



**CÓMO LA EVALUACIÓN  
HÁBIL INFORMA  
LA HIPNOTERAPIA ERICKSONIANA**

**HOW SKILLFUL ASSESSMENT  
INFORMS ERICKSONIAN  
HYPNOTHERAPY**

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# PURPOSE OF ASSESSMENT

## PROPÓSITO DE LA EVALUACIÓN

- **Identify needs**

- Individualize treatment approach
- Insight into needs the client does not yet recognize

- **Predict behavior**

- Spot opportunities for progress
- Discern client limitations

- **Strengthen therapeutic alliance**

- Communicate understanding
- Work collaboratively as a team

- **Identificar necesidades**

- Individualice el enfoque de tratamiento
- La perspicacia en las necesidades que el cliente aún no reconoce

- **Predecir comportamiento**

- Detectar oportunidades de progreso
- Discernir cliente limitaciones

- **Fortalecer la alianza terapéutica**

- Comunicar la comprensión
- Trabajar conjuntamente como un equipo

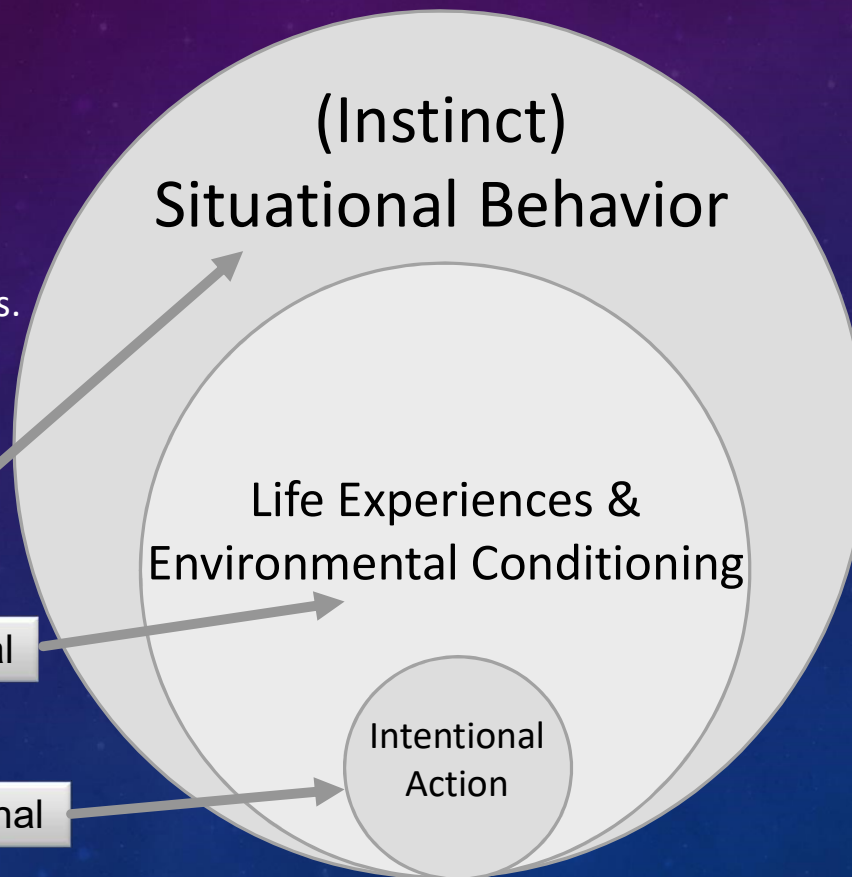
# FAILURE TO ACCURATELY ASSESS

## INCUMPLIMIENTO DE LA EVALUACIÓN PRECISA

- When you don't know the client's needs, your words and actions lack relevancy
- If you can not predict behavior, then you do not know what you are doing
- If the alliance is lacking, then your efforts are disregarded
- Cuando usted no conoce las necesidades del cliente, sus palabras y acciones carecen de relevancia
- Si no puede predecir el comportamiento, entonces usted no sabe lo que está haciendo
- Si falta la alianza, entonces sus esfuerzos no se tienen en cuenta

# START BROAD/OBJECTIVE GO TO SPECIFIC/SUBJECTIVE INICIAR AMPLIO/OBJETIVO IR A ESPECÍFICO/SUBJETIVO

Therapists who work with the greatest precision start with universal instincts, refine the profile based on impactful life experiences, and then consider unique, subjective interpretations.



