MISCELLANEA SPECIALIA 16

UNISA

.hypnosis
in
treatment

an ecosystemic approach

DAVID P FOURIE

University of South Africa
Pretoria

Hypnosis in treatment: an ecosystemic approach was originally published as *Hypnose: Ein ökosystemischer Ansatz* by Quintessenz, Munich, 1994. English publication by permission of Psychologie Verlags Union, Weinheim, Federal Republic of Germany.

Contents

Foreword

There are thousands of books about hypnosis. They range from popularly written treatises on how to use the supposed 'power' of hypnosis to become rich and cure all your illnesses to scientific tomes debating obscure points of theory and research. What can any new book on hypnosis then say that has not been said many times before?

That is exactly what this book is meant to do. It aims to introduce to the field of hypnosis a completely new and radically different way of thinking about our subject – and not only a new way of thinking, but also a new way of doing. This is so because this new, ecosystemic approach to hypnosis has profound implications for the practice of hypnosis.

Yet another theory of hypnosis! There are too many of these already (Kirsch, 1991a). What is to be introduced here, however, is not a theory, but an epistemology, a way of thinking as it could be applied to hypnosis. What is new is not the epistemology – it has been around in family therapy for some time – but its application to hypnosis. In this sense then, the book is meant to bring hypnosis into the realm of current developments in thinking about human behaviour and not to propound yet another theory of hypnosis.

The themes to be covered in this book revolve around a contrast between Newtonian and ecosystemic thinking. The outline which will be followed is presented in the following block:

EPISTEMOLOGIES	
NEWTONIAN	ECOSYSTEMIC
Notions	Notions
Theories	Hypnosis
Implications	Implications
Differential effectiveness	
	Guidelines

Introduction: from traditional to ecosystemic thinking

Chapter 1		EPISTEMOLOGIES	
APPROACHES TO HYPNOSIS		NEWTONIAN	ECOSYSTEMIC
NEWTONIAN	ECOSYSTEMIC		
Traditional science	'New' science	Notions Theories Implications	Notions Hypnosis Implications
		Differential effectiveness	
			Guidelines

We live in a scientific and technological age. In the last few decades, as never before in human history, science has literally conquered the world. There is scarcely an individual alive who has not been affected by the explosion in scientific knowledge and technology. Satellite communications, facsimile transmission and computer networks have shrunk the globe.

Millions of people watched the Gulf War blow by blow while consuming microwave dinners. This unprecedented occurrence resulted directly from the scientific developments of the last few years, as did the awesome weapons whose capabilities were so clearly demonstrated to the viewing public.

No wonder then that science, in its collective sense, has become a major force in people's lives. For something to be called 'scientific' is usually considered a compliment, and everything is supposed to be scientifically designed, from the food we eat to the beds we sleep in.

Hypnosis, that age-old mystery, has not escaped the scientific age either. It is usually classified as one of the human or social sciences – the term 'science' has crept in everywhere. Therefore it is supposed to be studied in a 'scientific' way. But what is a 'scientific' way?

Despite very many variations, a 'scientific' way to study an object or event in essence attempts to answer certain basic types of questions. These are:

* *What is it?* Aristotle believed the aim of science was to reveal the true nature of things, in so doing assuming that such a nature exists

and can be objectively found. This is still a priority in science. In practice this usually leads to efforts to discover the composition of the object or event under study. The phenomenon of study is broken up into its parts or elements to see what it is made of. This is the analytical or reductionistic phase.

- *How does it work?* Once the elements or parts are known, an attempt is made to find out how they fit together to make up the object or event. This is the synthesis phase. In complicated phenomena there is an attempt to find out how one occurrence leads to or causes another. Elements are seen as connected with each other through causality.

- *How can it be used?* On the basis of the answers to the previous two types of questions the need arises to predict the working of the object, or the occurrence of the event. This is followed by manipulation of the object of study in order to achieve some utilitarian purpose.

While traditional scientific approaches, as exemplified by these three types of questions, have led to the tremendous achievements in technology mentioned above, their application to the social sciences was less successful. It is difficult to break up complicated social processes into parts or elements, for instance. For this reason some approaches *created/invented* imaginary 'parts' (or concepts) which were treated *as if* they were concrete entities (Whitehead, 1959), for example the 'unconscious', 'personality', 'trance', and the 'ego'. Other approaches, such as radical behaviourism, totally ignored people's internal functioning.

While this kind of extreme position became softened over the years, the basic *way* of thinking about human behaviour kept revolving around these three types of questions. In other words, a method of inquiry which evolved from the natural sciences and which applied extremely well to these sciences was regarded as 'scientific', that is, desirable, and was more or less uncritically applied to the social sciences, even though it did not work as well in this field.

In hypnosis too, this 'scientific' way of thinking, or epistemology of science, did not fare too well. Some theorists and researchers saw hypnosis as a special state of consciousness, that is, they went the way of creating an explanatory entity. They saw this state as being brought about or caused by the per-

son's ability or capacity to be hypnotised (another created entity) and by a process of dissociation (a created hypothetical process). In all, this was not a very satisfactory explanation of hypnosis.

Other theorists/researchers went the behaviouristic way and saw hypnosis as little more than play-acting. However, in attempting to account for the question of the cause of the play-acting, they accepted the existence of the created entity of hypnotic susceptibility and added other elements. These included the situational demands as well as intrapsychic strategies which subjects were supposed to use to be able to play-act convincingly, for instance attention diversion. Like dissociation, these processes are hypothetical, that is, created/invented by the theory.

Although these two broad approaches (and there are many variations of them) contributed greatly to our understanding of hypnosis, both of them suffered from the limitations inherent in the application to human behaviour of an epistemology meant for concrete objects in linear cause-effect relationships with each other. (See Toulmin, 1981, for a comprehensive criticism of this.)

Since about the 1950s a gradually increasing number of theorists have begun to voice their dissatisfaction with the study of human behaviour by means of a way of thinking which was so inappropriate to it. Chief among these were Bateson (1972, 1979) and Von Bertalanffy (1974), followed by Maturana and Varela (1980), Von Foerster (1981) and Von Glasersfeld (1985). What emerged from their theorising and that of others was a different way of thinking about human behaviour, an epistemology which was meant to be more suited to the study of such behaviour than the traditional epistemology of science. Many names were given to this new epistemology, for example 'non-linear epistemology', 'systemic epistemology', 'cybernetic epistemology'. The term which will be used here is 'ecosystemic epistemology', which emphasises both ecology and systems, and which has also been used by such theorists as Auerswald (1987) and Keeney (1979).

This new way of thinking about human behaviour will be discussed more fully later. However, the main differences between it and the traditional scientific epistemology, as they emerge at different levels of conceptualisation and operation, are presented in the following table:

The traditional scientific approach contrasted with an ecosystemic approach

Level	Approach	
	Traditional	**Ecosystemic**
Epistemology	Objectivity: the 'real' nature of things	Constructivism Relativity
Paradigm	Reductionism Causality	Holism Fit
Theory	Mechanistic	Cybernetic
Research	Proving Validating	Making sense Describing
Methodology	Objective	Consensual
Results	Proof	Guidelines
Application	Mechanical	Creative
Hypnosis	Individual Intrapsychic	Contextual

chapter 2

The

development

of

ecosystemic

thinking

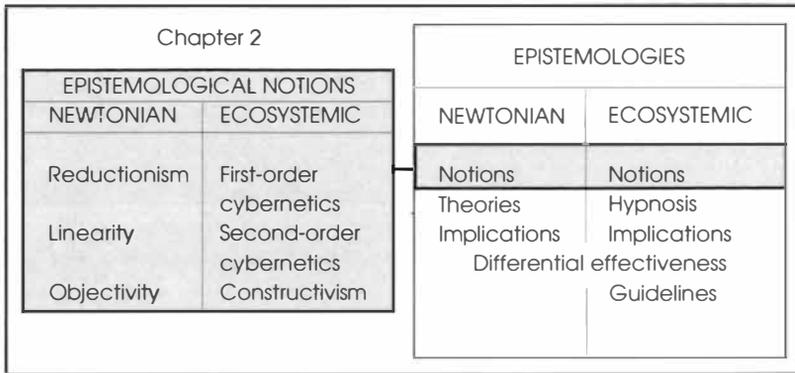| Chapter 2		EPISTEMOLOGIES	
EPISTEMOLOGICAL NOTIONS		NEWTONIAN	ECOSYSTEMIC
NEWTONIAN	ECOSYSTEMIC		
Reductionism	First-order cybernetics	Notions	Notions
		Theories	Hypnosis
Linearity	Second-order cybernetics	Implications	Implications
		Differential effectiveness	
Objectivity	Constructivism		Guidelines

Whenever one thinks, one makes assumptions. It is not possible to think in a 'neutral' way without the thinking being directed by the ways we had learned to think. These learned modes of thinking embody implicit assumptions about the nature of the world and logic. This is the case also when one thinks scientifically. In fact, through the long history of science a particular shared way of scientific thinking or epistemology of science (Bateson, 1972) has developed, with implicit assumptions added along the way. For instance, Aristotle thought that the task of science was to find the true nature of things, making the implicit assumptions that things have a true nature and that it is possible to find out what this true nature is (Lifschitz & Fourie, 1985).

Although this shared way of thinking about science was influenced by many scientists and philosophers, among them Aristotle, Descartes and Newton, it is most often referred to as the Newtonian epistemology of science (Colapinto, 1979; Schwartzman, 1984). It rests on the following three assumptions:

1   *Reductionism or atomism:* To understand a phenomenon or object it needs to be reduced to its most basic elements, which are simpler, easier to understand, and often measurable (Schwartzman, 1984). Once these building blocks and their characteristics are known, an understanding of the whole can be reached by recombining the elements (Simon, 1990).

2   *Linear causality:* In this Newtonian way of thinking the elements are regarded as being connected to one another through cause and effect. The apple is caused to fall from the tree by gravity, which is a property of the earth. Complex phenomena are seen as made up of long causal trains (Hoffman, 1981).

3   *Neutral objectivity:* One can only know what an object or phenomenon is really like if one does not influence it. Observation can be, and must be, objective in order to arrive at the truth (Colapinto, 1979).

Under the influence of this Newtonian way of thinking classical physics reached great heights by the end of the last century. In fact, at that time most physicists believed that the basis for understanding the universe was virtually complete. However, beginning in 1905 Einstein, Planck, Heisenberg and others showed that application of the Newtonian way of thinking to more complicated phenomena than those found in classical physics obscured rather than enhanced understanding (Auerswald, 1985). For instance, the observation that light consisted of either particles or waves, depending on the way it was observed, ran counter to the Newtonian idea of objectivity of observation. Einstein's two achievements, namely quantum theory and the theory of relativity, and Heisenberg's uncertainty principle (Capra, 1983; Heisenberg, 1962) led to a completely different view of the universe, that is, as an interconnected dynamic system of relationships. Scientists were forced to question the classical notions of absolute space and time, of mass and energy, of objective observation. Heisenberg (1962, p 58) came to the conclusion that 'what we observe is not nature itself, but nature exposed to our method of questioning'.

These newer ideas in physics therefore oppose the Newtonian notions of reductionism, linear causality and neutral objectivity. In the world of the 'new' physics (Capra, 1983; Zukav, 1979) the image of the universe as a great machine has been replaced by a view of the universe as an indivisible whole, whose parts are interrelated and can be understood only as patterns of an ongoing process. The worldview which emerges can be characterised by words like 'holistic' and 'ecological'.

While the natural sciences were struggling to come to grips with this new view of the universe, the social sciences were eager to establish themselves as scientific disciplines. In this attempt they embraced Newtonian thinking because of the order and rigour it had brought to the natural sciences. The social sciences, in true Newtonian fashion, studied human behaviour by reducing it to what were supposed to be its elements. These elements were seen as interconnected via cause and effect and as uninfluenced by the

process and context of study. Often these elements were hypothetical constructs (MacCorquodale & Meehl, 1948) which were thought to have particular characteristics and which were then treated as if they were semi-concrete entities. This process of reification, criticised by such eminent theorists as Bateson (1979) and Sarbin and Coe (1972), resulted in the wide acceptance of the existence of entities such as the 'ego', the 'unconscious', 'defense mechanisms', 'intelligence' and 'hypnotic susceptibility'.

As more and more fields of scientific enquiry encountered problems of increasing complexity, the inadequacies of a Newtonian way of thinking became increasingly clear. As gestaltists realised long ago (eg Perls, 1969), one often cannot understand the whole by means of a synthesis of the parts. Criticism of the Newtonian epistemology of science has thus come from the natural sciences (eg Capra, 1983; Prigogine & Stengers, 1984), biology (eg Maturana, 1975; Varela, 1979), anthropology (eg Bateson, 1972, 1979) and various branches of psychology such as counselling (eg Cottone, 1988; Ford, 1984) and family therapy (eg Keeney, 1979, 1982). In the movement away from Newtonian thinking two developments played a central role. These were the exposition of general system theory and the emergence of second-order cybernetics.

GENERAL SYSTEM THEORY

In the 1950s, when the focus shifted from elements to organised wholes, the wholes were regarded as systems made up of elements and the interrelationships between them (Hall & Fagan, 1956). Von Bertalanffy (1950) proposed a general theory which could account for the behaviour of all systems, be they mechanical, chemical or human. He himself applied this theory to psychiatry (Von Bertalanffy, 1974) and family therapists were quick to follow suit. Some of the central notions of general system theory were the following:

1   Systems are made up of smaller sub-systems and are in turn part of larger supra-systems. A family as a system, for instance, consists of sub-systems such as children and parents, but is in turn a sub-system of the community, as a supra-system.

2   Systems, sub-systems and supra-systems are divided from each other by means of invisible boundaries. Information flows across these boundaries, but is restricted by the degree of permeability of a particular boundary. In physical systems boundaries can be totally impermeable, indicating a closed system such as a chemical reaction taking

place in a closed flask. In human systems boundaries are never completely impermeable so that these systems are known as open systems.

3   Behaviour within systems tends to remain between certain limits. This balance is called homeostasis.

4   Information about the output from a system can be channelled back to the system by the environment or by other systems in the environment. This is known as feedback. If such information leads the behaviour within the system to remain between or return to the previous limits, it is called negative feedback. An example is found in the thermostat of a cooling apparatus: if the temperature to be controlled rises above a certain set value, the apparatus is switched on; if the temperature drops below another set value, the apparatus is switched off. Information which leads the system behaviour to exceed the limits (in any direction), is called change promoting or positive feedback.

5   In human systems a particular state of functioning can be reached in different ways. Similar states of functioning can result from completely different initial states of functioning and different states of functioning can result from similar initial states of functioning. This is the principle of equifinality.

This general system theory was closely linked to the then emerging science of cybernetics, with its roots in mathematics (eg Wiener, 1961). It was a theory of *interaction* between open systems and sub-systems. Its development coincided and was coherent with a study by Bateson, Jackson, Haley and Weakland (1956) into the communicational context of schizophrenia. Professionals in the business of changing people's behaviour, such as psychiatrists, psychotherapists and family therapists, found this approach very handy. With its focus on interaction/communication it gave them something observable to work with. Two broad views of treatment emerged from this general conceptualisation: the so-called strategic and structural approaches.

The strategic approach, as exemplified by the work of Haley (1963, 1976), Madanes (1980) and the MRI team at Palo Alto (eg Watzlawick, Weakland & Fisch, 1974), focused on interacting strategically, often paradoxically, with clients and families in such a way that the clients' interaction had to change.

The structural approach (Minuchin, 1974) attempted to rectify dysfunctional structures between sub-systems in the family. For instance, if mother and child formed a sub-system which was in an alliance against father, the structural approach would aim at strengthening the parental sub-system while depotentiating the mother-child sub-system.

Not only was the emphasis in both these approaches on interaction between people, but the concept of power was central to both. In the strategic approach relationships were viewed as either symmetrical (equal) or complementary (with one person in a more powerful position than the other). In the structural approach power hierarchies between sub-systems formed the basis of conceptualisation. In both approaches the therapist was regarded as being in a position of power with regard to the client or family (Hoffman, 1990a).

SECOND-ORDER CYBERNETICS

From the foregoing it is clear that cybernetics/general system theory furnished a way to describe the functioning of systems. These were mostly descriptions of interaction. Implicit in such descriptions was the presence of an observer who made the descriptions. This person was considered to be objective, that is, outside the system being described. However, in the case of living systems it soon became clear that it was impossible for such an observer to be objective. On the one hand, the very act of observation influenced the behaviour of the people under observation. On the other hand the observation was coloured by the observer's way of observing and his/her epistemology or way of thinking. Any description of the system therefore had to account for the observer as much as for each of the members of the system, meaning that he/she was part of the system being observed. This of course implies a higher order of observation, that is, observation of the observation. The study of such a higher order of observation was called cybernetics of cybernetics or second-order cybernetics (Hoffman, 1985).

At about the time that it was realised that objective observation was impossible, two biologists, Maturana (1975, 1983; Maturana & Varela, 1980) and Varela (1979), discovered that perception was determined by the perceiver and not by the perceived. In a classic experiment Maturana found that the way a frog catches a fly is determined not by the presence of the fly, but by the structure of the frog's eye. This led to the conceptualisation that no direct or linear influence by one system on another is possible. Although a system can be 'perturbed' by another system or by the environment, its reaction to the perturbation is determined only by itself. Even in systems which Von Foerster (1981), one of the 'fathers' of second-order cybernetics, would call 'trivial machines', that is, systems where the same input always leads to the same output, their own structures determine the output. With the same input, for example switching on an electric current, a washing machine will wash (and nothing else), while a refrigerator will cool.

This self-determination means that systems are conceptualised as informationally closed, not open, as conceived in general system theory. Whereas in this general theory the focus was on interaction, in second-order cybernetics it is on the *autonomy* of the system (Fourie, 1993). The system is autonomous in regulating and conserving itself. It reacts to perturbations only in ways that it can react. It cannot be linearly influenced from outside (Simon, 1990).

CONSTRUCTIVISM AND ECOLOGY

As we have seen, a central issue in second-order cybernetics is the impossibility of objective perception. We can only see what we are able to see, and the very act of observation influences that which is perceived (Dell, 1985). This means that what we see is at least partially constructed by us. When two or more observers agree on their observations, they have co-constructed a particular reality for themselves (Hoffman, 1990b; Von Glasersfeld, 1984).

This constructivist conceptualisation has profound implications for psychotherapy. This becomes clear if one compares the different ways in which psychotherapy is viewed from the three perspectives discussed here:

- From a *Newtonian* point of view psychotherapy linearly rectifies a malfunctioning within a person. For instance, depression is cured.
- From the position of *general system theory* faulty interaction, which is maintained by the depressive behaviour, is changed through psychotherapy, making the depressive behaviour superfluous.
- From a *second-order perspective* a system enters psychotherapy with a particular constructed reality in which, for example, depression is in central focus. In psychotherapy the attempt is to co-construct a different reality in which depression, for example, is no longer central (Hoffman, 1990b). This process is a linguistic one (Anderson & Goolishian, 1988) and the psychotherapist is part of the system which constructs the 'new' reality.

It is clear, therefore, that constructivism is central to a second-order perspective on psychotherapy (Efran, Lukens & Lukens, 1988). However, it is sometimes thought that this means that any reality can be constructed, a kind of 'anything goes' approach. That is not the case. 'Anything goes' is solipsism, not constructivism. The reality which is co-constructed in a system cannot be just anything; it has to fit with the ideas which the partici-

pants have about themselves, each other, the problem and the world in general.

In other words, such a co-constructed reality exists in the domain of shared meanings. Maturana (1975) called this a 'domain of consensus', whereas Bateson (1972) used the term 'ecology of ideas' to refer to the way in which ideas are interlinked in (family) systems. For this reason a second-order perspective is called an ecosystemic approach by theorists such as Keeney (1979) and Auerswald (1987). This term combines the focus on systems and on ecology and emphasises the complicated, interlinked and ever-changing networks of ideas and meanings within and between systems. These networks exist in language (Anderson & Goolishian, 1988), because language, both verbal and non-verbal, is the main way in which meanings and ideas can be communicated by humans. Other living species exist in similar networks, but the communication is through other means, often chemical.

An example from zoology will illustrate this point as well as the incredible complexity of ecological networks. Van der Hoven (1984) investigated a rise in the mortality rate among the kudu antelope (*Tragelaphus strepsiceros*) which have their habitat in the northern regions of South Africa. Seen from a reductionistic perspective the picture which emerged was baffling: many more kudu died on fenced-in farms than in non-fenced-in areas, although there was sufficient food on the farms; the kudu which died showed signs of starvation (emaciation, etc), but postmortems revealed full stomachs; also no illness could be found.

In describing this investigation, Le Roux (1987) showed how bits of further information fell together like pieces of a puzzle until a comprehensive picture emerged. The kudu live mainly on the leaves of certain trees, but analysis of the stomach contents of the dead kudu revealed much higher levels of a particular tannin (tannin-C) than is normally found in the tree leaves. Tannin-C inhibits the action of the enzymes in the rumen (main stomach) of the kudu from breaking down proteins in the food. High levels of undigested protein were found in the dung of the animals, indicating that, although they had food, they died of starvation because the tannin-C inhibited digestion of the food. But where did the high levels of tannin-C come from? The leaves of the trees on the farms were shown to contain normal levels of tannin-C.

Observation of the feeding habits of the kudu gave a clue to the answer. The kudu is a large animal and when it feeds, it rips leaves and branches from the tree. However, it would feed on the same tree for only a few minutes before moving on to the next tree, even though there would still be food left on the first tree. Bearing this in mind, Van der Hoven (1984) and his team

measured the levels of tannin-C in the leaves while thrashing the tree with whips in an effort to simulate the kudu's rough treatment of the tree. It was found that the levels of tannin-C in the leaves increased markedly; sometimes (depending on the species of tree) an increase of 94% occurred within 15 minutes.

Even more fascinating was the finding that, if a tree was roughly treated, an increase, though smaller and slower, in the levels of tannin-C also occurred in the leaves of other trees in the vicinity, even though they were not treated roughly. Apparently this 'communication' takes place via the release of aromatic compounds when the plant is injured (Le Roux, 1987).

The ecological picture which emerged from this study thus became clear. After a few minutes of feeding from a tree, the leaves lose their taste due to increased levels of tannin-C. The kudu then moves on to the next tree where the tannin-C increase has already started, but not reached such high levels yet. In this way the kudu would browse through a large area. However, on fenced-in farms this is not possible and the kudu is forced to return to the same trees where higher levels of tannin-C were shown to persist for up to 100 hours after rough treatment. One could say that, in an effort to conserve themselves, the trees were killing the antelope, whereas under normal conditions they would transmit to the kudu, by chemical means, the 'idea' that it should move on. Also the trees would, again by chemical means, form a 'consensus of opinion' among themselves that the animal(s) should move to another area.

From an ecosystemic perspective it is clear that each of these systems acted in an autonomous way. The trees could only do what they were structurally capable of doing, that is, secrete tannin-C. In turn, the kudus' behaviour was also structurally determined (Maturana, 1975): eat what was available in the circumstances – their rumens also contained some grass, which kudu do not normally eat and which cannot sustain them. In no way could the kudu bring the trees to stop secreting tannin-C and in no way could the trees keep the kudu from eating what was available. They were closed systems coupling with each other (Maturana, 1975) in the only way their different structures allowed.

Of course it is an arbitrary decision as to which is the system to be described. One could also describe the kudu and the trees as one system. If that is done, it can be seen how this large system acted autonomously in order to conserve itself: some members of the system had to die until a survivable number of animals and trees were left.

It should be noted that both these descriptions are constructions of the observer/describer. They are not 'true' in an absolute sense. However, they fit the facts as they are known and it is hoped, would make sense to most readers, that is, form a domain of consensus. They are therefore not solipsistic.

Although this is an example from nature, it should be clear that the focus on ecology and systems provided by an ecosystemic approach is also applicable to human systems where there are similar but more complicated networks of ideas and meanings.

CONCLUSION

In the movement away from a Newtonian perspective in the social sciences, with its emphasis on reified intrapsychic entities connected to each other through linear cause and effect, general system theory could be seen as a stepping stone. While it broke away from reductionism, it still implied an outside, objective observer and linear causality through its emphasis on interaction and power. An ecosystemic approach, with its rejection of objectivity in favour of constructivism and its emphasis on the autonomy of systems, constitutes a further step in moving away from a Newtonian episte-
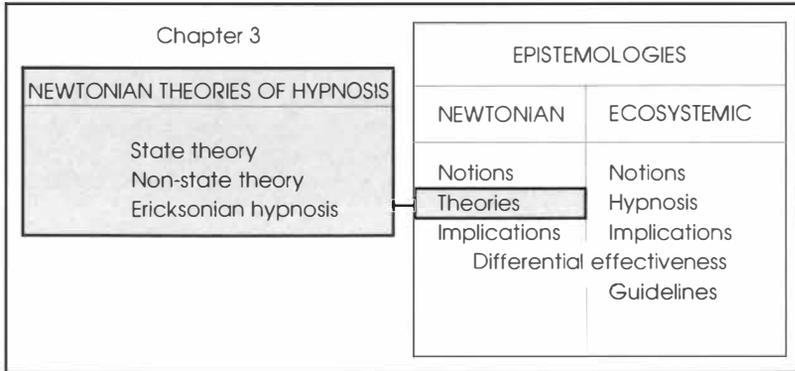
c h a p t e r   3

The

Newtonian

nature

of

current

hypnosis

theories

NEWTONIAN THEORIES OF HYPNOSIS	EPISTEMOLOGIES	
	NEWTONIAN	ECOSYSTEMIC
State theory	Notions	Notions
Non-state theory	Theories	Hypnosis
Ericksonian hypnosis	Implications	Implications
	Differential effectiveness	
		Guidelines

J ohn gets up, waddles over to an empty chair and says to the chair in a highpitched voice while raising his arms: 'Johnny wants to be picked up, Mummy! Read a story, Mummy!'

John is a 35-year-old businessman acting under conditions of hypnotic age-regression like a three-year-old toddler, hallucinating his mother.

This type of dramatic behaviour in hypnosis has fascinated lay people and scientists since the early days of hypnosis. There was a tremendous need to explain how, for instance, apparently normal people could experience vivid hallucinations or how, like John, they could age-regress to a young age and perform like a child, or, even more dramatically, how they could undergo operations without chemical analgesia/anaesthesia and apparently without experiencing pain. Many attempted explanations for these and other occur-rences emerged over the years.

All of these attempted explanations revolved around two questions, namely:

*   Wat happens in hypnosis? (What is hypnosis?)

*   How does it happen? (How is it caused?)
    (Chertok, 1980)

For example, in one of the earliest of these theories, Mesmer's, it was thought that the subject was magnetised and that the hypnotist (ie Mesmer)

had the power to magnetise people and objects. The concept of 'animal magnetism' was created to explain hypnotic behaviour (Kossak, 1989).

In later theories other concepts were used/created to explain the 'what', but the thinking around the process remained the same. For instance, at one stage it was thought that the subject was asleep and that the hypnotist induced the sleep. 'Sleep' replaced 'magnetism', but the reasoning was the same (Frankel, 1976).

Initially, therefore, hypnosis was seen as something that happened to the subject and that was caused or brought about by the hypnotist. The hypnotist was seen as a very powerful, Svengali-like figure who controlled the behaviour of the subject.

