

European School of Hypnotic Psychotherapy  
- AMISI -

Hypnosis, Hypnotic psychotherapy and  
"neo-ericksonian" principles

Theoretical Didactic Manifesto: update (1998)

"Up to recent times, the study of hypnosis was limited only to its external phenomena. Now it is clear that it is useless to study it only as an end in itself."  
(M.H. Erickson)

The principles and theses expressed in the first "Theoretical Didactic Manifesto" (AMISI, 1995) gave an original contribution to the interpretation of Hypnosis and its relation to therapy. On the basis of these elements, our School has carried out wider and deeper studies on Hypnotic Psychotherapy according to this new approach, so as to be able to define the training process and theories of the School itself as "neo-Ericksonian", since they essentially derive from the principles expressed by Milton Erickson and the Phoenix School.

By considering the phenomenon of Hypnosis as concretely and directly linked to psychological therapy, new and more advanced interpretations were given to its role.

A crucial step towards considering hypnosis as a discipline belonging to the clinical and scientific fields was made by overcoming the stalemate reached by Mesmer's and Freud's hypnotic techniques, which basically consisted in removing the symptom through direct suggestions, usually given with authoritative methods and received passively. Such a step forward was in our opinion first a prelude and then the final confirmation of the new and original role of hypnosis in psychotherapy. Since the nature of hypnosis leads to consider it as an altered state of conscience, it constitutes a concrete and support for psychotherapeutical methods aiming at restoring a balance in personality and contributing to its development, thus spurring patients to use their own resources. By reinterpreting the Ericksonian principles so as to free them from superimposed and overall limiting structures, we can take them back to their first objective, which confirms the innovative contribution of Erickson's work. The application of some of his hypotheses and theories and the implementation of some of his teachings, such as the uselessness of studying hypnosis only in its external phenomena and as an end in itself, lead us to achieve the goals that had been set, and partly complete the projects that Erickson himself had scheduled or begun, thus making them a part of everyday life and consequently enabling them to develop further.

We see it as a sort of restoration, just as it often happens to precious architectural works altered or hidden by later structures which changed their original looks and harmony.

Of course, some elements of the points discussed up to now are still partially unknown; and this is why we think that the constant but slow dynamic evolution they usually undergo should be stimulated by an active, reassuring and scientifically monitored research.

From the point of view of training and methods, Erickson's teachings and their points of reference are still the main observation area for the European School; nevertheless, the remarks about the theorisation of hypnotic psychotherapy contained in the first "Theoretical Didactic Manifesto" (1995) - which in a certain sense represent the result of our School's studies and theories at that time - deserve to be considered in the light of subsequent observations.

The basic theoretical principles perfectly match the original doctrine of the Phoenix School; however, we thought it necessary to underline the difference between the technical-operative roles of Hypnosis on one side and Hypnotic Psychotherapy on the other even more evidently, that is in their essence. Due to a series of historical circumstances they have actually been confused with one another, and the importance of their respective values inverted. They both have precise and different aims and powers; by defining them and all other deriving elements we can obtain the basic references for a "neo-Ericksonian" theory.

Generally speaking, although the "hypnosis phenomenon" still represents the key element for the analysis and understanding of many aspects of the mind and its functions, it should be kept separated from the psychotherapeutic action, which is based on hypnosis, but employs it only to reach further dynamic and possibly final results.

In the search for the so-called "depth", hypnosis is only a supporting element, which according to its usual definition should enable therapists to give passive patients the therapeutic suggestions necessary to carry out medical or surgical treatments. Such processes are utterly direct on one side, but at the same time give behavioural orders on the other; the less mediated communication is therefore accompanied by a parallel and necessary search for "hypnotisability". The latter, together with the above mentioned processes, inevitably ends up causing the biggest problems concerning direct and suggestive hypnosis, now considered as obsolete.

The Ericksonian theory itself sees hypnosis also as a spontaneous event that can take place repeatedly during the day, but it does not seem to attribute any therapeutic power to it - which Pavlov did in his studies on conditioning - unless those short periods of interruption of the cognitive and attention activity are considered as such.

Erickson defined hypnosis as a process able to isolate patients from their immediate conscious environment and draw their attention on themselves and their potential. We could almost define it as something static, waiting to be animated in order to act in its therapeutic application. A hypnosis which is however inactive, and not neutral, according its wrong definition.

#### Separate roles

The presence and the value of a altered state of conscience such as a trance must definitely be separated from what it can result into if properly employed, that is to say the therapeutic action.

The latter is practically the therapeutic metamorphosis of a basic state which, originated either spontaneously or from other sources, does not produce any changes, although according to a well-known phenomenology it could occasionally give rise to some hypothesis of changes leading to a misunderstanding of their nature.

