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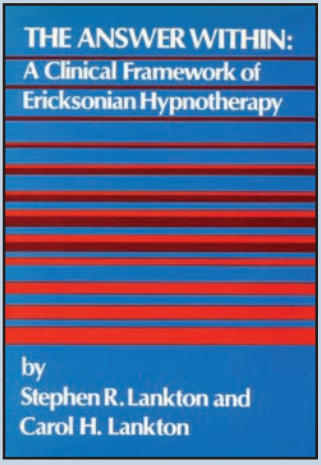
The Answer Within

A Clinical Framework of Ericksonian Hypnotherapy



"This volume expands the boundaries of conventional clinical psychology, incorporating the principles of Ericksonian psychotherapy, and thus presents a remarkably effective therapuetic approach. It is a treasure trove of new learnings and delightful experiences."

Ernest L. Rossi, PhD

Stephen R. Lankton and
Carol Hicks Lankton

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by
Stephen R. Lankton
and
Carol Hicks Lankton

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Introduction to the Crown House Classic Release of *The Answer Within*

Twenty-five Years Later and Counting. . .

From Carol A. Hicks, MA, LMFT

I sometimes imagine a cosmic conveyor belt with an infinite variety of challenges already lined up and just waiting to be continuously delivered into the present moment, demanding to be handled somehow. When we encounter these often-unwelcome challenges and don't yet know how we will deal with them, a part of us wants to sound the alarm, worried that we won't come up with something suitable to avert catastrophe. "Relax," we might tell ourselves, "it's only uncertainty." We can learn to regard occasions of chaos as extremely good news, trusting the process to activate a uniquely productive unconscious search for creative solutions.

Anyone can cultivate the habit of expecting (and thus creating) happiness and success even in the face of chaos, challenge, trauma, or difficulty. Our son, Shawn Lankton, summed it up this way: "The world is what you make it, how you interpret things. You get to choose whether to be miserable or happy no matter how dismal or tedious your particular situation might be. But the more you choose to be happy, the better your situation gets. So choose mindfully."

Much has changed since we wrote this book 25 years ago. And yet nothing is really very different at all in the sense that we all must still determine what we want and then harness our powers of active intention to pursue our heart's desires. This book is still about taking conscious control of belief systems and experiential resources so as to identify what we want and create positive self-

fulfilling prophecies. To summarize what Erickson emphasized, our unconscious minds contain a vast storehouse of learnings, resource experiences, memories, and characteristics that can be retrieved and assigned to various missions, as per our desire.

We can't elicit an *answer within* without first generating a question. The question I've most frequently asked of clients for 30 years now is: "What do you want?" I have observed people wrestle with seemingly eternal conflicts associated with knowing, then getting what they want, and finally, co-existing with loved ones who also want what they want. An irate father once loudly complained that his daughter just "wanted what she wanted when she wanted it!" He made *that* sound like a bad thing, but by virtue of being alive, don't we all want what we want when we want it?

Of course, we need to be able to gracefully take "no" for an answer when circumstances prevent us actualizing this ideal. But it isn't a bad thing to want it. Usually, we don't *mindfully contemplate* what it is that we want. Not doing so creates a sad situation. Why? Because it makes sense that our chances of getting what we want improve significantly when we actually know what we want and act in an assertive manner to make those wishes known to both ourselves and others around us.

Sometimes what we want is quite obvious. But often we only know that we want *something* by virtue of a nagging sense of vague yearning. As our daughter, Alicia Lankton, said to me one day when she was three years old: "Mom, I'm not as happy as I want to be. Nothing is really wrong. It's just that I want something and I don't know what it is." It was clear to me that she desperately wanted and naively believed that I would be able to solve this mystery of what she wanted and then provide it for her. Alicia's moment is much like that of so many of my clients. I had to break the news to her that she was the leading candidate for discovering what she wanted. I explained that she would have to go inside and ask her deepest self: "What do I want?" And since it often takes a while for this knowing part to communicate with us, it is best if we get comfortable while we wait. The answers about what we really want do come from within, sometimes with swift certainty – and other times taking their own sweet time.