Currently three broad theoretical approaches to hypnosis can be identified, namely the so-called state approaches, the non-state or contextualist perspectives (sometimes also called social psychological approaches) and the Ericksonian views. Although there are differences between various theories within each of these broad perspectives, it is convenient for the sake of discussion to group them together.

> Historically and conceptually the state approaches, represented by theorists such as the Hilgards (E R Hilgard, 1986; J R Hilgard, 1970), Orne (1959) and Evans (1981), are the closest to the initial theories. Here hypnosis is seen as a special condition or state of consciousness brought about by two factors, namely the subject's level of susceptibility to hypnosis and the induction technique followed by the hypnotist (Fourie & Lifschitz, 1989).

> The non-state approaches came to the fore as a reaction to the state approaches. According to the non-state view hypnosis can be understood through the use of ordinary social psychological concepts such as role demands and self-role congruence, without reference to a special state of consciousness (Kossak, 1989). This view is represented by people such as T X Barber (1979), Spanos (1982) and Sarbin and Coe (1972).

> The third series of approaches is currently very popular. These are based on the work of Milton Erickson and have been formulated by some of his ex-students, people like the Lanktons (1983), Rossi (1980) and Zeig (1982). These views differ from the state and non-state approaches in rejecting the value of hypnotic susceptibility as an explanatory concept and in using more permissive ('indirect') induction techniques. However, they give credence to hypnosis as a state of consciousness.

In this chapter it will be shown how each of these three broad approaches illustrates the operation of the notions of a Newtonian epistemology of science. The limitations inherent in this type of conceptualisation will also be pointed out.

THE NOTION OF REDUCTIONISM

Throughout hypnosis literature the focus was and is on the hypnotised subject and his/her behaviour and subjective experiences. Whenever the hypnotic circumstance is described, the subject forms the centre of the description. Whatever the definition of hypnosis, it is seen as something that happens with or within the subject. For instance, Spiegel and Spiegel (1985, p. 1389) define hypnosis as 'a form of attentive, receptive focal concentration with a sense of parallel awareness and a constriction in peripheral awareness'. Obviously they are talking of the subject.

The same is true even of the contextualist approaches. In these theories contextual elements are used to explain the behaviour of the subject, who remains the focal point of conceptualisation. For instance, it is often thought in these approaches that hypnotic behaviour constitutes an attempt by the subject to act according to situational demands, as perceived by him/her, as if he/she were hypnotised. In order to do so, the subject uses cognitive strategies, such as attention diversion and goal-directed fantasy (Spanos & Gorassini, 1984; Spanos, Kennedy & Gwynn, 1984). It is clear that in this kind of conceptualisation the subject and his/her intrapsychic functioning is central.

In fact, as Spanos and Barber (1974) noted more than 20 years ago, there seems to be a convergence between the state and non-state approaches around the intrapsychic concept of imaginative involvement. Wilson and Barber's (1982) conceptualisation of the 'fantasy-prone personality' which is more susceptible to hypnosis seems to be closely akin to the ideas of Josephine Hilgard (1970) regarding imaginative involvement.

In almost all of the theories developed by Erickson's followers hypnosis is viewed as a state of consciousness (Erickson, 1985; Zeig, 1985), often called 'trance', which, according to Ritterman (1983, p 337), is a 'state of intense focus inward into one's own interior phenomenal reality'. Most Ericksonian techniques, such as indirection, creation of a yes-set, interspersal and the use of metaphor, are regarded as attempts to influence intrapsychic processes within the individual; more specifically to 'activate unconscious processes' (Ritterman, 1983, p 32) or to create a 'conscious/unconscious dissociation'

(Lankton & Lankton, 1983, p 145). According to Godin (1988) Erickson saw a response as 'hypnotic' only if it was mediated at an 'unconscious' level.

This intrapsychic emphasis seems to be based on two central premises which are found in most Ericksonian work:

- the postulated existence of an 'unconscious' mind and a related dichotomy between this mind and the 'conscious' mind (sometimes regarded as physically localised in the right and left hemispheres of the brain (eg Lankton & Lankton, 1983))

- the hypothesis that there are untapped resources inside the individual which could be utilised in various ways (eg Havens, 1985; Kirmayer, 1988). Hypnosis is used to bypass the 'conscious' mind in order to access these 'unconscious' resources (Feldman, 1988).

These premises seem to be so important in Ericksonian work that their status as premises is often overlooked. They are regarded as fact, as is indicated by the efforts to localise the 'conscious' and 'unconscious' in the hemispheres of the brain (Colangelo, 1987). Almost the only indication that the 'unconscious' is realised to be a concept and not an entity, is found where it is distinguished from the Freudian concept with the same name (Erickson & Rossi, 1980). For the rest, the 'unconscious' is viewed as a reality (Kirmayer, 1988).

Nowhere is this more clearly stated than by Havens (1985, p. 55): '... when Erickson referred to the unconscious mind he was referring to a very real, observable, demonstrable, phenomenon. He was not merely using the term as a metaphor or as a construct. He meant that people actually *have* an unconscious mind ... in the same sense that they have an arm or a leg' (italics in original).

The view of the 'unconscious' as a storehouse of accumulated learning and more or less unutilised resources (Erickson, 1980, 1985; Havens, 1985) is regarded as the main difference between the Ericksonian and the Freudian 'unconscious'.

It is clear then that Ericksonian approaches to hypnosis focus on the subject, and especially on that which is supposed to occur inside the subject. It is interesting in the light of this to note that one of Lankton and Lankton's (1983) books is entitled *The answer within*.

In all of the three broad approaches to hypnosis, therefore, the complexities and the richness of the hypnosis circumstance is reduced to what is postulated to happen within the subject. This is underscored by the use of such reified concepts as 'state of consciousness', 'fantasy-prone personality' and 'the unconscious'.

The temptation to view hypnosis as something which happens inside the individual is also reflected in some of the more modern theories of hypnosis which cannot be subsumed under one of these three broad approaches. For instance, Kirsch's (1991b) social learning theory of hypnosis postulates that subjects' behaviour/experiences in hypnosis are determined by their expectations regarding hypnosis. While this embodies an interesting line of thought, it is focused only on the subject and pays little attention to the expectations of other people in the hypnotic situation. Similarly Kruse and Gheorghiu's (1990) constructivist view of hypnosis emphasises only the subject.

THE NOTION OF LINEAR CAUSALITY

In early theorising about hypnosis (eg Mesmer) it was thought that the hypnotised subject was under the control of the hypnotist (Frankel, 1976). The hypnotist was supposed to 'cause' the hypnosis in a direct or linear way. While the notion of the power of the hypnotist is still implicit in the work of many theorists, especially the Ericksonians (eg Bandler & Grinder, 1975; Erickson, Rossi & Rossi, 1976; Ritterman, 1983), the modern tendency is to take the opposite position and ascribe cause to the intrapsychic mechanisms of the subject. As Diamond (1977) says, it is the subject's skill of entering hypnosis rather than the hypnotist's skill in inducing it that really matters. Similarly Baker (1990) is of the opinion that the hypnotist is important only as a transference figure.

This seems to be, in general, the current position taken by the contextualist approaches. Subjects comply with the demands of the hypnotic situation by using skills such as attention diversion (Spanos & Gorassini, 1984) in order to act like hypnotised subjects (Baker, 1990). Not all subjects are equally skilful at this, so that hypnotic performance is moderated by their level of skill or susceptibility to hypnosis. One could therefore say that, according to the non-state position, hypnosis is caused by three factors:

- the susceptibility of the subject
- the subject's perception of the demand characteristics of the situation
- the cognitive strategies employed by the subject in order to comply with the demands.

There is a strong implication that, given the necessary level of susceptibility and the willingness to comply, the strategies used by the subject will directly or linearly lead him/her to demonstrate hypnotic behaviour (Baker, 1990; Wagstaff, 1981).

The state conception is slightly different. Although here too the subject's level of hypnotic susceptibility is regarded as important (Evans, 1986; Hilgard, 1965; Orne, 1971; Spiegel & Spiegel, 1985), much emphasis is placed on dissociation between conscious and non-conscious functioning, which, it is strongly implied, is caused by the suggestions presented by the hypnotist (Frankel, 1976; Hilgard, 1986).

When Haley (1963) originally studied Erickson's work, the 'power' of the hypnotist and of paradox came to the fore as significant features of this work. Bandler and Grinder (1975) extended Haley's work and focused heavily on technique as the means of bringing hypnosis about. Since then it has become common practice in Ericksonian hypnosis to emphasise the potency of techniques and, therefore, indirectly the potency of the hypnotist. See, for instance, Joe Barber's (1977) work on rapid induction analgesia.

There is therefore the distinct impression in Ericksonian hypnosis that the hypnotist and/or the technique has/have a direct or linear causal influence on the subject's intrapsychic activities. This is, for instance, illustrated in the five-stage model of hypnotic induction developed by Erickson and Rossi (1979). Here the hypnotist is supposed to establish rapport with the subject, focus his/her attention inward, disrupt the subject's habitual way of thinking, initiate an unconscious search by the subject, and activate unconscious processes in the subject. It is as if the hypnotist has a unilateral influence on the subject, with little or no reciprocal influence by the subject on the hypnotist or on the induction process.

Thus, even though the three broad approaches to hypnosis differ with regard to *how* hypnosis is brought about, they evidence the same *way* of reasoning, namely that hypnosis is caused in a linear way by some person or procedure.

THE NOTION OF OBJECTIVE OBSERVATION

By emphasising the causal influence of the hypnotist and/or the technique, many Ericksonian hypnotherapists act as if the hypnotist were an objective observer of the subject (Matthews, 1985). By means of observing the subject the hypnotist could objectively decide which technique to employ and how to employ it. The assumption is that what the hypnotist observes in the subject or in the subject's system is objective fact which is not in any appreciable way influenced by the act of observation.

This stance is built into the very nature of Ericksonian hypnotherapy. The fact that this mode of therapy is primarily pragmatic and change oriented, means that it emphasises techniques which can bring about change. It also means that change must be clearly defined. Diagnosis is therefore important. And all Ericksonian approaches use diagnosis in some form or another. For instance, Ritterman (1983) analyses symptoms in terms of three levels, namely the symptom bearer's mindset, his/her family context, and his/her social context. Lankton (1985) diagnoses a client's characteristic interpersonal stance by means of Leary's (1957) circle. Araoz (1985) investigates the way in which clients use 'negative self-hypnosis', that is, which negative suggestions about themselves they continually give themselves. Hammond (1985) employs a checklist to assess clients' life experiences, interests and values in order to utilise these in hypnotherapy. All these and other different diagnostic frameworks imply that what is assessed is 'true' and is relatively uninfluenced by the process of assessment.

The implicit assumption that objective observation is not only possible, but desirable, comes to the fore even more clearly in the state and non-state approaches than it does in Ericksonian hypnosis. Investigators subscribing to either of these approaches have been involved for a long time in experimentation to 'prove', in a seemingly 'objective' way, whether or not hypnosis really is a state of consciousness (Coe, 1973). In this experimental arena work is judged as good or bad depending on how closely it adheres to the scientific method, which is firmly based in Newtonian thinking. In a very sophisticated and complicated experiment, for instance, Gruzelier and Brow (1985) 'proved' that hypnosis is an altered state of consciousness, in the sense that brain functioning undergoes a change in hypnosis. What was considered to be 'hypnosis' in this experiment, though, was a very specific procedure in which only certain subjects (called 'Susceptibles' by the experimenters) performed well. These were also the subjects who showed changes in brain functioning. Moreover, the subjects had a particular attribution, based on previous work with the authors, as to what was 'hypnosis'. These factors were not brought into the authors' conclusions, as adherence to the notion of objectivity dictates. This experiment provides a good example of the way experimenters (of both state and non-state affiliations) follow a Newtonian way of thinking and in so doing disregard contextual and attributional factors which play a role in the social setting called an experiment (see Fourie, 1990a).

From the above discussion it is clear that all three broad approaches to hypnosis follow the notions of a Newtonian epistemology of science, albeit in different ways.

LIMITATIONS OF A NEWTONIAN VIEW OF HYPNOSIS

It should be clear by now that a Newtonian perspective imposes definite theoretical and practical limitations on practitioners of hypnosis.

The first limitation has to do with disregard of context. It has long been recognised that hypnosis occurs within a complex network of social relationships. The problem of applying a Newtonian way of thinking to the understanding of such a situation of organised complexity lies in the fractionising of the complexity (Keeney, 1982). After all, reductionism is aimed at simplifying complicated situations and events by breaking them up into what are considered their elements, thereby losing their wholeness or 'gestalt'.

This fractionising of complexity is apparent in all of the three broad approaches to hypnosis. Among the state theorists Orne (1959) distinguished between the 'essence' of hypnosis as an intrapsychic occurrence and the contextual aspects which he viewed as 'artifacts' and which he accordingly regarded as insufficient to explain hypnosis. In a similar vein Evans (1981) dichotomised hypnotic behaviours into those resulting from hypnosis 'itself' and those flowing from the hypnotic situation, while Gruenewald (1982) distinguished between the hypnotic 'condition' and the hypnotic 'situation', with behaviour resulting from the latter not being regarded as 'real' hypnotic behaviour. In this way the event of hypnosis is fragmented and one aspect, the context, disregarded.

A similar fragmentation of the hypnotic situation is apparent in non-state theory. For example, Sarbin and Coe (1972) analysed the context in which hypnosis occurs into discrete elements such as role-expectations, self-role congruence, role-skill and the reinforcement properties of the audience.

The problem inherent in this way of thinking lies in putting all the elements back together again. The questionable assumption seems to be that once an understanding of the elements is gained, a comprehensive understanding of the whole will be achieved by a summative synthesis of these discrete elements.

More modern versions of non-state thinking disregard the hypnotic context much as state theory does. Baker (1990, p. 167), for instance, states categorically that 'hypnosis must be viewed, first and foremost, in terms of the subject ... The hypnotic situation does nothing but help the subject get what he wants ...'

Likewise, with its reductionistic focus on the 'unconscious', Ericksonian hypnosis almost completely disregards the context in which hypnosis takes place.

This theoretical disregard of the context is reflected in a concurrent practical disregard. Hypnotists of all persuasions attempt to influence the subject and do not utilise to any significant extent the resources available in the hypnotic context. This will be more fully discussed later.

Another limitation of a Newtonian view of hypnosis flows from its adherence to the notion of objectivity. Followers of every school of thought behave as if their particular view of hypnosis is objectively true or correct. Therefore attributions of meaning made by subjects or clients regarding hypnosis and/or the hypnosis situation are either disregarded or attempts are made to correct such 'misperceptions'. In very many clinical approaches to hypnosis, for instance, it is advocated that the first step in hypnotherapeutic treatment should be the 'removal of misconceptions' (eg De Betz & Sunnen, 1985). The first chapter in Baker's (1990) book is devoted to what he calls 'popular misconceptions of hypnosis'. Inevitably these 'misconceptions' are attributions which differ from the theory adhered to by the particular authority. The limitation lies in that clinical time and effort are spent in changing client conceptions, whereas these conceptions could potentially have been utilised therapeutically, as was shown elsewhere (Fourie, 1991a). Also, attacking clients' conceptions might have a negative influence on the establishment of a sound therapeutic relationship. In research the subjects' attributions of meaning attached to the situation and to hypnosis are mostly ignored, as is the possible influence of this on the experimental outcome.

A further limitation has to do with the definition of what constitutes hypnotic behaviour. Although the earlier view that certain behaviours can occur only in hypnosis has been refuted, a Newtonian perspective still implies that behaviour must be of a certain class to be considered hypnotic. With some exceptions (eg 'spontaneous' amnesia) these behaviours are those performed seemingly involuntarily in response to the hypnotist's suggestions. Hence Wagstaff's (1981) conception of hypnotic behaviour as compliance. The implied direction of influence, from a Newtonian perspective, therefore is from the hypnotist to the subject. If the subject does not comply with a particular suggestion, he/she is seen as resistant or insusceptible. This limits the range of possible hypnotic behaviours to those the hypnotist might think of suggesting and which the subject might be amenable to carrying out. A Newtonian perspective does not easily provide for the hypnotist qualifying as hypnostic behaviours those which the subject is already showing. For

instance, in Gruzelier and Brow's (1985) study subjects received a score of one on the susceptibility scale if eye closure occurred, implying that open eyes was not considered a hypnotic behaviour, effectively limiting the range of possibilities in the experiment. A similar limitation is evident in most of the susceptibility scales.
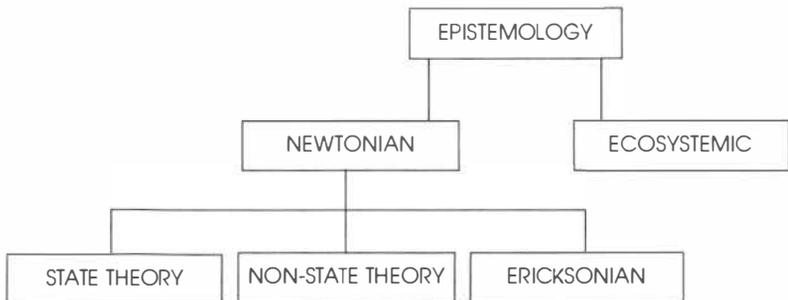
Of the three broad approaches to hypnosis the Ericksonian view has moved away from this position somewhat in that susceptibility testing is not employed and idiosyncratic subject behaviours are utilised. However, the Ericksonians' use of so-called indirect hypnosis rests on the same principle: subjects are perceived to 'go into trance' even though the words 'hypnosis' or 'trance' have not been mentioned. This means that certain (and only certain) subject behaviours are interpreted as indicative of hypnosis. In this vein both Ritterman (1983) and Loriedo (1990) observe family members 'slipping into' hypnosis in family therapy sessions.

CONCLUSION

Current theories of hypnosis adhere, almost without exception, to a Newtonian way of thinking. This does not mean that the theories are all the same; contentwise there are vast differences between them. However, the underlying way of thinking is very similar.

From this commitment to Newtonian thinking it follows that most approaches to hypnosis suffer from the limitations inherent to a Newtonian epistemology of science, as applied to the particular approach.

The position of an ecosystemic approach vis-à-vis the three theories discussed in this chapter is illustrated in the following block:

```
                    ┌─────────────────┐
                    │  EPISTEMOLOGY   │
                    └─────────────────┘
              ┌───────────────┴───────────────┐
        ┌───────────┐                   ┌───────────────┐
        │ NEWTONIAN │                   │  ECOSYSTEMIC  │
        └───────────┘                   └───────────────┘
     ┌────────┼──────────────────┐
┌────────────┐ ┌────────────────┐ ┌──────────────┐
│STATE THEORY│ │NON-STATE THEORY│ │ ERICKSONIAN  │
└────────────┘ └────────────────┘ └──────────────┘
```

chapter 4

The influence

of Newtonian

thinking

on the

practice of

hypnosis

Chapter 4		EPISTEMOLOGIES	
NEWTONIAN IMPLICATIONS		NEWTONIAN	ECOSYSTEMIC
For research For treatment For training		Notions Theories Implications	Notions Hypnosis Implications
		Differential Effectiveness	
			Guidelines

The way one thinks influences the way one acts. This is as true in the field of hypnosis as anywhere else. For instance, when Mesmer hypnotised people, he had them hold on to metal rods sticking from a huge tub which he had 'magnetised'. Because he thought that he was dealing with magnetism, it made sense to postulate that the magnetism could be conducted along such rods. If today this procedure seems quaint, it is only because we do not believe in the magnetism theory any longer.

As was seen, the theories we do believe in are mostly underpinned by the Newtonian epistemology of science. It is therefore logical that this way of thinking would be evident in the way we practise hypnosis. In this chapter the influence of Newtonian thought in the three main areas of hypnotic application, namely research, treatment and training, will be described.

RESEARCH

Say one is interested in knowing whether a new, experimental diet (ED) leads to weight loss. Then, the following experiment can be conducted: One weighs a randomly selected group of people, divides them randomly into two smaller groups and lets one group eat normally (the control group) while the other group (the experimental group) follows the ED. After a specified time the two groups are weighed again. If the mean weight loss of the experimental group is significantly more than that of the control group, one could say that the ED constitutes an effective procedure to lose weight. One could also say that this experiment is an effective way to ascertain the effectiveness of the ED.

EVALUATING AN EXPERIMENTAL DIET (ED)

Subjects weighed

Experimental group follows ED | Control group eats normally

Mean weight loss calculated | Mean weight loss calculated

Mean weight losses compared ✔

EVALUATING A HYPNOTIC ENHANCEMENT PROCEDURE (HEP)

Subjects tested for susceptibility

Experimental group follows HEP | Control group follows unrelated procedure

Mean change in susceptibility calculated | Mean change in susceptibility calculated

Mean changes compared ✘

In the field of hypnosis it is often assumed that this type of experimental design is also valid in establishing the effectiveness of procedures to enhance hypnotic performance. What is then done is to subject a group of people to a test of hypnotic susceptibility, divide them randomly into two smaller groups, do a hypnotic enhancement procedure such as relaxation training (eg Spanos & Bertrand, 1985) or biofeedback training (Simon & Salzberg, 1981) with one group and some procedure unrelated to hypnosis with the other group. Both groups are then tested again for hypnotic susceptibility. In most of the experiments done in this way the groups did not differ significantly at post-testing so that it was concluded – erroneously, in my opinion – that the intervening activity did not improve hypnotic functioning. (See the figure above.)

In this kind of experiment there is the implicit Newtonian assumption that susceptibility testing, like the measurement of weight, is objective. However, whereas the act of getting on the scale does not change a person's weight in any significant way, the measurement of susceptibility does have an influence on hypnotic performance.

Susceptibility tests are standardised induction procedures in which certain behaviours, such as eye closure, are considered hypnotic, while others, such as the eyes remaining open, are not. People who, for idiosyncratic reasons, cannot/do not want to perform the specific behaviours in the specific circumstances are considered less susceptible to hypnosis *in any context* (Fourie, 1990a). Because the circumstances remain the same, these people would probably act similarly in the post-test to the pre-test, regardless of what happened between the testings. In the case of subjects who perform well in the pre-test, there is a ceiling effect so that their susceptibility scores at post-testing would probably be very similar to those at pre-testing. Therefore, susceptibility testing is not neutral or objective. It defines the situation and hypnotic behaviour in a particular way so that scores would tend to be of a very similar order in two such very similarly defined situations, regardless of the intervening activity.

However, adherence to a Newtonian perspective has led researchers to conclude, on the basis of this type of experiment, that hypnotic susceptibility is relatively constant over time (eg Spanos, 1982). We have argued, though (Fourie & Lifschitz, 1988), that this observed consistency in susceptibility scores reflects a consistency of context, rather than necessarily a consistency of hypnotic functioning.

A Newtonian perspective therefore has a misleading influence as far as susceptibility is concerned. It apparently suggests that susceptibility is similar to weight, while it is not. So potent is the adherence to a Newtonian perspective, though, that it has become difficult to have reports published on experiments in which susceptibility testing was not undertaken. Therefore, the concept of hypnotic susceptibility has become so reified that its existence as a measurable entity, instead of as a concept only, is continually being confirmed by experiments such as the ones discussed.

The assumption that susceptibility measurement is objective and that susceptibility is relatively unmodifiable has led to the research practice of simulation, as pioneered by Orne (1979). In order to distinguish, in hypnosis experiments, between the effects of hypnosis and the effects of the social circumstances (the so-called 'demand characteristics' of the situation) it is often thought necessary to compare the behaviour of a group of hypnotised people with that of a group who are not hypnotised. But if both groups are subjected to a hypnosis-induction procedure, individuals in both groups might become hypnotised, so that comparison becomes difficult. To overcome this problem one group is made up of subjects who score high on a test of hypnotic susceptibility and the other consists of people who score low on susceptibility. The assumption is then that one group will become hypnotised

and the other not. The unhypnotisable group is then requested to simulate hypnosis, that is, to act as they think a hypnotised person will react. In very many experiments in which this design was employed there was no significant difference in the performance of the two groups (eg Ashton & McDonald, 1985; Bryant & McConkey, 1989). The conclusion then was that hypnosis did not make a difference to the behaviour that was studied. However, this conclusion is based on two assumptions which flow from the notions of Newtonian science, namely that hypnosis is an entity separate (and separable) from the context in which it occurs, and that if a person scores low on a susceptibility test, then he/she is unhypnotisable *in any context* (Fourie, 1990a). In the absence of these assumptions the conclusion would be different, namely that the two groups did not differ significantly because they reacted similarly to the different procedures. One procedure involved telling the subjects, implicitly or explicitly, that they were hypnotisable and then subjecting them to an induction. The other procedure entailed letting the subjects know that they were not hypnotisable, requesting them to simulate hypnosis, and then subjecting them to the induction. One could then say that the two groups were equally hypnotised or not hypnotised following these two different procedures. Viewing only one group as 'really' hypnotised is an outflow of a Newtonian way of thinking in which a linear influence of the induction procedure on hypnotic behaviour is presumed and the role of the total context is negated, especially the role of the subjects' expectations and attributions (Fourie, 1990a). In fact the whole idea of distinguishing between hypnosis and 'demand characteristics' is reductionistic.

Because of the notions of reductionism and linearity which are so central to Newtonian thought, researchers usually think that they work with reified entities exerting an influence on one another, and in so doing they disregard possible attributions of meaning (Fourie, 1990a), made by subjects, which could have an influence on the subjects' behaviour. For instance, if known hypnosis researchers follow a procedure which does not involve hypnosis, subjects might still attribute the meaning to the procedure that somehow it has to do with hypnosis. In this way the effect of the non-hypnosis procedure might not be as 'pure' as the researchers think.

For example:

> Tenenbaum, Kurtz and Bienias (1990) performed two hypnotic susceptibility tests on subjects. Then, when the subjects returned individually on a later day, they ran a pain reduction experiment in which some subjects received analgesia suggestions in hypnosis and others received

'waking-suggestions', that is, analgesia suggestions without a prior hypnotic induction. These latter subjects could not be expected (contrary to a Newtonian view) not to associate the 'waking-suggestion' procedure with hypnosis. And the results of the experiment seemed to confirm this: there was no significant difference in experienced analgesia between the two groups. However, high susceptible subjects achieved greater analgesia in both conditions than low susceptibles. This is also to be expected in view of the great emphasis placed on susceptibility by the researchers: not one, but two susceptibility tests were carried out prior to the rest of the experiment. It is hardly conceivable that knowledge of their susceptibility level did not influence the subjects' experience of analgesia, regardless of whether the researchers thought they were hypnotised or not. The idea that 'waking-suggestion' in this context would be different from hypnotic suggestion rests on the Newtonian assumptions that induction causes hypnosis in a linear fashion and that hypnosis is some sort of entity separate from the social circumstances.

Another line of experimentation which clearly illustrates the operation of Newtonian thinking involves Hilgard's (1986) concept of the 'hidden observer'. Hilgard and his colleagues (eg Hilgard & Hilgard, 1975) found that, through idiomotor signalling in conditions of hypnotic analgesia, subjects often indicated that they actually did feel pain. So, for instance, a hypnotised subject could verbally report feeling no pain during a cold pressor procedure (one hand immersed in iced water), while simultaneously indicating virtually normal pain by tapping a key with the other hand. By following his neodissociation theory of hypnosis, Hilgard (1986) interpreted this phenomenon as an indication that one part of the subject could observe reality and feel pain while another part could be analgesic, that is, dissociated. The part which was in contact with reality was called the 'hidden observer'. Although Hilgard stressed that this was a metaphor, the Newtonian process of reification soon led to the 'hidden observer' being treated as if it were a 'thing' which some people 'have'. Certainly Hilgard (1986) himself described the 'hidden observer' as discovered, rather than created by the experimental context, as claimed by Spanos and Hewitt (1980).

