

Hypnosis and the Experience of Free Will

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The Genius of William James & Milton Erickson

William James is known as the father of psychology partly because of his gift for advancing abstract ideas into empirically verifiable psychological foundations. Milton Erickson is known as the father of modern hypnosis partly because of his gift for orchestrating unconscious dynamics in a way that defied explanation and was thus branded as a novel approach to hypnosis. What I discovered while studying the legacy of these two giants is that in the light of one-another a new dimension of understanding develops. This new approach to Ericksonian therapy was highlighted at the XIII National Congress of the Italian Society of Hypnosis, in Torino, and more fully explored in the book, *William James e Milton Erickson. La Cura della Coscienza Umana* (Short, 2019).

Due to space limitations, some information was omitted from the book (i.e., the chapter on free will and responsibility). Especially when practicing hypnosis, the question of choice, responsibility, and free will often arises. People want to know what part these play in hypnotherapy. The following chapter addresses this question by providing, for the first-time, information that was not included in the 2019 book.

First, we must recognize that *choice is a subjective experience—something felt*. In contrast, *free will is action, the ability to decide what to do independent of outside influence*. When seeking to address the age-old problem of free will, James often qualified his remarks with the phrase, if such a thing exists. His reluctance to speak on this subject seems to stem from the practical question, “What difference does it make one way or the other?” Always for James, if an abstract principle does not produce a practical difference in behavior, then he is not interested in a philosophical debate over its meaning.

Hope and responsibility are essential to the experience of choice

In one of his later, and most famous philosophical works, *Pragmatism*, James does take a position on the subject, stating that, “*Free-will means novelty, the grafting on to the past of something not involved therein*” (James, 1907, p. 117). Although he does not use the words hope or responsibility, James does go on to suggest that free will is essentially the expectation that some sort of improvement

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can be made over and above current circumstance. He reasons that if things were already perfect, then who in their right mind would wish for change? Thus, when James makes the statement that free will is *“the right to expect that in its deepest elements, as well as surface phenomena, the future may not identically repeat and imitate the past,”* we can assume that he is speaking of the hope for a better tomorrow and some ambition towards making the change occur.

Rather than granting free will full status as a philosophical principle, James treats it as a general cosmological theory of promise. We should remember that for James, theories never represent absolute truth but rather act merely as tools of the mind. As such, the utility of free will is context dependent. It only has relevance when a human life has been racked with some sort of sadness, suffering, or distress. Under these conditions, free will is the hope that the situation can improve and the belief that we are somehow involved in the implementation of the change process. To understand this concept, think of the person who is in the middle of an opioid high or some other form of extreme

ecstasy. In such a state, there is no exercise of choice, no desire for change, and no need for free will. There is only the drug and the blissful experience it provides. Even after the high beings to fade, these addictive substances still seem to rob the individual of the ability to exercise free will and feelings of choice separate from the drug.

The capacity to exercise free will is the aim of all psychotherapy

The next question that should be on our minds is what does the subject of free will have to do with hypnosis and psychotherapy—a part from the fact that patients sometimes fear that hypnosis will somehow rob them of it? If we take James’ statement about a novel future, and substitute the terms *“therapeutic change,”* then we can see that free will has everything to do with therapy! In other words, free will equals the possibility of change. It could be argued that psychotherapy, in general, is the mental activation of the subjective experience of choice as we seek to exercise free will.

James believed so strongly in the importance of person-centered psychology that he argued it should be a starting point in any attempt to influence others. In James’ own words, *“The first thing to learn in intercourse with others is noninterference with their own peculiar ways of being happy, provided those ways do not assume to interfere by violence with ours”* (James, 1916, p. 265). If we accept the idea that the experience of choice is in some ways foundational to the practice of therapy, then we could argue that the terms mandated treatment or compulsory therapy are an oxymoron.

Of course, there are psychologists who are employed by state institutions and tasked primarily with achieving behavioral management of an incarcerated population. Under these conditions, it is difficult to produce a therapy that is capable of facilitating a greater sense of self-efficacy, enjoyment of living, self-reliance, personal responsibility, or self-determination. For each of these, the action of free will is a necessity. Those professionals who cultivate hope and a sense of responsibility in these settings are to be congratulated for their remarkable ingenuity.