Los terapeutas que trabajan con la mayor precisión comienzan con instintos universales, refinan el perfil basado en experiencias de vida impactantes y luego consideran interpretaciones únicas y subjetivas.



BASE RATE KNOWLEDGE: Any creature in this circumstance would...

CONOCIMIENTO BÁSICO: Cualquier criatura en esta circunstancia ...

## Step 1

- What is the most probable behavior based on a knowledge of social psychology, emotional states, and biological psychology?
- Resist assumptions based on superficial details or self-descriptors.
- *"What does a curious animal do?"*



## Paso 1

- ¿Cuál es el comportamiento más probable basado en un conocimiento de psicología social, estados emocionales y psicología biológica?
- Resista los supuestos basados en detalles superficiales o autodescriptores.
- "¿Qué hace un animal curioso?"

PATTERNED BEHAVIOR: Given X & Y, then Z tends to occur  
COMPORTAMIENTO PATRÓN: Dado X & Y, entonces Z ocurre

## Step 2

- What responses can be predicted based on behavioral habits or patterns?
- Some patterns can be seen in fractal micro-expressions.
- Some patterns emerge from personal narratives.



## Paso 2

- ¿Qué respuestas se pueden predecir en función de los hábitos o patrones de comportamiento?
- Algunos patrones se pueden ver en microexpresiones fractales.
- Algunos patrones surgen de las narrativas personales.

EMERGENT SELF-KNOWLEDGE: Thoughts laden with heavy emotion

AUTOCONOCIMIENTO EMERGENTE: Pensamientos cargados de emociones pesadas

### Step 3

- We avoid knowledge of ourselves when it produces negative emotions (i.e., fear, anger, anxiety, guilt, embarrassment, shame, disgust)
- We also hide knowledge of others from ourselves (e.g., the man who refuses to see his wife's affair).
- Strong desire has the opposite effect—we see things that are not there, even when we know it can't be true (how con jobs work)

### Paso 3

- Evitamos el conocimiento de nosotros mismos cuando produce emociones negativas (es decir, miedo, cólera, ansiedad, culpa, vergüenza, repugnancia)
- También ocultamos el conocimiento de los demás de nosotros mismos (por ejemplo, el hombre que se niega a ver el romance de su esposa).
- El fuerte deseo tiene el efecto contrario: vemos cosas que no están ahí, incluso cuando sabemos que no puede ser verdad (cómo funcionan los trabajos de estafa)



## ACQUIRING BASE RATE KNOWLEDGE

## ADQUISICIÓN DE CONOCIMIENTOS DE TASA BÁSICA

### 1. Study

- Erickson studied farm animals
- Erickson studied statistics for certain populations (e.g., certain criminals)
- Erickson studied the social history for patients before meeting them or learning of the problem behavior
- Therapists who work with highly specialized populations get better outcomes (know probable behavior)
- Social psychology is essentially the study of human instinct

### 1. Estudio

- Erickson estudió animales de granja
- Erickson estudió estadísticas para ciertas poblaciones (por ejemplo, ciertos criminales)
- Erickson estudió la historia social de los pacientes antes de conocerlos o aprender del comportamiento problemático
- Terapeutas que trabajan con poblaciones especializadas obtienen mejores resultados (conocer el comportamiento probable)
- La psicología social es el estudio del instinto humano



# RECOGNIZING PATTERNED BEHAVIOR

## RECONOCER EL COMPORTAMIENTO PATRÓN

### 2. Observe

- Any action, thought, emotion that has been conditioned to occur without conscious intent
- Request a description of the problem behavior in at least 3 different settings
- Test patterns that seem to be occurring in the office (3x)
- What happens just before a problem occurs and right after?

