

Novel Activity-Dependent Approaches to Therapeutic Hypnosis and Psychotherapy: The General Waking Trance

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Abstract

This paper presents a highly edited version of a videotape made in 1980 by Marion Moore, M.D., showing Milton H. Erickson and Moore demonstrating novel, activity-dependent approaches to hand-levitation and therapeutic hypnosis on their subject, Ernest Rossi. Erickson's naturalistic and utilization approach is described in his very direct and surprising induction in a trance challenged patient. These novel, and surprising inductions are examples of how Erickson was prescient in developing activity-dependent approaches to therapeutic hypnosis and psychotherapy several generations before modern neuroscience documented the activity-dependent molecular-genomic mechanisms of memory, learning, and behavior change. Erickson describes a case where he utilized what he called, "The General Waking Trance" when he "dared" not use an obvious hypnotic induction. It is proposed that the states of *intense mental absorption* and *response attentiveness* that are facilitated by the general waking trance are functionally related to the three conditions neuroscientists have identified as *novelty, enrichment, and exercise* (both mental and physical), which can turn on activity-dependent gene expression and activity-dependent brain plasticity, that are the molecular-genomic and neural basis of memory, learning, consciousness, and behavior change. We recommend that the next step in investigating the efficacy of therapeutic hypnosis will be in partnering with neuroscientists to explore the possibilities and limitations of utilizing the activity-dependent approaches to hypnotic induction and the general waking trance in facilitating activity-dependent gene expression and brain plasticity.

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Novel Activity-Dependent Approaches to Therapeutic Hypnosis and Psychotherapy Erickson's Naturalistic and Utilization Approach

A Direct, Surprise Induction of a "Trance Challenged" Woman

Milton H. Erickson, his personal physician, Marion Moore, and Ernest Rossi, are seated very closely together in Erickson's small office. Erickson (MHE) has managed the situation so that Rossi (ER), the ostensible subject of this teaching and training session of therapeutic hypnosis, is seated between Erickson and Marion Moore (MM). This is one of Erickson's favorite ways of surrounding the subject with a teaching and therapeutic milieu. Moore has arranged a camera to record the session, which is to deal with Rossi's question about whether hypnosis could be used to "open my mind to learning everything I need to know to become a good practitioner of therapeutic hypnosis." Erickson casually begins the session by describing one of his recent cases as follows. Note that the italics throughout the text indicates significant issues from the author's (Rossi's) perspective regarding the possible role of brain plasticity, gene expression, and mirror neurons in therapeutic hypnosis.

MHE: She came in and said, "Time to go into a trance! Sixty hours I spent and paid for and I couldn't go into the trance. Now it is a long way from San Francisco here to Phoenix. See if you can try to put me into trance." You should listen to what patients' say. She said: "*Try* to put me in trance! I'm really a challenge!" Only she didn't know it. I knew it.

I said, "All right then, go and sit down in that chair there. Relax and lean back. And shut your mouth and shut your eyes and go into a deep trance, *NOW!*" And she did. She came in expecting my kind of treatment. I took her completely by surprise and put her into trance. [Note how this very rapid, direct, abrupt, and somewhat surprising induction is appropriate in this special context where the patient is impatient with having apparently wasted 60 hours with her previous therapist. Note how *Erickson immediately adopts and utilizes her own impatient attitude with this direct and rather abrupt hypnotic induction. Notice that he takes the patient by surprise, while still giving brief but adequate instructions of how to go into therapeutic hypnosis. This is consistent with current neuroscience research on mirror neurons, empathy, rapport, and behavior* (Buccino, Vogt, Ritzl, Fink, Zilles, Freund, et al., 2004; Carr, Jacoboni, Dubeau, Mazziotta, Lenzi, 2003; Rizzolatti and Arbib, 1998; Rossi, 2007). Erickson typically adopts and utilizes the patient's own attitudes, behavior, words, and points of view in facilitating therapeutic hypnosis. *This is the essence of Erickson's naturalistic and utilization approach to therapeutic hypnosis and psychotherapy* (Rossi, Erickson-Klein, and Rossi (2008-2010). *This initial matching of the patient's current state by the therapist implies that Erickson is making optimal use of his mirror neurons in synchronizing his own psychobiological state with the patient to facilitate their hypnotic rapport* (Rossi & Rossi, 2006.)]