In any case, knowing what we want is the first step. We can't begin the journey of a thousand miles if we don't know where we want to make our first footfall. Fortunately, even though the internal mental mechanisms for attending to signals about what one wants may be "rusted over" from decades of inactivity, the potential and capability to wake up this skill continues to exist in virtually everyone. And "the sooner the better," since we humans live on a cutting edge where we are constantly being stretched and transformed in a relentless evolution. Like it or not – all transformation, all the time!

We have a choice: We can resist the uncertainty or we can embrace it, accepting whatever happens as if we had chosen it and trusting that we will somehow survive. This is true even though we are yet to know the specifics of the future.

The sometimes-traumatic yet transformative fires of change consume what is finished and allow us to launch new heartfelt dreams. Such is the turning point at which reorganization and change occurs. Therapy and change bring on the lightning round of learning. It's a time of giving birth to the new self and saying goodbye to the old. As painful as this transition may be, we eventually come to treasure our new learnings. They only became possible by our enduring events previously experienced as traumatic or limiting. Erickson's work has become an enduring beacon for transformative change, guiding countless therapists as they, in turn, inspire clients to find the answer within - a new appreciation for the wisdom embedded inside the same deep human experiences that had once been feared and resisted. The fires of transformation, like the Olympic flame, burn eternally, just as *The Answer Within* will continue to speak to those who work to embrace transformation.

From Stephen Lankton, MSW, LCSW, DAHB

The *Answer Within* was written in 1983 to emphasize our understandings about Milton Erickson's work and the complex frameworks upon which it was constructed. Erickson's work was not correctly understood when viewed as a collection of techniques. The science of psychotherapy and family therapy is advanced by measuring, correlating, and eventually predicting. It would be convenient for empirical research if his approach easily lent itself to that sort of investigation. But, alas, it does not and it remains elusive to accurate empirical research in many ways.

Erickson attempted to greet each client by participating in a role that was either complementary or symmetrical to his or her role. That is, if the client was rigidly adhering to an interpersonal posture of being one-down from others, Erickson might oblige the client by taking a posture that was superior. Conversely, the exact opposite was also true. Yet in other cases Erickson, like a chameleon, appeared to view the world in a manner that was equivalent to that of the client.

Having established that sort of contact with the client, Erickson would accept the language and behavior provided by the client, and even ask for more of it when it appeared to be, to other observers, a potential resistance. This utilization approach reduced resistance and increased the motivation of the individuals he saw.

Finally, a permissive language rich with indirect suggestion, metaphor, direct intervention, paradox, and more, helped clients facilitate change. And this facilitation was always accomplished at the experiential level for the client. That is, he did not accomplish change by helping a client have insight, rational thinking, or manipulating reinforcement contingencies. He was able to touch each individual's heart in such a manner that the person came to re-experience, and reinterpret or reframe his or her understanding of what had been previous limitations.

Erickson taught us to approach each case with these goals in mind. Further, he taught us to be comfortable with the ambiguity and uncertainty that this approach would create. He taught us to embrace a level of "not-knowing" — but still contacting — our clients. And in the openness of that contact and "not-knowing," we were to allow an entirely unique and creative outcome to emerge.

While on the one hand, we call that outcome the *answer within*; it is a bit paradoxical to do so. That is because this creative emerging outcome was really a result of the both interpersonal context that was established as well as the resources brought by the unique individual and his or her history.

It has been my continual hope that articulating some of the difficult aspects of this approach will allow clinicians to replicate it and in the process find their own voice in doing so. In addition, it has been my hope that articulating some of these difficult aspects will help inform clinical research to increasingly gather empirical support for this evidence-based approach.

