

The Best of Both Worlds: Combining traditional and Ericksonian Hypnosis



SUSAN LEE BADY, CSW, BCD is a clinical social worker and the director of the Hypnosis Training Institute of the Park Slope Center for Mental Health. She teaches and supervises clinicians in psychotherapy and hypnosis. She is a board member of the New York Society of Ericksonian Psychotherapy and Hypnosis and President-Elect of the New York Society of Clinical Hypnosis. Ms. Bady is in private practice with individuals and couples in Brooklyn, New York.

ABSTRACT

Although Milton Erickson used direct suggestions, popular thinking separates traditional from Ericksonian hypnosis by attributing the use of direct suggestion to traditional hypnotists and indirect suggestion to Ericksonians. Furthermore, many Ericksonians state indirection is superior, a theoretical belief contrary to recent research indicating they are equally effective. The author who has experience as a patient and hypnotist in both methods of hypnosis, presents clinical examples of using direct suggestions as well as indirect ones (plus other aspects of Ericksonian hypnotherapy) according to the needs of the patients. A combination approach may create initial confusion, but it may also facilitate a greater cure for more patients. It also returns us to Erickson's respect for scientific inquiry, his stress on the uniqueness of the individual and his use of many varied methods.

ZUSAMMENFASSUNG

Obwohl Milton Erickson direkte Suggestionen anwandte, wird die traditionelle Hypnose häufig der Ericksonschen gegenübergestellt und behauptet, daß die Nutzung direkter Suggestionen von traditionellen Hypnotherapeuten und der Gebrauch indirekter Suggestionen von Ericksonianern bekieben würde. Darüber hinaus vertreten viele Ericksonianer die Ansicht, daß indirekte Suggestionen direkten überlegen seien eine theoretische Überzeugung, die aktuellen Forschungsergebnissen widerspricht, denen zufolge beide gleichermaßen effektiv sind. Die Autorin, die sowohl als Patientin als auch als Hypnotherapeutin mit beiden Hypnosemethoden Erfahrungen hat, beschreibt klinische Beispiele, bei denen je nach den Bedürfnissen der Patienten sowohl direkte als auch indirekte Suggestionen (und andere Elemente der Ericksonischen Hypnotherapie) zur Anwendung kamen. Die Kombination beider Methoden mag anfänglich zu Verwirrung führen, aber sie ermöglicht auch eine umfassendere Therapie für einen größeren Patientenkreis. Dies wiederum erinnert an Ericksons Respekt vor wissenschaftlicher Forschung, seine Betonung der Einzigartigkeit jedes Menschen und seine Nutzung unterschiedlichster Methoden.

Earlier version published in AJCEH, Vol. 24:3.
Republished by kind permission of the Editor

KEY WORDS: Traditional; Ericksonian, Diversity.

SAMMANFATTNING

Det är en vanlig uppfattning att skillnaden mellan traditionell och Ericksoniansk hypnos ligger i induktionsmetodernas direkta respektive indirekta stil. Många betraktar den indirekta Ericksonianska stilen som överlägsen, trots att aktuell forskning likställer de båda stilarna med avseende på effektivitet. Författaren, med erfarenhet av båda metoderna, både som patient och terapeut, presenterar här direkta och indirekta suggestionsexempel samt andra Ericksonianska aspekter, beroende på patientens behov. En kombination av metoder kan initialt skapa förvirring, men ger också möjlighet att hjälpa fler, vilket ligger i linje med Erickson's respekt för undersökande forskning, hans betoning på individens unika egenskaper och hans varierande metodik.

Corresponding Address:

Susan Lee Bady CSW
133 Eighth Ave., Apt. 2B
Brooklyn, New York 11215 USA
Phone: (1)718-638-8113. Fax: (1)718-638-2903

I will be looking at the theme of my paper, the integration of traditional and Ericksonian hypnosis from two perspectives: (1) my personal experiences as a patient and practitioner of each method of hypnotherapy and (2) the misconceptions that have evolved in each school of thought about the other, disregarding the results of research and clinical experience.

In addition, I will stress the value of accepting uncertainty and diversity, rather than looking for absolutes - i.e. combining techniques rather than insisting that one method of hypnosis is better than the other. As mentioned, my interest in this topic stems from my personal experience. After years of practice as a psychoanalytic psychotherapist, I began to study hypnotherapy. First I integrated traditional hypnosis into my analytic work and then I combined Ericksonian hypnosis with traditional. In order to learn each hypnotic method I had to accomplish similar tasks: (1) learn new concepts and techniques and blend them with the old ones (2) deal with conflicts in colleagues and myself about the synthesis I was attempting, particularly when colleagues misunderstood the method different from theirs and insisted theirs was better.