The abrupt and surprising aspect could also function as the type of salient, attention focusing, psychological shock, which we speculate could evoke activity-dependent gene expression and activity-dependent brain plasticity to facilitate creative changes in the patient's consciousness and behavior. This surprise induction is an example of how Erickson was prescient in developing *activity-dependent approaches to therapeutic hypnosis* several generations before modern neuroscience documented the *activity-dependent, molecular-genomic mechanisms of memory, learning, and behavior change.* (See Rossi 1973b/2007 for more case examples of how Erickson used psychological shocks to facilitate creative moments in therapeutic hypnosis and psychotherapy.)]

MHE: She said, "When I think of 60 hours I wasted in San Francisco. I wish I had come to your first!" I think I would have been much more gentle and unsuccessful if she had.

The First International Erickson Conference in 1980: Communication is a Main Problem of Psychotherapy

Ernest Rossi (ER): Jeffery Zeig is organizing the first International Milton H. Erickson Conference in Phoenix this December (1980). We want to learn the main themes about your work that you feel we should present to the audience.

MHE: I think one of the first things to be considered is a fact. *Our main problem in psychotherapy is communication.* We all learn communication without realizing it. We think communication is words. But babies learn by intonations, inflections, and facial expressions. We keep on trying all through childhood to put on certain expressions when we mean something else.

ER: So there is an incongruity between verbal behavior and what is showing on the parents' face?

MHE: We are overdoing our expression. We would like our child to believe medicine tastes good. So the parent puts on the act of tasting it and liking it. But that is not fooling the child a bit!

ER: What's all this got to do with communication in psychotherapy?

MHE: In psychotherapy you are dealing with a lot of problems that are painful to the patient. These are painful to reproduce. They are painful to themselves. Smoking cigarettes! There are painful continuous ways of behavior. Pain has been defined and highly communicated in relationship to this and that.

Novel Activity-Dependent Approaches, Therapeutic Hypnosis: Touch and the Psychotherapist

Marion Moore (MM): Earlier tonight Ernie and I were discussing the sense of touch and how a child, baby, adult, male or female feels when we touch them. You (MHE) and I have been touching patients for years. Ernie has developed as a no touch type of professional.

ER: Yes, that's right. You are both physicians with a license to touch. But touching clients is a rather controversial issue for some psychologists.

MM: Yet, this is a very basic form of communication that is very important. It starts with a little bitty baby. They can tell if somebody doesn't like them, or when somebody is uptight holding them, or when somebody is perfectly relaxed in holding the child well. Most cases of colitis and diarrhea in children that I have seen hospitalized usually have a very tense mother. I have worked with mothers to teach them how to be relaxed when they hold their baby and the baby's colic disappears. Problems of this nature start with the very young.

MHE: We very soon learn to have strength. At first it's quite tender. Then we begin to show our strength. We keep developing with pride in our strength. (Erickson reaches out to touch Rossi's right hand.)

We exercise our strength with a *hovering touch*. When I touch somebody's hand like this... [Erickson hand hovers momentarily over Rossi's right arm in figure 1a.

MHE then very gently touches Rossi's forearm arm. With a slow, slightly sliding motion Erickson shifts his gentle touch toward Rossi's wrist as illustrated in figure 1b to provide a non-verbal cue for Rossi to lift his arm so that it remains suspended in the air in figure 1c. Notice how Erickson utilizes a very positive context with empowering words, and phrases such as "We very soon learn to have strength," "quite tender," and "with pride," to support this apparently non-verbal activity-dependent induction of therapeutic hypnosis.]

ER: You are giving me an unconscious cue to lift my hand?

MHE: Now, if I do it this way (Erickson gently touches the top of Rossi's wrist with a slightly downward motion and Rossi's hand goes down), I don't get a levitating response (Not illustrated in the figures).

ER: You cue the hand upward, but let the client actually lift his hand. [Likewise, patients drop their hand and arm when MHE gives it a gentle downward touch.]

