

TWO OBSERVATIONS



by
TEACHER & STUDENT
50 years apart

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Chapter 9

"An Experimental Investigation of the
Possible Antisocial Use of Hypnosis"

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Chapter 12

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Chapter Nine

An Experimental Investigation of the Possible Antisocial Use of Hypnosis

Milton H. Erickson

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The possibility of the misuse of hypnosis for antisocial or criminal purposes constitutes a most controversial question, not only for the layman but also for the psychologist, the physician, and the psychiatrist interested in its study, its nature, and its uses and applications. To settle this question is difficult, since it involves three inseparable factors of unknown potentialities—specifically, the hypnotist as a person, the subject as a person, and hypnosis as such, to say nothing of the significant influence upon these three, both individually and collectively, of the suggestion and the performance of a questionable act.

We know that it is possible, without recourse to hypnosis, for one person to induce another to commit a wrong, a fact we may explain loosely as the influence of one personality upon another. Hence the question arises, “Can hypnosis, as a form of influence of one personality upon another, be utilized for wrongdoing?” Actually, however, the problem is not this simple, since in any hypnotic situation there exists not only the hypnotic relationship, but also interpersonal relationships entirely apart from the hypnotic, however intimately these various relationships are bound together in a single situation.

Hence any experimental approach to the question requires an emphasis upon one another of the significant factors to determine its intrinsic importance. In this paper an effort will be made to emphasize primarily the hypnotic elements and thus to determine how much hypnotic suggestion itself can accomplish in inducing wrong behavior.

Recently Rowland (1939) has made inquiry into the general hypnotic literature on the question of the possibility of inducing hypnotic subjects

to perform harmful or objectionable acts, and has found that Hollander, Loewenfeld, Schilder, and Young were essentially agreed that there was little likelihood, if any, of such a possibility.

He then devised two experiments to discover if deeply hypnotized subjects could be induced to expose themselves to danger or to try to harm others. The one experiment consisted of having the subjects pick up a rattlesnake, variously described to them as a rubber hose and as a snake, lying in a carefully constructed box, the front of which was made of invisible glass and gave the impression of being open. The second experiment consisted of having the subject throw fluid he knew to be acid at the experimenter's face, which was protected in an unnoticeable way by invisible glass. Three of four subjects did as asked in the first experiment, and both subjects used in the second experiment did as instructed, while 42 persons in the waking state could not be induced to attempt the performance of the first experiment. The author presents these data as evidence of the possible misuse of hypnosis and offers as a possible explanation of the results a brief statement to the effect that the subjects' confidence in the hypnotist might have caused them to forego their better judgment. In addition the author emphasizes the need to reexamine the entire question of the possible misuse of hypnosis.

That these experimental findings are valid as to their apparent significance is to be questioned, for the reason of the serious oversight, except for slight hints summarized in the tentative explanation offered for the results, of the definite and highly important subject-hypnotist relationship of trust and confidence, which could account fully for the findings. Particularly does this seem true for the situation in which these experiments were performed, aside from the consideration of the possible discovery by the subjects of the actual protection against harm afforded by the experimental apparatus. In this connection Schilder and Kauders have made an excellent survey of the literature and offer, in relation to various aspects of the entire problem of the misuse of hypnosis, a wealth of general opinions based upon their own experience and that of others. They declare, "But we must not forget that the hypnotized person is always aware of the general situation, that he is conscious of the fact that an experiment is being made on him, and that he must be well aware that the hypnotizer is not inducing him to commit an actual murder, if the hypnotizer is a man of respected social position" (Schilder & Kauders, 1927, p. 52).

Furthermore it is doubtful if any definite answer to the general question can be obtained *except by an experimental situation in which the suggested antisocial act really can become an accomplished fact, obviously and unmistakably so, and without the protection afforded by a fal-*

sified situation which can serve only to vitiate or negate the experimental procedure for both subject and investigator.

While some recognition has been given to various aspects of this entire problem, a general survey of the literature discloses no systematic, comprehensive experimental study of the question, and also that the available information tends to be limited either to general statements based upon the personal experience of reliable investigators or to reports centering around limited experimental situations of rather extreme character—Rowland's study, for instance—without sufficient attention being given to the highly important factors of trust and confidence in the experimenter, the subject's probable realization of the actual use of concealed protective measures, and the general tendency, emphasized so strongly by Schilder and Kauders, for subjects to look upon any hypnotic situation as essentially an experimental procedure, particularly so in any formal laboratory setting.

GENERAL COMMENTS ON EXPERIMENTAL PURPOSES AND PROCEDURES AND ON THE SUBJECTS AND THEIR IMMEDIATE REACTIONS TO THE EXPERIMENTS

In this paper it is proposed to report a series of experiments, performed over a period of years, bearing upon this important problem of the misuse of hypnosis, in which an earnest effort was made to avoid the difficulties involved in experimental settings as such and to meet the absolute need for realism. To achieve these ends informal situations for the most part were utilized, and acts of an extreme nature were avoided. Instead definitely objectionable acts of a relatively minor antisocial character were employed, since such acts could reasonably be made to serve the investigative purposes and to yield significant, informative, and indicative data.

The actual experimental procedure was in general simple in character, and consisted chiefly of seizing upon favorable opportunities and situations to suggest hypnotically some form of objectionable behavior, sometimes directly, sometimes indirectly. For some of the more complicated and difficult experiments an elaborate technique of suggestion was evolved in which extensive allowance was made for the subject's personality. In all instances every effort was made to induce either an actual performance or an approximation of the suggested act, so that, whatever the degree of the experimenter's responsibility and guilt or the extent of possible protective measures, there would still be *the inescapable fact of the subject's own participation in an undesirable performance directed either against himself or against others.* Also, whenever

possible, control experiments were made in an effort to secure similar behavior in the waking state.

Practically all of the experimental procedures cited were repeated on several subjects, but only the more informative and representative examples are given, although it may be added that the instances omitted actually confirm those cited and that the findings were essentially the same for all types of subjects. No attempt will be made, because of the large number of experiments, to give all the experimental details; rather, a concise summary will be offered except in those instances where the subject's behavior is peculiarly informative.

The material to be presented is based upon the findings obtained from approximately 50 subjects selected from a total of more than 75. Among these subjects were children and adults, normal persons and some who had recovered from psychotic episodes, and they ranged in intelligence from feeblemindedness to the superior adult level, but the majority were either college students or graduates. They were all well known to the hypnotist, many had been utilized repeatedly for other hypnotic work, and all were well trained to accept any type of suggestion and to develop profound somnambulistic trances, as well as complete amnesias for all trance experiences.

However, despite their well-established trust and confidence in the experimenter, almost invariably the experimentation reported here caused them to develop intense resentments and antagonisms toward him. Only their realization, subsequently, of the scientific purposes of the work, aside from their general understanding of the hypnotist and the high degree of trust and confidence they had in his official position, served to effect a resolution of their resentments. Even then there were some who thereafter limited any further participation in hypnotic experiments to strictly impersonal procedures.

Another important fact concerning their anger and resentment was that the subjects tended to develop and manifest much more intense feeling at the hypnotic level of awareness than at the conscious, waking level. *Many of the subjects in the waking state readily and easily forgave the experimenter, when informed of the situation, only to manifest in the trance state a full continuance of their anger.* Also, the emotions of the hypnotic trance, despite the general state of suggestibility and the actual existence of a favorable waking attitude, were much more difficult to deal with than those of the ordinary waking state. Rarely did the subjects show equal degrees of resentment in both the waking and hypnotic states, and still more rarely was the waking displeasure greater than the trance emotion. Also it is of interest to note that certain of the subjects actually inflicted punishment and humiliation upon the experi-

menter in retaliation for his objectionable commands, the possibility of which has been noted by Schilder and Kauders (1927, p. 52).

INQUIRY INTO GENERAL POSTEXPERIMENTAL ATTITUDES, OPINIONS, AND REACTIONS OF THE SUBJECTS

Before proceeding to the actual experiments, it may be desirable to present the results of post-experimental inquiries to serve as a general background for an understanding of the experimental findings. Exceptions to these general statements will be found in the individual experimental accounts.

In this connection, *before the subjects had been given any recollection of their hypnotic experiences*, and as a post-experimental measure, since previous experience had shown that such inquiries tend to make subjects suspicious and hesitant about participation in hypnotic work, inquiry disclosed that approximately 40 percent of the subjects employed believed that they could be induced in the trance state to perform objectionable acts of a definitely minor character, if the acts were directed primarily against themselves, and that among these were many who had rejected such suggestions unconditionally with no attempt made either to evade the demands placed upon them or to alter the performance so as to render it unobjectionable. About 50 percent were most emphatic in denying such a possibility, and in this group largely were those who had seized upon the opportunity offered by the antisocial suggestions to inflict punishment upon the experimenter, while the remainder tended to be, on the whole, rather doubtful. All, however, were emphatic in denying the possibility of being induced hypnotically to commit antisocial acts of a major character.

Following this, despite the consistent failure to experimentally induce antisocial behavior of a genuine or effective character, certain of the subjects were given a full recollection of *only their actual experimental behavior*, and inquiry disclosed that many were emphatic in their declaration that only their trust and confidence in the experimenter could account for their submission to the experimental procedures, aside from the question of accepting and possibly acting upon the suggestions. Others declared that they must have been confident at the time that protective measures were actually in force and that "things were really different than they seemed." Still others explained that they must have had a general realization that the author probably had secret legitimate purposes behind his requests, which made it possible for them to accept suggestions out of the question under any other circumstances. A few

explained that they had probably been willing to do whatever was asked because they regarded the situation as having legitimate scientific implications, but that even so they must have found the requests to be "impossible" because of the violation of their personal code. And some others offered only the naïve explanation, "Well, that just goes to show you how I really would act."

When instructed further to recall their *feelings and attitudes when given the objectionable task*, as well as their actual behavior, the results were essentially a confirmation of their previous statements and gave the impression of being a confusion of their immediate and of their retrospective understandings.

The remainder of the subjects were instructed to recall as a single task *both their feelings and their behavior of the trance state*, but, probably because the experimental situation demanded action rather than reflection, little that was informative could be obtained, except for statements of feelings of anger, resentment, hesitation, negativism, and unwillingness, and any elaboration of these statements was made in terms of their immediate understandings. It did not seem possible for them to differentiate between their understandings of how they felt at the time of the experiment and at the time of the post-experimental questioning.

Inquiry about the possibility of being induced to commit some seriously dangerous or culpable act because of implicit trust in the hypnotist and a certainty that there were adequate protective measures elicited the significant reply that hypnotic suggestion did not and, as they knew from personal experience, could not render the subject an obedient, unthinking automaton, as, in their opinion, the experimenter had discovered adequately. Also, they emphasized that invariably they scrutinized carefully every suggestion offered, primarily as a measure of understanding it fully to permit complete obedience and not for the purpose of taking exception to it, and that if they were at all uncertain of it, their hypnotic state would force them to await either more adequate instruction or a better understanding by a direct, thoughtful, and critical consideration of the command.

They added that this tendency would be all the more marked in the case of unusual or potentially dangerous suggestions and situations.

Inquiry about the possibility of being manipulated unfavorably or skillfully tricked by an unscrupulous hypnotist who had won their full confidence, disclosed the common belief that they could be deceived to a certain degree but not seriously, probably less so than in the waking state, because of the reasons given above and because the limitations of the hypnotic trance would constitute a protection in itself, since it is lim-

ited in time and situation and restricts so markedly environmental contact, and hence would preclude the dangers of overconfidence likely to obtain in the waking state.

In addition inquiry on these points among a large number of experienced subjects not used in this type of experimentation disclosed their beliefs to be identical with those given above, and they also declared that a successful deception by an unscrupulous hypnotist would have to be one more readily achieved in the waking state, and then that it would not be a function of the hypnotic condition, but rather that the hypnosis would be, as Schilder and Kauders remark, nothing more than "a particularly noneffective technical auxiliary" (1927, p. 54) for inducing anti-social behavior.

EXPERIMENTAL FINDINGS

In presenting the experimental findings, an effort has been made to select material from as many different subjects as possible and to classify and group the various accounts in accord with their primary significance. However, many of the reports illustrate several points, as will become apparent to the reader. Also, while written as single accounts, the reader will note many instances in which the account is a summary of experiments and variations of those experiments upon a number of subjects.

No attempt will be made to offer a general discussion of all the material, since for the most part the reports are relatively clear. Rather, brief comments, wherever pertinent, will be made in direct relationship either to the individual experiment or to types of experiments, and these comments will be limited to the general problem of this paper, although the reader may repeatedly observe experimental illustrations of various dynamisms of behavior.

Finally, to avoid needless repetition of the fact, the statement may be made that, except where specifically stated otherwise, *all the subjects were in profound somnambulistic hypnotic trances, and profound amnesias were developed in each of them for all trance experiences until the purposes of the experimentation warranted their waking recollection of all or part of the trance events.* Thus experimentation in the waking state could follow hypnotic experimentation without the subject's conscious awareness that it constituted a repetition of a previous experiment, and in some instances amnesias were produced for waking events to permit repetitions of waking acts.

EXPERIMENTAL ACCOUNTS

Experiments Involving Physical or Mental Injury to the Self

Account 1: The subject was shown hand electrodes, and the flow of current was demonstrated by the experimenter's receiving a shock obviously disagreeable and violent in effects. He was then instructed emphatically and insistently to experience the same shock. This he refused, explaining that the experimenter's own discomfort and violent muscular reactions had satisfied all his curiosity about it. An attempt to compel or force him into obedience failed, although he did make several tentative attempts to pick up the electrodes. Finally, after much insistence by the experimenter, the subject became antagonistic and rejected the whole procedure as foolish and unnecessary.

Subsequently, with the subject in the waking state, the experimenter repeated the entire performance, but the subject still refused to receive a shock, giving essentially his trance explanation. Finally he consented to take a lesser shock, when casually shown the use of a resistance coil. He demanded, however, that the experimenter prove the lessening of the current by receiving another shock. After he had experienced a mild shock, an attempt was made to induce him, still in the waking state, to permit a strengthening of the current. This he refused.

Again hypnotized and the original procedure repeated, he agreed to receive a mild shock, but insisted upon a preliminary demonstration of its mildness, checking additionally on the adjustment of the resistance coil. Argument that the experimenter's own performance demonstrated the harmlessness of the entire procedure elicited the explanation that nothing worthwhile could be accomplished by such self-punishment and that a mild shock was sufficiently unpleasant to warrant no further experimentation.

Account 2: The subject was told to develop an anaesthesia of his hand and then to prove it by holding a lighted match underneath his index finger. Ordinarily hypnotic subjects will refuse unconditionally to permit a testing of a hypnotically induced anaesthesia by measures they regard as too injurious or destructive. This subject, however, readily did as asked, holding the lighted match to his finger until he smelled the odor of burning flesh.

