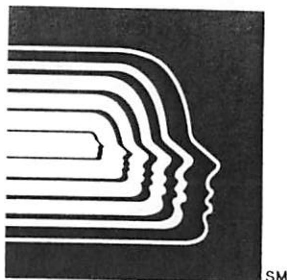

The Milton H. Erickson Foundation NEWSLETTER

Editors: Roxanna Erickson Klein, R.N., M.S.
Betty Alice Erickson, M.S., L.P.C.
3516 Euclid Avenue / Dallas, Texas 75205 / Telephone: (214) 371-1091

— BOARD OF DIRECTORS —
Jeffrey K. Zeig, Ph.D.
Kristina K. Erickson, M.S., M.D.
Elizabeth M. Erickson
J. Charles Theisen, M.A., M.B.A., J.D.

The Milton H. Erickson Foundation, Inc.
3606 North 24th Street
Phoenix, Arizona, 85016-6500
U.S.A.
Telephone: (602) 956-6196
FAX: (602) 956-0519

Vol. 14 No. 1

Spring 1994

INTERVIEW

An Interview with Kay Thompson, D.D.S.

Interviewed by
Betty Alice Erickson

Kay F. Thompson, D.D.S.

Background

A native of Pennsylvania, Kay Thompson received both her B.S. and D.D.S. from the University of Pittsburgh. In private practice, she is an advocate for issues in dentistry and in hypnosis. She recently was elected as a Trustee for the American Dental Association, and her positions have included president of the Pennsylvania Dental Association, committees and task forces for the American Dental Association, Board of Directors of the International Society of Hypnosis and fellowship in both the American Society of Clinical Hypnosis (A.S.C.H.) and the Society for Clinical and Experimental Hypnosis (S.C.E.H.). She is a former associate professor at the University of Pittsburgh and an associate professor at West Virginia University. She also is the recipient of honors and awards from numerous organizations including the second Milton H. Erickson Award from The Netherlands Society of Clinical Hypnosis and the Milton H. Erickson Lifetime Achievement Award from the Erickson Foundation.

Editors (Eds): How did you first become interested in hypnosis?

Thompson: When I first got out of dental school, it seemed that every frightened patient in the city found me. It was, and may still be, the stereotype that a woman dentist is gentler, kinder, more

continued on page 17

understanding and more compassionate. So I got every frightened patient who needed a lot of dental work. There I was, a brand new dentist with difficult patients.

I was still building my practice, and I didn't have a lot of patients so I did have patience with the patients I did have. I spent a lot of time, and they would come out saying how easy things had been and what a wonderful dentist I was. I knew there was something going on that I didn't fully understand. Then I got a brochure from Seminars on Hypnosis, and I took the course looking for answers. That course was absolutely astounding.

That was my introduction to the man with the ocular fix, Milton Erickson, who was the leading figure in the seminars. I had never, never been so instantly afraid of anyone as I was of him. I was terror-stricken, but I also was fascinated.

My first patient after I got home was a lady who was nine months pregnant with a dying nerve in a tooth. Her obstetrician did not want her to have any anesthetic. Looking back, I know I said everything wrong. I said, "I just took a course in hypnosis. Let's try it and see if it will work."

She was a perfect first patient for a neophyte in hypnosis. I had her go into a trance and visualize a movie. I still remember that she watched a scene from *Great Expectations* over and over again. She said she loved the scene and had never seen enough of it. I opened the tooth and removed the vital nerve. It was a long, hard job, and when I was finished *she* was just fine, and I was a nervous wreck.

When the next workshop came to my area, I went to it. I must have taken eight or ten seminars — but it was all the same basic introductory work. Erickson always would do the Saturday afternoon deep trance session. I was fascinated. I would sit in the back row behind the biggest man in the room. I wanted to hide so Erickson wouldn't see me. But he always did.

Eds: Why were you so uncomfortable with Erickson?

