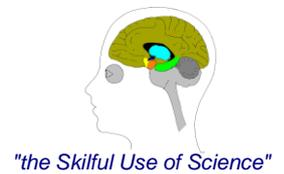


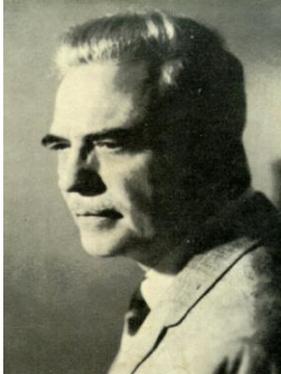


6. Erickson - MD



6. Erickson

Milton H Erickson - MD



It has been more than 25 years since Milton Erickson's death but his strategic approach to therapy has continued to increase in popularity and is studied and emulated worldwide. He changed from being a controversial figure in the field of therapy to a universally admired one, and a new book about him still appears almost monthly. Many people are continuing to deliver training in Ericksonian therapy in the UK and all over the world.

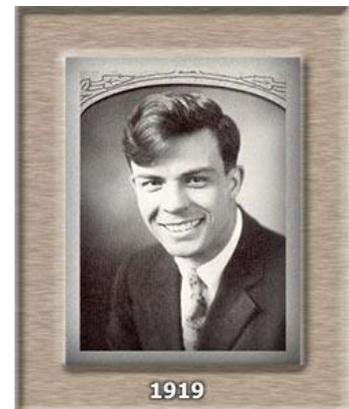
These notes on Erickson strive to examine his life, his work and to highlight the key principles and strategies that lend themselves to effective clinical practice.

Life 1901 – 1980

Chronology

Age Event

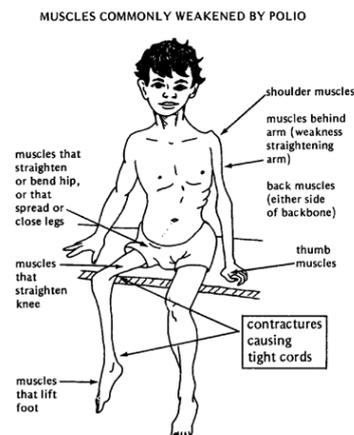
- 0 Milton Hyland Erickson was born in a humble dirt floor cabin in a mining town in Nevada, the 2nd of 11 children. Born colour-blind, tone deaf, and, to some extent, dyslexic.
- 3 Family bought a farm in Wisconsin, which provided the setting for many of his later anecdotes.
- 17 Graduated from high school, an accomplished athlete, and published his first article in a farm journal.
- 17 Stricken with polio and nearly died. Paralysed - only able to voluntarily move eyelids. One year to recover.
- 18 Attended University of Wisconsin to study medicine - exposed to the work of Clark Hull PhD, an influential experimental psychologist and expert on hypnosis.
- 23 Married Helen Hutton.
- 27 Graduated from the University of Wisconsin with a Medical degree and an MA in psychology.
- 29 Completed medical and then psychiatric internship at Colorado Psychopathic Hospital.
- 30 Became assistant physician at the State Hospital for Mental Diseases.
- 34 Marriage ended and awarded custody (very rare for the father) of the three children.
- 35 Married Elizabeth Moore with whom he produced another five children, and who became his researcher, collaborator, and life-long companion.
- 38 Certified as a psychiatrist and was made Director of Psychiatric research.
- 47 Became full professor at Wayne university where he had taught for 10 years.
- 47 Moved his family to Phoenix and became Clinical Director of Arizona State Hospital.
- 48 Deteriorating physical condition forced him to resign as clinical director and establish a practice out of his home.
- 48+ During the next three decades, he drew upon his years of dedicated research and study and advanced the use of clinical hypnosis through both his practice and his trainings (it is this part of his life that this course material focuses on). During this period he also suffered from post polio syndrome and eventually lost the use of both legs and one arm, and suffered severe pain for the rest of his life.



6. Erickson – MD

Influences

Polio: When Erickson was stricken with polio he was left with his hearing, his vision, and the ability to move his eyes. He could speak with great difficulty but had few other voluntary physical capabilities. Expected to die, his tenacity and strength of will fuelled the recovery process together with painstakingly detailed recollections of his specific muscle movements - learning that the mere thought of a movement could lead to automatic physical response. This started when a fortuitous event occurred on a day when Erickson was accidentally forgotten, sitting in the centre of the room in a rocking chair contrived to serve as a toilet for the paralysed youth. As he sat there, bored with his immediate surroundings, and wishing profoundly that his chair was sitting next to the window over-looking the farm, the chair began to rock, ever so slightly. Erickson noticed immediately, and came to conclude that his longings were somehow translated into minute muscular impulses. His task then was transformed from achieving the impossible (moving what could not be moved) into expanding upon what is possible (minute movement).



He was then aided in relearning to balance and walk through watching his youngest sister as she moved through the crawling, teetering, and walking stages, and the process forced him to relearn the basic patterns of movement and perception.

The polio together with his dyslexia and colour blindness made him intensely curious about his own difficulties and how they could be remedied. He also developed the ability to derive conclusions from information that is customarily disregarded. For example, lying in bed and hearing the barn door shut and foot steps approaching and someone entering the house, Erickson learned to conclude correctly who was approaching and what that person's mood was. This attention to minute details and their implications contributed immensely to his ability as a therapist.

When he instructed those who studied with him, he insisted that they attend not only to their client's gross behaviour and statements, but also to the minutiae of their movements, vocalizations, postures, respiration etc.

Clark Hull PhD



Hull was one of the founding fathers of experimental psychology but in relation to hypnosis, he believed that the client was a passive participant in the hypnotic process and that a standardised induction would impact each individual in the same way.

Erickson disliked this, and others' impersonal and inflexible approach to hypnosis, and so developed more natural and conversational approaches with an emphasis on the unique attributes of each person - defining the process in more interactional terms.

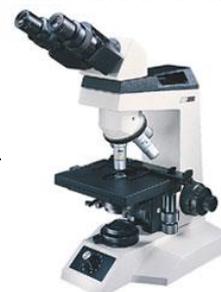
In Hull's conceptualization, a standardized induction would impact each individual in the same way. In deference to Hull's experience, expertise and achievement, Erickson refrained from publishing some of his experimental research that demonstrated the efficacy of alternative approaches.

The positive upshot of Erickson's experience with Hull was twofold:

- I. Exposure to Hull and his methods of investigation convinced Erickson that laboratory procedures could be applied to hypnotic phenomena.
- II. The doubt planted by Hull's traditionalist views probably fuelled Erickson's quest for valid understanding.

In the end, of course, Erickson's conclusion was that, 'it is what the subjects understands and what the subjects do, not the operators' wishes, that determine the hypnotic phenomena that shall be manifested'.

An Enquiring and Challenging Mind: During many of his medical and psychiatric tenures, Erickson conducted research and published papers and



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scientific articles on hypnosis. Initially the use of clinical hypnosis was formally prohibited where he worked, so he was restricted to evenings and weekends. The first of his writings on hypnosis was entitled 'Possible detrimental effects from experimental hypnosis' which reviewed the extant literature, seeking scientific evidence of deleterious effects of hypnosis, such as hyper-suggestibility, alteration of personality, compromise of the subject's ability to distinguish reality from unreality, and development of unhealthy attitudes and escape mechanisms. Nothing in the literature beyond speculation and conjecture could be found to support existing concerns and in Erickson's documented work with more than 300 subjects, in literally thousands of hypnotic sessions, no negative effects were observed.

When Erickson accepted the position of Director of Psychiatry at a hospital in Michigan he was able to research hypnosis in earnest. His work spanned a wide range of topics including: hypnotically induced neurosis, automatic hand-writing, experiments in sensory perception (including hypnotically induced deafness and hallucinated colour vision), and the hypnotic treatment of hysterical depression. The quality of this work legitimized hypnosis as a powerful therapeutic tool.

Alongside the research, Erickson continued to challenge himself to develop his observational abilities. For example, he reported that he would conduct a thorough mental status exam, including delusional and hallucinatory content, avoiding questions about social history, then he would write a detailed speculative social history which he would later compare with the actual history garnered by a social worker. Conversely, he would take a detailed history, then write up a mental status exam, and compare his speculations with the actual exam results. In this way he honed his ability to connect the two types of information and increased his understanding of the relationship between history and ongoing psychiatric symptoms.

Wife and Family: Elizabeth Erickson met her husband when she served as his research assistant in 1935 at Wayne State University, and thereafter she would continue to collaborate with his work. Together they published results of research they conducted jointly and she helped in many ways throughout Erickson's career. Occasionally she would be called in to participate in therapy sessions, for example by demonstrating hypnosis. She also assisted, when needed, with his efforts at managing his pain. She worked hard on editing and proofreading *The American Journal of Clinical Hypnosis* during the 10 years Erickson served as its founder and editor, and she was hostess to visitors from around the world. When Erickson was travelling, she shouldered full responsibility in caring for the children, a considerable task in itself - she once commented that they had at least one teenager in the family for 30 consecutive years!

In 1949, Erickson went into private practice, principally for medical reasons. Working from home afforded easier access to some privacy when self-hypnosis was required to manage the pain, and also allowed Mrs Erickson to be available in those instances where the symptoms became so severe that Erickson needed assistance.