MHE: That's right. [Details of Erickson's activity-dependent approach to hand levitation to inducing therapeutic hypnosis are discussed and illustrated in Volume 11 of the new series of 16-plus books on "*The Collected Works of MHE*" (Rossi, Erickson-Klein, & Rossi, 2008-2010, in press.)]

Personal, Private, Peripersonal Space: "Very Gently One Goes Into Private Space"

MM: If you do it with such a *gentle, expectation touch*, as Milton said, it's nothing. (With his thumb, Marion Moore barely touches the underside of Rossi's wrist to give a non-verbal cue for Rossi to lift his hand and arm as illustrated in figure 2b.)

But if you grab it like this (Marion firmly grabs Rossi's wrist with a bit of roughness) they tend to resist you! They want to pull their hand back and put it down rather than let you grab them. Each of us has our little *private space* around us. If someone gets within our private space, inner space, we want to back off. We see this in crowds a great deal. When you see people crowding in, you will see this person moving away from that person because they are coming in a little too close to them. It is well known in the schizoids or schizophrenics, but every person alive has their little barrier. [Private, personal, or as the neuroscientists now call it, "*Peripersonal Space*", is a highly flexible, subjective sense of space depending on the context. Peripersonal space generally extends an arm's length around one's body (Blakeslee & Blakeslee, 2007). If any other person or object enters this peripersonal space then special activity-dependent cells are activated throughout the person's brain. *Erickson and Moore are obviously entering Rossi's peripersonal space with this "novel and activity-dependent approach" to hypnotic induction and are therefore activating neurons throughout his brain. Research is now needed to explore the possible contributions and limitations of facilitating the efficacy of therapeutic hypnosis and psychotherapy at the cellular, neural, and molecular-genomic level by entering a subject's peripersonal space.*]

Figure 1a



Figure 2a



Figure 1a shows Erickson and figure 2a shows Moore with their initial, gentle, slow, hovering approach to building a peripersonal expectancy of touch in an activity-dependent approach to hand-levitation with Rossi as the subject.

Figure 1b



Figure 2b



Figures 1b and 2b illustrate Erickson and Moore variations in the moment of contact and non-verbal, hand-levitating, cueing for Rossi to gently lift his hand and arm.

Figure 1c



Figure 2c



Figures 1c and 2c illustrate Erickson & Moore releasing their gentle touch and with a slow, hesitant, withdrawal of their hand in the final stage of hand-levitation that cues Rossi's hand and arm to remain suspended in mid-air.

ER: I wonder if those touch approaches to hypnotic induction entering the private space of the person are getting closer to individual. Closer to places where they...?

MHE: *Great injuries can happen when you go into the private space. Very gently one goes into the private space.* [This reminds us of the still controversial review paper Erickson (1932/2008-2010, in press) published about his earliest experimental and clinical work with hypnosis as follows.

“In the writer’s own experience, upon which it unfortunately will be necessary to a large extent to base the elaboration of these various questions, *hypersuggestibility was not noticed*, although the list of individual subjects totals approximately 300 and the number of trances several thousand. Further, a considerable number were hypnotized from 300 to 500 times each over a period of years. Also several of the subjects were immediate relatives with consequent intimate daily contact, and they were trained to respond, in experimentation, quickly and readily to the slightest suggestion. Far from making them hypersuggestible, *it was found necessary to deal very gingerly with them to keep from losing their cooperation*, and it was often felt that they developed a compensatory negativism toward the hypnotist to offset any increased suggestibility. *Subjects trained to go into a deep trance instantly at the snap of a finger would successfully resist when unwilling or more interested in other projects*” (p. 324, Italics added here).

There is great consistency over almost 50 years from Erickson’s initial 1932 statement of the need to treat hypnotic subjects “*very gingerly . . . to keep from losing their cooperation*” to his 1980 statement, “*Very gently one goes into the private space.*” In this paragraph Erickson is clearly saying, “*hypersuggestibility was not noticed*” and “*Subject’s trained to go into a deep trance . . . would successfully resist when unwilling or more interested in other projects,*” Erickson emphasizes the subject’s ability to resist the therapist’s suggestion in a manner that is consistent with current research on hypnosis and conscious states (Jameson, 2007). *Erickson also describes the subject’s motivation and state of absorption in being “more interested in other projects,” which is consistent with a decade of neuroscience research that describes how experiences of novelty, enrichment, and exercise turn on gene expression and brain plasticity to facilitate memory, learning, and behavior change* (Rossi, 2008).

