

2018

An Autoethnographic Exploration of Hypnotherapeutic Experience

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An Autoethnographic Exploration of Hypnotherapeutic Experience

by

Jimena Castro

A Dissertation Presented to the

College of Arts, Humanities, & Social Sciences

In Partial Fulfillment of the Requirements for the Degree of

Doctor of Philosophy

Nova Southeastern University

2018

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by

Jimena Castro


June 2018

Nova Southeastern University
College of Arts, Humanities, & Social Sciences


This dissertation was submitted by Jimena Castro under the direction of the chair of the dissertation committee listed below. It was submitted to the Graduate School of Humanities and Social Sciences and approved in partial fulfillment of the requirements for the degree of Philosophy in the Department of Family Therapy at Nova Southeastern University.

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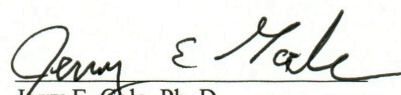
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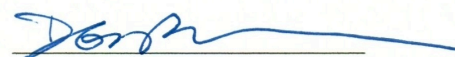


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Acknowledgments

This project has deepened and widened my understanding of the nature of collaborative work. I would like to express my gratitude to the people who directly contributed to it and to the people who have loved, inspired, and supported me throughout my life. Thanks to every one of you from the bottom of my heart.

My dissertation chair and committee members have been instrumental in shaping and supporting this project. Dr. Flemons's embodiment of relational ideas and epistemological congruency has been a source of inspiration. I'm deeply grateful for his ideas, insights, edits, and empathic understanding throughout the process of preparing and writing this dissertation, and also for his mentorship throughout the years I was in the Master's and Ph. D. programs at NSU. Thank you Dr. Flemons for being so generous with your time and commitment, and for eliciting in me the ability to believe that I could accomplish this. Your way of encountering me with recognition has dispelled many doubts along the way. Thank you Dr. Shelley Green for supporting this project from the beginning, for your questions to help me focus the idea, and for bringing your sensitive voice and concerns regarding the vulnerability issues of autoethnographic work. Thank you Dr. Jerry Gale for agreeing to be part of this study, for your comments, valuable suggestions, and tough questions that helped me reposition myself vis-à-vis my study.

To Dr. Eric Greenleaf, my most sincere appreciation. Without you, this study would not have been possible. I enjoyed very much our session and conversation. The experience has stayed with me. To Carolyn Ellis, I am thankful for the conversation I had with you before I started this project. It gave me the courage to pursue it. To the professors who were part of my journey throughout the doctoral program, Christine,

Martha, Chris, Jim, Ron, Jill, Fariha, Arlene, and Tommie, I also want to express my gratitude and let you know that I have learned so much from each of you. It has been a pleasure for me to be part of this amazing community. To my colleagues, it was a delight and an inspiration to share with all of you thoughtful conversations during our time in the program. To my clients, thank you for allowing me to work and learn with and from you.

To my dear husband, Santiago, thank you for being supportive in so many ways. Your love has kept me going. My relationship with you has been a fertile ground for growing and expanding, and it has also been a safe haven for collecting myself whenever I needed to. To my dear son, Shanti, thank you for your sweetness and love. Your presence and sparkling comments are always an invitation to be better. I love you so much. To my father, thank you for indulging me with interesting and inspiring conversations since I was a child and for loving and supporting me. To my mother, thank you for being so unconditionally loving. To my brother Alvaro, thank you for being there for me, for your beautiful daughter, and for helping me develop communication skills. To my brother Adriano, your presence has made everyone grow, you sweet and loving being. To my in-laws, thank you for your love and presence in my life.

To my spiritual teacher, SCS, I love you and always have your teachings grounded in my heart. To my dear friend D, thank you for the years we were able to walk together. And to all my extended family and friends in South Florida and abroad, thank you for your love and support.

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Abstract

Family therapy researchers have conducted a variety of studies of brief approaches to family therapy (e.g., MRI, Solution Focused, Strategic). However, despite the fact that Milton Erickson's approach to hypnosis and psychotherapy was a significant influence on these models, few family therapy researchers have studied Ericksonian hypnosis directly. Hypnosis is a way of communicating with the body to elicit psychological and physiological responses that are not organized by conscious awareness (Erickson, 1980i). Hypnosis becomes hypnotherapy when the context and the participants are oriented toward therapeutic change (Flemons, 2002). Employing the methodology of autoethnography (Ellis & Bochner, 2016) and using Interpersonal Process Recall (IPR) (Kagan, Krathwohl, & Miller, 1963) to conduct process research, the author explored the experience and understanding of both an Erickson-inspired hypnotherapist, Dr. Eric Greenleaf, and a client (herself) during a hypnotherapy session focused on addressing the issue of anxiety. Informed by what Bruner (1986) called a narrative mode of constructing the world, the author presents a narrative account of what transpired. Her analysis distinguishes six hypnotic *holons*—parts of a whole that are themselves wholes (Koestler, 1967/1982)—that illuminate the co-creative nature of the hypnotherapeutic experience. Each holon indicates a particular kind of invitation extended by the hypnotherapist, the client's response to that invitation, and what comes out of the interaction. The author also illuminates the particular qualities that the hypnotherapist brought to the interaction and discusses implications of the study for clinicians and researchers.

Keywords: autoethnography, interpersonal process recall, Ericksonian hypnotherapy, hypnosis

CHAPTER I: INTRODUCTION

In this dissertation, I explored the process, personal meanings, and therapeutic agenda of a hypnotherapeutic session conducted by Dr. Eric Greenleaf, a renowned Ericksonian hypnotherapist and the director and founder of the Milton H. Erickson Institute of the San Francisco Bay area. Hypnotherapy, or hypnotic psychotherapy, involves the use of hypnosis for psychotherapeutic purposes (Erickson, 1980d). According to Greenleaf (2000), “The notion of hypnotherapy is to help people, by focusing and searching inwardly, utilize all their learning and skills to resolve their problems, and to do so with the aid of unconscious learning and understanding” (p. 3). For reasons that I will be making clear below, I conducted my study of hypnotherapy autoethnographically. That is, I participated as a client in an eighty-minute clinical hypnotherapy session with Dr. Greenleaf. I video-recorded the session, and then Dr. Greenleaf and I, following a research protocol known as Interpersonal Process Recall (IPR), devoted five hours to methodically reviewing the recording, discussing with each other our experiences of what transpired. This conversation was also video-recorded. Transcriptions of both the session and the IPR served as primary data sources for the analysis, which is presented in Chapter IV. This meant that I fulfilled two roles simultaneously—that of a client and that of a researcher.

Research and Researcher Background

I have been studying family therapy for seven years. Early on in the process, I became intrigued with the work of Milton Erickson, one of the guiding clinical inspirations for brief approaches to family therapy. Erickson’s experimental and clinical work with hypnosis and psychotherapy has influenced a variety of therapeutic approaches

within family therapy—for example Strategic Therapy (Haley, 1973/1993), MRI (Watzlawick, Weakland, & Fisch, 1974; Weakland, Fisch, Watzlawick, & Bodin, 1974) and Solution-Focused Brief Therapy (SFBT) (de Shazer, 1985; de Shazer et al., 1986)—but also within other fields (e.g., Andreas & Andreas’s [1989] NLP and Rossi’s [2002] Psychosocial Genomics). It has also inspired a variety of practitioners who have explicitly incorporated Erickson’s innovations and principles into their own unique hypnotherapeutic and psychotherapeutic approaches. Gilligan (1996), for instance, included the idea of human awareness, focusing “on felt experience as well as behavior” (Gilligan, 2002, p. 226) in his self-relations psychotherapy. Gilligan (2012) also developed the concepts of *generative self* and *generative trance*, building on Milton Erickson’s work with the unconscious mind, but expanding from there to include ideas of consciousness and generative flow. O’Hanlon and Martin (1992) developed a class of problems/class of solutions model for a solution-oriented hypnosis, and O’Hanlon brought ideas from SFBT, Neuro-Linguistic Programming, and Milton Erickson’s approach to develop Possibility Therapy (Zeig, 2014). Flemons (2002) wove together ideas from “Eastern traditions, such as Taoism and Buddhism . . . [with] Western postmodern cybernetic ideas (e.g., Gregory Bateson’s [2000] communicational theory) and . . . Milton Erickson’s approach to hypnosis . . . ” (Castro, 2016, pp. 40-41) to bring to light his relational approach to brief therapy and hypnotherapy. Eric Greenleaf (2000) intertwined narrative ideas, dreaming and healing, and Milton Erickson’s ways of communicating in his narrative hypnotherapy. Yapko (2011, as cited in Zeig, 2014) explored the connections between mindfulness and hypnosis, and he also “pioneered the use of hypnosis for depression” (p. 28). Lankton and Lankton (1983) structured a variety of

frameworks (e.g., diagnostic, cognitive, and multiple embedded metaphors) to help trainees understand Ericksonian hypnotherapy. And Zeig (2013) juxtaposed evocative elements in art and movie making with evocative communication in psychotherapy and hypnosis to train students in Ericksonian hypnosis.

After taking coursework and workshops in Ericksonian approaches, I began incorporating it into my therapeutic work with clients and managed to have some successful cases with people's problems, such as intractable pain and anxiety. I found myself, however, frustrated by having the sense that I was not fully grasping the tenets and logic of what I had thought of as *the Ericksonian approach*. I figured that if I pursued further training, I would be more at ease in my clinical practice. As part of my journey, I have attended several trainings by some of the Erickson-inspired hypnotherapists mentioned above (e.g., Douglas Flemons, Jeffrey Zeig, and Stephen Gilligan), as well as others (e.g., Brent Geary and Lilian Borges). I also attended a variety of workshops at the 2015 Ericksonian Congress (e.g., Jeffrey Zeig, Eric Greenleaf, Stephen Gilligan, Douglas Flemons, Stephen Lankton, Ernest Rossi, Betty Alice Erickson), and I have offered myself as a demonstration-subject in both a week-long workshop and a doctoral-level hypnosis class taught by Douglas Flemons.

In my quest, I discovered that to speak of *the Ericksonian approach* was epistemologically incorrect. The term *Ericksonian* embodies a commitment to certain principles that could be derived from Milton Erickson's work; however, there are a variety of styles and expressions among people who consider themselves Ericksonian. Practitioners identified as Ericksonian theorists and researchers (Andreas & Andreas, 1982, 1992; Flemons, 2002; Gilligan, 1987, 2002; Lankton, 1985;

Lankton & Lankton, 1983; O' Hanlon, 1987, 1992; Zeig, 1994, 2014) have continued to be inspired by some of Erickson's principles, while developing their own interpretation and understanding of them. As Gilligan (1987) suggested, "a shared set of values, ideas, and principles . . . [is] expressed in different ways by different individuals" (p. 44).

Despite such variations, core elements of an Ericksonian approach flow through the work of Erickson-inspired practitioners. They include the following understandings or commitments: (1) treating hypnosis as interrelational (Flemons, 2002; Gilligan, 2002; Greenleaf, 2000; Erickson, 1980c; Zeig, 1980, 2014); (2) respecting clients' uniqueness (Flemons, 2002; Gilligan, 1987, 2002; Lankton, 1985; Lankton & Lankton, 1983; O' Hanlon, 1987; Zeig & Rennick, 1991); (3) appreciating the role of the unconscious in change (Erickson, 1980d; Erickson, 1983, 1985, 1986; Flemons, 2002; Gilligan, 2002; Greenleaf, 2000; O' Hanlon & Martin, 1992; Zeig & Rennick, 1991); (4) using multilevel communication (Gilligan, 2002; Lankton & Lankton, 1983; O' Hanlon, 1987; O' Hanlon & Martin, 1992; Zeig, 2014; Zeig & Rennick, 1991); and, perhaps most importantly, (5) committing to the acceptance and *utilization* of the "client's reality" (Gilligan, 1987, p. 3), such as clients' "rigid beliefs, behaviors, demands, and characteristics" (O' Hanlon, 1987, p. 10); clients' symptoms (Gilligan, 2002); clients' "sequences, symptom words, and figures of speech" (Zeig, 1994, p. 306); and client's dreams (Greenleaf, 2000).

The Refinement of my Research Question

In a conversation with my dissertation chair, Douglas Flemons, I realized how my process of learning about hypnosis has been influenced by an internal need of positioning myself in different roles and of approaching the topic from a variety of angles. I have been a demonstration subject, a partner for dyadic exercises, an observer, a reader, and a

novice practitioner. I gained unique understandings and experiences through my involvement as a demonstration participant. From that position, I was able to immerse myself in what felt to be a more body-based, unconscious learning process.

Eugene Gendlin (as cited in Todres, 2007/2011) considered “the ‘lived body’ . . . as a source of meaningful understanding ” (p. 33). Gendlin spoke of a prereflective phase of knowing, in which “the intimate inhabiting that the lived body experiences in its interaction with its world is the primary source of knowing that makes language meaningful and possible” (Todres, 2007/2011, p. 33). Language and embodied experience are intertwined and they influence each other. According to Todres (2007/2011),

Sometimes, the bodily depth of what one has lived through is “more than words can say.” Yet such experience “looks for” words. Sometimes, the language of what things mean changes bodily experience, and the words disappear . . . in and out of language. (p. 34)

For Flemons (2008), hypnosis bridges the boundaries that separates our experiencing self from our experience, and he thinks of trance as a process of “embodied knowing” (p. 21), in which “our mind feels embodied and our body mindful” (Flemons, 2008, p. 18).

Erickson’s various ways of referring to hypnosis included intra and interpersonal aspects of the hypnotic process (e.g., hypnosis as communication, hypnosis as a relational process, hypnosis as a way of bridging the mind-body connection, and hypnosis as an experiential teaching-learning process; Erickson, 1986; Rossi, 1980a, 1980d;). Rossi (1994) suggested that “Erickson’s personal development led him to an understanding of the essence of *therapeutic hypnosis* as the accessing and utilization of the patient’s own

lifetime of experiential learning for problem solving” (p. 47). Erickson’s commitment to experiential, embodied learning can be seen in the stories of practitioners who learned directly from him. They have offered a variety of anecdotes about how Erickson utilized trance in his teaching to enhance the learning process (Gilligan, 2002; Haley & Weakland, 1997; Rosen, 1982). As Havens (1988) noted, “When Erickson trained others in the use of hypnosis, he did not just lecture them; he hypnotized them” (p. 188). Rob McNeilly (personal communication, August 19, 2017) noted how Erickson would sometimes create possibilities for his students to learn not only *about* trance but also by being *in* trance. One way he did this was to pose a question that implied that they were already experiencing a hypnotic response. One day, for example, Erickson looked at someone and said, ““Do you think you're still in a trance’?” The person thought he wasn’t. Erickson then turned to another student and asked ““Do you think you’re still in a trance’?”

McNeilly (personal communication, August 19, 2017) told another story of his experience of training with Erickson:

We got to Erickson’s house and somehow, as Erickson was talking, my left arm started to levitate spontaneously. I don’t remember him inviting that. It went down[,] and then[,] when it started to lift a second time, Erickson instead of saying, “Oh, your arm has lifted a second time” talked about double sneezes. So . . . indirect. (p. 12)

Roxana Erickson Klein and Betty Alice Erickson, two of Milton Erickson’s daughters, have spoken about how they learned from their father, at a very young age, by participating in his lectures and therapeutic sessions as trance subjects. Roxanna wrote, “I

was only about 10 years old when he taught me the basics of trance. In his initial work with patients he would offer them the option of watching me enter trance before experiencing their own” (in B. A. Erickson & Keeney, 2006, p. 100).

Gilligan (2002) also provided an account of Erickson’s commitment to a relational, experiential, and embodied way of teaching, learning, and practicing that extended beyond the rational aspects of the mind. Gilligan had an insightful realization after eight months of picking his brains with a question he had asked Erickson several times, and for which he always got the same answer (Gilligan, 2002). He had been wondering why he was not being as effective as he thought he should be, given that he had been “diligently studying . . . [Erickson’s] approach . . . [and he] felt . . . [he] had a fairly good grasp of his sophisticated strategies” (Gilligan, 2002, p. 9). Erickson’s reply to him was always, ““You’ve got a tendency to overcompartmentalize your experience, and it gets in the way of your unconscious”” (Gilligan, p. 9). Gilligan could not understand how this answer could be useful, until finally, after several months, Erickson’s words suddenly came to life:

It became all too clear that most of my time as a hypnotist was spent in internal dialogue, trying to classify the subjects’ behavior and then come up with some sophisticated response. The more I indulged in these conceptual evaluations, the less I attended to what the subject was actually experiencing and doing. In addition, I was forced to “objectify” the subject into this or that class, thereby limiting the degree of possible rapport. (p. 9)

In keeping with an understanding of hypnosis as embodied knowing (Flemons, 2008), and with Erickson’s commitment to studying and teaching hypnosis experientially,

I conducted a study of hypnotherapy that allowed me to place myself within the treatment relationship as a client and co-participant in the session. In my dual role of client-researcher, I was able to have the vantage point of the “multiple, shifting identities” (Reed-Danahay, 1997, p. 3) that autoethnographic work entails. In autoethnography, we use our *experience* as a starting point (Bochner & Ellis, 2016), as an entrance that can lead us to an exploration and understanding of social contexts. In this case, my experience as a client of Dr. Greenleaf made possible an exploration of the social context of hypnotherapy. As the client, I brought forward my experience of an actual difficulty so that the session could offer legitimate clinical benefit. I have suffered from an anxiety that has affected my ability to stay present with my husband and child, and I asked Dr. Greenleaf to address this in our work together. The focus of the project, however, was much less about this challenge per se than about my desire to research the hypnotherapeutic process. To do so, I juxtaposed what I experienced and gleaned as a client with what I learned as a researcher, closely interviewing Dr. Greenleaf after our session, using the method of Interpersonal Process Recall (IPR) to guide our conversation and my investigation.

Bateson (2002) suggested that by combining information from two or more sources, it is possible to generate “a bonus of understanding” (p. 64), and he explored different ways this was possible. Bateson (2002) presented *the case of binocular vision* or double description to indicate how the juxtaposition of the information carried by the optic fibers of the right and left eyes converge into an image that “appears to be undivided, [but which] is in fact a complex synthesis of information from the left front in the right brain and a corresponding synthesis of material from the right front in the left

brain” (p. 65). In other words, according to Bateson (2002), the subjective image comes out of the synthesis of the two previously “synthesized aggregates of information” (p. 65) occurring in each of the brain hemispheres. Bateson (2002) posited that the juxtaposition of multiple descriptions generates information of a new logical type, creating “an extra *dimension* to seeing” (p. 65). Bateson (2002) used the metaphor of “depth” to refer to what comes out “whenever the information for the two descriptions is differently collected or differently coded” (p. 66). Following Bateson’s logic, I explored the following research question:

What new understanding about an Ericksonian approach to hypnotherapeutic change can be derived by juxtaposing a) the therapist’s experience and understanding of the therapeutic direction he follows and choices he makes with b) a client’s (my) experience and understanding of what transpires during the therapeutic process?

Brief Background Regarding my Anxiety

I cannot remember when I started to experience anxiety symptoms for the first time, or whether I should even refer to them in this way. I know for sure there was not something called anxiety in my vocabulary, nor in the vocabulary of the people I grew up with, in my country, Colombia. I do remember, however, how I would get sick every year at the time of my school’s final exams. My mother would take me to the doctor, who, after running many tests, would just say, “she must be stressed.” I also remember how difficult it was for me to speak in front of a crowd, resulting in heart palpitations, a voice that would not come out, and shaking feet. I recall the time I panicked, thinking that I was going to die when I felt a pressure in my chest, an inability to breath, and a cough that

would not stop, despite the fact I wasn't physically ill. Someone gave me a bit of honey and suddenly I was able to start breathing again without further coughing.

Past therapeutic experiences, but especially a personal spiritual quest, helped me stand up and experience a sense of improvement. As the years passed by, however, and I formed a family of my own, I started to notice how my constant worry came back to life. It had always felt like it was somehow there, but now it became more alive. Having a child and a husband that I could lose awoke in me the sense that I had to hold my breath, as if by doing so, I could avoid any threatening situation. With my husband, I learned that I needed to let go because he was going to continue driving his motorcycle, riding his mountain bike, and living life with intensity; with my child, however, it has been much more difficult because I feel responsible for him, for taking care of him.

When I've been by myself, and my husband and child have been on their own, I've been able to stop my catastrophic thinking and continue focusing on what I was doing. When I am with my husband alone, I am fine and don't worry too much. When I am with my child alone, I can also mostly manage my emotions. The problem has come when the three of us are together; then, I have found myself in a state of contraction, unable to relax and enjoy the moment with them. I have found myself constantly scanning for danger and unable to hear what either of them is saying. I have experienced this constant worry with a high degree of physicality—contracted jaw, grinding of teeth, knots in my stomach, holding my breath, tension and pain in my body, a sense of shutting myself down, and a continuous startle response in the face of potential threats.

Why Hypnotherapy?

Hypnosis is a mind-body approach. It is a way of communicating with the body to elicit psychological and physiological responses that are not organized by conscious awareness (Erickson, 1980i). A great majority of the symptoms I experience are body-based, and they come in response to automatic thought processes. As a demonstration subject, as mentioned above, I had in the past already experienced some therapeutic benefits with hypnotherapy; however, I had recently experienced an exacerbation of some of the symptoms as my child has grown older and I faced new challenges in different areas of my life.

Hypnosis, as a mind-body approach to psychotherapy, is a good fit for the kind of symptoms I have been experiencing. O'Hanlon and Martin (1992) said they consider it beneficial for clients with involuntary or automatic complaints, such as physiological, experiential, and affective difficulties, as well as for obsessive and automatic thinking. Hypnosis is commonly used to treat anxiety-related issues, not only by traditional therapists (Bryant, 2008; Golden, 2006; Lynn & Kirsch, 2006), but also by Ericksonian hypnotherapists (Flemons, 2008; Lyons, 2015, 2016; Rossi, 2014; Wilson, 2011, 2014). Milton Erickson himself described many anxiety-related cases he treated with hypnosis (Haley, 1973/1993).

Autoethnography: A Mind-Body Approach to Researching a Mind-Body Approach to Psychotherapy

Rennie and Toukmanian (1992) suggested that psychotherapy research has been mainly influenced by what Bruner (1986) would call the *paradigmatic mode* of knowing. According to Bruner (1986), this way of constructing the world is opposed, yet

complementary, to the *narrative mode*. The paradigmatic, or logico-scientific, mode is informed by formal logic and empiricism, whereas the narrative mode is informed by meanings and narratives (Bruner, 1986). Likewise, hypnosis research has undergone the same fate (Osowiec, 2014). It has mostly aimed at building a large body of empirical validation for hypnosis (Amundson, Allanding & Gill, 2003; Lynn, Kirsch, Barabasz, Cardeña, & Patterson, 2000; Nash, 2000).

In the attempts to standardize hypnosis, the emphasis of researchers has focused on the role of the subjects and their levels of responsiveness as they get exposed to a standard set of tests and techniques (Gilligan, 1987). This approach, however, excludes a wide range of subjects, for which standardized inductions just do not work, blaming them for their failure to be susceptible to hypnosis (Gilligan, 1987). The need for quantifying and standardizing the experience has also left out the voices and stories of the participants. To fill this gap, phenomenologically oriented researchers have aimed to give scientific value to the subjects' experiences (Sheehan, 1992). Some of them (Sheehan & McConkey, 1982; Sheehan, McConkey & Cross, 1978; Varga, Bányai, & Gössi-Greguss, 1994) have utilized methods, such as the Experiential Analysis Technique (EAT) and its variations, to stimulate recall of the subjects and therapists' experience in the session. Their methods, however, have continued to be informed by a tendency to emphasize the objectivity of the researcher (e.g., having a protocol that requires that the EAT interviewer be different than the therapist who conducts the session, using pre-existing categories, inventories, and external judges, and requiring that researchers bracket their experience). The question that I proposed for this study required another kind of methodology that would allow me to explore the interaction between the participants

from within the relationship as a way of honoring and validating the epistemological assumption that knowledge is co-constructed, and as a way of acknowledging the embodied nature of hypnosis.

Bochner (2014) referred to the distinction between the paradigmatic and the narrative approach in terms of empiricists and interpretivists. For Bochner (2014), they are two valid different languages to approach research. “Whereas the empiricist plants himself squarely outside and above what he observes, the interpretivist dives into the middle of things, where the action is” (Bochner, 2014, p. 180). With this project, I stepped out of traditional ways of researching hypnosis and stepped into a tradition in which the researcher is embodied in the research as participant and co-creator. Autoethnography is a way of orienting to the world and to research. Bochner and Ellis (2016) described it as “a way of life” (p. 61), and also as an approach to research that acknowledges and utilizes the researcher’s “senses . . . bodies, feelings, and . . . whole being” (Ellis, 2004, p. 48). It is a way of embodied exploration and embodied learning. Autoethnographers or reflexive ethnographers “use the ‘self’ to learn about the other, and they use their experiences in other worlds to reflect critically on their own” (Ellis, 2004, p. 48). This mind-body approach to research fits with Erickson’s commitment to experiential learning and to a mind-body approach to psychotherapy.

Autoethnography has been used in psychotherapy research, among others, to explore and expand the understanding of the therapeutic journey of a therapist figuring out how to shift her relationship with cancer (Siméus, 2016), of a depth psychologist practicing in a culture dominated by the medical model (Pier, 2013), of the therapeutic relationship between a therapist and his client (Yalom, 1974), and of a

researcher/therapist exploring her own experiences of transformation as she explores other therapists' experiences of transformation (Macaskie, 2014). Ellis (2004) suggested that in addition to using one's life experience to reflect on a group or culture, autoethnographers should also aim "to enter and document the moment-to-moment, concrete details of a life" (p. xvii). To help me explore details of the hypnotherapy session and to bring in the vividness of the hypnotherapist's voice, I used the methodology of Interpersonal Process Recall (IPR), from which EAT originated. IPR has been used in psychotherapy process research to explore significant moments in the session and the session as a whole. Gale, Odell, and Nagireddy (1995) have suggested that IPR interviews fit well with a constructionist epistemology when the researcher takes an active role.

Limitations and Possible Benefits

There is an assumption that psychotherapy and hypnotherapy research should ultimately take into account effectiveness. According to Rice and Greenberg (1984), for instance, "it is the identification of recurrent observable change phenomena and the discerning of patterns among variables that describe these phenomena that could lead to the establishment of a research-based science of psychotherapy" (p. 1). However, the nature of my study precluded a focus on effectiveness: It was intended to explore the qualitative and experiential aspects of the hypnotherapy process. Dr. Greenleaf's work was relevant to study regardless of whether I responded therapeutically to a one-session meeting. Nevertheless, from my position as the client, I describe in Chapter V changes in my experience of anxiety as a way of contextualizing the process as a whole.

Additionally, the assumption of effectiveness is based on a paradigmatic approach to research. My goal as a researcher, however, was to present a narrative account that not only *told* but also *showed* the richness and intricacy of the relational and interactive aspects of an Erickson-inspired hypnotherapy session as experienced by a hypnotherapist and a client. Although in Chapter IV I present a story about our session, I wrote it in such a way that others (e.g., therapists in training, clients, students) can perhaps resonate with it, thereby “achiev[ing] a universal significance” (Bochner & Ellis, 2016, p. 238).

Finally, despite my intention of bringing issues that are both real and bothersome to me, I acknowledge that my and the therapist’s behaviors were unavoidably affected by my dual role and the fact that the hypnotherapeutic session was video recorded. To help me unravel the entanglements of my shifting roles, I participated in a debriefing conversation with the chair of my dissertation, and my presentation of the results in Chapter IV reflects my commitment to clearly distinguish the different roles and contextual levels woven into the analysis.

Overview of Chapters

In this chapter, I introduced the study, articulated the question that oriented this exploration, and indicated limitations and possible benefits. In Chapter II, I will elaborate on main concepts related to an Erickson-inspired hypnotherapy and to the work of Dr. Greenleaf. I will also review the literature on hypnosis theories and research to contextualize the relevance of the present study. In Chapter III, I situate my study within the tradition of autoethnography, and I explain how I used Interpersonal Process Recall (IPR) as a process research method to explore the meaning and experience of the participants during the hypnotherapy session. In Chapter IV, I present the findings in the

form of six hypnotic “holons” that emerged from the data analysis, and in Chapter V, I discuss the study’s implications and limitations before offering suggestions for future research.

CHAPTER II: REVIEW OF THE LITERATURE

To research an Ericksonian approach to hypnotherapy, specifically Greenleaf's application of this approach, I need to situate it in context. To this end, I begin this chapter by describing some of the main aspects of Greenleaf's work. I then outline some core principles derived from Milton Erickson's work, and I describe how these principles have taken expression in the work of other Erickson-inspired hypnotherapists. I contrast an Ericksonian view with traditional views of hypnosis, and I briefly describe main current theoretical perspectives. Finally, I explore some relevant literature on hypnosis research.

The Work of Dr. Eric Greenleaf

Eric Greenleaf is the founder and director of the Milton H. Erickson Foundation of the Bay area of San Francisco. He has been teaching and practicing hypnotherapy for approximately 50 years. To his already empathic and compassionate psychotherapeutic work, he added Milton Erickson's "active, pragmatic, and allusive styles of communication and relationship" (Greenleaf, 2000, p. xiv). Greenleaf (2000) emphasizes the importance of a therapeutic approach that is future oriented, that fosters experimentation and action, and that attends to each individual's idiosyncrasies. He strives in his therapeutic work to orient "people toward their capacities and the lessons they contain" (p. 3). However, he considers individual understandings in relationship to social understandings, and believes that "social organization is constructed as the exchange of relational forms . . . problems as the misutilization of form . . . [and] "solutions . . . [as] the application of creative form to the revisioning of lives" (p. 183). Greenleaf has referred to his practice as "a narrative hypnotherapy . . . [which is]

pragmatic, interpersonal, metaphorical, and story-filled” (p. xiv). The following are some components, understandings, and principles that inform his practice.

Hypnotherapy

Hypnosis is a process in which the attention of both therapist and client is actively focused (Greenleaf, 2000). “The result of this focusing is a sort of naturalistic hypnotic trance or mutual intense engagement in experience” (Greenleaf, 2000, p. 56). The relational nature of the hypnotherapeutic process allows the therapist to help clients focus internally, so they can utilize their own resources, “with the aid of unconscious learning and understanding” (p. 3), to deal with their issues. To facilitate the hypnotic engagement, Greenleaf (2000) highlights the importance of encouraging clients “to do what . . . [they are] already doing, in order to promote change and utilize ‘resistance’” (p. 23). Therapists invite their clients (or themselves) to label the issue they are working on; allow an image, a picture, or a dreamlike quality to arise; identify the emotion associated with it; and locate the emotion in the body. Clients respond to questions about what it would be like for them if their troubles were left behind and how it would be if they had access to resourceful experiences of the past, and therapists help them ground the feelings that are being evoked. In this process, therapists and clients get absorbed and focused in the experience (Greenleaf, 2000). As a systemic thinker, Greenleaf (2000) looks for “small changes in action . . . [e.g.,] in mental images . . . [that] yield expanding changes in systems of human interaction” (p. 21).

Utilization, a Permissive Approach to Hypnosis

Emphasizing the cooperative aspects of the hypnosis conversation, Greenleaf (2000) vouched for a permissive approach to hypnosis, which is grounded in the core principle

of *utilization*. This principle is considered one of the main contributions of Erickson's work (Gilligan, 2002). Zeig (1994) defined utilization as "a state of response readiness" (p. 300) that allows the therapist to utilize "any aspect of the psychotherapy experience" (Zeig, 1994, p. 298). For Greenleaf (2000), it is about

the use of all aspects of human life—emotions, communication, actions, sensations, thoughts, patterned activities, memory, imagination—to coordinate desirable change through therapeutic relating. (p. 58)

Therapists, for instance, can utilize clients' emotions to help them "meet their therapeutic goals" (Greenleaf, 2000, p. 105). Such utilization helps therapists and clients "develop a mutual relational experience" (Greenleaf, 2000, p. 105). Greenleaf (2000) gave the following example of utilization of emotions in the therapy room:

A therapist was being criticized, harangued and emotionally battered by a patient who had experienced depression and loss of a sense of herself after sadistic relationships. I suggested that the therapist say, "There's so much hurt in the room. But adrenaline numbs the pain. Later, we'll be heartsick, tired and sore. But now, this anger is exciting!" (pp. 105-106)

Another aspect of Greenleaf's (2000) work is the utilization of dreams, "which . . . [he] take[s] to mean all imaginations" (p. 13). Greenleaf has utilized clients' dreams to help them work on their symptoms analogically. Despite considering that dreams and symptoms are structurally alike, Greenleaf (2000) also expressed that there is "a crucial difference between dreams and symptoms . . . [which] is that they have different social outcomes. The symptom, when exhibited, yields frustration and personal distance; the dream, when told, provides intimacy with others and high regard" (p. 13). Greenleaf has

guided his clients to work through their fears and other emotions by inviting them (whether they are in trance or active imagining) to complete actions in their dreams that have been inconclusive. According to Greenleaf (2000),

the first therapeutic task is to attend to the patient's wants and concerns, especially to statements of agency. . . . These set the goals of the therapy. The next task is to utilize the person's own competence to allow change to occur. (p. 4)

The Unconscious is the *Unsayable*

Greenleaf's (2000) definition of the unconscious is in tune with Erickson's ideas of it. "Erickson always assumed that the unconscious mind is a resource into which tangled problems might be dropped and in which they could be resolved. The inner searching for potentials for action and the learned skills held there construct Erickson's unconscious mind" (Greenleaf, 2000, p. 40). Greenleaf has referred to the unconscious as the *unsayable*, the kind of human processes we struggle to find words to communicate, such as "ways of learning, bodily functions, and interpersonal relations" (p. 41). For him, the processes of how to learn are part of the *unsayable* because "we learn our ways of learning without consciousness: how to learn language, how to learn memory, indeed, how to learn, are processes without benefit of reflection when first learned" (p. 42). Bodily functions, according to Greenleaf, belong to "what we call 'the wisdom of the body'[, which] comprises all the elaborate, organized, un-self-conscious neurophysiological processes that sustain life, from respiration and walking to vision and physical healing" (p. 42). Finally, in interpersonal relationships, there are also plenty of

unconscious processes happening *between* us and the other participants in a relationship (Greenleaf, 2000).

Communication with the Unconscious: Hypnosis and the Use of Metaphors

Greenleaf (2000) posited that hypnosis is a “proper conversational style” (p. 44) for the communication with the unconscious because “it not only employs the style of dreams and the metaphor of sleep, but it also pays attention to the human body in a way that assumes that the body is communicating with posture, gesture, and touch” (p. 44). Greenleaf (2000) emphasized the metaphoric nature of the thinking process and of language and suggested that hypnotherapists should consider metaphor as “a style of therapeutic communication” (p. 181). For him, therapists could utilize metaphors in the hypnotic process to help clients accomplish their goals because the moment we put experiences into words, we are operating in metaphors, anyway. “As therapists, we exploit the metaphorical structure to communicate about emotions and experiences and relationships, and to effect changes in these experiences through that same medium of language” (p. 179).

Active Imagination

In addition to his work with hypnosis, Greenleaf (2000) has also guided clients into a process of active imagination oriented towards problem solving. Visual metaphors give access to a “ready and natural understanding of inner experience” (p. 179) and human relationships, for which the English language “in large part lacks terms” (p. 176), facilitating therapeutic communication and opening up creative possibilities for change. As Greenleaf (2000) noted,

metaphors, visual or action terms taken whole, as it were, from remembered

experience, would provide both the therapist and the person with whom he or she works a sense of understanding of the difficulties of their situation together and of the possible ways through those difficulties. (pp. 176-177)

Some Ericksonian Definitions

For over 50 years, Milton Erickson explored hypnosis experimentally and therapeutically (Rossi, 1980a), and he made it a central component of his psychotherapeutic work. Milton Erickson's first explorations with hypnosis were on a personal level, when he discovered hypnotic phenomena that helped him recover from a paralysis caused by polio at the age of 17 (Rossi, 1980a). Erickson discovered that by mentally remembering the ability of his body to move, he could actually tap into his body's capacity for automatic muscular responses (Rossi, 1983).

Erickson portrayed himself as atheoretical; he "said that he invented a new theory for each individual" (Lankton & Lankton, 1983, p. xv). Erickson continuously fine-tuned his descriptions of hypnosis according to the person or audience he was addressing. "His work meant so many things to so many people" (Gilligan, 2002, p. 236).

Hypnosis and Trance

Erickson's descriptions of the hypnotic process illuminated a variety of key aspects—psychological, physiological, intra-and interpersonal, and communicational—associated with the process of inducing hypnosis, with what he considered the state of hypnosis, and with its therapeutic use (Erickson, 1980d; Erickson, 1983). Erickson (1980e) considered hypnosis "a special but normal type of behavior, encountered when attention and the thinking processes are directed to the body of experiential learnings acquired from, or achieved in, the experiences of living" (p. 54). Erickson (1980j)

attended to both the intra- and interpersonal aspects of hypnosis. For him, hypnosis was an intrapersonal state developed by clients through their interaction with the hypnotist that could alter the client's relationships with intra- and interpersonal aspects of their experience. For Erickson (1980i),

hypnosis is essentially a communication of ideas and understanding to a patient in such a fashion that he will be most receptive to the presented ideas and thereby motivated to explore his own body potentials for the control of his psychological and physiological responses and behavior. (p. 237)

Erickson thought of the process of inducing trance in terms of a teaching-learning relationship. It is “a method of teaching patients a new manner of learning something, and thereby enabling them to discover unrealized capacities to learn, and to act in new ways . . .” (Erickson, 1980d, p. 36). Erickson took a naturalistic perspective in relation to trance; he considered it to be an everyday phenomena for which people have natural abilities (O’Hanlon, 1987; Yapko, 1998). According to O’Hanlon (1987), Erickson’s “approach was to elicit those natural abilities” (p. 7).

