

Chapter Five

Autohypnotic Experiences of Milton H. Erickson

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During the past four years between the ages of 70 to 74, Milton H. Erickson, M.D. recounted a number of personal factors and experiences that contributed to the development of his interest, attitudes, and approaches to autohypnosis, trance, and psychotherapy. Many of Erickson's earliest memories deal with the ways in which his experience was different from others because of his constitutional problems: He experienced an unusual form of color blindness, arrhythmia, tone deafness, and dyslexia long before such conditions were well recognized and diagnosed in the fairly primitive rural community in which he was reared. As a child in elementary school, for example, he could never understand why people did that yelling and screeching they called "singing." Although he was different in ways that neither he nor others could understand, he possessed an acutely probing intelligence that initiated him into a lifetime of inquiry about the limitations and relativity of human perception and behavior. When he visited his maternal grandmother for the first time at the age of four, for example, the little Erickson was struck by the incredulity in her voice as she said over and over to his mother, "It's you Clara; it's really, really you?!" The grandmother had never traveled further than ten miles from her home and really did not have any conception of how people close to her could exist beyond that radius. When her daughter married and moved beyond it, she really never expected to see her again. Thus, by the age of four, Erickson was already struck, in however dim and wordless a manner, with the differences and limitations in people's perspectives.

Another experience with the limitations and rigidities in people's habitual frames of reference occurred somewhat before the age of ten, when Erickson doubted his grandfather's method of planting potatoes

only during a certain phase of the moon and always with the “eyes” up. The young lad was hurt and saddened when his grandfather could not believe the facts when Erickson demonstrated that his own potato patch planted at the “wrong” phase of the moon with the “eyes” in all directions did just as well. From such early experiences Erickson feels he developed a distaste for rigidities. These experiences provided an orientation for some of his original approaches to psychotherapy wherein he used shock and surprise to break through the habitual limitations in patients’ frames of reference to effect a rapid therapeutic reorganization of their symptoms and life perspectives (Rossi, 1973). Depotentiating a subject’s habitual mental sets and frames of references has been recently conceptualized as an important stage in initiating trance experience (Erickson, Rossi, and Rossi, 1976).

As a six-year-old child Erickson was apparently handicapped with dyslexia. Try as she might, his teacher could not convince him that a “3” and an “m” were not the same. One day the teacher wrote a 3 and then an m by guiding his hand with her own. Still Erickson could not recognize the difference. Suddenly he experienced a spontaneous visual hallucination in which he saw the difference in a blinding flash of light.

E: Can you image how bewildering it is? Then one day, it’s so amazing, there was a sudden burst of atomic light. I saw the m and I saw the 3. The m was standing on its legs and the 3 was on its side with the legs sticking out. The blinding flash of light! It was so bright! It cast into oblivion every other thing. There was a blinding flash of light and in the center of that terrible outburst of light were the 3 and the m.

R: You really saw a blinding flash of light? You saw it out there, you’re not just using a metaphor?

E: Yes, and it obscured every other thing except a 3 and an m.

R: Were you aware you were in an altered state? Did you, as a child, wonder about that funny experience?

E: That’s the way you learn things.

R: I guess that’s what I’d call a creative moment (Rossi, 1972, 1973). You experienced a genuine perceptual alteration: a flash of light with the 3 and the m in the center. Did they actually have legs?

E: I saw them as they were. [Erickson draws a simple picture of a cloud effect with a 3 and an m in the center.] And this excluded everything else!

R: Was this a visual hallucination? As a six-year-old child you actually experienced an important intellectual insight in the form of a visual hallucination?

E: Yes, I can’t remember anything else pertaining to that day. The most blinding, dazzling flash of light occurred in my sophomore year of

high school. I had the nickname in grade school and high school, "Dictionary," because I spent so much time reading the dictionary. One noon, just after the noon dismissal bell rang, I was in my usual chair reading the dictionary in the back of the room. Suddenly a blinding, dazzling flash of light occurred because I just learned how to use the dictionary. Up to that moment in looking up a word, I started at the first page and went through every column, page after page until I reached the word. In that blinding flash of light I realized that you use the alphabet as an ordered system for looking up a word. The students who brought their lunch to school always ate in the basement. I don't know how long I sat there completely dazzled by the blinding light, but when I did get down to the basement, most of the students had finished their lunches. When they asked me why I was so late in reaching the basement, I knew that I wouldn't tell them that I had just learned how to use the dictionary. I don't know why it took me so long. Did my unconscious purposely withhold that knowledge because of the immense amount of education I got from reading the dictionary?

In these early experiences we see the bewilderment of dyslexia and the special orientation it gave even the young child to learn about altered perceptions and states of experience. Erickson defines the presence of intense light and/or visual hallucination that blots out all other perception of outer reality as evidence of a spontaneous autohypnotic state. He notes the connection between such altered states and "the way you learn things." The source of his "utilization approach" is also contained in such experiences. Many years later he taught 70-year-old "Maw" how to read and write by utilizing her own internal images of legs, hoes, and other farm imagery to help her perceive the significance of the otherwise meaningless jumble of lines that are letters and words (Erickson, 1959).

Erickson relates his dyslexia and early difficulties with pronunciation to his therapeutic approach as follows:

E: I must have had a slight dyslexia. I thought I knew for an absolute fact that when I said "co-mick-al, vin-gar, goverment, and mung" my pronunciation was identical with the sounds made when others said I "comical, vinegar, government, and spoon." When I was a sophomore in high school, the debating coach spent a useless hour trying to teach me how to say "government." Upon sudden inspiration she used the name of a fellow student, "La Verne," and wrote on the blackboard, "govLaVernement." I read, "govlavement." She then asked me to read it, omitting the La of LaVerne. As I did so a blinding flash of light occurred that obliterated all surrounding objects including

the blackboard. I credit Miss Walsh for my technique of introducing the unexpected and irrelevant into a fixed, rigid pattern to explode it. A patient walked in today trembling and sobbing, "I'm fired. It always happens to me. My boss always bullies me. They always call me names and I always cry. Today my boss yelled at me saying, "Stupid! stupid! stupid! Get out! Get out!" So here I am. " I said very earnestly and seriously to her, "Why don't you tell him that if he had only let you know, you would have gladly done the job much more stupidly!" She looked blank, bewildered, stunned, and then burst into laughter, and the rest of the interview proceeded well with sudden gales of laughter—usually self-directed.

R: Her laughter indicates you had helped her break out of her limited view of herself as a victim. A basic principle of your utilization approach is illustrated in your early experience with Miss Walsh. She utilized your ability to pronounce LaVerne to help you break out of your stereotyped error in pronouncing government.

AUTOHYPNOSIS IN LIFE CRISIS

At the age of 17, when Erickson lay acutely ill with polio for the first time he had the following experience.

E: As I lay in bed that night, I overheard the three doctors tell my parents in the other room that their boy would be dead in the morning. I felt intense anger that anyone should tell a mother her boy would be dead by morning. My mother then came in with as serene a face as can be. I asked her to arrange the dresser, push it up against the side of the bed at an angle. She did not understand why, she thought I was delirious. My speech was difficult. But at that angle by virtue of the mirror on the dresser I could see through the doorway, through the west window of the other room. I was damned if I would die without seeing one more sunset. If I had any skill in drawing, I could still sketch that sunset.

