Hypnosis, Indifferentiation, and Therapeutic Change

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Hypnosis is nothing if not confounding. Experts strongly disagree about what it is (an altered state? focused relaxation? a set of procedures?); researchers and clinicians differ dramatically in how they induce it; and whereas clinicians are able to employ it to hasten clients' physical healing and bring them significant relief from pain, depression, and anxiety, stage hypnotists are equally adept at exploiting both it and their audience for the sake of cheap and easy laughs. Not surprising, then, that even the word itself is misleading. Coined by James Braid in the 1840s, hypnosis *comes from the Greek* hupnos*, sleep, but brainwave research confirms that people experiencing the phenomenon are decidedly not dozing. Add to this the assumption of many family therapists that a tool for working intra-personally is likely to have limited relevance for professionals who more commonly attend to what's going on* inter*-personally, and you'd be justified in wondering how the editors of this magazine got the idea to devote a whole issue to the topic.*

Photo by Rick Gomez

A relational understanding of the quirky logic of hypnosis is key to grasping how minds and bodies think and communicate

But despite the confusion and controversy surrounding it, hypnosis does in fact have much to offer—even to family therapists. And, in fact, steeped as we are in systems ideas, family therapists are uniquely prepared to make sense of hypnosis in the relational way I'll be developing here. Indeed, a relational understanding of the quirky logic of hypnosis is key to grasping how minds and bodies think and communicate, and to discovering how you can most effectively invite therapeutic change, whether you're working with an individual, couple, or family. Even if you don't decide to get the necessary training to add formal hypnosis to your practice, you can apply its logic to everything you do as a therapist. To help explain and illustrate this logic, I'll walk you through a case, pausing now and again to elaborate the ideas.

I recently saw "Denise" and her husband "Stuart" for five sessions (over six weeks). In their mid-twenties, smart and happily married, they were both college graduates, thinking about going back to school, but needing to first work for awhile. Except that Denise couldn't. She'd lost a job six months earlier due to stomach problems, and, since then, panic attacks, cramps, and diarrhea had kept her at home, feeling anxious, depressed, and desperate, scared to drive, and unable to go to interviews or enjoy restaurants with her husband. When Denise had taken steps to go back to work, the anxiety would hit and her stomach would start hurting, which in turn would intensify the anxiety. If her discomfort escalated to diarrhea, a common occurrence, she could look forward to an unremitting four or five days of misery. The diarrhea could also be triggered by certain kinds of food, so she felt the need to be exceedingly careful about where and what she ate.

Denise's stomach problems, anxiety, and depression had started a few years earlier, after she and Stuart had endured a string of medical problems and surgeries. It was at the tail end of these difficulties that the anxiety and stomach problems had cropped up. All in all, Denise had consulted five gastro-intestinal doctors, and the consensus was that she was suffering from Irritable Bowel Syndrome (IBS), a condition that is exacerbated by emotional distress. Before all the medical involvement, she had led an active and normal life, able to eat whatever she wanted and to engage in any and all activities that interested her.

A psychiatrist had prescribed antidepressant and anti-anxiety medications for the sadness and hopelessness she felt about not being able to live her life in the normal way she had prior to getting swallowed up by her symptoms. The therapist who referred her to me had helped her better deal with her predicament, and Stuart provided patient support and understanding, but she was still grappling with significant pain and panic.

If you were referred this case and you didn't practice hypnosis, you could try intervening by interrupting the interactional patterns encompassing the symptoms (Fisch, Weakland, & Segal, 1982); explore, perhaps via externalization, the effects of the problem on the person (and others) and the effects that the person (and others) might have on the problem (White & Epston, 1990); investigate differentiation of self and multi-generational anxiety transmission, à la Bowen (Kerr & Bowen, 1988); borrow some CBT (Cognitive Behavior Therapy) spectacles and challenge "irrational beliefs" (Ledley, Marx, & Heimberg, 2005); go in search of exceptions to panic attacks and stomachaches (de Shazer, 1988); or teach, say, progressive relaxation techniques (Bernstein, Borkovec, & Hazlett-Stevens, 2000). But all such methods would keep you one step removed from the physical symptoms themselves, and several would pit you and the client in *opposition* to the symptoms, doing your level best to help Denise better control them or, seemingly better yet, rout them from her body.

