

Psychotherapy Guidebook

# INDIRECT HYPNOTIC THERAPY

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# **Indirect Hypnotic Therapy**

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# Indirect Hypnotic Therapy

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## DEFINITION

In Indirect Hypnotic Therapy the therapist, by his verbal and nonverbal behavior, “guides” the patient into an impasse of behavior and/or thinking. To escape feelings of confusion and frustration, the patient spontaneously and unknowingly goes into a hypnotic trance. The unconscious mind then takes responsibility for the patient’s behavior and begins to search for a way out to solve the dilemma. Paradoxically, the seemingly reasonable approach of the therapist compels the patient to make a “free spontaneous choice” of behavior and to act upon it in the right way without knowing that he has done so.

## HISTORY

In 1954 Milton H. Erickson, M.D., published the first paper on the use of Indirect Hypnotic Therapy (Erickson, 1967b). His second article on the subject appeared in 1963 (Erikson, 1967a). Other papers by Dr. Erickson demonstrate the use and effectiveness of this therapy without labeling the technique where it is employed (Erickson 1967b).

In 1964 I (Florence A. Sharp), presented a paper demonstrating the use of this therapy in a residential treatment of a child (Sharp, 1966).

In books dealing with the treatment of behavior problems in children one will find other examples. The occurrence of the spontaneous trance may well have gone unnoticed, and therefore unmentioned, by the therapist (Beecher, 1955).

## TECHNIQUE

Some of the tactics used in Indirect Hypnotic Therapy are tactics that have a long history of use, but not necessarily for therapeutic purposes. The “surrender tactic” may not have been used first by Jesus, but he certainly codified it and stated it most explicitly (Haley, 1969):

But I-say unto you, That ye resist not evil: but whosoever shall smite thee on thy right cheek, turn to him the other also. And if any man will sue thee at the law, and take away thy coat, let them have thy cloak also. And whosoever shall compel thee to go a mile, go with him twain. (Matt. 5:36-41)

Such a tactic also has been called “fighting fire with fire.”

In treatment this tactic is used for the benefit of the patient. The “stupid child” is confronted with an equally “stupid” therapist. Requests are

graciously granted but “misunderstood”; that is, the word water, in a glass, is given on a request for water by a child capable of getting her own water. The patient’s false reality is accepted at face value and acted upon, to the dismay of the patient.

The patient may be asked to perform consciously what he has claimed to be unconscious behavior. A bedwetter may be required to deliberately wet the bed on retiring.

The patient’s symptoms may be reflected to him by the therapist. The patient who speaks “word-salad” may be spoken to in the same manner (Erickson, 1967d).

In Indirect Hypnotic Therapy the therapist does not analyze and interpret the patient’s remarks and dreams or behavior. The therapist is not concerned with finding and bringing to consciousness the origin of the neurosis. Transference is not encouraged or discussed. No attempt is made to educate the patient by logical discussion of his difficulties. These methods are useful with the cooperative and somewhat flexible patient.

## **APPLICATIONS**

Indirect Hypnotic Therapy is the therapy of choice with the passive resistant patient, since behind this passivity lies an intense aggression and

power struggle on the part of the patient. This was the choice of treatment that was planned for Lee, the child impostor (see Sharp, 1966). This type of treatment is described briefly in the following paragraphs.

The therapist, by consciously inhibiting her own normal responses and by confronting Lee's maneuvers of "stupidity" and "passivity" with the same, thus thwarting her unhealthy and antisocial expectations, would create the need for Lee to broaden both the scope and range of her behavior and of her thinking. The fighting "fire with fire" would also serve to mirror Lee's own behavior. Her "helplessness," since it was inappropriate for her age and intelligence, was ignored. No meals (except fruit juice for health reasons) were supplied for several days, and then on her direct request.

Indirect Hypnotic Therapy is also the therapy of choice where the patient's verbalization is lacking or severely limited and where there is evidence of intelligence and a well-developed pattern of frustration (and often despair) that may be employed therapeutically as a motivational force. This was the situation of Dr. Erickson's patient with organic brain damage. This highly intelligent woman of thirty-eight had suddenly developed a headache and had gone into a coma. She later developed what was diagnosed as a thalamic syndrome, right-sided muscular and sensory dysfunctions, as well as aphasia and alexia. By the time she came to Dr. Erickson, the patient was in a profoundly vegetative state from which she could be aroused only by



unusual stimuli.

The treatment plan devised was complex and it varied not only from day to day, but within the day itself, so that outside of certain items the patient never knew what to expect; and even what was done often did not make much sense to her. As a result the patient was kept in a striving, seeking, frustrated, struggling, and emotional state in which anger, bewilderment, disgust, impatience, and an intense, almost burning desire to take charge and do things in an orderly and sensible manner became overwhelming.

Dr. Erickson gives a brief but representative example of the indirect method of fixating the patient's attention, regressing her in her thinking and remembering to earlier times and situations, and literally inducing, through attention and fixation, a trance state by drawing from her husband many facts about her life history.

This patient's food was deliberately served in unsuitable combinations, such as mustard on ice cream. Frustration compelled her to take action. It left no opportunity for passive withdrawal (Erickson, 1967).

A tactic especially applicable to certain child patients is to confront the child with a secure reality. In one such case Dr. Erickson reports how he had a mother sit calmly for an extended time on her destructive son, while he had

time to think how he could change his behavior. This treatment surprised the boy, filling him with anger and frustration. Finding his temper outburst ineffectual, he turned his thoughts inward, developed a spontaneous trance state, and devised a change of behavior for himself, including making amends for past destruction (Erickson, 1967b).

Indirect Hypnotic Therapy is particularly applicable to the type of patient who does not respond to verbal therapy.