Destabilization

Video URL:
https://www.youtube.com/watch?v=knfCNUR5NgU

Learn More about the Core Competencies:
https://www.erickson-foundation.org/core-competencies

33:23

SUMMARY KEYWORDS
conscious mind, erickson, ambiguity, thinking, experiences, problem, confusion, talking, therapy, unconscious mind, person, impasse, shoes, initiate, thoughts, people, attention, unconscious, conscious unconscious, holiday inn

SPEAKERS
Dan Short, Steve Lankton

Dan Short 00:34
Steve, thank you for taking the time to come in and share with us your knowledge, your expertise gained from years of experience of doing therapy with thousands of clients, with teaching different places around the world, and with working with Milton Erickson himself. And what I want to do is -

Steve Lankton 00:55
Pleasure to be here.
Dan Short 00:55
Oh good. I want to better understand this concept of destabilization. I think it's somewhat unique to Ericksonian therapy. And so what exactly is destabilization?

Steve Lankton 01:06
Well, Erickson explained the term as deep potential, deep potentiating a unconscious mind, deep potentiating consciousesses. And his concept was based on an understanding that psychological problems as he said exist, because the conscious mind does not know how to initiate the psychological experiences and behaviors that are needed in a deliberate fashion. And so he said, Well, if we could simply work into the therapy, a way to help the conscious mind not interfere so much. And this needs more explanation, of course, it's not a matter of trying to overwhelm and confuse the person for the fun of it. There's a logic behind all of this, okay? It's important to remember that the goal of therapy and the goal of Erickson's therapy, more specifically we using his words is the reassociation of experiences so that and learned experiences, I might add, that that the conscious mind can initiate, cannot voluntarily initiate. So, for example, you got take a super simple case - a person's got elevator phobia. They can't in the context of that elevator consciously get themselves to figure out or to remember how to feel relaxed. Or whatever the term, I don't know if I feel relaxed in an elevator, but whatever it is that's not anxious and horrible, you know, the "I don't even care that I'm in an elevator" feeling. I can't initiate that. I can't distract myself by talking about the tupperware on the third floor. So being unable to do that gives us two angles. One is the deep potentiation we're talking about and the other is how did it get that way? So let's mention that for just a second. If the goal to reorganize experience what's.. why aren't those experiences already available? So, the answer is as old as psychodynamic theory that as a growing individual is experiencing the
environment around him or her, the necessary experiences may not - that they want to express - may not be allowed in their family of origin. So I might need to cry. Dad might say that's interfering with a football game. So every time I start to fuss, I get shaked or slapped as a child. So pretty soon, the need didn't go away, the crying as a useful balancing behavior in my physiology didn't go away, but my ability to initiate it goes away because I either I intuitively and as case of pre verbal kid, he is certainly having simply a conditioned Pavlovian response, but as the child gets older, they put meaning to it and they think well, you know, asking mom or dad to take care of my needs when I'm sad that it's ridiculous, they don't care about my feelings. So the child builds a cognitive framework, ie the child builds a conscious framework, a conscious mind way of filtering the world that then means these feelings are no longer able to be initiated by me. And if they begin to break into consciousness, I have anxiety. Erickson saw that actually as a signal that there was some development trying to take place. And that is that the organism said I need to have these feelings now but the old learning of the conscious minds getting in the way. So what do you do about that? You deep potentiate the conscious mind or else you struggle to fight through it like Gestalt therapy would have done. Gestalt actually confuses a little bit because of oddness of talking with your, through your moving hands. Yeah, but other other therapies just want to either ignore that or muscle on through it. And and Erickson didn't do that. He wanted to make it an easy transition for the person by helping their conscious mind get confused or work on a puzzle of some mental kind, and so on. Erickson had different names for this. It would be called...

**Dan Short 05:19**
Right, so what are the different names?

**Steve Lankton 05:20**
He called it destabilizing, he called it pattern disruption or people do. He called the depotentiating. And of course, he had different interventions that he used to do this at different times. Since he... This is so pervasive in his work, it really is being carried on the shoulders of other interventions. So conscious unconscious dissociation creates this problem or solution I should say. Establishing expectancy does it. Ambiguity of different kinds, and that would include suggestion and bias and confusion and ambiguous function assignments in metaphor and surprise and shock and humor. And in paradox would be another way of looking at interventions that carry that angle. Confusion technique is pretty straight out, doing that, that's with no other trappings about it.