Commenting on this, he threw the match aside and asked irritably if the experimenter thought his purposes warranted such results. When answered in the affirmative, the subject replied that such had been his

opinion. He then asked that the experimenter awaken him and give him a full conscious recollection of the incident.

Several days later, in the waking state, he discussed his experience with fellow medical students, emphasizing his loss of pain sensation. One of the students asked him if he could develop an anaesthesia spontaneously. Becoming interested in this, the subject began making suggestions to himself that his hand would again become anaesthetic, finally testing the self-induced anaesthesia with a lighted match. The other students declared that he was probably willfully enduring pain to uphold his argument. In answer he attempted unsuccessfully to control his pain reactions to a lighted match applied to his nonanaesthetic hand.

On another occasion the subject in the waking state became interested in the ability of psychotic patients to endure pain in smoking a cigarette to the last puff and proceeded to duplicate the performance, willingly enduring a severe burn on his lips as a result, thereby illustrating his behavior when the question of hypnosis was not involved, either directly or indirectly.

Account 3: The subject, a 12-year-old girl, was given suggestions to the effect that a certain box was actually a hot stove. She accepted these suggestions and, upon request, sat upon the illusory hot stove, squirming, twisting, and protesting that she was being burned, and begging to be allowed to get off. All of her behavior was fully suggestive of the reality of the experience to her.

Two weeks later the experiment was repeated, with the modification that on this occasion extremely careful suggestions were given to effect a realistic illusion of the selected box as a hot stove. This achieved, she could not be induced to sit on it. Yet, when another box was simply described as a hot stove and she was told to sit on it, she promptly did so, repeating her behavior of the original experiment. Nevertheless she could not be induced to sit upon the more realistic illusory hot stove.

On another occasion an attempt was made to induce this same subject to sit upon an actual hot stove. She obeyed the request by mistaking another article of furniture for that stove and sitting upon it instead, giving every evidence of discomfort and distress. No amount of effort could make her approach the real stove, even when protective measures were provided that could be recognized by the subject.

As a variation, using this subject and a number of others to permit adequate control of each step of the procedure, an attempt was made to induce the placing of the hand on a hot stove, first casually and then later effectively described as being cold. Only an approximate performance could be secured, that of holding the hand briefly an inch or so

above the stove and declaring that it was actually in contact with the stove. The induction of an anaesthesia in the chosen hand led to a preliminary testing with the nonanaesthetic hand and resentment over the attempted deception. When, by careful suggestion, the subject was deprived of all self-protective measures, an unconditional refusal resulted.

Account 4: During some experimentation on crystal gazing, a subject was told, by chance, to visualize the most important event of the year 1925, as a measure of keeping her busy while the experimenter directed his attention elsewhere. Promptly, as the crystal images began to develop, the subject began to manifest extreme emotional distress, and there occurred a marked loss of rapport with the experimenter. With difficulty, hypnotic contact was reestablished with her and sufficient information elicited to disclose that she had visualized an occurrence of marked psychic traumatic significance. Thereafter it was necessary to reassure this subject about hypnosis, and she could not be induced to do crystal gazing unless first instructed firmly to see only pleasant, happy scenes, and this demand continued to be made even after she had spontaneously requested from the experimenter a psychotherapeutic review of her unhappy experience.

Since this incident the experimenter has had many similar experiences, especially with patients seeking psychotherapy, but also with subjects employed only for experimental or demonstration purposes.

Comment: These four accounts illustrate clearly that hypnotic subjects are not blindly obedient automatons, that they possess a good critical ability, and a full capacity for self-protection, both in the immediate sense and in relation to the future. In addition the need to know what subjects will do in the ordinary waking state, and the profound need for realism in the experimental situation, are clearly shown. Also one needs only a few such experiences as given in the last account to realize how easily good hypnotic subjects or patients may be lost by having them face a painful experience too precipitately.

Involving Damage or Loss of Personal Property

Account 5: This subject smoked secretly but knew and did not object to the fact that the experimenter was aware of her habit. One day, when she was in his office, noting that she had with her a gift handkerchief which she prized highly, the experimenter hypnotized her and gave her a cigarette to smoke, counseling her earnestly that should someone happen to enter, she should keep secret her smoking by crumpling the ciga-

rette in her handkerchief thus concealing the evidence. She was not receptive to the idea, explaining that such a procedure would burn her handkerchief, but it was argued insistently that that measure might well be kept in mind. However, she continued to smoke, not taking the suggestions seriously. Suddenly the experimenter summoned the occupant of the next office, but so maneuvered that while the visitor's back was toward the subject upon entrance, his discovery of her was imminent, thus confronting her with an immediate and compelling need to dispose of her cigarette by the method suggested. As the visitor entered, the subject flushed angrily, glanced at her handkerchief, made several tentative moves to follow the suggestions given her, then carefully and deliberately tucked the handkerchief into her sleeve and continued to smoke, despite the fact that she particularly did not want that visitor to know of her practice. When this reaction had been noted, the visitor was manipulated out of the office without a betrayal of her secret. Nevertheless, she gave the experimenter an angry scolding and criticized him harshly for his conduct and for his deliberate attempt to make her ruin her handkerchief, demanded to be awakened, threatened to awaken spontaneously if this were not done at once, and declared her intention of never again being hypnotized.

Only after she had been given a complete understanding of the situation was it possible to win back her confidence, and it was necessary to do this in both the hypnotic and the waking states, despite her waking amnesia for the experience.

Account 6: This subject possessed a prized book which had been greatly admired and often solicited by a friend as a gift, but only an implied promise that on some auspicious occasion it might be made a gift had been elicited. In a deep trance extensive systematic efforts were made to induce the subject to keep that implied promise, either at once or by a specified date, with even the privilege of naming the date, but the most that could be accomplished was a repetition of her waking promise—namely, that sometime the book might be made a gift. Approximately a year later the book was made a gift, but to another friend not mentioned in the trance, who also desired it greatly.

Comment: In Account 5 the subject was painfully and sharply trapped by the situation and apparently given no alternative except obedience to the urgent suggestions given her.

Nevertheless she made a deliberate and painful choice of behavior in contradiction to the hypnotic commands, and despite the continuance of the trance state, she exercised fully her normal waking prerogatives by

denouncing the experimenter and depriving him of his control over the situation, emphasizing the latter by compelling a justification at both the hypnotic and the waking levels of awareness.

In the next account, although the general idea suggested was entirely acceptable, the subject could not be induced to act upon it except under conditions and circumstances to be self-decided in the waking state. The final outcome suggests an actual defeating of the hypnotic suggestions.

Giving of Adverse Information About Oneself

Account 7: While engaged in mischief, a young man injured himself seriously, necessitating surgical intervention. Before full treatment could be administered efficiently, it was necessary to know the exact nature and method of his accident.

Questioning at length by the experimenter's colleagues elicited an obviously false and misleading story because of the embarrassing and humiliating character of the injury, nor could the emergency of this situation be impressed upon him sufficiently to induce him to tell the truth. Accordingly the experimenter was asked to hypnotize him, since he was one of the experimenter's well-trained subjects, and thus to secure the essential information.

The subject went into a deep trance readily enough, but persisted in telling the same false story as he had in the waking state, despite instruction about the seriousness of the situation. Finally, when the experimenter refused to accept his story, the patient offered the argument that the experimenter was a doctor and really ought to understand.

Accepting this contention, the experimenter instructed him, while still in the trance state, to listen carefully to the experimenter's understanding of the probable course of events and to correct any misstatements. In this indirect and unsatisfactory way sufficient correct information was reluctantly and incompletely yielded to permit proper treatment, although the persistence in a general misstatement of facts continued.

Even after recovery the subject persisted in his false story in both waking and trance states, although he knew that the surgical intervention had disclosed the truth.

Nor is this case unusual, since similar behavior is frequently encountered in the therapy of neurotic conditions, even when the patient earnestly desires help. Likewise, with normal hypnotic subjects detected in a lie, a systematic and careful attempt to secure the truth in the trance state will frequently elicit only a stubborn persistence in the falsification unless a justification, adequate for the inquisition and satisfactory to the subject as a person, can be proved. Otherwise anger and resentment,

concealed or open, is likely to develop, together with loss of trust, confidence, and hypnotic services. This situation is difficult to alter by any straightforward objective explanation, since the highly subjective character of the situation renders objectivity difficult to achieve.

Nevertheless, under conditions where the subject's personality situation warrants it, hypnotic measures are exceedingly effective in eliciting adverse information about the self, and it frequently happens that the subject will disclose the truth unreservedly in the trance state, but in a most inexplicable fashion will persist in his right to a negation of the truth and absolute misstatements in the waking state.

Comment: Despite the shift of responsibility, the submissiveness of the hypnotic subject, the peculiar significance and strength of the hypnotist-subject relationship, and the tremendous and recognized importance of obeying the hypnotic commands, the actual character and nature of the individual's waking patterns of behavior carried over into the trance situation. Apparently, from this and from general hypnotic therapeutic experience, the elicitation of adverse information about the self is a function not of hypnosis itself but rather of the total personality situation.

Involving Violation of the Subjects' Moral or Conventional Codes

Inducing Subjects to Lie

Account 8: Attempts were made to induce a number of subjects to tell deliberate lies to persons placed in rapport with them, the lies to cause both petty annoyance and marked inconvenience, or even definite difficulties. In all instances the efforts failed, although all of the subjects could be induced to tell "white lies," but even so they all reserved the privilege of correcting or nullifying the lie should it lead to even the slightest inconvenience for the victim. Thus one subject, induced to make a slip of the tongue in informing a friend about the hour set for a ride home from the office, nullified the act by an apparently casual waking decision to accompany that friend home.

However, it was found that if the subjects were given sufficient reason, they could be induced to promise to tell lies in the deep trance state of a character protective of themselves and of others, but marked limitation was placed by the subjects upon this willingness, and their lies were again restricted to those of an insignificant character when they were forced to act upon their promise. In addition they invariably reserved the privilege of correcting or nullifying their misstatements, and in all in-

stances the lies were corrected subsequently, either directly or indirectly.

But of particular significance was the discovery that *when the subject could be induced to lie effectively, it was necessary for the subject to be in a trance state*. Despite every measure of technique it was found to be impossible to bridge the gap between the hypnotic and the waking levels of awareness to permit a meaningful waking reiteration of the lie.

Efforts made to induce lying in response to posthypnotic suggestions invariably led to unsatisfactory results—namely, the defeating of the purposes of falsification, even when the lies were of a protective character. Inquiries about this afterward in the trance state disclosed that the subjects objected strenuously to posthypnotic lying, and they explained that they preferred to work out another and truthful method of either dealing with the situation or evading it. Nor could any amount of suggestion alter their attitudes, since they argued that a waking knowledge of the desired behavior would actually aid them because of increased contact with the environment, if there were a justification for the lying.

In those instances where they were induced to tell lies posthypnotically with some degree of success the results were totally unsatisfactory, since each of the subjects performed his task in a compulsive and inadequate fashion, rendering the falsity of his statement at once apparent. An adequate explanation of the failure of lying as a posthypnotic performance may be found in the peculiarities of posthypnotic behavior as such, which does not come within the scope of this paper.

Comment: As shown in previous accounts, subjects can tell lies while in the trance state for reasons of their own, but apparently the situation becomes totally different when the hypnotist tries to induce them to tell lies in the trance state. In such case, apart from the conflict aroused by the violation of the subject's personal code by the attempt to induce lying and the self-protective reactions engendered by this, the separateness of hypnotic and waking levels of awareness apparently renders lying in the trance state, however successful in a limited sense, only an alien intrusion into waking patterns of behavior to be rejected at the earliest opportunity. One is at once impressed by the significant bearing of the above findings upon the generally recognized folly of dealing only with a single limited aspect of the total personality.

In such procedures as the above one is only setting, under the time- and situation-limited circumstances of the hypnotic trance, a restricted aspect of the personality at variance with another and more dominant aspect, and asking that lesser aspect, contrary to its nature and habit, to act directly in the field of conscious awareness—an impossible task, apparently, to judge from the experimental findings.

Inducing the Drinking of Liquor

Account 9: A subject known to have scruples against drinking liquor was urged to take a cocktail. Every suggestion to this effect failed, although she did explain under pressure that she might do so if she were awake. When it was argued plausibly that the entire purpose was to have her take the drink in the hypnotic state to see if she could detect having done so after awakening, she failed to be convinced of the desirability of the act.

After awakening, however, she was persuaded by renewed argument to taste the cocktail, but she declared that it was distasteful and pleaded to be excused from the task, explaining that she would, despite personal objections, drink the rest of it if to do so were really necessary. She was promptly hypnotized and informed most urgently that it was highly essential for her to finish the cocktail. She refused to do so unless she were awakened, arguing that if drinking the cocktail were really important, it would be better for her to drink it in the waking rather than in the hypnotic state.

Similarly an attempt to induce intoxication failed completely in a subject who drank moderately and who objected strenuously to intoxication, despite an admitted strong personal desire to experience such a state. The explanation offered by this subject for his absolute refusal to take more than the customary amount of liquor was simply that to become intoxicated would be strictly a matter of personal interest and desire, possible of satisfactory achievement only in the waking state, and that the experimenter's interest in intoxication during the trance state was of no moment or pertinence.

On the other hand a subject who had previously been intoxicated in the waking state and who desired the additional experience of becoming intoxicated while in the trance state, just as unequivocally refused to take a single drink until he had first been hypnotized.

Comment: Apparently the need to satisfy the wishes of the total personality and the need to participate as a total personality in an objectionable, questionable, or special performance takes entire precedence over the wishes and commands of the hypnotist.

Violation of Personal Privacy

Physical Examinations

Account 10: Several of the author's sisters, as has been mentioned briefly elsewhere, (Erickson, 1934) were hypnotized separately and instructed that they were to be given a complete physical examination in the presence of their mother, for which they were to undress completely. Each refused unconditionally. An explanation was requested, and they responded by declaring that even though the experimenter was their brother and a doctor, they did not think it fitting for him to make such a request, and no measure of persuasion succeeded.

Subsequently, in the waking state, the same issue was raised with each of them, and each consented hesitantly to the request. Questioned upon rehypnotizing as to this apparent inconsistency in their attitudes, they explained that being examined when they were awake gave them a sense of better contact with the entire situation, but that in the trance state, being asleep, they felt that they would not know what was going on.

Similarly a hypnotic subject suffering from a painful pelvic condition came to the experimenter for examination. The suggestion was given her that she could be hypnotized and given a hypnotic anaesthesia which would relieve her of much pain and distress. She refused unconditionally, despite the presence of the attending nurse, until the promise was made to produce the anaesthesia as a posthypnotic phenomenon, so that she could be more satisfactorily in contact with reality during the entire time of the examination and treatment. Apparently the highly personal character of hypnosis in such a situation renders it less acceptable than a drug anaesthesia, as the experimenter has found on a number of occasions.