MM: And do it at the far extremity (of the arm) as I was telling to you (Rossi) earlier. You don’t reach up and grab them on the shoulder the first thing. You want to touch them here (Marion gently places 4 fingers on Rossi’s wrist with Marion’s thumb supporting and gently cueing levitation on the underside of Rossi’s wrist). When you see they are responding to you (by levitating their arm) then you can go further up (*Marion holds Rossi’s forearm near the elbow with both hands*) and they have less resistance (Marion has one hand on Rossi’s shoulder and the other on his elbow) toward your invading their private space, you see. But it is a behavioral set that the person learns - *if they can trust you*. They learn to trust that you are fine. Then they don’t mind that you enter into their private space. A man and woman in love don’t mind entering their private spaces at all. They share it - their private space together, so to speak. But when they hate each other - how far do they stay apart?

ER: We are moving in on what we call, “personal or private space.” This is an approach to facilitating communication - a more intimate kind of communication.

MHE: *Within the private space.*

ER: Within the private space. This is why you developed this very gentle touch and cuing approach to the hand levitation in the induction of therapeutic hypnosis.

MHE: Yes.

Consummating a Marriage: Letting Her Do it Her Own Way Choice and Private Space

MHE: A bookkeeper at the hospital fell in love with a girl - they are both very moralistic and idealistic and have a very chaste courtship. The girl’s father died either shortly after she was born or just before she was born. The mother never married. The young bookkeeper fell in love with her while attending church. The mother liked him and the girl responded. The mother was agreeable. So they were married in the Greek Orthodox Church.

The upper town priest said: you may now kiss your bride. The groom touched her gently on the shoulder, leaned over and kissed her (Milton reaches over and touches Rossi’s shoulder). He then goes over to the wedding reception after the marriage ceremony and watches her “eyeball talk”. The mother expressed her wishes for grandchildren right away. Everybody is encouraging the birth of children. They went home to the groom’s apartment and he started to put his arms around her to kiss her. She developed a hysterical panic.

He could kiss her if he put his hands on her shoulders and leaned forward. But he couldn’t hug her or get closer body contact. And yet they had been talking about consummating the marriage all the way home. Now he undressed completely in the nude. She got in bed and he made a movement toward her. She slid out of bed screaming, crying, trembling, shivering, completely hysterical. This went on for days and days. Every time he tried to hug her or touch her in any way, even a blowing kiss - the panic resulted. She didn’t like it and he didn’t like it. And he finally sought me out for therapy.

I gave the girl a Saturday afternoon appointment. She told me the same story he had. You see, she had been keeping that space (Erickson reaches out to gently touch Rossi’s shoulder). Her mother had taught her all her life to keep her purity and she was a virgin. Yet she picked out a fellow that got her information about sex. So I saw her that afternoon. I listened to her story. And then instead of suggesting any remedy, I told her this Saturday afternoon it is entirely possible they could consummate the marriage that night, but I would prefer Friday. Or they might choose Sunday. I prefer Friday. Or they might postpone it until Monday, but I would prefer Friday - or I might decide on Tuesday, but I would prefer Friday. She might decide on Wednesday, but I prefer Friday. Or, she might even decide on Thursday, but I prefer Friday.

ER: Something’s brewing here! (Laughing) What are you getting at? What are you doing with this?

MHE: I’ve named all of the days of the year. That’s right! *All* of the days of *all* the years yet to come. But Friday is my night. She had been taught to avoid all men and boys. And here was Friday, my night. On Friday morning the husband came

in all smiles. He said, “I was a sleep at 11:00 last night. *My wife awakened me and raped me!* And we had intercourse several times.”

ER: All before Friday, because Friday was your day.

MHE: Yes. Her mother had never told her not to approach men.

