

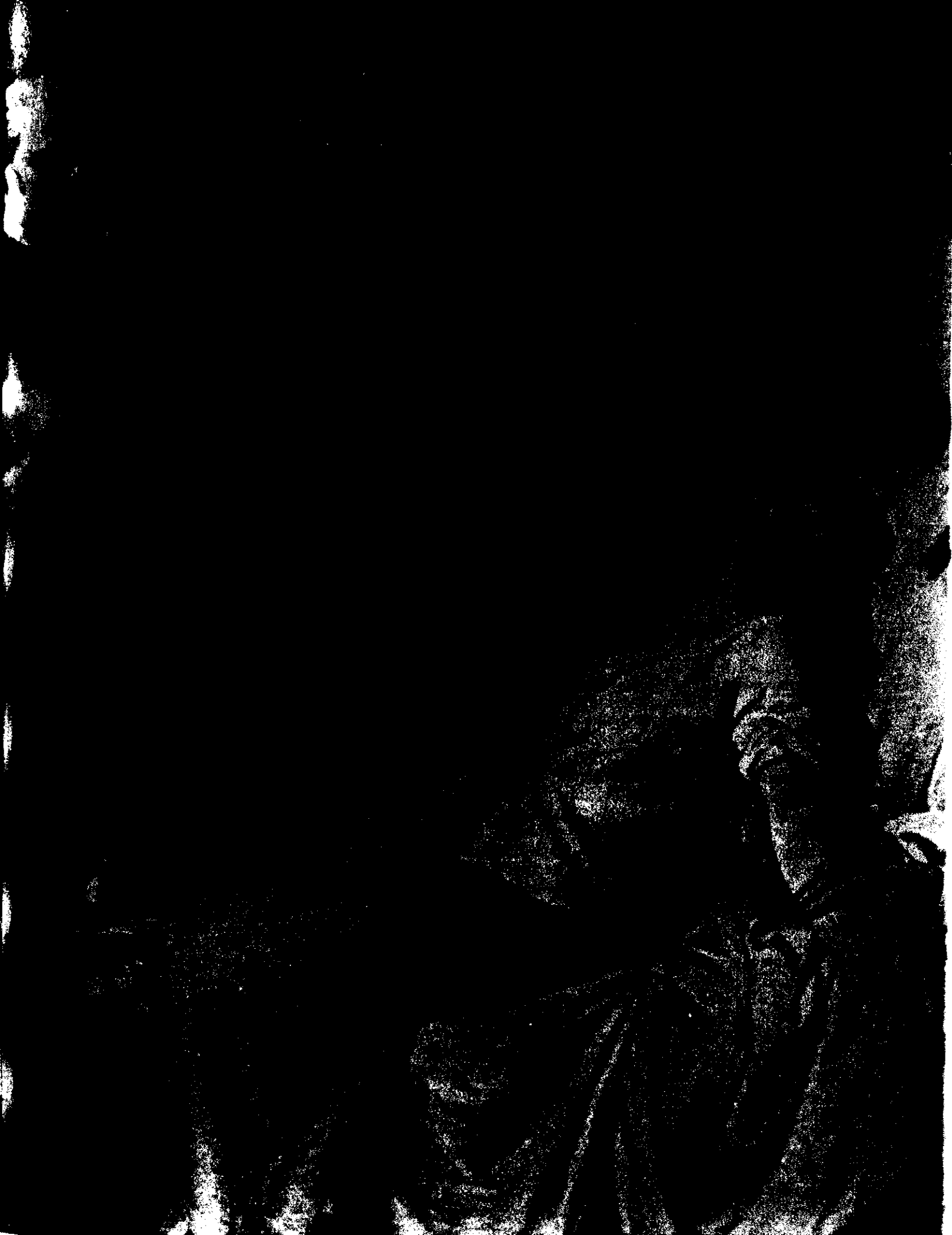
by
DOUGLAS FLEMONS

Making Symptoms Vanish

"POISON," JOANNIE MOANED, tears of fear and pain wetting her face, "I have poison running through my veins. Poison, poison . . . it hurts so bad, so bad." Five months preg-

HYPNOSIS nant, Joannie had gone the previous
AND THE week to her ob/gyn complaining of seri-
MYSTERY OF ous pain in her arms, pain that had been
THE SUDDEN keeping her from sleeping and often
CURE reduced her to tears. Unable to find a
physical explanation for her distress and not want-
ing to prescribe pain medication, the doctor had
suggested she try hypnosis. And that's just what she
had been doing—trying hypnosis with me in my
office, accepting my invitation to "go into trance"—
when the sensation of being poisoned over-
whelmed her. ■ "Joannie," I said, "the poison hurts
so bad. . . . How fortunate, then, that poisons have

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antidotes. Go ahead and let the antidote for this particular poison enter your arms and start to transform it. I don't know if the antidote will cause the poison to evaporate through your pores . . . or to drip out the ends of your fingers . . . or to neutralize it in some other way. Let's let the antidote begin working and see how the poison changes."

