

Transcription of the Interview with Roxanna Erickson-Klein

E Welcome to dad's office!

M Thank you! I am here in Dr. Erickson's office where he used to see his patients. And I am here with Dr. Roxanna Erickson, his daughter. And we are here to talk a little bit about his work, and about hypnosis, and about ericksonian psychotherapy. So thank you for talking to me. I feel honored and you have been so attentive...

E Well, thank you for your interest. I hope that we can bring some information together that will be helpful to others as well.

M Great, great. So, most people, at last in Brazil, think of hypnosis as been something like a magical ritual that the therapist does to his patients and...like he could make all the problems go away.

E Yeah, that's unfortunately a very common misunderstanding that is present here as well. I will say that from the time...the children in my family, and I am the seventh of eight children, from the time we were very young dad educated us about hypnosis not as magical but as science and as learned skills and so he was very emphatic that we learn the difference between the myth of hypnosis and the reality of hypnosis. Hypnosis is not magic! The power of the individual remains within the individual. Is not something that the hypnotist does to another person. The role of the hypnotist is to open up the possibilities and let the energy come from within you and that is very different from magic. It's not power over but really eliciting a positive response from within the subject.

M I see. And why do you think that so many people that work with hypnosis makes it...it seems that they like that people think that they are magicians.

E Yes!

M Why?

R Because if the patient expects to be cured, expects to change the behavior, that expectation is a powerful tool to help the change in behavior. So for example someone comes and they say "oh I have a fear of heights, I want you to hypnotize me and make that fear go away". If I was working with that patient I would not support that conversation. Because I am not going to make it go away, ok. But many hypnotists accept that viewpoint and they use it in a positive way, the expectation that the fear will go away, the expectations that change is about to happen, the expectations that something that we don't fully understand is taking place, Those are good things. So you can't really say that my need to be a little more cognitively accurate is any better than the clinician, or the psychologist that wants to use that energy to help heal the patient. That is no right and there is no wrong. It's a matter of knowing your own individual style But as a professional you have to know what works for you, and for me it does not work to act like this is magic. I want clarification, you know this isn't magic.

M I see...and what do you think is the role of hypnosis in therapy? Why someone should use hypnosis?

E Well, from the ericksonian perspective first you start with the understanding that every person has a conscious mind and an unconscious mind. The unconscious mind is where change takes place. The conscious mind is your understandings, your ability to talk, your volition, your will, your choices. But your unconscious mind is a powerful driver of what direction you are going in. Hypnosis gives you a window and an opportunity to communicate with the unconscious mind and mobilize unconscious resources. The concept of the way that hypnosis fits into therapy is that through hypnosis you can access the unconscious mind, and the unconscious mind is then more available or mobilized to go out and seek resources that will help overcome whatever the presenting problems are. Part of the ericksonian perspective is that there is a natural tendency, a natural drive in the direction of the health and well being and by using hypnosis you can accelerate that unconscious search for resources and then trust the individual to put those resources together and move forward in that journey towards health and well being.

M When I see some...you see, there are some people that want to learn ericksonian hypnosis as a way to trick people, trick patients to do things?

E To trick them?

M Yeah, to trick them, like...Dr. Erickson had developed some techniques to trick people to make them do thing he wanted them to do. And I don't see his work that way.

E Well, the first thing that you have to understand is we are starting from a position that there's a natural drive towards health.

M Yes.

E Ok, the second thing is that the hypnotist does not have power over the other person. The hypnotist can mobilize resources, can elicit resources from within. So by eliciting these resources the individual then has the opportunity to move forward. A third premise about ericksonian approaches is that we cannot understand on a conscious level or a cognitive level all of the things that we would like to believe that we can understand. And so, when Dad gave homework assignments, say "go climb Squaw Peak" or something like that maybe some arduous task, he was mobilizing, he was offering a suggestion that would mobilize unconscious resources. The patient would go follow through with this arduous task but is so doing his unconscious mind is looking around and gaining new ideas and new information and integrating that with resources from within and then coming through further along in that path towards health and well being. This isn't something that can be gained by saying "well, what do I want you to climb...", I say "I want you to climb Squaw Peak", and you say "why should I do that?" and me to explain "well because when you get up there you'll see things differently". It doesn't take place on a conscious level. We don't have the ability to fully understand that process of change. You have to **trust** your unconscious that it is going to gather new information and it will integrate that information with the resources already held within and that you may never understand. Maybe they'll understand "oh I climbed Squaw Peak and

