Systemic Hypnotherapy: Deconstructing Entrenched Ambivalent Meanings In Self-Organizing Systems

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Abstract

Systemic hypnosis is often seen as equivalent to an Ericksonian approach even though they reflect different epistemologies. Second-order articulations of systems theory emphasize the self-organization and autonomy of living systems: all systemic actions are aimed at the conservation of the system’s autonomy; loss of autonomy means death as a system. In human systems verbal and non-verbal language reflects the meanings central to the system’s autonomy and its conservation. Previous work has shown how symptomatic behaviour can be seen as linguistic expressions of the conservation of an ambivalent autonomy (Fourie, 1996a, 2003). Such behaviour therefore implies, expresses and even recursively conserves certain meanings that in time have become entrenched in the system. In this view, psychotherapy is aimed at the co-operative deconstruction of such entrenched meanings, helping them to transform into more functional, less ambivalent, understandings and actions. It is the aim of this paper to show how hypnosis can be employed for this purpose in a way which is coherent with a systemic rather than an Ericksonian epistemology.

Keywords: Systems theory, entrenched meanings, Second-order cybernetics, perturbation, autonomy of systems, deconstruction, conservation of ambivalence, hypnotherapy.

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The use of hypnosis from a systemic perspective is almost always interpreted as entailing an Ericksonian approach. This trend became evident more than 20 years ago when Ritterman’s (1983) book formalized the combination of systemic and Ericksonian thinking. Even though it was shown that the two modes of thinking embody different epistemologies (Fourie, 1991a, 1991b), the one focussing on intrapsychic occurrences in the hypnotized person and the other on attributions of meaning in the hypnotic context (Fourie, 1995), the trend continued and current literature on systemic hypnotherapy still reflects Ericksonian thinking (e.g. Schmidt, 2004).

While there is little doubt that Ericksonian techniques can be valuable and useful in (systemic) hypnosis, it is the aim of this paper to show how hypnotherapy can be approached from a perspective which is coherent with a systemic rather than an Ericksonian epistemology. This will be illustrated with case examples.

Conservation of Ambivalence

When systems thinking moved from so-called first-order to second-order cybernetics in the early nineteen-eighties, the move was away from a focus on interaction patterns in families, as if these could be objectively observed, toward a consideration of the functioning of systems as wholes. In this “newer” perspective systems are considered to be autonomous, autopoïetic (self-perpetuating), self-organizing and structure-determined. A system can only do what its structure allows it to do (dogs cannot fly) and no “instructive” or causal influence of one system on another is possible. Systems can only “perturb” one another and the reaction to such perturbation is determined by the structure of the perturbed system, not by the perturbing actions of the first system (Kenny, 1988; Kruse, Stadler, Pavlekovci & Gheorghiu, 1992; Maturana, 1975; Maturana & Poerksen, 2004; Varela, 1979). The behaviour of systems cannot be objectively observed, because by observing, the observer becomes part of the system (Von Foerster, 1982; Von Glasersfeld, 1995) and the observation is therefore cooperatively constructed by all the members of the system (Maturana, 1983; Poerksen, 2004). These have become basic tenets of second-order thinking.

One of the outflows of this perspective is that all systems are seen as continually conserving their autonomy, i.e. they react to perturbations in such ways as to ensure that their autonomy is not lost. Loss of autonomy means the death of the system as a particular living organism (Maturana & Poerksen, 2004). The way in which a specific system would react to a particular perturbation would not depend on the perturbation, but on the structure of the system at that moment. In human systems, which operate largely in linguistic ways (Anderson & Goolishian, 1988), this structure would include the ideas in the system about the nature of the specific perturbation and about the threat to the system’s autonomy it seems to represent.

It was shown in our previous work how symptomatic behaviours can be seen as (verbal and/or non-verbal) linguistic reflections or expressions of the system’s conservation and protection of its autonomy against a perceived threat (Fourie, 1993). Such behaviours therefore carry certain meanings relating to the system’s autonomy and to the perceived threat(s) to that autonomy. In time these meanings become entrenched in the structure of the system. They do not get questioned, in fact system members scarcely notice their existence, they are taken for granted. Even though the symptomatic behaviour reflecting these ideas is
troublesome to the system and efforts are often made to change it, the ideas and meanings reflected usually remain part of the system’s structure. As part of this structure and therefore of the system’s autonomy, they are conserved as well. This is an ambivalent position: the system attempts to rid itself of the symptomatic behaviour, but simultaneously tries to conserve the ideas expressed by this behaviour (Fourie, 1996a, 2003).