Joannie's face relaxed a little and her tears stopped. After a few minutes, she whispered, "The poison has been dripping out my fingertips, but it won't completely drain out. It is pooled in the ends of my fingers."

"If the poison can pool in the fingertips of *both* hands," I speculated aloud, "it is certainly capable of becoming concentrated in the fingertips of just one of them. I wonder which?"

A few more minutes passed. "It has moved to the fingertips of my right hand."

At this point I faced an array of possible directions to take with Joannie. I

could suggest that she use her left hand to squeeze the last vestiges of the poison out of her right fingers. I might tell her to try to get the poison to leach into her fingernails and then get out a pair of clippers. We could see if a stronger dose of antidote would do the trick. I chose none of these options; in fact, I headed in the opposite direction.

"Marvelous. Isn't the homeopathic wisdom of your body amazing? For if your body is going to continue to manufacture the antidote to the poison, it is going to need to keep a little of the poison around to serve as a homeopathic catalyst, no? Can you check with the fingers of your right hand and see if it is okay for them to hold just enough poison for the ongoing manufacture of the antidote?"

Long pause. "That will be okay."

"Realize that these fingers might experience some ongoing discomfort. They might be a little stiff, or a little cold or a little uncomfortable at times. Are they willing to experience that—to serve as the site for the homeopathic

Now at some point your eyelids may decide to close... Your blinks may get longer... and longer, step by step... or maybe, just out of the blue, they will just up and decide to close, all on their own...

manufacture of the antidote?"

Another long pause. "Yes."

Joannie's arm pain all but disappeared after this session. Her right fingers felt a little uncomfortable at times, but she was able to sleep well and for the rest of her pregnancy, she required no pain medication other than the occasional Tylenol.

Why did I not try to get rid of those last drops of poison? I have no patience for the idea that clients somehow "need" their symptoms, and I certainly wasn't trying to be perverse. Rather, my choice was determined by my appreciation of how symptoms arise, why they stick around and how they go away. This appreciation is based, in turn, on my understanding of how hypnosis works. The logic of hypnosis lies at the heart of therapy—once you grasp it, you may well find yourself orienting to symptoms in a significantly different way. Want to figure out how people manage (or fail) to change? First you need to know something about hypnosis. And the best way to learn is to experience a trance.

IMAGINE YOU'RE SITTING IN THE RECLINER in my office, and let's say you have asked me, and I have agreed, to invite you into hypnosis. You have your doubts about whether anything will happen, what with all the distracting noises down the hall, the thoughts swirling and racing in your head and your concern about "losing control." Despite your reservations, you decide we should give it a shot.

As you sit back, resting your gaze there on the wall . . . and now on the floor . . . moving your gaze to just the right place, while the rest, the phone out there ringing . . . (until someone picks it up), the voices out there murmuring (too low to pick up what they are saying) the rest out there can carry on with their busy-ness . . . while in here . . . the gentle breeze from the air vent . . . the hum of the air conditioner . . . the relief of knowing someone else is out there to race around and pick up the phone, while in here, now, we needn't be bothered.

How fast can your thoughts race? . . . Remember racing around when you were four or five? . . . Racing here . . . to there . . . racing so fast that everything seemed in

slow motion . . . the way a tennis player watches her opponent's backhand smash . . . silloowulbyy zoom across the net, . . . leaving an eternity for her body to move into just the right position to respond? . . . Her body in a high speed, slow motion dance with her opponent and the ball. . . . What a luxury to race so fast that you can keep up with yourself . . . enter into a highspeed, slow-motion dance with your thoughts . . . sensations . . . perceptions . . . with me . . . with the crisp sharp walk of that person walking down the hall out there. . . . A friend of mine, when he walks with me, always stays a step or two ahead, regardless of whether I speed up . . . or slow down. . . . He likes to stay ahead, just ahead . . . as we do our slow-motion, high-speed dance down the street . . . together, in step, him leading the way. . . .