Comment: Whatever the strength and nature of the hypnotic relationship, it does not alter the sanctity of one's personal privacy. This belongs apparently to the waking state, upon which it depends for protection. Had a violation of the stipulation regarding the examination been attempted in Account 10, an awakening from the trance would have occurred, since an attempt at examination would have been equivalent to a cue to awaken. One may judge from the above that the process of being hypnotized is perceived by the subject as a peculiar alteration of his control over the self, necessitating compensatory measures in relationship to any occurrence seeming to imply a threat to the control of the self.

Giving Information of an Intimate Character

Account 11: The subject was asked deliberately to disclose the name of the girl in whom he was most interested. This he did readily. Later, in the waking state, he asked for an account of all trance occurrences. Disclosure of the question about the girl's name elicited violent anger, and he declared that his trust in the experimenter had been destroyed. When he was convinced by adequate proof that he had made the same disclosure some weeks previous in the waking state, a fact he had forgotten, his anger abated, but thereafter he refused to participate in hypnotic work except for strictly impersonal procedures, and any attempt to violate that condition, even indirectly, resulted in a prompt and angry awakening from the trance. Nor could this state of affairs be altered by careful hypnotic suggestion designed to correct his attitude.

In this same connection it is not an unusual experience in medical or psychiatric practice to have patients seeking any type of therapy, particularly psychotherapy, withhold or distort information bearing upon their problems because they feel the details of personal history to be of too intimate a character or too embarrassing to reveal, as has been noted above in Account 7. When recourse is had to hypnosis during the course of the therapy as a measure of securing information, the same tendency to withhold or to distort information is to be found, and this despite the fact that the patient may actually and urgently be seeking aid and has a clear realization that there is a legitimate reason for yielding the specific information. Usually, however, hypnotic questioning serves to elicit the information more readily than can be done in the waking state, but the entire process of overcoming the resistance and reluctance depends on the development of a good patient-physician relationship rather than upon hypnotic measures, and the hypnosis is essentially, in such situations, no more than a means by which the patient can give the information in a relatively comfortable fashion.

Comment: Although there had actually been no violation of personal privacy, the questioning was so construed in the waking state. Yet despite refutation this temporary misunderstanding permanently limited the extent of subsequent hypnotic work and precluded any alteration of the state of affairs by hypnotic suggestion. The relationship of these findings to unfortunate errors in psychotherapy is at once apparent.

Exhibiting the Contents of One's Purse

Account 12: On several occasions and under various circumstances female subjects were asked to exhibit the contents of their purses, and definite systematic attempts were made to build up in each a compulsion to do as requested. In each instance, however, the attempt failed, and the explanation was obtained repeatedly that they considered such a request an unwarranted intrusion upon their privacy.

When this procedure was repeated on them later in the waking state, one subject yielded sufficiently to exhibit a part of the contents, but the others regarded the request as unreasonable. When told that there were justifiable and legitimate reasons for the experimenter's seemingly rude request, they replied that whatever his scientific purposes might be, he would have to be satisfied by their refusal.

However, these same subjects in the waking state would not resist the experimenter's picking up their purses and examining the contents. Rather, they took sardonic pleasure in reducing the experimenter, by the implications of their manner, to the position of a prying busybody.

When a similar attempt was made to investigate their purses while they were in a second trance state, they resented and resisted it strenuously, nor could they be induced to account adequately for the inconsistencies of their waking and trance reactions.

This same general experimental request in relationship to the contents of their pockets was readily and even proudly acceded to in both waking and trance states by small boys and by little girls with purses. When, however, an attempt was made to induce adult male subjects to exhibit the contents of their purses, they reacted as did the female subjects, or else yielded to the request in such fashion as to humiliate the experimenter greatly.

Comment: A direct but inconsequential aggression upon the subjects' privacy was resisted even after it had been permitted in the waking state. One has the feeling that as a result of their hypnotic state they sensed a certain feeling of helplessness reflected in intensified self-protection, as has been noted in the comment on Account 10.

Experiments Involving Harm to Others *Physical Harm to Others*

Account 13: Some college students had played the prank of feeding a large quantity of cathartic candy to an unpopular and greedy student,

who was also openly disliked by the experimenter and his hypnotic subject. Sometime later this subject was given a package of cathartic gum and instructed to replace with it a similar but harmless package of gum in the unpopular student's desk, so that unwittingly he would again become ill. The subject refused unconditionally, stated that the student had already been made sick once, and that, while he would not mind a repetition of the prank, he preferred that the experimenter himself play the trick.

No amount of urging could induce the subject to change his mind, although it was discovered that he had been one of the original pranksters. Questioned about this, the subject explained that he had already satisfied his dislike fully, and hence that there was no need of repeating the prank. When the experimenter offered to do it, the subject looked on with obvious amusement, but he could not be induced to share in the performance, nor did he seem to have any realization or expectation that the experimenter would secretly correct this act. Yet at a later time this subject in the waking state did pass out cathartic gum to his unsuspecting friends.

Account 14: An explanation was given to a subject of the crude joke in which one inhales cigarette smoke deeply and then, professing to blow it out of his eyes to distract the victim's attention, dexterously burns the victim's hand.

The subject was urged to play this joke upon a suitable victim, and he was asked to go through a mock performance with the experimenter as a measure of ensuring a smooth enactment. Instead of a mock performance the subject deliberately burned the experimenter's hand. No comment was made on this, and a discussion was held as to the proper victim, but one proposal after another was rejected. Finally the subject declared an absolute unwillingness to do it on anybody except the experimenter, explaining that a cigarette burn was a nasty, unpleasant thing, that there was no humor in the joke, and that the whole thing was not worth doing.

Inquiry subsequently disclosed that the subject felt justified in burning the experimenter's hand as a punishment for trying to take advantage of him, but that he did not feel that anybody else should be made a victim of so crude and painful a joke.

Account 15: As a practical joke it was suggested to a subject that a third person be induced to lift a box having metal handles which were actually electrodes connected with a source of current. The experimenter then demonstrated on himself the effect of the shock, which was defi-

nately violent and disagreeable. However, the subject could not be induced to test the shock himself, and when an unsuspecting victim was secured, he refused to close the switch, despite his willingness and readiness to turn on the current when the experimenter was lifting the box. He explained his refusal on the grounds that the experimenter's full acquaintance with the apparatus and obvious willingness to take the shock justified his turning on the current, but that the unexpectedness of a violent shock for an unsuspecting victim would be a most questionable and unwise thing. Yet subsequently, in the waking state, he joined with his fellows in using this apparatus to shock unsuspecting victims. Even then he could not be induced to go through the performance in the trance state, declaring that to do so would be only a blind automatic performance lacking in any element of humor and that, at best, he would not be a participant but only an instrument, a role for which he had no liking.

Account 16: An exceedingly spoiled and pampered young woman had the unpleasant habit of slapping anyone who offended her even slightly. When she was in a deep trance state, an assistant was placed in rapport with her with secret instructions to make definitely offensive remarks to her. When he obeyed these instructions, she flushed angrily, turned to the experimenter, and declared that the assistant was probably acting in response to the experimenter's request and that, by rights, the experimenter should have his face slapped, and that his face would be slapped if the assistant continued to make disagreeable remarks.

An attempt was made to persuade her of the experimenter's innocence and also that regardless of his innocence or guilt, she ought to slap the assistant, since he really had free choice in the matter. She declared, however, that she preferred to do her slapping when she was awake and that unless the trance procedure were changed, she would awaken herself and would refuse to do any further hypnotic work, and it was found necessary to accede to her demands.

Comment: In these four accounts not only did the subjects resist suggestions for acts actually acceptable under ordinary waking conditions, but they carried over into the trance state the normal waking tendency to reject instrumentalization by another.

However, acting on their own sense of responsibility, there was no hesitation about aggressive behavior directed against the experimenter, but apparently the submissiveness of the trance state and the instrumentalization effected by the hypnotic suggestions of aggression against others rendered such suggested acts so impersonal and lacking in moti-

vation as to be completely objectionable in the trance state.

Verbally Abusing and Giving Adverse Information About Others

Account 17: The subject was instructed to make a number of cutting, disagreeable remarks to a person strongly disliked by that subject and also to persons actually liked.

However, she refused to perform either of these tasks in the trance state, declaring that she would not hurt her friends' feelings in any such fashion and explaining that if she said unpleasant things to people she disliked, she preferred to be awake so that she could enjoy their discomfort.

When it was suggested that she make disagreeable remarks to disliked persons as a posthypnotic performance, she again refused, explaining that if she said unpleasant things, she wanted to be the one who originated them, and that it would be done only at her desire and at an opportunity that she selected, and not in response to the experimenter's request. Despite much urging, she could not be induced to alter her attitude.

Yet in an obviously experimental setting, where it was plain that everybody understood the total situation, this subject as well as many others (Erickson, 1939) was found entirely willing to accede to such requests and even to take advantage of the opportunity to say things more disagreeable than necessary, but to secure such a performance there is always a need for the protection afforded by a recognized experimental situation. However, even under obviously experimental conditions many subjects will refuse to accede to this type of request, explaining that they might inadvertently hurt someone's feelings.

Comment: While the suggestions themselves were not repugnant to the subject, the general situation was, and the subject reserved full rights and demanded the privilege of obeying only under conditions of full conscious awareness. Yet at a mere experimental level, where the purposes of the act are defeated by the nature of the setting, full obedience may be obtained. Again, resistance by the subject to instrumentalization is apparent.

Account 18: A subject known to be aware of certain unpleasant facts concerning an acquaintance whom she disliked greatly was questioned extensively in an effort to secure from her that information. She refused to relate it, even though previous to the trance she had on several occasions been on the verge of imparting that information to the experi-

menter and had been deliberately put off. She did explain that perhaps sometime when she was awake she might disclose the facts, but that she would not do so in the trance state. No manner of suggestion served to induce her to yield, even though the experimenter's secret knowledge of the entire matter permitted the asking of leading questions and the relating of a sufficient amount of detail to justify her fully in the feeling that she would betray little or nothing. After much pressure she finally expressed a willingness to tell after awakening, if the experimenter could convince her in the waking state of the legitimacy of his request. Her offer was accepted, but when the attempt was made, she evaded the situation by a deliberate falsehood, which, if the experimenter had persisted in his inquiries, would have served to force him into a position where he would have had to embarrass and humiliate her by the exposure of her falsehood.

Comment: Not only did the subject resist the hypnotic commands, but also she withstood a situation which ordinarily in the waking state would lead to capitulation, and in addition she effected, at an unconscious level of thought, a contretemps precluding any further action by the experimenter. In this instance, at least, the subject was more capable of resisting the experimenter's commands in the trance state or by unconscious measures than she was in the waking state.

Offenses Against Good Taste and the Privacy of Others

Account 19: A subject was asked to tell risqué stories in a mixed group. This request he refused unconditionally. Subterfuges of seemingly hypnotizing the other members of the group and giving them instructions to become deaf failed to convince the subject of the reality of the performance. Finally suggestions were given him to the effect that the others present had left and that he was now alone with the experimenter and could tell the stories. The subject apparently accepted this suggestion of the absence of others but declared that there was something peculiar about the room, that there were inexplicable sounds to be detected, and he refused to accede to the request.

On a later occasion the subject was rendered hypnotically blind and taken into a room where others were quietly present. When asked to tell a risqué story, he explained that he could not because he was not confident of the nature of the situation. On still another occasion he was rendered hypnotically blind and hypnotically deaf, with prearranged tactile cues calling for different types of behavior, among which was the relating of a certain objectionable story. Finally the signal for the story was

given him, but the subject demanded that the experimenter assure him honestly, by a tactile cue which he specified, that there was nobody else in the room. Only then would he relate the story.

When an account of this was given to him later, with the implication that others might have been present, the subject remarked sardonically that any embarrassment deriving from the situation belonged solely to the experimenter and to any others present.

Comment: The need for realism in the actual situation, the capacity for self-protection in even a recognized experimental setting, and the ability to allocate responsibility is obvious.

Account 20: A subject was instructed to open her companion's pocket-book, to secure a cigarette, and to give it to the experimenter, this to be done with the full awareness of her companion but without express permission. She refused to do so despite urgent demands and angry insistence. Since these measures failed, she was given a posthypnotic suggestion to the effect that after awakening she would notice the experimenter fumbling with an empty cigarette package and that she would then openly abstract a cigarette from her friend's purse. She agreed, but rather hesitantly. After awakening, the proper cue being given, she made several abortive attempts to obey the command and finally took refuge from the situation by lapsing back into the trance state, explaining that she "just couldn't do it, it wasn't nice, it wasn't proper, and it was too discourteous." It was pointed out to her immediately that the companion's full awareness of the situation and failure to manifest any objection rendered the request legitimate. Nevertheless she persisted in her refusal.

Subsequently she was awakened with a complete amnesia for the trance and the posthypnotic experience. During the course of a casual conversation the experimenter asked her for a cigarette. When she replied that she had none, he suggested that her companion had cigarettes, and this statement was confirmed by her friend. She was then asked if she would open her companion's purse and secure a cigarette. Her first reaction was one of being shocked at the impropriety of the request, but finally she yielded to repeated demands, first thinking the matter over and then reasoning aloud, "If you ask me to do a thing like that, you must have a good reason, and she [the friend] certainly looks as if she were waiting for me to do it, and doesn't object, so, with your permission [addressed to the friend] I will do it. If I didn't think you [the experimenter] had a good reason, I wouldn't do it."

Shortly afterward she was rehypnotized, reminded of the entire course of events, and was again asked to secure another cigarette. She

explained that she could do it better if she were awake, and when the experimenter persisted in his demands that she do it while still in the trance state, she again refused. Nor would she repeat her waking performance in response to further posthypnotic suggestions, declaring that once was enough and that the whole thing was entirely unnecessary.

Account 21: Another subject was instructed emphatically but unsuccessfully to examine the contents of her friend's purse. Finally resort was had to posthypnotic suggestion, and when this failed, she was given posthypnotic suggestions to the effect that after awakening she would absentmindedly pick up her friend's purse under the impression that it was her own (care had been taken to arrange that the friend's purse could be mistaken easily for the subject's), open it, and become so puzzled and bewildered at seeing unfamiliar objects in her purse that she would examine them in an effort to discover how they happened to get there. After awakening, during a casual conversation the proper posthypnotic cue was given. She immediately mentioned that she felt like smoking, casually picked up her friend's purse, and started to open it, but as she did so, remarked, "What's the matter with the clasp on my purse? It's suddenly got awfully stiff. Why, this isn't my purse!" and then, recognizing it, put it down and picked up her own, apologizing to her friend.

Upon being rehypnotized, the subject explained that she simply could not do what had been asked, but added that she had "tried hard."

An attempt to repeat these two experiments, 20 and 21, in the absence of the owner of the purse was resisted strenuously, and the experimenter's own attempt to examine the purse was met with anger and extreme contempt. Similar results were obtained with several other subjects.

