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Erickson Remembered

Jeffrey K. Zeig

■ *This chapter is dedicated to the use of associative mental processes in clinical practice as proposed by Milton Erickson. Different ways of eliciting associations are illustrated and specific interventions aimed at changing them are offered. Since psychotherapy has been described by Erickson as the reassociation of internal life, an extensive discussion of the application of this concept is presented. Specific Ericksonian modalities, defined as "postures" that therapists can assume to intervene in the process of eliciting associations, are described.*

Introduction

The title of this paper is "Erickson Remembered." However, I do not intend to present a tribute. Rather, I will investigate how Erickson-inspired clinicians can elicit memorable and constructive associations in their clinical work. Milton Erickson once wisely defined psychotherapy as the reassociation of internal life. A purpose of this paper is to develop that idea. Another broader aim is to list global aspects of Erickson's style that dovetail with his method of eliciting constructive associations. In fact, as we will see, eliciting associations can be considered a personal style as much as, or even more than, it can be considered a "method." In this paper I will present therapeutic styles, or "postures" as I prefer to call them. I will use Erickson as a model and describe postures that underlie his approach.

I will begin with a terrible joke. The redeeming grace of the joke is that it was published in *Science*, a prestigious academic journal. It goes: "Why is an elephant large and dark and irregularly shaped?" The answer is "Because if it were white and round and regular, it would be an aspirin."

This joke makes me think of a question that has perplexed me for more than 20 years: Why is Milton Erickson large and dark and irregularly shaped? Believe me, I have had plenty of headaches trying to answer that question.

Over the years, I have developed models to understand Erickson. Initially, I investigated the technical side. I wanted to answer questions such as, "How does one do hypnosis? How does one create an effective confusion technique? How can one use the

interspersal technique? Etc." ... I have steadily progressed in my ability to apply and teach technical aspects of Erickson's work. However, as I mature as a psychotherapist and as a teacher, I am no longer center on questions about techniques and theory. Rather, I have become interested in the clinician's "way of being" -- what could be called the therapist's "evolving style" or the clinician's "existential posture." My shift in emphasis can be illustrated with two questions: Early in my career I was interested in investigating "How does one *do* therapy?" Now I wonder "How can one *be* a therapist?"

Evolving Style

Consider yourself as a practitioner. What is your evolving style? How are you developing existentially? What are your ways of being a clinician that may be independent of the chosen principles and practices from which you derive your clinical decisions?

Let us consider the clinician's choice of interventions in psychotherapy. They are determined from a number of sources: customarily interventions stem from theory, practice and research. However, we also can consider "evolving style," and realize that interventions are derived from who we are as people more than they stem from our theory, practice or research. Our posture is a primary determinant of our practice.

Next, I will list aspects of Erickson's evolving style, his postures. Again, they should not be considered techniques. Rather, techniques can be derived from postures. Moreover, techniques are learned from books and lectures, postures are not. Primarily, postures are learned by modeling. For example, a clinician might strive to develop postures similar to Erickson's as part of his/her evolving style.

What follows are eleven postures which I will list in no particular order. It will be seen that these are not necessarily distinct: There may be considerable overlap between postures. Due to space constraints I will be brief in describing the eleven postures. Further development will follow in future publications.

Erickson's Postures

1. One aspect of the evolving style of Erickson was that he did

this ⮣ *rather than this* ⇨

What do I mean by these graphics? Erickson's customary style was to *orient toward* rather than present ideas in a direct way. Orienting toward is a style of "wrapping" a message as a gift. The therapist decides what to communicate. Rather than offering it directly, the therapist giftwraps the message, for example, within a metaphor, a story, an allusion, a parable, or a fask.

Thus, psychotherapy can be similar to Christmas. The patient comes to the consulting room and presents a gift to the clinician. The gift is the problem (see Ritterman, 1983), but often the problem is gift-wrapped in a symptom. It is the job of the clinician to unwrap the symptom and discover the problem contained within.

