

## BOOK REVIEWS

### **THE SEMINARS, WORKSHOPS AND LECTURES OF MILTON H. ERICKSON, VOLUME II: LIFE REFRAMING IN HYPNOSIS**

*Edited by Ernest L. Rossi and Margaret O. Ryan*

*Free Association Books, London. 1998. Pp xvi + 328, £15.95 ISBN 1 85343 406 X (ppb)*

***Reviewed by Peter A. McCue***

Milton Erickson's reputation as a highly innovative figure in the fields of hypnosis and hypnotherapy was well-established before his death, at the age of 78, in 1980. A psychiatrist by profession, he was the founding editor of the *American Journal of Clinical Hypnosis* and the author and co-author of numerous papers on hypnosis, which have been conveniently brought together in a four-volume compilation (Rossi, 1980). Erickson also co-authored books on hypnosis and hypnotherapy. But most of these, including the volume under review, appeared towards the end of his life, or posthumously, and reflected his collaboration with Ernest Rossi, who, along with colleagues, has sought to categorize and explicate the essential elements of Erickson's approach. Erickson's literary style is rather ponderous, and in places his writings lack conceptual clarity, so I doubt whether Rossi and his colleagues found their task easy.

Much has been written about Erickson and his techniques, often in credulous and reverential terms that smack of discipleship rather than an objective scientific attitude. He may have contributed significantly to the armoury of psychological treatment techniques, but one would be ill-advised to take everything he wrote and said at face value. Some of his assertions about basic hypnotic phenomena have not stood up to experimental test (see, for example, McCue and McCue, 1988; Green et al., 1990) and there are grounds for questioning the accuracy of his clinical reports (McCue, 1987). Moreover, even when he did achieve remarkable therapeutic results, the underlying mechanisms may well have been different from those he posited.

*Life Reframing in Hypnosis* is a paperback version of the second book in a three-volume series that was first published by Irvington between 1983 and 1986. Audio-cassettes (one in relation to each book) accompany the hardback volumes, but a tape has not been issued with the present version. The content of the paperback appears to be identical with that of the hardback version, and is based on talks and demonstrations given by Erickson – four at specified locations in the late 1950s, and another given at an unknown time and place.

The material reproduced from the talks and demonstrations is interspersed with commentary by the editors, Rossi and Ryan, who point out Erickson's subtle use of indirect suggestions and the way in which he would utilize a patient's or subject's presenting behaviour or symptoms to effect hypnotic responses and produce positive changes. However, there is a far-fetched flavour to some of Erickson's assertions and those of the editors. For example, on p. 177 Erickson described an occasion when a

woman's daughter said to him, 'You can hypnotize Mother, but you can't hypnotize me,' to which he replied, 'I'd like to have you tell that to your mother'. She reportedly said to her mother, 'He can hypnotize you, but I don't think that I can be hypnotized,' and according to Erickson, the girl, 'went into a nice trance'. Rossi and Ryan speculate that Erickson's saying, 'I'd like to have you tell that to your mother,' implied that he did not believe her and that he **could** hypnotize her:

Thus the unconscious implication '**I can hypnotize you**' became associated with '**Tell that to your mother**'. When the girl actually did tell that to her mother on a conscious level, she automatically and unconsciously evoked within herself the consequent associated implication, '**I can hypnotize you**'. (pp 177–178)

It is evident from this book and other writings by Erickson and his associates that he often went to some lengths to convince patients and demonstration subjects that they had experienced 'Trance'. In the process of getting them to attribute (or *misattribute*?) their responses to 'Trance', he may have increased their susceptibility to further suggestions. But in so doing, did he also delude himself about what was going on? On pp 59–62 we read about a patient who protested that Erickson's attempts to put him into a 'Trance' had been ineffective and that he [the patient] could remember everything that Erickson had said. Erickson then induced amnesia for the session by employing an indirect suggestion, '**You are here in the office, and you can remember what I said in the office.** You were here and you can remember. **You are here in the office, and you do remember every word I said,**' the implication being that the patient would not remember the proceedings when he was out of the office. According to Erickson, that is what happened: when the patient left the office, he developed amnesia for the session; when he went back into the room, he could recall it! Now, assuming that this remarkable story is historically true (which I am inclined to doubt!), is it necessary to invoke the concept of 'Trance', as Erickson did? ['Now I was willing to let that patient heckle me. I allowed him to sneak into a deep trance without his awareness of that fact .'] A more parsimonious explanation is that the amnesia resulted from the indirect suggestion alone, without there having been a pre-existing 'deep trance'.

