

Ericksonian Approaches

A Comprehensive Manual

Second Edition



Rubin Battino, MS and
Thomas L. South, PhD

Foreword by Ernest Rossi, PhD

Foreword to the Second Edition by
Roxanna Erickson Klein, PhD, RN and
Betty Alice Erickson, MS

*Ericksonian
Approaches
A Comprehensive Manual*

Second Edition

Rubin Battino, MS
Wright State University

and

Thomas L. South, PhD
Twin Valley Psychiatric System Dayton Campus

Chapters by:

James Auld, BDS, Dip Soc Sc, MSc
Leon S. Segal, MA
Sandra Sylvester, PhD



Crown House Publishing Limited
www.crownhouse.co.uk

First published by

Crown House Publishing Ltd
Crown Buildings, Bancyfelin, Carmarthen, Wales, SA33 5ND, UK
www.crownhouse.co.uk

and

Crown House Publishing Company LLC
4 Berkeley Street, 1st Floor, Norwalk, CT 06850, USA
www.CHPUS.com

© 1999, 2005, Rubin Battino & Thomas L. South
First edition published in 1999 and reprinted in 2000, 2001, 2002 and 2004 (twice) (Original ISBN: 1899836314; original LCCN: 2002109964).

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Permissions to quote from the following sources are gratefully acknowledged:

Zeig, G.K. (1980). *A teaching seminar*. pp. 99–100. Bristol, PA: Taylor & Francis (Brunner/Mazel). *American Journal of Clinical Hypnosis*: 1, 117–21 (1959); 2, 227–31 (1960); 3, 112–16 (1960); 7, 64–70 (1964); 7, 152–62 (1964); 8, 57–65 (1965); 8, 198–209 (1966); 15, 217–22 (1973); 20, 20–35 (1977). Haley, J. (1985). *Conversations with Milton H. Erickson*. La Jolla, CA: Triangle Press; Vol. I p. 59, Vol. I pp. 81–2, Vol. I pp. 118–19, Vol. I pp. 258–9, Vol. II pp. 123–6, Vol. III pp. 12–14, Vol. III pp. 135–8. Cheek, D.B. and LeCron, L. (1968). *Clinical hypnotherapy*. Philadelphia: Gruen and Stratton (W.B. Saunders Co.). Gordon, D. and Meyers–Anderson, M. (1981). *Phoenix*. Capitola, CA: Meta Publications; pp. 67–9, pp. 131–2, pp. 139–40. Cooper, L. and Erickson, M.H. (1959). *Time distortion in hypnosis*. Baltimore: Williams and Wilkins (A Waverly Company); “guitar practice,” (courtesy of Dr. Linn F. Cooper). Erickson, M.H. and Rossi, E.L. (1981). *Experiencing hypnosis*. pp. 15–16, 155–68 (selected portions); Erickson, M.H. and Rossi, E.L. (1979). *Hypnotherapy: An exploratory casebook*. pp. 77–8. New York: Irvington Publishers, Inc.

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British Library of Cataloguing-in-Publication Data

A catalogue entry for this book is available from the British Library.

10-digit ISBN 1904424910
13-digit ISBN 978-190442491-8
LCCN 2005924700

Printed and bound in the UK by
Cromwell Press, Trowbridge, Wiltshire

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Preface to the Second Edition

The original edition of this book was written by the two of us in 1994 with three specialty chapters by invited authors. After having that manuscript rejected about fifteen times by publishers, we decided to self-publish the book under the name of The Neuroypnology Press. That edition sold very well. One of the buyers had a connection with Crown House Publishing Ltd in the UK and put us in touch with them. Crown House almost immediately offered us a contract, and our affiliation with them continues to be both cordial and mutually profitable. When our editor at Crown House suggested that we come out with a second edition, we agreed. In the ten years that have transpired since we wrote the original book there has been significant progress in research in hypnosis and hypnotherapy. Ericksonians continue to write books and papers, and the International Erickson Congresses are a source of new ideas and stimulation.

We adhere to our original concept of this book as a “Comprehensive Manual” on Ericksonian methods. That is, we consider this book to be a text for the kinds of training that most of the over one hundred institutes affiliated with the Milton H. Erickson Foundation carry out. We have been pleased to discover that many of those institutes use our book, and we are also pleased with this opportunity to bring it up to date. Having written that, we must also note that most of the basic training material in this book (like hypnotic language forms and basic inductions) have undergone little change. The sequence of topics is one that has apparently worked out well. Of course, new material has been introduced and referenced. The exercises throughout the book have been enhanced and refreshed.

