

A
**TEACHING
SEMINAR**
WITH
**MILTON H.
ERICKSON**

Edited with Commentary
by
Jeffrey K. Zeig, Ph.D.

Teaching Seminar
with
Milton H. Erickson



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Jeffrey K. Zeig, Ph.D.

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MANUFACTURED IN THE UNITED STATES OF AMERICA

To Mr. and Mrs. Martin J. Zeig

**“Into each life some confusion should come
... also some enlightenment.”**

**“And my voice goes everywhere with you, and
changes into the voice of your parents, your
teachers, your playmates and the voices of the
wind and of the rain. . . .”**

MILTON H. ERICKSON, M.D.

FOREWORD



Although there is already considerable literature on the late Milton H. Erickson, M.D., the present volume deserves a warm welcome. Not only does it offer an opportunity to learn more *about* Erickson, but through this transcript of one of his teaching seminars, one comes as close as one can to learning directly *from* him.

Upon reading this book, even those who had the privilege to actually participate in a seminar like this one will undoubtedly discover aspects of Erickson's teaching of which they previously had been unaware. This statement can be made with confidence because the teaching method of Milton Erickson was such that, in the student's mind, confusion always preceded enlightenment, and the first was not necessarily followed promptly by the second. In spite of the very clarifying introductory chapter by Jeffrey Zeig, and in spite of the appendix which offers valuable information on how to understand Erickson's handling of the interaction during the seminar, the

reader of the present volume may find himself caught up in the same sequence of confusion and enlightenment.

Relying upon "unconscious learning" (as Erickson does during this seminar) is a very powerful and penetrating method. However, it must be admitted that intellectual understanding has its charms and merits, too. In order to obtain more overt understandings, the reader is referred to the works of Haley, Erickson and Rossi, Bandler and Grinder, and the other commentators who offer frames of reference for further analysis of important aspects of Erickson's methods. In fact, the reader will be in a far better position to appreciate this seminar if he is already familiar with these other works.

Apart from introducing a very valuable book, writing this foreword is a particular personal pleasure, because I met Milton Erickson through a seminar quite similar to the one recorded here. Prior to meeting Erickson, for quite some years, some colleagues and I in the Netherlands worked on the development of a type of brief therapy which we called "Directive Therapy." Our approach was strongly influenced by Erickson, although we only knew of him through his writings and through the writings of Jay Haley.

It was from Kay Thompson, a long-time associate of Dr. Erickson, who had been giving courses in hypnosis in the Netherlands, that I learned that Erickson still received visitors when his health permitted. Dr. Thompson wrote a letter of introduction, and it was not only with great curiosity, but also with a sense of great respect, bordering on awe, that I undertook the trip to Phoenix.

Apart from an abundance of the color purple, I was not sure what to expect when I arrived. What struck me most in the initial meeting with him was his simplicity, friendly interest, and total lack of self-importance. Erickson expressed his pleasure at having a visitor from the Netherlands and initiated discussion by telling a story which, as I figured out later, was intended to establish a common point of interest between us. The anecdote was about the breeding of cows of Frisian descent in the Arizona desert, and the concomitant irrigation that was necessary to raise them. He explained how long ago the Indians had dug canals for irrigation, and concluded, "You wonder how they did the prospecting that was necessary to dig the canals." I

certainly did wonder, although at the same time I puzzled about how his remarks related to the purpose of my visit.

The seminar with Erickson gave me many more occasions to wonder. From an uncommon therapist, an uncommon way of teaching should be expected. Erickson hurled a rock at a student, which upon hitting him would turn out to be an imitation rock made of foam rubber. He then stated emphatically: "Things are not always what they seem to be." Subsequently, he told a story of a therapy which illustrated that point.

At superficial inspection, the case histories seemed merely entertaining. Some of us wanted to get down to the "real teaching" and would ask questions for clarification. Erickson would answer with another story. Further questions would be answered by more stories. Rather than allowing us to digest a story and ruminate upon its meaning, Erickson would start a new tale at once, sometimes using a few jokes to first catch our attention, and sometimes without using any clear transition at all.

