AN INTERVIEW WITH CAMILLO LORIEDO

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ABSTRACT

This article summarizes the key points of a conversation between Mark P. Jensen and Camillo Loriedo, in which Dr Loriedo discussed his views of hypnosis and what he has learned to be most important and most effective as a clinician using hypnosis in his practice. As a psychologist in private practice, Dr Loriedo has used hypnosis with patients presenting with conversion disorders and for family therapy. He notes that paying very close attention to the patient, and then giving that patient what he or she needs at that moment, are the essential components of effective hypnosis. He also describes a number strategies and techniques that he has found particularly helpful in his work. General strategies that he uses in many situations include: (1) listening to himself, and using what he hears to help the client move forward, (2) asking the clients for help when struggling with them, and (3) treating every patient as unique, and designing every indication and intervention just for them. Strategies that he has found to be useful when working with families, specifically, include: (1) when planning to use hypnosis with families, ask their permission, (2) using family rituals as hypnotic induction, (3) using hypnosis to spark change, including change in interaction patterns, (4) using hypnosis to improve family interaction, (5) inducing hypnosis in the family via the identified patient, and (6) age regression for the whole family. When working with patients with conversion disorder, he has found that it is important to limit the number of sessions to three or less. Dr Loriedo ends the article with two general points that he has learned over the years. First, that there is often some important lesson to be learned with every failure. Second, to remember that the process of therapy is a process between people; it is the interaction that is curative.

Key words: hypnosis techniques, family therapy, couples therapy, conversion disorder

INTRODUCTION

Dr Camillo Loriedo has used hypnosis as a part of his family and general psychological practice for over 30 years. Although his primary interest was in family therapy when he began his training, one of his professors gave him a book on hypnosis (*Uncommon Therapy* by Jay Haley), and he found it fascinating. So he sought and obtained training in hypnosis when he was still in graduate school. One day, a professor who knew that he had an interest and skills in both family therapy and hypnosis called him on the phone and asked him to try hypnosis with a schizophrenic child that the professor was seeing at that very moment. He agreed, and said he would be available to see the child the next day, but his professor asked him to work with the child right then, on the phone. He was extremely hesitant, but his supervising professor insisted. So Dr Loriedo performed an induction, listening carefully

to the way that the child was breathing as feedback. Once he thought that the child was hypnotized, he made some positive suggestions, and then re-alerted and thanked the child. The next day, he asked his professor how the child and family had responded. The professor told him that the effects were astonishing. Not only did the child seem to go into a deep trance, and respond positively to the suggestions, but the whole family, who were intensely watching the child, also seemed to go into a trance. This had the added benefit of improving the whole tenor of the family interaction. After that Dr Loriedo began regularly using hypnosis as a part of his family therapy as well as in his individual psychotherapy practice. He has found over the years, as described below, that hypnosis can provide an important impetus for positive change in the family.

Mark Jensen: *How do you view hypnosis?*

Camillo Loriedo: Hypnosis is based on the relationship between the therapist and the client and is mostly about communication and relationships. From the perspective of the client, it is a state in which one eliminates whatever is not essential, and focuses instead on one thing that is most relevant. In the context of a relationship between a therapist and client, this means that two people are focusing on one thing together. Hypnosis cannot be effective if you (the clinician) are not focused on the same issue as the client.

We call this state 'rapport'. It occurs when two people are focused on and sensitive to each other. So any little movement by one person comes to have great meaning to the other. A lack of this rapport is one reason that families can become so dysfunctional—they are unable to focus on one another. In dysfunctional families, the individuals are not able to develop mutual reciprocal attunement. With hypnosis, they can learn to be more involved with and sensitive to each other.

MJ: *What kinds of problems do you use hypnosis for?*

CL: I use hypnosis in both individual and family therapy. The types of individual patients I use hypnosis with are those with conversion disorders—disorders that express themselves as physical symptoms such as paralysis, deafness, and blindness. I also see patients with irritable bowel syndrome and depression. With families, I use hypnosis to help them address whatever problem that they present with, although I find that one primary strength of hypnosis in family therapy is that it gives them a new way to focus on and relate to one another.

