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"A TALE OF TWO SISTERS:

An Interview with Two Daughters of Milton H. Erickson M.D."

This interview was conducted by Peter Thorneycroft with Betty Alice Erickson and Roxanna Erickson Klein by electronic mail. The Erickson sisters chose to give answers which they composed jointly.

Background: The late Milton H. Erickson MD (1901-1980) is considered to be one of the most significant contributors to the development and use of professional hypnosis. Dr. Erickson, a psychiatrist, is also recognized for his influential and innovative work in the areas of brief and strategic therapy. Erickson was founding president American Society of Clinical Hypnosis in the late 50's. This large professional organization has component chapters worldwide. Another organization, The Milton H. Erickson Foundation in Phoenix, Arizona has over 65 affiliated Institutes internationally, at this time. The "Ericksonian " movement is one of the most rapidly growing influences field of counselling and therapy today.

Two of Erickson's daughters were able to participate in this interview. Betty Alice Erickson, MS, has a Masters degree in Counseling. She is in private practice and teaches in the United States and abroad. Her area of expertise is the "Ericksonian" approach to hypnosis and therapy. Roxanna Erickson Klein RN, MS, MA has masters degrees in both Nursing and in Urban Affairs. She is currently working on a doctorate degree in Urban and Public Affairs. Both have published articles on the topic of hypnosis, and they are currently serving as editors for the Newsletter of the Milton H. Erickson Foundation. They live in Dallas, Texas.

Thorneycroft (PT): Could you tell us a little about the ways you learned about your father's work?

Betty Alice Erickson & Roxanna Erickson Klein (BAE & REK): Dad broke a lot of the traditions of separation of personal and professional life. When he was psychiatric director of

Wayne County General Hospital (in Detroit, Michigan) and later of Arizona State Hospital, both in-patient mental institutions, the family lived right on the grounds. Later when he went into private practice, his office was in our home. The patients would wait in the living room, and we got to know many of them. In fact, we still maintain friendships with some of those individuals. As children, we were given basic and firm guidelines about respect for privacy, and Dad considered the interaction to be healthy for both us and for the patients. All our siblings agree the relationships with patients was a nice part of our lives.

Dad also expected all of us to have at least accurate conversational knowledge about hypnosis, so received a basic education in hypnosis from a very early age. We all had opportunity to learn skills in self hypnosis and were given the choice of practicing with him as often as we wanted. The two of us frequently worked with Dad as demonstration subjects. We wrote an article (in The Ericksonian Monographs # 8, 1991) that describes that particular aspect of our learning.

PT: Have any of his children followed in his footsteps?

BAE & REK: We can't credit any of us with having his genius. There are eight children. It seems that the girls have gone into health related services while the boys have gone into other areas. Kristina, the youngest sister, is an emergency department physician. The three of us have actively participated in the Foundation work. Another sister has not kept in touch with the family, but works in the field of social work. The rest of our siblings interact regularly and share perceptions about our father's work, and about the tremendous interest that has continued to grow in his approaches. Actually, Kristi and one brother, Allan, also participated in the preparation of these answers to your questions.

PT: What do you think of the models that have been based on his work?

BAE & REK: It's really rewarding to see that a lot of what he contributed to as therapeutic approaches such as brief therapy, strategic therapy and solution focused therapy models have

continued to grow and evolve. There is, however, an ongoing interest in Dad's original work. His genius went beyond those models that have taken on their own lives. There remains much to be known about his techniques and the creative resourcefulness that he was able to access and employ.

The models that are available attempt to more fully understand some of the elusive aspects of his approaches. As a general rule, the models are useful from several perspectives: First, they provide another view for therapy of a complex constellation of ideas. They can also provide tools for work. If a person has a lot of tool in their toolchest, and can use those tools effectively, it becomes likely that they can go beyond the tool itself and conceptualize more clearly the process and goals. Most importantly they provide a view for therapy that adapts to the changing context of society.

There are many excellent therapists who refer to their approaches as "Ericksonian". It is our feeling that some of the models that have been developed are more "true" to Dad's spirit than others. Lankton and Gilligan are two good examples of differing perspectives, built upon view that are basically congruent with Erickson's fundamental principles. Zeig, an outstanding teacher, has developed yet another approach that has been extremely useful for many students. Rossi's model is vastly different but also true to Erickson's philosophy and views. There are other excellent examples of Ericksonian models by dedicated therapists.