Hypnosis, at least those varieties grounded in Milton Erickson's notions of utilization (Erickson, 1980; Zeig, 1994), is unique in that it orients you and your clients *alongside*, rather than vis-à-vis, their symptoms, allowing you to discover together, in the moment, how this particular sensory-based chunk of experience right *here*, and/or that one right *there*—whether a painful or fearful sensation, an overwhelming emotion, a compelling desire, an automatic reaction, or a distressing image or thought—can begin, little by little, to shift, to change, to transform, no doubt in some unpredictably interesting way. This sort of work becomes possible because of the special nature of the relationships that develop in hypnosis between therapist and client, and between the client and his or her experience. The hallmark of hypnosis is a shift in the boundaries that normally divide self from other (i.e., client from therapist) and divide consciousness (the perceived source of awareness and willpower) from the rest of the self.

Conscious Awareness versus Hypnosis

For you to perceive and/or think about something—the smell of a bakery as you're walking along a city street, the crosswalk signal up ahead, the glitch in your back, a friend's voice calling out to you, a snatch of a memory—you need to be able to distinguish whatever the something is from whatever it is *not*. As Bateson (2000) explained, mind is composed of differences, of relationships. This means that we never actually perceive *things* per se; rather, we

HIPGNOSIS

James Braid realized soon after he came up with the word hypnosis (<hupno, sleep) in the 1840s that the phenomenon he was trying to name was not, as he earlier had assumed, a form of sleep, and thus his coinage was off the mark. He later proffered monoideism (<mono, one + idea, idea = one idea) as a better alternative, as it pays heed to the focused nature of hypnotic experience; however, it never caught on. Braid would have had more success in capturing the flavor of what happens in hypnosis (and perhaps would have managed to head off some of the subsequent theoretical muddle in the field) had he maintained the pronunciation of the word, but changed its spelling to hipgnosis. Of course, he could only have come up with this version by anachronistically channeling the Beat writers of the 1950s and grafting their word hip ("in the know," "cool," "sophisticated") onto gnosis (< Greek gnōsis, knowledge), which Plato used to refer specifically to sensory-derived knowledge (Jim Smeal, personal communication, April 29, 2008). This would have allowed Braid to provide an etymologically and experientially grounded definition of the term, such as "sophisticated embodied-knowing" or "cool, experientially-informed awareness." The word hipgnosis succinctly captures the weirdly curious nature of what happens to a person's sense of self and ability to change when absorbed in a process of body-infused knowing.

TRANCE

The etymology of the word trance is identical to that of transit (trans, across + ire, to go), which the O.E.D. defines as "the action or fact of passing across or through." If you think of hypnosis as the active crossing of the boundary that separates your conscious awareness from the rest of your experience, then trance becomes a useful term for characterizing the perception of that remarkable boundary becoming, for a period of time, unremarkable. When we are in trance, the divisions relevant to consciousness—demarcations between self and other, mind and body, conscious and unconscious—become more or less irrelevant, and the associative aspects of experience become highlighted: metaphor, flow, relaxation, curiosity.

The author Evan S. Connell once said that, "most great ideas come to people in transit." He was referring to people moving physically through space, but his comment applies equally well to people moving mindfully across the boundary between self and other, as well as moving mindfully across the boundary between their conscious awareness and the rest of their body-and-mind experience. Great ideas—and fascinating transformations—come to people in trance.

perceive boundaries, edges, changes—the relationships *between* things.