MJ: *What are the key elements of effective hypnosis?*

CL: *OBSERVE THE PATIENT VERY CAREFULLY, AND GIVE HIM OR HER WHAT HE OR SHE NEEDS*

First, you must pay close attention to the client. If you are attentive, therapy cannot be bad, because the client feels understood. Even if you say things that are not so

intelligent, if you are paying close attention, the patient will notice how they are the centre of your focused attention. Also, I try to notice what the patient needs. In order to understand what the patient needs, you must be very sensitive to what he or she is saying to you. So effective hypnosis begins with close observation. The more you observe, the more you are able to be close to the patient. It is one way of showing the patient that you really care; a way of signalling that your interest is very strong. Why would you be a therapist if you don't care?

You want to understand what is unique about this particular person; what is really special. And then you try to understand what this means for the patient. I once treated a couple in which the husband was very bossy. And the wife's father was also very bossy. In fact, she married her husband because the father told her that she had to, and she was unable to say 'no'. She was living in Rome. She understood in principle that a woman should be able to say 'no', but she was unable to do so. After some time, she developed paralysis in her right arm. She was referred to me by a neurologist who was unable to find a physical cause for her arm paralysis.

In our first session, I saw her in the neurology clinic. Following an induction with her, I found out that she was very hypnotizable. She was also able to easily move her arm when hypnotized. That was a good sign, I thought. So I gave her the suggestion that she would be able to relax and move her arm after she opened her eyes. But after the hypnosis session, she was still unable to move her arm. I told her that she had been able to move her arm under hypnosis, but she said that she did not remember this. Anyway, she said, her eyes were closed during hypnosis, and so even if she had moved her arm, she had not observed it. I realized, then, that I was using hypnosis just like her husband or father might have done; I was just another bossy man who was trying to change her without knowing her or understanding what it was that she wanted and needed.

So in the next session, which was in my office, I again suggested that she move her arm after an induction, but this time I asked her to leave her eyes open. And she was smiling. But then the phone rang, and her arm immediately became paralysed again. I noticed that change. It struck me that the paralysis may be one way that she tries to feel more control over her environment, whether it be a ringing phone or bossy men. So I suggested to her that whenever she hears any noise at all that she would rather not pay attention to, all she would have to do is move one finger. And this finger movement would be enough to be able to turn the volume down to the perfect level; all the way down if she would like. So the next time the telephone rang, her finger moved, and she was still able to move her arm.

I asked her husband to join us for the third session. When I gave her the usual instructions that she was able to move her arm, she did so perfectly. When the husband saw her arm moving again he was absolutely delighted, and made enthusiastic comments. But I noticed that as he was talking her finger began to move with great strength. The husband didn't realize what was happening, and went home congratulating his wife because the paralysis was now over.

One month later, when I saw them again for the first follow-up session, the husband said that he was happy about her complete recovery, but then added that he was worried and jealous because she now behaved like 'she didn't listen' to him any

more. So he asked for help and expressed his desire to have couple's therapy to improve the relationship with his wife.

MJ: Are there specific techniques or exercises that you have found particularly useful that you use routinely in many or most cases, or in particular situations?

CL: GENERAL STRATEGIES

LISTENING TO MYSELF, AND USING WHAT I HEAR TO HELP THE CLIENT MOVE FORWARD

I assume that the deep contact that the therapist and client develop means that they give a lot of information to each other. Most of this information is not conscious, so you have to be very attentive and pay attention to what happens to you. I use what I notice to further improve the relationship and connection I have with that particular client. Although it is my own fantasy, I assume that I have it in reaction to interacting with the client, so it must relate in some important way to what the client is dealing with. So I am simultaneously paying close attention to the client and to my own experience. Sometimes something will come to me, and it does not seem relevant at all. But then I wait until I find in what ways it could be relevant a little later.

Once I was giving a demonstration in a workshop, and a man volunteered. I suggested to him that maybe his hand would move on its own. Well, it did not move. I tried for three quarters of an hour, working with him in front of a very large audience. Eventually I became very tired and defeated. At the time, my feelings seemed more about me than about him, but I assumed that it was relevant to helping him, so I told him, 'I am sorry. I would like to be able to help you experience something wonderful, and I just cannot. I realize I am failing with you.' After a while, he said that he was very thankful that I had told him this, because after I did so, he was able to imagine himself climbing the Eiffel Tower with his wife. He said that she had never been willing to do something like this with him before, and that it was an unexpected and wonderful experience. But it was possible only after I told him that I had given up and saw myself as a failure. Only when you pay attention to the client, listen to yourself, and give the client what he or she wants, are they are able to move forward.