### 2. Observar

- Cualquier acción, pensamiento, emoción que ha sido condicionada a ocurrir sin intención consciente
- Solicitar una descripción del comportamiento del problema en al menos 3 configuraciones diferentes
- Patrones de prueba que parecen estar ocurriendo en la oficina (3x)
- Qué sucede justo antes de un problema ocurre y justo después?

## UNCOVERING EMERGENT SELF-KNOWLEDGE DESCUBRIR EL AUTOCONOCIMIENTO EMERGENTE

### 3. Ask speculative questions

- *“What would someone need to know about you to do really good therapy?”*
- *“What is the probability that you will do X or Y?” (0-100%)*
- *“If I were to talk to someone who really knows you, what would she say?”*
- *“What is that little voice, in the back of your head, telling you?”*

### 3. Hacer preguntas especulativas

- *“¿Qué necesitaría alguien saber sobre ti para hacer una terapia realmente buena?”*
- *“¿Cuál es la probabilidad de que usted hará X o Y?” (0-100%)*
- *“Si hablara con alguien que realmente te conozca, ¿qué diría?”*
- *“¿Qué es esa pequeña voz, en la parte posterior de tu cabeza, diciéndote?”*

# POLICE PROFILING

## PERFILES POLICIALES

- **What are his needs?**
  - 1940-1956 the “Mad Bomber” detonates 31 bombs across New York City—the police have no leads
  - Psychoanalytic psychiatrist (James A. Brussel) is asked to build a profile (read his letters, saw crime scenes):
    - Patriotic, foreign-born male of eastern European descent who is Roman Catholic, well-educated but without a college degree
    - middle-aged, unmarried, but perhaps living with a sibling in Connecticut
    - clean-shaven, neatly dressed, neither fat nor skinny
    - a skilled mechanic who was well-behaved, courteous and friendly
    - while having an obsessional love for his mother, he would harbor a lasting hatred for his father
- **¿Cuáles son sus necesidades?**
  - 1940-1956 el "Bombardero Loco" detona 31 bombas en toda la ciudad de New York: la policía no tiene pistas
  - Psiquiatra psicoanalítico (James A. Brussel) se le pide que construya un perfil (leer sus cartas, vio escenas de crimen):
    - Hombre patriótico, nacido en el extranjero de un macho del este De ascendencia Europea que es Católica Romana, bien educada pero sin un título universitario
    - mediana, soltera, pero tal vez viviendo con un hermano en Connecticut
    - limpio, bien vestido, ni gordo ni flaco
    - un mecánico experto que se comportaba bien, cortés y amable
    - mientras que tenía un amor obsesiona por su madre, albergaba un odio duradero por su padre



# POLICE PROFILING (the clues)

## PERFILES POLICIALES (las pistas)

- needed to have experience as a mechanic in order to make the metal components in the bombs
- hiatus during the war suggested strong patriotism
- this type of crime (i.e., planting bombs) was most often committed by males
- his behavior fit the type of paranoia that tends to peak around age 35 (+ 16 years = mid 50s)
- institutionalized paranoids tend to be neither fat nor skinny
- wrote using block letters except for rounded "W's," which resembled breasts, his slashing and stuffing of theater seats suggested pent-up sexual urges
- the obsessional love for his mother would interfere with courtship, likely to be living with an older female relative who reminded him of his mother
- necesario tener experiencia como mecánico para hacer que los componentes metálicos en las bombas
- hiatos durante la guerra sugirió un fuerte patriotismo
- este tipo de crimen (es decir, la plantación de bombas) fue cometido con mayor frecuencia por los hombres
- su comportamiento se ajustaba al tipo de paranoia que tiende a alcanzar su punto máximo alrededor de los 35 años (16 años, medias de 50 años)
- paranoicos institucionalizados tienden a no ser ni gordos ni flacos
- escribir usando letras de bloque excepto para "W's" redondeados, que se asemejaban a los pechos, sus cortes y relleno de asientos de teatro sugieren impulsos sexuales suprimidos
- el amor obsesiona por su madre interferiría con el noviazgo, probablemente viviría con una pariente mayor que le recordaba a su madre