Erickson-inspired hypnotherapists have also offered a variety of definitions about hypnosis and trance. For instance, Gilligan (1987) considered hypnosis “*an experiential process of communicating ideas*” (p. 14), and trance “a cross-contextual process by which unconscious processes are amplified” (Gilligan, 1988, p. 351) and in which individuals can “experience both sides of a relationship simultaneously” (Gilligan, 1988, p. 333). For Flemons (2002), “hypnosis . . . is the *active crossing* of the boundary between your [*self-conscious awareness*] and the rest of you” (p. 21), and trance is “the perception of that boundary, becoming, for a period of time, indistinct” (p. 21). Yapko (2012) referred to it

as “a focused experience of attentional absorption that invites people to respond experientially on multiple levels to amplify and utilize their personal resources in a goal-directed fashion” (p. 7). For Greenleaf (2000), “hypnosis is based on respect for people as whole organisms, in all that complexity and unique experience that has made them who they are” (p. 3). O’Hanlon and Martin (1992) gave several definitions of hypnosis, including this one: “Hypnosis is the evocation of involuntary experience” (p. 13). Zeig (1988) posited that the process of hypnosis could be objectively or subjectively defined. According to Zeig (1988), current theories of hypnosis attempt to define hypnosis objectively within the context of their theoretical perspectives. Given that Erickson considered himself atheoretical, however, Zeig (1988) proposed that hypnosis is best defined subjectively, that is, “*phenomenologically* from the perspective of the patient” (p. 356). Zeig (2014) also considers hypnosis a “state” (p. 39); however, he clarified that this should not be understood as a thing, “as an entity unto itself” (p. 39) because it is a compound of different interrelated elements. It “is a ‘state’ that must happen in interpersonal relationship” (p. 39).

Hypnotherapy

Clinicians and researchers have generally used the “terms hypnosis and hypnotherapy . . . interchangeably” (Cowen, 2016, p. 4). According to Yapko (2012), the term hypnotherapy is employed by “those who view hypnosis as a therapy in its own right . . . impl[y]ing . . . that hypnosis is the principal mechanism of intervention” (p. 11). Yapko (2012) noted that others, instead, view it “as a tool of treatment, inevitably integrated into a larger conceptual and practical framework that transcends the hypnotic procedures themselves” (p. 11). Hypnosis has been used as “an adjunct treatment in

eclectic, existential, psychodynamic, and cognitive and behavior therapies” (Chapman, 2006, p. 6).

Erickson (1980d) referred to the use of hypnosis in psychotherapy as “hypnotic psychotherapy or hypnotherapy” (p. 36), and he also suggested that it needed to be understood within the context of clinical considerations derived from practice and observation. For Erickson (1980d), hypnotists may use hypnosis therapeutically to help their clients redirect the attention to within themselves so they could access “their past experiential life” and open up to “a new order of experience which is about to occur as they participate in the therapeutic procedure” (p. 37). Flemons (2002, 2012) proposed that hypnosis turns into hypnotherapy when a therapist uses the logic of hypnosis, the logic of connecting or crossing experiential boundaries, to free up clients’ relationships with their problems, with the therapist, and with themselves.

Zeig (1998) posited, “Ericksonian hypnotherapy essentially entails experiential methods, in which reliance on indirect methods facilitates a client’s increased personal effectiveness” (p. 337). Ericksonian, or Erickson-inspired, hypnotherapy, in the present study, refers to the use of an approach to hypnosis inspired by core principles derived from the work of Milton Erickson, in addition to whatever other theoretical influences the practitioner may have, with the intention of helping clients “utilize all their learning and skills” (Greenleaf, 2000, p. 3) to deal with their presenting complaints.

Core Elements in an Ericksonian Approach

Several authors have identified and listed what they consider core principles in Milton Erickson’s work. Whereas the lists share commonalities, they also differ quite significantly. For instance, Zeig and Rennick (1991) suggested that to promote

interpersonal influence, Ericksonian therapy uses indirection, building interpersonal responsiveness to minimal cues, accessing latent resources, direct and indirect communication, conscious and unconscious levels of awareness, orientation towards goals, and “utilization of the patient’s language, behavior, and particular view of reality” (p. 283). For O’Hanlon (1987), the basic principles in Milton Erickson’s work include a naturalistic orientation (i.e., a view of hypnosis as a communication system, in which formal trance is not required, and a view of trance as occurring in everyday experiences), indirect and directive orientations, people’s natural tendency towards responsiveness, utilization of clients’ “rigid beliefs, behaviors, demands and characteristics” (p. 10), and present and future orientation. O’Hanlon (1987) also noted that therapists need to be flexible, observant, and aware of their assumptions.

Gilligan (2002) identified the following three principles of Ericksonian communication as most important: “(1) accept and utilize the client’s reality; (2) pace and lead the subject’s behavior; and (3) interpret ‘resistance’ as lack of pacing” (p. 3). Rossi (1980a) suggested four salient principles in Milton Erickson’s work, which “represent a paradigmatic shift (Kuhn, 1970) to an entirely new way of understanding and employing hypnotherapy” (p. 1). These include,

(1) *The unconscious need not be made conscious. . . . (2) Mental mechanisms and personality characteristics need not be analyzed for the patient. . . . (3)*

Suggestion need not be direct: Indirect suggestions can frequently bypass a patient’s learned limitations and thus better facilitate unconscious processes. . . .

(4) *Therapeutic suggestion is not a process of programing the patient with the therapist’s point of view. (Rossi, 1980a, p. 1)*

Rosen (1988) identified, among others, the following elements, which he also thought would render “*any* form of psychotherapy effective”: novelty; therapists’ activity or initiative; flexibility and adaptability; awareness of multilevel communication; focus on clients’ ability to learn; focus on clients’ experience, resources, and explanations; focus on minimal changes; change of self-concept; use of suggestion, reframing, and humor. Lankton (1985) considered that an Ericksonian approach is positive and individualistic, strategic, systems-oriented, action-oriented, based on the utilization of client’s symptoms and behaviors, and based on indirect communication and the use of hypnosis.

As mentioned in Chapter I, Erickson-inspired therapists have incorporated some of these core principles into their own work, according to their understanding and interpretation of them. I have distilled these various perspectives into what I consider five key components that characterize an Ericksonian approach: (1) treating hypnosis as interrelational, (2) respecting clients’ uniqueness, (3) appreciating the role of the unconscious in change, (4) using multilevel communication, and (5) committing to utilization. Below, I discuss each in turn.

Treating Hypnosis as Interrelational

Erickson (1980c) referred to the relational nature of hypnosis, which should be “a function of the interpersonal relationships existing between the subject and the hypnotist” (p. 17). This commitment means that the hypnosis will be tailored according to the specific characteristics of the subject and his or her therapeutic needs and goals. The technique in itself does not have any standalone value. It only serves the purpose of re-orienting clients’ attention to their unconscious reservoir of resources and

potentials (Erickson, 1980c). The intention of therapeutic suggestions in Ericksonian hypnosis is not to “program . . . the patient with the *therapist’s point of view*: Rather, it involves ‘an inner resynthesis of the patient’s behavior achieved by the patient himself’” (Rossi, 1980a, p. 1). The hypnotherapist facilitates this process by tuning in with his or her client to elicit possibilities from within the client’s worldview. As Zeig (2014) noted, “Dr. Erickson offered individualized hypnotherapy designed to experientially elicit and utilize dormant resources. And, his approach was substantially more interactive than previous hypnotherapy” (p. 44).

Erickson-inspired hypnotherapists have communicated their understanding of hypnosis as interrelational by addressing the process of eliciting interpersonal responsiveness (Zeig & Rennick, 1991), by emphasizing the externally oriented nature of trance and its cooperative aspect (Gilligan, 2002), and by alluding to the metaphoric nature of the hypnotic relationship (Flemons, 2002).

The concept of interpersonal responsiveness in hypnosis. For Zeig and Rennick (1991), “the central aspect of . . . [Erickson’s] hypnosis was the development of inherent interpersonal responsiveness” (p. 281). Referring to Erickson’s relational orientation, Zeig (2014) noted how Erickson constantly “explored human responsiveness as an avenue for eliciting human potential” (p. 19). This responsiveness is in relation to the “implicit intent of the communication” (p. 19). As Zeig (2014) described it,

It is as if the hypnotic induction is a subtle “knock on the door.” When the patient responds to the implication in the induction, it is as if the patient is saying, “You’re welcome to enter my living room, and I’m glad for you to help me rearrange the furniture.” (p. 19)

Zeig (Erickson & Zeig, 1980) identified a pattern in Milton Erickson's interventions that exemplifies his relational orientation and his conceptualization of hypnotherapy as an interrelational process. First, the therapist "meets the patient where the patient is"; second, the therapist introduces "small modifications that are consistent with, and follow from, the patient's behavior and understandings"; and third, the therapist "elicit[s] . . . behaviors and understandings from the patient in a manner that allows the patient to initiate change" (p. 337). For Zeig and Rennick (1991), the process of eliciting responsiveness is a "dance-like sequence in which the therapist follows in order to lead" (p. 283).

The cooperative aspect of the hypnotic relationship. Gilligan (2002) highlighted the *cooperative* aspects of the hypnotic relationship, "in which responsibility is mutually assumed. The hypnotist's task is to guide and supervise the subject; the subject's task is to decide if, how, and when to respond to the hypnotist's communications" (p. 3). Gilligan also referred to an interactional pattern used by Ericksonian hypnotists to induce trance and to elicit change, which he presented as a series of injunctions: "(1) Secure and maintain the subject's attentional absorption, (2) access and develop unconscious processes (associational strategies), and (3) pace and distract conscious processes (dissociational strategies)" (p. 7).

To help a client get into a state of attentional absorption, the therapist needs to get into a "rhythmic feedback loop where he feels strong contact with the subject" (Gilligan, 2002, p. 7). The therapist fosters a paradoxical state of being connected while still being observant and detached—what Gilligan refers to as an "*externally-oriented trance*" (p. 7). This orientation helps the therapist to remain flexible, shifting techniques if the client

is not responding (Gilligan, 2002). For Gilligan (2002), “You must stay in tune with the subject, not trying to fit him/her into any rigid preformed category” (p. 8). The therapist needs to “communicate in a meaningful and confident fashion to the subject” (Gilligan, 2002, p. 10), with nonverbal communication playing an important role in this process: “Your nonverbal delivery must unequivocally communicate to the subject that what you’re saying is important and that he/she can respond to it” (p. 10).

According to Gilligan (2002), once therapists have secured their clients’ attentional absorption, they should help them “develop unconscious processes” (p. 10) by “pacing and distracting the conscious processes” (p. 11), perhaps by using “confusion techniques” (p. 11). However, they should always keep in tune with what is going on with the client. Gilligan underscored the relational nature of the induction process:

The hypnotist uses his body as a musical instrument, tuning it to get into the rhythm with the “behavioral dance” of the subject. The hypnotist works to secure and hold the subject’s attentional processes, thereby making it possible to access unconscious processes to develop hypnotic experiences. . . . In short, the most effective induction strategy is one that maximally uses the subject’s ongoing experience as the basis for trance development. (p. 15)

The one-mindness of the hypnotic relationship. Also underscoring the relational nature of hypnosis, Flemons (2002) asserted that he does not “consider hypnosis a special state. Rather . . . [it is] the creation and maintenance of a special *relationship*, a relationship that bridges the mind-body division, altering, while it continues, the everyday boundaries of the conscious ‘self’” (p. xvi). Flemons actually referred to “two special relationships” (p. 4). One develops inter-relationally between the

therapist and the client, and the other develops intra-relationally between the client and him- or herself. For Flemons, in hypnosis, the client's perception of the boundaries between the therapist and the client's sense-of-self shifts, "becoming, for a period of time, indistinct" (p. 21). Flemons described this experiential empathic connection between the therapist and his or her client as being *of one mind*, suggesting that when therapists and clients are of one mind, clients are letting go, for a period of time, of their sense of being a distinct self, separate from the therapist. "To the degree that I [as a therapist] connect . . . with your experience [as a client], the boundary between us . . . bec[omes] unimportant, and you and I be[come] of one mind" (Flemons, 2002, p. 22).

Respecting Client's Uniqueness

Milton Erickson's approach to hypnosis starts with the basic assumption that "each patient is a unique microcosm who must be fully understood if an appropriate approach utilizing his or her individual potentials is to be synthesized" (Rossi, 1983, p. 36). For Erickson, "no two people necessarily have the same ideas, but all people will defend their ideas whether they are psychotically based or culturally based, or nationally based or personally based" (Erickson & Zeig, 1980, p. 335). Because of the emotionality involved in this process, therapists should not attempt to force a change in the client's way of thinking, but they should "go along with it and change it in a gradual fashion and create situations wherein he [the client] himself willingly changes his thinking" (Erickson, in Erickson & Zeig, 1980, p. 335).

Milton Erickson's work with every patient was experimental. Although he did not approach his patients holding pre-conceived theories about their personalities and behaviors (Rossi, 1983), he considered that "normal behavior and growth are to be

expected . . . [and that] symptoms and pathology are blockages of that natural healthiness” (O’Hanlon, 1987, p. 7). According to Zeig and Rennick (1991), Erickson’s approach embodied a “radical clinical epistemology in which the individual person was to be the beginning and the end of the therapy” (p. 280). Because of this, Erickson “invent[ed] a new theory for each patient and . . . evolve[d] tools (hypnosis was one) adaptable to a range of individual differences” (p. 280). Erickson insisted on the importance of the flexibility of the hypnotherapist in response to clients’ personality traits and behavioral expression (Erickson, 1980j).

Erickson-inspired therapists have developed various ways of respecting their clients’ uniqueness. Accordingly, they have positioned themselves in relationship to their clients, ranging from more structured and strategic positions (Lankton & Lankton, 1983) to relational ways of generating possibilities for change that fit the clients’ sensibilities (Flemons, 2002) and fostering *generative autonomy* (Gilligan, 2002).

Structuring the process for clients to discover an answer from within. For Lankton (1985), “the therapist’s purpose is to create a context for the client to discover the answer or *an answer* from within” (p. 69). Lankton and Lankton (1983) developed an attitudinal framework derived from Milton Erickson’s work to facilitate the practice of Ericksonian therapy. One of the principles within this framework is that “*people operate out of their internal maps and not out of sensory experience*” (Lankton & Lankton, 1983, p. 12). Citing Korzybski (1933), Lankton and Lankton noted, “each individual perceives the world from the unique vantage point of his or her own frame of reference” (p. 12). Thus, the starting point in therapy should be to “*meet the client at his or her model of the world*” (Lankton & Lankton, 1983, p. 18).

Within their model of the world, “*people make the best choice for themselves at any given moment*” (Lankton & Lankton, 1983, p. 13). If people do not make alternative choices, it is because they haven’t expanded or altered their range of associations in their internal maps. Thus, the therapeutic efforts should be oriented towards “tailor[ing] interventions that will compatibly expand or alter the client’s map” (Lankton & Lankton, 1983, p. 12). Lankton and Lankton also suggested that therapists need to understand that “*the explanation, theory, or metaphor used to relate facts about a person is not the person*” (p. 14). These, usually, only contribute to perpetuate the problem. Instead, the therapist’s task is to “retrieve resources rather than explanations”(Lankton & Lankton, 1983, p. 15), which implies that “*the resources the client needs lie within his or her own personal history*” (p. 18). The process of helping clients expand their limiting internal map to establish new associations should be guided by the principle, “*teach choice; never attempt to take choice away*” (Lankton & Lankton, 1983, p. 16).

Therapists’ flexibility is of primary importance in therapeutic work, not only because this allows therapists to connect with all variety of clients, but also because “such flexibility will foster or tolerate a greater range of risk-taking or change as new or creative behaviors are generated” (Lankton & Lankton, 1983, p. 21). For this to happen, therapists need to learn how to break down the information they are communicating to clients. “*If it’s hard work, reduce it down*” (Lankton & Lankton, 1983, p. 23).

Generating intraventions and creating relational freedom. Flemons (2002) described a way of respecting clients’ uniqueness via a metaphoric connection with them (i.e., through the therapist’s empathically imagining and grasping the clients’ experience). Flemons noted, “Once I can make insider sense of my clients’ experience—their actions,

thoughts, circumstances, and emotional reactions—I can begin to wonder about opportunities for change, about the possibilities embedded within their impossibilities” (p. 77). For him, the process of change in hypnosis happens in “*relationship*” (Flemons, 2002, p. 23)—in the relationship between the client and the therapist, between the client and him or herself, between the client and his or her problems, and between the client and others. From within the connection between the therapist and the client, Flemons “invent[s] . . . intraventions” (p. 77), which he defines as “suggestions from *inside* the concordance between . . . [the] clients and . . . [the therapist], ideas designed to alter (not negate) the relationship between the clients and their symptoms” (p. 77).

Problems, according to Flemons (2002), arise when we try to dissociate ourselves from aspects of our experience that are bothersome. In the process of becoming of one mind with their clients, hypnotherapists can facilitate the clients becoming of one mind with themselves (Flemons, 2002). That is, they cross “the boundary between mind and body . . . the boundary that, during times of normal conscious dissociation, separates the *i* from the rest of the self” (Flemons, 2002, p. 137). For Flemons, this relational experience of crossing over is called “*trance*” (p. 137). The hypnotic relationship between therapist and client facilitates the hypnotic relationship between client’s mind and body. According to Flemons, clients in trance “experience the mindfulness of [their] body and the embodiment of [their] mind” (p. 138), which allows them to “experience a free play of ideas, images, and feelings—a relational freedom that would be difficult, if not impossible, to introduce within the dissociative context of conscious thought” (p. 139).

Fostering generative autonomy. Gilligan (2002) also noted that the effectiveness of the hypnotist, guided by an Ericksonian approach, is linked to his or her ability to

adapt to what the client is presenting because of the basic assumption that “each person is unique in terms of the strategies used to create his or her own experience” (p. 3).

According to Gilligan, an Ericksonian approach is defined by the principle of *utilization* (further explained below), in which “the problem processes also are seen to be the solution processes”(p. 44). Given this assumption, “the structure of therapy is determined by the structure of the client’s ‘reality,’ not by some *a priori* frame held by the therapist” (Gilligan, 2002, pp. 44-45). Clients are active participants in the creation of their own reality, and “any reality is the result of self-generated distinctions” (p. 46). Gilligan suggested that these distinctions “express . . . the values and intentions of the distinguisher, indicating a ‘difference which make a difference’ (Bateson, 1979)” (p. 47). By implication, they affect the way in which clients experience their reality, which emerges out of the relationship between what is included in the distinction and what is not (Gilligan, 2002). Gilligan emphasized the generative aspects of this process as a function of co-relations and not in terms of causality. Reality emerges or is generated in relationship (Gilligan, 2002). For Gilligan, the generative process occurs within the context of a greater whole, a “common unity” (p. 48), which encompasses the distinctions that are actually complementary relationships. This is a recursive process, in which the experience also influences our self-definition and therefore our context. According to Gilligan, “this common-unity is often not realized. Complements become framed in an either/or relationship of opposition (‘standing in the way of’) or dissociation” (p. 52). Gilligan suggested that trance is therapeutic because it “allows integration of common-unity complements” (p. 52); it allows for a “both/and” (p. 52) relationship.

Gilligan's (2002) interpretation of "Korzybski's (1933) dictum that the map is not the territory" (p. 53) differed from Lankton and Lankton's (1983). For Lankton and Lankton, as stated above, "*people operate out of their internal maps and not out of sensory experience*" (p. 12); for Gilligan, however, this kind of interpretation might suggest that "we don't have access to the 'the world of experience'" (p. 53), shading our participation in the generation of "our world of experience" (p. 53). According to Gilligan, "We can only talk about or conceptualize maps, but primary knowing (such as in deep trance) can be made of the territory from which such maps are derived" (p. 53). Clients come to therapy because they are caught up in a "self-devaluing 'intrapersonal trance'" (Gilligan, 2002, p. 45); in other words, they are engaged in a pattern of negatively valuing their experience. For Gilligan, through the experiential connection with the client, the hypnotherapist facilitates the creation of complementary relationships, in a "self-valuing 'interpersonal trance'" (p. 45), which fosters the client's generative autonomy by opening up new perspectives, associations, and frames of reference. The hypnotherapist as an autonomous system enters into a cooperative relationship with his or her client, who is also an autonomous system, and in this process, "*trance emerges spontaneously. . . . It unfolds from experiential co-operation*" (Gilligan, 2002, p. 58). Thus, the two systems are complementary and therefore part of the context marked by the relationship between therapist and client, which is also an autonomous system. All of these "autonomous systems co-operate . . . in common-unity" (Gilligan, 2002, p. 58).

Gilligan's (2002) idea of therapist and client co-operating within a context of "common-unity" (p. 58) resonates with Flemons's (2002) metaphor of being of one mind.

For Gilligan (2002), “to the extent that the therapist matches client patterns while protecting client autonomy, therapeutic communications are ‘irresistible.’ The form (i.e., patterns) of the client’s ‘inner’ and ‘outer’ world becomes indistinguishable, thereby voiding the ‘wall’ between these states” (p. 58). According to Gilligan, this is how generative trance may emerge within the context of the cooperation between the therapist and the client, which opens the door for the client to connect with his or her generative autonomy.

Appreciating the Role of the Unconscious in Change

Hypnosis theorists and practitioners vary in how they view the role of the unconscious in change. “Erickson reframed the unconscious mind as wiser and more perceptive than the conscious mind” (Erickson & Rossi, 1979, p. 302; cited in Zeig & Rennick, 1991, pp. 285-286). For Erickson (1985), “*The unconscious mind is the storehouse for all personality experiences, personality learnings, and personality attitudes. We are all influenced by our total backgrounds*” (p. 2). These backgrounds might include traumatic experiences, but also pleasant ones (Erickson, 1985). According to Erickson (1985), the therapeutic emphasis should be put on “the pleasurable things of life” (p. 3). Erickson (1980h) considered that through hypnosis, hypnotherapists could tap into their clients’ vast reservoir of experiences, such as “unrecognized psychological and somatic learnings” (p. 224), to facilitate “the establishment of trains of thought, trains of associations, and . . . the stimulation of other forms of activity” (Erickson, 1983, p. 67) that are supportive of their therapeutic goals. “In the hypnotic state[,] subjects . . . take your suggestion and translate that into their own body learnings” (Erickson, 1980b, p. 318). Erickson emphasized that it was not necessary, and even might be

counterproductive, for clients to become conscious of the therapeutic process, which necessarily involves unconscious processes. Rossi (1980a) considered this is one of the most important characteristics of Erickson's approach: "*The unconscious need not be made conscious*: Unconscious processes can be facilitated so that they can function autonomously to solve each patient's problems in an individual way" (p. 1).

Through hypnosis, Erickson tapped into his clients' somatic learnings by altering physiological functions—visual, auditory, vasomotor, perspiration, blood pressure, pulse rate, and so on (Erickson, 1986). Erickson (1986) considered that "the most valid changes in physiological functions are those that are brought about by unconscious processes" (p. 6). These physiological changes have a ripple effect in other symptoms that the client might be experiencing. For example, with a client who got angry and experienced a spike in his or her blood pressure, Erickson would have assumed that if the body has the ability to elevate it, it also has the ability to lower it (Erickson, 1986). Zeig and Rennick (1991) suggested that hypnotherapeutic learnings that are happening at the unconscious level bring change "into the foreground" (p. 285). According to Erickson (1980f), "One tries to do hypnotherapy at an unconscious level but to give the patient an opportunity to transfer that understanding and insight to the conscious mind as far as it is needed" (p. 77).

Erickson-inspired therapists have offered their own interpretations of the unconscious, and they have suggested alternative conceptualizations and metaphors for it. O'Hanlon, for instance, pointed out three Ericksonian views of the unconscious:

One of those views is a little like the Freudian preconscious, a repository for those things you don't keep in your conscious mind, but could recall if you wanted.

Another Ericksonian definition of the unconscious is that it is your deeper, wiser

self. A third definition is that the unconscious is your jukebox of learnings, that is, your jukebox of memories. (O'Hanlon & Martin, 1992, p. 108)

Reflecting on these definitions, O'Hanlon said that the unconscious is sometimes smart and sometimes dumb: "The unconscious is smart about the things it's smart about, it's dumb about the things it's dumb about and . . . there are some things that the unconscious is smart about that it . . . is dumb to be smart about" (p. 109). That is, the unconscious is smart about things that our body has mastered and therefore we don't need to think about them when we do them (e.g., driving a car, assuming we know how to drive). The unconscious is dumb about things that we have not mastered, and that do not happen automatically (e.g., when we are learning to play a new sport or learning how to drive). And the unconscious is smart about things that it would better off being dumb about. For example, the body might dissociate from a traumatic experience to survive at the time (e.g., sexual abuse in childhood), but then it might continue dissociating in contexts in which it isn't necessary (e.g., a romantic relationship that could be considered safe) (O'Hanlon & Martin, 1992).

Such a conceptualization of the unconscious can help therapists decide when it is appropriate to use (formal) trance in therapy. O'Hanlon suggested that it should be used to address involuntary complaints, which include symptoms that clients cannot recreate voluntarily (e.g., somatic and physiological issues, obsessive-compulsive thinking, hallucinations, and so on), and that it is contraindicated for voluntary complaints, which include behaviors that client could demonstrate if asked to (e.g., patterns of actions and interactions), as well as deliberate thoughts (O'Hanlon & Martin, 1992).

Gilligan (2002) posited that the use of Erickson's "metaphor that the unconscious is intelligent" (p. 223) might be troublesome, and he noted that "Erickson failed . . . to explain why the patient was doing so poorly before meeting with him" (p. 223). Gilligan considered that the notion of automatic intelligence did not adequately capture the relational nature of the hypnotherapeutic process, that is, that "the creative intelligence was in the conversation or relationship between Erickson and the client's 'unconscious'" (p. 223). Thus, Gilligan introduced the notion that "intelligence is a relational or field-based principle" (p. 223), and that we are all interconnected in this web. Gilligan offered two metaphors that facilitated an understanding of this relational view:

To use Bateson's (1979) metaphor, it is the "pattern that connects," or the willingness to hold different views, descriptions, or truths within a deeper field. This echoes the Buddhist notion of interbeing (see Thich Nhat Hanh, 1975), a non-dualistic view that posits the interconnectedness and inseparability of each aspect of life. (Gilligan, 2002, p. 223)

Despite recognizing the value of Erickson's work with the unconscious mind, Gilligan considered that "to singularly refer to this 'other than conscious' process as 'the unconscious mind' is too limiting and sometimes misleading" (p. 221). He proposed that other metaphors, such as "'the inner self,' one's center, heart, soul, or what Chogyam Trungpa (1988) has called the indestructible 'tender soft spot'" (p. 221), would open up the range of therapeutic responses to the client's processes. Gilligan posited that the metaphor of the unconscious mind might contribute to the reification of it and to the assumption that it could "be manipulated or programmed" (p. 223). Therapists who use

the nuances of poetic language instead honor the integrity of their clients' whole being (Gilligan, 2002):

As a human encounter, therapy includes elements of both science and art, but must also go beyond them into the areas of love and psychological struggle.

Language here must help the person go beyond language, touching upon the soft, tender spots of being and interbeing. (p. 223)

Using Multilevel Communication—Emphasis on Indirection

Milton Erickson's approach to psychotherapy and hypnosis lies in the recognition that communication is multi-level, and he used a variety of techniques—direct and indirect communication—to facilitate therapeutic change. According to O'Hanlon (1987), "Erickson *was* very directive in getting people to do things and in blocking old patterns that maintained the symptom. He did not want to ever tell people how to live or how they should handle life in general" (p. 9). Yapko (1998) considered it inaccurate to say that Erickson "was *always* [emphasis original] indirect and metaphorical in his therapies and teachings" (p. 325), and he suggested that this erroneous assumption has created an unhelpful dichotomy in the field of hypnosis between "Ericksonian" and "traditionalist" approaches (p. 326). Erickson's hypnotherapeutic approach, however, came to be specially known by his use of indirect communication (Lankton & Lankton, 1983; O'Hanlon, 1987; Zeig & Rennick, 1991).

According to Rossi (1980a), "*Indirect suggestions can frequently bypass a patient's learned limitation and thus better facilitate unconscious processes*" (p. 1), which will also facilitate the patient's access to his or her reservoir of resources (i.e., possibilities of new associations, new learnings, and change in physiological functions).

Indirect or parallel communication allows clients to find their own ways of solving problems and of making their own meanings (Lankton, 1985; O' Hanlon, 1987).

Erickson's variety of techniques of indirect communication to communicate directly with the unconscious mind included double binds, metaphors, anecdotes, and storytelling (Zeig & Rennick, 1991), as well as jokes, riddles, and puns (O'Hanlon, 1987).

Erickson, for instance, used riddles to invite new perspectives, while challenging rigid frames of reference (O'Hanlon, 1987). He would use jokes "to humorously and indirectly make points that would have been pedantic or resistance-provoking if made directly" (O'Hanlon, 1987, p. 69). Puns create surprise and confusion and help "deliver interspersed or embedded suggestions," and stories can be a vehicle for delivering "new possibilities" (O'Hanlon, 1987, p. 71). Metaphors can help transfer the "know-how" (p. 72) acquired in experiences the client has mastered to "contexts in which the problem occurs" (p. 72).

Erickson also considered the potential therapeutic effect of using double binds, though he was sensitive to the possibility of their being misused (Erickson, 1980b). According to Erickson and Rossi (1980), "the double bind provides an illusory freedom of choice between two possibilities, neither of which is really desired by the patient but both of which are actually necessary for his welfare" (p. 413). A hypnosis patient is bound or contextualized within the metalevel of a "trance situation" (Erickson & Rossi, 1980, p. 423), which necessarily determines "that some choice will be accepted among the comparable alternatives presented on the primary level by the hypnotherapist" (p. 423). By giving the patient alternative choices about how and when he or she wants to go into trance, the hypnotherapist has preempted choice at the metalevel, which is that trance

will be experienced nonetheless. According to Erickson and Rossi (Rossi, 1980), “double binds can also be used to facilitate a creative interaction between the conscious and unconscious” (p. 424). The hypnotherapist can acknowledge the client’s limitations at a conscious level, but introduce the idea that the unconscious does not hold those limitations.

Erickson used sophisticated ways of communicating to his patients indirectly, for example, with what he called *the interspersal technique*. This entailed offering specific suggestions with the intention of producing a particular effect by interjecting them within the context of a conversation or set of statements (Erickson, 1966, as cited in Gilligan, 1987; Kershaw, 1992). Some authors refer to interspersed suggestions as “embedded suggestions” (Gilligan, 1987, p. 189), “embedded commands” (Bandler & Grinder, 1975, as cited in Gilligan, 1987, p. 189) or “analogically marked suggestions” (Gilligan, 1987, p. 190). Interspersal suggestions have been considered paramount in indirect communication because they help bypass the conscious mind and access the unconscious (Gilligan, 1987). The “embedding should not be so dramatic that it is obvious to the person’s conscious mind, but it should also be significant enough to be unconsciously detected” (Gilligan, p. 190). Hypnotists intersperse suggestions by non-verbal means, such as shifting their tone of voice, tempo, volume, or facial expressions (Gilligan, 1987; O’Hanlon & Martin, 1992; Yapko, 1998), or “by touching [the client’s] arm at certain words, or by moving . . . [his or her] hand or some other body part if the person has [his or] her eyes open” (O’Hanlon & Martin, 1992, p. 37). Interspersing is a process of “splitting and linking” (O’Hanlon, 2009, p. 25) because the hypnotist splits off the words

that are emphasized from the overall message and links them to communicate an indirect message— “a message within a message” (O’Hanlon, p. 26).

Ericksonian clinicians have emphasized different aspects of multilevel communication in their own therapeutic approaches, such as the use of evocation (Zeig & Rennick, 1991), embedded metaphors (Lankton & Lankton, 1983), and indirect communication (Gilligan, 2002).

Evocative communication. Zeig and Rennick (1991) described indirect communication as a multi-level technique, in which the hypnotherapist uses injunctions to build up clients’ “*responsiveness*, specially to minimal cues, in order to get . . . [them] in touch with *resources* that can be harnessed to promote change” (p. 282). The use of indirect communication elicits hypnotic responses, which are responses that are “more autonomously generated” (Zeig & Rennick, 1991, p. 282).

According to Zeig (2014), Gregory Bateson’s communication theory laid the ground for “understanding the injunctive aspect of multilevel communication” (p. 95). Communication has a report level, which refers to the content, and it has a command level, which refers to the relational implications of the message (i.e., it defines the nature of the relationship between the ones who are communicating) (Watzlawick, Bavelas, & Jackson, 2011/1967). The report is overt, whereas the command is “a covert directive . . . that frames the presented information” (Zeig, p. 95). Zeig identified the two communication levels as “informative and evocative” (p. 96), which correspond to Watzlawick’s (1985, as cited in Zeig, 2014) description of “the denotation in language as indicative and the connotation as injunctive” (Zeig, 2014, p. 96). Evocative communication facilitates the eliciting of hypnosis because of “the power of innuendo, as

for example, in poetry or humor” (Zeig, 2014, p. 96), and it invites a shift in “‘states’ and emotions. . . . The evocative part of a message is covert and asks the recipient to do or experience something” (Zeig, 2014, p. 96). The response to the injunction in the covert message indicates that the client is having a hypnotic response (Zeig, 2014). For Zeig (2014), the working metaphor in a communication approach to hypnosis, such as the Ericksonian, is the “implicit responsiveness” (p. 107), and not “the depth of trance” (p. 107) as in other current views of hypnosis. Zeig (2014) suggested that “both verbal and nonverbal messages convey implicit meaning. Hypnotic communication, at its best, builds responsiveness to the total weave of the communication, not just the words” (p. 109).

Embedded metaphors. Lankton and Lankton (1983) posited that one of the principles of Erickson’s work was “*respect all messages from the client*” (p. 15). They made reference to two levels of messages—the psychological and the social—and to the “verbal and nonverbal components” in the messages (Lankton & Lankton, 1983, p. 15). A therapist’s respectful response to the various levels of “messages sent requires first being attuned so as to notice the more subtle elements of a communication—the voice tone, gestures, facial expressions, breathing, order of imagery, right to left congruity, etc.” (Lankton & Lankton, 1983, p. 15).

Once therapists have joined the client’s perceptual framework, they can use metaphors to “blend . . . new hybrids of meaning into that framework.” (Lankton & Lankton, 1983, p. 80). Thus, therapists “gain rapport, retrieve resources, and link those resources to previous stress signals or typical stimuli in the client’s environment” (Lankton & Lankton, 1983, p. 26). When clients are presented with a paradox or a joke,

they experience a process of confusion followed by a reorganization; similarly, when clients are presented with “the enchantment of metaphor, an unconscious search for meaning takes place” (Lankton & Lankton, 1983, p. 80):

The client’s own mental activity creates a unique understanding of the hybrid, and in doing so, begins the process of change by altering perceptions. Nothing of the original thinking and understanding is surrendered. Instead, new associations, new meanings, and new understandings are gained, thus enriching rather than reducing the client. (p. 80)

Studying Erickson’s work, Lankton and Lankton (1983) developed a structured framework of embedded metaphors to deliver their interventions, first establishing the areas in which the client needs to change, and then identifying metaphoric themes for those areas. These metaphors are delivered as interventions within a single session or over several sessions (Lankton & Lankton, 1983).

Indirect communication. Gilligan (2002) drew attention to what he considered a misunderstanding among Ericksonian therapists in terms of the use of indirect communication. The confusion, he surmised, originated from the mistaken identity between signs and symbols (Pribram, 1971). According to Gilligan (2002), “Signs are context-invariant descriptions: that is, they mean roughly the same thing in any situation; . . . symbols are context-variant: their meaning is contextually constructed” (p. 231). When therapists confuse signs and symbols, they attempt to strategically devise an indirect way of changing what they consider to be the “underlying problem” (p. 232), and they believe that these indirect strategies (e.g., stories. . .) can then be applied in other contexts. “This ‘benevolent dictator’ approach assumes that since the meaning (or ‘deep

structure’ of a problem, such as a headache, is context-invariant, the method (e.g., story of indirect technique) used to ‘treat’ the problem is also context-invariant (cf. de Shazer, 1994)” (Gilligan, 2002, p. 232). As a result of this view, some Ericksonian therapists have created and used “practitioner ‘storybooks’” (Gilligan, 2002, p. 232). This approach departs from Erickson’s core consideration of each client and situation being unique (Gilligan, 2002). “Meaning is never fixed: it is different for each person and, to some extent, for each moment. If nothing is fixed, the therapist has no ground to stand on, no code book to consult, no deep structure to discern” (Gilligan, p. 232). With this statement, he expressed a commitment to the experiential aspect of an Erickson-inspired therapy, beyond the traditional emphasis on behavioral descriptions. Gilligan proposed the repoetization of hypnosis and therapy, in which “the therapist’s theories and responses . . . should be read more like poems than scientific facts or entities” (p. 233). Gilligan (2002) viewed this as a “shift not in the content of the text, but in the relationship of the reader to the text” (p. 233), which will allow the therapist and the client to co-participate in “the reengagement of consciousness to a story such that new meanings and experiences . . . unfold . . .” (p. 233). He also fostered the introduction of love and human awareness in the therapeutic experience, so that previously rejected aspects of the client’s experience can be acknowledged and reengaged. “The important point is that the meaning of the indirect communication is relationally derived” (Gilligan, p. 233).

Committing to *Utilization*

The relational emphasis of an Erickson-oriented hypnotherapy is embedded in the concept of *utilization*. Whether the emphasis has been on pragmatics or aesthetics, Milton

Erickson and Erickson-inspired therapists have considered utilization within the context of the induction process and within the overall process of therapy. Erickson (1980a) referred to utilization techniques as “a simple reversal of the usual procedure of inducing hypnosis” (p. 178). Instead of asking the subject to fit to the particular style or procedure of the therapist, the therapist accepts “the patients’ presenting behaviors” (Erickson, 1980a, p. 178) and utilizes them for trance induction.

Erickson (1983) also spoke of the utilization of “all the potentials of . . . [a client’s] experiential learnings . . . [such as] all manner of physiological processes, psychological responses, and any neurological functionings” (p. 166). For instance, Erickson utilized the ability of the body to remember something it already knew to help patients work on some analogous problem (Rossi, 1980b). In a case of a patient who lost three fingers and could not use his hammer to work, he guided him in the process of learning how to shake hands in such a way that the other person would not notice the three missing fingers. Erickson reported, “when he had learned that, his unconscious would automatically know how to hold a hammer” (Rossi, 1980b, p. 147).