Because Erickson's office was in his home, it provided a unique opportunity for 'family' therapy. Erickson's family became involved with the clients. On Cypress Street, the family living room doubled as a waiting room. Students, clients, and colleagues mingled with children, pets, and family friends in a homely way that beautifully reflected Erickson's values - family was prized. More importantly, implicit in integrating clients and family was a positive regard for the clients who came to visit - they were not segregated and isolated. While they waited, they were invited to help dress a dolly, scratch a basset hound behind the ears, or participate in whatever the moment occasioned.



The family shared Erickson's interest in people, and it was not uncommon for one of the girls to make a sandwich for one of the less fortunate clients. One client who had been hospitalised was 'adopted' by the family after his release. They helped him get a dog which he kept at the Erickson's home (it was not permitted in his apartment), and which, over the years, he visited and cared for daily. It was also common for clients, or even students, to do odd jobs around the Erickson home when fees were a problem.

Post-polio: In 1953, Erickson suffered what he believed to be the medical anomaly of a second bout of polio. He deduced that he'd been unlucky enough to contract the second of the three strains. 'One more to go' he would later quip to Jay Haley, a comment that was characteristic of an attitude that minimized adversity.

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The net effect of the 1953 attack was that, thereafter, Erickson was seldom free of pain. There was damage to muscle in his right arm, back, sides, abdomen and both legs. Recovery, however, was facilitated by his prior experience with sense memory exercises; he knew how to retrain damaged muscles to compensate for functional loss. Also, long years of self-hypnosis allowed him to relegate pain management to his unconscious, which provided effective relief. His level of chronic pain dramatically increased with age, however, and he experienced muscle cramps so sudden and severe that the muscles would literally tear.

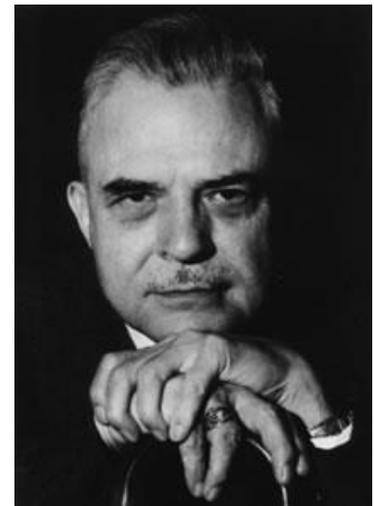
Erickson also compensated in mundane ways. He elected not to have a telephone in his Cypress Street office so that he would have to get up and walk to the phone elsewhere in the house many times each day. He engaged in simple tasks, such as peeling potatoes, so that he would retain as much physical function as possible. By 1956 he had regained enough physical strength to climb a mountain with the aid of two canes. In spite of these recuperative gains, there was a persistent, degenerative loss, so that by 1967, Erickson was permanently confined to a wheelchair. By the end of his life, he was in constant chronic pain, breathing by virtue of half a diaphragm and a few intercostal muscles. His vision was double, his hearing was impaired, and he had to relearn to enunciate words clearly because he could no longer wear false teeth.

In spite of, or because of, all these adversities, he maintained his good cheer and radiated a joy to be alive that was inspiring and infectious to those around him. He also continued to see clients and deliver clinical training for the rest of his life.

Impact

The nature and extent of Erickson's impact on the practice of clinical hypnosis defies measurement. Erickson was the dominant figure in the field of twentieth-century hypnosis. Traditional techniques were mechanistic at best, and far more focused on trance development and the use of protocols for therapy. These were not flexible, client-oriented approaches. Erickson devised ways to skilfully interweave therapy into the trance induction and experience. He also took principles from hypnosis and applied them to therapy without the necessity of relying on formal trances.

One thing that helped Erickson was the long arduous hours of research that simultaneously taught Erickson so much about hypnosis, and established his reputation as a thoughtful scientist and skilful observer. Another thing was Erickson's innovative approaches to treatment, which were integrated with hypnosis to produce dramatically effective results.



The combination of his scientific credibility and his therapeutic efficacy accounted for Erickson being credited with advancing the cause of hypnotherapy. He pioneered methods of hypnotherapy that utilise and integrate the client's strengths and abilities, and contributed a substantial research base that expanded the understanding of hypnosis and hypnotic phenomena.

He was also instrumental in the founding and developing of major hypnosis organizations such as the American Society of Clinical Hypnosis and its journal, *The American Journal of Clinical Hypnosis*, which he edited for the first 10 years following its inception.

Erickson also wrote or collaborated on over 140 scholarly books and papers. His published successes still stimulate the interest of practitioners seeking effective therapeutic interventions.

Erickson essentially pioneered brief, solution-focused work that prized functional change over insight development (an aim of psychoanalytic therapy), and believed in the client's ability to profit from minimal intervention. This then led to a proliferation of such approaches within the field of psychotherapy, and produced a fundamental shift in the way therapy was performed.

Beliefs and Principles

Erickson's early professional development occurred in the 1920s, at a time when Freudian psychoanalytic theory dominated the psychotherapeutic arena, and learning theory (behavioural) and

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humanistic approaches were in their infancy. In fact, Erickson had studied psychoanalytic theory, and some of his earlier writings even had an analytical bent. But he came to believe that the passive psychoanalytic approach was much too time-consuming. He did, however, take on board Freud's formulation of the unconscious as a major determinant in the functioning of a client.

Erickson also departed from the humanistic orientation of Carl Rogers who believed that if the therapist was genuine, accepting and empathic, and allowed the client to lead the process then healing would occur. Erickson was much more directive and, for example, often had his clients carry out assignments outside of this session in environments that were not necessarily characterised by the acceptance and empathy required by client-centred therapy.

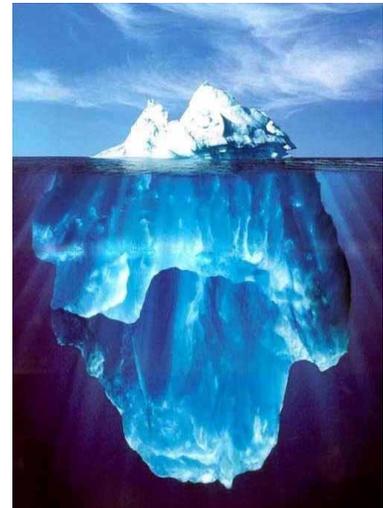
Ultimately, Erickson was careful not to align himself with any system or theory of therapy on the grounds that adherence to any system of therapy narrows the practitioner's viewpoint and limits treatment alternatives. His interventions were much more oriented towards the client and the therapy situation. For these reasons, Erickson never formalised his approach as either a theory of personality or therapy. He is quoted as saying 'I invent a new theory and a new approach for each individual'.

However, there are a number of general principles which he adhered to in structuring the therapy process:

The Resources of The Unconscious Mind

Erickson believed that the unconscious minds of both the therapist and the client possessed significant resources that could be relied upon in the healing process. He saw it as a powerful resource for change, as well as a source of information and abilities. Because it was a behavioural determinant that was outside of awareness, it could be used to elicit positive behavioural or functional change whilst circumventing any conscious resistance.

He reflected that he would often go into an auto-hypnotic trance during sessions with clients but it is unlikely that he was turning the session over to an 'all-knowing unconscious' in hopes that somehow the right thing might happen. Numerous years spent consciously developing exceptional observational and communication skills, together with a thorough understanding of psychological functioning and human physiology, undoubtedly contributed to vast unconscious resources that could be drawn upon in a clinical setting



In using his clients unconscious as a resource, Erickson understood the need for some work to be conducted in collaboration with the unconscious and beyond the awareness of consciousness, and he believed that it was not necessary to make implicit meaning explicit. He also understood clients can sometimes speak symbolically about their problem without actually mentioning it directly, and believed that sometimes their unconscious is prepared to work on a problem that their conscious mind is not.

A Focus on Symptoms not Pathology

Rather than dwell on diagnostic categories in order to construct courses of therapy, Erickson focused on the presenting problems and the symptoms the client was experiencing.

The issue with categorising somebody as having for example, chronic depression or general anxiety disorder, and then following a pattern of treatment based on that diagnosis, is that the therapy becomes de-personalised and misses the aspects that are immediately relevant to the client situation and the unique resources they bring to the process.

Erickson's approach was fundamentally positive in that he appreciated all the aspects of the individual that were functioning well, and treatment was oriented towards the present and the future. This significantly narrowed the scope of the work required since only the presenting problems needed to be resolved, as opposed to the need for major personality reconstruction, and so results came much quicker than with traditional methods. Any labels he used were descriptive of the problem, not the person.

Erickson also recognised that symptoms can be functional as well as problematic, and that care must be taken when offering a cure, to



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sometimes leave the symptoms at the client's disposal. In a case of a girl with painful menstruation for example, he might resolve the issue with hypnotic anaesthesia, but also recognise that there could be times when she might want a painful period to escape social engagements, get an extra day off from the office etc. He sought to avoid the risk of her rejecting the suggestions because any unconscious desires to benefit from the discomfort in the future were not taken into account. Putting her in control of the degree of discomfort is therefore a more effective strategy.

A Directive Approach

Erickson took a much more directive role with his clients than was allowed by the psychodynamic and client centred approaches, which required the client to develop the prerequisite insight. Often he would be very specific in his advice in order to effect behavioural change, with the aim that insight would then follow.

