

# The Milton H. Erickson Foundation, Inc.

Intensive Training – Intermediate  
Phoenix, Arizona

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## Habit Control

### Stages:

- I- Pre-session phone call
- II- Assessment and strategies
- 111- Hypnosis

#### I- Pre-session phone call

- Come to session feeling uncomfortable
- " Invite other smokers family members
- The importance of following instructions
- .. Hypnosis is not the only tool

Assessment of motivation, resistances, family system and functioning.

### II- Assessment and Strategies:

- Assessment is Intervention:

#### Assessment questions:

- a) How long have you been smoking?
- b) What kind of cigarette you smoke?
- c) How much do you smoke a day?
- d) Why do you want to stop?
- e) Why now?
- f) Do you have any special smoking material?
- g) Did you follow the instructions I gave you over the phone?
- h) Is there anyone pressuring you to stop?
- i) Do you have any other family members that smoke?
- j) What do you gain from the smoking habit?
- k) What do you like about the mechanic act of smoking?
- l) Did you have other habits? How did you overcome it?
- m) Do you have other habits you are trying to overcome as well?
- n) Hobbies
- o) Show me how you smoke
- p) How do you know you can overcome this habit?
- q) Scale

- r) Predict what would be the worst part or difficulty
- s) Black mail
- t) How do you handle pain?
- u) Five smart excuses to take a puff or smoke.

#### Strategies:

- a) Anchor: pipe-awkward
- b) Drink lots of water
- c) Affirmation: "I do not need one now."
- d) Rubber band
- e) Self-hypnosis
- f) Strategies to deal with tension/pressure
- g) Gifts for small accomplishments
- h) Coaching call
- i) Put one habit against the other
- j) Look for an interactional solution
- k) Utilize client's patterns: language, behavior, habit, etc
- l) Make the habit more difficult

#### Goals for this stage:

- " Reframe the habit
- " Assess any systemic function for the habit and strategically utilize it
  - Look for individual meaning
- " Motivate, motivate, motivate
- .. Evaluate and utilize resources
- .. Assess for triggers: contexts, situations, people, etc
- " Find out about the process of smoking
- " Assess relapses
- " Look for strategies that worked out
- .. Change the bad habit for a healthy one
- " Break the habit pattern

#### 111- Hypnosis

- Traditional hypnosis
- Indirect methods of hypnosis
- Based on assessment
- Sequence of the pattern
- Utilization

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**Medical Hypnosis**

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All interventions in the body, medical or odontological, serve as a template where the unconscious mind projects the patient's internal life. We usually separate what happens in the body as being physical and concrete, and emotions as being abstract that happens in the person's mind. Actually emotions manifest themselves in the body, like melancholy, for example, may feel like a pressure in the chest or difficulty breathing. What happens in the body may generate emotions as well. When we feel pain for example, we may have sadness, anger, or anxiety. The sensory information is processed in the context of the person's mood, state of attention and prior experience. The way we perceive our body sensations, may change the way we experience it at all. According to Melzack's Gate of Pain theory, emotions and other factors, like boredom, may open or close the gates of pain making someone feel more or less pain.

What happens in the body may become a metaphor of an internal intra-psychic reality. For instance, a duodenal ulcer is produced when certain conditions are met: enhanced production of gastric acid; an individual enhanced sensitivity; and the body natural barriers fail to protect the individual against the acid. The symptoms may be seen as a metaphor of self-aggression: the acid that is normally used to digest food and strengthen the person, is now hurting the person. The clinical experience shows us that patients with duodenal ulcers tend to not manifest their aggression, therefore directing the anger internally. Consequently, every physical intervention may be an opportunity to make the self-aggression issue worse or an opportunity to solve the issue.

In helping patients with their physical symptoms, be it acute, chronic or terminal illnesses, etc, we need to help patients to manage the emotions that the diagnosis and procedures may bring. We know that it is not the event itself that brings suffering. It is the stories that people tell themselves that make people suffer. Life will bring pain, and it is inevitable; but suffering is optional. People suffer when they add their personal drama, conflict, fears, etc to their pain. When people do that, they add suffering to their pain. Erickson demonstrated that where there is capacity for pain, there coexists the capacity for pleasure. Erickson's approach on amputees was: "If you have phantom pain in a limb, you may also have phantom good feelings, and they are delightful." (Erickson & Rossi, 1979)

Our goal in helping patients with their physical illness, and surgical procedures is to help them to:

- gain control over situations they feel powerless and out of control
- suggest comfort after surgery
- pain management
- fast recuperation
- less complications during and after surgery

I- Surgery:

- a) Pain control and anesthesia
  - b) Anxiety
  - c) Recuperation with no complication
  - d) Speed up healing time
  - e) Decrease blood pressure (inflammation) and blood loss
- II- Child birth:

- a) negative expectations about how the child is going to affect married and professional life;
- b) myths about pregnancy and delivery;
- c) bad past experiences and childbirths;
- d) the hospital experience: focus on the pain and may bring a lot of anxiety

Steps:

Step One: interview that would gather info about:

- 1- the procedure to be performed
- 2- investigate if the person had similar previous experiences. If they were positive we take them as resources; if they were bad we reframe them;
- 3- explore and reframe the fears and/or the fantasies regarding the procedure, treatment, consequences and recuperation period.

Step two: build a metaphor utilizing the elements on step one. The intervention or the treatment are viewed as an opportunity to grow and solve problems. Discuss the metaphor with the patient and develop a trance utilizing the metaphor.

Step Tree: Rehearsal of the procedure with a positive outcome. Start from the time the patient arrives at the hospital until the time the patient open their eyes after the surgery. During the rehearsal suggestions of comfort, good cicatrization, and fast healing are given as well.

### III- Dental issues:

- a) Anticipatory anxiety
- b) Pain control

Reframing:

It is important to reframe positively the procedures general steps, adapting individually:

Make an incision: opening your unconscious mind and bringing out the resources that will help you heal...

Suction: cleanse process, clean what was bad.

Cauterization: closure to keep life inside, keep the life force inside the body, and everything that is positive and good...

Suture: close the skin so you keep "X" inside, the skin will keep clearly what is internal and leaving what is external outside. The closure will heal nicely and smoothly.

Cavities removal: remove what is rotten, if the cavity would stay it may bring harm for the entire body...

### IV- Genitourinary problems:

- a) Emotional problems connected to medical issue
- b) Anxiety stress management
- c) Symptoms reduction or mastery over symptoms

### V- Skin Conditions:

- a) Warts are very sensitive to blood flow
- b) Neurodermatitis: symptoms relocation; relaxation; and positive hallucination of cooling.
- c) Psoriasis (positive hallucination of sunbathing treatment)

### VI- Erectile Dysfunction:

- a) Performance anxiety
- b) Increased rigidity and maintenance of erection
- c) Images