The depiction of the 'unconscious mind' by Erickson, Rossi and Ryan is questionable. If the expression were simply used as a metaphor for pre-conscious or subconscious processes it would, perhaps, be unobjectionable. But Erickson and his followers personify 'the unconscious', conferring on 'it' an array of superior qualities:

'Your unconscious mind uses much better judgement than your conscious mind.' (Erickson, p. 117)

'In other words, **you treat the unconscious mind and the conscious mind as two separate individuals that are functioning for the good of one person.**' (Erickson, p. 120)

'Once freed from the constraints of so-called outer consensual reality, the unconscious can reorganize and reframe ideas, perceptions, feelings, and behaviours in infinite variety, and in any therapeutic fashion.' (Rossi, p. 259)

This book would not be my first recommendation for a newcomer to the field of 'Ericksonian' therapy. A reader would probably get a clearer picture by studying Erickson's collected papers (Rossi, 1980) or Erickson and Rossi's (1979) book, *Hypnotherapy: An Exploratory Casebook*, perhaps along with O'Hanlon's (1987)

brief but clear introduction to Erickson's approach. But to counterbalance these very positive portrayals, I would also recommend the review articles by Barber (1969), Gibson (1984) and Hilgard (1984).

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*Peter A. McCue,*  
The Anvil Centre,  
81 Salamanca Street,  
Glasgow G31 5BA.

## EXISTENTIAL HYPNOTHERAPY

**By Mark E. King and Charles M. Citrenbaum**

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**Reviewed by Cath Potter**

This book aims to show how hypnosis is used by the authors in their clinical work and how they fit it into their own existential philosophy of life. They identify a serious problem in the training of hypnotherapists, that the techniques taught are not integrated into a philosophy or psychological theory. They hope that others will also share their ideas and thinking behind their work. This is a useful aim and if the authors wanted to make the reader think, and to open a debate on the philosophical basis of hypnosis and therapy, then they have succeeded.

I was puzzled, at first, by my negative reaction to the book in view of its many good parts. In particular, some of the therapeutic stories and metaphors are elegant and well-constructed, and listening to what patients tell us in order to provide effective therapy is a point worth emphasizing.

A major difficulty with this book, for a non-philosopher, is that the authors give a very basic explanation of the theory of existentialism; this is not sufficient to allow a critical evaluation of their theory and methods. One is forced either to accept their concepts of this philosophy at face value, or to complete a short course in philosophy before reaching conclusions about the arguments put forward.

The authors say that the book can be read by those with no training in hypnosis, simply by substituting the word 'psychotherapy' for 'hypnotherapy', but then go on to give their own ideas about what hypnosis is and is not, as an integral part of their ideology. These ideas are not sufficiently developed and lack depth. Only a small portion of the first two chapters is devoted to their theory, and as some of the ideas are quite radical, more solid argument is needed to justify them. At times it seems that the authors favourite phrase is, '*we believe* . . .'

Mark King and Charles Citrenbaum say that they work in the framework of Ericksonian hypnotherapy, and indeed, describe some techniques which are typically 'Ericksonian', for example, embedded suggestions (the interspersal technique), and the use of therapeutic stories. However, they depart from Erickson in a fundamental way from the very beginning.

In Chapter 1 they argue that hypnosis has no meaning outside the therapeutic relationship and make particular reference to self-hypnosis. Erickson believed that all hypnosis was a form of self-hypnosis, and the authors say that they also believed this for many years. However, they subsequently changed their minds, and now maintain that self-hypnosis does not exist, claiming that listening to their patients 'proves' that, because since patients think about their therapist whilst performing self-hypnosis then this is not true self-hypnosis but part of the co-operative process between the subject and the hypnotist. They note (p. 7) that three exceptions to this exist. The first two are spontaneous trance (for example, highway hypnosis) and meditation. The third exception – far from proving the rule – appears to contradict it. This exists when a person continues to use self-hypnosis after the therapeutic relationship has ended: that person comes to 'own' it. The self-hypnosis becomes 'disassociated' from its original source. Surely, if such a disassociation is possible then all self-hypnosis has this potential and it should be the job of the hypnotist to promote this as a method of reducing the dependence of the patient.

There are some parts of the book that are useful and could form part of the therapeutic armoury of many therapists. However, it is not always clear exactly how the clinical techniques described fit into an existential framework. Many of the techniques described depend on some form of 'unconscious mental processing', including the idea of patients making changes in their lives without knowing why or how they have made them. This contradicts existentialist thinking, as the very concept of an unconscious mental event was dismissed both by that part of the existentialist movement known as 'phenomenology' and by that most famous existentialist, Jean-Paul Sartre.

Many of the clinical ideas are not new, for example, the use of power anchors (Chapter 4). It is difficult to disagree that the aim of therapy is to empower patients to enable them to take control of their lives. This is certainly part of my own practice and that of many others. But is it necessary to embrace the philosophy of existentialism in order to believe this?