# POLICE PROFILING (the clues)

## PERFILES POLICIALES (las pistas)

- as a severe paranoid, he would be a loner with no friends
- Slavic terrorists were known to favor the use of bombs. Being of Slavic extractions, he would most probably be Catholic
- Connecticut had a high concentration of residents of Slavic descent, the bomber's letters were posted midway between Connecticut and New York City (mailed on his way to work)
- the formal tone and old-fashioned phrasing of the letters sounded as if they had been written in a foreign language and translated to English
- Dr. Brussel told police that, upon the offender's discovery, *"chances are he will be wearing a double-breasted suit. Buttoned."*
- como un paranoico severo, sería un solitario sin amigos
- terroristas eslavales eran conocidos por favorecer el uso de bombas. Siendo de extracciones eslavas, lo más probable es que sea católico
- Connecticut tenía una alta concentración de residentes de ascendencia eslava, las cartas del bombardero fueron enviadas a medio camino entre Connecticut y la ciudad de Nueva York (enviadas por correo en su camino al trabajo)
- el tono formal y fraseo anticuado de las letras sonaba como si hubieran sido escritas en un idioma extranjero y traducidas al inglés
- El Dr. Brussel dijo a la policía que, tras el descubrimiento del delincuente, *"lo más probable es que lleve un traje de doble pecho. Abotonado."*

# CLINICAL PROFILING

## PERFILES CLÍNICOS

### • **What is needed?**

- 19-year-old male, freshman in college, self-referral
- D: "What do you want from therapy?"
  - "I don't know. I can't really say what is wrong with me."
- D: "Are you happy with your grades?"
  - "Yes"
- D: "Have you ever had a girlfriend?"
  - "No"
- D: "Are you afraid that something is wrong with you because you've never kissed a girl?"
  - "Yes"
- D: "Would you like me to tell you how to kiss a girl for the first time?"
  - "Yes, please."

### • **¿Qué se necesita?**

- Hombre de 19 años, estudiante de primer año en la universidad, auto-referencia
- D: "¿Qué quieres de la terapia?"
  - "No lo sé. Realmente no puedo decir lo que está mal conmigo."
- D: "¿Estás contento con tus calificaciones?"
  - "Sí"
- D: "¿Alguna vez has tenido novia?"
  - "No"
- D: "¿Tienes miedo de que algo te pase porque nunca has besado a una chica?"
  - "Sí"
- D: "¿Quieres que te diga cómo besar a una chica por primera vez?"
  - "Sí, por favor."



# CLINICAL PATTERN RECOGNITION

## RECONOCIMIENTO DE PATRONES CLÍNICOS

### • **What is needed?**

- Female 31, son age 12, works full-time, her new boyfriend has no job, she requests couples counseling
- D: "What do you both want from therapy?"
  - Male: 8 minutes of blaming her for his misery
- D: "Will you please step outside?" (to male)
  - Female: "I don't know if I will ever be able to make him happy"
- D: "I'm not going to do couples counseling with you. When he comes in, I will explain that it was my idea not to do counseling. You need to leave this relationship. If you stay, he will destroy you and your son."
- D: "I don't think couples counseling will do any good for your problem. I will not charge you for the last 15 min."
  - Male to her, "I told you this would be a waste of time!"