The Newtonian view that some part of a (hypnotised) person can observe independently from the rest of the person again entails that context and attribution are disregarded (Simon, 1990). When a subject partakes in a study of experimental pain, especially if a baseline pain rating without hypnosis is taken, he/she knows what the pain feels like and how it increases with time. While in the subsequent condition of hypnotic analgesia far less pain is then experienced, if requested to indicate the 'real' pain, many sub-

jects should be able to do so fairly accurately, especially the more 'susceptible' ones (those more willing/able to comply with authoritarian suggestions as embodied in susceptibility tests). This is in line with Hilgard's (1986) observations.

It is interesting to note that simulators can also do this (Hilgard, Hilgard, Macdonald, Morgan & Johnson, 1978), although Hilgard (1986) claims that their responses are not 'real'; which is the way a Newtonian perspective dictates that the behaviour of simulators should be viewed.

The 'hidden observer' effect gave rise to a polemic between Zamansky (1986, 1988, 1989) and Bartis (Bartis & Zamansky, 1986; Zamansky & Bartis, 1985) on the one hand, and Spanos and his colleagues (Spanos, Flynn & Gabora, 1989; Spanos, Flynn & Gwynn, 1988a, 1988b) on the other hand. The Zaman-sky camp explained negative visual hallucinations in terms of dissociation: consciously the subject does not see a number written on a sheet of paper, but the 'hidden observer' sees it. Spanos and his colleagues conceptualised these hallucinations differently: the subject consciously sees the number, but denies having seen it until social pressure compels him/her to acknowledge that the number had actually been seen. Both camps devised experiments to prove their own view. In doing so they each created a context favourable to their own view. For instance, Spanos et al (1989, p 65) told their subjects that 'people are able to see a page but mentally block out what was on the page ... they could see the figure on the paper, but as they kept looking the figure disappeared ...'. In the same vein the Zamansky camp told their subjects about the existence of the 'hidden observer' and how this 'observer' could see what the subjects 'themselves' could not. Two different expectations were therefore created in the subjects, over and above the fact that some subjects had previously worked with the same researchers and must have formed some idea about what hypnosis 'really' (according to the particular view) is. The two series of experiments were therefore conducted in two very different attributional contexts, leading to different results, each set of which 'proved' the view of the particular researchers. Adherence to a Newtonian way of thinking kept both groups of researchers from acknowledging that their theory actually recursively 'proved' itself. Instead both groups acted as if their observations were 'objective' and not coloured by the consensual reality created by their beliefs in particular theories.

In the light of all this, the implications of a Newtonian way of thinking for research – specifically in hypnosis, but also in the social sciences in general – are clear. A Newtonian view implies atomistic and often reified entities such as 'hypnotic susceptibility', the 'unconscious' and the 'hidden observer'. In so doing it obscures the fact that experiments embody complicated social situations in which expectations, connotations and attributions of meaning

play a major role. Atomism makes for dichotomies which are essentially arbitrary, but which are viewed as 'true' or 'objective', such as 'conscious/unconscious', 'hypnotised/awake', 'simulating/real', 'low/high susceptibility', 'artifact/ essence' – each with an implied linear effect.

The outflow of this is that researchers keep on 'proving' their own theories and assumptions, often in opposition to one another. After some 25 years neither the state nor the non-state position has been conclusively 'proved' in this way. And it will not be 'proved', because, although both are valid views, neither is 'true' in an objective sense. An observation such as Kirsch's (1991a), that more experimental evidence will eventually show which approach is the correct one, can therefore be seen as reflecting a myth based on a Newtonian way of thinking. This myth ensures that millions of deutschmarks, dollars, pounds, rand, whatever, are being poured into research which cannot conclusively 'prove' anything – money which could have been used for much more potentially productive research.

TREATMENT

The way any treatment is carried out rests on the way one conceptualises problems/pathology. Usually and traditionally psychological problems are viewed as residing within the problem carrier. This is exemplified in DSM-IV (APA, 1994). Such problems, even if they are exacerbated by social influences, are first and foremost seen as intrapsychic entities, for example depression, phobias, psychosis. They are often regarded as having physiological bases.

This conceptualisation of psychological problems is of course a Newtonian one. Complex networks of social behaviour are reduced to reified intrapsychic entities like 'depression' or 'schizophrenia' which are viewed as in linear causal relationships with other such entities, such as 'ego strength' or 'defence mechanisms'. All these are seen as objectively 'real' and uninfluenced by the process of diagnosis.

Based on this view and on a state conceptualisation of hypnosis, hypnosis was traditionally used mainly in two ways in treatment:

- in age-regression to achieve abreaction and/or insight into traumatic experiences of the past
- in direct or indirect suggestion to relinquish the symptom.

The Newtonian assumptions underlying this practice are clear: what is revealed/experienced in conditions of hypnotic age-regression is considered

to be objectively and historically true, and hypnotic suggestions are seen as having a linear causal influence on the symptom.

The advent of behavioural and cognitive therapies led to a change in this restricted use of hypnosis. Behaviour theory/learning theory posits that psychological problems flow from faulty learning, that is, the learning of symptomatic responding. Cognitive theory regards symptoms as caused by 'wrong' or irrational thoughts. Both these views therefore constitute deficiency models: the problem carrier has a lack of correct learning or thinking which has to be rectified. Following this reasoning, hypnosis can be used to address this lack. So, for instance, Alladin (1989) used a combination of cognitive therapy and hypnosis in the treatment of depression. The 'pure' cognitive therapy was used to change 'conscious' thinking patterns, while the cognitive therapy in hypnosis provided cognitive restructuring of 'unconscious' materials such as unadaptive emotional and perceptual experiences.

In similar ways it has become common practice to incorporate behaviour therapy techniques into hypnosis. Frankel (1976), for example, has made extensive use of the principles of systematic desensitisation in hypnosis in the treatment of phobic behaviour. In this procedure clients approach the feared situation in a stepwise way by means of imagery in hypnosis. Mastery of each step culminates in a feeling of empowerment when the feared situation is confronted in real life.

Not only desensitisation, but a whole range of behaviour therapy techniques have been used in hypnosis. Most handbooks of hypnosis describe various ways in which this can be done (eg Burrows & Dennerstein, 1980; Kossak, 1989).

Although this behaviouristically and cognitively oriented use of hypnosis is very different from the earlier psychodynamic approaches, it too reflects the tenets of a Newtonian way of thinking. The focus is very much on the individual and on his/her intrapsychic functioning, often expressed in imagery. No great emphasis is placed on the social context in which the treatment takes place. This is reductionistic. Also there is a strong implication that the particular technique has a linear influence on the client's intrapsychic functioning and/or on the problem behaviour. Furthermore the deficiency model implies that the lack of 'correct' learning or thought is objectively real and that the therapist can ascertain this without the process of ascertaining influencing what is found to be the lack.

One of the most popular current approaches to hypnotherapy is the Ericksonian approach. Perhaps its most striking feature is that it is not a

deficiency model. It does not focus on what the client lacks, but on the resources it supposes that the client has. According to Ericksonian thinking many potentials and resources lie more or less dormant in the client's 'unconscious'. These can help to resolve the client's difficulties, but being in the 'unconscious' they are relatively inaccessible. Hypnosis can make them more accessible, can 'activate' them to solve the client's problems (Erickson, 1985; Lankton & Lankton, 1983; Zeig, 1982). Many very creative techniques are employed by Ericksonian therapists to induce hypnosis and to potentiate 'unconscious' resources. However, the Newtonian reasoning underlying their use is clear: the resources are context-independent; hypnosis is a state of consciousness existing independently within the client; and it has a linear effect on the resources. The independent existence of hypnosis as an entity makes it possible to induce hypnosis without the client's knowledge by indirectly addressing the 'unconscious', which is another entity separate (and separable, through dissociation) from the rest of the client (Ritterman, 1983).

An area in which the use of hypnosis seems to be rapidly expanding is family therapy. In the last decade or so numerous books and papers have advocated the incorporation of hypnosis into the practice of family therapy (eg Araoz, 1985; Braun, 1984; Protinsky, 1983; Ritterman, 1983; Schmidt, 1985; Scroggs, 1986; Simon, 1985). In practice, though, this often embodies a strange mixture. Family therapy is usually based on systems theory, whereas the way hypnosis is used in family therapy is usually Ericksonian. As we saw, Ericksonian hypnosis has a distinctly Newtonian flavour, while systems theory is non-Newtonian. What seems to happen in practice then is that problems are conceptualised in systems terms, but that the actual hypnotherapy is carried out as if hypnosis were an entity with particular characteristics which could be used as a force (directly or indirectly) to change symptoms and/or communication patterns in the family (Fourie, 1991b). This can have particular (often negative) implications for the therapy, as illustrated in a case described by Sargent (1986), where family hypnotherapy focused on the intrapsychic functioning of the mother of a rebellious teenager to the possible detriment of the boy.

In this type of work with families hypnosis is reified to such an extent that therapists claim to observe family members 'slipping into' hypnosis during therapy sessions, often when hypnosis was not even mentioned in the therapy. This is presumed to happen when either the therapist (deliberately) or the family (unknowingly) induce hypnosis in an indirect way in a particular family member (eg Loriedo, 1990; Ritterman, 1983). This kind of claim reflects Newtonian thinking in that hypnosis is supposed to be able to exist objectively and independently of the context.

The current state of the art in hypnotherapy was well illustrated in a recent case conference organised by Steven Lynn (1991). A description of a client, Mrs B, was given to four renowned hypnotherapists with different therapeutic orientations. They had to present their conceptualisations of the case and indicate how they would treat Mrs B. She was a 25-year-old woman suffering from anorexia nervosa and was referred by her husband, who refused to participate in therapy. Some details of her background were given to the four panel members.

The therapeutic approaches of the panel members were widely divergent. Only one (Araoz, 1991) planned to attempt to involve the husband in the therapy despite his reluctance. An Ericksonian (Zeig, 1991) wanted to utilise Mrs B's resistance in a strategic way to get her to eat. Three of the four members (Araoz, 1991; Eisen, 1991; Horevitz, 1991) indicated that they would use hypnotic imagery, but in different ways. Eisen (1991), a psychoanalyst, would use it to bring to the fore symbolic meanings, whereas Horevitz (1991), a psychodynamic/interpersonal theorist, would apply it to provide a 'safe' place for the client and a feeling of comfort and of connection to the therapist. In contrast to these, Araoz (1991), focusing on the couple, would lead both wife and husband to experience images related to their relationship: the wife to get in touch with what she called a 'dark man' inside her, and the husband to connect with the part of him that is angry with the wife and the part that loves her. Eisen (1991) indicated that she would also use hypnosis to relax the client, while Horevitz (1991) would employ it to master dysphoric feelings such as panic, and to uncover traumatic memory. Araoz (1991) would utilise hypnosis to help the client to get in touch with (not necessarily master) negative feelings such as anger and guilt. Zeig (1991) would use both direct and indirect suggestion to mobilise internal resources and to achieve insight.

Just as the four panel members differed in *what* they would do, so they differed as to *why* they would do it, that is, in their conceptualisations of the case. The anorexia was respectively seen as associated with or caused by disturbed object-relations leading to a borderline personality disorder (Eisen), chaotic and abusive family patterns culminating in dissociative disorder (Horevitz), flawed family communication patterns within which anorexia is a deficient form of communication based on distorted perceptions of self and others (Araoz), and present power struggles with significant others (Zeig).

Amid these vast differences between the panel members, what are the commonalities, if any? What does seem to be a clear commonality is the emphasis on deficiency or disorder. All of the panel members implied that something was wrong, either with Mrs B herself, or with the family, and that this

should be rectified through therapy. Diagnosis of the deficiency, implying objectivity of observation, is therefore an apparent commonality. Some panel members even referred to DSM-III-R in their discussions. Another commonality seems to be the use of hypnosis to promote insight in the client. All four panel members indicated that this was important and that whatever insight was achieved was objectively true, whether it involved symbolic meanings (Eisen) or traumatic memory (Horevitz). The advocated use of hypnosis specifically or therapy in general also seems to imply a conceptualised linear influence of these modalities in rectifying the perceived deficiencies (in this regard see for instance Barabasz, 1989). In fact some panel members warned against certain debilitating (linear) effects hypnosis might have on someone suffering from borderline personality disorder. Also, any perceived disorder or deficiency is abstracted from the actual behaviour and therefore reflects a process of reductionism.

In the light of this it can be stated that, despite many differences in conceptualisation and operation, all four panel members seemed to follow a Newtonian mode of thinking.

It seems therefore that the many current applications of hypnosis in treatment are in most instances firmly based in the Newtonian epistemology of science. However, there are exceptions, notably the Heidelberg group of systems therapists (eg Gester, 1990; Schmidt, 1985), Gilligan (1987) and Matthews (1989), who have succeeded, in different ways, in moving away from Newtonian thinking.

The implications of a Newtonian view of treatment naturally differ from situation to situation and from approach to approach. In the deficiency models, for instance, the conceptualised lack is viewed as objectively real, instead of being seen as a function of the observer's way (style and theory) of observation. In this way the particular approach limits the therapist's observations to that which the approach itself sanctions.

If the approach posits that problems flow from a lack of something, then the practitioner will search for, and find, a lack of some sort. And he/she will believe that the particular lack is real and that it really causes (in a more or less linear way) the problems for which treatment is sought. Other possible 'realities' are not acknowledged because the approach does not make provision for their existence. In other words, if one looks at object-relations, for instance, then one 'observes' them and one cannot pretend they were not there.

In a converse way, if one looks for intrapsychic resources, one would 'observe' them, like the Ericksonian therapists. And one would apply techniques posited by the theory to potentiate them. In so doing one would not regard other techniques as 'suitable' in the particular case, because they do not fit with the 'reality' which one thinks one has 'objectively' observed.

In treatment, therefore, Newtonian thinking restricts practitioners conceptually and practically, while simultaneously blinding them to this restriction. Also, adherence to the notions of linearity of influence and of objectivity is reflected in therapists acting as if they or their techniques can unilaterally change clients' behaviour in a direction determined by them or their theory. No wonder that success rates, where they exist, are generally disappointingly low (eg Holroyd, 1991).

TRAINING

The aim of hypnosis training to an extent determines the content of a particular training programme. If the aim is to produce competent hypnotherapists, training usually includes general psychotherapeutic skills, knowledge of psychopathology, induction methods and specific hypnotherapeutic procedures. On the other hand, if the aim of training is to equip dentists to employ hypnotic analgesia in their practices, the training programme is much more restricted, comprising mainly induction methods and procedures for eliciting analgesia and controlling the gagging reflex (see eg Aleksandrowicz, 1989).

There is one aspect, however, that is common to all hypnosis training programmes, regardless of the aim of the programme and the theory of hypnosis which is followed. This is training in induction methods. Even though some schools of hypnosis maintain that subjects actually hypnotise themselves (eg Baker, 1990), their trainees are still taught traditional induction procedures. And all these procedures imply that hypnosis occurs intrapsychically within the subject and that it is caused or brought about by the procedure. Even where the more modern Ericksonian techniques are taught, there is the implication that these bring about an altered state of consciousness in a more or less linear fashion.

When so-called 'deepening techniques' are taught, there is a similar implication, namely that they have a linear influence on the subject's intrapsychic functioning. They also give credence to the reified concept of hypnotic 'depth', as if this 'depth' exists as an objective measurement. In the same vein, if the use of susceptibility scales is taught, credence is given to the existence of 'susceptibility' as an entity (a skill or a trait).

As was seen, hypnotic treatment is firmly based in Newtonian thinking. Therefore, in teaching hypnotherapy skills it is inevitable that this underlying mode of thinking would also be taught.

It is to be expected that hypnosis training, regardless of its specific aim, would reflect the uses of hypnosis in research and in treatment along with the mode of thinking in which these practical activities are embedded.

In this way students of hypnosis are trained to focus on the subject/client and his/her intrapsychic functioning, rather than on the psychosocial context or ecology in which the activity called 'hypnosis' takes place. In this way students are not taught or trained to exploit fully the potential within the *situation* (not within the *client/subject* as claimed by the Ericksonians). A concrete example: in most hypnotherapy training programmes students are taught how to establish rapport with the client prior to the induction of hypnosis. Part of this process usually entails dispelling clients' so-called misperceptions (see eg Kossak, 1989). By doing so, however, client perceptions and attributions which could potentially have been utilised very fruitfully in therapy are, if not completely dispelled, at least discredited. It has been shown elsewhere (Fourie, 1991a) how some of these 'misconceptions' can be used therapeutically, but not if they had been questioned previously. Viewing certain client perceptions as 'incorrect' and in need of being removed rests on a Newtonian way of thinking about hypnosis as an entity with certain (and only certain) characteristics. This is limiting. Nowhere, to my knowledge, are students trained, for instance, how to *utilise*, instead of dispel, clients' fear of hypnosis.

CONCLUSION

It is clear that in all three areas of application of hypnosis – research, treatment and training – the common thread between operators of different persuasions is to be found in their adherence to an underlying Newtonian way of thinking. Therefore the limitations inherent in an epistemology of reductionism, linearity and objectivity are apparent in most instances where hypnosis is applied, regardless of the particular approach followed by the operator.

In the area of research this means that money is wasted on attempts to 'prove' unprovable points of view, attempts which, even worse, recursively confirm the 'existence' of reified entities such as 'hypnosis' and 'susceptibility', and the unmodifiability of hypnotic performance.

In treatment the Newtonian view places judgement about the client firmly in the hands of the therapist, whose process of diagnosis is assumed to have no influence on the client, but whose techniques of therapy are supposed unilaterally to change client/family behaviours in a predetermined direction.

Training indoctrinates students with this way of thinking and operating and ensures the perpetuation of this tradition.

chapter 5

An

ecosystemic

approach

to

hypnosis

Chapter 5	EPISTEMOLOGIES	
ECOSYSTEMIC HYPNOSIS	NEWTONIAN	ECOSYSTEMIC
Hypnosis as a concept Mutual qualification Hypnosis as not caused The ecology of ideas Responsiveness as contextual Depth as an attribution The issue of self-hypnosis The role of technique The hypnotic context	Notions Theories Implications	Notions Hypnosis Implications
	Differential effectiveness	
		Guidelines

In previous chapters the theoretical and practical limitations of a Newtonian approach to hypnosis have been described. Recognition of these limitations has spurred the development of an approach which could circumvent them (Fourie, 1989, 1990b, 1991b, 1991c; Fourie & De Beer, 1986; Fourie & Lifschitz, 1985a, 1987, 1988, 1989; Lifschitz & Fourie, 1985).

It must be remembered that Newtonian thinking lies on the level of epistemology, which is hierarchically higher than the level of theory. That is why radically different theories of hypnosis could all be seen to reflect Newtonian thinking. In the same way an approach which is aimed at circumventing Newtonian limitations is on an epistemological level, not on the level of theory. As was seen in chapter 2, the ecosystemic epistemology provides such an approach. The way in which ecosystemic thinking can be applied to hypnosis is the subject of this chapter.

HYPNOSIS IS A CONCEPT

From an ecosystemic perspective hypnosis is not an entity such as a state of consciousness with particular characteristics like relaxation, limb catalepsy, amnesia and analgesia. It is a concept used in different ways by different people to describe certain designated behaviours in situations defined (by them and maybe by others) as hypnotic.

Most people have ideas of what hypnosis is. Some consider it a particular state of consciousness; this is an attribution which they attach to the concept, just as Mesmer attributed magnetism to what is today called 'hypnosis'.

Hypnosis therefore does not exist as a 'thing'. It is a meaning given to certain behaviours if they occur in a situation understood as one in which the meaning of 'hypnosis' can or should be used. So, if arm levitation occurs in a hypnosis workshop, it will most likely be seen as hypnotic. However, if the same behaviour occurs in a religious ceremony, it will probably be regarded as charismatic rather than hypnotic. Or, if arm levitation is attempted in a hypnosis workshop, but does not occur, then the meaning attached to the non-occurrence of the particular behaviour would probably be that hypnosis did not happen – unless, of course, the non-occurrence itself can be defined as hypnotic, that is, that the arm is too heavy to lift.

Thus, to work with hypnosis is to work with the *idea* of hypnosis.

HYPNOTIC BEHAVIOUR IS MUTUALLY QUALIFIED AS HYPNOTIC

From the foregoing it is clear that no behaviour is intrinsically hypnotic. To lift an arm, to close the eyes, to forget, even to feel no pain, is ordinary, everyday behaviour. Most people show such behaviour from time to time in their normal lives. It is only when such behaviour occurs in a situation understood by the participants as one of hypnosis that it is attributed with the meaning of being 'hypnotic'.

Everybody involved in the situation then helps to attach the meaning of 'hypnosis' to the behaviour. They do this in different verbal and non-verbal ways, depending on the role they play in the situation. The person designated as subject would then usually act in a way which he/she would expect to be congruent with being hypnotised. An arm would, for instance, usually be lifted in a different way than in a different situation, or the subject would speak less or more softly than normal, thereby indicating that the situation is not an ordinary one. In turn the hypnotist would usually talk mainly or only to the subject, often in a slow and monotonous way. Also the hypnotist's way of speaking would usually be as if the subject were an observer of his/her own behaviour, for example 'Your arm can start feeling very light ...', instead of 'Please lift your arm ...'.

In their turn, the onlookers (if any) would probably be quiet and observe the subject. They would be unlikely to focus their attention anywhere else, except maybe to make quiet notes or to whisper to each other about the sub-

ject's behaviour. In so doing they help to indicate that the situation is one of hypnosis and that the subject is in focus. If the subject acts in congruence with the audience's expectations of hypnotic behaviour, and especially if these acts are dramatic, the audience would usually show enthusiasm in subtle verbal and non-verbal ways, if only by nodding to each other. On the other hand, if 'nothing happens', that is, if the subject fails to act 'hypnotically', the onlookers might subtly qualify what happens as 'nothing' (ie not 'hypnotic') by fidgeting, or looking about, or in other ways acting as if uninterested/disappointed. This in turn influences the hypnotist and the subject.

All the qualifying behaviours of the different people in the hypnotic situation of course happen simultaneously. They therefore form a network of mutually and reciprocally qualifying (or disqualifying) actions. Also, as time passes, an evolutionary process takes place in this network so that it becomes increasingly complex and the particular hypnotic situation acquires a unique 'flavour'.

In this way a continually developing domain of consensus – Maturana's (1975) term – comes into existence in the situation. This means that all parties involved in the particular circumstance come to share the meaning that what is happening is hypnosis. Their actions continually confirm this definition, which can become so clear and profound that it can even involve physiological changes in the subject, such as vasodilation or -constriction, change in heart rate and body temperature. The behaviours of everyone in the system fit together in an interlocking and coherent way (Dell, 1982) and this whole network evolves logically over time so that one could say a 'reality' is co-constructed around the idea that hypnosis is taking place in the particular situation.

HYPNOSIS IS NOT CAUSED

From this perspective it is impossible to say that hypnosis is caused or brought about by anything or anybody.

The hypnotist does not cause the hypnosis, as was earlier believed. He/she is merely one of the parties involved in the process of mutual qualification. What does usually happen, though, is that the hypnotist plays an executive role because it is expected in a situation defined as hypnotic. As such he/she provides the ritual of an induction process, thereby structuring the situation so that the subject and his/her behaviour become the focal point of interest. The higher in status the hypnotist is perceived to be, the more weight his/her qualifying actions are likely to carry in the process of mutual qualification. A person like Milton Erickson, for instance, did not even have to use the word

'hypnosis' in order to have his actions (in certain circumstances, eg work-shops) imbued by others with the meaning of 'hypnosis'.

Similarly, the induction process does not cause hypnosis. Induction serves as a vehicle for the qualification process by focusing everybody's attention on the behaviour of the subject. It also demarcates a point in time after which subject behaviours are expected to be of a type which could be seen and qualified as hypnotic.

Although the subject's intrapsychic workings, such as goal-directed fantasy (Spanos & Gorassini, 1984) or scanning for meaning (Kruse & Gheorghiu, 1990; Kruse, Stadler, Pavlekovic & Gheorghiu, 1992), can be regarded as playing a role in convincing the subject of the 'reality' of hypnosis, these are but some of the aspects of a complex, ever-evolving network of meanings and related qualifying actions in the situation. Attributing the 'cause' of hypnosis to this is reductionistic.

The process of mutual qualification qualifies behaviour as 'hypnotic'; it does not 'cause' the behaviour. The subject performs certain behaviours which are then mutually qualified as 'hypnotic'. Although certain expectations about particular behaviours might arise in the course of the qualification process, to which the subject might react, this process cannot be seen as the 'cause' of hypnosis.

Ecosystemically seen, therefore, hypnosis occurs in a complicated social context in which a large and interlinked number of variables are in operation. These include the definition of the context as one of hypnosis, the expectations and attributions of everybody present in the situation, and the interpersonal and intrapsychic skills of all these people. It is impossible to attribute cause to any one of these. At best one could say that the process is multicausal. Since hypnosis is not a 'thing', such as a state of consciousness, but an attribution or a meaning attached to certain behaviour, one cannot talk about cause, but about a process in which everybody in the situation (including oneself) becomes convinced that certain behaviours are 'hypnotic'. This can be called the 'co-creation of a hypnotic reality', a phrase which emphasises that all people present help to construct a shared view that what is taking place can be called 'hypnosis'. This is therefore a constructivist position (Hoffman, 1990b; Von Glasersfeld, 1984).

HYPNOSIS OCCURS IN AN ECOLOGY OF IDEAS

Bateson (1972), one of the fathers of ecosystemic thinking, used the term 'ecology of ideas' to refer to the way in which opinions and ideas are inter-

linked in families. What happens in the hypnotic situation is closely akin to the verbal and non-verbal exchange of meanings which takes place in families. There are two main differences, however. One is that in hypnosis the range of meaning is much narrower than in families. In the family system there are ideas about virtually everything and all these are complexly interlinked between the family members and across the history of the family. In the hypnotic system the interlinked ideas centre mainly on one theme, namely hypnosis. They are therefore much more focused than in the family system.

The second difference between the ecology of ideas in a family and in the hypnotic system flows partially from this difference in range. Because the range is restricted, the duration of the hypnotic system can be much shorter than that of the family system. Whereas what happens in the hypnotic situation involves the co-construction of a particular ecology of ideas in a very similar way to that in a family, it is usually much more intense, clear and often dramatic. It is as if the evolvement of the ecology of ideas in the hypnotic system is a concentrated, time-constrained, focused version of a similar process occurring in families. Readers will probably recognise this as a more holistic explanation of the Ericksonian idea that families hypnotise their members.