Erickson believed that the experience of responsibility is essential to progress in psychotherapy

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Moving from the psychological insights of William James to the clinical outcomes achieved by Milton Erickson, we encounter striking similarity. The Jamesean idea that people should be encouraged to exercise free will is a foundational element in Erickson's conceptualization of therapy. This idea was often communicated during hypnotherapy by Erickson directly to his patients, such as when he explained, "*And nobody can control you, you can defy me any time you want to, or anybody else. You are a free citizen, and free to be yourself*" (Erickson & Rossi, 1979, p. 232). Or as Gordon Allport famously states, in the preface to Viktor Frankl's classic text, *Man's Search for Meaning*, "*If there is a purpose in life at all, there must be a purpose in suffering and in dying. But no man can tell another what this purpose is. Each must find out for himself, and must accept the responsibility that his answer prescribes*" (Frankel, 1946, p. 11).

In a landmark paper by Erickson (1964) titled, *The Burden of Responsibility in Effective Psychotherapy*, Erickson concludes that the most difficult part of psychotherapy is finding some means "*of deliberately shifting from the therapist to the patient the entire burden of both defining the psychotherapy desired and the responsibility for accepting it*" (p. 71). While seeking to explain to Jay Haley (1985, p. 15) how this psychological shift can be achieved, Erickson shared the following case example.

A woman in her thirties privately sucked her thumb and scratched her nipple, as well as her bellybutton. These parts of her body would become scabbed and sore but this did not stop the behavior. She told Erickson that she had done this habitually since childhood and that she wanted therapy for the problem. But Erickson told her "no." He said he would not give her therapy for it but instead would simply cure it—in less than thirty seconds time. Thinking this was impossible; she asked him how he could cure her so quickly. Erickson replied, "*All you have to do is say 'yes' and mean yes.*" He then continued, "*The next time you want to scratch your nipple, I want you to do it. You can come into this office, expose your breasts and your nipple and do it.*" Seeking to secure a commitment, Erickson asked, "*Will you do it?*" Her reply was "*Yes,*" and then she added, "*You know I'll never do it. I never will.*" She did not yet have a sense of personal power in regard to the scratching, but she did know that she could say yes and mean it. As soon as she entered into this agreement with Erickson, the burden of responsibility shifted to her.

To make this shift clearer, we can look at another example. As a father, I had my daughter come to me and say, "*Dad, please make certain I go running this weekend. I need the exercise*" (i.e., the responsibility for making this occur was placed on my shoulders). I replied, "*Okay, but first bring me ten dollars.*" My daughter asked why she needed to do this. I explained, "*If you get up and run, I will give the ten dollars back to you. If you fail to run, after I remind you, then I will keep the ten dollars.*" My daughter hesitated, and then confessed, "*I want time to think about it...maybe I do not want to run this weekend*" (i.e., the responsibility had been mostly shifted back to her).

These two examples are parallel, both illustrate the importance of securing a commitment and measuring responsibility by means of accountability (i.e., you agree that if you choose to do X, then Y will occur).

For Erickson, the act of securing a commitment is one of the first things done in the process of psychotherapy. When asked by Jay Haley (1985, p. 34) how he would treat a woman who has no medical disorder but has lost her voice and can no longer speak above a whisper, Erickson replied, "*I want to pose her, first of all, some very simple questions. 'Do you want to talk?' 'Do you want to talk aloud?' 'When?' 'What do you want to say?'*" I absolutely mean these questions because the answer to

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them puts her in a spot where she is committing herself." Erickson then goes on to explain how these questions of choice evoke a sense of responsibility, by saying, *"It puts all the burden of responsibility on her shoulders. This idea of coming to me and saying, 'I wish I had my voice.' Does she really want to talk? How well? When does she want to talk? Today, tomorrow, next year? What does she want to say? When you have that [type of] problem, define her thinking clearly by asking, 'Do you want to say something agreeable?' 'Do you want to say something unpleasant?' Do you want to say 'yes,' or do you want to say 'no'? 'Do you want to speak aloud expectedly, or do you want to speak unexpectedly?'"* These questions of personal will should come at the very start of therapy because they help define the role of patient as the primary agent of change—any answer given helps solidify the idea that the patient must take responsibility for both the problems and the intended outcomes.