ER: Ah-ha, there is the rub!

MM: Her mother never told her to be aggressive, but to avoid those aggressive boys and what they might do to you. So she ate this up. She couldn't go a whole week because Friday would have been his day. And she didn't want to do it to him (Marion points to Milton). Friday was his day symbolically to be with him (Milton) and she didn't want to give it to him. She had to go back to her husband and do it but she couldn't let him (her husband) do it. So she just did it to him, which I thought was beautiful.

ER: That's right. She had not received any prohibitions against being the aggressor. Okay, I understand that. But was this psychotherapy or was this hypnotherapy? Was there any hypnotherapy involved?

The General Waking Trance: Intense Mental Absorption and Response Attentiveness

MHE: I didn't *dare* to use anything except my “*General Waking Trance.*”

ER: General Waking Trance? What do you mean by that?

MHE: By holding her attention so rigidly that her eyes never left my face.

ER: In other words, your story had such an attention grabbing impact on her - you call that “The General Waking Trance.” When a person is looking at you with that intense, what you call, “*Response Attentiveness*” you feel they are in a trance even though they are apparently awake?

MHE: Yes. But actually, you realize that when you are looking at a person, the patient, and they are doing that [Intense *Response Attentiveness* indicated by staring back into the therapist's eyes] you know that they are not seeing anything else in the room. They are seeing you. *You see the fixed stare. You will also see the little dilation of the pupils. They will blink their eyes, but they will blink more slowly than they would normally blink when you are looking at them.*

MM: That's right. Another person can walk in and take a book out of your bookcase and walk back out and the patient you are talking to will never hear or see them enter and leave. [Patients experience a momentary *dissociation* from anything apart from their intense *absorption* in the focus of their salient response attentiveness on the therapist and what the therapist is saying.]

ER: So this is hypnosis in the sense of *intense focused attention*.

MHE: *Intense focused attention!*

MM: A narrowed area of tubular [tunnel] vision, I call it. I mentioned this to Milton some years ago. I called it, “tubular vision.” They also get tubular [tunnel] hearing. They get tubular everything when you really have got their attention. And yet someone else walking in would say they say they are not in a trance because they saw the patient’s eyes open, or whatever. The patient’s body motility quits and their pupils dilate.

This is why I want you to learn that (points at Ernie’s eyes). You haven’t seen this yet. You would like to see it. Next time I’ll fix up my camera set up so that we can put you into trance and we will take pictures both ways and let him (Rossi) see what his pupils are doing both ways (while in and out of intense response attentiveness or therapeutic trance.) I think that it is good that he observes this particular thing because sometimes it is so dramatic.

ER: For training of the hypnotherapist it is very important to learn to observe what is actually going on in the patient - to observe minimal eye, facial, and body cues, etc. It is particularly important to recognize the *intense response attentiveness* that indicates when the patient is in a *General Waking Trance*, which is similar to therapeutic hypnosis without a formally recognized hypnotic induction. [The General Waking Trance is equivalent to what has been called “Naturalistic Hypnosis” or “The Common Everyday Trance” (Rossi & Lippincott, 1992; Rossi, 2007). It has been proposed that these states of *intense mental absorption* and *response attentiveness* are functionally related to the three conditions neuroscientists have identified as *novelty, enrichment, and exercise* (both mental and physical) that can turn on *activity-dependent gene expression and activity-dependent brain plasticity; that are the molecular-genomic and neural basis of memory, learning, consciousness, and behavior change* (Rossi, 2007, 2008).]

Opening the Mind:

The Casual Attention Non Sequitur and Hidden Picture Puzzles

MHE: (Meeting Rossi’s gaze.) And by the way, I’ve been using you as an object to be avoided.

ER: You have been using me as an object to be *avoided*? [Notice Rossi’s *immediate intense arousal and response attentiveness* to MHE’s casual non sequitur.]

MHE: [Ignoring Rossi’s surprised question and shifting his gaze to Marion Moore.] Go over there and get Sandy’s picture.

MM: Oh, yes, okay.

ER: I wonder what kind of a scheme you are hatching now (laughing)? [It is now obvious MHE has Rossi’s humorous and expectant response attentiveness.]