things just look different". But maybe he'll climb Squaw Peak and come on and feel "Gosh that was a lot of hard work, I feel really exhausted" and in the next day think "Well, you know I had this problem, but it really doesn't seem so much as a problem anymore. And maybe he'll never put two and two together that climbing up Squaw Peak was meaningful. Maybe it will just be "well you know my problem is kind of fading into the background...and that's ok! That's what ericksonian therapy is about, is mobilizing those resources in the direction of health and it doesn't matter that the patient doesn't understand.

M Would you say that the ericksonian approach is much more than hypnosis?

E When you put it like that you have to have some clarity about what you are talking about with "hypnosis". As you study hypnosis as a professional you realize that there is a lot of disagreement about what constitutes hypnosis and what the definition is...you know, are you in a trance or are you not in a trance, and when did the trance begin and when did it go away, what about naturalistic trances, and what about mini trances and all of these little details that make hypnosis, instead of getting clearer and clearer what hypnosis is, the more you study it the less you recognize that you know and the less you recognize is known in the field. We are at a time where we are developing the technology for brain mapping and scanning that may be more definitive about what hypnosis is, but we are not there yet.

M Oh, I see.

E We are not there yet. So if you are going to use hypnosis you have to have your own perspective, your own definition, the one that you are comfortable with and you have to make peace with this whole group of professionals that each one has a definition that is a little different from the next guy, from the next respectful learned professional's viewpoint. But **you** have to find the one that fits for you and then, with that information you can integrate it into therapy. And the definition I use has to do with opening the unconscious, making the unconscious resources more available, opening up the opportunity for an unconscious search.

M I see. What do you think is the importance of your dad's work to the psychotherapy field?

E Well there are a number of things that he brought to psychotherapy that are distinct from the standards that were practiced at the time. I think that when you look at the larger historical picture that in the years just before and during and just after World War II that there were major changes taking place in the field. Prior to that, Freud's viewpoints and those who came after Freud had a very strong...you know they were the ones who started the whole field. And then around the World War II there started a broad reexamination of the way psychotherapy is practiced and how much do we lean on Freud and how much do we break away. So dad was one of a whole group of highly intellectual professionals who recognized the time and the need to break away from the directions of Freud. Now when you look at all those different therapeutic approaches the cognitive, the behavioral, humanistic and the others that came along in that era there are several things that make dad's work very unique and different from them and one of them is this viewpoint of the role of the unconscious mind and the use of hypnosis to access those internal resources. That is one of the things that makes his work distinctively different from the others cohorts, the other intellects that were breaking away in

their own ways. Now one of the other things that makes him distinctively different is his perspective that you are not going to be able to understand all these things on a conscious level, on a cognitive level and so don't even spend a lot of time and energy trying to work it out. You're not going to be able to do that. So his perspective that let's move in...move in a present and future direction, okay, and not even worry about the insight or the "aha" or the understanding of what made these things be a problem in the first place. But just let's leave that behind and move forward in a positive direction. And so we've got a couple of things here: one is that you are not going to understand; two is that you've got this vast unconscious reservoir with a lot of information and tools in it; three is you have a natural drive to go in the direction of health and well being, so you can trust your unconscious resources to be out there seeking information and putting those new pieces of information together and it will propel you in the direction of health and well being. And then of course is the future orientation that ...you know, though he was present and future orientation, he did not neglect the past, and there were some patients that you have to go back and address traumatic issues, the difficult issues or problems. He did do that, but it wasn't the starting place. His starting place was to envision a better, a stronger, a healthier future than its current at this moment in time. So he started in a future direction and only went back to the past where as many other therapies, you know, listen to what the problem is then seek to better understand the origins of the problem. He didn't believe that was possible, useful, helpful or accurate.

