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ABSTRACT

In the Post-Graduate Program of Ericksonian Strategic Hypnotherapy, acknowledged by the National Autonomous University of Mexico (UNAM), this treatment was applied to 15 children by 15 students under supervision at the Low Fee Hypnotherapy Clinic in San Juan, Puerto Rico. We obtained very good results applying different hypnotic techniques. Results were measured through pre and post tests with Statistical Significant Difference of p<0.05.

SPANISH ABSTRACT (Español)

Dentro del Diplomado en Hipnoterapia Ericksoniana Estratégica, Avalado por la Universidad Nacional Autónoma de México, FES Iztacala, Extensión Universitaria, impartido por el Instituto Milton H. Erickson de la Cd. de México, 15 alumnos supervisados, atendieron 15 niñ@s en la Clínica de Hipnoterapia de Bajo Costo en San Juan de Puerto Rico. Obtuvimos resultados de pre y post test con diferencia estadística significativa con una p<0.05, demostrando una importante mejoría aplicando varias técnicas de hipnoterapia.

BACKGROUND

Hypnotherapy has hundreds of years of scientific tradition. Many countries have received its benefits. Alternative Medicines in public healthnowareanotheroptiontoincreasethequalityofacountries’health. This research was done by the Academic Director and the Academic Coordinator of the Post-Graduate Program, assisted by the professors and the students of the 16th generation of the Milton H. Erickson Institute of Mexico City. With the purpose of measuring results, we applied pre-test and post-
test scales to measure the degree of improvement the patients achieved with hypnotherapy towards their specified goals using very specific hypnotic techniques and treatment protocols applied by the students.

METHODOLOGY

These Hypnotherapy services were delivered by post-graduate students under supervision in the Low Fee Hypnotherapy Clinic of Milton H. Erickson Institute of San Juan, Puerto Rico. Our ethical priority was the well-being of the patients while providing high quality training for the students. We offered an average of 10 individual hypnotherapy sessions of one hour per week. All sessions were videotaped under supervision with the written permission of the patients’ parents. We trained the 15 students in 24 different trance techniques. In supervision we decided what trance technique would be used, depending upon the strategic goals. The children must have a stuffed toy to apply therapy to it. All trance techniques have 5 basic steps: 1. Objective of hypnotic trance; 2. Trance induction; 3. Explore the Interior Reality of the Problem; 4. Construct the Interior Reality of the Solution; 5. End the trance. All treatments follow these 4 steps of Strategic Hypnotherapeutic Process: 1. Diagnosis with hypnosis (3 sessions); 2. Paradox (2 sessions) in order to change the paradigm of the patient; 3. Obtaining the treatment goals (4 sessions); and, 4. last session (tenth session) construct a hypnotic metaphor which summarises the treatment process. Three different pre-tests and post-tests were applied to objectively measure results: The Anxiety and Depression Hospital Scale; The Global Activity Scale from the DSM IV; and “Alcance de los Objetivos de la Hipnoterapia” (The Evaluation Scale of Hypnotherapeutic Goals). Comparing the same sample before and after hypnotherapy, we applied the Statistical Significance Difference measure with a p<0.05 in order to demonstrate whether the patients obtained significant benefits or not. This research was conducted between February and May of 2006. All sessions were videotaped with closed circuit with constant
live supervision from an outside monitoring station, with patient files and qualitative analysis being compiled by the student hypnotherapists responsible for each case.

DEFINITIONS (From DSM IV TR)

Pervasive Developmental Disorders (PDD): Severe impairment pervades broad areas of social and psychological development in children with Asperger's Disorder, Autistic Disorder, Childhood Disintegrative Disorder, Rett’s Disorder. In children with Autistic Disorder there is substantial delay in communication and social interaction associated with development of "restricted, repetitive and stereotyped" behavior, interests, and activities. Attention-Deficit/Hyperactivity Disorder (ADHD): is a Disruptive Behavior Disorder characterized by the presence of a set of chronic and impairing behavior patterns that display abnormal levels of inattention, hyperactivity, or their combination. Learning Disorders: When individuals demonstrate abilities below the level that would be expected given their age and grade level in school based upon an arbitrary gap, they may be diagnosed with this mental disorder which should be further specified according to the particular academic function affected: Mathematics Disorder, Reading Disorder or Disorder of Written Expression. Scholar Phobia: is an irrational, intense, persistent fear of certain situations, objects, activities, or persons in relation with the school environment. The main symptom of this disorder is the excessive, unreasonable desire to avoid the feared subject.