MM: Oh boy! (Laughing, brings a poster in from the other room.)

ER: Oh brother. A huge image of a hippopotamus!

MHE: There is a cat there.

ER: (After a searching pause staring at the poster). Oh, there *is* a cat's face right there hidden in the image!

MM: Also a Walrus with tusks.

ER: Acamel.

MHE: An elephant.

ER: Okay, what's the significance of this for learning how to do therapeutic hypnosis?

MHE: When you look at patients look at all of them. Don't miss anything. We have to learn how to read faces - the mood, the expression.

ER: The little wrinkles on the forehead that indicate thought and focus of attention. So this is a classical example, Milton, of why you are always fascinated with puzzles. These puzzles with hidden figures are an aspect of the way you look at the world. You are always looking at the hidden figures. You see the obvious. But what else is there besides what's obvious?

MHE: There is a lot to it. When I was teaching in medical school, teaching medical students to see both eyes, both arms, both feet. And now teaching Ernie Rossi to see both toes.

Obvious and Minimal Cues in Face Reading: A Lesson Studying Our Own Faces

ER: Yes! I am learning how to do that. For example, with one of my clients this week, I noticed that one side of her face is about ½ inch higher than the other side of her face. I don't know why.

MHE: You see that does happen sometimes. So take a look at my face.

MM: His right eyebrow is very bushy and hangs down and you cannot get it back up. The left eyebrow stays perfectly clean and is in line.

ER: The right side seems to have more tonus, or being pulled up more.

MHE: The lips are saggy. They draw a little to the side. Well, you draw down the corners of your mouth, Ernie.

ER: I do?

MM: You drag down the corners of your mouth. Erickson can only do that on one side.

ER: Studying your own physical problems going back to your when you were 17 and having polio for the first time has helped enhance your sensory perceptual sensitivity and this is what you utilize in therapeutic hypnosis.

**Erickson's Therapeutic Hypnosis Data Base is Everyday life:
Experience an Open Mind by Observing Minimal Cues**

MHE: (Tells an interesting story of how a neighbor recognized the young Erickson because he looked like his mother.)

ER: This is a heart-warming observation I've made about you. You can't talk for more than 5 or 10 minutes without your bringing in your family - your mother, your father, and children.

MM: These are the things he knows about.

ER: That's right. Milton's knowledge of hypnosis is from his real life every day things - real life observations rather than abstract theoretical conceptions.

MHE: I got my conceptions from people around me.

ER: Yes, that rather than from a book. That's part of my despair. I'm a book reader and I'm a writer. I don't observe real life as well as I should and that's a change that I need to make. From a Jungian typology perspective, I am an *introverted, thinking, and intuitive* type but obviously you are more of an *extraverted, sensation* type—observing the real world—although also deeply *intuitive*. A lot of people feel that you must have some kind of ESP—that you must have some kind of extrasensory powers. But there is nothing of this sort. It is just the observing minimal cues—very accurate observation that leads to your skills as a hypnotherapist.

MM: Yes, this is Milton's skill as a hypnotherapist. It can be tremendously helpful to any therapist if he/she can read facial expressions correctly. This is important not only in therapeutic hypnosis but in any therapy. Yes, that is the essence of it.

**The General Waking Trance:
Unobtrusive Assessment of Hypnotic Amnesias
Assessment of the General Efficacy of Therapeutic Hypnosis and Psychotherapy**

ER: It is important to be able to recognize that patients change their apparent state of consciousness throughout the hour. They can be in that state of *Intense Response Attentiveness* so characteristic of *The General Waking Trance* [with a fixed stare into space, for example, when patient's are so absorbed with their own inner preoccupations they don't hear or remember what the therapist is saying. Such patients tend to manifest a spontaneous hypnotic amnesia, which Erickson would frequently carefully assess a few minutes later with a simple unobtrusive query about how the patient understands or feels about what Erickson just said.]