This evolvement of an ecology of ideas in the hypnotic situation takes place through the process of mutual qualification. An example:

On the second day of a training workshop, by which time the trainer has achieved some status in the eyes of the students, a trainee hypnotises an outside volunteer (somebody who has no prior experience of hypnosis, who is not part of the training, but who is interested in experiencing hypnosis). Partial levitation of both arms occurs, but despite suggestions of eye closure from the trainee-hypnotist, the eyes remain open. The hypnotist is starting to show signs of uncertainty and the onlooking trainees are becoming restive. At this point the ecology of ideas probably entails that the subject has started to go into hypnosis, but that she is 'resisting' now. The qualification can go in one of two directions: if the hypnotist continues in vain to obtain eye closure, then his uncertainty will increase and the subject will probably become uncertain too, while the onlookers will increasingly lose interest. In the end the exercise will probably be seen as a failure: the hypnotist is not good enough and the subject is 'resistant'.

But another direction is possible. The trainer leans over and says in a stage whisper to the hypnotist: 'This is fantastic! She (the subject) seems to be one of those rare people who could experience profound hyp-

> nosis with open eyes! See, she is looking at the wall and I would not be
> surprised if she is already seeing some interesting pictures on the wall.'
> In this true example the subject subsequently experienced hallucina-
> tions, somnambulist walking and amnesia.

At the critical point described here the trainer decided to capitalise on his
achieved status to swing the ecology of ideas in a positive (hypnosis) direc-
tion, rather than let it continue evolving in a negative (failure to achieve
hypnosis) direction. By speaking to the trainee-hypnotist, rather than direct-
ly to the subject, the trainer reconfirmed that the situation was one of hyp-
nosis (in which only the hypnotist is supposed to address the subject). Using
a whisper also qualified the situation as 'hypnotic'. But the whisper had to be
heard by everybody, including the subject, so that the failure (to close the
eyes) could be qualified to everybody as a success, and other successes (eg
hallucinations) could be brought into the realm of possibilities.

This example shows how the ecology of ideas evolves through the qualifica-
tion process. It should be remembered, though, that 'ecology of ideas' is a
metaphor for the ideas and meanings attached by everybody to the situation
and to the occurrences within the situation. It should not be reified into
some sort of entity with an independent existence.

HYPNOTIC RESPONSIVENESS REFERS TO THE CONTEXT

Because behaviours are 'hypnotic' only when they are mutually qualified as
'hypnotic' within a particular ecology of ideas, their occurrence cannot be
dependent on any ability of the subject, except, of course, for the fairly uni-
versal ability to lift an arm, close the eyes, or forget, etc. The ecosystemic
approach therefore does not give credence to the reified concept of hypno-
tic susceptibility.

Nevertheless, it could be convenient to have a concept which could describe
differences between hypnotic situations in terms of how readily behaviours
become qualified as 'hypnotic'. The metaphor of 'hypnotic responsiveness'
might serve this purpose as long as it is remembered that in this sense
'responsiveness' does not refer to any one individual, but to the system as a
whole. Note that this use of the term is different from the way in which
'responsivity' has been used by researchers such as Frischholz, Spiegel and
Spiegel (1981) in that it does not refer to the subject, but to the whole con-
text.

Responsiveness is also not a property of a particular group of people as if hyp-
nosis in this group would always be the same, yield the same behaviours, etc.

Rather, it can be regarded as an artifact of a particular place, time, system composition and ecology of ideas. Following Bateson's (1979) comment that one cannot step into the same river twice, one could say that no two ecologies of ideas, even if developed within the same system, can ever be identical.

Example:

> On the first day of a two-day training workshop a volunteer trainee was hypnotised. He showed a large number of hypnotic behaviours, including post-hypnotic amnesia. At the end of the day, as the students left, a fellow student said to him: 'That was fantastic! You should have seen what you did!' Immediately the trainee started worrying that he had made a fool of himself. He was so concerned that he telephoned the trainer that evening. The trainer reassured him and told him in detail what he had done. The two of them met before the next day's session and further clarified the issue. The trainee was satisfied that he had behaved well during the hypnosis. In fact, he was reassured to such an extent that he volunteered for hypnosis again when the workshop was continued. Although the group and the venue were the same as the previous day and the same hypnotist used the same induction technique, the trainee could not qualify any of his behaviours as 'hypnotic'. A single comment by one of the system members changed the ecology of ideas to such an extent that, while the behaviour of other trainees could be qualified as hypnotic, that of the particular student could not.

From an ecosystemic perspective it makes little sense to ask whether a subject's hypnotic performance is stable or modifiable. Change/stability is an artificial dichotomy which is an adherence to the either/or logic of Newtonian thinking. The concept of susceptibility and its measurement (in which efforts are made to keep the context stable or 'standard') emphasize the side of stability. However, the notion of responsiveness makes allowance for both stability and change and therefore falls outside the restrictions of the artificial dichotomy. The question of modifiability would then refer to the situation and not to the person designated as subject. It can perhaps be stated as: How responsive is the system (which includes the questioner/observer) to the qualification of various behaviours as 'hypnotic'? Which behaviours can be so qualified and in which way(s)?

HYPNOTIC DEPTH IS AN ATTRIBUTION OF MEANING

The idea of depth of hypnosis comes from the assumption that certain hypnotic behaviours are intrinsically more difficult to perform than others.

According to this way of thinking a subject is 'deeply' hypnotised if he/she could experience a positive hallucination, for instance. Then he/she should also be able to carry out many of the 'easier' behaviours associated with lighter stages of hypnosis, such as eyelid catalepsy. However, as most experienced hypnotists know, this is often not the case. In many instances subjects would perform some of the 'difficult' behaviours but fail to perform some of the 'easier' ones. Therefore the depth construct cannot adequately explain the performance of hypnotic behaviours.

Ecosystemically seen, the 'difficulty' of hypnotic behaviours refers not to the behaviours themselves, but to the ecology of ideas in which they become qualified as 'hypnotic'. Any behaviour can be so qualified, provided that it and its qualification as 'hypnotic' can become part of the evolving ecology of ideas in the system. And this is where the difficulty might lie. A particular ecology of ideas might easily evolve to encompass, for example, amnesia as an hypnotic behaviour, but might, for a variety of possible reasons, have difficulty in accommodating arm levitation. Of course this differs from one ecology of ideas to the other. It is highly idiosyncratic, so that it is impossible to say that certain behaviours are always (or even usually) more difficult to be qualified as 'hypnotic' than others. No hierarchy in terms of difficulty of behaviours is therefore possible, which means that a depth hierarchy is also not possible.

The 'depth' metaphor comes from depth psychology and as such has become part of lay thinking about human functioning. Subjects therefore often attach the meaning of 'depth' to hypnotic experiences. As traditional theories of hypnosis also give credence to the concept of 'depth', a hypnotist's use of this term might often be congruent with the subject's and onlookers' ideas in this regard. In this way 'depth' might become part of the particular ecology of ideas so that the subject might be convinced that he/she actually experiences increasing 'depth', and so might the onlookers. Successive behaviours of the subject might then be mutually qualified not only as 'hypnotic', but also as indications of increasing 'depth' of hypnosis. This, however, is not objectively true, but represents an attribution of the meaning of 'increasing depth' to subject behaviours. This attribution is made by subject, hypnotist and onlookers alike when they think in terms of the 'depth' construct.

It is interesting to note that the wider culture also plays a role in the attributions of meaning made with regard to hypnosis. While most subjects expect a 'depth' experience based on their lay knowledge of hypnosis, subjects from certain sub-cultures such as mystics, meditators and even drug addicts, often expect to experience a sensation of increasing 'height'. Accordingly, these subjects often experience themselves as going 'higher' into hypnosis, rather than 'deeper'.

SELF-HYPNOSIS IS A DEFINITION OF A SITUATION

When a subject performs an induction procedure himself/herself in the absence of a hypnotist, the subject is said to engage in self-hypnosis. The implication is then often made that this shows that hypnosis is caused by the induction and that it is context-independent.

However, closer inspection of the attributional situation in which self-hypnosis is said to occur clearly indicates that mutual qualification within a particular ecology of ideas is as evident in self-hypnosis as in hetero-hypnosis. A subject can engage in self-hypnosis only if he/she has ideas about hypnosis and about what to do in order to declare himself/herself hypnotised. These ideas can come from books, prior contact with a hypnotic system, hearsay, television, etc. But no matter where the ideas come from, they imply more or less direct contact with other people, that is, with an ecology of ideas.

When self-hypnosis is carried out in solitude, the person qualifies his/her behaviour to himself/herself as 'hypnotic', based on previously acquired ideas about hypnosis. When he/she reports to others about the self-hypnosis experience, these others can retrospectively help to qualify or disqualify what occurred as hypnosis, in much the same way as any post-hypnosis enquiry can help to qualify what happened as hypnosis.

When self-hypnosis is performed in a group setting, the process of mutual qualification is much the same as in hetero-hypnosis, except that no person is designated a hypnotist.

There is one aspect, however, in which self-hypnosis differs from hetero-hypnosis. It carries a different connotation for many people: subjects who might fear that in hypnosis they would hand over control of themselves to the hypnotist often have little or no such fear with regard to self-hypnosis, for example. The difference between hetero-hypnosis and self-hypnosis therefore lies in the way these terms define the situation in which hypnosis takes place.

In our work we often find it helpful to ask clients who fear loss of control to hypnotise themselves, even without 'official' prior instruction. While the client is doing this, the therapist would softly (to define the situation as 'hypnosis') comment to a co-therapist or a family member *about* the client's behaviour in such a way as to qualify the behaviour as 'hypnotic' (see eg Fourie, 1989; Fourie & Lifschitz, 1985a).

For example:

> 'Mrs X, can you see how your husband's facial muscles relax as he goes into self-hypnosis? Which of his hands looks heavier to you?'

In this way the therapist would attempt to actively utilise the qualification process while simultaneously capitalising on the attribution that self-hypnosis leaves the client in control of the hypnosis.

TECHNIQUES ARE VEHICLES FOR THE CARRYING OF IDEAS

Techniques employed by the hypnotist do not influence the subject in a unidirectional way; nor is it parsimonious or necessary to invoke the concept of the 'unconscious', as the Ericksonians do, to explain their working. Techniques are part of the process of mutual qualification and as such they provide ideas for all the participants to which everybody can react in ways which fit (Dell, 1982) both the individual participant and the ecology of ideas as it exists at the particular time.

For instance, a hypnotic relaxation procedure, especially if it is used as an induction, would carry the meaning that hypnosis has to do with relaxation. Although this is not objectively true – people can also qualify increasing tension as 'hypnotic' (eg Fourie & Lifschitz, 1985b) – it links with an idea which most people have, namely that hypnosis is inevitably relaxing. Utilisation of such a technique might in some cases then be exactly what is expected, which might facilitate the qualification process. However, when a family, for instance, have the idea that the member whom they present for treatment can never relax, employment of a relaxation procedure might be seen (and therefore qualified) either as futile, or, alternatively, as an ideal way of teaching the member the valuable skill of relaxing.

In similar ways all techniques, be they induction, 'deepening' or treatment procedures, carry ideas and connotations for all participants. It is not only the particular technique that has this function, however. The way in which the technique is employed, and at what time and by whom it is used also play a role. To use the above example again: if the family think their member cannot relax, then a relaxation procedure which comes later in the process of hypnotherapy might be seen as therapeutic, while earlier it might be viewed as a (probably futile) attempt to induce hypnosis. Or if another therapist is brought in who is defined as an expert in teaching people to relax, the ecology of ideas might evolve to embody the possibility that this person can 'do wonders'.

Ecosystemically seen, therefore, a technique is not a standard way of unidirectionally influencing a subject or client. It is a vehicle which carries ideas to all the participants, although not always the same ideas, and not necessarily the same ideas for all participants. The ideas and connotations carried in this way function as perturbations (Efran & Lukens, 1985), the reactions to which are determined not by the techniques themselves, but by each participant's existing ideas, needs and preconceptions as well as the existing ecology of ideas, all of which can and do change through the course of the process of mutual qualification. In turn, these reactions perturb the ideas of the hypnotist so that he/she might change, modify or continue with the particular technique.

From this perspective it stands to reason that techniques are not employed in a routine or standard fashion. They are creatively utilised in order to convey certain ideas to the participants. Although the reactions to these ideas are to a large extent unpredictable (Durkin, 1981), they are nevertheless presented as attempts to co-create certain types of realities. Note that the emphasis is on *types* of realities, not on a particular reality. For instance, it is far easier to succeed in co-creating the *class of reality* that what is taking place is hypnosis than to create the *particular reality* that what is occurring is hypnotic arm levitation. The class of reality called hypnosis can include many different kinds of behaviour, whereas a specific reality, like arm levitation, can much more easily fail to realise.

THE HYPNOTIC CONTEXT IS A CONTEXT OF IDEAS

Whereas other approaches to hypnosis focus almost exclusively on the subject, the focus of an ecosystemic approach is on the total context in which hypnosis is declared to take place. This context, although it has a physical existence in terms of a particular venue, furniture and people, can be seen as a context of ideas and attributions.

The physical aspects of the context convey certain meanings to those who enter into it, but what the particular meaning is that it conveys to a particular person depends on that person's existing ideas. To one person a very busy practice with telephones ringing and assistants scurrying might be intimidating, while to another this very circumstance might be reassuring. In one client framed diplomas on the wall and a formally dressed hypnotist might inspire confidence, whereas another might find them authoritarian and conservative.

These are all meanings which people might *attach* to the physical circumstances, but which are not inherent to the circumstances. These meanings

are neither good nor bad, but an ecosystemic approach advocates that they not only be taken into account, but actively utilised in the process of co-creating a certain class of reality. For instance, if a client is intimidated by the physical context, can this intimidation and its related client behaviours like trembling, shortness of breath, perspiring, etc, be mutually qualified as 'hypnotic'?

Not only the physical aspects of the context are attributed with certain idiosyncratic meanings, but also the actions and expressed opinions of other people in the situation. In a research setting, for instance, it should be realised that instructions or an induction procedure presented by means of a tape-recording would probably be attributed with a different meaning from the same procedure presented by a person. Who this person is perceived to be would also make a difference. If he/she is believed to be an international expert and head of the institution, his/her involvement would convey a different meaning than if he/she were a junior assistant. Some subjects might more readily follow the instructions/suggestions of an expert, especially if his/her personal appearance is seen to signify the importance of the project. Other subjects might feel more comfortable and therefore perform better (or worse) with an assistant. Of course a tape-recorded presentation is often done precisely to circumvent such attributions of meaning to a particular person. What is not always realised, though, is that the tape-recorded procedure would also be attributed with certain meanings. Such attribution of meaning cannot be precluded, and should be recognised and utilised.

Also in clinical settings attributions of meaning attached to other people can often be utilised either in the co-creation of a hypnotic reality and/or in the co-creation of a therapeutic reality which excludes the presenting problem. This is illustrated in the block below:

> Two colleagues came to therapy together to request hypnosis to stop smoking. In the initial interview both expressed anxiety about loss of control in hypnosis. It was also mentioned that although the two women were friends as well as colleagues, one was slightly senior to the other in the organisation where they worked. In the conversation it was also noticeable that they competed with each other, although nothing was overtly said about this. The therapist capitalised on their difference in seniority and on the covert competition by mentioning that people who performed best in hypnosis were usually those with high intelligence and strong personalities. Throughout the induction procedure he wondered aloud which of them would first obtain eye closure, who would be able to experience lightness of the hand, etc. It was as if the two

clients were in a race into hypnosis! Naturally a similar reality was utilised in the treatment. Who would stop smoking first? Who would be more successful in fighting the urge to smoke? It turned out that they were equally successful.

In this case the anxiety of the clients about hypnosis was not addressed directly. Rather, the natural competitiveness between them was mobilised to co-create a reality in which the anxiety was no longer about loss of control, but about not wanting to be seen as less intelligent or less strong than the other.

Although Milton Erickson capitalised on the context of ideas in ways similar to those used by ecosystemic therapists, the ecosystemic approach is the only one which actively aims to utilise the attributions and conceptions of the participants in the hypnotic situation. This is utilisation in a different, much wider sense than that practised by the Ericksonians (eg Dolan, 1985). The focus is on meanings and ideas and the possible utilisation of these, rather than on the utilisation of presenting behaviour.

CONCLUSION

It should be clear by now that the ecosystemic approach to hypnosis is radically different from those approaches based on a Newtonian epistemology of science. It does not work with a reified entity supposedly existing inside the subject in the form of a state of consciousness. It does not believe that certain behaviours, and only certain behaviours, are intrinsically hypnotic (the so-called phenomena of hypnosis). It does not adhere to the myth that people have a stable, quantifiable talent for hypnosis. Neither does it follow the reasoning that objective facts exist outside the realm of ideas and meanings.

What the ecosystemic approach does embody is the view that hypnosis is a *meaning* given to certain occurrences in certain circumstances which are consensually *declared* to be 'hypnotic'. Various occurrences in various circumstances can be given this meaning depending on the *interlinked network of ideas* which the participants in the situation have about the behaviours and the situation. These are not fixed, but are continually changing and evolving. In most countries, for example, one expects (has an idea) to find small gummed squares of coloured paper which have the meaning of 'postage stamps' in a post office. However, this idea soon changes when one gets to Italy, where the ecology of ideas (the custom) entails that these pieces of

paper are sold by tobacconists. Still, the same meaning (postage stamps) is given to these bits of paper although they appear in different circumstances. In the same way the meaning of 'hypnosis' can be given to different occurrences in all sorts of circumstances. It is the ecology of ideas which determines this, not the particular occurrence or the particular circumstance.

Therefore, to work with hypnosis is to work with the meaning or idea of hypnosis. Whereas no theory can avoid this, the ecosystemic approach is the only one which focuses precisely on this meaning. All other approaches pay attention to it by default only, while focusing on all kinds of hypothetical and reified constructs.

And this is probably and ironically also the most serious limitation of an ecosystemic approach. It does not have the (false) security of fixed and 'objective' truths. It cannot state: 'This is so.' It can only say: 'This might be seen as so.' In fact, the whole ecosystemic formulation of hypnosis is recognised as a point of view, a way of thinking. It is neither true nor false and can never be proven to be either.

This means that it is difficult to work ecosystemically in hypnosis. There are no recipes, no specific techniques for the treatment of specific problems, no ready-made excuses such as the subject's/client's lack of susceptibility. Ecosystemic hypnosis is therefore very demanding on the creativity of the hypnotist and his/her sensitivity to ideas and meanings verbally and/or non-verbally expressed by the participants in the hypnotic context.

On the other hand, the very lack of definite structure is often very exciting. Ecosystemic hypnosis has little routine and a lot of flexibility so that there are many 'Aha!' experiences and surprises.

While an ecosystemic approach is a way of thinking rather than a way of doing, it stands to reason that it has definite implications for the practice of hypnosis. These will be the topic of the following chapters.

Application

of an

ecosystemic

view in

treatment

ECOSYSTEMIC HYPNOTHERAPY	EPISTEMOLOGIES	
	NEWTONIAN	ECOSYSTEMIC
Therapy as a public affair	Notions	Notions
The role of reframing	Theories	Hypnosis
Post-hypnotic suggestion		
Utilisation of existing attributions	Implications	Implications
The use of self-hypnosis	Differential effectiveness	
Externalisation		Guidelines
The role of technique		
Medical/dental hypnosis		

Because an ecosystemic approach differs so fundamentally from other approaches to hypnosis, it is to be expected that its application in treatment would also be different from other approaches.

This difference flows not only from the difference in conceptualisation of hypnosis, but also from a different view of psychopathology. Any treatment procedure has to be congruent with a particular theoretical approach to problems, in the absence of which the specific procedure would make no sense. If one thinks of a problem in a particular way, one devises a treatment method to address the problem *as it is conceptualised.* In chapter 4, for instance, mention was made of the so-called deficiency models according to which psychological problems are perceived as caused by some lack or deficit inside the psyche of the client. If one follows one of these models, one would be inclined to use hypnosis to overcome the deficit. However, if one thinks about problems in an Ericksonian way, one would use hypnosis not to address some lack, but to mobilise intrapsychic resources which, according to Ericksonian thinking, are available inside the client's 'unconscious'. Treatment is always congruent with one's explicit or implicit conceptualisation of problems.

In the same way an ecosystemic approach to hypnosis in treatment rests on an ecosystemic conceptualisation of problems. It would therefore be necessary to clarify this conceptualisation before a discussion of ecosystemic treatment can take place.

PSYCHOPATHOLOGY – AN ECOSYSTEMIC VIEW

Traditional psychopathological labels such as schizophrenia, borderline personality, depression or agoraphobia refer to entities embodied within the sufferer. Statements such as that a person 'suffers from' or 'has' (Simon, 1990) one of these, or even that a person 'is a' schizophrenic or agoraphobic, reflect this. Such statements are usually based on some diagnostic system such as DSM-IV (APA, 1994) and entail a reductionistic process in which certain types of behaviour by the sufferer are taken to be characteristics of a certain reified entity mentioned in the particular diagnostic system.

Such a traditional diagnosis is then regarded as objectively true and as uninfluenced by the context in which it was made.

It is clear that this way of thinking about problems is based on a Newtonian epistemology and must be at variance with an ecosystemic conceptualisation.

Ecosystemically seen, client behaviours are not characteristics of intrapsychic entities, but expressions of ideas. These expressions never take place in a social vacuum, but are part of an interlinked network of ideas in a system – an ecology of ideas. Every expression takes place through verbal and/or non-verbal language (Anderson & Goolishian, 1988), has an input into the ecology of ideas and perturbs this ecology. The effect of the perturbation would depend on the structure (Maturana, 1975) of the ecology of ideas at that time. If this expression is out of the ordinary, the ecology of ideas has to accommodate it in some way, if only by ignoring it or by classifying it as 'crazy'. If such extraordinary expressions continue, the ecology of ideas can change to regard them as ordinary, or to decide that something should be done about such crazy or deviant behaviour, leading to attempts to change or control the behaviour (Simon, 1990).

In this way the ecology of ideas in the system can evolve to become more and more complexly organised around the behaviour of its 'crazy' member. In fact, labelling the person as 'crazy' or even 'schizophrenic' can lead system members to qualify even ordinary behaviours of that person as somehow deviant (Efran & Heffner, 1991). In turn, because the 'crazy' member's ideas are part of the ecology of ideas, he/she might qualify more and more of his/her own behaviours as 'crazy', as the ecology of ideas evolves. This qualification is discernible in the way the behaviours are carried out.

The analogy between this type of symptomatic system and the hypnotic system is clear. Four interlinked concepts which are central to ecosystemic thinking can be applied to both: ecology of ideas, mutual qualification, co-

construction of a reality, and language. In fact, the main difference between the two systems seems to be in the central theme or meaning around which the ecology of ideas is organised. In the hypnotic system this theme is hypnosis, while in the symptomatic system it is the theme of 'craziness' or pathology. Even if exactly the same behaviour could take place in both systems, it would probably be mutually qualified as 'hypnotic' in the one system and as 'crazy' in the other.

Of course the degree of deviance or 'craziness' can differ. Sometimes the theme around which the ecology of ideas is organised is not so much one of 'craziness', but of unhappiness or depression. Especially when a couple present a relationship problem, the central theme is often not one of pathology, but of mutual blaming. But whatever the central theme, the process of co-construction of a reality through mutual qualification within an ecology of ideas in language remains. It is as if the whole system becomes organised around this network of shared ideas about a particular theme. In this sense Hoffman (1985) is of the opinion that the problem determines the system and not vice versa, as was previously thought. Hoffman's view flows from second-order cybernetics as opposed to the first-order conceptualisation that the system causes the problem (see chapter 2).

Ecosystemically seen, therefore, problems are social constructions in verbal and/or non-verbal language and not intrapsychic entities that need to be removed, changed or replaced. In fact, Efran and Lukens (1985) and Efran and Heffner (1991), following Maturana's (1975; 1983) reasoning, are of the opinion that problems do not exist before they are 'languaged', that is, before they are mutually qualified as problems in an ecology of ideas.

ECOSYSTEMIC PSYCHOTHERAPY

This view of psychopathology or problems naturally leads to a particular approach to treatment. No longer is the therapist viewed as someone who 'cures' an illness or who 'rectifies' some intrapsychic malfunctioning within the client. Rather, ecosystemic reasoning is as follows:

When a client, couple or family enter(s) into psychotherapy, the ecology of ideas around the problem theme is presented in various verbal and non-verbal ways. The therapist cannot avoid entering into this ecology of ideas. But because up to now the therapist was not part of the problem system, his/her ideas are probably different from those of the other members of the system. Broadly speaking one could say that the success of therapy would depend on whether or not the ideas presented (verbally and/or non-verbally) by the

therapist would facilitate the ecology of ideas in the new, larger system to evolve away from the problem theme. The more tightly the ecology of ideas is organised around the problem theme, as in so-called 'chronic' cases, the more likely it is that the therapist's ideas would be incorporated into the existing ecology of ideas in such a way as to leave the problem theme intact.

Once this has happened, the therapist's ideas become part of an even more complicated and tightly organised ecology of ideas in the new system, but one that revolves around the same problem theme. When this happens, one could say that the therapist helps to maintain the problem, something pointed out previously in different ways by theorists such as Auerswald (1987) and Sluzki (1981).

In the light of this reasoning it is clear that the task of therapy is to provide ideas which could help the existing ecology of ideas to evolve away from the problem theme. This means that the ideas presented by the therapist should simultaneously confirm the individual client(s) and disconfirm the problem theme. The ideas should therefore be different from those held by the client(s), but not so different as to either alienate the client(s) or be incomprehensible to them. Keeney and Ross (1985) call these therapist ideas 'meaningful noise'. They are aimed at perturbing the existing ecology of ideas in the hope that it will evolve away from the problem theme (Retzer, 1991). Because of the unpredictability of living systems (Durkin, 1981) this can only be a hope, not a certainty. The reaction of the ecology of ideas to the perturbation is determined by the structure of the ecology of ideas (Maturana, 1975) and not by the perturbation, although different types of perturbation will be reacted to differently. It should again be emphasised that 'ecology of ideas' is a metaphor, not an entity. An example will make this clear:

If a family presents one of its members as 'depressed', 'depression' can be said to be the central theme around which all members, including the 'depressed' member, have ideas. Each member has ideas about why the person is 'depressed' and also about what happens when he/she is 'depressed'. Although those ideas might differ among the family members, they all cover the central theme of the particular member's 'depression'. If the therapist were to enter into therapy by bluntly stating that the person is not 'depressed', this could be seen as a perturbation of the family's ideas about the 'depression'. However, it is likely that the family will either try to convince the therapist of the reality of the 'depression', and/or that they will add to the existing ecology the idea that the therapist is incompetent. They could then leave therapy.

On the other hand, the therapist could initially accept the central idea that the particular family member is depressed'. He/she could then ask the vari-

ous members for their ideas about why the person is 'depressed' and what happens to give them the idea of 'depression'. In doing so, he/she could subtly question the label of 'depression' and eventually wonder whether the person was really suffering from 'depression' or whether it was more likely 'frustration' or 'normal unhappiness'. He/she could then even congratulate the person on being only 'normally unhappy' in circumstances which could, in a person less strong, easily have led to 'depression'. In this way the ecology of ideas in the family can possibly change from the theme of 'depression' to the theme of 'normal unhappiness', which might make different actions possible for all family members.

This conversational process in which a therapist presents ideas aimed at providing a different meaning about a problem is called a reframing (Hoffman, 1981) or a redefinition of the problem (Andolfi, Angelo, Menghi & Nicoló-Corigliano, 1983).

