

XII ESH International Congress  
**HYPNOSIS AND RESILIENCE**  
 From Trauma and Stress to Resources and Healing

**The "State" of the Therapist**  
**Lessons from Hypnosis**

Welcome!



Jeffrey K. Zeig, PhD  
 Director, The Milton Erickson Foundation

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What Makes Psychotherapy Effective?  
 The "State" of the Clinician

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"States"

Thesis: People need flexibility in changing "states."

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Jeffrey K. Zeig, PhD

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Purposes and Method

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Emotions, Moods, States

- Emotions
- Moods
- "States"

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Goals for this Presentation

- To understand "States."
- To grasp the experiential orientation and its historical place in therapy.
- To understand the "States" model as it applies to patients...and therapists.
- To focus on Therapist "States"
- To make suggestions about Therapist Development using the "States" model.

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On the left side in boldface are positive "states." On the Right are their opposites, the problematic

Connected	Detached
Clear	Confused
<b>Correctly Perceiving</b>	Misperceiving
Industrious	Lazy
Pleasing	Punishing
Entreating	Demanding
Constructive	Critical/Contemptuous
Open-Minded	Prejudiced
Compassionate	Unfeeling
Kind	Unkind
Responsible	Irresponsible
Coping	Falling Apart
Alert	Deadened

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Present	Absent
Focused	Diffuse
Harmonious	Oppositional
Helpful	Competing
Cooperative	Uncooperative
Forgiving	Unforgiving
Vulnerable (Open)	Hardened (Closed)
Independent	Dependent
Inspirational	Uninspiring
Agreeable	Disagreeable
Resilient	Vulnerable (Easily Hurt)
Social	Withdrawn
Generous	Miserly
Liberal	Conservative
Adventurous	Inhibited
Pursuing	Avoiding

Connecting	Stonewalling
Creative	Prosaic
Emotionally Available	Distant
Calm	Frenzied
Decisive	Indecisive
Faith	Doubt

### My Message about "States"

- We need a technology for eliciting flexible "states" in patients...and therapists.
- Artists know how to elicit changes in "states."
- "States" are often altered by processes that are of necessity implicit to the recipient.
- The process of eliciting changes in "state" can be effected strategically (explicitly) by the communicator.

Altruistic	Self-Serving
Considerate	Inconsiderate
Humble	Inflated
Remembering	Forgetful
Honest	Deceptive
Contemplative	Impulsive
Delegate	Micromanage
Aware	Unaware
One-Up	One-Down
Strong	Impotent
Positive	Negative
Attuned	Not Attuned
Empathic	Uncaring
Trusting	Suspicious
Persevering	Apathetic
Concentrated	Distracted

### Fundamental Theses

Client's want to Change "States."  
(Or they want others to change theirs).

Therapists need access to a variety of "states."

### Experiential Approaches

- The "state" of the therapist becomes primary because the goal is to elicit adaptive "states" in the client.

Attentive	Inattentive
Conscientious	Careless
Praising	Thoughtless
Patient	Criticizing
Moral	Immoral
Believing	Doubling
Present	Preoccupied
Respectful	Disrespectful
Engaged	Disengaged
Forgiving	Unforgiving
Diplomatic	Tactless
Humility	Narcissism
Assertive	Passive
Assertive	Aggressive
Concerned	Unconcerned
Sophisticated	Boorish

### A suggested progression for both patients and therapists


- Ideas
- Concepts
- Belief
- States
- Identities

### Hypnosis

A Phenomenological, Experiential Approach

### Ericksonian Hypnosis


- An Orientation to Phenomenology
- Practicing hypnosis changes ones orientation to psychotherapy.
- Practicing hypnosis teaches the therapist about altering "states."



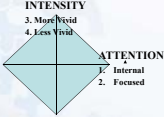

### Phenomenology

- "What is phenomenology? It's the bold project to eschew conceptualization of 'the real' for description of whatever presents itself as real in our deepest experience. It is, in other words, the discipline that makes the implicit meanings of lived experience explicit..."

Christopher M. Aanstoos, Ph.D




### The Phenomenology of Hypnosis

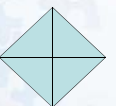




### Assumptions

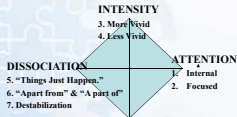

1. Patients come to therapy because they want an experience, not information.
2. Hypnosis is one experiential way of changing "states."
3. Hypnotic principles of changing "states" can be applied without the necessity of a formal induction to facilitate change.
4. To modify states we must first map the phenomenology of the problem and the solution. Additionally, it is best if the therapist can flexibly assume different "states."



