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Myths About Erickson and Ericksonian Hypnosis

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Since the death of Milton Erickson, many myths have been perpetuated about his style of therapy. These myths include the belief that hypnotic suggestions should always be permissive and direct, that metaphor was the primary Erickson technique, that the therapist should simply trust the spontaneity of his/her unconscious, that therapy must be conducted differently with every patient, and that magical hypnotic formulas may be followed for instant success. In evaluating these myths, reference is made to the writings of Erickson and the consultative opinions of the four individuals who studied most intensively with Erickson over a period of many years: Jay Haley, Kay Thompson, Robert Pearson, and Ernest Rossi. The author calls for an end to cultism, encourages the expression of personal preferences rather than making authoritative interpretations about the correct "Ericksonian Therapy," and calls for an eclectic hypnotic approach characterized by openness to learning from all sources.

In recent years, there has been a resurgence of interest in hypnosis, perhaps due in large part to the popularity of Milton Erickson's work. Erickson must be credited with some of the greatest and most creative contributions to the field of hypnosis over the past half century. Along with the revival of hypnosis, however, a growing factionalism has also evolved. Increasingly, there seems to be an Ericksonian cult polarizing the field. Dichotomies are drawn between direct and indirect, traditional versus Ericksonian approaches. In response to overzealous proselytizing of an Ericksonian approach as the "one true light," a backlash seems to be developing.

Erickson influenced the author's hypnotic work more than any other individual. Consequently, it is unfortunate that the intolerance of some disciples may actually be discouraging people from studying Erickson's contributions. Particularly since Erickson's death in 1980, workshops, books and self-anointed experts on Ericksonian hypnotherapy are abounding. Accompanying the evolution of the cult, there are several unfortunate myths being perpetuated about Erickson's approach. This article evolved from the author's efforts to study and understand Erickson's style. As part of that process, the author contacted the individuals most intimately acquainted over a period of many years

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with Erickson and his actual therapeutic work: Jay Haley, Kay Thompson, Robert Pearson and Ernest Rossi.

The Evolution of Mythology

Milton Erickson was a brilliant therapist who dared to be innovative and different. His powers of observation and his reputation for creatively bypassing resistance through utilization and indirection became legendary. Folk tales spread about his therapeutic feats, and many of the unique and interesting cases of his career were published (Haley, 1973). By his retirement, he was so famous that numerous students flocked to Phoenix to study his methods. Consequently, despite seriously failing health, in the last years of his life he gave teaching seminars in his home. Like many older men, Erickson enjoyed reminiscing with stories about his unique experiences.

At one such teaching seminar, eager students assembled and listened with great anticipation. Although hampered by numerous ailments and partial paralysis, he interspersed hypnotic inductions with his "teaching tales." At one point, Erickson told a story about a former patient. Already entranced by his legendary reputation, some students went into trance, others who were unable to hear well dozed off (and later called it trance), and still others endeavored consciously to analyze the story for multiple, hidden messages. At the conclusion of the story, one brave student questioned him. "Were you directing the story to someone in the group for whom you sensed it was relevant?" "No," he replied. "Were there several of us that you felt needed to examine something illustrated in the story?" "No." "Were you hoping to fixate our attention as an indirect hypnotic induction?" "No." "Well, was it a metaphor meant to convey something at unconscious levels?" "No." "Well, then, why did you tell the story" queried the baffled student. Erickson smiled. "I just thought it was an interesting story about good therapy!"

There were many times when Erickson meant to communicate on multiple levels. However, because of his reputation for the use of subtle, indirect techniques, students came to his teaching seminars expecting this mode of operation. They recorded the seminars, afterwards analyzing and reading in a great deal. Unfortunately, what students witnessed was a retired, seriously ill, old man. Today many regard it as a badge of honor to say that one "studied" with Erickson. Even hypnosis centers aligned with people who strongly clashed with Erickson are now being named after him, thereby capitalizing on his reputation. In the vast majority of cases, having "studied" or been "trained" by Milton Erickson merely means that the person listened to him for several afternoons as part of a larger group. This does not, however, keep many of these people from authoring books and sponsoring training and supervision on "Ericksonian Hypnotherapy."