Ecosystemically seen, therefore, if problems are social constructions in language (Anderson & Goolishian, 1988), they can only be addressed at that level and through a linguistic process in which different meanings can be co-constructed. It can in fact be argued that all approaches to psychotherapy embody such a process. Even when a client undergoes an operant conditioning procedure, the procedure itself, as well as the therapist's explanation of the procedure and its rationale, provides alternative meanings about the problem. However, ecosystemic psychotherapy is the only approach which explicitly works with the co-construction of alternative meanings or 'realities'. In doing so it uses various techniques of dialogue, for example the Milan team's circular questioning (Selvini-Palazzoli, Boscolo, Cecchin & Prata, 1980), the reflecting team approach developed by Andersen (1987) and White and Epston's (1990) narrative process.

ECOSYSTEMIC HYPNOTHERAPY

Ecosystemic hypnotherapy is not a mode of treatment in its own right. It is a technique of ecosystemic psychotherapy in the same way as is circular questioning, for example. As such it follows an ecosystemic conceptualisation of psychopathology and of the process of therapy. It has the same aim as ecosystemic psychotherapy, namely to co-create a different ecology of ideas in which the presenting problem is seen either as having disappeared or as having a different meaning.

Having said this, the question arises as to why hypnosis would be used in ecosystemic psychotherapy. What benefits could hypnosis have in a conver-

sational approach? From a traditional Newtonian perspective it was thought that the contribution of hypnosis was to be found in its 'power' to have a client act differently in an involuntary fashion. Also it was believed (and is still believed by Ericksonian therapists) that hypnosis can circumvent or sidestep consciousness to reach the 'unconscious' where it can either linearly influence the client or obtain 'true' recollections of past traumatic occurrences. As was seen, ecosystemically hypnosis is conceptualised neither as a 'truth drug' nor as a 'force' to rectify intrapsychic malfunctioning. What then is the ecosystemic rationale for its use?

The answer lies in the meaning of 'hypnosis' and the attributions of clients and families with regard to this concept. Many clients and families have a traditional conception of hypnosis. They think that hypnosis is very powerful both in ascertaining the 'truth' about past events and in compelling them to change their behaviour. It has an almost mystical connotation for many people. And therein lies its potential usefulness in therapy. The 'power' of hypnosis therefore exists as a social construction: people often believe that hypnosis is powerful and they *act in accordance with this attribution*, which in turn convinces them of the accuracy of the belief. Using hypnosis in psychotherapy means capitalising on this social attribution of power to the concept of 'hypnosis'.

From this it is clear that ecosystemic hypnotherapy involves the *explicit* use of hypnosis. From this perspective indirect methods of 'hypnosis' might well be used fruitfully in psychotherapy because they act as perturbations of the ecology of ideas. However, they cannot be called 'hypnosis' if the concept of 'hypnosis' does not form part of the particular ecology of ideas at the particular time. If the hypnotist is the only one who thinks of these 'indirect' methods as 'hypnosis', *mutual* qualification of behaviours as hypnotic is excluded - unless, of course, the therapist is well known as a hypnotist. Then the concept of 'hypnosis' is probably part of the ecology of ideas even if it is not mentioned explicitly, as was the case with Milton Erickson, the father of 'indirect' suggestion. It was shown elsewhere (Fourie, 1992a) that 'indirect' hypnosis is as dependent on the process of mutual qualification as 'direct' hypnosis.

Because the use of hypnosis in ecosystemic therapy embodies the perturbation of ideas, meanings and connotations, the shaping and co-construction of alternate realities, it is a highly creative process for which no routine or set methods can exist. It is dependent on the idiosyncratic ideas, needs and interpersonal styles of all the participants, including the therapist, all of which are in continual interplay with each other.

In the light of this, it is clear that all that can be provided here are some guiding principles or ideas about the process of ecosystemic hypnotherapy, which can be operationalised in many different ways. These ideas are the following:

(a)   The dialectic between hypnotherapy as a private or a public affair

Traditionally hypnotherapy is regarded as something that happens behind closed doors and that involves only the client and the hypnotist. And if the idea is to influence the intrapsychic working of the client's 'unconscious mind', then this configuration is entirely appropriate. Privacy and quiet are then needed.

But if the aim is to perturb the ideas of all the people involved with the problem, then such a configuration of privacy can be very restrictive. Only the client's ideas and attributions are then directly accessible to the process. While a different 'reality' can develop between therapist and client, the rest of the people in the client's life are excluded from it, leaving them in the old 'reality'. Their behaviours toward the client would then tend to keep the old 'reality' alive in his/her mind so that the therapy becomes an uphill struggle. Of course the client's new behaviours (expressions of the new 'reality') can also have an influence on other people in his/her life. In this way the old 'reality' can start to change, but this influence of the therapy on the client's system is at best indirect and is often limited.

For this reason ecosystemic hypnotherapy tends to be much more of an open or public affair. All those who are involved with the problem, usually the family, are often invited into the therapy and the hypnosis is conducted in their presence. This does not mean, as is sometimes thought, that ecosystemic hypnotherapy (or ecosystemic psychotherapy) is necessarily family therapy. Ecosystemic (hypno-)therapy is also amenable to being employed with individuals, couples or larger systems. Nor does it imply that ecosystemic therapy can only be used if the problem is 'in' the family as opposed to 'in' the individual. It is not the perceived location of the problem which determines the mode of therapy, but the ecology of ideas in which the problem is defined as a problem.

The presence of the family in the therapy can be helpful in two broad ways:

•   Not only can they define certain behaviours as hypnotic in the subtle way onlookers do, but they can be invited to comment verbally on the

behaviours of the hypnotised person to make the process of mutual qualification even more potent. In the same way they can be prompted to qualify change as occurring or having occurred. For example: 'Mr and Mrs X, which of you noticed that, with every statement your daughter makes in (or after) hypnosis, she sounds less depressed (or anxious, or angry or uncertain) than before?' Also in the discussion after hypnosis the whole family can be requested to share the new insights they gained from the experience, *implying that such insights were actually gained.* All these activities are intended to perturb the existing meanings or ecology of ideas in the whole family in a direction away from the problem theme.

• Not only can everybody in the family partake in qualifying change as occurring, but they all know in which direction the change is occurring. Say that in the X family the insight is gained (reality is co-created) that the more the daughter openly states her wishes the less anxious she feels. Not only does she then have this idea, but so do the parents. It is then likely that at home they will allow her or even invite her to state her wishes, something which might not happen if they did not attend the hypnotherapy. And all three of them will then probably *expect* the daughter to be less anxious and to show fewer signs of anxiety. In this way the process of mutually qualifying the daughter's behaviour as less anxious can then be continued at home. post-hypnotic suggestion can sometimes be employed very fruitfully, getting all family members to expect certain behaviours from one (or more) of their members. This will be discussed more fully later.

While the presence in therapy of other people in the client's life can therefore be very beneficial, there are instances where perturbation of the ecology of ideas can best occur by excluding some or all of these people, either from the hypnosis only, or from the therapy in general. An example of the use of such a configuration is presented in the block that follows.

> A widow requests hypnotherapy for her 18-year-old only son who, in spite of adequate intelligence, is failing in his last year at school. According to him, he suffers from examination anxiety so that, even if he has studied hard and knows the work, he forgets everything when he sits down for the examination. This started to happen about a year earlier. In the first interview, where the mother is present, it soon becomes clear that the two of them have a very close relationship, 'enmeshed' in Minuchin's

(1974) terms. The therapist hypothesizes that failure in the last school year would help to conserve this special relationship, at least temporarily, because it would keep the boy from going away to university and leaving the mother alone at home.

In this case, hypnotising the son in the presence of the mother would entail yet another shared personal experience, confirming the theme of their closeness and inseparability. Since the mother had requested hypnosis and they have a traditional conception of hypnosis, they would expect the mother to be excluded from it.   In the hypnosis itself, the themes of dependence/independence and success/failure and their links with each other can then be in focus in different ways, for example by means of imagery, age-regression and post-hypnotic suggestion. The whole process can be defined as being for the son and not for the mother, and he can be requested, also by means of posthypnotic suggestion, not to tell the mother too much about it. Of course the mother would expect to see changes in the son's behaviour at home and these she would be likely to qualify as due to hypnosis. In separate sessions with her this expectation can be strengthened. She can also be encouraged to convince the son (and herself) through her   behaviour that she can function adequately without him. A technique such as the Milan team's invariant prescription might be employed as part of this.

Inclusion of all family members in the hypnosis or in the therapy is therefore not a standard procedure. The inclusion or exclusion of certain people can carry particular meanings which can be utilised in order to perturb the ecology of ideas away from the problem theme.

(b)   The central role of reframing

Reframing involves the provision of a different explanation of a situation, problem or event, which fits the known facts as well or better than the existing explanation (Watzlawick et al, 1974). It is a more or less direct attempt to influence people's ideas about the particular occurrence or behaviour. As such, reframing occurs in all therapies, because all therapies aim, explicitly or implicitly, to alter perceptions and ideas. Rational emotive therapy (Ellis, 1962), for instance, very forcefully reframes clients' behaviour in a specific way.

Also in hypnotherapy, of whatever persuasion, it is possible to perceive the operation of reframing. A good example is to be found in a study by Madrid (1985) into the treatment of paediatric asthma. In this work mothers of asthmatic children were told that their children's symptoms were caused by a lack of adequate mother–infant bonding at birth. To rectify this, the mothers were hypnotised and age-regressed to the time of the birth. In the regression they were then led to 'bond' with the children through imagery. Although the therapist did not even see the children, the asthmatic symptoms improved and in some cases completely disappeared. Although Madrid (1985) did not explain the process in terms of reframing, its operation can be clearly perceived: the explanation of the asthma in terms of bonding, which was provided to the mothers, is a typical reframing (Hoffman, 1981). This reframed understanding was then strengthened by employing an age-regression procedure which covered the same theme (bonding) in a way which made sense to the mothers. Also the age-regression carried the connotation of rectifying what was perceived as the underlying cause of the problem. It therefore created an expectation of cure of the symptoms. All this probably led the mothers (and the fathers, if they were informed of what happened) to think differently about the asthma and their children, to act differently towards the children, and to expect improvement of the symptoms, that is, a complete change of the ecology of ideas around the asthma.

While reframing can therefore be seen as operating in all (hypno-)therapies, it plays a central role in ecosystemic (hypno-)therapy. The focus of the therapy is on disruption of entrenched meanings and connotations (Hoffman, 1990b; Retzer, 1991) – the existing ecology of ideas – and reframing is an inevitable part of this.

As reframing involves the provision of a different meaning, it can be done in very many alternative ways, verbally, non-verbally, even organisationally. Calling in a colleague for a 'second opinion', for instance, can imply that the situation is serious and/or complicated. So can the scheduling of many and frequent therapeutic sessions.

One specific way in which reframing is utilised in ecosystemic hypnotherapy is through age-regression. Because there is a general belief that age-regression brings out the historical and objective 'truth' about past occurrences, such regression can sometimes be used to develop a particular reframing (Fourie, 1992b). This can be illustrated by a case where a 45-year-old divorced woman applied for hypnotherapy for a particular fear. Liz (not her

real name) was very assertive and attractive and an excellent administrative officer. However, she had peculiar relationships with men. In general she had a very low opinion of them and used them for her own benefit. For instance, if she went for a job interview, she would identify the most senior man present and she would subtly flirt with him. If he responded well to this and gave her the post, she would accept the appointment. If he did not respond to the flirting in kind, she would not accept the post even if it was offered to her. On arriving at the new job, she would immediately resume her seductive attitude toward the particular senior man. This often led to an affair with the man, who was usually married. What would typically happen, then, is that for as long as the affair lasted she would have an influence in the organisation far larger than usual for a new employee. She would receive many benefits, such as a better office and even better pay. But inevitably she would lose respect for the man: he could be manipulated too easily. Also, he would refrain from leaving his wife. Then she would resign and look for other employment and the process would start again.

Although Liz had little respect for men, she was sometimes very fearful of them. She would have to know a man very well before allowing him, when he took her out, to fetch her from her house and to take her back afterwards. Also she had two large and vicious dogs to keep burglars away. She would never go alone anywhere without one of the dogs accompanying her. Her worst fear was to meet a man in a dark alley or in a lonely building.

The explanation that Liz had for this behaviour sounded a little far-fetched. She believed that her distrust of and lack of respect for men flowed from the fact that her father was not her real (biological) father. She had no proof of this except the idea that he did not like her. She also read 'proof' of this into certain statements made years before by her late mother. The request for hypnosis was made to find more 'proof' that she was not her father's child.

Needless to say, no such 'proof' materialised in several sessions of age-regression. What did emerge, was a picture of a cruelly male-dominated family. While her father insisted that Liz went to a convent day-school, which she hated, her elder brother went to an expensive private school. At home in the afternoons and weekends Liz was not allowed to have friends or to go out. Her brother often teased her until she burst into tears. In this he had the father's support. Both the brother and the father also hit her on occasion. The mother did not come to her rescue and seemed to have defined herself as helpless to intervene.

If the age-regression had been terminated at this point, it would have been likely that Liz would have found substantiation in it for her distrust of men. Also at this point she thought that her father treated her so cruelly because he was not her real father. She was then likely to continue her search for the good 'father' in the office environment, one who would 'spoil' her and whose favourite she could be. In other words, at this point in the age-regression the developed reframing would emphasise Liz's impotence in the face of the potency of men. There was little *she* could do.

Therefore the age-regression was continued with questions from the therapist as to what Liz felt like doing when confronted by her brother or father. By means of imagery she was led to 'do' things which made her feel confident and in control of the situation. These 'facts' from the age-regression were incorporated into a reframing which developed after termination of the hypnosis. According to this, it was not men that Liz distrusted, but herself. She felt impotent in relation to them. Therefore she had to prove again and again that she could dominate men by manipulating them. But the ones she chose to manipulate were the weak ones and she knew it. Her ex-husband was so weak that he left her for someone else. Therefore she remained scared of men and *ignorant of her own abilities to handle men* as their equal. She distrusted her capability to deal with men she thought were not weak. But she *had* such abilities and needed only to convince herself of this. A variation of Michael White's (1989) externalisation procedure was then followed in which Liz had to do nothing but be on the look-out for small victories over her distrust of herself with regard to men. In this way her fear of men and her manipulation of weak men gradually disappeared. This was shown very clearly about three months later when, assisted by a strange man, she experienced no fear while looking for her lost bunch of keys on a golf course in the dark.

In this case Liz's idea that her problems stemmed from her father not really being her father was not disputed. It was seen as a metaphor. Instead, her father's brutality and discrimination against her were highlighted and she was shown how she need not be helpless against this, at least not in her imagination. Once she could start imagining herself as capable of standing up to men, her ideas about men could change.

Ecosystemically seen, it was not important whether or not Liz's father actually was her biological father, or even whether he really treated her so badly. Because she believed in the 'power' of hypnosis she could also believe in the abilities she manifested in hypnotic imagery.

It is clear from this example that a reframing is not something that is imposed on the client/family from outside. Rather, it is an alternative understanding of the problem which develops in cooperation with all parties present. Age-regression can sometimes be an excellent way of arriving at a particular reframing; not because it necessarily brings out the historical truth, but because clients and families *believe* that what it brings out is such truth. They often therefore attach a great deal of value to the products of age-regression. From an ecosystemic point of view, though, what a client answers in age-regression, just as in any other circumstances, depends on what is asked. If the therapist asks questions covering the theme of fear of men, as in the case of Liz, then the answers would also be likely to cover this theme. It is there-fore necessary for the therapist to have some idea of the kind of reframing he/she would like to see develop, before engaging in age-regression. In this way a theme could be introduced which could lead to the particular type of reframing. This is an important consideration, because it is all too easy to allow a reframing to develop which either confirms the existing ecology of ideas, or leads to a new, but negative way of thinking about the problem.

An example of such a negative development, although not from the field of hypnosis, is presented in the block below.

A case was referred by a psychiatrist who routinely carries out narco-analyses: A young mother of two small children spent most of her time alone with the children on their small farm outside the city. Her husband worked in the city and was home only at night. The wife felt very responsible for the wellbeing of the children and started worry-ing about what she would do if one of them had an accident dur-ing the day. She was very dependent on the husband and dreaded the possibility of having to cope with an emergency on her own. She then began to notice situations of possible danger to the children. In particular was she aware of how easily she could hurt one of them: while cutting bread, for instance, the knife might slip and cut a child's finger or even his/her wrist. She became petrified and almost hysterical when her husband had to go to work.

> When the couple saw the psychiatrist, he conducted a narco-analysis on the wife. Afterwards he told them that this analysis revealed that the problem 'really' was one of sexual dysfunction. He then referred them for sexual therapy. This was a very potent reframing: the fear of hurting the children disappeared. However, the reframing was so potent that the couple really started having sexual problems, whereas previously there were none. Only after prolonged marital therapy could the sexual troubles diminish.

What happened with the narco-analysis in the example in the block can easily happen with hypnotic age-regression as well. A reframing can initiate the development of a different ecology of ideas in which another problem theme can become central. Care, and a clear understanding of the situation before engaging in age-regression, is necessary.

(c)   The ecosystemic use of post-hypnotic suggestion

Post-hypnotic suggestion has traditionally been used in an attempt to change behaviour. The classic examples of this were those in which clients were told that cigarettes (or alcohol) would taste bad and/or make them sick. In general the results of this use of post-hypnotic suggestion were unimpressive.

The ecosystemic use of post-hypnotic suggestion is different. Basically it is utilised either to further disrupt the existing ecology of ideas or both to confirm and strengthen a new ecology of ideas. For instance, if a client's depression has been reframed, in the presence of the family, as frustration, the following type of post-hypnotic suggestion can be given:

> Seeing that the elements of frustration which make you feel bad have been so clearly identified now, you might find that in the next two weeks you are very aware of them. And being so aware of them, you might feel an urge to discuss them with one or more family members. If you look carefully then, you might see which family member or members give you a subtle sign that they are ready for such a discussion, which only you might then initiate.

Note how carefully this suggestion is worded. It is virtually impossible not to be carried out. Even if the client does not 'feel the urge' to discuss his/her

feelings of 'frustration', this is covered by the tentativeness of the word 'might'. If no other family members look approachable to discuss these feelings, they are not (yet) 'ready' to do so. The suggestion is meant not only for the hypnotised person, but for everybody. Imagine the family members looking to see who signals readiness to discuss the client's frustration with him/her. The focus would then be away from the 'frustrated' member and on the other members of the family. The theme of 'frustration' is also central, rather than 'depression'.

Families of 'depressed' clients often vacillate between pity/efforts to help and irritation with/withdrawal from the client (Musikanth & Fourie, 1983). This post-hypnotic suggestion is aimed at disrupting this pattern: where the depressive symptoms were an indirect request for help/pity, the client is now expected by everybody to openly initiate a discussion of his/her 'frustration'.

Another case example will illustrate both the implementation of post-hypnotic suggestion to change the ecology of ideas and the importance of the definition of the situation as an attributional factor in hypnosis.

A 38-year-old married woman requested hypnotherapy in order to lose weight. She had been named as one of five or six finalists in the national Secretary of the Year Competition. The final round of the competition was to take place in three weeks' time and she wanted to be more attractive for this occasion. She had tried frantically to lose about five kilograms, but to no avail. In the initial interview she appeared very tense and apprehensive and acknowledged that she was fearful of hypnosis. Towards the end of this interview the therapist said that he had an idea about the way in which hypnosis could work for her, but wanted to check it out first. To do so, he wanted to perform some susceptibility tests with her. She was clearly scared, but allowed tests like the handclasp and the hands moving together to be done. None of the three or four of these tests were successful. This, the therapist said, confirmed his idea that she was too sophisticated for 'blatant' hypnosis as embodied in these tests. Lowering his voice slightly, he asked her whether she was aware of how different she felt then in comparison to the time the interview started. She acknowledged that she did indeed feel different. This, the therapist said, was 'subtle' hypnosis which had been going on since the start of the interview. She was very susceptible to it and this, rather than 'blatant' hypnosis, as illustrated in the susceptibility tests, would be used in further sessions.

Having in this way redefined the situation as one of 'subtle' hypnosis (no overt 'phenomena' such as arm levitation or limb catalepsy), age-regression was successfully employed during two further sessions. This 'revealed' that

on two occasions when she was slim, she had had brief and unsatisfactory affairs with married men, something which she felt had demeaned her. Seen from the perspective of second-order cybernetics, she wanted to conserve an image of herself as serious, responsible, able and dependable. She was all of these: one does not easily become one of the five or six best secretaries in the country. Having another affair could seriously jeopardise this image, if only to herself. Being overweight helped her not to be attractive or feel attractive enough to invite attentions from men.

Based on this reframing, a post-hypnotic suggestion was given along the following lines:

> Her 'unconscious' knew that it could be dangerous for her to lose weight. But it also knew that she wanted to be temporarily attractive for the contest. Therefore her 'unconscious' would decide whether to take the risk of letting her lose weight temporarily and if so, how much. Maybe it could afford to let her lose only one kilogram, or maybe as much as four or five kilograms, knowing that she would pick it up again in a responsible way. The matter was now the responsibility of her 'unconscious' and she no longer needed to concern herself about her weight or about what she ate.

She was sent home with the instruction to notice how her 'unconscious' chose to handle the matter.

Ecosystemically seen, this woman had two sets of ideas which she found difficult to reconcile: on the one hand she wanted to be attractive, but on the other attractiveness in the past had meant involvement with others in an irresponsible, potentially humiliating way. By trying unsuccessfully to lose weight she could simultaneously express both sets of ideas. In the light of this it was understandable that she did not want her husband involved in the therapy – he was unaware of her previous extramarital liaisons.

The reframing and post-hypnotic suggestion attempted to reconcile the two opposing sets of ideas in a different way. Neither of them was disputed, but they were linked by the ideas of *temporary* weight loss and *responsible* action, both in losing and in gaining weight. No longer did she need to see the two sets of ideas as opposing each other: weight loss could now be a responsible

action because it was temporary, graded (1–5 kg) and goal-oriented. And leaving the responsibility to the 'unconscious' meant an end to trying too hard to lose weight, focusing on which would mean activating its opposing idea of conserving her 'good' image.

This post-hypnotic suggestion illustrates another principle of ecosystemic hypnosis, namely that the language used in operation often differs from the language of conception. Whereas in the conceptualisation of hypnosis no credence is given to the notion of the 'unconscious', it is often used in practice. This is in order to utilise the conceptions and attributions of the client(s). The idea of the 'unconscious' is common in Western culture and most clients readily go along with its usage. There is therefore no attempt to convert clients and families to ecosystemic thinking, and traditional concepts such as the 'unconscious', 'depth of hypnosis' and 'hypnotic susceptibility' are used regularly although they play no role in the hypnotist's/therapist's thinking.

(d)   The use of client attributions of hypnosis

Probably because of its historical connections with the mystical and occult, and strengthened by the use of hypnosis in entertainment shows, television, etc, which most serious hypnotists oppose, many people have an exaggerated notion of the power of hypnosis. They often think that in hypnosis they would relinquish control over themselves to the hypnotist, even sometimes to 'evil forces' or to the devil. Or they imagine that hypnosis can compel them to act differently. Often they are of the opinion that hypnosis can reveal the truth about suspected past trauma.

Such an exaggerated idea of the potency of hypnosis can translate either into a fear of hypnosis and a reluctance to undergo this mode of treatment or into unrealistic hopes about what hypnosis can do for them.

Rather than attempt the almost impossible task of convincing clients and families that hypnosis is not as powerful as they think, ecosystemic hypnosis advocates that these client attributions be utilised therapeutically. The following case description will illustrate one way of doing this.

Ann (not her real name) was a 35-year-old unmarried nursing sister, a very highly qualified and experienced person, who worked in an intensive care unit. She was extremely frustrated by the hospital bureaucracy and wanted to apply for a position on an emergency evacuation unit. This team transported injured and seriously ill people from outlying areas to hospital by air.

There was only one problem: Ann was terrified of flying! This had become progressively worse in the previous two or three years and had also extended into a fear of travelling in lifts. She applied for psychotherapy for these fears.

On enquiry she mentioned that she had experienced fleeting moments of a similar fear as a child. Once she had to pull a too-tight sweater over her head and it became stuck. Often when she was small and her mother washed her hair, she felt as if she would drown or smother.

Ann's fear of flying started when she returned to South Africa after having broken off a long-term relationship with a man in Europe. Initially he was reluctant to get married, but when he consented to marry Ann he insisted that the marriage should take place in a particular way and in a particular place. She did not want that and broke off the engagement, realising that the relationship had been a continual power struggle between them.

The reframing which developed in the first two therapeutic sessions was the following: Ann was a very capable, independent person who hated being dominated. In fact, she left the country to get away from her overbearing elder brother. It was very important to her to be in control of her own life. This was at the basis of the broken engagement as well as her current dissatisfaction with her job. In instances where she felt that she had no physical control over what happened to her, such as when her mother washed her hair, or when she was travelling in an aeroplane or in a lift, she became very fearful.

Unfortunately there are occasions when one cannot have full control over what happens, *but one can have control over how one relinquishes control* and maybe this is what Ann had not yet realised. It was as if she thought that control was stolen from her on these occasions, rather than that she could relinquish control in a dignified way and for a certain purpose which would be of her own choosing, such as flying to a certain destination.

At this point the idea of hypnosis was introduced by the therapist. Ann had not applied for hypnosis and was apprehensive about it. She admitted that hypnosis in fact meant loss of control to her. The therapist did not dispute this attribution, but explained to her that precisely because of this, hypnosis could be an excellent way to teach her how to relinquish control in a dignified and personally satisfactory way.

Having consented to undergo this 'learning process', she was requested to focus on one of her hands and to become aware of the changing sensations in the hand. Lightness and subsequent levitation of the hand were suggest-

ed and experienced and she was asked to 'let the hand become heavier again whenever you feel like it; then allow it to become lighter yet again, until you want it to turn heavier. Repeat this process until you are satisfied that you can let the control go whenever you want.'

When Ann was satisfied that she could 'control the letting go of control' in the hand, the process was repeated with eye closure. Thereafter the same procedure was followed with imagery of a lift situation. In her imagination she had to approach and travel in a particular lift of which she was very scared. She could let the fear come and go by alternatively thinking of the fear and thinking of some inconsequent matter (her hairstyle or her dress). Again, when she was satisfied that she could allow the fear or banish the fear at will, the process was repeated with imagery of flying.

This procedure entailed three sessions of therapy. She was then given the task of travelling in that particular lift *in vivo* and again to let the fear come and go in that situation. When this was carried out successfully, Ann applied for the post as 'flying nurse'. The application was successful and she switched to the flying job with no problems.

In this case Ann's attribution of meaning to hypnosis, namely that it meant loss of control, was utilised to let her ideas about flying and travelling in a lift evolve in a direction which would allow her to undertake these activities. In a sense her ideas changed so that she no longer feared the fear; it was under her control. What was to be controlled was not the lift or the aeroplane (which was impossible anyway) but the fear. And hypnosis allowed her to practise this until she was convinced that she could exercise such control.

A particular way of dealing with an exaggerated fear of hypnosis has been described elsewhere (Fourie, 1991b). It is applicable where the fear is extreme and therefore has to be employed in a very careful and circumspect manner.