Clear directives were present in most of Erickson's interventions. Often they were simple, but owing to a clear and accurate understanding of the client, the effects were far-reaching. One often-quoted example is of a man who suffered from insomnia. Erickson learned that the client detested polishing his hardwood floors because of the smell of floor wax. After obtaining a commitment to do what he was instructed to do, Erickson said he could cure him if he were willing to lose eight hours of sleep. He was then instructed to put his pyjamas on and polish his hardwood floor all night long, thus losing only his customary two hours sleep. He was to go to work the next day and then polished floors all night long, repeating the *same* procedure each consecutive night until he had spent four nights polishing his floors. On the fourth night, the man told his son that he was going to rest his eyes for 15 minutes before he began polishing the floor. He woke at 7:00 a.m. and Erickson subsequently instructed him to prominently display the can of polish and rag in his home. If he could still read the time 15 minutes after he lay down to sleep, he was to get up and polish the floor all night long. The man was still sleeping regularly one year later. Erickson later commented that the client would do anything to avoid polishing the floor, even sleep.

Task Assignments

Apparent from the above example is that Erickson recognised that a lot of important therapeutic work could occur outside of the consulting room. He believed that task assignments expedited change and had the benefits of:

- Engaging the client in therapeutic work for a greater portion of the week than the allotted session.
- Allowing the problem to be confronted in the context in which it manifests itself.
- Enabling the therapeutic messages to be less abstract and more concrete, allowing for growth that cannot be replicated in the consulting room

The assignments that Erickson prescribed were used to develop insight, offer emotional release, break long-standing patterns of behaviour, and sometimes weeded out individuals who weren't truly committed to making changes (which often forced the individual to see that *they chose* to continue with their problem). Erickson's assignments were very different from those offered by cognitive and behavioural therapists in that they were far more individualised and varied, and less theory or formula-driven

Humour and Drama

Erickson's approach was unfettered by theoretical constraints which would limit his range of interventions. For example, a theory-bound psychoanalyst, must strive to be neutral so that the client will have an object for transference. In contrast Erickson was at liberty to be himself, which meant that playfulness and humour were integrated into the therapy process. As a result, humour gained respect within the domains of legitimate interventions, even within formal trance.



Humour and drama were a natural part of Erickson's style, and were effective in that both of these means of communication lend themselves to carrying pointed and memorable messages. They are also processed in a non-linear way; that is, they are more experiential than cognitive. Humour and drama capture the client's full attention, and can disrupt a problem-oriented frame of reference, allowing for a new and therapeutic alternative to be considered, either consciously or unconsciously. The hallmark of the Ericksonian dramatic or humorous intervention was that it drew upon, and appealed to, the individual's unique strengths and resources.

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Erickson was a playful man, and this permeated his relations with his family, friends, students and clients. His use of humour could be straightforward or part of an assignment. In one instance, he was treating a little girl who behaved as if she were angry at everyone. It appears that she was often teased about her copious freckles. When she met Erickson, she appeared sullen and recalcitrant. As she stood glowering in the doorway, he suddenly pointed at her and said, 'You're a thief! You steal! . . . I even know what you stole. I even have proof that you stole.' Her curiosity was aroused and she wanted to know what his proof was. He told her that he knew she loved cinnamon biscuits and that, one day when she was climbing up to get the biscuits from the cookie jar, she spilled them on her face. The proof was the cinnamon all over her face. She burst out laughing at his 'proof', and they had a nice chat. His playful teasing had broken the tension. After this, they carried on a correspondence and her bitterness subsided.

These interventions were playful, and at the same time harmless (not mean-spirited), and he recognises the importance of using humour that is supportive and affirming, and not demeaning in any way. He also told jokes to clients while they were in trance. Hypnosis was not sacrosanct; the unconscious could be seen as responding to humour as well as more serious directives.

Similarly his use of drama was liberal - he did dramatic things and he had his clients do dramatic things. A rather dramatic example is when a woman travelled some distance to see Erickson with her husband who had been completely paralysed by a stroke a year earlier. He was a Prussian German, very proud with a long history of competence and achievement. Subsequent to his stroke he was told repeatedly that he could never recover. By the time his wife brought him to see Erickson, he had not been able to speak for an entire year. After learning about the man's history from the wife, Erickson told the woman that he would help, but that she must agree not to interfere.

She consented and the man was carried into Erickson's office. Erickson berated and insulted the man at length, calling him names such as 'a dirty Nazi', 'lazy', 'a charity case', 'stupid', 'conceited' and 'ignorant'. Throughout this process the man's rage was obviously building. Finally, Erickson said he hadn't been fully prepared, and that the man would have to come back the next day so that he could be properly berated. At that point, the client exploded, 'No' . . . his first spoken word in a year. Erickson continued his tirade, and the client, repeating, 'No, no, no!', somehow forced himself out of his seat, staggered to the door and even down the steps, and managed to crawl into the car in which he had come.

He returned the next day, and he and Erickson began, this time in a friendly and collaborative way, the process of his recovery. Over the course of two months, he made partial recoveries in his ability to walk, speak, use his arm and read. He returned to the business he had built, under the agreement that he would only undertake simpler and less taxing duties.

Insight Unnecessary

Erickson demonstrated that understanding was not a precondition of change i.e. in order to ride a bicycle, you do not need to know physics. So too, individuals can achieve behavioural change without developing insight into the unconscious forces that may have determined the behaviour. Erickson observed people, their resources, abilities, life situation, and their problems. And he devised ways to assist them in reconfiguring internal life and social situations so that change became inevitable and was effected to the clients' credit.

Utilisation

Perhaps the most important principle underlying Erickson's approach is that of utilization. This refers to the utilization of anything that the client brings to, or that exists in, the therapeutic encounter and setting. In particular, it implies the readiness of the therapist to respond strategically to any and all aspects of the client and environment including:

- Resources, Strengths And Abilities
- Attitudes
- Experiences
- Problems, Symptoms and Fears
- Relationships
- Career, Hobbies Etc.
- The Clinical Environment



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Its strength lies in the premise that what the client brings to therapy is probably more potent than anything the therapist can introduce to the situation.

Drawing upon the Resources and Strengths of the Client

Erickson believed that in most cases client's possessed adequate resources, strengths, and experiences for the resolution of their problems, and was keenly aware of how much and what kind of effort his clients could put into the treatment. He always tailored the interventions to fit their abilities as well as their limitations.

Resources can encompass those that are highly individualised as well as those that are more universal. For example, only someone who has been musically trained can profit from being reminded how powerful a pianissimo (soft) presentation (in their communication) can be, but nearly everyone has the reference experience of learning to ride a bicycle (a series of failures and successes culminating in mastery) and can draw upon that resource. Erickson utilized both individual and universal reference experiences and resources.

To illustrate, an aunt of one of Erickson's clients was quite depressed and lived an isolated life. She attended church weekly, but slipped out after the service without speaking to anyone. At the request of the client, Erickson visited the aunt while he was in her home town to deliver a lecture. He introduced himself making sure she was aware that he was a doctor, and convinced her to give him a tour of her home. During the tour he noticed her African Violet plants, and one leaf being sprouted to form a new plant. Erickson knew that African Violets require a lot of attention. Before he left, he gave her 'doctor's orders'. She was to buy African Violets, starter pots, and gift pots. When there was a christening, a birth, a wedding, an engagement, or a sickness in her church, she was to send a plant. The intervention was a success; by the time of her death she was known affectionately as 'the African Violet Queen of Milwaukee' and her funeral was attended by hundreds. In this excellent example, not only the client's individual expertise with African Violets was utilized; her community's universal appreciation of a floral tribute was utilized as well.

Tailoring to the Individual

The individual personality of the client is also considered in tailoring the style of approach.

An example is when Erickson treated two college professors who had been married for three years and who were very proper and articulate. In stilted terms, they explained their intense, but unsuccessful, desire to produce children.

They described having 'marital union' twice daily and four times daily at weekends 'with full physiological concomitants to fulfil our philoprogenitive desires', using clinical terms as much as possible. Erickson began matching their style which was quite rigid and formal. He suggested that they could be cured by shock therapy. He told them there was physical shock therapy and psychological shock therapy, and that they needed psychological shock therapy. He left them alone to deliberate whether or not they wanted shock therapy.



When he returned, they responded that they were prepared. He instructed them that following their shock, they were to remain silent all the way home. He had then each grasp the arms of the chair to prepare for the shock, and said to them, 'You have been engaged in marital union with full physiological concomitants to fulfil your philoprogenitive desires. Now, why in hell don't you fuck for fun, and pray to the devil she isn't knocked up for at least three months. Now please leave'. Three months later, the wife was expecting.

He explained his rather abrupt suggestion by pointing out *'When somebody says, in the presence of his wife, 'Every time I make love to her now I more or less hate it.' Well, there's a person that can take a hard blow. He's giving a hard blow. When the wife says, in her husband's presence, 'We've tried so hard to get a baby, and it doesn't work, when there's nothing wrong with either of us. And he's just such a disappointment to me.' She's hitting hard too. Now here are a couple of people that can hit hard, but not with malice, with utter earnestness in depicting their situation. If they can hit hard with objective evaluations, so can you hit hard. You're just following their lead.'*

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His approach to other clients is at the opposite end of the spectrum and this illustrates his gift for perceiving not only what comprised the essential elements of change, but also for ascertaining when an approach was essential with one individual, but irrelevant with another.