As you walk along, you isolate the aroma of baking bread from the exhaust fumes of passing vehicles; you foreground the crosswalk signal against the background of the sky; your back glitch can be felt right *there* but not further up, down, or to the side; you identify the timbre and lilt of your friend's voice through the cacophony of ambient city sounds; and when a memory suddenly presents itself, it crowds out most of your awareness of your physical environment. In each case, something becomes the object of your attention by, well, becoming a kind of object, a some*thing* that you identify by etching it in relief, setting it apart from its surroundings, experiencing it as a kind of stand-alone entity, differentiated from the myriad other isolable quasi-objects that float through your conscious awareness.

As we all know, consciousness, at least the human variety, has another remarkable quality: reflexivity. We have the ability to be conscious of ourselves being conscious, of perceiving ourselves perceiving, of thinking about the fact that we are thinking. And just as we use the perception of difference to discern a world of objects, we construe our conscious awareness itself as an object, as a some*thing*—a mini "self," separate, certainly, from the world "out there," but also from our own non-volitional experience. This mini-self, this "observing-i" (Flemons, 2002), assumes that it is the independent source of our will and our choice making. Aware of being aware, it experiences itself as separate not only from everything "out there," but also from the rest of the self. From this removed position, the observing-i is drawn to judging, admonishing, recoiling from, or trying to control anything—people, desires, events, sensations, emotions, behaviors, situations, thoughts—that hurts, scares, or repulses it. In so doing, it continually entrenches not only the existential split between self and other, but also the Cartesian split between the observing-i and the observed-me, that is, as mentioned earlier, between conscious awareness and the rest of the self (including the body and its attendant sensations, of course, but also uncontrollable thoughts, images, emotions, dreams, and behaviors).

Hypnosis, like meditation, is a means of bridging this i-me split (Flemons, 2004), a means of undividing the divide dividing us from ourselves. During hypnosis or meditation (or any other fully engaging flow activity, such as sports, music, or sex), our observing-i stops calling the shots from a localized and removed place (Flemons, 2007). Our mind feels embodied and our body mindful, capable of initiating and maintaining action that feels systemically coordinated rather than willfully controlled. This phenomenon is best understood as an instance of *indifferentiation*.

Indifferentiation, Hypnosis, and Hypnotherapy

Have you ever been to California Pizza Kitchen? My kids love it, so we wind up there fairly often, and when we go, my wife, Shelley, typically orders their signature "two in a bowl"—two different soups served side by side in the same bowl. The first time our waiter brought the dish to our table, I was struck by the surprisingly clean line distinguishing one kind of soup from the other, so I asked him how they pull off such a culinary feat. He explained that as long as the chef ladles the two soups simultaneously into opposite sides of the bowl, the line that forms is invariably quite straight.

The most interesting thing about the line of demarcation is that it doesn't actually exist, at least not as a stand-alone entity. We "see" a boundary between the two sides, but only by virtue of the differences between them. Absent these distinguishing features (in this instance, color and texture), the boundary, the line, would disappear.

With this thought in mind, I made a return visit to the restaurant, family in tow. I informed the waiter that I wanted to conduct a perceptual experiment and thus needed to make a request that he would likely consider to be rather strange. He cocked his head, expectantly. I told him that I wished to order the "two in a bowl" menu item, but I wanted the chef to pour the *same soup* from each of his two ladles. He raised his eyebrows, much like my kids do when they think I'm acting loopy, so I reassured him that I was serious and, indeed, happy to pay the additional cost normally associated with ordering two different soups. But, I underscored, I wanted to be sure that the chef didn't cut corners and just fill the bowl with one ladle. Could he make sure that I received my order as specified?

When the waiter brought my soup to the table, he announced that not one but two eye witnesses had been present to confirm that the chef followed my request to the letter. The gravity with which he issued this statement indicated either a missing sense of humor or a sophisticated deadpan, I wasn't sure which; nevertheless, his delivery contributed to my accepting the credibility of his claim. I thanked him for his efforts and then challenged my family to locate the line separating the two ladled sides. They couldn't find it, and nor could I, because our eyes could find no difference between them. Despite there being two different ladles of soup in my bowl, the boundary between them was *indifferentiated* and thus imperceptible.