The collaboration via contributed chapters by three experts in their respective fields has enhanced the book. J. Auld has revised his chapter. S. Sylvester has written on medical applications. Our dear friend, Leon S. Segal, died in August 2003. Segal’s chapter has been left intact.

Ernest L. Rossi's contributions to the theory and practice of hypnosis have been considerable. A separate new chapter is devoted to presenting his contributions. Some modern research on brain function and hypnosis is included in this chapter.

TLS has added a new section, "Emergency and Traumatic Situations", to Chapter 15, "Utilization of Hypnosis", and revised and edited his other chapters.

RB has extended his chapters on metaphoric work and guided imagery based on his two books in those areas, and on new materials by other authors. We would also like to acknowledge the help that Professor Alan W. Schefflin has given us with respect to the materials in the chapter on ethics and the law.

We are pleased by the evolution of this book, and hope that you will be, too. We are always open to comments and suggestions.

RB continues to serve as the overall coordinator and editor of this book.

Thomas L. South, PhD
Huber Heights, Ohio

Rubin Battino, MS
Yellow Springs, Ohio

January, 2005

Chapter 4

Rapport-Building Skills

Rubin Battino, MS

A. Introduction

Before you can effectively work with someone, rapport has to be established. Your client must trust you and have confidence in you. There are some people you just automatically trust, and there are others whom you somehow distrust. How can you maximize useful rapport with your clients so that the cooperative work of their getting what they want will be enhanced? Is this learnable, or will you cop out with the statement one of our colleagues made—“Good therapists are born.” Super therapists such as the late Carl Rogers, Virginia Satir, and Milton H. Erickson seemed to have these rapport skills naturally. Yet, if you study the work of Erickson, for example, you will find that he spent long years practicing and studying how to be more effective, how to read people, and how to interact with them. *Establishing rapport is something that can be learned.* In this chapter we will teach you the basic skills of rapport building and provide exercises for practicing and honing those skills.

It will always be the case that some people are “naturally” better at rapport building than others. Yet we all learned those incomparably harder skills of walking and talking and writing. Remember that the early stages of learning any new skill involve confusion and awkwardness as well as a sense that “something” is just not right. Practice does make perfect. Giving your clients the congruent sense of having your “unconditional positive regard”, that you are there for them and with them during the session, that they have *your* undivided attention, is the foundation on which *all* therapy is based. The NLP people call this being in “uptime”, i.e. a way of interacting in which all of your senses and consciousness (and unconsciousness) are focused on your client. To spend time in a

session consulting your own inner feelings and memories is not what you are being paid for.

Of course, it is always permissible to ask for some time out to think about better or alternate ways to help the client. Some group practices routinely do this using a one-way mirror and telephones or time-outs for consultation. In fact, some individual practitioners do this routinely by actually leaving the client in the office for five to ten minutes while they think about what to do next. Remember, there are many ways to organize how you work with clients as long as you design your approach for the unique person with whom you are working.

We exist and function in the world in terms of our proprioceptive senses and also in terms of language. We function in many different contexts, cultures, subcultures, and even mini-subcultures. When you meet another American abroad, there is an automatic feeling of recognition. If the two of you were both white or black or Hispanic, then another level of recognition would occur. If you shared the same religion, region of the country, sex, university, town, relatives etc., the feeling of comfortableness around each other would increase even more. The closer the match, the greater the sense of rapport, of connection, of existing in the world in the same way. There is a rule about solubility that states that "like dissolves like". A similar rule about people might be that "like likes like" or that "like is comfortable with like".

Some people may raise an ethical objection here with respect to being "genuine" when you are working with a client. You cannot be other than yourself. If you adapt your behavior for the therapeutic advantage of your clients, isn't that ethical and responsible behavior? Since you cannot not manipulate during an interview, you might as well do so to the advantage of your client. It is ethical to do anything that is not unethical to help the client achieve what he or she desires (as long as that does not violate the law or harm people). If shifting the way that you phrase your speech to be closer to that of the client helps build rapport, what can be wrong with that? In fact, not to do so would be irresponsible, since you should be free to do whatever you ethically can to help your clients. In this section, we will therefore explore ways of shifting your verbal and nonverbal behavior to better establish rapport.

In this chapter, we will discuss ways of enhancing this feeling of mutuality.

B. Rogerian Approaches

Carl Rogers pioneered the approach of giving the client your “unconditional positive regard”. He meant a number of things by this. First and foremost, is that your client should know from your *congruent* behavior that you are there for them, that you are concerned about their wellbeing, and that you will do whatever is ethically possible for them within the therapeutic context. You may not be able to do this with some clients because of your own personality or perspective. If this is the case, then you should refer the client. On the other hand, almost everyone has something about them that is likable and with which you can make some connection. This also helps to separate within your own mind the person from their problems or difficulties.