### The Phenomenology of Hypnosis


### The Phenomenology of Hypnosis

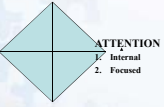

### Deconstructing and Reconstructing Hypnosis, Therapy and the Therapist

Important considerations:



- Hypnosis is about altering phenomenology
- Therapy is about altering phenomenology, in the structure of both the problem and the solution.
- BEING the best therapist requires altering one's phenomenology

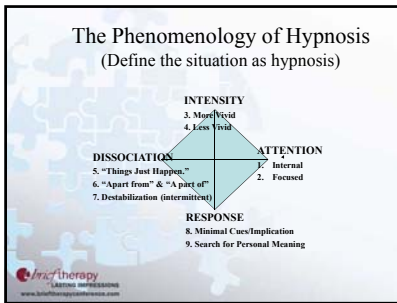


### The Phenomenology of Hypnosis

### The Phenomenology of Hypnosis



- ### Depression
- Internal
  - In the past
  - Inactive
  - Negative
  - Hopeless – no goals
  - Intropunitive
  - Withdrawn socially
  - Tactile
  - Vision limited
  - Judgmental
  - Negate/discount accomplishments
  - Absorb social energy
  - "If only ..." vocabulary
  - Physiologically deadened
  - "I am not okay" existentially
  - Victim
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- | Depression   | Happiness  |
|--|--|
| <ul style="list-style-type: none"> <li>• Internal</li> <li>• In the past</li> <li>• Inactive</li> <li>• Negative</li> <li>• Hopeless – no goals</li> <li>• Intropunitive</li> <li>• Withdrawn socially</li> <li>• Tactile</li> <li>• Vision limited</li> </ul> | <ul style="list-style-type: none"> <li>• External</li> <li>• Present</li> <li>• Active</li> <li>• Positive</li> <li>• Hope – directed</li> <li>• (Balanced)</li> <li>• Engaged</li> <li>• Visual</li> <li>• Scope and depth</li> </ul> |
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### Conclusion

"Hypnosis" does not exist. It is a construct of convenience used to describe the synergistic amalgamation of phenomenological elements.

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### Conclusion

"Depression" does not exist. It is a construct of convenience used to describe the synergistic amalgamation of phenomenological elements.

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- | Depression   | Happiness (cont.)   |
|--|---|
| <ul style="list-style-type: none"> <li>• Judgmental</li> <li>• Negate/discount accomplishments</li> <li>• Absorb social energy</li> <li>• "If only ..." vocabulary</li> <li>• Physiologically deadened</li> <li>• "I am not okay" existentially</li> <li>• Victim</li> </ul> | <ul style="list-style-type: none"> <li>• Open</li> <li>• Acknowledge accomplishments</li> <li>• Emit Social Energy</li> <li>• "Yea and ..." vocabulary</li> <li>• Arousal</li> <li>• "We are okay" existentially</li> <li>• Victor</li> </ul> |
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### The "States" Model

The Phenomenology of Depression

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### The "States" Model

Phenomenology of the solution

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### Conclusion

"Happiness" does not exist. It is a construct of convenience used to describe the synergistic amalgamation of phenomenological elements.

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## The "States" Model

Phenomenology of the therapist

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M.D.  
(1901-1980)**

Founding Member of the Board of  
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### A Phenomenological View

<b>Depression</b> <ul style="list-style-type: none"> <li>• Internal</li> <li>• In the past</li> <li>• Inactive</li> <li>• Etc.</li> </ul>	<b>Happiness</b> <ul style="list-style-type: none"> <li>• External</li> <li>• Present</li> <li>• Active</li> <li>• Etc.</li> </ul>
<b>Hypnosis</b> <ul style="list-style-type: none"> <li>• Attention</li> <li>• Intensity</li> <li>• Dissociation</li> <li>• Response</li> </ul>	<b>Therapist</b> <ul style="list-style-type: none"> <li>• Experiential</li> <li>• Dramatic</li> <li>• Utilization</li> <li>• Etc.</li> </ul>

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<b>Traditional Therapist</b> <ul style="list-style-type: none"> <li>• Empathic</li> <li>• Attentive</li> <li>• Accepting</li> <li>• Quiet</li> <li>• Educational</li> <li>• Inquisitive</li> <li>• Placid</li> <li>• Warm</li> <li>• Present</li> <li>• "Vanilla"</li> </ul>	<b>Traditional Hypnotist</b> <ul style="list-style-type: none"> <li>• Directed</li> <li>• Commanding</li> <li>• Powerful</li> <li>• Active</li> <li>• Suggestive</li> <li>• Imperative</li> <li>• Dynamic</li> <li>• Calculating</li> <li>• Future</li> <li>• "Colorful"</li> </ul>
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### Ericksonian Therapist

- Experiential
- Acuity
- Strategic
- Increasing Density: Multilevel
- Oriented-towards: Metaphoric/Symbolic
- Gift-wrapping
- Tailoring
- Systemic
- Utilization
- And being expectant, flexible, dramatic, etc.