Account 22: The subject was engaged in a casual conversation about how little things tell a great deal about the personality. From this, comment was made upon the contents of small boys' pockets, and then it was suggested that the contents of the experimenter's purse might be most revealing. She was then urged to take his purse, empty it of all its contents, and make a critical examination of them. The subject was most unwilling to do this, but after extensive urging she finally yielded, declaring, "You must have some purpose in this, or you wouldn't want to make me do it, and it's going to be your own hard luck if I do. I will do it, even though I don't want to. I suppose you are carrying on an experiment and I will just help you out the way you want me to. Another thing, you probably planned this so there isn't going to be anything in

your purse you don't want me to see." Having made these remarks, she performed the task, but with obvious distaste and reluctance, and constant urging was required to induce her to scrutinize each object.

Comment: In the three accounts 20, 21, and 22, the subjects either rejected the suggestions or transformed the performance into one entirely excusable though obviously distasteful. Such was the strength of their objections in the trance state that they would not permit the experimenter to perform the act required of them in accounts 20 and 21 except at serious risk to himself. In brief, not only did they control the situation for themselves, but they also limited the experimenter in his own aggressive behavior against others not present and who presumably would never be aware of that aggression.

Account 23: Over a period of months a hypnotic subject was instructed, in accord with a carefully planned technique of suggestion, to read his roommate's love letters, without the subject's knowledge that the experimenter had secretly made contact with that roommate and had arranged for the leaving of personal letters readily accessible. On the occasion of each hypnotic trance the subject was asked urgently if he had performed his task, and every effort was made to convince him of the legitimacy of the act as a worthy scientific procedure, related to the investigation of the ability to remember unpleasant things, and connected in turn with an investigation of memory processes as affected by hypnosis.

Nevertheless the subject failed to obey instructions, and offered to do any number of disagreeable tasks which could be used as a memory test and which involved himself only. Finally a promise was secured from the subject that he would do as asked on a particular evening if the experimenter would be present. His demand was met, and the subject in the deep trance state was told to find a letter, actually readily accessible, and to read it. Extreme difficulty was experienced by the subject in finding that letter. He overlooked it repeatedly and searched in all the wrong places, since no overt move was made by the experimenter to direct his search. Eventually he had to be forced to find the letter and to open it. He immediately discovered that he could not read it because he had mislaid his glasses. In searching for his glasses he succeeded in mislaying the letter, and when both the glasses and the letter were at hand, he opened the letter in such fashion that he was confronted by the blank sides of the pages. These he kept turning around and around in a helpless fashion, explaining that the pages were blank. After being told insistently to turn the pages over, he yielded, but did this in such fashion

that the writing was then upside down. When this error was corrected, the subject developed spontaneously a blindness and became unable to read. When the blindness was corrected by suggestion and the letter again presented to the subject, the blindness returned, and it finally became necessary to discontinue the attempt.

Some weeks later the roommate, again under instruction from the experimenter, remarked to the subject, "I just got a letter from my girl that I want you to read." The subject replied, "I would like to. It's a funny thing, but for a long time I have wanted to read your mail. I don't know why. I've just had an awfully strong urge and it has disturbed me a lot, and I will be glad to do it and get that urge out of my system." He then read the letter, of which fact the experimenter was notified by the roommate. On the occasion of the next trance the subject was asked the general question about having read his roommate's mail. He stated that he had done so one day in the waking state *at the roommate's but not at the experimenter's request*. He was then questioned extensively for the content of the letter, but he was found unable to remember any of it. When it was suggested that he reread the letter, he agreed, but demanded insistently the privilege of asking his roommate's permission first, nor would he consent to reread the letter unless this concession were made.

Comment: Despite a hypnotic technique of suggestion sufficient to hold an offensive task before the subject for a period of months, an exceedingly plausible and acceptable justification, and obviously worthy motives, the entire attempt was so complete a failure that he could not be induced hypnotically to repeat the waking performance authorized in a socially acceptable manner except under the precise conditions of that waking performance. Yet extensive knowledge of him disclosed him to be no more conventional than the average college student.

Acceptance of Complexes Implying Misdeeds Against Others

Account 24: Before presenting the material of the next four experiments, which have been briefly reported in a study of the induction or implantation of artificial complexes, (Huston, Shakow & Erickson, 1934) a preliminary explanation may be offered. These four experiments centered around the procedure of causing hypnotic subjects to believe that they had already committed an objectionable act. While developing an adequate technique of suggestion for this complex implantation, it was discovered that, to be effective, that is, to elicit genuine rather than realistic responses, the complex had to be about an act supposedly already

accomplished in the relatively remote past only, and all attempts to build up a complex about some unfortunate act that they would inevitably perform in the future failed. Each explained, when the latter type of suggestions was attempted, that they could not conceive of the possibility of doing such a thing in the future. Yet these same subjects, told they had actually done the same thing in the past, could be induced to accept the suggestion and would then respond in a highly significant fashion, as has been reported in the experiment mentioned above. The significance of these findings in relationship to the suggestion of criminalistic behavior to hypnotic subjects is at once apparent.

Another consideration of equal importance is the fact that *the subject must necessarily have a waking amnesia for the complex material*. Conscious recollection of the story, unless so vague, incomplete, and inadequate as to render it meaningless, will effect a complete understanding and a rejection of it. Attempts to induce a belief in a complex at both waking and hypnotic levels of awareness invariably lead to a complete and resentful rejection of the complex story. The outcome of a conscious recollection is illustrated fully in *The Study of an Experimental Neurosis Hypnotically Induced in a Case of Ejaculatio Praecox*," (Erickson, 1935) in which the subject first recalled the complex as a reality experience and then immediately recognized its nature, nullifying completely its reality.

Hence, *although subjects may be induced to believe that they committed some reproachable act, they must not be allowed to become consciously aware of this belief. Its acceptance as a truth apparently depends upon its remoteness from the possibility of conscious examination, and its effect upon the personality is comparable to that of repressed experiences.*

Since the four experiments were all of the same general character, they will be presented as a single account.

Subject A was given a complex centering around the belief that he had accidentally burned a hole in a girl's dress through carelessness in smoking. He accepted the complex, reacted strongly to it, complained the next day of a severe headache, quit smoking, gave away his cigarettes, and was hostile and resentful toward the experimenter and uncooperative in regard to future hypnosis. Rapport was reestablished with difficulty, and thereafter for some months, despite the removal of the complex and the giving of insight, he was unwilling to act as a hypnotic subject unless convinced of the value of the scientific purposes to be served.

Subjects B and C were separately given complexes to the effect that in their eagerness as medical interns to learn the technique of the cis-

terna puncture they had inadvertently caused a patient's death, which they failed to report. Both accepted the complex in part but rejected certain points for various plausible reasons, and their exposition of these was then followed by a complete rejection of the complex. Both reacted with intense resentment toward the experimenter, although friendly feelings were reestablished when they were acquainted fully with the experiment. Also, both then expressed regret about failing to meet the experimenter's purposes by their rejection of the complex.

Nevertheless, when another attempt was made later to induce in them a second complex centering about a culpable act, both rejected it unconditionally with essentially the same succession of events as occurred in relation to the first complex. Of particular interest is the fact that one of these subjects was used in the experiment in Account 2 above. Apparently his intense curiosity did not extend to this type of painful experience.

Subjects D and E, occupational therapists, were given complexes to the effect that they had, through carelessness not in itself seriously culpable, been directly responsible for a serious injury to a patient. Both accepted the complex, reacted with great intensity to it, became markedly hostile and resentful toward the experimenter, but cooperated with him in the trance state because of his secret knowledge of their supposed misdoing. After the complex had been removed and insight given, both demanded that no further experiments of that nature be done on them, and thereafter they tended to scrutinize closely any suggestions given them in the trance state.

Subject F, a nurse, was given a complex to the effect that she had inadvertently applied the wrong medication to a patient's wound with serious results. When an attempt was made to describe the extent of the unfortunate consequences, it was found necessary to minimize them somewhat if the subject were to be induced to accept the complex. Later, after the complex had been removed and an understanding of the situation had been given, the nurse explained spontaneously that her acceptance of the complex had actually been based upon a somewhat similar mistake nearly committed during her course of training, and she remarked that the experimenter had been fortunate in seizing upon something that could be directly related to a real incident of her past, since otherwise she could not conceive of ever having been so careless.

Comment: The fact that such complexes as the above could be induced only in relationship to the past is highly significant in itself. *Apparently it is easier to conceive of oneself having already done wrong than to consider the possibility of committing a wrong in the future.* An

indirect criterion of the validity of the experiment is to be found in the account of Subjects B and C, who, even after being acquainted fully with the experimental nature of the procedure, rejected unconditionally the second complex.

Finally these experiments serve to demonstrate that while there is a good possibility of making hypnotic subjects believe—in the trance state only and not in the waking state—that they have done an objectionable act, they cannot be induced to believe that they will do such an act.

Offenses Against the Property of Others

Damage, Destruction, or Loss

Account 25: It was suggested to a subject that a practical joke could be played on a certain unpopular girl who was highly critical of the habit of smoking and who professed falsely never to smoke. The joke as outlined was to the effect that the subject should light a cigarette and then, watching her opportunity, pick up a handkerchief which the disliked girl had on her desk and crumple the cigarette in it, so that those aware of the joke could discover it and accuse that girl of smoking secretly and of being surprised in the act and driven to conceal the evidence in this manner.

Adequate arrangements were made secretly with the proposed victim to permit a favorable situation for the perpetration of the joke. However, when the time came to act, the subject refused, declared that it was unfair and wrong to destroy that girl's handkerchief by burning it, even though the girl was a liar, and argued that there must and would have to be a better way to carry out the joke. No amount of urging could induce the subject to accede to the proposal, but she was entirely willing that the experimenter perform the act. Even so she could not be induced to encourage the experimenter or anyone else in such a performance.

Account 26: A subject employed as a stenographer was typing the final copy of a colleague's paper, a task which she had been instructed by her superiors to complete at a specified hour. While so engaged, the subject was hypnotized, and a great variety of suggestions was given her to compel her to type inaccurately and to make a poor copy, with the excuse offered that the poor quality of her work could be accounted for by haste and over anxiety. These suggestions failed, and she could not be induced to do anything of a destructive character despite the fact that she knew the experimenter could and would, by virtue of his official position, protect her from any possible consequences. The only results of

the suggestions were a temporary decrease of her speed in typing and a general increase in the care with which she worked.

Account 27: A subject was instructed to destroy or throw away certain important papers lying at hand on the desk of a disliked superior. All circumstances were arranged to make the general situation entirely favorable for the performance. Despite repeated and insistent efforts all suggestions were rejected, although there was no objection to the experimenter's offer to do the task.

Account 28: The subject was instructed to abstract from a colleague's desk certain important papers and to mislay them in some inaccessible place, thereby causing serious inconvenience to their owner. Despite insistence and emphatic suggestion the proposal was rejected. Posthypnotic suggestions were given to the effect that later in the day, while securing legitimately from that desk certain other papers, there would be an accidental and unnoticed picking up of those documents. Thus in an absentminded way there could be an actual and guiltless mislaying of the papers.

There resulted only an obedience to the first part of the posthypnotic suggestion—namely, securing and filing away the proper documents, but the others, while picked up at the same time, were promptly sorted out and returned.

Comment: In the four above accounts various factors of justification for the performance, the existence of adequate protection, a degree of willingness to do the suggested act at a waking level, and in Accounts 26 and 28 the possibility for total exculpation on the basis of accident, all failed completely to permit a performance of the suggested acts.

Inducing Subjects to Commit Thefts

Account 29: A subject was presented with a specious argument about the possibility of developing marked finger dexterity as the result of hypnotic suggestion, and it was proposed to use him for that purpose, to which he readily consented. It was then suggested that he pick his roommate's pockets, and long, detailed instructions and careful practice were given him, particularly about how to stand, how to distract his intended victim's attention, and how to rely upon his own subconscious understandings of dexterity to pick pockets unnoticeably.

The subject objected most strenuously to the entire plan but finally yielded to the specious arguments offered him. On the selected occasion,

with provision made for the distraction of the roommate's attention through his close examination of an attention compelling object, the experimenter and the subject crowded against the victim closely, jostling him in an apparent eagerness to join in the examination. As this was done the subject proceeded with the pocket-picking, but did it so crudely and so roughly that it was impossible for the victim, who was fully aware of the situation, to avoid noticing what was occurring.

Nevertheless the subject insisted that he had performed the act gently and delicately, and nothing could convince him that he had been rough and forceful in all of his movements.

Similar results were obtained upon repetition with this subject, despite his realization then that it was an experimental situation.

Similar findings were made with other subjects, among whom was one whose favorite practical poke was picking the pockets of his friends and distributing his loot among the pockets of the group, and then, by some clever subterfuge, causing a discovery of the trick. In the trance state he declared an entire willingness to do this when awake, since then he "would know everything going on," but he flatly refused to do it as a trance performance, since he would be out of contact with his environment and since it would not be a joke but a highly questionable performance carried on at the behest of another.

Comment: The apparent acceptance of the suggestions for pocket-picking was made entirely meaningless by the character of the performer, and the persistence in this type of performance, even after the nature of the act had been revealed, disclosed that the unconventional aspect alone of the misdeed was sufficient to preclude a satisfactory execution. Likewise the attitude of the joker makes clear the sense of limitation that hypnotized subjects feel in relation to their environment. Also there is an adequate demonstration of the ability of the hypnotized subject to recognize readily the entirely different significations of a performance when executed as a prank and when done as an act of simple obedience.

Account 30: During a casual visit a subject, displaying his empty package, asked the experimenter for a cigarette. The experimenter apologized for not having any, induced a deep trance, and suggested that the subject purloin from the adjacent office a package of cigarettes habitually left on the desk, since the owner would have no real objection. Thus both he and the experimenter could enjoy a smoke, and the whole situation could then be forgotten. The subject expressed entire willingness to do this if confession might be made to the owner of the ciga-

rettes. When this concession was refused, the subject rejected all the suggestions, even though the experimenter offered to replace the cigarettes with a full package later.

Subsequently, while the subject was in the waking state, in response to his original request for a cigarette it was suggested that he might, as a joke, purloin cigarettes from that same office. To this the subject consented readily, went to that office, and secured two cigarettes, one of which he gave to the experimenter with marked insistence that it be smoked while he smoked the other. Later it was found that the subject made full confession of his act to the owner of the cigarettes.

Comment: An act, not entirely acceptable in the waking state, as shown by the insistence upon inculcating the experimenter and the making of amends, was found completely unacceptable in the trance state, despite the knowledge that restitution would be made.

Account 31: A poverty-stricken college student was instructed repeatedly in a series of trances extending over a period of weeks to purloin small sums of money left lying carelessly about by his roommate, with whom secret arrangements had been made.

Elaborate suggestions and rationalizations were employed, but always without avail. Yet on the occasion of each new trance state, although invariably he pleaded to be excused from the task, he could be induced to renew his previous promises to obey. Finally it became necessary to discontinue the experiment because the subject's intense resentments were effecting a breakdown of the profound amnesias for the trance experiences, which had been established by the experimenter both as a measure of promoting the suggested act and as a means of preventing the subject from discovering the purposes of the repeated hypnotic trances.