VARIABLES

The 15 hypnotherapy students received Clinical Manuals with very precise protocols to follow in conducting Strategic Ericksonian Hypnotherapy, for the purpose of reducing extraneous variables.
Included in the study were 15 patients with diagnoses of Autism Spectrum Disorders or Attention Deficit Disorder. 10 weekly individual sessions of 1 hr. were conducted under supervision.

RESULTS

Of the 15 patients attended, 9 were male and 6 were female. 3 had an Autism diagnosis, 10 with ADD, 1 with School Phobia, and 1 with Learning Disorders. 6 received medication, 9 did not receive medication.

- Of the 15 patients attended, 9 were male and 6 were female. The median age was 10 years old.
• Of the 15 patients attended, 3 had an Autism diagnosis, 10 with ADD, 1 with School Phobia, and 1 with Learning Disorders.

ISBN 970-9974-12-2  Rafael Núñez
& Jorge Abia
The Anxiety and Depression Hospital Scale uses the following ranges:

- 0-7 absence of anxiety or depression
- 8-10 probable anxiety or depression
- 11-21 presence of anxiety or depression

The average patient pre-test scale rate was 11 in anxiety, and the average post-test anxiety rate was 6 after 10 sessions. Applying the Significant Statistical Difference measure with a $p<0.05$ and "t" razon being 6.15 superior to 2.14 showing a drastic reduction of anxiety.

ISBN 970-9974-12-2  Rafael Núñez & Jorge Abia

The average patient pre-test scale rate was 7 in depression, and the average post-test depression rate was 4 after 10 sessions. Applying the Significant Statistical Difference measure with a $p<0.05$ and "t" razon was 3.53 superior to 2.14 showing a significant decrease in depression.

ISBN 970-9974-12-2  Rafael Núñez & Jorge Abia
We designed a scale to measure the objectives obtained by patients called the “Alcance de los Objetivos de la Hipnoterapia” (The Evaluation Scale of Hypnotherapeutic Goals) which is a 10 point scale: 1 being total non-completion, and 10 being total success, as ranked by the children’s parents and their schools on goals chosen by their parents and/or schools.

Finally, The Global Activity Scale (GAS) from the DSM IV on a scale from 10 to 100 (10 being least, with 100 being the highest) showed a pre-test average of 57.57 and post-test average of 72.47 with the statistical difference $t$ razon = 6.75 than 2.14.
CONCLUSIONS

We obtained a 73.1% goal completion as measured by the children’s parents and schools. Comparing this with the GAS results 72.47 measured by the therapists, we see a very similar perception of the improved functioning of these patients. In addition, we obtained on the Statistical Significant Difference Measure $p<0.05$ and a $t$ razon superior to that being required by the measure between pre-tests and post-tests, demonstrating that the patients obtained significant benefits with the hypnotherapy. It is also interesting that all the Autistic and ADD patients did not present significant depression on the Depression and Anxiety Hospital Scale, just anxiety. Nevertheless, there was a reduction in both measures.

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ABSTRACT

We report the results of Clinical Hypnotreatment within the Post-Graduate Program of Ericksonian Strategic Hypnotherapy for Families and Couples, acknowledged by the National Autonomous University of Mexico (UNAM), this treatment was applied to 12 families by 12 post-graduate students under supervision at the Low Fee Hypnotherapy Clinic in Milton H. Erickson Institute of Mexico City. We obtained very good results applying different hypnotic techniques. Results were measured through pre and post tests with Statistical Significant Differences of p<0.05.

BACKGROUND

We offer in the National Autonomous University of Mexico (UNAM) a 240 hrs. Post-graduate Course Family and Couple Hypnotherapy. Family and Couple Hypnotherapy integrates systemic and strategic views. We have been working based upon several systemic family therapy models, designing strategic hypnotic techniques derived from each model. Those techniques are systematic and may be reproduced by independent clinicians, since they have a systematic structure. Departing from a systemic diagnosis based on the structural model of family therapy, enriching it with the critics of other schools, we set...
up a wider framework, where important models of family therapy are present to tailor therapy, blending family goals along with therapeutic goals. We use the systemic point of view and strategic tactics of Milton H. Erickson to facilitate the process of family and couple hypnotherapy, oriented towards specific solutions. Using play-therapy mixed with hypnosis we included children during the techniques application.

