

Hypnosis and Family Depth Therapy

Carl A. Whitaker

Because I am still alive to take poetic license and talk with you about myself and my professional living from that podium old men have fun with, I intend to take full advantage of this opportunity. I'm glad to share with Jay Haley who uses the podium of experience rather than old age. I tremble a bit to think of what will happen when he has both old age and his massive perception to offer.

I must make it clear that I'm a lumper, not a shredder, and at times some people have reframed this as stupid. I'm interested in my depth, not the family's depth. I have no interest in individual symptoms, that is, in taking the family off the spot like the state hospital did in "treating" the identified patient. Once he was off the spot it cured the family like debtor prisons cured the debtors. I'm searching for my pathology, not yours and not the family's pathology. I share my pathology with patients, whether it's the somatic substitutes for my psychological stress, my parasympathetic attacks, my skin itching, or my asthma, which I think of as reciprocal with the psychosis of my high school days.

Furthermore, you must recognize that I'm not interested in being therapist to the culture and the pathology that it's induced. I make no effort to respond to the culture's demand that I play missionary to everyone who has been damaged and shows up at my door. This has to do with my discovery some time back that what happens to missionaries is that they get eaten up by cannibals.

Psychotherapy is an absurd, lifetime adventure. Like an abstract artist, I'm looking for better expression of my life, not only in relation to significant others but also in relation to myself. If I'm lucky, a creation may happen during therapy that bridges my inner self and the inner self of others, the family, or even an audience. It may happen, but I don't work for that.

Since I was first called for this strange interlude in your hypnotic conference, I keep asking, "Lord, why me?" I really accepted as a way to share my grief at the loss of both Milton and Gregory Bateson, one of the greats in my beginning as a therapist.

I feel somewhat like a bastard at a family picnic of you hypnotists and hypnotic subjects but am reminded of when I was a child on the dairy farm; feeding 100 cows, 100 chickens, a dozen pigs, a half dozen horses, and 23 cats made psychotherapy a natural process. I also spent many, many hours

shoveling cow manure, which is very heavy—that gave me good training. I would never have guessed when I was a simple schizophrenic in high school that I would give up my OB-GYN training and become a psychiatrist just because I fell in love with schizophrenia. Now it is more and more clear that we're all schizophrenics in the middle of the night, although we wake up and make believe nothing happened. Our highest integrity is limited to the sleep hours.

The opportunity to talk about family therapy within the framework of hypnosis left me quite frightened, but only after I'd accepted the challenge to come here. Having decided to try, it dawned on me that hypnosis derives quite automatically from the experience each of us has in his infant years. Some mothering person defines and prescribes our character structure. That character structure is only mildly, if at all, changed by all these wonderful ponderous efforts we make to be helpful. We try to bring about a state I'd call "undue influence" on those who come complaining about this hypnosis their mother put on them. I hasten to add, for political reasons, of course, that I'm not talking about mother as an individual but the culture expressed through the family and as further expressed through the mother. I hereby define this hypnosis as Original Sin Number 2. Like our closet homosexuality, we each hide the posthypnotic sacred cow image she left us with very carefully. Or, as Schatzman, in *Soul Murder*, adds very nicely, "They taught that you don't do this thing that I'm now telling you because I tell you to do it. You do it because you know inside yourself that it is the right thing to do."

Let me back up for a minute. We old men claim the right to tell fables about our childhood. Growing up on a Lake Placid-area dairy farm, I was training for the first 13 years to save the world and, of course, now in this venerated moment, I can be clear that my mother is looking down at her white knight and his Christ-like saving the world against all the evil pressures from the latest devil. In my early teens, she helped switch me from being Christ to being an M.D., which of course was merely a paradoxical ploy. It's taken me many years of being the patient and many more years of being a covert patient disguised as therapist to discover how carefully I was hypnotized. First, I was told that I should grow up to be whatever I wanted to be. This made the fact of her veneration for the church, her respectful devotion to the minister, and playing the organ for our country church so much more

powerful. It helped me gain this cloistered podium, which is not unlike that one. In my teen years, I wanted the admiration she had for our local doctor. She and I also stored away in my motivational brain cells the veneration she had for her high school chum who became superintendent of a New York State mental hospital. This family-controlled posthypnotic suggestion not only included modeling after my father as a dairy farmer workaholic but the more subtle hypnosis of my nonhuman environment. My garage looks like the tool shed on my childhood farm and I even make my \$200 suit look like overalls in loyalty to that father. So it's easy for me to say to the wife of a Wisconsin dairy farm family, "How long after you married did you find out your husband loved the cows more than he did you?" She says, "Oh, I always knew that." The significance of this kind of hypnosis and its overall power was delightfully apparent a few years ago when our six children were home for Christmas vacation with spouses and grandchildren. The dinner table was more crowded than in those young days when the children knew that the way to spark the old man into involvement was to spill milk, but now in one meal I arranged to spill mine three times, thus reactivating my hypnosis and theirs in a return to the "good old days."

