

Experimental Therapy in the State of Sleep: The Use of Elements of Secondary Languages and Classic Poetry as a Source of Positive Presuppositions

For many years we have been studying Dr. Milton H. Erickson's communication as a system trying to find out why it is so powerful and why its influence is so precise. In result we have found some regularities that we call secondary languages. The way of how Dr. Erickson used non-verbal patterns is very similar to the way of how natural languages work: each of the non-verbal signals in Dr. Erickson's communication is used with some specific meaning which is understood by unconscious mind of patients in therapy or students in teaching. Using the methods of structuralism we have analysed the meanings of some signals and the way of how Dr. Erickson associated those signals and the meanings. In order to test the results A. Tkachev used the model of secondary language in therapy. Working with patients he associated two of non-verbal signals with different meanings and used those signals to build therapeutic process. The experiment has shown that even the system of two signals being arranged as secondary language allowed to get stable positive shifts in the patients' behaviour. And also the experiment has shown that the secondary languages can be used in therapeutic communication. The system of more than 3 signals as a secondary language is a powerful tool for therapeutic influence. Dr. Erickson used several secondary languages that contains several dozens of signals with different meanings. The structure of secondary languages is the structure of indirect suggestions. (Sleep and Hypnosis 2000;2:90-94)

Key words: hypnosis in the state of sleep, positive presuppositions, extralinguistic elements of therapeutic communication, behaviour problems

INTRODUCTION

In order to explain the mechanism of therapeutic speech we have suggested the term Secondary Languages (1). The secondary languages are the elements of communication that help in the delivery of indirect suggestions.

Secondary languages are built on the basis of extralinguistic elements of human communication which are all the nonverbal elements included in the delivery of the message. There are three types of extralinguistic communication: (1) voice communication

(*pauses, speed of speech, loudness, tone and intonations of voice, characteristics of pronunciation, etc.*), (2) kinesthetic communication (*gestures, posture of the body, mimicry, etc.*), and (3) graphic communication that is used in written text (*bold, capitalized or italic letters, underlined text, paragraphs, etc.*).

Traditionally it was understood that the meaning of some extralinguistic elements had been developed as a part of culture, for example: head nodding is understood as "yes" and head shaking as "no". There are many individual extralinguistic elements that are influenced by unconscious mind and are used randomly in ordinary communication. The information that those elements may contain is always about the speaker's internal processes. Freud studied unconscious activity and how it affected extralinguistic communication. He studied "slips of the tongue" and "slips of the pen" and proved that they can

From the Milton H. Erickson Institute of West Siberia, 630089, Novosibirsk, Bogatkova, 262, # 42 Russia

Address reprint requests to: Anatoly Tkachev, M.A., the Milton H. Erickson Institute of West Siberia, 630089, Novosibirsk, Bogatkova, 262, # 42 Russia
e-mail: tkachev_av@mail.ru

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serve as communicative extralinguistic elements. Freud also pointed out that if there are "slips of the tongue" in a person's speech, then "slips of the tongue" can also appear in the listener's response.

It was Milton H. Erickson, M.D., who developed practical methods of multi-level communication for healing and teaching. Dr. Erickson consistently used extralinguistic elements for maximum effectiveness in doing therapy. The way he used them is similar to the way natural languages work - that's why we call those elements **secondary languages**. It is likely that Dr. Erickson was the first to use extralinguistic elements deliberately: at the beginning of every communication he set the meanings of the extralinguistic elements by using them along with meaningful words, and then he utilized them as a communicative tool. Extralinguistic communication is aimed toward the healing and personal development of the listener.

We have described three of Dr. Erickson's **secondary languages**. Some of them contain up to 15 elements (the language of voice intonations).

Dr. Erickson developed the universal **secondary languages** that work in any type of communication. But there can be secondary languages that serve for solving particular psychological problems. Below we describe the method of therapy where a voice intonation and a special movement are used as tools for delivering indirect suggestions. They are elements of secondary languages because their meaning are deliberately established in the communication. Trackev, 1.

THE CASE

Two teenagers, brothers of 14 and 15, had become involved in an antisocial group. They stopped studying at school, demonstrated total contempt of their parents, and didn't respond to any communicational attempts to make them live a normal life. They came home only late at night for food and sleep. They threatened their parents that if they use force, they would leave home.

It should be pointed out that the parents were very intelligent and nice. They always treated the boys with respect and love. The relationship between parents and boys had been good during previous times. There were no reasons for the boys to become so aggressive. The indirect approach was used because of the moral and ethical beliefs of one of the parents.

The parents asked for psychotherapy and wanted the boys to live at home and go back to school, but the therapy had to be totally indirect. The parents knew that because of the negative attitude toward them the boys would never agree to meet any speci-

alist and talk about their behaviour. So the parents permitted the use of hypnosis but insisted that no demands or direct suggestions or direct discussions would be made and no rules would be mentioned.

