

Eyes-Open Hypnosis: When to Use it and Why it is so Important

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Brief History



- **Anton Mesmer:** *The father of the healing ritual*
- **Marquis de Puységur:** *The father of trance, "artificial somnambulism"*
- **James Braid:** *The father of hypnosis, "use suggestion to induce trance, ideomotor movement"*
- **Sigmund Freud:** *The father of psychotherapy, "the unconscious is the source of pathology," "abreaction"*
- **Émile Coué:** *The father of autosuggestion, discovered the placebo effect*
- **Milton Erickson:** *The father of modern hypnosis, "the unconscious is the source of healing", goal of hypnosis is to empower the patient & increase autonomy*

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Building Intellectual Models

- **Initial Paradigm Construction:** Define a set using the logic of mutual exclusivism: "Day cannot be night!" You must choose A or B!
- **Paradigm Elaboration:** Fuzzy Logic: "The earth is so large that day and night occur simultaneously." Both A & B are true.
- **Paradigm Shift:** Neither A nor B fully explain the new data that has been collected

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The Dichotomy

Hypnosis must be one or the other: state vs. non-state theory

- State: Hypnosis is an altered state of consciousness—trance leads to increased suggestibility
- Non-State: Hypnosis is an interpersonal phenomenon—the communication of ideas leads to altered expectations & increased suggestibility

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The Unified View

Hypnosis is an extra-ordinary experience set apart from normal intra & inter-personal relations

- During hypnosis attention, movement, memory, and emotion are expected to be used in extraordinary ways, thus altering conscious experience
- During hypnosis social protocol is altered, by using repetition, eye closure, close talking, touch, or commitment to increased suggestibility

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Extra-ordinary Consciousness

- Absorption: Rapture in an activity replaces ordinary self-consciousness
- Concentration: Narrowed focus of attention
- Automaticity: Experience of nonvolition (less deliberation, subjects can surprise themselves)
- Arousal: atypical body sensations or emotions
- Eyes-Open: Alert, active, increased capacity for perception, greater energy

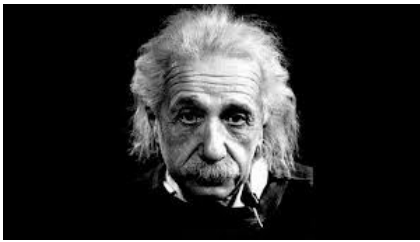
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Extra-ordinary Relationships

- **Committed:** crossing “virtual boundaries” (less skeptical, doubting, focused on a single goal)
- **Cooperative:** Spontaneous compliance (or mimicry) replaces deliberate action
- **Exclusive:** An agent of change is allowed to have super-ordinary social influence
- **Eyes-Open:** *Interactive, collaborative, deeply engaged*

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Albert Einstein

“AS FAR AS THE LAWS OF MATHEMATICS REFER TO REALITY, THEY ARE NOT CERTAIN, AND AS FAR AS THEY ARE CERTAIN, THEY DO NOT REFER TO REALITY”

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“A MODEL IS A SIMPLIFIED VERSION OF REALITY, SOMETHING THAT IS NOT ENTIRELY ACCURATE. IF IT WERE PERFECT, IT WOULD CEASE TO BE A MODEL AND WOULD INSTEAD BE REALITY”

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Reasons for Eyes-Open Hypnosis

- Tailoring
- Engagement
- Empowerment
- Utilization
- Generalizability



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Tailoring vs. Protocol

- The concept of resistance was born out of patients' failure to respond favorably to the strict protocol of psychoanalysis
- "Resistance" shifts blame from the therapist to the patient, assuming it is the role of the patient to accommodate the therapist's wishes
- "Tailoring" shifts responsibility for the success of the encounter back to the therapist, who must adapt his methods to fit the needs of the client

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Tailoring the Experience

- Some clients want hypnosis but do not wish to close their eyes. This act of submission might make them feel overly vulnerable
- Some may have strong negative associations with eye closure, such as those molested as children, while they slept

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Engagement vs. Compliance

- Authoritarian approaches to hypnosis demand compliance with specific tasks such as eye-closure. This single act becomes symbolic of patient submission and compliance
- In the same way that authoritarian parenting does not encourage intimate knowledge of the child, demands for eye-closure (or anything else) risk the creation of a “false-self”, constructed to please the therapist

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Engaging the Individual

- “The eyes are the window to the soul.” The part of the face that is the cornerstone for non-verbal communication (intimacy)
- The method of accomplishing an action, task, or function is left up to the creativity of the client’s unconscious (purely spontaneous)
- Provocative scenarios, created through role-play or empty chair work, trigger automatic behaviors & emotions (deeply emotional)

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Empowerment vs. Intervention

