

# Hope & Resiliency



**Understanding the  
Psychotherapeutic  
Strategies of  
Milton H. Erickson, MD**

**Dan Short, PhD**

**Betty Alice Erickson, MS, LPC**

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**Foreword by**

**Stephen Lankton, MSW, DAHB**



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# *A Biographical Sketch of Milton H. Erickson*

## **Overview**

For Milton H. Erickson (1901–80), hope and resiliency were a way of living life and therefore a natural basis for his approach to psychotherapy. Erickson began practicing medicine in the late 1920s, a time characterized by the newly emerging practice of psychotherapy for the treatment of neurosis and when long-term institutional care was the only available solution for psychotic mental illness. By 1940, Erickson had already distinguished himself as someone who had a unique approach to healing. He had published more than 40 papers and would soon come to be known as the world's leading authority on medical hypnosis. Over a period of five decades he illustrated his method of therapy in 119 published case reports. An additional 200 case examples were described in books published by those who studied his approach (O'Hanlon and Hexum, 1990).

Erickson's writings and seminars helped inspire a new generation of therapists. He pioneered strategic and brief approaches to psychotherapy at a time when all psychotherapy was psychoanalytical. His unorthodox practice of bringing members of the family into therapy sessions helped inspire the creation of family therapy. He and a few others ushered in the paradigm shift from the long investigative process that formerly characterized psychotherapy to the realization that effective therapy can and should be brief, internally directed, with a focus on the subject's ability to participate and enjoy life in the present and future. As single-subject research design becomes more common in clinical studies, it is likely that the field will continue to evolve in the direction of individualizing treatment to meet the needs of the patient, a practice that was one of the hallmarks of Erickson's approach.

In addition to his direct contributions, numerous influential figures in the social sciences collaborated with Erickson, including

Gregory Bateson (a scientist and philosopher who contributed to the fields of cybernetics, education, family therapy, and ecology), Margaret Mead (the world-renowned anthropologist who was the first to conduct psychologically oriented field work), Lewis Wolberg (an innovative psychodynamic theorist and pioneer in medical hypnosis), Lawrence Kubie (an eminent psychoanalyst), John Larson (known for his work in the invention of the polygraph), Ernest Rossi, (a leader in the field of mind-body research), and Jay Haley (one of the founders of family therapy).

## **Family background**

Erickson was the offspring of two highly determined individuals. Erickson's father, Albert, lost his father at the age of twelve. Three years later, Albert left Chicago to become a farmer. He had nothing but the clothes on his back and a train ticket. After going as far west as his money would take him, Albert began looking for work in the farming community of Lowell, Wisconsin. He hitched a ride to a farmer's house to seek work as a hired hand. At the house he saw a pretty girl watching him from behind a tree. Albert asked, "Whose girl are you?" She confidently replied, "I'm my daddy's girl." He responded, "Well, you are my girl now." Five years later, Albert and Clara were married. Eventually, they would have nine children and share 73 wedding anniversaries.

Erickson's mother showed a level of determination no less than his father's. When she was sixteen years old, she heard her aunt lamenting on how famous their ancestors were and that no descendent would ever merit the name "Hyland," a much admired relative of the previous generations. Young Clara boldly replied, "When I grow up and get married and have a baby boy, I'm going to name him Hyland!" Milton Hyland Erickson was her second child. He was born in 1901, in a three-sided log cabin with a dirt floor that backed up to a mountain. This was a desolate region of the Nevada Sierras, in a long-since-vanished silver-mining town known as Aurum. As the family grew, Albert and Clara wanted better educational opportunities for the children, so they moved east in a covered wagon.

## **Childhood**

As a child, Erickson was recognized as being different. Although he lived in a rural community with a paucity of printed material, he had an insatiable appetite for reading and amused himself by reading the dictionary for hours at a time. Ironically, he had multiple sensory disorders and apparently had a reading disorder. Erickson later described himself as dyslexic and said that, when he was six, his teacher, Ms Walsh, spent many hours helping him correct his mistranslation of symbols. One such day, Erickson had a sudden burst of insight. His teacher highlighted the most important features of the symbol "3" by turning it on its side. Erickson explains that in a blinding flash of light he suddenly saw the difference between a "3" and an "m." On many other occasions she would use the same method of instruction. She would take something that was very familiar and then suddenly impose it into an area of confusion. Erickson was grateful for what his teacher had taught him and remembered her method, which later became the inspiration for his use of reorientation and a technique known as therapeutic shock.

