Flemons, D. (2013). Hypnosis and family therapy. In A. Rambo, C. West, A. Schooley, & T. Boyd (Eds.), *Family therapy review: Contrasting contemporary models* (pp. 123-128). New York, NY: Routledge.

Hypnosis and Family Therapy

Douglas Flemons

Many family therapists would be surprised to learn the extent to which hypnosis has influenced the theory and practice of our field. The primary source of this influence can be found in the work of the psychiatrist Milton H. Erickson (1901-1980), the most innovative clinical hypnotist of his time. Erickson used formal hypnosis only in about a fifth of the cases he worked on (Beahrs, 1971; cited in Zeig, 1985, p. 5); however, the techniques and logic of hypnosis (Flemons, 2002) are evident throughout his psychotherapeutic approach.

Erickson's methods made their way into the realm of family therapy initially and primarily by way of Gregory Bateson and his research assistants, Jay Haley and John Weakland[i]. Their Palo Alto research group spent 10 years (from 1952 to 1962) studying the role of paradox in human communication. Along the way, they became interested in both hypnosis and schizophrenia, and Bateson contacted Erickson to help them examine the formal similarities between the two phenomena (Zeig & Geary, 2000, pp. 58-59). In 1953, Bateson arranged for Haley to attend one of Erickson's seminars on the medical uses of hypnosis. Within a few years, Haley and Weakland were learning hypnosis and psychotherapy from Erickson, regularly traveling to his home in Phoenix to meet with him.[ii] By 1956, Haley was working part-time in private practice, using hypnosis in brief psychotherapy (Zeig & Geary, 2000, p. 69), and Weakland was effectively practicing and demonstrating it (Haley, 1999, p. 78).

Neither Haley nor Weakland made careers as clinical hypnotists. Rather, they brought their understanding of hypnosis—refracted through their study of Erickson's methods and the

interactional/contextual ideas invented and refined during the Bateson research project—into the family therapy approaches they each developed. Haley's strategic therapy model and Weakland and his MRI colleagues' brief therapy model both instantiate core principles of hypnosis, and in the years since they first articulated Erickson's methods and the ideas and techniques they derived from him (e.g., Fisch, Weakland, & Segal, 1982; Haley, 1976; Watzlawick, Weakland, & Fisch, 1974), they have inspired and influenced many thousands of family therapists, including those who have gone on to develop their own models. Steve de Shazer, for example, said that his solution-focused ideas were "historically rooted in a tradition that starts with Milton H. Erickson and flows through Gregory Bateson and the group of therapists-thinkers at the Mental Research Institute" (1982, p. ix).[iii]

To appreciate the tradition that Erickson started and Bateson and his associates brought into focus, it is necessary to understand a little about the phenomenon of hypnosis and how it can be used to effect therapeutic change. As a means of developing this understanding, let's look at what might happen if a hypnotist such as me were to invite a client such as Mary (the wife and mother in this book's central case) into hypnosis to treat her headaches.

Hypnosis

In her regular making-it-through-the-day mode of conscious awareness, Mary, like all of us, consciously distinguishes herself from those around her, but she also consciously distinguishes a conscious self being conscious. Aware of being aware, she has perceptions, thoughts, and feelings about her perceptions, thoughts, and feelings. Such reflexive awareness spins a sense of herself being separate from her own experience, as if her conscious self were a distinct homunculus within herself, seemingly in charge of noticing what the rest of the self is up to (e.g., "Note to self—headache starting behind the eyes") and seemingly capable of issuing

commands to get things done (e.g., “Hey! Headache! Scram!”). But this experience of a separated homuncular self—a “distinguished-I”—is simply an artifact of the reflexive nature of consciousness. It is, as Michael Crichton (2008) wryly put it, a “user’s illusion.” And the experience of the headache as an intractable entity, as a thing, is also an illusion. Both the distinguished-I and the headache are *continuities*—they persist through time as a function of ongoing patterns of change. This is where hypnosis comes in.

My first task as a hypnotist is to facilitate a change in how Mary is distinguishing herself from me. If I’m successful in establish rapport, then rather than viewing me as an outsider, she can feel comfortable with my gaining an insider’s grasp of her experience. My second task is to facilitate a change in how Mary has been relating to herself and her experience, including her problem and her efforts to solve it. This change will make it possible for non-volitional hypnotic phenomena to manifest and for the problem to begin shifting in spontaneous, unpredictable ways. And my third task is to invite change in the pattern of the problem itself. For the sake of explanation, I will describe each task separately, but in practice they intermingle considerably. They don’t constitute stages to be passed through so much as threads or sinews to be interwoven.