Erickson also described treating a girl with anorexia nervosa. Others who had tried to help the girl were 'professional' and reassuring, which fostered mistrust in the client who didn't believe herself worthy of kind treatment. The others failed. Erickson was firm and heavy-handed with her from the outset, and she perceived him to be genuine since this fitted with the treatment she believed she deserved. She, therefore, followed his instructions and got well. Gentle treatment was not a prerequisite for positive outcome.

Respect for the Client's Predicament

Erickson wrote that:

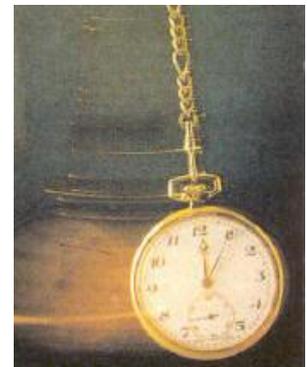
Therapists wishing to help their clients, should never scorn, condemn, or reject any part of the client's conduct simply because it is obstructive, unreasonable, or even irrational. The client's behaviour is part of the problem brought into the consulting room. It constitutes the personal environment within which the therapy must take effect and constitutes the dominant force in the total client/therapist relationship. So whatever the client brings with them is in some way both a part of them and a part of their problem. The client should be viewed with a sympathetic eye, appraising the totality which confronts the therapist. In so doing, therapists should not limit themselves to an appraisal of what is good and reasonable as offering a possible foundation for therapeutic procedures. Sometimes, in fact, many more times than is realised, therapy can be firmly established on a sound basis only by the utilization of the silly, absurd, irrational, and contradictory manifestations. One's professional dignity is not involved, but one's professional competence is.



Methods and Techniques

The major impact of Erickson's work was in the methods and techniques he advanced, and for the use of hypnosis to precipitate change, which he elevated to an art form. More than anyone else in this century, he is responsible for the widespread use and acceptance of hypnosis.

But it is worth emphasising that if his hypnotic work was the art form, then the trance state was merely the canvas upon which he created, using both bold strokes (positive and negative hallucination, amnesia, age regression and progression, post-hypnotic suggestion, automatic handwriting, direct suggestion) and subtle tones (implication, task assignments, anecdotes, metaphor and paradoxical intervention). Not only was Erickson's palate broad, but he readily borrowed from his client's palate as well, with the principle of utilization.



Erickson was able to use these tools effectively with or without a formal trance induction, and he commented that there was probably some hypnosis involved in all of his communication.

This section describes some of the more common tools and techniques that Erickson favoured, but it is important to understand that these techniques no more constitute Ericksonian therapy than do tubes of paints constitute art. His interventions were always offered in the context of his orientation toward both the client and problem resolution.

Similarly, it is worth bearing in mind that whilst each technique is discussed separately, the reader should be reminded that Erickson's therapy was never a simple prescription of technique x for problem a. Interventions might include techniques x, y, and z, perhaps in the context of deep trance or no trance at all, and with only the individual or with significant other(s) present. Each intervention was tailored to the client's needs, abilities, and resources. As Margaret Mead noted of Erickson "he developed a new technique for each client".



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Use of Hypnotic Phenomena

In Ericksonian terms, hypnosis is an altered state of consciousness produced within, and experienced by, the subject, but influenced to varying degrees by the hypnotist. Erickson stated that 'Hypnosis is the ceasing to use your conscious awareness; in hypnosis you begin to use your unconscious awareness. Because unconsciously you know as much, and a lot more, than you do consciously'.

There are a variety of experiences that occur in the hypnotic state which are not a common part of ordinary reality. These phenomena provide the basis for techniques that Erickson commonly made use of to create therapeutic outcomes, and include amnesia, anaesthesia, arm levitation, positive and negative hallucination, and age regression. These are discussed and illustrated below:

Amnesia

Amnesia or a lack of recall is a phenomenon which can occur both spontaneously or by suggestion, and can be partial (forgetting a portion of a total experience), selective (forgetting specific aspects of an experience), or total.



If for example Erickson suspected that the conscious mind might be unprepared to accommodate the hypnotic reliving of a repressed traumatic event, then he would suggest amnesia. In this instance he might suggest that the unconscious mind filter through unacceptable information gradually, at a pace the client could handle.

Amnesia can be induced indirectly by using distraction. For example, a few remarks about the merits of family vacations and their stress reducing properties might be abruptly inserted into a discourse on the planting and tending of summer vegetables. The remarks about vacations are likely to be forgotten while the discourse on vegetables may be in itself a point of curiosity. The result might be that a workaholic's family life is improved by taking a summer vacation.

Amnesia has also proved to be an effective tool in the management of pain. In one example, Erickson helped a man in the terminal stages of cancer first by using hypnosis to transform a dull throbbing ache into a sense of intense heaviness. The sharp/stabbing pains the man was also experiencing were separated out and time distortion (another hypnotic phenomenon) was first introduced so that the periods between sharp pain episodes were perceived as longer, and the duration of the pain was perceived as much briefer. Then, amnesia for the pain episodes was induced with the net effect that he no longer looked back on the last episode with distress, or looked forward to the next episodes with dread. The time-distorted (briefer) sharp pain was therefore experienced as a momentary flash that was immediately forgotten. For an individual observing the man, the episodes might cause him to pause in mid-sentence, then he would continue on as if nothing happened. The amnesia freed him, not from the sharp pains which continued to reoccur, but from having those pains be the focus of his existence.

Time distortion and amnesia were again combined to assist a young man who was in danger of losing his job. He was a college student who had a full-time evening job, and a second weekend job playing guitar and singing in a local night club. He had been hired because his music, although unpolished, showed promise. Unfortunately, his demanding schedule allowed him no practice time and he was told that if his playing didn't improve, he would be replaced. This caused him a great deal of anxiety, discouragement, and depression, for which he sought treatment from Erickson. Erickson learned that the full-time job was one that was characterized as having both flurries of activity and periods of idleness. The young man proved to be a responsive hypnotic subject and was trained in time distortion, in this case, time expansion. Under hypnosis, he was instructed to use idle times at work to develop brief 10 to 30 second trances during which he was to hallucinate practising his singing and playing. He also was to have amnesia for these trances and for the instructions to have these trances.

The following Monday he reported excitedly that he had performed his best ever on Saturday night. He even compared a tape of his current performance with a tape of a prior performance and confirmed for himself that he was much improved. He was, however, mystified since he had not had time to practise. Under hypnosis, he revealed that each night at work, he averaged at least three long, and several short, practice sessions per shift. During the longer sessions he practised his whole repertoire, and he used the short sessions to review individual songs that needed work. He kept his job and got a raise.

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In both of the foregoing cases, amnesia and time distortion were linked, but in different ways. For the dying client, the experience of duration for something negative was decreased so that it could easily be forgotten, while for the student the experience of time was lengthened so as to allow the student to practise a lot in a short time. Note also that the practice was only imagined or hallucinated, yet actual performance improved since he kept his job and got a raise.

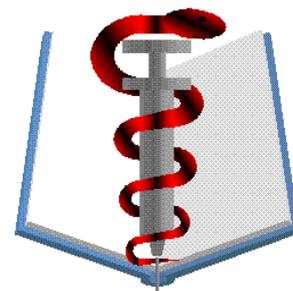
Incidentally, one of the things that subsequent research has demonstrated is that a client:

- Can have amnesia relating to the trance experience and still not act upon the suggestions.
- Can remember vividly what the therapist suggests and about to provide a profound instigator of change.

Anaesthesia

Anaesthesia is the suppressing of physical sensation and is most commonly localised. The following is Erickson's description of a client for whom he induced anaesthesia hypnotically:

A doctor called me and said, 'I have a 35-year-old mother of three children. She wants to die at home. She had a right mastectomy and it's too late. She already has metastases of the bones, her lungs, and more scattered throughout the body. Drugs don't help her one bit. Will you try hypnosis on her?' So I made a house call. As I opened the front door, I heard a chant coming from the bedroom, 'Don't hurt me, don't hurt me, don't hurt me, don't scare me, don't scare me, don't scare me, don't hurt me, don't scare me, don't hurt me.' I listened awhile to that steady chant. I went into the bedroom and tried to introduce myself. The woman was lying on her right side curled up. I could yell and I could shout and I could repeat myself. And she chanted away constantly.



Then I thought, 'Well, I'd better get her attention some way.' So I joined in her chant, 'I'm going to hurt you, I'm going to hurt you, I'm going to scare you, I'm going to scare you, I'm going to hurt you, I'm going to scare you.' Finally she said, 'Why?' But she didn't wait for my answer, so I continued with my chant only I altered it: 'I want to help you, I want to help you, I want to help you, but I'll scare you, I'll scare you, I'll hurt you, but I want to help you, but I'll scare you, I want to help you.' Suddenly, she interrupted and said, 'How?' and went on with her chants. So I joined in the chant, 'I'm going to help you, I'm going to help you, I'm going to scare you, I'm going to ask you to turn over mentally, just mentally, not physically, turn over mentally, not physically, turn over mentally, not physically, I'll hurt you, I'll scare you. I'll help you if you turn over mentally, not physically.'