Now at some point your eyelids may decide to close. . . . Your blinks may get longer . . . and longer, step by step . . . or maybe, just out of the blue, they will just up and decide to close, all on their own . . . when they decide they are good and ready. . . .

And I wonder whether one of these hands here will stay slightly ahead of the other . . . not moving down the street, of course, but rather up off your lap. . . . Which will be first to become enlightened about its ability to lift up? . . . Or do they already know how, so that the rising is simply a matter . . . of one or both getting the lead out? . . . Will one hand upstage the other? . . . Or encourage the other to downplay . . . its uplifting ability? . . .

But will the other hand take the first one up on this suggestion, or choose, instead, to be the first one up? . . . Waiting . . . up in the air about which will be second . . . I wonder where and how the movement will start first? . . . In a finger? . . . Two fingers? A palm? . . . Your hands, too, may, at this moment, be up in the air . . . about which will be first . . . to be up in the air. Or perhaps they already know.

Your right hand lifts, in small little jerks, a foot or so off your lap, followed somewhat later by your left. I make some suggestions regarding loss of sensation, and you discover that your left arm, in particular, has become remarkably numb.

At the end of your appointment, you pepper me with questions What went on? Was this hypnosis? What is hypnosis,

anyway? Was I in a trance? How could my arms levitate on their own? It felt like I had nothing to do with them rising up—did I? Did I do it or did you? How did my left arm lose its feeling? Why did our hour together feel like 10 minutes? And what has this got to do with therapy?

I reply that, given what I observed and you described, yes, you experienced hypnosis. And considering how weird you felt when your arms were floating, you would probably agree with those hypnotists who consider hypnosis to be a special state of awareness or a unique state of consciousness. But I'd like to offer you another way of understanding what happened. Instead of regarding your experience in terms of your having entered a special state, I would describe it as the development of a special relationship, or rather, two special relationships—one between you and me, and the other between you and yourself. In each, something odd happened to the boundaries of your "self"—to the way you were distinguishing and making sense of who, what and where "you" were. But to understand exactly how your relationship to yourself changed during hypnosis, it's important to first understand how you usually relate to yourself and the world around you.

SITTING IN MY LAP THE OTHER DAY, MY 9-month-old daughter, Jenna, reached out and grabbed my watch off the table in front of us. To manage this feat, she had to be able to distinguish the watch as an object, and to do that, she had to differentiate it from the table. Of course, for her, the watch wasn't a watch, it was simply a something-to-be-tasted. Give her another nine months, though, and if she is at all like her brother, Eric, a remarkable shift will have taken place.

When he was 18 months old, Eric pointed to the watch on his mother's wrist and said, "clock!" He was not only isolating the object against the background of the wrist, but he was also, in language, categorizing it, making a connection between it and the contraption on the wall in our kitchen.

To be able to put stuff in your mouth, you have to be able to distinguish it, and to do that, you have to be able to *separate* it from what it isn't.

Then to *make sense* of that stuff, to find it meaningful, you have to be able to *connect* it to or associate it with something else. This is how we think. We separate stuff out and we make connections between it and other stuff. These two activities, separating and connecting, are the warp and woof of all mindful activity, including both hypnosis and therapy.

You see a tree against the sky, hear a siren through the drone of traffic, feel a cold current in a warm ocean, experience an epiphany out of confusion. Each time, you consider the thing you perceive to be a discrete object. But your seeing, hearing, feeling and experiencing are dependent on the relationship between these foregrounded objects and what they aren't. As Gregory Bateson used to say, you perceive difference. Ironic, eh? To know something as an isolated thing, you have to draw a distinction, but the distinction creates a *relationship*.

tree / sky

siren / traffic drone

cold current / warm ocean

epiphany / confusion

You, like old Rene Descartes, experience the world as a bunch of discrete selves, solitary individuals, detached perspectives and independent things, but your thinking—I suppose we should refer to it as your “thingking”—is fundamentally *relational*.

Talk to most mental health workers, and they will tell you that dissociation is a sign of psychopathology. Talk to a hypnotist such as Ernest Hilgard, the man responsible for the “neodissociation” theory of hypnosis, and you will be told that dissociation is an indicator, or even a determining factor, of the “hypnotic condition.” Talk to me, however, and I’ll underscore dissociation as an essential characteristic of normal conscious knowing.