A simple example of this would be that of a child lying: the first time the parent finds out that the child had lied, doubt about the child’s future statements becomes part of the structure of the system. The child senses this and now looks apprehensive even when he or she speaks the truth, thereby strengthening the whole system’s ambivalence about each others’ statements. In time, the system can then come to conserve an autonomy that has to do with truth, lying and doubt, in other words, an ambivalent autonomy, oscillating between the poles of truth and falsehood. The child’s statements, doubt about these, and actions to stop presumed and/or real lying become part of the whole system conserving its ambivalent autonomy, its way of being. These actions can be seen to conserve and protect the system’s autonomy and they fit together in a coherent but ambivalent manner (Dell, 1982). Ambivalence about certain issues becomes part of the identity, the structure, of the system and the system’s actions reflect this, also on an individual level.

In order to use hypnosis therapeutically from this perspective, two interconnected systems need to be considered, namely the hypnotherapeutic system consisting of everybody present in the therapeutic situation, and the wider system in which the client lives.

The Hypnotherapeutic System

Entering from outside into a particular social situation one would know that it was a hypnotherapy session rather than a party, a meeting, a funeral, an opera or a ball game because each of these contexts is defined or qualified differently by aspects such as the nature of the venue, and the actions, dress and demeanour of the people present. The actions of the participants cooperatively, coherently and simultaneously qualify what happens, as hypnosis, just as other actions would qualify a particular situation as a party or an opera, etc. The concept of “hypnosis” is therefore used to describe the situation, and certain actions within the situation, as of a certain type called “hypnotic” (Fourie, 1991c).

Based on this, from a second-order or ecosystemic perspective hypnosis is not seen as an entity such as a state of consciousness, but a concept used to describe certain actions in a certain social situation (Fourie, 1995). Everybody who is involved in the situation thinks in terms of this concept and plays a role in defining what happens as “hypnotic” (or not) (Fourie, 1991c, 1994, Fourie & Lifschitz, 1985, 1989). This is a verbal and non-verbal linguistic process occurring in a social setting mutually understood to be one of hypnosis. The person designated as the hypnotist acts in ways which are coherent with the expectations of the participants, e.g. he/she might talk in a monotonous voice and address mainly the person designated as the subject or client. He/she speaks in a way which qualifies the client as “hypnotized.” For instance, instead of defining the client as an active protagonist by saying something like “Please close your eyes,” the hypnotist would define the client as a mere observer of his/her own behaviour by saying “Just notice how heavy your eyelids have become...soon your eyes will probably close by themselves...” In turn, the client acts in a “hypnotic” way, showing acceptance of the definition of the situation as hypnotic by e.g. moving the eyelids in a manner which suggests that they are heavy. Onlookers who might be present usually help to define the situation as one of hypnosis by keeping quiet and by observing the client’s actions. All of this qualifies the client’s behaviour and experiences as
Involuntary, i.e. as occurring spontaneously.

As the process continues, more and different client behaviours and related emotional experiences are brought into the ambit of that which becomes understood, in the particular situation, as “hypnotic,” i.e. as happening involuntarily. These include behaviours traditionally seen as indicators of the existence of an altered state of consciousness. From an ecosystemic perspective such a “state of consciousness” is therefore not seen as something “real”, but as inferred from the client’s actions which in turn reflect the way he/she helps to qualify the situation as “hypnotic.” These qualifying client actions can include profound subjective experiences traditionally called “dissociative.”

In the same way that the interlinked actions of everybody at a party, together with the venue and the environment, define a party as a (particular) party, in a similar way the interlinked actions of everybody in the hypnotic situation define the situation as a (particular) hypnotic situation (Fourie, 1991c). And just as it is not necessary to postulate a “party state” in order to explain people’s actions at a party, it is not necessary to postulate a “hypnotic state” to explain hypnosis.

From this perspective the hypnotherapeutic system is viewed as one where client/family ideas, meanings and attributions get perturbed through a particularly defined social interaction (Gheorghiu & Wallbott, 1995). This is probably close to what Ericksonian therapists would consider the potentiating of client resources (Schmidt, 2004); it is just focussed on ideas and expectations (Kirsch, 2001) in the whole system rather than on hypothesized individual inner resources, reflecting the two different epistemologies.