People evidencing such dread of hypnosis usually do not apply for hypnosis, but the therapist can introduce the idea of hypnosis and then use it as a threat. It is applicable when the client or family displays a defiant attitude (often fanatically religious) and a particular treatment strategy has failed. The therapist can then be concerned about the failure and explain that the failed strategy is usually the best one for the particular problem. Because it had failed, it left only two other possible strategies, more or less equally effective. These are Strategy X and hypnosis. The therapist can then ask which of these is preferred. Inevitably it will be Strategy X.

Considering this, the therapist can 'wonder' whether, in spite of the preference, hypnosis would not, after all, be the best approach in the particular case or circumstances. If the fear of hypnosis is really extreme, this speculation by the therapist would probably be met with strong statements of preference for Strategy X. The therapist can then gradually allow himself/herself to be talked into employing Strategy X. However, at appropriate points, even when applying Strategy X, he/she can 'wonder' whether hypnosis should not still be considered. He/she can even 'predict' that Strategy X might not work, whereupon hypnosis would have to be applied as a last resort.

In this way the client or family can then defy the idea of hypnosis while complying with Strategy X as a less gruesome alternative. Expressed in terms of the ecology of ideas one could say that the idea of resistance or defiance is conserved, but it is aimed at the spectre of hypnosis (the imagined 'real' enemy), rather than therapy itself (the only available enemy).

Strategy X can be anything which might fit the particular client or family. It need not even be openly mentioned. In a case reported earlier (Fourie, 1991b) Strategy X consisted of waiting for a sign from God to indicate whether it would be in order to use hypnosis. Cure of the hysterical symptoms, ascribed to God, occurred in this waiting period, obviating the need for hypnosis.

In utilising this mode of treatment it stands to reason that the therapist would have to agree that hypnosis is to be feared. No attempt is therefore made to reassure the client or family or to change their attributions of meaning with regard to hypnosis.

The situation is different in some ways when the exaggerated idea about the power of hypnosis is translated into unrealistic hopes that hypnosis will effect a miraculous cure. In such cases a central but unspoken idea is usually to be found that the clients or families are reluctant to take responsibility for their actions and problems. Two classes of problems are usually presented in this way: substance dependence (alcoholism, smoking, drug abuse), and couples' problems in which mutual blaming and suspicion are characteristics. Abusers often expect one or two sessions of hypnosis to take away the craving completely. Some couples want hypnosis to 'prove' whether or not one of them had been unfaithful.

Any attempt to use hypnosis to fulfil one of these unrealistic expectations is doomed to fail. What needs to be done, is to allow and/or perturb the ecology of ideas in the therapeutic situation to evolve toward a fuller under-

standing of the complexities and seriousness of the problem. This might involve postponement of hypnosis to allow some sessions of 'information gathering' or assessment (Fourie, 1991a) which give the time and opportunity to help the client(s) form a more realistic picture of the situation. Thereafter it might be possible to use hypnosis to achieve clearly defined, limited aims. Or it might be found that a reframing has developed in which hypnosis is no longer deemed necessary.

Alternatively, rather than postpone hypnosis, hypnosis itself might be used to 'gain information' leading to a reframing (Fourie, 1992b). This is tricky, however, when faced with a couple who want to use hypnosis as yet another weapon in their arguments.

(e)   The use of self-hypnosis

As was seen, from an ecosystemic perspective the only difference between hetero-hypnosis and self-hypnosis lies in people's conception of such a difference. Whereas many clients regard hypnosis as a process in which they have to hand over control to the hypnotist, self-hypnosis does not usually carry this connotation for them.

Therefore, when the hypnotist has reason to believe that a client attributes the meaning of loss of control to hypnosis and fears this perceived loss, it might be beneficial for the therapy to define the situation as one of self-hypnosis. This is often the case when the client is a person who is unused or reluctant to qualify his/her actions as occurring in response to someone else's lead. These clients usually include senior officials, successful business people and professionals such as lawyers and doctors.

When the situation is designated one of self-hypnosis – especially if the client has had no prior experience of hypnosis – the hypnotist usually takes on the role of one who teaches or shows the client how to hypnotise himself/herself. In this way the hypnotist can do exactly what he/she would normally do when working with hypnosis, but now it is defined as teaching the client. Of course the wording of suggestions would have to conform to this definition. The hypnotist would say something like: 'Now ... you might wish to suggest to yourself ... that your eyelids are feeling ... increasingly heavy...', rather than 'You might feel ... your eyelids becoming ... increasingly heavy ...'.

Under this definition of the situation it is also possible to request the client to experiment with himself/herself. For example, it can be suggested to the client that he/she might investigate whether, if he/she alternatively lifts and

lowers a hand, the hand becomes increasingly light or heavy, depending on which suggestion the client gives himself/herself.

George (not his real name) was a middle-aged businessman who had a long-standing dream, namely to possess an ocean-going fishing yacht. Eventually he managed to buy such a boat, but every time he took it to sea he suffered from severe seasickness. This was a great disappointment and he tried various possible remedies. The only one which helped, but only a little, was to get drunk when he was on the boat. But this was unsatisfactory, because when he was drunk he could not handle the boat safely and also it embarrassed him in front of the friends whom he wanted to take out on the boat.

Having ascertained that the nausea had neither a physiological nor a family source (his children enjoyed the boat and his wife cheerfully allowed him to have and operate the vessel), self-hypnosis was chosen as the mode of treatment. It was conceptualised that, having dreamed for so long about possessing a boat, George could not allow himself to enjoy it. The dream was more about a status symbol than about enjoyment. Now he had the symbol, but he could not use it. Also George gave an impression of strong independence. He had built up his own business and he applied for therapy as a last resort after trying a number of possible solutions himself. He refused to bring his wife to therapy.

In self-hypnosis he was 'taught' to let himself imagine being on the boat and being nauseous. He was then asked to explain to himself how he could be sitting in a comfortable chair doing self-hypnosis and suddenly be feeling nauseous. This led to the realisation that the nausea was brought on by his imagination.

For George, a rather macho, hard-headed, logical businessman, this was an almost unbearable idea. He was adamant that if he could become sick through imagination, then he could also stop the nausea through imagination. And in the self-hypnosis he was subsequently 'taught' to do just this.

He left for his yearly holiday at the coast ten days later. On his return he brought the therapist a present – a large frozen fish which he had caught himself – as a sign that he had 'stopped' his imagination from 'spoiling' his 'fun'!

This case example illustrates that it might sometimes be appropriate to define the situation as one of self-hypnosis rather than as hetero-hypnosis in order to capitalise on the client's or family's conception of himself/herself/themselves as self-sufficient.

(f)   The use of externalisation in hypnotherapy

Australian psychotherapist Michael White developed a therapeutic proce-
dure called 'externalisation' from his work with encopretic children (White,
1984; 1989). He would treat the encopresis not as a behaviour of the child,
but as outside the child, an enemy to be overcome. In this process the child
and the family had to 'fight' the 'enemy'.

Since then his procedure has been further developed and successfully applied
to various symptoms of children and adults (Stone, 1989; Tomm, 1989;
Wright & Dorsay, 1989). By putting the symptom (often reframed to be more
amenable to being externalised) outside the person or family, it is as if the
client/family is empowered to act against it. This is done by asking questions
about the effects of the symptom on the lives of everyone concerned, and
then about the effects of everyone concerned on the 'life' of the symptom.
Then the client/family is sent home and requested to be on the lookout for
small victories over the symptom (White, 1989). In this way the ecology of
ideas round the symptom and around the client's/family's influence on the
symptom is perturbed.

Hypnosis can be employed to let the client/family visualise, through imagery,
their increasing influence on the 'enemy'. However, there is another way in
which the idea of externalisation, but not the specific procedure, can be
operationalised in hypnosis. This is illustrated in the case presented in the
following block.

> Joan was a 48-year-old married woman who had suffered from many
> different ailments for a long time. She had lost one eye through glau-
> coma and the other eye was very weak. She had ME (post-viral infec-
> tion fatigue syndrome) which resulted in headaches, pains in her
> joints, back and feet. She had taken so much medication over so
> many years that kidney function had become impaired. Her husband
> and children were very supportive, but she felt guilty about the
> demands her illness placed on them. She would often despair about
> her condition and feel depressed. As part of her treatment regime
> Joan was referred for hypnotherapy. The idea was to obtain hypnot-
> ic analgesia in order to help her to cut down on her intake of
> painkillers. This was successful, but she still complained of depression
> and feelings of inadequacy. By means of imagery in hypnosis she was

requested to 'make a package' of these feelings and to describe the package in detail as to size, colour, texture, form, etc. When she could do this, she was asked to change aspects of the package: make it smaller or bigger, change its form or colour, etc. Throughout it was emphasised that the package was 'out there', not part of her, but that she could exert an inluence on it. She was requested to continue 'manipulating' this package at home by means of 'self-hypnosis'. This procedure was very effective. Although Joan still felt depressed at times, the feelings of hopelessness, despair and helplessness disappeared. She knew that she could control the unpleasant feelings whenever she wanted to, by making them into an externalised package.

(g)   The role of technique

From the foregoing it is clear that ecosystemic hypnotherapy does not 'own' any techniques which are exclusive to it. Also no technique is conceptualised as having a linear or predictable effect on a specific type of problem. As the rationale of ecosystemic hypnotherapy is to perturb ideas, meanings and attributions, any technique which could have such an effect in a particular interpersonal context can be used.

This means that techniques which originated from diverse approaches to treatment can be utilised to this end. Of course, when a particular technique is employed, it is done from an ecosystemic perspective, not from the perspective in which it originated. Behaviour therapy techniques (such as systematic desensitisation), for instance, can sometimes be fruitfully incorporated into ecosystemic hypnotherapy.

A technique which is often employed is metaphor. But again, its employment is not based on the Ericksonian idea that metaphor circumvents consciousness to reach and influence the 'unconscious'. Rather it is reasoned that metaphor is a relatively non-threatening and ambiguous way to present novel ideas to a client or family. The reaction(s) of the client or family members to a particular metaphor would not depend on the metaphor itself so much as on the ecology of ideas existing at that time. In a sense one could see the 'package' of dysphoric feelings used by Joan in the previous case example as a metaphor presented by the therapist, a metaphor which was in a sense 'concretised' and externalised through the use of hypnotic imagery.

THE USE OF ECOSYSTEMIC HYPNOSIS IN MEDICINE AND DENTISTRY

Hypnosis has been used in the field of medicine since at least the time of Braid and Esdaile (Kossak, 1989). Its continued use is one indication of its effectiveness. However, arguably the main reason that it is not very widely used is to be found in its unpredictability. While the medical/dental use of hypnosis lies mainly in the area of analgesia, few practitioners rely solely on hypnosis to obtain analgesia. It is thought to be just too unreliable, especially in comparison to modern advances in chemical analgesia.

It is understandable, therefore, that the main thrust of research into the medical applicability of hypnosis had to do with pain relief. The central question was how to make hypnotic analgesia more reliable. Because research in general, and medical/dental research in particular, is so firmly based on a Newtonian epistemology of science, all the implications and limitations of this way of thinking are discernible in most of the mountains of research which have been carried out in this field. Very little in the form of applicable, useful findings has emerged. One example of this is to be found in endorphin research.

In the early 1970s it was discovered that the human body can produce certain morphine-like substances which have a pain-inhibitory effect. These were called endogenous opiates or endorphins (Goldstein, 1976). Subsequent research found that these substances seemed to play a role in methods of pain control associated with suggestion, such as acupuncture (eg Mayer, Price & Rafii, 1977). Efforts were therefore made to establish whether endorphins played a role in hypnotic analgesia. However, the old problem of inconsistency of findings appeared again. While some studies (eg Stephenson, 1978) found endorphins to be operating in hypnotic analgesia, other investigations (eg Goldstein & Hilgard, 1975) found the opposite.

In our own effort to investigate the endorphin hypothesis (De Beer, Fourie & Niehaus, 1986) we came to the conclusion that the hypothesis itself, based as it is on a Newtonian way of thinking about hypnosis, had led us (and other researchers) astray. The hypothesis implies that hypnosis is some kind of individual condition that is context-independent. It is similar to hypothesising that attending a party or watching television would cause the secretion of endorphins. This might even happen in some instances, but parties differ and watching television is not always the same. For this reason no entities such as a party-condition or a television-watching-state have been postulated.

Just as the meaning of 'party' is consensually attached to the gathering of a group of people in specific circumstances, the meaning of 'hypnosis' is mutually given to certain occurrences in particular circumstances. To say that someone 'feels no pain' in these two different contexts would have two completely different meanings. Analgesia in a situation defined as hypnosis is a *meaning* given to certain behaviours of the person designated as subject, a meaning which can become so real that the subject would actually experience no pain, with or without the occurrence of physiological/neurochemical changes. The fact that, in a practised subject, hypnotic analgesia can sometimes be achieved and/or lifted as quickly as with a single word shows that neurochemical involvement need not take place. Neurochemical reactions take time.

So, investigation of the endorphin hypothesis is not the way to make hypnotic pain relief more reliable. Rather, it is proposed that practitioners learn to organise their contact with patients so that they make it easier for the meaning of 'painless' to be attached to their procedures.

One of the limitations which were traditionally perceived, especially in the dental use of hypnosis, was that it was time-consuming to do a hypnotic induction before treatment (Freccia, 1982). This reflects a way of thinking in which hypnosis is considered similar to an analgesic injection: it takes time to administer and take effect. But the creation of a meaning of 'painlessness' and 'comfort' need not take place only immediately before the treatment procedure. It can start when the patient walks in the door, and continue throughout. For instance, Katcher, Segal and Beck (1984) have found that anxiety and discomfort can be reduced just as much by having the patient look at fish swimming in an aquarium as by hypnotic induction plus aquarium contemplation. Thus, having an aquarium in the waiting room and giving the patient a subtle hint to look at it for comfort might start the process of defining the situation as one of comfort. Some soothing music might be playing. There might even be a plaque saying something like:

> ### THIS IS A NATURALISTIC PRACTICE WHERE
> ### PATIENTS EXPERIENCE GREATER COMFORT

Since the practitioner has to talk to the patient anyway, and possibly even to an assistant, the words used can just as well help to create/confirm the idea of comfort. For instance, instead of saying to the assistant: 'Give me the long needle,' he/she can say: 'Give me the needle people hardly feel.' To the

patient the practitioner can say: 'While I do this, feel free to doze off if you want to.' Or: 'I bet you hardly felt that. This you will probably feel even less.'

Because people are often desperate when they undergo medical treatment, they might be very amenable to being convinced of a particular reality by the practitioner, whom they perceive in the circumstances as being of high status. For instance, if before an operation the anesthetist were to mention that the particular anesthetic usually makes people wake up hungry, then the chances are that post-operative nausea can be circumvented. A similar ' reality' can perhaps be created around the chemotherapeutic treatment of cancer.

In fact, many of these constructions of meaning need not even be seen as 'hypnotic' because the word 'hypnosis' need not be mentioned (Fourie, 1988). Strictly speaking, from an ecosystemic perspective they can only be seen as 'hypnotic' if they are mutually qualified as 'hypnotic'. Of course, depending on personal interest, a practitioner can openly or explicitly define the situation as one of hypnosis. Or he/she might do so only with certain patients where the explicit mention of hypnosis might facilitate the mutual qualification of the procedure as comfortable and painless. Where patients have a fear of hypnosis, explicit mention of hypnosis might actually decrease their level of comfort, so that the practitioner would have to be careful in openly referring to the procedure as 'hypnotic'. Of course, if a patient refused to be hypnotised, it merely means that the practitioner would refrain from calling the procedure 'hypnotic'; the overall organisation of the situation as one of peace and comfort would be unaffected.

Organising the situation in such a way as to carry the meaning of comfort and painlessness does away with the time-consuming necessity of a formal hypnotic induction. In so doing it enables more patients to derive benefit, not only those whose ideas fit the structured circumstances of a formal induction. However, where a formal induction is deemed necessary, it can still be undertaken. Approaching medical/dental practice from an ecosystemic perspective therefore frees the practitioner from what has always been considered one of the main limitations of the use of hypnosis, its supposedly time-consuming nature. Barber's (1977) finding of a close to 100 per cent success rate using a rough version of this suggested procedure indicates that its reliability might also be quite high.

What the proposed shift entails is for the practitioner not to go about as if he/she could linearly influence the patient's internal functioning (including possible endorphin secretion), but to structure the situation in such a way

and to use such words as would carry the meaning of comfort, healing and painlessness. It could perhaps be called the creation of a pain-free zone.

This has to do with treatment procedures in a surgery, clinic or hospital, procedures which might be painful and/or uncomfortable. However, there is another category of discomfort: discomfort/pain resulting from illness. Of these, incidental pain from a wound or broken limb, for instance, would usually require no more than some analgesic tablets. Pain associated with terminal illness can also often be controlled by chemical means, although here hypnosis might often be used in combination with chemical methods, again by organising the situation to carry the meaning of relative painlessness. The hospice idea is a step in this direction.

A great difficulty in medical practice is to be found in conditions of chronic pain. This is longstanding pain experienced in the absence of a demonstrable physiological disorder or where the disorder cannot be treated, but is not of a terminal nature. These pains would include arthritis, lower back pain and migraine. Typically chemical analgesia is either totally or partially ineffective or it loses its effectiveness after some time. Attendance at pain clinics can sometimes alleviate the pain temporarily.

In the area of chronic pain, approaches which attempted to find some elusive physiological or psychological disorder which could be construed as the cause of the pain have generally failed (Griffith, Griffith & Slovik, 1990). In a very interesting comparative study Griffith et al (1990) came to the conclusion that chronic pain is often the central theme in an ecology of ideas and that intervention should be aimed at the level of ideas and meaning rather than anywhere else. Even where familial influences were taken into account in terms of so-called secondary gain (first-order cybernetics), treatment was not very successful. However, where attempts were made to perturb the ecology of ideas through conversation in a direction away from pain (second-order cybernetics), more success was achieved.

This line of reasoning has important implications for the use of hypnosis in chronic pain. No longer should the focus be on the use of hypnosis as an analgesic, which is mostly unsuccessful anyway, or at best of short duration. Rather, hypnosis should be utilised, as in psychotherapy, to facilitate the co-construction of an ecology of ideas in which pain is not the central theme any more. This would require a great deal of psychotherapeutic skill from the practitioner. In fact, from this point of view chronic pain is not a purely medical matter and pain clinics would do well to adopt an overall ecosystemic stance toward pain. But to do so, the perception of chronic pain has to

change: chronic pain is not an independent physical 'reality'; it is a manifestation of an ecology of ideas in which the meaning of 'pain' is central. Treatment of the pain alone will be mostly unsuccessful because such treatment, by focusing on the pain, confirms it in its central position. Hypnosis should be employed to change the meanings around the pain and not to attack the pain itself and thereby inadvertently give credence to these meanings. Bassett (1992) has started to investigate this aspect of the use of hypnosis, but further research is necessary.

CONCLUSION

It is clear that the shift from Newtonian to ecosystemic thinking has profound implications for the practice of hypnosis. These are found in all areas of hypnotic application. Nevertheless, ecosystemic hypnosis embodies a way of thinking rather than a specific way of doing. It has no unique techniques, but utilises techniques which originated in other schools of hypnosis. In doing so, however, it does not apply these techniques on the basis of their original rationale, but to facilitate the co-creation of alternative meanings and conceptions about the problem.

Differential

effectiveness –

an

ecosystemic

view

Chapter 7	EPISTEMOLOGIES	
EFFECTIVENESS OF HYPNOSIS	NEWTONIAN	ECOSYSTEMIC
The issue of outcome Hypnosis versus no hypnosis	Notions Theories Implications	Notions Hypnosis Implications
	Differential effectiveness	
		Guidelines

Differential effectiveness embodies a comparison between different approaches and techniques to ascertain which is the most effective and under what circumstances. In the field of hypnosis this refers to two central issues: the question of outcome and, linked to this, the effectiveness of hypnosis as compared to no hypnosis.

THE ISSUE OF OUTCOME

Outcome is important in any endeavour. There is no sense in having an appliance repaired if the repairwork is such that the appliance still does not work. And one would not easily take a sophisticated electronic apparatus to a repairman who still works with hammer and tongs. In the same way psychotherapists and hypnotherapists are expected to use methods and techniques which have been shown to be effective.

In medicine/dentistry this is often not too difficult to do. If the symptoms disappear, then the treatment was effective. If the symptoms disappear more quickly and/or the side effects are less severe with Treatment A than with Treatment B, then A is more effective than B. For instance, there is no doubt that vaccines (eg against polio) are effective.

In the social sciences, though, it is much more difficult to establish the effectiveness of a particular procedure and even more of a problem to compare the effectiveness of different procedures. Both outcome criteria and

treatment procedures are far less concrete and discrete in the social sciences than in the medical field. Large numbers of variables are involved. 'Coincidence' plays a large (positive or negative) role in psychotherapy and sometimes leads to what may be called 'spontaneous recovery'. An example:

> A couple who had been married for two years were in continual strife and applied for marital therapy. They were in the kind of power struggle to which Watzlawick, Beavin and Jackson (1967) referred as 'escalating symmetry': each wanted to impose his/her definition of the relationship onto the other. The therapist attempted one strategy or technique after the other, but to no avail.
>
> After about ten sessions of therapy the couple arrived one day claiming that their relationship had taken a turn for the better and was now the way they wanted it to be. What had transpired was that the husband had read a doctoral thesis on marital dysfunction in which it was 'proved' that such dysfunction, in marriages of shorter than five years' duration, was always to be blamed on the husband. Whereas the therapist would have had grave doubts about such 'proof', the husband immediately applied it to himself: he was the problem in the marriage. He stopped arguing with his wife, began to treat her with consideration. She responded to this by being less demanding and quarrelsome. The symmetry was broken. This improvement in their relationship was sustained at a follow-up session six months later.

This example raises many of the questions found in research into therapeutic outcome. Can this be regarded as a successful therapy even though no therapeutic technique had worked? Was the outcome all that positive? The couple claimed that it was, but was the husband not merely pretending and not being spontaneous? How long would the husband have been able to keep up the act, if it had been an act? Can the reading of a book or thesis by the husband be viewed as a new and effective form of bibliotherapy? Should books be prescribed for other husbands in similar marriages? Or should it be this specific thesis? What would have happened if the wife (or both) had read the thesis? Was the reading of the thesis coincidental or did the husband become interested in, or ready to read, the thesis because they were undergoing marital therapy? Did he perhaps become so frustrated with the unsuccessful therapy that he was ready to clutch at any straw in order to save the marriage? This would mean that the therapy was successful precisely because it was unsuccessful! Could it then be a useful technique in marital

therapy for the therapist to fail deliberately? Or would that only work in 'young' marriages and when the therapist's failure was not deliberate? Why did the husband so easily accept that he was to blame for the marital problems? Should the therapist tell husbands in 'young' marriages that they are to blame for the problems?

And so on and so on. This example illustrates that in psychotherapy there are no clear and unambiguous outcome criteria. Even if it is accepted that the marital relationship did improve, was six months a long enough follow-up time? Would the marriage still be happy after 20 years? And if not, would that mean that the therapy had failed after all, or could it be ascribed to events which occurred in the 20 years?

It is also not clear what 'caused' the successful outcome. Effectiveness cannot be ascribed to any technique or even to any combination of techniques. In fact, success cannot even be said to have been coincidental.

As we have seen, science is still firmly embedded in Newtonian thinking. Application of such thinking to situations of which this case is an example would tend to reduce the complexities to make it possible for measurement to take place. For instance, one could compare the number of cases of marital therapy in which the husband read something with those in which he did not read anything, and see in how many of each the couple felt satisfied with the relationship six months after the last session of therapy.

Because of the reductionistic effect of such a research design, chances are that no significant differences would be found. And even if such differences are found, they would often be of little clinical relevance to the practitioner confronted by a fighting couple. Also, while the statistics might look good, in this fictitious research example they would reflect only one aspect of the therapy, namely whether or not the husbands read. The choice of reading by the husband as the independent variable is more or less arbitrary and depends on the researcher's conceptualisation of the case. It is therefore not 'objective', as this type of research is often claimed to be.

This kind of reasoning is not new and does not necessarily flow from an ecosystemic perspective. It is one of the reasons that researchers and clinicians often find themselves at loggerheads with each other. The clinicians feel that research is so reductionistic that it makes the findings almost worthless in practice. On the other hand, researchers are often of the opinion that clinicians are so muddled that they do not see the 'really' important variables.

It is interesting that both these opinions are often correct. Ironically they are correct because researchers and clinicians usually follow a Newtonian mode of thinking, albeit two different forms of it. Clinicians and researchers both tend to observe people (clients or subjects) as if this observation were objective. They do not see themselves as part of what they observe. They are both concerned with what is supposed to happen inside the clients/subjects. They 'observe' reified entities at work inside the clients/subjects. They both try to influence these in a direct or linear fashion. The difference between them lies in the researchers' commitment to measurement and to the control of 'extraneous' variables, a commitment not shared by the clinicians.

An ecosystemic way of thinking would circumvent this researcher/clinician dichotomy to a large extent. It does not regard any observation as more 'true' than any other; nor does it view any technique or way of working as 'better' or 'more effective' than any other. In fact, it does not even see ecosystemic thinking itself as 'better' than Newtonian thinking. It views it all as context-dependent and the most that can be said is that a particular observation or technique can be seen to fit a particular context better than another. And even this would be an opinion only. For instance, it is an opinion that Newtonian thinking would fit the context of a car refusing to start in the morning much better than ecosystemic thinking. In that context it would be effective to think in terms of linear influences between entities such as batteries, carburettors and sparking plugs.

In the same vein, it is the author's opinion that ecosystemic thinking fits the complicated socio-cultural situation called 'hypnosis' better than Newtonian thinking. This does not mean, though, that an ecosystemic approach to psychotherapy would necessarily be more effective in terms of outcome. The therapist's way of conceptualisation is but one aspect of the total situation. In Maturana's (1975) terms it is part of the therapist's 'structure' at that time. This 'structure' has many other aspects, such as the therapist's state of health, his/her financial situation and his/her emotional equilibrium (eg did he/she argue with a colleague or with another client just before the therapy, or did he/she have a pleasant surprise of some sort?).

In the same way the client (or each family member) has a particular 'structure'. Each of these 'structures' reacts (in different ways) to contextual variables such as the time of day, the weather, the particular venue and/or institution. Each 'structure' has physical elements, such as the person's size, and attributional elements, namely the person's ideas about himself/herself, the venue, the weather, etc.

When the therapist and client/family meet, these 'structures' couple (Maturana, 1975) with each other in ways determined or allowed by each

'structure'. If to the therapist the client looks like his/her favourite uncle, for instance, this might have an effect on the process of structural coupling. However, it is unlikely that the client's 'structure' would allow the therapist to call him 'dear Uncle Bob'.

This kind of reasoning is the language of second-order cybernetics, where the emphasis is on the autonomy of each system. The 'structure' of every system determines how it will couple with every other system. The particular technique or approach used at a particular time by a therapist or a researcher is part of that person's 'structure' at that moment, to which the recipient (client or subject) will respond in a way determined by his/her own 'structure' (Simon, 1990). This means two things:

- In no two situations can a technique be the same, even if it is routinely applied by the same therapist/researcher. This is so because in each situation a different structural coupling takes place.
- No two recipients will respond in the same way to the same technique or approach. Their 'structures' differ and therefore the structural couplings would be different.