Namely, the parents wanted children (1) to come back home every day before 11 p.m., (2) to become again friendly to the parents, (3) to build a negative attitude toward the antisocial group which they were involved in, (4) to realize the value of education and go back to school, and if possible, (5) to start reading the classic Russian literature (or at least to respect it) which is necessary for personal development.

THE THERAPEUTIC SITUATION

For the reason of the boys' negative attitude, the parents couldn't arrange normal therapeutic meetings. The therapist, knowing Dr. Erickson's article (Erickson 2) about resolving post-traumatic disorders with a sleeping person (2), suggested the following model of therapy: the parents were to arrange access to the sleeping boys, the content of the therapy was to be classic and some modern poetry that the parents could review before the therapy. The duration of each session was one or two hours.

During two weeks the sessions were held when they were home (8 sessions). During the next two weeks when the boys were at home every night, there were planned and held 7 sessions. During the next weeks the sessions were held once a week. Totally there were 25 sessions held.

The sessions were held in the following way: when the boys were at home at 1 or 2 a.m. they ate and went to bed. Approximately half an hour after they fall asleep the therapy started: a chosen piece of poetry was read according their rhythm of breathing. There were no attempts to change the natural rhythm of breathing. The speed of speech was faster when they inhaled and slower when they exhaled. Only minimal leading was used in order to make their breathing synchronous. During the first sessions when rapport wasn't yet developed enough, the voice was quiet. When rapport was established the voice was as loud as in normal speech.

Rapport was established with each of boys during every session.

Pacing and no leading helped to keep the boys asleep. Never during all the sessions did they awaken. They actually were in a state similar to somnambulism, they had spontaneous movements of their muscles: fingers, legs, muscles of their faces, etc. One of the boys had many such movements and the other had fewer. As our experience has shown, pacing the breathing deepens sleep.

METHODS

Building of Multi-Level Presuppositions for Obtaining the Therapeutic Effect

The choice of techniques was rather limited so therapy with sleeping patients was chosen.

1. Presuppositions that were in the texts that were read to the sleeping patients:

Presupposition 1.1. The classic literature was chosen as verbal material because the parents valued education, personal cultural development and integrity as signs of intelligence. Also, the words of poetry were in contradiction with the values of the teenagers antisocial group.

As Michele Klevens Ritterman wrote: The poem appeals to all the senses and to the intellect to trigger in the listener a profound, even visceral, reaction (3). The importance of poetry in induction was also written about by Rubin Battino (4).

Presupposition 1.2. The boys had problems because of their contacts with the antisocial group. That determined the choice of poetry: there were many texts about the beauty of nature. The texts about night walks and night impressions were excluded. So the patients were getting suggestions to direct their attention to the nature that was around them, and not to negative influences, even when they spend time in the teenagers' group.

Presupposition 1.3. About a quarter of the poetry was about being back home from somewhere, so the suggestions contained the presupposition that they must come home every day.

2. Two presuppositions that were created by the means of extralinguistic elements:

Presupposition 2.1. The next level of the healing presuppositions was created with the use of special voice intonation as an element of secondary language.

The first element, a special intonation, was used to emphasize persons who act positively, including those who keep in touch with home (positive persons). All the words were read monotonously and the words that signified those positive persons were read with a special voice intonation. So every time when positive persons (persons who had good contact with nature and persons who kept in touch with home) were mentioned, the therapist changed the intonation and those words sounded differently from the others. This voice intonation was not used with words of other meaning. **This way the meaning of the voice intonation was established.** Then it was used with the words

of positive persons and also when the listeners or readers were mentioned in the texts. The boys could then identify themselves with the readers.

Usually this process is called "marking". It is one of the ways of creating secondary languages that we are studying and describing.

So the intonational element of secondary language delivered the suggestion that the boys - listeners are equal to the positive persons.

Presupposition 2.2. In order to make the sleeping patients more active in the process of therapy their responses were noticed, and the meaning was associated their response. So the response of repetition was formed in their behavior. Being formed this response was used by the unconscious mind of the patients. This was done in order to make their unconscious minds active in this process. Having this response in their disposal, the unconscious minds could use it any time but only with one meaning: "Repeat the last words."

