EXPLORER IN HYPNOSIS

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Abstract: Written in 1957, this paper was Jay Haley’s first attempt to organize his impressions of Milton Erickson. The article captures the essence of Erickson: the man, his early concepts of the trance state, his flexibility in trance induction, and his delight in working with those considered “resistant subjects.” In this early paper, Jay Haley clearly recognizes Erickson’s potential impact on therapy and clinicians around the world. This paper reminds readers of the importance of therapeutic relationship and the power of effective communication.

This 1957 unpublished manuscript is perhaps the first time Jay Haley wrote on Milton Erickson. It was only many years later that Jay codified Erickson’s ideas in the framework of the family lifecycle in Uncommon Therapy (1973). With cognitive behavioral therapy, neuroscience, and biological approaches playing such a large role today, therapists often forget the human relationship in therapy and the art of therapeutic communication.

—Madeleine Richeport-Haley

The recent decision of the American Medical Association to approve hypnosis in medical practice came as the result of a long campaign by some physicians who had pioneered the use of hypnosis. One of the leaders of this campaign was Dr. Milton H. Erickson, a psychiatrist who is generally conceded to be the nation’s leading medical hypnotist. A short, deep-chested man who walks with a cane, Dr. Erickson looks like the popular concept of a hypnotist with his extraordinary dark eyes and his grey hair and moustache. In the last 30 years, he has hypnotized over 5,000 people, experimented with every variety of trance phenomena, used hypnosis extensively in his private practice as a psychiatrist, lectured on and demonstrated the subject countless times, trained at least 600 hypnotists, and written more than 70 scientific papers. He specializes in hypnotizing a person indirectly, often without the person knowing it, and hypnotizing every type of individual. To induce a trance in many different kinds of people—including children, adults, neurotics, psychotics, psychopaths,
and himself—Dr. Erickson has developed an extraordinary variety of ways of inducing hypnotism. His skill at putting people in a trance has provoked great admiration, and some uneasiness, in those who watch him demonstrate.

At a recent seminar in San Francisco, Dr. Erickson invited a young man up on the lecture platform to be his subject. While discussing with him whether he wished to go in a trance, Dr. Erickson asked him how many arms he had. “Two, of course,” said the young man. Dr. Erickson asked him to count his arms as he pointed to them, and he said this while lifting the young man’s left arm up in the air without attracting the young man’s attention. The young man rather patronizingly said, “One,” when Dr. Erickson pointed to his right hand in his lap. Erickson pointed to the other side of his lap and the young man said, “Two.” Then Erickson pointed to the arm lifted up in the air, and the young man stopped counting and stared at it with astonishment. He looked back at his lap and then at the arm up in the air. “What do you think of that?” said Dr. Erickson. “I don’t know,” said the young man. “Well, there must be some explanation,” said Erickson. “Are you in a hypnotic trance?” “I couldn’t be,” said the young man. “I just sat down here.” “Then what about that third arm up there?” said Erickson. “Well,” said the young man, “I guess I should be in a circus.”

Dr. Erickson, laughing, turned to the 200 psychiatrists, psychologists, and dentists in the room and pointed out that he was demonstrating dissociation. The young man, who was indeed in a trance and didn’t really have three arms, had agreed when Dr. Erickson asked him if he’d mind looking at his hands in his lap and continue to see them there. Since he had agreed to continue to see them there, he did so even when one of them was lifted. Although he was hallucinating a third arm, many people in the audience could not believe he was in a trance because he was sitting with his eyes open and chatting amiably with Dr. Erickson.

People often find it difficult to believe they are in a trance when talking to Dr. Erickson, because he doesn’t use the paraphernalia or techniques usually attributed to hypnotists. He doesn’t have the subject look at whirling disks or at a light, just as he doesn’t have a set patter like the typical hypnotist who repetitively makes suggestions of sleep and relaxation. Ordinarily Dr. Erickson induces a trance merely by sitting down and having a conversation with a person. His ability to induce a trance in this way has raised questions about the nature of hypnosis, puzzling those who use traditional methods. The techniques, such as eye fixation or suggestions of relaxation, which were once thought essential to induce a trance, have been shown by Dr. Erickson to be extraneous.

Dr. Erickson suggests that trance induction is similar to other situations in life where a person wishes to find the limits of his relationship with someone else. The trance subject wants to go as far as he can in
cooperating with the hypnotist and still retain the sense of being the one who decides how far he is going to go. Extending the subject’s limits, or overcoming his resistance, is considered by Dr. Erickson to be the central problem of hypnosis. He says that subjects often need help in extending their limits. While working with a woman subject who was resisting him, Dr. Erickson tried to induce a trance and failed. He then discussed with the women how foolish he had been to attempt to hypnotize her with that particular technique. When he discussed his inadequacy, the woman slid into a trance. Dr. Erickson uses this example to point out that sometimes it is necessary to use a method of induction that you know will fail since, if you become a weaker opponent, the subject can resist more weakly. This woman, he believes, needed to defeat him but she also wanted to be hypnotized. He likes to arrange situations so his subjects can have their cake and eat it too.

Dr. Erickson seems to enjoy the challenge of inducing trance in extremely resistant subjects. “You can’t hypnotize me!” Often he responds to this challenge by saying, “Of course I can’t,” while proceeding to hypnotize the person indirectly. At other times, he demonstrates more directly that a person can be hypnotized while insisting he cannot be. One day while he was lecturing to a group of medical students, a student stood up and said that hypnosis might work with other people but not with him. Dr. Erickson, who had not yet chosen a subject for his demonstration, promptly invited the student up on the lecture platform. The student knew that if he followed Dr. Erickson’s suggestions he would go into trance, and so he sat down determined to resist all directions. Looking at him intently, Dr. Erickson said, “Now I want you to stay awake, stay wider and wider awake, wider and wider awake.” The student promptly slid into a deep trance, proving to be an excellent subject, which pleased Dr. Erickson since he likes to have good subjects for his demonstrations. He pointed out that the young man also was pleased, as subjects usually are when they work with him. “No one makes a challenge like that unless he hopes he is dealing with a worthy opponent,” said Dr. Erickson. “When I proved I was a worthy opponent, the young man’s needs were satisfied.”

According to Dr. Erickson, about 95% of the population is hypnotizable, given the right hypnotist and the right time. When telling anecdotes about his work, he will point out that he was able to induce a trance in a subject considered unhypnotizable by someone else. He likes to predict what technique will be successful with a particular subject, just as he likes to predict who in a social gathering will be a good hypnotic subject. He gives his predictions as assuredly as an astronomer says that the sun will rise tomorrow. One way Dr. Erickson recognizes a good subject is by noticing how the person responds when introduced to him. Good subjects respond quickly and easily to an introduction, while more difficult subjects hesitate and wonder what
to say or whether or not to shake hands. By Dr. Erickson’s definition, the responsive person is a good subject.

