INTERVIEW

Herbert S. Lustig, M.D.

Interviewed by
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Background
Dr. Lustig graduated from Franklin and Marshall College in Lancaster, Pa., in 1964. He graduated from Albert Einstein College of Medicine in New York City in 1968. Upon completion of his Pediatric Internship, he took a Residency in Adult Psychiatry at the Johns Hopkins Hospital in Baltimore and additionally was trained at the Philadelphia Child Guidance Clinic under Salvador Minuchin, M.D.

Dr. Lustig co-authored Tea with Demons with Carol Allen (Wm. Morrow & Co., 1985) and produced the videotape and film of Dr. Erickson, THE ARTISTRY OF MILTON H. ERICKSON, M.D. He maintains a private practice in Philadelphia, and also is a Clinical Professor of Psychiatry at Temple University, School of Medicine. Dr. Lustig regularly is invited to conduct workshops and seminars in the United States and Europe.

Editors (Eds): What influenced your decision to enter psychiatry?

Dr. Lustig: Since boyhood I had planned to become a physician and a pediatrician. During my third year of medical school, I had a clerkship on the inpatient psychiatric unit and worked closely with patients there. As a result of that close contact, I came to realize that it is possible to affect the healing of a troubled mind by just using spoken words. Early in my senior year I spent...continued on page 2
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most of my time sitting in my rocking chair and reading, deciding whether psychiatry had any redeeming practical value or whether it was too theoretical for me. I finally decided that psychiatry could become my specialty if I could find training that was outcome-oriented. At medical school I had a mentor, Dr. Herbert Birch, who was doing brilliant research in the phenomenology of child development. He expressed support for my decision and also recommended that I study child psychiatry in Dr. Minuchin's program.

EEd: How did you become acquainted with the work of Dr. Erickson?

Dr. Lustig: While I was in training at the Philadelphia Child Guidance Clinic from 1971 to 1973, Dr. Erickson's work was regarded as a "model" of strategic psychotherapy by some of the psychiatrists who taught us, and by Jay Haley who was on staff there.

After I completed my Child Psychiatry Fellowship and opened my office, I enrolled in locally sponsored hypnosis courses. Part of the curriculum was unofficially designated "Milton Erickson Day." Dr. Kay Thompson, Jay Haley and Dr. Alexander Yarowsky each discussed Dr. Erickson. However, each lecturer's "Dr. Erickson" was very different from the others.

I realized the only way for me to truly know the work of Dr. Erickson was to meet and observe him. I obtained his telephone number from information operator, and was surprised when he personally answered the call. I explained that I had attended a hypnosis course, and three different people had presented three different perspectives of who he was, and I would like to come and study with him for a week or two. He asked about my credentials and said "All right" in his famous way. We agreed upon a couple of weeks in the fall of 1973.

EEd: The film THE ARTISTRY OF MILTON H. ERICKSON, M.D. that you produced in 1975 was an important landmark. It is the only professional film of Dr. Erickson at work. Can you tell us what inspired you to make this film?

Dr. Lustig: After completing my Fellowship there, I began supervising trainees at the Philadelphia Child Guidance Clinic. When I told a senior staff member about my upcoming trip to Phoenix, he suggested that I videotape Erickson when I visited him. I called Milton, and asked whether or not I could make such a recording. Again he answered, "All right."

At that time, I did not have a larger plan for the videotapes. Only later did I learn that for more than a decade Erickson had declined all requests to film or videotape him. The technical problems that arose in producing the videotape were frustratingly costly and took a great deal of time, effort and money to overcome. The set of videotapes that finally were produced actually were the project's third attempt at creating them. In order for the videotapes to be of the highest technical quality, the last recording sessions were held in the studios of a commercial television station in Phoenix. The results of that videotape later were transferred onto 16mm film, and the ARTISTRY was distributed to professional audiences in both formats.