Except for brief, one-sentence statements at the beginning or conclusion of the teaching tale, Erickson hardly gave any explanation about what he wanted us to learn. This method forced us to draw our own conclusions and was at times somewhat distressing. The feeling of confusion and mild discomfort which resulted was one of the elements that contributed to the regularly occurring shifts of attention that Erickson labeled as the "natural trances" which facilitated unconscious learning.

I entered the seminar with the intention of asking a number of questions. I never did ask them. To some, I got answers without asking. The others I did not ask because I felt I was already receiving more information than I could handle. Only gradually did I discover a structure to the seminar. It was not until I was back in Europe that I began to grasp what I may have learned.

One of the more immediate impressions I gained was that Erickson put far less emphasis on always being a successful therapist than might have been expected from reading the literature about him. He stressed that the gains which could be achieved were at times of a limited nature and could sometimes consist only of a change in the patient's appreciation of himself and his symptomatic behavior.

Direct improvement of symptoms might not always be possible. It was a relief to hear him state that for some people a therapist can do nothing. Also, it was comforting to learn that sometimes even Erickson himself saw fit not to meet the patient on his own ground (as is illustrated in his correspondence with the stutterer who applied for treatment p. 202).

Clearly, Erickson had no urge to pose as a mythical figure of any kind. Rather he presented himself as a competent craftsman with a strong desire to transmit his skills. Instead of trying to impress his audience (which occurred anyway), he made an effort to get us on the tracks that were important to us and so familiar to him.

His love for craftsmanship was obvious not only in the collections of art and souvenirs with which he surrounded himself, but also in the care with which he told us a tale about a therapy or performed an induction.

Erickson's ways reminded me of one senior neurologist, also a remarkable craftsman in his trade, whom I had known during my training years. Difficult diagnostic cases were usually saved for him. He watched patients very carefully from the moment they entered the examining room. Overtly, although perhaps only for our benefit, he seemed to perform the standard neurological examination in a somewhat absentminded, perfunctory manner. But he appeared to be *drawn* towards the specific areas of pathology, rather than having to discover them by the laborious and methodological search that others used. Of course, his vast clinical experience had taught him to recognize subtle signs of which we had not even heard, many of which were not in the textbooks, and some of which he may not even have been consciously aware of himself. His approach resulted in the same deceptive simplicity as was typical of Erickson. He reached his diagnosis as a matter of course with the same admirable ease that Erickson demonstrated in finding crucial elements in the way a patient presented himself.

It can be dangerous for students to misinterpret this type of simplicity. Noticing that the well established rules of data-gathering are not respected, students may assume that it is all right to just follow their intuition. In his teaching stories, Erickson appeared to hardly gather any data and to do practically no diagnostic work. However,

Erickson had skillfully developed ways to learn very much while asking little. He succeeded in gaining his information inconspicuously. Further elucidation about the Ericksonian diagnostic process will be very important in order to make his methods more available to others.

It is clear that Erickson was concerned with different data from those used in general psychiatry or psychodynamic therapies. He appeared to rely more heavily upon a knowledge about living, which seems to be at the core of direct and everyday experience, but with which traditional psychology or psychopathology seems to be hesitant to get involved. Erickson's diagnostic approach included individual idiosyncrasies, personal values, and unique circumstances, all of which contribute little to science as a body of generalizable data, but which are crucial to the individual and his potential for change. Another element of Erickson's diagnostic approach was that he was not a neutral collector of facts, but a searcher for solutions. He developed a particular talent to discover, in all kinds of events from the past, a meaning which may point to a positive future. From all kinds of symptoms, he could envision a constructive opening to a better life.

Even more than for his exceptional personal skills, Erickson will be remembered because his approach will change the direction of psychotherapy. Where others concentrated on analyzing shortcomings and trying to find compensation for weaknesses, Erickson showed how to discover potential, and how to turn losses into assets. In traditional psychotherapeutic thinking, the typical approach is to formulate a general theory of dysfunction and then apply it in specific cases. Difficulties consistently arise at the point of application. Unexpected individual variations which cannot be controlled keep coming up.

