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M. H. Erickson's Interventions in an Adlerian Context: Treatment of Eating Disorders

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Only recently has hypnosis become a subject of interest in Adlerian circles (Olson, 1984; Scroggs, 1985). Much of this interest is due to the impact of the work of Milton H. Erickson, M.D., on contemporary approaches to psychotherapy. Erickson's research in the field of hypnotherapy changed traditional views of the nature of hypnosis and broadened concepts of the uses of hypnosis in therapy. There are many similarities in basic tenets held by Adler and Erickson (Carich & Gunnison, 1990), and Erickson's writings indicated that he, like Adler, regarded individuals as phenomenological, social, and proactive human beings (Rossi, 1980).

To explore the usefulness of some Erickson strategies in an Adlerian context, the treatment of the psychological components of eating disorders has been chosen to illustrate these interventions. The influence of the family in the development and maintenance of eating disorders has been an interest in recent research (Casper & Zachery, 1984; Loader, 1985; Root, Fallon, & Friedrich, 1986). These studies approached the role of the family from different points of view, but their findings generally agreed that family functioning provided indicators in the development of maladaptive behavioral patterns in eating pathology.

"Obesity in adulthood may be related to remembered experiences people have during childhood" (p. 33).

In Adlerian theory, the individual moves throughout the lifespan toward a goal of perfection. This striving for superiority, which reflects interest in self and in others, encompasses the concept of social interest (Adler, 1979). The family constitutes the primary social milieu in which the child formulates a goal through an idiosyncratic view of the world based on the interaction with parents and, more importantly, with siblings.

The movement toward the goal is directed toward overcoming a felt position of inferiority. In the process of overcoming, the child seeks a place of significance and a sense of belonging in the family and may choose to move toward a goal on the useful or useless side of life. One example of the external expression of useless striving may be the surfacing of unconsciously motivated somatic symptoms (Griffith, 1984), which eating disorders exemplify.

Both Adler and Erickson believed that the unconscious constituted an available reservoir of knowledge about self that was normally not accessed by the individual. Adler (Ansbacher & Ansbacher, 1956) said, "man knows more than he understands" (p. 232), and Erickson was fond of saying, "we don’t know what we know that we know" (E. M. Erickson, personal communication, May 15, 1988). Both believed that unconscious ideation could influence the conscious mind and become a therapeutic force in bringing about change.

In his later writings, Adler (Ansbacher, 1982) said: "very early in my work I found man to be a unity. The foremost task of Individual Psychology is to prove this unity in each individual—in the thinking, feeling, acting, in the so-called conscious and unconscious, in every expression of his personality. This unity we call the ‘life-style’ of the individual" (p. 32). In describing his approach to therapy, Erickson (Erickson & Rossi, 1981) stated: "I like to regard my patients as having a conscious and an unconscious, or subconscious, mind. I expect the two of them to be together in the same person, and I expect both of them to be in the office with me. When I am talking to the person at the conscious level, I expect him to be listening to me at the unconscious level, as well as consciously" (p. 3).

Adler and Erickson shared some general views on the nature of the unconscious, but Erickson, born a generation after Adler in a different society, pioneered in exploring in depth the ways in which the unconscious functioned. Erickson's studies included healthy as well as maladaptive conditions and how the unconscious could be evoked in both hypnotic and nonhypnotic states.

Since the role of the unconscious figured prominently in Erickson's work, it is useful to examine briefly some of his views of this concept. Erickson believed that all hypnosis was self-hypnosis. In his view, the role
of the therapist was to help individuals go beyond their conscious limitations and to utilize their unconscious resources in resolving personal problems. Because Erickson believed that the unconscious was a repository of life experiences, he thought that strategies designed to produce therapeutic change could best be addressed through the unconscious (Rossi, 1980). In this context, Erickson was convinced that the unconscious acted as a positive and protective force within each individual.

In therapy, Erickson regarded much of nonverbal behavior as unconscious expressions and made extensive use of multi-metacommunicational forms (Haley, 1985). Erickson approached change in different ways. He accepted that change could occur as a result of an understanding of unconscious matter on the conscious level. He also posited that change could, and often did, occur on an unconscious level. In the latter sense, change resulted from the reorganization of the unconscious without conscious awareness on the part of the individual (Haley, 1985).