(This included analysts declaring hypnosis is use less, and traditional and Ericksonian hypnotists each declaring the superiority of their technique.)

The conflict is diminishing. My paper was, after all, accepted by a journal. In July 1992, The Ericksonian Society and the International Society of Hypnosis scheduled contiguous conferences in Jerusalem to enhance communication. Colleagues in organizations of both traditional and Ericksonian hypnosis where I trained and on whose boards I serve acknowledge each other's value. Still, I feel, miscommunication and misperception continue. This creates an unfortunate situation. We have struggled with the larger therapeutic community to accept hypnosis. Now we struggle with each other rather than collaborate to our mutual benefit..

Ericksonian versus Traditional Hypnosis

I have heard Ericksonians call traditional hypnotists simplistic. I have heard Traditional hypnotists call Ericksonians roundabout. Some Ericksonians think all traditional hypnotists are authoritarian. Some traditional hypnotists think Ericksonians never read research. The most interesting misunderstanding I heard came from a woman trained in Ericksonian hypnosis who wondered if her back ground would make a traditional hypnosis conference too irrelevant and conflictual for her. I assured her this was not the case and she later reported she had benefited from attending.

The conflict shows up in the literature. Andre Weitzenhoffer (1993) presented myths he feels leading Ericksonians hold about traditional hypnosis. Peter Bloom (1991) and Roger Kessler (1992) disagreed over what constitutes basic Ericksonian beliefs, but agreed we must communicate and collaborate to expand our knowledge and effectiveness.

As part of enhanced communication, we need to consider the differences between the two approaches. The answer is unclear, I feel. Traditional hypnotists tend to be more directive and more research oriented than Ericksonians. Yet they can be as permissive as Ericksonians, and some Ericksonians are very interested in research.

Traditional hypnotists stress suggestibility in accounting for the power of a hypnotic suggestion. Ericksonians stress the wisdom of the unconscious mind. The Ericksonians' methods include utilization, word play, etc., not included in the traditional hypnotist's training. And, the distinction I will emphasize later: the traditional hypnotist uses direct suggestion and the Ericksonian uses indirect, (even though Milton Erickson was a master of the direct suggestion).

In practice, however, these distinctions blur. I have heard Ericksonians give direct suggestions and traditional hypnotists tell stories and pace and lead their subjects, plus many more deviations from theory on both sides. Although my ideas may be new for some people, many others are already integrating methods, as Peter Bloom discusses in his recent article (1994). Nonetheless, some persons may not be as comfortable or conscious of the possibilities. Since therapist comfort with technique is an important factor in therapeutic success, it is important to encourage this integration, I feel.

Even more important is to remember that the state of consciousness we call hypnosis appears to be identical whether produced by an Ericksonian or traditional hypnotist. If indeed there is any difference in the phenomenological experience according to the techniques used, this should be explored by research, as Weitzenhoffer (in press) and Kessler (1992) point out.

Direct and Indirect Suggestion

For the remainder of this paper I will focus on the issue mentioned above: the traditional hypnotist uses direct suggestion and the Ericksonian uses indirect, and, according to the Ericksonian, indirect suggestion is superior. I will define the two types of suggestions according to descriptions by Matthew, Bennett, Bean & Gallagher, (1985). The direct suggestion gives a clear, direct request for a certain response. Its purpose is obvious. The indirect suggestion is ambiguous, giving the client latitude, and allowing a wider range of interpretations.

As suggested earlier, Ericksonians sometimes use direct suggestion - including Milton Erickson! However, most classes and conferences of Ericksonian hypnosis I have attended emphasized indirection.

The writings of several Ericksonian authors reflect this emphasis. Zeig (1985) says, "The main tool of the Ericksonian method is psychological level (indirect) communication. Lankton & Lankton (1983) state "An Ericksonian therapist strives to be artfully indirect in all suggestions and interventions" Erickson and Rossi (1979) state the effectiveness of direct suggestion is limited. It gives the impression change comes from the therapist not the patient. Although it can effect an alteration in the patient's behaviour it is a temporary, symptomatic cure, that "...does not entail that reassociation and reorganization of ideas, understandings and memories within the individual that are so essential for the actual cure." An anaesthesia of the hand achieved by direct suggestion, for example, is a "pseudo anaesthesia" and "a simple superficial response" if the patient has not gone through those difficult inner processes via the indirect suggestion, they state.