M I see. And how did he use to teach hypnosis to you, to your sisters...

E To the family members?

M Yeah...

E Okay...Of course you know, growing up in the household here, hypnosis was part of our daily existence and we had to have some, we had to be able to speak intelligently about hypnosis and when we see the cartoons and Bugs Bunny is like "I am putting you under my power" we had to be able to recognize that that is inaccurate when we were really quite young kids, okay. We would sit around, you know, as a family and comment about various aspects of trance, that was kind of our ambiance, you know, of conversation, you know, that took place in the household. Formal teaching...so all of that is part of the informal teaching of hypnosis, if we express interest in something you know he would encourage us to pursue our exploration of that. But in terms of formal trance teaching, he didn't really work with us until we were old enough to really ask him and say "I want to learn something" and...with me, I can talk about myself, when I was about 10 years old, one of my sisters-in-law who resided in Phoenix at that time, she had her first baby. She was a young...very young mother. And she had decided that she wanted to have her childbirth at home using hypnosis as the only analgesic. And so she was coming in, that's Lillian and she was coming in and working with dad in the office with the doors shut, I don't know what was being communicated, and I am a little kid out there thinking "well someday I am gonna grow up, I am gonna have babies and I'd like to learn what is going on in there". So I approached him and told him you know "I wanna learn, you know, teach me". And so he gave me this big interview "why do you want to learn" and I am like "When I have babies and want to use hypnosis like Lillian is doing", You know I admire my sister-in-law a lot. He took that...after interview me he took that as an opening that I was willing, it was

time for me to begin a more formal approach to learning hypnosis. And so he, the office was in the home, it wasn't this office, it was at 32 West Cypress that was at where we resided before. And in that location the living room was the waiting room, so the patients were there and we had more contact with the patients. And one of the things that always liked to do was he always liked when he had a patient, especially if they had some sort of fear or trepidation, he would like "well I'll show you," you know, "I'll show you that hypnosis is nothing to be feared" and then he'd call his wife or he'd call one of his children in and say "would you like to watch while I use hypnosis on my child?", you know, so the subject, the patient would have this opportunity to view the hypnotic trance induction and ask questions to the family member and then the family member was excused from the office and dad would continue working with the patient. So he started to using me quite regularly at that time, to call me in, he would do a trance induction and he started as he frequently does with the hand levitation induction, I never liked that one, that was not a good fit for me, ok?

M As a subject, you mean?

E As a subject or as an operator, that's a not good fit for my personality, but that was one of his favorites. So he started by teaching the hand levitation and I was able to dissociate and stand, he always worked with me standing, I can stand in a dissociated state for hours, you know, for hours, yes I could do that, and with the intermittent direction from him "just be comfortable and find yourself in a peaceful comfortable place and you don't need to listen to what is going on in this office" and so dad would go on for a long time he would keep me in the office with the patients at times and then sometimes come back to me. But eventually...I don't know, I don't remember if I said anything to him or didn't say anything to him, but started using additional different techniques with me, and the one that he used with me most frequently was a confusion technique, which you know as I started getting confused the first thing that happen is I'd zone out, step back, go inside...just kind of reset my internal computer and, you know, so if I would walk into his office and he would give me confusing directives the first thing that was gonna happen is that I am going to a dissociated state my unconscious mind is going to assess the situation, you know "I am not in danger, nothing wrong is going on here, things are cool, this is okay" and then my unconscious mind would tune in "does he have any directives for me or should I just peacefully zone out in this trance state?" and then my unconscious mind would hear when he was speaking to me directly, so that, over the years, that was the one that he tended to use most frequently was the confusion.

M Is it your favorite technique for inductions?

E No, I never use the confusion technique...

M What is your favorite?

E I use...when I am working...you're talking about myself or you're talking...

M You working with patients...