Thompson, an associate and friend of Erickson for over 27 years, feels particularly strongly about this. "I firmly believe that the people who are most profiting from his death are those who never would have done so from his life. Many people feel free to interpret him now that they can do so without fear of refutation. It appears to be mostly those individuals who only had exposure to Erickson in the later years of his life who feel the need to explain him and his theories, and to make a living from the explanations. Those individuals who 'knew him when' he was vibrant and powerful would not presume to do that" (Thompson, Note 1).

Even individuals who diligently spent longer periods of time with Erickson, typically observed him the last several years of

life when he was in seriously deteriorating health and essentially no longer seeing patients. This seems to be a major source of mythology about Erickson. Unfortunately, many individuals generalized what they observed Erickson do at the end of his life in teaching seminars as representative of his approach to doing actual psychotherapy. Some even seem to think there is some mystical magic in imitating the voice and posture of an aged Erickson. It seems questionable if Erickson wanted to be imitated, especially with the severely restricted abilities at the end of his life.

The Tyranny of Indirection

One myth about Erickson is that he was always permissive and indirect. Literature has often emphasized his indirect techniques, because they were some of his most innovative and impressive contributions. But a unique feature of Erickson was his ability to adapt flexibly to the individual. Erickson was certainly indirect and often communicated on multiple levels, especially with "resistant" patients; however, those acquainted with his actual therapy style with patients attest that he was frequently just as direct and authoritative as he was indirect. Haley (1973) explained that, "Erickson used an intricate combination of authoritarianism with the patient at some points, while allowing him almost total autonomy at others" (p. 135). Rossi (Note 3) told the author, "He was direct. He could be everything, *when it was appropriate*. This was his genius, of knowing when to use what. And like all geniuses, when they add something new we all jump on what they added and think that is the essence of their genius, like with indirect suggestion. Extreme flexibility is the keynote of Erickson."

Thompson (Note 1) believes many of us emphasize indirect technique because direct methods seem too simple and because we lack confidence in ourselves. Thompson also witnessed Erickson, even in his later years, being very direct. "Many of the patients who came to Erickson did not have a need for indirection. They were ready and able to utilize trance and to accept the strength in the help they knew was appropriate. Sometimes people need the excuse of being ordered to do what they wanted to do, and Erickson complied with that need in a totally intimidating and authoritarian fashion. I would venture to say that his indirect therapy was successful principally because of his extensive work with direct therapy."

After giving a lecture on the value of permissive and indirect Ericksonian techniques, the author often enjoys presenting some of the following suggestions. It is the rare student who believes that they were made by Erickson. In treating an impotent patient, Erickson told him:

> I shall tell you things you are to do, and do them you will, doing them just as certainly as you are hearing me and being bound to do them as much as you are bound to hear them, and hear them you will, and do them you will . . . And as you wait, tumescence will develop fully, and you will know, know thoroughly and well that you can do nothing at all about it, that you will not even try to even hope to do anything about it. All you can do is lie there with full tumescence, waiting to fall asleep at the stroke of midnight . . . Then, when sound asleep, and only then, can detumescence occur. (Erickson, 1980, Vol. 4, pp. 376–377).

When discussing the use of a confusion technique with age regression, Erickson explained: "These suggestions are not given initially in the form of commands or instructions but as thought-provoking comments. Then, as the subjects begin to respond, a slow, progressive shift is made to direct suggestions. . . . Next suggestions are offered emphatically, with increasing intensity . . ." (1980, Vol. 1, p. 160). What

could be more direct and authoritarian than telling a patient, "Go into a completely deep hypnotic trance. You will think nothing, see nothing, hear nothing except my voice" (Haley, 1973, p. 116). On another occasion, Erickson informed a patient in trance of "the absolute need for her absolute obedience — instant, complete, and without question — upon the slightest request, whether she was awake or in the trance state, and that this obedience would be expected even when she personally objected to instruction" (1980, Vol. 4, p. 127). Similar but lengthier suggestions may be found in Erickson (1980, Vol. 4, pp. 358–360).