Thompson: I was afraid of the power I felt Erickson had. I was a shy, rigid, narrow, proper person. I was afraid to tap into the parts of me that would allow me to be more than that. I knew he had the ability to bring out the part of me that would let me be different, be more — to be who I really was. That change is a frightening thing in the very beginning. And I knew if I remained around Erickson, he would teach me how to be what I really wanted to be.

Erickson helped me overcome my fear of change by "picking on me." He was always very gentle, very kind; he was wise enough to know that if he

continued on next page

Interview *continued*

weren't, I would run. He always suited the treatment to the person. He gradually began teaching me by making comments that included me. Finally he asked me to come up on the stage, during the deep trance session. I wasn't to be a subject, I was a "decoy" for the other people that he was really working with — but, of course, I went into trance.

My fear of Erickson soon changed to awe. That lasted for a long time. I am still in awe, but that awe is different than it originally was. Now I am in awe, in amazement at his own personal power, his abilities and skills and his personage. I also am in awe of his absolute devotion to teaching.

Eds: Were you a part of the beginning of the A.S.C.H.?

Thompson: Yes. The beginning of A.S.C.H. is a very interesting tale. The Society of Clinical and Experimental Hypnosis (S.C.E.H.) was the already established professional hypnosis organization. When Erickson founded A.S.C.H., it was intended to open full membership in a professional hypnosis organization to more clinically oriented, doctoral level practitioners. During this period, the Seminars on Hypnosis were very successful in spreading the word about clinical hypnosis. The faculty did not split the money from the Seminars on Hypnosis; they set aside the profits that they earned. When the Seminars on Hypnosis were dissolved, the faculty agreed to use the money to fund the Educational and Research Foundation arm of A.S.C.H. A.S.C.H. received close to $100,000 from the Seminars and in the 1950s, that was a lot of money. With this part of A.S.C.H. so well-funded, the teaching of hypnosis was secure and really able to expand which had been Erickson's goal all along.

Eds: You were one of the first female members in A.S.C.H. What was the atmosphere like for women then?

Thompson: They, and I am referring to most of the male members, tolerated us. They always used us for demonstration subjects. They tended to ignore our questions and ignore our raised hands and treat us as though we did not exist except in the guise of entertainment. That's pretty harsh, but I believe it was generally true. Erickson did not have that attitude and neither did a few others. But most did.

Eds: Has the current atmosphere changed?

Thompson: I think therapists, particularly at the master's level, have taken over the hypnosis organizations. These therapists are predominantly women. But I notice it is still primarily male faculty teaching the more numerous female registrants. But I think the atmosphere is much more supportive. As a result, I think that as soon as more women realize their potential, things will change even more.

Eds: What are the contributions that women bring to hypnosis?

continued on next page

Thompson: Abuse is a big area on which women have focused. Ego and self-esteem issues, as well as family relationships, are the other areas that seem to be of special interest to women. These are traditionally female values and because of that, there is a strengthening and an empowering of women. Now, I think those things are being approached in a more realistic way and I think women are responsible for that change.

In the utilization of hypnosis, women will have an edge with our background knowledge. We provide most nursing care and we understand the immediacy and the vulnerability of interpersonal and family relationships.

A sense of identity is necessary for women who are going to use hypnosis. They need role models. The women who are involved in hypnosis need to recognize their obligation to serve as role models. But we also need to increase the opportunity to serve as role models.

Eds: How do the workshops of today differ from the early ones?

Thompson: When the Seminars on Hypnosis began in the mid-fifties, attendees used to be primarily medical practitioners. Dentists made up about two-thirds of the participants, and most of the rest were M.D.s. The original faculty of the Seminars on Hypnosis reflected this balance. Seymour Hershman and William Kroger were OB-GYN physicians, Irving Secter and Ted Aston were both dentists, Leslie LeCron was a psychologist, I believe, and, of course, Milton Erickson was a psychiatrist. I believe these seminars with medical people were really the essence of the beginning of brief therapy.