ASK THE CLIENT FOR HELP WHEN YOU ARE STRUGGLING WITH HIM OR HER

Another strategy I have learned over the years is to ask the client for help. When I feel like I am not able to come up with something that will help the client, I ask the client to tell me what I should try next. I once worked with a world-class violinist who began to have panic attacks when she was performing. But I did not know enough about playing the violin to know what suggestions to make. So I decided to use hand levitation and began with asking her to have her hand immobile, but the idea of not being able to move her hands made her immediately panic. She was worried that she would be unable to move her hands, and of course, if you are a violinist and you do not move your hands, there is no sound.

So I apologized to her: 'I'm sorry, I do not know so well what it means to play the violin, so what suggestion should I make?' And she told me, 'Tell me that my hands will be moving just the way they need to.' So I used that suggestion, and she did just fine.

I believe that the solution for every problem comes from the client. You should not give the client the solution, but try to elicit from him or her the path to follow. And it will come to you if you are paying attention. Whatever happens will usually be relevant and helpful. For example, if the client starts to cry; in many other therapies, you do not always know if crying is good or bad for the client. But when I am using hypnosis, I am always sure that it benefits the client.

I am a professor at the University of Rome, and as often happens in an academic setting, many of my colleagues are very sceptical about hypnosis. Only every five or six years they decide to ask me to give a hypnosis demonstration. During the last demonstration I did, a nice female resident volunteered to be the subject. Since I wanted to have the easiest possible experience in front of the university faculty to win over their reluctance to accept hypnosis, I tried to induce her in a very comfortable setting. So I did a very simple induction, asking her to imagine being on a beautiful beach, where it was sunny with no clouds and the sea was very calm, no waves, with the sand gentle on her feet. But despite putting all of my care into making the experience pleasant and relaxing, she started to cry without any explanation. After a while many of the faculty members left the room thinking in their mind that hypnosis was only good for making people suffer without any reason.

A little later, to me and to the few who had the courage to remain in the room, she explained that she finally had the experience she was asking for. She said to me, 'Thank you. My boyfriend left me exactly on that beach three months ago. And I have tried to cry ever since then about this, and I was never able to do it.' Of course all the faculty members who had left the room before she revealed her reasons for crying did not understand that the subject's tears were desired and helpful to her. So the professors that had left the room confirmed their scepticism about hypnosis—and they will maintain it, at least for another five or six years until a new demonstration to the university faculty is requested. Interestingly, the resident ultimately asked to be trained in hypnosis.

TREAT EVERY PATIENT AS UNIQUE, AND DESIGN EVERY INDICATION AND INTERVENTION JUST FOR THEM

When I started using hypnosis, I was using a set of specific techniques; the same ones with different clients. But I do not do this any more. In part, it is because I became bored with them. Also, the clients sometimes got annoyed. If I did a hand levitation induction, the client might view it as a trick that I use with all of my clients. One client was very clear on this issue with me. She told me, 'I don't want you to use any obvious techniques. I want to have something special.' So I told her, 'Well, that means we cannot do a hand levitation induction—that is too common.' So I asked her to suggest something. She began laughing and suggested we do a 'head levitation'. And it worked just fine. What I have learned is this: the more you use

techniques, the less you are treating your patient as unique. But there is an exception to this rule. Some patients really want to have a technique; they almost require them. The most important strategy is to really treat each client as unique, pay attention to them, and then give them what they want.

One time I was working with a patient and noticed that his foot was pushing forward and moving back. The idea came to me that you move your foot this way when you want to accelerate and also when you want to stop a car. So I immediately asked the client to imagine himself driving a car, and then I explained to him that it was important for him to accelerate and to stop when it was necessary. That facilitated a deep induction. It worked very well with this client—and I have not used that technique since.

USING HYPNOSIS WITH FAMILIES

WHEN USING HYPNOSIS WITH FAMILIES, ASK THEIR PERMISSION

When working with families, it is very important that you ask their permission before using hypnosis. I start by explaining to them what hypnosis is and how I use it. I tell them that it usually begins with some type of induction (and give an example), and that this is then followed by suggestions for different experiences. I then tell them that I think it would be useful for them, but I also give them the option of using it or not. I leave it completely up to them. I ask them how many want to participate. If all of them want to, then I invite all of them to enter a trance. I also watch closely, and notice if one or more of the family members are moving or watching the others, and does not seem to be in a trance. In this case, I might ask the family member who is participating by observing to explain to the others what is happening. This is a type of induction for that family member, and helps to create a sense of closeness.