**Dan Short 06:11**
Yes. Okay. And so, and then there's that saying that many people have studied Ericksonian therapy have heard. Erickson, the quote from Erickson, where he said confusion is sort of the basis of all good techniques or something along those lines with it.

**Steve Lankton 06:26**
He said into every life some confusion should come and also some enlightenment and yeah, so it's kind of a little tease to help you not feel bad about how you suddenly don't understand what he's talking about, for some reason?

**Dan Short 06:39**
Yeah. So what, what else do you want us to know about this in order to use this skillfully or to be able to do this well?

**Steve Lankton 06:49**
So, maybe we should mention some of the components of those things. I just ran off the conscious unconscious dissociation aspect. Erickson says that the operator really ought to know that, distinguish between conscious and unconscious experience so that they can't, so that he or she can fully utilize the potentials of the unconscious mind. To establish that he would sometimes talk specifically and say, you know, Dan, your conscious mind is paying attention now asking questions, thinking of where you're going to go next. Things that your conscious mind is surely doing, while your unconscious mind may be concerned with a lot of other things. So he'd start out vague, and then he would continue, you know, your conscious minds keeping track of time, listening to me, thinking about your posture, while your unconscious mind is working on several surprising details about your growth that you hadn't taken into consideration. Now, in order to fill out the blank spaces here, you'd have to have come in here with a problem that I can now start talking about as part of the unconscious, so instead of saying, elaborate on your growth or whatever I could say, your unconscious mind may be thinking about that problem of how you X, Y and Z when you went to the arena yesterday. And your conscious mind may have some ideas about that arena, but your unconscious knows a great deal more about things you haven't thought of. And let me say what those are. So by continuing that dichotomy, your conscious mind is basically locked into exactly what your conscious mind was doing in the first place. But presupposing or accepting the presupposition that there's another part of me doing something else now. And he would get down to the point where he'd say, you know, your conscious mind can pay attention to the street noises and the airplanes overhead. And just let me talk to your unconscious and the more you get, or you can let any thought come into your mind. Random thoughts or constructive thoughts, irrational thoughts, any thought you want. So as you're listening to you're now beginning to think I wonder what thought he's talking about. I'm well, I just was thinking on an airplane.
That was a long ride over here, and we're going to have to fly home. And so all of a sudden, you have been given permission, instructed and coaxed a little bit into starting to follow some line of thinking, that isn't what he's talking about. And every now and then you may realize, uh oh, he was talking about something and I wasn't paying attention because I was thinking about, oh my gosh, I forgot I was thinking about and that continues on and on as... But what's happening is your conscious mind is being fed ambiguity or indirect suggestion or confusion techniques or something that will deep potentiate - that is reduced the involvement. Now, let me give you a solid example.

**Dan Short** 09:57
Please do.

**Steve Lankton** 09:59
I saw a woman in Canada who had her legs driven through her pelvic socket because of an auto accident. Her pelvis was rewired, and she had learned, again to walk with rehab help. And as she explained the problem to me that, Oh, it's so hard to walk in rehab, so hard to shift my weight and rehab, so hard to move my knees in rehab, so hard to balance myself without holding on to the crutches in rehab. And it was so painful to move and so painful to walk, so painful to stand, so painful to sit. I thought, Wow, she learned to walk again, all right, as long as in her case, pain was attached to it. And there's certainly a time when she learned to walk without pain being attached to it when she was a child. And she thought -