Subsequently it was learned that during the course of the experiment the subject had made numerous vague inquiries among the experimenter's colleagues concerning the experimenter's character, for which conduct he could give no reason at the time. When later the subject was given an account of the experimental procedure, he was very much relieved, protested that the experimenter should have known that hypnosis could not be used to make a thief of anybody, and declared that he could now understand his past "peculiar unhappy feelings about you" which had distressed him greatly at the time and which had caused him to seek reassurance about the experimenter's character.

Comment: Apparently, in attempting to induce felonious behavior by hypnosis, the danger lies not in the possibility of success but in the risk

to the hypnotist himself. What might have happened had an adverse opinion been given of the experimenter is interesting only to speculate upon, since general knowledge of hypnotic reactions suggests that an unfavorable statement would have served to abrogate the suggestions for an amnesia of the trance events. The probability of this will be shown in Accounts 34 and 35.

***Experiments Involving the Direct Abuse by the Hypnotist
of the Subject's Confidence***

Account 32: A subject was induced by careful suggestion to believe as the truth a statement originally known by the subject to be false. The outcome was a firm and effective expression of belief in its veracity in subsequent trance states, but a full recognition of its falsity in the waking state. All action on the statement was limited to the waking state, since during hypnosis the burden of any action was shifted upon the experimenter. Efforts made to have the conviction of truth carry over into the waking state failed, apparently because there had to be a meeting of conscious objections to the statement at the level of conscious awareness.

Comment: Yet the "poisoning of the mind" by subtle lies in the ordinary waking state will lead to the development of complete belief, both conscious and unconscious.

Apparently the time and situational limitations of the trance state serve to preclude a similar development of belief for both the hypnotic and the waking levels of awareness.

Account 33: Another subject was carefully given malicious misinformation about an acquaintance, and this was systematically and convincingly confirmed by the experimenter's colleagues. There resulted in the waking state the development of a definite attitude of dislike, distrust, and avoidance, coupled with a marked alertness and an intense interest and curiosity on the part of the subject concerning that acquaintance.

Within a few days, however, the subject complained to the experimenter of having felt vaguely but distressingly uncomfortable for some unknown reason since the occasion of the last hypnotic session, and demand was made of rehypnotizing as a measure of relief.

This request was granted, but an attempt was made to evade the issue. The subject, however, demanded that a full waking recollection be given of the communications of the previous trance, explaining only that "it just has to be done."

When this was finally done, the subject reacted in a relieved but be-

wildered way, finally declaring, "Well, if that's true, and they all said it was, why did you have to tell me when I was asleep? Even if they did say it was true, I don't believe it. I can't believe it. I'd have to find out for myself, and just telling me when I'm asleep wouldn't make me believe it.

"You'd have to tell me when I'm awake so I would know it. You can't believe a thing if you don't know it, and you told me when I was asleep so I wouldn't know it. If you want me to believe a thing, you will have to tell me so I'll know it when I'm awake and not just when I'm asleep. If it is true, I'll find out about it and then I'll believe it, but this way, why it's no more than a nasty story. What were you trying to do?"

A full statement and proof of the victim's awareness of the experiment clarified the situation, and subsequent hypnotic work met with no difficulty, the subject accounting for this on the grounds that the whole experience had been merely unpleasant and of no importance except scientifically, and that there had never been any credence to the story.

Comment: Apparently, to judge from the subject's remarks, such a communication as the above to a subject in the trance state lacks some attribute or quality of reality essential for credence. Despite the acceptance of the story in the state of hypnotic submissiveness the failure of the inclusion in such acceptance of processes of conscious awareness and of conscious responses to the information deprived the story of any significant credence value.

Account 34: A second subject, utilized for a repetition of the above experiment, showed essentially the same course of behavior, with the exception that no direct requests were made for a second trance. Instead frequent, apparently purposeless visits were made to the experimenter's office, with vague, hesitant complaints offered about feeling generally depressed and unhappy, all of which were received with casual indifference which led finally to a rather sudden resentful departure by the subject.

About an hour later the subject burst into the office in a violent rage, and a most difficult situation followed. In the period of time after leaving the office there had developed slowly and then with increasing rapidity a full, spontaneous recollection of the events of the trance session, a critical review of the entire situation and of the misinformation given, a complete repudiation of its veracity, and the development of an intense anger toward the experimenter and everybody concerned. Finally, however, the exhibition of the experimental protocol and of the observations that had been recorded, and proof of the victim's awareness, served to effect a satisfactory adjustment, probably aided by the subject's own scientific train-

ing and intense interest in clinical psychology and hypnosis.

In reviewing the whole experience a few days later, this subject offered essentially the same explanations as had been given by the first subject. In addition the intensity of the angry outburst was explained as the reaction to the experimenter's violation of the hypnotist-subject relationship occasioned by his seeming indifference to the vague complaints of distress and by his virtual refusal to meet his responsibilities in a situation where all responsibility belonged entirely to him. As in the first case no difficulties were encountered in further hypnotic work with the subject.

Comment: In addition to confirming the findings of the preceding experiment, this account is particularly informative in relationship to the general futility of this type of attempted misuse of hypnosis and to the seriousness of the risk encountered by the hypnotist in such attempts. Also the outcome suggests what might have occurred if the experiment on theft in Account 31 had not been interrupted.

Account 35: One actual instance of intentionally unscrupulous use of hypnosis concerns a hypnotic subject employed in some laboratory experimentation by Mr. Blank, a capable hypnotist generally regarded as of somewhat questionable character and who was known to dislike the author intensely. Over a period of weeks this subject manifested increasingly marked avoidance reactions toward the author, with whom there existed a casual acquaintance. After about a month of such behavior the subject suddenly entered the author's office, rudely demanded attention, and burst into a tirade of, "I don't like you, I hate you, I despise you, I've got no respect for you, I can't stand the sight of you, and I don't know why. That's why I've come here. I want to find out. I want you to hypnotize me, and when I'm in a trance, I want you to ask me so that I can tell you. It may not be important to you, but it is to me, and I want to know what it's all about."

Attempts to question him in the waking state elicited only the sullen, insistent reply that he did not come to bandy words, that he came to be hypnotized so that he could find out something. *However, he did add that he had never done or said anything against the author and that nobody else knew how he felt.* He explained further that he was a well-trained subject and that he was certain he would go easily into a satisfactory trance.

Taking him at his word, the author induced a deep trance easily, recapitulated the remarks that had been made upon entering the office, and suggested that perhaps he could now know what he wished. The

subject proceeded at once to tell a long, detailed story about how Blank, in almost daily hypnotic sessions over a period of two months, had subjected him to an endless recital of innuendoes, veiled remarks, and subtle suggestions discrediting the author. He explained that while he believed none of the remarks, he had found the situation increasingly intolerable, and that it had now become imperative to escape from it. Just how he might do this he did not know, since he did not wish to disrupt Blank's experimental work, which he believed to be excellent, as was actually the case. He then suggested that it might help to give him a full conscious recollection of these matters, since Blank always gave him insistent instructions never to remember consciously any of his trance experiences, with the explanation that such memories, whatever they might be, might interfere with the experimental work, even though it was purely physiological in character.

The subject's suggestion was accepted and acted upon, with a complete readjustment of his attitude toward the author and an intense anger toward Blank, but so adequately controlled was that anger that Blank's experimental findings on him continued to agree with those on other subjects. Upon the completion of that work the subject refused to do any further work with Blank. Subsequently he explained that after his trance with the author he had continued to have a full, conscious recollection of all those events of his trances with Blank not connected with the experiment, and that in this way he promptly "washed them out" immediately upon awakening.

On a later occasion another of Blank's subjects was hypnotized by the author, and inquiry disclosed that a similar attempt had been made upon him, but that his reaction had been, "But I knew you and I liked you, so I didn't pay any attention to what he said, and when he kept on I just told him that I liked you and that you were a friend of mine, and so he shut up."

Comment: Here there is an actual unscrupulous attempt to misuse hypnosis, and yet, despite the extreme care with which it was carried on, it led to results unfavorable only to the hypnotist himself, without causing sufficient disruption of the subject's personality reactions to interfere with the legitimate hypnotic work being done with him by the unscrupulous hypnotist. The adequacy and the effectiveness of the protective measures employed by the subject, who was apparently susceptible to such abuse, is striking.

SUMMARY AND CONCLUSION

To summarize this investigation one may state briefly that a great variety of experimental procedures was employed upon a large number of well-trained hypnotic subjects to induce them, in trance states or in response to commands and suggestions given during trance states, to perform acts of an unconventional, harmful, antisocial, and even criminal nature, these acts to involve aggressions against both the self and others, as well as to permit direct abuse of the hypnotic subject by the hypnotist. Every effort was made to meet the need for control investigations covering the possibilities of waking behavior, for realism in the experimental situation, and for adequate and varied techniques of hypnotic suggestion. The findings disclosed consistently the failure of all experimental measures to induce hypnotic subjects, in response to hypnotic suggestion, to perform acts of an objectionable character, even though many of the suggested acts were acceptable to them under circumstances of waking consciousness. Instead of blind, submissive, automatic, unthinking obedience and acquiescence to the hypnotist and the acceptance of carefully given suggestions and commands, the subjects demonstrated a full capacity and ability for self-protection, ready and complete understanding with critical judgment, avoidance, evasion, or complete rejection of commands, resentment and objection to instrumentalization by the hypnotist, and for aggression and retaliation, direct and immediate, against the hypnotist for his objectionable suggestions and commands. In addition many demonstrated a full capacity to take over control of the hypnotic situation and actually did so by compelling the experimenter to make amends for his unacceptable suggestions.

Had the above experiments been conducted as obviously experimental investigations, it is entirely possible that the subjects would have given realistic performances in such protected situations, but under those conditions the outcome would not have been a function of the hypnosis itself but of the general situation. In that type of setting one might deceive a subject into performing some objectionable act, but the deception would not be dependent upon the hypnosis. Rather it would depend upon entirely different factors, and the hypnosis, as shown repeatedly above, could easily constitute an actual obstacle to a deception based upon other factors.

Hence the conclusion warranted by these experimental findings is that hypnosis cannot be misused to induce hypnotized persons to commit actual wrongful acts against either themselves or others, and that the only serious risk encountered in such attempts is incurred by the hypnotists in the form of condemnation, rejection, and exposure.

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FIVE

The Virtues of Our Faults: A Key Concept of Ericksonian Therapy

When we learn to become therapists, we learn particular ways of thinking as much as specific content. These ways of thinking become perceptual lenses. Lenses have advantages in that they focus us on important aspects of the patient. They have disadvantages because they also limit perspectives. Additionally, lenses act as filters to the degree that our perceptions circumscribe subsequent actions. In our early training, perhaps in graduate school, lenses are “surgically implanted” by our teachers. They then become our heirlooms, to be carefully transmitted to patients and subsequent generations of students.

Having studied the hypnotic psychotherapy of Milton Erickson for more than 17 years, I have developed a particular way of thinking about therapy. I want to explore one “small” concept that has its roots in traditional hypnosis, but occupied a central place in Erickson’s work. Indeed, it could be considered a wide-angle lens of Ericksonian methods. Although the concept is easy to understand, it is a difficult concept to master. To loosely paraphrase Jay Hayley (1982): If I experientially understood this one idea, new worlds would open before me as far as doing psychotherapy is concerned.

In Ericksonian fashion, I will present the concept to you through a series of vignettes and scenes. This follows my commitment to the idea that dynamic experiences should precede dynamic understandings. Therefore, I would like you to react to the following situations and discover what they have in common. You should be able to describe the central theme in one word.

Illustration of the Concept

Situation 1

As you sit in your chair, you do not have to pay attention to the wall in front of you, to the darkness of the floor, to the color of your clothing, or to the changes in the blink of an eye. And yet you cannot help but pay attention to sounds outside the room, to sounds around you, to the sounds of your own breathing, to the sound changes that gradually occur to you. You can also pay attention to the sensation of your feet on the floor, to the pressure of your body being supported by the furniture, to the presence or absence of a head rest, back rest, arm rest, seat rest, foot rest.

And, in hypnosis, you merely limit the number of foci of your attention, and you allow yourself to attend to what is immediately relevant.

Situation 2

Recently, a couple requested hypnotherapy to stop smoking. He was in his 40s; she was in her 30s. Both were currently in therapy and were referred to me for habit control. As is my custom, I arranged to see them together. I suggested they dispose of their smoking material and put away their ashtrays the night before the session. They would have their last cigarette prior to going to bed, and they were to come in “uncomfortable” so that I could learn about their unique difficulties in order to individualize therapy.

When they arrived in my office, they reported that they had followed my suggestion, which I regarded as a positive prognostic indicator. In my interview, I asked if they had conquered other habits, and I learned that both of them had previous extensive treatment for addictions: They were *working a program* in Alcoholics Anonymous and Narcotics Anonymous. I inquired about the husband’s pattern of using alcohol and narcotics prior to treatment. He would say to his wife, “I just stopped for a beer,” while actually he had imbibed hard liquor and drugs. His pattern of denial included bold lies.

I tried to ascertain the styles of the couple. They were both blue-collar workers. The man was superficially gregarious, but distant, avoiding intimacy. In fact, they had some prior couples therapy at the wife’s request in order to develop more closeness. The woman appeared tough, independent, rebellious, and sardonic. She had arthritis. “How do you deal with the discomfort?” I asked. She replied, “If I have pain, my body says, ‘Take it easy,’ and I take a bath or a nap.” Her pain never caused her to miss work. The husband also had a high pain tolerance.

I switched abruptly from the topic of pain, knowing I would return to it shortly. I asked, “I know it is difficult to accurately describe the urge to smoke, but could you try to describe it?” As they struggled to articulate the components of the urge to smoke, I added, “I would like you to realize that you could think about the urge in many senses as being a “pain”.” They could accept that the urge to smoke was a pain in many senses.

I then suggested they could have a private signal system that only would be used between the two of them. I reminded them that all couples have a private language that outsiders might not fully comprehend. If either one said the phrase, “that pain,” as in “I am having that pain,” it would be understood as indicating the experience of a discomforting urge, “which really is not an urge, but a pain.” Once the signal was established, each could help the other.

I indicated to the husband: “Here’s what you can do. Whenever you say to your wife, ‘I am experiencing *that pain*,’ she can touch you. She can give you a hug, or put her hand on your lap, or just gently take your hand. When you say, ‘I am experiencing that pain,’ she will immediately know to reach out.” This idea cheered the wife, who

openly desired a more intimate marriage. The husband blanched; his response was agreeable but muted.

I turned to the wife: “If you say to your husband, ‘I am experiencing *that pain*,’ he is to give you space. You are to have five minutes to yourself. During those five minutes, you can take a nap, you can do anything you want. But you must get time by yourself.” The wife blanched; her response was agreeable but muted.