The client should have your undivided attention during a session, since this is *their* time. They are paying, and have hired you to perform a service that you are contractually bound to deliver. So, dealing with your problems or concerns during a session is improper.

There is no place in dealing with clients for imposing your belief systems, your politics, your religion, your sexual preferences etc. on the client. Since you cannot be other than who you are, then somehow or other your personal preferences will just not show up in the session. When we deal with significant people in our lives, there are some subjects that are just taboo if we wish to maintain that relationship. We know a couple who somehow never discuss the subject of abortion—he is adamantly opposed to it and she is not. If your belief system gets in the way of working with a particular client, then you must refer that client to someone else who would be comfortable with them. This “unconditional positive regard” is the foundation for all therapeutic relationships. A surgeon may possess remarkable technical skills, but even those skills can be enhanced by the belief of his/her patient that the surgeon is there for them and not just an automaton. A friend once said in this regard, “Even trees grow better when you talk to them!” It is

the paying of attention that provides the basis for the cooperative venture of therapy. Of course, you should also know what you are doing!

There have been many studies of the effectiveness of the almost endless types of psychotherapies. The one factor that appears to cross all boundaries is the genuine warmth and concern of the therapist for the client. This interpersonal interaction—one person to another—enhances all therapeutic approaches.

C. Gathering Information

How much do you need to know about a client to help him/her? The answer is “just enough”. Some therapists do not feel comfortable in dealing with clients unless they have the results of tests to guide them. Certainly, your own questionnaire, the MMPI, the TAT, the Meyers–Briggs, and the projective techniques of art therapy can provide useful information. Some clients will also require medical work-ups. (If you deal with third-party payments, you may need to do sufficient testing to justify your diagnoses.) We use a one-page intake form which obtains vital information such as address, phone numbers, family, and then leaves half of the page for, “Briefly describe why you are here and/or what I can do for you.” A ten- to thirty-minute discussion will usually provide sufficient information to devise interventions to help the client. Direct inquiry can also be useful.

Some therapists indicate that doing therapy is 95 percent gathering information and 5 percent interventions. Since you cannot do therapy without some information, it is important to gather just enough. You can always gather more information, if needed. On the other hand, you can spend endless sessions just gathering information and interpreting it back to the client. This may be a good way to pay the rent, but it is not effective, efficient, or ethical therapy. Body language is an important channel of information and it is important that you “read” your client. This means being aware of facial expressions, voice quality, posture, movements, breathing patterns etc. Of course, this should be done without being obvious. Pay special attention to incongruencies between verbal and nonverbal messages. With practice, you can read

Chapter 7

Basic Inductions

Thomas L. South, PhD

A. Introduction

The beginning student in hypnotherapy often wants to learn everything at once. Therefore, this chapter presents numerous basic methods for inducing hypnosis. Since the type of response that an individual makes to induction suggestions are a function of the suggestions *and* the individual's expectations, there are infinite ways of inducing trance. Reference will also be made to the indications of trance. The presented formal inductions are divided into traditional and nontraditional induction procedures. In the traditional section, we will present several of the most conventional standard induction procedures and will incorporate preinduction tests as part of the induction procedure. In the nontraditional section, numerous naturalistic inductions will be presented with both direct and indirect suggestions. We believe that this approach will enable students to become more skilled in working with varied and unique individuals.

Before any hypnosis procedure is initiated, you are reminded to have a preliminary discussion about hypnosis with clients as discussed in previous chapters. It has been our experience that most individuals will have some of the misconceptions mentioned earlier. All questions should be answered and fears sufficiently alleviated. Thus, enough time should be allotted for this session. This can make the difference between a smooth, successful induction, and failure by an apprehensive client. Also, remember to ask if they wear glasses and have them with them. This may eliminate eye-fixation inductions. Ask them to remove eye glasses, if not needed for the induction. Inquire as to any physical disabilities or injuries that might hinder specific hypnotic phenomenon, e.g. levitation, catalepsy, and so on.

Hammond's edited *Handbook of Hypnotic Suggestions and Metaphors* (1990) is an excellent source for basic inductions for a wide variety of conditions. This book features expert hypnotists and introductory material for each section written by Hammond. Havens and Walters (1989) provide many scripts for many conditions. Klippstein (1991) gives scripts for "Ericksonian Hypnotherapeutic Group Inductions".