Finally, she said 'I've turned over mentally, not physically. Why do you want to scare me?' And then she started her usual chant. So I said, 'I want to help you, I want to help you, I want to help you, I want to help you.' And finally she interrupted herself by saying, 'How?' I said, 'I want you to feel a mosquito bite on the sole of your right foot, biting, biting, it hurts, it itches, it's the worst mosquito bite you've ever had, it itches, it hurts, it's the worst mosquito bite you've ever had.' Finally she said, 'Doctor, I'm sorry – my foot is numb. I can't feel that mosquito bite.' I said, 'That's all right, that's all right. That numbness is creeping up over your ankles, creeping up over your ankles; it's creeping up your leg, over your calf; it's creeping slowly up to your knee. Now it's creeping up your knees and up your thigh, almost halfway, now it is halfway, now it is halfway, now it is all the way up your hips and then it is going to cross over to your left hip and down your left thigh, slowly over your left knee and down, down, down to the sole of your left foot. And now you are numb from your hips down.

'And now that numbness is going to creep up your left side, slowly, slowly to your shoulder, to your neck and then down your arm, all the way to your fingertips. Then it will start creeping up your right side under your arm, and up over your shoulder, and down clear to your fingertips. And now I want the numbness to start creeping up your back, slowly up your back, higher and higher until it reaches the nape of your neck. 'And now we will have the numbness creeping up towards your umbilicus, still higher and I'm awfully sorry, I'm awfully sorry, I'm awfully sorry, but when it reaches the surgical wound where the right breast was, I can't make that numb . . . completely numb. That place where the surgery was done will feel like a very bad itchy, mosquito bite.'

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She said, 'That's all right, it's so much better than the way it used to hurt, and I can stand the mosquito bite.' I apologized because I couldn't take away the mosquito bite feeling. But she kept assuring me that she didn't mind that mosquito bite.

Erickson's chanting induction entails no reference to trance and nicely illustrates the power of joining the client at her point of reference, showing how utilization is integrated with hypnosis. Anaesthesia, along with arm levitation, was also used for trance ratification.

Arm Levitation

Arm levitation is a dissociative process that Erickson developed and involves the unconscious or automatic lifting of an arm. It is elicited through direct or indirect suggestion and can occur independently of the conscious will. It differs from anaesthesia in that sensation is not removed in the affected arm, and is related to automatic writing in that it is an active physical response which occurs without conscious direction on the part of the subject.

Rossi pointed out that 'consciousness usually does not recognize when it is in an altered condition'. (He reminds us, by way of analogy, how seldom we realise we are dreaming whilst we are dreaming.) Erickson utilized arm levitation and other hypnotic phenomena as a 'convincer' to ratify the existence of hypnotic phenomenology for the client, as well as to gauge the responsiveness of a given subject.

Hallucination

Positive hallucinations can allow individuals to experience as real something they may be unable to imagine or believe. Erickson employed great creativity in using positive hallucinations, a good example being the case of a 30-year-old divorced man with a horrible self-concept, a job beneath his abilities, and no friends of either gender. He also had few interests, and took all of his meals at the same cheap restaurant. His chief interest was his physical health which he perceived as chronically poor in spite of all medical evidence to the contrary. His doctor sent him to see Erickson, and care was taken to train him in the development of his abilities to experience hypnotic phenomena. Treatment lasted several sessions, and included having him hallucinate a series of crystal balls, in which he could picture the emotional or traumatic experiences of his life. This series of experiences only confirmed for him the hopelessness of his situation. In a waking state he was asked to list his wishes and hopes for himself and his life - the best he could muster for 'dreams' was a mediocre existence of fair health, 'not too much' fear and anxiety, taking all those bad things that would happen 'in his stride' and so forth. His hopes in the hypnotic state were similarly dismal.



Subsequently, the client was oriented, in a waking state, to the future, when he could look back on the accomplishments of therapy and whatever adjustment he had made in service of creating a more suitable life. This approach allowed him, in trance, to project months into the future and use the skill he already had at viewing the past in crystal balls. In this way he could see his accomplishments as already achieved, which made them much more difficult for him to deny as a possibility. He had amnesia for the future-oriented content of sessions as well. He began making changes in his life - asking for a raise (and receiving a promotion in the process), going out on dates, moving to a better home and so on. One by one he remedied the unnecessary problems in his life, and gave up his preoccupation with being physically ill as well. When Erickson encountered him socially a few years later, he was preparing to marry.

Whereas positive hallucinations involve seeing (or hearing, smelling, etc.) what is not there, negative hallucinations are not perceiving what is there. A negative hallucination may be therapeutically useful in removing the perception of something that is inconsequential, and that is also problematic.



In one case, Erickson worked with an individual suffering from Tourette's Syndrome, which is an uncommon disorder that results in compulsive behaviour, quite often including coarse or vulgar verbalizations. The client's symptoms first appeared one Sunday morning on his way to church. Upon catching sight of a church building, he found himself uncontrollably uttering obscenities and profanities, grinding his teeth and shaking his fists. Initially, only the sight of church buildings precipitated these episodes, but soon, people dressed in religious garb, discussion of religious matters or religious

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words, and even a single word of profanity would result in a similar outburst of one to two minutes duration.

The man lost his job as a bartender at an exclusive bar, and ended up working in a tavern where his behaviour was not out of the accepted norm. He became known as 'The Cussing Bartender', and patrons at the bar took it as a challenge to come up with new, obscene phrases that he could not keep from including in his utterances. At one point, his wife swore at him because of the financial problems his undisclosed change in employment was creating, and she experienced in short order what his symptoms were. He had kept this secret from her.

She arranged a consultation with Erickson. The man was agreeable to hypnosis, and proved to be a satisfactory subject. A systematic programme was undertaken to train the man in selective exclusion or alteration of sensory stimuli. Then, utilizing an exhaustive list of stimuli that precipitated outbursts, the perception of each stimulus was altered. Churches became 'large, white buildings'; nuns were 'women in silly black dresses'; and religious phrases and profane language became meaningless nonsense syllables. This method also was applied to his self-generated thoughts about religion - they just became strings of nonsense syllables.

Ultimately, he regained his job at the exclusive bar. Over time, he was able to reintegrate words of religious meaning into his vocabulary, and eventually, he was even able to return to church. In this case, a partial negative hallucination was induced in both visual and auditory modalities.

In another interesting case, Erickson induced both negative and positive hallucination, along with several other phenomena. The client was a physician with a longstanding fear of oral examinations, which resulted in psychosomatic symptoms. He had become adept at persuading examiners to give him more strenuous written exams in lieu of an oral exam, and his high level of competence carried him through the increased difficulty. Finally, he was faced with an oral exam for which there would be no exception, and he learned that a man who bore an unreasoning and unexplained hatred for him sat on the examination panel.

When he came to Erickson for help, without asking what treatment would entail, he told Erickson he would do whatever it took to pass that exam. Erickson utilized hypnosis to train the doctor in a variety of hypnotic phenomena, including negative and positive hallucination, amnesia, post-hypnotic suggestion, and the ability to appear alert and attentive while in a deep trance. When the man took his oral exam, he was in an indiscernible trance state. He found himself seeing verbal questions as if they were written on a page; he was able to recall information as written in a textbook so that he could read the answer directly, or summarize from the text. At times he experienced the situation as transformed so that it seemed to him he was making rounds with interns and lecturing to them about the questions asked.

In the course of treatment, the client had a number of positive hallucinations (texts, written questions), and the disappearance of the exam committee was a negative hallucination. Post-hypnotic suggestion, which carries the trance phenomenon forward past the end of the induction, allowed him to experience these sensory alterations outside of the therapy context.

This provides a good example of the way in which Erickson either developed, or revolutionized the way in which these phenomena and associated techniques were applied. Post-hypnotic suggestion, for example was a common technique dating back to Mesmer or Braids' period. Then, post-hypnotic suggestion might be as inelegant as 'When you awaken, you will not be afraid.' Contrast this with Erickson's post-hypnotic suggestions for positive and negative hallucinations in the above case.

Age regression

Age regression can be defined as an intensified absorption in, and utilization of, memory. As with arm levitation, Erickson often induced age regression for training purposes, and as a demonstration of trance phenomena. Calling subjects' attention to their past also aids the induction process since it initiates a number of processes sympathetic to the hypnotic process. It directs attention away from present reality and shifts attention from the external to the internal; it also reorients the subject to a time frame that is different with the implication that life was, (and therefore, can be) experienced differently.



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An excerpt of a session where Erickson uses age-regression with some arm levitation to induce hypnosis is illustrative.

... [Erickson looks at Sally, takes hold of her right hand by the wrist and lifts it up slowly.] Close your eyes. [She looks at him, smiles, then looks down at her right hand and closes her eyes.] And keep them closed. [Erickson takes his fingers off her wrist and leaves her right hand suspended cataleptically.] Go deeply into a trance. [Erickson has his fingers around her wrist. Her arm drops slightly. Then Erickson slowly pushes her hand down. Erickson speaks slowly and methodically.] And feel very comfortable, very much at ease, and really enjoy feeling very comfortable . . . so comfortable . . . you can forget about everything except that wonderful feeling of comfort.