It is a popular fear that anyone will go into trance with an authoritarian snap of the finger. This idea seems to come from stage hypnosis and hypnotists in fiction. Dr. Erickson, who dislikes stage hypnosis, points out that most people overlook the selective process involved. The stage hypnotist works only with people who volunteer to perform in front of an audience. He usually chooses one or two of these volunteers for his demonstration, ending up with not only exceptionally good hypnotic subjects but people who are willing to be exhibitionists on a stage, whether they would like to admit it or not. Consequently, after a few rapid suggestions and perhaps an irresistible hypnotic stare, they are barking like dogs or shivering at the North Pole. These same people, however, might perform quite as remarkably without hypnosis—on a quiz show, for example.

Dr. Erickson is sometimes accused of using the hypnotic stare because when inducing a trance he watches a subject very attentively with his dark, intense eyes. He is even said to use the hypnotic stare occasionally when not inducing trance. A friend who saw him recently for the first time in many years remarked that Dr. Erickson had become more amiable and mellow with the passing of time. He remembers Dr. Erickson in his younger days as an intent young man who had a disconcerting habit of turning his dark eyes upon someone with what the friend termed an “ocular fix.” At a social gathering, Dr. Erickson would select someone and stare at him, with the muscles of his eyes immovably fixed. The poor victim, squirming uncomfortably, would wonder what to do about it. Often Dr. Erickson seemed to do this out of curiosity to see how a particular person would respond.

When asked whether he uses the hypnotic stare while inducing trance, Dr. Erickson stoutly denies it. He says, “Those confounded eyes of mine have brought that accusation on me for years. I watch a subject carefully, of course, but if the subject is bothered by my eyes, whatever he wants to do with them is all right with me. Some subjects feel I’m trying to stare them into a trance and stare right back. Well, if they feel it is a contest of staring, I’m perfectly willing to let them win. Other subjects don’t like my eyes and shift their gaze away. When they do this, I usually encourage it by suggesting that they look at something on the wall. When I’ve directed their attention somewhere, they have followed a suggestion, which means they will tend to follow other suggestions I give them.”

According to his colleagues, it is an understatement to say that Dr. Erickson observes a subject carefully. His extraordinary powers of observation are said to be his most outstanding feature. Remarking that his physical limitations have made him more observant, he says, “I had a polio attack at 18 years old, and I lay in bed without a sense of feeling.
I couldn’t even tell the position of my arms or legs. So I spent hours trying to locate my hand or my foot or my toes by a sense of feeling, becoming acutely aware of these movements. Later when I went into medicine, I learned the nature of muscles. I used that knowledge to develop an adequate and efficient limp; it took me 10 years. I also used the knowledge to become extremely aware of physical movements. That has come in exceedingly useful in my work. People use those little tell-tale movements, those adjustive movements that are so revealing if one can notice them. So much of our communication is in our bodily movements, not in our speech. I’ve found that I can recognize a good piano player not by the noise he makes but by the way his fingers touch the keys. The sure touch, the delicate touch, the forceful touch that is so accurate. Proper playing involves such nice physical movement.”

Dr. Erickson cannot recognize a good piano player by the noise he makes because he is tone deaf. This, too, has been an asset in his work. “So much is communicated by the way a person speaks,” he says. “My tone deafness has forced me to pay attention to inflections in the voice. This means I’m less distracted by the content of what people say. So many patterns of behavior are reflected in the way a person says something rather than in what he says.”

Not only is Dr. Erickson crippled by polio and tone deaf, he is color blind. Yet when describing his handicaps, he defines them as assets in his work. Even his color blindness proved convenient when he experimented with producing color blindness by hypnosis. It was another way of verifying whether his subjects were really color blind or merely behaving as if they were. The one color Dr. Erickson can see and enjoy is purple. Although it isn’t a very proper color, he manages to surround himself with it whenever he can. He wears purple ties and sport shirts, his pajamas are purple, and the bathroom in his house has purple walls.

When he trains medical hypnotists, who by the nature of their work cannot select good subjects as stage hypnotists can, Erickson says:

You will find that some people believe with Mesmer that there is an occult force involved in hypnosis. You should meet this need as the subject understands it. If the subject really believes they will have an effect, then use passes of the hands or bright lights. It isn’t a question of your understanding or your dignity. It’s a matter of discovering and meeting the psychological needs of the subject. I’ve had college graduates who wanted passes and bright lights and discussion of occult forces. I’ve had laborers who were willing to go into a trance with a professorial discussion of hypnosis. You may also have heard that it is important that the hypnotist have prestige with his subject—and it is. But you may find subjects who want the prestige of lowering your prestige and then “condescending” to go into a trance for you. Well then, that’s what you should want. Some subjects may wish to discredit you. If you are too sensitive to their remarks, you will fail to induce a trance. Other people
may want to regard you as a learned god. You can make use of this. Just
learn to discover the subject’s desires and meet them in terms that he can
understand.

Meeting the subject’s desires seems to be important in hypnosis, since
the subject is first persuaded to follow suggestions voluntarily. Then
that point called trance occurs. From then on the subject finds that he
will follow some suggestions even if he tries not to, such as, “Try to
open your eyes; the harder you try the more they will remain closed.”
He also finds that he can follow suggestions that are beyond his volun-
tary control, such as suggestions to produce physiological changes or to
hallucinate.

Persuading the subject to follow suggestions voluntarily is some-
times called getting a series of “yeses” from him. Dr. Erickson is just
as satisfied if he can get a subject to say “No,” to him when the subject
does it at his instigation, thereby cooperating with him. Often when a
subject says “no” by resisting in various ways, Dr. Erickson will tell him
to act in those ways, thus defining his resistance as cooperation. If a sub-
ject resists by holding his hand down so it won’t lift up involuntarily,
Erickson may suggest that he hold his hand down. To explore ways of
handling resistance, he once did an experiment in which he arranged
that a subject be instructed by another hypnotist to resist Dr. Erickson
in certain specific ways. The subject was to enter the office but instead
of cooperating he was to get up, empty an ashtray, comb his hair, and
so on. When he entered, Dr. Erickson innocently suggested that he do
just those things. It was an easy induction.

Sometimes when a subject insists that he can’t be hypnotized, Dr.
Erickson will say, “You mean you want to stay awake?” The defiant
subject says, “Yes,” and Dr. Erickson says, “Well, you can do that too.”
This means he has given the subject permission to stay awake. After
such a dialogue, the subject, cooperating whether he stays awake or
goes into a trance, soon goes into a trance.