Erickson repeatedly emphasized the importance of shifting responsibility, for defining the clinical problem and for achieving meaningful outcomes, to the patient. Without this shift, there is no opportunity for the exercise of free will. Rather, there is conformity to an external locus of control. In contrast, responsibility is the accounting of one's actual response relative to one's ability for response (i.e., response/ability). Thus, the subjective experience of responsibility is what produces our realization of free will.

Ericksonian hypnosis is primarily concerned with communicating hope

Whether you refer to this as an increase in internal locus of control, ego strengthening, or simply as the exercise of will, Erickson paradoxically incorporated the experience of choice into most of his attempts to influence others. To illustrate this point, Erickson uses the example of putting a child to bed (i.e., external influence) in such a way that the child experiences choice (i.e., a readiness to exercise free will). He does this by asking the question, *"Would you rather go to sleep at 8:00 or 8:15?"* Making certain that a bath is included in the child's exercise of free will, Erickson obfuscates by asking, *"Do you wish to take a bath before going to bed, or would you rather put your pajamas on in the bathroom?"* (Erickson, Rossi & Rossi, 1976, p. 73). The analogy of going to sleep easily translates into the hypnotic context, *"Would you like to go into trance now or wait until you feel a little more relaxed?"* While emphasizing the importance of choice, Erickson warns, *"I do not like this manner of telling a patient, 'I want you to get tired and sleepy, and to get tired and sleepier.' That is an effort to force your wishes upon the patient"* (Erickson & Rossi, 1981). This basic formula (Do you want A or B—both of which fit with the demands of fate) makes it possible for the patient to experience choice, hope, and thus exercise free will even when faced with inescapable determinism.

For example, a man that has been diagnosed with an inoperable form of cancer, and told by doctors that his body must be subjected to nauseating chemotherapy, not as a cure but to merely slow the approach of death; might come to therapy for help with panic, grief, and crippling despair. As if being tortured, he has no say over what is about to happen to him. The temptation in such a case is to provide advice, or to encourage the man to be more optimistic, while carefully avoiding mention of the inevitability of death.

But Erickson warns us, *"You're not telling the subject to 'do this or do that.' So many therapists tell their patients how to think and how to feel. That is awfully wrong"* (Erickson, Rossi, & Rossi, 1976, p. 101). The voice of authority does not produce hope or a sense of free will.

In keeping with Erickson's approach, I once told a terminally ill client, who was mired in deep

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depression, “*Would you rather focus your thoughts and energies on yourself or on your family, which will be most meaningful to you?*” He certainly wanted to focus on his family. This man had previously prided himself on being a strong leader and protector of his family. My next question was, “*What type of example do you wish to set for your wife, children, grandchildren, and even generations not yet born? They will all need to face death at some point. You are their leader. It is your job to teach them how to face death. What lessons do you wish to teach?*” Almost immediately, the experience of helplessness was replaced with the return of choice and hope (for positive outcomes in the near and distant future).

Now we can think about what these statements have accomplished. Going back to James, we should ask, where is the novelty? This patient still faces the same death. In answer, we can see that the new experience is the additional meaning that is attributed to death, as well as the new emotional state that emerges when he once again begins to exercise free will and assume responsibility for setting goals and achieving them.

For the sake of gaining a big-picture view, I would suggest that the general concern of all Ericksonian hypnosis is to communicate hope. As Erickson famously instructed Ernest Rossi, “*The primary therapeutic suggestion is the idea that change is possible*” (Short & Casula, 2004). As with James, we can assume that when Erickson uses the word change, he means change for the better -- a belief that the future can be somehow better than the past.