And after a while it will seem as if your mind leaves your body and floats in space — goes back in time. [Pause] It's no longer 1979 or even 1978. And 1975 is in the future [Erickson leans close to Sally], and so is 1970 and time is rolling back. Soon it will be 1960 and soon 1955 . . . and then you will know it's 1953 . . . and you will know that you are a little girl. It's nice being a little girl. And maybe you are looking forward to your birthday party or going somewhere — going to visit Grandma . . . or going to go to school . . . Maybe right now you're sitting in the school watching your teacher, or maybe you're playing in the school yard, or maybe it's vacation time. [Erickson sits back.] ... I want you to enjoy being a little girl who someday is going to grow up . . . And the more comfortable you feel, the more like a little girl you feel, because you are a little girl. [Lilting voice] Now I don't know where you live, but you might like to go barefoot. You might like to sit in your swimming pool and dangle your feet in the water and wish you could swim. [Sally smiles a little.] Would you like your favourite candy to eat right now? [Sally smiles and nods slowly.] And here it is and now you feel it in your mouth and enjoy it. [Erickson touches her hand. Long pause. Erickson sits back.] Now sometime when you are a big girl, you will tell a lot of strangers about your favourite candy when you were a little girl. And there's lots of things to learn. A great many things to learn.

I'm going to show you one of them right now. I'm going to take hold of your hand. [Erickson lifts her left hand.] I'm going to lift it up. I'm going to put it on your shoulder. [Erickson slowly lifts up her hand by the wrist and then puts it on her upper right arm.] Right there. I want your arm to be paralysed, so you can't move it. You can't move it until I tell you to move it. Not even when you are a big girl, not even when you are grown up.

Now, first of all, I want you to awaken from the neck up while your body goes sounder and sounder asleep . . . you'll wake up from the neck up. It's hard, but you can do it. [Pause] It's a nice feeling to have you body sound asleep, your arm, paralysed. [Sally smiles and her eyelids flutter.] And be awake from the neck up . . . And what are some of your memories when you were a little girl? ...etc.

In this example the age regression occurs, not to revisit any particular or traumatic event, but to enhance the trance. At the regressed age the subject is induced to hallucinate eating candy, and recalls it vividly (gustatory hallucination!). She also experiences catalepsy, anaesthesia, and paralysis.

Age regression, in a therapeutic context, is illustrated quite nicely in the case of a woman who was concerned that she might make a poor mother, and was hesitant about becoming pregnant. She said that throughout her life, her own mother had been quite insensitive to her needs, leaving her care to governesses, boarding schools, and summer camps. Affection from mother had been a mere display, lacking in any depth. Father was both more affectionate and more genuine, but also was absent from the home.

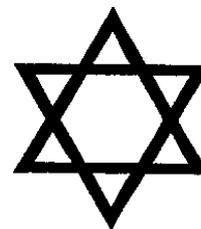
Erickson found her to be a responsive hypnotic subject. He regressed her to age five, at which time she came into the family parlour and discovered Erickson waiting there to meet with her father. He introduced himself as the February Man. He engaged her in a conversation during which she displayed a liking for the February Man, who listened attentively to her account of a rather lonesome existence. He told her, he would see her again in June, but saw her sooner. She was regressed to several points during the age of five, allowing the development of a sense of personal and ongoing relationship with the February Man. The regressions continued as fertile encounters at each age through adolescence, with an emphasis on acceptance and providing her with someone to share important life events. The regressed 'visits' were 'timed' to predate or follow important real life events by a few days in order to provide support or to reminisce. The client had spontaneous amnesia for all of the regressions, and

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was encouraged in and out of trance not to remember any of the verbal meanings consciously, but to keep and enjoy the emotional values, and eventually share them with her children. Through the course of this treatment the woman displayed an increasing sense of confidence in her ability to parent. She ultimately had three children, which she thoroughly enjoyed.

Metaphors and Anecdotes

Many of the books on Erickson are collections of the metaphors and anecdotes he presented therapeutically and as teaching tools. These ranged from the simple to the complex, the meaning made explicit or merely implied, and were presented in the context of a trance, in conversation, or as an activity. Because they only referred to the client's problem indirectly they engendered little resistance and had the power to reframe the problem dramatically. They also drew upon familiar aspects and ideas in the client's life, and were therefore personally relevant. There are a huge number of examples to draw upon but a small selection are included below.



Explicit

Erickson told of a woman who had travelled to see him for chronic pain that had been intractable with all prior treatments. During a single two-hour session, he talked to her about hoeing weeds in a garden, and how it is that someone can develop painful blisters, and then develop calluses, so that over time, they can endure a lot of hoeing without pain. He also discussed how spicy Mexican food may be nearly unbearable to someone who is unaccustomed to it, but the individual who has developed 'calluses' on their taste buds finds the food delightful. He then suggested to her that she could develop calluses on the nerves in the area where she experienced pain. She returned home free of pain. In this case, he clearly (explicitly) connected the metaphors and the problem.

Implicit

In treating a 10-year-old boy with a bed-wetting problem, Erickson respected the child's reluctance to discuss his problem. Instead, he entered into a discussion of the boy's enjoyment of playing sports which required strong muscles, co-ordination, and timing. From these physical attributes, Erickson moved on to a discussion of muscles and muscle types; flat ones, long and short ones, and finally circular ones that open and close as necessary, like the iris in an eye or the muscle at the bottom of the stomach that holds food back for digestion or lets it go as needed.

In this case the iris and gastric muscles, which already performed with adequate strength, co-ordination, and timing, could symbolize the sphincter of the bladder. The boy's bed-wetting abated permanently and the problem was never discussed directly. Here, the metaphor remained implicit.

Simple

Erickson would occasionally challenge a client's belief that his problem was impossible to solve. He might present a brain teaser that also seems impossible: How do you plant 10 trees in 5 rows of 4 trees each? Most people struggle with the problem, and conclude that it can't be done. The realisation of the existence of an unrecognised solution to their problem is inevitable once the solution to the puzzle is revealed. The seemingly unsolvable puzzle is, of course, a metaphor for the client's seemingly unsolvable problem (*the answer lies in the illustration on the previous page*).



Complex

In contrast, some of the metaphors Erickson used were long and complex, and were used not just for instructional purposes, but also as a vehicle for engaging attention and deepening the trance state. Multiple embedded metaphors and other complicated constructions are sometimes used by Ericksonian therapists, but are too lengthy to be covered here.

Activity

Erickson also used task assignments as a form of behavioural metaphor. In one instance, he was treating a construction worker who had fallen 40 storeys and suffered chronic pain. The man was also unable to continue practising his trade, which had been a source of positive self-esteem and gratification. In addition to utilizing a verbal metaphor for pain reduction, Erickson devised a behavioural metaphor that attended to the client's lost ability to work for a living. He had the man compile scrap-books full of humorous cartoons, jokes and so forth. He was to collect these from his friends and send them to fellow construction workers who were injured on the job. The task was a metaphor for a life's work that had value beyond earning a living; he was to actively seek joy in life through contact with others, and spread joy to those in need.

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Anecdotes

Anecdotes often follow a story format and may be metaphorical or more directly illustrative. Erickson commonly used anecdotes, often in the form of case descriptions, in teaching his method to other practitioners as well as the pertinent stories of his younger years that he told his clients

Hearing stories can evoke an unconscious recollection of childhood, openness and curiosity. The process elicits a state of passive attention and facilitates trance induction. The anecdote, whether symbolic or more plainly instructive, has the advantage of bypassing resistance in the same way as other forms of metaphors. The anecdote doesn't say to the client or student, 'You should do "x".' It says instead, 'here's someone who did "x" and here's what happened.' And in the process of the hearing, an anecdote is more readily internalised than a simple statement. For this reason the fable of 'The Boy Who Cried Wolf' for example, is more compelling than the simple statement, 'Don't tell lies to get attention.'

In one case Erickson used anecdotes for a couple, both of whom were experiencing physical problems. The man was experiencing phantom limb pain and his wife had tinnitus. In the course of their conversation, Erickson told the couple about a time when he travelled around as a college student. He stopped at a boiler factory, and asked the foreman whether or not he could spend the night in an out of the way corner. He had to have the man repeat his answer several times in order to hear over the din of production. In the morning, the workers were surprised to find that he could hear their normal conversational tone, since it had taken them much longer to acquire that skill. Erickson said he knew that the body could learn quickly. He went on to tell the couple about a television programme he had seen about nomads, who lived in the Iranian desert. In spite of the climate they wore layers of clothing quite comfortably. During the remainder of the session, he told several more anecdotes, all of which revolved around the theme of the ability to become unaware of an unpleasant constant.

The following is an anecdote that Erickson told in a teaching situation:

I was returning from high school one day and a runaway horse with a bridle on sped past a group of us into a farmer's yard . . . looking for a drink of water. The horse was perspiring heavily. And the farmer didn't recognize it, so we cornered it. I hopped on the horse's back . . . since it had a bridle on, I took hold of the rein and said, 'Giddy-up' and headed for the highway... I knew the horse would turn in the right direction ... I didn't know what the right direction was. And the horse trotted and galloped along. Now and then he would forget he was on the highway and start into a field. So I would pull on him a bit and call his attention to the fact that the highway was where he was supposed to be. And finally about four miles from where I had boarded him he turned into a farm yard and the farmer said, 'So that's how that critter came back. Where did you find him?' I said, 'About four miles from here.'" How did you know he should come here?' I said, 'I didn't know . . . the horse knew. All I did was keep his attention on the road.' . . . I think that's the way you do psychotherapy.

Implication

Implication is another form of indirect suggestion where an idea is suggested without directly saying it. This form of communication permitted Erickson to progress in the therapy process with the implied portion as a foregone conclusion that did not need to be laboriously established. Again, like metaphors and anecdotes, this technique does not directly confront the client's perception, and thus engenders little resistance. It suggests possibilities without asserting certainty.



