Stepping into the Process

Basic Hypnotic Induction and Suggestion, like most things Ericksonian, is more than one would expect. “Basic” does not mean simplistic, limited, or only for beginners. The chapters of this book take us through foundational structures and processes. Many are based on presentations to professional meetings, and so, embrace the need for explanation to an unfamiliar and even sceptical audience. I suggest that “basic” is best defined as: to carefully educate and inform members of the medical fraternity, psychiatric practice, and others dealing with difficult mental issues. Erickson does this carefully, accurately and reliably.

The volume is divided into four parts: 1.) presentations to other professionals; 2.) conversations and commentary from colleagues; 3.) collaborations with Ernest
Rossi and Erickson’s wife, Elizabeth; and 4.) a review of the current knowledge and possibilities for the future.

We begin with Erickson speaking to medical professionals in 1944. He explains that therapeutic hypnosis is safe because “… the hypnotist-subject relationship is entirely one of voluntary cooperation.” (p.23) Erickson suggests that therapeutic hypnosis can provide insights into the patient’s emotional struggles and conflicts – something rarely possible in contemporary accelerated medical consultation. Erickson calls it the “art of medicine,” (p.29) which emerges from the client-physician relationship. Experts such as Jerome D. Frank and Scott Miller have produced compelling research on the importance of the therapeutic relationship as a key determinant for therapeutic success.

The role of the practitioner is “… primarily the role of an instrument, merely guiding (p.40) … giving the patient an opportunity to re-associate and re-organize the psychological complexities and disturbances in his psychic life.” (p.41) More than a half century later, we see these ideas emerging in fields, such as interpersonal neurobiology, and in neuroscience discoveries about memory reconsolidation. Erickson’s prescience is evident, as it is throughout the entire 16 volumes.

In 1948, Erickson described hypnosis in psychotherapy as “… still in its infancy.” (p.44) The therapeutic value being that in “… a hypnotic state, the patient gains a more acute awareness of his needs and capabilities. He is freed from mistaken beliefs and false assumptions, self-doubts and fears … of the conscious mind, which opens up a… responsiveness to treatment…” (p.57) by directly accessing the non-conscious.

As might be expected, there are many case studies. Three fascinating excursions into the mind are found in Chapter 6: Edward C. was locked in a catatonic schizophrenic state, unresponsive for three years. How did Erickson release his mind? -- Erickson created a positive rapport with Ann C. by being brutally honest. Just reading the transcript will raise your eyebrows. And, finally, Sandra W., who, under hypnosis, revealed a “sane” personality who “worked” with Erickson to help Sandra. This case is one of the most extraordinary I have ever read.

Some case studies force readers to grapple with the terrible things people can inflict upon each other. More importantly, these case studies can help one realize the extraordinary capacity of the mind to adapt in the service of protecting “victims” from the most unspeakable treatment. Mental illness is often the incompatibility between coping mechanisms, created to survive a past event or time and the current experience, when the horror has passed. Memories can remain in the timeless world of the implicit, only finding expression through behavior, emotions, and unstable mental states. Erickson was a master of not only noticing these “voices” from the inner world, but also knowing how to utilize these as strengths or opportunities for therapy.

In 1966, at the 4th World Congress of Psychiatry, Erickson described an important aspect of mental disease as “… the breaking down of communication between people.” (p.85) We are now realizing the importance of communication, at both the interpersonal and the intrapersonal level – down to the biochemical interplay at the synapse and to the activation (or deactivation) of gene expression. Ernest Rossi has done much to advance our understanding of this deeper microbiology and conflicts – something rarely possible in contemporary accelerated medical consultation. Erickson calls it the “art of medicine,” (p.29) which emerges from the client-physician relationship. Experts such as Jerome D. Frank and Scott Miller have produced compelling research on the importance of the therapeutic relationship as a key determinant for therapeutic success.

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Part II shifts focus to Erickson’s “conversational approaches,” and the editors have selected chapters that are rich in conversational text. Chapter 8 is a transcript of a discussion between Jay Haley, John Weakland, and Erickson about an induc-