I disagree that anaesthesia of the hand is "superficial" or "pseudo" because it is produced by direct suggestion. Anaesthesia is a powerful phenomenon no matter how it is achieved, I feel. We must remember that the statements comparing the effectiveness of the two methods are theoretical statements, unverified by research. They are speculations, not fact. My own speculation is that direct suggestion can just as effectively stimulate a patient's healing potential, encourage reassociation and reorganization and lead to as

full a cure as indirect methods. The cure might be especially powerful if we combine direct suggestions with various

Ericksonian concepts such as utilization, unconscious healing capacities, etc. along with indirect suggestions, thus having the best of both worlds.

Although we possess some understandings about the healing process, such as the value of the therapist-patient relationship and of the belief in the method, uncertainty remains about how healing occurs. It is important to speculate about psychotherapy and it is also important to separate speculation from research. Until research can tell us the relative efficacy of direct and indirect suggestions (as well as other important matters) I believe we should be less definitive about the workings of psychotherapy and hypnosis and more open to diversity.

Milton Erickson, after all, advocated diversity. Yet some of his followers plus Erickson himself in the book he co-authored with Rossi (1979) stress indirect suggestion. Why? A fear of diversity, even in Erickson? An ambivalence about the power of directness?

Whatever the reason, it is important to evaluate the theoretical statements made above. In the following section I will summarize two reviews of the existing research literature, one by Corydon Hammond (1990) and the other by Steven Lynn (1993), comparing the efficacy of direct and indirect suggestions. I will then present criteria several clinicians suggest for using either technique, followed by my clinical examples and discussion.

Research on Direct Versus Indirect Suggestions

Hammond looked at 21 research studies comparing the two methods, and Lynn reviewed 29 studies. Both writers report that Joseph Barber's (1977) experiment showing superior results with indirect suggestions for dental pain, was not replicated in subsequent research. Both cite studies refuting the hypothesis that indirection reduces resistance, particularly one study indicating that two-level communication and interspersal of suggestion in a confusing dual induction was no more effective than a traditional induction and even tended to decrease responsiveness.

Hammond reports findings that patients were heterogeneous in response to suggestions: i.e. some were more responsive to direct, others more responsive to indirect, but most responded equally well to either.

Lynn says measures of subjective response to either type of suggestion were inconsistent. Some studies indicated direct suggestion produced greater subjective involvement, involuntariness and diminished resistance, but others showed no difference in involuntariness or subjective involvement between the two suggestions. There was no indication that hypnotizability level and suggestion wording interact, he says.

Both Hammond and Lynn agree that although individual studies indicated one or the other method was more effective, the best controlled studies and the overall results found no advantage to indirection. Lynn says that differences between suggestions seemed either nonexistent or trivial. He recommends further research, before fully closing the case however, since few well-controlled studies were conducted.

Criteria for Direct and Indirect Suggestion

The results of research both clarify and confuse. If both methods are equivalent, it may not matter which one we use. Yet there may be times when one technique is better than another. Knowing those times is unclear, as different writers state different criteria. Hammond (1990) says he uses direct suggestions with motivated, nonresistant, hypnotically talented patients in a deep trance who state their preference for a direct approach. However, except for patient preference I feel these criteria are equally valid for indirection.

Kay Thompson, at a conference of the New York Milton H. Erickson Society, April, 1991, said she uses direct suggestion when a person needs: permission or authority to do something; a sense of control from the therapist; a belief that something is happening. In contrast to Erickson and Rossi, she feels direct rather than indirect suggestions are best for pain control and medical procedures.

Yapko (1983) says direct suggestions can allow clients to feel more directly and consciously

involved in the therapeutic process. Indirection will call upon the wisdom of the unconscious mind, but also may confuse the client who may misunderstand the therapist's purposes and feel marginally involved in therapeutic change.

I will illustrate these ideas in the following sections.

Integrating Methods: A General Perspective

In this section of my paper I will discuss my experience integrating traditional and Ericksonian hypnosis. At first, I will emphasize direct suggestion, and not include those times I found indirection highly effective.

When I first started training in Ericksonian hypnosis I found it so different from traditional approaches that in order to learn I temporarily stopped all use of traditional hypnosis. Only until I felt fairly solid with Ericksonian thinking did I start to integrate methods. In addition to utilization, pacing and leading, etc., I began to use both methods of suggestion, interspersing direct suggestions with stories and metaphors. When a client wanted to stop smoking, for example, I told him to stop smoking and suggested he see himself dropping a cigarette on the ground and crushing it with his heel. I then told a story about a stream which became polluted with debris, until a little boy came along and cleaned up the environment, so that the stream flowed clear and easy and the boy stood on the bank and breathed in the fresh clean air. Then, I added "You are now a nonsmoker, and the need and the desire for smoking will simply wither away."