EEd: The film highlights intricately constructed multilevel therapeutic messages. Since you have the deepest understanding of what transpired during the work, have you considered using the film as a base for advanced teaching?

Dr. Lustig: I decided not to produce a companion expository film simply because of the enormous amount of time that would be required to explain the complexity of Milton's work. I recently used ARTISTRY as a teaching tool at a two day seminar at the Milton H. Erickson Institute of Paris. I could have spent the whole time discussing just a few of its segments.

EEd: In addition to your professional relationship you enjoyed one of the closest bonds of friendship with Dr. Erickson that he had. How did this come about?

Dr. Lustig: As my efforts to create ARTISTRY expanded, Milton came to trust the sincerity of my intentions. The mutual respect and cooperation we developed led to our friendship. I became a loyal member of the extended Erickson family and was treated as a sibling by his children. I visited Milton every year for one or two weeks, to study with him, to learn from him, to do therapy together, and each to talk about topics that neither of us felt comfortable discussing with others.

EEd: Erickson was known for his ability to learn from those around him. Do you have any ideas what specifically he learned from you, as a unique individual?

Dr. Lustig: I don't know exactly what Milton learned from me. His agreeing to be videotaped by me certainly was

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very different from his previous response to others' similar requests. Maybe he heard and understood the honesty of my intention, which had no ulterior motive or consideration for personal aggrandizement. Initially, the videotaping was for my own learning, but later it was for other people’s learning, too. Whatever he first heard and later witnessed about my determination and commitment to the project, he certainly appreciated that I was trustworthy and respectful of his confidences. I came to Milton as a sincere student, but also as a skilled professional, with a background of superb training. I was willing to make a considerable investment in time and money in order to study with him, so I could improve as a person and as a clinician. He considered himself to be a “family doctor who happens to specialize in psychiatry,” and that has become my approach, also.

_Eds: What did you learn from Dr. Erickson?_

Dr. Lustig: Milton taught me to be more open minded about people, other points of view and other orientations to life. He taught me to develop myself as a person and as a therapist by exploring and examining the mental mechanisms that operated within me and the mechanisms that influenced psychotherapy. He taught me to respect the learning process, especially about therapy and not to constrain my efforts by attempting to label and structure the material into artificially organized and therefore, inaccurate and incomplete models. Milton also taught me to appreciate the subtle and powerful effects produced by alteration in a person’s state of consciousness, and how to use deliberate alteration of consciousness in pursuit of a clinical goal.

_Eds: Your professional relationship with Dr. Erickson spanned the time period when he moved from a more directive framework to a more indirec-tive approach. Can you comment on this?_

Dr. Lustig: Fortunately, I was able to learn from Milton when he was still much more directive in his therapeutic approaches, because my personal communication style is more direct with people than indirect. It is difficult to learn how to be politely and appropriately direct, and it requires a greater amount of deliberate practice. Being indirect is both easier and safer. I believe that Milton changed his approach when large numbers of people started visiting him in Phoenix, and he no longer had the time to supervise their training in his usual manner. If one uses an indirect approach incorrectly, the intervention will only be ineffective; but if one uses a direct therapeutic approach incorrectly, it has the potential for inflicting considerable harm to the patient. Therefore, direct therapeutic interventions require a greater level of clinical proficiency and clinical knowledge.

_Eds: What advice do you have for students of Erickson’s work regarding techniques for learning more about him and his work?_

Dr. Lustig: If students want to learn about Milton’s work they must go to the primary sources. Therefore, they must first immerse themselves in writings that were done by Erickson himself, especially in his earlier years. Only after a student is familiar with this material should other authors’ writings be sought. The student must recognize, however, that other writings represent the authors’ perceptions of Erickson’s work, but not Erickson’s actual work.

If the student has the opportunity to listen to or watch recordings that were made of Erickson’s teaching or therapy, I recommend studying them without attempting to understand them in the usual way. They should be accepted with no frame of reference other than that the information within them is important and that it will be organized and understood by the student at a later moment in time.