When students of Erickson's approach make the decision to embrace these ideas and shape them into tools that transform their practice, the commitment they make is much like the commitment needed to learn a martial art. In a similar way, there is no weekend workshop or seminar that will allow therapists to become expert in the craft. As in the martial arts, it is only through careful, deliberate, and systematic training and study that a practitioner can assimilate and be comfortable with an effective application of an Ericksonian approach to change.

If everything in this book could be boiled down to one simple sentence, that sentence perhaps would read, "Help clients get the experiences they need in the contexts in which they live." All the other aspects of Erickson's approach have to do with improving the possibility of accomplishing that goal. The process begins with the first contact with the client, continues throughout the sometimes vague and ambiguous relationship with that client, and culminates when our unique and creative outcome has finally been achieved. And while that outcome will usually (but not always) include a reduction or removal of the presenting symptoms, it more often involves a redirection and recommitment to life that is not concerned with those symptoms or presenting problems at all. That is, once a child learns to ride a bicycle, he or she is no

longer focusing on an earlier question about a fear of falling. Instead, applying the newly acquired skill is so rewarding that one rarely returns to the limitation.

Looking back over the past 25 years, there have been 10, well-attended, international congresses on Ericksonian approaches to hypnosis and psychotherapy. The Evolution of Psychotherapy conferences have continued to be the largest conferences ever convened in honor of a single individual (Milton Erickson, of course). There are 129 official Erickson Institutes established throughout the world. These institutes can be found in almost every state and in dozens of countries from Argentina and Australia to Turkey and Uruguay. And, the American Society of Clinical Hypnosis has, this year, celebrated its 50th anniversary. In so doing, it held plenary sessions in remembrance of Milton Erickson, which were recognized by many as a highlight of the conference. Also the *American Journal of Clinical Hypnosis* this year has created the 50th anniversary issue – this journal was originally established and edited by Dr. Erickson. It still thrives. A Google search reveals 134,000 hits for Milton H. Erickson. And, a search on Amazon.com reveals 1217 matches to his name.

It is certainly fair to say that Dr. Erickson's legacy continues to grow. And as it does it is our sincere belief that the foundational understanding presented in *The Answer Within* will follow him and all those who seek to learn about him, his approach to change, and the legacy he created.

4 METAPHOR: THE COGNITIVE FRAMEWORK

PARADOX

In the previous cases we have made several references to the use of paradoxical interventions. We mentioned that it was paradoxical to teach the child abuser to learn from himself. We also described a paradox in the naturalistic induction with David: He was to use his tension to produce a trance of profound relaxation. There are many ways to build paradox and a number of therapeutic uses for it in Ericksonian approaches. It may seem odd, at first, that we are considering paradox as a saddle-mate of metaphor. But our logic will soon become apparent as we consider the use of paradox and metaphor to help the client shift frames of perceptual and cognitive reference.

Paradoxical commands have a particular effect on the listener. Even when trained to hear and understand paradoxical binds, one can suddenly find oneself in a moment of engagement from the effects of receiving paradoxical communications. The effect is suspension of normal frameworks of rule and logic and initiation of an internal search. Outward signs of the inner search include pupil dilation, flattened cheeks, increased skin pallor, lack of movement, slowed blink and swallow reflexes, and lowered and slowed respiration. Essentially, these are the signs of light trance—concentrated inner attention and decreased motoric output.

A paradox has been defined as a contradiction in conclusions that were correctly argued from consistent premises (Bateson, 1979, p. 23). Bateson discussed Erickson's work in one case: "When Erickson gives the signal, the subject hallucinates the hand moved, or hallucinates himself in a different place and therefore the hand was moved. This use of hallucination to resolve a problem posed by contradictory commands which cannot be discussed seems to us to illustrate the solution of a double bind situation via a shift in Logical Types" (1979, p. 223). It is of little wonder that the receiver of such communication is temporarily confused.