But just like isolated hypnotic events remain inactive in hypnotised patients, a specific therapeutic communication - for example based on analogies - would remain almost as sterile if applied to patients in a state of wakefulness. It is therefore only when the two elements are combined that hypnosis can bring about positive therapeutic effects: the therapeutic, analogy-based language and communication on one side, and the willingness to decode it and accept it through hypnosis on the other. The real power hypnosis can excite in patients is the ability to enable the exaltation of the emotional sphere, so that they can identify and employ their unconscious forces to reach the right inner balance necessary to eliminate their troubles and sufferings, which is the purpose of the psychotherapeutic action.

Hypnotised patients are not anaesthetised, hypermnesic or presenting any particular phenomena - not even relaxation, often considered as an implicit feature - unless they have been instructed so; they are simply

isolated from the external reality, just as if they were on a different level. Such observations should therefore lead to change traditional views on hypnotic phenomenology, since if on one hand it is true that hypnotic trance may easily produce a reduction in the critical ability of patients and a certain spontaneous amnesia, albeit temporary, it is also true that the same somatic changes are nothing but the result of an almost routinely employed procedural verbalisation. Closing one's eyes or any other equivalent event, including psychic relaxation, is an example of secondary phenomena deriving from the spontaneous or induced intention to enter a state of "sleep", a pre-existing reference image that can be either communicated unconsciously by the therapist, or already present in the patient's mind.

In short, hypnotised patients find themselves detached from the external reality, to which only their link with the therapist - with his various suggestions or requests - can bring them back.

We can therefore say that the change patients want to achieve when they approach a therapy simply cannot take place ipso facto for the presence of a trance, but is the result of a therapeutic action following specific processes, beginning with the detachment from reality.

Unfortunately, today some people still associate the name of Milton Erickson with some clever, or even subtle ways to provoke a hypnotic event by employing the strategic or even paradoxical abilities thanks to which Erickson's bibliography is considered as a collection of magical activities. However, a particularly careful observer of Erickson's activity and doctrine - for example Jay Haley - can easily recognise and separate the two natures of Erickson, the hypnotist on one side and the psychotherapist on the other, someone who can "transfer hypnotic concepts into therapeutic practices where you wouldn't expect to find them". Consequently, according to Haley, there are evident affinities, similarities and analogies between hypnosis and psychotherapy, but the very fact that they can be compared suggests that these two concepts are not identical.

At the basis of the interpretation of Erickson's practice there may be a historical misunderstanding linked to the sudden introduction of his innovative concepts into hypnosis as it was considered in that period, thus focusing the therapists' attention more on the technical process of induction - a field in which they were no experts - rather than on psychotherapeutic communication, where they felt more comfortable. This led them to take the method used to apply it to hypnotised patients - that is its transduction - for granted. Since the definition of "hypnotic techniques", with which the first works of Erickson's became known in Italy, defined the two phases of the process jointly, it probably contributed to easily confuse the two concepts with one another.

In actual fact, those who employ the psychotherapeutic action consciously are perfectly aware that it defines our work pretty well, whereas the manual character of hypnotic procedures allows us to apply it successfully to our patients. The imposition of paradoxes, the use of the double link, the metaphorical language and other Ericksonian strategies forming more or less part of a certain common language in everyday dialogues, can work more easily if supported by hypnotic trance, but give practical results only in the context of a therapeutic procedure. Otherwise they end up being only one more method, albeit among the most sophisticated, to lead the mind to a higher degree of concentration and to the necessary dissociation.

This explanation, however, does not intend to play down the presence of the abilities - either natural or acquired - needed to lead patients into a hypnotic state, stimulate the non-prevailing hemisphere and take them from the external reality from which they gradually dissociate towards a different reality where they can employ their resources. But our students and any good hypnotic psychotherapist know that while inducing a hypnosis

is almost always possible - as demonstrated by lots of theatre and television shows (when they are not false, of course) - treating a patient requires real efforts, certainly not noticed by those who simply judge the immediate but superficial phenomenology of hypnotised patients. That phenomenology is not necessarily proportional to the result of the therapy; in fact, it sometimes succeeds in eliminating only some symptoms.

Such concepts were well known even by Freud, whose considerations caused the stagnation and consequently the abandon of hypnosis, instead of contributing to spurring in-depth research and a better use of this technique.

From a neo-Ericksonian point of view, the hypnotic therapeutic process envisages an almost contemporary presence of a communication aiming at producing a change in patients, and of an aspect leading patients to leave the external reality and create a virtual one; all this is carried out by means of a method deriving from Erickson's ability to reach this goal even through a simple conversation, with no need to separate the two phases either formally or didactically.

From a procedural point of view, on the contrary, there is of course also an alternative route halfway between the inactive presence of the alteration of conscience, known as hypnosis, and the application of real Hypnotic Psychotherapy: that route consists in applying different therapeutic techniques, generally medical, surgical or psychological, on hypnotised patients. This is what has long been defined as Hypnotherapy, and is still often employed.