In exchange for the patient's present, the clinician provides the patient a gift. The patient is given a solution wrapped up in a technique, which might be a metaphor, a story, a symbol, or even hypnosis. The patient must take off the gift wrapping (look beneath the technique), and discover the proposed solution (the therapy contained within the technique). It is as if the patient has to interpret the therapist. This process is a reversal of psychoanalysis. Rather than conducting therapy by uncovering and analyzing the patient's productions, the clinician gets an understanding of the patient's conundrum and offers the patient a metaphor, allusion, etc. The patient must discover what the clinician really means. In the process of interpreting the clinician, the patient makes experiential discoveries and activates constructively.

In summary, at its best, psychotherapy is an exchange of presents (or "presence" if you will forgive the word play). The patient gives the clinician a gift (the problem wrapped in a symptom); the clinician returns a gift (a solution wrapped in a technique).

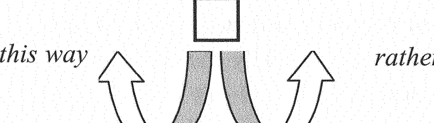
2. A second posture of Erickson was he communicated

this way ⇨⇨⇨ *rather than this way* ⇨

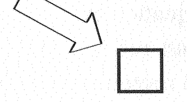
By this graphic, I refer to Erickson's reliance on *multilevel communication* rather than linear methods. Clinicians understand that patients communicate on multiple levels. Traditionally, therapists work to bring forth unexpressed levels in the communication, e.g., the transference, the affect, and/or the underlying belief systems. If patients are capable of communicating on multiple levels, saying one thing but inferring pathological or primitive attitudes on other levels, then clinicians also can communicate on multiple levels, saying one thing, but inferring constructive ideas on other levels. Therapeutic language does not need to be clear, concrete and direct. It does not need to be restricted to linear logic. Emotional patterns operate from their own logic and linear logic may not be the most effective tool to change them. If the patient was able to solve the problem through linear logic, there would be less need to consult a therapist because most patients have adequate access to logic.

3. Another aspect of Erickson's evolving style was his emphasis on effecting change

this way



rather than this way

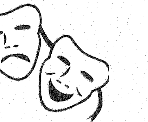


What do I mean by this graphic? In Erickson's approach, central emphasis was placed on eliciting resources. The job of the therapist is to discover and bring forward the pati-

ent's strategies for adaptation. Essentially, therapy is an appeal - clinicians appeal to the resources that lie dormant in their patients. One of the paradoxes of Ericksonian hypnosis is that hypnotists may infer to their patients, "Go deeply asleep," but they are really dedicated to "awakening" the patient to previously unrecognized resources.

What do I mean by resources? Consider the fact that every schizophrenic patient knows how to formulate clear sentences. Every depressive has a wealth of experience in changing his or her mood. Every smoker knows how to be comfortable without a cigarette. The primary job of the therapist is to appeal to the constructive history within the patient. It is not to didactically teach the patient. Erickson's methods were not psychoeducational. Rather, he established possibilities for patients to recognize their latent abilities.

4. Once we adopt the postures of orienting toward, using multiple level communication, and eliciting resources, we will naturally develop a posture of:



By this graphic, I refer to the notion that therapists can use more *drama* in their approach. By doing so, they will make treatment into an emotionally moving event, rather than a discussion.

Let us consider traditional therapy by using an analogy. In most clinical work, the patient sits side-by-side with the clinician and then they place the problem in its own "chair." Subsequently, the therapist and patient talk about the problem, perhaps in whispered tones. They examine what it is like, how it has been progressing, and where it came from. Sometimes it might even seem as if the are "gossiping" about the problem, and that the problem is an unwanted intruder who is eavesdropping. Instead of discussing the problem, Erickson would create "stage plays," whereby suddenly and dramatically the patient would discover, to his own credit, some of the unrealized resources that existed inside.

5.

If I "X," then he/she will "Y."

The equation in the box illustrates a fourth posture in Erickson's evolving style. The equation refers to the idea of *responsiveness,* especially the ways in which human beings respond to subtlety, to minimal cues.

Developing responsiveness dovetails with orienting toward. Orienting toward is an output of the clinician that stimulates a relationship characterized by responsiveness to minimal cues.