I explained to the husband that there was a second part of the therapy; he was to lie to and cheat on his wife on a regular basis. In fact, he should lie and cheat three times a day. He was compelled to lie and cheat. It would be a good idea if he did it at breakfast, lunch, and dinner, because then he would not forget. We agreed on what suitable lying and cheating would entail. The lies would have to be relatively minor and could not be about addictions. For example, he could say that he took out the garbage, when actually he had not. He could say that he did an errand, when actually he had not.

Her job was to catch him. At the end of the day, they would have an earnest conversation. She would say what she believed to be the incidents of lying and cheating. He would say what the lying and the cheating really entailed.

A third part of the therapy for the husband consisted of a simple thought-blocking technique, which could be used whenever he experienced *that pain*. The painful urge could be considered “an invader”; this was part of the “artillery” that he could use to bolster his lines of defense.

The technique is called *Visual–Auditory–Tactile 4, 3, 2, 1*. He was to think to himself the sentence stem, “Now I am aware of . . .,” and silently say four visual things: “Now I am aware of the wall. Now I am aware of the darkness of the floor. Now I am aware of the color of my clothing. Now I am aware of changes in the blink of an eye.” Then he would say four auditory things; “Now I am aware of the sounds outside the room. Now I am aware of the sounds around me. Now I am aware of the sound of my breathing. Now I am aware of the sound of changes.” Then he would describe four tactile things: “Now I am aware of the sensation of my feet on the floor. Now I am aware of the pressure of my body supported by the furniture.” And so on.

After completing four sentence stems with visual, auditory, and tactile words, he was to complete three stems that were visual, auditory, and tactile; then two; and then one. He was told it was not so much a distraction technique as it was a method to “lose your mind and come to your senses.” After finishing the exercise, he would have a heightened sensory awareness. He might even feel a bit “high.”

I ended the session by saying that we had done enough. We would meet the next day for more therapy, which would entail formal hypnosis. I would meet individually with each for half an hour. My implication was that they would have no problem in maintaining a smoke-free environment until we next met for the “real” treatment.

The next day, I met with the wife first. She glibly said, “I have decided to stop smoking. I had no problem staying off cigarettes since I saw you last. It’s just like alcohol—I decided to stop.” I replied: “I would like you to be careful that you are not too cheerful about stopping smoking. If your husband sees that you are not struggling, he may have a problem. So, even if it is not true—*especially* if it is not true—tell him on a regular basis that you are having difficulty stopping smoking, because I think it is easier for you to stop smoking than it is for your husband. We both know truthfully that he is kind of a baby. And, I do not want him inadvertently to sabotage you.”

The wife agreed that her husband could be “a baby” about difficulties, and we discussed ways in which he might inadvertently sabotage her if he were smoking and she was not. I conducted a “ceremonial” trance with her so that she would have something to discuss with her husband and he would know that she had received treatment. In the trance, I told her stories about adolescents who had learned to do things for their own benefit, even if authority required those things to be done. The therapy for her was complete.

The husband arrived and I met with him individually. He said, “I laughed all day yesterday about your ideas. Why did you tell me to cheat?” He added, “I did not say, ‘I have *that pain*,’ to my wife. I was comfortable.” I admonished him, “You are really going to ruin the therapy. You *have* to tell your wife, ‘I have *that pain*’. I continued: “You know, your wife really wants to be helpful. She has a veneer of being tough. She might be suffering more than she lets on through her veneer. Inside, she is much more sensitive than she discloses. In fact, it could be more difficult for her to stop smoking than it is for you.” He agreed with my assertions. I added that because she also had a helpful side, he should say, “I have *that pain*,” as often as possible so that she could reach out to him, touch him, hug him, and feel useful to him in the process of their quitting smoking. If he only had a little discomfort, he could exaggerate it and say “I have *that pain*,” Even if he was comfortable, he could bend the truth a little and say, I have *that pain*.”

His trance consisted of learning self-hypnosis to “bolster his lines of defense.” Similar to the *Visual-Auditory-Tactile 4, 3, 2, 1* technique, he would use self-hypnosis to abort any urge. I presented the method as a hypnotic *program* that he would *work*.

Five months after the sessions, I received a note from the husband, who indicated that they were both off cigarettes. They were grateful for my help, although they did not understand exactly why my methods had worked.

Situation 3

Here is another case with a similar theme. Consider the interaction between Jeff Zeig, an aspiring student of therapy, and Milton Erickson (Zeig, 1985). At the time, I was an avid

pipe smoker. It was a hobby. I had a number of expensive pipes, custom tobacco blends, and other accoutrements. It fit with my image of being “the young psychologist.”

Erickson saw me smoking my pipe in his backyard prior to our session. When we met, he began a long, lighthearted story about a friend of his who was a pipe smoker. The friend, he said, was awkward. He was awkward because he did not know where to place the pipe in his mouth. Should he place it in the center of his mouth, a centimeter to the right of center, a centimeter to the left of center? He was awkward.

He was awkward because he did not know how to put the tobacco in the bowl. Should he use his pipe tool? Should he use his thumb? Should he use his forefinger? He was awkward.

The friend was awkward because he did not know how to light the pipe. Should he light the pipe by putting the flame in front of the bowl? In the back of the bowl? On the right side of the bowl? On the left side of the bowl? He was awkward.

All the time, I was thinking, “Why is he telling me this story? I don’t look awkward smoking a pipe.” Erickson continued. The friend was awkward when he held the pipe. Should he support the pipe with his left hand or with his right hand? Should he hold the bowl of the pipe or the stem? He was awkward.

The friend was awkward because he did not know how to blow the smoke out of his mouth. Should he blow the smoke up? Should he blow it down? Should he blow it to the side? He was awkward.

He was awkward because he did not know where to put the pipe down. Should he hold it in his hand? Should he put it on the table? He was awkward.

This story seemed to go on for an hour. I never knew there were so many ways of being awkward while smoking a pipe.

The day after that session, I left Phoenix to drive back to the San Francisco area, where I lived at the time. When I reached California, I said to myself, “I’m not smoking any more.” I put away my pipe forever. I did not want to smoke a pipe. I never smoked a pipe again. Never.

Part of Erickson’s technique was pattern disruption. I became overly conscious of the process of smoking, which effectively made me awkward. Moreover, if there was anyone to whom I did not want to seem awkward, it was Milton Erickson. Subsequently, smoking a pipe did not seem appealing. But the credit for deciding to stop was all mine. The motive force came from me. Erickson did little. He did not tell me to stop smoking. He did not warn me about health hazards. He just told me a story. I was the one who did something constructive.

Situation 4

Consider a patient who described low self-esteem as follows: (1) He would wonder if he had the ability to cope adequately with the required task. (2) He would decide, “No, it’s not present.” (3) He would develop a heavy feeling in his stomach “like a stone.”

My hypnotic induction with this man was the following sequence (Zeig, 1988):

Make yourself physically comfortable and then perhaps you can watch some spot and use that to focus your attention ... all along just waiting, for a certain signal, a certain, sensation, a certain sign in your body that you know will be there. A feeling I will name later.

1. But first, mentally, the process can interest you. Because you can be thinking to yourself about the eye changes, and you can be wondering to yourself, “Will my eye behavior change? Will that fluttering sensation be there? Will there be an alteration in my blink reflex?”
2. And then you can decide, “Yes, there can be that steadiness around the eye,” and, “Yes, there can be that pleasant fluttery feeling,” and “Yes, there can be that change in reflex.”
3. Then there is that physical sensation; for example, there is a feeling that can be described as a kind of numbness that can happen in the center ... of your hands. And later there can be an uplifting movement ... (p.372)

Utilization Revisited

Reflect on the four experiences I just presented, I have asked you to ascertain what these situations have in common. What theme can be found in each? The theme can be described in one word: *utilization*.

Utilization is a central principle in Ericksonian therapy. It is a hallmark of the Ericksonian approach (Zeig, 1988). Moreover, it is an important wellspring from which successful psychotherapy often proceeds. Erickson described the utilization method in this way (Erickson, 1965).

“Therapists wishing to help their patients should never scorn, condemn, or reject any part of the patient’s conduct simply because it is obstructive, unreasonable, or even irrational. The patient’s behavior is part of the problem brought into the office. It constitutes the personal environment within which the therapy must take effect. It may constitute the dominant force in the total patient/doctor relationship. So whatever the patient brings into the office is in some way both a part of them and a part of their problem. The patient should be viewed with a sympathetic eye, appraising the totality which confronts the therapist. In so doing therapists should not limit themselves to an appraisal of what is good and reasonable as offering a possible foundation for therapeutic

procedures. Sometimes in fact, many more times than is realized, therapy can be firmly established on a sound basis only by the utilization of silly, absurd, irrational and contradictory manifestations. One's professional dignity is not involved, but one's professional competence is." (p.213, *Collected Papers*, Vol. 14)

In another article, Erickson (1952) augmented these ideas: Although he was specifically discussing the induction of deep hypnosis. The concepts also are applicable to psychotherapy.

"Such recognition and concession to the needs of subjects and the utilization of their behavior do not constitute, as some authors have declared, 'unorthodox techniques' based upon 'clinical intuition;' instead they constitute a simple recognition of existing conditions, based upon full respect for subjects as functioning personalities." (p.155, *Collected Papers*, Vol. 1)

What is utilization? It is the *readiness of the therapist to respond strategically to any and all aspects of the patient or the environment*. Utilization is the therapist's trance. Stephen Gilligan (personal communication) described the state of the hypnotherapist as an externally focused trance as compared with the internally directed trance of the patient. This externally focused trance is a state of response readiness—readiness to seize the moment by capturing and utilizing whatever happens.

Hypnosis can be defined objectively as a state of response readiness because the patient assumes a posture of responding to subtle cues presented by the therapist. In interactive terms, hypnosis can be defined as the response readiness of the patient as a function of the response readiness of the therapist.

If the therapist wants to promote a state of response readiness within the patient, the therapist should be willing to show the same kind of responsiveness. The therapist models a readiness to discern and utilize even minimal patient behaviors and previously unnoticed aspects of the environment. The four scenarios at the beginning of this chapter demonstrate the use of such unrecognized facts of experience.

An assortment of examples of utilization was provided: utilizing something from the environment, like the pressure of the back rest; utilizing something from the patient, such as idiosyncratic language, an appreciation of humor, avoidance of intimacy, the problem sequence, or the symptomatic behavior itself (as Erickson did in the case of my pipe smoking). Even the therapist's family can be used. (See Zeig, 1985, for cases in which Erickson used members of his own family to facilitate treatment.) Whatever exists in the environment, in the patient, in the patient's history, in the patient's problem, in the therapist's office, can be utilized. In Ericksonian methods, we take things from the immediate situation and harness them in a constructive direction.

As Erickson would have admonished his students, one of the most important things to be utilized is the unconscious of the therapist. The therapist relies on a wealth

of experience that is, in essence, convertible currency that can be used to reach the patient. Even the therapist's handicaps can be used. For example, Erickson explained that polio was one of the best teachers he ever had about human behavior. He used that infirmity constructively. I remember a time after a session when I tried to help him move his wheelchair up an incline. He looked back at me pointedly and explained, "No, there are some things a man needs to do for himself." I watched him struggle to complete the task. It was a way of punctuating the day's message of self-reliance for a young student and making it memorable. In the process, Erickson demonstrated that a therapist's limitations can be used.

Utilization signals that the therapist is an active participant in the process of co-creating patient-based change. He or she is a companion traveler—*not* a tour guide who metacommentary on the inadequacies of patients who repeatedly step into ruts of inefficiency in the process of traversing the rocky paths of life. The therapist is actually with the patient for a few of the steps—not merely asking the patient to analyze and understand flaws. In essence, the therapist helps the patient to realize the virtues of his or her faults. A close examination of Erickson's cases indicates that they are studies in the application of the utilization principle.

The History Of Utilization

The concept of utilization appears in Erickson's early experimental work. Erickson (1958) dated the method to a 1943 investigation that used hypnotic age regression to effect therapy. A woman had developed a traumatic phobia of orange juice so that she could not tolerate the smell or sight of oranges. She imposed her problem on others by proscribing their behavior around orange juice. Although she wanted therapy, for some reason, she was ambivalent about accepting it. Erickson utilized the naturalistic social situation of a party to conduct a demonstration of hypnosis, using the phobic woman as a subject. During the demonstration, he regressed her to a time before the orange juice trauma happened and arranged that she would be given a glass of orange juice, which she drank comfortably. He then gave her an amnesia for the experience. He reported a complete cure as a result of the procedure.

Ernest Rossi (Erickson & Rossi, 1977) dates the concept of utilization to Erickson's recovery from polio at the age of 17, during which time he was paralyzed and confined to bed. While recuperating, he made use of a concept we describe in hypnosis as *ideomotor¹ behavior*. He watched his young sisters learn how to walk in order to re-teach himself. By observing them intently, his body remembered how to move the muscles.

The concept of utilization was so important that it appeared in a 1954 definition of hypnosis that Erickson wrote for the *Encyclopedia Britannica*:

Another essential consideration in the technique of investigative or therapeutic work is the *utilization* of the subject's own pattern of response and capacities, rather

than an attempt to force upon the subject by suggestion the hypnotist's limited understanding of how and what the subject should do. The failures in hypnotic therapy and experimental work often derive from dealing with the subject as an automaton expected to execute commands in accordance with the hypnotists' understanding, to the exclusion of a recognition of the subject as a personality, with individual patterns of response and behavior. (Erickson, 1980, *Collected Papers*, Vol. III, p.22 italics added.)

The principle of utilization has been developed and extended by a number of important thinkers, who have carried on traditions initiated by Erickson. References are so extensive that it is possible to mention only a few contemporary contributors.

Erickson and Rossi (1975) outlined the utilization theory of hypnotic suggestion; Haley (1973) described the importance of accepting the resistance; the Lanktons (1983) discussed Erickson's conception of utilizing resistance; Yapko (1984) further articulated the therapeutic utilization of the trance state; and Gilligan (1987) indicated how the client's individual pattern of expression constituted the basis of establishing trance. Also, Dolan (1985) explored the nature of Ericksonian utilization with resistant and chronic patients; de Shazer (1988) described how to utilize the patient's history of exceptions; O'Hanlon and Wilk (1987) outlined how utilization could be used to design and deliver therapeutic interventions; and O'Hanlon (1987) proposed the utilization approach as Erickson's most lasting contribution to therapy.

Suffice it to say that all of Erickson's followers have addressed the principle of utilization and incorporated it into their theories and methods. In fact, it can be said that utilization is to Ericksonian therapy as analysis is to dynamic approaches; as conditioning is to behavior therapy. Utilization is a central facet of the Ericksonian model and can be used in hypnosis as well as psychotherapy.