Erickson did not contribute much to theory in this classical tradition, but he endowed the profession with a treasure of examples on how to adapt to unique circumstances and effect change. He left it to others to construct theories of change out of his numerous experiments. Unlike Freud and others since him, Erickson did not create a closely knit school of followers with an organization to conserve and guard his contributions. Many therapists of different orientations

have been inspired by Erickson, and some of them became his close friends and associates. It is a testimony to the richness of Erickson's contributions that he attracted several gifted therapists who, like Jeffrey Zeig, have been inspired to devote a great deal of time and effort in close collaboration with Erickson. These colleagues continue to collect, analyze and clarify Erickson's work, thereby making it more available to other therapists. Rather than producing "orthodox Ericksonians," he stimulated developments that branched off in many different directions, which is an eloquent illustration of his profound respect for the freedom and individuality of his students as well as his patients.

Several of the above points can be recognized in the anecdotes in the book. The one I love most is about the suicidal nurse, Betty (p. 149). It is more than a psychotherapy; it is a work of art. It is meaningful in many ways. To the audience it was a demonstration of various hypnotic phenomena. To the subject it was a therapy, or rather an indirect but powerful invitation to return to the project of living. Change was achieved by offering her a guided visit to nature's cycle of dying and regenerating, which in itself is fascinating. Note the master's touch: He does not simply point out the value of life. Dying is described first, thereby meeting Betty at her immediate frame of thinking. This story is not only typical of Erickson's therapeutic techniques but also is important in a broader sense. He was doing something very unique and worthwhile. At the same time he was going against the usual professional reaction of instinctive withdrawal. What other therapist would have had the courage to allow Betty to make her own decision after involving himself so deeply and so publicly? Consequently, Erickson was blamed for Betty's seeming suicide. It was many years before it finally became clear that the course he had taken had been right and wise from the onset.

RICHARD VAN DYCK, M.D.
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of Clinical Hypnosis,
Oegstgeest, The Netherlands
June 24, 1980*

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ideas that eventually became incorporated in some form in this book.

I am very grateful to Sherron Peters for her love and support during the writing of this book.

And to the memory of my mentor, Milton H. Erickson . . . he gave me much knowledge to pass on to other people. Erickson also taught me about enjoying both enlightenment and confusion and enhanced my appreciation of the wonders of opening my eyes.

J. Z.

ABOUT MILTON H. ERICKSON, M. D.

Milton H. Erickson was generally acknowledged as the world's foremost authority on hypnotherapy and brief strategic psychotherapy. He was one of the most creative, perceptive and ingenious psychotherapeutic personalities of all time. Erickson was called the world's greatest communicator. Alternately, it has been said that he was the premier psychotherapist of the century. It is not hyperbole to state that history will demonstrate that what Freud contributed to the theory of psychotherapy, Erickson will be known as contributing to the practice of psychotherapy.

Erickson received his Bachelor's, Master's in Psychology and M.D. degrees from the University of Wisconsin. Among his other professional accomplishments, he was founding President of the American Society of Clinical Hypnosis, founding editor of the *American Journal of Clinical Hypnosis*, and founding director of the Education and Research Foundation of the American Society of Clinical Hypnosis. Erickson was Associate Professor of Psychiatry at Wayne State

University, College of Medicine. He was a Life Fellow of the American Psychological Association and a Life Fellow of the American Psychiatric Association. Erickson authored over 140 scholarly articles, most of which were on the subject of hypnosis. He co-authored a number of books, including *Hypnotic Experience: Therapeutic Approaches to Altered States*, *Hypnotherapy: An Exploratory Casebook*, *Hypnotic Realities*, *Practical Applications of Medical and Dental Hypnosis*, and *Time Distortion in Hypnosis*. Erickson is also the subject of a number of other books, both in print and in progress.

In regard to Erickson's professional approach, it is important to note that, although he created many new permissive approaches to therapeutic hypnosis, he was quite adamant in being atheoretical. Erickson had no explicit theory of personality that he promoted. He was a firm believer that an explicit theory of personality would limit the psychotherapist and make the psychotherapist more rigid. Erickson was committed to the ideas of flexibility, uniqueness and individuality. He made that clear in his writings and in the way that he lived.

Erickson moved to Phoenix, Arizona, in 1948. He maintained an active private practice and traveled frequently to teach hypnotherapy. During the later years of his life, when he could no longer travel, students came from around the world to listen to him and learn his approach. As busy as he was with his work, he was very much a family man. He was very proud of and dedicated to his family.