**Dan Short** 10:42
But for now, this is an absolute certainty for her. She's very consciously certain that walking means pain.
Right. And even if somebody tried to go in there with, you know, cognitive behavior therapy and say, maybe she'd stop thinking about how painful it is to walk and think about happy, happy. And if that doesn't help her retrieve those experiences, it's not gonna work. But if we can temporarily get her to stop thinking about that for a minute, maybe and that's what I did. So I use conscious unconscious dissociation, as we just mentioned, I used some suggestions that would be confusion and, and along the line of the word of forgetting, you know, I... Don't forget to remember quickly how you don't have a way of remembering some of the things you did yesterday because that's not necessary. So there's words about remembering and forgetting that are a little confusing. And after some period of time when I see that she's not tracking me anymore. Then I know that her conscious mind has been distracted and I began speaking to her about the way she learned to walk when she was a child and she learned her baby shoes walking across the carpet and she learned to shift her weight and she learned to bend her knees. And then we just take a little quick tangent now. She wasn't paying attention consciously to me at this point. I don't know what she's paying attention to. But were she have been, were she to have been paying attention consciously and I'm talking about shoes, from my experience with people there's a very good chance she'd be saying, Oh my God didn't know he's going to look at my shoes. I should have worn those prettier shoes. I just wear these because they're comfortable. These are kind of tight after all, anyway, I should have polished my shoes. I'm so embarrassed about my shoes. Whatever happened to my baby shoes anyway, I must have thrown them out or barfed on them I don't know what happened...

So you get the critical consciousness focused on the shoes.
Steve Lankton 12:47
Yeah, or just random thoughts. Even like, I love my shoes. I'm glad I wore these. I mean, so but any thoughts she has, is not the thought about how she learned to walk with glee. They're thoughts about the content of her satisfaction with their shoes. And that's going to interfere with retrieving that experience in such a strong fashion that she could use it and in fact, she might even say how is talking about my baby shoes going to help me with this huge pain that I have? Didn't he hear me talk about my pain?

Dan Short 13:22
Some doubt comes in and she starts self suggesting this can't help. And you've got a...

Steve Lankton 13:29
That's what we want to suspend long enough to build up the response potential to those things that really will be useful experiential resources from her previous learning that she can't consciously initiate. And so we do that for a while. Then I asked her to remember the key elements of our transfer that are important to her own growth and healing and she can decide for herself and I have her come out of trance without amnesia suggestions anymore. And the trance is over. And this wasn't a very long session. I didn't plan on helping her with this problem. I didn't know about this problem. Yeah, it was probably 25 minutes max. She has total amnesia for the trance, but she has no pain. And she continued to have no pain for the next six years. I followed the case. And they had a baby in the middle of this six years. So it was really very useful and successful for her. She didn't have to take pain medication, she didn't have to avoid activities, like baby making and things, so.
Dan Short 14:34
That's a wonderful story.

Steve Lankton 14:35
Yeah, it was it was really a great case for and especially so simple and so straightforward to make these kinds of points about the conscious unconscious dissociation and deep potential, for the deep potentiating the conscious mind.

Dan Short 14:49
So we have, when we're talking about destabilization is a large category, and we've got these different ways of doing it. Many people have heard of the confusion technique and so the person may be confused. Introducing uncertainty so that the person will be willing to ask questions or go to places they wouldn't otherwise, surprise, shock, all of these things potentially destabilizing, rigid, fixed, constant, conscious ideas and beliefs and structures. And then there's this idea of ambiguity. And this is part of the reason why I wanted you to speak to this because I believe you're the person...

Steve Lankton 15:26
Because I'm very ambiguous.

Dan Short 15:27
Well, and and i believe you're the person that helped clarify some of what's going on with this technique by introducing this term into literature. And so maybe you can tell us a little bit about ambiguity and what that is and...