At a recent seminar, Dr. Erickson described what he believes to be the
best approach for hypnotizing someone:

The question of how to hypnotize is difficult to generalize about because it
depends upon the individual needs of the subject. The main thing is to get
the subject in a receptive and cooperative frame of mind. Of course, you
can’t manage this by merely asking the person to be receptive. You have to
say a number of things to help the subject actually produce the receptive
frame of mind by his own behavior. You can merely tell the naive subject,
“You are getting sleepy,” but besides having ideas about normal sleep
and how long it takes to go to sleep, he has just sat down and is curious
about hypnosis, not understanding much about it. I like to take a naive
subject and prepare him for the trance in a conversational way. I prefer to
say such things as, “Do you like this chair? Is it comfortable? Would you
like to cross your legs?” These are simple, casual questions, all of them
eliciting the answer “yes.” When you have him saying “yes” to this and “yes” to that, he is receptive. With a resistant subject, you always see to it that he attaches his “no” to something that doesn’t enter into the hypnotic situation. For example, you can say, “You don’t like smog, do you?” No, he doesn’t, and so you say, “And there’s no smog in this room.” You try to elicit “no” but get it away from the hypnotic situation. Then you work to get “yesses” for the real situation.

Actually it makes no difference where his hands are or where he is looking. But if you say such things as, “Perhaps you’d like to look at this picture,” then you have directed his gaze here and there and there. He is not aware that you are directing him to do this and that, and that you are, in fact, taking over the direction of his motor behavior. You can say, “Perhaps you can feel your hand resting on your thigh.” Well, there’s no perhaps about it really. Or, “Perhaps you’ll feel the texture of the cloth of your trousers.” You’ve asked him to feel his thigh and to sense the texture, and you are tying up all the variety of things that he can do and is doing. Yet it is all questioning. He is beginning to obey you and to follow your instructions. That’s what you want, and what he needs if he wants to go into a trance.

You try to cover every possible phase of activity so that no matter what he does, even if he does not move his arms, the subject is doing what you have suggested. You can say, “Or perhaps you would like to look wherever you wish.” The subject doesn’t analyze the actual significance of what you said, which is that if he looks where he wants to look he is doing it because you told him to. He is responding, and the more responses he makes the less opportunity he has for resisting in any way. But if the subject has a need to resist, give him the opportunity.

You do not suggest that the subject is going to sleep now. What is his idea of “now”? It means the immediate moment, and he isn’t going to sleep in that moment. You say, “As you sit there,” because that is something the subject is doing now. “As you sit there you will naturally get tired, so you can cross or uncross your legs or move your arms.” This kind of movement is a common experience, the subject begins to wonder when he is going to move them. “And as you sit there, sooner or later you may begin to sense a feeling of fatigue in your neck, or your legs, or perhaps your eyes.” Now let us look at that suggestion in detail. “Sooner or later,” who can define that? “You may” is a permissive phrase. “Begin” again means no definite time. “To sense,” you’ve made an appeal to his sensing. With such a sentence there is little opportunity for the subject to take issue or contradict any of it. Then you can say, “And you will undoubtedly begin to have some feelings in your body, perhaps.” Of course nothing in that statement can be disputed because he will have feelings in his body, it is certain. “As you feel those things more and more clearly, perhaps you’ll notice a sense of numbness or fatigue or sleepiness in your foot or perhaps in your hand.” With this kind of statement, you are taking the subject’s attention from other things and putting it within himself, where you want it.

When you say, “After a while you’ll feel that you are getting sleepy,” you are keeping the suggestion remote. Then you can transform it into an
immediate thing by saying, “While you are getting sleepy, perhaps you’d like to change your right hand from the arm of the chair to your lap, or perhaps you’d like to let it remain on the arm of the chair.” By saying “while,” you have actually suggested that he is getting sleepy, and he is to do one of two things: put the hand in his lap or leave it on the arm of the chair. “And later, as you begin to feel yourself going deeper and deeper to sleep, you want to move your left hand or let it remain still.” Either way he is obeying you.

When you are giving hypnotic suggestions, remember that the important thing is not your suggestions but your subject’s response to those suggestions. Response is what you are after; this means using any measure you can to elicit participation by your subject. One of my resistant subjects objected seriously to split infinitives. So every time she got a little resistant, I split an infinitive. What did she do then? She interrupted me and told me how to say it correctly. Telling me how to phrase the suggestion, she would repeat it emphatically, or she might say it softly, or she might say it persuasively, but she always said it the way I should really say it for it to be effective. She never realized that I split infinitives purposely so that she could help me out on that. When I give hypnotic suggestions, sometimes I stammer, or pause, or hesitate. I like to be searching for a word so my subject will furnish the word—if not verbally at least mentally. When the subject furnishes it, even mentally, he tends to react to it. The important thing to remember is that you should give your subject the feeling that the situation will be worked out on his terms. When he comes to you he has terms in mind. You should discover those terms, meet them, and help the subject extend his limits if he can.

Dr. Erickson is particularly interested in helping people extend their limits, both in trance and in their daily living. He has spent his own life doing just that. The year before he became interested in hypnosis, 1919, when he was stricken with polio and informed that he would never again be able to walk, Dr. Erickson was unwilling to narrow the limits of his life down quite that far. As a result of spending many hours concentrating on achieving a flicker of movement in the muscles of his legs, he was up on crutches within a year. He even managed to obtain and hold a sitting down job in a cannery to help finance his way into the University of Wisconsin that fall. After his first year at the university, he was advised by the university physician to spend his summer vacation getting a great deal of exercise in the sunshine without using his legs. Dr. Erickson decided that a canoe trip would provide the appropriate exercise. In June, he set out in a 17-foot canoe, wearing a bathing suit, a pair of overalls, and a knotted handkerchief on his head for a hat. His supplies that were to last him the summer consisted of a small sack of beans, another of rice, and a few cooking utensils. His wealth for the purchase of more supplies amounted to $2.32. With these rather minimal provisions, he spent from June until September traveling through the lakes of Madison, down the Yahara and Rock rivers...
into the Mississippi, and on down to a few miles north of St. Louis, then back up the Illinois River, through the Hennepin Canal to the Rock River, and back to Madison. He foraged for his food along the way by eating what fish he could catch, finding edible plants on the riverbanks when he camped at night, and harvesting crops from the Mississippi. These crops consisted of the bushels of peelings the cooks on the river steamers threw overboard. Among them there were always a few whole potatoes or apples thrown out by mistake. By the end of the summer, he had traveled a distance of 1200 miles with almost no supplies or money, without sufficient strength in his legs to carry his canoe over the dams that blocked his way, and so physically weak when he began that he could hardly paddle a few miles downstream without getting overtired.

