

# **Beyond the Margin and Into Positive Depth Psychology**

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The dawn of Western mental health care is traditionally traced back to the 16th century, when the Swiss physician Paracelsus (1493–1541) began to advocate for the humane treatment of the mentally ill. During an age when people were still being burned at the stake for witchcraft, Paracelsus embraced those who could not defend themselves or explain their odd behavior. He described them as "brothers ensnared in a treatable malady" rather than creatures possessed by evil spirits or dark magic. As important as this new distinction was for the treatment of severe mental illness, it did not help explain unintentional behavior that sometimes occurs outside of conscious control in mentally healthy individuals. During the next couple of centuries, demon possession, witchcraft, or the action of gods and angels remained the primary conceptual tools for understanding a non-organic loss of control over one's mind and body; whether in the form of paralysis, amnesia, temporary blindness, dreams, hallucinations, visions of the future, fugue states, sleep walking, or the strange power of blessings and curses to determine future behavior.

It was not until the mid-19th century, when James Braid (1795-1860) introduced his theory of suggestion; that a psychology of mental duality began to form. A few decades later, F. W. H. Meyers began writing about the existence of a subconscious mind, what he referred to as the "subliminal intelligence" (see Meyers, 1904). It was at this time that the core concept behind depth psychology was conceived (i.e., we all have a conscious mind and an unconscious mind). Speaking of his friend's conceptual innovation, William James (1891) wrote, "...our understanding of how to appeal to the intelligent, growth-oriented powers of the subconscious—knowing that the bestial, archaic part of our nature is always present—may be Meyer's greatest contribution to the transformation of scientific psychology in the twentieth century" (Taylor, 1982, p. 43).

We can see in James' statement the very beginnings of the type of positive psychology that would later develop into Milton Erickson's utilization theory. Unfortunately, it was Sigmund Freud's more dark and scandalous interpretation of the unconscious mind that excited public interest. Just as passing motorists are tempted to stare at a violent automobile wreck on the side of the road; it seemed that all of Europe and America wanted to see what horrible things might be discovered beneath the surface of conscious awareness. As Morton Prince (who was one of the first to research multiple personality disorder) would later lament, "Freudian psychology had flooded the field like a full rising tide and the rest of us were left submerged like clams buried in the sands at low water" (Taylor, 1982, p. 13). Mainstream psychology embraced a Freudian depth psychology (Freud, 1900), in which unacceptable desires, impulses, and traumatic memories are repressed into an unconscious state, resulting in hysteria and a variety of psychiatric symptoms.

Inspired by the writings of Meyers and Janet, James continued to develop his own views on this mysterious part of the psychological-self, which exists "beyond the margins" of conscious awareness. In

direct contrast to Freud, James believed the subconscious was the functionally superior part of the mind and therefore the most important resource for healing and problem-solving. In James' words, "...the healing action springs from the unconscious mind, so the strongest and most effective impressions are those which it receives" (James, 1902, p. 123). Because of its tremendous ability, James viewed the subconscious mind as a vital resource that held greater knowledge and growth-oriented powers than those of conscious intention. In the same way that today's positive psychology movement seeks to study the strengths and virtues that enable individuals to thrive, James' depth psychology sought to better understand and utilize the strengths and virtues of the subconscious mind.

In addition to its powers of healing, James believed that the subconscious mind is designed to protect the feebler abilities of the conscious mind. James noted that the waking consciousness does not normally see into inner domains beyond itself. Rather, there is a screen or filter that protects waking consciousness from becoming flooded (Taylor, 1996). This belief would later be echoed by Milton Erickson who argued that there is a "protectiveness of the unconscious for the conscious" (Erickson, 1948). It was this protective function of the unconscious (or subconscious mind) that led Erickson to work directly with it, presumably making therapeutic gains ahead of what the conscious mind is able to accomplish. As Erickson explains, "Experimental investigation has repeatedly demonstrated that good unconscious understandings allowed to become conscious before a conscious readiness exists will result in conscious resistance, rejection, repression and even the loss, through repression, of unconscious gains" (Erickson, 1948).

At the subconscious level, James believed there are "worlds of meaning" that inspire our emotions and abstract thought. And although our attention is almost always directed outward toward the external environment, during the act of hypnosis, suggestion somehow excites the capabilities of the subconscious mind. Having strong views on the primary importance of freedom of will (and the expression of individual personality) for good mental health; James also saw great benefit in using hypnosis as a catalyst for subconscious abilities. In fact, according to James all "mind-body healing is due to suggestion" (James, 1902, p. 110).

In regard to emotional health, James greatly admired the trauma work of Pierre Janet and believed that the hypnotherapist can, "Alter or abolish by suggestion these subconscious memories, and the patient immediately gets well." Embracing the essential principles of depth psychology, James wrote, "In the hysterics cases, the lost memories which are the source [of somatic reactions] have to be extracted from the patient's subliminal by a number of ingenious methods" as described by Binet, Janet, Breuer, Freud, Mason, and Prince (James, 1902, p. 230). If we define psychiatric symptoms as *persistent behavior we consciously witness but cannot reconcile against our conscious needs, emotions, and subsequent conscious objectives*; then for James suggestion is the essential solution for disenfranchised parts of self that exist beyond the margins of conscious control.