Steve Lankton 15:38
Okay, let me talk about two things. Well, specifically, ambiguity covers anything where you've got vague meaning. So if it's if it's a word ambiguity,
that allows me to flip from one sentence to another, like I can say you can take any amount of time you want to go into trance, is a very useful thing for you to know. You can't just pay attention to anything you want. So many decisions to make for yourself. And so I'm linking together sentence after sentence that went as a springboard from the last word of the first... from the first word of the last sentence. Hard to explain... The last word of the previous sentence becomes the first word of the next sentence. And I can, you know, get her, eventually I'm sure you'll see the light is something that really interferes with concentrating. So why don't you close your eyes? You know, so we can keep switching those quickly as we use word ambiguity. But there's other ways of doing it. There's...one of the things I really like is the is multiple negatives. And so you could use - you got to realize you can use can't and won't and not and some negative version of a word, so forget is a negative version of remember, for example, so I could say, it's not necessary for you to think that you won't forget. And it takes a minute to unravel that it's possible. Some of those things like that one might be even more possible because we've had people play tricks like that with that particular phrase before, you know, not forget is something you have heard before. So, you know, can't not forget, it's not that hard to unravel it. But there are some things that are more, much more difficult to use that multiple negative in the sense. Then there... so since ambiguity, multiple negative... one of the things that I don't know that I've... I may have heard from Erickson, but it makes perfectly good sense. It's the use of, of a permutations of multiple concepts. So, you're sitting there, paying attention, having various thoughts, and just breathing comfortably, so I got four things now. So now I can say, perhaps you're comfortable having various thoughts while you're just sitting there paying attention. Or maybe you're paying attention to your various thoughts while you're just sitting there comfortably. You might have comfortable thoughts while you're paying attention to sitting there, I'm not sure. But now all of a sudden, it's like, Damn,
I don't know what it is I am doing I thought I was just sitting here. Well, he said that, I guess that's what I am doing. But the time stands still. And suddenly those four things become the entirety of the universe. And so now, as Erickson said, the confusion is done, to give the person something to try to unravel or think about. And while they're doing that, you can introduce a new idea. So while you're sitting there, pondering my multiple concepts of things, I could say, you know, but your unconscious can become more absorbed in your thoughts. Remember that time that you may have had difficulty telling me about when you were six or whatever the next goal is for my therapy. And so that's permutations of multiple concepts. Another version of a simple one is oxymorons, which are little short phrases of things that are sort of contradictory. You know, like, your your, I know that you're having difficulty raising your arm. So that may be a very light heaviness that you're experiencing. Maybe it's a heavy lightness, I'm not sure, let's find out. So I'm using an oxymoron. That makes no sense whatsoever, but it gets your attention on your arm, and heavy in light. And you were maybe only thinking about, you weren't thinking about how light it might be. You might have been thinking about how heavy it was. So now I've got the first foray into moving the hand upward with suggestions of lightness. And then another is the use of permutations of conscious and unconscious dissociation language. So you know, this would be saying it with the word not. So you could say, your conscious mind is not paying attention to how relaxed your unconscious is making you become. Or maybe your conscious mind is paying attention to how much relaxation your consciousness does not let you have. But I'm not sure whether or not your conscious mind is actually not letting you relax while your unconscious mind is paying attention to that. And now, it all seems perfectly reasonable, and I don't have a clue what you're talking about. So once again, the next sentence is part of the therapeutic movement forward, you know, but you can close your eyes, or whatever the next step happens to
be. And then ambiguity and a bigger picture of things would be for Erickson, because so this is in the office when you're using language, but he would tell stories of things that people did that would confuse them, and somehow they would even do them and he would come up with a therapeutic outcome. I asked him about that, and I was never really told how he did it or how he formulated it or how we knew ahead of time, this would be a good idea. He'd always just say, I speak the client experience a language. Which was really disappointing because that didn't help me in one way understand the logic behind it or the construction behind it. Or you know, so on but eventually dawned to me while I was writing The Answer Within and I didn't put it in the book because I, I wanted to experiment with it a little bit more but I called it ambiguous function assignment. I had a lawyer that came from out of state and I tried to get him to tell me what his problem was over the phone and it was like pulling teeth. In fact, at one point he said oh, problem, easy to spell problem PROBLEM, but you know, okay great. That's psychotic a little bit but he but he actually let me talk to his family doctor, and he wasn't psychotic. So I thought All right, I'll let him come. And the night before his appointment I had him meet me for a few minutes in my office under the guise of I wanted him to get directions so he wouldn't be late. So he shows up and said you know, I want you to do so... I've been thinking about your case, and there's something I want you to do, which is crucial for our beginning and that is I want you to - he was staying on, I was in Florida. I want... he's staying at the Holiday Inn on the beach. So I asked him to go to the Holiday Inn restaurant and borrow two spoons. And then at sundown, which was going to be 7:38 that day because when you live on the beach, you know these high tide and sundown things like that in the radio all the time. And take the two spoons where the curves are put them together. Hold on to the handles. And so you've got the curvature of the spoon, you're holding on to the handles, and at 7:37 I want you to start watching the sun go down through that vortex of those
spoons. And you can do it from the beach where it's very intimate, the wind and the smell of the waves and.. or you can do from the Holiday Inn up on the top floor. It's all glass, no one will see you behind the room dividers that separate the restaurant from the chairs. You be there, no one will see you. Might be better on the beach to be more intimate because you never come to the beach. But you know, you'll be more your lawyer be more private up at the house. You know what you just decide for yourself. So I give him a bind of comparable alternatives. But the assignment is not in question. He still has to do that. So he comes back the next day. And this takes longer for him to tell me then we have available so I'll shorten this up. But I asked him, how did you find the assignment? What do you think I had you do that for? He starts sobbing. It was so perfect that you know you were so right. And I don't know what I was right about of course. So I said well, because you know, could you tell me more from your own point of view? Yeah, they were just ordinary things. And you were so right. Yes, they were just ordinary things. And so what did you make of the fact that they were just ordinary? It was so beautiful, though? Yes. And you know, I'm trying to figure out what he made, what he put together out of this. And the long story short, eventually, he puts it all together in one sentence. And he says, they were just ordinary things. And I had forgotten how to see the beauty of the world through these ordinary things. And, and the only way I could capture that, again, was to see the beauty of the world through her eyes. And that's why I had the affair. And so here he is now sobbing about the fact that he had an affair he really regrets. He couldn't tell me. I swear it was like, four or five phone calls. He could not tell me over the phone. And he has projected into that everything about his problem that's going to start us out, rocking and rolling on his therapy.