For hypnosis to develop, an analogous (albeit more complex) process of indifferentiation needs to unfold, over the time of the trance, in the relationship between the therapist and client, as well as in the relationship between the client's observing-i and his or her observed-me. And then for hypnotherapeutic change to be possible, this latter indifferentiation needs to extend to include the relationship between the client's observing-i and his or her problem. In each case, the perceived differences between the two sides of a boundary (self/other; conscious awareness/rest of the self; or conscious awareness/symptom) become indifferent enough for the boundary to fade in significance and the distinct identities of each side to begin transforming in interesting and spontaneous ways.

Therapist and Client

Forget hypnosis for a moment. When your clients meet you for the first time, you're a stranger to them, so they will naturally be inclined to scrutinize you from a safe vantage, making note of the various ways you're different from them—in culture, race, gender, age, size, clothes, status, education, language usage, and so on. But as you learn about them and what they're facing, and as you offer empathic statements that reflect your growing understanding of their predicament and how they've been responding to it, the differences between you and them—your "otherness"—will tend to become less and less important to them. Why? Because to the degree that an empathic statement is on the mark, it facilitates a resonance between your clients' experience and your characterization of it. As your clients hear you saying things that accurately echo their thoughts, emotions, and perceptions, they encounter the same information on

both sides of the boundary separating them from you, so the difference between you becomes indifferentiated. The self-other boundary dissipates, and a therapeutic bond is established.

Okay, something of this sort happens with all good therapy, but to invite someone into hypnosis, it is necessary to proceed further in the same direction. Your job is then to enhance the resonance more—that is, to further indifferentiate the differences—between your statements and their experience. You do this by acknowledging whatever they may be noticing as they sit with you, as well as by moving towards speaking in sync with their breathing and other body shifts—blinking, repositioning, twitches. This will mean pausing at times while they are inhaling, as well as emphasizing words that coincide with their exhalations, blinks, or twitches, incorporating these and other incidental, spontaneous happenings into what you say and how you say it:

Denise, as you sit in here, next to Stuart, the traffic, whether you bother to notice it or not, will continue to flow out there, and whether your eyelids continue to close only when they . . . blink, or they find themselves closing for a . . . blink and then not bothering to open for awhile, the light in the room will remain pretty much constant, like the sound of the air coming . . . out . . . of the register. Isn't it interesting how something that's constant—whether it's a . . . sound, or a . . . sensation, such as the feel of the couch . . . supporting your back—tends to . . . fade . . . into the background after awhile? Like pictures on a wall . . . always there, so familiar that you find yourself not really . . . noticing them. So curious that what's so constant . . . can so easily change, drifting out . . . of awareness . . . and later back in. The light . . . so constant, can . . . shift, . . . just as a thought—about what's happening, right now, perhaps, or just some . . . random curiosity . . . rising to the surface of awareness, like a splash of color . . . making a refreshing appearance—a thought can come . . . and go . . . and sounds—the ringing of Stuart's cell phone, the siren making its way down the road—will come . . . and go . . . all the way down the road . . . as you adjust to . . . what's happening . . . just as your eyes adjust to the absence of light when they . . . close . . . all the way down.

When your words coincide—in both content and timing—with your clients' experience, you facilitate the further indifferentiation of the difference between what you're saying and what they're noticing. In the process, you and they become "of one mind" (Flemons, 2002), which is the necessary precondition for the next step in the hypnotic process.

Observing-i and Observed-me

In the midst of the swirl of disagreements throughout the field about what hypnosis is, most theorists agree that the movement into hypnotic experience is marked by the appearance of non-volitional responses to the therapist's suggestions. That is, clients notice changes happening, changes that they themselves are not purposefully initiating or carrying out. As they become more and more immersed in the process, possible distractions—unexpected or loud noises in or out of the office, uncomfortable sensations, random thoughts—typically fade into the background as they become aware that their arms and maybe their legs have started feeling altogether too comfortable or heavy to move; their eyes often get

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the notion that it would feel better if they were to just close; their hands may become comfortably numb; their breathing and pulse will typically slow down; various muscles throughout their body often discover themselves twitching; the therapist's voice may seem to fade in and out; if their eyes have closed, colors and/or images will probably appear more striking than usual; they may feel like they're floating in space and/or in time; and they may be able to see something that isn't actually there (a positive hallucination) or not see something that is (a negative hallucination).