Erickson surmounted a considerable number of health problems throughout his adult life. He was confined to a wheelchair since 1967 from the residuals of anterior poliomyelitis. Erickson explained that he thought that poliomyelitis was the best teacher he ever had about human behavior and its potentials. Erickson had a color-vision deficiency, but he appreciated the color purple and enjoyed having it around him and receiving special gifts in that color.

Erickson was a genius in the practice of psychotherapy. However, his genius at practicing psychotherapy was eclipsed by his genius at living. In his later life, when the videotapes which comprise the bulk of this book were recorded, Erickson suffered from many physi-

cal problems. He suffered from an enormous amount of pain due to the residuals of polio and a host of other physical illnesses. He was practically quadriplegic—having little use of his right arm and limited use of his left arm. He had no real use of his legs. Erickson had use of only half of his diaphragm, his lips were partially paralyzed, and his tongue was dislocated. He could not wear false teeth. Here we had a man who had developed his voice as a tool and who prided himself on his ability to manipulate language. Yet his speech became thick and difficult to understand. Perhaps because of this, he spoke in a slow and measured voice. One had the sense that he was weighing the impact of each word.

Although he had to work to retrain himself in so many ways and although he suffered so many physical problems, Erickson was consistently one of the most glad-to-be-alive human beings that one could ever expect to encounter. Almost everyone who met him was impressed by his personal qualities.

Erickson was a very alert and lively individual. Sitting with him, one got the sense of an individual who was very present and very alive to the now—to the immediate moment. Erickson really enjoyed life and he was a very good model of living “the good life.” He was a kind, considerate, compassionate person. He laughed often and had a bright, delightful smile. He had an infectious way of chuckling to himself when something amused him.

Erickson also had a delightful attitude of amazement and awe. He was a very positive person, very much the kind of person who looked at the flowers rather than the weeds. He encouraged his patients to do the same. Erickson was pleased by the positive changes that people could make. Whenever his patient made a positive change or whenever a patient did an arm levitation (even though for him it was the thirty-thousandth arm levitation), he was still pleased and amazed and very proud that his patient had accomplished that task. Most of that sense of awe and pleasure was transmitted on a non-verbal level, and that made it difficult to discount.

Further, Erickson would not take a sense of personal credit for the positive changes that his patients and students made. Instead, Erickson would communicate his delight that the person got in touch with new potentials and new power in his own life.

Erickson was born on December 5, 1901. He grew up in rural communities in Nevada and Wisconsin. That rural attitude was very much part and parcel of Erickson's life. He was future-oriented and unpretentious.

On March 25, 1980, Erickson died of an acute infection. He had been active and in relatively good health up to the time of his death.

In many of his teaching stories about working with chronic pain patients, Erickson explained that, after he applied his technique, the patient lived an active life until suddenly lapsing into a coma and dying peacefully. In a similar fashion, Erickson suddenly lapsed into unconsciousness on Sunday, March 23, 1980. He remained semi-conscious for two days until the night of Tuesday, March 25, when he died restfully, surrounded by family members. Erickson was active to the end. He had had every intention of continuing his teaching schedule before he suddenly became ill.

During much of his professional life in Phoenix, Erickson had his students and patients climb Squaw Peak, the highest mountain in the Phoenix area. It is about 1,100 feet high and the path to the top is a mile and a half long. The path is well traveled; people climb regularly for health reasons and for the spectacular view of the Phoenix valley. The climb is a strenuous one, but a healthy person can make the climb to the top in 45 to 60 minutes. The path up the mountain is winding and has many ups and downs. One gets a good lasting feeling of accomplishment when one reaches the top. Further, one gets a higher point of view and a vaster perspective on the world in which he lives.

It is rumored that Dr. Erickson's ashes were scattered on Squaw Peak. If so, it is quite fitting. Erickson made that activity so much a part of his therapy. Now, to pay respects, people will continue to climb Squaw Peak.