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## Utilization

The Foundation of Solutions\*

\*appreciation to Steve deShazer

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### Conclusion

"Therapist" does not exist. Therapist is a construct of convenience used to describe the synergistic amalgamation of phenomenological elements.

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### Cases

<ul style="list-style-type: none"> <li>• Hyp. Utilization Ind.</li> <li>• Jesus Christ</li> <li>• Couple hiding</li> <li>• ADHD boy JKZ</li> <li>• Kathy pain</li> <li>• Kathy sunglasses</li> <li>• Smoking Couple JKZ</li> <li>• Jeff Pipe smoking</li> <li>• Auditory Halluc.</li> </ul>	<ul style="list-style-type: none"> <li>• Teeth gap (MHE audio clip)</li> <li>• Patient's walkway</li> <li>• Family therapy</li> <li>• Mrs. C (MHE audio clip)</li> <li>• Dr. O'Connor</li> <li>• Competition levitation</li> <li>• Purple telephone</li> <li>• Pat-needlepoint</li> </ul>
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### Utilization Defined

- The readiness of the therapist to respond strategically and constructively to any and all aspects of the patient or the environment.
- It is a "state," the initial "trance." Utilization is the therapist's trance.



### Utilization in Hypnosis

- Antecedents in traditional hypnosis.
- Serving as a "feedback" device.
- Attribution
- Ratification
- Symptom Prescription
- Amplify the positive



### How to Develop Therapist "States."



### Milton Erickson On Utilization



### Principles of Utilization

1. The Therapist's "trance" comes first.
2. Whatever exists in the total weave of the therapy situation can be utilized.
3. Whatever technique the patient used to be a patient can be utilized constructively.
4. Develop the responses you get.
5. Utilization is the opposite of psychological problems.



### Examples of Therapist Development Exercises

A template



### Erickson 1965

Therapists wishing to help their patients should never scorn, condemn, or reject any part of the patient's conduct simply because it is obstructive, unreasonable, or even irrational. The patient's behavior is part of the problem brought into the office. It constitutes the personal environment within which the therapy must take effect. It may constitute the dominant force in the total patient/doctor relationship. So whatever the patient brings into the office is in some way both a part of them and a part of their problem. The patient should be viewed with a sympathetic eye, appraising the totality that confronts the therapist. In doing so therapists should not limit themselves to an appraisal of what is good and reasonable as offering a possible foundation for therapeutic procedures. Sometimes, in fact, many more times than is realized, therapy can be firmly established on a sound basis only by the utilization of silly, absurd, irrational and contradictory manifestations. One's professional dignity is not involved, but one's professional competence is.



### Utilization as a Therapist "Posture"



### Cultivating the Utilization "State."

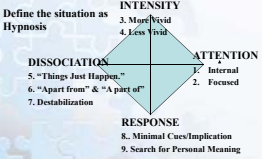


## Utilization Exercise

*BEING* the Best Therapist



Utilization Induction: Take any emitted behavior or environmental stimuli and “feed it back” in the direction of one of the phenomenological goals.




**INTENSITY**  
1. More vivid  
4. Less vivid

**ATTENTION**  
1. Focused  
2. Internal

**DISSOCIATION**  
5. “Things Just Happen.”  
6. “Apart from” & “A part of”  
7. Destabilization

**RESPONSE**  
8. Minimal Cues/Implication  
9. Search for Personal Meaning



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## Utilization Exercise


Three Roles:

- Hypnotist,
- Subject (who should not go into a deep or vulnerable trance)
- “Irritant” who disrupts the trance at unexpected intervals



## Feedback


- Hypnotist: Describe the phenomenology of your “Utilization State.”
- Subject: Provide feedback from an auditory perspective on how the Hypnotist can improve his Utilization State
- Irritant: Provide feedback from a visual perspective on how the Hypnotist can improve his Utilization State