Task 1: I will connect with Mary in such a way that, for the duration of our hypnotic interaction, the differences between us, and the division she usually draws between inside and outside experience, or between self (her) and other (me), will, for her, become to some degree irrelevant, unnecessary for maintaining her safety or integrity. This rapport-building process will begin immediately, long before we move into formal hypnosis. As I listen to Mary’s descriptions of her pain, I will empathize with her, reflecting back a characterization of her situation that resonates for her. What she is telling me and what she is hearing back from me will be in accord,

and this will, for her, render the boundary between us less and less noticeable and thus the differences between us less and less relevant.

As I formally invite Mary into hypnosis, I will talk in time with her breath so that her experience of my words is rhythmically connected to the automatic movement of her body, further entraining us. I will also pay close attention to whatever outside or inside distractions (e.g., noises, harsh light, worried thoughts, discomfort, etc.) are standing in the way of our developing connection so that I can accommodate them into what's unfolding between us (e.g., "Just as that siren out there sends a signal to the other vehicles on the road to create a space for freedom of movement and the efficient delivery of assistance, so too signals can be sent and received within your body that assist in the opening of the necessary space for you to quickly and efficiently relax all the way into trance. That opening into trance may be preceded or followed by a closing of your eyes, however briefly. That's right. It can all begin in the blink of an eye.") Erickson referred to such accommodation of ongoing experiences as "utilization," which Zeig (1992) defined as the "readiness of the therapist to respond strategically to any and all aspects of the patient or the environment" (p. 256).

It wouldn't be unusual for Mary to lose track of my voice for periods of time during our hypnosis together. As I continue helping her to find it unnecessary to distinguish herself from me, my words will naturally dissolve into, and thus to some degree become indistinguishable from, her experience.

Task 2: The movement into hypnosis is marked by the therapist's invitation and the client's noticing of one or more non-volitional changes in experience. I will make this possible with Mary by offering possibilities for her to become in sync with, rather than separate from, her experience, thereby blurring the usual conscious division between her distinguished-I and the

rest of her self. As we continue, she might notice her arms feeling too heavy to move or a hand that feels so light, it lifts up off her lap; flashes of color or images or spontaneous dreams; a feeling of floating to the side or above her body; a distortion of time; and/or the ability to see or hear something that isn't there or not see or hear something that is. Because her distinguished-I won't be set apart as a stand-alone "entity," it won't feel itself to be responsible or "in control" of what is happening, and thus the experiences Mary has will feel spontaneous and outside of conscious control, as if they are happening on their own.

As part of this hypnotic connecting of Mary to her experience (thereby allowing her distinctive-I to become an indistinctive-I, a distributed-I), I might ask her if she can generate a headache in my office. This will head her in the opposite direction from her usual coping strategy. Instead of recoiling from the pain, trying to escape or contain it, she will be approaching it with curiosity and the spirit of discovery, effectively dissolving the boundary between her and the sensations that constitute the headache.

Such an invitation can be understood as another instance of utilization—an engagement that is relevant not only to the process of inviting hypnosis, but also to inviting problems to shift. Gilligan (2002) considered the principle of utilization to be Erickson's "great contribution to psychotherapy. Erickson brilliantly showed how the person's problem or symptoms could be accepted and used as the basis for creative solutions" (p. xi).

Task 3: My third task is to approach the problem as a pattern, rather than a thing. If Mary is able to bring on a headache, or if she has come into the session with one already in place, I will explore its location, qualities, dimensions, variations, associated perceptions (colors, etc.), intensity, and so on. Together in our explorations, we will pay close attention to the particularities of what is happening in the moment, which will have the effect of teasing the

headache into component strands. This will make it possible for us to discover how one or more of these strands can begin or has already begun some small shift on its own, with ripples from that shift ramifying throughout other strands, resulting, over the course of the hypnosis, in a significant alteration in the overall experience of the headache.

Simply put, hypnosis creates an intimate connection between the therapist and the client and between the client and his or her experience, including the experience of the problem. This connective context alters the client's mind-body and self-problem relationships, opening the way for the therapeutic utilization of spontaneous variations in the component strands of the problem.

Brief Family Therapy

Now let's take a look at what might happen if a family therapist such as me were to invite Mary, Fred, Bess, and Johnny into a session to address Johnny's truancy. Because I use hypnosis extensively in my work, I'm more directly informed by it than others in the field, but my approach to working with couples and families (see, for example, Flemons, 2002) resonates with other brief family therapists—Weakland, Haley, de Shazer, the Milan team—precisely because of the hypnotic roots of all brief approaches to family therapy.