**METHODOLOGY**

These Hypnotherapy services were delivered by post-graduate students under supervision in the Low Fee Hypnotherapy Clinic of Milton H. Erickson Institute of Mexico City in Aguascalientes City. Our ethical priority was the well-being of the patients while providing high quality training for the students. We offered 15 family or couple hypnotherapy sessions of one hour per week. All sessions were videotaped under supervision with the written permission and informed consent of the patients. We trained 12 students in 24 different systematic specific trance techniques. In supervision we decided what trance technique would be used, depending upon the strategic goals. The children were included in family sessions using play-therapy mixed with hypnotherapy. All trance techniques have 5 basic steps: 1. Objective of hypnotic trance; 2. Trance induction; 3. Explore the Interior Reality of the Problem; 4. Construct the Interior Reality of the Solution; 5. End the trance. All treatments follow these 4 steps of Strategic Hypnotherapeutic Process: 1. Diagnosis with hypnosis (5 sessions); 2. Paradox (3 sessions) in order to change the paradigm of the patients; 3. Obtaining the treatment goals (6 sessions); and, 4. last session (15th session) construct a hypnotic metaphor which summarises the treatment process. Four different pre-tests and post-tests were applied to objectively measure results: The Anxiety and Depression Hospital Scale; The Global Activity Scale from the DSM IV; “Alcance de los Objetivos de la Hipnoterapia” (The Evaluation Scale of Hypnotherapeutic Goals); and Mc Master Family Test.

Comparing the same sample before and after hypnotherapy, we applied T student technique, to
evaluate Statistical Significance Difference measure with a p<0.05 in order to demonstrate whether the patients obtained significant benefits or not. This research was conducted between January to December of 2006. All sessions were videotaped with “Greek forum” with constant live supervision, with patient files and qualitative analysis being compiled by the student hypnotherapists responsible for each case.

DEFINITIONS

Family Violence also known as Domestic violence, domestic abuse, spousal abuse, child abuse or intimate partner violence (IPV), can be broadly defined a pattern of abusive behaviors by one or both partners in an intimate relationship such as marriage, dating, family, friends or cohabitation. Domestic violence has many forms including physical aggression (hitting, kicking, biting, shoving, restraining, throwing objects), or threats thereof; sexual abuse; emotional abuse; controlling or domineering; intimidation; stalking; passive/covert abuse (e.g., neglect); and economic deprivation. Domestic violence may or may not constitute a crime, depending on local statues, severity and duration of specific acts, and other variables (Ferreira, 1995).

VARIABLES

The 12 hypnotherapy students received Clinical Manuals with very precise protocols to follow in conducting Family and Couple Hypnotherapy, for the purpose of reducing extraneous variables, standardized the interventions, and improves confidence results. Included in the study were 12 families and/or couples with diagnoses of Family Violence. 15 weekly family and/or Couple sessions of 1 hr. were conducted under supervision. Families and Couples also presented addictions, encopresis, enuresis, cancer, low school performance, infidelity.

RESULTS

We attended 10 families and 2 couples. Offered 15 sessions, average were 12 sessions, maximum 23 sessions, minimum 6 sessions, mode 15 sessions.
Attention was received by 40 subjects in total; 11 infants; 7 teenagers; 22 adults. 19 women and 21 men. The maximum patient number in one session was 7 and minimum 2.

2 families also suffered addictions to alcohol and illegal drugs; 1 couple suffered man’s infidelity; 1 infant with encopresis and 1 infant with enuresis in the same family; and 1 family with a member with cancer.

The Anxiety and Depression Hospital Scale (ADHS) uses the following ranges:

0-7 absence of anxiety or depression
8-10 probable anxiety or depression
11-21 presence of anxiety or depression

The average patient pre-test scale rate was 13.8 in anxiety, and the average post-test anxiety rate was 6 after 12 session’s average. Applying the Significant Statistical Difference measure with a p<0.05 and “t” razon being 7.38 superior to 2.2 showing a drastic reduction of anxiety.

The average patient pre-test scale rate was 11.3 in depression, and the average post-test depression rate was 3.1 after 12 session’s average. Applying the Significant Statistical Difference measure with a p<0.05 and “t” razon was 5.51 superior to 2.2 showing a significant decrease in depression.

We designed a scale to measure the objectives obtained by patients called the “Alcance de los Objetivos de la Hipnoterapia” (The Evaluation Scale of Hypnotherapeutic Goals) which is a 10 point scale: 1 being total non-completion, and 10 being total success, as ranked by the patients.

At the beginning of the hypnotherapy on the pre-test the patients received an average 3.7/10 on goal completion, and achieved 8.8/10 on the post-test measure. Applying the Significant Statistical Difference measure with a p<0.05 and “t” razon was 5.04 superior
to 2.2 showing a significant completion of the goals.