We use the term paradox and paradoxical bind to cover those types of formal arguments that Bateson has referred to above, as well as all therapeutic binds (brief and extensive) and the Ericksonian confusion techniques. In the

latter case, the confusion is an essential paradox of a contextual nature. Typically, however, the paradox is a statement between these two extremes where the formal arguments of the paradox are implied or inferred rather than listed.

The "punchline" of the paradox may be all that the client hears. The rest is inferred and, of course, no matter which conclusion the client makes regarding the therapist's meaning, s/he realizes that the conclusion is logically inconsistent with some element in the line of thought that produced it! One example occurred during our wedding ceremony when Erickson said to us, "Don't give up any of your faults . . . you're going to need them to understand your spouse's." Still another example of the inferred logic is in the paradoxical command he next made: "And, look forward to the days when you can look back."

The moment of temporary confusion is not necessarily unpleasant, as the colloquial notion implies. In fact, it is often interpreted as a mild sense of well being. Think for a moment of the mild confusion of a joke and the delight that accompanies that brief experience. In a very similar manner the confusions of everyday life precede the brief "aha" experience in which old ways of perceiving are temporarily interrupted and the world is in that moment reorganized in a delightful way.

In general, the emotional affect that accompanies the "aha" is regarded as pleasant and the moment of preceding confusion does not hinder the person from having the pleasant affect or the seemingly heightened understanding. Likewise, the emotional reponse to the moment of confusion following the use of paradoxical binds does not predetermine or make unpleasant the affect that is subsequent to the use of paradox in therapy.

The client's conscious mind is temporarily overloaded by the illogical logic of the paradoxical communication and the first subjective mental state is confusion. During the moments of confusion, the client is in a process of mental search. Such mental search is an adaptive function and probably is best characterized by the concept of primary process activity. The high speed search is, according to experimental data reported by Erickson and Rossi (1979, p. 18), conducted at the rate of 30 items per second. As the conscious mind begins to search, so does the unconscious mind. Both hemispheres are engaged in the search experience.

Erickson, Rossi, and Rossi state that the effect of binds and double binds is to confuse the conscious mind with "mild quandaries" so that "choice is not easily made on a conscious voluntary level . . . and lead one to experience those altered states we characterize as trance so that previously unrealized potentials may become manifest" (1976, p. 63). We would simply apply the same explanation to paradox, a double bind of a special kind.

Several examples of paradoxical double binds are found in Erickson's induction with "Monde," a client who was hesitant to think highly of herself and was overly compliant in her interactions. One example which we have noticed has been frequently overlooked because it is characteristically subtle. It occurs in one of the first sentences to Monde as she is beginning to follow instructions to develop trance. Erickson said, "Not quite that fast Monde, . . . 'cause in the trance I will want you to do something of importance for you, and just for you" (Lustig, 1975). As Monde heard these words, Erickson could be sure that she would interpret them from a framework of someone who tries to please others, someone who is especially alert to the possibility of doing "wrong." Given this unique map of the world, the construction of the paradox was particularly personal.

Hearing the initial "Not that fast, Monde," she would question whether she was in the process of doing something incorrectly. For her, that was a very grave situation. In fact, her persistent sense of doing something wrong brought her to therapy. Erickson had spoken her language and captured her attention. It is likely that Monde, fixated and listening to the next part of that sentence (" . . . 'cause in the trance *I'll want you to* do something of importance"), would selectively hear the "I'll want you to" and ready herself to adaptively "do" the "something of importance" that Erickson was about to instruct her to do. But before she could identify and follow that instruction in her automatic fashion, an unexpected element was introduced—namely, that this "something" was to be of importance for *her,* and *just* for her. Furthermore, the something was unspecified and she suddenly found herself experiencing that moment of confusion, lack of muscle tonus, and lack of movement as she engaged in the search process to make meaning of his instruction. In so doing she would, paradoxically, have to please herself in order to please him.