Existentialism originated in the writings of the phenomenologists and was developed by Kierkegaard and concluded by the French philosopher Jean-Paul Sartre, writing in the post-war period of the 1950s and 1960s. The authors point out that existentialism is a very 'broad church', with many disagreements amongst its members,

for example, being the 'home of both religious writers and the man who proclaimed God to be dead' (p. 11). However, there are two components of existentialism that have been said to be common to all its proponents (Warnock, 1970) including, I would argue, the authors of this book. The first of these is the preoccupation with human freedom, the notion that all human beings are totally free and therefore responsible for **all** their actions. Second, that existentialists seek to change their readers, to convert them to their view of the world, the missionary spirit of existentialism, (Warnock, 1970).

The authors' discussion of anxiety in Chapter 5 illustrates their existential thought. They argue, along with Sartre, that all human beings are overcome with anxiety at the realization of their own freedom and take refuge from this anxiety in 'Bad Faith', in other words by denying that they are as free as they really are. Anxiety is universal and is therefore re-labelled as a healthy response to life, any problems arising due to a person's view of their anxiety. A healthy person advances in the face of anxiety; an unhealthy person runs away (p. 108).

The problem with existentialism as a philosophy is that although there is emphasis on the person's existence in the world, ('being-in-the-world'), it insists that people are totally free in their interaction with the world and must take sole responsibility for their lives. The world (and other people) do(es) not have any effects upon their freedom and those who feel their choices limited by their position in the world are living in 'Bad Faith'.

A quotation from Paul Watzlawick given in the book (p. 4), makes this clear:

Patients come to us with an understanding of the world that is in some way causing them pain. otherwise, they would not be in our offices. Our job is to help the patient exchange that painful world view for a new one that is less painful.

Existentialists deny the existence of an objective or true reality outside ourselves that may affect us and cause us to behave as we do, so placing the whole responsibility for our lives onto ourselves. In other words, no matter how bad your life seems, it is your own reaction to it, not your life itself, that is the problem. This seems to me a very unsympathetic way of reacting to a person who has come to a therapist with a problem, and uncomfortably like 'victim blaming'. Surely, if we are to succeed as therapists we need to accept patients' realities and offer help to them in dealing with the realities of their lives. We can use many methods of doing this, including increasing patients' sense of personal power.

The authors reject the use of diagnostic labels such as 'addiction', because these tend to become the whole definition of the self and make people into objects (p. 143). It is necessary, they say, to reject the labels in order to move forwards to a future in which change is possible.

They re-label addictions as 'unhealthy or dysfunctional habits' and concentrate on the purely psychological aspects of the problem. In so doing they appear to reject the physical side of the addiction process. The problems that patients may have are, again, their sole responsibility and they need to accept that responsibility in order to overcome them.

So, why do others disagree with the existentialists and say that human freedom is not absolute, that objective reality has an effect on what we do and feel? The problem of restriction of personal freedom can be illustrated in the philosophic discussions between Jean-Paul Sartre and his long-time companion, Simone de Beauvoir, on the position of women in society. If everyone possesses this freedom how could

you explain women's endless oppression? Do women choose this? Or is freedom limited by social context? De Beauvoir claimed that philosophy did not even address this question. The authors of this book do not address it either.

In fact there are some rather disturbing parts of this book where it deals with issues relating to the position of women in society. In one passage the authors seem to suggest that the use of prostitution may be a suitable therapy for impotence in men (p. 13). In another, they describe their reaction to a sequence in a pornographic film in which a woman in underwear is 'eyed' and touched by a group of young men. They contrast their reaction with a group of 'experts' who agreed that she was the victim of sexual harassment. The authors, on the other hand, postulate that she may have 'chosen to work one night on her back rather than 40 hours on her feet at Sears, thus proving that she is free' (p. 71). Although this is possible, given the objective reality of the position of women in society can this choice be said to be a free one? This statement and the suggestion of the use of prostitution are inappropriate, and to me, objectionable in a therapist. A final example is something of a Freudian slip on the part of the authors, in that they refer to M Warnock, the author of an influential book on existentialism, as 'he'. In fact, the author is **Mary** Warnock.

So, does the philosophy of existentialism have any advantages for hypnotherapy? I have argued that it does not. The authors admit that perhaps existentialism is not the only theory which enables a therapist to do good work, and that perhaps anyone who has a 'well-conceived, integrated theory of personality and a unified philosophy' (p. 2) will do better work than someone who lacks this knowledge. In view of the problems posed by a view of humanity which is so individualistic and so isolated in its own existential reality that it only needs to let go of its negative past, and grasp its power and freedom to become 'superman', (Nietzsche's term), perhaps another philosophy would be more appropriate.

Mary Warnock argues that Jean-Paul Sartre eventually moved away from the ideas of individualism and total freedom towards a recognition that history and society, (particularly social groupings) have a determining effect on people's lives and aspirations. Anyone who wishes to provide effective therapy would be wise to look closely at this development of his thought.

## Reference

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*Ms Cath Potter, BDS, M.Med.Sci*  
General Dental Practitioner,  
93 Ewan Street,  
Gorton,  
Manchester M18 8NS