Utilization In Hypnosis

In practicing therapeutic hypnosis, even using traditional methods, therapists make use of utilization whether or not they realize it. For example, the traditional hypnotist might suggest, "With each breath you take, with every sound you hear, you will go deeper and deeper into trance." In this utilization technique, something from the environment is associated with the goal of going deeper into a trance.

In the Ericksonian approach, a therapist works to elicit resources from the patient, rather than authoritatively programming suggestions into a supposedly passive person. Rote hypnotic techniques are eschewed in favor of utilization methods that automatically individualize treatment. Following are six utilization techniques (see also Zeig, 1988).

Ratification

The process of trance induction customarily involves two progressive steps: absorb and ratify. First, the patient's attention is absorbed in a sensation, a perception, a fantasy, a memory, and so on. Then this absorption is ratified: Changes that happen as the patient became absorbed are acknowledged through simple declarative sentences. For example, the therapist might reply, "As you have been listening to me, your pulse rate has changed; your breathing rate is different; your head is no longer in the same posture that it was before." The utilization method of ratification has the implicit meaning, "You are responding you are showing desirable changes."

Attribution

Attribution is an indirect form of utilization related to ratification. Ratification specifically implies hypnotic responsiveness; attribution assigns additional meanings that can be used for more general goals. Consider carefully this offering to the hypnotized patient who is slowly nodding his head: "You're nodding your head differently now *because your unconscious mind has its own way of agreeing.*" Here, the patient's emitted behavior is given an implied meaning—in this case, "Your unconscious mind is cooperating with me."

Symptom Prescription

Using symptom prescription, the therapist encourages symptomatic behavior and then subtly shapes it in a desired direction.

Here is an example from my own experience. As a master's degree student (prior to my first visit with Erickson), I had a psychiatrist supervisor for my practicum. I asked him if he would teach me hypnosis. He invited me to his office and motioned me to sit down. I was nervous. As I sat in his office chair, I unconsciously rolled my fingers on the arm of a chair. Picking up on that, he quickly suggested, "You can tap your fingers more quickly. And as you tap your fingers, notice the rhythm of the movement. As you notice the rhythm of the movement, notice how it changes. As the rhythm slows down, you can take a deep breath, close your eyes, and go into a trance."

This was my first personal experience with utilization. It was so interesting to me, as utilization experiences tend to be, that I remember that incident as vividly today as when it happened 18 years ago.

Incorporation

Incorporation is a variation of utilization technique, similar to ratification and attribution. One can incorporate disparate things from the reality situation into the induction patter. For example, if a door suddenly opens during an induction, the therapist can

say, “You can constructively open new doors to the capacity of your inner mind to guide you.” The therapist models a response style that he would like the patient to emulate. The therapist often has the therapeutic goal of helping the patient show a constructive response to outward events. If the therapist wants the patient to develop the ability, he or she can model it, for example, by utilizing incorporation.

Hypnotic Redefining

Another utilization technique is hypnotic redefining. If a person describes an aspect of the problem as being the experience of “pressure,” in the induction of hypnosis, the therapist can begin orienting the patient to the *pressure* of the support of the chair, the back rest, arm rest, leg rest, and so on. Thereby, the concept of pressure is subtly redefined in more positive terms, and a symptom word is used as a solution word.

Symbolic Injunction

In traditional psychotherapy, the practitioner often interprets the symbolic behavior and idioms of the patient. If the patient states, “My neck hurts,” the therapist might interpret the symbolism of the statement by asking the patient, “Who is being a pain in the neck to you?” Interpretations of this sort follow from the goal of traditional psychotherapy, which extols the importance of conscious understanding.

In Ericksonian fashion, therapists could apply the utilization method by thinking, “If a patient can communicate symbolically, then I can be equally intelligent and communicate symbolically to the patient. Instead of *interpreting* symbolism, I can *use* symbolic processes constructively and create therapeutic symbols.”

For example, during an induction, Erickson placed a hypnotized woman’s left hand on her right bicep (Zeig, 1980). Her posture then became one in which she seemed to be hugging herself. The symbolic message was “You can protect yourself; you can comfort yourself.” Subsequently, Erickson used that reference experience.

Here is another example. In doing an ego-building induction, I suggested: “As you go into a trance, your head is aligned straight and can feel good on your shoulders. Your head can seem further away from your feet. Your left shoulder can seem further away from your right shoulder.” Symbolically and idiomatically, having a “straight head,” “a good head on your shoulders,” feeling “tall,” and being “broad-shouldered” are somatic aspects of positive self-esteem.

The hypnotic communication forms may seem to be primary process, but in trance, patients can be more literal in their response pattern. Also, indirection adds to the drama and thereby may enhance the effectiveness of the suggestions. An important proviso is in order here. In hypnotic utilization methods, as with all techniques, communication is judged by the response of the patient, not by the cleverness of the

structure. If a positive response to the implication is not forthcoming, the therapist proceeds with a different technique.

Having examined some methods of utilization in hypnosis, discussion can proceed to the use of utilization in individual and family therapy.

Utilization In Individual And Family Therapy

Utilization techniques can be extended from hypnotic induction to psychotherapy conducted without a formal induction. Here is a case example.

Leave No Stone Unturned

I had a patient who suffered from what I thought was depression. She explained to me, however, that she had psychosomatic problems. I did not interpret her psychosomatic problems as masked depression. Instead, I asked her to carry around a rock. She could find a fist-sized rock, paint it black, and carry it around for 10 days. After I returned from traveling, she would see me in two weeks for the next appointment. This patient knew she could expect some seemingly unusual assignments from me, and she readily accepted the task.

At the second interview, she indicated she had done the assignment and had carried around the rock. I inquired what she had done with the rock after the 10 days. She replied, "I really didn't know what to do with the rock, so I put it in my husband's library." I said, "You know, I think it would be a good idea if we did some couples therapy and got your husband involved in the next session."

I merely traded symbols. She gave me a symbol (her psychosomatic problem), and as a matter of kindness, even as a matter of politeness, I returned a symbol: I suggested a black rock, which I thought would symbolize depression. Actually, the problem was not so much depression as it was a couples issue. She symbolically corrected my misinterpretation when she chose a place to put the rock.

Essentially, my intervention was to utilize a symbolic process. Then I could monitor the response to my symbolic task and appropriately adjust my method.

The following is an example of utilization in family therapy.

Utilizing The Tooth Of The Tiger

Fred, an obnoxious 10 year old, was obstinate, attention-seeking, and negative. He would not sit up straight on the office chair. Rather, he reclined in odd postures or sat on the floor. Frequently, he was disruptive, and he was consistently argumentative when confronted. Fred was unpredictable; he would not anticipate the consequences

of his actions or take personal responsibility for his behavior. His tantrums were “major league”.

As I observed him interact with his parents in a family therapy session, three patterns of behavior were especially noticeable: (1) his use of distraction to get attention; (2) his oppositional behavior; and (3) his ability to find a flaw in anyone’s argument.

Fred’s stepmother told him that if he simply would sit in the chair and engage in conversation for 10 minutes, he would earn back one of the numerous toys he had lost at home as a result of infractions. Fred made a meager attempt to comply. I picked up on Mom’s challenge and asked Fred if he could distract, say the opposite of what I said, and/or find a flaw in my position. He argued that he could. I had some doubts. I explained that if he could do these three things, he would earn one point. His father added that if he earned five points, he would get back a toy.

We conducted one trial to be certain that Fred clearly understood the rules; I would provide a stimulus sentence and he would response with distraction, the opposite, or by finding a flaw. After a few stimulus sentences, it became clear that Fred was very good at finding flaws. In fact, he was better at finding flaws than he was at distracting or being oppositional. However, I insisted that he practice all three methods, and because he was so insistent on finding a flaw, I indicated that there would be a fourth technique, which would be to repeat the last technique, thereby demonstrating that he could stubbornly stay in a rut.

After a few trials, we changed the rules of the game so that he would do each of the four operations in order. First, he would distract, then he would say the opposite, then he would find a flaw, then he would stay in a rut. My stimulus sentences were primarily empathic in content because Fred demonstrated little ability to identify feelings. As the session progressed, I changed stimulus sentences. At a juncture, when Fred was required to be oppositional, I said to him, “You can’t control your own behavior.” He replied, “I’m sitting still now.”

The game looked like fun, so Mom took a turn at giving stimulus sentences; then Dad took his turn. During the time that he was in the office, Fred redeemed 11 toys. At the end of the session, Fred looked up at me and offered a charming “Thank you. It was the first noncaustic communication he had directed to me.

Previously, Fred’s patterns of behavior had served to alienate him from others. I utilized these behaviors to promote closeness. They became a game. In the process, Fred demonstrated that he could control his behavior—that, in fact, he had exquisite control. Moreover, the patterns became clearer to his parents, who began to feel as if they had some tools with which to proceed.

This game was merely one component of a comprehensive therapy with the family. In this case, the identified patient was addressed directly, using a modified *symptom-*

prescription technique. The therapeutic intent was to establish some control and good will in a chaotic situation. Subsequently, these changes could be developed within the family.

Having examined utilization as a concept, having described its history, and having indicated examples of its use in hypnosis and therapy, next examined will be what I call the *principles of utilization*.

The Principles Of Utilization

Principle 1. The therapist's induction comes first.

The first step of treatment in an Ericksonian approach is not to induce the patient into hypnosis; rather, it is to *induce* the therapist to *utilize*. The therapist initiates therapy by assuming a mentality of utilization, by accessing within himself or herself a readiness to respond constructively to the patient's responses. This externally directed state was a central facet of Erickson's presence. He was alive to the intricacies of the moment and interested in harnessing them.

Principle 2. Whatever the patient brings can be utilized. Whatever exists in the therapy situation can be utilized.

Whatever the patient brings is not grist for the mill. *It is fuel to propel forward into new space*. The patient's values can be utilized; the patient's situation can be utilized; the patient's resistances can be utilized; the patient's symptom can be utilized. Examples of utilization methods in each of these cases were presented above.

It is also true that the *mechanism* by which the symptom is maintained can be utilized. It is axiomatic that although symptoms appear to occur automatically, actually the patient does something to maintain the symptom. For example, depressed people do something to maintain their depression. It is best to think of depression as something that one does, not something that just happens. The therapist can think, "How is the patient *doing* depression?" Once the mechanism that the patient uses to do the problem is discovered, it can be utilized. An example of utilizing such a mechanism was the sequence induction presented in Situation 4.

Principle 3. Whatever technique any patient uses to be a patient can be harnessed by a therapist.

Techniques do not come merely from a book; they can be developed from studying patients. For example, if a patient tells stories to be a patient, the therapist can tell stories to be a therapist. If a patient is confusing as a patient, the therapist can be confusing constructively (Zeig, 1987).

Take the example of stammering: A patient might stammer as a problem. The therapist can stammer with any patient as a therapeutic maneuver. I have used a technique of

stammering constructively in conducting hypnotic inductions with non-stammering patients. I suggested, “Hypnosis can be imagined and experienced as a present ... uh ... pleasant feeling. And as you go ... uh ... glow ... uh ... grow ... uh ... go inside, you can enjoy it in many ways.” In this case, the patient can respond to any of the words on which I stammered. The experience can be pleasant or present; the feeling can be one of glowing, growing, or going inside. My stammer energizes the suggestion by making the key words stand out.

Principle 4. Whatever responses you get, develop them.

The following case illustrates a number of utilization principles—and techniques. It also illustrates how to develop a response. Once the patient responds, it is the job of the therapist constructively to develop and harness the response. It is as if the therapist takes any bit of “gold” the patient provides and then helps to fashion it into something useful.

Erickson (Erickson & Rossi, 1979) made a house call on a patient who was dying of cancer. Her internist invited Erickson to consult with Kathy because she was in severe pain and unresponsive to conventional treatments of the day. When Erickson arrived, Kathy was lying on her left side in a fetal position, chanting, “Don’t hurt me, don’t scare me. Don’t hurt me, don’t scare me. Don’t hurt me, don’t scare me.”

How might this patient be approached? Should the therapist disrupt the patient by saying, “Excuse me, I am your consultant. I’d like to talk with you. Could you please stop chanting?” Put yourself in Erickson’s position. If you practiced hypnosis, would you say, “Excuse me, I know you are chanting, but would you please stare at a spot on the wall so that you can go into a trance?” In contradistinction, what would a therapist do who was wedded to the idea of utilization?

Erickson looked at Kathy and said, “I’m going to hurt you. I’m going to scare you. I’m going to hurt you. I’m going to scare you. I’m going to hurt you. I’m going to scare you. I’m going to hurt you. I’m going to scare you.” Kathy replied, “But I don’t want you to hurt me.” Erickson continued, “But I’ve got to hurt you to help you. I’ve got to hurt you to help you. I’ve got to hurt you to help you.”

Erickson then induced a trance by using an elegant technique of utilizing Kathy’s memory. He told her, “Kathy, I cannot explain to you all of the things I am going to do, but I’d like you to remember what it was like when you turned over from your left side to your right side. Close your eyes, and really remember what it was like to turn over.” Erickson utilized Kathy’s memory of pain as an absorption device to facilitate hypnotic induction.

Kathy told Erickson, “I’m on my left side; I think I’m on my left side.” Erickson continued, “Kathy, I’d like you to go inside and develop the most horrible, the most intolerable, the most awful itch that you can possibly develop in the base of your foot.” Kathy tried

and failed; “I’m sorry Dr. Erickson, I can’t develop a horrible itch in the base of my foot. All that I can get is a sort of horrible numb feeling.”

It was at this point in which Erickson *developed* her response: “Well, that’s all right, Kathy. What I’d like you to do is to develop that numbness and allow the numbness to spread over your legs, across your hip, up your body, and into your arm, but not in that area where your left breast used to be.” Kathy developed a generalized numbness.

Erickson was expectant and response ready. He would utilize whatever Kathy developed in reaction to his offering. If Kathy had developed tingling instead of numbness, he would have used that. If she developed “nothing,” he could have used that; for example, “Kathy let the nothingness spread up your body.” Erickson also used Kathy’s psychology. He left an area of discomfort (one breast), knowing that patients must often take out feelings on themselves, and he left that possibility in tact.

Utilization is an ongoing process. It is not something that the therapist starts and stops. The therapist’s attitude of utilization is developed throughout the treatment and is integral to the process of therapy.

Utilization In The Process Of Therapy

The following metamodel is based on a structural communications approach. This approach uses social influence to harness structures existing in the present, including intrapsychic, interspersal, and environmental structures, in order to achieve future goals. It is a model that addresses *how* to elicit change, rather than analyzing *why* people are as they are.

Figure 1 shows a diagram of the model.