FAMILY RITUALS AS HYPNOTIC INDUCTIONS

I have learned that going into hypnosis for a family together is usually a unique experience for them. They often tell me that they feel it is different from their everyday experiences. For example, instead of reacting immediately when the husband says, 'I think this . . .', immediately disagreeing, and then moving into an argument, with hypnosis, everything seems to slow down. And people then feel differently about each other. This really surprised me at first. Hypnosis is a phenomenon that brings out what is good within the system, and it helps to make everything clearer.

In fact, I expect that families that are highly functional go into trance together pretty often. They have more rituals. There is a saying that a family that has rituals does not need alcohol. You do not need to use alcohol to go into a calmer state of mind, because with rituals, you already have calm feelings within your family.

In fact, I will often prescribe rituals. When I treat families in which one or more members have an eating disorder, I tell them to eat together. One case was a family with a boy who had developed obsessive-compulsive symptoms. Before treatment, the mother and the father never ate together. The father always came home late. And when he came home, the wife went into the kitchen. So he ate alone. And the

boy resented this a lot. So he developed very obsessive-compulsive symptoms and he started to pray at the table. He never said what he was praying for. But he would sit and pray for anywhere from one to three hours, and insisted that the family sit there with him; and they did. The parents came, asking us to stop their son from praying so much.

USING HYPNOSIS TO CHANGE HOW FAMILY MEMBERS INTERACT WITH ONE ANOTHER

One thing that surprised me is that hypnosis can really change how family members interact with each other. This was a very pleasant surprise to me. For example, people listen more carefully to each other when they are in trance. So trance can be especially helpful in a family whose members do not listen to each other. It gives them a whole new experience. It is a way of developing more interest in and contact with each other. Often, families can get in negative roles or have steadfast negative views of each other—for example, a child believing that 'Everything my father says is wrong'. They can then stop really listening to each other, and just react. With hypnosis, though, they stop reacting to the person, and really start to listen. This in and of itself can spark an important change in a family. And it happens automatically whenever a family is in trance together.

HYPNOSIS CAN IMPROVE FAMILY INTERACTION

Hypnosis can really intensify close relationships between family members and teach them to interact with each other in positive ways. For example, when they are hypnotized, and one member of the family asks another what the other is dreaming about, it becomes a dream in which everybody participates. One person is having a hypnotic dream, and the others are in trance as well, so they listen closely and they learn how to become connected with this other person. It is very intimate. And I might make a post-hypnotic suggestion that if one member of the family touches the identified patient, that some pain will move or disappear; then I am teaching the family to touch each other in a healing way. With hypnosis, families can be very different with each other. If you videotape a family in hypnosis, you will see that they will even move differently in hypnosis than in a normal (non-hypnotic) session. They move together, and seem much more connected to each other.

INDUCE THE FAMILY VIA THE IDENTIFIED PATIENT

The inductions I use with families are very direct. And I allow family members who do not wish to participate as hypnosis subjects to participate as observers. I almost always work through the identified patient, which is often one of the children. I tell them to concentrate on the child, to look closely at the child. Often, this is enough. I tell them that when they do this, they can understand any mistakes that have been made in the past, so that they are now able to interact with the child in a new way. So I speak about the identified patient, but at the same time I make suggestions to the family about how they might be different. I have found that when you do an induction in this way, there is no resistance. I have tried other induction techniques,

such as group hand levitation but nothing is as effective as asking the family to concentrate on the child. Nothing.

AGE REGRESSION FOR THE WHOLE FAMILY

One strategy I sometimes use with families is age regression. For example, I might ask everyone to imagine going back to a time before they had the problem. This is one way to encourage family members to re-discover positive feelings for each other. And then you can build on this for enhancing those good feelings.

USING HYPNOSIS WITH PATIENTS WITH CONVERSION DISORDER

IN PATIENTS WITH CONVERSION DISORDER, LIMIT THE NUMBER OF SESSIONS TO THREE OR LESS

For patients with conversion disorder, and only patients with conversion disorder, I always limit the number of sessions to three or less. I have found over the years that with conversion disorder patients more sessions can actually makes things worse. As a group, patients with conversion disorders are those who seek to manipulate the therapist, and if you have too many sessions they can fall into this pattern, which is counterproductive. So I always make it very clear, from the very beginning, that I will only have three hypnosis sessions with patients with conversion disorder. I do allow them to have more sessions of other forms of therapy after the hypnosis if this makes sense, but only three sessions or less (if the patient wants to save some of the sessions for future work, if needed) of hypnosis. If hypnosis is going to help, it will help quickly. There is no need to drag it out.