We feel that to really employ the Ericksonian approach, it is essential to go beyond a model and immerse one's self in the primary literature. It is extremely important to have scientifically well grounded schooling in therapy before beginning to study techniques. Instead of focusing on an Ericksonian model, one should focus on the what Erickson wrote.

PT What do you consider to be the central elements of the Ericksonian approach

BAE and REK: Our Dad, Milton Erickson, pioneered the notion of a benevolent unconscious. He taught that information is stored in the unconscious mind, and that hypnosis can be utilized as

a tool to access and act upon information that is stored deep in the unconscious. He viewed "recollection and insight" as a possibility, but certainly not a prerequisite towards problem resolution. Erickson's teaching was all very "present" and future" oriented, and he had a contagious faith that any adversity or weakness could be overcome. He was a very creative thinker, and came up with all sorts of unique and innovative ways, actually shunning the ideas of models or a comprehensive theory of therapy. There is an ethical foundation of his work of respect for the individual, respect for privacy, and a respect for needs that people have that may not be understood by themselves or others. There is also an appreciation for the uniqueness of each individual, complemented by faith that each individual has sufficient resources to overcome any adversity that may befall them and by joy for the process of discovery.

***PT** What do you consider to be the weaknesses of the Ericksonian approach*

BAE & REK: As Yapko mentioned in the last interview, there can "too much" reliance on "the unconscious" without the therapist accepting the responsibility of positively directing the therapeutic process. An over reliance on models can certainly be a weakness.

One problem that seems to have grown over time is an increasing emphasis on models and secondary sources. When one looks at a book or model that is so called "Ericksonian" approach but discovers in the list of references that no primary sources have been used, it is limited. How could you hope to gain the flavor of an Erickson's ideas without reading Erickson's own work?

The "Ericksonian" approach may have a tendency to attract practitioners who lack appreciation for the scientific underpinnings to which Erickson himself was fully committed. There has, on occasion, been emphasis on "gimmicks", where the effort would be better invested going over fundamentals of the scientific process, and the individual nature of health and illness.

Another problem is the superficiality of the teachings of a few of the individuals who have come to be closely identified with the Ericksonian movement. Erickson himself taught that

education is a day to day ongoing process. Any model or approach that presents itself as "complete" would therefore be contradictory to Erickson's own philosophy. All models need to adapt to changes in the social, cultural and environmental contexts.

PT: What would you recommend for students who wish to learn more about Erickson's work?

BAE and REK: First and foremost, read primary source materials. For those individuals who would like more information about this, we have prepared a reading list of both primary and secondary source material that represents Erickson's works.

Dad was an explorer, and it is important to understand his work as he presented it to readers. It is also important to understand the current developments that have taken place in the field. Dad's dedication to the advancement of hypnosis, both from a therapeutic approach and from a scientific approach is an integral part of his work. It is important to be abreast of the work that is currently being done in the area of hypnosis, and to join groups that encourage intellectual interchange of information.

It is very important for each person to discover his or her own path and to understand oneself well enough to develop a repertoire of tools based on a broad understanding of the underlying balance of health and illness. A professional must accept the responsibility of respecting each subject's individuality and in guiding each person towards a path appropriate for personal needs, circumstances and limitations. All health practitioners must learn that it is equally important to know what "not" to do, as it is to know what to do. Erickson was never hesitant to refer his patients to professional colleagues if it would benefit the patient.

Further, and very importantly, Erickson emphasized the utilization of community, social, personal and environmental resources. Therapeutic goals included integration into society in a functional and productive way. Erickson recognized that a few patients require lifelong therapy, but most can achieve successful outcome with a short or intermittent term of therapy

PT: Many people speak about the need for therapists to have their own therapy or ongoing personal development. I see this as a need to "get rid of" or diminish as much as possible the therapist's own personal "baggage" and concerns, so the therapist is better able to effectively listen to the concerns of the client without being triggered by the stories they have about their own personal concerns. Would you have any comments about this in relation to your father and his work?

BAE: The question of therapists having therapy themselves is actually built on the wisdom and common sense of many generations. Diogenes said "...know oneself." The Bible tells us, "Why do you observe a splinter in your brother's eye and never notice the plank in your own?" (Matthew 7:4)

Obviously, if a therapist has unresolved issues or problems in a particular area, there are likely to be real difficulties and limitations in working with patients. Therapy helps a patient achieve legitimate personal goals in the most wholesome way possible. Erickson himself repeatedly said that the patient's overall welfare was paramount. Anything which detracts from these concepts does not belong in therapy. If a therapist is unable to focus completely on the patient's needs, therapy is not being done appropriately.