The meaning of this response was established in the following way. Shortly after the beginning of the work, immediately after the establishment of rapport there was chosen one particular movement of each of the patients: a small movement of the leg of the older boy who had many movements and a sigh of the younger boy who had fewer movements. The therapist turned his head from one boy to the other every 5 minutes. During those 5 minutes every time when the movement was noticed the reading was stopped and the last phrases were repeated again. The therapist responded to the response of the boy to whom the therapist's voice was directed at that time. That was the stage of establishing the meaning of the response. During the 4th session the system of these responses was established very well and the unconscious mind of each of the boys was using them when they wanted some fragment to be repeated. When the responses were established the patients used them unconsciously pointing some fragments that were interesting for them. (Here we don't analyse the themes that they were choosing though it is interesting.) After establishing those responses the therapist never read any words by his own choice so the repetitions were initiated only by the patients. The establishment and the use of this response is a presupposition of being active.

RESULTS

After the first 14 sessions the boys were coming home earlier and earlier and finally they started to come at 11 or at 11:15 p.m. The parents demanded that they come before 11 p.m. The boys became less aggressive toward the parents and started to visit school even though they still didn't do the homework. By the

end of the second period of therapy the normal relationship with the parents was reestablished, they were coming home shortly before 11:00 or slightly later. They started to do some school homework. Two months after the beginning of therapy a good relationship was established, they went to school and did the homework, their academic activity was satisfactory, and they did some house work. They became distant from the antisocial teenagers' group that caused all of the problems. There were no immediate interest in reading poetry. They started to read more, but they chose detective and adventure stories. At the same time they became more interested in music and songs, and if they were asked why they liked a particular song they responded that they liked the words. Below we explain why this may be connected with the therapy.

In the first months after the therapy they had become interested in filling crosswords that was totally new for them. We have no idea of why that happened but it was a remarkable change.

Ratification of the therapeutic integration and the therapeutic result.

In the final part of the therapy the therapist used those two elements of secondary language for ratification of the therapy. He started to lose the voice intonation and pronounced the words of positive persons (persons who had contact with nature or those who were in touch with home) or listeners without the intonation. This way he tested the patients' reaction. For some time the patients signaled to repeat the words that supposed to be said with the special intonation. So at the end of therapy the signals "repeat" were sent by the patients until the therapist used the intonation. That was the signal of therapeutic integration: the patients associated themselves with the positive persons. During daytime the patients' behavior changed for the better.

DISCUSSION

1. There was no necessity to do therapy in the sleep state. It is possible to conduct the same therapy in a traditional somnambulistic trance. This form of work is interesting for us because in clinics it may be more effective than traditional sessions.

2. In this example the literature was used as therapeutic metaphors. Poetry can be preferred because it is a part of culture and so is connected to particular values. Poetry could be substituted by traditional metaphors but if so, it would be necessary to compose additional special metaphors about the value of cultural education. The poetry was also chosen for research goals: poetry is not often used in psychothe-

rapy even though it contains lots of positive suggestions. One of the authors (I. Topeshko 1) has been studied the structure of poetry and the suggestions that it contains.

3. Orientation toward nature vs. negative social contacts is not the best choice but it was chosen because the patients lived near the woods and so the therapist hoped that the metaphor would suggest them to turn and look in a different direction and to drive their attention to nature. That was an instruction to change interests. We are not sure that it's a powerful choice but it was used. The therapy was conducted in May - June and it was noticed that in past years during the same months the boys had a strong wish to go on a trip somewhere far a way from city. Being back home they reported about beautiful places that they visited and about some useful things that they did during the trip. In 1999 they went to a farm and reported that they worked a lot there. Probably, that was their reaction to the suggestion that one should do many important things. We can't be sure that that is all the reaction to the therapy that took place five years ago, but sometimes they reported how deeply and soundly they slept in the out doors.

4. The use of the same voice intonation for the words about the positive person and for the referent index of the patient is what Dr. Erickson did in every therapeutic session. We found that in the analysis that is described in the article by A. Tkachev, Dr. Erickson's Secondary Languages in Psychotherapy. (unpublisher)

5. Traditionally the unconscious signals "yes" and "no" are developed for the use of therapy. In this case the therapist formed and used only one signal "repeat" because the patient's attitude was totally antagonistic. We suppose that such a signal is useful in some cases in therapy.

There is a question that we can't answer: whether they will continue to repeat the positive suggestions for themselves after the therapy as it was during the therapy or in other words, whether the signal can become an idea of repetition.

6. The situation when the patient's unconscious uses the signal "repeat" if the therapist deliberately "makes a mistake" and doesn't mark some words that were marked before, to our opinion, is equal to the situation of negative suggestion at the end of therapy. It is known that if the therapy was effective, the negative suggestion strengthens the therapy. In this case the reinforcement takes place in life. In our case it is possible to make such reinforcement just in the therapy.

7. We demonstrated an experimental therapy with the use of two elements of secondary languages. Our intention was to demonstrate the effectiveness of secondary languages in therapy. It is pos-

sible to design many more combinations of those elements. We believe that formal discussion of the use of secondary language will happen soon.

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