There are several instances recorded where Erickson elaborated his technique by saying something parallel to the statement, "Then with compelling, progressive, rapid, emphatic, insistent intensity she was told" . . . (1980, Vol. 2, p. 281). He directly commanded another patient: "Be receptive of everything I say. . . . What I am going to say to you is not something you will expect. It will be helpful, drastically so. I will outline a course of behavior for you, and this you are to execute without fail. Do you give me your absolute promise?" (1980, Vol. 4, p. 485).

Some proponents of strictly permissive and indirect technique claim that such quotations only represent a younger, immature Erickson prior to his evolution into a fully indirect style. This position in contradicted, however, by the individuals who most intensively associated with him for many years (Thompson, Note 1). Haley (Note 4) stated: "Erickson never suggested that direct therapy was somehow an earlier development, or more limited, than indirect therapy. Again and again he said a therapist should be able to be both direct and indirect depending upon the needs of the situation. A unique approach should be adapted to the unique patient. He would have thought it silly to tell a story or use an indirect approach with a patient who would respond best to a straightforward directive. Erickson, as he became physically weaker, turned more to indirection in his approach because, I think, he did not have the physical power to use many of his direct procedures" (p. 1–2). But, Haley then emphasized, "it is hardly wise to take what an extremely limited Erickson did in his old age to be what should be done by therapists in good shape" (p. 2).

Pearson (Note 5) told the author: "I object strenuously, from my experience with him for over 25 years, to the idea that he went from direct suggestions in his early career to being almost 100% indirect at the end. He did not become exclusively indirect towards the end of his life. I saw him do therapy several times later in his life when a great deal of direct suggestion was applied. He was not indirect just to be indirect. If what the patient needed was indirection, that was what they probably got; if they needed direct suggestions, he would use that."

It is thus seen that Erickson was often just as direct as he was indirect. This was part of the uniqueness of Erickson: tremendous breadth and flexibility. In contrast, some modern "Ericksonians" both implicitly and explicitly create a tyranny wherein one must virtually always be permissive and indirect. It seems doubtful that Erickson would wish to be understood as having such a rigid and narrow style.

Therapy Through Metaphors

Another myth is that metaphors were Erickson's primary therapeutic tool. According to this belief, the more esoteric, highly indirect and incomprehensible the metaphor, the better, and multiply-embedded metaphors are unsurpassed. And, of course, it is taboo to answer a pa-

tient's question about the meaning of a metaphoric story. In this system, they emphasize the use of confusion and never draw a connection between a patient's problem and a metaphor: that should be left to the unconscious. In contrast, Pearson (Note 5) remembers Erickson's approach as being very different. "Only rarely did he want people confused. People overstate his reliance on confusion techniques. I think he wanted people to go right along with him as much as they possibly could. It was very, very rarely that therapy was intentionally made confusing. Induction techniques he sometimes made confusing, but in therapy he was much more straightforward than people give him credit for."

Things have become so extreme that some metaphoric therapists simply recite a mantra of "Erickson stories." But therapy is more than storytelling. It is true that Erickson used metaphoric stories as *one* therapeutic tool. However, those who observed his actual therapeutic work recall that metaphors were only occasionally used, interspersed with a preponderance of other active hypnotic and non-hypnotic techniques. Pearson (Note 5) estimated that "certainly not more than 20%" of Erickson's hypnotic work with patients consisted of using metaphors. Furthermore, sometimes when Erickson used stories, they were intended as deepening techniques rather than to impart meaning. Quoting a conversation with Erickson, Pearson (Note 5) recalled him saying, "Sometimes I tell stories to fill in time. I have instructed the patient to develop a deeper trance, and I tell them stories while they are doing that. And some of them are just stories that have no particular significance to the task at hand. I am waiting for them to develop a deeper trance."

Haley (Note 4) stressed that Erickson, "on occasion, paralleled a situation with an analogy as a way of inducing a change outside awareness, but that was certainly not the heart of his work. To make a cult of metaphors is to totally misunderstand the importance to Erickson of the therapist having a range of techniques to use for a range of situations" (p. 2).