The Global Activity Scale (GAS) from the DSM IV on a scale from 10 to 100 (10 being least, with 100 being the highest) showed a pre-test average of 57.3/100 and post-test average of 80.3/100 with the statistical difference t razon = 6.75 than 2.14.

Mc Master Family Test showed increase of 74% the family functionality and decrease of 50% the family mal-functioning.

CONCLUSIONS

We obtained a 88% goal completion as measured by families and/or couples. Comparing this with the GAS results 80% measured by the therapists, we see a very similar perception of the improved functioning of these families and/or couples. In addition, we obtained on the Statistical Significant Difference Measure p<0.05 and a t razon superior to that being required by the measure between pre-tests and post-tests, demonstrating that the patients obtained significant benefits with the family hypnotherapy. The two men parents which suffered addiction stop the problem, one decided to enter a rehabilitation center and the other stop consuming after therapeutic double bind, in which he had to demonstrate therapy was useless by quitting the use of drugs or he would enter therapy in a rehabilitation center.
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BRIEF HISTORY OF WIRRARIKAS

We certainly don’t know the origin of the Wirrarikas. They live in the mountains approximately since more than one thousand years ago. When the Spanish invaders arrived to Mexico, the Wirrarikas already lived there, because the prosecution against the Wirrarikas began very much before, by the Aztec people, maybe because the Aztec repelled the spiritual ideas of the Wirrarikas.

The Wirrarikas now are considered the grandsons of the Toltecas. The Toltecas were the builders of the most famous pyramids of ancient Mexico, the Pyramids of Teotihuacan, very near to Mexico City. The most antique culture of America.
Today, if I want to visit the Wirrarikas, I must travel from Mexico City about twenty one hours by road, and by walk. I need a special permission to enter into the territory of the Wirrarikas. You can also use an airplane, but the security conditions are not the optimus.

They are seminomad. Their ceremonies are done in very different places. Some of them in the beach, other in the middle of the mountains, other far in the dessert, other arround volcanoes, other in the pyramids, etc. All the year they travel through our country to cumpliment the gods with offers.

The main tool that the Wirrarikas used to enter into the genuine reality, are both nightdreaming and daydreaming. They need to get their bodies into extreme physical and emotional conditions, in order to learn different ways to percieve the world. Their concept of individuality is different than ours, so we can´t understand their concept of comunity.
They don´t use trade, they just cultivate for selfconsumption. The ritual art is the principal source of their economical resources.

The peyote, an hallucinogenic cactus, is very important in their perception about the world. But is not necessary to taste the peyote to access to the knowledge of the gods. Just the physical contact with the peyote, without eating it, is enough.

The deer is one of their principal gods. The fire is the grandfather of the human beings. The earth is our mother. The night is the better moment for learning, from sunset to sunrise.

**BASIC IDEAS**

I have organized in different concepts, the basic ideas that I have found in my experiences with the Wirrarikas.

**STOPING THOUGHT**

For them are very important the capacity to stop thought. This action consist in stop your conscious thoughts and just selfobserve the espontaneous images, feelings, memories that are elicited from your interior.

**THE POWER OF YOUR ATTENTION**

The Wirrarikas used an analogy for explaining this topic. In group they ask participants to divide into two smaller groups, the strongest persons, must cover their eyes and
play like horses, the slimest, play the rider role. The rider indicates the way and the horse follow the indications. In this play the horses must put down the others, the winner is the horse that keeps stand. When they finish this game, they explain that the will is like the horse, is blind, and the attention is like the rider, it can watch but it can’t walk. The power of our attention is to ride a blind will.

FEAR AS A PROTECTOR

They believe that the fear has a double main function. One is the capacity to work with you in order to protect yourself, the other function is to remark the novelties that happen in your interior reality.

INTERNAL FOREST JOURNEY

The sole teachers for them are the elements of nature. Specialy the forest, with its trees, rivers, valleys and mountains. In the forest you can find precisely what you need for your development.

SEARCHING FOR YOUR DEATH

This is the must interesting topic for this research. Live and death are not separate. Both are the two faces of the same coin. When you are alive, your death could be your better counselor for enjoying your life. Is very interesting that the Wirrarika group don’t commit the suicide. Each one have its own death. The death has the capacity to cure your pain, solve your problems, alleviate your self.
Our society don’t consider the choice to acces directly to death without dying. Our believes just permit to enter in touch with death through suicide or when life has ended. Here, I think in the possibility to touch personal death without suicide and before you die. The hypnotic trance gave me a protective way to access to the advice of death together with the basic concepts proposed by the Wirrarikas.
I had my first experience with this choice with my own suicidal ideas. It did one deep change in my hole life. I was working strongly in therapy about this situation, but when I could live this option I could reframe this experience for ever in my life. Erikcson said “if you want that your patient talk about her brother the therapist must talk about her brother” and I attach “if I want to help suicidal patients to survive, I need to help myself with my own ideas about death”.

