PROFESSIONAL EXCHANGE

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The Centennial Year of Milton Erickson and Family Therapy

By Michele KUvens Ritterman, Ph.D.

Decades after his death, Milton Ericksons approaches to couples and families, are still a breath of fresh air. Especially in our era, obsessed with time-management, regulated by a book of diagnostics fatter than the bible, and seduced by psychopharmacologic agents that treat everything from rashes to social awkwardness, Erickson holds out a special therapy. His approach refreshes the therapist, celebrates the novelty of each case and is guaranteed to thrill with surprises.

I met the world's most innovative hyp-notherapist in the '70s. As an East Coast psych, intern in my twenties, I spent all my education leave at his home office in Phoenix Arizona. I knew from my teacher, Jay Haley, that Erickson had convened the Freudian warehouse of repressed emotions into a vast mall of creativity, filled with places to un-leam self-limiting habits. My goal was to understand how th^ creative unconscious plays out in family life. So during my private years of study with Milton, I wrote *Using Hypnosis in Family Therafy,* the first systematic text on exacdy how family members hypnotize each other in the course of daily life.

In commemoration of what would have been Milton's one-hundredth birthday, I want to share with you what I learned first hand of his approach. Like a miner who pans for gold, he panned for a person's or family's strengths and weaknesses, the precise patterns to their thought and behavior. Running counter to the trend of the day, Erickson was more intrigued by the uniqueness of a case, than its likeness to another.

Erickson was not only the wizard of one-on-one hypnotherapy, but also the Hcrculc Poirot of family therapy. Personality and behavioral quirks were bits of evidence he collected. His goal was to source hidden interactional clues about a symptom. Each symptom was a puzzle or a mystery to be solved with the necessary diplomacy or bravado. Like the great sleuths, Erickson was sincerely interested in each client and really cared for the person's well being at the moment of therapy and for the future. His healing arts employed in their service friends, relatives, teachers, waiters, manicurists, barbers and neighbors, benevolent allies to help clients get the support needed to change. So social creativity and use of community was also part of his work.

One of Milton's great one-liner pieces of advice to me was, "Never expect anyone to chink like you do about anything." The goal of the clinician-sleuth was to crack the symptom by unearthing clues hidden with in eccentric, even one-of-a-kind behaviors.

One of the cases I discussed with Erickson was that of a young man who threw a piece of garage-sale furniture at his mother, suffered chest pain that brought him to the ER at inconvenient hours and he couldn't think straight. All this drama got him diagnosed as psychotic on the eve of his leaving home to go to college. His mother was so invasive and controlling and his father so passive that another of my teachers, in a consult on the case, had turned the young man to face the wall, silenced the mother, and sat at the feet of the father in an effort to elevate him to a level of active participation.

Erickson, the sleuth, had a different cake on my case. "Has the son asked his mother to help him pack his suitcase?" His quiet gentle question came from a place so different from the orientation I had been learning that it captured my. attention. Looking at the elderly man in front of me seated in his wheelchair, I did a double-take. At first, I thought to myself, perhaps I've come too late and Milton's lost his clarity. He must not realize how serious this case is.

"A good son invites his mother to help him leave home," Erickson persisted, talking slowly and with great emphasis and real pleasure.

Milton grasped the missing due to the case. The young man sought to rescue his mother from her dull and ailing marriage, which would loom large when he left home. Milton offered a way to USE the mother-son enmeshmcnt that existed, rather than to use my own force as the therapist to break it up. His focus was to ACCEPT and UTILIZE the pathways IDIOSYNCRATIC TO THIS FAMILY to redirect the over-involvement toward the natural stage of leaving home. His approach was respectful, like Poirot who calls his prime suspects Madame.

There was another Milton hallmark in his simple question about packing the sons bags and his description of the good son. Milton was fond of proposing the smallest imaginable practical step-wise solution. He didn't say "get mother to help the son leave," or analyze what was going on in the mothers head, in terms of her being borderline, or the father, as acutely depressed. He looked for the simplest interpretation of

events, which could trigger a first spontaneous morion toward the possibility of resolution. He gathered hiaF'dues. A mother who cared for her son. A son who was accepted to college. How might such things get properly enacted? If the boy packs alone, mother feels she has no purpose. If he stays home and throws around the symbols of her impoverished life, her second-hand furniture, he doesn't go to college. If mother helps the boy pack, she knows she is still important to him, EVEN AS HE LEAVES. Erickson believed that more than insight or understanding, it is EXPERIENCE that empowers a person to change.

He said to me, "In therapy, the therapist changes nothing. You simply create circumstances under which clients can respond, spontaneously, and change." Very different from our current emphasis on drug it, fix it, make the symptom go away. The SYMPTOM IS AN OPPORTUNITY to unlearn self-limiting behavior, and for a whole family to learn something at the same rime.