In your everyday, walking around, negotiating-your-way-through-the-world state of awareness, you not only distinguish between those isolable things (objects, ideas and so on) we were just talking about, but you also distinguish

between them and you. If you are at all like me, your conscious self experiences itself as a kind of transcendent observer and director, separate from the world “out there.” But it doesn’t stop here.

Where do you locate your “I”? Where do you locate the conscious “I” who says “My hand hurts”? Who thinks, “I hope she likes my idea”? Who fumes, “My anxiety is bugging the hell out of me”? I locate mine in my head. It’s like I have a little homunculus up there, a little miniature “I”—an “i”—who draws a primal line between itself and everything else, including the rest of me.

Listen again to how you experience yourself:

“My hand hurts.”

“I hope she likes my idea.”

“My anxiety is bugging the hell out of me.”

Your hand, idea and anxiety are yours; they are part of who you are. But notice the sense of ownership implicit in your statements: “my hand,” “my idea,” “my anxiety.” If your hand, idea and anxiety are yours, if they belong to you, then they remain distinct from you, from the inner, insular “i” that remains distinct from them. Your connection with the rest of you—your body, your thoughts, your emotions—is made within the context of a separation, within the existential dissociation between owner and owned, between conscious knower and consciously known.

But when we differentiate one from the other, we end up not with independent entities but with interdependent relationships. Despite what you and I consciously assume, despite what our dissociative self-awareness—our thing-thinking, our “thingking”—inclines us to believe, you and I live, discern, speak, write, suffer, delight, hope, fear, remember and act in relationship.

NEGATION IS A PRIMARY TOOL FOR dissociative “thingking.” We use it in language to create separations, differentiating stuff (this is not that), clarifying meaning (this does not mean that), establishing identity (I am not you) and so on. But such separations can never be “pure.” Whenever you use negation to separate something from something it isn’t, you forge a relationship—a separated connection—between the two.

Instead of helping your clients dissociate from a symptom, you would be better off helping them associate with it or with something else instead. In the process, you will have an opportunity to invite the symptom to change or transform.

Watched *Sesame Street* lately? A skit on a recent episode beautifully demonstrated how attempting to separate from something via negation creates an inadvertent connection. Bert, dressed in pajamas and a nightcap, is ready to turn in for the night when he notices Ernie setting up a drum kit next to the bed. Ernie explains that he wants to conduct an experiment: While he sits at the drums *not* playing them, Ernie will see if Bert can fall asleep. Bert considers the experiment (and Ernie) a little loopy, but agrees to go along, and he dutifully does his best to relax into dreamland. But try as he might, he can't. After much frustrated tossing and turning, Bert gives up, and the experiment is declared a success. Ernie has discovered that Bert can't sleep while drums are *not* being played.

Ernie's experiment demonstrates that you can't create a positive mood—such as “sleepy comfort”—by negating a negative mood; you can't settle into relaxed tranquility by striving to be not-tense. Attaching *no* to unwanted thoughts, feelings, memories, behaviors and so on never eliminates them from your experience; rather, it ensures their continued presence and importance. The effort to negate creates a dissociative relationship, a separated connection between a person and the problem he or she despises. The feared, the hated, the not-wanted—each hovers, like a silent drummer.

Most clients want you to help them banish their symptom. But given the relational structure of language and thought, any effort in this direction risks further entrenching the very thing they so desperately want eradicated. Instead of helping your clients dissociate from a symptom, you would be better off helping them associate with it or with something else instead. In the process, you will have an opportunity to invite the symptom to change or transform, or as it loses significance, to ease away into relative obscurity and irrelevance. But for such an approach to be successful, you need to understand how connections work. Two kinds—categories and metaphors—are essential to hypnosis and therapy.