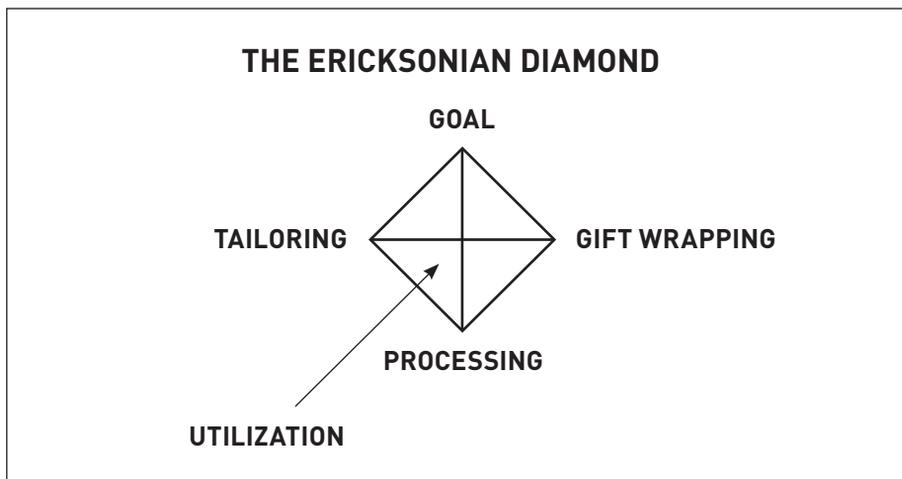


Figure 1. The Ericksonian Diamond (Adapted from Zeig, 1992)

The major aspects of this model can be presented and examined only briefly here. In addition to the principle of utilization, there are four other components: (1) setting the goal, (2) gift wrapping, (3) tailoring, and (4) establishing a dynamic process.

Setting The Goal

The therapist begins therapy by setting goals and asking himself or herself: “What do I want to communicate to the patient?”

The particulars of establishing goals for any specific psychotherapy are numerous. There are two methods that I commonly use—*making the problem into a process* and *dividing the solution into manageable bits*.

1. *Making the problem into a process.* If one views the problem as a sequential process, often avenues for intervention become immediately apparent. A goal of the therapy would be to help the patient modify the habitual sequential behavior that leads to the problem. Perhaps the therapist could accomplish this by adding a step to the sequence. For example, with a smoking problem, a patient can be asked to stroke his or her arm prior to inhaling, thereby adding a step to the habitual sequence. If the intervention is sufficient, systemic change can follow. An underlying premise is that patients will gravitate toward more healthful, effective patterns once a habitual sequence is modified.
2. *Dividing the solution into manageable bits.* This method of establishing goals requires the therapist to determine how the patient accomplishes the problem. For example, if the patient has been lowering his or her self-esteem, the therapist can wonder how that process is accomplished. Perhaps, among other things, the patient does not trust himself or herself, does not trust others, directs attention inward, and finds personal flaws that he or she exaggerates. These maneuvers can be conceived of as “sensible” things to do to achieve a goal; that is, if the intended outcome is lower self-esteem, it would be wise to distrust oneself, distrust others, be internally preoccupied, and find exaggerated flaws. The solution would be the reciprocal (opposite) of the problem strategy; namely, trust oneself; trust others; be aware rather than withdrawn; and find internal strengths. Each of the components of the solution could be treated as a separate goal to be addressed and elicited. Once a patient trusts himself or herself, trusts others, enjoys awareness, and finds internal strengths, then overall self-esteem improves.

Once the therapist has a goal in mind, the next step is to find a way of presenting the goal to the patient. I call this process “gift wrapping.”

Gift Wrapping

If the therapist has a component solution to present, a method is needed to offer the strategy to the patient so that the patient can retrieve that previously dissociated ability. For example, take *external awareness* as a goal. The therapist can gift wrap the idea *be external* in many ways. The therapist can direct the patient, “Open your eyes, look at the world, and be aware of and notice things around you.” In my experience, however, patients resent paying an hourly fee for that kind of advice. Rather, the solution segment can be gift wrapped by presenting the theme within a technique rather than directly. One way of gift wrapping an idea is to present it under hypnosis.

A newspaper reporter interviewed me last December for an article on hypnosis. She inquired, “Dr. Zeig, what is hypnosis?” I replied, being seasonal, “Structurally, hypnosis is merely one way of gift wrapping ideas.”

Solution components can be gift wrapped by using hypnosis, symbols, metaphors, symptom prescription, anecdotes, reframing, and so on. These techniques are powerful formats for offering simple ideas. The therapist wonders, “How can I present the goal?” and then decides upon a technique. As has been implied, techniques are selected by using methods to which the patient commonly or historically subscribes.

The process of linking solutions and gift wrapping can be considered psychotherapy by reciprocal association. The therapist’s technique associates the patient to a solution component, which is elicited via the ideodynamic effect. Gift wrapping is selecting a technique with which to offer ideas.

It is not enough merely to gift wrap solution components. It is best to individualize the therapy. The process of addressing the unique style of the patient is referred to as *tailoring*.

Tailoring

The therapist who is kind enough to gift wrap an idea for a patient can further improve the presentation by *tailoring*. It is nice to have a present, but if the present is individualized, it is even nicer. And it is more effective. Erickson emphasized the point by saying, “Psychotherapy for Patient A is not psychotherapy for Patient B.”

To tailor, the therapist thinks, “What does the patient value? What is the position that the patient takes? What is the patient proud of?” Subsequently, the therapist individualizes the approach. For example, if the patient values adventure, therapeutic tasks can be done because they are adventurous. If the patient values slow understanding the therapist can conduct slow therapy.

Let us go back to the goal of external awareness. If the patient is intropunitive (hard on himself or herself), the therapist could suggest, “I want you to be more aware because it will be really hard on you.” If the patient is extropunitive (hard on others),

the therapist can suggest to the patient, “I want you to be more aware because it will be hard on those around you.” Thereby, the therapy is tailored to the patient’s values and world view (Fisch, Weakland, & Segal, 1982). The therapy is filtered through the patient’s inner lens. Sometimes the tailored therapeutic offering does not make logical sense. However, it may make emotional sense to the patient because it “fits” the patient’s model of the world.

After determining a strategy for tailoring the technique, the therapist needs to create a method for presenting the offering over time. This method could be considered processing.

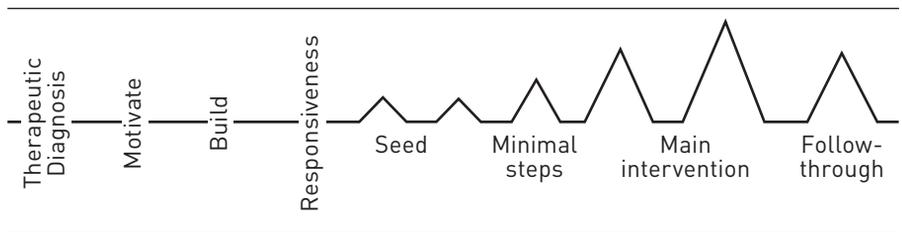


Figure 2. Time Line of Psychotherapy.

Processing

It is not sufficient to identify the goal and create a way to gift wrap or individualize it. In addition, the therapist works to create a process, a drama, through which the goal is offered. This process (Figure 2) involves a period of time, a time-line sequence of psychotherapy, that seeks optimally to evoke and utilize the patient’s internal and social dynamics.

The therapist begins by evoking the patient’s motivation, which is then shaped into responsiveness, especially to subtle cues. This is a way of “working the soil” so that it is fertile. The step of building responsiveness can also be thought of as conducting an induction.

Throughout the process, the therapist has in mind a tailored main intervention. This could be a symptom prescription, ordeal, or anecdote. Rather than moving directly to the main course, however, the therapist *seeds* the main intervention by creating an indirect illusion to the technique that is to follow. Basically, this is a method of foreshadowing. (For more information on seeding, see Zeig, 1990.)

Next the therapist proceeds in small steps toward the main intervention, which is succeeded by a period of follow-through. This procedure has been named **SIFT** (Zeig, 1985). The therapist moves in **S**mall steps, **I**ntervenes, and then **F**ollows **T**hrough. Processing makes therapy into a **S**ignificant **E**motional Experience, **SEE** (Massey, 1979), around which change can constellate.

Why Utilize?

Utilization is a bridge between setting goals, gift wrapping, tailoring, and processing.² To set goals, the therapist can utilize the patient's ability to divide the problem into component bits, so that the reciprocal of each becomes a minigoal. To gift wrap, the therapist can utilize the technique that the patient uses to be a patient. To tailor, the therapist utilizes what the patient values as a motivator ("... because it would be hard on you"). To create the process, the therapist utilizes the sequence that the patient uses to create or experience a problem.

All good communicators in any field utilize. In the psychotherapy arena, utilization energizes therapy and makes it engaging. Utilization is respectful of the patient; it recognizes the patient's individuality. Utilization also encourages the patient to be alert and it keeps the therapist alive to the moment.

I remember when I first went to see Milton Erickson in 1973. At this point in his life, he was confined to a wheelchair and was in constant chronic pain. He had his own way of personalizing the philosophy of utilization. He said proudly, "I don't mind the pain. I don't like the alternative."

Erickson would start the day slowly speaking through his pain. I was energized and glad to be visiting him. I strained to catch his every word, his every nuance. I tried to classify in my mind all the different techniques he was using. I wondered to myself, "How is he effecting utilization now?"

As time went on, I got wearier. I could not cognitively fathom all the things that he was doing. As the hours passed, Erickson became further removed from his pain. Perhaps he was utilizing his interest in talking to me as a distraction technique. In any case, he became even more animated and alert. At the end of the day, I was worn out and Erickson was energized!

This leads me to posit the criteria for successful therapy. If the therapist feels better at the end of the session, probably it was a good one. And for the therapist to feel better, the concept of utilization is often central.

The metamodel has now been presented in its most general form. Treatment is based in the present and directed toward the future. The model's basic philosophy is that there are few new (profound) things to say to patients; there are, however, new (profound) ways to say what patients need to hear. To subscribe to this approach may require a modification in a therapist's definition of therapy.

Redefining Therapy

Utilization requires a new definition of therapy in which it is no longer viewed as education or analysis of what is going on in the under-structure of the patient's unconscious or family system.

To the practitioner of utilization, therapy becomes an *appeal*. Therapy is about appealing to the constructive history. Patients are seen as having what is needed to solve the problem in their experiential background. Every smoker knows how to be comfortable without a cigarette. Every schizophrenic knows how to communicate cogently. These talents exist in the patient's history. The therapist assumes that the patient has a history of functioning adequately and effectively. Therefore, the therapist does not have to teach the patient how to be adequate. Rather, the job of the therapist is to help the patient unlock the constructive history that is dormant. Therapy becomes a process of stimulating resources into play—resources that have been long closeted.

In Erickson's terms: "Psychotherapy is the reassociation of internal life."

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Footnotes

- 1 Ideodynamic activity involves thinking about something so intently that actual behavior follows. For example, if you think about a piece of fudge, you can begin to salivate (ideosensory); if you are on the passenger side of the car and you want the driver to stop, you might step on the non-existent brake (ideomotor).
- 2 Note: In the original model *utilization* was put in the center of an Ericksonian Diamond. Upon further examination it was realized that a more accurate formulation is to put *the posture of the therapist* in the center of the Diamond. Perhaps Dr. Masterson's confrontation about the place of countertransference in the Ericksonian model (in his discussion, which follows) was beneficial in increasing the scope of the metamodel. The posture of the therapist now includes utilization among other technical and personal factors. Future publications will provide elaboration.



THE MILTON H. ERICKSON FOUNDATION

MILTON H. ERICKSON, MD was more than a psychiatrist specializing in clinical hypnosis. His work, research, and writings (by and about him) have influenced generations of therapists to this day. He created, influenced or directly impacted brief therapy, strategic family therapy, family systems therapy, solution focused brief therapy, and neuro-linguistic programming. From 1924 until only a year or so before his death in 1980, Dr. Erickson continually contributed to the journal literature of psychotherapy. Milton Erickson was founding president of the American Society for Clinical Hypnosis and a fellow of the American Psychiatric Association, the American Psychological Association, and the American Psychopathological Association. The purpose of the Foundation is preserving the knowledge, protecting the legacy, and celebrating the memory of this great man—while educating a new generation of mental health professionals.

The Foundation

The Foundation outgrew its offices and acquired a two-story office complex—not far from the original headquarters. The structure bears the sign: “The Erickson Building” and now serves as the new home for our offices and the Archives, and will serve as a



resource center for clinical hypnosis and psychotherapy for years to come.

Training Opportunities

Started in 1980, the educational outreach activities of the Milton H. Erickson Foundation have made it a leading provider of continuing education opportunities for mental health professionals.

CONFERENCES

The Foundation organizes educational conferences designed to share and explain state-of-the-art methods, while refining and enhancing clinical skills. Currently these conferences include:

- *The International Congress on Ericksonian Approaches to Psychotherapy*
- *The Brief Therapy Conference*
- *The Couples Conference*
- *The Evolution of Psychotherapy Conference*

“INTENSIVES” AND MASTER CLASSES

Since 1987, the Foundation has offered *Intensive Training in Ericksonian Approaches to Hypnosis*. Held three times throughout the year in Phoenix, Arizona, these workshops have limited enrollment for individualized instruction.

New to the educational opportunities offered by the Foundation is the *Master Class in Brief Psychotherapy*. This program is limited to 12 participants and open only to licensed, experienced mental health professionals. A special aspect of the Master Class is that it is held in Dr. Erickson’s office and teaching study, where he conducted his famous teaching seminars.

The Archives

In December 1980, the Foundation began collecting audiotapes, videotapes and historical material on and by Dr. Erickson for the Erickson Archives. The goal is to have a central repository of historical material on Erickson, organized for easy access by students and professional researchers. More than 300 hours of videotape and audiotape have been donated to the Foundation, as well as books, journals, private papers, and memorabilia. In

conjunction with the archives, the Erickson Foundation distributes recordings of lectures by Milton H. Erickson from the 1950s and 1960s, when Erickson's voice was strong. Releases in our audio series are announced in the Newsletter. Also available are training DVDs featuring hypnotic inductions conducted by Dr. Erickson.



Publications

THE ERICKSON FOUNDATION PRESS

The Erickson Foundation Press published the proceedings of the 1998 Brief Therapy and Evolution of Psychotherapy Conferences. Also offered are DVDs of Dr. Erickson, discussed by Jeffrey Zeig.

The Erickson Home

In 2010 the Foundation purchased the Hayward family home with the goal of maintaining the property, and especially Dr. Erickson's office, as a museum to both the man and the place where modern clinical hypnosis was born.



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FOUNDATION NEWSLETTER

The Milton H. Erickson Foundation publishes a newsletter for professionals three times a year to inform its readers of the activities of the Foundation. Articles and notices that relate to Ericksonian approaches to hypnosis and psychotherapy are included.

Erickson Foundation at 2632 E. Thomas Rd, Suite 200, Phoenix, AZ 85016; newsletter@erickson-foundation.org.

Erickson Institutes

There are more than 140 Milton H. Erickson Institutes/Societies in the United States and abroad that have permission to use Erickson's name in the title of their organization. Institutes provide clinical services and professional training. There are Institutes in major cities in North America, South America, Europe, Asia, Australia, New Zealand, South Africa and the Philippines.