Task 1: My first task will be to empathically connect with each member of the family, so that each feels like I "get them." To the degree that I'm successful in making accurate empathic statements, the differences between me and each of them will seem irrelevant to them for the task at hand. They'll each feel heard by and connected to me. Other brief family therapists employ analogous strategies for establishing and maintaining significant rapport. The Milan Associates characterized this in terms of the balance between joining and maintaining neutrality (not getting aligned with anyone in the family against anyone else) (Boscolo, Cecchin, Hoffman, & Penn, 1987, p. 120). The MRI folks took a one-down position to avoid intimidating the family

or inadvertently encouraging them to react against the authority of the therapist (Fisch, Weakland, & Segal, 1982, p. 34), and de Shazer (1988a) and his solution-focused colleagues offered clients compliments "to promote client-therapist fit" (p. 96).

Task 2: My second task with the family will be to invite a change in the way they relate to Johnny and his truancy. I will explore with each of them (including Johnny) how they make sense of and respond to the skipping. Of the many questions I ask about how it has been playing out on a day-to-day basis, some will probably require the family to spend a week or two closely observing what unfolds in their interactions. If they agree to gather the information I'm requesting, it will mean that Johnny will need to not go to school at least some days so that he and the adults can gather the relevant data. This is an instance of utilization—embracing what is already happening as a means to change their relationship to it. How does Mary respond when she finds out that Nick has skipped that day? What does she say to the school? Who does she call first, Bess or Fred? What does she say? How does the phone call affect her? What does she find herself worrying about during the day? When Johnny comes home, what does she say to him? What does she avoid saying? Can Fred predict at the breakfast table whether Johnny will attend school that day? What will tip him off? What does he say on those days when he is most certain? How does Johnny respond to his dad's involvement? Does Johnny know when he wakes up whether or not he'll be going? Does he ever surprise himself? Are there days when he thinks he will go and then doesn't? Vice versa? What is the nature of his emotional response to school? Can he distinguish, for example, between hate and anxiety? Hate and boredom? And so on.

Such questions will help me understand some of the interactions among the family, but they will also invite each family member to *connect* to his or her own and each other's experience. I'm not interested in their learning anything in particular, but I *am* interested in what,

if anything, happens, when instead of trying to forcibly solve or stop their own or someone else's behavior, emotion, or thought, they turn toward it with curiosity. Other brief therapists invite connections to the problem by paradoxically prescribing it (Haley, 1984; Watzlawick, Weakland, & Fisch, 1974); by suggesting that clients go slow in trying to resolve it or by asking clients to take seriously the dangers of improvement (Fisch, Weakland, & Segal, 1982, pp. 159-166); or by positively connoting both the problem and the family's responses to it (Selvini Palazzoli, Boscolo, Cecchin, & Prata, 1978).

Task 3: Treating the problem as a pattern of intrapersonal and interpersonal interactions unfolding through time, I will be curious about (thereby inviting client expectancy for) how some small change in the context or in some component strand of the problem may come into play. I might explore how Johnny's skipping and the adults' efforts to help both make sense and thus can be respected inside the logic of the family (cf. the reframing strategies of Fisch et al., 1982; Selvini Palazzoli et al., 1978; Watzlawick et al., 1974). Or I might become intrigued by those times when Johnny weirdly finds himself hating school less or forgetting to skip (cf. the exception-finding strategies of de Shazer, 1988b). Or I might wonder whether Mary, Fred, and/or Bess will unexpectedly find themselves doing something different in response to their concerns (cf. less-of-the-same strategies of Watzlawick et al., 1974). At all times, I will stay focused on the particularities of their experiences, alert to the possibilities for non-volitional, spontaneous change.

Hypnosis and Brief Family Therapy

Although we consciously demarcate ourselves as distinct homuncular entities, separate from our experience (particularly including whatever we demarcate as a problem), hypnotists recognize that this way of understanding our place in our bodies is fundamentally wrong.

Hypnosis makes clear that our minds are embodied and our bodies are mindful, that experience is composed of patterns unfolding through time, not isolated time-independent entities (i.e., a distinctive-I separate from a distinctive-problem). By creating connections across the consciously denoted boundaries between self and other (client and therapist) and between self and experience (client and problem), the hypnotist frees up the client to experience non-volitional (i.e., not dictated by the distinctive-I) change in the pattern of his or her experience.