A common use of implication is in trance induction. The hypnotherapist might mention, during that process, that he or she is uncertain whether it is those fluttering eyelids which will close first, or the respiration which will slow sooner. It is implied that one of the two will happen first and that both will happen (also known as a double bind). Such unusual language forms faster absorption and dissociative response, both of which are hypnotic phenomena.

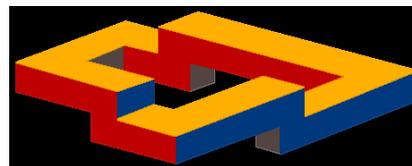
In one case, a man came to see Erickson because he was troubled over ongoing conflicts with his wife. During his discourse he described how it was that, while he was away on business, his wife would get lonesome and one of his friends would come by to keep her company, leaving at dinnertime. He was pleased that his wife wouldn't have to be lonely. Once he found a tube of toothpaste left there by a friend, another time a used razor blade different from his own. He described how she had gotten public lice doing social work with the poor. Finally, about five hours into his discourse, he said, 'You know, if

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my wife was any other woman, I'd say she was having affairs.' Erickson asked 'In what way does your wife differ from other women?' At that point the denial broke, and the man said what Erickson only implied, 'My God, my wife is any other woman.' A direct assault on his denial might well have caused defensiveness, but patience, and the implication that his wife was like other women, broke through.

Paradox

Paradoxical interventions seem to confound reason in a way that disrupts one's ordinary, linear sense of the world. Erickson loved these pattern disruptions as they appealed to his love of language and sense of humour and he used them liberally. For example, he might send the parents of a reluctant child out of his office, scornfully condemning to the child their nerve at telling him to cure the child. Who did they think they were?, etc. In so doing, he joined the child in being indignant, both winning the child's confidence and assuring the child that he wouldn't make the child do anything. From this position of opposition to the parents, he would then proceed to accompany the child through the process of curing their bed-wetting, thumb sucking, or nail biting, which was the end the parents had hoped for all along.



Two types of paradoxical approach are symptom prescriptions and binds.

Symptom prescriptions

Symptom prescriptions encourage or instruct the client to continue their symptomatic or associated behaviours for the time being or to increase them. Getting to the right place by going farther in the wrong direction is paradoxical, but often resonates with the internal inconsistencies that exist within us and can result in solving the problem more quickly.

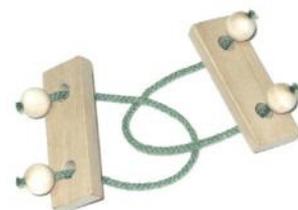
An example might be asking someone to worry more and the person then becoming more aware of how and when they worry and bringing the process under conscious, directive control.

An adolescent girl who sucked her thumb in a loud and apparently obnoxious way had resisted parents, teachers, peers, and her church, in their efforts to get her to stop. Erickson extracted a commitment from the parents to co-operate with therapy fully for a month, and to keep any disapproval to themselves. He then took the girl as a client and encouraged that if she were going to be aggressive (annoying) with her thumb sucking, she ought to do it really well. He also told her how; she was to sit by her father as he read the evening paper and suck loudly for no less than 20 minutes, then go and do the same thing next to mother as she sewed. She also was to give a healthy dose of that to any peers or teachers she disliked or who disliked her. This encouragement to increase thumb sucking gave the girl more time to consider whether to continue or not. Within four weeks, the behaviour diminished, then disappeared, to be replaced by healthier social interests.

Binds

A woman came to see Dr Erickson with a concern that she would die at the age of 22 of heart disease, as her mother, grandmother and great-grandmother all had done. In recounting the preparations she had been making for her death, she noted that she was keeping all of her bills paid up because she certainly was not going to leave any unpaid bills behind.

In trance, among other things, she agreed with Erickson's speculation that, had her mother and grandmother lived to be 23, then they probably would have lived a lot longer. She also agreed with him that any business had the right to name the date of payment for their bill. At the close of the session, he informed her that he expected to be paid in exactly 14 months, which happened to be her 23rd birthday. She showed up as scheduled to pay. Erickson had pitted the woman's values (don't leave unpaid bills) and sense of right (a business can set time of payment) against her long held belief that she would die at 22 years. She could not die at 22 and be true to two of her beliefs.



In a more personal example, Erickson told of the day one of his sons stated he wouldn't eat any spinach. Erickson heartily agreed, stating that he didn't believe the child was old enough, big enough, or strong enough to eat any. Mrs Erickson argued that the child was big enough. The boy, of course, took his mother's side. Mother and son disputed Erickson's proposed compromise that a half teaspoon would be enough, so they settled on a half dish. The child ate that quickly and demanded more, again with mother's support. Erickson reluctantly agreed that maybe the boy was bigger than he first thought.

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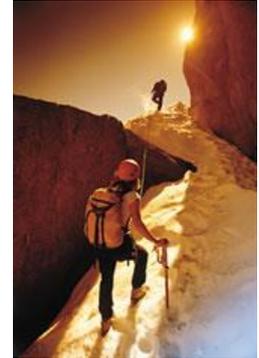
Here, Erickson's agreement that the child should not have spinach was predicated on his stated perception of the boy as too little. In order for the boy to continue agreeing with 'no spinach' he had to agree with an image of self as too little. Conversely, eating the spinach enhanced the more positive 'big boy' image in his and his father's eyes.

Today, the usefulness of the bind is so apparent that it has become part of our culture. It is common in even basic parenting skills training: Offer your child choices, 'Will you brush your teeth before or after your bath?', 'Do you want a few green beans or a lot?'

Task Assignments

As mentioned in the section on beliefs and principles, Erickson recognised that often a behavioural change precedes psychological change. This emphasis on experiential learning marks an acknowledgment that the most significant and memorable learnings occur in real-life contexts.

It was, therefore, common for him to prescribe a task (most often performed outside of the session) in order to achieve a desired outcome. As suggested earlier, for Erickson, a given intervention was seldom one technique, but more frequently a custom built, amalgamation of techniques appropriate only for that client and that problem. This was true of a large percentage of Erickson's task assignments, although a notable exception was the significant number of people who were given the same directive to climb Squaw Peak, which is a well-traversed mountain in Phoenix. A fit climber takes less than one hour for a round trip), though the reason for the assignment varied from person to person.



In many cases the purpose of the task was ambiguous, and was one of the most ingenious of Erickson's interventions, and also pure in that it relied so heavily on the client as a source. These assignments had no readily apparent meaning or intent, and so became a sort of behavioural projective technique - what clients experience is what they bring with them, and perhaps what they need to learn. In contrast, Erickson once quipped that it also came in very handy when he was at a complete loss as to what to do!

An example was when a psychiatrist and his wife travelled from Pennsylvania for marital therapy. They gave a brief account of their circumstances; he had a stagnant practice which he neglected, and had been in analysis three times a week for 13 years; she worked at a job she didn't like, to help support them, and had been in analysis three times a week for six years. Erickson sent the man to climb Squaw Peak, to spend three hours doing it, and report back the next day. The woman was sent with similar instructions to the Desert Botanical Gardens.

The next day, the man reported that his experience was wonderful. The woman reported that her three hours at the Botanical Gardens were the most boring of her life, and she would never go back. Then, the wife was sent to climb Squaw Peak and the husband to visit the Botanical Gardens. The next morning, the psychiatrist reported how marvellous all the diversity of plant life was in thriving in the brutal Arizona heat with little water. He found it inspiring. The wife said to Erickson, 'I climbed that God-damned mountain. I swore at that mountain. I swore at myself, but mostly I swore at you all the way up with every step. I wonder why I was such a damn fool that I would climb that mountain. Boring. I hated myself for doing it. But, because you said I should, I did. I got to the top. For a few minutes, I felt a feeling of satisfaction, but it didn't last very long. And I cursed at you and myself more thoroughly every step of the way down. I swore I would never, never again climb a mountain like that and make such a fool of myself.'

That afternoon, each could choose their own task, and they were to report back the next morning. The husband reported that he returned to the gardens and again found it enjoyable. The wife, amazingly, had elected to once again climb Squaw Peak. She didn't like it any better the second time, and cursed Erickson, the mountain, and herself the whole way up and down. With that, Dr Erickson informed them that their treatment was complete, and sent them back to Pennsylvania. Upon returning home, each fired their analyst. The husband began tending to his practice and his wife got a lawyer and divorced her husband. She got a different job more to her liking and became much happier. In Erickson's words, 'She got tired of climbing that mountain of marital distress day after day... Her whole story was a symbolic report.'

An interesting footnote to this case is that the couple's analyst and his wife later came to Erickson for marital therapy.

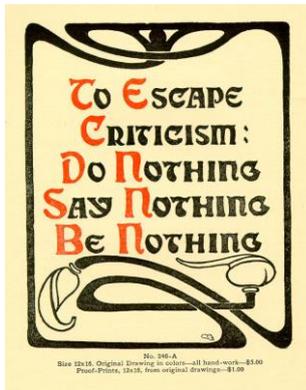
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Some of the tasks that Erickson prescribed were so detailed, lengthy and/or laborious as to be termed 'ordeals'. An ordeal might involve only an individual (as in the 'sleep or work' case cited in a previous section) or multiple family members. While the ordeal may serve multiple functions, one quality of the process is that giving up the symptom or problem behaviour is clearly superior to continuing with the ordeal.