Although the journey was even more complicated for Erickson than it would be for anyone else, he was the kind of young man who refused to ask for assistance. That is, he refused to ask directly, but he enjoyed arranging the situation so that people would “spontaneously” do things for him. In relating his canoe trip, he said, “I would paddle within hailing distance of a fishing boat. Since I tanned very deeply and wore that knotted handkerchief on my head, the fishermen would get curious and hail me to ask a few questions. I would tell them I was a pre-med student at the University of Wisconsin canoeing for my health. They would ask how the fishing was, and I would reply that the day was still young. Invariably they gave me fish at the end of such a conversation, though I never asked for any. Usually they tried to give me catfish, but I always refused them. Catfish were much too expensive, and they were making their living fishing. When I refused the catfish, they would give me double or three times the amount of Mississippi perch.”

Although he could not carry his canoe over a dam, Dr. Erickson would never ask for assistance. He says, “I would shinny up one of the poles that are always found around dams. Soon people would gather and look up curiously at me sitting up there reading a German book I brought with me in preparation for my medical studies. Finally, someone would ask me what on earth I was doing up on that pole. I would look up from my book and say that I was waiting to get my canoe carried over the dam. This always meant volunteer service.”

With an occasional day’s work along the river and volunteer service, Erickson completed his summer of canoeing, extending his limits by getting himself in good physical shape. When he left Wisconsin, he could neither pull his canoe out of the water alone nor swim more than twenty feet. When he returned, his chest measurement had increased six inches, he could swim a mile, and he could paddle upstream against a four-mile-an-hour current from dawn to dark. He could also carry his own canoe over a dam—without “spontaneous” help from anyone.

Habitually, Dr. Erickson has enjoyed the pastime of getting some particular person to do or say something “spontaneously.” He doesn’t
consider this necessarily related to the fact that he is a hypnotist; it seems to run in the family. With some pride he points out that his oldest son, Bert, learned independently to enjoy arranging for someone at a social gathering to “spontaneously” bring up a particular subject. And Bert, who is a farmer, has no interest in becoming a hypnotist. Once when Dr. Erickson was sick in bed for a period of months with a severe reaction to tetanus serum—he is allergic to horses—Bert came home on leave from the Marines and was spending the evening entertaining him. Bert talked casually about various vacations they had enjoyed and places they had visited. Soon Dr. Erickson found himself wanting to tell his son to take the car keys and go out to spend an evening on the town. He decided not to. Bert continued to talk about the different places in which they had visited friends and relatives. Again Dr. Erickson felt like offering him the car keys and sending him on his way. Then he realized what Bert was doing with his casual conversation. He was talking about those places they had visited at the end of an automobile trip. He let Bert talk on for a while to admire his technique. Then he said, “It won’t work, Bert; you’re staying home tonight.” Bert laughed and said, “Well, it was a good try, wasn’t it?” “No,” said the expert, “You let me discover what you were doing.”

Being an expert at casual conversation has been useful in his hypnotic work, Dr. Erickson reports. He often puts a person in trance with what seems merely an innocuous conversation but which is actually interspersed with a series of specific suggestions. The subject, lulled by the casual conversation and often wondering when Dr. Erickson will get to the point, accepts the indirect suggestions without being aware that he is doing so. According to Dr. Erickson, this not only saves the subject the bother of deciding whether or not to obey a suggestion, but the subject tends to accept suggestions more completely when he doesn’t know he is receiving them.

Another way Dr. Erickson enjoys putting over indirect suggestions is with the use of puns, or plays on words, with a word used at different levels of meaning. A learned scientist expressed an interest in going into a trance but was uneasy about experiencing this strange phenomenon. He said he wished merely to test out the periphery of a trance with Dr. Erickson. This limit was, of course, accepted. Dr. Erickson induced a trance by having the scientist concentrate on the periphery of his hand, suggesting that he notice carefully the edges of the extended fingers. Since the subject seemed to be enjoying the experience, Dr. Erickson decided to help him extend his limits. He suggested to the scientist that he could study his hand much better if he were sitting a little bit to the right, on the periphery of himself, where he could get a more objective look at his hand. The scientist managed to hallucinate himself sitting beside himself, on the periphery, which requires a rather deep trance, thereby extending his hypnotic experience.
Because of his interest in the way words can shift their meanings, Dr. Erickson is a confirmed punster. He not only uses puns to give suggestions to hypnotic subjects and in his social life but in psychotherapy as well. Recently while discussing puns with a friend, Dr. Erickson was interrupted by a telephone call. When he returned, he said he had just used a most interesting pun. The call was from a patient, a young married lady who was excruciatingly shy. In fact she was so shy she was unable to wear a pair of shorts while alone in her house. She had talked this over with Dr. Erickson, who thought it would be helpful to her if she could wear her shorts and overcome this shyness. He had said to her on the phone, while making an appointment for the following day, “You will see me tomorrow for a short time.” Pleased with this pun, he said to the friend that he thought she would wear her shorts to the appointment the next day. Sure enough she did, not knowing quite why but pointing out to Dr. Erickson that she had a pair of shorter shorts that she decided not to wear.

Dr. Erickson is able to shift the meaning of words so skillfully because he has remarkable control of the way he speaks. Like an accomplished actor, he can give a word a little more emphasis than it should have, produce very subtle inflections of tone and time the rhythm of his speech as precisely as he wishes to. He can say to a subject, “I want you to awaken,” in two ways, which sound the same to the untutored ear. Yet with one tone he is presenting a command, and with the other he is posing a question: “I want you to awaken?” The subject, by the nature of the concentration in trance, responds to such subtle differences. When a suggestion to awaken is slightly inflected on the end, it becomes a question and is therefore merely one of several possible alternatives. Sometimes to demonstrate the delicate use of inflection for students, Dr. Erickson will supposedly awaken a subject yet have the subject continue to manifest a hallucination. His awakening suggestion, posed as a question, was followed by a suggestion that subtly required the subject to remain in a trance.