R: Your anger and wanting to see another sunset was a way you kept yourself alive through that critical day in spite of the doctors' predictions. But why do you call that an autohypnotic experience?

E: I saw that vast sunset covering the whole sky. But I know there was also a tree there outside the window, but I blocked it out.

R: You blocked it out? It was that selective perception that enables you to say you were in an altered state?

E: Yes, I did not do it consciously. I saw all the sunset, but I didn't see the fence and large boulder that were there. I blocked out everything except the sunset. After I saw the sunset, I lost consciousness for

three days. When I finally awakened, I asked my father why they had taken out that fence, tree, and boulder. I did not realize I had blotted them out when I fixed my attention so intensely on the sunset. Then, as I recovered and became aware of my lack of abilities, I wondered how I was going to earn a living. I had already published a paper in a national agricultural journal. "Why Young Folks Leave the Farm." I no longer had the strength to be a farmer, but maybe I could make it as a doctor.

R: Would you say it was the intensity of your inner experience, your spirit and sense of defiance, that kept you alive to see that sunset?

E: Yes, I would. With patients who have a poor outlook, you say, "Well, you should live long enough to do this next month." And they do.

UTILIZING REAL SENSE MEMORIES RATHER THAN IMAGINATION

R: How do you use autohypnosis to help yourself with your infirmities and pain?

E: It usually takes me an hour after I awaken to get all the pain out. It used to be easier when I was younger. I have more muscle and joint difficulties now.

R: What were your first experiences in coping with your own muscle difficulties and pain? How did you learn to do it? Did someone train you in autohypnosis?

E: I learned by myself. I can recall how I approached using a microscope. If you really want to see through the microscope and you want to draw what you are seeing, you keep both eyes open. You look with one eye and you draw with the other.

R: What's that got to do with autohypnosis?

E: You don't see anything else.

R: You only see what is relevant for your task and block out everything else. It's that aspect of selective perception that enables you to recognize the altered state of autohypnosis. How did you cope with pain at that time?

E: One of my first efforts was to learn relaxation and building up my strength. I made chains out of rubber bands so I could pull against certain resistances. I went through that every night and all the exercises I could. Then I learned I could walk to induce fatigue to get rid of the pain. Slowly I learned that if I could think about walking and fatigue and relaxation, I could get relief.

R: Thinking about walking and fatigue was just as effective in producing pain relief as the actual physical process?

E: Yes, it became effective in reducing pain.

R: In your self-rehabilitative experiences between the ages of 17 and 19

you learned from your own experience that you could use your imagination to achieve the same effects as an actual physical effort.

- E: *An intense memory rather than imagination!* You remember how something tastes, you know how you get a certain tingle from peppermint. As a child I used to climb a tree in a wood lot and then jump from one tree to another like a monkey. I would recall the many different twists and turns I made in order to find out what are the movements you make when you have full muscles.
- R: You activated real memories from childhood in order to learn just how much muscle control you had left and how to reacquire that control.
- E: Yes, you use real memories. At 18 I recalled all my childhood movements to help myself relearn muscle coordination. [Erickson now recalls how he spent much time and effort remembering the sensations of swimming, the feeling of water rushing past the different muscles of the body, etc.]
- R: This could be a way of facilitating autohypnosis by having people go into their sense memories. This would activate autonomous sensory responses that are an aspect of autohypnotic behavior: not imagination but real sense memories.
- E: As you watch Buster Keaton in a movie teetering on the edge of a building, you can feel your own muscles tense up.
- R: The movie or pure imagination provides an associative pathway to your own sense memories, which you then actually experience in the form of muscle tension.

This fascinating account of his early self-taught approaches to self-rehabilitation by using sense memories to recall and relearn to use his muscles is the source of much of Erickson's experimental work with the nature of trance (Erickson, 1964, 1967) and hypnotic realities (Erickson, Rossi, and Rossi, 1976). An imaginative account in a book or movie might focus one inward and facilitate access to one's own sense memories, but it is these real memories rather than pure imagination per se that evoke the ideomotor and ideosensory processes that lead one more deeply into trance and new possibilities of learning. Whereas at the age of six Erickson had an entirely spontaneous experience of the relation between an altered state and new learning, by 19 he had begun to actually cultivate altered states by going deeply into his sense memories to relearn the use of his muscles. He did not yet label these experiences as altered states or autohypnosis. The obvious relation between these early experiences and his later understanding of trance is evident, however, when he wrote: "The hypnotic state is an experience that belongs to the subject, derives from the subject's own accumulated learnings and

memories, not necessarily consciously recognized, but possible of manifestation in a special state of non-waking awareness. Hence the hypnotic trance belongs only to the subject; the operator can do no more than learn how to proffer stimuli and suggestions to evoke responsive behavior based upon the subject's own experiential past" (Erickson, 1967). The view that all hypnosis is essentially autohypnosis certainly finds support in Erickson's personal and professional experience. Hypnotic induction techniques may be best understood as approaches that provide subjects with opportunities for the intense self-absorption and inner experiences called trance. The wise operator then develops skill in relating creatively to this inner experience of his subjects.

EARLY TRAINING IN DREAM AND SOMNAMBULISTIC ACTIVITY

E: I was forever observing. I'll tell you the most egotistical thing I ever did. I was 20 years old, a first-semester sophomore in college, when I applied for a job at the local newspaper, The Daily Cardinal, in Wisconsin. I wanted to write editorials. The editor, Porter Butz, humored me and told me I could drop them off in his mail box each morning on my way to school. I had a lot of reading and studying to do to make up for my barren background in literature on the farm. I wanted to get a lot of education. I got an idea of how to proceed by recalling how, when I was younger, I would sometimes correct arithmetic problems in my dreams. My plan was to study in the evening and then go to bed at 10:30 p.m., when I'd fall asleep immediately. But I'd set my alarm clock for 1:00 a.m. I planned that I would get up at 1:00 a.m. and type out the editorial and place the typewriter on top of the pages and then go back to sleep. When I awakened the next morning, I was very surprised to see some typewritten material under my typewriter. I had no memory of getting up and writing. At every opportunity I'd write editorials in that way. I purposely did not try to read the editorials but I kept a carbon copy. I'd place the unread editorials in the editor's mail box and every day I would look in the paper to see if I could find one written by me, but I couldn't. At the end of the week I looked at my carbon copies. There were three editorials, and all three had been published. They were mostly about the college and its relation to the community. I had not recognized my own work when it was on the printed page. I needed the carbon copies to prove it to myself.

R: Why did you decide not to look at your writing in the morning?

E: I wondered if I could write editorials. If I did not recognize my words on the printed page, that would tell me there was a lot more in my head than I realized. Then I had my proof that I was brighter than I

knew. When I wanted to know something, I wanted it undistorted by somebody else's imperfect knowledge. My roommate was curious about why I jumped up at 1:00 a.m. to type. He said I did not seem to hear him when he shook my shoulder. He wondered if I was walking and typing in my sleep. I said that must be the explanation. That was my total understanding at the time. It was not till my third year in college that I took Hull's seminar and began my research in hypnosis.