In a similar manner, Erickson would frequently begin a session with a casual inquiry about what the patient remembered of what was said in the previous session – and whether what was said actually changed the patient's behavior since then. This is often a very valuable way of assessing the patient's responsiveness to therapeutic hypnosis and the general efficacy of any ongoing therapy in facilitating behavior change. A very simple way of making this very important assessment is for the therapist to begin sessions with some variation of the Implicit Processing Heuristic,

“Well, I wonder what we talked about last time that actually changed your life since then?” Patient’s who are responding well to therapeutic hypnosis and psychotherapy, in general, will become mindful of this assessment technique and soon begin to use it spontaneously on themselves. [They will soon open their sessions by reviewing how their behavior changed since the last.]

**The Therapist’s Tool Kit: Multiple Levels of Communication, Metaphor & Context;
Learning to Recognize Minimal Cues in Everyday Life**

MHE: That helps patients, you know. How soon did you know that M was pregnant?

MM: I knew it the 2nd day. The 1st day I didn’t get to see her at all, to speak of, because I was real busy. They hopped in and got already and were seated right over here. So I didn’t get to see her. Then when she got over here the next day I made mention of the fact of the “state of the union.” And they didn’t understand that. Then you remember that you brought it out again on Thursday, Milton. They still didn’t understand it so I came in and explained it to them and told them that’s what we were talking about.

ER: Explain this to me.

MM: Well, the “state of the union” means she is pregnant. They had just gotten married not too many months ago. I saw the flush - the flush that women usually get. The change in the walk from a young girl, or a young girl who has not been pregnant before, etcetera, to one who is. There is a flush to it and there is a . . .

MHE: The change in the skin.

MM: The change in the muscle tonus, and the coloring of the skin. There are a number of different things. I teased them on Tuesday and then he brought up the thing about the “state of the union.” But nobody gets the “state of the union.” We were talking about political guys—the senators and so forth and how they change the state of the union. But in the metaphorical state it is the “state of *their* union!”

ER: *That’s communication on two levels!* You were ostensibly talking about politics, but you were really talking about pregnancy.

MM: That’s right!

MHE: This is a lesson I got from my father. He had one cow that gave 56 quarts of milk a day. I wondered why Betsy could give 56 quarts of milk a day. Now Dolly gave only 28 quarts a day. But father said Dolly was worth twice as much as Betsy. Father said, “Look at that pile of manure behind Betsy. The pile of manure behind Betsy was four times as much as the one behind Dolly. So it cost 4 times as much hay for Betsy’s 56 quarts as it did for Dolly’s 28 quarts.

ER: So, once again, the successful therapist observes!

MM: (Laughing) Yes, regardless as to what your observation evolves to.

ER: To be a success in therapeutic hypnosis you have to be an acute observer. I'm convinced! That's the gist of most of your stories: *Observations from everyday life is the best approach to opening your mind to becoming a better psychotherapist.*

**How to Anticipate a Kiss:
Recognizing Non-Verbal Behavior in Everyday Life**

MHE: Yes. Who were the girls that kissed me yesterday? [Notice this provocative non sequitur question that would certainly focus the *response attentiveness* of most listeners.]

MM: Oh, the first one that started it off was the pretty little curly-haired one. She's Betsy, and the taller, thinner one was Susan, I believe. And yes, of course, the pretty little blond came over too.

MHE: Now Betsy, the curly-haired one had been advertising to me all day.

MM: I could see it, but there was no way I could get the camera around with that light. I always get them in the wrong light. I shouldn't say always - last year I got some beautiful shots. . . . I saw her doing it but I couldn't get the camera to the back row.

ER: How do you mean she was *advertising* to you? What was she doing?

MHE: She kept suggesting a kiss.

MM: Her lips moved.

ER: I see your lips moving in a funny puckering sort of way. She was doing that?

MM: Yes, her lips were puckering. I tried to catch her on camera.

ER: Now did she realize what she was doing?

MHE: She did it just today.

ER: In other words, she was making minimal kissing motions with her lips.

MHE: Unknowingly!

ER: Unknowingly. Unconscious. And later when the interview was over she did, in fact, come over and kiss you?

MHE: That's right!

ER: So you were able to read that across the room - her very minimal lip movements, which she was unaware of making, indicating that she was going to give you a kiss. How come I never notice these things?