CASE STUDY

BACKGROUND

Ana is 30 years old, she is single and has a Master degree in Actuary. Since 14 years old she had had depressive disorder. When she arrived to therapy with me, Ana had a severe depression with suicidal ideas. Interdisiplinary work was necessary: Psyquiatric treatment, family and individual therapy. Precisely in her individual therapy Ana recevied the Wirrarika reframing about her suicidal ideas

TECHINQUE DESCRIPTION

When Ana doesn’t need more medicines, I recomendend to attend to various camping experiences with the Wirrarika group. This experiences consist in walk alone without light throughout the forest in the midle of the night, jump over a cliff with covered eyes, walk a river up against the flow, dig one’s grave and spent the night in there, etc.. Each activity has a goal based on a specific deep reason. For example, the jump over a cliff with covered eyes is to recognize your other self, your free self, free of arrogance. Also these experiences give them the capacity to stop thougth and transform the fear into a protector and guide.
Finally Ana had her first encounter with her death. First she walked in group in the forest with her eyes covered during 4 hours. Next they danced to the rhythm of the drums until they fall down to the floor. They must put their attention in their skeleton because for the wirrarikas the skeleton is the death’s representation. When they fall down to the floor they began their first encounter with their death. Ana after described this like an intense pleasure and calm experience, she cried with happiness. Ana for the first time could touch her death without depression and suicidal ideas, without pain and with joy. Her Death received her tenderly, Death talked her through emotions, images, memories, and the forest. Death alleviated her. Death took her attention and put it in the solutions instead of the problems. Death
ask her not to worry about some topics in her life. My personal and Ana experiences allowed me to design a hypnotic technique in order to provoke in my office this encounter with the death, in two ways, in therapeutic crisis intervention and in therapeutic intervention without crisis. At the beginning I worked with a shaman wirrarika in my office to supervise my adaptations. In crisis I propose this encounter with this reframing about your death’s advice in a very simple way, avoiding many explanations. All the time, in trance, I find a disociative phenomenon in patients with suicidal ideas. I used this disociative state that provokes the crisis for inducing trance. Without preamble I begin to work in stopping the thought, after proposing the reframe “your fear could be a protector and guide now”. Meanwhile I ask them to enter in a forest, we ask permission to the forest for entering to learn. Utilizing the method of holothropic
breathing I suggest the physical effort necessary to walk in the forest. When my patient reports the strange sensations in its hands I indicate to stop this kind of breathing. Then I suggest the life and the death are both faces of the same coin. I indicate the capacity of their death to give messages and alleviates their emotional pain. When the intervention is not in crisis, I use one session for each topic, and review with detail each step. Ana has continued in trance taking the advices of her death. One occasion she felt the impulse to jump through the window but with the same impulse she fall down on the floor and she spontaneously entered in trance and her death came for giving her counseling. When the action of death is finished, it is frequent that the death asks an offer. This offer could be consist in cookies, chocolate, flowers and candels, and the offer must be deposited in the forest or beach or a volcano, she spontaneously does this asking in dreamings or in hypnotic trance.

RESULTS

I applied this technique with twelve patients in the last year. The results had been very satisfactory. All accepted with surprise this reframing and continuously revisited the messages of their death.

One day a patient 24 years old, with a bipolar diagnosis, called me by phone and told me “My girlfriend finished our relationship, I have my gun in my hand, I just want to tell you, because I promised you, that I will call you before committing suicide”. I told him “ok, is your decision, but before, I suggest you to explore within yourself, what is going on in your interior, and to do that I suggest you to ask for your death’s advice”.

My patient didn’t know this reframing, however he followed my indications.

“Please put your gun out your hand and get in a comfortable
position and close your eyes... feel your breathing... let your attention go with your breathing... just observe how your attention is in your breathing, meanwhile you can listen to my voice thru the phone... it’s probable that your attention is divided, don’t worry, just observe how one part of your attention is in your breathing... you stop your thoughts... you just observe how feelings, images, memories are spontaneously appearing, or maybe nothing... call an image of a forest... don’t enter yet... just observe how an image of a forest is there... when you have your forest image just tell me,... ask permission for entering the forest... you walk in the forest.... you ask your fear to protect and guide this experience... you stop your thougths... you just observe... you feel how your fear protects you... you let the forest guide you... feel how you walk over your mother earth... let the forest guide you to a very particular place... in this place there is a fire, ask the fire his protection... begin to dance in this place... put your attention in your bones... forget your muscles and your skin, just feel your bones... in your bones is your death... ask your death her advices... ask your death her help to alleviate you, ask her compassion... the death is the other side of the life coin... it is not necessary to kill your self to acces for your death’s advice... just observe how this experience goes on automatically... when you feel that this experience has ended, just give your death all your gratefulness, feel your muscles and your skin, and come back for the same path in the forest, when you exit the forest, when do you want, take a deep breath and open your eyes”.

