

Chapter Twenty

Hypnotherapy with a Psychotic

Milton H. Erickson and Ernest L. Rossi

Unpublished manuscript, circa 1940s, edited by E. L. Rossi

Laskarri had been diagnosed on the psychiatric ward as suffering from schizophrenia of the mixed catatonic-hebephrenic type. He was moderately disturbed in his behavior; several times a day he would shout gibberish apparently at hallucinatory figures and race back and forth and around and about the dormitory beds or scramble frantically under and over them. Or in the dayroom comparable behavior might be manifested in relation to the chairs and tables. Otherwise, he merely mumbled and muttered when questioned, despite the fact that he had a college education. Another item of great interest was his alert, intelligent gaze when not disturbed emotionally. He seemed to be intently studying his fellow patients and the interpersonal relationships between patients and the nursing and medical personnel. Yet when approached directly, his interest seemed to vanish and his gaze became veiled.

INDIRECT TRANCE INDUCTION

Made curious by "this" Laskarri's behavior, the writer approached a passively obedient, rather stuporous patient and maneuvered him into a chair nearby so that Laskarri would have a full view of him. The writer then took a chair slightly to one side so that his primary view was of the stuporous patient but his secondary, somewhat sidelong glance permitted an adequate view of Laskarri. In effecting this seating arrangement the writer spoke earnestly and intensely to the unresponsive stuporous patient, but was well aware of Laskarri's intent observations. The writer then gave the stuporous patient a series of suggestions to induce attentiveness, relaxation, a state of restfulness, a state of attentive sleep, restful sleep during which one might hear, understand, wish to respond,

to communicate, to tell things of interest, to need to tell one's thoughts and feelings, to express one's need to ask for help, to do so comfortably even while asleep and without fear.

Previous experimentation with the mildly stuporous patient, who tended to stand about immobile with a vacuous expression in his eyes, had disclosed that he would, if seated in a chair, loll comfortably and seemingly go to sleep. No interpersonal contact had yet been made with him, but he could be used as a suggestive example for Laskarri.

Peripheral vision and sidelong glances soon disclosed that Laskarri, as is common among normal people, was responding to the suggestions he apparently thought were addressed to the subject. Shortly Laskarri gave every appearance of being in a trance, and he manifested catalepsy upon being tested. Slowly the tempo of the hypnotic "sleep" suggestions was decreased, and there was a gradual replacement of them by increasingly urgent suggestions that sometime, somewhere, somehow, courage be found to tell a little, just a little about what happens when you run, you twist, you turn, you crawl over, crawl under, run, twist, shout, sometime soon, somehow, must some way ... will ... must ... can ... must ... tell what happens when crawl, run, rush, shout, go over, go under.

These suggestions were repeated many times—softly, gently, insistently, urgently—and they were followed with cautious slowness, "... and head will nod, nod, nod, yes ... yes ... yes ... yes ... slowly nod yes ... slowly ... will do ... will do soon."

Shortly Laskarri's head nodded "yes" gently, perseveratively, and further suggestion was offered that he sleep restfully for a while, since he might want to say something that afternoon. The afternoon of that same day the writer slowly made ward rounds, finally seating himself in a chair beside Laskarri and waited patiently. Within 20 minutes Laskarri leaned over slightly and murmured, "Big Joe—you—put Joe asleep—put him asleep—different way."

What Laskarri meant was readily recognized. Some 10 days previously Big Joe, six feet five inches tall and 275 pounds, had become increasingly restless and had announced finally, in the writer's presence, his intention of "singing and yelling for about an hour" and then "smashing the ward and everybody in it." There had been previous such experience with him. Immediately the writer secured a syringe with 15 grains of sterile intravenous solution of sodium amytal and took a seat in front of Big Joe's chair. Suspiciously Big Joe inquired if an intravenous injection was planned. He was told that none was planned, but that if he were to sing and yell for about an hour, his mouth would get dry, but the writer could squeeze a small stream into his mouth without interrupting his singing and yelling and his mouth would not get dry

and sore. Big Joe nodded his head agreeably, tipped his head back, and began his bellowing. Little by little the sodium amytal was squirted into Joe's mouth. He swallowed it as he sang and soon lapsed into sleep.

Having thus oriented the writer to his needs, Laskarri's requests now became more personally meaningful. The writer moved his chair closer and Laskarri said, "Sleep—I dream awful dreams—you help." Suggestions of hypnotic sleep were offered, and soon Laskarri was in a trance. He replied to questions of what he should do by answering, "Just let me sleep here in chair—awful dream—hurt—hurt." Taking a chance, I told him, "Sit here in chair, don't move, don't wake up, just don't hurt—just dream awful dream and then tell me."

He seized my wrist, shuddered, perspired, and kept on shuddering and moaning. After some 15 minutes he aroused, stating, "My dream—I had it—I got to keep dreaming until I find out." What it was he had to find out he could not tell. But the next day he could tell the content of the dream, and he begged for further help because he must dream until he found an answer. The content of the dream was that he was being forced, shoved, pulled, yanked, twisted, and thrown through an endless, lightless corridor crowded and filled with bramble bushes, thorny bushes, crucifixion thorns, barbed wire, jagged spikes, long, penetrating slivers of glass, swords, daggers, all manner of painful lacerating, cutting things—a journey that would come to a sudden end with the knowledge that again he would have to traverse that painful way until he "found it." Though approached many times, Laskarri never had revealed anything verbally to any of the hospital personnel. [MHA's original manuscript was left in an incomplete form at this point. Questioning by Ernest Rossi completed the case history in 1978]

R: What was the next step of your therapy with Laskarri?

E: The next dream was of a similar character. I then told him to dream the same dream again with a different set of characters. In his next dream, instead of bramble bushes, he found himself dealing with a net full of fishhooks.

R: This variation of the dream indicated that his unconscious was receiving your suggestions and that he had enough control within his inner processes to actually modify them in accordance with your suggestions.

E: He repeated that dream with a number of people in it. He did not know who they were or even their sex, but they were fishing. Somehow or other they would snag him in that net full of fishhooks. In the next dream it was the same situation with another cast of characters on a grassy bank of a river with four people there all fishing. Three of them (two women and a man) kept

catching him with their fishhooks. The fourth person, a man, caught a fish. He then fried this fish, and it smelled good.

The final dream was of an older brother of his who protected him; he was the one who caught and fried the fish that smelled so good in the previous dream. The other three people who caught Laskarri were his mother, father, and sister. These three were the hurtful people in his earlier life.

R: Did you interpret that dream to him?

E: No, he interpreted it to me! He said he could never get along with his father, mother, or sister, but he could get along with his brother, who always did good things for him. Then we discussed what he ought to do when he left the hospital.

R: Most of his personality was intact; he just needed this insight. The bad dreams of the dark corridor with sharp cutting things were symbolic of the hurt arising from his early family situation. Do you agree that insight was the curative factor in this case? This was a case where the unconscious did have to be made conscious, as Freud believed.

E: Yes. Familiarity breeds contempt. When you go through a painful situation again and again in a dream, changing it a bit each time, it becomes less painful.

R: Yes, that is the desensitization technique of behavior therapy.

E: I got into a lot of trouble over that case. The staff said I had no right to engage in the “unethical and unprofessional act” of sedating Big Joe that way while he was singing.

R: But that act not only protected the ward, it also helped Laskarri gain a positive transference to you as that protective older brother.

E: When he saw the difficulty I got into with the nurses and doctors over my undignified way of sedating Big Joe, that also helped him sympathize and establish rapport with me. The hospital staff did not realize I was actually carrying out Laskarri’s first request to put Big Joe asleep in a “different way.”