In the process of mutual qualification occurring in the hypnotic situation (Fourie & Lifschitz, 1985) more and different client behaviours get elicited in ways which indicate that they “just happen.” Not only can these come to include actions and experiences which oppose or amend the symptomatic behaviour, but the qualification of client behaviours as involuntary can be used to address the ambivalent autonomy he/she attempts to conserve. For example, performance anxiety might keep a client from functioning effectively at work. This might be seen as reflecting the conservation of an identity which has to perform, but also has to fail. Then it might be possible to get one part of the client’s body to do the failing - involuntarily, of course - leaving the rest free to be its efficient self. For instance, while the client would speak competently in the company’s high-level negotiations, his one leg might be painful enough to effect a slight but noticeable limp.

The Wider System

It is not only the client who conserves an ambivalent autonomy. The wider system of which the client forms a sub-system also conserves its autonomy and ambivalence is often reflected in various levels of this system. An example:

Mrs. L (43 yrs) applied for hypnotherapy in order to stop being bothered by her husband’s snoring. They had been married for three years after having lived together for a time. According to her, the snoring only started after the marriage, but her husband said he had always snored. They had tried many solutions, but to no avail. The husband even had an operation to improve his nocturnal breathing. Mrs. L had been to individual therapy and the couple also had couple’s therapy - all without success.

Apparently, Mrs L was initially reluctant to get married. With an absent father who treated her in a disrespectful and offhand manner she was wary of men. Nevertheless she loved her husband and eventually it was she who proposed marriage. According to the referring therapist the husband was a very warm, loving and considerate older man, but Mrs. L
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often withdrew from him. The snoring led her to sleep in another room and their sex life had come to a standstill. This suited her, she said, but she could still hear the snoring even through two closed doors. Even worse, Mr. L’s adult son, to whom he was very close, often came from Europe on business and then stayed with them for weeks at a time. Apparently this son was a very large and “loud” person who filled the house with his presence, also by snoring even louder than his father! Mrs. L said she felt driven from her own house as the house they lived in actually belonged to her. But she felt guilty about these feelings and did not want the marriage to end.

The ambivalent autonomy being conserved in this system seemed to do with closeness and distance: the system simultaneously conserved both togetherness and separateness. Before the marriage the possibility of moving out at any time probably regulated the emotional distance between the partners. However, Mrs. L upset this balance when she proposed marriage, i.e. moved closer. After the marriage the snoring took over this regulatory function: either the noise became worse or Mrs. L started noticing it more (or both). The sporadic presence of Mr L’s son, welcomed by his father but secretly dreaded by Mrs. L, represented a further way in which the larger system conserved its ambivalence. The worsening of Mrs. L’s migraine headaches could be seen in the same light. It was shown before (Fourie, 1993) that migraines, while eliciting sympathy, simultaneously helped the sufferer to avoid emotionally demanding situations, thereby reflecting the conservation of an ambivalent autonomy around distance and closeness.

Hypnotherapy

When people enter into any psychotherapy they bring with them their ambivalence, both in the symptoms they wish to address and in the ideas they express regarding the symptoms and the treatment. It is the task of the hypnotherapist to address the ambivalent ideas and meanings in the system in such a way as to invite these to dissolve in a way mutually qualified as happening spontaneously. This is technically similar to inviting a hand to levitate or the eyes to close by themselves, but it is more complicated and does not always require or benefit from the use of formal hypnosis.

What it does require is some sort of reframing (Watzlawick et al, 1974) of the situation whereby the opposite poles of the ambivalence can come to be seen as compatible rather than as opposing each other. It was previously shown how all psychotherapy, of whatever persuasion, embodies a reframing, followed by action compatible with the “new” understanding (Fourie, 2000). The case of Mrs. L illustrates this process.