A third Erickson hallmark in this example of a family I discussed with him is that Mikon cared. He didn't MANAGE HIS CAPE. He was privileged to care freely about the intimate details of things where the deepest affect lies. How would the son's belongings be properly moved from his mother's house? What would the boy bring with him? "What would he leave behind? "What would come of his room? Now this packing was something the young man's father could also support.

I was blessed with several great teachers, but as far as we know, Milton had only one. It was Polio, which paralyzed him down to the use of one eye in his teen years. Angered by doctors who first told his mother he'd be dead by morning, and then that he'd never recover, Milton discovered his own unconscious mind. He used HAPPY MEMORIES of movement to reactivate his unresponsive muscles.

Milton's first healing project was to so vividly remember swinging from the trees as a boy in his apple orchard, that he got one of his fingers to twitch. Once he had this tiny bit of evidence the medical prediction was wrong, he used progressive self-suggestion and very hard work until he was able to walk with a cane. He KNEW from the micro-movements he had attained how a small experience of success can encourage an individual or a family to go on and spontaneously make other changes. Therapy could help catalyze spontaneous change!

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This idea of small changes might seem obvious, but in our rime we look to global cures like eliminating depressions and changing personalities. Erickson offers us a balance. When I said to him I understood he was very upbeac about life, and I, by contrast, often fdt like Ecyorc in *Winnie the Pooh,* he'd said, "I'm neither an optimist nor a pessimist, but a realist, which means that I believe that into every life a little rain will fall. So it behooves us to enjoy the sunshine."

A dassic example of Erickson's pragmatism and greater interest in mysterious dues, is his approach to a young man in a mental hospital who daimed he was Jesus. After failed efforts to convince the young man chat to think he was Jesus meant he was psychotic, Erickson went up to him and said, "I understand that you're a carpenter." He was able to get the young man to work in the shop where he built furniture and engaged in productive activity.

Erickson used Ac mans spedal self-limiting notion, or what others would call a thought disorder, as his due about how to help the man advance one step coward a larger and more workable reality.

Milton told me about the case of an cncurctic little boy who was brought to Milton by parents wfao were at their "wits end." They'd tried psychoanalysis, behavior modification, medication and had even considered surgery for their six-year-old son's bedwetting. Erickson requesced die parents stay out of therapy with the boy until he told them what to do. The first due to this mystery lay in the boy's relationship to his own body.

Erickson took his lead from the parents' hclpfulncss, which was causing them to invade the boy's private parts and thereby deprive him of his ability to learn the subtle self-communications that led to good bladder control. Erickson taught the boy to tune into his own bodily sensations. And he used the natural inclination of children to oppose parental control to instill a kind of rebellious satisfaction in taking charge over his own bodily functions.

Because Erickson cared about this boy, he inquired about all the details of the boys bedroom and sleeping arrangement. Where did the wetting occur? When, exactly? How many nights did he have a wet bed? How many nights did he have a dry bed? So, as a detective might learn, Erickson brought to light critical information no one dse had discovered. This six year old boy still slept in a crib. It was at this point chat Erickson knew what to do with chc parents, and called chcm in for their prescription.

He did not say to the parents, "you are narcissists," or "you are enmeshed," or "were your parents control freaks," or "do you chink you might be less invasive?" Or, "do you chink invasivcness is controlling you?" Nor did he offer them insights into themselves or cheir son, as he assumed chey already had all die insight they could bear. Instead, he offered them a small, simple, practical, and devclopmentally wise suggestion of an experience to help the whole family overcome chcir self-imposed limitations. "Put your son in a bigger bed and he'U DEMAND his right to a dry bed."

This last prescription was another hallmark in Erickson's couple and family therapy. Instead of incurring people's resiscance to his prescriptions, he liked co set dungs up so chat they actually demanded the right to make the changes they needed for a better life. With an adult bed-wecter who wished to marry, he used hypnosis to invite

his anxiety about having a wet bed to participate in the cure. The soon to be eligible man would have his same anxiety, but it would occur at the rime he woke up to find a dry bed, and felt shocked. In this way, Erickson left the elements of the problem intact, but helped the person alter the order of events. In this way, the man could eliminate the bedwctting altogether, but still leave in place the anxiety, which had become part of the mans habitual behavior. Now the man was normal, if you will. His dry bed signified he was ready for a relationship and that made him a bit anxious ... just like anyone else.