Responsiveness to minimal cues is *not* customary direct responsiveness. An example of direct responsiveness would be the command, "Please smile." The recipient of the communication can then respond. Erickson explored and harnessed a more subtle responsiveness, the responsiveness to minimal cues. This is similar to the type of response whereby one person coughs in a theater and suddenly there is a cacophony of coughing. Alternately, one person could be sitting in a certain posture and the person next to her is seated in the same posture. Neither realizes either the symmetry or the initiating action that led to it. Interactional responsiveness to minimal cues is poorly understood. When one studies hypnosis, one learns about responsiveness to minimal cues. So important is this in Erickson's method that Ericksonian therapy could be defined as the technology of developing responsiveness to minimal cues so that clinicians then can help the client access hidden resources.

6. $A \neq B$ *(A does not equal B)*

Once clinicians develop the first five postures, they will start thinking in terms of uniqueness of people and will individualize the therapy. We could call this posture *tailoring.*

Erickson was fond of saying that psychotherapy for person "A" is not psychotherapy for person "B." If one conducts hypnosis with a person who is an ebullient risk-taker, it should be different that hypnosis for a person who is shy, thoughtful and cautious. The induction should change. Similarly, the psychotherapy should change. Each person's resources and responsiveness are highly individualized. If we as therapists work to access the resources and responsiveness of the patient, we must individualize our approach.

7. A seventh posture in Erickson's evolving style was his ability to do this:

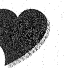
Namely, he worked at developing acuity. To *develop acuity* is to "turn on one's gaze" and observe people in a more refined way. On a personal level, one of the most important lessons I gleaned from Erickson was how to be more visually perceptive. Practicing hypnosis teaches practitioners to be more perceptive. One must notice nuance when working hypnotically because in trance, the patient's behavior is restricted: communication from the patient to the therapist is telegraphic.

8. An eighth posture of Erickson was his precision.

Erickson was surgical in his communication. His words were precise. Moreover, the implications of his words were precise. Not only was he selective in his words and their implication, but also in his gestures and the implication of his gestures. Erickson used words and gestures and their respective implications similar to the way that a neurosurgeon might use a scalpel.
Precision in therapeutic communication is a commonsense virtue: the tool of the therapist is an evolved ability to communicate. Among other things, precise communication demonstrates to the patient that the clinician is working hard to be effective. Aberrant communication can hurt similar to the way in which the aberrant use of a scalpel can create damage.

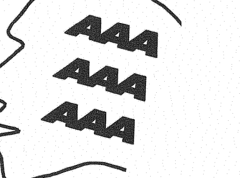
9. The ninth posture that Erickson developed was his ability to utilize.
Utilization is a philosophy that dictates "whatever exists in the greater therapeutic situation can be harnessed to effect therapy goals or hypnosis goals." One can utilize the patient's style, environment, attitude, etc. Erickson's cases are a treasure trove of studies in effective utilization. Almost all of my written contributions during the last ten years develop principles of utilization. Utilization is an easy idea to understand. However, to effect utilization on a moment-to-moment basis requires extraordinary evolution on the part of the clinician.

10. The tenth posture is humanism.



Erickson was an especially caring, empathic, and concerned clinician who evidenced this attitude on a day-to-day basis. For example, Erickson trained, taught, and helped me to evolve as a person. During the six-and-a-half years that I knew him, he never charged me a penny for any of the time that I spent with him. It was clear that he was interested in my life, not in my dollars. I was not the only one to whom Erickson showed this attitude. I have seen a number of his expatients and students who reported similar practices.

11. It is the eleventh point that I want to emphasize in this paper, namely, guiding associations.



As you will remember, I described psychotherapy as the reassociation of internal life. One may see in Erickson's cases a central theme of guiding associations. I am not referring to methods currently in vogue, such as substituting negative cognitions with positive cognitions. Rather, guiding associations is a philosophy in which the clinician shepherds the patient to realize constructive associations that subsequently "drive" effective behavior.

The posture of guiding associations is difficult to describe in words. It is best to illustrate this orientation through the use of examples.

Next, I will provide some clinical examples, both from my own practice and also from Erickson. In the examples to follow, the reader will be able to see almost all of the previously described postures. It should be remembered that these postures are not techniques that are applied out of a deliberate or "left hemisphere" plan. Rather, they are orientations that are derived from the existentiality of the clinician.

Case One

A couple came to my office, a "Virginia Woolf" couple. They argued forcefully and derisively. Both the husband and wife had obsessive character structures that led them to fight incessantly about details of their daily life. They seem to be missing the point of their relationship, which now seemed to center on their disagreements about trivia. The identified patient was the husband; he was the one who was most symptomatic.