With the same objective elements and clinically evident condition, the results obtained by using hypnosis as a supporting element are often better than the ones obtained on non-hypnotised patients; nonetheless, this technique cannot be defined as hypnotic psychotherapy in an orthodox sense.

This is the use of hypnosis for which, unlike in clinical hypnotic psychotherapy processes, the two phases - namely induction and the specific operative procedure selected - must be implemented separately and one after the other. Here is where a deeper trance and therefore at least the opportunity of a positive hypnotisability of patients are needed for the therapeutic method chosen to be directly active in its suggestions.

As we have already underlined, this is the result of various somatic and psychotherapeutic treatments on patients in a state of trance. In such patients, hypnosis is nothing but a deeper catalysis to external stimuli and involves a certain degree of transfert, which constitute the basis for any suggestion method applied.

A.M.I.S.I.: official acknowledgement of the Ericksonian doctrine  
In the light of such considerations, the European School following "neo-Ericksonian" principles makes a radical operative and didactical distinction, by defining two applications of hypnosis in the therapeutic field.

The first, a direct approach, aims at obtaining a basic hypnotic state through which the medical or psychological procedures required by the various clinical disciplines can be applied: a therapy "under" hypnosis. In particular, some applications that now form part of everyday experience, such as training for childbirth, are necessarily based on this approach, since their objective is not so much the patient's recovery or a change in his/her psychic situation, but rather a readjustment in their behaviour, a task which is made much easier by the use of hypnosis.

The second, on the contrary, is an indirect approach, a procedure leading to a communicative change in the state of conscience; it is based on the Ericksonian theory, and aims at treating emotional and personality

troubles and strengthening the patients' personality itself by tapping into the resources and potential strength hidden in their unconscious: and that is what Hypnotic Psychotherapy is all about.

Our theoretical didactic programme was recently presented by our European School (A.M.I.S.I.) to the Ministry of University and Scientific and Technological Research, who gave it official recognition as a direct application of a therapeutic procedure based on Ericksonian principles. As the examining Committee underlined, "the scientific and cultural approach of the School refers to Erickson's model. The didactic model, in line with the scientific one, prepares students to a kind of psychotherapy which aims at identifying and changing maladjusting behaviours through pragmatic procedures, among which the hypnotic technique is certainly the most relevant."

This document implicitly and officially recognises Hypnosis and the related kind of Psychotherapy, thus putting our Country on a higher level in the scientific-cultural field compared to other countries where this has not been made yet.

But after all, this recognition was somehow long due, since from a historical point of view, hypnosis lies at the basis of dynamic psychiatry and psychotherapy, and was undoubtedly essential in the development of psychogenetic theories in psychopathology, as acknowledged by numerous scholars (Ellenberg in his well-known work "The discovery of the unconscious". G. C. Davidson and J. M. Neale in their treaty on Clinical Psychology, P. Gay in his version of Freud's biography, and many more).

Most therapeutic approaches certainly originated more or less directly from hypnosis; therefore, if conditioning techniques are strictly linked to Thorndike and Skinner, or behavioural therapy to Joseph Wolpe, or dynamic and analytic psychotherapy immediately remind us of Freud, the roots of each of these disciplines and of many more certainly owe their existence to hypnosis, which thus shows its continuity and its natural tendency to engender different variations on the theme of psychotherapy, so as to make it always topical in relation to the development of the evolving pathology.

These procedures therefore have a precisely identified origin, but since they have individual features of their own, we can say that each of them has drawn a particular element from hypnosis, either straying from it or sticking to it in different proportions, and therefore maintaining from a minimum up to a maximum portion of the nature of hypnosis itself. This is what happened for Hypnotic Psychotherapy.

However, we think it is rather absurd that cultures and scientific and academic communities which officially acknowledge disciplines deriving from hypnosis - from psychoanalysis to autogenous training, to all the different expressions of psychotherapy, where hypnosis generally succeeds in maintaining its dignity - do not recognise the present and past matrix of psychological therapy, that is to say Hypnosis itself.

The Ministry's decision, based on the consideration and evaluation of the modern concepts of Hypnotic Psychotherapy, probably marked the beginning of a new era in the never-ending story of Hypnosis. At least, such is the situation here in Italy.

#### Summary

The operative roles of Hypnosis and Hypnotic Psychotherapy are different but complementary to one another, each having diverse powers and goals, according to the principles of the "neo-Ericksonian" theory. This theory intends to go back to the authenticity of the Ericksonian thought by freeing it from the complications and alterations that have developed through the years and making it a person-oriented therapy rather than limiting it to a mere alteration of the state of awareness, which is sterile and an end in itself if not oriented towards a therapeutic

application. The scientific features of the Ericksonian method are therefore more productive and appear to be more rational if they are brought back to their original values.

The nature of Hypnosis itself can also be better defined if it is not considered as a mere altered and idle state of awareness, but rather employed properly as the productive basis for its results, that is to say the peculiar and specific psychotherapeutic action carried out by the act of communication.

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