When we finish this exercise I asked him to let me talk with his parents, in that moment his father was at home, I explained the situation and I ask them to visit me in my office urgently. We continue with interdisciplinary treatment, Psyquiatric, family and individual therapy. After months, my patient told me “I’ll never forget my first ecounter with my death when
I worked with you by phone... I felt a deep alleviate and my death called my capacity to forget my girlfriend”.

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Self-hypnosis for improving Seizure Control in Epilepsy

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ABSTRACT

This paper reports two cases in which, by means of Ericksonian Hypnosis, a symbolization of epilepsy was induced, such that patients become able to develop a personal version about the disease as a personal experience. In this hypnotic symbolization, the patients work to improve both their medication and their control of seizures.

ZUSAMMENFASSUNG

Der Artikel präsentiert zwei Fälle, in denen mittels Erickson'scher Hypnose eine Symbolisierung der Epilepsie induziert wurde. Die Patienten wurden so in der Lage versetzt, eine eigene Ansicht über die Erkrankung als eine persönliche Erfahrung zu entwickeln. In dieser hypnotischen Symbolisierung arbeiten die Patienten an einer Verbesserung sowohl der Effektivität ihrer Medikation als auch ihrer Kontrolle der Anfälle.

SAMMANFATTNING

Artikeln beskriver tva fall dar en symbol for epilepsin skapades
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KEY WORDS: Self-Hypnosis Control improvement Epilepsy

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Reading about epilepsy I learned that personal attitude towards the disease is an important factor that influences the outcome (CAMELICE). Since hypnotherapy is a powerful tool used to change emotional response and attitudes, I designed techniques that can be used to improve the emotional response, develop a healthy attitude towards the disease, and increase the level of medication in the blood.

I will report the first two cases of my qualitative research oriented to explore and communicate the usefulness and richness of using hypnotic metaphors in patients with epilepsy.

According to the international classification of epilepsy, the two patients had enough elements for a diagnosis of "generalized convulsive epilepsy". Both of them had low drug levels in their blood, were not fully controlled, and showed depressive symptoms for three or four days after seizures.

One patient was a thirteen-year-old boy who had seizures related to school stress and a history of more than ten episodes of status epilepticus. The other patient was a twenty-four-year-old woman, who had seizures related to work stress and her menstrual cycle, showing a pattern of nocturnal epilepsy.

Both of them were treated with the highest dose of valproic acid and carbamazepine and had been very poorly controlled with other antiepileptic medication. Aside from this, neither reported aura, but both suffered several body lesions, like fractures and tooth loss. Levels of medication in their blood were taken before and after hypnotherapy, which lasted ten sessions once a week, to show the effectiveness of the treatment.

Following Schilder's recommendation (1973), to look carefully for the hypnotic responses of patients with organic and central nervous system disorders, I decided to begin with hypnotic conversation by eliciting metaphors before using a deeper trance. By these means, I found that patients improved a great deal without needing formal hypnosis.

The hypnotic technique's steps are as follows:

1. Ask the patients to describe the symptoms involved with their epilepsy and the effect it has in their lives.
2. Help them to describe in detail their feelings and emotions which are caused by epilepsy.
3. Explore their attitude towards medications. For example, how they feel about taking a high dose and having no positive result.
4. Let the patient change the name of the disease. Ask them; "If you could give another name to epilepsy what would it be?" or "If epilepsy could look like something what
would it look like?”. Emphasize that the name or analogy must represent their symptoms, effects in their lives and emotions caused by epilepsy and their attitude towards the medications.

5. Ask them to make a story using the name or analogy they gave. Help them by beginning the story with phrases like “Once upon a time”. “A long time ago”, etc. While they are building up their story, suggest to them to put the problem in the past tense and the solution in the present continuous. The story must have a happy ending and they must be pleased with it.

6. Continue working with the story in order to recognize the aura and if they don’t have an aura help them make one. In order to accomplish this ask what happens before the seizure in the story. These details will become their aura. This is done so that they can have a warning before the seizure and so that the patient can place himself in a trance with self-hypnosis to avoid the seizure or make it easier to go through. (This step could take two or three sessions to complete).