R: Would this be a practical naturalistic approach for others to learn somnambulistic activity and autohypnosis? One could set an alarm clock to awaken in the middle of sleep so one could carry out some activity that could be forgotten. Would this be a way of training oneself in dissociative activity and hypnotic amnesia?

E: Yes, and after a while they would not need the alarm clock. I have trained many students this way.

AUTOHYPNOSIS IN IDENTITY CRISIS

E: I had a very bitter experience early in medical school. I was assigned to examine two patients. The first was a 73-year-old man. He was in every way an undesirable bum, alcoholic, petty thief, supported by the public his entire life. I was interested in that kind of life, so I took a careful history and learned every detail. He obviously had a good chance of living into his 80's. Then I went to see my other patient. I think she was one of the most beautiful girls I had ever seen—charming personality and highly intelligent. It was a pleasure to do a physical on her. Then, as I looked into her eyes, I found myself saying I had forgotten a task, so I asked to be excused and I would return as soon as possible. I went to the doctors' lounge and I looked into the future. That girl had Bright's disease, and if she lived another three months she'd be lucky. Here I saw the unfairness of life. A 73-year-old bum that never did anything worthwhile, never gave anything, often destructive. And here was this charming, beautiful girl who had so much to offer. I told myself, "You'd better think that over and get a perspective on life because that's what you're going to face over and over again as a doctor: the total unfairness of life."

R: What was autohypnotic about that?

E: I was alone there. I know others came in and out of the lounge but I was not aware of them. I was looking into the future.

R: How do you mean? Were your eyes open?

E: My eyes were open. I was seeing the unborn infants, the children who were yet to grow up and become such and such men and women dying in their 20's, 30's, 40's. Some living into their 80's and 90's and their particular values as people. All kinds of people. Their occupa-

tions, their lives, all went before my eyes.

R: Was this like a pseudo-orientation in time future? You lived your future life in your imagination?

E: Yes, you can't practice medicine and be upset emotionally. I had to learn to reconcile myself to the unfairness of life in that contrast between that lovely girl and that 73-year-old bum.

R: When did you realize you were in an autohypnotic state?

E: I knew I was as absorbed as when I wrote the editorials. I just let my absorption occur but I did not try to examine it. I went into that absorption to orient myself to my medical future.

R: You said to yourself, "I need to orient myself to my medical future." Then your unconscious took over and you experienced this profound reverie. So when we go into autohypnosis, we give ourselves a problem and then let the unconscious take over. The thoughts came and went by themselves? Were they cognitive or imagery?

E: They were both. I would see this little baby that grew up to be a man.

From this account we witness the spontaneous healing presence of profound reverie or autohypnosis during an identity crisis. A deep state of inner absorption which Erickson defines as trance was resorted to in order to cope with a problem that was apparently overwhelming for his conscious mind. This is another illustration of how autohypnosis and new learning are associated in Erickson's personal development.

AUTOHYPNOSIS DURING EXPERIMENTAL AND CLINICAL TRANCE WORK

E: In doing experimental hypnotic work with a subject in the laboratory I would notice we were all alone. The only thing present was the subject, the physical apparatus I was using to graph his behavior, and myself.

R: You were so focused on your work that everything else disappeared?

E: Yes, I discovered I was in a trance with my subject. The next thing I wanted to learn was, could I do equally good work with reality all around me, or did I have to go into trance. I found I could work equally well under both conditions.

R: Do you tend to go into autohypnosis now when you work with patients in trance?

E: At the present time if I have any doubt about my capacity to see the important things I go into a trance. When there is a crucial issue with a patient and I don't want to miss any of the clues, I go into trance.

R: How do you let yourself go into such trance?

E: It happens automatically because I start keeping close track of every movement, sign, or behavioral manifestation that could be important. And as I began speaking to you just now, my vision became tunnel-like and I saw only you and your chair. It happened automatically, that terrible intensity, as I was looking at you. The word “terrible” is wrong; it’s pleasurable.

R: It’s the same tunnel vision as sometimes happens when one does crystal gazing?

E: Yes.

Erickson now recounts a most amazing instance of when he went into trance spontaneously during the first sessions of his therapeutic work with a well-known and rather domineering psychiatrist from another country who was an experienced hypnotherapist. Erickson explains that he felt overwhelmed by his task but approached his first session with the expectation that his unconscious would come to his aid. He recalls beginning the first session and starting to write some notes. The next thing he knew he was alone in his office; two hours had passed, and there was a set of therapy notes in a closed folder on his desk. He then recognized he must have been in an autohypnotic state. Erickson respected his unconscious enough to allow his notes to remain unread in the closed folder. Spontaneously, without quite knowing how it happened, he went into a trance in the same way for the next 13 sessions. It wasn’t until the 14th session that the psychiatrist-patient suddenly recognized Erickson’s state. He then shouted, “Erickson, you are in trance right now!” Erickson was thus startled into normal awake state. He remained normally awake for the rest of the sessions. Erickson’s profound respect for the autonomy of the unconscious is indicated by the fact that he never did read the notes he wrote while in autohypnotic trance during those first 14 sessions. The junior author recently looked at those faded pages and found they were nothing more than the typical notes a therapist might write.

On a more recent occasion Erickson was helping Dr. L experience a visual hallucination for the first time in trance. As Erickson looked at the door to his waiting room, where Dr. L was hallucinating a long hall and orchestra, Erickson also began to hallucinate it. When they later compared notes on their visions, they had an amusing dispute about just exactly where the various orchestra members were seated.

From these examples we gain a perspective of the range of autohypnotic experiences Erickson has had with his patients. A cardinal feature of all such experience is that he is always in complete rapport with the patient. He is never dissociated and out of contact with the patient. Autohypnotic trance usually comes on spontaneously and always en-

hances his perceptions and relations with the patient. Trance is an intensely focused attention that facilitates his therapeutic work.

THE CONSCIOUS AND UNCONSCIOUS IN AUTOHYPNOSIS

Dr. H visited Erickson to learn how to use autohypnosis.

E: You don't know all the things you can do. Use autohypnosis to explore, knowing you are going to find something that you don't know about yet.

H: Any way I can intensify my autohypnotic training?

E: No way you can consciously instruct the unconscious!

H: Is there any way you can consciously instruct my unconscious?

E: I don't want to. And I shouldn't, for the simple reason that you have to do things in your own way and you don't know what your way is. Now Mrs. Erickson goes into autohypnosis very deeply, but she insists on keeping her eyes open. Betty Alice likes to sit down and kick off her shoes, close her eyes, and levitate her hand to her face. Roxie, no matter what position she is in, just closes her eyes. We all have our own patterns.

H: I'd like to try to go deeper. Can I do that by myself?