Rossi (Note 3) emphasized that Erickson did not "just throw out a bunch of open-ended metaphors and indirect suggestions," but "aspired to the precision of the surgeon's scalpel in the precise effects he sought to achieve." Regarding the sloppy overuse of metaphor, Pearson (Note 5) recalled, "He told me within the last year before he died that one of the things that disgusted him was that so many people in trying to imitate him with embedded metaphor and parables were hiding behind that obscurity. He was very careful in what he told and why he told them."

Not only did Erickson rely on a wide variety of hypnotic techniques, but his stories usually had obvious relevance to the patient's problem. This may readily be seen in the metaphors he used with a tinnitus and a phantom limb patients (Erickson & Rossi, 1979, pp. 104–107). In these cases, Erickson made direct associative bridges between the metaphor and the patient's problem. This was frequently Erickson's pattern unless the patient was quite resistant and he had reason to believe that the conscious mind would interfere (Rossi, Note 3; Thompson, Note 1; Pearson, Note 5).

When we reminisce over coffee with students about an interesting case, we are not modeling in our interaction with the student how we would have them conduct therapy. Similarly, the author believes that when Erickson frequently told stories to students in his teaching seminars, he did not mean to have this interpreted as the model for doing therapy. In a like manner, in demonstrating a hypnotic induction with an unknown volunteer (in contrast to doing therapy), almost all of us are less specific, less direct,

and less forceful in our suggestions. Furthermore, Thompson points out that as he became very ill and weak, "He could not rely on the drama, the intimidation, the power which had accomplished so much so rapidly for his patients. He had to trust more to his reputation and his skill in presenting options" (Note 2, p. 2). In addition, in the teaching seminars, he was confronted with a group, where individualization was difficult.

> Teaching students, late in his life, was made more dramatic and effective by the use of word pictures. This smorgasbord of stories was to be remembered for its fascination, as they were spoon fed much of the main course without upsetting their digestion. It would have been difficult for Erickson, weak as he was, to select a menu for each. It was simpler to offer many choices and let the guests dine on their own, impressed by the variety and significance they saw in each course. And so the praise to the chef came from each diner's interpretation of the meal, and was very satisfying (Thompson, Note 1, p. 2).

How many therapists feel comfortable limiting themselves to Carl Rogers' nondirective style of psychotherapy? A vast majority of graduate students feel immediately too confined by a Rogerian approach, and instead choose to adopt ideas from many other schools of practice, thereby becoming somewhat eclectic. Most of us have been unwilling to idealize one therapeutic system, and even those preferring one theory seldom study only the contributions of one individual. We may feel profoundly influenced and indebted to one approach or system, but most of us are also open to learning from other sources.

Similarly, Erickson did not feel comfortable with an existing theoretical approach. Just as many modern therapists reject a single therapeutic orientation, so, long before it was fashionable, Erickson took an atheoretical stance. He stressed the individuality of the patient and the need for flexibility of style. As Haley (1973) found, "A part of his success is determined by his tenacity when working with a patient. If one procedure doesn't work, he tries others until one does" (pp. 202–203). Erickson resisted efforts to convince him to evolve his own theory and system of therapy. Therefore, it seems doubtful that he would have wanted a cult to evolve which ritualized certain styles of practice as *the* way to do therapy. He knew we could not be him. The author does not believe that Erickson would necessarily disapprove of a therapist choosing to do therapy primarily through telling highly indirect metaphors. But it seems very questionable if he would choose to have this labeled as *his* approach.

Trusting the Unconscious and Individualizing Therapy

Another myth currently in vogue is the belief that the therapist must always be spontaneous and simply trust the unconscious. Some persons even suggest that we should not prepare suggestions ahead of time or use the same suggestions with different patients. We must simply be creative enough to come up with something new for each patient. In reality, however, for decades Erickson laboriously wrote out suggestions for his patients. He even role-played and practiced them in front of a mirror (Thompson, Note 2). One of the ways that Erickson learned to trust his unconscious was through years of disciplined and careful preparation earlier in his career. In fact, the author believes that this compulsive, careful planning and the writing and rewriting of suggestions was a vital part of Erickson's growth process in becoming a master clinician. "I don't think he ever got to the point where he didn't prepare ahead of time. The comment about learning to trust your unconscious is a good deal more complex than that. It isn't a question of just

believing your hunches. You have to train your unconscious to be trustworthy, and you do that by a great deal of experience and conscious planning" (Pearson, Note 5).