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INTRODUCTION



A friend of mine who is a Swiss physicist told me a story about the famous Danish physicist Niels Bohr. At a lecture, Dr. Bohr was discussing Heisenberg's Uncertainty Principle. This principle of "complementarity" suggests that when an observer discovers information about the location of a particle, he sacrifices information about the momentum of that particle. Conversely, when the observer discovers information about the momentum of a particle, he sacrifices information about location.

At the lecture a student asked Bohr, "What is complementary to clarity?" After a moment of thought Bohr replied, "Precision."

Though possibly apocryphal, this anecdote expresses an important understanding. When it comes to truths, in order to be clear, it is necessary to be simplistic, thereby sacrificing precision; in order to be precise, it is necessary to be lengthy, detailed and perhaps confusing, thereby sacrificing clarity.

The manuscript that follows is a transcript of a week's teaching seminar for health professionals that Milton H. Erickson, M.D., held

in his home in Phoenix, Arizona. Erickson's communication is complex and the reader will note Erickson's consummate precision. However, in trying to understand Erickson's process, the reader may also note some confusion and lack of clarity.

A word of note about Erickson's teaching seminars is necessary. After his formal retirement from private practice, Erickson continued to be actively engaged in teaching. Groups of students from around the world contacted Erickson and asked to be included in his teaching seminars. The students who attended Erickson's groups included physicians, psychologists, psychiatrists and master's level psychotherapists. Erickson taught from approximately noon to 4:00 p.m. each weekday. As Erickson's popularity grew, it became increasingly difficult to arrange time to learn from him. By the end of 1979, Erickson's schedule for 1980 was completely filled.

In the summer of 1979 (July 30 to August 4), I arranged to videotape a one-week teaching seminar at Dr. Erickson's home. That teaching seminar constitutes the bulk of this book. No commentary has been added to describe Erickson's technique during this week. Rather, the opportunity is given for the reader to involve himself in the transcript and come to his own conclusions and understandings about Erickson's methods and techniques.

Other authors describe Erickson's technique in detail. Haley (1973) takes an interactional view to describe Erickson's method. Bandler and Grinder (1975) use a linguistic approach based on transformational grammar to microscopically analyze Erickson's patterns of communication. Rossi (Erickson, Rossi, & Rossi, 1976; Erickson & Rossi, 1979), as a Jungian-oriented analyst, uses an intrapsychic perspective to understand Erickson. One can speculate that Erickson did well in promoting the description of his work by theorists with three such widely divergent perspectives. By reading the analyses of these authors, one gets a balanced perspective on Erickson's technique.

Erickson's method was characterized by indirection. Throughout his life Erickson taught indirectly. His early lectures were marked by the use of indirect technique. It is interesting to note that Erickson's fame also spread indirectly. Erickson was popularized more by the people who wrote about him than he was by his own efforts.

This volume is not meant to provide a different way of understanding Erickson. The idea is not to present anything new about Erickson; rather the idea is to present Erickson in a new light. Through this volume, one can get a feeling for the flow of Erickson's teaching stories and one can get a perspective on Erickson's process.

For those who never saw Erickson, this manuscript provides an opportunity to visualize Erickson in action. For those who did get to see Erickson, the manuscript provides an opportunity to get a different view on Erickson and his work.

It is very difficult to get clarity on Erickson's communication while listening to him in person. People frequently commented that they felt "woozy" when they listened to Erickson. It is a different experience to read Erickson's anecdotes or watch them on videotape. Perceiving Erickson from such perspectives makes it easier to understand what he did. Being with Erickson in person, one easily became confused due to the multiplicity of verbal and nonverbal levels on which Erickson worked. For example, it was not unusual for people to leave Erickson's teaching seminars with each one saying, "He was talking to me today."

Although, on first reading, Erickson's teaching stories may seem easily understandable, that is not really the case. I have presented films and videotapes about Erickson at meetings of national professional associations. I have challenged groups of professionals with the statement, "If you get 50% of what Erickson is doing, you are a very astute observer and listener." Although it may be easier to comprehend what Erickson does in transcript form, I can still make a similar challenge to the reader.

To demonstrate this challenge, I have included an Appendix in this volume. The Appendix provides a commentary that Erickson and I made on one of the hypnotic inductions that Erickson did during the week. The discussion of that 50-minute induction lasted for almost five hours. It should be interesting for the reader to read that induction (which occurred early on Tuesday with Sally) and compare his/her understanding with the details that are provided in the Appendix.