Erickson (1980g) utilized the patients’ symptoms to substitute, transform, and/or ameliorate them by respecting any need to hang onto them. For example, he helped a client substitute an incapacitating “hysterical paralysis of the right arm” (p. 150) by an analogous symptom of fatigue located on the patient’s wrist that would not be incapacitating. Erickson also helped clients redirect the focus of their anxiety from one area to a less troublesome one. With an incontinent man, for example, he accepted and acknowledged the patient’s fears and anxiety about having a wet bed, which would not allow him to do military service, and utilized those fears to suggest that his anxiety was

about having a dry bed instead. Then, Erickson continued to progressively redirect the patient's fears about having a dry bed into anxiety about getting visits from relatives, with it ending up being about his mother's anxiety about his military service. Erickson (1980g) facilitated the transformation of a troublesome anxiety into a manageable, more "normal emotion permitting a normal adjustment" (p. 158).

Although initially referred to as a technique to facilitate hypnotic induction, utilization for Ericksonian-inspired therapists is more than that. Some authors have emphasized the pragmatic and attitudinal aspects of utilization from the therapist's perspective (Zeig, 1994), and others have emphasized the aesthetics involved in a relational understanding of the hypnotherapeutic process (Gilligan, 1987, 2002). Zeig (1994) defined it as "a goal-oriented philosophy of the therapist" (p. 300), a state of "readiness . . . to respond strategically to any and all aspects of the patient or the environment" (Zeig, 1992, as cited in Zeig, 1994, p. 298). According to Zeig (1994), the therapist may utilize "the patient's style, dress, mannerisms, history, and family . . . [as well as] the symptom, the symptom pattern, and the resistances" (p. 298) for induction purposes or to set therapeutic goals.

Focused on the aesthetics, Gilligan (1987) accentuated the cooperative and interactive nature of utilization by asserting that "the path into trance is always a unique one, based on the expressions of both hypnotist and client" (p. 11). Therapists need to experientially connect with their clients in a kind of interpersonal trance (Gilligan, 2002) to be able to communicate with them and utilize their "present self-expressions (e.g., beliefs, behavior, motivations, symptoms)" (Gilligan, 1987, p. 14). According to Gilligan (2002), by exploring, accepting, validating, and utilizing the clients' process of

“generating painful realities” (p. 45) or “self-devaluing” (p. 19) symptomatic processes or trances, therapists “cooperate in ways that allow their transformation into self-valuing solutions” (p. 19). Gilligan (2002) considered that “one of the major contributions of Ericksonian psychotherapy has been to elucidate the relationship between hypnotic processes and symptomatic processes” (p. 18). Inherent in the utilization approach is the idea of accepting and validating a client’s reality. Gilligan (1987) considered acceptance a dynamic process, in which the therapist “communicate[s] that *what a person is doing is fine*” (p. 91). This allows the client to experience “self-acceptance” (p. 91), which for Gilligan (1987), is “an essential first step in the change process” (p. 91):

[The] idea of acceptance and cooperation puts the idea of deliberately trying to change a person in a different light. It means that life is moving through the person, distinct in each moment, and therefore change is already in motion. Rather than imposing something on clients, you sense and blend with their immediate processes. This is an active and dynamic responsiveness, not a passive and purposeless one. It is an art that requires enormous devotion and study. (p. 219)

Contrasting Ericksonian with Traditional Views of Hypnosis

Despite the diversity of expressions of the aforementioned core principles derived from Milton Erickson’s practice, several authors refer to the work of hypnotherapists inspired by him as practicing Ericksonian hypnotherapy, Ericksonian hypnosis, or Ericksonian approaches to hypnosis (Gilligan, 1987, 2002; Lankton & Lankton, 1983; Yapko, 1998; Zeig, 1998). Some authors (Araoz, 2005; Zeig, 1998; Zeig & Rennick, 1991) have contrasted the Ericksonian approach with what they have called more

traditional approaches to hypnosis, which rely on the use of pre-set scripts (Zeig, 1998) and/or emphasize “the focus of control . . . [in] the practitioner” (Araoz, 2005, p. 123). For Zeig and Rennick (1991), what distinguishes Ericksonian hypnotherapy from more traditional approaches is Erickson’s legacy of “an interpersonal communications approach to hypnosis and psychotherapy” (p. 275). This interpersonal approach “stimulates unconscious capabilities and responses in the hypnotic subject” (Demosthenous, 2009, p. 9). As Rossi (1980c) stated, Erickson’s

approach is very different from the older more traditional hypnotherapeutic approach of simply telling the patient, while in the trance state, exactly in *what* way and frequently *how* the patient’s attitudes, beliefs, and behavior are to change. This more traditional approach of directly programming the patient is in sharp contrast with Erickson’s facilitation of new learning by allowing patients to create their own *solutions* in their own way and usually in their own good time. (p. 462)

Yapko (1998) suggested that the major models of hypnosis could be grouped into traditional, standardized, and Ericksonian approaches (for a complete list of their similarities and contrasts, see Yapko, 1998, p. 328). In the traditional and standardized approaches, the hypnotist has an authoritarian demeanor, and there is no use of naturalistic techniques tailored to the individual. In the Ericksonian approach, the hypnotist could be authoritarian or permissive, and there is use of naturalistic techniques that are individualized. Gilligan (1987) drew a similar distinction; he described three orientations to hypnosis depending on the kind of relationship established between the hypnotist and his or her client—authoritarian, standardized, or cooperative.

According to Gilligan (1987), the authoritarian approach views hypnosis “in terms of an asymmetrical relationship” (p. 5), emphasizing the role of the hypnotist and imbuing him or her with the ability to exert a powerful influence on the subject, who is portrayed as a passive recipient. Stage hypnosis is an extreme example. Well-intentioned clinicians, however, also adhere to a way of practicing hypnosis that assumes that the hypnotist has “control over (i.e., hypnotize[s]) clients’ mental processes . . . [and] order[s] them to change undesirable behavioral patterns (e.g., smoking, overeating)” (Gilligan, 1987, p. 4). One of the main issues with authoritarian hypnosis is that it “does not take into account the uniqueness of each subject in terms of his or her learning, beliefs, capabilities, and so forth, nor does it recognize the client’s ability to choose how (or whether) to participate in the hypnotic events” (p. 5).

Gilligan (1987) defined the standardized approach as an attempt, made mainly by experimental psychologists, to give hypnosis credibility in the scientific community by “subjecting it to rigorous tests” (p. 6). The standardized approach counteracts the authoritarian one by emphasizing the role of the subject, who becomes “the major unit of study” (p. 6). This approach assumes that hypnotic ability is a function of the subject’s responsiveness, and it leaves aside the hypnotist’s role in the process. Therefore, “the hypnotist can employ a standardized set of communications that remain unchanged across different subjects. In other words, the subject is either hypnotizable or he or she is not” (Gilligan, 1987, p. 6). Gilligan (1987, 2002) considered the standardized approach to hypnosis problematic. It excludes many subjects, for whom standardized inductions just do not work, blaming them for their failure to be susceptible to hypnosis. It also “uses external behaviors to assess an internal state” (Gilligan, 1987, p. 8) to make it

researchable in experimental settings, which ends up dis-acknowledging that “trance is primarily an *experience*, like love or anger, which will be different for different individuals” (Gilligan, 1987, p. 8). Also, it “does not seriously account for the finding that susceptibility scores can be significantly influenced by a variety of factors” (p. 8).

For Gilligan (1987), the cooperation approach, mainly developed by Erickson, focuses on both ends of the hypnotic relationship—the hypnotist *and* the subject—as well as on their interaction. “This approach emphasizes that trance always occurs in a relationship *context* in which neither the hypnotist nor subject can be considered independently of each other” (p. 10). Hypnotic responsiveness, therefore, is a function of the “interaction among the client’s motivations and interests, the therapist’s flexibility and sensitivity, and the degree of rapport obtaining between therapist and client” (Gilligan, 1987, p. 9).

Traditional and Current Views of Hypnosis

Erickson’s atheoretical position, expressed in his acceptance and utilization of the idiosyncratic ways of his clients and students, influenced the variety of definitions and ways of interpreting the process and experience of Ericksonian hypnosis. Erickson-inspired clinicians, in general, have been comfortable with this multiplicity. Within the broader field of hypnosis, however, there has been a quest for getting a consensus on what hypnosis is. Division 30 of the American Psychological Association (APA) recently attempted once again (previous attempts were in 1993 and 2003) to get a consensual definition, prompting a variety of responses regarding the actual definition and the pros and cons of this quest (Lankton, 2015; McConkey & Barnier, 2015; Pekala, 2015; Yapko, 2015).

In 2014, the Hypnosis Definition Committee (HDC) posited that hypnosis is ““a state of consciousness involving focused attention and reduced peripheral awareness characterized by an enhanced capacity for response to suggestion”” (cited in Elkins, Barabasz, Council, & Spiegel, 2015, p. 382). Within the scientific community, there is an overall non-contested belief in the need for consensus (McConkey & Barnier, 2015), and most take for granted that “the definition of hypnosis is fundamental to scientific inquiry” (Elkins et al., p. 379). Some authors (e.g., McConkey & Barnier, 2015; Yapko, 2015), however, have expressed their concerns about what it actually means to get to a definition. Yapko (2015) noted that the drive for consensus does not take into account the importance of the context in which hypnosis occurs, and it is not realistic, given the diversity of viewpoints and approaches developed over the years. McConkey and Barnier (2015) called “for the field of hypnosis to be a little more comfortable with plurality and ambiguity, and perhaps a little more comfortable with bottom-up approaches to definition that rely on what the data say about the nature and effects of hypnosis” (p. 467).

The main aspects of the new definition also brought up contrasting responses. Pekala (2015), for instance, suggested that to think of hypnosis as a state of consciousness, of mind, facilitates the development of methodological approaches to quantify it. For Lynn, Green, et al. (2015), the new definition is theoretically biased towards the state theories of hypnosis (see below), leaving aside the circumstantial factors, and it is “a step backward in the field’s ongoing attempt to ground hypnosis more firmly in its diverse and growing empirical literature” (p. 398).

Traditionally, theories of hypnosis have been grouped into two main schools of thought—one that considers hypnosis an altered state, mainly related to the concept of

dissociation, and one that considers hypnosis in terms of social and psychological phenomena and not a special state (Accardi, Cleere, Lynn, & Kirsch, 2013; Dixon & Laurence, 1992; Lynn & Rhue, 1991; Spanos & Chaves, 1991; Wickramasekera II, 2015). Despite the polarization, there have been some middle ground perspectives (e.g., interactive-phenomenological approaches), which have considered interactional and contextual factors in their research efforts while still being influenced by the idea of trance as a state (Dixon & Laurence, 1992; Spanos & Chaves, 1991; Lynn & Rhue, 1991). There have also been some integrationist efforts that have resulted in a conceptualization of hypnosis as a changeable state influenced by contextual factors (e.g., Lankton, 2015), and new theories and research influenced by neuroscience (e.g., Rossi & Rossi, 2006; Wickramasekera II, 2015) and by alternative disciplines (e.g., Wickramasekera II, 2015). Following are some of the traditional and contemporary perspectives on hypnosis. As Zeig and Rennick (1991) noted, unlike Ericksonian approaches, “traditional theorists started with a theory and then developed a definition, principles of practice, and research” (p. 280). Many traditional theories originated from hypnosis research in laboratory settings.

Altered-State Perspective

Within an altered-state perspective, there are theories that consider hypnosis to be a state, whether it is related to the concept of dissociation (Hilgard’s [1991] neodissociation theory; Fromm’s [1992] Ego-psychological theory), psychological regression (Nash, 1991), or relaxation (Edmoston, 1981, cited in Edmoston, 1991). Hilgard’s neodissociation theory, however, has been considered as the main point of reference when researchers refer to altered-state theories. This theory was derived from

earlier dissociation theories of hypnosis that linked hypnosis with dissociative processes experienced in hysteria and other psychopathologies, but it was developed through experimental research (Hilgard, 1991). According to Hilgard (1991), the term *neo* was introduced to propose an approach that acknowledges dissociation as related to the hypnotic process, while marking a distinction from previous dissociation models. The neodissociation theory assumes that “there are subordinate cognitive systems, each of which has some degree of unity, persistence, and autonomy of function. These systems are interactive, but occasionally, under special circumstances [e.g., hypnosis], may become somewhat isolated from each other” (Hilgard, 1991, pp. 94-95). Hilgard (1991) suggested that these systems are hierarchically organized and controlled by an “‘executive ego’ or ‘central control structure’, which has the planning, monitoring, and managing functions” (p. 95). In hypnosis, the hypnotist might have direct access to these dissociated systems, bypassing the control of the executive ego (Lynn & Rhue, 1991). The neodissociation theory is considered a state theory (Lynn & Rhue, 1991); however, Hilgard (1991) asserts that the “‘hypnotic condition’ or ‘state’ is not an all-or-nothing change from the normal waking condition” (Hilgard, 1991, p. 92), and he considers hypnotizability to be “a relatively stable trait” (p. 92).

According to Woody and Sadler (2008), some variations to Hilgard’s dissociation theory have been proposed, such as dissociated control theory (Bower, 1990, 1992; Woody & Bowers’ 1994), and second-order dissociated control theory (Egner et al., 2005; Jamieson & Sheehan, 2004; Jamieson & Woody, 2007). In the dissociated control theory, a distinction is drawn between the functions of control and monitoring, with an emphasis placed on the “functional dissociation of executive control” (Woody &

Sadler, 2008, p. 97). For Woody and Bowers (1994, cited in Woody & Sadler, 2008), “Hypnosis alters not just the experience of behavior, but how it is *controlled*” (p. 97). Second-order dissociated theorists observe “that during hypnosis, monitoring feedback becomes functionally dissociated from the executive control process” (Woody & Sadler, 2008, p. 91). According to Woody and Sadler (2008), dissociation theories have the following in common:

First, they hypothesize the existence of a special innate mechanism for discriminating the internal versus external origins of events. This discrimination is probably afforded by the co-ordination of executive control with executive monitoring. Second, dissociation theories hypothesize that for highly hypnotizable people, hypnosis transiently brings about a disruption of this mechanism. (pp. 93-94)

Drawing from classical and neoclassical psychoanalysis, Erika Fromm’s (1992) Ego-psychological theory of hypnosis views it as “an altered state of consciousness (ASC)” (p. 131), in which the ego functions differently than in a waking state. Fromm (1992) drew from Freud’s (1900/1953) idea that dreams are “the royal road to the unconscious activities of the mind” (cited in Fromm, 1992, p. 131), positing that hypnosis is another royal road to the unconscious. In the ASC of hypnosis, the experiencing ego dissociates from the observing ego (Fromm, 1992), and it experiences “its own felt reality” (Fromm, 1992, p. 132). According to Fromm (1992), “Most hypnotized people relax some of their vigilance and defenses and allow stimuli from the inside (their own unconscious thoughts and feeling) to drift into awareness” (p. 147). Through hypnosis,

this emergent experience (e.g., images, memories, affects, and so on) can be brought and integrated into our awareness (Fromm, 1992).

Nash (1991) described hypnosis “as involving a special case of psychological regression, marked by characteristic changes in the experience of self, relationship, and information processing” (p. 171). Nash (2008) referred to this regression in terms of “Freud’s concept of topographic regression” (p. 209), that is, a “regressive shift away from secondary-process thinking toward primary-process thinking—a form of cognition characterized by symbolization, displacement, condensation, non-logical forms of reasoning and relative equivalence of memory and current experience” (pp. 209-210). Nash (2008) distinguished the topographic regression that happens in hypnosis from the one that happens in psychopathology by asserting that in hypnosis the regression is “incomplete, transient, contained, and reversible” (p. 210), whereas in psychopathology it is not.

Sociocognitive or Social-Psychological Perspectives

The sociocognitive perspective, originally developed by Sarbin (1950, as cited in Spanos & Chaves, 1991) is a non-state theory. According to Spanos and Chaves (1991), Sarbin (influenced by White, 1941), “viewed hypnotic responding as actively generated by subjects who used contextual information to create the experiences and behaviors that constituted the hypnotic role” (p. 66), that is, as “goal-directed action” (p. 66). Some of the researchers and main contributors to this view of hypnosis include Barber (1969), Fourie (1991), Kirsch (1985, 1990, 1991), Lynn and Rhue (1991), Sarbin and Coe (1972), Spanos (1986), and Wagstaff (1981) (as cited in Lynn & Rhue, 1991; Lynn, Laurence, & Kirsch, 2015; Spanos & Chaves, 1991). For sociocognitive theorists and

researchers, hypnosis is not considered a special condition resulting from a single factor (e.g., a trait); it is instead defined and labeled as such in an interactional context (Lynn & Rhue, 1991). “In this interaction, one person typically assumes the role of hypnotist and the other assumes the role of the subject. Shaped by attitudes, beliefs, and features of the situational context, the unfolding hypnotic proceedings are mutually constructed by the participants” (Lynn & Rhue, 1991, p. 8). Sociocognitive theorists do not consider hypnotizability a trait but rather a phenomenon that “can be substantially modified” (Lynn & Rhue, 1991, p. 8). According to Spanos and Chaves (1991), research on the sociocognitive perspective (e.g., Barber, 1969) of hypnosis “supported the contention that despite external appearances, hypnotic responses were not particularly unusual, and therefore did not require the positing of unusual states of consciousness” (p. 66).

In a later version of the sociocognitive approach, Lynn, Laurence, and Kirsch (2015) presented “an integrative model of hypnosis and hypnotic phenomena that acknowledges the interaction of social, cultural, and cognitive variables in producing the multifaceted experience of hypnosis . . . [and that also] consider[s] the neurophysiological roots or correlates of what transpires during hypnosis” (p. 315). Lynn, Laurence, et al. recognized how the experience of hypnosis can activate the brain similarly to what “real perceptual experiences” (p. 315) would do; however, they argued that the cultural construction of the concept of hypnosis as “a special state, or ‘trance’” (p. 315), clearly distinct from other states of consciousness, is not helpful, as it does not capture the “constant and often transient changes in our awareness, emotions, thoughts, sensations, and action tendencies that are typically difficult, if not impossible, to parse

into discrete states” (Lynn, Green, Elinoff, Baltman, & Maxwell, in press, cited in Lynn, Laurence, et al., 2015, p. 315).

Interactive-Phenomenological, Integrationist, and Neurophysiological Perspectives

In addition to the two polarized perspectives mentioned above, there have been theories that integrate or acknowledge ideas from both, as well as theories derived from other fields (e.g., neuroscience, Eastern traditions). These theories have focused on the subjective experience of participants, their dynamics of interaction, and neurophysiological components, and some of them consider hypnosis concepts in relation to alternative and transpersonal practices (e.g., Tibetan Buddhism and various meditation practices).

The sociophenomenological or interactive-phenomenological perspective, “most closely identified with the work of Orne (1959, 1979)” (Spanos & Chaves, 1991, p. 67), acknowledges ideas of the altered-state and socio-cognitive theories. Orne accepted the notion of hypnosis as being goal-directed, but, unlike Sarbin, he did not reject the idea of it being “a hypnotic state” (Spanos & Chaves, 1991, p. 67). According to Lynn and Rhue (1991), similar to the social-psychological theorists and researchers, the interactive-phenomenological ones emphasize contextual and interactional factors, “such as attitudes, beliefs, expectancies, and demand characteristics” (p. 11). In addition to these factors, however, the interactive-phenomenological researchers emphasize “more explicit[ly] . . . the study of interactive processes and underscore . . . differences between hypnotic and waking behavior and cognitive activity” (Lynn & Rhue, 1991, p. 11). Lynn and Rhue (1991) also posited that interactive-phenomenological researchers give primacy to the role of “subjects’ personality traits, styles, and/or abilities . . . in shaping or

facilitating hypnotic experiences” (p. 11). Sheehan (1991), for instance, “focus[ed] . . . on the motivational implications of the cognitive involvement of the susceptible subject in the events of the hypnotic setting” (p. 537). McConkey (1991) focused on “the experience and behavior of hypnotized subjects . . . understood in terms of particular cognitive and social processes” (p. 542). And Bányai (1991), in her social-psychobiological model of hypnosis, “conceptualiz[ed] . . . the hypnotic induction as a process of mutual attunement in which the hypnotist and the subject become sensitive and responsive to each other’s stimulation” (p. 581). Her model takes into account “personal characteristics and physiological predispositions of both the hypnotist and the subject, including their attitudes, expectations, characteristic cognitive styles, and relationship to each other” (Bányai, 1991, p. 565).

Integrating elements from state and social-cognitive theories, Lankton (2015) also proposed a State of Consciousness (SoC) model of hypnosis and induction. Borrowing from Tart’s (1975, cited in Lankton, 2015) conceptualization of SoC as “a unique, dynamic pattern or configuration of psychological structures, an active system of psychological subsystems” (p. 370), Lankton suggested that hypnosis could also be considered a SoC. By SoC, however, Lankton meant “a *temporary* arrangement of experiential recourses” (p. 370) that becomes “stabilized containing reorganized and connected novel experiences that are exceptions to the normal waking state for a given context” (p. 376). Lankton also highlighted the interactive nature of the hypnotic induction, in which hypnotist and subject, influenced by contextual factors, engage in a process of co-creation.

Incorporating Eastern ideas to traditional and current views, Wickramasekera II (Wickramasekera II & Szlyk 2003; Wickramasekera II, 2007b, 2007c; cited in Wickramasekera II, 2015) developed the *empathic involvement theory* (EIT). He brought together neodissociative, socio-cognitive, and psychoanalytical ideas, among others, as well as concepts derived from neuroscience and the teachings of Dzogchen in Tibetan Buddhism. According to Wickramasekera II (2015), “EIT can bridge the gap between the social cognitive and special state theories of hypnosis by grounding them both in the psychology and neuroscience of empathy” (p. 332). Hypnosis, for Wickramasekera II is an experience of enhanced empathy and phenomenological alteration with the self in which a hypnotic subject utilizes perspective taking, empathic concern, and empathic aspects of theory of mind (TOM) to experience alterations in affect, behavior, consciousness, sensation, thoughts, and mind/body relationship that are suggested to him/her by a hypnotist and/or through his/her own creative and imaginative directions. (pp. 331-332)

Neurobiology and neurophysiology have also influenced some other current theories of hypnosis. Citing the work of several authors (e.g., Oakley & Halligan, 2010; Raz, 2005; Raz, Lamar, Buhle, Kane, & Peterson, 2007; Rossi, 2000; Spiegel, 2008), Yapko (2012) noted that hypnosis has also been explained “as primarily a neurological or psychobiological phenomenon” (p. 49). Rossi and Rossi (2006), for instance, proposed a theory that considers the role of mirror neurons, the gene/expression/protein synthesis cycle, and brain plasticity in hypnosis. Hope and Sugarman (2015) suggested that trance and hypnosis need to be conceptualized “in terms of a process of mind plasticity and skills that promote and direct that process” (p. 226). Based on neurobiological research,

Spiegel (2008) argued that hypnotizability is “an adaptive form of experiential flexibility, facilitating control over attention and perception, for instance in pain, imagination and somatic processes” (p. 179).

Empirical Research on Hypnosis

The efforts to situate hypnosis as an empirically validated treatment have resulted in a wide range of experimental research. Most experimental researchers have focused on accumulating ample evidence to prove their theoretical ideas and competing perspectives, which have been mainly organized around the distinction between state and non-state theories of hypnosis, also known as dissociation and sociocognitive perspectives (Dixon & Laurence, 1992; Lynn & Green, 2011; Wickramasekera II, 2015). In addition to the two main opposite perspectives, the development of neuroscience and the input of interactionist-phenomenological approaches have facilitated “a third way” (Kihlstrom, 2008, p. 40) of orienting to theory and research, which encompasses ideas of both camps.

To achieve their experimental pursuits, researchers have created different devices and instruments seeking for cognitive-behavioral, subjective, and neurophysiological data. They have sought correlates of hypnotizability with different variables, such as imagery abilities, subjective experiences of paranormal phenomena, absorption, creativity (Dixon & Laurence, 1992), and empathy (Wickramasekera II, 2015), as well as with neurophysiological indices (Laurence, Beaulieu-Prévost, & du Chéné, 2008). One of the main lines of research has been to identify high from low hypnotizable subjects and to figure out whether hypnotizability is a stable trait or not.

The construction of scales to measure hypnotic susceptibility in cognitive-behavioral terms marked the beginning of the scientific study of hypnosis in experimental

settings (Laurence, Beaulieu-Prévost, & Chéné, 2008; Woody & Barnier, 2008). The most important scales include Weitzenhoffer and Hilgard's (1959) Stanford Hypnotic Susceptibility Scales, Forms A and B (SHSS:A and SHSS:B), Weitzenhoffer and Hilgard's (1962) Stanford Hypnotic Susceptibility Scale, Form C (SHSS:C), and Shor and Orne's (1962) Harvard Group Scale of Hypnotic Susceptibility, Form A (HGSHS:A). Despite the creation of other scales, these measures have continued to be essential for experimental researchers, providing "a commonly accepted metric for use in laboratories around the world" (Woody & Barnier, 2008, p. 257). Kihlstrom (2008), for instance, noted that "SHSS:C remains the 'gold standard' of hypnotizability measures" (p. 31).

Experimental researchers, however, have agreed that to better understand the private experience of hypnosis, cognitive-behavioral data are not enough (Barnier & Nash, 2008; Cox & Bryant, 2008; Pekala, 2015). The influence of phenomenological oriented researchers has, thus, facilitated the gathering of subjective data via self-reports. Pekala (1980, 1985a, 1991b, 2002, 2011, 2014, as cited in Pekala, 2015) developed a research methodology that takes into consideration the phenomenology or subjective experience of the hypnosis participants and combines it with statistical research methods, while taking into account "neurophysiological and cognitive-behavioral domains" (p. 402). According to Pekala (2015), "the mind can be quantified . . . [by] *precise descriptive first-person reports about subjective experience*" (pp. 404-405).

The development of neuroscience and brain research technology has also contributed to experimental designs seeking to gather neurophysiological indices and to identify brain networks that might be associated with hypnosis and with other states of consciousness. Thus, phenomenology and neuroscience have been combined "to explore .

. . the neurophenomenology of hypnosis” (Landry & Raz, 2015, p. 304). For Landry and Raz (2015), phenomenological and neurophysiological data enrich each other, and their “juxtaposition paves the road to a more scientific understanding of hypnosis” (p. 305). Landry and Raz presented a summary of studies (e.g., Cojan et al., 2009; Deeley et al., 2012, 2013, 2014; Demertzi et al., 2011; Eegner, Jamieson, & Gruzelier, 2005; Ludwig et al., 2013; McGeown, Mazzoni, Venneri, & Kirsch, 2009; McGeown et al., 2012; Muller, Bacht, Schramm, & Seitz, 2012; Pyka et al., 2011; Vanhaudenhuyse et al., 2009) using neuroimaging techniques, such as positron emission tomography (PET), functional magnetic resonance imaging (fMRI), and electroencephalography (EEG), to compare normal alertness versus hypnosis involving either high or low hypnotizable subjects, task-specific suggestions versus hypnotic induction and suggestions, and correlates between the depth of hypnosis and brain activity, among others. According to Landry and Raz, “the collective findings provide a gripping, albeit preliminary, account of the underlying neurobiological mechanisms involved in hypnotic phenomena” (p. 285).

Clinical Research

Researchers and clinicians have noted that there is a disconnect between research and clinical practice in hypnosis (Moore & Tasso, 2008; Osowiec, 2014). The empirical research literature involving hypnotherapy for psychological disorders is sparse compared to hypnotherapy for “pain and health-related problems” (Moore & Tasso, 2008, p. 716). There has been, however, some empirical research on hypnosis as an adjunct to cognitive behavioral therapy (CBT). Lynn, Kirsch, Barabasz, Cardeña, and Patterson’s (2000) review of the literature referred to a meta-analysis conducted by Kirsch, Montgomery, and Sapirstein (1992) that “compared the effectiveness of

cognitive-behavioral treatments (CBT) with and without hypnosis across a number of disorders (e.g., obesity, insomnia, anxiety, pain, and hypertension)” (p. 244). The findings of this study, although not conclusive, suggested that there might be a benefit in adding hypnosis to CBT. In her review of empirical studies, Schoenberger (2000) also noted that “generally, cognitive-behavioral hypnotic treatments produced significant improvement in clinical symptoms compared to wait-list control groups” (p. 160). Bryant et al. (2005, as cited in Moore & Tasso, 2008) “looked at the additive benefit of hypnosis and CBT in the treatment of acute stress disorder” (p. 716). The results of their study indicated that there were not marked differences between the CBT and the CBT-hypnosis group (Moore & Tasso, 2008). For Moore and Tasso (2008), “future research will need to use hypnosis in a manner that is clearly additive, and not merely repetitive, and sample sizes will need to be sufficient to provide statistical power to detect what may be significant but small effects” (p. 717).

Empirical Research on Ericksonian Hypnosis

Despite having devoted a lot of time to experimental research in laboratory settings, Erickson came to be mostly focused on the clinical benefits of hypnosis and on adapting his ideas and practices to meet the idiosyncrasies of his clients. To study this, Erickson “turned to the ‘naturalistic’ or ‘field observations’ method” (Zeig & Rennick, 1991, p. 293). According to Zeig and Rennick (1991), “Erickson was no opponent of carefully and statistically oriented research . . . but he continually recognized and drew attention to . . . [its] limitations in evoking frequently fragile and subtle hypnotic phenomena” (p. 293). Yapko (1998) suggested that Erickson’s “most influential contribution . . . to the field of clinical hypnosis was his emphasis on what he termed the

‘everyday trance’” (p. 324). According to Yapko (1998), this idea inspired reactions from traditionalists who did not agree with it, thereby becoming “a powerful catalyst for many key developments in the [hypnosis] field” (p. 325). It opened the door for a range of research studies that have focused on whether hypnosis is a special state, compared indirect and direct suggestions, explored individual differences in hypnotic responsiveness, and examined influences of contextual variables on hypnotic responsiveness (Yapko, 1998).

To advance research on Ericksonian hypnosis, Matthews (2000) argued for randomized clinical trials: “It is imperative that Ericksonian theorists begin the process of generating and empirically testing hypothesis that address if, when, how, and for whom Ericksonian approaches work” (p. 423). Randomized clinical trials, however, would require standard protocols to test the validity and efficacy of an Ericksonian approach, carrying the assumption that Ericksonian hypnosis could and should be standardized. Although Gilligan (2002) recognized that a standardized approach to the hypnotic relationship might be “sometimes . . . necessary” (p. 2) for research purposes, he also suggested that it excludes some important tenets of an Ericksonian approach. For Gilligan (2002), the standardized approach does not acknowledge that trance “*is a subjective internal experience whose behavioral manifestation will vary across individuals*” (p. 3), or that “the hypnotic endeavor is a *cooperative* effort in which responsibility is mutually assumed” (p. 3). In an attempt to figure out ways to get empirical validation for an Ericksonian approach to therapy, however, Simpkins and Simpkins (2008) compared brief dynamic therapy (BDT), a previously validated treatment, to Ericksonian therapy (ET). According to Simpkins and Simpkins (2008), “the statistics indicated that there

were generally similar effects from the two treatments but that there were some specific differences that were revealed by the measures” (p. 227).

Some hypnosis researchers (e.g., Alladin, Sabatini, & Amundson, 2007; Amundson & Nuttgens, 2008; Amundson, Alladin, & Gill, 2003) have addressed concerns about practicing hypnosis within a clinical culture of evidence-based practices and managed care. Amundson, Alladin, and Gill (2003) suggested that efforts to establish hypnosis as an empirically supported treatment (EST) needn't be limited to efficacy research; rather, they argued for the benefits of using effectiveness research. According to Alladin, Sabatini, and Amundson (2007), “while efficacy-based methodology places greater emphasis on internal validity and how consumer benefit or gain is achieved, effectiveness-focused research emphasizes external validity and is driven by real-world factors” (p. 123). *Efficacy-focused research* studies the “content of a particular treatment” (p. 123) and the outcome, whereas *effectiveness-focused research* studies “the process of psychotherapy” (p. 123). Amundson and Nuttgens (2008) suggested that “the juxtaposition of efficacy and effectiveness research” (p. 234) in the field of hypnosis would contribute to its development as an evidence-based practice. As a way of creating this juxtaposition, they proposed the use of the concept of *strategic eclecticism* (described by Beutler, Hardwood, & Coldwell, 2001, as cited in Amundson & Nuttgens, 2008), relating it to Ericksonian approaches to hypnosis. This concept refers to “the proposition that all clinical ideas possess (potential) utility: techniques, interventions and approaches to therapy can be applied ‘in many different ways and even theoretically serve many different ends” (Beutler et al., 2001, p. 145, as cited in Amundson & Nuttgens, 2008, p. 235). Amundson and Nuttgens considered that it is not possible to speak of

“‘Ericksonian therapy’ . . . because Erickson, and others who followed in his tradition, were strategically eclectic” (p. 236); however, they suggested that a “scientifically based understanding regarding Ericksonian treatment (Lynn & Hallquist, 2004; Lynn & Sherman, 2000; Kirsch, 1999; Sherman & Lynn, 1990)” (p. 236) could illuminate procedures, therapists’ behaviors, and principles that constitute an effective clinical practice. Lynn and Halquist (2004) conceptualized Erickson’s work in terms of “principles of change and ‘common factors’ that served to create and fortify desired response sets while they minimized or eliminated counterproductive response sets” (p. 74). For Amundson and Nuttgens (2008), “effectiveness research and emphasis upon common factors and process transcendent to particular models offers empirical validation of a different sort” (p. 236) than efficacy-focused research.

Phenomenological Research on Hypnosis

Hypnosis research and hypnosis process research have also been approached qualitatively, from a phenomenological perspective. According to McLeod (2001/2011), “phenomenological research looks at ‘what it is like’ to have a particular experience” (McLeod, 2001/2011, p. 60). Phenomenological hypnosis research has been mainly conducted in laboratory settings (e.g., Sheehan, 1992; Sheehan & McConkey, 1982; Sheehan, McConkey, & Cross, 1978; Shor, 1979; Varga, Bányai, & Gössi-Greguss, 1994), but it has also been carried out in clinical settings (e.g., Arrigo, 1998; Woodard, 2001, 2003, 2004). Some authors (Sheehan, 1992; Woodard, 2003) have highlighted the benefits of using a phenomenological orientation for the study of hypnosis. For Woodard (2003), it is a fruitful “alternative to controlled settings and laboratory situations” (p. 887); for Sheehan (1992), it “enables us to look at processes . . . in more detail than

many other approaches afford, and it reveals the diversity and richness of hypnotic experience and behavior” (p. 364). Sheehan (1992) also posited that phenomenology “focuses explicitly on subjective experience and gives ‘experience’ formal status in its model of explanation, in a way that other theoretical perspectives do not” (p. 365).

Phenomenological researchers have explored the subjective experience of both the subject (or client) (e.g., Sheehan & McConkey, 1982; Sheehan, McConkey & Cross, 1978; Shor, 1979) and the hypnotist conducting the session (e.g., Arrigo, 1998; Woodard, 2001, 2003). In some cases, they have also explored the hypnotic experience more interactively, considering both hypnotist and subject (e.g., Varga, Bányai, & Gössi-Greguss, 1994).

Focus on the Subjects’ Experience

Shor (1970, as cited in Sheehan, 1992) conducted a phenomenological research study to explore the depth of trance (i.e., the extent of hypnotic involvement) in terms of three factors— “the generalized reality orientation of the subject, the nonconscious involvement of the subject in the hypnotic role, and the archaic involvement of the subject with the hypnotist” (p. 366) along “eight distinct dimensions: trance, nonconscious involvement, archaic involvement, drowsiness, relaxation, vividness of imagery, absorption, and access to the unconscious” (p. 370). Shor’s (1979, as cited in Sheehan, 1992) method involved a skilled examiner judging and rating subjects’ retrospective self-reports of their hypnotic experiences based on these pre-determined factors and dimensions.

Drawing on the work of Shor (1979) and on Kagan, Krathwohl, and Miller’s (1963) Interpersonal Process Recall (IPR) method, Sheehan, McConkey, and

Cross (1978, Sheehan & McConkey, 1982) developed the Experiential Analysis Technique (EAT). IPR had been conceived as a method of interrogating the client and the counselor using videotapes to stimulate recall of their counseling sessions “to facilitate therapy and counselor training” (Woody, Krathwohl, Kagan, & Farquhar, 1965, p. 241). Sheehan et al. (1978) conducted an experimental research using IPR procedures to study individual variations in hypnotic behavior. For this study, the hypnotist or experimenter tested the research subjects on a series of “hypnotic test items covering a range of hypnotic phenomena” (p. 570). The experiment was captured on videotape, which was later used by a specialist in the IPR procedure to inquire about the subjects’ experience. Sheehan et al. (1978) gave the name of EAT to this new method of studying hypnotic experience. The EAT considers the “concept of ‘cognitive style’ as a primary mediational construct in the explanation of hypnotic events” (Sheehan, 1992, p. 366).

In the EAT procedure, it is required that the hypnotist leaves the session at the end of the hypnosis and that a researcher, acting as an independent inquirer, facilitates the recall. The hypnotic subject is in charge of stopping the recording whenever he or she perceives something that warrants comment, and “the inquirer may attempt to solicit more information by using a set of standard probe questions relevant to the experience being studied” (Sheehan, 1992, p. 373). Sheehan (1992) presented a table with possible categories of inquiry (e.g., cognitive, images, expectancies, image presentation, perceptions, associations, sundry feelings, and end of the session) and sample questions that help the subject to situate himself or herself in the experiential moment of the hypnosis session (e.g., What were you thinking at that time? What meaning did that have

for you? What did you want to happen next? What did you feel like doing?) (see Sheehan, 1992, p. 374).