E: You can go as deeply in the trance as you wish; the only thing is that you don't know when. In teaching people autohypnosis I tell them that their unconscious mind will select the time, place, and situation. Usually it's done in a much more advantageous situation than you consciously know about. I gave a resident in psychiatry those instructions and she went into autohypnosis on several occasions. Once she went into town and had breakfast with a psychologist, took a bus, met some high school friends she hadn't seen for years, went shopping with the psychologist—and he didn't know she was in a trance. She came back to the hospital and finally awakened standing in front of the mirror putting on her hat to go out. Then she noticed that the clock said 4 p.m. and the sun was coming in the westerly windows. That really scared her. She had picked up her train of thought from the morning, when she stood in front of the mirror putting on her hat, and she reawakened in that same position. She then phoned me and came over and wanted to know what to do about it. I suggested her unconscious ought to decide. So she went into a trance and told me what she wanted to do. She wanted to recall in order of time everything except the identity of her purchases. So she relived that day. Then I asked her to guess the identity of her purchases. She guessed she had bought all the things on her shopping list. But when she went home to check, she found that she bought all the things she had

formerly wanted to purchase but had always forgotten.

Another time she presented a case conference to the professional staff without anyone realizing she was in trance. Another time she presented in front of the library club and found herself going into trance. Two visitors unexpectedly walked in, and I knew she would not see them or hear them. When one of them asked a question, I knew she would not hear it, so I got up and said, "I guess you did not hear Dr. X ask . . ." I knew she would hear my voice, and when I said "Dr. X" she was able to see him. I also mentioned Dr. Y's name so she could see him also. When the meeting was over, she thanked me for bringing them to her awareness. She said, "I forgot to make provision for unexpected visitors." Every time you go into trance you go prepared for all other possibilities.

R: The conscious ego cannot tell the unconscious what to do?

E: That's right!

R: Yet that's why people want to use autohypnosis. They want to effect certain changes in themselves. When you use autohypnosis to relieve your pain, you go into trance and your unconscious cooperates with your wish to be free of pain.

E: Yes.

R: The unconscious can take a general instruction like "Relieve the pain." But the unconscious does not follow a specific instruction about how to do it exactly.

E: That's right. I have the thought, "I'd like to get rid of this pain." That's enough!

R: It's enough to enter trance with the thought: "How do I lose this weight?" "How do I give up smoking?" "How do I learn more efficiently?" These are effective ways of relating to the unconscious. You simply ask a question and let the unconscious be free to find its own way?

E: Yes. Now why should you know you've been in an autohypnotic trance?

R: The conscious mind wants to know and be able to validate the experience.

E: [E gives example of a child being unable to solve an arithmetic problem but then solving it in a dream or finding it very easy to do in the morning. Apparently the unconscious worked on it while the conscious mind was asleep.] You go into autohypnosis to achieve certain things or acquire certain knowledge. When do you need that knowledge? When you have a problem with a patient, you think it over. You work out in your unconscious mind how you're going to deal with it. Then two weeks later when the patient comes in, you say the right

thing at the right moment. But you have no business knowing it ahead of time because as surely as you know it consciously, you start to improve on it and ruin it.

R: You really believe in a creative unconscious!

E: I believe in a different level of awareness.

R: So we could say the unconscious is a metaphor for another level of awareness, a metalevel?

E: I can walk down the street and not have to pay attention to the stoplight or the curb. I can climb Squaw Peak and I don't have to figure out each step.

R: Those things are being handled automatically by other levels of awareness.

Erickson's insistence on the separation of consciousness and the unconscious in autohypnosis presents a paradox: we go into autohypnosis in order to achieve certain conscious goals, yet the conscious mind cannot tell the unconscious what to do. The conscious mind can structure a general framework or ask questions, but it must be left to the autonomy of the unconscious as to how and when the desired activity will be carried out. Examples of how this takes place with pain relief are as follows:

AUTOHYPNOSIS FOR PAIN RELIEF: THE SEGMENTALIZED TRANCE

E: Yesterday I went into the house at noon to go to bed. I had to get rid of that agonizing pain here [in his back]. On my way to bed I asked my wife to prepare some grapefruit for me. The next thing I knew was that I went out and ate the grapefruit and rejoined you here in the office to continue our work. It was only then that I realized I did not have that horrible pain.

R: What did you do? Did you use autohypnosis to get rid of the pain?

E: I lay down on the bed knowing I'd better start to use autohypnosis in some way. But I don't know how I used it to get rid of the pain.

R: I see, it is a specific trance for that pain only.

E: It's a segmentalized trance.

R: Tell me more about that segmentalized trance.

E: S, with whom we worked yesterday, said her arms were numb. Not the rest of her body, only her arms. How do you get your arms numb? You segmentalize.

R: And the segmentalizing goes along with your conception of your body and not the actual distribution of sensory nerve tracts.

E: That's right. Pain is only part of your total experience, so in some way you must separate it off from your total experience. The pain was pretty agonizing here when I was in the office, so I went to bed with

the intention of losing the pain. Then I forgot about losing it. When I came out here again, I suddenly realized I did not have the pain anymore.

R: Between lying on the bed and later eating the grapefruit the pain was somehow lost. But you don't know how or exactly the moment when.

E: That's right. I don't know how or exactly when, but I knew it would be lost. In losing it you also lose awareness that you did have pain.

R: In using autohypnosis you can tell yourself what you want to achieve but—

E: Then you leave it to your unconscious.

R: You cannot continue to question, "How am I going to lose it?" or think you can lose it consciously. This is very important in the use of autohypnosis. You can tell yourself what you want to achieve, but just exactly how and when it is achieved you have to leave to the unconscious. You must be content not to know how it is achieved.

E: Yes, that's right, because you can't know how it's achieved without keeping it with you.

R: As long as you are obsessively thinking about the pain, it is going to be there. You have to dissociate your conscious mind from the pain associations.

E: You must also have had an analogous experience such as this. [Erickson here details an example of how he would prepare a speech in his mind while driving to a conference. He could drive through the most complicated and troublesome traffic competently yet not remember a bit of it later when he found that he had arrived at the conference, since his mind had been occupied with the speech he was preparing.]

R: So there was a dissociation in your mind: part of you was automatically driving and another part preparing your speech.

The classical role of dissociation and distraction are clear in these examples together with Erickson's lack of intellectual insight about exactly how or when pain relief is achieved. It is an unconscious process. Talented and experienced as he is, however, Erickson still has difficulties, as is indicated in the following comments by his wife Elizabeth Erickson (EE).

EE: The unconscious may know more than the conscious mind, and should be left to develop its own learnings without interference, but it's not always plain sailing, and it may go about things in the wrong way.

Some of MHE's experiences with pain control have been trial-and-

error, with a good deal of error. For example, there have been many long weary hours spent when he would analyze the sensations verbally, muscle by muscle, over and over, insisting on someone (usually me) not only listening but giving full, absorbed attention, no matter how late the hour or how urgent other duties might be. He has absolutely no memory of these sessions, and I still don't understand them. I feel they were blind alleys, but perhaps they may have involved some unconscious learnings. Then again, maybe not. The reason I mention this is that I think many people might get discouraged when the unconscious gets lost temporarily in a blind alley. The message is "Hang in there. Eventually it will work through."

DISTRACTION, DISPLACEMENT, AND REINTERPRETATION OF PAIN

E: At least for me physiological sleep will cause ordinary hypnosis to disappear. That means you should put your patients in a trance with instructions to remain in a trance until morning. In physiological sleep I simply let loose of the hypnotic frame of reference. I may awaken with pain, and I've got to reorient my frame of reference to a state of relaxation, a state of comfort, a state of well-being into which I am able to drift off into comfortable sleep. It may last for the rest of the night. Sometimes it may last no longer than two hours, so I'm awakened and must reorient to comfort. Recently the only way I could get control over the pain was by sitting in bed, pulling a chair close, and pressing my larynx against the back of the chair. That was very uncomfortable: But it was discomfort I was deliberately creating.