I suggested directly to the couple that they should not be interested in changing each other. They seemed to be making their relationship a bilateral pseudotherapy project (see Whitaker, 1982), where she would be the right person for him if he could cure her, and vice versa. They devoted much energy to weeding each other's garden.

In a previous session, I had introduced the metaphor of "weeding each other's garden", but it did not change their system. I decided on a different approach and queried the husband, "If you had a dart and could toss it into your wife's heart, what would you find there?". The husband replied unhesitatingly that his wife was filled with "repressed anger" and, he was an engineering type and not especially versed in psychological terms.

Before she could argue, I asked her, "If you had a dart and tossed it into your husband's heart, what would you find?". She immediately replied, "A hurt child."

The appraisals seemed in line with my understandings and were even evidenced in their nonverbal behavior. The wife gestured to her husband with a pointed finger. The husband often bowed his head as if he were ducking projectiles, barely managing to defend himself.

I suggested to the couple that it would not be in their best interest to "therapize" their spouse. Rather than trying to cure each other of repressed anger or being a hurt child, they could be interested in each other's evolving style. What could be the evolving style of the wife? What could be the evolving style of the husband? How could they aid in the evolution of each other's style?

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Gradually, I introduced the idea to the husband that his wife, from my perspective, was a warrior. She was a person who understood boundaries. I explained to him, gesturing sharply with my hand, "Your wife is the kind of person who indicates, 'This doesn't work (outstretched palm indicating "stop"), this does (cupped hand, palm up). I began each gesture with my forefinger pointing in an accusatory manner.

Gradually, I introduced the idea that if he ever had serious problems, for example, medical problems, his wife would protect him with the ferocity of an Amazon. As a warrior, she would make certain that the doctors and staff worked with remarkable precision. Throughout the discussion of the warrior nature of the wife, I shook my pointed finger dramatically. The husband had to agree that his wife was a warrior.

Subsequently, I turned to the wife and tipped my head shyly, suggesting, "Your husband is a poet. Yes, he has a technical career, but really he is a romantic figure who deals with images. As far as his personality is concerned, the veneer may be technical but underneath, there is a sensitive poet. You are to be congratulated for finding a man in this day and age who has a sensitive, poetic side." She had to agree with me that her husband was a poet.

Although my description of this intervention may seem technical, I was not thinking to myself, "Now I am reframing. Now I am anchoring." If I thought technically, I would lose power. Rather, I was wondering to myself, how could I guide associative processes so that in a preconscious manner, when the husband saw his wife shake her finger, he would have a flash of me describing her as a warrior. Concomitantly, when the wife saw her husband tilt his head shyly, she could have the preconscious flash of me describing him as a poet. I was working to change the associative net within the relationship.

This method may sound Machiavellian, an exercise in powerful subliminal manipulation. However, powerful manipulation is not the essential idea.

At the center of this method is an understanding of how people change in life. On an emotional level, most change is not derived from cognitive information. Rather, emotional change derives from the construction of associations. It happens when we preconsciously combine already existent ideas in new patterns.

Case Two

The method in the next case centers on the posture of orienting toward. Again, the work is with a couple.

Karen "was referred" by her previous couples therapist and requested individual therapy for difficulty dealing with her anger. In the third session, we agreed that a collateral contact with her husband, James, would be beneficial. Both Karen and James were highly intellectual people with technical careers.

The initial part of the session was spent alone with James. When queried, he indicated that Karen's problems were due to her low selfe-steem. He indicated that there

was considerable defensiveness in their communication and that the marriage was in trouble, but stated that he was committed to the marriage because of the children.

The majority of the session was spent with both members of the couple present. They were distant and defensive and began bickering about obscure points. I stopped them quickly, explaining that I had stopped listening when they started bickering. I gave them four assignments and asked them to only choose one of them. I provided a fifth assignment that could only be done in the future, after progress had been made in the therapy.

