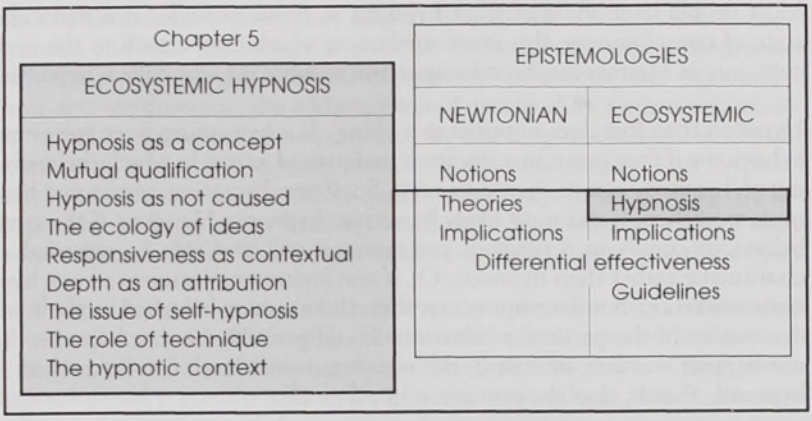
chapter 5

An ecosystemic approach to hypnosis



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 workshops) 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 hallucinations, 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) direction, rather than let it continue evolving in a negative (failure to achieve hypnosis) direction. By speaking to the trainee-hypnotist, rather than directly to the subject, the trainer reconfirmed that the situation was one of hypnosis (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 qualification 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 universal ability to lift an arm, close the eyes, or forget, etc. The ecosystemic approach therefore does not give credence to the reified concept of hypnotic 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 context.

Responsiveness is also not a property of a particular group of people as if hypnosis 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.

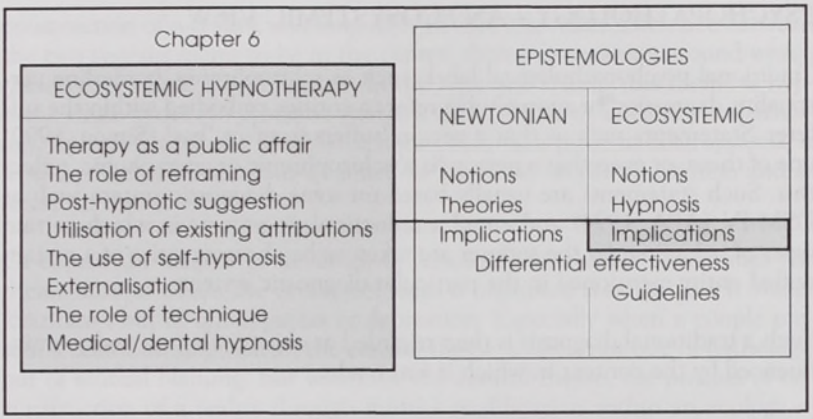
This means that it is difficult to work ecosystemically in hypnosis. There are no recipes, no specific techniques for the treatment of specific problems, no ready-made excuses such as the subject's/client's lack of susceptibility. Ecosystemic hypnosis is therefore very demanding on the creativity of 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.

chapter 6

Application of an ecosystemic view in treatment



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 therefore 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 worrying about what she would do if one of them had an accident during 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 procedure 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 glaucoma and the other eye was very weak. She had ME (post-viral infection 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 hypnotic 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.