### • **¿Qué se necesita?**

- Mujer de 31 años, hijo de 12 años, trabaja a tiempo completo, su nuevo novio no tiene trabajo, pide terapia de pareja
- D: "¿Qué quieres de la terapia?"
  - Hombre: 8 minutos de culparla por su miseria
- D: "¿Podrías salir?" (a los hombres)
  - Mujer: "No sé si alguna vez podré hacerlo feliz"
- D: "No voy a hacer terapia de pareja con usted. Cuando entre, explicaré que fue idea mía no hacer terapia. Tienes que dejar esta relación. Si te quedas, él te destruirá a ti y a tu hijo"
- D: "No creo que la consejería de parejas haga ningún bien para su problema. No te cobraré por los últimos 15 minutos."
  - Hombre según ella, "Te dije que esto sería una pérdida de tiempo!"

# COLD READING DURING CIA INTERROGATION

## LECTURA DE COLD DURANTE EL INTERROGATORIO DE LA CIA

### • **What is hidden?**

- The subject is a young male, he has been interviewed for 4 hours, given 6 hours of psychological testing including a polygraph. Everything is passed with perfectly normal scores. There is no history of arrest or any trouble. Throughout it all, he is confident and cheerful.
- The interviewer sees that he had a motorcycle license but no mention was made of owning a bike. He takes the interviewee into a dark room, shines a light on his face, tells him that they know all about the motorcycle and that the time has come for him to be honest.
- He becomes hysterical, confesses to a double life and a history of criminal activity.

### • **¿Qué está oculto?**

- El sujeto es un hombre joven, ha sido entrevistado durante 4 horas, dado 6 horas de pruebas psicológicas incluyendo un polígrafo. Todo se pasa con puntuaciones perfectamente normales. No hay antecedentes de arresto sin problemas. A lo largo de todo, es seguro y alegre.
- El entrevistador ve que tenía una licencia de motocicleta, pero no se mencionó el dueño de la moto. Lleva al entrevistado a una habitación oscura, le ilumina la cara, le dice que saben todo sobre la motocicleta y que ha llegado el momento de que sea honesto.
- Se pone histérico, confiesa una doble vida y un historial de actividad criminal.



# COLD READ DURING FAMILY THERAPY

## LECTURA DE COLD DURANTE LA TERAPIA DE FAMILIA

### • **What is hidden?**

- The mother is distraught because her 19-year-old son nearly jumped from a bridge in NY. He has a long history of severe medical symptoms, which remain undiagnosed. He stares at the ground as his mother describes his suffering.
- Dan: *"I have been watching you and noticed that you are not saying everything you are thinking. Did you know that you have an unconscious mind, and that it can tell me things without you knowing so?"*
- Boy: *"Can I speak with you in private?"* (Mother is sent away) *"So you know that I have been lying?"* Dan, *"Yes, I do."*
- Boy: *"I just can't take it anymore. My parents have spent half their retirement on medical testing for fake symptoms. I just wanted to stay home one day from school. I didn't know what it would turn into and now I don't know how to get out. Will you please help me!"*

### • **¿Qué está oculto?**

- La madre está angustiada porque su hijo de 19 años casi salta de un puente en NY. Tiene una larga historia de síntomas médicos graves, que no se diagnostican. Mira fijamente al suelo mientras su madre describe su sufrimiento.
- Dan: *"Te he estado observando y he notado que no estás diciendo todo lo que estás pensando. ¿Sabías que tienes una mente inconsciente, y que puede decirme cosas sin que tú lo sepas?"*
- Chico: *"¿Puedo hablar contigo en privado?"* (Madre es enviada) *"Así que usted sabe que he estado mintiendo?"* Dan, *"Sí, lo sé."*
- Chico: *"No puedo soportarlo más. Mis padres han pasado la mitad de su jubilación en pruebas médicas para síntomas falsos. Sólo quería quedarme en casa un día de la escuela. No sabía en qué se convertiría y ahora no sé cómo salir. ¡Por favor, ayúdame!"*