- Typical medical interventions (e.g., surgery or drug prescriptions) are privileged behavior, something the patient cannot do (symbolizing the power of the doctor)
- If hypnosis is meant to empower the client and increase autonomy, then the experience must be permissive (symbolizing the client’s power over self)
- Rather than shutting down and putting the individual in a sleepy passive state, eye-open hypnosis suggests self-directed and informed responding
- Wampold: Probability of relapse is reduced when clients attribute their success to learning new skills versus the therapist’s special abilities

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Empowering Clients

- Focus is shifted from assuaging distress toward the pursuit of optimal functioning
- Rather than emphasizing compliance or amnesic states (loss of control), emphasize heightened awareness and the joy of exercising individual choice
- Replace direct suggestion for symptom removal with suggestion for excelling at a particular skill that is certain to yield good results

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Utilization vs. Agenda Driven

- Similar to using rigid protocols, when the flow of the session is dictated by a particular agenda (e.g., 1st assessment interview, then induction, then suggestion, then awakening), observation of immediate opportunity is sacrificed
- The stated agenda can come directly from the client, "I want you to hypnotize me," but the actual response is contradictory. In order to utilize the immediate behavior, you must abandon the initial agenda

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Utilizing Naturalistic Trance

- During a discussion of deeply felt content you offer a new idea and pause, the client stares into the distance, unaware of anything outside her own thoughts (say nothing, offer the therapeutic suggestion post-trance)
- After being highly emotional, the client lapses into an altered state, the therapist uses a "hypnotic voice", suggesting relaxation & renewed energy, or transition to new emotions

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General Skill vs. Private Behavior

- How many challenges in day-to-day living are best handled by falling asleep?
- How prudent is it to use hypnosis while driving?
- If new skills are taught to the patient using methods that are strictly reserved for the therapist's office, or other private space, there is a decreased probability that the new behaviors will be used in public life

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Generalizability

- "Dr. Short, thank you for teaching me eyes-open hypnosis! Now I can use it while I am at work. It helps me speak more confidently."
- "I no longer have panic attacks while driving. I just go into a trance, like in your office."
- "When he is yelling and cussing at me, I just go to the safe place in my mind. He does not know that I am no longer listening."
- Students taking tests, or athletic competition

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Active/Alert Inductions

- The primary goal is **not** to alter the state of consciousness **nor** should your primary goal be to have a special relationship with the client
- **The primary goal of therapeutic hypnosis is to facilitate an extraordinary experience during which new & lasting abilities are acquired**
- Neurological change is mostly limited to those situations in which the brain is uniquely activated: **alert, concentrated, focused, striving** (Merzenich)

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4-Point Model

1. A task to be completed here & now (focus exclusively on an immediate, concrete goal)
 2. A challenge that draws on a lifetime of learning (solicit resources not known to the conscious, nonvolitional)
 3. A purpose that extends far into the future (the experience of autonomy, individual preference, and self-organization)
 4. A sense of progress derived from what is **happening now** (moving from established skill sets to unexpected accomplishments)
- = An altered reality in which the impossible becomes possible

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A Task

- The task needs to be structured, having a clear beginning, an end, and some criteria by which to judge success
- The task is immediate, something that can be accomplished now—and should have relevance to the therapeutic goal as understood by the patient
- When a task is experienced as an extraordinary event (novel or fascinating), neurological changes are more likely to be permanent
- The brain is designed to pay greater attention to the unexpected--surprises facilitate deeper learning

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A Challenge

- Challenges that evoke top-down processing help expand the therapeutic arena to include anything that can be remembered as well as anything that can be imagined (draw on “unconscious” abilities)
- Remembered constructions of physical events control brain plasticity, *strong* memories trigger the release of modulatory neurotransmitters, permanently changing the brain
- Work on a demanding level, the cutting edge of one’s established ability (flow & neuroplasticity)

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A Purpose

- Modulatory neurotransmitters (e.g., dopamine & noradrenaline) are released when we feel excited, a seriousness of purpose, when the mundane is transformed into something monumental
- A sense of meaning and purpose acts as a fulcrum for all other mental processes
- The brain is designed for forward movement, toward a specific target, the further out the target, the more long lasting the motivation

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A Sense of Progress

- Feedback is crucial, it should be ongoing throughout the therapy experience
- The most "pro-social" form of influence is to draw attention to positive behaviors & acknowledge progress (i.e., behavioral shaping)
- Excitement and enthusiasm are both encouraging & highly motivating, "Yes! That's it! You've got it!"
- Neurological changes only become permanent when the outcome is judged to be good (or bad)

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Holistic Hypnosis

- Elaborate your methodology moving beyond the dichotomy of eyes-closed or eyes-open. Do both!
- In succession: "First we will do eyes-open alert hypnosis and then eyes-closed w/ relaxation."
- Simultaneously: "You can close your physical eyes and open widely the mind's eye, or physically hold your eyes open but close the mind's eye to everything outside the body."

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Summary Wrap Up

- What was the most interesting part of today's talk? Why?
- Is there anything you are unhappy with or uncertain of?
- What were the important ideas from today that you would really like to remember?

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