Sheehan and McConkey (1982) noted that the development of the EAT was “relatively unstructured . . . [and] nondirective” (p. 238), but they suggested that it could be used in more structured ways (e.g., Laurence, 1979). The data gathered could be “analyzed for what they reveal about a subject’s styles of response in hypnosis, and may be rated according to the particular concerns of the study conducted” (Sheehan, 1992, p. 373). For Sheehan and McConkey, however, “imposing structure on the inquiry session has a somewhat inhibiting influence on the degree to which subjects will report on their experiences” (p. 240).

For clinical purposes, the EAT developers introduced a variation of EAT, which entailed “the use of hallucinatory or imaginary, rather than actual, video-tape playback of the hypnotic events as a way of providing pertinent information about subjects’ or clients’ hypnotic experiences” (Sheehan & McConkey, 1982, p. 216). According to Sheehan and McConkey (1982), the logic of the hallucinatory EAT is in accord with the logic of clinical hypnosis, understood as “a context in which the therapist requests the client to engage in imaginative behavior in order to facilitate therapeutic change” (p. 217).

Focus on the Hypnotist’s or Psychologist’s Experiences

Arrigo (1998; cited in Woodard, 2003) conducted a hermeneutic-phenomenological study of “two different hypnotherapists interacting with their clients in the hypnotic experience” (Woodard, 2003, p. 839). The study attempted to gain understanding and derive meaning of the experience of the hypnotist’s work with a

Neurolinguistic Programming (NLP) technique, *reimprinting*, aimed to change limiting beliefs (Woodard, 2003). NLP techniques have their origin in “the therapeutic work of Milton Erickson, Virginia Satir, and Fritz Perls” (Woodard, 2003, p. 839). Arrigo (1998) transcribed the two sessions and utilized von Eckartsberg’s (1986) methodology of dialogical engagement with the text. For this research, “the therapists or participants were not interviewed as a part of the material for data analysis. Arrigo gained her meaning from viewing the hypnotic situation as an observer outside of the situation” (Woodard, 2003, p. 839).

Drawing from perceptual psychology, Woodard (1996) re-conceptualized hypnosis and developed a theory of perceptual hypnosis. This theory “depict[s] . . . hypnotic phenomena as dependent on one’s personal meanings, the need to continue the self as perceived in the moment while enhancing the self, and changes in what is perceived in the being-in-the-world (universe)” (Woodard, 2003, p. 831). Grounded in this theory of perceptual hypnosis, Woodard (2001) conducted a phenomenological study, following Giorgi’s (1985) research guidelines, to explore the meaning and essence of “the interior experiencing of the licensed psychologist during the hypnotic situation” (p. v). For this, Woodard (2001) asked three psychologists to write about their experience following a hypnotic session with any subject of their choosing, and then he conducted follow-up interviews with open-ended and tentative questions for further exploration. According to Woodard (2001), “the psychologist’s interior experiencings are necessary to understanding hypnosis and its clinical application” (p. vi). Woodard’s (2001) “research findings suggest that hypnosis may be redefined to include a mutual and interpersonal process in which emotional, bodily, cognitive, imaginal, and perceptual themes in both

privately viewed and publicly viewed internal experiencing of the therapist are both influenced by the client and may also influence the client” (pp. 148-149).

Focus on the Interaction Between the Hypnotist and the Subject

For Varga, Bányai, and Gössi-Greguss (1994), “the phenomenological level of hypnosis also must be, and can be, investigated in an interactional way” (p. 131). Using a variation of the Experiential Analysis Technique, Varga et al. (1994) explored the interaction between hypnotist and subject by inquiring into each participant’s experience. They named their modified version Parallel Experiential Analysis Technique (PEAT). For the PEAT, the researchers first recorded the experimental session between the hypnotist and the subject, and then they separated the participants, so two independent inquirers could simultaneously interview each of the participants in separate experimental rooms. The inquiry into the hypnotist’s experience was basically the same as for the subject’s experience; that is, “the inquirer [was] trained to listen to the hypnotist’s report in the same noninterpretive, nonevaluative way as in the case of the EAT with subjects” (Varga et al., 1994, p. 133). Varga et al. (1994) analyzed the data by identifying “points of concordances and discordances between the independent reports” (p. 135), for which they also used independent raters. Overall, Bányai and her colleagues found that between the hypnotist and subject, there is a process of “*mutual tuning in*” (Diamond, 1987, p. 109). Bányai (1986, as cited in Bányai, 1991), “reported that during certain periods of the hypnotic process, subjective experiences [e.g., feelings, images, metaphors] of the hypnotist and the subject converged” (p. 583).

In an unpublished dissertation, Whitehead (2004) researched relational processes in hypnosis using a phenomenological approach. The data were processed quantitatively

and qualitatively (Demosthenous, 2009). “The qualitative data were judged and rated independently, using a set of specially developed rating sheets” (Demosthenous, 2009, p. 17). Whitehead (2004) modified the EAT to inquire about the hypnotist’s experience, and she modified the PEAT to inquire about the experience of hypnotist and subject by interviewing both of them at the same time in the inquiry room, instead of in a parallel way as the PEAT had suggested. Whitehead (2004, as cited in Demosthenous, 2009) named this modification “(*Hypnotist-Participant*) *Experiential Analysis Technique* (H-P)EAT” (p. 17). According to Whitehead (2004), “Results suggest that the experiences of susceptible participants involve complex, multilevel relational processes that are largely intrapsychically-based” (Abstract). Whitehead’s (2004) study extended the work of Bányai and her colleagues. It “highlight[ed] . . . the particular importance of hypnotists’ own agendas and expectations, and their interpersonal perceptions of participants (especially their perceptions of participants’ susceptibility) as factors that shape hypnotists’ interaction with participants” (Whitehead, 2004, Abstract).

Phenomenological research has facilitated an understanding of the multifaceted and complex nature of the hypnotic experience (Sheehan, 1992). It has highlighted, for instance, the active role of the subject, “who is susceptible to the influence of motivations and expectations, and who employs a variety of cognitive strategies so as to manage and respond to multiple levels of communication received in the hypnotic setting” (Sheehan, 1992, p. 388). It has also highlighted the interior experiencing of the therapist as he or she engages in the interpersonal process of hypnosis (Arrigo, 1998; Woodard, 2001). In addition, the interactive nature of the relationship between hypnotist and subject (Bányai, 1991; Varga et al., 1994; Whitehead, 2004) has been explored. For Woodard (2003),

however, a variety of the studies cited in the literature as phenomenological are grounded in a mixture of empiricist and phenomenological tenets and thus cannot be considered truly phenomenological (e.g., those that have attempted to quantify the phenomenology of hypnosis by using pre-existing categories, inventories, and external judges).

The phenomenologically informed method of EAT (Sheehan & McConkey, 1982; Sheehan et al., 1978) and its variations, PEAT (Varga et al., 1994) and (H-P)EAT (Whitehead, 2004), have facilitated an exploration of the interactive nature of the hypnosis process as subjectively experienced by either or both of the participants. The EAT, however, was created with the intention of “sAMPL[ing] . . . multiple dimensions of trance experience” (Sheehan & McConkey, 1982, p. 78); thus, it involves the use of independent raters and coding systems based on some pre-categories. Additionally, the EAT was conceived of as an instrument to assess variations in the subjects’ hypnotic involvement and responsiveness. Therefore, most studies have been conducted with subjects highly responsive to hypnotic procedures, mainly in laboratory settings, with some exceptions, such as Matthews and Langdell’s (1989) study. Matthews and Langdell (1989) used the EAT in a clinical setting to ascertain what clients thought of Lankton and Lankton’s (1983) Ericksonian-inspired technique of Multiple Embedded Metaphor (MEM). The EAT also works with the underlying assumption that hypnosis could be considered an altered or alternate state (Sheehan, 1992). The PEAT developers, for instance, considered hypnosis in terms of the metaphor of *depth*. Diamond (1987), referring to the work of Bányai and her colleagues, said, “They found that hypnotic depth is partially a function of the hypnotist’s active participation . . .” (p. 109).

Despite its usefulness for process research on hypnosis, the EAT has been mainly used in experimental settings (as mentioned above) and some of its paradigmatic assumptions do not accord with those informing my study. For example, Ericksonian hypnotherapists do not concern themselves with distinguishing between high and low hypnotizable subjects, and not all accept the notion of trance as a state. A better fit is Interpersonal Process Recall (IPR), which was used in two studies involving hypnosis prior to the development of the EAT (Sheehan, 1992). Sheehan and McConkey (1982) cited a study by Hammer, Walker, and Diment (1978), which “used an IPR format of audio-tape playback to analyze the subjective reactions of hypnotized and nonhypnotized subjects to an audio-tape recording of a poem” (p. 80). And Woody, Krathwohl, Kagan, and Farquhar (1965) used hypnosis to help clients recall their subjective experience in psychotherapy. IPR has also been used in psychotherapy process research to explore the experience and dynamics of participants in therapy sessions. I will elaborate on uses of IPR in Chapter III.

Seeking Narrative Explanations of Hypnosis

Hypnosis research has been contextualized within paradigms informing the larger field of psychology. As Osowiec (2014) argued,

Much like the psychology field in the early 1900s (with the upsurge of Behaviorism)[,] which sought “legitimacy” and prestige by defining itself as a *natural* science, so, too, hypnosis has sought legitimacy and esteem by attempting to fit into a mechanistic model, based in the *natural* sciences. (p. 225)

More recently, however, the introduction of introspective methods and/or phenomenologically based inventories (e.g., see Cardeña, 2016 and Cardeña &

Pekala, 2014, as cited in Pekala, 2015) have opened subjective experiences as valid research data. Nevertheless, at this point, the qualitative literature is sparse, with the exception of the phenomenological studies mentioned above and a wide range of anecdotal literature within the Ericksonian tradition (Simpkins & Simpkins, 2008).

Bruner (1986) described two ways of constructing the world—the *paradigmatic* mode and the *narrative* mode—which are opposed, yet complementary. The paradigmatic, or logico-scientific, mode is informed by formal logic and empiricism, whereas the narrative mode is informed by meanings and narratives (Bruner, 1986). Referring to psychotherapy process research, Rennie and Toukmanian (1992) noted how these two styles have influenced the kind of explanations researchers have striven to create; however, they also suggested that “in the history of psychotherapy process research and of psychology generally, the paradigmatic approach has prevailed” (p. 235). The same is true of hypnosis research, including the phenomenologically based method of EAT. Given the gap in the literature on hypnosis process research aiming for narrative explanations, this study becomes relevant. It seeks for alternative explanations to the scientific paradigm that has dominated the field. According to Rennie and Toukmanian (1992),

In the narrative approach to explanation, the implicit guiding assumptions are that in human science there is no objective reality awaiting discovery and that human affairs are to be understood in terms of reasons rather than causes. Hence, in this approach subjectivity is the subject matter rather than a source of error interfering with the subject matter. Within this framework, reality is the co-constructed product of the interaction between persons in whatever social contexts they find

themselves. Hence the subjectivity of the person serving as the object of inquiry and the subjectivity of the researcher are intertwined. (p. 241)

Echoing William James, Osowiec (2014) advocated expanding research paradigms in hypnosis so as to include other “forms of knowing—the intuitive, subjective, inner experiencing, emotions, the spiritual, and so forth” (p. 225).

Psychotherapy process researchers have already started to expand their ways of knowing in their quest for narrative explanations, and they have used IPR to facilitate this process. Similarly, I concluded that for a fresh approach to the study of hypnosis, IPR could be used in combination with autoethnography. To seek co-constructed explanations about an Ericksonian approach to hypnotherapy, I juxtaposed the therapist’s and client’s (my) experiences and understandings of what transpired in the session, using a variation of IPR as a process research method that allows for narrative explanations.

In Chapter III, I review IPR studies in psychotherapy process research undertaken within the frame of reference of a narrative and constructionist approach to knowledge construction. I also review IPR studies combined with autoethnography, which foster the embodiment of the researcher and take the narrative paradigm even further. I start the chapter, however, by situating myself as an autoethnographic researcher, and I indicate how I used IPR and autoethnographic methods to explore my experience of an Ericksonian-inspired hypnotherapy session.

CHAPTER III: METHODOLOGY AND METHODS

Autoethnography refers to writing about the personal and its relationship to culture.

—Carolyn Ellis (2004, p. 37)

Drawing from autoethnography, both as an orientation to research and as a method, as well as from a variation of the process-research method known as Interpersonal Process Recall (IPR), I in this study explore the experience and understanding of an Ericksonian hypnotherapist, Dr. Eric Greenleaf, and his client (me) during a hypnotherapy session focused on addressing the issue of anxiety. I approached this topic with the understanding that in addition to a paradigmatic way of constructing and explaining the world, there is also a narrative way of “constructing and representing the rich and messy domain of human interaction” (Bruner, 1991, p. 4). Thus, I was concerned with the stories and intersubjective understandings that emerged from the conversation Dr. Greenleaf and I had while reviewing a video of our session together.

Autoethnography

We [autoethnographers] frame and cast our vision over experiences through which we’ve lived, and we invite others into conversation about the meaning of these events.

—Arthur Bochner & Carolynn Ellis (2016, p. 46)

Autoethnographers (e.g., Bochner & Ellis, 2016; Reed-Danahay, 1997) give credit for the word *auto-ethnography* to the anthropologists Heider (1975) and Hayano (1979). Heider (1975) used it to refer to his research conducted with the Dani school children, indigenous people of Papua-New Guinea, which he called “Dani auto-ethnography . . . [because] it provide[d] . . . information about the Dani’s own understanding of their world” (p. 3), and Hayano (1979) used it to refer to the work of researchers who “possess the qualities of often permanent self-identification with a group and full internal

membership, as recognized both by themselves and the people of whom they are a part” (p. 100). As a genre, however, autoethnography evolved beyond the original understanding of it, in Heider’s and Hayano’s accounts, and it came to be conceived as a transgressive research practice that challenged, resisted, or extended the boundaries of conventional ethnographic writing practices . . . [and] as a critical response to disquieting concerns about silent authorship, the need for researcher reflexivity, or as a humanizing, moral, aesthetic, emotion-centered, political, and personal form of representation. (Ellis & Bochner, 2002, cited in Bochner & Ellis, 2016, p. 47)

In addition to anthropologists and sociologists, professionals from other fields (e.g., communication, interpretive psychology, psychotherapy) have started to write autoethnographies. For Bochner and Ellis (2016), autoethnography is a “human science that puts meanings in motion, embraces value-centered inquiry, and refuses to be owned by either the sciences or the humanities” (p. 45).

Theoretical Influences in Autoethnography

Pragmatism . . . does not erect Science as an idol to fill the place once held by God. It views science as one genre of literature—or, put the other way around, literature and the arts as inquiries, on the same footing as scientific inquiries.

—Richard Rorty (1982, p. xliii)

We must, in short, descend into detail, past the misleading tags, past the metaphysical types, past the empty similarities to grasp firmly the essential character of not only the various cultures but the various sorts of individuals within each culture, if we wish to encounter humanity face to face.

—Clifford Geertz (1973, p. 53)

The autoethnographic genre encompasses “many different forms of first person accounts and narratives of personal experience” (Bochner, in Bochner & Ellis, 2016, p. 53). According to Bochner and Ellis (2016), this tradition has been influenced by ideas from pragmatism (Rorty, 1982), radical empiricism (Jackson, 1989), social constructionism (Gergen, 1982), and symbolic interactionism (e.g., Geertz, 1973, among others). Some of these ideas include Rorty’s (1982) suggestion of the need of an “approach to . . . social science . . . which emphasizes the utility of narratives and vocabularies rather than the objectivity of laws and theories” (p. 195), Jackson’s (1989) idea that “the knower cannot be separated from what the knower claims to know” (Bochner & Ellis, 2016, p. 57), and the symbolic interactionists’ interest “in people communicating in social relationships, people who act back on culture at the same time they’re influenced, constrained, and liberated by it” (Ellis, 2004, p. 14). Bochner (Bochner & Ellis, 2016), in his personal narrative of “coming to autoethnography” (p. 31), also acknowledged the influence in his work of social scientists such as Gregory Bateson, Jules Henry, Ernst Becket, and Clifford Geertz, who “chose to study life in its natural settings, to think aesthetically, employ rich and expansive metaphors, give thick descriptions, and concentrate on meanings that can take the readers into the heart of lived experience” (p. 34).

Commenting on the process of developing their autoethnographic work in the 1990s, Bochner and Ellis (2016) “situated what . . . [they] were doing in “*the narrative turn* (see Mitchell, 1981; Polkinghorne, 1988; Bruner, 1990)” (p. 51). Bruner (1990), for instance, was concerned with “how to construct a mental science around the concept of meaning and the processes by which meanings are created and negotiated within a

community” (p. 11). According to Bochner (Bochner & Ellis, 2016), autoethnography rose in response to a paradigmatic shift in the social sciences, “prompted by a series of demoralizing critiques of the most revered premises of scientific truth and knowledge” (p. 48). This change in paradigm argued for a different kind of relationship between researchers and what they sought to research, questioning the separation between the observer and the observed and the ethics implicit in that assumption. Bochner and Ellis (2016) considered that their process of attaching new meanings to autoethnography laid “a symbolic foundation for a unifying cognitive structure, a narrative identity that could bring together scholars drawn to . . . [a] kind of work” (p. 54) that would allow the researcher to “write in ways that express the living body, consciousness, and subjectivity” (p. 54).

Autoethnography—Culture as Context

Autoethnography seeks to connect the personal to the cultural and to locate both “self”—however shifting and fragmentary—and others within a social context.

—Allen-Collinson (2013/2016, p. 283)

Autoethnographic research acknowledges and validates the variety of relationships that constitute the research process (e.g., between the researcher and his or her own experience, between the researcher and other participants in the research, between the researcher and his or her topic of research, and between the current research and the relevant literature), and in doing so, it places “communication at the center of inquiry” (Bochner, 2014, p. 83). As Ellis and Adams (2014) noted, “Autoethnography implies connection: the stories we write connect self to culture” (p. 255). According to Chang (2008/2016), culture has been located outside individuals “as a bounded

whole” (p.17) or “in peoples’ minds” (p.17), and she offered an alternative view— “culture as a product of interactions between self and others in a community of practice” (p. 23), as a “web of Self and Others” (p. 15).

In this study, I narrowly define culture in terms of the context of a hypnotherapeutic experience, a context that was being constantly created by the communicational elements to which it provided meaning. That is, I attended to the hypnotherapy experience as a relational whole that contextualizes the interaction between the self of the hypnotherapist and the self of the client, while at the same time being extemporaneously created in that interaction. To best understand the nature of context, Flemons (cited in Castro, 2016) suggested thinking “in terms of a melody: . . . each note within the melody is contextualized by the melody [as a whole], . . . [and yet each note] is also contributing to the context, so, it is, in a sense, contextualizing itself” (p. 49). Ericksonian-inspired hypnotherapists acknowledge the multiple contextual layers in the client’s experience of self and other—including orientations to past, present, and future—all of them intersecting in the co-creational space generated through the hypnotic relationship. As Gilligan (2012/2013) noted, “reality and identity . . . [are] constructed, and trance . . . [is] a major means to create new realities” (p. ix).

Self of the Autoethnographer

Reed-Danahay(1997) noted how the autoethnographer has been considered “a boundary-crosser, and the role can be characterized as that of a dual identity” (p. 3); however, she argued that “a dualistic view of the autoethnographer may be better substituted with one stressing multiple, shifting identities” (p. 3). In this project, I assumed the identities of client and researcher, in addition to my identities as a

Colombian, Latina, woman, mother, wife, graduate student, and therapist, all of them constantly changing as I changed my relationship to different aspects of my experience and as I engaged in internal and external conversations. Dr. Greenleaf also assumed the identities of therapist and co-researcher, in addition to the many others he brought with him. Thus, we both brought these multiple, shifting identities to the process of understanding and explaining what therapeutic choices Dr. Greenleaf made and how he made them, as well as the ways my participation contributed to this process.

In my position as a client, I came to this project with a range of expectations, some known and some felt, that my session with Dr. Greenleaf would open up experiential possibilities for my anxiety issues and that I would leave with a different way of relating to them. I had these assumptions because of how I understood and had experienced hypnosis previously. I did not come with the expectation that I would be cured once and for all. I also anticipated that my way of orienting to hypnosis would be mostly shaped by my natural kinesthetic inclinations, rather than by visual imagery. This, I thought, could limit the range of experiences I would be able to explore as a researcher. I trusted, however, Dr. Greenleaf's ability to utilize my idiosyncratic way of relating to help us co-create meaningful experiences in the session that would allow us to expand our understanding of the relational dynamics of a hypnotherapy session.

As a clinician, the study and practice of Ericksonian hypnosis has helped me connect my experiences as a sentient being to a particular conceptual framework that acknowledges the mindfulness of the body and the embodiment of the mind (Flemons, 2008). This way of understanding and connecting with hypnosis has informed my work with clients. I utilize whatever they present within the session as an entrance to

facilitating their experience of interconnectedness between mind and body, and as an opportunity for inviting new connections with themselves, their problems, others, and their surroundings.

As a researcher, I brought my belief that it is impossible to separate ourselves from that which we seek to research. Paradoxically, I also had the assumption that by immersing in this experience, I would find something of value that would help me to offer better therapy to others. I realized that there was not *a* something tangible to be found, but perhaps a multiplicity of understandings that cannot be compartmentalized. I envisioned this project as a collaborative process that connected experience to words, the subjectivity and intersubjectivity to a relational way of thinking, in a continuous process of interpreting and re-interpreting, which opens the door for new understandings. I also realized that anxiety was the fuel that propelled this project—my anxiety as a client but also my anxiety as a learner. Thus, in Ericksonian terms, this project was an example of utilization.

Given my experiences with Ericksonian hypnosis—as a clinician and as demonstration subject—I did not come to this study as naïve but, rather, as something of a native. Some research approaches might consider this to be a problem. In this autoethnographic exploration, however, it was precisely these experiences, as well as the relational understanding I have developed as a result of my training as a family therapist, that allowed me to bring something of value to the study of hypnosis. Nevertheless, my experience and knowledge of this topic certainly delimited the range of exploration. In a subsequent section (Evaluating Autoethnography), I will further address this issue.

Methods

To juxtapose the hypnotherapist and client's experience and understanding of the hypnotherapy process and thereby generate "a bonus of understanding" (Bateson, 2002, p. 64), I combined information from different sources, following Bateson's dictum. I used transcripts of the hypnotherapy session and of the IPR conversation with Dr. Greenleaf, as well as other data gathered through journal writing, introspection, and a "debriefing" conversation with my dissertation chair.

Research Participants

The two participants in this research were the hypnotherapist, Dr. Greenleaf, and the client, myself. In autoethnography, the subjective experience of the researcher-participant is considered primary data (Chang, 2008/2016), and given the interactive nature of this research, my co-participant's subjective experience was considered primary data as well. Dr. Greenleaf is a renowned Ericksonian hypnotherapist who has approximately 50 years of experience in the field of hypnosis. His expertise made him a suitable participant for this study. I knew of his work because of my participation at the 2015 Ericksonian Congress in Phoenix. I gained access to him through my mentor, who approached him with the research idea. Dr. Greenleaf expressed his interest in the project and accepted our invitation to participate. I contacted him via email to introduce myself and establish direct communication. Once my project was approved, I sent him detailed information regarding the nature of his involvement and secured his informed written consent. Dr. Greenleaf agreed to be identified in this study by his real name. I refer to him throughout this document as Dr. Greenleaf or EG, and I refer to myself with the

pronoun I, with my name, Jimena, or by JC. Therefore, it was not necessary to take any measures to protect our confidentiality.

Given that the story of self is intertwined with the story of others, and that, as the client, I provided Dr. Greenleaf with some family context to talk about my anxiety issues, I have included in this document some details about my interaction with my husband, son, and other family members. My husband was supportive of this project from the beginning, and I shared with him any details of what I wrote that referenced him. Ellis (2004) suggested the practice of “taking our research back to our participants whenever we can” (“Jack” in Ellis, 2004, p. 152). Although my husband was not a main participant, I gave him access to my study at different stages of the process. My son is a minor, and I was cautious and sensitive about how I mentioned him, in case he ever decides to read this study. My husband and I discussed any descriptions that involve our son, and we together settled on which details to include or exclude, as well as on specific wording that best protects our son’s integrity. The focus of this study is on the interaction between hypnotherapist and client, and therefore intimate details about family members has been kept to a minimum. They are included only to provide contextualizing information.

Setting up the Context

The NSU Institutional Review Board (IRB #: 2017-689) determined that my study did not require their formal approval, as it was “outside the purview of the IRB”; I was thus free to proceed with the next stage of my research. I contacted Dr. Greenleaf to schedule the hypnosis session and the IPR interview. For the hypnotherapy session, I traveled to California to meet with Dr. Greenleaf. We scheduled the appointment

according to my and his availability. The hypnotherapy session was video-recorded. I offered Dr. Greenleaf three possibilities regarding the kind of information he could receive prior to our session—clinical information about what I was bringing to the session, the three chapters of the proposal, or no information at all. He chose not to receive any information.

An Autoethnographic Approach to Interpersonal Process Recall

Using a variation of the Interpersonal Process Recall (IPR) interviewing procedure (Elliot, 1986; Gale, Odell, & Nagireddy, 1995; Kagan, Krathwohl, & Miller, 1963; Larsen, Flesaker, & Stege, 2008; Macaskie, 2014; Rennie, 1990; Watson & Rennie, 1994), Dr. Greenleaf and I met to review the eighty-minute recording of our session together and to explore interactions between us that had captured our attention. The IPR interview took place over two consecutive days. We met for three hours in the afternoon of the same day of the hypnotherapy session, and for an additional two hours the following morning. The IPR conversation was also video recorded.

The basic IPR procedure involves recording (video or audio) a conversation that is later played back for the participants “to remember and describe the momentary experiences and perceptions associated with particular events in the conversation” (Elliot, 1986, p. 503). Bloom (1954, cited in Elliot, 1986) first used this procedure, which he named “the method of stimulated recall” (p. 503), to systematically study the “thought processes of college students during discussion sections” (p. 504). Kagan and his colleagues at Michigan State University further developed the method, which they named IPR (Kagan, Krathwohl, & Miller, 1963), “to facilitate therapy and counselor training” (Woody, Krathwohl, Kagan, & Farquhar, 1965, p. 241). IPR has also been used in

psychotherapy process research to study “significant events in psychotherapy” (Elliot & Shapiro, 1988, cited in Macaskie, Lees, & Freshwater, 2015, pp. 229-230), the client’s experience of the psychotherapy hour (Rennie, 1990), the internal experience during professional-client conversations (Larsen, Flesaker, & Stege, 2008), the unfolding of reflexivity (Rennie, 1994), clients’ problematic reactions (Watson & Rennie, 1994), and the benefits of self-reflexive research in marital therapy (Gale, Odell, & Nagireddy, 1995).

Some psychotherapy process researchers have considered IPR a good fit with a constructionist epistemology (e.g., Gale, Odell, & Nagireddy, 1995; Rennie, 1990, 1992; Watson & Rennie, 1994). Rennie (1990) conducted a field study to address what he considered to be a “gap left open by mainstream IPR research” (p. 155), that is, the exploration and representation of “the more subtle, covert aspects of the experience of therapy” (p. 155). According to Rennie (1990), IPR process research in psychotherapy has focused on attending to particular events of the session, and in many cases, participants have been asked to quantify their experience using rating scales (e.g., Elliot, 1986). For Rennie’s research, clients reviewed a therapy session and identified moments they considered meaningful for any reason. Once clients identified the meaningful moments in the course of a psychotherapy hour, an inquirer conducted the IPR interview with them. Rennie (1990) analyzed the data by organizing them into “‘meaning units’, or single concepts” (p. 156), using a grounded theory approach.

In a discussion of his research, Rennie (1990) wondered about how the interview procedure and the data gathered might be influenced by the clients’ interaction with the interviewer. He spoke of what he considered “the deeper issue of objectivism versus

constructionism in human science” (p. 167)—a matter not only of how the interviewer influences the process, but also of how research procedures in general influence the research. Reflecting on how he actively engaged with some clients more than others to help them represent their meaningful moments and internal experience in what came to be a process of co-construction, Rennie noted that “participants sometimes had to grope for the nature of the experience, and for adequate representation of it. During such struggles in the inquiry, I often groped along with them, whence the representation was clearly a co-construction” (p. 168). In a later research project, Rennie (1992) noted that he had gone back and forth from being sometimes actively engaged in co-construction to allowing a more spontaneous account of the client’s experience.

Exploring the benefits of IPR in marital therapy, Gale, Odell, and Nagireddy (1995) also discussed how an IPR interview could be a good fit with a constructionist epistemology. The researchers recorded a counseling session with a clinician, Odell, and a couple. Following this, the interviewer, Gale, conducted an IPR interview with both partners and a separate IPR interview with the therapist. Finally, to elicit information about the clients’ experience with the IPR interview and with therapy, Gale conducted a “post-therapy Reflexive Process Analysis (RPA) interview” (Gale et al., 1995, p. 105). According to Gale et al. (1995), the IPR protocol for the study of psychotherapy process with individual clients had been that of conducting two separate interviews, one for the therapist and one for the client. They deviated from the traditional protocol by interviewing the two members of a couple at the same time; however, they followed the guidelines in interviewing the counselor separately. Gale et al. (1995) suggested that “the

IPR interview contributed to the couple achieving a more consensual type of conversation and reaching agreement on various emotional issues” (p. 123).

In the aforementioned IPR studies, the researchers aimed for narrative explanations that privileged the experiences of therapists and clients; nonetheless, they were organized by an assumption underlying the IPR interviewing protocol—the idea that an “independent” (Varga, Bányai, & Gössi-Greguss, 1994, p. 132) inquirer ensures “a more accurate perception” (Macaskie, 2014, p. 13) or facilitates the eliciting of the participants’ self-reflective accounts (Gale et al., 1995; Macaskie et al., 2015).

Traditionally, the IPR protocol has required that the interrogator or interviewer be different than the participants in the session (e.g., Gale et al., 1995). Even researchers such as Watson (Watson & Rennie, 1994), who explicitly acknowledged the benefits of having a dual role (i.e., researcher and clinician), made sure her clients would be interviewed by a member of the research team other than her. Watson and Rennie (1994) gathered “clients’ reports of their subjective experiences during the exploration of problematic reactions in order to illuminate the internal cognitive-affective operations that clients engage in to resolve problematic issues and effect changes in their behavior” (p. 500). Clients, first, reviewed a videotape of their session with the therapist and identified and rated what they considered to be significant moments (i.e., significant shifts). Then, they reviewed again those significant moments and reported on “their thoughts, feelings, and intentions during the moments they had chosen and . . . explain[ed] why the moment was significant to them” (Watson & Rennie, 1994, p. 501). Watson considered that having a dual role allowed her to grasp “aspects of . . . [the phenomenon] that would not have been possible from a more distant and disengaged

perspective” (Watson, in Watson & Rennie, 1994, p. 502). Similarly to Watson, I adopted a dual role, that of client and that of researcher, but, like Macaskie (2014), I also participated in the IPR interview.

Combining IPR and autoethnography, Macaskie (2014) studied therapists’ experiences of transformation via research conversations with them, followed by an IPR of those conversations. Macaskie was both a participant in the research conversation and a participant-interviewer in the IPR. Her use of IPR differed from traditional IPR research because there was not a consultant, other than her, conducting the interview. It was she, as a researcher and participant in the research, who invited the other participants/co-researchers to stop the recording at what they (including her) considered key-moments. Macaskie analyzed the data gathered in these conversations by using Sullivan’s (2012) dialogical analysis. For Macaskie, “IPR creates an unparalleled opportunity for shared exploration and reflection which could open up new areas of intersubjective therapy research” (p. 13). The autoethnographic component of Macaskie’s research focused on exploring her own experiences of transformation and her involvement in the research process, and she chose to devote specific chapters of her dissertation to explore this experience further.

Macaskie (2014) raised a question about the implicit assumptions in previous uses of IPR; that is, “that the participant was able to access and communicate a true record of their earlier thoughts and feelings, and that this is somehow more likely to be guaranteed by the presence of a trained inquirer” (p. 13). She expressed concern that in focusing on the accuracy of clients’ accounts of their experience, IPR researchers such as Rennie (1994) have disregarded IPR’s potential to “generate intersubjective

understanding” (p. 13) and to create new meanings and experiences. For Macaskie, “The use of IPR need not imply a reification of the thoughts and feelings experienced in a previous conversation” (p. 14).

IPR psychotherapy process researchers have considered “three main units of analysis—the event, session, and course of therapy” (Rennie & Toukmanian, 1992, p. 245). The nature of IPR, however, gives access to particular moments regardless of the overall unit of analysis. Rennie and Toukmanian (1992) posited that “the event as a type of unit is seen as being broad enough to capture main themes of therapy yet narrow enough to enable an in-depth study of the therapy process” (p. 244). The definition of meaningful or key moments has varied depending on the focus of the research and the research questions. In this study, key moments were considered any moments that sparked the curiosity of either hypnotherapist or client, and the unit of analysis was the hypnotherapeutic experience as a whole, including the IPR conversation. According to Macaskie, Lees, and Freshwater (2015), “IPR allows both researcher and participants to identify key moments and to interrogate the ‘key-ness’ of a given moment together, thus bringing a participatory quality to the research” (p. 231). The identification of those moments is a collaborative process that will help both participants to generate intersubjective understanding and co-construct new meanings and experiences. Macaskie et al. (2015) argued that “using IPR need not entail the reification of thoughts and feelings experienced earlier as objective data; rather, it opens up the possibility of exploring the unexplored and creating new experience in the present” (p. 230). Macaskie’s (2014) study, however, did not involve the process of psychotherapy by attending to what happens in the session; it involved the process of generating

intersubjective understanding about therapists' personal experiences of transformation by means of a research conversation.

In this study, I did not attempt to reify thoughts and feelings as objective data; however, I also considered IPR as a valuable method to evoke subjective thoughts, feelings, and experiences as both participants recalled them from their participation in the session. In autoethnographic research, this could be considered as a systematic way of gathering interactive *self-observational data*, which refers to “behaviors, thoughts, and emotions as they occur in their natural contexts” (Chang, 2008/2016, p. 90), and in process research, as a bridge to understand “each participant’s phenomenological experience” (Gale, Odell, & Nagireddy, 1995, p. 106). Both what it is recalled and the conversation about the recalling contributed to the emergent narratives that are co-constructed as a result of the participants’ interaction in the hypnotherapy session, in the IPR, and beyond the session itself, as well as a result of my interaction with the data and my writing process.

The variation of IPR that I employed here resembles what Ellis (2004) described as interactive interviewing in autoethnography but applied to the context of a hypnotherapy session. She noted how in autoethnographic interviewing, the interviewer’s stories, thoughts, and feelings become intertwined with the interviewee’s accounts in a socially constructed process. In interactive interviewing, the participants “act as both researchers and research participants” (Fictional character “Penny,” in Ellis, 2004, p. 64). This way of interviewing has been mainly used in the context of small group interviews, but it could be used between two participants (Ellis, 2004). I considered the IPR for this project an instance of interactive interviewing with the aid of video

recording. Although I asked questions that sparked my curiosity, I also invited Dr. Greenleaf to do the same. During the IPR, he fully participated as a co-researcher. As “Penny” (Ellis, 2004) said, “the focus is on the story that evolves as researcher/participants interact and develop a relationship, as well as the story each brings to the interaction” (p. 64).

Interview Guidelines

The following are some general guidelines to facilitate the variation of the IPR that I used.

Briefing about the interview. At the beginning of the IPR, I invited Dr. Greenleaf to engage in an interactive and conversational interview. Referring to the work of Hosking and White (2013), Macaskie et al. (2015) noted, “When interviews are recognised [sic] as intersubjective events, they are better conceptualized as research conversations” (p. 228). I explained that we would review our hypnotherapy session together and that he or I could stop the video at any time that something called our attention or sparked our curiosity. Either of us could ask questions of the other, reflect on experiences of self, or focus on the interaction. I also told him that I was curious about thoughts, feelings, kinesthetic impressions, intentions, and any other subjective experience, or observable interaction, that prompted his therapeutic choices, and that I wanted to reflect on my internal and external responses to the therapeutic directions he took during our encounter. Larsen et al. (2008) suggested focusing on “there-and-then experiences in session and internal processes that were unspoken at the time of the counseling session itself” (pp. 26-27).

Approaching questions. Given that my research focus was on the process, meaning, and experience of making therapeutic choices as it relates to both the hypnotherapist and the client, I asked questions such as these: “What prompted you to tell that story?” and “I noticed that something shifted; what was happening with you?” I also offered comments on what I was sensing or feeling about myself or about Dr. Greenleaf to open up the conversation, and I clarified meanings regarding Dr. Greenleaf’s explanations of his therapeutic choices. Dr. Greenleaf commented on what he was doing in relation to what I was doing, and he continued extending hypnotic invitations and telling stories during our conversation.

Understanding the role of participants. Most IPR researchers have emphasized the idea that the participants in the interview need “to take an observer role (Elliott, 1986; Kagan, 1984) or an ‘attitude of detachment’ (Rennie, 1992, p. 212)” (Larsen et al., 2008, p. 26). Larsen et al. (2008) considered that interviewers need to take this into account to help participants focus on the session that is being reviewed and not on issues that are coming to the surface at the moment of the interview. This requirement, however, is based on the assumption that it is possible to separate the observer self from the experience that is being observed. In traditional IPR research, the presence of an independent inquirer who did not participate in the session helps to foster this assumption. In their discussion of intersubjectivity and research, Gillespie and Cornish (2010), however, noted how in an ethnographic engagement, “the researcher does not study intersubjectivity “out there” but rather enters into the intersubjective web, and through being part of that intersubjective world, comes to understand it” (p. 23). In this study, while the focus of our IPR conversation was on the process of the session, as an

autoethnographic researcher, I did not carry the assumption that there could be a detachment. I considered that as participants and co-researchers, we could attend to process by acknowledging our embodiment and engagement in both the session and the interview. Todres (2007/2011) suggested a “reframing [of] the purpose of qualitative research methodology . . . [as] empathic understanding” (p. 182).