_Eds: What do you consider the strengths and weaknesses of the Ericksonian approach to be?_

Dr. Lustig: The strengths of the Ericksonian approach include an emphasis on therapeutic creativity, the use of all of the patient’s available internal and external resources and a respect for all aspects of a person’s functioning which implies that nothing about the person is labeled bad. The Ericksonian approach is a learnable alternative or addition to other therapies. It is problem-focused, solution-oriented, and strategically guided.

The weakness of the Ericksonian approach, as it seems to be presently taught, is that it lacks an emphasis on the ongoing assessment of a patient’s functional capabilities before and during the therapy. It also lacks an appreciation for direct approaches to therapy which are quite different from the indirect approaches that are so popular now. The present concept of an Ericksonian approach does not sufficiently recognize the various states of consciousness that exist within a person and that affect the totality of a person’s functioning, both during and after a therapy session. Also, little mention is made of Erickson’s pride in being a physician

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and of his exquisite understanding about the natural processes that occur in physical and mental disease.

_Eds_: Unlike many others who have studied with Dr. Erickson, you have maintained a primary focus as a clinician. Due to this focus, is your work different from others who divide their time between teaching, writing, and clinical work?

Dr. Lustig: Because I have focused my career primarily on clinical practice, my professional experiences have provided the stimulus that has induced me to develop my own theories, orientations and therapeutic methods. I have learned a great deal about how the mind functions in health and illness, and how people differ at the rate at which they create change within themselves. I have learned that the healing process within any person is controlled by that person’s innate abilities, and I have learned how to access those abilities to assist the person to create change for themselves. My primary professional identity is as a healer for the community within which I reside. My teaching, writing and supervision are derived from that.

_Eds_: Do you consider yourself to be Ericksonian?

Dr. Lustig: Absolutely NOT! I’m Lustigian.

I currently am working on a book about my therapy which addresses the ideas and methods I have refined over the last 20 years. My style has evolved into a process that couples a continuous therapeutic altering of the patient’s state of consciousness, with a strategic and problem-oriented focus. My belief is that symptoms occur when a person is in a particular state of consciousness that allows symptoms to be present. The purpose of therapy is to discover what that particular state of consciousness is, and how to find a way to guide the patient into entering and maintaining a different state of consciousness so that comfortable and competent functioning can occur and continue. All of this is done in the course of a seemingly ordinary therapeutic conversation.

_Eds_: In your demonstrations, you have used techniques which have been referred to as “theatrical.” Will you please discuss this in the context of serious clinical teaching?

Dr. Lustig: Most of my demonstrations produce immediate therapeutic results that occur while the audience is watching. Some people might call this “theatrical,” but I prefer to call it “effective.”

In 1988, at The Fourth International Congress in San Francisco, I presented an invited address while having a juggler perform. The purpose for this was straightforward. Since I am a clinician, I prefer to teach by devising methods that assist my students to experience the various states of consciousness that I talk about. At the Congress, I attempted to create an environment that could allow the lecture to occur while the audience experienced an intense state of focused attention. The best method for inducing a trance is to provide a source of information that a person wants very much to concentrate upon, and then simultaneously to distract the person’s attention by providing an analog of that information in a non-competitive sensory modality. While I was speaking, a woman silently juggled various objects at the side of the stage. She speeded up and slowed down with the rhythm of my

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voice. When she dropped one of her objects, I immediately used the word "drop" and accompanied it by lowering my voice tone. The juggler provoked audience members into sharply focusing their visual attention, either toward her or away from her. The dissociation that was produced by my talking and her juggling induced an intense state of awareness in the audience. From what I could observe, there was not one person in that room who was not in a profound trance. The presentation went beyond the content of a lecture. It was an exercise in concurrent experiential and cognitive learning.

_Eds:_ Thank you for the opportunity to learn more about Dr. Erickson, and about your own interesting work.

_Dr. Lustig:_ Thank you for providing this larger forum.