The fact that words can shift their meaning when a different emphasis is put upon them was once nicely demonstrated by Dr. Erickson when he gave a lecture and simultaneously put a man in the audience in a trance without the man’s knowledge. The man was a critic of Dr. Erickson and had a theory that hypnotic subjects were merely behaving as the hypnotist wanted them to behave, just to please him. Dr. Erickson, disagreeing with this theory, likes to point out that a subject can be hypnotized and follow suggestions without knowing he is doing so, much less trying to behave as he thinks the hypnotist wants him to. While Dr. Erickson lectured that day, presenting material that disagreed with the critic’s theory, the critic slowly went into a trance. When the lecture was over, the gentleman stood up and agreed with Dr. Erickson’s point of view, denying his own theory. Asked about
this incident, Dr. Erickson said it was not a remarkable achievement to hypnotize a man in the audience while lecturing. But this case was more difficult because he had prepared the lecture before he knew the gentleman would be there. He was limited to selecting and emphasizing certain words while looking at the man at appropriate moments. It would have been a simple task if his lecture had been prepared both for the group and to meet the needs of that particular individual.

Dr. Erickson’s ability to induce a trance indirectly, whether alone with an individual or talking to a group, has put in question many of the traditional theories about hypnosis. Yet Dr. Erickson does not like to theorize about it himself. When asked what a trance is, he prefers to tell anecdotes about trances and their manifestations, relating them in a most entertaining way. However, he is willing to go so far as to define a trance as “a special state of awareness.” If pressed, he will also say what a trance is not. It is not related to the normal state of sleep, not the result of a magical power from the universe, and not a power imposed upon a subject by a hypnotist. He considers a trance to be the result of a particular kind of relationship between a hypnotist and subject and has done much himself to demonstrate this latest theory about hypnosis.

Just as psychiatric theory has progressed from a belief that outside magical forces drove people crazy, to believing that being crazy was a purely subjective experience unrelated to other people, to believing that a person goes crazy as a result of interpersonal relationships, so has hypnosis followed such a historical trend. After a long, mystical history in the Western world, hypnosis was explained by Mesmer in 1776 as not mystical at all but simply a phenomenon related to the influence of the planets and the universal fluid in which all human beings are immersed. He called this fluid “animal magnetism,” believing that it flowed from the hands of the operator and could be used to induce a trance to heal various afflictions. When Mesmer began healing people in Vienna, the medical profession became aroused and drove him out of town. He settled down in the more hospitable atmosphere of Paris, developing a profitable practice by curing people with his mystical passes of the hands and his impressive manner. When a patient wanted, and could pay for, the full treatment, Mesmer placed him in a tub full of water with iron rods and filings applied to his ailing parts. Then Mesmer entered, wearing a silk robe and carrying an iron wand. He dramatically touched the patient, more often than not curing him. Unfortunately, charlatans adopted his techniques, giving Mesmerism a bad name.

Finally even Mesmer himself was called a fraud by an investigating commission of the French government in 1784, and the whole matter fell into disrepute. It was 60 years later that hypnosis took its next forward step. James Braid, a surgeon in England who experimented with the phenomenon, announced that it was not caused by some power outside
the person but was entirely a subjective experience. He coined the word *hypnotism* to describe it. After finding it useful as anesthesia for surgical operations, he offered to read a paper at a medical conference on the subject. The British Medical Association rejected his offer; one member arguing that pain was a natural aspect of man’s life and should not be interfered with.

The avant-garde of hypnosis today believes with Dr. Erickson that hypnosis is an interpersonal phenomenon. Although they can’t do much better than Mesmer when theorizing about it, still they have managed to make it more predictable by assuming that the subject is not merely one having subjective experiences but responding to subtle behavior by the hypnotist.

Dr. Erickson taught himself how to hypnotize, which may be why he developed rather unorthodox techniques. When he was a psychology major at the University of Wisconsin, he witnessed a demonstration of hypnosis by Clark L. Hull, one of the first men in America to try to put the investigation of hypnosis on a scientific basis. Dr. Erickson was so fascinated by the demonstration that he promptly invited Hull’s subject up to his room and put him in a trance himself. Hypnosis became a major part of his life from then on. He trained himself as a hypnotist by using as his subject anyone who would hold still for him—including his fellow students, friends, and his family when he returned to his father’s farm for the summer.

In the fall of that year, he took a seminar in hypnosis from Hull. The seminar was largely devoted to examining Erickson’s experiences hypnotizing people during the summer and his experimental work in the laboratory during the seminar. By his third year of college, Erickson had hypnotized several hundred people, carried on quite a number of experiments and demonstrated hypnosis for the faculty of the medical school and the psychology department, as well as for the staff of the Mendota State Hospital. He continued with his experiments in hypnosis while attending medical school, but during his internship following his graduation he was forced to abandon it temporarily. It wasn’t considered a respectable interest for an intern. Since Dr. Erickson wanted to become a major psychiatrist, he chose Worcester State Hospital for his psychiatric residency since most major American psychiatrists had trained or practiced there. Because Worcester was a broad-minded institution, he could continue his hypnotic work. After 4 years at Worcester, beginning as a junior psychiatrist and rising to senior and finally Chief Psychiatrist of the Research Service, Dr. Erickson became Director of Psychiatric Research and Training at Wayne County General Hospital and Infirmary in Eloise, Michigan. At Eloise, he did his most extensive experimental work and used ideas from hypnosis in his training of psychiatric residents.
According to one of his former students, some of the residents were uncomfortable in their training under Dr. Erickson. He would pose a difficult question, then sit with his chin resting on his cane, half smiling, watching the student with his “ocular fix.” He seemed to enjoy the struggle of the student to produce the correct answer. Setting a good example himself, Dr. Erickson expected his students to train themselves to be acute observers. His own powers of observation became rather famous in the hospital. A former student reports that his wife was walking across the hospital grounds one day when Dr. Erickson stopped her and said, “You’re pregnant, aren’t you?” The wife, who was only 2 months along and had just discovered the fact herself, was astonished. “How did you know?” she said. Dr. Erickson smiled his pleasant smile, saying, “Your forehead has changed color.” Incidents like that made his students aware of how acutely they were being observed. The fact that Dr. Erickson enjoyed demonstrating how suggestions can be put over without a person’s knowledge did not make them less uneasy. It is sometimes difficult to tell when Dr. Erickson is kidding. He has an extraordinary ability to act and speak with absolute conviction, feeling that this is an important ability in a good hypnotist. If he wishes a subject to hallucinate an object on the table, Dr. Erickson will look at the table, commenting on the object with such conviction in his tone and manner that a person who is quite wide awake has difficulty not seeing it there. Dr. Erickson gives one the feeling that it is there. To him it is, if you really want to see it. This tone of conviction is what makes his confusion technique so successful. The confusion technique has become rather famous as Dr. Erickson’s way of inducing hypnotic regression, the return of a subject to an earlier period in his life. Although this hypnotic phenomenon is not accepted by many critics of hypnosis, Dr. Erickson considers it a very real phenomenon but a misunderstood one. He points out that many hypnotists feel they can regress a subject by merely counting a few numbers. Often, too, a subject will do his best to please the hypnotist by acting like a child, which is quite different from true regression to childhood. The result is contradictory reports about regression.