There are a number of other things to keep in mind regarding Erickson's teaching stories. Erickson was a very consistent individual. He lived and worked by telling stories. This was true if he was talk-

ing to his family, colleagues, students or patients. If one asked him for advice, Erickson usually replied with an anecdote. Therefore, in this book, one gets a good impression of Erickson's therapeutic, as well as his educational, approach.

Additionally, Erickson was very involved in the telling of his teaching stories. One often got the impression that he was reliving the story as he told it. Erickson told his stories with a sense of drama; he orchestrated his stories in a lively manner. These nonverbal facets are, of course, missing in a written transcript. Erickson's nonverbal behavior, his intonations, his laugh and sense of aliveness unfortunately cannot be reproduced.

Erickson told and retold these anecdotes many times. Because he was so conversant with the stories, he could add a lot of muscle into the communication and make the messages more powerful with the use of additional verbal and nonverbal techniques. Erickson knew what would come next, while his students didn't. Besides the content of the story, Erickson used his anecdotes to communicate on other therapeutic levels at the same time. In fact, Erickson never seemed to be satisfied with communicating on only one level. Perhaps he did not like the single-mindedness that came with doing only one thing at a time.

In regard to multilevel communication, most psychotherapists are trained to note that their patients will communicate on one level and to realize that the meaning of their patients' communication will lie on other levels, including historical and symbolic and other "psychological" levels. It is to Erickson's credit that he demonstrated that if the patient can communicate on a number of levels, the therapist can also communicate on a number of levels. Therapeutic communication does not need to be clear, concise and direct. Focused multilevel therapeutic communication can be a powerful technique. Erickson used multilevel communication consistently. For example, as one reads this manuscript, one realizes that many times Erickson described a principle, illustrated it with an anecdote and also demonstrated the use of the principle with the people in the room, all at the same time.

In this manuscript, effort was made to preserve as much of the original communication as possible. Minimal changes were made in

order to preserve Erickson's style while still providing a readable transcript. Because of the extra precision that Erickson put into his hypnotic inductions, the inductions in the transcript were kept precisely as they were said. Editing Erickson's stories was not really difficult. For the most part, Erickson spoke in complete and grammatically correct sentences.

Erickson's use of stories depended very much upon the composition of the group that he was teaching. If Erickson was talking with a group that was interested in children, he would talk more about children. If Erickson was talking with a group that was more interested in pain control, then he would center on pain control. The group that was in attendance in the week transcribed was a mixed basic group; therefore, Erickson's approach was general. However, he did spend each day talking about a theme or two. Also, with some of the anecdotes, Erickson was definitely therapeutically working on expanding the flexibility of individual members of the group.

Erickson's nonverbal behavior during his teaching seminars was very interesting. He usually looked down at the floor while he told his stories. However, he would watch his students' and patients' responses from his peripheral vision. He had limited control of his body. When he wanted to mark out a therapeutic message to a particular student, he would do so by altering the locus of his voice.

Erickson did not have to use formal inductions to fixate his students' attention. People listening to him often had their eyes closed as they went in and out of trances spontaneously during the session. Erickson, himself, seemed to go in and out of trances. It was as if he used the opportunity to teach to get more outside of himself and thereby decrease the chronic pain that he suffered from the residuals of poliomyelitis.

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Teaching Seminar
with
Milton H. Erickson



ERICKSON'S USE OF ANECDOTES



One of the hallmarks of Erickson's approach was his use of anecdotes as a teaching device and as a therapeutic tool. Erickson was known for his precise, focused communication which was geared to the individual patient. His use of anecdotes represented a most highly developed and effective use of verbal communication. In order to supply the reader with a general framework that can be used to understand the transcript that follows, some uses of anecdotes are described. Additionally, my initial introduction to Erickson in 1973 is presented as an example of Erickson's use of anecdotes for powerful multiple-level therapeutic communication.