# UNSTRUCTURED INTERVIEW STYLE

## ESTILO DE ENTREVISTA NO ESTRUCTURADO

- The client often does not know how much to share
  - *"Please tell me the parts of your life that you think are relevant to the problem."*
- Stories convey emotion and therefore help to create a context of understanding.
  - Almost always, you should inquire about how the problem started and what else was happening at that time.
- Stay current: *"Has anything important or unusual happened since our last visit?"*
- El cliente a menudo no sabe cuánto compartir
  - *"Por favor, dígame las partes de su vida que usted piensa que son relevantes para el problema".*
- Las historias transmiten emoción y, por lo tanto, ayudan a crear un contexto de comprensión.
  - Casi siempre, usted debe preguntar acerca de cómo comenzó el problema y qué más estaba sucediendo en ese momento.
- Mantenerse ha actualizado
  - *"¿Ha pasado algo importante o inusual desde nuestra última visita?"*

# THIS IS NOT MAGIC--IT IS SENSITIVITY

## ESTO NO ES MAGIA--ES SENSIBILIDAD

- It is unrealistic to expect your client to read your mind or for you to think you know your client's thoughts
- Instead, remain vigilant for any intuitive knowledge that can be checked out, avoid wasting any opportunity for communication at the subtlest level
- With great sensitivity, you recognize what is happening in the client's body and how it is influenced by what happens in your body
- No es realista esperar que su cliente lea su mente o que piense que conoce los pensamientos de su cliente
- En lugar, permanezca atento a cualquier conocimiento intuitivo que pueda ser revisado, evite desperdiciar cualquier oportunidad de comunicación en el nivel más sutil
- Con gran sensibilidad, usted reconoce lo que está sucediendo en el cuerpo del cliente y cómo está influenciado por lo que sucede en su cuerpo

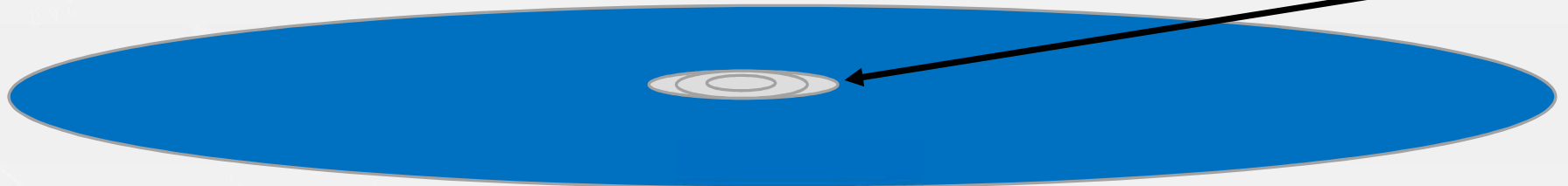
# Assessment on a Descending Scale Evaluación en una escala descendente



**High probability (Profiling)**  
Alta probabilidad (Perfilado)



**Associations (Micro-patterns)**  
Los recuerdos (Micropatrones)



Cargado emocionalmente  
(Autoconocimiento emergente)



**Emotionally laden (Emergent self-knowledge)**



- One evening a woman enters **Milton Erickson's** office, without an appointment. Sprawled out in an armchair she states, "I want something." Erickson replies that since she is in a psychiatrist's office, she must want psychotherapy.
- Since reaching sexual maturity she has had a compulsion to have sex with any man, singularly or in groups, any time, any place, with very low self-esteem, "I'm disgusting, filthy, horrible. But I have got to keep on doing it and I want to stop."
- She is asked to commit to abstaining from sex. During therapy, she engages in intense, verbal self-flagellation. All Erickson could get from her was that she hated her mother, who she felt ruled over her and her father through verbal abuse. She adores her father but hates his weak, submissive posture. **"I'd like to make a man out of him so he'd slap her down."** Both parents taught her to hate sex and she does. The next 2 sessions are filled with similar self-derision.
- To end the self-disparagement, Erickson states preemptively, "Sit down, shut up, and don't you dare to open your mouth!" In a deep trance she is told that she will have amnesia for all trance experiences unless otherwise indicated.
- Next session, she's told, "We both want to know why you're so promiscuous. We both want to know the cause of your behavior. We both know that that knowledge is in your unconscious mind." She sits for two hours, thinking of nothing, doing nothing, knowing that her unconscious mind will provide the reason, "But neither you nor I will understand until the right time comes."