Other varieties of therapeutic double binds include prescribing or encouraging the symptom. As we illustrated in the example of David, we prescribed the symptom of tension. David was instructed to experience his tension even more fully as a means of paradoxically developing trance and its inherent relaxation. We explained to him that his tension only served to illustrate that he would go into trance in his own unique way. He was instructed to review all parts of his tension in any order and discover in each part of his body just how he was developing trance. As he followed this first instruction he hypnotized himself quite adequately.

Encouraging the symptom to occur often involves the adjunct use of reframing (Chapter 8). By combining the two strategies the therapist can change the entire meaning of a situation with a "face-saving" positive attribution. Such was the case with the previously mentioned child abuser who, we

said, was "trying to show his daughter he loved her." We paradoxically prescribed his attempts to hold on to and control his daughter. "Holding on" was redefined as a perfectly natural activity, albeit one which involved a natural progression of proper holding on. He was instructed to hold on by phone and eventually by holding her child (his grandchild). Thus, his abuse was reframed into holding on and then holding on was prescribed. He could save face and listen to us; what he heard was how to appropriately hold on to his daughter. Meanwhile, it must be remembered, we had helped him have the actual experiences of tenderness and security. Our words were not merely empty sounds but were related to real experiences.

There are several factors to consider in designing and delivering therapeutic paradoxical interventions. One factor involves the type of client who will benefit from such an approach. One simple formula has been suggested based on the fact that when people enter therapy they usually bring with them symptoms and/or goals. "When the more the client tries to avoid or get rid of the symptom, the more it occurs or the worse it gets, paradoxical intervention is probably appropriate. When the more the client strives to attain her/his goal, the farther away the goal seems to get, that is another indication for paradoxical intervention" (O'Hanlon, 1981). When it has been ascertained that paradoxical interventions are indicated, the following points are useful in constructing and delivering relevant paradoxical symptom prescriptions, reframing the meaning of the problem, and aligning resources necessary for change. These are:

1) Begin with verbal empathy and nonverbal matching.
2) Emphasize a positive interpretation of the problem.
3) Change the symptom with an unexpected alteration, "splitting," or addition to the way the problem is usually experienced.
4) Use anecdotes to retrieve resources and establish readiness to make the suggested alteration.
5) Deliver the paradoxical instruction in a one-down manner (or at least not one-up).
6) Deliver the paradoxical instruction either first or last in a therapeutic sequence.

In discussing these six requisite items, a few case examples will be useful. We begin with excerpts from Erickson's work with a retired couple. They entered therapy due to the husband's difficulty with phantom limb pain and the wife's problem with tinnitus (ringing in the ears).

They had been seen one time prior to this session. Joining and rapport had been accomplished in the first session such that "response attentiveness" (Erickson & Rossi, 1979, p. 104) was already well established and the need for

The Answer Within:
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The first volume to appear in the Crown House Classics Series, *The Answer Within* fits the bill perfectly as it is both "classic" and completely contemporary. With new introductions by the authors, *The Answer Within* illuminates the genius of Milton H. Erickson as a psychotherapist and demonstrates how the principles that anchored his creativity can be incorporated into an effective therapeutic approach that is both flexible and grounded. A foundational work that continues to be fresh, the book takes the reader step by step from diagnostic assessment through treatment plan, illustrating each stage with clinical examples and transcripts. Clear and engaging, the informative case presentations include actual inductions and intricate metaphors accompanied by insightful commentary on therapeutic strategies and techniques.

From *Contemporary Psychology* (1984): "The clarity with which the subject is presented will not only help readers to understand Erickson's use of metaphor, but will help them understand how this technique may be used in their own practice."

From *The Script, International Transactional Analysis Association* (1983): "… a balanced, thoughtful analysis and interpretation of Milton H. Erickson's approach to hypnotherapy and psychotherapy. …a 'complex system of skills' which is neither magic nor mere mechanics."

From the *Journal of Marital and Family Therapy* (1984): "The book is creative, thoughtful, and useful. Perhaps because the book is uniquely their own style, Erickson might have commended the framework provided as 'Lanktonian Hypnotherapy'."

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