At that time, hypnosis was taught principally by lecture in large groups with one practice session — usually on Friday night — with three or four faculty monitoring the work. Erickson wanted to expand the Seminars, to expand the teaching of hypnosis. He knew that in order to do that, the faculty had to be expanded. Erickson began taking small numbers of people, that he had seen at the workshops before, out of the standard Seminars on Hypnosis workshop. We would go to another room and he would teach us. That was the beginning of the first intermediate level training. This intermediate level teaching expanded our knowledge but actual practice sessions were still missing.

Bob (Robert Pearson, M.D.) and I had worked together for years as faculty in teaching workshops, first for the Seminars on Hypnosis and then for A.S.C.H. We decided that if we could ever change the single practice session method of teaching to allow more practice, we would. When he became president of A.S.C.H., I became Program Chairman and we had our opportunity.

I think the small workshop format used for the 1971 Miami Annual Meeting of A.S.C.H. was the single most influential factor in the spread of the use of clinical hypnosis. This way of teaching allows the practitioner to practice and practice and then to learn from that practice. It allows each person to begin to discover some of the power of this tool in a structured and supervised setting. Today, there is so much more spontaneity. The A.S.C.H. faculty is constantly interacting with with participants. There is much less distance between faculty and students.

Eds: What do you mean by saying that the early seminars were the beginning of brief therapy?

Thompson: Medical clinicians are really doing therapy. We don't have a great deal of time to deal with the emotions of patients who are depending on us to help them. We should help patients deal with the feelings that are going on inside their heads, before we go inside their head, to do dentistry or to perform any other clinical treatments. Dental and medical procedures are more physiologically invasive than psychotherapy, and we have less time to help patients resolve their issues about what we are going to do with them and to them. So we have to do brief therapy if we do any therapy.

This aspect of my work has influenced my attitude. Just about the time I get comfortable "just talking" to a patient, along comes someone for whom I have to do surgery. There is a different level, a different kind of intensity that is required of me for that kind of physiological intervention.

Hypnosis is too important a tool to be limited to the pure therapeutic aspect. There are so many physiological benefits that can be obtained with it. Those aspects also should be emphasized in teaching the practice of hypnosis. That is one reason I encourage the attendance of clinical medical practitioners in my workshops.

Eds: Your demonstrations are frequently cited as being the most convincing evidence of hypnosis.

Thompson: People attending workshops could not deny the physiological impact of hypnosis when they saw anesthesia and control of bleeding demonstrations. Ray LaScola, M.D., taught me how to control bleeding. He would scratch his arm and then bleed along one inch, then not bleed in the next inch.

then bleed again and so on. especially important to me be helpful for many of my patient trol bleeding.

Originally we used faculty demonstration but I realized thought we had trained long to be able to do this. So I beg for a volunteer from the au would teach that person to deve anesthesia which either one of test with a sterile needle. In all demonstrations, I have never h son fail to learn about anesth control of bleeding.

I have some films that I show demonstrating the use of in surgery. One shows bleeding and anesthesia for oral surge hemophiliac. These films have impact. There is no denying the of hypnosis in surgery. I use t because I think you have to students when they start and t really capture one's attention.

Eds: The dual induction has be by many people, but I don't thi many people realize how it veloped.

Thompson: At a workshop at t versity of Calgary in the ver 1970s, Bob Pearson, Ray LaSc I were in the dormitory after teaching. Ray had taught me som ing control techniques, and h mented that he couldn't halluci a trance. My feeling was that who could control bleeding, could, certainly could learn to nate. The three of us, Bob, Ray began talking about the developr hallucinations. Bob and I notic Ray was beginning to go into a We had been taking turns as we As we watched Ray, we began at the same time about the same We saw that Ray was *really* goir a trance with that dual technique we spontaneously began talking different things at the same tim

We knew Ray had spent many C mases in Mexico, and he really e it so we included it in our dual c sation. We talked for about 15 mi When Ray terminated his trance, h astounded. He said he had reli Mexican Christmas and had easi lucinated all the vivid colors and clothes.