That clients are able to experience such non-volitional shifts makes sense when you remember that inviting them into trance is a process of indifferentiating the difference not only between you and them, but also between their observing-i and their observed-me. With their conscious awareness not bothering to distinguish itself as an isolated entity, separate from the rest of their experience, there is, for the time they are engaged in the hypnosis, no removed mini-self looking on with detached scrutiny and taking credit for the changes that are unfolding. It thus feels to them that the changes are happening on their own.

When clients are experiencing the embodied knowing of trance and their attention finds its way to their problem, they find themselves able to *en*counter rather than *counter* it. This shift in orientation indifferentiates the boundary that has been defining and thus determining the nature and expression of the symptom, and when this happens, changes can be invited and elaborated.

Partway into our second session, having invited Denise into trance and with Stuart continuing to sit beside her, I asked her to tell me what she was noticing in her body. She said that she could feel some fluttering in her upper abdomen, a sensation that often presaged the impending development of more severe stomach distress.

Anxiety heightens the everyday dissociative nature of conscious awareness. The observing-i recoils from frightening sensations and thoughts, doing its level best to control or exorcise them. But this invariably exacerbates the situation. Hypnosis is an ideal treatment, because it reverses the logic of the failed attempted solution (Fisch, Weakland, & Segal, 1982). Rather than seeking relief by engineering a successful separation from the symptom, it facilitates connecting to it (Flemons, 2002), indifferentiating the difference between the observing-i and the problem and thus creating the conditions for the symptom to begin transforming non-volitionally.

I asked Denise to follow the fluttering and notice any changes that might occur, perhaps a change in the location (after all, I said, butterflies are able to flutter about, able to go higher and higher or explore new territory) or some other subtle shift in the sensation itself—perhaps in its intensity or in the quality of the feeling. I continued on in this manner for a few minutes, and when I checked in with her again, Denise said

that the sensation had "kind of stopped." I asked her to see if it could start up again. It was able to do so, and this time as I talked, it transformed into "a white brightness."

Instead of trying to constrain or control the fluttering as she had in the past, Denise was able to follow it, and, when it stopped, to actually commit to its starting again. Connecting to a symptom in this way indifferentiates the difference between awareness and sensation, and, with its boundary dissipated, the sensation is able to transform in any number of ways. I commented that the lightness of it could shed its light all through her and then ended both the hypnosis and the session with a suggestion that Denise experiment in "trusting her gut" and that she and Stuart both notice any interesting differences in the usual state of affairs during the week.

At the beginning of the third session, the couple described getting into a fight a day or two after our previous appointment. In the past when they would argue, Denise's anxiety would get the best of her, and Stuart would end up feeling guilty for upsetting her and undermining her digestive track. Not this time. Instead of becoming anxious, Denise became appropriately angry, holding her own with confidence and strength. And on two other occasions—once when their dog got sick and another when she and Stuart were late for a dinner with her parents—she surprised herself by being able to effortlessly remain calm. She'd had no panic attacks, but she had experienced some cramping and subsequent diarrhea after eating something she wouldn't have expected to cause a problem.

Noting that Denise's body seemed to be doing an excellent job now of automatically differentiating times when it was appropriate to be anxious from those when it was appropriate to be upset, I asked her if she was able yet to distinguish cramps from anxious feelings. She said that menstrual cramps were recognizably unique, but she couldn't tell the difference between regular "get-ready-for-diarrhea" stomachaches and sensations of anxiety, particularly since a cramp was understandably a source for much anxiety. She was always on edge, knowing that once a stomachache started, it could too easily get out of hand. Back when she was working, Denise dealt with the unpredictability of her digestive system by limiting her food intake, often not eating until she got home in the evening.