Collecting Additional Autoethnographic Data

According to Chang (2008/2016), “Autoethnographic data come from your present as well as your past” (p. 89). In addition to the data gathered through the IPR interview, I included some contextualizing information that I used to illuminate the reasons why I assumed my role as client. These data, which had already been collected, consisted of some brief extracts from a travel journal and extemporaneous self-reflective writing I did to express how anxiety issues had affected me. In autoethnography, the process of inquiry and writing are tied together (Bochner & Ellis, 2016). I also included in the journal self-reflective data that “result[ed] from introspection, self-analysis, and self-evaluation” (Chang, 2008/2016, p. 95).

Data Processing

Subsequent to the hypnotherapy and the IPR interview sessions, I wrote entries in my research journal with reflections about my experience in the sessions and any other thoughts that arose. I generated transcripts of both sessions using the Express Scribe transcript software. As I engaged with these transcripts, I continued jotting down in my journal any impressions, feelings, thoughts, and ideas that came to mind. To help me make sense of the data, I kept in mind that “meaning-making is . . . a bodily inclusive hermeneutic cycle in which one’s bodily-sensed-situation-in-relation-to-words ‘gives the

words a new life' (Gendlin, 1997, p. 8)" (Todres, 2007/2011, p. 24). This process of embodied understanding also happens through our interactions with others and their embodied understanding. For Todres (2007/2011), bringing this orientation to "qualitative research . . . would try to put experiences into words in such a way as to show a humanized and intersubjective world where people and world are intrinsically connected" (Todres, 2007/2011, p. 182). My goal was to write a narrative account of what transpired in the interaction between Dr. Greenleaf and me through a juxtaposition of our two perspectives. In order to do this, I inserted quotes from the session and from the IPR conversation, as well as quotes from my journal. In my process of analyzing the data, or writing a story, I continued looking for other connections and ways of unfolding the interactive nature of an Ericksonian-inspired hypnotic process by going back and forth between self (myself as the client) and other (Dr. Greenleaf), while attending to different contextual levels within the session and in our conversation. According to Richardson (2001), "*Writing is a method of discovery*, a way of finding out about yourself and your world" (p. 35).

Data Analysis

IPR researchers seeking for narrative explanations have analyzed the data gathered through interviews by means of grounded theory (e.g., Rennie, 1990; Watson & Rennie, 1994), discourse analysis (Gale et al., 1995), and identification of themes (Gale et al., 1995). Macaskie (2014) used dialogical analysis for the IPR data and worked on the autoethnographic part separately. In this study, the analysis entailed the crisscrossing of the different sources of data (i.e., identifying extracts from the IPR, the journal, and the debriefing conversation that were related to extracts from the transcript of the session)

and extemporaneous writing, allowing for the narrative to emerge. According to Ellis (2004), “stories are themselves analytic” (p. 196). The focus of the analysis was on storying the process within the session, following the flow of time.

The process of analysis started as early as the processes of collecting and preparing the data. The narrative account involved not only events that unfolded through time, but also, in keeping with an Ericksonian perspective, analogic or metaphoric relationships that I recognized. That is, I looked for connections between events that happened at any given point in the session (e.g., any communication from the client) and events happening at any later point (e.g., the therapist’s utilization of the information previously given by client). The process of connecting interactions across time, as well as elucidating interactions that are extemporaneously unfolding at any given point, helped me to produce a descriptive narrative of an Ericksonian session that brought to life the voices of the two participants and their interaction. According to McLeod (2001/2011), the central aim of an autoethnographic study is not to provide a reflective, analytic account of some aspect of experience, but to allow the reader or audience to enter the experience itself. In doing this, autoethnography is not seeking to generate a close understanding, in the form of a model or set of themes, but to create the possibility for the audience to construct its own interpretation and understanding of the material. (pp. 209-210)

Evaluating Autoethnography

To evaluate qualitative research, Guba and Lincoln (Guba, 1980; Lincoln & Guba, 1985a, as cited in Lincoln & Guba, 1986) developed criteria parallel to those used by quantitative researchers. That is, rather than testing for rigor, they sought evidence of

trustworthiness. They substituted the notions of credibility for internal validity, transferability for external validity, dependability for reliability, and neutrality for objectivity (Lincoln & Guba, 1986). To increase credibility, Lincoln and Guba (1985a, cited in Lincoln & Guba, 1986) suggested prolonged engagement with the phenomena, persistent observation, triangulation of data, peer debriefing, negative case analysis, and member checks. To ensure transferability, they recommended thick descriptions that would allow others to judge relevance and fit. And for dependability and confirmability, they proposed the creation of an audit trail and the invitation of an external auditor who could follow the trail and evaluate the process and product results. In addition to the criteria for trustworthiness, Lincoln and Guba (1986) also offered some criteria for authenticity—fairness, ontological authenticity, educative authenticity, and catalytic authenticity—which they considered “more aligned with assumptions about interpretations as socially constructed undertakings” (Schwandt, 2007, p. 12). According to Lincoln and Guba (1986), “Fairness may be defined as a balanced view that presents all constructions and the values that undergird them” (p. 20). Ontological authentication refers to the “improvement in the individual’s (and group’s) conscious experiencing of the world” (Lincoln & Guba, 1986, p. 22) in the maturity and authenticity of their constructions. Educative authentication refers to facilitating the means for the people involved in the research to “appreciate (apprehend, discern, understand)—not necessarily like or agree with—the constructions that are made by others and to understand how those constructions are rooted in the different value systems of those others” (Lincoln & Guba, 1986, p. 23). Catalytic authentication is related to how action is facilitated and

stimulated (p. 23), and tactical authentication considers how that action affects change, and how (and who) it empowers or impoverishes.

Some of the aforementioned criteria (e.g., reliability, generalizability, and validity), traditionally used in other qualitative research approaches, have been applied in autoethnography, but their “context, meaning, and utility . . . [have been] altered” (Ellis, Adams, & Bochner, 2011, p. 282).

Generalizability as resonance. Ellis (2004) noted how the criteria of generalizability is usually mostly considered in reference to empiricist tenets; however, she added, “a story’s generalizability is always being tested . . . by readers as they determine if a story speaks to them about their experience or about the lives of others they know” (p. 195). Bochner (Bochner & Ellis, 2016) described the concept of resonance as a way of giving new meaning to generalizability. Through resonance, Dr. Greenleaf’s and my story as co-participants in a hypnotherapy session can reach out to others, inviting them into a relationship with our story. Additionally, Bochner (Bochner & Ellis, 2016) suggested that metaphors facilitate a story’s resonance, making it significant, because they invite connections in the reader to themes that have some kind of “universal ‘resonance’” (p. 237). The inclusion of thick descriptions allows readers to pass “judgments about the degree of fit” (Lincoln & Guba, 1986, p. 19) between our stories and other contexts and lives.

Validity as verisimilitude. Ellis (2004) saw validation as resulting from readers being able to compare and contrast “their lives to ours” (p. 195) and to wonder about “the reasons” (p. 195). For Ellis, the concept of validity is related to the idea of verisimilitude, which means that the autoethnographer’s story “evokes in readers a feeling that the

experience described is lifelike, believable, and possible” (p. 124). Additionally, validity can also be considered in relation to how this work will “help . . . readers communicate with others different from themselves or offer . . . a way to improve the lives of participants and readers” (Ellis, 2004, p. 124). In evocative autoethnography, the author orients his or her inquiry to “replace . . . the concept of ‘truth’ with the concept of ‘usefulness’ (Bochner, 1994).” (Bochner, Bochner & Ellis, 2016, p. 239). The validity of this inquiry will thus be considered in terms of its usefulness for both participants, as well as for readers who might benefit from it (e.g., hypnosis clients, therapists in training, hypnosis researchers).

Ellis (2004) introduced some questions posed by Arthur Bochner that could help evaluate an autoethnography in terms of generalizability and validity. For example,

Do our stories evoke readers’ responses? Do they open the possibility of dialogue, collaboration, and relationship? Do they help us get along with each other? Do they help us change institutions? Promote social justice and equality? Lead us through consequences, values, and moral dilemmas? (p. 195)

Reliability as credibility. Ellis, Adams, and Bochner (2011) suggested that reliability could be thought of in terms of “the narrator’s credibility. Could the narrator have had the experiences described, given available ‘factual evidence’? Does the narrator believe that this is actually what happened to her or him? (Bochner, 2002, p. 86)” (p. 282). To ensure credibility in this inquiry, I followed some of Lincoln and Guba’s (1985a, 1986) suggestions, such as triangulation and member checks. The triangulation happened through the IPR interview, which allowed me to crosscheck Dr. Greenleaf’s and my stories as we discussed the different events that occurred during the session. As

part of the member-checking process, I brought the research back to the participants (Ellis, 2004) by inviting Dr. Greenleaf to comment on my work before the final defense, and by allowing my family members to read my work during the process. The variation of the IPR proposed in this inquiry, however, went “further than member-checking procedures that ask participants to check the factual accuracy of the content of an interview transcript” (Macaskie et al., 2015, p. 237). Indeed, this study achieved what Macaskie et al. referred to as a “democratiz[ation of] . . . the inquiry” (p. 233). Finally, I also conducted a debriefing conversation with my mentor, Dr. Flemons, who helped me reflect on my participation “in the process of knowledge construction” (McLeod, 2001/2011, p. 50), and who acted as an auditor for the overall research process.

In some qualitative approaches, such as phenomenology, researchers attempt to bring clarity to the biases they bring to the research by putting them aside. This practice is called *bracketing*, and it “is a means of demonstrating the validity of the data collection and analytic processes” (Ahern, 1999, p. 407). Autoethnographers, however, consider that “there’s something to be gained by saturating your observation with your own subjectivity” (Ellis, 2004, p. 89). In a conversation I had with Carolyn Ellis, she mentioned that she would invite her students, after they had conducted their project or sometimes along the way, to reflect on what they could see from outside that they could not see from inside; nonetheless, she said, “we do not bracket in autoethnography” (C. Ellis, personal communication, January 13, 2017). My debriefing conversation took place within a month of the IPR interview. The focus of this debriefing was on my dual role as researcher and client, as well as on my multiple shifting identities. Bochner

described how he started to question the contradiction inherent in the practice of bracketing, as he was experiencing it, in communication research.

As a communicating human being studying humans communicating, I was inside what I was studying. Gradually, I allowed myself to take this contradiction seriously. I began to question whether it was reasonable to “bracket” the most important qualities of communication—its subjective and reflexive characteristics—“in the name of science” in order to produce “objective” data. (Bochner & Ellis, 2016, p. 33)

Relational Ethics

Bochner (Bochner & Ellis, 2016) offered what he considers “*ethical obligations*” (p. 58) in autoethnography that are also “relevant to all forms of qualitative research construed as interpretive” (p. 57). Some of these assumptions include the following: (1) The researcher is part of the data; (2) a social science text always is composed by a particular somebody someplace; (3) the writing process is part of the inquiry; (4) research involves the emotionality and subjectivity of both researchers and participants; (5) the relationship between researchers and research participants should be democratic; (6) the researcher’s voice should not dominate the voices of participants; (7) researchers should accept an ethical obligation to give something important back to the people and communities they study and write about; (8) what researchers write should be “for” participants as much as “about” them, (9) researchers and participants should be accountable to each other; (10) research should be about what could be (not just about what has been); and (11) the reader should be conceived as a co-participant, not a

spectator, and given opportunities to think with (not just about) the research story (or findings).

Although I am introducing these principles at the end of this chapter, they informed the choices I made throughout the design of this project. For example, I democratized the inquiry by inviting Dr. Greenleaf to take the role of co-researcher during the IPR. Additionally, once I wrote the narrative, I made it available to him, giving him the ability to critique and comment on my work before my final defense. I gave him a copy of the video of the session and the right to use it for publication or for any other educational purpose, and I will send him a digital copy of my completed dissertation. He was also informed that he had the right to withdraw from the project at any time during the process. Bochner and Ellis (2016) considered that “doing ethical research requires that we honor our relationships with participants and make wise decisions about fulfilling our responsibilities toward them” (p. 139). In addition to my responsibilities towards Dr. Greenleaf as one of the main research participants, I also had responsibilities towards my family members, and I took care in how I wrote about my interactions with them. Ellis (Bochner & Ellis, 2016) referred to conducting “compassionate research within a relational ethics of care . . . [in which] researchers and participants work collaboratively, sharing authority and responsibility” (p. 156).

As a researcher and client, I put myself in a vulnerable position at the intersection of multiple shifting identities and confusing roles. As the client, I knew I could not distance myself from the fact that I wanted to see some change in my life as a result of this process; however, I was also aware that this research was focused on process and

meaning, not on outcome or effectiveness. Thus, I mostly waited until Chapter V to describe and comment on post-session changes.

In Chapter IV, I present a narrative of Dr. Greenleaf's and my experience that is designed to allow readers to draw their own conclusions. Bochner (Bochner & Ellis, 2016) mentioned that "autoethnography should be celebrated and appreciated as *the genre of doubt*. . . . Doubt and awe should remain in our stories." (p. 247).

CHAPTER IV: DATA ANALYSIS

Stories are themselves analytic.

—Carolyn Ellis (2004, p. 196)

Hypnotherapy within the Ericksonian tradition is commonly, though not universally, considered a collaborative, cooperative, and co-constructed process, in which the hypnotherapist and the client engage in a relational dance. Thus, it makes sense that attempts to understand such an approach to hypnotherapy should also be co-constructed. The following data analysis reflects a commitment to juxtapose the hypnotherapist's (Eric Greenleaf's) and the client's (my) experiences, perceptions, and understandings during and after a single hypnotherapy session. Data for the analysis were drawn from eighty-minutes recording of the session, five-hour recording of our Interpersonal Process Recall (IPR) conversation, as well as from my autoethnographic journaling. What follows is a story that embraces movement and pause, conscious attempts to make sense of the experience and unconscious aspects of that experience expressed in stories, metaphors, and descriptions of sensory experience, emotionality, and hypnotic trance.

The analysis of the hypnotherapeutic experience is constructed as a narrative of the experience as a whole, including the session, the IPR of the session, and, indeed, this analysis of both. During the IPR, Eric Greenleaf (EG) and I stopped the recording or commented on something that called our attention (as the recording was going) 30 times in total (he took the initiative 16 times; I, 14). I also initiated three additional conversations about general therapy topics that were related to the process of the session as a whole. For the analysis, I juxtaposed the main topics EG and I covered during our conversation with passages from the session and extracts from my journal, deriving six

discrete narrative sub-wholes, which, in collaboration with Douglas Flemons (DF), I have named hypnotic holons. The term *holon* was coined by Koestler (1967/1982) to refer to intermediary structures on a series of levels in an ascending order of complexity: sub-wholes which display, according to the way you look at them, some of the characteristics commonly attributed to wholes and some of the characteristics commonly attributed to parts. (p. 48)

The hypnotic holons that I present here demarcate times when EG initiated a particular interaction in response to something I said or inspired by his curiosity. His invitation, my response, and his response to my response felt like a relational dance, in which each of us mutually led and followed. Through this co-creative process, breath was insufflated into possibilities that became vivified but also grounded in my embodied way of being in the world. I kept repositioning myself in relation to my own experience. Koestler (1967/1982) suggested that the conscious and unconscious processes that are at the heart of “all creative activity . . . have a basic pattern in common: the co-agitation or shaking together of already existing but previously separate areas of knowledge, frames of perception or universes of discourse” (p. 195). Thus, the hypnotic holons were born as a result of the meeting of EG’s and my experiential languages and idiosyncrasies, our intentionalities, predispositions, EG’s therapeutic commitments and hypnotic techniques, and my role as a narrator, among others. The holons represent different aspects and stages of the co-creative process of the hypnotherapeutic experience, and each is sustained as a whole by an implicit or explicit embodied intentionality, that is, by some intention that can only be acknowledged once it has taken shape and come to fruition. As Koestler (1967/1982) said, “The verification of a discovery comes after the act; the creative act

itself is for the scientist, as for the artist, a leap into the dark, where both are equally dependent on their fallible intuitions” (p. 196).

The holons have been arrayed sequentially; that is, the second holon occurred later in the session than the first, the third later than the second, and so on. They include the following: (1) Imagining and Embodying a Desired End; (2) Casually Constructing a Resourceful Identity; (3) Embracing the Complexities of Family Relationships; (4) Dancing with and Embracing Polarities; (5) Engaging with the Ineffable; and (6) Integrating the Experience and Sprinkling Possibilities into the Future. In my analysis, I weave together within each holon descriptions of what happened, EG’s explanations of what informed his choices, my descriptions of my experience, and my making sense of each and all of these, reflecting on what I saw, what I remember, and what I know theoretically as a student of hypnosis. This means that although the order of the holons follows the flow of time through the session, within each holon itself I include elements derived from different points of view and points of time, combining session transcripts, theoretical ideas, IPR reflections, journal musings, and post hoc sense-making.

To illuminate the multiple layers of communication and to allow the characters in this narrative to speak for themselves, I have inserted passages or quotes from different sources, which I identify in the following way: The transcript of the actual session is indicated as TR; extracts from the Interpersonal Process Recall interview, as IPR; thoughts from the debriefing conversation I held with my dissertation chair, as DB; and journal reflections regarding my internal experience (what I was thinking, feeling, or sensing) during the session, the IPR, or in the process of writing, as J. All journal citations are followed by a date so that readers will know when the note was written. The

narrator's voice, the one tying together all the aforementioned layers, isn't labeled. To identify the participants, I will continue to refer to Eric Greenleaf as EG. In addition to referring to myself with the first-person pronoun "I," I also identify myself in the transcript and the IPR as JC. My dissertation chair, Douglas Flemons, with whom I conducted a debriefing of the session and the IPR, I refer to as DF.

Before I embark on the narrative of the six hypnotic holons, I am going to set the context for their unfolding in two additional ways. First, I am going to cast light onto the quality of participation and connection that EG brought to the session and to the IPR; indeed, it is infused in everything he did. Then, and as a way of honoring both conscious and unconscious aspects of the experience, I set the mood for the unfolding of the narrative by sharing a story that came to mind after the hypnosis session was over, followed by my interpretation of it in relation to my process with EG.

Context Setting

Stories are central to EG's way of thinking and communicating. He has a proclivity for storytelling. He tells stories and weaves them into every invitation he extends and into every response he gives. EG also thinks in stories, and he listens "cinematically" (IPR, p. 4), one scene after another, to the images and emotions that clients bring forward in the process of telling (IPR, pp. 2-3). EG's storytelling (which involves telling but also listening) invites a crossing between his experiential world and that of his client (me). EG also goes into trance (IPR, p. 83). When he is telling a story, he shifts his tone of voice and pace, which I identified as his trance voice, and he also gives non-verbal cues with his hands to communicate a particular emotion or idea (DB, p. 2). In the process of offering stories, EG and I shared not only the content but also the

emotional space that the stories created. We breathed in and out the emotions and feelings of the other but also of the story as a whole.

EG's hypnotherapeutic sensibility orients his listening towards stories of exceptions or completion, that is, stories of the person feeling like him- or herself without the problem (IPR, p. 17). In these stories, EG looks for descriptions of the person feeling loved, peaceful, stress-free, having sense of agency, or any other feeling that she or he seems to be looking for (as implied or indicated in the stories that are being told). These stories, like dreamboats, have the ability to carry intentions toward therapeutic goals (EG, IPR, pp. 6-7). Thus, within the client's pool of experiences and emotions, EG looks for "something particular . . . that works okay" (IPR, p. 2) and that would facilitate the carrying forward and the spreading or transference of these experiential possibilities to other contexts.

EG thinks of hypnotherapy as a relationally oriented process. Thus, he considers it important to read and translate into the client's experiential language (IPR, p. 36). For him, therapists could infer this language by observing clients when they are "unself-conscious" (IPR, p. 15). From his observations of my being unselfconscious, for instance, EG fostered interactions in which I could bodily and emotionally engage in the experience. EG tuned in with my kinesthetic and emotional sensibilities, which he referred to as "feeling the feelings . . . as physical" (IPR, pp. 12-13). EG also engages in the experience with his humanity and ability to be genuinely present in his interactions with the other. As part of this genuineness, EG vouches for self-disclosure in therapy when "the stories are intended to be helpful to the other person" and when "they are true stories, which . . . [he] can say . . . with the proper emotion" (IPR, p. 51).

EG's quality of interaction also invites a rhythm, a back and forth dynamic process, creating a pattern of interaction that played over and over again, all through the session. This pattern created a narrative arch within each holon. There was always an initiating movement, whether it was an invitation extended by EG for me to respond to something, or he was responding to something I was saying or doing. He invited me, for instance, to set the goal for the session, reposition myself, revise my family history, dance and embrace polarities, engage with the unconscious, and gather my experience while envisioning the future. As my responses unfolded, EG focused on listening intently and warmly to my descriptive language and stories, while allowing his mind to ramble around through different levels of consciousness. In other words, his listening had a trancelike quality (i.e., it allowed for non-volitional and random associations to be part of the communication process). EG does not tune in to isolated words, not even to meaning per se, but, rather, to the images and feelings that the shared stories bring forward. While listening, however, EG also wonders (in the back of his mind) how he could utilize what he is hearing.

The listening was always followed by, or interwoven with, some kind of intervention to invite me into a new way of relating to my experience. I identified a variety of such interventions, many of which will be elaborated throughout the holon-defined narrative, below: a) facilitating an anchoring of the therapeutic goal in my body, b) reframing, c) spreading and contracting the problem, d) introducing the other side of a polarity to balance out and create movement, e) using metaphors to invite a relationship with the unconscious, f) indirectly or casually introducing possible solutions for possible problems, g) centering, and h) creating expectancy towards change. At the base of these

techniques, there was also a basic pattern, which involved EG inviting me to continue doing what I was already doing, and then inviting a slight variation (IPR, p. 93).

My responses to EG's interventions would usually come in the form of perceptual shifts, such as a) feeling grounded and congruent, b) feeling like I was floating "in-between," c) having a sense of slowing down, d) being surprised by some odd non-volitional response occurring in my body, and e) feeling centered. Finally, I continually noticed not only changes but also a sense of completion involved in such shifts, including a gathering of the experience and an invitation to bring the change into other contexts. The boundaries between these various processes were not rigid. The initiating, listening, intervening, and completing were always interweaving within and between the hypnotic holons, which themselves flowed into each other.

Setting the Mood

Was he a magician, or the character of a novel popping out of nowhere, the one who unexpectedly comes into the scene to disappear later on in the same way? I don't know, but on a sunny winter day, many years ago, I found myself walking with him in a little busy street in the San Telmo neighborhood in Buenos Aires. As every Sunday, I found out later, there were a myriad of little stores and ateliers offering antiques, pieces of art, and handicrafts. His gray hair and older complexion gave me the impression that I could trust him. After my quick assessment to figure out if I could continue walking and talking with him, I just abandoned myself to the experience. I do not remember what we talked about; I cannot even remember his name; I only know that I was listening for something that was way beyond words. I just had a felt sense that, somehow, there was something special about that encounter, and I allowed myself to flow. At some point, along the path, he disappeared into a store. I waited for him outside because I wasn't sure we had said good-bye, but I never saw him again. By his suggestion, my walk ended at Lezama Park, a mid-nineteenth century park. There, I discovered some amazing trees, sensual and spiritual at the same time. I got delighted with all their revealing human-bodily figures connecting the earth and the sky. (J, pp. 12-13; 12/16/17)

I remembered this story, which occurred more than twenty years ago, a couple of days after my hypnosis session with EG. Somehow, my encounter with him reminded me of my adventure, as a young woman, with that unknown wise-magical companion. There

was this aura about the man I met back then, but also about EG, and I made a quick decision that he was trustable and that I could embark freely into the experience of the session. Looking back after it was over, I had the sense that we had gone on a trip together, back and forth into the past, in, out, and around, but certainly moving forward to the future. We rambled around into stories of my life (but also of his life) that were brought back and re-purposed, much like the antiques in San Telmo's market in Buenos Aires. Such repurposing can be understood as Ericksonian utilization.

Referring to some of the stories that were told during our session, I found myself telling EG later, during the IPR, "oh I thought that was wrong," but then realizing that it was not all wrong after all, that it was right, and that I was just right. EG became a travel companion throughout the session, and he helped me discover some hidden treasures waiting to be dusted off (DB, p. 28).

As "bread comes with the soup," a story comes with feelings, EG said during our IPR (p. 3), and he added, "the story is a balloon with static electricity and stuff comes with it— . . . pieces of fabric, hair, whatever" (p. 2). Thus, the story of this hypnotherapy experience comes with an overall feeling of "I'm just right," in addition to a wide range of other feelings attached to the stories that we both told, and that he invited; as well as to the stories that were evoked. I had the sense that EG talked to me from the beginning as if I already was where I am supposed to be. His way of communicating and encountering me as a whole gave me the sense that I was an accomplished human being, so much so that I, sometimes, wondered what I was doing there. I felt uplifted and at ease. In the months following the session, I have felt more confidence in who I am as a clinician. Somehow, the embodied understanding I experienced during the session has resonated

outward, and I have found freedom in how I voice my ideas. In my personal life, I am still wondering if my family can tell any difference in how I relate to them. I can only say that sometimes I have found myself not worrying so much in my body, yet the habitual words of caution still come out of my mouth when I see something going on with my family that stresses me out.

With this context-setting in place, I now proceed to present the six holons.

Holon One: Imagining and Embodying a Desired End

"I don't want to know what's the matter ... I want to know the goal . . . because it's hard enough to get there, but it's impossible if you try to climb the mountain backwards by saying what caused this distress." (EG, IPR, p. 2)

Expressing the pragmatic and goal-oriented nature of Ericksonian hypnosis, EG opened up the session with a question aiming to set an overarching goal for our work, which I initially understood as an invitation to tell him about my problem. EG made several attempts to reorient the conversation towards what he considered helpful. In some of those instances, I was aware of what EG was doing, but in others, such as in the following passage, he took me by surprise.

EG: To begin I'd like to know what you thought of before today that is important for you in our conversation today. (TR, p. 1)

JC: Uh-hum Okay, I was thinking that . . . you know like even just preparing for this you know the whole thing is how much anxious I can get about things you know and specially if . . . and I think that is draining me. It's draining my energy. I mean, of course, I've been, you know, the last years doing my Ph.D., [and] I have an 8-year old child.

EG: Ahhhh Boy or Girl?

JC: It's a boy.

EG: Named?

JC: His name is Shanti.

EG: Shan?

JC: Shanti

EG: Nice! (TR, p. 1)

This is EG's rationale for reorienting the conversation:

EG: You started to get into the problem . . . in an intelligent and sophisticated way . . . but since I don't think that's useful . . . I don't think discussions about anxiety or depression are useful. I interrupted you by asking your child's name. (IPR, p. 8)

JC: wow (IPR, p. 8)

JC: It was a surprise for me to find out that EG actually had interrupted me with . . . [that] question. . . . It was so subtle that I just felt he was simply curious about my child's gender and name, which he also was. As with most of his questions, I actually experienced his genuine curiosity for what I was telling him. (J, p. 14; 01/08/18)

Despite having been a student of brief approaches to therapy and Ericksonian hypnosis, I have struggled with the pragmatics of initiating therapy by identifying a therapeutic goal. Thus, in order to better understand what EG meant by goal, I shared with him how I have been bothered by this word since I came to the United States to learn about psychotherapy.

JC: For me it's kind of, kind of paradoxical and [a] little crazy to . . . talk . . . about a solution at the beginning. . . . The word . . . used to freak me out

because I said, oh my gosh, there must be only one way to the goal, you know, a solution for me . . . needed to be so particular . . . that it just stressed me out. (IPR, p. 55)

Flemons (1991) characterized conscious purpose as “a race horse with blinders . . . chiefly concerned with getting from point A to point B in the most direct way in the shortest possible time, . . . [and] suffer[ing] . . . the effects of tunnel-vision” (pp. 89-90). This image has helped me put an image to my sensed discomfort with the whole idea of a therapist getting organized by a particular goal. Reflecting on the therapeutic paradox of having to attend to goals in therapy and the implications that this attempt may have, if conceived only within the context of purposeful actions, Flemons (1991) said: “Solutions that do not escape the dualistic assumptions of conscious knowing hopelessly entangle in the problems they are helplessly trying to eradicate” (p. 93). I have learned, though, that many Ericksonian therapists have a way to avoid such dualistic thinking. They invite trance and utilize stories and metaphors as a way of encountering this paradox and all the other paradoxes and contradictory entanglements in which we as relational beings engage. This relational language facilitates the creation of new connections (e.g., alternative ways of thinking about a problem, re-evaluation of what has been considered as a problem, and the dusting-off of hidden resources) and the subtle and/or indirect delivery of therapeutic suggestions.

EG’s approach to securing the goal for the session challenged my previous assumptions. He invited me to anchor the goal in my body, but instead of feeling constraint, I had the sense that the crossing of the apparent boundaries between my mind and body brought about a perceptual shift that expanded the field of possibilities.

JC: When you say . . . this is the goal . . . it doesn't mean you have to get there lineally You said, the more we expand, the more complex the conversation . . . gets, the more emotions we bring in, . . . the more ideas pop in and out. . . . That's what we are aiming for actually, it's . . . [about] expanding . . . (IPR, p. 55)

EG: Yes, not to go down a narrow path.

JC: Exactly. (IPR, p. 55)

My experience of securing the therapeutic goal was not disembodied. It was an ongoing process of collaboration to *embody the end*, in which ideas or stories were fueled by emotions, sensations, and images, so they could be anchored in my sense of self in a way that I could remember with my body. EG told me that he thinks in stories that come attached with feelings (IPR, p. 3), and they come to mind as he communicates with his clients. For him, the client's predicament is a story line to which he aims to add chapters. These chapters contain stories of exceptions.

EG: I have the story line that there is a distress that's not natural to you . . . that's painful to you, and is spreading in your family . . . so I get a counter example right away. (IPR, p. 15)

JC: When I heard . . . the word 'counter,' I started to ruminate in my mind if he was meaning . . . that we needed to establish a kind of anti-position, sort of like to be at war with the problem, which according to my theoretical stance might produce the opposite of the intended effect. (J, p. 15; 01/08/18)

JC: okay so you are asking me about this that is like . . . it will be the antithesis or not? Not necessarily? (IPR, p. 11)

EG: No, the goal, . . . If I'm drenched in rain, my goal is to dry off. If I'm hungry, my goal is to have lunch. (IPR, pp. 11-12)

*JC: . . . You are developing the goal for that story line [of distress].
(IPR, p. 16)*

EG: Yes, and the goal has exceptions to the bad story, and you gave such a beautiful one, traveling alone, in which case none of the problem applied . . . (IPR, p. 16)

EG referred to the stories of exceptions as *the pearls* from the session (IPR, p. 11). Among these pearls, EG looked for stories that illuminated “descriptors of the feeling . . . [that I as the client] say is being corrupted by the other feeling” (EG, IPR, p. 11). EG’s intentionality for securing the goal from the beginning set the tone for a strength-based hypnotherapy, and it opened up the path for him to listen for what I was looking for. Thus, EG considered that it was not necessary to inquire more about how the stress was affecting me because he knew I did not feel at peace (IPR, p. 11), and he reoriented the conversation to find out what I longed for:

EG: And what would you like instead, if we can arrange for it? (TR, p. 2)

JC: Well, you know, . . . when I go traveling . . . I used . . . when I was by myself . . . [before] I got married and . . . [had] a child . . . I didn't worry about anything. . . . Just by myself, you know . . . I like traveling, I like going to other countries, you know, visiting, but when I'm just on my own like that, just walking around without anything that I have to do, anything that I really need to do, it's just that I want to do, you know I just, . . . I'm a different

person. I don't worry, I mean, even if things don't go [inaudible], I don't care;
I am open to anything new, anything unexpected. (TR, pp. 2-3)

My story of traveling alone was one of those stories that immediately brought back feelings of being at ease and peaceful, hence, it could be considered as part of a solution. EG wondered how we could bring some of that peacefulness into other contexts: “What can we put it together with? How do we make it memorable?” (IPR, p.12). The process of making it memorable turned out for me to be a process of anchoring in my body those wanted feelings I had already experienced, using a language that fit me just right.

EG: Let's anchor it in sensation because you are a very sensitive person, you respond to sound, and smell, and color, and everything else, as well as feeling. So okay when you feel peaceful in your body, that's a very unusual, lovely feeling that's what we want. And how do we identify it? And then I look for a number, you know, the color, the sound, the shape, the whatever . . . because I want to build with you a solution that looks, feels, smells, sounds [just] right. (IPR, p. 12)

This is how the process unfolded in the session:

EG: And that feels how in your body? Being open to anything new and if it works or it doesn't. The best travel is like that, things happen, [you're at a] bus stop, . . . people misdirect you, you find the restaurant you don't know that's there, and . . . you have a great time without a particular plan that must be made.

Even if you miss a train, . . . you get the next. (TR, p. 3)

JC: Totally, and I don't really, I mean, I like it and I enjoy it.

EG: And what does it feel like? Can you describe it?

JC: Oh yeah.

EG: How your insides feel?

JC: Yeah, it feels like (um) peaceful, . . . it feels . . .

EG: peaceful.

JC: Yeah. It feels like peaceful . . . and fluid. Like, I don't have, because I catch myself most of the time.

EG: Peaceful and fluid.

JC: Yeah.

EG: And, what else?

JC: Peaceful, fluid, and

EG: You feel awkward or graceful, strong or weak?

JC: Hum? (TR, p. 3)

EG: When you are just traveling around without, with an itinerary perhaps, but not urgency, "I got to get to . . . I got to get to the cathedral . . . before it opens" . . . because there are many cathedrals. (TR, p. 4)

JC: Yes, no, it's not awkward, it's not . . . so, what is it? Hum, It's just right, it's just fine.

EG: (Inaudible) It's just right, your hands and feet are at ease, the muscles are stretched.

JC: Yes.

EG: If you wanted to run, you could. If you want to sit down, you wouldn't be jumpy.

JC: Yeah.

EG: It feels right.

JC: Yes. (TR, p. 4)

JC: EG invited me to anchor the feelings that my story of traveling brought back. I sensed it as an invitation to quiet down in my body while my mind looked for words that could convey the emotions that were being re-lived. (J, p. 14; 01/06/18)

In the bridging of mind and body, past and present, conscious and unconscious, I was able to gather a treasure-life instance that could accompany me or that could come back to me in the future. Throughout the session, I experienced more instances of crossing experiential boundaries (such as this one) as natural trance moments, or moments of concordance (Flemons, 2002). When EG was prompting me to look for words to capture my experience, he reflected them back in what I felt as hypnotic suggestions phrased in a language that, as Bochner (2014) would say, “touched me where I live and breathe” (p. 226).

Holon Two: Casually Constructing a Resourceful Identity

According to EG, part of what we were doing in the session was “revising the version” (IPR, p. 29) of the story and stories I was bringing to therapy. This practice, a form of “deconstructive listening” (Freedman & Combs, 1996, p. 47) common in narrative therapy, involves helping people “examine their stories in new ways” (p. 47). For me, it was not only a process of (mentally) shifting meaning, but also a process of vivifying, grounding, and being carried across the boundaries of a restrictive definition of myself. Thus, rather than simply engaging in a revision of the stories, I felt I was actually being repositioned in relation to my own experience. EG invited me to revise my stories in several ways throughout the session. In this holon, however, I illuminate EG’s process

of subtlety transporting me across the boundaries between being a client in need of psychological help and being a resourceful person looking for some tips about different life issues, as well as my experience of losing track of the transition between both and simply finding myself instantly in a different position. Like a subtle, almost imperceptible breeze, would do, EG carried me with what I have identified as his trance voice and very subtle movements. In no time, I went from being anxious to being just right, from being un-resourceful to having local knowledge, from being the receiver of advice for anxiety to being a self-sufficient traveler listening for travel tips. It just seemed natural to me that I was already on the other side.

Eliciting a shift in self-evaluation—discovering that I am just right!

“You don't need analyzing. It is not so surprising that you feel very strange but nice. . . . You're not sick. You're just in love” (Irving Berlin—1950)

EG's initial invitation to anchor the goal extended throughout the session in an ongoing process of anchoring possible solutions that not only appealed to my kinesthetic and emotional sensibilities, but also included his natural tendency towards the visual (e.g., colors and images). With the following set of questions, EG moved towards giving me a new diagnosis and helping me shift my self-evaluation.

EG: If you wore a blouse in the right color, what color is right for you? (TR, p. 4)

JC: (laughing) This is funny because . . . I always like the bluish but it came the red one to me when you just. . .

EG: The red one, I like that, and . . . what kind of red is it? Is it like a lipstick red or a rose red or?

JC: No, it's a bright one.

EG: A bright red.

JC: Yeah.

EG: So it's got a lot of energy and not jumpiness. (TR, p. 4)

EG: So I'm describing you (laughing) [as having] a lot of energy, not jumpiness just as you are. (IPR, p. 18)

JC: It was a surprise to realize that when EG was talking about the tone, intensity, and energy of the color that came to mind, he was also talking about me, indirectly communicating that intensity-brightness, and non-jumpiness could hold hands, and that I was right. (J, p. 16; 01/18/18)

EG: It's just . . . [uh-hum] yes? (TR, p. 4)

JC: Yes. (TR, p. 5)

EG: It's just right.

JC: Yes.

EG: When you are not all adrenalized, when you are just right? Is anything lost?

JC: (silence) No. (TR, p. 5)

JC: I found out later that EG had actually made a small move to help me shift my self-evaluation. I was not aware of it when he did it during the session. He turned my initial "it's just right" into "you are just right." The delicacy and subtlety of this movement was such that I actually ended up the session with the sense that I was just right. (J, p. 16; 01/10/18)

Gilligan (2002) suggested that clients get caught up in patterns of negatively valuing their experience or "self-devaluing 'intrapersonal trance[s]'" (p. 45); thus, the hypnotherapist's opening up of alternative frames of reference facilitates a shift in client's ability to use their own resourcefulness. EG's tweak of words instantly connected me with the sense that I was just right. This inner sense accompanied me beyond the session. This is how EG explained what he did:

EG: . . . *I'm moving the self-evaluation, which is so terrible when you are stressed: "What's wrong with me? You know, I can't do anything right, I'm distracted from this and that. My kid doesn't know what to make of me. My husband says why don't you give it a rest," . . . so you get all that kind of self-critique. You know, "I'm a smart woman; I'm a grown woman; I'm a mother and wife, why? What is this? What's the matter with me?" So instead of that, I'm sliding from your . . . you said, "it. it's just right." I said, "What color is just right?" And you said, "Red," and I'm very pleased, I like red, who doesn't like red, and then, I said, "It's just and when it's just right and you are just right, I think . . ."* (IPR, p. 18)

EG also introduced a new diagnosis when he referred to me as being “over adrenalized”:

EG: *I'm giving you a kind of DSM version to say, well you know, "You were over adrenalized, not like you are neurotic," but, I didn't say that. I just said you were over adrenalized. There's all the stress, and then, I'm folding on the diagnosis in. There is a wonderful American . . . musical theater; the reframe is, "You are not sick, you are just in love," and . . . You know the song?* (IPR, p. 19)

(. . .)