In hypnosis, Mrs. L was led to experience through imagery three situations, namely a place of safety where she could be alone, comfortable and confident; an ideal place, which for her was in a Venetian gondola with her husband; and the problematic place, where she would be kept awake by her husband’s snoring. In the course of several sessions the boundaries between these three places were increasingly blurred; she was for instance requested to notice how, by moving in imagery from the safe place to the ideal place, some of the feelings of safety and comfort would “transfer” to the gondola. Some of these feelings and some of the feelings of companionship experienced in the gondola could in turn also gradually and to her surprise be noticed in the problematic place. The reframing that developed in this process, was that both distance and closeness with her husband could be safe and comfortable for her and that this could be regulated deliberately by her and not by his snoring or by migraines, both of which she could not control.

In the action phase following on this reframing (Fourie, 2000), she was requested to
notice in her daily life, and especially when she was hearing the snoring, how feelings of comfort, safety and companionship can come to the fore “by themselves.” After all, by snoring her husband reassured her that she need not feel alone. And if these feelings were “reluctant to appear by themselves,” then she was to hypnotize herself and enter through imagery into the safe and/or ideal place so that the feelings of safety and companionship could be “taught” to be welcome in the problematic place.

Mrs. L carried out these actions with increasing confidence and gradually the nocturnal noise became less of a problem for her. In discussing the situation with her husband, they arranged for the son to stay in a different place on his visits. The marital relationship grew closer and by follow-up after six months Mrs. L had moved back into the marital bedroom, although their physical relationship was still sporadic.

A different illustration of this same process is provided by the case of Mr. and Mrs. B, both in their early forties. In the initial session Mr. B, who was very concerned, did almost all of the talking because Mrs. B could not really speak. Her tongue was swollen like that of a parrot and she could not form words properly. This had been going on for 14 years, since the birth of their first child. They had been to many doctors, such as neurologists, and had many tests done, but no physiological problem could be found. They thought that the problem was caused by stress and that relaxation would help. For this reason they had previously been to a hypnotherapist, but according to them he could not get her to relax enough to be hypnotized.

About halfway through the first session the therapist asked Mrs. B whether she had noticed herself becoming increasingly tense as her husband spoke. She cried and nodded. The therapist then wondered aloud whether the tension could increase even more and whether her tongue could become even more swollen. Again she nodded. In this way increasing tension, swelling of the tongue and discomfort were qualified as happening involuntarily and in response to the therapist’s suggestions, leading the system to define what was happening as hypnosis. This meant utilizing behaviour which was already there rather than attempting, like the previous hypnotist, to get her to relax. Any behaviour can be qualified as hypnotic and relaxation is not necessarily a part of hypnosis (Fourie, 1996b). Once the definition of the situation as hypnotic was established, however, Mrs. B was gradually able to relax and go into a safe place in imagery.

As she could still not talk, she was requested to explore by herself, in the safe place, what happened in their lives around the time when she had stopped speaking. This she had to remember and write down when she got home. Details which she might have forgotten could come back into her memory in the course of this process. The written record should then be brought to the next session.

In the next session, Mrs. B’s notes and her husband’s recollections were used to construct the following history: Mrs. B’s father was harsh and domineering; everybody had to do his bidding, including the mother. Mrs. B was quiet and well-behaved so as not to upset him. In turn, Mr B became the man in the house at the age of 12 when his father died. He became close to and protective of his mother. After the couple got married and Mrs. B had fallen pregnant, Mr. B’s mother came to visit them in the small rural town where they lived. For some reason she had a serious argument with her daughter-in-law and left. Shortly thereafter the B’s first son was born. When Mrs. B.s parents, who lived in the same small town, came to see the baby, Mr. B was not very happy. He told his wife that if his mother was not welcome in their house, neither were her parents. They then started visiting the mother and baby when Mr. B was at work, but he realized they were there in his absence because he
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could smell that they had smoked. He became quite angry. This was when Mrs. B stopped talking. Since then, communication between them was difficult. Also their two boys were growing into teenagers and Mrs. B could not discipline them properly. About the only person with whom she could have some sort of conversation was her mother.

Based on this co-constructed history, it was clear that the wider system conserved its autonomy as male-dominated. This embodied a particular ambivalence, namely opposing/criticizing versus obeying the male figure. Even the boys, as males, could not be opposed by female efforts to discipline them. The speech problem reflected the conservation of this ambivalence both at the individual level and at the level of the wider family system. Mrs. B ceased being able to speak at a time when speaking would have meant opposing either her husband or her father, neither of whom should be criticized, and choosing between them. She could not afford to have a voice in that situation or in that system.