# TRADITIONAL ASSESSMENT

Clinical diagnosis = Sex Addiction

Standard treatment = Inpatient treatment, addiction groups, read about sex addictions

## THERAPEUTIC ASSESSMENT (USING PROJECTIVES)

Erickson gives her a typewritten page (recent manuscript), instructs her not to read it, just look at it (i.e., the projective)

**“On this page you will find the letters you need to spell the reason for your behavior.”**

He told her that she would not see its meaning yet, that he would lock it in his file, unread, until the right time. She was instructed to underline the letters quickly, in a seemingly random fashion. Instantly, it is removed and locked away.

Next visit, she is told to decide the time when “the reason” is to be fully known. She replies, “three weeks,” saying nothing else. She returns at the appointed time, states that she does not know why she is at Erickson’s office but that she had a strong feeling she had to come, “There is something awfully scary about coming. I wish I didn’t have to.”



# ERICKSONIAN ASSESSMENT

Universal instincts = Sex (w/o > status) Defiance (sacrificial) Hunting/Transference

Environmental conditioning = What has she learned about being a woman?

What has she learned about male authority or protection?

What has she learned about self-control?

What has she learned about expressing her emotional needs?

**Who is she defying and what might she be hunting for?**

Self-emergent knowledge = She is already aware of her shame/self-hatred over her sexual activity. What are the even stronger, more overwhelming emotions that she has not allowed herself to consciously know?

After graduation from medical school and the completion of his internship he had searched the medical literature extensively and had experimented with every drug preparation that seemed to offer even the slightest hope, but all to no avail.

He had tried two other measures: stage hypnotists, whom he soon came to regard as patently fraudulent because of their extensive claims unsubstantiated by any scientific knowledge or results, and "bedmates," attractive, willing women he paid to sleep regularly with him over a period of many weeks, in the hope that "sooner or later," he might awaken with an erection during the night and succeed in having relations. This measure also was a failure.

His reason for seeing the author was twofold. **I**n the first place he had been **a**ware that ever since World War I medical **i**nterest in hypnosis as a scientific modality had been growing, and he was aware of the author's interest in medical hypnosis. Secondly, six months previously he had fallen "desperately in love" with a 32-year-old woman who had responded to him as intensely as he had **t**o her, with mutual declarations impulsively made by the end of three months of their acquaintanceship. This had forced him into a full confession of his sexual incompetency, although not of the extensive "therapeutic" measures to which he had ineffectually resorted.

She was appalled by his difficulty, but she was convinced that their intense emotional regard for each other would constitute an **e**ffective cure. He was doubtful of this, but after several **w**eeks of persuasion by her he agreed **r**eluctantly (since he feared the outcome) to let her discard her moral standards and sleep with him. Approximately a half-dozen futile attempts were made to effect his "cure" by her proposed method.

They then discussed the possibility of a happy marriage with only sexual play and affectionate embraces; but, despite her belief in such a possibility, he felt that the frustrations entailed would inevitably result in marital discord. They finally decided "to **d**ate regularly without any attempt at sex, but this was **f**rustrating too."

Then one day he happened to read an article on the surgical use of hypnosis, and this led him to secure an appointment with the author.

Having listened carefully to his story while making adequate notations, the **a**uthor told the patient that his problem would require at least two weeks of thoughtful study before any opinion could be reached, and that he might then request another appointment.