USING ANECDOTES IN PSYCHOTHERAPY

A dictionary definition of "anecdote" is a short narrative concerning an interesting or amusing incident or event. Anecdotes can be

Portions of this section were presented at the October 14, 1978 scientific meeting of the American Society of Clinical Hypnosis.

fictional. For example, they can be fairy tales, fables, parables or allegories. However, anecdotes can also be narratives that chronicle true life experiences and adventures. The overwhelming majority of anecdotes that Erickson told were nonfictional descriptions of events from his own life and from the lives of his family and patients.

Anecdotes can be used in any type of psychotherapy and they can be used in any phase of the treatment process. There are no known contraindications for their use.

Certain operations are common to all psychotherapies, notably, diagnosis, establishing empathic rapport, and carrying out a treatment plan. Anecdotes can be used during any of these therapeutic operations.

Diagnosis

The astute observer can use anecdotes diagnostically. An anecdote can be used projectively somewhat similarly to the way that a Rorschach is used. In this sense, stimuli are provided that lead to a response that has diagnostic significance.

For example, a patient can be told a story that has multiple components, and the therapist can notice to what part of the anecdote the patient responds. The therapist can tell a story about a person having relationship problems with a spouse that stem from problems that the person had getting along with his parents when he was a child. Further, these problems have ramifications for the person's present sexual functioning and also lead to the abuse of alcohol.

This condensed story has a number of components. The observant therapist will notice to what parts of the anecdote the patient reacts nonverbally. Moreover, the observant therapist will also note what particular part of the anecdote is responded to verbally by the patient. Diagnostic information can then be followed up by the therapist.

A clinical example from the author's own practice can be cited to illustrate additional diagnostic use of anecdotes. A patient presented with a phobia of 13 years' duration and requested treatment by hypnosis. In the initial interview she was told a series of anecdotes about other patients who got over their problems in various lengths

of time. Some patients got over their problems immediately and unexpectedly. These patients got over their problems quickly and needed little insight. Other patients got over their problems slowly and laboriously and enjoyed getting insight into their problems. This particular patient had a style of nodding her head affirmatively that was outside of her conscious awareness. She consistently nodded her head to the parts of the anecdotes that had to do with getting over problems slowly. Equally consistently, she refrained from nodding her head during the parts of the anecdotes that had to do with getting over problems immediately. This pattern was confirmed through the use of similar anecdotes told in varying orders.

Because her head nod confirmed that she was going to get over her problem slowly, no therapy was attempted in the initial session. Instead, detailed questions were asked that concerned the etiology and pattern of her symptomatology. During the ensuing month, the patient was seen for two additional sessions and achieved relief of her phobia. There was no need to have more closely spaced sessions because the patient had already indicated that she was going to change slowly.

While he told his stories, Erickson consistently kept track of the behavioral responses of his patients. Erickson often did not look directly at his patients when he told his stories. However, he did keep track of his patients' behavioral responses by watching them in his well-developed peripheral vision.

Erickson's perceptiveness was legendary. He diligently trained himself to notice and understand subtle nuances in human behavior. His ability to respond therapeutically was predicated on his acute diagnostic acumen. It is beyond the scope of the present work to delve into Erickson's diagnostic approach. However, the importance of Erickson's developed ability to quickly perceive core issues for individual patients cannot be emphasized enough.

Establishing Rapport

Establishing a sense of relatedness and empathic rapport is generally considered to be one of the cornerstones of psychotherapy. Some theoreticians (e.g., Carkhuff & Berenson, 1967) consider em-

pathic responses to be one of the main tools of psychotherapy. However, there are drawbacks to the empathic approach. The patient can learn a self-diagnostic type of empathy that entails an ongoing scrutiny of his feeling states. Such scrutiny can be disruptive to the process of enjoying and utilizing the flow of feeling. In some cases, a direct empathic approach may be contraindicated or unnecessary. For example, it is not in some people's style to attune themselves to their feelings. Also, some patients object to or are embarrassed by having their feelings directly pointed out to them.

Erickson's approach speaks to the idea that things function best when they function automatically or unconsciously, i.e., without interference or hindrance from the conscious mind. Erickson made much use of indirection in order to make unconscious change as quickly as possible.