What does all this mean in practical terms for the issue of outcome? It means that the idea of one unequivocal positive or negative outcome is a Newtonian myth. There are as many possible outcomes of similar situations as there are 'structures' involved in the situation. For one member of a couple the decision to obtain a divorce might be a positive outcome, while for the other it might be the opposite. 'Success' for one therapist might be 'failure' for another.

Therefore, one cannot evaluate 'the' outcome of ecosystemic hypnotherapy (or any other brand of therapy). What Therapist A does in Situation X cannot be compared in terms of outcome with the actions of Therapist B in Situation Z, even though both therapists may subscribe to the same school of therapy. Each therapeutic ecosystem is different because different 'structures' are involved and the circumstances are different. The ecologies of ideas in the different situations therefore are completely different even though the presenting problems might be similar.

Up until now outcome research has been of two types. One is where reductionism has been taken so far that hardly anything has been found. Or, what was found could be easily counted: token-economy procedures lend them-

selves to this, for instance. If a person is given a privilege for making his/her own bed, it is easy to see whether or not he/she makes the bed more often.

In the other type of outcome research the researcher's outcome criteria are implicitly taken to be the only criteria considered valid. Case studies often fall into this category.

Auerswald (1987) has suggested a design for outcome research which is consistent with ecosystemic thinking. In doing so, it focuses on ideas, attributions and connotations. It consists of a mapping of

- clients' original ideas about their problem situation
- what steps were taken by whom (including the therapist) to remedy the situation
- the clients' subsequent ideas about the situation and the steps taken.

These three phases can be repeated to cover lengthy therapies.

If the therapist/researcher were to do this mapping himself/herself, then the research would reflect his/her opinion only, much like a case study. Ideally then, the mapping should be done consensually by the therapist/researcher *and* the client(s)/family. In this way the client(s) become(s) participants or co-researchers rather than guinea pigs who are ostensibly 'objectively' observed by a researcher. It should be remembered, though, that such a procedure, defined as research, with client(s) as co-researchers, can in itself have a therapeutic impact, as illustrated by Wright (1990).

This kind of research is descriptive and does not claim to 'prove' anything. It is therefore coherent with ecosystemic thinking.

THE ISSUE OF HYPNOSIS VERSUS NO HYPNOSIS

The very existence of this issue reflects a Newtonian mode of thinking. It is as if this is equivalent to the issue of vaccines versus no vaccines. But there is no such equivalence. A vaccine is a concrete substance with known chemical/biological functioning. Acting as if hypnosis were equivalent to this is to reify hypnosis into an entity of some sort, which could be physically absent or present and which has fixed characteristics.

Following this type of reasoning many studies were done to show the unique impact of hypnosis as compared to no hypnosis. This led to the simulation design which, as we have seen, showed very clearly that hypnosis depends on the way it is mutually qualified.

Ecosystemically seen, therefore, hypnosis has no unique impact. Its impact and effectiveness are a function of the way it is mutually qualified in a particular situation, and this in turn fits with the idiosyncratic ideas of the people involved as well as with the particular sociocultural definition of hypnosis in the specific community.

From this perspective then, one cannot say that (ecosystemic) hypnosis is (always or even mostly) more effective or less effective than some other technique. Consider the example in the block below.

A sophisticated middle-aged woman made an appointment to undergo hypnosis to stop smoking. When she arrived for the appointment about two weeks later, she said that she was actually very fearful of hypnosis. Because of this fear, she had read up about smoking treatment in the two weeks since the appointment had been made, and found a better alternative treatment. This was autosuggestion and she wondered whether this could not be used with her rather than hypnosis. Whereas many people would not see autosuggestion as all that different from hypnosis, it was clear that this woman regarded these two modalities as completely different. The therapist accepted this definition and qualified the procedure which followed as autosuggestion.

This case illustrates the difficulties around the hypnosis/no-hypnosis issue. Was the procedure which was followed hypnosis? Some might say it was, because it involved behaviours traditionally called 'hypnotic', such as arm levitation.

Ecosystemically seen, it was *not* hypnosis, because it was clearly defined as not hypnosis. Would the outcome have been different if the procedure had been defined as hypnosis? The client stopped smoking for a while, but lapsed later. Did that mean that autosuggestion was ineffective or that hypnosis was ineffective? Or both? Or neither? Would the outcome have been different had the therapist convinced the client that hypnosis, rather than autosuggestion, should be undertaken? And what would have happened if the therapist had convinced the client to undergo a third, completely different, type of treatment, for example aversion therapy? If this third type of treatment did turn out to be effective, would it have been because of the nature of the specific treatment, say aversion, or because of the client's relief at not having to undergo hypnosis?

These questions indicate that it is extremely difficult to make claims regarding the effectiveness of (ecosystemic) hypnosis and to compare this effectiveness with that of other procedures. This is in line with ecosystemic thinking, which emphasises the complicated interrelatedness of people's ideas, attributions and conceptions in any given situation. In fact, any attempt to 'prove' the generic superiority of hypnotic procedures can be seen as in conflict with ecosystemic epistemology. 'Proof' is a Newtonian fiction. Ecosystemic research does not set out to discover reality as if it existed objectively, but to make sense of events (Fourie, 1996).

If we then accept that it is difficult, if not impossible, to make claims regarding the differential effectiveness of hypnosis, what are the indications and counter-indications for the (therapeutic) use of hypnosis?

The main indication, regardless of the approach to hypnosis, is the practitioner's interest in hypnosis. As far as is known, nobody as yet has clearly stated this, maybe because it is regarded as self-evident. Nevertheless it is true that practitioners use hypnosis because it interests them. If it does not, that is a counter-indication: do not use hypnosis if you do not want to use it.

A second indication for the use of hypnosis lies in the client's attributions. If the client has an interest in hypnosis, this mode of treatment can be considered, provided, as we have previously seen, that he/she does not see it as a miracle cure. Conversely, if for religious or other reasons the client or family objects to the use of hypnosis, that is generally a counter-indication for its use. Of course, as was seen, in such cases it might sometimes be fruitful to threaten to use hypnosis.

It should be noticeable that, in contrast to some other approaches to hypnosis, ecosystemic thinking does not link indications or counter-indications to certain types of problems or to certain personality types. Neither does it invoke the concept of hypnotic susceptibility. At some stage there was consensus that people showing psychotic behaviour could not be hypnotised. This opinion is no longer held. Neither is it true that hypnosis necessarily exacerbates psychotic behaviour. Naturally hypnosis should be used with circumspection, not only when dealing with 'psychotic' people, but with all clients. Kossak (1989), in a comprehensive discussion of indications for the use of hypnosis, is quite rightly adamant that hypnosis should be used only after a thorough investigation into all aspects of the client's functioning, including his/her ideas about hypnosis.

In the same vein it is not true, as was earlier believed, that hypnosis would tend to increase dependency in people who tend to be dependent. If hypno-

sis is conducted with the kind of foresight advocated by Kossak (1989), that is, if the therapist is aware of the client's propensity toward dependent behaviour, then there is no reason that hypnosis would foster or exacerbate such behaviour. Even in hypnosis, dependence – like any other interaction – comes from both sides.

CONCLUSION

Ericksonian hypnotherapists tend to see the value of hypnosis in its ability to reach the 'unconscious' with relatively little interference from 'consciousness', and mobilise dormant resources there (Feldman, 1988; Kirmayer, 1988). This means that hypnosis has an intrinsic power or potency which forms the rationale for its use.

From an ecosystemic perspective this is not the case. Hypnosis is not regarded as embodying any special power; nor, for that matter, is the 'unconscious' viewed as anything but a descriptive concept which does not physically exist. From this point of view hypnosis is not conducted because it is so potent, or because it circumvents conscious censorship or distortion, but because it interests the practitioner and because it might carry the connotation of power for the client or family. These people might expect hypnosis to help solve their problems and they might act according to this expectation, as Kirsch (1991b) shows. Or they might expect hypnotic age-regression to bring to the fore the 'real' cause of the problem, paving the way for a convincing new understanding or reframing of the problem. The 'power' of hypnosis lies in the belief in such 'power'.

It is clear, then, that the effectiveness of hypnosis is not inherent to hypnosis, but has to do with the way in which its use can perturb the evolving ecology of ideas in the therapeutic system and in such a way as to exclude the problem behaviour. Sometimes, because those involved believe in the 'power' of hypnosis, hypnosis can play a central role in this process.

In the same vein adherence to an ecosystemic perception of hypnosis does not necessarily mean that the practitioner would enjoy a higher rate of success. It is not the therapist's conception of hypnosis that is of prime importance, but the client's or family's. Naturally, the more acute the practitioner's awareness of the dynamics of the process of mutual qualification, the more likely it is that he/she could calibrate his/her own behaviour in the situation so as to achieve the maximum impact. In the absence of such awareness the impact is often more by default than by design, though it is debatable whether one is necessarily more effective than the other.

If an Ericksonian therapist attempts to reach the 'unconscious' of a client and to mobilise its resources, then certainly he/she is part of the process of mutual qualification in that situation, but his/her contribution to that process is not deliberate and planned. In contrast, the participation of the ecosystemic hypnotherapist would revolve around precisely such planned, deliberate perturbation of the qualification process, even though in doing so he/she might act quite similarly to the Ericksonian.

It is impossible to prove which of these two approaches (or any other) is more effective. Both ways of thinking and acting are valid and both achieve what is qualified as 'success'. Adherence to one or the other (or any other approach) is largely a question of personal taste, which, according to Colapinto (1979), is the real reason that anybody adopts a particular perspective.

chapter 8

Ecosystemic
hypnosis:
past,
present
and future

Chapter 8	EPISTEMOLOGIES	
ECOSYSTEMIC GUIDELINES	NEWTONIAN	ECOSYSTEMIC
For research For treatment For training	Notions Theories Implications	Notions Hypnosis Implications
	Differential Effectiveness	
		Guidelines
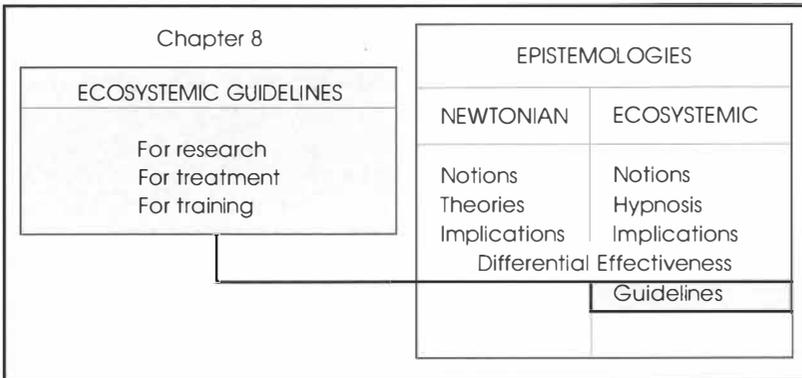
The development of science is characterised by changes in thinking which occur as reactions to previous ways of thinking. This was also the case with hypnosis. Each change in thinking about hypnosis was coherent with the prevailing mode of conceptualising at that time. In earlier centuries, for instance, what today is called hypnosis was virtually indistinguishable from the mysticism of that time. Mesmer's theory of animal magnetism retained much of the mysticism, but also linked with the awakening interest in the natural sciences which occurred at about that time. His theory had a 'scientific' flavour because it utilised a metaphor from physics, namely magnetism. This can be seen as a reaction against the superstition which prevailed in earlier times.

In turn, state theory may be seen as having developed as a reaction to the magnetism theory, utilising Freud's newly 'discovered' idea of the 'unconscious'. In this it fitted perfectly with the emerging depth psychology.

The manner in which non-state theory evolved as a reaction against state theory is well known. In a way which was coherent with the developing learning theory/behaviorism, which in turn linked well with the burgeoning natural sciences, non-state theory attempted to prove, through experimentation, that hypnosis was not a special state.

Now, in line with the developing 'new science' (Capra, 1983), with its offshoots into biology (eg Maturana & Varela, 1980), anthropology (eg

Bateson, 1972, 1979) and family therapy (eg Hoffman, 1985; Keeney, 1982), ecosystemic epistemology attempts to take the study of hypnosis out of the strictures of Newtonian thinking as exemplified in the state, non-state and Ericksonian positions.

Ecosystemic hypnosis therefore represents yet another step in the evolution of thinking about hypnosis. Like its predecessors it is coherent with prevailing developments in scientific and cultural thinking. It is a product of the late twentieth century. Also, like its predecessors, in time it will be replaced by other ways of thinking. It therefore behoves us to be humble and not to think that we have now, finally, found the real 'truth' about hypnosis.

This does not mean, however, that the insights and opportunities offered by an ecosystemic approach to hypnosis are any the less profound and exciting. Let us summarise the most important of these as guidelines in the areas of research, treatment and training.

ECOSYSTEMIC GUIDELINES FOR RESEARCH

GUIDELINES FOR RESEARCH

- Research takes place in a social setting
- Attributions of meaning affect research outcome
- Attributions of meaning are variables for research
- Ecosystemic research is descriptive/narrative
- Ecosystemic research is constructivistic
- Ecosystemic research constructs consensus

- Research takes place in a social setting. When people get together in a laboratory for research, they are involved in a complicated social situation. Any manipulation of variables constitutes a social action, and as such consists of verbal and/or non-verbal language. The principles of dialogue therefore pertain, which means that the ideas, conceptions and attributions of all parties present play a role in the evolving ecology of ideas in the situation. While Newtonian thinking would require that these be largely ignored, an ecosystemic perspective emphasises their importance.

- Participants' attributions affect the research outcome. From an eco-systemic point of view subjects' attributions of meaning to the research situation and to hypnosis need to be known and taken into account in considering the research data because they have an effect on the results (Fourie, 1990; Fourie & Lifschitz, 1988). This means that one should know who the subjects are, whether they have had any prior experience of hypnosis, and of what nature, how they were recruited, and what they know or think about the particular research. The role of experimental actions in confirming/disconfirming their attributions should also be taken into account: for example what meaning(s) do they attach to susceptibility testing or to tape-record-ed instructions, and what expectations are fostered in the subjects by these activities?

- Attributions could be treated as research variables. Not only should subjects' ideas and attributions be taken into consideration, but they can be actively manipulated. Ecosystemic hypnosis does not work with intrapsychic entities, but with ideas, meanings and connota-tions. With this subject matter it stands to reason that the outflow of attempts to change meanings and ideas would be of interest to ecosys-temic researchers. It should be remembered, though, that researchers do not have the power to change subjects' attributions unilaterally and directly. All that can be done is to change the context and/or the researchers' own activities in the hope that this will perturb the ecol-ogy of ideas in the situation to such an extent that the subjects can come to think differently about the situation and/or about them-selves.

- Ecosystemic research is descriptive. It does not aim to prove anything in a Newtonian fashion, but to describe a process of investigation. The idea is to make sense of the total process and not to reduce it to independent and dependent variables which are assumed to influence one another in a linear way. This does not mean, though, that ecosys-temic research is anti-empirical or even anti-statistical. These are ways of describing which can produce a wealth of material. The only proviso is that statistical analysis, for instance, should not be used because it is fashionable to do so, but to generate a holistic as opposed to a reductionistic understanding.

  Any research technique is acceptable, provided that the assumptions on which it is based, and the implications of these assumptions, are clearly understood and are considered in drawing conclusions. So, for instance, although ecosystemic hypnosis does not give credence to

the reified concept of hypnotic susceptibility, and although it opposes the routine application of susceptibility testing, such testing is acceptable *as a technique to define the situation in a particular way*. However, it is *not* acceptable as an 'objective' measurement of a supposedly relatively stable individual trait or ability. In utilizing susceptibility testing there should be a clear description of its possible influence on subjects' attributions and on the process of mutual qualification. Susceptibility testing is a strategic intervention rather than a neutral measurement, and this should be reflected in the research description.

In this sense then, any technique which can clarify the particular research issue, and which can broaden the researcher's understanding of it, is acceptable in an ecosystemic approach. Note that the emphasis is on a broadening of understanding and not on a reduction of complexity. The aim is to make sense of complexities and not to prove anything, as adherence to the Newtonian notion of objectivity would dictate (Atkinson & Heath, 1987).

- Ecosystemic research is acknowledged as constructivistic. In saying that the aim of ecosystemic research is to make sense of events, the emphasis is on the word 'make'. Sense does not exist objectively out there, waiting for the researcher to find it. The action of 'making' sense is a cognitive one, with the researcher actively constructing an understanding of the situation based on his/her acquired knowledge about the situation. This sense or understanding is therefore built or constructed and reflects the researcher's way of thinking and his/her assumptions (Keeney & Morris, 1985). This of course does not refer only to ecosystemic research; all research conclusions, regardless of the approach which was followed, are constructed or invented (Keeney & Morris, 1985). But Newtonian thinking demands that the researcher pretend to consider only 'objective' facts and therefore most researchers do not acknowledge that they construct their research conclusions. In contrast, ecosystemic research is acknowledged to be constructivistic.

- Ecosystemic research constructs consensus. The sense that a researcher makes of an event cannot be just anything, a flight of fancy. It has to fit with available knowledge of such types of events; it must be logical in its deductions and coherent in its presentation. Whether it conforms to these criteria is something to be judged by others. The understanding which is constructed is therefore a consensual one. Even when no other people are physically present when

the researcher builds his/her understanding of a researched event, his/her cognitions have to consider previous research findings and the published opinions of other researchers/theoreticians in the field. Also, possible questions and concerns which others could raise have to be anticipated and attended to pre-emptively.

Again, this is the case in any research, but it is not often acknowledged in other approaches. This is because the traditional scientific method, based on Newtonian thinking, provides a common language of (often unquestioned) assumptions for researchers, so that they do not actively have to consider what their peers might think of their constructions. For instance, if a Newtonian researcher were to say that a particular group of subjects scored low on a susceptibility test, then it is to be expected that his/her peers would accept this as objective fact, and the researcher would not have to explain why he/she assumed this group of subjects to be unhypnotisable in any context. Ecosystemic researchers do not have this luxury. Not only do they have to convince other ecosystemic thinkers of the logic of their conceptualisations, but they often come up against a brick wall in trying to communicate their ideas to their Newtonian colleagues. Nevertheless, their research conclusions have to reflect reasonable consensus in the particular field of study. This does not mean that research conclusions should not be controversial, only that they should not be preposterous.

ECOSYSTEMIC GUIDELINES FOR TREATMENT

GUIDELINES FOR TREATMENT

- The object of treatment is the situation
- Treatment focuses on the ecology of ideas
- Ecosystemic therapy does not blame anyone
- The individual is confirmed in therapy
- Hypnosis perturbs the ecology of ideas
- Hypnotherapy is a narrative process
- Treatment capitalises on clients' beliefs
- Hypnotherapy is not an independent mode of treatment
- In medicine a pain-free zone can be defined

- The object of treatment is the situation. Ecosystemic treatment does not focus on an illness, or a condition, or a person, but on the total context in which certain behaviours are qualified as troublesome. It therefore does not reduce the context to symptoms and the symptoms to diagnostic categories. In this regard it aligns itself with Dumont's (1987) brilliant, although sometimes biting, criticism of DSM-III-R.

- Treatment is focused on the ecology of ideas in the system. An ecosystemic therapist would attempt to assess how the client(s) define the problem and what meanings they attach to themselves, each other, their different life contexts, the problem, and treatment (Mauksch & Roesler, 1990). He/she will then attempt to perturb this ecology of ideas in such a way as to facilitate its evolvement in a direction which could be mutually qualified as positive. In doing so, he/she will be very aware that he/she is part of the system and that his/her own idiosyncratic attributions and ideas can help or hinder the evolution of the ecology of ideas.

- Ecosystemic therapy does not blame anybody. If any person is designated as the 'cause' of a problem, it is assumed that that person has a linear influence on others or the behaviour defined as troublesome. This is a Newtonian conceptualisation. In ecosystemic therapy, even when family therapy is undertaken, there is no implication that the family is the 'cause' of the problem or that the family functioning is defective.

- The individual is confirmed. Not only is nobody blamed for the problem, but an ecosystemic therapist believes that each individual does only what he/she is capable of doing in the circumstances. This is second-order cybernetics in which the autonomy of systems and sub-systems is emphasised (Hoffman, 1985). The client/family member uses those means of which he/she is capable to conserve his/her autonomy. If symptomatic behaviour is understood as a way of simultaneously conserving the autonomy of the individual and the family, then blame falls away and each individual can be confirmed as autonomous. In the same way 'resistance' in therapy can then also be seen as a way of conserving autonomy. The presence of 'resistance' in this sense is an indication that the individual or family feels their autonomy to be threatened and needs to be approached differently.

- Hypnosis is used to perturb the ecology of ideas in the system. As we saw, hypnosis can be used in a variety of ways in treatment. All of these, however, have one aim only, namely to perturb clients' and families' ways of thinking about themselves, each other, and the problem. This is so whether hypnotic age-regression is used to facilitate the evolving of a convincing reframe, externalisation or some other procedure is used to create a sense of mastery, or post-hypnotic suggestion is employed to disrupt entrenched patterns of interaction in the family, etc.

- Ecosystemic hypnotherapy is a narrative. According to Hoffman (1990b) therapy involves (a group of) people having a conversation about a problem. The conversation is carried by verbal and non-verbal language (Anderson & Goolishian, 1988). Hypnosis is part of this linguistic process and is used to convey novel ideas.

- The use of hypnosis capitalises on clients' belief in hypnosis. Hypnosis has no inherent 'power'. Its effectiveness in perturbing the ecology of ideas in a particular system rests on the system members' attribution of 'power' to hypnosis. They expect change to occur when a technique is used which they believe to be 'powerful'. This and the therapist's interest in hypnosis are the only indications for the use of hypnosis in therapy.

- Hypnosis is not an independent treatment modality. Hypnotherapy is part of a therapeutic conversation and does not stand on its own. Ecosystemic hypnotherapy is therefore one of many techniques which could be used in ecosystemic psychotherapy/family therapy. It can assist in the co-evolution of a particular ecology of ideas, but is only one element in this evolution.

- In medicine/dentistry an ecosystemic conceptualisation of hypnosis does away with one of the main stumbling blocks which have traditionally kept hypnosis from being fully utilised in these fields, namely the idea that hypnosis is difficult and time-consuming. If the whole situation is purposefully defined as one of comfort and painlessness (a pain-free zone), no lengthy hypnotic induction procedure is necessary. Also there is no necessity to be concerned about patients' supposed hypnotic susceptibility.

ECOSYSTEMIC GUIDELINES FOR TRAINING

GUIDELINES FOR TRAINING
• Training emphasises ecosystemic conceptualisation
• Creativity in entering ecologies of ideas is stressed
• Ways of organising mutual qualifications are taught
• Hypnosis is one of many techniques which are taught
• Trainees learn to describe and substantiate treatment

•   Training would emphasise ecosystemic conceptualisation. Students are trained to think about problems and treatment in an ecosystemic way. They learn to consider clients' and subjects' attributions of meaning and to think in terms of evolving ecologies of ideas.

•   Students are encouraged to enter existing ecologies of ideas in creative ways in order to perturb these ecologies. However, they are taught to do this in such a way as to simultaneously confirm the individuals or family concerned. Great emphasis is placed on helping the trainee to utilise his/her own interpersonal style in doing so.

•   No formal hypnotic induction methods are taught. Rather trainees are taught ways of qualifying behaviour as hypnotic, as well as ways to mobilise hypnosis onlookers to partake actively in the mutual qualification of behaviours as hypnotic.

•   A variety of psychotherapeutic techniques are taught, not only hypnosis. These include family therapy techniques, such as circular questioning, and techniques which originated from other schools of psychotherapy, such as behaviouristic techniques. However, in teaching these techniques the ecosystemic rationale for their use is stressed.

•   Trainees are actively encouraged to find and explore novel and creative ways to qualify behaviour as hypnotic, as well as to utilise this to perturb existing ecologies of ideas.

•   First and foremost, though, students have to become proficient at describing, in ecosystemic terms, problem situations, the way(s) in which they entered those ecologies of ideas, and the subsequent evo-

lution of the ecology of ideas. Ecosystemic hypnosis is not an 'any-thing goes' approach and students have to learn to explain the ecosys-temic rationale behind their interventions, however creative these might be.

CONCLUSION

At first glance many people are disappointed with an ecosystemic approach to hypnosis. If hypnosis is only what one thinks it is, then a lot of the mys-tery and intrigue around hypnosis disappears. How can one work with hyp-nosis if it does not exist? But then one realises that we constantly work with 'things' which do not exist: 'things' like parties and meetings and chess games and funerals. All of these, like hypnosis, exist only in the way they are defined. The difference between a picnic and an examination, for instance, lies solely in the definition of the situation, as carried by such elements as the venue, the participants, the props (a picnic basket versus an examination paper), the preparation, and the qualifying actions of all concerned. In this sense hypnosis is no different from any of these 'things'. And this is where the disappointment comes in: we *expect* hypnosis to be different, a little mys-terious. Once we realise that this is only an attribution, but one which is as valid as any other, we can happily, and in my opinion much more effectively, work with hypnosis as a particularly defined ecology of ideas without experi-encing the anticlimax of working with 'nothing'.

This is the beauty, and the frustration, of constructivism. What we qualify and define becomes really 'real', not only to ourselves, but to all people con-cerned. Just consider how 'real' the hypnotic 'state' had become: so 'real' that its opponents, the non-state theorists, actually tried to prove that it did not exist!

Ecosystemic hypnosis capitalises on this human propensity to create 'some-thing' on the basis of our expectations and attributions. This particular 'something' could profoundly, and – so we hope – positively, affect our lives.

References

Aleksandrowicz, J W (1989). The teaching of hypnotherapists in self-experiencing groups. In D Waxman, D Pedersen, I Wilkie, & P Mellett (Eds), *Hypnosis: The 4th European Congress at Oxford*. London: Whurr Publishers.

Alladin, A. (1989). Cognitive-hypnotherapy for depression. In D Waxman, D Pedersen, I Wilkie, & P Mellett (Eds), *Hypnosis: The 4th European Congress at Oxford*. London: Whurr Publishers.

American Psychiatric Association (1994). *Diagnostic and statistical manual of mental disorders* (4th ed). Washington, DC: American Psychiatric Association.

Andersen, T (1987). The reflecting team. *Family Process, 26*, 415–428.

Anderson, H, & Goolishian, H A (1988). Human systems as linguistic systems: Preliminary and evolving ideas about the implications for clinical theory. *Family Process, 27*, 371–393.

Andolfi, M, Angelo, C, Menghi, P & Nicoló-Corigliano, A M (1983). *Behind the family mask. Therapeutic change in rigid family systems*. New York: Brunner/Mazel.

Araoz, D L (1985). *The new hypnosis*. New York: Brunner/Mazel.

Araoz, D L (1991). A systemic approach to Mrs B. *Contemporary Hypnosis, 8*, 77–91.

Ashton, M A, & McDonald, R D (1985). Effects of hypnosis on verbal and non-verbal creativity. *International Journal of Clinical and Experimental Hypnosis, 33*, 15–26.

Atkinson, B J, & Heath, A W (1987). Beyond objectivism and relativism: Implications for family therapy research. *Journal of Strategic and Systemic Therapies, 6(1)*, 8–17.

Auerswald, E H (1985). Thinking about thinking in family therapy. *Family Process, 24*, 1–12.

Auerswald, E H (1987). Epistemological confusion in family therapy and research. *Family Process, 26*, 317–330.