A CATEGORY CONNECTS THINGS IN TERMS of a shared attribute: a watch and a clock are both timepieces; you and I are both therapists; disgust and joy are both emotions. The best way I know to illustrate how categories operate is to describe a family therapy case that my wife, Shelley Green, once supervised. An 11-year-old girl and her siblings were brought to Shelley's therapy team by their mother, who was worried about her daughter Melanie's inability to measure up to the two sisters, with whom she shared the classification triplet. Megan and Mindy were thin, pretty and did well in school; Melanie was significantly heavier, did poorly in most of her subjects, fought with her sisters and with her peers at school and had been diagnosed as depressed. The triplets all wore identical clothes (though different sizes), but this didn't keep strangers who saw the three of them together from considering Megan and Mindy as twins and Melanie as their sister. Such reactions proved most discouraging for everyone. All members of the family tried to help Melanie remain a true triplet, but everyone failed to keep her from failing. The family understood the girls to be fraternal triplets (from three separate eggs), but they treated them in the same way they would identical twins. In fact, though, the girls were not all equally different (i.e., fraternal) triplets. Shelley and her team of therapists figured out and helped the family understand that Melanie differed biologically from her two sisters—she was, in fact, a fraternal triplet to identical twins. The therapists then suggested that another, older, sister in the family might be able to help her figure out how to be “just a sister” to Megan and Mindy.

With her unique place in the family finally acknowledged and accepted, Melanie blossomed. Her mood brightened, her grades improved and she made new friends. During a subsequent session and a longer-term follow-up, she continued to show and talk about the positive changes that had transpired as a result of her new identity.

The case dramatically illustrates how context—the connection between things—imparts meaning: when Melanie's relationship to her fellow triplets

changed, so did Melanie. It also demonstrates how you can create comfortable separations by encouraging new connections. Two years before coming to see Shelley and her team, the family had seen a psychologist, who had urged the triplets to stop dressing alike. But trying *not* to be triplets had, of course, reinforced triplethood. By focusing on pulling the girls apart, the psychologist had inadvertently tied them together. He didn't understand how negation works.

The therapists on Shelley's team took a different tack. Rather than urging Melanie to “try hard not to be a triplet,” they suggested she consult with her older sister about being a sister to twins. They thus offered the possibility that the family could consider Melanie a sister of twins and other siblings rather than a triplet. Creating a stronger association between Melanie and her older sister effectively made her triplet connection with Megan and Mindy less important. The separation wasn't created via an imposed negation (“don't be a triplet”), but rather, by establishing a connection elsewhere (“you and your older sister have more in common than you thought”). Such association-generated gaps of insignificance I call “connected separations.”

In my session with Joannie, I categorized the remaining poison in her fingertips as a homeopathic catalyst. This connected her discomfort to the process of healing and recovery, thereby creating a connected separation—a gap of insignificance—between the sensation in her fingers and the pain she had been experiencing in her arms. Had I tried to negate the poison (“do whatever you need to do to make that remaining poison disappear—keep at it till there is no poison left”), her pain would have, I'm sure, given her the silent drummer treatment.

BOTH CATEGORIES AND METAPHORS ARE primarily associative—they connect things. But unlike a category, a metaphor doesn't classify the connection it makes; it doesn't name some abstract commonality. Rather, it defines the two things it joins as one: “love,” asserts metaphor, “is a river.” This is the opposite, of course, of negation, which

would protest, "love is not a river." Both declarations are ironic—though, predictably, in opposite ways. Negation denies any connection between love and rivers—"love is not a river"—but the denial undermines itself: the *not* that separates love and rivers connects them. Metaphor proclaims the oneness of love and rivers—"love is a river"—but this claim, too, undermines itself. The assertion of oneness can't be made without keeping distinct, and thus separate, the two things being joined.

Still, when you think metaphorically, that is, when you give priority to the connection between the distinct things you are associating, you may find yourself not taking much, if any, notice of the boundaries separating them. Shelley and I once saw a couple who had had an upsetting interaction during sex. The man believed there to be something wrong with the woman because she, in the middle of what they both considered consensual lovemaking, had suddenly started screaming at and hitting him. Just prior to this point, the man had begun playfully holding the woman's wrists above her head. This was a new position for them, but it had been mutually agreed upon, so they were both initially confused as to why she had suddenly become, as they described it to themselves (and later to me), so violent. After a cooling down time, the two of them began talking about what had happened, whereupon the woman recalled that when she was raped some 20 years earlier, the rapist had held her down in the same body position as did her boyfriend. This resulted in her reacting to the boyfriend in terms of her relationship with the rapist, even though the sexual encounter with the boyfriend did not resemble the rape in any other way. Her associating the two experiences was a metaphoric connection that operated outside of her conscious awareness until after she and her boyfriend started talking.