To produce true regression with his confusion technique, Dr. Erickson first conditions a subject to follow his suggestions completely. Then, with absolute conviction in his voice, he says to the subject as if he should easily grasp and follow what he is saying, “Although today is Tuesday, one might think of it as Thursday, but since today is Wednesday, and since it is not important for the present situation whether it is Wednesday or Monday, you can call to mind vividly an experience of 1 week ago on Monday that was a repetition of an experience of the previous Wednesday,” and so on. The subject, conditioned to follow obediently what Dr. Erickson says, tries to accommodate himself to the welter of confused and contradictory statements, becoming
totally disoriented in time. In this state, he welcomes any positive 
statements that make sense. These Dr. Erickson provides after he has 
terspersed suggestions for amnesia for later years and reoriented the 
subject back to a particular age level.

According to Dr. Erickson, regression can be useful to help patients 
who suffered some unfortunate trauma in their past that still affects 
them. After regressing the patient back prior to the time of the trauma, 
he will discuss the possibility of such a traumatic incident someday 
taking place. Having prepared the subject, Dr. Erickson will bring the 
patient forward in time to let him relive the trauma with a background 
of information that makes him ready for it. After awakening, the patient 
is often able to remember the trauma and accept the unfortunate expe-
rience as something that needn’t incapacitate him, in fact something he 
might have expected to happen.

Dr. Erickson has carried subjects back further in time than most 
hypnotists (if we overlook the fantasies of subjects about previous rein-
carnations). He regressed 1 subject to infancy. Since an infant cannot 
report his age, Dr. Erickson tested the success of the experiment with a 
rather elaborate device. An adult puts out his hands to stop himself if 
he is in danger of falling, but an infant does not. Therefore Dr. Erickson 
secretly put his subject in a collapsible chair. When he had regressed the 
subject back to what he considered an infantile state, he pressed a but-
ton and the chair collapsed. Instead of putting out his hands to break 
his fall as an adult would, the man pulled his hands in toward his stom-
ach, let out a squall, and wet his pants. The latter development was 
one of the rare instances when something unexpected happens with Dr. 
Erickson. He found it necessary to have his experimental subject put to 
bed to sleep off the trance.

Dr. Erickson’s main interest in hypnosis, besides finding the limits 
of what subjects can accomplish in a trance state, has been to discover 
ways to use hypnosis to shorten the time and expense of psychotherapy. 
His years of experimental work have not only covered the full range 
of traditional hypnotic phenomena, but he has done extensive experi-
ments to see what could be learned through hypnosis about the causes 
of human psychopathology. After spending many years observing how 
persons behave and deducing what must be on their minds. Dr. Erickson 
reversed the procedure. He suggested to subjects that when they awak-
ened from a trance they would have a certain subject troubling them 
and would act accordingly, although they would not be aware what the 
subject was. In this way he induced Freud’s psychopathology of every-
day life, producing slips of the tongue, and so on, with full knowledge 
of what was on the subject’s mind unconsciously because he had put it 
there. For example, he induced a trance in a young man and suggested 
that when he awakened he would feel full of resentment against Dr. D., 
who was there, but he would not be aware of this resentment. When the
young man awakened, he chatted amiably with Dr. D. Complimenting him on his world travels, he said, “Of course any bum can travel. It’s succeeding where you are that’s really important, isn’t it.” Throughout his superficially pleasant conversation with Dr. D., he managed to express his resentment with these indirectly insulting remarks.

Dr. Erickson not only experimented with the ways unconscious feelings affect conscious behavior, he carried this a step further and built artificial complexes and neuroses into subjects. After suggesting a neurotic pattern to a subject, he would awaken him and then “cure” the artificially induced neurosis as a way of discovering how to cure the real neurosis. Sometimes he found that if an artificially created neurotic symptom was created symbolically to parallel the patient’s real symptom, curing the artificial one cured the real one as well.

Although he has experimented with every aspect of hypnosis, there is one trance experience that Dr. Erickson has never managed to achieve. This is a trance induction of himself by someone else. He can put himself in trance with ease, often using auto-hypnosis, but he has never been hypnotized by another hypnotist. On hearing this, one of his colleagues said that it wasn’t surprising since it would take Dr. Erickson to hypnotize Dr. Erickson. Calling himself the world’s worst subject, Dr. Erickson says:

I learned about hypnosis by myself without being hypnotized or reading any books on the subject. I just tried it out. Then I taught a lot of people how to hypnotize. As the years went by, I tried repeatedly to go into a trance for one of my students, but I could never achieve it. However, I find auto-hypnosis quite easy. I can sit here at my desk, interview a patient, and feel that I would understand him better if I were in trance. So I go into an auto-hypnotic trance. I deal with the patient adequately, dismiss him, and wake up. Sometimes my trance is so deep that I have a temporary amnesia for the interview. As I begin to write my notes, one by one the notes just come to me. Once I was treating a professor of psychiatry when he discovered that I was in a deep trance. He got very alarmed and started yelling at me to awaken. I tried to explain to him that I was in an auto-hypnotic trance, but that didn’t satisfy him. So I had to interrupt my trance, wake up, and explain to him that I could understand him better at an unconscious level if I was in trance. He’s the only patient who ever recognized that I was in trance, but a number of subjects and observers have recognized such trances.

Sometimes Dr. Erickson will use auto-hypnotic trance when writing scientific papers. Wishing to review a case history, he will suggest to himself that he will have a dream that night and review it. Since one of the peculiarities of trance is that dreams occur on suggestion, he will have a dream in which he thoroughly examines a patient’s case record. The next day, or perhaps a few days later, he will remember the dream, get out the case record, and find that he is thoroughly familiar with it.
In this way he manages to work both night and day, his night work being more rapid since things happen instantaneously in a dream.

The fact that the unconscious has no sense of time can be put to constructive use with “time distortion,” one of Dr. Erickson’s particular interests. He recently co-authored a book with Linn F. Cooper called *Time Distortion in Hypnosis* (Linn & Erickson, 1954). While Dr. Cooper wrote up experimental work, Dr. Erickson discussed the relevance to psychotherapy of the peculiar fact that a hypnotic subject can feel that hours of time have passed when only seconds have elapsed on the clock. He has adopted it as one of his many techniques for solving a patient’s problems in a minimum amount of time. In one case he helped a young lady solve a distressing problem in 20 seconds when she came to him requesting that her problem be solved in a single interview, that he learn nothing about her personal life, and that he use hypnosis. More than most psychiatrists Dr. Erickson seems to get patients who say, “I want to be cured right now, but I don’t want you to know anything about me.” These cases are usually refused by other psychiatrists, who feel that a patient must unburden himself of his history, gaining conscious insight into his past. Dr. Erickson tends to believe that if a person really thinks his problem can be solved within a time limit he sets himself, there must be a way to help him solve it in that time.