Despite popular belief, the author nonetheless believes that even Erickson had limits to his creativity. A careful reading of his works illustrates that he often enjoyed using the "early learning set" induction. Many of the same stories were told to Haley, Rossi, Zeig, Rosen and many others. Like other therapists, Erickson had preferred inductions, metaphors, and styles of phrasing suggestions that were used in similar ways with different patients (e.g., see Erickson, 1980, Vol. 1, pp. 310–311; and Vol. 4, p. 188. Also compare Zeig, 1980, p. 40 and p. 181 with Rosen, 1982, p. 91 and Erickson, 1980, Vol. 1, p. 129). He thoughtfully individualized therapy, but there are limits to the need to individualize therapy and to one's ability to do so (Thompson, Note 1).

Despite popularized beliefs to the contrary, Erickson also did not simply go into a trance with patients and let suggestions flow from his unconscious. Certainly Erickson often used the spontaneous creativity of his unconscious, particularly after years of disciplined practice at his trade. However, he also often painstakingly planned ahead. Haley (Note 4) elaborated: "He would have thought it silly to suggest that a practitioner simply follow impulses. The fact that he suggested that therapists trust their unconscious impulses did not mean they should be limited to doing that. The most essential part of his teaching was that a therapist plan a strategy. If the strategy needed changing in the process, the therapist should be able to trust the ideas that came to him at that moment" (p. 1).

In actuality, perhaps many of us lack his creativity because we lack his dedication to investing many long hours in treatment planning. The author believes in the concept of trusting inspiration from the unconscious and in the principle of individualizing therapy. However, it seems unlikely that Erickson would have us translate these principles into rigid injunctions against treatment planning and the advanced preparation of suggestions.

Magical Programming and Instant Therapy

Haley (Note 4) recently lamented that, "It is unfortunate that what Erickson most disliked is being attributed to him. He objected to dilettante therapists, and to therapists who did not train properly, plan their work with care, or master the skills of interview technique. The one thing he did not believe was that one could cure by magic or by offhand wise pronouncements and stories" (p. 1).

Although some authors have credited Erickson as a source of inspiration, they advocate tenets that seem incompatible with his encouragement to individualize. Proponents of Neurolinguistic Programming™, for example, imply that there are magical, stepwise formulas that may be routinely followed, resulting in almost instantaneous cures. Even as masterful as Erickson was, he never claimed to know magic formulas which mechanically followed would result in immediate success. In fact, the very stimulus-response conditioning assumption of "programming" people seems seriously at odds with Erickson concepts. Erickson frequently did brief therapy, but he also utilized trance training and careful, time consuming preparation.

In an article where he described ordinarily using a total of four to eight hours of trance training, Erickson then described the rather lengthy procedure he often used in preparing women for childbirth. "A satisfactory anaesthesia or analgesia for

childbirth may take hours in divided training periods. . . . In training subjects for obstetrical purposes, they may be taught automatic writing and negative visual hallucinations as a preliminary foundation . . . *Such training might seem irrelevant*, but experience has disclosed that it can be highly effective in securing the full utilization of the subjects' capabilities" (1980, Vol. 1, pp. 143–144) (emphasis added). Such careful and time consuming preparation appears to be very laborious magic! The reader is encouraged to further consult Erickson and Rossi (1981, p. 179) and Erickson (1980, Vol. 1, pp. 76–77).

There are situations where hypnotherapy can be rapidly effective. However, popularizing it as akin to magic seems counterproductive for the field and an invitation for future disillusionment when it does not live up to its publicity.

Amid all the emphasis on magic, metaphors and indirect techniques, it also seems that Erickson's fundamental beliefs about the vital importance of establishing rapport are often neglected. Framed in terms of Rogerian constructs (Rogers, 1957; Truax & Carkhuff, 1967), Erickson listened very attentively, summarized empathically, and stressed respectfully accepting the patient and his perceptions. However, concentrating primarily on technique, a naive therapist might deliver confusion techniques with more of an air of secret superiority and an attitude of smugly putting something over on the patient, rather than with an "interested" and "earnest" manner (Erickson, 1980, Vol. 1, p. 259). We need to be cautious about becoming so enamored with the esoterica of confusion techniques and paradox so that we do not neglect the fundamentals of caring and establishing a relationship. If we hope to emulate Erickson's success, we must mirror his humanity and genuine caring for patients.