An example is of a boy who had a nasty ulcer on his forehead from picking at a pimple and never allowing it to heal. The self-abuse had continued for two years and had not yielded to lectures, medical advice and treatment (including bandages), threats, teasing by schoolmates, and even unreasonable punishments. The boy felt that this was a bad habit he could not break. Erickson, as always, did his homework, and learned that the boy was having spelling problems because he often left letters out of words. He also learned which weekend chores belonged to the boy. Having obtained a commitment from the family, he prescribed the task. The boy was to spend Saturdays and Sundays from 6:00 a.m. until late afternoon working on his handwriting - filling up page after page with the sentence, 'It is not a good idea to pick at that sore on my forehead.' A sentence, which the boy had selected to write through negotiation with Erickson. He was to examine his work carefully and count each letter. He was to notice which ones he did best, and where he could do better. While he was doing this, the father was given responsibility for the boy's chores. During his breaks, he could go and inspect how father was coming along in doing his chores for him. To be sure, he delighted in finding even a leaf out of place in the yard. Within a month, the ulcer healed. The yard never looked better. The boy's writing and spelling improved. Penmanship, in fact, had become the focus of the ordeal: 'You have a bad habit - of dropping letters out of words.' The child and his family were committed to overcoming a bad habit - and they overcame two in the process.



Criticisms



This section examines the criticisms that can be levelled at Erickson and his style of therapy. These can be broadly split into:

- Those that focus on the atheoretical nature of the approach, which, whilst it allows the development of unique interventions for each client, also renders it less amenable to standardized research and teaching methods.
- Those that say that because Erickson was a gifted and charismatic personality, who had led an extraordinary life, only he could do what he did.
- Observations that time has moved on, that some of his practices appear out-of-date, and that he has been proved wrong on a number of issues

An Atheoretical Approach

An approach with a well-defined theory lends itself to scientific research and a conceptual framework that can be easily learned. The Ericksonian approach, however, is atheoretical i.e. without a theoretical basis, and is, therefore, subject, at least on the surface, to the criticism that it's methods cannot be researched, that the approach is difficult to learn, and that there are no protocols to assist the novice Ericksonian practitioner.

Erickson eschewed theory in the practice of psychotherapy as limiting and confining. Erickson argued that:

- Adherence to a theory always closed down treatment options by defining where the therapist gives (and does not give) his/her attention.
- Theories fail to adequately respect the uniqueness of each client.
- Most importantly, following a theoretically based approach provides implicit expectation that the theory is the source of the problem resolution, as opposed to the meaningful resources brought to the therapy encounter by the client.

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In contrast, it was Erickson's aim to create a new intervention for each client. He maintained that the most effective intervention strategy for a given client was the one that best matched the client's needs and utilized the client's unique assets.

Cannot be researched: Erickson was a dedicated researcher who, during his tenure at Eloise Hospital in Michigan, was Director of Research. He researched hypnotic phenomena, however, more like an anthropologist than an empiricist, and later maintained that much of what he did clinically, could not be examined through traditional experimental methods, owing to the individual differences of clients.

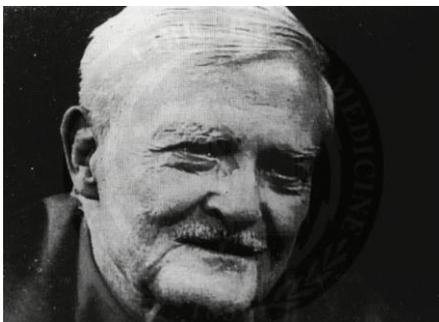
Erickson's belief that neither hypnotic subjects nor psychotherapy clients could effectively be treated in a standardised way, led him to adopt a different research method. Dating back to his first year of experimentation with hypnosis, Erickson kept records of his work with subjects. These were field notes that recorded methods of trance induction as well as trance phenomena elicited. Over the years, he kept copious records and accounts of phenomena that he observed and replicated. His method of field observation was one of the ways that Erickson researched client responsiveness in therapy. He also routinely made long-term follow-up a part of his intervention and the literature is replete with instances of checking in on a client repeatedly over the course of months and even years. In fact, Erickson added more cases to the literature than any other therapist in history.

Difficult to Learn: The criticism that the lack of a theoretical base makes the Ericksonian approach difficult to learn has not deterred practitioners from acquiring knowledge about, and practising, an Ericksonian approach. Erickson's students learned through doing, through experiencing. They were hypnotized, told stories, sent for walks through the Botanical Gardens and up Squaw Peak, they watched demonstrations, and solved puzzles and word games. They had experiences. They learned in much the same way that Erickson's clients were treated. Their strengths were utilized and the metaphors given to them for educational purposes were personally relevant.

Adoption of Erickson's approach is more about understanding and following the guiding principles that assist in conceptualizing the process, and putting them into practice. It is worth bearing in mind that Erickson didn't want his work encapsulated in theory.

Other models provide the practitioner with an expectation - Rational Emotive Behaviour Therapy (a cognitive behavioural model) requires the therapist to look for specific thinking styles that mediate both emotional response and consequent behaviour; Systematic Desensitization (a behavioural approach) tells the therapist to ferret out a graded hierarchy of stimuli that are triggering the anxiety response, then provides a treatment regimen.

In contrast, the Ericksonian model tells the therapist not what to expect, but where to look. The therapy is focused through the unique experiential patterns of the client. Given the philosophy of the approach, protocols and simple paradigms for novice practitioners are impossible because the *client* is the driving force in the treatment selection process, not the *symptom*, not a *theory*, and not *therapist preferences*.



Charismatic

Many criticisms of Erickson's approach focus on the fact that Erickson was charismatic and a cult figure who exercised undue control over his clients, and that only he could do what he did.

Perhaps more to the point are the questions of whether or not those characteristics could be learnt by any therapist, and whether they were fundamental to his approach.

It is true that:

- Erickson was exceptionally talented at what he did
- His life was a collection of striking experiences and accomplishments
- He was a man with a playful sense of humour
- He was intensely interested in people and their lives
- He was a pioneer driven by curiosity and talent

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Experiences, accomplishments, and talent are not easily acquired, but they do make a person interesting, which is probably a significant component of charisma. Playfulness was also a very appealing aspect of Erickson, and it came naturally. But what really makes a person interesting and appealing is to be interested, to have a genuine 'other' focus, with no elements of self-absorption. If a therapist is genuinely interested in the client and his or her life, then it's likely that the therapist will be sufficiently 'charismatic' in order to do Ericksonian psychotherapy.

As to whether or not Erickson's personal appeal to others was essential to his therapeutic effectiveness, we can say for certain that this was not always the case. There are well-documented cases where Erickson was deliberately abrasive or abrupt with clients and oddly this seemed to be an effective approach in the particular cases described. This only serves to underscore once again the importance of careful observation and willingness to meet clients in their particular frames of reference.

If attendance at conferences and training is a valid indicator of how many therapists are incorporating elements of the Ericksonian approach into their therapy, then there is substantial evidence that a great many people can, to some degree, do what Erickson did. In fact, any therapist who approaches the therapy process prepared to treat each client as an individual, and to tailor treatment to fit client resources and needs, has already gone a long way towards doing exactly what Erickson could do; the remainder is acquiring suitable technical skills.

Obsolete

The depiction of an old-style doctor/psychiatrist directing people to climb mountains, polish floors, and other such feats of will, is a little hard to image these days. People are much more likely to question their doctor (and their therapist!) before undertaking significant or unsubstantiated tasks. Also, by the time Erickson became a full-time psychotherapist, he was already firmly established as an effective practitioner. It wasn't long before he became internationally renowned and clients would, therefore, arrive with very high expectations with regard to the success of therapy and the need to follow the direction of the 'virtuoso'.



This is valid but the question is one of degree rather than whether or not these conditions could be replicated by therapist today. Whilst the therapist/client relationship might have changed over the years, it really just highlights the importance of building positive expectation within the client as early as possible, and to establish strong rapport so that the client is more likely to do as directed.

It is also true that we are now in possession of far more knowledge of how the mind works (in particular the whole field of neuroscience and neuropsychology) and can draw upon a much wider range of therapeutic strategies than was the case in Erickson's day. But the principles upon which Erickson founded his clinical effectiveness are still just as relevant today.

Conclusion

Perhaps no one book, paper, or section of course material(!) could do justice to the contribution that Milton Erickson has made to the fields of psychotherapy and hypnosis. Erickson's therapeutic interventions were unique to each client, his technical repertoire was vast, and he can be credited with legitimising the practice of clinical hypnosis.

Some of the criticisms levied at him are valid, but many would say that he was one of the most effective clinicians in the field of therapy.

To summarise:

- He worked to convey understanding, was respectful, and willing to accept clients as they were.
- He was not a 'hypnotist' who believed in hypnosis or any other method as a panacea, but was an exceptional model of eclecticism, willing to use almost anything that might be helpful.
- He always attempted to individualise treatment to suit the client, rather than attempting to fit the client into the mold of the therapist's theory or favourite method.
- He was concerned with what worked, and not with what fitted or didn't fit into this or that model of therapy.
- He was uniquely dedicated to the clients he worked with, and cared enough to devote enormous amounts of time to thoughtful treatment planning and introspective analysis of his own behaviour.

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- He was persistent, and resistance was not perceived as a problem of the client, but as a challenge to his creativity and flexibility.

All qualities of excellence that any good therapist would do well to emulate!