The young lady ignored Dr. Erickson’s protests that she was demanding a miracle in wanting to be cured in one interview with no discussion of her personal life. She would only repeat that she worked for a dentist but had the unfortunate habit of fainting every time she saw blood. Wanting to become a dental assistant, this problem was decidedly distressing. “That’s all you need to know,” she said, “now put me in a trance and cure me.”

When Dr. Erickson put her in trance, she reached a somnambulistic state with remarkable ease. Then she asked that the chaperone she came with be dismissed “tactfully.” When this was done, she hastily said that she was scared. She wanted to be helped but didn’t want to know about it when it was over. She insisted again that he was not to inquire into her personal life. Dr. Erickson assured her that all her wishes would be met to the fullest extent. When he suggested that she might enjoy experiencing various common trance phenomena, she agreed, telling him not to forget the problem of therapy afterwards. For 50 minutes Dr. Erickson let her experience various trance accomplishments, careful not to impinge on her personal life. Then he pointed out that there was another trance phenomenon related to time. He reminded her how rapidly a mere word can cause the contents of a book or the events of a long and happy trip to flash through the mind. By showing her a stopwatch, he instructed her in the difference between one’s subjective feeling of time and clock time, recalling to her how time passed rapidly when she was enjoying herself and slowly when she was bored.
When she seemed to understand how rapidly the mind can work no matter what the clock says, he told her he was going to give some simple instructions that she could easily accept and follow. These instructions would be followed by the starting signal “now.” When the phenomenon was completed, he would tell her to stop. Then he said to her, with increasing emphasis and intensity as he spoke, “Begin at the beginning; go all the way through in normal experiential tempo with a tremendous rush of force, skipping nothing, including everything, and reach a full and complete understanding of everything about blood—now!”

The girl reacted to the word “blood” by starting violently, trembling, and becoming physically rigid. Twenty seconds later, at the command, “stop!” she relaxed in her chair and began breathing hard. Dr. Erickson told her emphatically, “You now know, you understand, you no longer need to fear. You don’t even need to remember when you are awake, but your unconscious now knows and will continue to know and to understand correctly, thus giving you the ease you want.” He asked her if she wanted to awaken or to think this through. She said, “I’ve done my thinking, wake me up.” After awakening, she said she felt tired out, asked if she had been in a trance, and wanted to know where her chaperone was. Dr. Erickson assured her that she had been hypnotized and given the opportunity to learn various hypnotic phenomena, but her chaperone had not been a witness. He told her to return and see him again in a month.

The next afternoon the girl’s employer called Dr. Erickson and said, “Whatever you did sure seems to have worked. The girl has been handling extracted teeth and washing out bloody trays all afternoon without difficulty.” A month later the girl came to see Dr. Erickson, saying she didn’t know why she was there since she had no reason to see him. A year later she was still a successful dental assistant enjoying her work. She is now married and happy with her husband and her baby.

With this patient, Dr. Erickson never learned the nature of her problem, nor did she have any conscious understanding of it. Although he assumes that a different kind of psychotherapy might achieve a similar result, it pleases him to have solved her problem within the limits she set herself. He likes to cite this case to demonstrate the idea that the unconscious does not necessarily have to be made conscious for psychotherapy to work. Having a great respect for the unconscious, Dr. Erickson believes in unconscious insight as well as conscious insight. Sometimes he will instruct patients to solve a problem unconsciously. They seem to do so.

Although Dr. Erickson’s office in Phoenix, where he is in private psychiatric practice, is quite small in reality, it is infinitely large as far as the subjective reality of his trance subject is concerned. In that office people not only see fish ponds or third arms, they see open fields, movie screens, depictions of past events, or anything else they want to see.
and that Dr. Erickson wants to help them see. They can also listen to symphony orchestras, hear their teacher’s voice as she spoke 20 years previously, or enjoy the lullabies mother sang to them as a child. When they see and hear these phenomena, they do so without feeling that it is out of the ordinary. At that moment, it has all the force of reality. An example Dr. Erickson likes to cite to show how real hallucinations can be is the case of a young man who was put in a deep trance and suddenly noticed his six brothers standing around the room. Seeing his brothers there didn’t disturb him, even though they were actually living in different parts of the country at the time. What bothered him was the fact that he hadn’t seen them there a few minutes before. He thought the matter over and decided that, while in a trance, he must have been given a suggestion not to see them and therefore couldn’t see his brothers when they were crowded right there in that little room.

Not only is Dr. Erickson’s office small, it is just off his living room at home. Unlike most psychiatrists, he does not feel it necessary to conceal his family life from his patients. This life is rather lively because he has eight children. Mrs. Erickson, a former psychology major at Wayne University, realized recently that she and her husband would have a teenager in the family for 30 consecutive years. Since his living room is the waiting room, Dr. Erickson’s patients not only meet with his family but at times get involved with them. Recently a 50-year-old patient said to Dr. Erickson, “This morning I dressed a doll for the first time in my life,” Kristi, the youngest Erickson child, had made the request of the gentleman.

Dr. Erickson is not only unorthodox as a hypnotist, but he has also developed rather unusual techniques of psychotherapy. He is one of the few psychiatrists who has patients fly to visit him for a brief cure of a neurotic problem. Although he also does long-term therapy with seriously disturbed people, he may deal briefly with someone who has a symptom and doesn’t wish to spend years in analysis resolving it. At times he uses hypnosis; at other times he maneuvers patients to get better in ways that are so unusual that he is perhaps the only psychiatrist who could be said to have fans. Anecdotes about his techniques are exchanged whenever his fans get together. Like the enuritic who wet the bed every night of his 26 years and wanted a brief cure without going into what was behind the symptom. Erickson suggested that when he awakened in the night with a wet bed he get dressed and walk for 40 blocks to punish himself. Rather than drag himself out of bed in the middle of a cold night and walk 40 blocks, the man soon stopped wetting the bed. Shortly after that he asked his boss for a raise and was given a promotion. Dr. Erickson points out that curing his symptom in this way does not mean the fellow will develop another symptom but rather it will free him to develop his life more successfully. After all, he
could hardly accomplish much in life if he was constantly ashamed and felt he had no control over himself.