Metaphoric thought accounts not only for your making not-recognized associations between things or people "out there," but also for your ability to lose track of the boundary separating yourself—your insular "i"—from your body, from other people, from your

environment. And when that boundary becomes, for a time, irrelevant, your experience of yourself and your surroundings changes significantly. This is what happens when you lose yourself in a movie, get caught up in a novel, get transported by a piece of music, lose your head in a new relationship, feel an empathic outpouring for another person or get carried away dancing. In each of these experiences, as in hypnosis, your "i" stops thinking like Descartes, stops considering itself the director of your thoughts and the owner of your body.

Remember the expression for when you and another person are in close agreement over some issue? We say the two of you are "of one mind." As "you" stop defining yourself in contradistinction to whomever or whatever you aren't, your "i" disappears, and you and that other become "of one mind." For example, when I'm watching a film, my attention floats somewhere between my seat and the screen. When the protagonist meets with trouble, my heart quickens, and when he or she encounters tragedy, my eyes tear up. The distinction between "me" and the protagonist becomes unimportant and thus imperceptible, as I allow myself to experience the metaphoric relationship "I am the protagonist."

I am to movies what my mother is to novels. When she is reading, she becomes one with her book. You can pretty much forget trying to get her attention. Three, four, five times you will need to call her name before she finally looks up from the page. While she is absorbed in the narrative in front of her, her otherwise acute sense of hearing is significantly dampened, she seldom is aware of herself turning the pages, she loses track of time and she doesn't notice minor aches and pains. This, too, is an instance of metaphoric thought process: She gets carried along in the story as though the events described were happening to her.

One more family story. My dad's dad—affectionately known as "Grump"—had a rule in his house. Whenever he put on a recording of classical music, everyone had to sit still and listen. Watching his face, you could tell he was inside the

music. I'm sure he never had the explicit thought, "I am the violins," "I am the french horns," "I am the symphony," but his experience was certainly structured metaphorically—the distinction between Grump and music became, for the duration of the symphonies, unimportant. And his listening rule helped him ensure that nothing would disengage him from his music.

During times of metaphoric experience, you don't stop drawing distinctions. You see and hear the action on the movie screen, you read the words in front of you, you discern different instruments and melodies and harmonies. But the distinguishing-self, the "i" that is distinguishing this from that out there, stops distinguishing itself, stops setting itself apart. It experiences itself as a *part of* knowing rather than *apart from* the known, becoming of one mind with something other than itself—the body, another person, a tool or musical instrument.

Ever stood in an empty concrete stairwell and found and held the particular note that creates an echo? Ever sung in a large choir, surrounded by people holding the same note as you? When you are producing the same note that is enveloping you, the boundary that differentiates inside and outside is, for a moment, canceled out. Your physical awareness of yourself as separate and distinct disappears, and you feel a sense of oneness with your surroundings and/or the other singers. This is how metaphoric knowing affects your "I," and it is how your self-defining boundary changes when you enter a hypnotic trance.

THE ETYMOLOGY OF THE WORD "trance" is identical to that of "transit" (*trans* across + *ire* to go), which the *Oxford English Dictionary* defines as "the action or fact of passing across or through." If you think of hypnosis as the active crossing of the boundary between your "i" and the rest of you, then "trance" becomes a useful term for characterizing the perception of that boundary's becoming, for a period of time, indistinct. The word "hypnosis," though, is another story.

Coined by Scottish surgeon James Braid in the 1840s, "hypnosis" comes

Attaching NO to
unwanted
thoughts, feelings,
memories, behaviors
and so on never
eliminates them from
your experience.

from the Greek *hypnos*, meaning sleep. But as EEGs have shown, the phenomenon the word names has nothing to do with sleep, save for the outward appearance of some people experiencing it. The word is clearly bankrupt. However, my son once said something to me that has kept me from throwing it out altogether.

When he was about 2 years old, Eric loved the *Curious George* books. In one of the stories, George, a little monkey, starts crying after falling off his bicycle. Reading the passage of this misadventure, I would often take on George's frustration and pain, pretending to sob as I croaked out the sentences. Eric would look at me with a mixture of humor and concern, firmly pat my face and demand, "No Daddy, wake up!" He knew I wasn't asleep, but he had, at the time, no other way of saying, "No Daddy, let go of your metaphoric connection to George; return to your normal Daddy-who-distinguishes-himself-

from-storybook-characters way of talking!" Hypnosis isn't sleep, but had Eric (at age 2) seen you immersed in your hypnotic experience, had he watched your metaphoric connection to me and to yourself, he might well have patted your face and told you to "wake up"—to, as it were, return to your "normal" non-participatory way of knowing.