1. They were to go roller-skating and engage in rhythmical physical activity. (The couple had not had sex in quite a long time and their communication was adolescent.)
2. They were to get a book, such as *The Little Prince*, and read it to each other at night, so that they could say "neutral" words to each other. (Again, the couple was defensive in their communication).
3. They were to communicate like computers, in packets of information, but each packet must contain a pun. (Neither spouse was using their native humor.)
4. They could restrict their communication to nonverbal messages for a specified period of time, e.g., 30 minutes. (At least they would be communicating. They were terribly distant.)
5. Once they had reestablished their relationship, and only at that time, could they read the advice column in the newspaper with their children at dinner time. Members would take turns at reading the conundrum posed to the columnist, but they would not read her solution. Rather, each member of the family would present a personal perspective on the presented moral problem. After each expressed an opinion, the answer of the columnist would be read (this assignment would require the family to increase their interaction).

The couple had a rejecting style. The purpose of multiple assignments was to give them the opportunity to reject one of my offerings, something they were bound to do by virtue of their personality patterns. However, the assignments were more than paradoxical and symbolic. Rather, I wanted the assignments to be "lenses" through which each of the partners would view the other. When Karen interacted with her husband on a day-to-day basis, she could see him through the "lens" of my suggestions of roller skating, reading, punning, and pantomiming. Thereby stilted roles and images could change. Again, the goal was to change their preconscious associations about their relationship.

In the next session, the wife delightedly reported that they had done two of the assignments, namely, roller skating and punning.

I will next present two examples from Erickson which are not previously published. I have been in the process of collecting biographical data about Erickson, and have

interviewed more than 100 of his colleagues. Occasionally, I have interviewed one of Erickson's patients. The next two cases are examples of Erickson's patients. One was a professional colleague, a physician, as well as a patient.

Case Three: Doctor Inez

Dr. Inez came from an upperclass Asian family. She lived in an over-protected situation as a child and had little contact with common classes. As a result, she had a naive personal perspective but a sophisticated education.

In 1960, Dr. Inez attended a lecture by Erickson. At the end of Erickson's lecture, this rather shy woman uncharacteristically asked Erickson, "Do you do marital therapy?" He replied, "Only if you come to Phoenix".

She and her husband drove 500 kilometers from their home city to Phoenix, Arizona, and spent a few hours with Erickson over the course of two days. She did not remember much about the contents of the session when I interviewed her in 1994, but she did remember at the end of the session, Erickson distinctly admonished them, "You now need to return home. Sometimes when you are in a car driving and talking about upsetting things, it can be dangerous. Therefore, I recommend that you, Dr. Inez, fly back to San Diego. You, husband, drive back." That was the end of the therapy.

When Dr. Inez went home, in an uncharacteristically assertive move, she divorced her husband. Seven years later, she was remarried. A letter arrived containing a bill from Dr. Erickson. On the bottom of the bill was written in Dr. Erickson's hand, "I really hope by now that you have left that horrible Mr. Inez." Dr. Inez was completely shocked: (1) She was embarrassed about the bill; (2) She was surprised that a professional would wrote something so bold after not having contact in so many years. Needless to say, she paid the bill.

A number of years later, Dr. Inez was in her garden reflecting about her life: how wonderful it was to be with her family, and how horrible it would have been had she stayed married to Mr. Inez. She called Erickson and explained that she would be in Phoenix for a medical meeting. She requested time to visit. When she arrived, she told Erickson, "You know, we physicians don't get enough opportunity to realize the impact of our work. I want you to know how pleased I am with my life now. You helped me at a transition point. It meant a lot to me."

Continuing, she said, "You know, I still feel heavy at times." (heavy is an idiom for depressed). While she was describing her heaviness, suddenly, out of the periphery of her vision, she saw Dr. Erickson's hand. It reached over and took her left hand, raised it in the air, leaving it cataleptic. He looked at her smilingly and said, "There's no heaviness to me."

Then he gave her a wood carving and a book as gifts. He expressed his appreciation of her visit.

Some years later, Dr. Inez was at another hypnosis meeting. One of the experts used her as a demonstration subject. Trying to give her a good experience, the expert suggested, "Go into a trance and see one of life's most important treasures." Dr. Inez started crying. What did she see? She saw Dr. Erickson's hand reaching over to hers, lifting it and saying, "There's no heaviness to me."

As Dr. Inez described her experiences with Erickson, she said, "As I am talking with you on the telephone, I have Dr. Erickson's book on my lap. I have the wood carving in my hand. I can't tell you how much it means to me to have these memories and tell this story.