7. Make a promise to stay in touch in case they enter into coma. Promise to be with them in the hospital and make them a tape with a trance induction with their story and ask the relatives to play it every now and again while they are in coma. In the tape suggest to them to go through the experience the best way they can, by increasing the efficiency of the medication and by decreasing the side effects of the seizure and the medication. A suggestion could be. “It looks like we will have to go down this path. We can not avoid it. This is a long and treacherous path. But you can go down this path without hurting yourself, if you are very careful”. Also on the tape use their story to help them defend themselves from an additional seizure.

When you are with them in the hospital remind them to keep their promise to communicate with you unconsciously. This can be done through a previous arrangement, such as breathing in rhythm to the patient’s respiration, in his ear. Through this the patient is aware of your presence and you will begin to give him suggestions to help him through the ordeal. One example is to tell the patient “You and I decided that if you had problems I would come to see you and here I am. Now I warn you to remember that you need to keep your promise to come, unconsciously to me. I am going to start breathing with you in your ear. I want you to realize that I am here with
you”.

CLINICAL REPORTS

The following are two cases in which you can see how I used the previously mentioned steps to help them better their epileptic state:

Case Tomás

The first case that I would like to share with you is that of a thirteen year old boy, whom I will call Tomas. Tortias is from his mother’s first marriage. He has no relationship with his father but he has an excellent relationship with his stepfather. He has two older brothers and a younger stepbrother. His mother also has epilepsy, but it is under control.

When I asked Tomas to describe the symptoms involved with his epilepsy and the effects it has in his life, he described his symptoms as if his eyes roll back, everything goes purple and the convolution comes. Afterwards he has a headache and no desire to go to school. He can’t remember names when he wakes up at the hospital.

The effect it has on his life is that he can’t play soccer because the drug levels in his blood immediately decrease when he plays.

By going deep into his emotions we found that he is sad because he can’t play soccer and because he is afraid of the seizures.

Something interesting arose when we spoke of his feelings regarding the medication. He described himself saying “I am convulsive”. He thought that he would always have convulsions and that the medication would not help him. He couldn’t understand that he suffered convulsions because the medication levels weren’t appropriate for him.

When I asked him what name he would give the disease he said “The Big Foul”. The big foul consists of a blow received in the groin, while playing soccer. As a result of the foul he is left with a big purple bruise.

The story that he made up is as follows, “The coach throws the ball very hard at me and because I feel a little drunk, due to the medications. I lean to one side. As I am leaning the ball passes by me. Finally he hits me and he commits the big foul which leaves the big purple bruise”.

One of the most important things that happened while working with this story, was that he stopped feeling drunk by the medicines, instead they changed into three different kinds of helpers:

a) players on his own team that formed a barrier defending him from the “big foul”,

b) nurses that help him if he needs to recover.

c) guards that stopped the coach, convincing him that soccer is a game and not a
war. so he shouldn’t hurt the patient.
In the same way, his mother, stepfather and brothers became part of his team, playing an important soccer game against the Brazilian team.
If by chance, in spite of all these arrangements, he should receive the big foul, in the story his stepfather will ask the coach to allow Tomás maternal grandfather to take his place in the game, so that the patient can stay at the medical service, with the nurses. In the same way valproate, his medicine, was transformed into a nurse, and carbamazepine, another medicine, became a groin protector, and I, his hypnotherapist, will be at the ticket window.
After the third session Tomas had a relapse and entered into a state of coma and was hospitalized. When his parents called to inform me I went to the hospital to work with his unconscious mind. I used the breathing technique to let him know that I was with him. I also reminded him of his story and all the help that he had. I also made a recording that was left with his parents so that they could play it for him. The results were outstanding. The medication levels in his blood rose at twice the normal speed, he came out of the coma in half the time and was in school twice as soon as normal.
After this experience we realized that Tomás did not recognize the seizure’s aura. We began working to make him aware of the seizure’s aura and to develop a selfhypnosis exercise to try to avoid the seizures, he said that he would know the big foul would be on the way when he becomes very nervous at school, when he sees the purple from the bruise to his right side, and when he closes his eyes and sees the coach’s angry face. If this were to happen, in his imagination, he would call his family, who would already be dressed with the team uniform, to stop the coach, “like the police do with thieves”.
Another interesting detail, that we found while working with his story, was an explanation of the effects of being abandoned by his father. He said that his father abandoned him because they were playing on opposite teams, and his father had even committed fouls against him. During the game’s time out, the press asked “the man”, why he committed a foul against his son. During the second half the patient used stronger equipment to protect his legs and asked the coach if he could be located away from “the man” to avoid being fouled again.
By the eighth session the medication levels in his blood were so good that the neurologist said to stop
taking the carbamazepine. Since he would no longer take the cabarmazepine we had to adapt his story. He said that he realized nurses were sometimes lazy, so he made them realize they were paid to work twenty four hours a day, seven days a week and they stopped being lazy and they fixed the first aid kit.