During my "trance talk" with you, I invited metaphoric knowing by speaking in time with your breathing, by arranging "word clusters" to coincide with your exhalations. And I practiced what the Ericksonians call "utilization"—by mentioning the ringing phone, the murmuring voices and the footsteps just as they occurred, I linked my words to your perceptions, folding whatever was going on "out there" into our connection "in here." Possible distractions inspired images and stories. I associated your racing thoughts with your racing as a child and then, with the description of the tennis player, introduced the notion that you could race in slow motion. If time is relative, your



zippy thinking could thus facilitate, rather than hinder, your hypnotic experience. The person walking down the hall became a sound effect for a story of my not getting flustered by my friend who always stayed a step or two ahead of me. You, analogously, could then relax into not having to slow yourself down to my speed, not having to worry about giving me control. We could be together *and* you could still take the lead.

To the degree that I connected with your experience, the boundary between us

X/Y

became unimportant, and you and I became of one mind:

$$\begin{array}{c} X \rightleftharpoons Y \\ \downarrow \\ X=Y \end{array}$$

Although I was attempting to create this sort of metaphoric connection between us, I should underscore that such efforts can, and should, never fully succeed. The professional boundary separating you from me must obviously remain in place for you to remain safe and for me to remain ethical. But within the context of our distinctive positions, I did what I could to render temporarily unimportant (for you) any of the other innumerable differences between us.

Some hypnosis theorists would say that as I talked, you became more "suggestible." Others would say that your "suggestibility" is a stable trait, a "hypnotizability" capacity that distinguishes you from people who can't be hypnotized and aren't suggestible. I'm not fond of either characterization, as each places "suggestibility" inside of you as a localizable thing. If what happens in hypnosis has to do with changes in relationship—changes in the relationship between you and me and between you and yourself—then we shouldn't waste our time looking inside of you for an explanation of what goes on.

When you argue with an opponent, you each negate the other's position, defining your respective selves and ideas as separate and distinct. But when

you brainstorm with a friend, you lose track of who is responsible for what idea. Your connection allows you to experience the relationship metaphorically: I am you; you are me. At such times, you attend less to who says what than to what fits for you.

As you and I got in sync in our hypnosis session, you became comfortable trying on my suggestions. When they fit, you, like anyone engaged metaphorically with another, weren't concerned with determining the *source* of the ideas. You didn't find it necessary, for the most part, to distinguish yourself from me or your ideas from mine; and your body, similarly, didn't separate itself from the suggestions that it, too, could engage in thoughtful behavior. I view this not as suggestibility but as unanimity (*unus* one + *animus* mind). We—you and I, and you and yourself—were, as it were, unanimous.

The ideas and images I offered you were designed to help you experience being of one mind with yourself, to help you experience a metaphoric connection between your knowing-self and your known-self, thus making the boundary between them irrelevant. As you wondered with me when your eyelids would decide on their own to close, and as we speculated about which hand would first find itself rising to the occasion, you were accepting the possibility that knowing could take place on both sides of your mind-body split. With the closing of your eyes and the raising of your hands, you quit distinguishing yourself as an insular knowing "I," separate from me, separate from the passage of time, separate from your thoughts, emotions, sensations and perceptions. This marked your movement into hypnosis.

You felt like you weren't closing your eyes or lifting your hands, no? Nor did you feel like you were "making" your hand numb or purposely losing track of time. You were right: "you" weren't doing these things—or, at least, your "i" wasn't. With your "i" not cutting itself off from everything, it couldn't take ownership of and responsibility for the movements of your body or the changes in sensation and time orientation. Instead of your knowing being bottled up inside your head, it crossed the boundaries between you and me and between you and your body. I guess

As "you" stop
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yourself in
contradistinction
to whomever or
whatever you
aren't, your "i"
disappears, and
you and that other
become "of one
mind." Your "i"
experiences itself
as A PART OF
knowing rather
than APART FROM
the known.

we could say it got "distributed." This felt to you like your body had a mind of its own (and the way I phrased my suggestions implied that it did), but it didn't. *We*—you and I; you and your body—had a mind of *our* own. You were simply experiencing consciousness in keeping with what the word originally meant to know (*scio*) together (*con*).