As we analyze this case, we can remember the method of guiding associations. How can Dr. Inez think about "heaviness?" For the rest of her life, she could associate heaviness with the experiential memory of Erickson lifting her hand and with the kindness he showed her. Subsequently, it would not be so easy to become "lost" in feelings of heaviness.

Case Four

I can shed some light on a case that I published in one of my books (Zeig, 1985). It concerns a woman who came to see Erickson during World War II. Her husband was on leave from the Army and he brought her to Dr. Erickson's office at the end of his military leave, which he procured for the express purpose of taking care of his wife. When she arrived at Erickson's office, she said three things to Erickson to which he replied, "Madame, I don't know anyone I hate enough to refer you to for psychotherapy." Erickson dismissed the patient, who we will call Diane.

When I asked Erickson what Diane had said, he indicated that she proclaimed, "I have a terrible headache, and that mess on your secretary's desk makes my headache worse, and you would think a doctor could have more decent furniture. Anyone who reads medical books ought to know how to line them up properly on a shelf."

Diane was not going to be Erickson's patient; he did not believe she would change. However, she manipulated her way into the hospital where Erickson worked, and got admitted, even though she did not live in the region that hospital served. Erickson assigned one of his residents to work with her in order to educate the resident.

Erickson instructed the resident to perform an initial intervention: Diane would write her autobiography. Two attendants would assist. As soon as she wrote a page, the attendant would take it away so that she could not change it. Diane wrote enough to fill 32 typewritten singlespaced pages. When I first visited Erickson in 1973, he gave me the transcript and asked me to read the first page and tell him what it said on the 32nd page. I had no idea. Subsequently, Erickson taught me how to understand what I was reading.

He showed me letters that he had received from Diane through the years and indicated that he did not answer them. They all contained the same pattern, a pattern which was indicated on the both the first page of her autobiography and in the first sentences she said to Erickson at their initial meeting. Diane had a stylee of being derogatory by implication. Erickson believed that a person with that style was not going to change.

Diane had two children, one of whom was clearly a daughter, because when Diane would talk with the resident about the particular child, she would say her name. She had another child whose name was Nicki (a fictitious name). Nicki could be the name of either a boy or a girl. Over the course of the therapy with the resident, Diane did not indicate whether Nicki was a boy or a girl. It is quite hard to restrain oneself from communicating gender, but Diane managed that difficult task.

One day, Erickson and the resident walked around the corner of the ward and saw Diane with two girls. Diane exclaimed to Erickson, "God damn you!" He said, "I am sorry. It was purely accidental."

In 1974, the daughter, Nicki, called Erickson. Her mother and father were divorced. Her father was blind. Nicki wanted to know if the blindness was psychogenic or if it was caused by Diane. Even though her parents were divorced, Diane was giving her father medical injections. Perhaps the blindness was induced by an intentional injection of alcohol.

Erickson agreed to the interview and suggested that Nicki and her sister and father come to Phoenix for an interview. However, just Nicki and her father arrived. Erickson did not charge them for his time. Nicki left with the understanding that Erickson had said to her, "Your mother was evil and capable of injecting her exhusband with alcohol." Nicki was shocked by Erickson's pronouncement and after returning home, called him. He wrote her. This is the text of the letter:

Dear Nicki:

To explain a complicated psychological problem in one session is really impossible. I said that you were not cheerful. As you remember, tears came to your eyes several times when we spoke, but not more than a half a dozen rolled down your cheek. Probably one distinguishes very carefully between the behavior and the behaver - what is done and the doer. Let me illustrate by relating the misfortunes of a college friend. He always meant well, but whatever he said came out wrong. He had a much wanted date with a young woman in college. Unfortunately, that morning she awakened with a cold, but apparently she wanted the date as much as he did. She went with him to the movies and he was very much in sympathy for her, but he didn't know how to verbalize it. When they returned to her home, he desperately wanted a goodnight kiss, but he knew that the girl was just too miserable to do more than hurry into the house and get into bed. So he said, "Haven't I done enough without kissing you goodnight?" She slammed the door in his face.

He came back to her house and asked, "What did I do wrong?" I mean it was just humorous. So we explained, "You mixed up your pronouns. You meant, 'Haven't you done enough for me without kissing me goodnight?'" He said, "Yeah, that's what I meant. Why didn't it come out that way?"