Both Adler and Erickson were extraordinarily keen observers of human behavior, gave great importance to nonverbal manifestations, and used whatever the client brought to the session as a basis for therapeutic interventions. Erickson developed the latter technique, known as the utilization approach (Erickson & Rossi, 1979), to a fine art in hypnotherapy, and it became a hallmark of his therapeutic work.

Erickson's interventions were designed to utilize the client's ongoing behaviors and to transform them into therapeutic forces that positively altered the person's habitual patterns and mindset. Each person was accepted as a unique individual requiring specific treatment; interventions were carefully planned to meet individual needs and to conform to personal values. Erickson then mobilized internal resources by accessing unconscious processes in a way that facilitated the resolution of problems by the client, at the client's own pace and in the client's own way.

The Ericksonian interventions presented below are summary accounts of actual cases and serve as models of strategies that could be used in Adlerian therapy to bring about client understanding and insight.

**Example One.** A woman of comfortable financial means, who had a two-year history of eating excessively and neglecting her family responsibilities, sought assistance from Erickson in losing weight (Rosen, 1982). Erickson suggested that she take her children on sightseeing trips to historical and geographic places of interest in nearby states and that her husband join them on weekends. He recommended that they stay in motels where she would not have access to the kitchen and would be too busy taking care of her children to indulge in overeating. A year later, she telephoned to report that she had reached her normal weight and had happily resumed her family responsibilities.
By removing her from the home environment, Erickson restructured key elements of the situation which had permitted overeating to continue. At the same time, he indirectly redefined and reinstated the woman’s role as a mother and homemaker.

**Example Two.** A doctor sent his wife, who was his receptionist and had a long history of unsuccessful dieting, to Erickson for hypnosis to lose weight (Erickson, 1985). She had failed to achieve weight loss on previous diets because she had consistently disregarded dietary instructions and overate. Erickson did not suggest a diet; he instructed her, while in a trance state, to overeat to sustain a weight of 260 pounds (ten pounds less than her actual weight). Each week, she was advised to overeat sufficiently to establish a progressively diminished weight goal.

Erickson utilized her behavior of overeating. He reframed this activity in a therapeutic direction by redefining the quantity of food needed to sustain a given weight as overeating. Erickson trusted her professional experience of expecting clients to comply with doctor’s orders to give her the courage necessary to carry through with this commitment.

**Example Three.** A woman whose weight fluctuated between 180 and 130 pounds asked Erickson to help her reduce using hypnosis (Rosen, 1982). She had dieted successfully many times, but each time she reached 130 pounds, she would increase her caloric intake and regain the lost weight. Erickson warned that she would dislike the treatment, and, after obtaining a promise that she would follow the instructions exactly, he prescribed a weight gain to 200 pounds (she then weighed 180) before she could begin to reduce. These instructions were given both in and out of hypnotic trance. While following Erickson’s directions, she pleaded with him to allow her to begin losing weight before she reached 200 pounds. Erickson insisted that the prescribed weight be met. When the 200-pound goal was reached, she successfully reduced to 130 pounds and maintained that weight.

By prescribing a poundage beyond the limit of the woman’s habitual maximum weight, Erickson reframed the process of weight gain into an unpleasant ordeal that simultaneously reversed the woman’s usual pattern of reduce-gain to gain-reduce. Erickson changed the woman’s mental set and shifted her resentment toward dieting, the first phase of the ordinary treatment, to resentment toward gaining, thereby stabilizing the weight loss.

**Example Four.** An obese young woman who was unable to remain on a diet asked Erickson for help in losing weight (Rosen, 1982). After one to three weeks on a diet, she would go off the diet and continue to eat ex-
cessively. Erickson gave her a medical prescription to follow the diet given by her physician and to remain on it for two or three weeks. On the last day of that period, she was to eat as much as she wanted, then return to the diet the next day and to repeat this cycle as long as it served its intended purpose. She later decided that she preferred to eat reasonable amounts of food daily rather than exaggerated quantities periodically.

Erickson prescribed the client's usual pattern of eating and altered it by introducing a day of gorging without guilt since it was based on medical orders. This intervention set the stage for client reeducation and self-regulation of appropriate dietary habits.