R: It displaced the involuntary pain?

E: Yes, I drifted into sleep restfully; then I would awaken with a sore larynx.

R: My goodness! Why did you choose this unusual way of causing yourself pain?

E: Voluntary pain is something that is under your control. And when you can control pain, it's much less painful than involuntary pain. You know you can get rid of it.

R: It gets rid of the future component of pain (Erickson, 1967). You get rid of a lot of pain of displacement and distraction.

E: Right! Distraction, displacement, and reinterpretation.

R: Reinterpretation; can you give me an example of how you've used that?

E: Okay. I had very severe shoulder pain, and my thought was I didn't like the arthritic pain. You might call it a sharp, cutting, lancinating, burning pain. So, I thought of how a red hot wire would feel just as

sharp and burning. Then it suddenly felt as if I really did have a hot wire there! The arthritic pain had been deep in the shoulder, but now I had a hot wire lying across the top of the shoulder.

R: So you displaced the pain slightly and reinterpreted it.

E: Yes, I displaced my attention so I was still having pain, but I didn't feel it all through the shoulder joint.

R: That was a voluntary reinterpretation, so it was more tolerable.

E: It is more tolerable, and then I got bored with it and finally forgot it. You can study that sensation only so long. When you've exhausted all that you can think about it, you finally lose the pain sensations. It wasn't until about four hours later that I recalled that I had had the hot wire sensation there. I couldn't recall just when I lost it.

R: So you make good use of forgetting too.

E: One can always forget pain. One of the things I don't understand about patients is why they continue to keep their tension and pain.

R: Yes, by focusing attention on it they are actually helping it along.

EXPECTANCY AND THE IMPLICIT THERAPEUTIC TRANSFORMATION OF NIGHT TIME PAIN

Erickson also had experiences of awakening out of sleep in the middle of the night to deal with pain that arose apparently in response to the two bouts of polio he experienced when he was 18 and then again in his early fifties (Rossi, 2002). He assured me that he was usually successful in his personal pain control when he was awake and he always was comfortable when he fell asleep at night. He also assured me that thorough the use of post-hypnotic suggestion most of his patients remained pain free throughout the night. But for some reason or other, he might occasionally awaken with pain after the first few hours of sleep or sometime toward early morning.

To reassert his pain control he would have to awaken his wife, who then had to help him sit up in bed so that he could fully awaken, and then to listen to him as he described to her verbally his process of self-hypnosis. Erickson told me it was necessary for him sit up, and even use his wife as an audience, in order to awaken fully before he could proceed with pain control in the middle of the night. This is anecdotal evidence for the idea that arousal is important in many aspects of therapeutic hypnosis described in the previous chapter. So, how did Erickson do it? Here is the story of how he used self-hypnosis in the middle of the night as he told it to me when he was in his seventies. I can only quote his words from memory. I use ellipses (...) to indicate how Erickson would dramatically pause throughout his description to mark the transitional states of his self-hypnotic experience.

“Can you imagine how frightening it is for me in my condition to feel an intense, sharp, biting pain going right through my shoulder? I have to get fully awake even in the middle of the night, sit up, and fully experience that pain before I could do anything with it... After a few moments, or so, I realize it feels it like a hot wire going right through my shoulder... then it seems I forget myself for a while...and after a while I suddenly notice, what’s this? ...It seems as if the hot wire is now resting on top of my shoulder!

(At this point Erickson glances at me sharply as if to check whether I understand the significance of this sensory-perceptual shift as the first indication of the spontaneous healing sifts characteristic of therapeutic hypnosis. At no time does Erickson suggest or tell himself what changes will take place during his self-hypnosis. *He has no conscious awareness of how the pain relief will take place. He appears to be simply observing and reporting how an autonomous, unconscious, implicate process evolved entirely on its own. The implicate process apparently continues “with a life of its own” engaged in a “therapeutic dialogue” with Erickson’s consciousness somewhat as follows.*)

“I wonder about that hot wire that is now resting on the *top* of my shoulder. Can you imagine what a great relief it is to me to realize its only on top of my shoulder not inside where it was really frightening to me...And I seem to forget myself for a little while again...*Then, what is this!?* ...*Now it seems as if the whole top of my shoulder is hot...so hot that I can hardly stand it! But it is much better this way because I realize it is starting to spread...* After a while I feel the heat spreading down my arm to my elbow... What a relief that is to me, I now realize that as it spreads its less hot. I sense it slowly moving down to my wrist and then my hand... by this time its only warm... pleasantly warm in fact.

“Pleasant warmth... umm... with the warmth I begin to feel a pleasant, comfortable fatigue!

At this point Erickson again glances sharply at me with quizzically arched eyebrows. He wants to know if I am aware of the significance of this feeling of “comfortable fatigue.” Of course I do not, so I silently shake my head slowly, no. Erickson proceeds to pedagogically explain.

“From frightening pain in the center of my shoulder where the bones may be falling apart, to a hot wire feeling on top of my shoulder. From a hot wire to intense heat all over the shoulder. The heat gradually becomes warmth as it spreads down my arm. The warmth becomes comfortable and I feel fatigue! Warmth, comfort and fatigue...fatigue as in tired...tired as in *Sleep! I’m beginning to feel comfortable and sleepy!* I tell my wife I am sleepy and please shift me to a sleeping position...thank you and good night!”

Thus for Erickson, self-hypnosis for pain relief in the middle of the

night required arousal and a trust that therapeutic transformations would happen all by themselves if he allowed himself to be in a receptive state. *Notice that it was this expectancy and trust in the autonomous or implicit levels of therapeutic transformations that would alleviate his pain rather than any form of verbal self-suggestion that was efficacious here. There was no self-administered verbal magic of suggestion! Erickson initially was surprised about the sensory perceptual pathway of therapeutic transformations - from deep pain through the shoulder to the hot wire on the surface of his shoulder that gradually became warmth, comfort, fatigue, and sleepiness.* Exactly what the therapeutic transformations of his sensory-perceptual sifts would be, however, were left to an implicit, autonomous or unconscious level of processing. This is very difficult to explain from a conventional theory of hypnosis, being a response to verbal suggestion, but it could be explained as a natural result of expectancy. But, an expectancy of what? Erickson had never heard of ultradian rhythms and the natural 90-120 minute Basic Rest Activity Cycle (Lloyd & Rossi, 1992, 2008; Rossi, 1996). I would purpose, however, that it could be an expectancy based on our lifetime of experience with the natural ultradian shifts in our Basic Rest Activity Cycle that will sooner or later allow us to slip into the natural psychobiological comfort of rest and healing that takes place every hour and a half or two.