Usually I combine direct and indirect suggestions in each hypnotic session, as illustrated above. I will occasionally use only one form, as I will describe later. When I first began to combine suggestions I did not consciously consider criteria. I worked intuitively, choosing suggestions as they occurred to me at the moment (trusting my unconscious) and drawing upon my training in Ericksonian and traditional hypnosis and my experiences in personal hypnotherapy. Only later, when colleagues questioned me about criteria, did I consider them. Some times my choices fit with others' theory, though other times they did not.

One criteria I often use is ease. I enjoy creating stories and metaphors. This was one reason for my attraction to Ericksonian hypnosis. However, I usually find them harder to think of than direct suggestions. If for any reason I feel uncreative (whether this stems from factors in my patient or in myself) I only give direct suggestions. At first I felt guilty doing so, even though my hypnotic work was usually successful, believing if it was that easy I must be doing poor work. It was a relief to read the research literature and find that the simple direct suggestion is as effective as the elegant, creative metaphor or story.

It was also helpful to find that some people may respond better to one type of suggestion than to another. Though at first I combined the two methods of suggestion unconsciously in response to my own experiences, I later did so intentionally as a shot-gun approach, like Erickson used, to cover all bases.

Usually, when I first hypnotize a client, I use a traditional induction rather than a conversational approach. (I instruct the client to imagine a safe place, guide him or her in progressive relaxation and concentration on breathing, and deepen the trance by counting from 10 to 1) I feel direct suggestion is helpful for a first time experience because it provides a sense of structure and a feeling that something is being done, as Kay Thompson said regarding direct suggestion. I usually switch to a conversational induction for the client's second trance explaining there are several ways to experience hypnosis. After that I alternate between methods, according to my inclination that day, as I generally find them equally effective.

With one patient, however, this was not the case. I had hypnotized him frequently using both methods of induction. In this session he stated his determination to get to the bottom of his problems and really change. I started a conversational induction and indirect suggestions that I felt were responsive to my patient's dynamics and creative in my choice of words. My patient stopped me and said he was in a light trance. He wanted me to take him by the hand and guide him very deep so that he could really solve his problems. I switched to a traditional induction and direct suggestions and he reported a much more satisfying trance.

This example illustrates the client's need for structure and for a sense the therapist is taking charge and doing something, as Thompson discussed. I find this need surfaces often when patients with problems ranging from anxiety, depression, assertiveness, smoking cessation, etc. ask for something "stronger" than the indirect suggestions I have just used. I then switch to direct suggestions only and the client usually finds this productive. It is possible that my patient's deeper trance resulted from fractionation, not the different method. It is also possible that his and other patients' satisfactory results stemmed from my responsiveness to them, not from my direct suggestion. As mentioned earlier, we know relatively little how hypnotic suggestions work. Is success due to the wording? The length? The therapeutic relationship? The patient's motivation? Also, it's important to note one patient who felt my indirect hypnotic work was weak did, nonetheless, achieve her goal to stop smoking. Again, since hypnotherapists don't know for sure what works, be open to all possibilities. Here is another clinical example where the patient equated direct suggestion with effectiveness.

I had used trance often with this patient and she had responded well to all sorts of techniques. One session she wanted to write the hypnosis script herself and record it during the session in her voice. At her request I explained the various types of suggestions, but she said she would only use direct suggestion, not metaphor because, she said, "I want to be sure this works."

Another patient wanted trance to motivate her to clean her apartment. I began a story about a little girl who was washing dishes and looking at rainbows in the soapsuds when she said, "Tell me to wash the dishes." I did. She said, "Tell me to file my papers." I did that too. She then said, "Tell me to go the gym". Again I followed her instructions and she later reported the trance as been a success.

In line with the research which states that many patients respond well to both types of suggestion, so did this client. In another trance I compared the energy of her anger to the waters of the river which can either overflow the banks creating havoc or nurture the land growing flowers and food. She later said the trance helped her gain perspective and control of her rage.

Perhaps the second indirect suggestion was more effective than the first because it was better formulated. Perhaps a direct suggestion would have also worked in the second example. We cannot know, but it is good to have both methods to call upon.

One of the most valuable uses of direct suggestion for me has been John Hartland's ego strengthening techniques. (Included in Hammond, 1990) This is a series of direct statements that the client will feel strong, relaxed, confident, optimistic, etc. I experienced it in my therapy and use it extensively in my work, almost always successfully. Perhaps it is effective because people need permission to be strong, referring again to Thompson's statements. Perhaps my personal success with it is conveyed to my patients.