Here is an example of how hypnosis can work quickly with patients with conversion disorder. There was a woman who presented with paralysis in one hand and one leg, and because her doctors were unable to identify a specific medical cause for the paralysis, she was given a diagnosis of conversion disorder. She was also very depressed. And she had a good reason for being so, because she only had one working kidney, and the kidney that was still working was not working very well. So she was at risk of needing dialysis in the future. She was very aware of this risk, and did not like it, because she demanded a lot of herself. She did not like the idea that she would be dependent on the machine or on anyone else for that matter. She told me that she had never asked for help, ever, in her life.

So I told her that this was a generous thing; never asking for help. I understood that asking for help was something she could not tolerate, because she viewed it as being selfish. She was very generous with others, and she gave of herself to others, but never asked for anything for herself. So I suggested to her that she had a duty to ask others for help, because others need to feel needed by her. If she never asked for help, others around her would feel useless, and this might be terrible for them.

I did an induction with her, and suggested that she could see two different lines, one on the floor and the other one on the ceiling. I told her that on one side of the room she could see the words, 'I have the right to ask for help', and on the other side,

'I have a duty to ask for help'. She said that she was able to see the words clearly, so I asked her to read them. She said, 'I have the right to ask' and 'I have a duty to ask'. So she had the positive hallucination of all of the words, but she was specifically not able to read the word 'help'. This is the only case I am aware of in which there was a negative hallucination contained in a positive hallucination.

I suggested to her that she would be able to 'wiggle the wrist correctly, so that she could read the entire phrase of "I have the right to ask for help" and "I have a duty to ask for help"'. I also told her that if she did not recognize her need for help, I wouldn't be able to help her. This seemed to allow her to be able to read both phrases in their entirety. She said she was beginning to see the possibility of asking for help, but she said that the idea still made her feel uncomfortable. Then I suggested to her that these new words that she pronounced might change her paralysis: I asked her to imagine that these words contained the idea of help going out of her mouth and freeing her joints that had been blocked for such a long time. And this would allow the joints to move a little bit more. At this point she began to move her arm, and it looked to me like she was caressing something.

And an image came into my mind. It seemed to me that she was caressing some animal or pet. So I asked her, 'Would you like to caress some animal?' She said, 'Yes.' So I asked her, 'What kind of animal?' And she said, 'Horse.' This surprised me. I had expected a small animal. It turns out that she was crazy about horses. So she started to do this. And then I asked her to guess what the name of the horse could be. She said, 'I don't know,' and I said to her: 'His name is *Help*.' She was disappointed that such a beautiful animal would have such an ugly name. So I told her that if she wanted to ride the horse she was supposed to call him by his name. She tried to oppose the use of a name that she really disliked, but when I told her that there was a risk that the horse could go away because he only recognized his true name, she said, 'No, I'll call him Help.' So she called him 'Help' and she was able to imagine riding this horse, moving her hand and leg in order to do so. At the end of the session, after she had come out of hypnosis, she no longer felt paralysed.

I saw her the next day in the neurology clinic. She told me, 'Doctor, remember, whatever happens, *you have to help me*.' That was the real change. She and her family were happy because they saw her moving her arm and leg, but I was happy because she told me that I would have to *help* her if she needed it. And, in fact, she told me that she wanted to save the other two sessions for the future, in case she needed them to help her with pain control for dialysis or future surgery.

Two years later, she called me and asked for help managing the discomfort for the implant of a shunt for the kidney she had to undergo. Although the implant helped in preventing dialysis, it produced serious pain. So we did a second session, during which I suggested that she had an imaginary remote control with two different buttons. One button, the red one, allowed her to stop the pain, while the other one, the green one, allowed her to see whatever imaginary channel she wanted to be entertained with.

MJ: Anything else?

CL: REMEMBER THAT THERE IS OFTEN SOME IMPORTANT LESSON TO BE LEARNED WITH EVERY FAILURE

Once, I was working with a client with the window open, and there were some noises outside. I began an induction, but the client said that because of the noise from outside, she could not hear me. 'There was too much noise outside. It was impossible for me to hear what you said.' Yet, in fact, she had responded to every word that I said. I pointed this out to her, describing how she, in fact, seemed to hear every word, even though she was sure that she had not heard a thing. She said, 'Well, I was too busy thinking about the noise to notice.' This turned out to be a clear metaphor for the problems in her life. She was so busy listening to noises that she was not able to notice what was important. I described this to her, and suggested that we use this as a starting point for therapy for improving her life. And she was very happy about this. Something that may seem on the surface to be a failure, if you pay close attention and think about it, can often be the key to a success. So I always try to accept any failure, but also try to discover what lies in the failure that may be used for there to be a success. An Italian philosopher once said, 'The winners don't know what they lose.' Well, the opposite is also true: 'The loser does not always know what they win.'