Research has documented that the early morning period around 4 to 6 a.m. is the lowest point in our daily temperature (that normally varies between 36.3 degrees centigrade [97.88 Fahrenheit] around 4 a.m. to a peak of 36.9 degrees centigrade [98.42 Fahrenheit] at about 11 a.m.). It is no coincidence that the early morning low at about 4 a.m. is the period when there are more traffic accidents due to a lack of attention while the 11 a.m. peak period in temperature coincides with a peak in mental attention, as well as physical strength. It may seem to be a contradiction that most spiritual traditions regard this period from four to six a.m. as the clearest and most beneficial meditative period of the day. This apparent contradiction could be resolved when we realize that their circadian cycle may be shifted because these people tend to go to sleep earlier at sundown so that by 4 a.m. they have already had a full nights sleep. Lucid dreamers who are able to consciously recognize that they are dreaming while dreaming also report this early morning period as providing one of the best opportunities for communicating with their inner selves. If you are willing to interpret this "inner self" as your creative source then this is evidently one of the best times of the day for accessing it (Rossi, 2004, 2005, 2007; Rossi & Nimmons, 1991).

UTILIZING EARLY MEMORIES TO REPLACE CURRENT PAIN

E: I get myself into a very awkward position on the bed so I cannot twitch too much. The twitching in my arms and legs and head jarred and aggravated me because I was having stabbing, lancinating, cutting pains. First here and there, very short. Overall body discomfort. I was lying on my stomach with my feet elevated and my legs crossed. My right arm was under my chest, immobilizing me. I was recovering the feeling of lying prone with my arms in front of me, head up and looking at that beautiful meadow as a child. I even felt my arm short as a child's. I went to sleep essentially reliving those childhood days when I was lying on my stomach on the hill overlooking the meadow or the green fields. They looked so beautiful and so blissful and so peaceful. Or I see woods and forest or a slowly running stream of water.

R: You tap into those internal images from childhood when your body was in fact sound and comfortable. You thereby utilize the ideomotor and ideosensory process associated with those early memories to enhance your current comfort.

E: And when I was just learning to enjoy the beauty of nature. But an inactive beauty. It was the gentle movement of the grass in the breeze, but the grass itself was not putting forth the effort.

R: That image of a lack of self-directed activity led to a corresponding peacefulness within you.

E: Yes, and that filled my mind entirely. Then when I later came out here to see a patient, I let my intensity of observation take over completely in working with her.

R: You continued to distract yourself so the pain did not have a chance to recapture your consciousness. When you fill your mind with those early childhood memories, what is actually happening? Do you feel you are reactivating those associative processes in your mind and, therefore, that simply displaces your current body pain?

E: Yes, and from a period of my life that is not very well informed, a simple and unsophisticated period. It allows a complete regression. I would have thoughts of my father and mother as they were then! Then I could have my own early feelings of being on the hill on the north side of the barn, etc.

R: And these feelings replaced the painful sensations you were having today?

E: Yes, I'm a visual type, so I use visual memories. [Erickson goes on to explain how he first explores a patient's early memories to determine whether they are predominantly visual or auditory. He then utilizes these predispositions in later trance work. One patient, for example,

was able to distract himself from pain by focusing on the memories of the sound of crickets which he enjoyed in his childhood.]

THE WOUNDED PHYSICIAN

- R: Later, when you were 51, you incurred polio again. How did you help yourself?
- E: By that time I could relegate things to my unconscious because I knew I had gone through all that before. I would just go into trance saying, 'Unconscious, do your stuff.' Learning to write with my left hand the first time was very laborious. The second time I got polio my right hand was knocked out again, and I found I had to use my left, which I had not used since around 19.
- R: The sense memory exercises at 17 through 19 really helped you recover the use of your right hand and your ability to walk. When you were again stricken with polio at the age of 51, you had this base of experience to draw upon and left it up to your unconscious in autohypnotic trance.
- E: At the present time (age 73) I have tried repeatedly to write with my left hand. [Erickson demonstrates how he now writes by holding the pen with his right hand but guides that hand with his stronger left hand.] I'm currently holding on very carefully to everything I can do with my right hand because I'd better keep whatever use I have as long as possible.
- R: I see, that's why I see you peeling potatoes in the kitchen. You certainly are an example of the archetype of the wounded physician who learns to help others through his work in healing himself. This has been the story of your life.

THE PROBLEM OF FEAR IN AUTOHYPNOSIS: THE NATURALISTIC APPROACH TO AUTOHYPNOSIS

- R: Yesterday afternoon, after talking with you about autohypnosis, I let myself experience a trance by lying down comfortably and not giving myself any directions; I wanted to follow your advice and let my unconscious take over. After awhile I had a dream or dreamlike fantasy that someone was carefully pulling my floating, immobile body to the edge of a pool. I felt a bit sheepish because I wasn't drowning but had let myself get into a state where I could not move my body. Then I suddenly realized I was lying there on the couch of your waiting room in a trance and I really couldn't move my body. I felt a flash of oppressive fear but then tried to reassure myself that I was okay and actually experiencing a genuine body catalepsy in a deeper trance

than I had ever experienced before. I tried to give myself some sensible suggestions, especially the idea that I'd be able to return to this deep state for further hypnotic work. But I guess I was simply too afraid. My mind kept running on and on with an irrational fear about what a terrible thing it would be if I really could not recover movement. After a minute or two I decided I would focus all my attention on the little finger of my right hand and just move it ever so slightly to reassure myself and as the first stage to waking up. I did just that, but now I'm sort of ashamed that after all my years of training with you, I allowed myself to fall into fear so I could not tolerate that profound trance for more than a minute or two.

- E: The fright stopped you from exploring somewhat as follows: 'Here is a chance to find my body. How do I find my body? I know I've got a little finger. Next to it is another finger. If I move my little finger, I can move the next finger. And then I can progressively move all the fingers of that hand. And I know I have another hand. Shall I start moving the little finger of that hand first, or the thumb? Now what next do I want to do? Shall I start with my toes? Do I have to start with my toes? What of my sensory experience? What else can I explore in this state?'
- R: What's the value of this step-by-step exercise?
- E: It gives you an opportunity to learn to dissociate any part of your body. If you don't get frightened, it gives you a chance to start examining the autohypnotic state.
- R: So once you somehow naturally fall into the autohypnotic state, you begin to experiment with it. It can be a study of dissociation. You can recover the movement of a few fingers and a hand and then let them go again (dissociate them) as you experiment with the other hand. You practice recovering mobility and sensation of different parts of your body and then dissociating them again as you go on to experiment with another part of your body. That could be marvelous training for hypnotic anaesthesia via dissociation. You can also experiment with altering your sensations and perceptions: warmth, cold, color, sounds, etc. That's a naturalistic approach to training yourself in autohypnosis.
- E: That's right! When I awakened in a hotel room on one occasion by opening one eye, I wondered where I was because I didn't recognize anything in the room. I thought, 'I am curious to know if I can close this eye and recognize this room with the other eye.' And I did! Then I closed that eye and opened the first eye, and I was back to not knowing where I was.
- R: Knowing where you were was dependent on which eye you had opened. That was a marvelous experiment with dissociation!

