again in some disturbing form is essentially to assume that good learnings have neither intrinsic weight or enduring qualities but that the only persisting forces in life are the errors.

As an analogy, whatever may be the psychogenic causation and motivation of arithmetical errors in grade school, an

ignorance thereof does not necessarily preclude mathematical proficiency in college. And if mathematical ineptitude does persist, who shall say that a potential concert violinist must properly understand the basic reasons for his difficulties in the extrapolation of logarithms before entering upon his musical career?

In other words, in this writer's opinion, as illustrated by the above case histories, the purposes and procedures of psychotherapy should involve the acceptance of what the patient represents and presents. These should be utilized in such a fashion that the patient is given impetus and momentum, making the present and the future become absorbing, constructive and satisfying.

As for the patient's past, it is essential that the therapist understand it as fully as possible but without demanding or compelling the patient to achieve the same degree of special erudition. It is out of the therapist understanding of the patient's past that better and more adequate ways are devised to help the patient to live in his future. In this way the patient does not become isolated as a neurosis of long duration to be dissected bit by bit, but can be recognized as a living, sentient human being with a present and future as well as a past.