B. Traditional Inductions

The traditional approach uses rituals and repeated verbalizations to limit or restrict the person's behavior, as well as to produce fatigue and similar reactions. For example, objects are held a certain distance from the eyes to fixate attention: revolving mirrors, flashing lights, cryptic eyes, spirals, swinging pendulums etc. Many traditional hypnotists also have softly lit studios and have clients listen to soft music or soothing sounds (flowing water, ticking clock, metronome) to repeated suggestions of comfort, relaxation, drowsiness and sleep while sitting on a comfortable chair or lying down on a sofa. Suggestions are direct and sometimes challenging during the trance state, including the suggestions for awakening.

The following inductions are offered as examples of the *conventional* approach. Study how the tests of susceptibility and the indications of trance are incorporated as part of the induction process. These examples are paraphrased scripts from a book on traditional hypnosis (Teitelbaum, 1978).

1. Induction #1: Rapid Induction Technique

This technique is based on the idea of *relaxation* and it is highly recommended for the novice student since the individual is not asked to do anything. It is also recommended to an individual as an introduction to hypnosis. This technique suggests that all responses are only the result of sufficient relaxation. The individual is informed that incomplete responses are the result of insufficient relaxation and suggestions are made for deeper relaxation. When the eyelids close, a light trance is assumed. If anesthesia occurs, the individual is considered to be in a deep trance. The

writings of Jacobson (1938) and Benson (1975, 1984) on relaxation can also be effectively incorporated in the following hypnotic inductions paraphrased from Teitelbaum.

Rapid Induction

I understand that you believe that hypnosis could help you relax more. Just lean back into a comfortable position and relax by taking a deep breath, and exhale. Notice how much better you feel. Now, take another deep breath and exhale. Now, you're twice as relaxed as you were. (Repeat the deep breathing exercise until the individual appears more comfortable.) Now, Mrs. Mathews, would you like to relax further? All right, let me show you how. (Hypnotist lifts her left hand with his right hand and, while holding her hand, extends his left hand, palm down, on a horizontal plane approximately six inches above and away from her eyes.) I'm going to hold my hand here in front of your eyes. All you have to do is gaze at my little finger and don't take your eyes off of it. In a moment, I'm going to lower my hand and as you keep your hand still, I want your eyes to follow my little finger. As you feel that pull on your eyelids, they will gently close, and leave them closed. (Slowly lower the hand smoothly down and curve it under the chin.) Now, they are closing and closing and closing. Now, keep them closed. (Repeat until closure. Then, place the other hand in the lap.) Now, relax them completely. When you relax them completely, they won't open. When you feel that your eyelids are completely relaxed, you can test them, but they won't open. Now, test them. See, they won't open. (If they do, repeat from the beginning.) Good, you're doing fine. Now, I'm going to show you some amazing things that you can do while completely relaxed. Just let those relaxed feelings spread through your entire body. (Pick up the right arm and stretch it out straight and parallel with the shoulder.) I'm going to pick up your arm and stretch it out as far as it will go safely and comfortably. Now, stretch out the fingers and because the body is so relaxed, you can make the arm so stiff it will seem like a steel rod. Now, feel the muscles getting very stiff, stiffer, stiffer and stiffer. (The other hand can pat the arm on various places in order for her to feel how stiff the muscles have become.) Now, you can no longer feel the joints in your arm as it gets stiffer, and the harder you try to bend it, the stiffer it becomes, because your body is so relaxed. Try to bend your arm. See, you cannot bend it. It is completely rigid. Now, I'm going to relax that

Students delight! Fundamentals of the Ericksonian approach have never been so easy to learn. Tom South and Rubin Battino offer an eminently comprehensible training manual abounding with illustrations and exercises.

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

Erickson's two major contributions are his utilization principle and his precise use of vague language. With this information-packed book, the authors succeed in setting readers squarely on the path to utilizing vague language precisely! We highly recommend *Ericksonian Approaches* to anyone interested in learning and integrating these powerful methods into his or her practice.

C. Alexander Simpkins Ph.D. and Annellen M. Simpkins PhD San Diego, CA

The developing new maturity of a new school of professional psychotherapy is signaled by the appearance of Comprehensive Manuals that attempt to integrate the best inspirations of the pioneers with the growing body of fundamentals that are needed to teach another generation. This comprehensive manual by Thomas South and Rubin Battino and their colleagues takes on this task with honesty and integrity.

Ernest L. Rossi, PhD

The second edition is certainly worthy of purchase (even if you already have the first). The editions and revisions make what I considered to be an already excellent book, even better.

David Slater, Hypnotherapy Association



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Jacket design by
Milton H. Erickson Society of Dayton

ISBN 190442491-0

ISBN 978-190442491-8



9 781904 424918