Our and your one-mindedness also allowed you to experience something else. Released from the dissociative control of your "I," a couple of eyes and arms and a hand and a sense of time were able to feel free, free to move and change in unpredictable ways. The possibility for such freedom—relational freedom—is central not only to hypnosis, but also to therapeutic change. When you can find ways for your clients to stop dissociating from their symptom, when you create a one-mindedness that includes you, your clients and whatever they've been trying to banish, you allow the symptom the relational freedom to move and change in curious and surprising ways. As you saw with Joannie, once she was able to stop pushing her pain away, it was free to transform independently of her conscious intent. But this way of orienting to cases is also relevant beyond the borders of hypnotherapy.

I recently saw an almost-family, referred by a local judge, who were trying to decide whether to go through with an adoption plan. Tanya, 12, had been living with a foster family—Margaret and Tom and their 12-year-old biological daughter, Brenda—for six months. The parents had been pursuing adoption plans, but everyone, including the judge and Tanya's individual therapist of two years, was concerned that Tanya wasn't doing an adequate job of "letting down her walls." The judge, worried that if Tanya didn't "let someone inside soon," the adoption could go awry, had recommended a residential program that used "holding therapy" for dealing with teenagers' resistance to intimacy. The parents agreed with the judge's assessment of the situation (they were worried about going through with the adoption), but they weren't sure what to think about the recommended program. They came to our clinic, in part, to help them decide what to do.

I suggested that Tanya's walls had helped her survive some harrowing experiences, and that she would be crazy to let them down before knowing it was safe to do so.

Tanya had been living with Tom, Margaret and Brenda for six months, though she had known them for a few years. Tom and Margaret had become foster parents for the sole purpose of getting custody of and adopting Tanya, but now, on the verge of taking the final legal steps, they were beset with second thoughts. Everyone had expected Tanya to take some time to adapt to her new environment, but no one had anticipated her icy refusal to join in family activities and responsibilities. The parents worried about the effect of Tanya's attitude on Brenda, hated the constant tension in the air and wondered why they had bothered making such an extraordinary effort to bring her into their family.

The judge overseeing the foster placement and possible adoption was also concerned; he had recommended that the family take Tanya to a family-based inpatient facility, a place where the staff used holding therapy to break through the barriers of emotionally distant children. Tanya's individual therapist supported the judge's position. Having spent two years unsuccessfully trying to "break down her walls," he believed a more intensive approach was necessary.

Partway through the first session, I told them about some villages I had once visited in Greece and Turkey. Built among crumbling structures of earlier civilizations, each village incorporated ancient brick walls in its layout of roads, buildings and pathways. Rather than tearing such walls down, the villagers had protected them for their historic and aesthetic value.

I talked to the family about the historic and protective importance of Tanya's walls. Given the life she had led and the uncertain future she faced, she would be crazy, I suggested, to let anyone try to dismantle the very things that had been keeping her safe. How frightening to consider taking even one brick off the top of her walls when her hope for a safe and loving family could still be snatched away from her. Of course, Tom, Margaret and Brenda were also

scared. They kept looking for the girl they wanted to become one of them, but whenever they sought her out, she was nowhere to be found. So, of course, they wanted Tanya to let them in. But what if they looked at her walls differently—with the eyes of those Greek or Turkish villagers? What if they decided to decorate, rather than destroy, the walls? The idea intrigued them all.

"What color," I asked Tanya, "do you think you should paint your walls?"

"Red."

"Why red?"

"Because it's the color of love."

I was surprised and delighted by her answer, as I think the family was. Over the next few sessions, we continued to talk about protecting and beautifying these testaments to Tanya's strength and resilience. The parents, the judge, and Tanya's therapist had been trying to get her to stop pushing the family away—trying to separate her from her separating, to negate her efforts to negate them. I didn't invite anyone into trance, but hypnotic logic helped me help the family to welcome Tanya's walls as an integral part of their family landscape. Once they did, the walls transformed. The last I heard, the family had decided not to bother with the inpatient program, and the adoption process was back on track.

When a client comes to you, asking you to assist in negating a problem, remember the trance we did together—remember how it felt to be of one mind with me and with yourself, how your hands felt as they were lifting off your lap, how your left arm was able to become numb. Remember this, and then invite the person (or the couple or family) into a metaphoric relationship with the symptom. In so doing, you will be allowing the symptom an opportunity to experience the same kind of relational freedom that your hands or arm did. If you paint a problem red, it can become a homeopathic catalyst for therapeutic change. ■

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