Bob and I then began demons the use of dual induction for pa who were having trouble going trance. About a year later in Sava we used it with John Shaner, wh a dentist friend of mine. It was ext ly effective with him. We video that demonstration, and Jay Haley the tape. He said the dual induction was the first new thing in hypnosis he had seen in 15 years. We started doing the dual induction with other people and using it in our teaching.

I always emphasize that inductions cannot be a recipe. Each induction must be individualized. Certainly a dual induction cannot be either another's words or a script. I have seen experienced people read an induction and I don't understand why. Subjects always sense if an induction is not for *them.* That is something that Erickson certainly stressed, and so do I.

When Erickson began, he would write out and practice his inductions, but they were personalized for the specific individual. He also was prepared to shift gears if the patient responded in a different way than anticipated. One can use the same general induction method, but it must be focused for the particular person.

Eds: What were some of the things that Erickson learned from you?

Thompson: I have no idea. ...On second thought, I was a challenge to him. I was so afraid of him. I think he couldn't understand how anyone could be so afraid of him. I also think he couldn't understand how anyone could be as naive as I was — after all I was a practicing dentist when I met him. Milton had a gentleness, a deep caring and such a respect for people. That was a major lesson for me. I care deeply about my patients, and he affirmed and endorsed that caring.

I really believe he couldn't *not* be a teacher, and I really believe he did learn from everything. He and I went from teacher and student, to mentor and dentist, to friend and friend. The shifting was a careful, balanced progression. It was really hard for me to call him "Milton." Our relationship was always, always teaching and learning. I believe true friendship is a situation where you each enrich the other, and Milton and I had that.

Eds: With your impressive background, is there any particular position of which you feel most proud?

Thompson: It was a major accomplishment when I first became the first female president of A.S.C.H. Not only did I receive an overwhelming majority, but more people voted in that election than had voted in any previous election. It was even more incredible because I was elected on a write-in campaign.

I think one of the reasons I was elected was because people knew I had worked hard and effectively for the membership in the organization. As Program Chair-

continued on next page

Interview *continued*

man. I used that position as a chance to expand the textbook style of teaching. I had begun the small-group workshop format at the annual meeting in Miami. There was such an enthusiastic reception that I knew there would be more and more of that type of workshop. I credit that innovation with the beginning of the workshops of today. In fact, A.S.C.H. is still using my write-up, my words, on how to conduct small group workshops.

Eds: What words of wisdom do you have to offer our readers?

Thompson: When Peter Bloom, M.D., a psychiatrist who is now president of I.S.H. (International Society of Hypnosis), visited briefly with Erickson,, he asked if Erickson had only one bit of advice, what would it be? Erickson thought, fixed Peter with that ocular fix and said, "Observe."

Practice, practice, practice basic, formal induction techniques. Practice, practice, practice. Observe, observe, observe. Learn to go from formal, structured techniques where you learn to observe, and slide into the utilization of metaphor. Recognize, though, that the formal technique also can be the utilization — therapy can take place through utilization techniques without ever mentioning the therapeutic goal.

It takes a long time — years and years of putting things into your unconscious in order to be able to rely upon it to be spontaneous. Every word in the doctor/patient situation that can have a double meaning, does. Learn to improve, improve by learning. Maintain a sense of humor. Stand up for your principles. You have a right and an obligation to yourself, and it never works to try to be like another. You can't always know what to expect, but you can learn to handle the unexpected. Be compassionate while being objective. Erickson had this capacity; it was one of his greatest qualities.

I learned and grew by my contact with him. And many of the thing I learned, I do not yet know I know.

Eds: Thank you, Kay, for a most inspiring interview that is informative on many levels.