What thought is at the back of your mind. Or, what word suddenly popped into consciousness?

- She sat down in a chair saying nothing for one hour. Then at 5 o'clock she remarked, "I'll be ready at 6:30," then she continued to wait quietly in a puzzled fashion.
- At 6:30 the file was unlocked, the paper was handed to her. She turned it over and around in a puzzled fashion, suddenly turned pale, became rigid, gave voice to an inarticulate scream and burst into choking, shattering sobs, gasping repeatedly, "that's what I tried to do."
- She had Erickson read the paper, and then explained, "It was the man, every man, all the men in the world. That would include father. That would make him a man, not a grease spot under my mother's thumb. Now I know what I've been trying to do, and I don't have to do it more. How horrible!"
- Several years later Erickson learned that she was happily married and the mother of three children.

Source: Special Techniques of Brief Hypnotherapy, 1954, The Collected Works, Volume 3, Patient G, pp. 19- 24.



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## CASE EXAMPLE -- DAN SHORT

- A friendly, young nurse describes her problem as being a lack of self-control, **"I keep sleeping with married men, especially doctors."** (smiles at me)  
"My girlfriends have joked that no man can refuse me."
- While making these statements, she is leaning forward, casting a provocative stare, with her knees pressed tightly together and her elbows drawn into her waist.
- I ask how old she was when she first started learning about sex, and whether it was a pleasant or unpleasant experience. Her mood shifts dramatically, she had been raped by a limo driver on her way to prom. She had sex with her boyfriend that night. Could not tell anyone what had been done to her. Soon after, her parents divorced.
- Other problems include drinking excessively and problems sleeping at night. She absolutely cannot sleep alone in a bed.

# TRADITIONAL ASSESSMENT

Clinical diagnosis = Sex Addiction

Standard treatment = Inpatient treatment, addiction groups, read about sex addictions



# ERICKSONIAN ASSESSMENT

Universal instincts = Sex (w/ status) Self-protection (posture) Jealousy (married women)

Environmental conditioning = What has she learned about sex?  
What has she learned about doctors?  
What has she learned about family?

Self-emergent knowledge = She seems to take pride in her beauty and sexual power. So what are the overwhelming emotions that she has not allowed herself to consciously know?

**What experience is she refusing to admit to?**

## THERAPEUTIC ASSESSMENT (HYPNOTIC DREAMING)

She is told that we will use hypnosis to learn more about her deepest emotions, that she will be in a type of sleep, in which dreaming can take place, but she will not be alone. **I assure her that I will protect her from psychological threats, as if she were my own daughter.**

She uncovers a repetitive nightmare, probably experienced every night. She is surrounded by blood and dismembered infant bodies. She is casting the bodies down a shot and nothing but death surrounds her.

As her face fills with horror and agony, she struggles to breath, I take over the dream and state that she is a capable nurse, and that her vision is now focused on only one baby, who she can help, she can stop the bleeding, and comfort the infant. I suggest that when she awakes she will have a deep and powerful feeling of being a woman who cares for children.

Out of trance, I have her speculate on whether she wants her first child to be a girl or a boy. She wants a baby girl. So we consider names. I assure her that she will be more protective, and better medically educated, than most other moms.

## EXPERIENTIAL EXERCISE: EJERCICIO VIVENCIAL:

1. Find a partner who will be your therapist
2. Role-play a client who has been difficult for you to understand
3. Therapist:
  - a. Ask questions to establish a profile
  - b. Get some personal narratives, watch for micro-patterns
  - c. Ask a speculative question
4. Share your impressions of the client

1. Encuentra un compañero que sea tu terapeuta
2. Interpreta un cliente que te haya difícil de entender
3. Terapeuta:
  - a. Pregunta para establecer un perfil
  - b. Obtener algunas narrativas personales, vigilar los micropatrones
  - c. Hacer una pregunta especulativa
4. Comparte tus impresiones del cliente