In order to fit with this family’s conserved autonomy and to provide a believable reframing, the therapist showed much empathy for Mr. B’s situation. Mr. B had never experienced the joys of having a partner, a companion. He had to settle for a speechless housekeeper with whom he could not discuss his dreams and ideals. For instance, he was very involved in church activities, but he could not take his wife along to these. He was a lonely man. All the efforts and expense he engaged in over the years to resolve the problem showed how important it was to him to have a wife instead of a housekeeper. Could he help her to become a wife, a partner?

Then Mrs. B was hypnotized again and led in imagery to see herself verbally asking small favours of Mr. B and the children. In particular she had to observe the delight on her husband’s face when he heard her speaking freely. In the next session it was suggested that the couple have a conversation about everyday activities once a week. Again she was asked in hypnosis to form an image of such a conversation, to notice that in this situation her husband asked her opinion about certain issues and then to observe his positive reaction to the opinions she expressed. The husband was asked to start taking his wife along to some of his church activities and also to take her out for a meal in the following days. This was the action phase following the reframing.

Mrs. B’s speech improved and in the fifth session she reported that for the first time, and quite spontaneously, she had been able to confront her father about a long-standing extramarital affair that he had been having. Apparently she made such an impression upon her father that he started crying, asked her and the mother’s forgiveness and promised to end the relationship. At the end of six months Mrs. B was speaking almost normally and they both enjoyed their closer relationship. The boys also showed greater respect for their mother.

Mr. B’s presence during the hypnosis was very handy. Hearing that his wife was to notice him asking her opinion in future conversations acted as a suggestion to him to in fact do so on such occasions, thereby defining her as someone who had an opinion, who was entitled to express this opinion, and whose opinion he was keen to hear. The entire therapy was therefore aimed at deconstructing the entrenched idea of male dominance. As such it was focussed on the whole system, not only on Mrs. B. Her symptom was just a reflection of the system’s problem, namely entrenched male dominance, kept alive by both males and females in the family. Mr. B’s presence in the therapy was therefore as important as that of his wife and the hypnotherapeutic interventions were meant for him as much as for her.
Systemic Hypnotherapy

Conclusion

These case descriptions illustrate how hypnosis, approached from the perspective of second-order cybernetics, can be utilized, as part of a wider psychotherapeutic process, to perturb entrenched meanings which reflect the conservation of an ambivalent autonomy in human systems. This approach therefore embodies an ecosystemic rather than an Ericksonian epistemology; it is focussed on the system’s conserved autonomy rather than on the individual “unconscious mind”. In the case of Mrs. L, the ambivalence between closeness and distance in the marital relationship became far less pronounced. In the case of the B family the idea of male dominance which threatened to be passed on to yet another generation, was cooperatively deconstructed by inviting the system to give Mrs. B her voice back.

Needless to say, this is only one way in which systemic principles can be applied in hypnotherapy. There are many others. All of them are constructions which are more or less helpful in different situations, but none of which holds the ultimate answer. As social constructionists/constructivists we should always keep this in mind (Poerksen, 2004). In the same vein it should not be implied that the approach described here is considered to be “better” or “more effective” than any other, including an Ericksonian approach. The idea of universal superiority and even universal applicability runs counter to ecosystemic thinking.

It also needs to be emphasized that an ecosystemic approach lies on the level of epistemology rather than on the level of theory: it does not advocate a specific way of doing, specific methods or strategies, for instance. It employs methods which originate from a wide range of theories - such as imagery, reframing, indirect suggestion, even systematic desensitization or EMDR (Fourie, 2006) – but always from the perspective of context, ecology and interpersonal meaning rather than from the perspective of the particular theory. It does not necessarily give credence to a particular theory but can use a method from that theory to perturb a specific ambivalent set of ideas in a system. From this point of view any specific strategy involves a certain interpersonal context which carries or can convey certain meanings and attributions of meaning, and by utilizing that strategy these meanings can then be employed to address the conserved ambivalence in the system. In a sense then this approach is eclectic, but not in merely using different methods in a hodgepodge way, following whatever theory seems most suited at the time. All methods are used from a consistent and coherent contextual or ecological point of departure and with one aim only: to construct, with the client or family, a different “reality” or narrative (Freedman & Combs, 1996) in which the symptomatic behaviour becomes incompatible with the “new” ideas.

References


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