Next, we consider more directly the teaching of Milton H. Erickson (1901-1980), who often admonished his students to keep in mind that the patient has both "a conscious mind and a subconscious mind". To better understand what Erickson meant by this, it is useful to return to a Jamesian theory of mind in which people are governed by two seemingly independent systems of intelligence, or what James

referred to as "separate streams of consciousness". If this is so, then one or the other cannot be ignored. As Erickson explains, "To attempt therapy upon a patient only apparently sensible, reasonable, and intelligent when that patient may actually be governed by unconscious forces and emotions neither overtly shown nor even known, to overlook the unconscious mind for possible significant information, can lead easily to failure or to unsatisfactory results" (Erickson, 1965). In other words, therapy must take into account the subconscious needs of the patient as well as those needs or goals that are known to the stream of conscious awareness.

However, in the same way that an animal veterinarian cannot ask his patients, "Tell me what's bothering you", the assessment of subconscious needs must come more so from observation than from verbal reports by the patient. Accordingly, Erickson frequently instructed his students, above all else, to practice observation. But in order to "see" subconscious needs, the proper mindset is required, one that is marked by an attitude of acceptance and curiosity. While emphasizing this proper mindset, Erickson explains, "Too often it is not the strengths of the person that are vital in the therapeutic situation. Rather, the dominant forces that control the entire situation may derive from weaknesses, illogical behavior, unreasonableness, and obviously false and misleading attitudes of various sorts" (Erickson, 1965). This attitude of acceptance requires an empathetic reorientation, away from the notion of resistance, toward recognition that what initially seems to be an obstacle to progress is instead an important need to be fulfilled. This accepting and curious mindset is the basis for the type of functional analysis conducted in Ericksonian therapy.

As a concrete example, Erickson details a case in which a dental patient sought hypnoanalgesia for dental work but neither the dentist nor anyone else could achieve the desired effect. The man went into trance easily and responded to suggestion well, up until the point that analgesia was suggested. At such a time, he developed extreme hypersensitivity to even the lightest touch. Thus, the observable situation was that the man consciously wanted to be free of pain, however, in response to the suggestion to be pain-free, he experienced even greater sensitivity to pain.

This seemingly insurmountable obstacle was interpreted by Erickson as an unrecognized subconscious need to be highly sensitive to touch while in a dentist's office. In Erickson's words, "Apparently, the patient's fixed, psychological understanding was that dental work must absolutely be associated with hypersensitivity."

Following this analysis, Erickson sought to meet this subconscious need by creating an extreme hypersensitivity in the patient's hand. Accordingly, the patient became especially fearful of anyone touching this hand. As a result, the new concern completely distracted conscious attention away from his mouth and the dental work was easily accomplished (Erickson, 1958). As Erickson explained at a later date, "The rationale of this approach is rather clear and simple...Acceptance of his neurotic belief and employing it to create hypnotically an area of extreme hypersensitivity met his need to be able to experience pain without having to do so. Thus all pain expectation was centered in his hand, resulting in an anesthesia of the rest of his body, including his mouth" (Erickson, 1965).

At first, it seems that a subconscious need to experience pain would be an impossible obstacle to hypnoanalgesia. But for Erickson, it was a legitimate need to be addressed. As he states, "Utilizing the patient's own neurotic irrationality to affirm and confirm a simple extension of his neurotic fixation relieved him of all unrecognized unconscious needs to defend his neuroticism against all assaults. A systematic analysis of exactly what kind of thinking the patient brought into the office led readily to the solution of his problem" (Erickson, 1965).

Once we achieve the mindset of acceptance, coupled with a nonjudgmental readiness to tend to subconscious needs (which the conscious mind can hardly make sense of); then we will be capable of the same type of careful observation and creative problem solving demonstrated in Erickson's work. For those who think of psychotherapy as a creative art, and as an educational experience, another statement by James will help further highlight the importance of observation. While speaking to an audience of teachers, James said, "The art of teaching grew up in the schoolroom, out of inventiveness and sympathetic concrete observation" (James, 1916, p. 8). Similarly, the practice of positive depth psychology cannot be borne by mechanistic investigations or research derived protocols. Rather, it must develop out of interactions between patient and therapist, with a readiness to learn, to invent, and to discern invisible parts of the mind as reflected in concrete action.

In summary, while there are many who list William James as an early contributor to depth psychology, this author is not aware of any other source in which a distinction is made between the pathology-centered views espoused by Freudian depth psychology versus the more optimistic and person-centered views of William James. Although numerous Ericksonian scholars have contrasted Erickson's essentially positive view of the unconscious, versus Freud's distrust all that is outside of rationale consciousness; there are no other articles connecting Erickson's therapeutic innovations with James' intellectual pioneering work.

Having done much more than write the world's first textbook on psychology, James also seems to have helped lay the intellectual foundation for Erickson's practice of positive depth psychology. Once this more constructive view of the unconscious is embraced, it becomes apparent that subconscious needs are more than mere "psychiatric symptoms" to be suppressed by drugs or cast out by means of direct hypnotic suggestion. Similar to Paracelsus, who sought to give voice to those who could not speak for themselves, the practitioner of positive depth psychology carefully observes and analyses his or her patients in order to discern the function served by the behavior that is in conflict with conscious logic-based goals and/or conscious emotional needs.

This approach to therapy is fundamentally different from the structuralism of Freudian analysis (which seeks to break things down into component parts). Instead, the practitioner of positive depth psychology seeks to conduct a "functional analysis", based on the Jamesian theory of functionalism, in which all unconscious behavior serves some meaningful purpose when placed in proper context (Taylor, 1996). Once these rudimentary views and philosophical foundations are understood, the complexities of Erickson's utilization approach to hypnosis seem less mysterious and thus more available to the average practitioner of hypnosis.

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