Dan Short  24:49
He was so guarded. He was so defended, and he didn't know he was but he was actually there was a thing going on to keep the conscious mind from intruding into this and you provided this ambiguous function assignment where he with with him not knowing and uncertain of what's going to happen... He ends up self suggesting...

**Steve Lankton** 25:12
He spilled the beans. Yes, because he was distracted by the task. Yeah.

**Dan Short** 25:16
Also distraction too by the task. Okay. So we've got someone who's never done this before, and they're trying to understand this and they're a little bit nervous about Oh, like, what if I get confused myself or what if I... do you want speak to that like, so is there "doing this wrong" and "doing it right" or what? What would you have to say about that?

**Steve Lankton** 25:38
Well, remember, the goal here is for people to evoke experiences. So if you do it wrong, or you do it right, you keep heading headed towards the goal. And the goal is to help the client get the experiences that they need. So hopefully as a therapist, you have some idea of what, at least what ballpark, what playing field, what, what arena they need to be hunting for the problem, for the solution for the resources I should say.

**Dan Short** 26:14
So you don't lose sight of where you're trying to get to with the therapy?

**Steve Lankton** 26:17
Right. So I could say, Dan, your conscious mind, maybe not with your unconscious is thinking about the other thing and go, Oh, boy, that was really bad. And whether it was bad or not depends upon whether I now say, Oh, that was really bad or show you on my face, because that's the next thing that comes after confusion. So even though I was horrible, if the next thing after confusion is, boy, I sure messed that up. Then that's reality now. If, so even if I botched it up and you're a little confused because I botched it. If the next thing is out of my mouth. You're doing a really good job of finding out that you can get in touch with a little bit of those resources even though you don't know what they are yet, then we're still moving in the right direction. So Erickson never really did interventions to people that he could mess up. He did interactions with people that he could continue moving forward with until he reached the useful outcome. And that's what was so confusing about his stories. They always ended perfectly and you always went "How did he know they're going to end perfectly? That's just mind boggling." And then I'd ask him and he says, I spoke the clients experiential language, but the reason they ended perfectly was because that's when he stopped.

**Dan Short** 27:32
Okay. Okay. Yeah, we're gonna we're gonna keep cycling through this until we get to the ending we need, and then we're done. Hmm. Okay.

**Steve Lankton** 27:42
I had a woman carrying barbell weights around the block where I used to have my office in Florida and every time she came back, she came in, oh, my problem is really heavy and I've been carrying my problem around. You know, that's got to be something she said before, and not very insightful and I said, no, no, that's not it. You've been there before. Keep going. And she'd come back with the next Pat answer. And eventually she stopped coming back with
Pat answers. The last time she started weeping. And she said, Everyone expects me to really know what I'm doing. And I really don't even know I'm a doctor. And I'm so frightened every time I... and now she's weeping and saying that, and I, how long would it have taken me to get through the defenses for her to tell me that?