MHE: And when you see a girl narrow her eyes when she looks at you. (Milton leans forward to Rossi, gets close to him, narrows his eyes and imitates the behavior just before a kiss)

ER: (Laughing) It is like when a horse's ears go back!

MM: You have to get away from the hind feet! (laughing)

MHE: That's right.

ER: There is no school for face reading, posture reading, voice inflection reading - except the school of everyday life.

**Why Patients Leave a Therapist Who Doesn't Get it:
Enigmas, Picture Puzzles, Accents, & Minimal Cues
Reading Faces and Non-Verbal Behavior in the Resistant Patient**

MHE: An enigma I wrote for my two oldest sons—I knew what they wanted it for—a birthday present. So I wrote them this enigma. The first syllable is following in the new freeway construction—someone's highway. The second syllable contains flower you will never-you will always remember. Now for the second part you will find missing from the arm of every southerner. The next two letters you will find in Kipling. And the last two letters are the beginning and ending of life. An enigma. How do you find it? . . . What do you find in every bump on a concrete highway.? Tar!

ER: Tar? Okay.

MHE: What syllable do you get from a flower you will always remember?

ER: Flower?

MHE: Forget-me-not!

ER: Forget-me-not?

MHE: Tar-get!

ER: The first word is "target?"

MHE: What does the southerner miss from his arm?

R: Umm? You got me.

MHE: He has an "alm."

MM: He has an "alm" not an "arm". That depends on where in the South you are. I still say "arm."

MHE: The best you can get is an "r." What is the beginning of life and death?

ER: What's the beginning of life and death? Birth!

MHE: "L" and "E."

ER: So the whole thing comes out to "Target?"

MHE: "Target a Radical!" Bert (one of Erickson's sons) solved it within moments. [We recognize the reader may still be puzzled about how this enigma is solved.

Because of the limits of the fidelity of this 27 year old audio, we may have made some errors in its transcription. Enough is presented, however, to indicate the types of complex cognition that Erickson used in developing such “enigma games” even within his own family.]

ER: Wow! This is the kind of intelligence I need to develop if I want to become a hypnotherapist? Working out these puzzles?

MHE: *You better be aware of it.*

ER: Better be aware of it? Why? What?

MHE: If you are aware of it, basic facial expressions and so forth, I will help you to understand.

MM: Not only that. If you don’t begin to understand after a few sessions, that patient leaves you and you wonder why. What was it that made them leave you without ever saying anything to you? They just don’t show up any more. And later you may find they have another therapist.

ER: So we have to learn how to read faces. We have to find out how to understand the inflection of words, minimal cues that patients give us about their underlying problem. That’s what this is all about!

MHE: Yes.

ER: That’s a lot of work! You don’t just sit there and talk and empathize.

MHE: Yes!

Summary

A highly edited video transcript documents Milton H. Erickson and Marion Moore teaching and demonstrating novel, surprising, and activity-dependent approaches to inducing therapeutic hypnosis by entering the patient’s peri-personal space. Erickson describes a clinical case where he used a direct and somewhat abrupt surprising induction to facilitate what he calls “The General Waking Trance” when he did not “dare” to use a more obvious approach to inducing therapeutic hypnosis. We speculate that these novel, activity-dependent approaches to therapeutic hypnosis and “The General Waking Trance” derive their therapeutic efficacy, at least in part, from the facilitation of that intense state of mental absorption that neuroscientists now identify as a natural response to experiences of novelty, enrichment, and exercise (mental and physical), which turn on activity-dependent gene expression and brain plasticity to optimize consciousness and behavior change. Rossi’s comments on the possible role of brain plasticity, gene expression, and mirror neurons in therapeutic hypnosis are current issues that now require experimental confirmation. We recommend that the therapeutic hypnosis community partner with neuroscientists (Raz, Lamar, Buhle, Kane, & Peterson, 2007) to explore the range and limitations of modulating the molecular-genomic dynamics of brain plasticity by entering the subject’s peripersonal space in an appropriate and ethical manner.

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Author's Note

From the Milton H. Erickson Foundation Archives: Marion Moore, M.D., CD #72, 1980, Part 1.