One client reacted adversely to Hartland's suggestions, however. The positive statements distressed her as a reminder of all she was not. Indirect suggestions may have worked for her, but unfortunately I had not begun my Ericksonian training and I stopped using hypnosis with her. (She remained with me and made considerable improvement, but without the benefit of hypnosis.) In retrospect, I wonder if the problem was not the direct suggestions, but my neglect of her fear she could never change. Perhaps if I had addressed this, rather than impose optimism on her, a hypnotic intervention either direct or indirect might have worked.

Another patient, struggling with alienation from her family and uncertainty about her identity, found indirection unhelpful. I created a long story about a young swan ostracized from her family, listening to the wise owl calling "Who? Who?" and finding meaning in her life. My patient, in illustration of Yapko's comments, said she felt restless during hypnosis. She didn't understand the purpose of my story and wanted me to say the words she wished were inside her head. The next hypnotic session I used only direct suggestions and she reported this trance was helpful.

As indicated in my discussion of these examples, we don't always know why a method does or doesn't work. I used direct suggestions with a patient and helped her stop smoking. I thought

to myself. "She is retarded. She needed a direct, authoritarian approach." But I realize that I spoke in hindsight at the end of a successful treatment. Had I tried it, indirection might have been equally effective.

A recent study by Matthews and Longdale (1989) presents another illustration of the importance of re-considering theory in light of both clinical findings and research data. The authors provided hypnotic subjects with three sessions that included multiple embedded metaphors. They found that the sessions were effective - but that they were most effective when the clients could later remember the metaphors they heard in trance.

This finding contradicts Erickson's thinking (Erickson & Rossi, 1979) that hypnotic sugges-

tions should remain unconscious in order to be most effective. Instead, they hypothesized, in thoughts similar to Thompson's ideas about the value of direct suggestion, conscious awareness may give clients a sense of control over the therapy process and thus enhance change.

Here again, research questions theory. However, as the authors say, experimental results do not repudiate Erickson, but rather, free us from the tyranny of technique. In addition, I believe, they support Erickson as a scientist who would advocate careful examination of hypothesis. They remind us that the more we question our assumptions the greater flexibility we can achieve to think freely, work effectively and thus express the spirit of Milton Erickson.

References

- BARBER, J. (1977). Rapid Induction Analgesia: A Clinical Report. *American Journal of Clinical Hypnosis*, 19, 138-147.
- BLOOM, P.B. (1991). Guest Editorial. Some General Comments About Ericksonian Hypnotherapy. *American Journal of Clinical Hypnosis*, 33, 221-224.
- BLOOM, P.B. (1994) How does a non-Ericksonian integrate Ericksonian techniques without becoming an Ericksonian? *Australian Journal of Hypnosis May-June, 1994*.
- ERICKSON, M.H. AND ROSSI, E.L. (1979). *Hypnotherapy: An Exploratory Casebook*. New York: Irving Publishers.
- HAMMOND, D.C. (1990). *Handbook of Hypnotic Suggestions and Metaphors*. New York: W.W. Norton & Company.
- KESSLER, R. (1992). Letter to the Editor. Toward an Integrated Clinical Hypnosis. Comment on Bloom's Editorial. *American Journal of Clinical Hypnosis*, 34, 215-217.
- LANKTON, S.R. AND LANKTON, C.H. (1983). *The Answer Within: A Clinical Framework of Ericksonian Hypnotherapy*. New York: Brunner/Mazel.
- LYNN, S.J., NEUFELD, V., & MARE, C. (1993). Direct Versus Indirect Suggestions: A Conceptual and Methodological Review. *The International Journal of Clinical and Experimental Hypnosis*, XLI, 124-152.
- MATTHEWS, W.J. & BENNETT, H., BEAN, W. & GALLAGHER, M. (1985) Indirect Versus Direct Hypnotic Suggestions - an Initial Investigation: A Brief Communication. *The International Journal of Clinical and Experimental Hypnosis*, 3, 219-223.
- MATTHEWS, W.J. & LANGDELL, S. (1989) What Do Clients Think About the Metaphors They Receive. *American Journal of Clinical Hypnosis*, 31, 242-251.
- ZEIG, J. (1985). *Experiencing Erickson: An Introduction to the Man and His Work*. New York: Brunner/Mazel.
- WEITZENHOFFER, A.M., (1993) *Ericksonian Myths*. (in Press)
- YAPKO, M. (1983). A Comparative Analysis of Direct and Indirect Hypnotic Communication Styles. *American Journal of Clinical Hypnosis*, 25, 270-276.