**Example Five.** An overweight woman asked Erickson to do something about her weight (Rosen, 1982). Erickson said her cooperation was required and asked her to climb Squaw Peak (a local mile-long mountain trail) at sunrise. To meet her need for a companion, he suggested she take her overweight son with her. Erickson had made the initial task rigorous based on resistance he had observed in her general demeanor. On the next visit, she announced that neither she nor her son wanted to lose weight and asked if Erickson minded if she stopped fooling herself. In this case, therapy had been directed toward the client achieving recognition of her own values and priorities.

**Example Six.** A young woman, who was 4'10" and weighed 250-260 pounds, sought hypnotherapy from Erickson for weight loss (Haley, 1973). She had been severely abused by her alcoholic parents and believed that she was so ugly that no one would associate with her. Erickson accepted her negative self-image and elected to treat her unkindly as the best way of achieving a therapeutic rapport. While commenting negatively on her appearance and abilities, he simultaneously interspersed positive, future-oriented possibilities for improvement. He then utilized her desire for hypnosis to prepare her for learnings and social interactions that would take place.

Central to the treatment was a series of strategically planned posthypnotic suggestions. The client was directed to participate in a number of therapeutic homework assignments that seeded ideas, evoked the client's unconscious resources, and bolstered her self-confidence. The assignments consisted of observations and extensive readings which educated her in the variety of forms in the human species, the wide range of acceptable appearance in human beings, and the formulation of a personal metaphor of beauty.

After six months, Erickson had her review these assignments in trance and asked her to consider if there were any reasons why she should be at her present weight and to be curious what she would look like if she
weighed 150 pounds and dressed appropriately. The program of reeduca-
tion and ego strengthening had been taken slowly a step at a time, allowing
the client to revise her self-image in her own way and in her own time. At
the end of the following year, she weighed 150 pounds and had made ad-
ditional positive changes in her life.

Example Seven. A 14-year-old girl, whose parents were both physi-
cians, had been unsuccessfully treated for anorexia nervosa and weighed
61 pounds when brought to Erickson (Zeig, 1985). She was the middle
child of five whose behavior bespoke self-effacement and low self-esteem.
To establish rapport in the first two sessions, Erickson accepted the
established pattern of the mother answering for the child. In the third ses-
sion, Erickson used the mother’s complaint of the child whimpering at
night to address the child’s immediate nutritional needs. Adopting the
child’s values, Erickson prescribed that she eat scrambled eggs as punish-
ment. He confronted the mother on speaking for the child to disrupt that
pattern and to have the child experience her mother in a new light. During
this phase of the treatment, Erickson continued to prescribe food as
punishment. Using informal hypnotic inductions, Erickson related
numerous anecdotes and metaphors with indirect references to food.
These trance experiences facilitated the alteration of her maladaptive
behaviors associated with eating.

Erickson then focused on the mother who was underweight and
redefined family responsibilities by assigning the child the role of ensuring
her mother’s compliance with orders on food consumption. The father
was also chided for being five pounds underweight. Erickson then reframed
the interactions among the siblings by obtaining a commitment from (1)
the girl to accept “gifts” (food) from her brothers and sisters and (2) the
siblings to recognize the girl’s right to receive such gifts.

In one month, the child had gained her chosen weight of 75 pounds
and returned home for follow-up treatment. After her departure, she con-
tinued to correspond with Mrs. Erickson. She has written of her career
goals, her educational achievements, and her travels. Fourteen years after
therapy with Erickson (May 1988), she sent pictures of herself with her
fiancé in which she appeared to be in glowing good health (E. M. Erickson,
personal communication, May 20, 1988).

Summary

The similarities of the views held by Adler and Erickson offer a poten-
tial foundation for the use of Ericksonian interventions in Adlerian therapy.
Erickson’s individualistic strategies in treatment of problems are consistent
with Adlerian concepts and provide other options for the Adlerian therapist to facilitate client understanding of, and insight into, fictive goals. In view of Adler’s belief that the unconscious was an integral part of each individual, the use of hypnotic techniques to evoke unconscious therapeutic processes can be a powerful tool in preparing the groundwork for alteration or reorientation of a life-style.

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References