More important than the question of therapy for the therapist are the ideas of knowing one's abilities and one's limitations. A therapist must recognize and know personal and professional limitations. If a therapist works within these parameters, the question of therapy for therapists is no longer relevant.

Knowledge of one's limitations may be gathered in many ways. Then, one either wishes or does not wish to expand these limitations. That may or may not include therapy. With this perspective, the underlying wisdom "Physician, heal thyself" is maintained.

PT: Would you be willing share some story or metaphor about your father that hasn't been

published before. We all want to know more about him.

REK: As Betty Alice and I discussed what would be appropriate to share, Allan reminded us of one of his favorite recollections, so we have his story included too.

My memories have gained a new meanings for me now that I have children of my own. Our Dad believed very strongly in the value of everyone having tasks around our home. Because of Dad's physical disabilities, it was difficult for him to get his shoes on and tie them. When I was about 5, one of my chores was to work cooperatively with my younger sister, Kristi, and put Dad's shoes on him. Kristi (who is 18 months younger than I) and I would each put on one shoe, and then I would tie both, showing off my advanced skills. One morning, we struggled and struggled while Dad calmly watched. Only when I had proudly tied the final bow did he quietly say "Now, check your work." Looking at the his feet it was easy to see that we had struggled to put the right shoe on his left foot and the left shoe on his right foot! "Why didn't you tell us?" we exclaimed, unable to comprehend his neglect to guide us in our efforts. His only answer was a quiet little chuckle and his sly little smile. The feet may have been his, but the job was ours.

BAE: Daddy had an uncanny knack for giving information in a way that was meaningful and memorable. It's as though he was able to find "teachable moments" and seize that opportunity.

When I was in college, in Michigan, Daddy presented a workshop close to my school and I was able to spend the weekend with him. Saturday night, he had been invited to a cocktail party and I wanted to go. He didn't. He said he was tired and not at all interested in attending a party that would be just like a lot of other cocktail parties. I really wanted to go, however, so he finally agreed to take me.

After the party, which really wasn't much fun, I told him I was sorry for making him go. He looked at me in surprise. I explained that he'd been right. The party hadn't been very entertaining and I hadn't had a very good time.

Daddy was puzzled. He'd had a good time, he said. Now I was surprised. The party

really had been pretty boring. How could he have had a good time?

"I *always* have a good time," he said. "If I go someplace or do something, I'm there and I'm doing it. So I might as well have a good time. So I always do."

That bit of life philosophy has become a part of me. Sometimes when I am in a situation which might not be particularly enjoyable, I remember Daddy looking at me with such surprise. And then I know--if I am there or if I am doing something, I might as well have a good time.

Allan Erickson: I would like to add a point that is illustrated in both BA's and Roxie's stories. Dad used his knowledge to direct people so *they* could learn. Also, and maybe most importantly, he always would expect the patient to perform the change; ie the patient had to do the "work" to heal their own ills. He was merely there to show direction. Another aspect of this is that Dad never had the feeling that he had an exclusive *lock* on any bit of knowledge. I'm not sure of whether this "story" has been published or not, but once, late in life he was asked how long it took him to learn hypnosis. His answer was something along the lines of "I think I'm just beginning to get the hang of it now."

PT: What about each of you, what are your future plans?

BAE: I came into the mental health profession after a long career as a teacher. This educational foundation has been invaluable to my current focus of teaching the therapeutic and hypnotic techniques I learned from my father. While I am committed to continuing my private practice, I find that teaching trips are an exciting part of my life. During the last two months I taught in Paris and in Russia, and found both experiences to be extremely professionally gratifying.

REK: It will be a few more years before I finish my doctorate degree. I entered the study of Public Administration with the thought that it has an inseparable future with medicine. My strengths include the areas of hypnosis and a commitment to public health care. I know a lot of people share the dream that they can make a difference with their work and do something that helps others. I do think that, with commitment, actualization is possible for each of us who share

the vision.

PT: Thanks so much for the interview.

BAE & REK: Thank you, for giving us the opportunity to share our views on Dad and his work.