A Call for Dialogue and Openness

There are likely very few of us so exceptionally skilled that we can use the scope of direct and indirect techniques that Erickson employed. Lacking the broad perspective and experience of Erickson, many professionals have focused on only limited aspects of his approach that are congruent with their personal style or type of clientele. Naturally, there is room for individuality of style and personal creativity in one's approach to hypnosis. Some therapists will prefer to rely mostly on metaphors and the assignment of symbolic tasks. This is a therapist's prerogative and the effectiveness of such an approach will have to await research validation. We should not dampen each other's contributions and the creativity of those who study Erickson's work. Each of us can allow the inspiration of Erickson's ideas to take seed and grow in a form suited to our individuality. Through pursuing therapeutic approaches congruent with our own personalities and which diverge from common modes of practice, we may make our own contributions to the field. This is to be encouraged.

However, the author wants to discourage the presentation of our individual styles of preference as being "*the* Ericksonian approach" to therapy, and to likewise discourage the elevation of only an indirect approach as *the* "one true light." Haley (Note 4) expressed the opinion that "it is ignorance that makes therapists choose one or two of Erickson's procedures and make a school of them, writing books about them as if that is *Erickson* therapy. Erickson therapy is, by definition, variety in technique" (p. 2). Erickson was afraid that this very thing would happen. In the week before his death, he prophesied that self-proclaimed experts about his work "would come out of the woodwork" after he died (Pearson, Note 5).

It is vital for those of us who learned

from Erickson to avoid cultism and elitism. Instead of making authoritative interpretations of an "Ericksonian Therapy" (which even Erickson sought to avoid), it is hoped that we will instead emphasize *our* individual contributions that have been stimulated by his work. The contributions of the late M. Erik Wright and Jay Haley seem to be excellent models for us to follow. They learned and were greatly influenced by Erickson, but unlike many current authors, they have not presented their personal preferences and styles for conducting therapy as the correct "Ericksonian" way of doing things. Haley studied intensively with Erickson, acknowledged very openly Erickson's influence on his thinking, but then went on in his own way beyond Erickson to make his own contribution. He did not just worshipfully cite Erickson as the fount of all wisdom. He credited Erickson, and then built on Erickson's ideas in the way that suited his individuality.

Pearson (Note 5) told the author: "Erickson would have been extremely disappointed if people stopped when he died. He thought Freud was a genius and that he put a lot of things together that people had not really talked much about previously. But he certainly did not want people to do with his ideas what so many people have done with Freud's. You know, there are still people who are practicing 1916 psychoanalysis!" Those of us who admired Erickson need to pay tribute to him by going on and building on his concepts, rather than just interpreting what he did.

Erickson modeled an openness in learning from many sources, as well as in being an innovator. He was unwilling to be restricted by the limitations of one therapeutic system, and therefore, it seems unlikely that he would have us create a restrictive model or school stimulated by our interpretations of his work. It is the author's desire to encourage an openness to learning from many different people within our field. Although the author often prefers to be indirect, he has expanded his repertoire of options by studying the direct techniques of Erickson and other practitioners who have a more direct style. In a similar light, despite preferring not to use metaphors as the prime technique, the author has likewise improved his facility in the use of metaphors through studying the contributions of therapists who have specialized in this facet of Erickson's work.

Essentially, the author is calling for flexibility and a more eclectic orientation in hypnosis that parallels what many of us have adopted in our general psychotherapeutic practice. Our field will be advanced more by an openness to learning from many different people, rather than by a restrictive cultism that alienates us from each other and seems in opposition to the very person that Erickson was. The fact is that through his openness, individualization, and flexible use of an incredible range of techniques, Erickson was a truly unique and powerful model of eclecticism. He seemed unwilling to be artificially limited in his range of intervention. Maybe for us, that was his best modeling of all.

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