E I use...metaphorical inductions when I...I work with two different almost distinct groups of patients now in my professional work: I do hospital work, I work with patients who have a serious pain problems...and that always have been of interest to me. When I work with

a patient who is having, struggling with pain management, I believe that they have already gone through the initial steps of readiness for the hypnotic experience and so just I launch right in some metaphorical information of transformation of the symptoms, they're ready and their unconscious mind is seeking that information and so that's...with that population that's direction that I tend to go...is to go straight to the metaphorical suggestions that reinforce the physiology that is going to assist this patient in finding some degree of comfort.

M Would you do any kind of formal induction or just the conversational?

E Conversational, indirect conversational is my most frequently used approach. Now, since I went back to school, and am getting my degree as a counselor I am seeing more of the psychotherapy type patients who come to the office and have the expectations that I am going to do hypnosis and take their problems away. So, now working with the group of patients that's different from those that I had become comfortable and habitual with and so what I am using now is a combination of teaching self-hypnotic techniques and using imagination to elicit some of these hypnotic responses. Which to me the hypnotic response is the unconscious search for resources that can be integrated with existent knowledge and then the unconscious mind would put it together so there would be movement in the direction of health. So I can intentionally mobilize movement in the direction you know of comfort now, using a more formal hypnotic trance than I have typically done. So now I do more hand levitation, I still don't like it...I use it occasionally, because patients really seem to like that visual reinforcement, that sense of ratification that "yes my hand is dissociated, I didn't lifted it, it just went there by itself, it is standing there all by itself" that's an important thing to a lot of people. So it's a valuable technique, but as I said it's not my favorite, my favorite is putting more of the awareness of being in charge onto the subject and letting them gradually learn more and more techniques. So I am much more cognitive that my dad was.

M There are some interesting stories about your dad and some of your brothers...I can remember one that your dad was talking to one of your brothers and from time to time he wanted to give him the car keys...Do you remember that story?

E I am not sure that I remember this...

M Well, what I want to ask you is that any interesting story that you remember that he was using some kind of unconscious communication with you?

E Well, I think...okay...I needed a little more preparation for this, but I think...let me just tell you one little story about...when dad...Dad was handicapped by polio and he walked with a cane and he always took an afternoon nap and when we were very small kids we had the job of...he would lie down for a nap and we would go in..and he usually had the comic books or cartoons in there and he would be lying down in the bed and laughing and my little sister Kristi and I would go in and read cartoons with him or whatever, but when he was getting ready to get up and go back you know to see patients, we would put his shoes on for him and he had special stretchy elastic shoelaces that were fun to play with and stuff like that, but I remember one time that we were very small kids, and so we were getting him ready and we were...she was putting one shoe on and I put the other shoe on and we struggled and struggled and struggled and struggled and struggled...and he was just lying there, you know, reading the

comic book and then finally...it took forever to get this shoes on and then finally he sits up and puts his feet down and he look at us and says "look at my feet" and we looked at his feet and say "oh my God, we put them on the wrong feet"...so he lies back down and we, you know, take them of switch and start over again...and it's like, when I think of that occasion...first off...he wore these men dress shoes that were polished and stiff leather you know, and he had tender feet, you know his feet were swollen and he had hammer toes, they weren't big clobhoppers the were well fitting shoes

(...)

So when I think about that occasion of, as a parent letting the children follow through with their actions and I think about how tender his feet were, because now I am a nurse I am a health care professional, I know that when people's feet are swollen, they're tender, and they're sensitive, and you don't want be forcing them into a shoes that are ill fitting much less if it is the wrong foot. And the way that he just sat back and, as a parent, let us make that discovery in our own time in our own way, that the power of that indirect teaching was totally profound to me, you know, something far beyond that I ever could've learned if he'd said "stop, you're not doing this right, you need some guidance here, you're hurting me", and we had to be hurting him, but we learned to...before we force...when things don't seem to be working out right, to take a step back, to overview the situation, to explore "what's going on here? Why it isn't working out the way we anticipated that it was going to work out", reassess and then move forward in a well thought way. That sort of indirect suggestion it was happening every day in our daily lives.

M Wow! So, thank you for the interview!

E Okay, thank you!

M It's been wonderful.

E Okay, well thank you.