**Dan Short** 28:27
Yes, exactly. Right. So there's that experiential breakthrough.

**Steve Lankton** 28:32
So then I tell that story, and if I don't tell you that I had no clue. Everyone will think wow, Steve was really smart. Why I, how did he know she was gonna have to walk around the block six times, or whatever it was.

**Dan Short** 28:43
Yeah. Okay. So that that makes perfect sense to me. One last thing, and the last couple minutes we have... For those who might be skeptics or critics or be saying you know, well, now wait a minute. What about that patient that comes in her husband's violent and abusive, maybe she was just beat up recently or something and she's coming in needing some direction, needing some advisors. Are you going to confuse that person? Are you going to... What do you have to say about this idea that maybe there's some times when confusion isn't appropriate, or people are already too confused? Or?

**Steve Lankton** 29:17
That's for sure. Well, they are too confused about how to get the resources. But the question isn't, how can I confuse this person? The question is, what resources does this person need to move forward? If she needs to get a restraining order on her husband, or she needs to go to a safe house, then that's
where we're headed. But if what she wants to do is say, I can take care of this myself, I've solved all my problems forever. And my you know, and you get that she has to do that to be proud of herself or to make her mother proud of her something, then you can really see that there's a conscious framework that's interfering with her recognizing that she's person with a lot of hurt and a lot of needs to take, that needs to take action. And as we're working towards helping that recognition take place, then there might be a moment of confusion in that you know to say, I know that you've thought that you can't see where you haven't even tried to go yet, even if you've done that in your mind. So just close your eyes for a second, I want you to go deeper into the understanding that you have fear you have sadness, you do need help. Right? So there's confusion, confusion, and then let's find out that you have sadness in detail.

**Dan Short** 30:32
Okay, so this is something for when you see a stuck place for someone psychologically, or maybe even in the lingo of cognitive behavioral therapy, where there's certain dysfunctional thoughts in place. And that's when you introduce some uncertainty or some confusion.

**Steve Lankton** 30:45
You just, you I saw in old Fritz Perls land, he would reach a place that he'd say was an impasse and stop. You know, we have reached an impasse now. So you have reached an impasse. So we stopped and I think, you know, Fritz, you both reached an impasse right now, because Fritz didn't know what to do next.

**Dan Short** 31:04
He didn't know what to do next.
Steve Lankton 31:05
And that's the only reason it was...

Dan Short 31:06
And maybe he couldn't tolerate uncertainty or that uncertainty and

Steve Lankton 31:10
He didn't really want people to go inside and work on something. And so adding the Ericksonian approach, or even anybody's hypnotic approach, right then would have been helpful to Perls, the person couldn't go any further externally. And he says, We've reached an impasse, he should have said, close your eyes and just take a moment to let whatever comes to your mind come to your mind and tell me what it is. He wouldn't have had an impasse.

Dan Short 31:32
Right, exactly.

Steve Lankton 31:34
But here is what we're doing. If we reach a so called impass is that we don't reach it. We simply say, you know, there's an interesting flower over there. Why don't you look at that while we've continued to talk about what you need?

Dan Short 31:46
Or maybe this is an impasse or maybe it's not and how would we know it is an impasse when you could be about to be a breakthrough without... and disguised itself as an impasse?

Steve Lankton 31:57
Yes, is the impasse disguised as a breakthrough? Or a breakthrough disguised an impasse. Either way, it's a breakthrough. Let's find out how.

**Dan Short** 32:05
Very nice very nice. Well, this is delightful, Steve. Is there anything else you want us to be thinking about? Or any last words you want to leave us on this concept?

**Steve Lankton** 32:13
No, just it should be reiterated here that... Well, yes. Because it should be reiterated that the goal is not to confuse people. And the goal is not to show how clever you are that you can mess with somebody's mind. The goal is to help them stop limiting their access to experiential resources and you're not helping them do that for eternity. You're helping them for one second while you get that next experience. And then you may have to do it again a minute and a half later, but that's just for that one second that you know those five seconds.

**Dan Short** 32:47
Okay, great. I'm glad that you clarified that and thanks again for coming in and helping us with this.

**Steve Lankton** 32:52
Good luck, this is a great series. You are doing a fine job, thanks.