EG: *[It] reframes the whole "Oh what's the matter with me? My stomach hurts so" . . . [to] say, "No this isn't sickness, and you don't need psychoanalysis. It's just love . . . that makes everybody," so here I want to say . . . you are over adrenalized, and then, I might say later, you know,*

it's like athletes, the hardest thing, and I see this with my grandson, such a good athlete, the hardest thing is [to] get just enough adrenaline at the start of the game, but if you use too much, if you have too much adrenaline before, you are tired before the first ball is [thrown] . . . and if you don't [get] enough, well you can't run fast, you can't kick hard, and you can't bear pain in the same way. (IPR, pp. 19-20)

During the IPR, EG also offered other possible reframes for anxiety—*anxiety as stage fright and anxiety as something physiological related to movement and not as something psychological, expanding some of the ideas he had already introduced in the session. For example, while hearing my story of how anxious I got a week before my proposal defense, EG said, “you had stage fright” (IPR, p. 20) and “too much adrenaline before . . . ” (IPR, p. 20), and he followed with a couple of stories that indirectly and directly introduced ideas about how to think of it. EG described a film about an American football team before the world championship and how each athlete had dealt differently with that adrenaline rush in the locker room just right before the game (e.g., getting inside a locker, playing roughly, focusing meditatively on a personal photograph, and so on). Also, talking about his wife’s experience of preparing for an audition, EG noted,*

It’s an athlete who is getting ready to perform . . . but the curtains are not up yet, . . . and I know what that feeling is like because I’ve given a lot of public talks, . . . but I don’t get stage fright . . . any more. . . . I do something different. If I can, I walk into the room that I’m going to do the talking, . . . and I go upon the stage and I check out the microphone and I look around and I go around. . . . Then I feel at home there, . . . so I have

a couple of things I do, but they are not superstitious, they are preparatory . . . (IPR, p. 21)

JC: During the session EG had talked about anxiety in the same terms—it is physiological and not a psychological issue. I had also shared with him that sometimes I felt as if I was running but was not getting anywhere because there was always something else or somewhere else I needed to get to (TR, p. 2). Thus, I was able to easily relate to the athletic and stage fright ideas because of how physical I feel the fear in my body (e.g., knots in my stomach, shaking legs, and pressure in the chest). I believe I accepted EG’s invitation and felt repositioned as a physical-energetic person (despite my lows). Following the session, I felt more confident and had the sense that I was able to communicate my thoughts and ideas with more clarity because they came out of an embodied position. A few weeks ago, for instance, I went for a work interview that perhaps at another time in my life would have created a lot of physical symptoms, but it didn’t. I don’t know what happened exactly, but I just kind of focused on the preparation component and did not even have time to freak out. While I was presenting my work, I had the sense that I had come to that point as a whole congruent being. (J, p. 22; 04/08/18)

An invitation to own my local knowledge—I am a self-sufficient traveler

Utilizing the metaphor of traveling I offered at the beginning of our session, EG listened for cues or elements in my story that could help us bridge problem and solution. For Greenleaf (2000), “As therapists, we exploit the metaphorical structure to communicate about emotions and experiences and relationships, and to effect changes in these experiences through that same medium of language” (p. 179). Initially, EG registered the instances in which I made some statements that implied the possibility of not being worried.

JC: Yes, well actually when I travel with my family, I do want to get things done.

Also, . . . I do have an idea, but it's not that if it doesn't happen I'm going to be upset. (TR, p. 5)

EG: Yeah . . . it doesn't make you drive yourself . . . or your son or . . .

JC: No, also when I'm with . . . [my family,] I want them to visit . . . the touristic important places. . . . If I were by myself, maybe I wouldn't just worry too much about [it]. . . . I would just go. (TR, pp. 5-6)

EG: Because there are more places than you can see. (TR, p. 6)

JC: Yes. (TR, p. 6)

Casting light on his thinking process in relation to what he was hearing, EG said during the IPR,

You showed me the bridge between the problem and the solution. You said, it's not exactly that way because I pressure them, but if we don't get there, it's okay. That's ordinary. See, I wouldn't be worried. And you are doing the therapy for me. You are revising the version. . . . You said, "I can be with my family and show them a good time." (IPR, p. 29)

Based on what he heard as an example of competency in my story of being a "self-sufficient traveler" (IPR, p. 32), EG re-contextualized my story of anxiety in terms of a story of traveling (IPR, p. 29). Thus, he gave me travel advice instead of advice for anxiety. The travel metaphor allowed him to explore the magic of the special and undiscovered places in my own life voyage, and it allowed me to reorient towards the session as someone who has some sense of agency.

EG: . . . travel is the right metaphor and not anxiety. You like to be moving.
(IPR, p. 23)

JC: Moving. That's right, . . . that's right.

EG: Moving and emoting both, and then the words that go with it are just the words that go with the movement, you know. They are less important. . . . They are very important, but they are not first. First is the way you move emotionally and physically. You could think like that. I don't know if it's always accurate because you are smart, but it looks to me like those responses come first. The way some people think first and feel later, you would move first, and then feel, and then think, more or less. It's how I imagine it, and then you want to move the right way before you thought about it. (IPR, p. 23)

JC: During the session, I remember being aware that EG was telling me all those stories about traveling for a reason, and I was listening to them with focused attention. I was not totally oblivious to the moral of the stories; however, I did not realize that he was actually reframing anxiety as traveling, indirectly connecting me with an embodied sense of agency while suggesting possibilities for how to deal with my issues. (J, p. 16; 02/27/18)

Ericksonian-inspired hypnotherapists are committed to respecting their clients' uniqueness. One of the ways EG expressed this respect was by talking to me as if I was already a resourceful person. Thus, as a self-sufficient traveler, I had also something to share. EG's way of listening to my story allowed me to experience appreciation for what I brought to the table, both during the session and the interview, and I suddenly found myself in a position of having my own, local, experiential and embodied knowledge. EG

revised my story, which was about traveling somewhere else, and turned it into others traveling to my country. Thus, I became the host and the guide, the one who has the local knowledge and resources.

EG: If someone came to Colombia as a tourist . . . they will see this ruin and that city, . . . but if they went with you, they will see things that aren't in the books. I have friends who live in Lesbos in the Greek islands, and my wife and I went to visit them in the summer. They said, "There is a beach five minutes from our house, you'll like it. It's black sand, nobody is there." I came back, and I saw that a friend of theirs . . . [had] written a guidebook to the island. . . . So I was looking at it, and I said, "Andy where is that beach near Galata? . . . [the one] we went to." He said, "Oh, the writers kept it out of the guidebook; it's too special." . . . Restaurants are like that, event monuments. . . . So I'm of the opinion, which you may or may not share, that I don't care if I don't see the Eiffel tower in Paris . . . because maybe I'll see the Rodin museum, and whatever I see, I'm going to have a good time because it's brand new to me. (TR, p. 6)

JC: Yes.

EG: Is that a possible way to approach other people's travel?

JC: Hum.

EG: Your kid will remember going with his parents and maybe getting ice cream in the Touilleries or something. (TR, p. 6)

JC: Yeah, maybe the travel, yes . . . because that's something that is so fun for me, but in the day-to-day . . . it's . . . I cannot, you know, even with the homework, . . . the day-to-day for me, it's just draining. (TR, p. 7)

JC: I remembered wondering how we had gotten involved so much into this conversation about traveling. I was wondering when we were going to get down to business. Our conversation at that point in therapy had seemed so casual that I was not sure which connections EG was making and whether I was seeing the points he wanted to make. My issue wasn't about traveling; it was about my ordinary life. While listening to EG, however, I remember feeling that I was not doing so bad after all. Maybe, there was nothing wrong with me. I noticed he was talking to me as if I did not need any real psychological help. Suddenly, I found myself being put in the position of having knowledge and experience. (J, p. 17; 02/28/18)

To illuminate EG's rationale regarding the stories he chose to tell, I invited the following conversation:

JC: I want you to explain . . . to me (laughing), 'cause I'm listening, but obviously not, I am listening, but I'm not . . . I want to know what's behind you telling that story [about your friends in Lesbos and the special beach] you know... I know there must be ... (IPR, p. 32)

EG: The best things are undiscovered by regular tourists . . .

JC: So you are saying, I'm not a regular tourist?

EG: Yeah, my friend showed me a special beach. It's a true story. That's the story that comes to me. You think you know all about your problem, but you don't. There's a special part, which you told me about, but it's not in the DSM. It's a part where you are a self-sufficient traveler, a loving

partner and mother, excellent at your work. . . . The special beach is undiscovered. [This] is the point of, . . . this is the moral of the story. And everybody thinks they know all the good beaches and there is even a guide book, but they don't, because the most special things . . . are kept out. (IPR, p. 32)

JC: I noticed that [during this part of the IPR interview], EG changed his voice, into what I identified as his trance voice, when he was telling me about the special things that are undiscovered. He slowed down and punctuated the words in a way that I could listen differently. (J, p. 12; 12/16/17)

Holon Three: Embracing the Complexities of Family Relationships

As mentioned before, the hypnotherapeutic process unfolded as a relational dance. EG's invitations and my interacting with those invitations facilitated a continuous repositioning relative to my own experience but also to EG's own experience and doings. In this holon, I illuminate the process of EG taking me backwards to revise my family history after having taken me forward in the process of securing and anchoring the goal. After having the experience of being resourceful and right in my own skin, I was able to take EG's invitation to expand the conversation, embracing its complexity, without getting drawn into stories of failure. EG reversed what has been traditionally considered the logical lineal process in doing therapy, that is, "history, diagnosis, [and] treatment plan" (IPR, p. 38). For EG, it makes more sense, and it is more organic, to go backwards. Thus, first, he found out about my goal and how I would feel (e.g., peaceful), which for him it is the treatment plan; second, he gave me a new diagnosis (e.g., "Oh, you are over adrenalized"), and then, he went on into exploring history to invite complexity (IPR, p. 38).

EG did not focus on problems; however, he did not join me in attempting to eliminate them, either. Instead of taking a reductionistic approach, EG worked on involving more factors in my initial description of problems, rendering more complex the relational tangle. As indicated by the etymological roots of the word *complex*—from the “Latin *complexus*, past participle (used as a noun) of *complectere* ‘embrace, comprise’ . . .” (online version of the Oxford Dictionary)—the process of complexifying implies inclusion. It is about embracing the intricacies and complexities of life and relationships.

EG: That's what we do, we make it bigger and bigger, [a] more inclusive picture. So it's also more nuanced there. . . . So the conversation between us develops more variety and nuance, but it doesn't privilege the stress or anxiety. It [also] doesn't privilege, you know, the holiness of family love because it's complicated . . . (IPR, p. 53)

To bring nuance and make the picture more inclusive, EG sought to alter the scope of the problem by both “spreading” and “compressing” it. He spread the problem, expanding its influence and its location to other people, and he compressed its expression, joining me at the center of my experience.

Initially, EG had referred to the spreading process as externalizing the problem; however, to distinguish it from the narrative practice of externalizing conversations (White & Epston, 1990), he altered his description.

EG: So you want to, I said, want to, but you find yourself describing the problem as if it is inside you. . . . “I feel stress, my ears pound,” . . . you know like that . . . And I'm trying to broaden the problem to the extended family . . . because it's more workable. . . . If anybody can change for the

better, everybody will be better, . . . so in the manner of family therapy, I want to move away from the identified patient, . . . even if she self-identifies as the patient: . . . "I'm the anxious person, I'm the stressed person, you know my husband is perfectly nice, my child is wonderful. Look at him he is beautiful, but I'm," . . . so I'm . . . I'm making these gestures of bigger space, . . . bigger interpersonal space. (IPR, pp. 8-9)

The movement of compressing involves offering a full description of the problem, in a short period of time, by using words that are emotionally charged, that express and convey acknowledgement and empathy for the client's struggles, while securing the client's assertion that he or she would rather be experiencing something else instead.

EG: You know [compressing] is like looking into the garbage disposal and saying, "Oh my God, look at that mess! Who would want that in her house?" And everyone'd say, "Nobody would," but if you pick at each piece and say, "Look at this! Somebody put hair in the sink. Was that my husband?" You know, and then you have a whole different discussion. (IPR, p. 10)

When we were anchoring the goal, EG had already spread the problem by saying, for instance, "Yeah, that's very clear; they get upset, you get upset. . . . Everyone is drained" (TR, p. 1), and he had compressed it by noting, "Your insights are in turmoil, like an Olympic athlete before the gun goes off" (TR, p. 2). The dialectic between these two apparently contradictory movements created a movement forward:

JC: When EG initiated the process of spreading out the problem to render the conversation more complex, I started to feel the anxiety in my body and some underlying sadness as he was talking about how my family was affected by it. One

thing was that I had told him myself how my family felt, and another thing was that he was speaking it out loud while I was listening to him. The twisting point, however, was when he captured my experience with emotionally intense words (compressing) while juxtaposing them with the physicality of the sports image, which gave me a way forward. Somehow, the feeling of being in an emotional fire eased off with the sense of movement. I had the sense that he got me in that space in between the spreading and the compressing, offering the opportunity to embrace the complexities of the different emotions. This time, however, I ran quickly into the motion. Despite my running, I carried forward the sense of the “in-between-ness.” (J, pp. 14-15; 01/08/18)

Once EG had taken me forward (e.g., anchoring the sense of being right, shifting my self-evaluation, giving me a new diagnosis, and repositioning me as a skillful person), he invited me to go backwards to explore the problem while revising my family history. This time around, however, EG was the one who initiated the problem talk. I noticed that EG’s choice of securing the goal first allowed me to embrace the complexities of family relationships with more ease. This is how EG and I talked about this process:

JC: You don't let . . . [the problem talk] be the overarching, the contextual frame . . . or whatever of the whole thing. You just put it after, but it's not the organizing thing. (IPR, p. 38)

EG: Yes, that's right. It comes up in a somewhat organic way, because I want to keep getting more people into the therapy room, because my picture of it is, you would be the central figure, not because you are the IP [identified patient], but because you are the center of the feelings of the people who you love and who love you. . . . (IPR, p. 38)

In the process of revising, EG challenged my loyalty to the word “worry.” According to EG, it is “like a loyalty to a person—mother, father, or some imagined person. It doesn't matter, but it's a loyalty that pulls you back towards the worry, as if it were an important thing, a birthdate to remember” (IPR, p. 37). Thus, EG prompted me to think about who will be disappointed if I were “not full of worry and jumpiness, and adrenaline, and stress” (TR, p. 5). Since I could not come up with a quick answer during our session, EG continued asking the question in different ways, looking for possible candidates among my family members to help me relocate my internalized worriedness to the realm of relationships. For EG, “the more people we bring in, the more emotions” (IPR, p. 53), and, therefore, the more complexity.

EG: So the question again is, will anybody be unhappy when you are not drained anymore? (TR, p. 7)

JC: I don't think so.

EG: Any childhood rivals, any relatives who wanted the girls not to leave home? Any of that kind of thing in your big extended family?

JC: No, but you know, like thinking, for instance about my mom.

EG: Yeah.

JC: She was visiting, . . . and she worries too much, you know.

EG: She worries too much.

JC: Just that . . . she needs to . . .

EG: She worries too much, and would she be pleased or upset when you no longer worry so much?

JC: I don't know maybe she, she . . . will be stressed because I don't worry
(laughing). I don't know, maybe.

EG: I don't know, but she is a good candidate for an answer to my question.

(TR, p. 7)

JC: She could be. (laughing) (TR, p. 8)

EG: She might say, you know you are going traveling, you have a little boy with
you.

JC: Exactly, "You need to," . . . Oh yeah, yeah, "You need to put the,"

EG: "You need to be careful."

JC: "put the medicine [in the suitcase]," and I say, "But we don't take
medication." She would say, "But just in case," you know, so this "just in
case" is there. (TR, p. 8)

EG: And, does . . . [your mom] quiet down with them [her grandchildren]? Or is
she worrying . . . over your boy? (TR, p. 9)

JC: The funny thing is with them, no, I mean, she, sometimes quiets down, but if
you look at her, she, she, even apparently, she could look calmer than me,
okay. . . . But it's that, the voice with me. . . . For instance, if my child yells, I
would yell at the same time, [yeah] so they are, they say, "One day you are
going to kill us," you know, because if he jumps, then, I jump.

EG: Yeah, you are very, very, very responsive to other people's feelings.

JC: Ah yeah, uh-humm. (TR, p. 9) . . .

JC: Yes, I used to think of always, . . . that I was like umm like an . . . emotional
sponge. (TR, p. 9)

JC: I was always aware of how others influenced me negatively (or positively), but certainly I focused on the negative in relation to the emotional world. [Thus] I had the sense that I needed to protect myself from that, . . . to seclude myself, . . . 'cause I felt I was an emotional sponge, especially with the people closer to me. The foreigners were foreign, but the ones I could sense and feel, love, the ones that I share my inner space with, the inner circle, . . . I learned to be okay by closing up my bubble, but I have to open it up to take care of my child. . . . I feel that I need to take care of every detail, . . . that I'm on constant duty. (J, p. 2; 12/12/17)

EG's prompting to explore the family history felt like a double process—of spreading out the problem to involve other relationships, but also of spreading out the felt experience of the solution I had already begun to taste. This juxtaposition of problem and solution (e.g., conversing about anxiety affecting me and my family and anchoring in my body the sense of peace I experience when traveling) facilitated the creation of a bridge between them. It was a dynamic process of crossing over, and the borders between one and the other got blurred. Throughout the session, we engaged in this back and forth process, and in this movement, other things bubbled up. For example, we gave life back and functionality to an old metaphor that had been on a dusty shelf for a while (e.g., the emotional sponge), we teletransported (through time) a magical bubble (a magical space) in which my now-husband and I used to get in when we were friends many years ago, and we re-purposed a childhood skill I had develop to escape from a mean teacher but also from boredom (e.g., daydreaming/automatic writing). All of these stories became important resources during our hypnotherapy session.

Holon Four: Dancing with and Embracing Polarities

As the session progressed, new levels of complexity were added to the experience. EG was utilizing whatever I was presenting—my descriptions of problems and goals, experiential language, metaphors, images, sensations, stories, and emotions—to invite to life experiential possibilities by insufflating them with breath, emotions, and movement. Somehow, I had the sense that the different stories were all being interwoven into a much richer and more embodied multidimensional breathing ecosystem, in which I, as an embodied being, was at the center of the experience. EG's way of thinking in stories (IPR, p. 3) oriented him to be listening for stories that speak of warm relationships, coziness, creativity, resilience, and competency (IPR, p. 26), but also to listen for opportunities to revise more problematic stories that may come attached with more difficult feelings. Thus, EG invited me to dance with the different emotions moving back and forth between the two sides of polarities. This facilitated a repurposing of the stories that for me seemed to have a negative connotation (e.g., the story of my feeling like an emotional sponge absorbing the negative) and the rekindling of the stories in which I felt stress-free and loving (e.g., being a self-sufficient traveler and being in a bubble with my now husband).

While revising my family history (in the previous holon), for instance, I had shared with EG a metaphor that has accompanied me for a long time: I believed that I was kind of an emotional sponge that would absorb negative emotions circling around in my family. I had the sense that I could not protect myself, so I had to learn how to disconnect or block the emotions out while trying to appeal to my rationality (TR, p. 10).

Given his commitment to utilization, when EG encountered this metaphor, he wondered the following:

EG: I used to think of myself as a sponge. . . . See that's such a good description, and it's the patient's description, not the therapist's interpretation. I used to feel like I was an emotional sponge. So, in the way I think, oh well if you have a sponge what can you do with it? We can do lots. You can store things; you can clean things up . . .

(IPR, p. 40)

In response to my fixed description and static image, EG introduced the complementarity of what I was presenting, subtly tweaking my words. This created a movement, a rhythm, which transformed the emotional sponge into a living organism that had the natural and organic ability of absorbing and releasing emotion.

EG: Yes, an emotional sponge. (TR, p. 10)

JC: I used to call it that, [yeah] and I disconnected for a long time from the feelings. I was like, “Oh no” . . .

EG: From their feelings. (TR, p. 10)

JC: I find it fascinating how this tweak to my words, whether purposefully or not, made such a difference in my experience. I had always told that part of my story as if I was disconnected from my feelings, as if I was not actually able to have them, which sounds insane. To be disconnected from other people's feelings has a different connotation. It seems more like a choice than a pathological issue, and I certainly went on with the tweak. (J, p. 17; 03/01/18).

JC: From, yes, I blocked them up. Before I became a therapist. That was a long time ago, when I was growing up. I just blocked them out. You know, so there

were these two opposite things, you know. Whether I, so I am the emotional sponge or that's just too much, or then I just blocked everyone out. Oh, the world was crumbling down; oh, the world is crumbling down. (TR, p. 10)

EG: It is, of course. [laughing] Glad you noticed, but

JC: Yes, ah, yes. You know, but I had, I developed this thing, so it's not with me, it's not my story.

EG: So it's all on or all off.

JC: Exactly, yes.

EG: Which, neither one of which,

JC: Yeah, it's not, I mean. You know, in the therapy, in the therapy arena [yeah] as a therapist, I learned to manage that better, . . . but it's been a process. . . . But with my family, so I do the same, sometimes, I just disconnect from them, so I don't want to be disconnected from them

EG: And you don't want to be overflowing?? With their feelings . . . (TR, p. 10)

JC: Once again, EG introduced an alternative, in this case what could be thought of as the opposite of disconnected (i.e., overflowing). His movements were so subtle that I was not aware of what he was doing at the moment, but I totally bought into the alternatives he was presenting me. One side includes the possibility of the other side. (J, p. 17; 03/01/18)

JC: Especially because [they] are the negative ones, which, I wish I could be overflowing with the positive ones, but [I'm not]. (TR, p. 11)

EG: You could.

JC: . . . (laughing), If I could, It would be different.

EG: It would be different; it would unnerve everybody else in a good way.

JC: Yes.

EG: They would stop complaining about you.

JC: Oh yes, my husband says, “Why do you always have to see?” You know, we have this story about the cup. “You always see the cup half empty.” I say, “Well . . .”

EG: It's actually the sponge that's empty or full with you.

JC: Uh-hum.

EG: And it fills up with other people's feelings and then you squeeze it all out.

JC: Exactly.

EG: And feel nothing for a while, and then your boy jumps and you jump.

(TR, p. 11)

Although EG and I did not speak about this during our IPR, I realized that when I presented my issue as being disconnected from feelings, he immediately introduced what could be thought as the complement, that is, overflowing with feelings. In the same way, when I said that I overflow with negative feelings, EG suggested the possibility that I could also overflow with positive ones. Some hypnotherapists (e.g., Flemons, 1991; Gilligan, 2002) have explained how both sides of a distinction are actually parts of the same contextual whole, that is, they are contextualized by their relationship. Thus, the introduction of the other side of the polarity allowed EG to contextualize my presenting problem in terms of a natural, organic capacity for sensing, feeling, and moving. The bouncing back and forth between opposite emotions, between absence and fullness, introduced rhythm. It was a jumpstarting of the systolic and diastolic movement of the sponge, of inhaling and exhaling, breathing life into it. In addition, EG also re-introduced

the red color that had come to mind in the process of anchoring the goal, and he made reference to the context I had mentioned as the one in which I felt more skillful regarding feelings (i.e., as a clinician) to conclude with an invitation to transfer this skill to my personal-relationship context. The following excerpt shows a vivid motion picture of the repurposed emotional sponge, in which EG highlighted my gift for feeling.

EG: Yeah, so it's a very . . . what you are telling me, it's a very clear picture of how it goes, . . . but there is not enough red in the palette. When you do therapy, you have to feel the other person's emotions, . . . but you can't store it up, because it'll be too much. . . . You can't go home with five or six sorrows from other people's lives or hurts or fears, . . . but you have to feel them to respond. So, I like very much that you have a sponge. If I told you a sad story about . . . an older friend's [dying and the effect of this on his] family, and it's very sad, and you will feel it. . . . But you'd like to know that the therapist's sponge fills up while we are talking, and then when our session is over, you squeeze it out and put it back on the kitchen counter. . . . A nice bright red sponge, because I think, you want to feel, and by the way, since you have a gift for feeling other people, you might as well use it, . . . but it's when it builds up to a certain level that you have to, you know, race around after it, or try to command it. . . . Make your son quiet down, or your husband stop, or you have to shut it down, in yourself. So it's only got an on and off switch, whereas a sponge is variable. It gets bigger when you fill it, and smaller when you empty it. So, I think, we want the sponge, if that makes sense to you. (TR, pp. 11-12)

JC: I felt as if I went into trance . . . way before he asked me to close my eyes—sort of a sparkling moment. When he or I were talking about the red sponge, . . . my crazy mind (despite knowing it is not like that) was telling me something about how something else needed to happen, something other than what was happening. (J, p. 2; 12/13/17) At the same time, my body was feeling different, as if something was kind of suspended inside. I had become silent and attentive. I had entered some kind of special bubble. (J, p. 18; 03/02/18)

I found surprising and fascinating how despite the double or perhaps even multiple conversations I was having in my head, I just slipped into a silent, sparkling moment of trance. Suddenly, I realized that something weird was happening while I was still chatting in my head. The following is what I shared with EG during the IPR.

JC: There was a moment in which my attention shifted, you know, there was like one magical moment. Let's say like one bubble moment you see . . . I was trying to get in there, oh okay, we need to, he needs to make me do something weird. I don't know, you know, . . . in my, part of my mind, but then, it shifted you know, so there was a moment, in like, (slowing down) "Oh . . . there is a . . . sponge." . . . So, then I remember even the memory of physically becoming more attentive and more quiet, you know, . . . like this magical moment. And you took that, . . . that came out of me but then [you] helped me color it, paint it, finding other . . . [uses], other things that it could do, the sponge thing. (IPR, p. 41)

EG: Yes, this is a beautiful . . . description. That's exactly what a trance is like. It's not unrelated, but it's private at the same time, and somewhat mystical to the person. How did you go from being more upset to less upset? 'Cause we're just talking about sponges, but we are not, of course,

it's a, and your double thinking matches the levels of communication. . . .

(IPR, p. 41)

Embracing polarities

One of the most important aspects of EG's work was his ability to listen for possibilities in the stories that I was sharing. This sometimes entailed re-visiting and re-kindling memorable life experiences—what EG considers special places to go during the hypnotherapy session. From those places, where memories have been refreshed, revived, and embodied, the client can carry emotions beyond the session, as if they were attached with glue. To illustrate what he considers worth visiting, EG told me the following story:

EG: We have a little restaurant we go in our town. When people come to visit, we take them there. We never tell anybody about it because who wants it to be crowded? It's special. You wouldn't know that restaurant; you will never drive your car by it. It's in a sort of shopping area but it's overgrown with weeds. It's a wonderful Japanese restaurant. . . . So what I'm saying in therapeutic allusions is, this thing about you that is special and undiscovered is worth visiting, and like a friend, I'll tell you where it is, and then you [can] enjoy [it]. (IPR, pp. 32-33)

Instilling appreciation for the uniqueness of my experience, EG invited me to visit or re-visit some of those undiscovered or forgotten places in my story. For instance, responding to a monologue, in which I was trying to figure out the reasons for the problem, EG took me across the bridge to explore the reasons for the good stuff (e.g., the red blouse and the sponge, being a mom full of feelings for my son, having found a good husband) (TR, p. 16). There, we came across a story of how I had experienced entering a

magical space or magical bubble with my husband when we used to be friends, twenty years ago.

JC: We could sit down on the floor, whatever, and just talk, and we would talk for hours when we were, you know, younger. Before we got married, we were friends. Ah, and it was just that those moments were like, . . . we would enter like a different, like a magical bubble, you know? . . . And it didn't need, it didn't require things from the outside world. (TR, p. 17)

JC: If I close my eyes to remember how it felt like to be talking with my friend (now husband), I have the sense of being transported into that bubble, which I understand now as an instance of natural trance. (J, p. 18; 03/09/18)

EG: Just you and him. (TR, p. 17)

JC: Exactly, uh-hum.

EG: And that feels just right.

JC: Yesss. (breathing out-releasing)

EG: It's magical, it's very rare, you know, you know a lot of married people. It's rare that there was any time they could sit on the floor and just talk and be in that bubble of good feeling and discover things about each other, and laugh and feel affection you know, to really like each other. . . (TR, p. 17)

Interweaving and mixing stories (i.e., adding more complexity), EG also responded to my going back to problem talk by introducing the idea that “life is complicated” (TR, p. 20), and that I could think of it “in feeling terms” (TR, p. 21). Then, he wove in the experiences of the magical bubble, my traveling around, and the good feelings he had previously helped me dive into when talking about the sponge, to bridge problems and solutions.

EG: That's right, when you think about that as part of you, the feelings come in, and for the sponge to live, the feelings go out. Everything comes in with the water, small animals, plants, debris . . . comes into the organism . . . and then squishes them out. It never leaves or shuts down because it can't live that way. And, it never fills out till it explodes because it can't live that way. It's got to live this way, breathing. So when you think of how to do this thing that you want to do, you want to think about feeling and emptying breathing, perhaps breath in, . . . and having that be the right breathing through the day because if there is a lot to process, you wouldn't get rid of all [of it] quickly. If you had time to look at the scenery, then you digest it slowly. Remember that in the bubble with your husband, there is no rush, you know, you could spend hours there or minutes, or hold hands and look at each other. It's not, there's no program saying you have to finish this course, this course, this course, and that course to graduate. It was different. So, in the bubble, as a sponge, you do great because then, if he told you a sad feeling, you would feel sympathetic, but then a couple of minutes later, you'd laugh together, or be affectionate or wonder about something that was interesting. And all of that gives your brain a lot to do, that's like touring around strange countries. (TR, p. 22) . . .

EG: When you are breathing . . . like a sponge, stress is not important. If there's more feeling coming in, you propel it through, because there are very intense moments in family life and at work too. You know, you can have scary moments. Sometimes, there are violent patients, or you know, creepy ones. I

know all kinds of people, and there you are, you don't get their pedigree or their resume. They sit down; they tell you something. So for that, you might have to have a big capacity, but get rid of the feeling quickly, so that you can do something. I think you know how to do this because you've done it with your husband, you've done it with your son. You do it with your patients.
(TR, p. 22)

JC: EG's way of presenting these ideas had a taste of trance invitation. EG punctuated his words in a special way, allowing for spaces in between the lines, giving time and space for breathing, while giving me a suggestion of what a living organism, such as the sponge, could do. (J, p. 18; 03/10/18)

JC: EG would share with me later during our IPR that he uses the words "you already know how to do this" in hypnosis because it appeals to the person's own knowledge ... (J, p. 16; 01/23/18)

EG's interplay of both relational language (e.g., metaphors and stories) and non-verbal communication (e.g., emotions, sensations, breathing, silence, and movements), among others, facilitated my process of anchoring new or rekindled learnings. In this process of embodied knowing, I realized how EG's hypnotic invitations to fuel the experience with emotions created a rhythm, a new pattern of relating, which EG also utilized as a new invitation for me to carry this experiential learning beyond the frontiers of the session—I felt invited to embrace relationship problems hypnotically. Reflecting on my pattern of relating and reacting with my family, I realized that I had been trying to deal with unconscious aspects of my experience (e.g., body-based anxiety reactions and the dynamics of family relationships) by applying what Flemons (2002) would call "dissociative logic" (p. 9), that is, by drawing boundaries regarding my interactions with my husband and son. EG offered an alternative to this interaction, freeing me, mentally

but also experientially, of my dissociative approach, so I could discover a hypnotic way—a boundary dissolving, inclusive way—of embracing my conundrum.

JC: Yes, and here is the thing. I . . . operate fine in bubbles like here (showing bubble with the therapist in front of me), here (showing bubble with my husband on one side), and here (showing bubble with my son on the other side) . . . but . . . when the three of us are together, I cannot. I cannot do this (showing a circular movement to one side); I cannot do this (showing a circular movement to the other side). (TR, p. 22)

EG: Bigger bubble.

JC: I haven't learned to do that. (Exhaling, sighing)

EG: It might be nice to learn that . . .

JC: Uh-hum.

EG: You know if the three [of you] . . . sit watching or listening to music or something and you have your arms around each other.

JC: Uh-hum . . . yes . . . but if . . . it requires attention okay, so he is telling the story, he is telling the story, and I just cannot (doing a sound as if I was unable to breath).

EG: No, no you can't. (TR, p. 22)

JC: When EG told me “you can’t,” I felt relief, as if he was taking a lot of pressure off of me. I had the sense he was liberating me of the belief that I needed to have full focused attention in two different directions. In addition to the tone of his voice and the pace, EG used a lot of movements with his hands to accompany the ideas he was presenting, kind of in response to the gestures I was doing with my hands while I was talking. I remember seeing him modeling how I could embrace my husband and my son, and I have the embodied memory (the imprint) of how it

felt when I moved my arms in an embracing position to accompany what he was also saying. Lately, I have found myself remembering that experience when I am with my husband and son. I have also realized that sometimes my body is somewhat calm when my husband and son are playing around, but by force of habit, I continue saying the same stuff to them (e.g., be careful, do not get hurt, and so on). (J, pp. 18-19; 03/12/18)

EG continued developing the idea that it was possible to relate with my husband and son by embracing them both within a greater bubble, instead of believing that I needed to be unidirectional. For this, EG made reference to a confusion induction technique used in hypnosis and to the techniques used in the practice of EMDR (Eye Movement Desensitization and Reprocessing) therapy.

EG: So you have to absorb both. . . . One hypnotist talks in one ear, and another one in the other, at the same time. . . . You can't follow one, and you can't follow the other, and you can't follow both, so as you listen, you kind of give up, and then a bubble forms. (TR, p. 23)

JC: I could totally relate to what EG was sharing because I have experimented with this confusion technique in a workshop with Stephen Gilligan a while ago. And I remember how the bouncing of ideas and sounds in both ears actually made me sink down and then bubble up. I was still wondering, however, how to deal with the fact that I go into a disconnected bubble. (J, p. 19; 03/12/18)

JC: Exactly, but you know I give up, but I disconnect. (TR, p. 23)

EG: That's what I want . . . to have you stop doing.

JC: Exactly.

EG: I know it's a hard prescription because . . . it's saved you from blowing up, or getting, you know, overflowing, kind of nauseated, too much feeling, or too

many competing [attentions]. Your mother says this, your son says this, your husband says this.

JC: And my ears [get] bother[ed]; they are sensitive too. (TR, p. 23) . . .

EG: When you get these competing feelings, think of it like a hypnotic trance, like one of those, you know, things with flashing lights, [with] different colors, or like EMDR that, you know, gives you competing sensations: one side, the other side, you know that stuff? (TR, pp. 23-24) . . .

EG: So what is it [to be] effective? Because it disorients the person. She thinks she's got to think about her trauma or she's got to cut it loose and never think about it, but it's not how life is. You think about it; you don't think about it . . . This side, and this side, this conversation, and that one, and I bet you can do it because you are very alert, you can probably go in a restaurant and hear two conversations, you'll lose both of them, but it's okay. I think it's like that, you'll feel your husband's feelings. He wants your attention. You are his dearest friend; he loves you. Your son, you are his only mother; he loves you. He wants your attention, (TR, p. 25)

JC: (laughs)

EG: and whoever is knocking at the door . . . also . . . or the phone rings . . . you know, and then, you feel like you are going to explode,

JC: Yes.

EG: and sometimes, you explode at them: "Can you be quiet?! My mother is on the phone," or you explode at yourself. "Why am I so stressed? . . . I used to be so nice." So that's the residue of being overpowered by other people's

feelings. Cause remember when you travel alone, you weren't carrying everybody's feelings with you, because you'd meet someone in the shop, you talk, you take a walk . . . say oh let me show you the cathedral. Okay, we'll go to the cathedral . . . You experience their emotions, and the beauty of the cathedral, and the weather, and the food. And if you didn't make it to the particular place, so what . . . that state of mind, where you are traveling with your family (.) as you wish (shifts the voice-emphasis). It's what we are aiming at, so that they see you as a woman who understands their feelings, loves them, but isn't fazed by missing the train, or missing the cathedral, or missing the road-side restaurant. There'll be another one, which will help your son with his homework 'cause there'll be less [stress], don't you think? (TR, p. 25)

JC: Starting with an explanation of how EMDR works, EG bounced me back and forth, introducing movement into the description of my presented dilemmas that otherwise might have seemed static. This pendulum movement brought me back to the center when EG reconnected me with the embodied memory of my ability to travel at ease, situating me again at the center of my own experience. EG's lengthy description was carried on with a trance voice and a smooth pace. (J, p. 19; 03/12/18)

JC: I think so, yes. (0:44:38) (TR, p. 25)

EG: The stress is there, but you are right in the center of the ability to be a tourist with the stress.

JC: Uh-hum. (TR, p. 25)

EG: I remember being in Spain once, I was teaching, and suddenly there is a huge demonstration in the street in Sevilla, and some labor thing, I don't know

what it was. Maybe Catalan independence, Basque independence. . . .