In addition to problems interpreting symbols, Erickson was color-blind and tone-deaf. Rather than become discouraged by these multiple handicaps, Erickson dedicated himself to careful observation of the world around him. At the age of fifteen, he wrote an article for the magazine *Wisconsin Agriculturists* about the problems of young people living on the farm and why they eventually leave this setting. From his earliest childhood, Erickson was looking for a way to make a difference in the world. This is one reason he had so much admiration for the country doctor who brought hope and comfort into the homes of families who were otherwise frightened and isolated.

## **Late adolescence**

In 1919, Erickson contracted one of the most dreaded diseases of the time, poliomyelitis. His prognosis was poor and he overheard the doctor sadly tell his parents that their boy would be dead by morning. Rather than fall into despair, Erickson reacted with intense anger. He did not feel that anyone had the right to tell a

## Red herring

### *Case report: The girl who could not bear to be watched*

A girl with tremendous anxiety came to Phoenix to receive therapy from Erickson. Her behavior was extremely rigid and limiting. She had rituals around dressing. It had to be done in a certain way. She had a rigid ritual for reading her mail. She would sit only on certain objects. She would live only in a certain apartment. And she had a constant compulsion to clean herself. On some days she would spend as long as 19 hours bathing.

According to Erickson, "One of the first things I did to her was to let her tell me what utterly, utterly intense anxiety she had while trying to get herself clean." During this conversation the girl tried to convince Erickson that she was completely absorbed in this tremendous anxiety. He had her tell her story at length and, as soon as she had convinced herself that the anxiety was so awful that she could be aware of nothing else, he agreed with her. With great curiosity he then asked, "As absorbed as you will be in this awful, awful, anxiety, while showering, you will not mind if I watch you." He described her reaction to the statement as being greatly jarred, "... practically loose from her teeth!"

It should be clear that Erickson had not said that he would do such a thing. He merely asked a curious question to expand her rigid perspective. But she did not want to even speculate on the possibility. She was forced to admit that she just could not tolerate such a thing. Erickson argued her previous position: "Surely you will be so absorbed in your anxiety that you will not know anyone is there." At this point her anxiety over showering no longer seemed so absorbing.

Next, Erickson pointed out, "Really, it is not so bad that you would be so absorbed in your anxiety that you would be unaware of someone watching you. In fact, I would be willing to bet that I could just rattle the door to the bathroom and you would notice it." Then Erickson pointed out that just wondering if he would come over and rattle it would be enough to keep her distracted from what she had previously perceived as inescapable anxiety.

(Erickson, 1958e)

The expression “red herring” comes from the practice of a hunted man drawing this type of fish across his trail in order to distract hounds. In therapy, emotionally charged decoys can be used to distract the patient so that the focus of attention is narrowed and kept from otherwise overwhelming aspects of the situation.

Erickson often explained this technique using examples from dentistry. Many of his patients were terrified of a trip to the dentist, especially if a syringe was going to be used. So Erickson would advise the dentist to have the patient sitting in such a position that he could see the tray holding a big, long needle. When the dentist entered the room his statement was, “I will use hypnosis first and that should block the pain. But if you start to become uncomfortable, then we can use that shot over there.” The needle is the red herring that distracts the patient from what the dentist is doing to the teeth (Erickson, 1962c).

The case at the beginning of this section provides a beautiful example of how distraction can be carried out on multiple levels. In having the girl describe her bathing habits, Erickson was initiating a process of systematic desensitization. The girl did not resist the procedure because she did not recognize it. She forgot to become self-conscious while talking about herself being in the nude because she was so distracted by her need to convince Erickson of how much anxiety she experienced *while bathing*. By the time she realized that she was causing a man to speculate on her bathing behavior, something associated with nakedness, it was too late. The only way out of the situation was to convince him that her anxiety was not so tremendous and that she would certainly notice anyone watching her.

As she shifted gears and began to argue Erickson’s therapeutic message, he was able to further weaken the strength of the anxiety by reinforcing and expanding her new line of debate (i.e. “I am not *that* anxious”). It should be noted that it was Erickson’s integrity and respect for the patient that made this intervention successful. If the patient had suspected she was being propositioned sexually, the results would have been disastrous. What is missing from this brief account is a detailed account of Erickson’s rapport building and creation of a safe environment for therapy.