In line with Erickson's use of indirection, anecdotes can also be used to empathize with a patient and with processes that are either inside or outside of the patient's immediate conscious awareness. The patient does not need conscious realization that an empathic response was made by the therapist. Anecdotes can be used to establish empathic rapport with the unconscious. Although the fact that an empathic response has been made remains outside the patient's conscious awareness, the client still often acknowledges, on the verbal or non-verbal level, that an "unconscious" empathic response was made by the therapist.

To illustrate the use of empathic anecdotes, a case can be presented from an earlier teaching seminar with Erickson. In 1975, three students were present in Erickson's office to learn about his approach.

Erickson told an anecdote about a competitive patient who came to him and wanted to be put into a trance. Erickson stated that he established a trance with this patient by telling the patient to watch his own hands to see which one rose first and which hand touched his face first. In this way, Erickson utilized the patient's competitiveness to help the patient achieve his own goals. This was an engaging anecdote for the students because Erickson was teaching an interesting aspect of his technique.

However, it immediately became apparent that there was an additional purpose to this story. Some of the students at the session were

themselves competitive for Erickson's time and attention. When the multiple purpose of the anecdote was pointed out, Erickson discussed this additional aspect of his technique. He stated that he recognized the students' competition and that he indicated to the students through his story that he recognized the ongoing competition.

The students could then respond by recognizing the competition consciously (which they did). Also, the students could have responded by making a nonverbal indication that they recognized the competition and that they were not ready to bring that information to conscious awareness. Lastly, the students could have failed to recognize the implied meaning of the story as it applied to the immediate situation.

Any of the aforementioned three responses would have been satisfactory responses to Erickson because they would have been in keeping with the students' own needs and personalities. Erickson was prepared to follow up on whatever direction was indicated. Erickson's own remark in that situation was that he was willing to discuss the anecdote consciously because it was a teaching situation.

Additionally, the anecdote had a third message. It was geared to suggest or "corner" the students into a particular behavioral response. After discussing the anecdote, Erickson added that he did not know how much competition there was among the students but that he certainly did not want them competing against *him*.

Treatment Process

Anecdotes can be used during any phase of the treatment process to achieve the goals of the therapy. For example, consider the following eight nonmutually exclusive categories.

1) To make or illustrate a point

Anecdotes can be used to make or illustrate a point. Through the use of anecdotes, a point can be made in a memorable and powerful way. In consideration of the structure of human memory, it is easier to remember the theme of an anecdote than it is to remember the same material in the form of a simple sentence. Anecdotes can be

used to “tag” a person’s memory; they make simple ideas come alive. Consider the following example:

Early in 1980, I was involved in my first case regarding the forensic use of hypnosis. Erickson was quizzed for some advice. He initiated the following story with the phrase, “Know the opposing attorney.”

Erickson explained that he was testifying in a child custody case on behalf of the husband. He stated that the wife was clearly suffering from severe psychological problems and that the husband was the best person to have custody. Erickson then went on to say that he was familiar with the opposing attorney and knew her to be a very thorough individual. He explained that when the day came for him to give his testimony, the opposing attorney came well prepared. Erickson said that she had 14 typewritten pages of questions to ask him. Erickson said that when he got on the stand the lawyer asked, “Dr. Erickson, you say that you’re an expert in psychiatry. Who is your authority?” Erickson responded by saying, “I am my own authority.” Erickson knew that if he named someone, this well prepared lawyer would begin to undermine his expertise by citing conflicting authorities.

The lawyer then asked, “Dr. Erickson, you say that you are an expert in psychiatry. What is psychiatry?” Erickson said that he provided the following response: “I can give you this example. If I were an expert in American history, I would certainly know something about Simon Girty, also called ‘Dirty Girty.’ Anyone who is not an expert on American history would not know about Simon Girty, also called ‘Dirty Girty.’ ”

Erickson explained that when he looked up at the judge, the judge was sitting with his head buried in his hands. The clerk of the court was underneath the table trying to find his pencil. The lawyer for his side was trying to suppress an uncontrollable laugh.

Erickson stated that after he gave that analogy the lawyer put aside her papers and said, “No further questions, Dr. Erickson.” Then Erickson looked at me and said, “And the lawyer’s name . . . was Gertie.” Erickson went on to explain that whenever his lawyer faced that other lawyer in opposition, he always found some way of sneaking in a reference in his arguments to “Dirty Girty.”