Something important and but I am stranger there, so I was watching, you know, walking down the street, and my wife says, “Oh, what are those signs saying?” It was just tourism. . . . For those people, it was life-and-death important . . . but . . . you'd like to be a bit of a tourist in the complexities of family feeling . . . (TR, pp. 25-26)

EG presented me with a variety of alternatives, inviting me into a continuous process of repositioning. He planted the idea that I could situate myself at the center of my own experience in my relationship with my family members: “Instead of being spread around so much, you could be the central person who makes the bubble for everyone” (TR, pp. 26-27). Given that stories have feelings attached to them (EG, IPR, p. 60) and that they “often disclose . . . hidden details of private life and highlight . . . emotional experience” (Ellis, 2004, p. 30), people sharing personal stories share their emotionality. Hence, EG suggested that instead of getting caught up trying to follow details of the plot of the stories my family want to share with me, I allow myself to embrace the emotional space, the bubble, while situating myself at the center as I swim through and with the waves of emotions.

EG: And by the way, just to say, if you thought of it as more of a wave or less of a line; that is to say, “He's telling this story, he's telling this story, and I can't split myself.” If you thought, here is this wave of a feeling and this wave of a feeling, and here is just this wave of a feeling. Here is where the stories meet, but if the stories are the expressions of emotion, you don't have to segregate your attention. It's like if everyone laughs at a

joke together. . . . You could swim in the complicated feelings that is produced by, say, your husband and son talking together. (IPR, p. 60)

JC: Yeah, . . . I have even thought about, like, how charged . . . I feel. I feel the intensity of the need for them that I listen to them . . .

EG: or the need from them that you put your arms around them, and . . . feel the feeling of everybody together, instead of the story line, which is different. Your son wants to talk about school, your husband about something else, and you are pulled in your conscious attention, but unconsciously you know how to do it. You say come here boys, right?

JC: Right. (IPR, p. 60)

JC: It is not simply a hug, but an embracing, in which my arms move from the heart-center taking a bit of an upward direction, expanding to the sides, and circling back to the center. (J, p. 22; 04/04/18)

Body posture and emotions are connected. Thus, the accompanying of EG's suggestions with body movement, and my mirroring of it, allowed the emotions (i.e., the energy in motion) to enliven possible solutions. In other words, EG facilitated an embodiment of the solution by appealing to my embodied knowledge of how it feels to embrace and to love. For EG, this kind of communication allows us to go "on an unconscious search for what . . . [we] already know that works" (IPR, p. 59).

Additionally, EG commented on the work of renowned therapists who have used emotions effectively in their work with clients (e.g., Carl Whitaker, Cloe Madanes, Virginia Satir, & Milton Erickson) to suggest that I could do something similar.

I experienced EG's process of inviting me to dance across polarities and to embrace them as happening at different layers and with different intentions, yet all

somehow interwoven. With some polarities, I had the sense that he was facilitating my absorption in the experience while crafting a reframe; with others, I was able to remember and re-experience positive feelings that could be healing and inspiring; others served as an instrument for EG to offer alternative ways of relating to my presenting concerns; and still others facilitated a deepening of the trance experience and change within the session. EG recycled, reused, mixed, and remixed the stories and experiences that had been previously utilized at different points throughout the session, always bringing an additional layer (whether a deeper inner experience or a relational embodied understanding). In the following holon, EG also invited me to step into more unconscious processes, some of which eluded me.

Holon Five: Engaging with the Ineffable

Ericksonian therapists have valued the role of the unconscious mind in change. Despite variations in how Ericksonians have spoken about the unconscious, most agree that it is a metaphor that allows us to refer to a myriad of ongoing associations that are beyond the periphery of our awareness. It refers to the vast intertwining of intrapersonal and interpersonal aspects of our experience, that is, neuronal connections and circuits that bring forth “thought, emotion, and action” (Fishbane, 2007, p. 396). Unconscious processes can be found in “somatic and psychological learnings” (Erickson, 1980h, p. 224).

Hypnosis facilitates a particular kind of communication that permeates different levels of the experience, including what Greenleaf (2000) considers unsayable or unconscious processes that are difficult to describe in words, such as learning processes,

body-based knowledge or unselfconscious physiological processes, and patterns in interpersonal relationships (p. 41).

For Gilligan (1987), “the task of the therapist is to find ways whereby the person learns to appreciate the value of both conscious and unconscious processes” (p. 28). EG facilitated this appreciation by inviting a crossing between the conscious and the unconscious, between my constant need for finding explanations and my experiencing (e.g., body sensations, imagery, and random associations). He extended this invitation in several ways, such as a) suggesting that unconscious processes could be considered trance experiences, while highlighting and reframing their value (e.g., as a natural ability or skill, a relational skill, a therapeutic means); b) enhancing trance experience in the session (e.g., encouraging dissociative processes, while highlighting their relational value; facilitating vivid and kinesthetic experiential engagement; creating confusion); and c) directly and indirectly suggesting that trance experiences could be transferred outside the therapy room. I will illuminate some of these processes below.

Recontextualizing Dissociative Experiences as Trance

As a storyteller, EG shared stories to transport me across time, sprinkling possibilities into the present, future, and past. In some cases, I could at the time recognize what I believed was the reason why EG was telling me a particular story, but in other cases, I could not. During the session, I mostly abandoned myself to listening and interacting with the stories with focused attention (when I became self-absorbed) or with more peripheral attention (when I just allowed them to flow and I flowed around them), whether or not I understood their implicit message. There was a particular story, however, I could not even pay attention to; I just checked out. EG utilized this situation

as a window of opportunity to open up a series of interactions with more unconscious aspects of my experience:

EG: I once talked to a woman who was a violinist, second violin in a big city symphonic orchestra, and she came in because, she said, she felt so stressed in performance that her bow hand would shake. So I asked her to show me a bowing motion for the violin, and it was perfect. I can't play violin, but it was so graceful and her fingers were strong and god, it was beautiful [even] without the sound, so I asked her about the orchestra conductor because I knew in her city there was a new virtuoso, you know, famous conductor. She said, "Well, he has, he's very flamboyant, he loves the music, but he has trouble with timing." She said, "So we try to help him out from the string section to keep on rhythm." I said to her, "Oh, he is shaky." She said, "Yes, he is shaky." And then she said to me, "If you looked at the list of the fifteen best violinists in the world, you will find my name." (TR, p. 27)

JC: I got, I think I got lost.

EG: You what?

JC: I said, I think I, I, I got lost in the story.

EG: You got lost in the trance.

JC: I don't know (laughing).

EG: Yes. (TR, p. 27)

JC: EG interpreted my experience as that of being in trance. I could not know exactly what was going on with me; I just knew that suddenly I was not hearing what he was saying anymore. (J, p. 20; 03/27/18)

Trance has been defined as “a cross-contextual process by which unconscious processes are amplified” (Gilligan, 1988, p. 351), and as “the perception of . . . [the] boundary [between your self-conscious awareness and the rest of you] becoming, for a period of time, indistinct” (Flemons, 2002, p. 21). It has also been considered a subjective phenomenon (Zeig, 1988) that indicates a particular kind of relationship with our own experience. Within the context of hypnotherapy, it is interpersonally defined, that is, both hypnotist and client collaboratively define it. The IPR conversation between EG and me unfolded as a process of co-constructing meaning in relation to what we were interpreting as going on with us in the session (i.e., our experience) or to what we believe we were doing. In the same way, in the session itself, each of us were also responding and building on the other’s interpretation of what the other was doing or what we believed was expected of us.

This process of meaning construction involved defining what we both considered as trance within the context of the session, the IPR, or in relation to my life experience. So far, I have pointed out some instances that I had identified as being in trance, such as my experience of in-between-ness in the crossing over between the spreading of the problem and the spreading of the solution, a moment of concordance in the process of anchoring the goal (bridging mind and body), a silent slipping into an instance of quieting down and focusing the attention when talking about the metaphor of the emotional sponge, and the time-suspended space I entered when I remembered the magical bubble. Listening to my descriptions in relation to some of those experiences, EG agreed that they sounded trancelike. This time around, with the violinist story, EG was the one who defined an experience as trance:

EG: So there is an unconscious something, and you'll see it if the camera was right. You'll see that you get this look on your face, like a gap in the film. You know where it goes wide in you, and there is no content. And I, that's where I'll say, "Well, that's the trance," 'cause it is, it's when you are unconscious. (IPR, pp. 30-31) . . .

JC: How do you know that this is trance or not for me? (IPR, p. 31)

EG: 'Cause you told me you didn't track the story, and you are very attentive. Where did your attention go? It became unconscious, you daydreamed, but you don't know the content. And, the book ends . . . to daydream of my story, and it's a very pointed story. Here you are very skillful, bothered by your symptoms, shaky on the instrument, but it's to help somebody else because he is shaky. That's the story I tell. (IPR, p. 31)

JC: My reading of my experience in relation to the violinist story was that I simply checked out, and I felt bad about it. I know, I do it sometimes because it's difficult for me to focus the attention on what other people are saying when my mind is also very active, and it wants to go in other directions. My husband has complained about this, but the more he wants me to focus on what he is saying, and the more energy he puts into capturing my attention, the more my mind drifts away. The fact that somehow EG normalized this during our session and interview has made me feel less guilty about it, and it has also taken away the pressure when this happens. Once the pressure lifts, I might just easily drift back into paying attention. (J, pp. 20-21; 03/27/18)

I found it interesting to realize that regardless of what we each thought about my reaction to the story, EG still chose to treat it as trance. This is how he answered my question about how he would know if the client were simply distracted or if she were in

trance: “I will treat it as the same thing” (IPR, p. 79). To expand his response and frame it as something of value (i.e., an ability for a different kind of learning), EG shared the following story.

EG: [If someone] say[s], “Oh I started thinking of a shopping list in my mind, I wasn't paying attention,” and I say, “Well what were you paying attention to?” She says, “The shopping list.” [I respond with, “What are you going to buy? How will it feel to buy that?” I try to get her back into the experience because something that I'm saying she responded [to] by shifting her attention, but you did it the right way, you just became blank. So it becomes like sleep learning—it's supposed to be, you are happily sleep, and the lesson in Italian is going through your mind . . . or you are solving a problem in a dream, or you know something is happening—your body is healing from an injury. . . . (IPR, pp. 79-80)

In the hypnotherapy session, EG invited my engagement with the experience before I started wondering if it had actually been trance or not:

EG: When you got lost where did you go? . . . What did you feel like? What did you think or sense? If you can say. (TR, p. 28)

JC: Ahhh, no, I was just. . . . You were, you were telling me the story and I was listening, but listening without listening, you know.

EG: Yes, and then you felt how when that happened? If you can say. What emotion or what physical sense, how was it?

JC: It was fine, it was fine, and then the other voice said, “But you are not paying attention,” you know (laughing).

EG: You are paying attention and that's why you went into trance. You were paying very good attention. It's a good story. It's a true story, and it's a close enough story so you didn't have to pay attention and memorize it. . . . So when you feel that way, it's just part of being in the bubble, and not being distressed in your emotional experience. Somebody else is talking, saying something that may be of interest or not but you don't have to memorize it. It's not a school assignment, you are following it emotionally, and it's a story with a twist at the end, in a good direction, and so you become just there. Is that a fair way to say it?

JC: Yeah, but because I cannot, because I don't memorize, then I think because I don't, you know, because something disconnects, let's say, then it's, I think, "Oh my gosh, I, I should be paying more attention. I should" . . .

EG: Who is saying that and what's the reason for it? We have five recording devices. (TR, p. 28)

EG's invitation to include other people in my description of the problem (i.e., spreading it out) reminded me of a childhood practice—checking out from class, yet taking complete notes of what the teacher was saying—which I shared with him. In response to my story and interpretation of it, EG did something similar to what he had done when dealing with my responses to the story of the violinist. First, EG named my behavior as trance, and then he gave it a positive connotation (e.g., he considered it as an incredible child's ability). In addition, he repurposed it by inviting another experience in the session of a similar quality (to which I will refer later).

EG: What's? Who has the idea that you are supposed to memorize what's said?

(TR, P. 29)

JC: Okay, when, I don't know, but when I was in school. Ahhh, I... There was a teacher and she was really mean teacher, you know. So everyone would need to be like this (showing a body posture of attentiveness). So then, I developed the ability to, . . . okay she was talking and I would just be copying whatever she was saying. I was . . . looking at her, very attentively, so she'd think that I was there, but I wasn't there.

EG: No.

JC: My head was there, okay, I was copying.

EG: Yes, you were in what Douglas would tell you is a dissociative trance. You were doing automatic writing. Her words went on the paper, and you went where?

JC: Oh, I was thinking.

EG: Where did you go?

JC: About other stuff.

EG: Like, just your life.

JC: Whatever.

EG: People, boys . . .

JC: Whatever I wanted to think about

EG: Whatever you wanted to . . .

JC: Exactly, but I will, that way I knew I was, I had my notes there, you know.

(TR, P. 29)

In our IPR conversation, EG further developed the idea that my childhood practice had actually accomplished a dual purpose—it protected my freedom and protected the relationship with my teacher:

EG: That's a kid inventing how to do something very complicated and difficult in human relations without knowing how she does it. That's one smart kid. (IPR, p. 17)

EG: So, all I'm doing here is to kind of encourage the trance to say, the thing you are already doing is hypnosis, and you did it well, and you did it under the stress of somebody's negative emotion. And at the same time, you were free in your mind to think things, feel things, and your hand did the obligatory work. And since you can do that, you know how to do hypnosis, and you had a very good strategy to hold the nasty teacher, so she wouldn't do anything seriously mean to you, throw you out of the class, take you to the principal, give you homework, and you obliged her by recording her wonderful words. (IPR, pp. 81-82)

JC: EG re-validated my experience, endorsed my freedom to go into my inner world, yet he also brought me out of my isolation by framing it as a relational skill. (J, p. 21; 03/28/18)

The following extract illustrates the same process during the session.

JC: I thought that was wrong. I always thought that was kind of wrong (laughing).
(TR, P. 30)

EG: Oh it's brilliant. The teacher got listened to, you wrote down her every word. It was wonderful. There is a good summary and you look attentive, but you were attentive to your own mind, so you didn't get hurt by her being mean, or

him being mean. Instead of shutting the feeling down, you set it aside. You let your hand . . . think and record, and memorize, but your heart could be free and you didn't get bad treatment, and then have to go home. . . . “God,” you know, “she's such a mean teacher, why did she pick on me?” You know those kinds of thoughts that carried the bad treatment through the next day, the next week, and then kids are afraid to go to school or all that stuff. And you just bypassed it like roadwork. You went around it, automatically, pretty good. . . . My grandmother could saw and talk at the same time. I think it's a good ability to have. And you could be in school and somewhere much more pleasant at the same time. (TR, P. 31)

JC: Yeah, I used to do that a lot more, before, and then I figured out that was wrong or whatever, so I started trying not to.

EG: Oh you should try to, well, you didn't have to try. . . . [It] was automatic.
(laughing)

JC: It was automatic. (TR, P. 31)

Gilligan (1987) suggested that symptoms and trance are similar phenomena but their context is different. To help clients not to be dissociated from aspects of their experiences that have been self-devalued, therapists can re-contextualize symptoms “as valid hypnotic phenomena . . . [that are] legitimate autonomous expressions of the unconscious . . . and utilize . . . [them] as the basis for problem solutions and self-integrations” (p. 46). Similarly, EG considered my apparent distraction and split attention, while listening to the teacher, as a skill for automatic writing, which has been defined as “the act of writing without any awareness of the fact” (Erickson, 1980k, p. 17).

He also referred to it as a dissociative trance phenomenon. According to Gilligan (1987), in *dissociative processing*, “the unconscious can operate autonomously from conscious processes” (p. 26).

JC: I do not know if my writing was actually automatic, but I do remember that I was somewhere else while I was writing: I was daydreaming. EG’s willingness to ascribe another meaning to my experience as a child and bring it forward to the future as a hypnotic skill made me realize that the point here was not if my so-called automatic writing was an actual experience of dissociation, but that it could be repurposed for therapeutic change. (J, p. 21; 03/28/18)

Encouraging Trance Development

To expand the experience and encourage trance development, EG also shared with me other stories about automatic writing—one from Milton Erickson and another about a student of his writing her dissertation this way (see TR, p. 30)—and he invited me to experiment with hand levitation. In hand levitation, the hand seems to act autonomously and independently from one’s conscious will. This is an expression of “the principle of *ideodynamicism* (‘ideas’ into ‘dynamics’), which postulates that ideas can be transformed into dynamic expression (e.g., images, behaviors, sensations, cognitions, etc.) *independently of*, and sometimes unbeknownst to, volitional conscious process” (Gilligan, 1987, p. 47). This process occurs very often in the hypnotic context (Gilligan, 1987). Thus, hypnotherapists may suggest or indirectly invite involuntarily motoric responses (e.g., the hand lifting up) and other sensory experience and use them as an entrance into or as an enhancement of hypnotic experience.

EG: . . . You know this kind of trance (taking my hand to show hand levitation).
(TR, p. 31)

JC: I, I, yeah.

EG: May I? (TR, p. 32)

JC: Yeah. (laughing)

EG: So you just pay attention to that ring [releasing tension sighing] and this nice bracelet. That's right. And you can feel the fingers of your right hand. That's very good. And then, the fingers of the left hand might also decide to move. . . . That's right. They might decide to float or stretch or move together, I don't know what they'll decide . . . (TR, p. 32)

In addition to his invitation for hand levitation, EG referred to the unconscious in a metaphoric way by inviting me to situate it as if it were something that could be located, and he also brought back the idea of the bubble, which had been previously developed in relation to my experience of trance with my friend-to-be husband. EG considers metaphoric language a way of facilitating communication with the unconscious.

EG: And then if you close your eyes, in a sense the bubble all around you, just you, . . . that's very good. And that's very good as well and then you want to feel the bubbles of that, so you can breath so easily. . . . And then I'd like you to do one other thing if you would, Jimena, I'd like to take a look at your unconscious mind, not your conscious mind that's full of thoughts and warnings, but your unconscious mind. And I don't know if your unconscious mind is behind you, or within you, or all around you, but if you take a look at your unconscious mind or feel its presence, and then when you can see it or

hear it or feel it clearly, just open your eyes to let me know you've seen it, or felt it or heard it, or sensed it. (TR, p. 32)

JC: I don't see anything.

EG: Yeah.

JC: I think it's circular.

EG: It's circular? (TR, p. 32)

JC: Like peripheral like, but it has, but I feel a lot of pressure in my ears, and there is a lot of pressure. (TR, p. 33)

EG: Hum, and it's circular and where is it located about?

JC: I think. I don't know, I think it's (pointing to a circular area including both ears) my ears.

EG: Right there, and, how do you feel towards it emotionally? (TR, p. 33)

JC: As soon as EG asked me if we could do the hand levitation, I got very tense. I got worried that I wouldn't be able to do it because of what I felt as an inner pressure to meet the supposed expectations of the experiment. I knew I had experienced some kind of ideomotor response in the past, but I also knew that if asked directly, I would feel very anxious and it would not work. EG must have felt that there was a conscious intent in the holding of the position, and he helped me put my hand back on my lap. (J, pp. 19-20; 03/15/18)

While reviewing the experiment during the IPR, I shared with EG what was going on through my head—“What if it doesn't happen?” (IPR, p. 86)—and I asked him how he would usually respond to a client whose hand does not lift or stay lifted involuntarily. Once again, EG let me know that he moves along with whatever the person brings in because he is not committed to a particular outcome. This time, EG used what Gilligan (1987) has called “confusion techniques[,which] are essentially communications that

disrupt a person's conscious processing strategies, thereby enabling the development of experiential trance processes" (p. 236). Utilizing my assumption that I could not develop hand levitation because I could not do it in the session and because my hand was strong, EG told me the following story of a woman who thought she could not do it.

JC: You wouldn't mind actually, if . . . [the hand] stays there . . . because the person is holding it? . . . You don't worry? . . . You are not concerned with it? (IPR, p. 86)

EG: I don't care. No. I just, I want something to happen, . . . but I don't care what it is. The person can feel like this . . . and I say, yes that's right, very solid hands. I don't care, I mean, it's nice if you get this stuff, but . . . I once was doing a demonstration at the Erickson Conference. I was doing a trance with a big group, and somebody raises her hand for a question, and she says, I can't go into trance. She was sitting in the front row, so I said, "That's really too, too bad because this can be a very nice experience," and of course your hand was heavy, but hers was very light, and I lifted it all the way and lifted it all the way in the air like this while she was telling me that she couldn't be hypnotized, but in this case, . . . when your hand is strong and regular, I say that's right, it's a strong (pause) strong feeling (voice becomes softer). I don't even say what it is because you know, you have strong feelings (becomes quieter) so(pause) something like that. (IPR, pp. 86- 87)

JC: I found it fascinating that EG actually got me confused with this story. He was explaining about this woman who was thinking she could not be hypnotized, while he tried the hand levitation again. Only this time, he took off the pressure

from me. I have been aware of how my conscious chitchat (e.g., my ideas that I need to do this or that in a certain way for it to be right) gets in the way of my ability to be at ease with myself, of my ability to be just there sensing my flow of life in the world. This tyranny of the conscious has created tension in my body and shallow breath, among many other things. This time around, EG also utilized the weight of my hand and instead of taking it up, he took it down and then suspended it. I ended up feeling my hand much lighter and bit less effortful. I had to laugh. (J, p. 21; 03/28/18)

While supposedly responding to my conscious need to figure out what to do if this were to happen with a client, EG dissociated the strength (a reframe for heaviness) of my hand and associated it to my emotions, and then, he joined me in my body sensation of a heavy hand wanting to go down because of the gravity and introduced a surprise—a sudden stop. Here is our conversation about it.

JC: Yeah, but it actually, actually you kind of utilized, like in the utilization that they talk in Erickson you know. . . . Instead of kind of forcing me to, . . . I mean you used the weigh and you went down. (IPR, p. 87)

EG: Yes, that's right.

JC: Instead of fighting, trying to lift it, you went down.

EG: Yeah, and then you lifted it.

JC: And then you stopped, and then actually, I'm not making, I was making more effort yesterday to hold, not more effort, but I felt more tension.

EG: Yeah, and your arm was more tense. I just didn't want to take your time futzing with it because it didn't matter, and you kept, or it kept up a long time. (IPR, p. 87)

JC: I am almost sure when EG said “a long time,” he was not referring to the session but to what was happening during the IPR. He was endorsing my lifted hand to stay there. (J, p. 16; 01/15/18)

As I continued sharing with EG my experience, he kept encouraging the trance indirectly by means of stories anyone could probably relate to.

EG: You know, it's like if you are writing your name on the Starbucks thing to pay, you are not noticing that your left hand is holding the paper or something, it's, your attention is there and the attention is, you know, sign your name and hand back the thing, but your other hand is doing something too, coordinated but unconscious. I can tell you, I signed for my coffee, you know, the payment, but I cannot tell you what my left hand did the whole time I was at the counter . . . (IPR, pp. 87- 88)

Facilitating a Personal Relationship with the Unconscious and Creating Expectancy

For Greenleaf (2000), therapists may use the metaphorical structure of language to invite experiential change. Thus, EG utilized stories and metaphors (his and mine) to tap into the emotions that were aroused as a result of the stories, creating a momentum within the session to spark possibilities and to invite me into some kind of intra-personal and inter-personal repositioning. When we were working with the metaphor of the unconscious, for instance, EG invited me to approach it in a more personal way, introducing a variety of exploratory questions that met my idiosyncratic tendencies (i.e., questions that had a kinesthetic and emotional tone) and that included different sensory modalities. For example, he asked me about my feelings towards the unconscious and about its density, temperature, and movement (IPR, p. 94). EG's questions implied that I was already interacting with it.

EG: Do you like it? Dislike it? Do you feel warm to it? Suspicious, helpful, how?

(TR, p. 33)

JC: I like it.

EG: You like it? And is it rigid? Or does it move? Like when the wind blows or you breathe.

JC: A little bit rigid right now.

EG: Umm?

JC: It's a little bit rigid . . . right now.

EG: Okay, and if you touched it. Is it warm to the touch ? Or cool?

(silence)

JC: It's neither.

EG: Neither. It's kind of regular temperature. And if you push it gently, does it have a soft surface? Or a hard one?

JC: No, it's soft. It's like ether, ethereal-like. . . .

EG: Yeah.

JC: It's not solid.

EG: And as you breathe, can it breathe with you? So [that it] expands slightly, retracts slightly? (TR, p. 33)

For EG, this line of questioning generally brings more reality to the experience because it resonates more with the client's regular experience, but also because she or he "can answer questions about it" (IPR, p. 94). For me, it facilitated the vivification of the experience and it made it tangible (i.e., touchable). What was initially just an idea or an image took shape; it became grounded and breathed into life.

EG also utilized the practice of inviting me to notice “small changes in actions” (Greenleaf, 2000, p. 21), creating expectancy for change. For this, EG bridged his experiential language with mine, facilitating my alertness regarding my “own competencies in allowing change to occur” (Greenleaf, 2000, p. 21). Thus, EG reintroduced the story of the bubble we had rekindled during the session to bring back those positive emotions and sensations associated with it.

EG: And what did you notice now? (TR, p. 34)

JC: Nothing special, just as if nothing happens. That feeling that nothing, . . . it's just there.

EG: It's just there. And, as it becomes as big as a bubble around, like the one you had when you sat on the floor and talked with your husband. (TR, p. 34)

Here is how we talked about EG's choice of bringing the bubble back:

JC: You suggested like, kind of . . . okay, nothing seems to be happening perhaps, or it's like kind of static, so you kind of introduced . . . by introducing the bubble thing, you kind of were giving it direction, let's say . . . for some shifting. (IPR, p. 98)

EG: Yeah, and taking another ingredient that you had brought out,

JC: Exactly.

EG: that you can't deny that bubble is a beautiful time of your life with him, and it was so wonderful to hear about. I can just bring it back, I say, “Well, what about the bubble?” “You have any more of that good cake that we had the other night?” You said, “Oh yeah I have some in the fridge.” “Oh okay, bring that.” . . . (IPR, p. 98)

Most of the time, my responses to EG's invitations for change came as a surprise. Some changes were so subtle that I did not realize what was happening until I reflected back on the session; with other changes, I was able to perceive them right on the spot (e.g., having the sense that something weird was happening to me); and beyond the session, the embodied memories of the stories sometimes came back to me unexpectedly or upon request. Reflecting on the session, I also realized the subtle quality of EG's invitations. Although on some occasions EG directly invited me to some kind of action, he did it in a way that would take off the pressure of having to comply. To facilitate this, he used the conditional form.

JC: . . . [The unconscious] is still around my head, kind of. (TR, p. 34)

EG: Still around your head.

JC: It went out from one ear, and then to the other ear, you know, like a mini bubble covering my head.

EG: Yeah.

JC: But it's not including the rest, so it's a little bit of pressure in there,

EG: Huh but if it,

JC: As if it were a helmet (laughing).

EG: Yeah, that's what you are describing. And if you take the helmet off, and put it on the ground, how do you feel then?

JC: I felt cold feet.

EG: Hum?

JC: Cold feet.

EG: Cold feet. And how does your head feel?

JC: Umm? The pressure is not as much as it was.

EG: And do you like it better with less pressure?

JC: Oh, yeah. (TR, p. 34)

EG's invitation for action was direct, yet he phrased it in conditional language. The conditional form of the verb leaves an opening for different kinds of action, and it allows for the suggesting of possibilities in a non-invasive way.

EG: The conditional is very useful because we are used to speaking as if everything is definite. You have an anxiety disorder, she is depressed, he is an angry person, and so on, as if there were no nuances. But you know, everybody is very . . . so simply, you know, you could put purple strips in your hair. . . . My grandson has done it. He seems to get away with it like that. So, maybe that will be different from "Should I, could I keep it short, or keep it long—[it is a] gradation. You could do something entirely different. You could, you don't have to. Yeah, it's something like that. It's an offer . . . of a kind. "Oh, what if he could." . . . (IPR, p. 42)

JC: Offer of possibilities, nuances.

EG: Yes, also gradations.

JC: Gradations. (IPR, p. 42)

Through an example, EG illuminated the importance of presenting a suggestion as an invitation.

JC: So yeah in this case, you were direct about your invitation, you know.

(IPR, p. 99)

EG: Yes, that's right. And, I'm telling you something about self-hypnosis. It's not an order to yourself, it's an invitation, it's about inviting the bubble to stretch out.

JC: Exactly.

EG: And then, if it doesn't, it's like, you know, it's like you invite friends to dinner and they say we can't make it. It's not terrible. If you tell them, "You must be here, you know. It's my son's birthday, you've got to be here, you are my friend," it's a huge pressure, and no one likes that.

JC: Yes. (IPR, p. 99)

In the following excerpt from our session, EG invited movement.

EG: Oh good. So I'd like you to do an odd kind of thing, if you would. Silently invite the bubble to stretch, move, and . . . be less pressured. (TR, p. 35)

EG: And what do you notice when you do that?

JC: Kind of . . . my body started to relax a bit more.

EG: Good. And is it all right with you if that feeling continues and spreads?

JC: Yes.

EG: Okay.

JC: I still feel tension in my legs.

EG: Uh-hum. Well, the helmet may have been heavier than I thought . . .

(TR, p. 35)

JC: I found this response from EG very helpful. He acknowledged that there was still some tension, and he did not try to shift it. By telling me that the helmet must've been heavier, he normalized and validated my experience of tension in the legs, while immediately reorienting my attention somewhere else. This allowed me not

to get stuck in my all or nothing pattern. (J, pp. 22-23; 04/10/18; J; pp. 4-5; 12/13/17)

EG's invitation to expand the bubble, which I understand as expanding my field of awareness to make it more inclusive, brought me in tune with my ability to navigate in the unconscious without having to protect myself in a secluded bubble. In other words, he helped me bridge ideas into body-knowledge, facilitating a sense of being right in my own skin. For EG, hypnotic work is always experimental:

EG: You are relating to it experimentally; what happens if you do this? What if you do that? So that is more like a new pet, you say, "Oh, does that dog like to play with a shoe or with a ball, or?" . . . What does it like? What is your unconscious mind like? (IPR, p. 95)

Holon Six: Integrating the Experience and Sprinkling Possibilities into the Future

Just before the end of the session, EG gave me some private time to integrate the experience.

EG: Now, I'd like to ask you to do just one more thing if you would, and it's something you do quietly and privately while we sit here. It's just to let all the feelings, all the emotions, settle into the right place within you. . . . And take five or six or eight minutes to do that, and I'll be quiet over here, as you do that over there, and then I'll speak with you again. (TR, p. 35)

This time of silence is a sort of "privacy clause" (IPR, p. 108):

EG: Some things you would do in private, and the implication of what I'm saying is, they'll be very physical things. You feel the emotions, but . . . you feel it, and it will settle into place. It's like you are going like that before you walk out the door. Your were kind of shaking it lose or

something. So it's like, at least the intent of the suggestions, yeah, you know, let everything settle into place in your body, and do it privately, and I'll just wait, and then we'll talk. (IPR, p. 108)

This private moment to gather myself was only one focused example of what EG was doing all along the way, that is, respecting my privacy and my choices regarding what to answer or not to answer, how to respond or not to respond. At previous points in the session, for instance, I noticed that EG had some thoughts and wonderings regarding what else could be going on with me. Sometimes he directly checked his assumptions, such as when he asked me who would be disappointed if I stopped worrying; however, most of the time EG indirectly referred to possible problems by introducing possible solutions through stories. This approach allowed me to feel the freedom to disclose what I thought was relevant. For example, using the conditional form to cover up for any traumatic experiences I may have had and that I was not disclosing, EG told me the following story:

EG: But those, If you ever work with people who've been traumatized as kids. I always like to ask the question, how did you survive all that? Because I want to compress the description of the awfulness, so that is not rehearsed and re-experienced, and that, sometimes, they'll say, "Well, I went someplace else, while I was being hit or abused" or something. And, I'll say, "Well, where did you go?" Because then, they'll describe these wonderful places. "Oh, I went to the park; I went wandering in the forest; I went to another planet. I went into a dream" or . . . whatever you would say. It's the natural hypnotic trance that everyone who's been badly treated goes to. And if they can't, then,

they really suffer because they split apart inside. But you are coherent inside.
 . . . (TR, p. 31)

JC: While I was hearing this story, it occurred to me that EG was thinking that I might have been traumatized as a kid, but I did not want to focus on that. It was not relevant at the moment, and I was feeling good about myself in the session. Nonetheless, I have always wondered about this. There have been moments in my life in which I was very focused on trying to figure out what happened to me that I felt so bad, especially when I was younger. I could never point out to any specific event, but I guess it was mostly a cluster of things that I had internalized. Given that I knew that these things happened to many kids in the culture in which I was brought up, I did not understand why I, sometimes, felt messed up. The reasons why I did not find it relevant to talk about in the session was because I do not consider it necessary to go back and dig in the past for healing purposes, and also because I feel I am at a different, much better, point in my life, despite having some bothering issues such as the ones I shared with EG in the session. I feel that my life has been a healing journey, in which I have been supported by many special people (e.g., my spiritual teacher; friends that guided and supported me; professors that have believed in me; my husband, who has always loved and encouraged me; my sweet loving son, who invited my repositioning as a grown up; my brother, who has helped me develop the art of conversing; and my dear parents, who have learned to face their own issues with acceptance and love). (J, pp. 23-24; 04/24/18)

During the IPR, EG confirmed my assumption that he had indirectly extended an invitation to talk about trauma, which I did not take. EG extended the invitation a second time, and I decided to respond to it.

EG: This of course, is talking about you. (IPR, p. 62)

JC: You are? I think, I think, I wonder, but I wasn't sure, you know. (laughing)

EG: That's right, that's sort of on purpose. (IPR, p. 62)

JC: Uh-hum. (IPR, p. 63)

EG: It's about somebody that has been traumatized, that might not be you exactly. I don't think it is. I don't think you have big trauma, do you?

JC: I don't know, sometimes, I think I maybe did, but I don't remember, you know what I mean?

EG: No, no, no, it seems unlikely to me.

JC: I mean there were things.

EG: You are too integrated as a person. (IPR, p. 63)

JC: This was sort of an awkward moment. I had a dual level of experience in this conversation. One, I had the sense that I needed to justify that I was not as integrated as he was saying by disclosing things from my past. At the same time, I was wondering if he was actually thinking that I was integrated. I ended up believing that I actually am. (J, p. 24; 04/24/18)

Responding to EG's invitation, I shared with him a lot of childhood experiences of growing up in a country where social drinking was normal, but on how I felt unsafe around adults when they were partying and driving under the influence. I also told him about difficult issues going on between my parents, as well as my experience with being spanked as a consequence of fighting with my brother (IPR, pp. 65-68). While listening attentively to my story, EG focused on pointing out examples I was giving of how I fought or faced these situations (e.g., challenging my father to spank me, knowing that I had already put in place something to protect myself from getting hurt; voicing that I did not agree with certain behaviors; learning to drive so I could ask for the keys of the car

when others were drunk). Additionally, EG took the opportunity to suggest how I could transfer these learnings to my work with clients.

EG: You know that feeling that you have the right to demand the keys, and you can get the keys. It's very valuable. Most people don't have that experience, and you . . . learned it, . . . so that's a great strength. If somebody is doing something wrong, you can tell them, "No! stop." . . .
(IPR, p. 68)

I felt EG's empathy and understanding for what I went through, yet I felt he respected and validated my choice of not allowing the negative aspects to define my experience or my reality. Somehow, he exemplified what it is like to embrace complexity while listening for client's stories of completion. This is what I told EG about my experience with his listening:

JC: You know in the conversation, in the interview, and even in the therapy, . . . even though we spoke about the problem obviously and some issues and things like that, . . . I . . . still, it didn't feel like, . . . I wasn't feeling as the . . . the victim, you know, or . . . like in a way, the whole way in which the conversation was held, and even the interview, you know (laughing) it kind of, it was . . . so I mean these things happened to me or whatever, but it's not that there is anything wrong with me, you know. (IPR, p. 75)

In addition to the invitation to talk about trauma, EG extended other invitations and left me with a variety of stories indicating possible ways of approaching different life situations and relational issues that I might be experiencing or come across in the future (e.g., the relationship with my son and husband, dissertation challenges, grieving). For

example, EG told me a story about a famous therapist and how she struggled with her teenage son, and then he followed with this:

EG: I hear she is very skilled, but there are limits. You know, trying to get your husband to do something, or your son is a different story from people coming and paying for your therapy. So I have that in mind that however intelligent things seem, what happens that stunts us, happens too, where we don't know, you know stunt by love, or by tragedy, or by viciousness from . . . (IPR, p. 77)

EG took every opportunity to relate what we were discussing to my role as a therapist, so I could take advantage of my personal experience and bring it into my professional life. EG not only told me that I could do it, but he also modeled it by sharing some personal and private stories of his life, putting me in the position of listener, while still preserving our therapeutic context with me as the client. After I superficially shared with him a memory of grieving, he shared with me one of his own, instead of pushing for me to dwell on my story. This is how EG explained his choice of telling me his story:

EG: I want to . . . compress the awful feeling, but I can't do it . . . effectively by only saying, "Well, gee Jimena, that was, what an awful thing, I can barely imagine." . . . I feel like showing you what happened when my friend died because you showed me what happened when your friend died, because your face expressed all of it . . . (IPR, p. 106)

Following his story, EG expressed his appreciation for my way of listening:

EG: And if I have a conversation like this, . . . where you are so present, I just, you know, go back to what I like so much about my friend, so thank you for that. (IPR, p. 105)

JC: Noo.

EG: 'Cause you can't help it, but, ah, it has that kind of feel. . . . You have to be attentive and absorb the experience, and all of that helps with . . . doing therapy, or being a parent, or wife or husband, or a friend. Some people make it easier, some make it more difficult, and you make it easier, so that's good. (IPR, p. 105)

Another expression of EG's respectful way of listening was not to make quick assumptions about my relationship to the experiences I was having in the session. He always checked with me how I felt in relation to what was going on. After the time he gave me to integrate the experience, he asked me the following:

EG: That's right, and then when you are ready, just stretch gently, open your eyes slowly. . . . (exhales) How do you feel? (TR, p. 35)

JC: Peaceful.

EG: Do you like that feeling? (TR, p. 35)

JC: I like it. . . . In my body, it feels good, . . . [but] my mind comes and says, "There must be something else happening," you know, like, it's peaceful, but no, "Maybe you should be seeing things" or you know what I mean, but the feeling in my body is peaceful. (TR, p. 36)

EG: And that's the one you like.