Baker, R A (1990). *They call it hypnosis*. Buffalo, NY: Prometheus Books.

Bandler, R, & Grinder, J (1975). *The structure of magic*. Vol I. Palo Alto: Science & Behavior Books.

Barabasz, M (1989). Anorexia nervosa – a new hypnotic approach. In D Waxman, D Pedersen, I Wilkie, & P Mellett (Eds), *Hypnosis: The 4th European Congress at Oxford*. London: Whurr Publishers.

Barber, J (1977). Rapid induction analgesia: A clinical report. *American Journal of Clinical Hypnosis, 19*, 138–147.

Barber, T X (1979). Suggested ('hypnotic') behavior: The trance paradigm versus an alternative paradigm. In E Fromm, & R E Shor (Eds), *Hypnosis: Research developments and perspectives*. Chicago: Aldine.

Bartis, S P & Zamansky, H S (1986). Dissociation in post-hypnotic amnesia: knowing without knowing. *American Journal of Clinical Hypnosis, 29*, 103–108.

Bassett, G R (1992). *The chronic pain syndrome: a hypnotherapeutic approach in the context of general systems theory*. Unpublished master's dissertation. Pretoria: University of South Africa.

Bateson, G (1972). *Steps to an ecology of mind*. New York: Ballantine Books.

Bateson, G (1979). *Mind and nature: A necessary unity*. New York: Dutton.

Bateson, G, Jackson, D D, Haley, J, & Weakland, J (1956). Toward a theory of schizophrenia. *Behavioral Science, 1*, 251–264.

Braun, B G (1984). Hypnosis and family therapy. *American Journal of Clinical Hypnosis, 29*, 103–108.

Bryant, R A, & McConkey, K M (1989). Hypnotic emotions and physical sensations: a real-simulating analysis. *International Journal of Clinical and Experimental Hypnosis, 37*, 305–319.

Burrows, G D, & Dennerstein, L (Eds) (1980). *Handbook of hypnosis and psychosomatic medicine.* Amsterdam: Elsevier/North-Holland Biomedical Press.

Capra, F (1983). *The turning point: Science, society and the rising culture.* London: Flamingo.

Chertok, L (1980). Early theories of hypnosis. In G D Burrows, & L Dennerstein (Eds), *Handbook of hypnosis and psychosomatic medicine.* Amsterdam: Elsevier/North-Holland Biomedical Press.

Coe, W C (1973). Experimental designs and the state-non-state issue of hypnosis. *American Journal of Clinical Hypnosis, 16*, 118–128.

Colangelo, J J (1987). The new hypnosis: Enriching your therapeutic armamentarium. *Australian Journal of Clinical Hypnotherapy and Hypnosis, 8*, 65–71.

Colapinto, J (1979). The relative value of empirical evidence. *Family Process, 18*, 427–441.

Cottone, R R (1988). Epistemological and ontological issues in counselling: Implications of social systems theory. *Counselling Psychology Quarterly, 1*, 357–365.

De Beer, M, Fourie, D P, & Niehaus, C E (1986). Hypnotic analgesia: Endorphins or situation? *British Journal of Experimental and Clinical Hypnosis, 3*, 139–145.

De Betz, B & Sunnen, G (1985). *A primer of clinical hypnosis.* Littleton, Mass: PSG.

Dell, P F (1982). Beyond homeostasis: Towards a concept of coherence. *Family Process, 21*, 21–41.

Dell, P F (1985). Understanding Bateson and Maturana: Toward a biological foundation for the social sciences. *Journal of Marital and Family Therapy, 11*, 1–20.

Diamond, M J (1977). Hypnotizability is modifiable. An alternative approach. *International Journal of Clinical and Experimental Hypnosis, 25*, 147–166.

Dolan, Y M (1985). *A path with a heart. Ericksonian utilization with resistant and chronic clients.* New York: Brunner/Mazel.

Dumont, M P (1987). A diagnostic parable (first edition – unrevised). *Readings: A Journal of Reviews and Commentary in Mental Health,* December, 9–12.

Durkin, J E (1981). Foundations of autonomous living structure. In J E Durkin (ed), *Living groups. Group psychotherapy and general system theory.* New York: Brunner/Mazel.

Efran, J S, & Heffner, K P (1991). Change the name and you change the game. *Journal of Strategic and Systemic Therapies, 10(1)*, 50–65.

Efran, J S, & Lukens, M D (1985). The world according to Humberto Maturana. *The Family Therapy Networker, 9(3)*, 23–28, 72–75.

Efran, J S, Lukens, R J, & Lukens, M D (1988). Constructivism: What's in it for you? *The Family Therapy Networker, 12(5)*, 27–35.

Eisen, M R (1991). Hypnotherapy for Mrs B. *Contemporary Hypnosis, 8*, 66–69.

Ellis, A (1962). *Reason and emotion in psychotherapy.* New York: Lyle Stuart.

Erickson, M H (1980). An introduction to the study and application of hypnosis for pain control. In E L Rossi (Ed), *The collected papers of Milton H Erickson on hypnosis.* Vol IV. New York: Irvington.

Erickson, M H (1985). *Life reframing in hypnosis. The seminars, workshops and lectures of Milton H Erickson.* Vol II. New York: Irvington.

Erickson, M H, & Rossi, E L (1979). *Hypnotherapy: An exploratory casebook.* New York: Irvington.

Erickson, M H, & Rossi, E L (1980). Varieties of double bind. In E L Rossi (Ed), *The collected papers of Milton H Erickson on hypnosis.* Vol 1. New York: Irvington.

Erickson, M H Rossi, E L, & Rossi, S (1976). *Hypnotic realities: The induction of clinical hypnosis and forms of indirect suggestions.* New York: Irvington.

Evans, F J (1981). The placebo response in pain control. *Psychopharmacology Bulletin, 17,* 72–76.

Evans, F J (1986). Hypnotic analgesia: Naloxone, endorphins and hypnotizability. *British Journal of Experimental and Clinical Hypnosis, 3,* 146–149.

Feldman, J B (1988). The utilization of cognition in psychotherapy: A comparison of Ericksonian and cognitive therapies. In S R Lankton, & J K Zeig (Eds), *Research, comparisons and medical applications of Ericksonian techniques.* Ericksonian Monographs No 4. New York: Brunner/Mazel.

Ford, D H (1984). Reexamining guiding assumptions: Theoretical and methodological implications. *Journal of Counseling Psychology, 31,* 461–466.

Fourie, D P (1988). Hypnosis in dental practice: From awkward add-on to smooth integration. *Journal of the Dental Association of South Africa, 43,* 141–146.

Fourie, D P (1989). Hypnotherapie – Eine ökosystemische Annäherung. *Experimentelle und klinische Hypnose. Zeitschrift der Deutschen Gesellschaft für Hypnose, 5(2),* 161–180.

Fourie, D P (1990). Simulation in hypnosis research: The 'hidden' role of attribution of meaning. *Perceptual and Motor Skills, 71,* 560–562.

Fourie, D P (1991a). The witholding of hypnosis in family therapy. *Journal of Family Psycotherapy, 2(1),* 41–53.

Fourie, D P (1991b). Family hypnotherapy – Erickson or systems? *Journal of Family Therapy, 13,* 53–71.

Fourie, D P (1991c). The ecosystemic approach to hypnosis. In S J Lynn, & J W Rhue (Eds), *Theories of hypnosis: Current models and perspectives.* New York: Guilford.

Fourie, D P (1996). The research–practice gap in psychotherapy: From discovering reality to making sense. *Journal of Contemporary Psychotherapy, 26,* 7–22.

Fourie, D P (1992a). 'Indirekte' Hypnose: Ökosystemische Betrachtungen. In B Peter, & G Schmidt (Eds), *Erickson in Europa.* Heidelberg, Germany: Auer.

Fourie, D P (1992b). Developing reframes by means of hypnosis. In J Mason, J Rubenstein & S Shuda (Eds), *From diversity to healing.* Durban: SAIMFT.

Fourie, D P (1993). Conservation of autonomy: Toward a second-order perspective on psychosomatic symptoms, *American Journal of Family Therapy, 21,* 225–241.

Fourie, D P, & De Beer, M (1986). Hypnotic analgesia: Some implications of an ecosystemic approach. *British Journal of Experimental and Clinical Hypnosis, 3,* 151–154.

Fourie, D P, & Lifschitz, S (1985a). Hypnotic behaviour: mutual qualification. *South African Journal of Psychology, 15,* 77–80.

Fourie, D P, & Lifschitz, S (1985b). Coming to grips with ambivalence as a form of resistance against hypnosis. In G Guantieri (Ed), *Hypnosis in psychotherapy and psychosomatic medicine.* Verona, Italy: Edizioni Post-Universitarie.

Fourie, D P, & Lifschitz, S (1987). Ein ökosystemischer Ansatz der Hypnose: Rationale Kerngedanken und einige Folgerungen. *Experimentelle und klinische Hypnose. Zeitschrift der Deutschen Gesellschaft für Hypnose, 3(1),* 1–12.

Fourie, D P, & Lifschitz, S (1988). Not seeing the wood for the trees: Implications of susceptibility testing, *American Journal of Clinical Hypnosis, 30,* 166–177.

Fourie, D P, & Lifschitz, S (1989). Ecosystemic hypnosis: Ideas and therapeutic application. *British Journal of Experimental and Clinical Hypnosis, 6,* 99–107.

Frankel, F H (1976). Hypnosis. *Trance as a coping mechanism.* New York: Plenum.

Freccia, W F (1982). Misconceptions concerning the clinical use of hypnosis in dentistry. *Journal of the American Society of Psychosomatic Dentistry and Medicine, 29,* 64–70.

Frischholz, E J, Spiegel, H, & Spiegel, D (1981). Hypnosis and the unhypnotizable. A reply to Barber. *American Journal of Clinical Hypnosis, 24,* 55–58.

Gester, P W (1990). *Symbol, metaphor, vision – a hypnosystemic model for psychosomatic and other diseases.* Workshop presented at the Biennial International Conference of the SA Institute for Marital and Family Therapy, Broederstroom, South Africa, 2–4 July.

Gilligan, S G (1987). *Therapeutic trances. The cooperation principle in Ericksonian hypnotherapy.* New York: Brunner/Mazel.

Godin, J (1988). Evocation and indirect suggestion in the communication patterns of Milton H Erickson. In S R Lankton, & J K Zeig (Eds), *Research, comparisons and medical applications of Ericksonian techniques.* Ericksonian Monographs No 4. New York: Brunner/Mazel.

Goldstein, A (1976). Opioid peptides (endorphines) in pituitary and brain. *Science, 193,* 1081–1086.

Goldstein, A, & Hilgard, E R (1975). Failure of the opiate antagonist naloxone to modify hypnotic analgesia. *Proceedings of the National Academy of Science, 72,* 2041–2043.

Griffith, J L, Griffith, M E, & Slovik, L S (1990). Mind-body problems in family therapy: Contrasting first- and second-order cybernetics approaches. *Family Process, 29,* 13–28.

Gruenewald, D (1982). Some thoughts on the distinction between the hypnotic situation and the hypnotic condition. *American Journal of Clinical Hypnosis, 25,* 46–51.

Gruzelier, J H, & Brow, T D (1985). Psychophysiological evidence for a state theory of hypnosis and susceptibility. *Journal of Psychosomatic Research, 29,* 287–302.

Haley, J (1963). *Strategies of Psychotherapy.* New York: Grune & Stratton.

Haley, J (1976). *Problem-solving therapy: New strategies for effective family therapy.* San Francisco: Jossey-Bass.

Hall, A D, & Fagan, R E (1956). Definition of a system. *General Systems Yearbook, 1,* 18–28.

Hammond, D C (1985). An instrument for utilizing client interests and individualizing hypnosis. In S R Lankton (Ed), *Elements and dimensions of an Ericksonian approach.* Ericksonian Monographs No 1. New York: Brunner/Mazel.

Havens, R A (1985). *The wisdom of Milton H Erickson*. New York: Irvington.

Heisenberg, W. (1962). *Physics and philosophy*. New York: Harper & Row.

Hilgard, E R (1965). *Hypnotic susceptibility*. New York: Harcourt.

Hilgard, E R (1986). *Divided consciousness: Multiple controls in human thought and action*. New York: Wiley.

Hilgard, E R, & Hilgard, J R (1975). *Hypnosis in the relief of pain*. Los Altos, Calif: William Kaufmann.

Hilgard, E R, Hilgard, J R, MacDonald, H, Morgan, A H, & Johnson, L S (1978). The reality of hypnotic analgesia: A comparison of highly hypnotizables with simulators. *Journal of Abnormal Psychology, 87,* 239–246.

Hilgard, J R (1970). *Personality and hypnosis. A study of imaginative involvement*. Chicago: University of Chicago Press.

Hoffman, L (1981). *Foundations of family therapy: A conceptual framework for systems change*. New York: Basic Books.

Hoffman, L (1985). Beyond power and control: Towards a 'second-order' family systems therapy. *Family Systems Medicine, 3,* 381–396.

Hoffman, L (1990a). Constructing realities: An art of lenses. *Family Process, 29,* 1–12.

Hoffman, L (1990b). A constructivist position for family therapy. In B P Keeney, B F Nolan, & W L Madsen (Eds), *The systemic therapist*. Vol I. St Paul, Minn: Systemic Family Press.

Holroyd, J (1991). The uncertain relationship between hypnotizability and smoking treatment outcome. *International Journal of Clinical and Experimental Hypnosis, 39,* 93–102.

Horevitz, R (1991). Discovering dissociation: The case of Mrs B *Contemporary Hypnosis, 8,* 70–76.

Katcher, A, Segal, H, & Beck, A (1984). Comparison of contemplation and hypnosis for the reduction of anxiety and discomfort during dental surgery. *American Journal of Clinical Hypnosis, 27,* 14–21.

Keeney, B P (1979). Ecosystemic epistemology: An alternative paradigm for diagnosis. *Family Process, 18,* 117–129.

Keeney, B P (1982). What is an epistemology of family therapy? *Family Process, 21,* 153–168.

Keeney, B P & Morris J (1985). Implications of cybernetic epistemology for clinical research: A reply to Howard. *Journal of Counseling and Development, 63,* 548–550.

Keeney, B P, & Ross, M (1985). *Mind in therapy. Constructing systemic family therapies*. New York: Basic Books.

Kirmayer, L J (1988). Word magic and the rhetoric of common sense: Erickson's metaphors for mind. *International Journal of Clinical and Experimental Hypnosis, 26,* 157–172.

Kirsch, I (1991a). Current theories of hypnosis: An addendum. *Contemporary Hypnosis, 8,* 105–108.

Kirsch, I (1991b). The social learning theory of hypnosis. In S J Lynn, & J W Rhue (Eds), *Theories of hypnosis. Current models and perspectives*. New York: Guilford Press.

Kossak, H C (1989). *Hypnose. Ein Lehrbuch*. Munich: Psychologie Verlags Union.

Kruse, P, & Gheorghiu, V A (1990). *Self-organization theory and radical constructivism: A new concept for understanding hypnosis, suggestion and suggestibility*. Paper presented at the 5th

European Congress of Hypnosis in Psychotherapy and Psychosomatic Medicine. Konstanz, Germany, 18–24 August.

Kruse, P, Stadler, M, Pavlekovic, B, & Gheorghiu, V A (1992). Instability and cognitive order formation: Self–organization principles, psychological experiments and psychotherapeutic interventions. In W Tschacher, G Schiepek & E J Brunner (Eds), *Self-organization theory and Clinical Psychology*. Berlin: Springer.

Lankton, S R (1985). Multiple-embedded metaphor and diagnosis. In J K Zeig (Ed), *Ericksonian psychotherapy*. Vol I. New York: Brunner/Mazel.

Lankton, S R, & Lankton, C H (1983). *The answer within: A clinical framework of Ericksonian hypnotherapy*. New York: Brunner/Mazel.

Leary, T (1957). *Interpersonal diagnosis of personality*. New York: Ronald.

Le Roux, P (1987). *Autonomy and competence in families with a child at risk: An ecosystemic approach*. Unpublished doctoral thesis. Pretoria: University of South Africa.

Lifschitz, S, & Fourie, D P (1985). *The hypnotic situation – A systems approach*. Reports from the Psychology Department No 13. Pretoria: University of South Africa.

Loriedo, C (1990). *Hypnosis and family therapy*. Workshop presented at the 5th European Congress of Hypnosis in Psychotherapy and Psychosomatic Medicine, Konstanz, Germany, 18–24 August.

Lynn, S J (1991). Perspectives on clinical hypnosis in the treatment of anorexia nervosa. *Contemporary Hypnosis, 8*, 63–65.

MacCorquodale, K, & Meehl, P E (1948). On a distinction between hypothetical constructs and intervening variables. *Psychological Review, 55*, 95–107.

Madanes, C (1980). *Strategic family therapy*. San Francisco: Jossey-Bass.

Madrid, A (1985). The treatment of pediatric asthma through maternal–infant bonding in hypnosis. In G Guantieri (Ed), *Hypnosis in psychotherapy and psychosomatic medicine*. Verona, Italy: Edizioni Post-Universitarie.

Matthews, W J (1985). A cybernetic model of Ericksonian hypnotherapy: One hand draws the other. In S R Lankton (Ed), *Elements and dimensions of an Ericksonian approach*. Ericksonian Monographs No 1. New York: Brunner/Mazel.

Matthews, W J (1989). *Possibility therapy*. Workshop presented at the 1st European Congress of Ericksonian Hypnosis and Psychotherapy, Heidelberg, Germany, September.

Maturana, H R (1975). The organization of the living: A theory of the living organization. *International Journal of Man-Machine Studies, 7*, 313–333.

Maturana, H R (1983). What is it to see? *Archivos Biologia Medicina Experimentales, 16*, 255–269.

Maturana, H R, & Varela, F J (1980). *Autopoiesis and cognition: The realization of the living*. Boston: Reidel.

Mauksch, L B, & Roesler, T (1990). Expanding the context of the patient's explanatory model using circular questioning. *Family Systems Medicine, 8*, 3–13.

Mayer, D J, Price, D D, & Rafii, A (1977). Antagonism of acupuncture analgesia in man by the narcotic antagonist naloxone. *Brain Research, 121*, 368–372.

Minuchin, S (1974). *Families and family therapy.* Cambridge, Mass: Harvard University Press.

Musikanth, S, & Fourie, D P (1983). Depression: A broader perspective. *South African Journal of Psychology, 13,* 119–127.

Orne, M T (1959). The nature of hypnosis. Artifact and essence. *Journal of Abnormal and Social Psychology, 58,* 277–297.

Orne, M T (1971). Hypnosis, motivation, and the ecological validity of the psychological experiment. In W J Arnold, & M M Page (Eds), *Nebraska symposium on motivation.* Lincoln: University of Nebraska Press.

Orne, M T (1979). On the simulating subject as a quasi-control group in hypnosis research: what, why and how. In E Fromm, & R E Shor (Eds), *Hypnosis: Developments in research and new perspectives.* New York: Aldine.

Perls, F S (1969). *Gestalt therapy verbatim.* New York: Bantam Books.

Prigogine, I, & Stengers, 1 (1984). *Order out of chaos.* New York: Bantam Books.

Protinsky, H (1983). The strategic use of hypnosis in family therapy. *Journal of Strategic and Systemic Therapies, 2,* 23–30.

Retzer, A (1991). Love's labour lost: Systemic therapy for a couple with somatic symptoms. *Journal of Family Psychotherapy, 1(4),* 1–27.

Ritterman, M (1983). *Using hypnosis in family therapy.* San Francisco: Jossey-Bass.

Rossi, E L (Ed) (1980). *The collected papers of Milton H Erickson on hypnosis.* Vol I. New York: Irvington.

Sarbin, T R & Coe, W C (1972). *Hypnosis: A social psychological analysis of influence communication.* New York: Holt, Rinehart & Winston.

Sargent, G A (1986). Family systems and family hypnotherapy. In E T Dowd, & J M Healy (Eds), *Case studies in hypnotherapy.* New York: Guilford.

Schmidt, G (1985). Systemische Familientherapie als zirkuläre Hypnotherapie. *Familien-dynamik, 3,* 241–264.

Schwartzman, J (1984). Family theory and the scientific method. *Family Process, 23,* 223–236.

Scroggs, K A (1986). Ericksonian approaches within family hypnotherapy. *Individual Psychotherapy, 42,* 506–520.

Selvini-Palazzoli, M, Boscolo, L, Cecchin, G, & Prata, G (1980). Hypothesizing–circularity–neutrality: Three guidelines for the conductor of the session. *Family Process, 19,* 3–12.

Simon, F B (1990). *Meine Psychose, mein Fahrrad und ich. Zur Selbstorganisation der Verrücktheit.* Heidelberg: Auer.

Simon, M J, & Salzberg, H C (1981). Electromyographic feedback and taped relaxation instructions to modify hypnotic susceptibility and amnesia. *American Journal of Clinical Hypnosis, 24,* 14–21.

Simon, R (1985). Deeper, deeper, deeper … The family's hypnotic pull. *The Family Therapy Networker,* March/April, 20–28, 69–71.

Sluzki, C E (1981). Process of symptom production and patterns of symptom maintenance. *Journal of Marital and Family Therapy, 7,* 273–280.

Spanos, N P. (1982). A social psychological approach to hypnotic behavior. In G Weary, & H L Mirels (Eds), *Integration of clinical and social psychology*. New York: Oxford.

Spanos, N P, & Barber, T X (1974). Towards a convergence in hypnosis research. *American Psychologist*, 29, 500–511.

Spanos, N P, & Bertrand, L D (1985). E M G biofeedback, attained relaxation and hypnotic susceptibility: is there a relationship? *American Journal of Clinical Hypnosis*, 27, 219–225.

Spanos, N P, Flynn, D M, & Gabora, N J (1989). Suggested negative hallucinations in hypnotic subjects: When no means yes. *British Journal of Experimental and Clinical Hypnosis*, 6, 63–67.

Spanos, N P, Flynn, D M, & Gwynn, M I (1988a). Contextual demands, negative hallucinations, and hidden observer responding: Three hidden observers observed. *British Journal of Experimental and Clinical Hypnosis*, 5, 5–10.

Spanos, N P, Flynn, D M, & Gwynn, M I (1988b). Negative hallucinations and hidden observer responding. *British Journal of Experimental and Clinical Hypnosis*, 5, 13–17.

Spanos, N P, & Gorassini, D R (1984). Structure of hypnotic test suggestions and attributions of responding involuntarily. *Journal of Personality and Social Psychology*, 46, 688–696.

Spanos, N P, & Hewitt, E C (1980). The hidden observer in hypnotic analgesia: Discovery or experimental creation? *Journal of Personality and Social Psychology*, 3, 1201–1214.

Spanos, N P Kennedy, S K, & Gwynn, M I (1984). Moderating effects of contextual variables on the relationship between hypnotic susceptibility and suggested analgesia. *Journal of Abnormal Psychology*, 93, 285–294.

Spiegel, D & Spiegel, H (1985). Hypnosis. In H I Kaplan & B J Sadock (Eds), *Comprehensive textbook of psychiatry*. Vol IV. Baltimore: Williams & Wilkens.

Stephenson, J B P (1978). Reversal of hypnosis induced analgesia by naloxone. *Lancet*, 2, 991–992.

Stone, C (1989). The use of normalizing and externalizing in helping women to overcome 'post–natal depression'. *Dulwich Centre Newsletter*, Spring, 3–6.

Tenenbaum, S J Kurtz, R M, & Bienias, J C (1990). Hypnotic susceptibility and experimental pain reduction. *American Journal of Clinical Hypnosis*, 33, 40–49.

Tomm, K (1989). Externalizing the problem and internalizing personal agency. *Journal of Strategic and Systemic Therapies*, 8(1), 54–59.

Toulmin, S (1981). The charm of the scout. In C Wilder-Mott, & J H Weakland (Eds), *Rigor and imagination*. New York: Praeger.

Van der Hoven, W (1984). Trees' secret warning system against browsers. *Custos*, August, 11–16.

Varela, F J (1979). *Principles of biological autonomy*. New York: Elsevier North-Holland.

Von Bertalanffy, L (1950). An outline of general system theory. *British Journal of the Philosophy of Science*, 1, 134–164.

Von Bertalanffy, L (1974). General system theory and psychiatry. In G Caplan (Ed), *American handbook of psychiatry*. Vol II. New York: Basic Books.

Von Foerster, H (1981). *Observing systems*. Seeside, Calif: Intersystems Publications.

Von Glasersfeld, E (1984). An introduction to radical constructivism. In P Watzlawick (Ed), *The invented reality*. New York: Norton.

Wagstaff, G F (1981). *Hypnosis, compliance and belief.* Brighton, Sussex: Harvester Press.

Watzlawick, P, Beavin, J H, & Jackson, D D (1967). *Pragmatics of human communication: A study of interactional patterns, pathologies, and paradoxes.* New York: Norton.

Watzlawick, P, Weakland, J, & Fisch, R (1974). *Change: Principles of problem formation and problem resolution.* New York: Norton.

White, M (1984). Pseudo-encopresis: From avalanche to victory, from vicious to virtuous cycles. *Family Systems Medicine, 2(2),* 150–160.

White, M (1989). The externalizing of the problem and the re-authoring of lives and relationships. *Dulwich Centre Newsletter,* Summer, 3–21.

White, M, & Epston, D (1990). *Narrative means to therapeutic ends.* New York: Norton.

Whitehead, A N (1959). *Science and the modern world.* London: Cambridge University Press.

Wiener, N (1961). *Cybernetics.* Cambridge, Mass: MIT Press.

Wilson, S C, & Barber, T X (1982). The fantasy-prone personality: implications for understanding imagery, hypnosis, and parapsychological phenomena. In A A Sheikh (Ed), *Imagery: Current theory, research and application.* New York: Wiley.

Wright, L (1990). Research as a family therapy intervention technique. *Contemporary Family Therapy, 12(6),* 477–484.

Wright, L, & Dorsay, J P (1989). A case of Marilynitis, or, the externalization of a Marilyn Monroe infection. *Dulwich Centre Newsletter,* Spring, 7–9.

Zamansky, H S (1986). Hypnotically created pseudomemories: memory distortions or reporting biases? *British Journal of Experimental and Clinical Hypnosis, 3,* 160–161.

Zamansky, H S (1988). Contextual demands, negative hallucinations, and hidden observer responding: Three hidden observers observed. *British Journal of Experimental and Clinical Hypnosis, 5,* 11–12.

Zamansky, H S (1989). Suggested negative visual hallucinations in hypnotic subjects: When no means yes. *British Journal of Experimental and Clinical Hypnosis, 6,* 68–70.

Zamansky, H S, & Bartis, S P (1985). The dissociation of an experience: The hidden observer observed. *Journal of Abnormal Psychology, 94,* 243–248.

Zeig, J K (1982). *Ericksonian approaches to hypnosis and psychotherapy.* New York: Brunner/Mazel.

Zeig, J K (1985). The clinical use of amnesia: Ericksonian methods. In J K Zeig (Ed), *Ericksonian psychotherapy.* Vol I. New York: Brunner/Mazel.

Zeig, J K (1991). An Ericksonian approach to Mrs B. *Contemporary Hypnosis, 8,* 82–85.

Zukav, G (1979). *The dancing Wu Li masters.* London: Flamingo.

Index