Family therapists influenced—if only indirectly—by this approach to the understanding of and intervening in human experience also commit to creating connections. However, their focus is expanded, for they are not only attending to and creating connections across the boundary between themselves and their clients and between their clients and their own experience. In addition, they are also looking for opportunities to create experiential connections across the boundaries between and among the clients themselves. Such family therapists find various means of inviting connections between clients and their problems. Their interventions create openings for the problems, unhooked from the clients' previous efforts to willfully control or dispatch them, to change spontaneously. Such change is grounded in the hypnosis-informed patterned sensibility these therapists bring to their curiosity, inviting and expecting something different to emerge in some particular strand of experience somewhere in the unfolding non-volitional interactions of the family.

References

Boscolo, L., Cecchin, G., Hoffman, L., & Penn, P. (1987). *Milan systemic family therapy.* New York: Basic.

Crichton, M. (2008). *Prey.* New York: Harper.

de Shazer, S. (1982). Patterns of brief family therapy: An ecosystemic approach. New York: Guilford.

de Shazer, S. (1988a). Clues. New York: Norton.

de Shazer, S. (1988b). Utilization: The foundation of solutions. In J. K. Zeig & S. R. Lankton (Eds.), *Developing Ericksonian therapy* (pp. 112-124). Bristol, PA: Brunner/Mazel.

Fisch, R., Weakland, J. H., & Segal, L. (1982). *The tactics of change: Doing therapy briefly.* Sand Francisco: Jossey-Bass.

Flemons, D. (2002). *Of one mind.* New York: Norton.

Gilligan, S. (2002). *The legacy of Milton H. Erickson: The selected papers of Stephen Gilligan.* Phoenix, AZ: Zeig, Tucker, & Theisen.

Haley, J. (1976). *Problem-solving therapy: New strategies for effective family therapy.* San Francisco: Jossey-Bass.

Haley, J. (1984). *Ordeal therapy.* San Francisco, CA: Jossey-Bass.

Haley, J. (1973). *Uncommon therapy: the psychiatric techniques of Milton H. Erickson, M.D.* New York: Norton.

Haley, J. (1999). John Weakland: A personal note. In W. A. Ray & S. de Shazer (Eds.), *Evolving brief therapies* (pp. 78-80). Iowa City, IA: Geist & Russell.

Hoffman, L. (2002). Family therapy: An intimate history. New York: Norton.

Minuchin, S. (2001). Walking with Jay. In J. K. Zeig (Ed.), *Changing directives: The strategic therapy of Jay Haley.* Phoeniz, AZ: The Milton H. Erickson Foundation Press.

Selvini Palazzoli, M., Boscolo, L., Cecchin, G., & Prata, G. (1978). *Paradox and counterparadox*. New York: Jason Aronson.

Watzlawick, P., Weakland, J. H., & Fisch, R. (1974). *Change: Principles of problem formation and problem resolution.* New York: Norton.

Zeig, J. K. (1985). *Experiencing Erickson: An introduction to the man and his work.* New York: Brunner/Mazel.

Zeig, J. K. (1992). The virtues of our faults: A key concept of Ericksonian psychotherapy. In J. K. Zeig (Ed.), *The evolution of psychotherapy: The second conference* (pp. 252-269). New York: Brunner/Mazel.

Zeig, J. K. & Geary, B. (Eds.). (2000). *The letters of Milton H. Erickson.* Phoenix, AZ: Zeig, Tucker & Theisen.

Footnotes

[i] Bateson had known Erickson since 1942, when Erickson attended the first of the Macy conferences, a series of meetings that established the field of cybernetics.

[ii] Haley and Weakland taped their conversations with Erickson as part of their research responsibilities with the Bateson project. Haley later drew on transcriptions of these interviews when writing about Erickson and his work (e.g., Haley, 1973).

[iii] Indeed, de Shazer (1988b) continued to define his solution-focused work as hypnotic long after he stopped using formal hypnosis during sessions (p. 113). Many other prominent family therapists are historically linked to Haley and Weakland. For example, Salvador Minuchin (2001), who worked with Haley for 10 years, said that over time Jay's indirect techniques became a staple of his own, structural, approach to therapy (p. 4). In the 1970s, Harry Goolishian and Harlene Anderson were drawn to the work of the MRI (Hoffman, 2002, p. 135). Lynn Hoffman (2002) wrote her first book with Haley and was originally influenced by his strategic approach. The Milan team were intrigued by Bateson, Haley, and Weakland's theoretical work, and they drew inspiration from Paul Watzlawick, a psychologist who worked for many years with Weakland at the MRI. Other family therapists, such as Bill O'Hanlon, Jeffrey Zeig, Steve Lankton, Michele Ritterman, Gene Coombs, and Jill Freeman, had direct ties to Erickson.