And, if we go a little deeper, and ask what is the experiential basis of hope, the answer is found in the definition of free will, as the concrete manifestation of the subjective experience of choice. This definition sets up the following chain of logic: without the subjective experience of choice, there is no will. The more sensitive you become to how you can influence others and the world around you, the greater your experience of personal freedom and power. And, *the more you care about achieving positive change, the greater your sense of responsibility.*

Rather than being dismissed as circular logic, we can recognize that hope and choice share a close relationship. We can see this more clearly if we define personal power, also referred to as self-efficacy, as a subjective estimation of one’s capabilities to organize and implement problem-solving action in response to challenging situations. In other words—If I can choose my thoughts and my actions, then I have some hope of being able to navigate my way around obstacles while moving toward the positive outcomes I wish to achieve. In order for this hope to endure, it must eventually mature into the realization that—If I do not achieve these positive outcomes, I have no one but myself to blame (i.e., personal responsibility). This concept was of course illustrated during the interaction between Erickson and the adult woman who had the somewhat childish problem of scratching her nipple and belly button.

The patient must be free to take as much or as little from therapy as he or she chooses

After having seen how the Jamesean principle, that hope and responsibility are essential to the experience of free will, is foundational to Erickson’s conceptualization and practice of psychotherapy; it is important to avoid totalitarian language or scientific reductionism. More specifically, we need to recognize the care that should be exercised when using reductionist terminology borrowed from the medical model. Words such as pathology, symptom, treatment and cure were not derived from a philosophy that took into account the psychological needs of the individual. What some consider

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Freud's greatest contribution to mental healing was the stand he took against scientific reductionism when he wrote in *Studies of Hysteria* (Freud, 1895) that it is not enough to treat a patient's pathologies, rather each individual has to be understood in terms of their life, their experience, and their story. Freud's main point was that dismissing complex individuals as a clinically defined pathology is too shallow of an approach.

Unlike Freud, who did not recognize that his attempt to locate the causation of all pathology in childhood fixates the patient's attention on unchangeable and unpleasant aspects of his or her autobiographical narrative, Erickson wished to use available memories from childhood as a springboard from which new problem-solving actions can be constructed. Erickson's probing into a person's childhood was done in such a way as to inspire greater hope. As Erickson (1976) explains, your statements imply that just as you overcame difficulties in the past, so you will now. In other words, accomplishments from past experience are utilized to suggest the capacity for immediate problem-solving.

Considering the disadvantages of medical jargon, we should also ask, where is the evidence of free will when you cure the patient, or when the hypnotherapist treats the symptom? During the study of clinical psychology, we repeatedly encounter medical terminology. While doing so, we must keep in mind that the patient comes to therapy of his or her own free will. It is free will that distinguishes clinical hypnotherapy from brain washing or cult mind control. Similarly, the patient returns for more therapy only so long as he or she wishes to continue pursuing the goals and objectives that were freely chosen. In a proper setting, the burden of responsibility for making progress has been on the back of the patient throughout the duration of therapy and therefore the sense of accomplishment rightfully belongs to the patient as well.

Ironically, in some instances, it may be the will of the patient to recognize the skill shown by the therapist and to praise his or her efforts. In response to that situation, Erickson advised: "*You take credit only when you are given credit [for changed behavior]*" (Erickson, Rossi & Rossi, 1976, p. 48). Because we want growth-oriented problem-solving to continue long after the patient has left psychotherapy, it is important to encourage the patient to make as many internal attributions for change as he or she is willing.

Anyone who is officially sanctioned as one of society's agents of care should feel compelled to do something for those who suffer. As licensed doctors and therapists, we offer our interventions as morsels of food, spread out as a great buffet. The consumer of our care is thus free to take as much or as little as he or she chooses while exercising the power of choice. As James poetically states, "*Accordingly, whatever remedy may be suggested is a spark on inflammable soil. The mind makes it spring towards action on that cue, sends for that remedy, and for a day at least believes the danger past. Blame, dread, and hope are thus the great belief-inspiring passions, and cover among them the future, the present, and the past*" (James, 1890, p. 311, Vol. II).

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