

BOOK REVIEW

The Beginner's Mind

The Complete Works of Milton H. Erickson

Edited by Ernest Rossi, PhD, Kathryn Rossi, PhD, and Roxanna Erickson-Klein, PhD

Volume 3 – Opening the Mind

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I just “spent a week” with Milton Erickson. He opened up his patient records. And through the lens of his many fascinating cases, Erickson carefully discussed the most important things about being a therapist. What was it like for Ernest Rossi, Jeff Zeig, and the fortunate others who were able to spend time with Erickson in person? It must have been extraordinary.

Volume 3 opens and closes with a section of a transcript from a conversation/session between Erickson, Rossi, and Erickson’s physician and friend, Dr. Marion Moore. Rossi had requested that therapeutic hypnosis be used to open his mind to learn everything he needed to know about becoming a good practitioner of therapeutic hypnosis. The four men talk about dolls with purple hair, sunbathing, ironwood sculptures, pretty girls, and Barney, a dog owned by one of Erickson’s patients. In a feat of Ericksonian magic we end up in “... the real essence of this session: Opening the Heart. (p.xxv)

Each of the four parts of this volume is prefaced with dialogue between Erickson and Rossi. These exchanges set the stage, but they also made me feel as if I were truly a part of the conversation. Part 1 reminds us that utilization is where “... every individual’s abilities and inner resources must be accessed in order to determine how they may be evoked and utilized for therapeutic purposes.” (p.1) This is what we need to do, but we are also delightfully reminded of what not to do – “Too many therapists take you out to dinner and then tell you what to order.” (p.2) The next 280 pages are filled with case studies that delve deeply into the foundations of therapeutic practice.

Most of the cases are from the 1950s and ‘60s, but they might as well be from last week. The editors have utilized a wide array of therapeutic contexts -- everything from examination panic to ejaculation praecox. Each treatment seems so different. How can a single therapist have so many therapeutic tricks up his sleeve? The answer is quite simple: Be responsive. Therapy needs to “... always be in relationship to the client’s capacity to receive and understand.” (p.31)

Treatment modalities are not the center of therapy; it is the client. “Hypnosis was used solely as a modality by means of which to secure their cooperation in accepting the therapy they wanted.” (p.68) It is also the resonance between client and therapist where it is vital to be doing what seems to be most important to the client.

Part 2 illustrates Erickson’s indirect approaches to symptom resolution. In Chapter 13, Erickson and Harold Rosen expand on the function of a patient’s symptoms, which are more than what appears on the surface. Ernest Rossi later describes: “the symptom path to enlightenment,” which I colloquialize as, “the problem is a message.” Erickson shows how therapeutic hypnosis can make it possible for the patient to express or even act out the problem/symptom. This section takes readers into the challenging cases of those suffering from difficult psychosomatic and sexual issues.

Erickson and Rossi show that a neurological issue can be expressed in, and through, the body -- what goes on above the neck is connected to below, and vice versa. The answer is to see the patient as a whole; a dynamically interactive expression of whatever the condition might be. There is no mind/body duality, even

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though such thinking still exists in some quarters.

The work of Rossi and others in psychosocial genomics makes it clear that activity-dependent gene expression, which is stimulated during therapy, is a systemic and dynamic function impacting the entire organism. What, how, and where therapy is applied can have a much wider scope than simply reproducing a modality. Therapy is guided by the information embedded in the symptomology, and through the capacity of the therapist to both know and intuit what might lead to beneficial change. What is the message the symptoms are trying to represent? What is the path they seek to illuminate? What is the therapeutic response that will help the client? These are the fundamental elements in the dynamic interplay of therapeutic practice, and it is what we are encouraged to appreciate in these extraordinary case studies from Erickson’s files.

Part 3 has a special focus on sexuality issues. The 1950s was an era when sex was still an extremely sensitive topic. These cases teach much about therapeutic practice, but they also offer a historic and cultural snapshot.

Part 4 takes readers in a slightly different direction: self-exploration. I assumed that this part would be about the therapist only, but it is also about the patient. It opens with a Rossi-Erickson dialogue about how watching, but not experiencing, has effects. Taking an objective position allows patients to be freed from their “... biases of distaste.” (p.209) This sounds similar to our modern discourse of externalizing the problem and of separating the issue/behavior/affect from the person. Therapeutic hypnosis enables and allows the patient “... to achieve a detached, dissociated, objective, and yet subjective view...” (p.211)

The therapist must also carefully observe people in everyday life -- something for which Erickson is renowned. This observation and subsequent awareness “... is the best approach to becoming a better psychotherapist.” (p.276)

The volume finally returns to the session between Erickson, Moore, and Rossi as they discuss the myriad of cues and clues that emerge during the therapeutic experience. Everything from minor facial expressions, to metaphors, to a casual comment can provide a rich resource. To be a good therapist takes an open heart, an open mind, subjective and objective awareness, and a keen sense of noticing and being able to see the illumination of the path to enlightenment, for both patient and therapist. The final words of the volume capture it, in all its simplicity:

Rossi: So we have to find out how to read faces. We have to find out how to read inflection of words, minimal cues that the patient gives about their underlying problem. That’s what this is all about.

Erickson: Yes.

Rossi: That’s a lot of work! You don’t just sit there and talk and empathize.

Erickson: Yes!