Our landlady gave get-acquainted dinners. We thanked her at the close of the dinner, but Jack said, "It was very good, what there was of it." The startle that he received told him that he said something wrong; so quickly he said, "What I meant is that it is a lot better than the food at the zoo." Poor Jack!

In the four years I knew him, he never managed to say exactly what he meant. Jack was not unappreciative, but he never said words that expressed appreciation.

I explained repeatedly that what your mother did was evil, not that your mother was evil. The deed was evil, not the doer.

Your mother liked me and respected me because she knew that she could trust me never to get hurt by her. And because she knew that when she started out to be good, it would turn into something sour. If I was around, she knew that I could manage things so that nobody got hurt unless that person didn't want to cooperate. Your mother and I could laugh with each other at my turning something sour into something sweet. She knew that I didn't laugh at her, but did at frustrating her behavior, which started our good but turned out bad. She knew I never resented her and that I wouldn't let anything she did hurt me. The mistake that the three of you made is that you let her hurt you. If you can just cut her loose and never give a chance to either help or hurt you, she will experience great relief.

I have some nice letters she wrote me because she knew that I would like them but never answer them. As absurd as it may sound, it is a relief to your mother to know that there is someone who she is certain she cannot hurt. I hope you understand.

Sincerely,

Milton Erickson

Consider Nicki and the associations that she had to some of the evil deeds of her mother. Consider Erickson's letter, not as a technique, but as a way of guiding her associations to think differently about her mother's identity. Consider how Nicki could understand her mother's behavior against the background of Jack and his ludicrous behavior

Conclusions

In this paper, I have offered a preliminary study about considering psychotherapy from the prospective of guiding associations. When one studies hypnosis, one learns how patients associate. One learns how to shape interventions that meet the demands of Erickson's dictum that therapy is the reassociation of internal life. To guide associations could be considered a technique. However, it is more than a technique. It is a style of "being" a therapist.

Clinicians would do well to consider their existential postures. As a master therapist, Erickson can be used as a model. Clinicians can compare their own postures to those of Erickson. If they find some of Erickson's postures to their liking, they can work to develop them. Subsequently, methods will derive from ways of being, rather than from proscribed theory and technique.

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What's new about the New Hypnosis

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■ *The chapter explains how the New Hypnosis (NH), stemming immediately from M. H. Erickson and historically from la Nouvelle École de Nancy, differs from traditional hypnosis. Among other differences, the chapter explains hypnotizability, methods of induction and depth of trance. Then the fundamental principle of the NH is presented and elaborated: that "the clinician does not hypnotize the patient but merely facilitates the hypnotic experience guiding patients to use the mental resources of their personality for their benefit and enrichment as human beings". The chapter offers a clinical case study to illustrate these concepts.*

We all know that hypnosis has been used - and abused! - for many centuries. Technically we must distinguish between the external mind control used by one person over another and the techniques to help an individual employ the inner and hidden resources that will make life better, healthier and more enjoyable for that person. Both tasks can be accomplished with hypnosis. When used professionally it proclaims to be very far from external control and only in the last three decades it has emphasized strongly its second use. In the 1950's Milton H. Erickson as a clinician and T.X. Barber as a researcher made clear that many of the aspects of hypnosis, deemed essential by the traditionalists, were not necessary for effective hypnosis. They, on one side and the traditionalists on the other, renewed the dispute from the end of the 1800's between the traditionalists of the Salpetriêre hospital in Paris and the "rebels" of Nancy, also in France.

The New Hypnosis or NH (capitalized to make it a name and title) follows the work of the Nouvelle École de Nancy and belongs to what Weitzenhoffer (1989) calls the non-traditional hypnotism, according to Godin (1992). It is indeed rooted in the work of Erickson (see Rossi, 1980) and in the important investigations of T.X. Barber (1974, 1979; Barber, Spanos & Chaves, 1974), influenced by Sarbin (1950, 1989); (Sarbin & Coe, 1972). But the New Hypnosis is not limited to these two powerful sources. It benefits also from psychoanalysis (Gruenewald, Fromm & Oberlander, 1979) and from cognitive-behavior therapy (Bowers, 1977; Cautela, 1978). The New Hypnosis appears