## Questioning and presupposition

### *Case report: The homicidal patient in the elevator*

While working at a psychiatric hospital late in the night, Erickson found himself suddenly trapped in a dangerous situation. A homicidal patient had hidden himself in an elevator and Erickson did not see him until after he had stepped in and slammed the door shut. It locked automatically and, although Erickson had a key to unlock it, he did not have the time needed to escape. The homicidal patient serenely stated, "I've been waiting for you to make the evening rounds. Every one is down at the other end of the ward and I am going to kill you." Erickson's statement was just as simple, "Well, are you going to do the slaughter right there ... or over there?" The patient looked at the first spot Erickson had chosen and then at the second. As he did this, Erickson opened the door and said, "Of course, there is a chair over there that you could sit in afterwards ... that is true you know. And at the same time there is a chair down there." And as he spoke, Erickson began walking. "And there is another chair over there and another spot at the other end of the corridor." The patient walked along with Erickson looking at each spot that he could pick for Erickson's demise. Eventually they arrived at the station where the attendants were gathered.

(Erickson, 1959c)

One of the most effective means of creating an immediate distraction is to ask a question. Questions are highly distracting and usually compel the person to think about what has been asked. In fact, most people have become conditioned to the idea that they must think about and answer questions once they are asked. This is why sales people are trained to respond to resistance with a complex series of questions. The mantra taught to sales trainees is, "The person asking the questions is the person who is in control of the conversation."

The term *presupposition* is used to describe a linguistic maneuver in which one statement presupposes the validity of another. Although presupposition can occur without the use of questions, it works especially well with implied meanings hidden beneath

# Chapter 10

## Suggestion

This chapter provides a glimpse into the strategy for which Erickson was considered the undisputed master. It is almost impossible to talk about Erickson's contribution to the fields of medicine and psychotherapy without making reference to his use of suggestion. Unfortunately, suggestion is often subsumed within a discussion of hypnosis as if to imply that its value is inextricably linked to the hypnotic protocol. While this chapter addresses the use of hypnosis more than any other, the focus continues to remain on the broader principles underlying Erickson's methodology. As will be seen in the following case examples, suggestion is by no means limited to the application of a single procedure.

### *Case report: The boy with asthma*

Erickson was brought a twelve-year-old boy who suffered from chronic asthma. The boy had to have an inhaler with him at all times. As Erickson began speaking with the boy he noticed the number of times the boy reached for his inhaler so that he could breathe comfortably. The boy was obviously anxious. So Erickson asked sympathetically, "How much fear do you have of asthma ... how intense is this fear?" Erickson listened quietly, without making any attempt to assure the boy. Instead, he had him elaborate on his subjective experiences of asthma: "How important are your fears of arrested breathing?" The boy responded with noticeable relief. This was the first time anybody had ever wanted to listen to a full account of his fears about death and of arrested breathing. The boy became absorbed in conversation with Erickson. He explained in full detail his fear of suddenly becoming unable to breath. He described the horrible feeling of constriction in his chest and the awful visions of death that came to him. In telling his story, he became so fascinated by at last having a good listener that he began breathing more comfortably.

When Erickson felt that the boy was ready to accept the suggestion, he pointed out, "You know ... talking about your fear makes it easier for you to breathe." The boy acknowledged that this was true. So Erickson continued, "I would like to have you understand that some of your asthma is caused by fear and some of it comes from the pollen. You take the medication that you do in order to deal with the part of the asthma that is caused by the pollen. Now let us say that you currently have one hundred percent asthma, if I reduce that asthma by one percent, you won't notice the change. But your asthma would be one percent less." Next, Erickson speculated, "Suppose I reduce the asthma by two percent ... five percent ... or ten percent. You still wouldn't notice the change but it would have been reduced." Erickson spoke in such a way as to get the boy curious about the idea of reducing the asthma by some unspecified amount.

He then engaged the boy in a debate over just how much of the asthma he was going to keep. "Is it going to be five percent ... or ten percent ... or twenty percent ... or thirty percent ... or forty percent?" The boy decided, "I think it is twenty percent of the asthma that comes from the pollen." This gave him the freedom to use his inhaler eighty percent less than before.