Perhaps because of his recovery from polio, Erickson learned a lot about mind-body relations, and his solutions to mysterious symptoms often included the encouragement to use body limitations creatively in the cure: He talked about the case of a young wife who didn't like it when her in-laws visited three times a week, and her husband wouldn't oppose his parents. The woman presented with a stomach ulcer that incapacitated her at work, home, and church. Erickson did not medicate her. He didn't urge insight. He didn't suggest that frustration was visiting her or that she had a problem with authority figures. He didn't encourage direct communication like, "Have you thought of telling your in-laws you need more space?" He responded to all of the idiosyncrasies of her case, including her own preferred language, which was bio-physicological. He told her "You don't really like your relatives. They're a pain in the belly every time they come. It ought to be USEFULLY DEVELOPED; they certainly can't expect you to mop up the floor if you vomit when they come."

In writing up this case, Jay Haley says that the woman adopted the procedure of vomiting when her in-laws visited. Embarrassed, she could leave the room while others cleaned up. In this way, she could remain helpless and therefore blameless, in her husband s eyes, and save up all her belly pain for their visits, which freed her to feel good at work and church. With no need for an open quarrel, the in-laws stopped coming except when the young wife felt "well" enough for a visit.

In this case, we see another of Ericksons tricks of the trade. His use of the client's language. This woman spoke to herself in the language of the stomach. So Erickson did not translate as therapists are often trained to do, but had her communicate her gut response directly ro her in-laws. For Erickson, the symptom path was really the shortest route to the solution of me problem-mystery. The processing and insight common to other therapies often increase agitation and a level of conflict not necessary for the resolution to a problem.

Erickson was known for his short-term therapies. His premise was that what other therapists see as die long-term goal of treatment ought to be the immediate goal. A woman went to see a therapist recently and reported to me that for $125 per hour the therapist offered to sit with her in her pain. What the woman would do about her living situation, relationships, and economic needs ... these things would emerge afterward— after they sat for at least a year, maybe two, with the shadow side of her life. Erickson had a more cut-to-thc-chase approach.

A woman in her early twenties was agitated at the birth other first child. She felt •worthless when her husband brought the baby to his mother for better care. As that new little family consolidated, the new mother was put in a mental hospital and seen several times a week to analyze her problem. Ideally, she'd eventually care for her own child, long-term therapy was seen as the process to ready her for that. Ericksons work was to get her ready— NOW. He carried out the MARITAL EQUIVALENT of putting the woman in a bigger bed. He thought it would be better for the new mom to pay a helper than to have her mother-in-law take over, someone who's hard to fire and didn't want HER grandchild cared for by A FORMER MENTAL PATIENT.

At this time, the mother was threatened with shock therapy and a diagnosis of psychosis rather than of bad arrangement. Erickson asked the woman, "Would it be coo soon to move back to your own home by Wednesday?" The wife protested that two days wasn't enough to get ready. Erickson asserted, "Yes, it is." "No it isn't," she fought back, but with her resistance now channeled toward the first step to problem resolution. Finally she concluded that she needed three days to paint the baby's room and get the house ready.

Other therapies would have looked inside the woman, deciding that her past life was causing unconscious problems for her. If the husband was included, one could see that the mother's incompetence served to force him to take more responsibility, since he'd never left his family of origin and abdicated adult responsibilities. In the larger family context, the new mothers effort had backfired. Her nest was empty. Her baby was in a house with her in-laws! Erickson shifted all conversation to the future. To help a family move successfully to its next stage can in and of itself dissolve symptoms with no further analysis. Ericksons therapy demonstrated this premise time and again.

Therapy today seems driven by its fascination with pathology and the way or ways a person or family breaks down under pressures. Erickson was more interested in the pressures brought to bear and how to get the person unstuck. Sometimes, as a teacher of psychotherapy, I find my students come to me trained to be knowledgeable only in how to describe what is wrong with a person, and in a way that attaches a number and even a drug to that problem. To me such training is analogous to teaching a lifeguard to study a person who has capsized and is caught in a sink hole and to describe that person's personality as it shows itself in this particular dire situation. If we first find the way to get an oar to them or otherwise help them pull themselves out, odds are they'll look and act differently when they're not drowning.

I love best Ericksons own family stories, in which he applied his methods with his own wonderful children. A favorite which he told me and which is written up in many books is how he and his wife, Betty, handled a situation in which their son Robert who always liked to do whatever he did in a big way! Robert had fallen, split open his lip and knocked an upper tooth back into the maxilla. He was bleeding profusely and screaming non-stop at the top of his lungs with pain and fear. Emergency action was required of the parents.

Erickson waited for a break in Robert's screams to say emphatically, "That hurts awful, Robert."

In this way Robert could trust him and listen, which Erickson emphasized was the single most important aspect of any pedi-atric therapy.

"And it will keep right on hurting," Erickson added, naming Robert's fear and showing his intelligent grasp of the situation.