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## 2-3 Minute Utilization Induction

- Name an object in the room. Wait 30-60 seconds.
- Name an object in the room. Wait 30-60 seconds.
- Name an internal state, sensation or feeling, e.g., comfort, curiosity, tension. Wait 30-60 seconds.
- Name an internal state, sensation or feeling. Wait 30-60 seconds.
- Provide an auditory stimulus, e.g., clap hands, snap fingers. Wait 30-60 seconds.
- Provide an auditory stimulus. Wait 30-60 seconds.
- Name an idiosyncratic item, e.g., “lunch,” “gun” “mother.” Wait 30-60 seconds.
- Name an idiosyncratic item. Wait 30-60 seconds.





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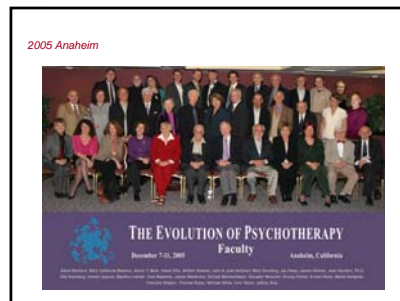
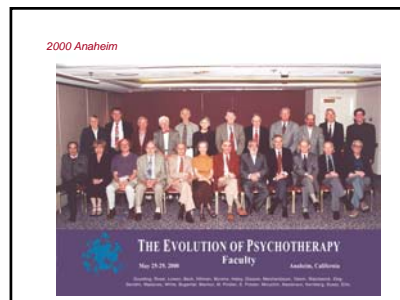
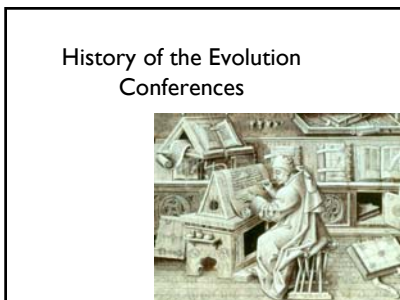
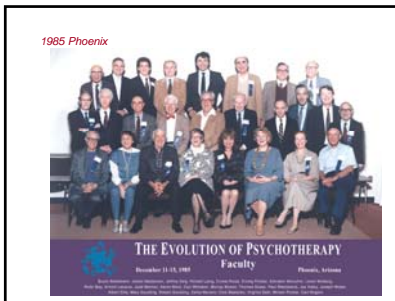
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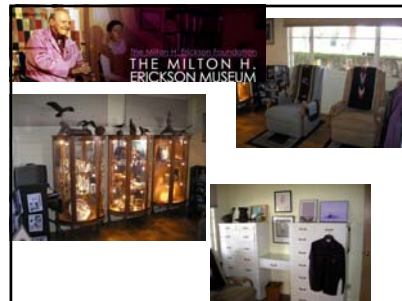
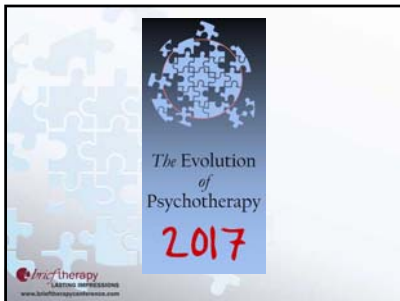
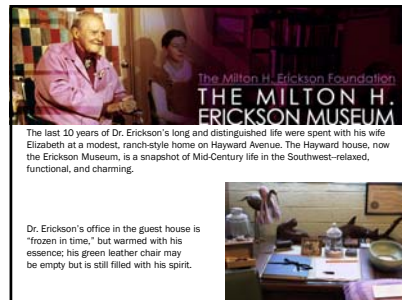
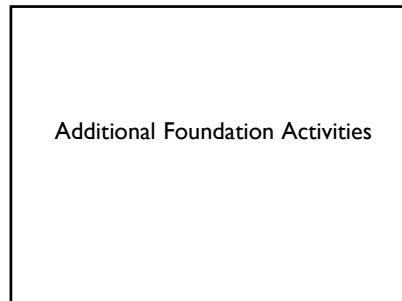
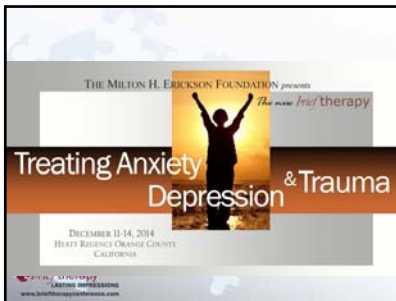


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