I invited Denise back into hypnosis and asked her once again to tune into what was happening in her body. She noticed butterflies and a light feeling in her hands, so I suggested that the two feelings, in two different locations, could perhaps find themselves communicating in some way, sharing information and sensations.

The fluttering might become . . . lighter . . . or the lightness . . . might begin . . . fluttering . . . or some other interesting development might begin, such as the comfortable . . . warming . . . that so often accompanies sun . . . light, . . . or the comfortable . . . cooling . . . that accompanies a fluttering breeze.

Over the next several minutes, the sensations in Denise's hands moved to her upper arms and the fluttering mostly fluttered away from her stomach. When I commented on how helpful it can be for her whole body to collaborate in giving her stomach a break, the sensations in her stomach gradually dissipated and the ones in her arms continued. By the end of the session, she felt some tingling throughout her hands and arms and nothing in her stomach, and she was comfortable with the possibility that other parts of her body could lightly hold onto the ability to feel the tingle of anticipation.

At the fourth session, Denise and Stuart noted a continued improvement in Denise's anxiety. They'd had another couple of fights, during which, they happily reported, Denise was again able to feel angry, rather than anxious, and she'd stayed calm upon hearing distressing news about a relative's health. However, her stomach had been a mess, and, in fact, it was hurting now in the session, with lots of (non-menstrual) cramping and pressure. In the hypnosis that followed, I offered possibilities for how her heart and stomach could find themselves collaborating, her stomach learning to take heart and her heart gleaning ways to digest complex emotions. I also offered suggestions regarding a protective sheath lining her digestive system, protecting it and helping it to heal. After reorienting Denise to the therapy room, we talked about her experimenting with eating normally, rather than withholding food in an effort to prevent problems.

In the final session, Denise and Stuart reported a good week. Her anxiety was gone, and although she'd had some minor cramping, she hadn't been "freaked out," it hadn't turned into a stomachache, and she'd had no diarrhea. Able now to distinguish between pain and anxiety, she'd felt free to drive, and the previous day she'd begun looking for a job. In the past, when Denise started feeling better, she would be afraid to jinx it, but she now was able to accept feeling normal without getting scared. Stuart said it had been a long time since he'd heard her talking in such a relaxed and confidently comfortable way, and he described several other notable differences in how things were going.

Changing Relationships

This case demonstrates the effectiveness of hypnosis with anxiety and pain; however, the nature of the hypnotic engagement between therapist and client and between client and problem is applicable to all hypnosis cases and, indeed, to all therapeutic work. Of course, hypnosis isn't a panacea, and there are cases for which you wouldn't use hypnosis. Because of the problems and dangers associated with false memory, I never agree to use hypnosis to help clients try to remember a traumatic event that they suspect occurred (Flemons & Wright, 1999), and, like Bill O'Hanlon (O'Hanlon & Martin, 1992), I don't use it to help with voluntary complaints (those problems that the client could produce on request). But when clients are struggling with a chunk of experience that they've been attempting and failing to control or eradicate, hypnosis is wonderfully effective at altering the relationships that have been holding it in place.

And this is where the logic of hypnosis extends beyond individual trance work, from intra-personal to inter-personal relationships. At both levels of interaction, purposeful attempts to keep a problem in check typically make matters worse. Therapeutic change will always be facilitated by our creating contexts for our clients, whether individual, couple, or family, to *en*counter their problem, indifferentiating the boundaries that have been fixing it in place, and inviting the discovery and inscribing of new boundaries: new relationships, new meanings, new patterns of interaction.

A few weeks after our last session, Denise called and left a message, saying that she wanted to thank me for "giving me back my life." To date, she's been to four job interviews, she's enjoying eating in restaurants again, and she's back to feeling like herself. ■

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