Although Dr. Erickson’s methods often raise the eyebrows of his colleagues, they seem to produce results without the patient spending a good share of his life in therapy. Dr. Erickson combines his unorthodoxy with respectable membership in a variety of professional societies, including the American Psychiatric Association, the American Psychological Association, the American Psychopathological Association, the British Society of Medical Hypnosis, and as the president of the American Society for Clinical Hypnosis, as well as being editor of the society’s professional journal.

While maintaining a busy private practice, Dr. Erickson is almost as constant a traveler as an airline pilot. Several times a month he is somewhere in the United States giving a seminar in hypnosis or lecturing. At times he treats patients during his travels, recently curing a gentleman of obesity during layovers between planes in Chicago.

Among medical hypnotists, Dr. Erickson is becoming a rather legendary figure. Most papers at scientific meetings on hypnosis mention his name at some point, and most hypnotists attempt his naturalistic style of inducing trance. Those who teach hypnosis usually point out that there are traditional methods of inducing hypnotic trance, and then there is Dr. Erickson.

The general concern about whether people might be induced to harm themselves or others if a sufficiently clever hypnotist should go to work on them has often raised the question of whether Dr. Erickson could by indirect means induce a patient to do something contrary to his moral standard. This is a difficult area of experimentation because whether someone can be induced by hypnotic suggestion to commit a crime can only be learned by instructing them to go ahead and commit one. When subjects are given rubber knives and told to attack someone, or given a box with invisible glass covering a rattlesnake and told to reach in and touch it, there is always the problem that the subject will follow the suggestion because he knows it is an experiment and therefore safe. For some years Dr. Erickson tried to circumvent this problem by having subjects go into a trance for an acceptable experimental purpose and then on the side giving them suggestions to do what they considered immoral. For example, he put a young lady in a deep trance and while waiting for another subject to return from another room for an experiment, he suggested that the young lady go through the other subject’s purse and see what was in it. She refused, as did all subjects, no matter how deeply in trance, when Dr. Erickson tried to get them to do something they considered wrong. Even though he is an expert at changing people’s perception of situations, he feels that no subject can be influenced by hypnosis to commit a crime they would not otherwise commit.
However, critics of this thesis point out that he is a moral man, and if he was more immoral his subjects might respond differently. Dr. Erickson insists that when hypnosis is used for selfish purposes it always fails. Although he may shift a person’s ideas in rather extraordinary ways, he points out that this can only be done by orienting his work around what the subject believes and wants. He accepts what a patient offers rather than contradict his subject, and in his lectures he points out how necessary this is if a person is to undergo a change. He says, “It is always our tendency to try to help a person in pain by telling him, ‘That doesn’t hurt; you’ll feel better very shortly.’”

We tend to falsify the patient’s experience and contradict his suffering and fear. I can illustrate the problem with an incident that happened to my son, Robert. When he was about 3 years old he fell down the back steps and split his lower lip horribly, knocking his upper tooth up into the gum. He was lying there and shouting to high heaven, announcing to the entire neighborhood his pain and distress and fright. Mrs. Erickson and I went out to see what all the hubbub was about. Now, what sense would there be in my telling Robert to shut up and stop crying? He would know immediately that I just didn’t understand. Would it make sense for me to tell him it doesn’t hurt when with every fiber of his being he knew that it hurt? It was his jaw, his lip, his face, his mouth that was hurting him. How could I communicate with that little three-year-old boy? There was only one way, the same way I would communicate with an adult. I told Robert, in language he could understand, “It hurts just awful, just terrible, doesn’t it, Robert.” He knew I was talking sense. His own experience told him it was hurting awful, and so he knew I was an intelligent observer and that he could listen to me. I then said, “And it’s keeping right on hurting.” This was another intelligent statement from me, and we were in thorough agreement. Then I said the obvious thing, “And you wish it would stop hurting.” Naturally, he wished that, and he knew I understood. Then I added, “And maybe it will in a little while, in a minute or two.” I didn’t say it would stop “right now.” I said something he could believe. All of us have learned that in a little while this or that will happen. It’s in accord with our total understanding of things. Then I defined that little while as “a minute or two.” How long is a minute or two? Everyone knows that for a little child it can be immediately or hours long. But Robert knew I was talking sense because his past experience had taught him that pain stops after a while.

Having presented these ideas to Robert, the next step was to present another set of ideas he could respond to in a total fashion, I looked at the sidewalk and asked Mrs. Erickson if that blood was good, strong, red blood. It was Robert’s blood under discussion, and it was a serious question. Mrs. Erickson looked at it and said she thought it was good, strong, red blood. I compared two spots and suggested we couldn’t really tell because the sidewalk was the wrong color. I suggested we take him into the bathroom and let him bleed into the white washbowl, then we could tell if it was good, red, strong blood. When you’re 3 years old you want
that sort of blood; there’s nothing finer, as any red-blooded American knows. We took him in and looked at the blood in the bowl and decided it was indeed good, red, strong blood. Then I poured some water over his head to thin it out and see if it was a perfectly good pink color, and it was. Robert got his face washed and I was able to staunch the flow of blood. Then I broke some awfully bad news to Robert. I told him that I didn’t think his lip was cut enough so that he could have as many stitches as his sister had bragged about having. I didn’t even think he could have as many as his brother bragged about. But I did want him to count those stitches and see to it that the surgeon put in as many stitches as possible. I didn’t tell him not to feel pain, even though it would be difficult to use an anesthetic in that area. I simply told him to see that the stitches were put in and that he count them. His task was not to avoid feeling pain, it was to insist on his rights. I pointed out that I was even afraid that he wouldn’t get as many stitches as he could count. He only got seven, to his profound disgust, and he could count to ten. The surgeon looked in astonishment at that little 3-year-old boy who was protesting, “You can put in more.”

As Dr. Erickson likes to advise people who are helping others, with hypnosis or without, “Never falsify the situation with a person in pain or fear in a direct way. Alter the situation by giving your patient some other idea to respond to. You should never deny the validity of a patient’s experience but merely absorb him in some other understanding so he can direct his attention to more important things.”

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Resumen: Escrito en 1957, este artículo fue el primer intento de Jay Haley para organizar sus impresiones sobre Milton Erickson. Este artículo captura la esencia de Erickson: el hombre, sus conceptualizaciones tempranas sobre el estado de trance, su flexibilidad en la inducción del trance, y su deleite por trabajar con aquellos considerados “sujetos resistentes.” En este artículo inicial, Jay Haley claramente reconoce el impacto potencial de Erickson sobre la terapia y los clínicos alrededor del mundo. Este artículo recuerda a los lectores la importancia de la relación terapéutica y el poder de la comunicación efectiva.

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