(Erickson, 1965b)

"Know that I and thou and the disease are three factors mutually antagonistic. If thou wilt side with me, not neglecting what I enjoin on thee and refraining from such things as I shall forbid thee, then we shall be two against one and will overcome the disease."  
– unnamed physician, c. 1200 CE

The use of suggestion in healing has existed since antiquity. Ancient Greeks and Egyptians and Oriental cultures are known to have used rituals to elicit behavioral responses outside the normal realm of conscious control. These included, among other things, the curing of disease and removal of demons, which by today's standards would be recognized as the restoration of sanity. As would be expected, the dramatic results achieved through suggestion have time and again inspired both profound respect and

intense mistrust. In the current culture, it is not uncommon for critics to dismiss clinical techniques of suggestion as being insincere or overly manipulative. Before becoming comfortable with the use of suggestion in therapy, the clinician must first come to terms with the loneliness and desperation associated with intractable suffering. From this perspective it is easier to appreciate *the essential function of clinical suggestion, which is to help the patient accomplish a goal that consciously he cannot reach alone.*

In 1994, members of the North Texas Society for Clinical Hypnosis had the opportunity to listen to an accomplished general surgeon, Dabney Ewin, lecture on his work with industrial burn victims. In an interview conducted two years later, Ewin explained:

When I started using hypnosis with burn victims, I was convinced at first that the burns simply were not as severe as I had originally diagnosed, but shortly thereafter, I treated a patient whose leg had slipped into molten metal at an aluminum plant. Using hypnosis I had him [become] “cool and comfortable” a half hour after his burn, and when he got out of the hospital in 18 days, without a skin graft and without narcotics, I became a true believer.

(Ewin, 1996, p. 18)

At the lecture in Dallas, after watching an intriguing series of slides documenting the uses of suggestion for providing relief from pain, reducing inflammation, speeding up recovery, and reducing the severity of scarring, a member of the audience suddenly asked, “What is your method of hypnotic induction?” Ewin replied, “I typically meet my patients at the door of the ER. They come in strapped to a gurney and packed in ice. I tell them I am a doctor and emphatically ask if *they* know how to stop their pain. When they say ‘No,’ I tell them that I *do*. Then I ask if they are willing to do *everything* I ask. When they say ‘Yes,’ I tell them to feel cool all over their body, and to keep on feeling cool as they are wheeled into their room.”

Ewin pointed out that this is not such an extraordinary suggestion because the patient is already packed in ice. Yet typically, with the supplemental use of suggestion, much less pain medication is required and healing is greatly facilitated (Ewin, 1996). This

The keys to the kingdom! A leading Erickson scholar plus two of the master's daughters describe the core strategies and techniques that underlie his legacy of healing and therapeutic utilization of clients' resources. This brilliant book is a must-read for anyone interested in understanding and applying Erickson's work. Highly recommended!"

**Michael F. Hoyt, PhD**

**Author of *Some Stories are Better than Others*,  
*Interviews with Brief Therapy Experts*, and *The Present is a Gift***

In this engaging book renowned experts, Dan Short, Betty Alice Erickson, and Roxanna Erickson Klein, shed new light on fundamental patterns in the work of Milton H. Erickson, MD. Immerse yourself deeply in this entrancing and timeless wisdom, and realize the power within."

**Jeffrey K. Zeig, PhD**

**Author of *Teaching Seminar with Milton H. Erickson, MD* and *Experiencing Erickson***

The authors, family and insiders who know Dr. Erickson best, lucidly and impressively convey new insights into the philosophy of healing that is at the core of his psychotherapeutic genius."

**Nicholas A. Cummings, PhD, ScD**

**Author of *Focused Psychotherapy* and *The Essence of Psychotherapy***

The authors build on the creative and highly skilled work of Milton Erickson and do a wonderful job of making some aspects of his methods more accessible to the reader. The case examples and family stories bring a folksy charm and gentle wisdom to the authors' clinically astute considerations of what it takes to do therapy well."

**Michael D. Yapko, PhD**

**Author of *Trancework* and *Treating Depression With Hypnosis***

This is a delightful introduction to the work of Milton Erickson. It is remarkably clear and chalk full of practical examples and applications. I look forward to recommending it to my students as essential reading."

**Stephen Gilligan, PhD**

**Author of *Therapeutic Trances*, *The Legacy of Milton Erickson* and *The Courage to Love***

a delightful and deeply moving reading experience that facilitated peace and well-being within my own heart and mind. I will keep it by my bedside as a daily refresher in the healing legacy Milton H. Erickson has passed on to all of us."

**Ernest L. Rossi, PhD**

**Author of *The Psychobiology of Gene Expression***

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