THE PROCESS OF THERAPY IS A PROCESS BETWEEN PEOPLE; IT IS THE INTERACTION THAT IS CURATIVE

Another thing about hypnosis that I have learned is that the therapist is a critical part of the process. The therapist is not an observer, but is a part of the system. One case in particular illustrates this point. I was treating a couple, in which the husband was very depressed. I tried to use hypnosis with him but it did not work. And his wife was complaining about him at every session: 'He doesn't move, doesn't speak, doesn't work, doesn't do anything!' All of the sessions were very boring, like being obliged to read the same sentence an infinite number of times. I tried many techniques; I tried whatever I could. Nothing worked. After several sessions, I was scheduled to see this couple again. I had already had a very hard and difficult working day and it was also my own wedding anniversary, and I saw that the patient was on the schedule. My heart sank. 'I have this case today? Oh, I don't want to deal with them!'

But they arrived in my office, and the session started like so many of the others. The wife started to complain about the husband. I had to do something different. So I apologized. I told them that I was having a bad day, and that probably I would not succeed in helping them at all today. I also pointed out that I had not yet succeeded in any of the other sessions, so they could only imagine how badly I was going to do today. 'So I'm sorry. I want to apologize to you, but I have to tell you the truth. I was thinking maybe you shouldn't come in to see me today, because today I see my failure in your face.' And the husband interrupted me. 'Doctor, don't say those things. You are too pessimistic. Don't say these things. Things are not going that badly for us.' I thought to myself, 'Well, why didn't you tell me this before?' Then the wife

asked the husband, 'Should we tell him?' And then he said, 'Yes, let's tell him.' Turning to me, he said, 'You know, things are going better for us, so that we decided to have a child and she's pregnant.' I told them, 'You know, it's a beautiful thing to know, but I also know that you are very depressed, and your wife is complaining all the time. I wish the best for the child. But you know, to be born in a family like this one is not . . . you know, with a depressed father . . .' And he said, 'No, no, doctor, don't say those things, don't say those things, you are too pessimistic today. It is clear that you have had a bad day. It is very clear.'

And then the husband, who was usually very pessimistic and passive, asked me, 'Can I do something for you?' I asked him, 'What do you mean?' He said, 'Well, you did hypnosis on me, maybe I can do some hypnosis to you.' I refused at first. 'No, no, no, absolutely not. I don't think that lay people can do hypnosis.' And then the wife said, 'You know, he is actually very good with hypnosis. He has used hypnosis on many of his cousins, and it was very effective.' I asked them if I should therefore pay them. 'No, no, no. We will pay. It's better for us because if you become more optimistic that will increase our optimism.' I said, 'Well, I don't think anything is going to help. And this day has been so terrible nothing more terrible can happen.' So finally I accepted. And this man said to me, 'Well, you have to think it is a beautiful day. The sky is clear. No clouds at all. You can imagine your beautiful wife and your clients are all happy about you. You are a very good therapist. You are very satisfied about your cases. Everything is going okay, and you smile and you're happy.' And then he woke me up, and I felt a little bit better. Not that well because, you know, it was a bad day. But I told him, 'Well I do feel a little bit better. I also had two dreams during the hypnosis. One was about myself, but it was private, and I will not tell it to you. But the other one was about you. I saw you both smiling with the newborn child and you looked to be happy.' They told me, 'Oh doctor, this is very good for us. This gives us much hope.' I told them, 'Well, it's only a dream.' They insisted, 'No, no, don't say that. Don't say that. You are pessimistic today because it was a bad day for you. Thank you so much for the dream!' And that ended the session.

In the next session, they were completely different. They never spoke again about the husband's depression. In fact, he never seemed to be depressed. He felt that he was a changed man. He was proud that the therapist got better because of him. I showed to them that I was ready to change together with them. And I believe this illustrates something that I think is special about hypnosis. The therapist is deeply involved in the process and is a part of the treatment. The therapist is not just an observer. And participation is what makes hypnosis work.

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