JC: I like.

EG: It's the one you keep describing to me.

JC: Yeah, I like it. . . . (TR, p. 36)

Near the end, EG (once again) invited me to reorient from my inner experience of integration towards the future. For EG, it is important to say something that facilitates a gathering of the experience and that at the same time has “a ritual possibility of completion” (IPR, p. 109).

EG: . . . Sometimes, I'll say something like ah, I'll use a high sounding phrase like, “throughout your whole experience of life” . . . so “Let all this settle into the right place in you, or inside you,” whatever I say, “throughout your whole experience of life. . . . It's a big thing, but very important, so go ahead, think it too, feel it too, but let it be complete and in the right place.” Did you ever read something about Navajo ceremonies, anything about those? American Indian Navajos ah they had healing ceremonies and different stuff. One is called “blessing way,” and they'll say, hum, you know, “May I walk on the road of white corn and may I walk on the road of yellow corn, and may I walk on the road of black corn,” so they kind of cover the universe, or they'll say, you know, “Beauty above me, beauty beneath me, beauty to the left of me, beauty to the right of me, it is done in beauty,” something like that, so it's a very complete ritual kind of sense.

(IPR, p. 109)

In response to what I presented as a dual level of experience (i.e., body feels right but mind is doubting), EG introduced the idea that I could have something at hand (e.g., a token, a ritual) to use in the future.

EG: Well, what I'm thinking about is that it might help to have a ceremony when your mind starts talking to you, because your emotions and sensations are fine and peaceful and rich. It's not like you are bored exactly,

JC: No.

EG: so, when the voices of "I want to say this, I'm not sure it's right," I think it's the voices of other people's feelings that come after you, but I can't be certain. It might be a sort of a warning voice like "You should be doing," "You should be working," whatever you should be when you are quiet, content, taking notes, and dreaming about life, and feeling peaceful.

(TR, p. 36)

JC: Yes.

EG: So is there something that will kind of, you know, are there customs that ward off the evil eye? You know that phrase the evil eye? (TR, p. 36)

JC: No. . . . Ohhh, with the children you mean, the evil eye that they use to protect them or something? (TR, p. 37)

EG: Protect them from the evil eye . . .

JC: Yes, yes, yes, I do remember. . .

EG: Yes, that's the thing. . . . That's the thing you want, because the evil eye, the idea that it's from envy,

JC: Right

EG: that if you have beautiful children and . . . the evil eye indicates a reason to be uneasy when things are good, peaceful, feeling full, loving, productive

because someone will be envious or jealous, . . . You need something for the evil eye. (TR, pp. 37-38)

JC: Uh-hum. I have, I do something, but I've never, never thought about it, . . . not in that way. I do something but it's with my own thoughts okay, when my thoughts about worriedness and things come, you know, I open the window down from my car, for instance, and I (showing exhaling) [there you are] but this is for me, you know, [yeah] so then, what could I do for the ones that come from the outside? (TR, p. 38)

EG: Same thing, (blowing the air), it's perfect. It's perfect because you invented that ceremony. It's the one where you (blow the air out-fuff) at the car window. (TR, p. 38)

JC: I shared with EG during the IPR how this blowing the air was invented in collaboration with a friend of mine many years ago. (IPR, p. 111)

JC: You know that with my husband and my child, we used to do that more . . . When we were mad at each other, we would do like that fuff fu fuff fu . . . and then we would just laugh and then . . . we used to do it all the time. Sometimes, we still do though, but it worked. (TR, p. 38)

EG: It works. (TR, p. 38). . . When you drive somewhere, open the window, and get rid of some of this, 'cause it's a wonderful invention, and then you have a laugh instead of sitting at dinner with a frown for your husband and your son, saying "Oh boy." Everyone is angry, you know, this is anger that's expressive. It's much better. (TR, p. 39)

JC: Spooking the evil eye, something like that.

EG: Yep that's what it is (laughing) Good, good, good, good, good. (TR, p. 39)

Throughout the session, EG continuously invited me to reposition myself as someone who is resourceful and to imagine what it would be like to transfer the experiences and new understandings that we developed to other contexts (e.g., to relate to problems hypnotically by embracing polarities, complexity, and the ineffable). This created positive expectations in relation to the possibility that I can relate differently to my problems and to my family. To take the pressure off, however, EG also accounted for the possibility that things would not necessarily go as I expect them to go. He did it in a very subtle and indirect way, telling me personal stories about him and also by talking about how other people have tried and failed. For example, using the reframe of anxiety as something physiological, EG said,

EG: On the athletic model, people fail all the time. In baseball, if you get three hits out of ten, you go to the hall of fame. Everybody is, and scientists, mathematics, everybody fails, fails, fails, so you can't take that to define you when the best performers fail a lot. You know, the great movie-maker makes a movie, and nobody likes it, and they feel embarrassed and worried. It's not like they didn't put . . . a lot of work [into it]. . . . (IPR, p. 27)

Bringing in his own personal experience, EG also shared what his therapist said to him many years ago.

EG: She said, "Eric, it would take an atomic bomb to change you." And that night, I had a dream of atomic bombs going off across the bay, but I didn't change. Later in the therapy, she said, "You may not know this, but in about three months time, I'm going to retire from practice. And my

husband and I want to travel, and swim.” And I said, “That’s wonderful.” . . . I was genuinely happy for her because I loved her. I left her office and I was furious. And I said to myself, “I’m damned if I’m going to let her retire while I’m still screwed up. (laughing) I never knew what was wrong. I never knew what changed, but I got better. . . . (IPR, p. 28)

JC: Somehow, these words come back to me when I am in some kind of family interaction, and I wonder if it would also take an atomic bomb to change me. The remembering produces a weird feeling—it’s like a giggling accompanied with some kind of expectancy. I guess he got me planted in the paradox—“It would take an atomic bomb to change me” implies change. (J, p. 23; 04/23/18)

Epilogue

The subtlety of EG’s invitations and dance movements was such that in many instances, I lost track of the transitions, especially during the hypnotherapy. My feeling of the session was that of a journey, yet I was not aware of time passing. The process of the IPR was also a journey, but a more externally oriented one, in which we both aimed to cast light on our positions during the session. True to the spirit of Ericksonian hypnosis, EG continued extending hypnotic invitations even during the IPR, some more overt than others.

In the hypnotic dance between EG and me, there was time for synchronizing and time for experiencing freedom of movement (IPR, p. 83). Our hypnotic communication happened at multiple levels. In our dancing in words and moves, EG facilitated the re-creation and repurposing of stories that invited movement and invited me into trance experiences or embodied knowing (Flemons, 2008). This allowed for EG’s further

utilization and enhancement of the experiential quality of the story to introduce new possibilities of relating. According to Flemons (2002), “for an idea to take hold, for a possibility to become illuminated, for a pathway to be opened, it helps for people to be able to *experience* it firsthand, to embrace it as part of who they are” (p. 30). This is precisely what I experienced while listening to EG’s delivery of ideas. He communicated in a way that honored both our natural languages—my physically feeling feelings and his vividly telling personal stories.

EG’s casual and fluid way of telling the stories caught my attention, and at some points, I even wondered if we were talking about what we were supposed to. As EG expressed it, however, “that’s what you want in therapy. It’s very similar to that which is like life, so it should seem like nothing special is happening” (IPR, p. 51). I also noticed how this casual approach facilitated “the transition from being in the therapy room to being in the world” (JC, IPR, p. 51). Through this analysis, however, I’ve come to realize and deeply appreciate how EG’s art is grounded in techniques that have become ingrained in his way of listening and telling. As Koestler (1967/1982) noted, “The boundaries between science and art . . . are fluid, whether we consider architecture or cooking or psychiatry or the writing of history” (p. 195).

In Chapter V, I will discuss the implications of this research for clinicians, researchers, and clients, as well as its relevance for the fields of hypnosis and family therapy, while drawing connections to the literature on hypnosis and psychotherapy process research. I will also reflect on the research process and point out to the limitations of my methodological choices.

CHAPTER V: DISCUSSION AND IMPLICATIONS

I set out on this journey with the intention of exploring what new understanding about an Ericksonian approach to hypnotherapy could be derived from juxtaposing the perspective of a therapist (Eric Greenleaf—EG), with that of a client (me—JC). Inspired by Bateson's (2002) idea that the combination of two or more sources of information generates information of a "new logical type" (p. 66), I incorporated two different methodologies (i.e., autoethnography and a variation of IPR) to generate multiple descriptions from the two research participants, involving information gathered at different points in time throughout the therapeutic and research processes.

In Chapter IV, I presented my analysis and interpretation of this journey in the form of six hypnotic holons that organically emerged in the writing process as a result of the interweaving of passages from the session, passages from the IPR conversation, and my autoethnographic reflections both as a narrator/researcher and as the client. Each holon referred to a different stage or coming together of the co-created hypnotic experiences that unfolded between EG and me. I also shed light on the patterns of interaction that EG invited, the rhythms he introduced that facilitated the creation of new experiences, and the qualities he brought to the process as a whole.

A recognition of the co-creative nature of the hypnotherapeutic process is not new in the literature on Ericksonian hypnosis. Gilligan (2002) referred to the cooperative relationship between hypnotherapist and client and to the generative process that occurs as a result of that cooperation. He also described how the hypnotherapist could facilitate trance induction by "get[ing] . . . into a rhythmic feedback loop where he feels strong contact with the subject" (p. 7), and in which "he allows himself to drop into trance and

let his unconscious respond” (p. 7). This study fleshes out the ideas of co-creation and rhythm, among others, by bringing in additional layers of experience, interpretation, and knowledge construction. Although the focus of my analysis was on the six specific hypnotic holons I described, the structuring of the analysis allowed me to zoom in, out, and across a multiplicity of contextual levels. Below, I will further discuss my experiential learnings from the hypnotherapeutic experience with EG, while drawing connections to some of the concepts and studies reviewed in the first three chapters. I will also discuss the implications of this experience for me as the client, for clinical practice (hypnotherapy and family therapy), supervision, teaching, and research. Finally, I will articulate the limitations of my methodological choices and suggest future research possibilities.

The Hypnotherapy and the Hypnotherapist

This study allowed me an embodied experience of learning about the work of a renowned Ericksonian hypnotherapist. In Chapter IV, I hinted at some common patterns in terms of EG’s particular style of extending invitations and responding to my responses, but also in terms of how he expressed some of the Ericksonian commitments I introduced in Chapter I and developed in Chapter II (i.e., treating hypnosis as interrelational, respecting clients’ uniqueness, appreciating the role of the unconscious in change, using multilevel communication, and committing to utilization). In this section, I make connections to the Ericksonian literature and to other related research on hypnosis as I give an overview of EG’s idiosyncratic style.

EG approached hypnotherapy as an artistic and co-creative endeavor. Like Zeig and Rennick (1991), he used the metaphor of a dance, in which each participant mutually

leads and follows, to refer to the dynamic and inter-relational nature of the hypnotherapy process. He participated in this dance as a whole person (not only as a therapist), willing to bring different aspects of himself into the process by sharing personal stories, expressing his emotionality, and showing me what it is like to embrace complexity. With his hypnotic storytelling, EG also introduced pacing, rhythm, breathing, tone of voice, non-verbal cues, and emotions, all of which initiated in me a sense of movement and an ability to slow down. I told EG, “when you slowed down . . . I . . . sensed your slowing down. . . . When you talked in that way, . . . my attention . . . kind of mirror[ed], or kind of synchroniz[ed with you]” (p. 83). To which EG responded, “We are finding the same pace, but it's a slower pace . . .” (IPR, p. 83). Other hypnosis researchers (e.g., Bányai, 1986, as cited in Bányai, 1991; Varga, Bányai, & Gössi-Greguss, 1994) who have studied the interactive nature of the hypnotic experience have also pointed out the meta-communicative elements in hypnotic interaction, as well as the moments of convergence in the experiences between the hypnotist and subject, which Bányai (1991) referred to as a process of “mutual attunement” (p. 581).

Therapists could enhance such attunement or joining, according to EG, by learning to observe their clients' unselfconscious experiential languages. For example, EG noticed how I initially respond to challenges by “moving and emoting” (IPR, p. 23). He joined with this and re-contextualized my anxiety through the use of a travel metaphor. He also pointed out how I could use my “feeling the feelings” (IPR, pp. 12-13) in my work with clients. This suggestion has stayed with me.

In addition, EG tuned in with me by means of his unselfconscious experiential language (i.e., through his stories and his way of telling them). Drawing from

neurophysiological research, Balugani (2008) illuminated some of the practices of Ericksonian psychotherapists. For him, “concepts such as *pacing and leading, shaping, and modeling* . . . are not merely technical aspects, but real interaction paradigms, now grounded on a more solid neurophysiological base” (p. 35). Balugani considered Ericksonian psychotherapy to be “*embodied* in nature” (p. 34), involving therapists using their bodies and particular idiosyncrasies to communicate.

EG’s unselfconscious language influences his “cinematic” listening, which is very much in tune with Flemons’s (2002) suggestion that therapists invite a metaphoric connection with their clients. EG noted that stories come attached with feelings, so the listening that goes on between clients and therapists implies emotional connection. Through his imaginative and empathic listening, EG instilled and conveyed genuine appreciation and curiosity for my experience, honoring one of the basic assumptions implied in the work of Milton Erickson: “each patient is a unique microcosm who must be fully understood if an appropriate approach utilizing his or her individual potentials is to be synthesized” (Rossi, 1983, p. 36).

Grounded in Ericksonian principles, EG’s techniques (or interaction paradigms) are so ingrained in his way of communicating that they come across as effortless, fluid, and extemporaneous. His work invites us to “embrace . . . the artistry of hypnosis” (Yapko, 2014, p. 239). His therapeutic style, infused with hypnotic stories, elicited my ability to connect with my own aesthetics and responsiveness. In this dance-like process, new stories came to life or old stories played out differently. This, for me, has implications for how to approach therapy with an aesthetic sensibility, in a way that facilitates the emergence of new patterns out of the creative dance.

In addition, EG's preferred way of communicating (i.e., through stories, particularly hypnotic stories) helped me to think about and characterize the different stages of the hypnotic process as a series of holons. Every invitation extended by EG (even the invitations within the invitations) seemed to be carried to completion, yet each was also open enough to be interwoven with others. The telling of stories created a patterned communication.

As Bochner and Ellis (2016) suggested, stories usually follow a certain pattern, which includes the characters in the story, the context or setting, a sense of time, a drama or epiphany, and a point of resolution and reflection (or the moral of the story). Each of the stories EG told not only displayed a narrative arc, but also combined with the others to create rhythmic patterns—stories within stories that moved me forward, even when they sometimes went backwards in time.

The combination and interweaving of stories (e.g., the stories of the sponge, the bubble, and of traveling) and the playfulness of the variations and tweaks fertilized the ground for creativity, eliciting new self-referential patterns (e.g., my sense, now, that I am just right, that I am a self-sufficient traveler, that I have a gift for feeling, that I can breathe in and can breathe out stress and negativity, that I can embrace opposites, and so on). The stories that were repurposed served as context markers for new ways of experiencing myself and for acting accordingly. EG's willingness to bring his personal stories into the conversation, always with therapeutic intention, also created a context for a richly human encounter, for a meeting of vulnerabilities, and for the embracing of relationship problems hypnotically. As I listened to EG describing his experiences as he

adapted the stories to the therapeutic context, I had the sense he was modeling what it was like to embrace complexity while embracing one's own humanity.

Implications for the Client (me)

Psychotherapy process researchers have sought two kind of explanations—paradigmatic and narrative—or for a combination of both (Rennie & Toukmanian, 1992). My focus on this study has been on narrative explanations instead of paradigmatic ones; on experience and meaning instead of change and effectiveness. In Chapter I, however, I indicated that in my role as client, I would include some comments in my final chapter regarding any changes in my anxiety issues. I already mentioned in Chapter IV some of the changes I have noticed, but here I will elaborate. The sense that “I . . . [am] just right” (J, p. 16; 01/10/18) has followed me around since my participation in the session and the IPR. This has brought me confidence and I have found myself expressing my voice accordingly. Even in moments in which some waves of doubt have come back, they have quickly washed away, without effort. I have also noticed some physiological changes coming and going in waves. A couple of weeks after the session, I was feeling very relaxed in my body, then I had a reboot of huge waves that distressed me for about two weeks, and then I became somewhat more balanced again. There are, for sure, several contextual factors and stressors surrounding these experiences. I found a job I was not even thinking about, and soon I will be moving with my family. Despite the pressure and stress, I have noticed some unusual things, one of the most relevant ones being my surprising calmness during the job interview and the presentation I had to give in the process. I remember thinking that I wish I could have had more time to prepare, while at

the same time, I had a feeling of flow. I had the sense that I could just let go of any need to try to control the situation.

My husband has noticed some changes in my way of expressing my voice; however, he has not found them always positive. He told me that in the midst of all the stressors and changes, it was difficult for him to notice anything; however, he added that I seem to be a little calmer regarding my son. I realized that for some days, I did find myself standing my ground quite strong, but then I found some middle ground that works for both of us. I am still waiting to see what other things unfold; however, I do realize that when I am in the middle of some situation with my family, I remember the breathing of the sponge and the embracing in the bubble. The emotions and the sense of EG's words come back: "When you are breathing . . . like a sponge, stress is not important. If there's more feeling coming in, you propel it through, because there are very intense moments in family life and at work too" (EG, TR, p. 22).

Reflections on the IPR's Influence on the Client

Gale, Odell, and Nagireddy (1995) suggested that conducting IPR with clients on their session might bring additional benefits. In a couple case, for instance, they noted that IPR allowed the couple to engage in "a more consensual type of conversation," which facilitated their "agreement on various emotional issues" (p. 123). As the client, I benefited from the IPR conversation in different ways: I felt a greater sense of agency by being able to revisit the hypnotherapy session from a different position (i.e., as a researcher and co-participant), and I was able to comment on things that were still lingering in the back of my mind. This was happening even while EG continued extending hypnotic invitations by means of stories. I have also continued to benefit from

the hypnotherapeutic experience with EG through the process of revisiting and re-listening to the session and the IPR. There is an idea that bringing awareness to the unconscious process of hypnosis may limit the benefits (Rossi, 1980a), and it may; however, my experience has, rather, been the opposite. As EG noted, “the depth of consciousness is fine, you could even know what I’m doing. . . . but it doesn’t make it less effective” (IPR, p. 50). The process of going over and over the transcripts and the recordings allowed me to evoke and re-live the sense of the experience, in order to find the words that would help me convey my interpretation of what happened. Todres (2007/2011) made reference to the intertwining of language and experience. Thus, we are always crossing back and forth between conscious and unconscious process. The process of bringing awareness to something does not eliminate the unconscious effects; it cannot. As Flemons (2002) suggested, “mind is fundamentally *relational*” (p. 6), and the paradoxical nature of language is such that you make connections by drawing distinctions, and those “distinction[s] create. . . relationship[s]” (p. 6). Nevertheless, I sense other unconscious shifting elements inside, of which the conscious effort to understand has interrupted. I have the sense that once I’m done with the analysis, some of these elements might reenter a healing rhythm.

Implications for Clinical Practice

Practitioners of Ericksonian approaches to hypnotherapy may deem the findings in this study significant in several ways. The study offers insights into aspects of the co-creative nature of the hypnotherapeutic process and into qualities that hypnotherapists may bring to facilitate this co-creation. Thus, clinicians may be inspired to approach hypnotherapy and therapy artistically and not simply as a set of techniques. This study

also underscores the embodied nature of hypnotherapy and invites the hypnotherapists to bring their own idiosyncratic style into the process as they generate experiential possibilities for the client from within the client's worldview. The findings invite clinicians to embrace the inclusion of unconscious, multi-level thinking and ways of knowing, body processes, and allegoric languages (of both hypnotherapist and client), all of which are at play in therapy, and they suggest ways of incorporating these elements for therapeutic change. The findings are descriptive and analytic, not prescriptive, yet they have implications for the practice of creative and respectful approaches to hypnosis.

The ideas derived from this study could also extend to other approaches to therapy. Clinicians inspired by postmodern sensibilities and social constructionist ideas and practicing from a relational, collaborative, or narrative orientation may also find insights and perhaps helpful ideas for their practice. This study exemplifies ways in which therapists may position themselves vis-à-vis their clients to allow the emergence of solutions, while preserving non-violent ways of practicing therapy. Anderson (2012) reflects on the implications of a therapist's philosophical stance for "a relationally responsive practice" (p. 8). For her, the emphasis is on "a *way of being with* versus a system of doing for" (p. 13). The therapist positions himself or herself with the other and by doing so, he or she is able to "spontaneously respond in the current situation and whatever it calls for" (p. 13). This, for me, is very much in tune with EG's way of positioning himself with me in the session and with the Ericksonian commitment for *utilization*. Some hypnotherapists have considered utilization to be a technique; however, it could also be thought as a way of being with and responding to clients.

Zeig (1994) referred to utilization as “a state of response readiness” (p. 300) that allows the therapist to utilize “any aspect of the psychotherapy experience” (Zeig, 1994, p. 298). Thus, inherent in the utilization approach is the idea of encountering the client’s reality with empathy, vulnerability, curiosity, acceptance, and validation, while attending to the pragmatic need for therapeutic responsiveness.

For narrative therapists, the results may also offer other ways of thinking about stories of exceptions or unique outcomes. These stories allow “persons to identify preferred values and commitments in life” (White, 1995, p. 26), but they also evoke or come with emotions that fuel the therapeutic experience and invite movement towards change. Thus, narrative therapists may benefit from adding hypnotic storytelling to their practices and reflecting on how their position as embodied and emotional beings could enhance their practices of inviting a re-visioning or re-authoring (White, 1995) of their clients’ stories and lives.

For brief family therapists and solution-focused therapists, this study may also invite reflections about and offer inspiration regarding the way emotions are an important aspect of the therapeutic process and on how they could be utilized. Lipchik (2002/2011) noted that therapists practicing from these approaches have focused on gathering behavioral descriptions of patterns of interactions, or, in the case of solution-focused therapists, of the clients’ “goals so they can track progress better” (p. 64). She suggested that therapists could use their clients’ and their own emotions to facilitate solutions. The findings of this study suggest that stories are a relational way of communicating. They create emotional connection and facilitate joining. They elicit unconscious processes and allow the therapist to invite and deliver possibilities, and they have the ability to elicit or

stir up emotions that connect clients more tangibly to their desired goals. EG's responsiveness to and utilization of my emotions facilitated the anchoring or grounding of my therapeutic goal from the onset of the session. This allowed me not only to envision a future without the problem but also to actually *feel* it, connecting mind and body.

In sum, this study has implications for both the pragmatics and aesthetics of therapy. Being a study about a particular hypnotherapy experience, it offers a wide range of details into the know-how of an expert in his field, while preserving and underscoring the artistic and co-creative aspects of the process and its distinct flavor. An understanding of EG's hypnotic invitations may reach out beyond the scope of this particular study, inspiring a sense of possibility for embodiment and interconnection in the relationship between practitioner and client.

Implications for Supervision

Supervisors and teachers could be intrigued and inspired by the findings in this study in several ways. In my identity as supervisor, for instance, I have already experienced the influence of ideas derived from my hypnotic interaction with EG.

JC: EG's respectful approach with me during our session also reminded me of a commitment I had taken a while ago in relation to the idea of non-violence in therapy. This reminder became helpful when supervising a case, a few days ago, in which I realized that the therapist was pushing and cornering the client with her questions based on a therapeutic idea she had about what was supposed to happen. I remember how EG had extended subtle and indirect invitations for me to talk about difficult issues while giving me the freedom to respond or not to respond. I followed my instinct and asked permission to come into the therapy room to join the conversation and reoriented it. I elicited stories from the client that the team

and I knew would help her get out of the corner in which she was. (J, pp. 18-19; 03/10/18)

I saw coming into the therapy room as a way to invite the student-therapist, who had only been in the therapy room a few times, into an opportunity for experiential learning—to observe first hand a way of being responsive to our client’s distress signals. Following this interaction, we had a team conversation about how to elicit, rather than impose, possibilities.

Phil, Guy, and Lowe (2007) reflected on the dilemmas we face in supervision when we are informed by postmodern and social constructionist ideas. For them, “a social constructionist perspective . . . would view supervision not as a definitive model, a quest for objective truth about clients[,] or the finding of appropriate, corrective interventions, but as the cocreation and development of new meanings through conversation” (p. 52). The findings in this study illuminate the multiple layers in the process of knowledge construction through hypnotherapeutic experience, and they point to ways such cocreation can be implemented and applied. This way of interacting responds to social-constructionist invitations for therapists to focus on *how* they are with their clients (Anderson, 2012) and to stay “‘relationally engaged’ with . . . [them]” (McNamee, cited in Phil et al., 2007, p. 54). The same is true of the relationship between supervisor and therapist. Supervisors, informed by postmodernism and social constructionism, can draw inspiration from relational interactions informed by the logic of hypnosis and metaphoric connection (Flemons, 2002).

Implications For Teaching

Erickson had a reputation for creating opportunities for his students to experience hypnosis (Havens, 1996). According to Havens (1996), Erickson considered it important

for hypnotherapists to have an embodied experience of the unconscious process of hypnosis so as to better prepare them for eliciting it in their subjects or clients. The findings of this study suggest that at the very heart of the hypnotherapeutic experience, and the research about it, is a process of collaboration and learning. This has implications not only for teaching hypnosis, but also, indirectly, for teaching in general. The sensibility evoked and described in this study can be brought into a variety of teaching environments, each an opportunity for eliciting understanding rather than imposing ideas.

The Method— Implications for Research and Researchers

I set out on this journey with the intention of exploring a mind-body approach to psychotherapy (i.e., hypnotherapy) through a mind-body approach to research (i.e., autoethnography) that would fit with a constructionist epistemology. Stepping into alternative methodologies for the study of hypnotherapy, I combined autoethnography and Interpersonal Process Recall (IPR). With this, I departed from paradigmatic ways of constructing the world, seeking instead narrative explanations (Bruner, 1986) that take into account the co-constructive nature of the research process, the intertwining of subjectivities between the research participants, and the embodied subjectivity of the researcher.

As discussed by some psychotherapy process researchers (e.g., Gale, Odell, & Nagireddy, 1995; Rennie, 1990, 1992; Watson & Rennie, 1994), IPR is a good fit for those working within a constructionist epistemology. The conversational and autoethnographic variation of IPR that I introduced for this study made this epistemological assumption even more explicit. It “democratiz[ed] . . . the inquiry” (Macaskie, Lees, & Freshwater, 2015, p. 233) and contributed to the generation of

intersubjective research (Macaskie, 2014). EG and I not only took the initiative to comment on what we considered important a similar number of times, but the layered design of the analysis allowed the reader to identify each participant's voice, and the results of their interaction, as well as the process of knowledge construction. This methodological choice also invited transparency, which helped illuminate the underlying thoughts and processes that influenced my attempts to interpret and make meaning of the experience. In the inner layer of the analysis (i.e., journal entries), for instance, I noted what I was thinking just before or after some of the questions I posed during the IPR (e.g., my struggle with what I was hearing as an anti-position). I also juxtaposed EG's and my different interpretations in the middle layer (i.e., the IPR transcripts), such as, for example, when he named an experience *trance* that I called *checking out*. And then, in the outer layer (i.e., narrator voice), I resolved such differences or established new meanings derived from their juxtaposition. This practice of juxtaposing our different voices, as well as different sources of information, brought forward patterns of interaction rather than isolated techniques. Such an approach contributes to the illumination of hypnotherapeutic experience and process.

Macaskie et al. (2015) suggested that "research in counseling and psychotherapy . . . can develop an alternative research discourse using quintessentially therapeutic skills such as reflexivity" (p. 226). This study achieves something similar in the realm of hypnotherapy research, and, more specifically, with process research on hypnotherapy. It thus contributes to the call for a broadening of research paradigms in hypnosis (Osowiec, 2014). It also adds to the field of autoethnography, exemplifying the inclusion of the humanity of the researcher who brings in all her (or his) "senses, . . . feelings, and . . .

whole being” (Ellis, 2004, p. 48), while offering a systematic way of including other participants’ voices. Referring to the continuous shifting of meaning and the implications of this for therapists, Gilligan (1987) proposed the repoetization of hypnosis and therapy. For him, “the therapist’s theories and responses . . . should be read more like poems than scientific facts or entities” (p. 233). Similarly, an interpretive autoethnographic study such as this may contribute to the repoetization of research.

The Self and the Other in Autoethnographic Research

In autoethnography, “the stories we write connect self to culture” (Ellis & Adams, 2014, p. 255). In Chapter III, I suggested that the concept of culture in this study could be thought of in terms of the hypnotherapeutic experience as a relational whole that contextualized the interaction between EG and me. Clearly our interpretations of the experience and interaction were influenced by ideas derived from the work of Milton Erickson (in addition to many others we both brought to the session) and by our mutual agreement that this was a hypnotherapy session.

EG: after all, we are doing hypnosis what do you expect. (IPR, p. 81)

JC: yeah, (laughing) yeah. (IPR, p. 81)

Our more salient identities were that of client/researcher and hypnotherapist/co-researcher; however, other “multiple, shifting identities” (Reed-Danahay, 1997, p. 3) were intersecting in the co-creational space generated by our hypnotic and IPR interactions. For example, EG told stories from his identities as a husband, father, son, grandfather, and friend, among others:

EG: So that we could exchange strong emotions to conversation, you know, like I tell you about my grandsons, and you would laugh. And, I'll tell you about my wife,

and you'd be happy for me, and tell you about the loss of relatives and friends and you'll be sad, and we will just be a kind of breathing. (TR, p. 13)

I also talked about my feelings and experiences as a mother, wife, daughter, sister, student, and clinician. For example,

JC: We could sit down on the floor, whatever, and just talk, and we would talk for hours when we were, you know, younger. Before we got married, we were friends. (TR, p. 17)

JC: I learned to be okay by closing up my bubble, but I have to open it up to take care of my child . . . (J, p. 2; 12/12/17)

I also reflected on my experience of feeling unsafe while growing up in a culture where social drinking was normal (see Chapter IV), and also on how I struggled to make sense of the pragmatics of brief therapy as a recent immigrant to the United States (see Chapter IV). Distinct from other autoethnographic works, however, I did not expand on any of these cultural factors and multiple shifting identities. Rather, I described them so as to contextualize the hypnotic interaction and to illuminate EG's work and my experiences in response to what he said and did. Bochner (Ellis, 2004) wondered, "Do our stories evoke readers' responses? . . . Do they help us get along with each other? Do they help us change institutions? Promote social justice and equality? Lead us to think through consequences, values, and moral dilemmas?" (p. 195). In response to these questions, I would say that this study may be considered an invitation to step into alternative research paradigms for hypnosis; to think of therapy as an encounter of identities, in which both participants are co-creators; and to embrace complexity.

Methodological Challenges and Research Limitations

As discussed in Chapter I, this approach to research came with some methodological challenges, such as the dual roles that EG and I needed to maintain throughout the process (e.g., hypnotherapist/co-researcher and client/researcher, respectively) and the intersection of the multiple shifting identities. During the session, for example, I had multiple conversations in my head about what I thought needed to be happening in the session for it to be considered hypnosis (IPR, pp. 40-41). I might have unconsciously chosen not to respond to some of EG's indirect invitations to talk about family history, although I responded to them in the IPR. It is possible that if this had not been a research project, I might have responded earlier and differently to those invitations. To bring transparency to such limitations, I wrote journal notes that I included in the analysis.

EG appeared to maintain the exclusivity of his role as hypnotherapist for most of the hypnotherapy session, seldom, if ever, relating to me during this part of the project as a co-researcher. On one occasion, for instance, he wanted to bring clarity to something he was doing, but he told me we would talk about it during our IPR interview. The doubleness of his roles was far more evident during the IPR process. As Jerry Gale (a committee member of this dissertation) had predicted, therapy continued flowing into the IPR. Although EG participated fully in the IPR as a co-researcher, he also brought hypnotherapeutic elements to what he said and how he said it. And as he extended therapeutic invitations, I shifted back and forth between working as a researcher and experiencing as a client, sharing, for example, childhood stories of difficult issues with my family (DB, p. 5).

Reflecting on my personal process of crossing boundaries between identities, I experienced different degrees of complexity. During the session, I found it mostly easy to be a client. I wanted to take advantage of the opportunity to work with EG and so allowed myself to dive into the experience. During the IPR, I struggled for a few minutes to situate myself in the researcher position, as I was still in the thrall of the session. I think this was mostly influenced by the fact that we initiated the IPR almost immediately after the session, with only a short break for lunch in between. EG's embodiment of his co-researcher role, however, helped me adjust quickly to the new position.

The greatest challenges came during the writing process. Not only were all of my identities in play, but also I needed to organize the data and find and maintain my voice as narrator, a voice that could convey the hypnotic qualities of my experience while communicating my legitimacy as a researcher. My debriefing conversation and dissertation meetings with DF facilitated this sorting out. Despite the overlapping of the different layers and the endorsement of unconscious process flowing in the research process, the particular procedures I took to interweave the different sources of data (described in the methodology) created an organization that contributed to the emergence of the holons. The juxtaposition of patterns occurring within the context of the hypnotic experience influenced the analysis and the interpretation of the research and vice versa.

These challenges and the complexity of the different identities that were part of this research process were also what enriched the research and contributed to the construction of inter-subjective research. As Macaskie et al. (2015) implied, the therapeutic skills that EG brought, along with my identity as a clinician, facilitated this particular approach to inter-subjective research. Different issues would have come up if

the client participating in the IPR had not been a clinician, or if the hypnotherapist had been the primary researcher. Watson and Rennie (1994) conducted a study in which Watson had a dual role in the therapy session, but she did not participate in the interview of her own clients. I believe that a research design positioning the clinician in the dual role of therapist and primary researcher would pose ethical questions regarding issues of power in relation to the client, so such a design would need to ensure the primary well-being of the client as a client. If I were going to be in the position of therapist-researcher, I would probably arrange for the client to participate in an additional conversation about the IPR with another therapist for a debriefing of the process, and I would ensure that the client could continue therapy if she or he wished. Although in this study I situated myself in what it is considered to be a more vulnerable position (i.e., client), I recognized and acknowledged the risks undertaken by Dr. Greenleaf. As soon as I finished my analysis, I sent it to him to invite any comments he might have. I received a warm response: “I feel very well represented by your reflections, and proud of the work we did together.”

In Chapter I, I quoted McLeod’s (2001/2011) caution concerning autoethnographic research, in which he suggested that it may be considered an “extension . . . of personal development, . . . a type of a self-therapy for the researcher, rather than as contribution . . . to a shared body of knowledge within the profession” (p. 216). This study has, indeed, brought me benefits at several levels—as a client, student, clinician, and future professor. However, these benefits do not preclude others (e.g., clinicians, researchers, students, clients) from learning something from it. As I mentioned in Chapter I, it is the reader who will decide how she or he relates to this study. Autoethnographic work looks for resonance, usefulness, verisimilitude, and credibility (Bochner &

Ellis, 2016). As Bochner (Bochner & Ellis, 2016), referring to one of his writings, said, “when a story like mine—a particular story that takes place in a particular context—gains resonance, it achieves a universal significance” (p. 238). Hopefully, the reader can resonate with (and find useful) my attempts to illuminate the interactional, co-creative, and embodied nature of the hypnotic experience, the quality of participation that an Ericksonian hypnotherapist may bring to the process, and the experience of a client who is able to discover and experience herself as resourceful.

Future Research

Despite the pressure for generating research studies that fit with the culture of an evidence-based practice, I believe that there is much to gain from undertaking alternative approaches to studying hypnosis, approaches that incorporate body-based knowledge and inter-subjectivity in the process of knowledge construction. In this regard, I found the combination of autoethnography and IPR especially fruitful. Autoethnography allowed me to use the self to understand the other in context, placing “communication at the center of inquiry” (Bochner, 2014, p. 83), and IPR allowed me to bring in a “participatory quality to the research” (Macaskie, et al., 2015) and to have a glimpse of “each participant’s phenomenological experience” (Gale, Odell, & Nagireddy, 1995, p.106). This study of the work of an Ericksonian therapist could be a doorway to the study of other practitioners within the Ericksonian tradition. Reflecting on how the combination of rhythmic patterns creates new ones, Bateson (2002) wondered, “Do we, in fact, carry around with us . . . samples of various sort of regularity against which we can try the information (news of regular differences) that comes in from outside” (p. 75)? With this in mind, I wonder what new patterns of interaction could be illuminated by bringing the

same research approach to other neo-Ericksonian practitioners. If several such studies could then be subjected to a qualitative meta-analysis, it would be possible to identify meta-patterns—meta-holons, perhaps—that, in combination, could further clarify and elaborate essential relational elements of neo-Ericksonian approaches.

Concluding Thoughts

I have come to a momentary pause in the never-ending journey of learning. This research has allowed me to develop a more inclusive sense of what constitutes trance and a demystified understanding of hypnosis. I have also developed an appreciation for the nuanced use of language, the microdynamics of managing the therapeutic relationship, and the process of inviting difference and change. The design of the study allowed me to simultaneously attend carefully to both the fine details of technique *and* the wholeness of a hypnotic way of working. As Bateson (2000) noted, “without skill [there] is no art” (p. 144)

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Biographical Sketch

Jimena Castro was born in Cali, Colombia, and has been living in South Florida since 2007. She earned her M.S. and Ph.D. in Marriage and Family Therapy and an M.A. in Cross-Disciplinary Studies from Nova Southeastern University in Fort Lauderdale, Florida. Jimena has received intensive training in Ericksonian approaches to hypnosis. She is an AAMFT supervisor candidate and a licensed marriage and family therapist in the state of Florida. She has seven years of experience working with individuals, families, and couples, and two years of experience supervising from behind a one-way mirror. Her professional and research interests include Ericksonian hypnotherapy, brief and post-modern approaches to therapy, and qualitative research methods. Jimena's life-long interests include traveling, practicing yoga, learning from her spiritual teacher, and enjoying kiteboarding and outdoor activities with her husband and son. She will be joining the faculty at Our Lady of the Lake University in San Antonio, Texas, in August, 2018.