- E: When you fall into these states, you explore them and enjoy it!
- R: It's incredible that cognition and knowing could be associated with one eye and not the other. This is a very unusual form of dissociation.
- E: You can eat something and blot out all recognition of what you're eating. And then you can let yourself discover, 'Oh yes, I've eaten this before.' You can develop an amnesia for any previous experience of eating that thing and then discover bit by bit what is familiar about it. Sometimes you recognize it by the texture, sometimes by odor and taste. You isolate each recognition factor.
- R: This is an exercise in dissociation and sensory isolation that anyone could practice while awake and then later utilize that skill while in trance to develop it even further.
- E: You can learn to prolong your hypnogogic and hypnopompic states (twilight zone between going to sleep and waking up) and experiment with yourself in these states. You can awaken from a dream and then go back to sleep to continue that dream. [Erickson gives an example of how, while taking a nap, he dreamed his wife was leaning against him whispering sweet things. He then awakened but still had the hallucination feeling of her body pressing comfortably against his elbow. He could no longer see or hear her as in the dream, but he took this occasion to experiment with keeping, losing, and shifting the warm and comfortable pressure of her body against his elbow. Gradually the comfortable feeling extended itself up to his shoulder, and Erickson then spent some time enjoying this feeling in his shoulder, letting go of it and then having it come back. On future occasions when he was troubled with arthritic pain in that shoulder, he let himself go into autohypnosis to receive this warm, comfortable pressure which would then gradually replace the arthritic pain. This is a clear example of how he utilized his own psychodynamic processes from a dream in a naturalistic manner.]
- R: These would all be exercises in training the conscious mind to become more tolerant of the interface between consciousness and the unconscious. Gradually it can then develop certain skills in interacting with the unconscious in a way that could lead to the experience of all the classical hypnotic phenomena as well as other altered states. The conscious mind cannot control the process but it can relate to the unconscious in a creative manner. It's always an exploration, an adventure to be enjoyed, rather than a job to be done. The conscious mind can never be sure of the results; it's really the dependent partner. But once the conscious mind has developed certain skills in relating to the unconscious, it can use these skills in an emergency to influence certain sensory-perceptual and behavioral processes or whatever.

BEHAVIORAL ENRICHMENT IN AUTOHYPNOSIS

- E: Why do things in just one way? [Erickson now gives numerous examples of how members of his family learned different ways of doing things: reading upside down, under water, etc.]
- R: With autohypnosis we are attempting to learn greater flexibility in our functioning. We don't want to limit ourselves to one Generalized Reality Orientation (Shor, 1959). Your suggestion is that autohypnosis can be used to develop greater flexibility in the way we relate to our own behavior, sensory-perceptual processes, and cognition. We can alter and, in part, recreate our experience on practically any level. We have just begun learning how to do this. Psychedelic drugs and classical hypnotic work are relatively crude approaches we have accidentally stumbled upon in the past. We are actually engaged in sensory-perceptual and behavioral enrichment in our explorations with autohypnosis. In other words, trance is needed for new learning.
- E: *We lay down new pathways!* [Note the prescience of Erickson's casual remark here! It was not until about twenty years later that modern neuroscience experimentally demonstrated the reality of neurogenesis, synaptogenesis, and brain plasticity in laying down new neural pathways and networks of new memory and learning.]
- R: Trance helps depotentiate our old programs and gives us an opportunity to learn something new. The only reason why we cannot produce an anaesthesia at will, for example, is because we don't know how to give up our habitual generalized reality orientation that emphasizes the importance of pain and gives it primacy in consciousness. But if we allowed young children to experiment with their sensory perceptual processes in a fun way, they might easily develop skills with anaesthesia that could be very useful when they needed it. This would be an interesting piece of research, indeed.

**SELF-ANALYSIS AND MEMORIES IN AUTOHYPNOSIS:
THE IMPORTANCE OF FORGETTING AND NOT KNOWING**

- E: If you want to do autohypnosis, do it privately. Sit down in a quiet room and don't decide what you are going to do. Just go into a trance. Your unconscious will carry out the thing that needs to be done. But you can set an alarm to awaken by because you don't know yet how to measure time with your unconscious mind. And you ought to have a good time. And bear in mind that comic strip of Mutt and Jeff, where Mutt looked in all his pockets but one for his wallet, because if it wasn't

there, he was afraid he would drop dead. You can be free to inquire into yourself instead of dropping dead when you discover something you don't want to know about yourself. Just forget it. You don't know just how much your unconscious wants you to know.

R: Have you used autohypnosis for memory problems?

E: You can go into autohypnotic trance for a memory problem. You may want to recall where you put that letter. Whose birthday have I forgotten? You may begin with hand levitation, but you don't know when you lose your hearing, your vision, your sense of your hand. Then spontaneously there comes to mind the memory you are searching for. [Erickson gives other examples of how he will ask his wife, who is reading, for the name of a certain poet. She keeps on reading and in a few minutes the name pops into her mind. Another colleague assigns her memory problems to a "little man up there in my head" and in a few minutes he gives her the answer. Others use a conscious associative approach recalling the circumstances surrounding the memory or fact they want to recall.] Years ago, after examining a house with lovely date trees which we found satisfactory for our family, I knew I had another reason for buying it. I knew it was a very strong reason but I did not know what it was. I spent a lot of time trying to find it. I bought the house in April and in September I got a sudden urge to find out why I bought the house. So I went into autohypnosis, but nothing came except a view of myself in grammar school in the fourth grade. I knew that must be important, but why? On a subsequent day I was in the backyard and then I recalled that I made a very solemn promise to myself in the fourth grade. I was reading a geography book with an illustration of a boy climbing a date tree. I promised myself that when I got to be a man I would climb a date tree. And I did climb that tree and pick those dates.

R: The memory came in two stages.

E: During trance I saw myself as a boy in the fourth grade looking at a book, but that did not go far enough. I was looking for the reason but not the identity. I bought the house to satisfy a fourth-grade boy's wish, so in a trance I just saw that fourth-grade boy sitting at his desk. It wasn't until I sat in the backyard looking at the trees that the whole thing came to me.

This example illustrates at least three factors of importance in memory work with autohypnosis. (1) There is frequently a prime time for going into autohypnosis when one feels an "urge" to find something. That "urge" is actually a means by which the unconscious is letting consciousness know that something is available at this time. (2) The unconscious is very literal. In this example it showed Erickson the "identity" in a

fourth-grade boy but not the “reason” or why of the fourth-grader. (3) Finally, the unconscious takes time: between April and September to come forth with the first half of the reason and then another few days until circumstances were just right for consciousness to receive the why of it. Consciousness is not always aware of all the contingencies of such memory recall. Because of this much patience is required as it learns to cooperate with the dynamics of unconscious processes. Because the conscious mind rarely recognizes what is involved, it is very important that we give our unconscious as much freedom as possible to work things out. When we do make suggestions, they should be as broad as possible (Erickson, Rossi, Rossi, 1976).

NIRVANA OR AUTOHYPNOSIS AS A DISSOCIATION FROM ALL SENSE MODALITIES

On one occasion Erickson was doing some experimental work with K on stopped vision (Erickson, 1967), wherein she experienced being in “the middle of nowhere.” Erickson recalled the following:

E: I was in the backyard a year ago in the summertime. I was, wondering what far-out experiences I’d like to have. As I puzzled over that, I noticed that I was sitting out in the middle of nowhere. I was an object in space.