We continued reviewing his story and looking at many new options that let him improve his attitude towards epilepsy. Simultaneously the medication levels in his blood continued rising, the carbamazepine was discontinued and the seizures have stopped.

Case two - Maria
The second case is about a twenty four year old woman, who I will call Maria. Her parents are divorced and she lives with her mother. Also her only sister married Maria’s ex-boyfriend. When she first came to therapy she was severely handicapped due to the nightly seizures she had. Her metaphor about epilepsy was an audiocassette. The tape would come off its reel and get all tangled up. When she told me that. I took an audiocassette and began pulling the tape out. She continued describing how anger invaded her whenever she thought her family believed epilepsy was a reason for her to avoid marriage. They also said that she should not get married until her mother passed away.

She said that the tape was even more turned upside down and mixed up. whenever she remembered how she was raped at age fourteen. The seizures left her very tired and with a bitten tongue. Her job as a seamstress was very difficult, routine and she earned little money. After listening.

References
CAMELICE

I asked her to put the tape back again into the cassette. doing it in a very careful way, so it wouldn’t get mixed up. She did so and we continued talking about her problems, so that she could understand how all these experiences could help her. At one point we stopped talking and she continued winding the tape. I then told her. “Pay attention to your breathing. Everytime you inhale you will take in only the useful aspects of your experiences, those which nurture yourself. Everytime you exhale you will
let go of those aspects of your experiences, that could go against your wellbeing.
At the end of the first session I asked her to care¬fully remember how she was able to get the tape back into the cassette without mixing it up. and while doing this, to focus on her breathing, so she could easily go to sleep and be calm. The nest session she came very happy because she had had no seizures during the week. Her doc tor told her she would be able to go back to work. I asked her to invite her mother to come to some of the sessions, so we could clear up some misunderstandings about marriage.
Working together with her mother I continued pulling the tape out of the cassette and asking Maria to put the tape back into the cassette. With this therapy both of them got free from the trap that they were in.
As a result. Maria looked for a better job. and she got one as a secretary at a higher level. She also returned to a previous relationship and got married and to date they are happily married.
Since we ended therapy she has had very few non¬severe seizures, which haven’t hurt her as before.
DISCUSSION
The two cases here presented show how by means of hypnosis it is possible to get in touch with a chronic illness in a safe and indirect way. The pa-tients showed progress in their autonomy and in sei zure control, after becoming able to symbolize their disease. Further studies are needed to elucidate the role of meiaphoric techniques in seizure control, and maybe in drug metabolism.
PHILOSOPHICAL BASES OF ERICKSONIAN STRATEGIC HYPNOTHERAPY

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Philosophy.

According to its etymological roots: Philosophy means “love for knowledge”.

Philosophy is the knowledge of human reasoning, penetrating the deepest reasons of being
UNIVERSITY EXTENSION PROGRAM IN HYPNOTHERAPY
NATIONAL UNIVERSITY OF MEXICO
There are two useful contrasting schools of Philosophy that help us define a supporting Philosophy for strategic interventions in Ericksonian Strategic Hypnotherapy. These schools are:

**Sophist versus Socratic.**

For the Socratics (Socrates, Plato), the Good resides in Truth. Real virtue takes us to eternal essential immutable Truth.

For the Socratics someone receives a revelation of the Truth and that person is the real educator and the others must adjust themselves to the judgments of the immutable eternal Truth, provoking, paradoxically, more ignorance.

The Socratics (Socrates, Plato) apply “Manichaeism” to arbitrarily separate the Good from the Bad or the Positive from the Negative with the origin of distinction being revealed Truth; but it is an arbitrary division which all others must obey.

Nietzsche considered the Socratic School to be the worst moment in Western Philosophy.

In contrast, the Sophist School (Heraclitus, Hippocrates) that preceded the Socratics, proposed to stay skeptical, doubting the possibility of Truth.

Sophists proposed that we all have the capacity to seek and obtain knowledge (Heraclitus, Hippocrates) rather than having to believe in a Truth that is imposed on us.

For the Sophists, knowledge is dynamic and evolving. Certainties are just points of views that we must continue to question.