"And you really wish it would stop hurting," he said, not proceeding until he saw Robert was in complete agreement. Then he added a suggestion, "Maybe it will stop hurting in a little while." Erickson didn't tell Robert what to feel.. He CREATED AN EXPECTANCY which could permit Robert to develop his own desirable responses.

Erickson knew Robert knew he was damaged and that one likes to feel that one is suffering a big problem, not some little pid-dly thing. "That's an awful lot of blood on the pavement. Is it good red, strong blood? Look carefully. Motherland see. I think it is e but I want you to be sure." Typical of Erickson, he first admired the trouble, the magnitude of it. The special characteristics. All within seconds. He gave Robert something the child very much needed at this moment, confirmation his misfortune was catastrophic in the eyes of his parents as well as him. He confirmed Robert's need to feel that there was a good part to what was happening to him, too.

He and Betty agreed they could see the good blood better by the sink, against the white background. Now Robert had stopped crying. Fear and pain weren't prominent. He too wanted to see if his blood was good, the right kind of pink. Now Betty could pick him up with full cooperation. They could get him washed up and ready to get sutured. Since the suturing could reactivate the fear, Erickson appealed to Robert with Robert's competitive feelings for his older siblings. Erickson pondered out loud that Robert probably couldn't even have the ten stitches two of his siblings got, even though he could count to twenty. But he might get more than two of the other siblings. In this way, he could face the needed surgery without fear, but with hope of accomplishment. Robert was disappointed when he got only seven stitches and complained about it to the doctor. But the surgeon reassured him that he had a newer suture material which was better than his sibs got and that his scar would be in the shape of a "W like his daddy's college, "Wisconsin. So the fewness of die stitches was well compensated.

Typical of Ericksons work, he helped himself, his wife and his son, to face the reality and not be falsely reassured, to enable themselves to attend fully to the tasks at hand, rather than suffer needlessly from the negatives of fear and pain, and to become interested participants in solving the problem in a respectful manner. Robert was not manipulated. He wasn't falsely comforted. He was invited to gather his own vital resources to handle his crisis. This invitation is another hallmark of Ericksons work.

Studying with Erickson, I learned not to falsely reassure the couples and families I saw either. Often, if we accept and confirm the terrible situation they are in, that recep tivity creates a climate in which a shift can occur. With a couple who came to therapy and seemed to feel that the husband's affairs meant that they HAD TO DIVORCE even chough it looked to me like they could have a happy recommitment, I offered no reassurances. Uke Milton did when Robert was bleeding, I acknowledged that at this moment they were bleeding. And that it was going to keep on hurting. Only after that was established did I introduce a suggestion that some kind of change could be possible. "Since you are going to divorce anyway, " I told them, "and since the kids will be at their grandparents for the summer, why don't you live in separate apartments and date each other, and see if you choose to get together with each other at all."

Because this couple had expected me to rush in to save their marriage, they were shocked to hear such a prescription from a couples therapist. They looked at each other in disbelief and broke out laughing. But they knew I had accurately perceived the depth of their anguish and that my response was intelligent. In this way, the wife was able to save face from the humiliation she'd suffered. She could demonstrate her independence and her desirability and decide whether what she wanted most was revenge or her husband. And the husband had a chance to wine and dine her instead of courting other women and acting as if she were ... lunch meat. If their dates led to anything more serious, they could really start fresh. And in accordance with their deepest wishes, the kids would never need to be involved. The couple found the prescription funny and delightful and enjoyed the therapy . . . just like Robert enjoyed counting his stitches.

I can honestly say that not a day has gone by since Milton's death which shortly pre ceded the birth of my second child, that I have not thought of him, his kindness to me, his seriousness about providing a profound and effective therapy for people. At the end of my time with him, he demonstrated another Erickson hallmark. He asked me how I planned to repay him for seven years of private training and putting up me, my husband and my baby daughter, as well. I was a penniless intern. I'd thought he'd trained me out of the kindness of his heart!

He told me how his aunt who put him, a poor farm-boy, through college and then medical school asked him the same question after he'd attained his MD. She'd said he could pay her a specific dollar amount or he could go on to become a great healer.

Not only did Milton take his vow to his aunt very seriously, but in true Erickson style, he passed on the legacy of faith in dedication and honorable service to me and the others who studied with him. The only repayment he desired was that the process of dedication to the healing sciences and arts be carried on.

If Milton were alive today, I know for certain in this centennial year he would suggest to all the interns and the new clinicians, "You arc as unique as your fingerprints. There never has been and never will be anyone like you. So you have the right to be that fully." And he would urge them to use their own unconscious minds to allow each case to be a new experience for themselves, a new mystery, full of exciting dues and die promise of a brighter future.

Even decades ago, he understood that families were changing also. That family was not just about blood lines and life-long marriages, but about helping the people who love each other stay together and enjoy those patches of sunshine. CQ)