K: There you have it: the middle of nowhere.

E: I was just an object in space. Of all the buildings I couldn’t see an outline. I couldn’t see the chair in which I was sitting; in fact, I couldn’t feel it.

R: You spontaneously experienced that vision?

E: It was the most far-out thing I could do!

R: That was the most far-out thing you could do?

E: You can’t get more far-out than that!

R: It just happened to you as you were wondering about what you could do?

E: Yes.

R: An unconscious responding?

E: And that was my unconscious’ full response.

R: I see; you can’t get more far-out than that.

E: What more far-out could happen?

K: You were just floating or just a nothingness?

E: I was just an object and all alone with me was an empty void. No buildings, earth, stars, sun.

K: What emotions did you experience? Did you—curiosity or fear or apprehension?

E: It was one of the most pleasing experiences. What is this? Tremen-

dous comfort. I knew that I was doing something far-out. And I was really doing it! And what greater joy is there than doing what you want to do? Inside the stars, the planets, the beaches. I couldn't feel the weight. I couldn't feel the earth. No matter how much I pushed down my feet, I couldn't feel anything.

R: That sounds like a spontaneous experience of nirvana or samadhi wherein Indian yogis say they experience "the void." You feel that is so?

E: Yes. The far-out experience of negating all reality-related stimuli.

R: That's what the yogis train themselves to do.

E: Yes, just negating the stimuli from the reality objects.

K: You found that pleasurable?

E: I always find when I can do something, it's pleasurable.

DISCUSSION

From his earliest memories and spontaneous initial experiences with altered states, Erickson developed a precocious attitude of wonderment about the relativity of human experience. His own constitutional problems forced an early recognition of individual differences in sensory-perceptual functioning and the surprising limitations in the world-view of most of the people around him. The motivation for his initial studies in hypnosis with Clark Hull in 1923 thus came from very personal sources and life experiences. Erickson's earliest autohypnotic experience centered around a process of learning; it was a creative moment of insight when he finally saw the difference between a 3 and the letter m in a hallucinatory flash of blinding light. In this early experience we see the beginning of a pattern wherein altered states and new learning are usually associated. In this sense Erickson is an original in the history of hypnosis; his earliest motivation came from personal sources having to do with problems of learning and altered modes of sensory-perceptual functioning rather than the traditional interest in psychopathology which was characteristic of earlier workers. From these earliest experiences came his understanding of autohypnosis or trance as an altered state in which important, internal sensory-perceptual or cognitive processes could so occupy consciousness that our ordinary, everyday reality (the generalized reality orientation) could be "blocked" out, eclipsed, or depotentiated.

In his earliest experiences with self-rehabilitation by recalling early sense memories to help him relearn how to use his muscles, we witness his gradual discovery of some of the basic principles of hypnosis. Recalling early sense memories gave rise to ideomotor and ideosensory processes that could be the basis for relearning functions lost through illness. This is actually the origin of Erickson's utilization approaches to inducing

trance as well as evoking and maximizing behavioral potentials in the therapy of organic and psychological problems. When he says, "Slowly I learned that if I could think about walking and fatigue and relaxation, I could get [pain] relief" he was discovering for himself how relaxation and the fixation of attention on inner realities could replace maladaptive or painful aspects of the generalized reality orientation.

Erickson's emphasis on real sense memories rather than imagination is reminiscent of Bernheim's (1957) basic conception of suggestion as an enhancement of ideomotor and ideosensory processes whereby there is an "unconscious transformation of the thought into movement . . . sensation, or into a sensory image." Bernheim gives illustrations of how such ideodynamic processes operate by evoking "memory-images" within the subjects, which are then reexperienced as the suggested hypnotic phenomenon. This use of the patient's repertory of memory images and experiential learnings is the basis of Erickson's utilization theory of hypnotic suggestion (Erickson and Rossi, 1976). The utilization of the patient's previous learnings in hypnotic responsiveness has been discussed by Weitzenhoffer (1953) and has been recently rediscovered experimentally (Johnson and Barber, 1976). Further research will be needed to determine the relative contributions made by utilizing the patient's repertory of memories and learnings versus pure imagination (Sheehan, 1972) in hypnotic responsiveness. We expect that certain aspects of trance induction, deepening, and involvement may be a function of imagination, but specific ideodynamic responses may be more a function of whatever accumulated learnings and memories the patients can utilize to mediate the suggested phenomenon.

Erickson's accidental activation of what appears to have been a somnambulistic state during which he wrote his student editorials was another personal source of his understanding of trance. The amnesia that one usually has for somnambulistic activity thereafter became an important criterion for deep trance work and some forms of hypnotherapy (Erickson and Rossi, 1974). These personal somnambulistic experiences are also the basis on which he has trained others in what we may term the "naturalistic approach" to autohypnotic experience.

Erickson likes to emphasize that consciousness does not know how to do autohypnosis; consciousness can, only set the stage for it to happen. The major difficulty in learning autohypnosis is in the desire of the conscious mind to control the process. For autohypnotic states to develop, consciousness must first give up control and lose itself so the unconscious can become manifest. The paradox of autohypnosis is that we go into trance because we are interested in controlling or at least altering certain aspects of behavior that are usually autonomous or unconscious in their functioning. Yet, Erickson insists, the conscious mind cannot

control the unconscious. The paradox is resolved by

- (1) Preparing ourselves to experience trance by, for example, arranging a period in which we can be comfortable and undisturbed, then allowing the unconscious to lead us as it will.
- (2) Once the conscious mind recognizes an altered state has been achieved (by the presence of spontaneous alterations of sensory, perceptual, motor, or cognitive processes), however, it can begin to experiment with those alterations by enhancing and diminishing them, transforming them in some way, relocating them, etc.

In this way the conscious mind is engaged in a new pattern of learning: how to recognize and tolerate altered modes of functioning and eventually even modify and control them. The extent to which practitioners of yoga and other spiritual traditions are able to modify and transform their inner experience provides us with illustrations of what is possible with sufficient sensitivity to our altered states and awareness of our physiological functions. We can theoretically learn to accomplish with autohypnosis all those alterations that have been facilitated by the technology of biofeedback (Overlade, 1976). In this sense autohypnosis becomes a means of extending or broadening the range of human experience. It becomes a means of exploring and maximizing human potentialities. This exploration can be enhanced by an attitude of expectation and respect for the potentials of the unconscious and the new modes of functioning that can be learned. Consciousness can never be certain of what is going to be experienced, but it can learn to interact constructively with whatever altered mode of functioning the unconscious makes available.

A major difficulty in this new learning is fear, a natural fear that comes about whenever our Generalized Reality Orientation (Shor, 1959) is interrupted and restructured. Erickson developed his approaches through trial and error, and as we have seen from his wife's comments, there may have been much tedious effort lost in blind alleys where the unconscious or, rather, the creative interaction between the conscious and unconscious, went astray. Much time and effort can be wasted and less resolute individuals may become discouraged. Because of this it is wise to have an experienced guide monitor one's autohypnotic work. This can take place within the traditional formats of psychotherapy, specialized workshops, or experimental programs where careful records are kept and guidance is available (Fromm, 1973, 1974).

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