UNDUE INFLUENCE

To define the "undue influence" quality of psychotherapy, one needs to develop only a few components of the original infantile induction. The first of these is the quality of isolation. The fearsome world is outside. Mother and I are the real world. I once recorded for 100 hours of therapy the time from the beginning of the interview until the word *mother* was first used. It turned out to be approximately 5 minutes. Second, recapitulation of the childhood hypnosis is facilitated by the freedom to move close and to move away, that flux so characteristic of sexual intercourse, breast-feeding, family belongingness, and independence. A third component in the evolution of undue influence or the reactivation of mother's hypnosis is the freedom to talk about or meta-communicate. There's nothing mother did easier than saying, "Yes, dear, that's nice. No, dear, don't do that. Tell me about school." It's also characteristic of psychotherapy that we move toward a meta-experience. In my office, this usually involves playing with puzzles; throwing Nerf balls or Nerf Frisbees; playing murderous fun experiences with Bataca bats; and the occurrence of endless deliberate, accidental, or intuitive meta-signals. Or, even as we're doing now, meta-communicating about meta-patterns.

The fourth component is not generally accepted. The best recapitulation of the family scene includes two parents. We call it cotherapy. The mother's hypnotic effect is not induced by her but by the "they."

One of my schizophrenics, many years ago, in the process of her recovery, had a dream. She was backed up against the wall by her mother, who had both hands around my patient's

neck. Mother then glanced down to the far end of the long state hospital hall where father was seated in a rocking chair quietly rocking back and forth. As mother looked down the hall, father gently nodded his head. At this point, the patient was clear in her dream that mother would go on and choke her to death. Hypnosis can be merely a dyadic event but I assume it is more powerful if there is a "they," that mysterious paranoid other that gives the child a group to belong to, an experience or triangulation and a training in how to live in aloneness.

Family psychotherapy also includes the formation of a meta-family, that suprafamily that includes, in my model, two therapists or more—I've used up to 12. In this process, reactivating the hypnotic experience is much more covert and therefore perhaps much more invasive.

Assuming as I do that hypnosis is always bilateral, it starts out with one therapist being willing to be hypnotized by the patient or by the family, that is, daring to be vulnerable. Haley, Bateson, et al. called it a double bind. Daring to care is the way we usually verbalize it. Without the anesthesia of that caring I suspect the powerhouse system we call the family would not allow undue influence. In the family versus the therapy team contest, it's very clear that after the first few interviews the family has the greater power.

FAMILY HYPNOSIS

The hypnotic induction of a family begins most easily through the development of an emerging sense of the whole—a family nationalism: "The Campbells never quit fighting." Affect contributions come from the subsystems, whether it's each generation as an entity or sexually identified subgroups or collusive triangles. They are, of course, supported by the detailed contributions of individuals. These symbolic icons include the father (known in the good old days as the Heavenly Father) and the executive officer (known in the good old days as the Virgin Mother). Such a double bind—the untouchable dreamer and the master of the soup kitchen!

We label Erickson's concept of gaining control "the battle for structure." It's more overt and direct in family therapy than in individual therapy. The successful battle for control is usually fought over the telephone before the first interview. Whatever the family expects is expanded to demand more time and more people or to deny overt requests for hospitalization, medication, or long-term therapy plans. It has almost become a rule that if you can't be accepted as parent before the first interview it will be very difficult to take control during the first interview. Once control is established, the therapist must augment his own caring. Once the family has become part of the treatment suprasystem, it is easier to change the interactional system if you change the therapist and his orientation. Family therapy is also characterized by the indirectness that was Erickson's forte. The use of obtuse,

circumventing, confusing invasions by the therapist is very useful. Direct educational approaches are ordinarily useless. Family therapists have long been clear that direct exposure of the family's deeply hidden dynamics may resolve the crisis—or result in further protectiveness. In fact, it's probably wise to leave the identified patient completely on the sidelines for the entire therapy. Changing the family as a symptom context is like changing an alcoholic spouse. It's more useful than any effort to change the identified patient. It doesn't help to treat lobar pneumonia as though it were just a cough; it may even be fatal.

In psychotherapy, we struggle endlessly with the fact that most people live fragmented lives. They are preoccupied with the horrors and the glories of the past or they are preoccupied with the horrors and the glories of the future. They don't live; they just use their left brain to endlessly think about living. This kind of meta-living is just like meta-communication—the disease that all psychotherapists are suffering from. We spend our lives talking about talking and many times never say anything. Even worse, if we're not very careful, meta-communicating contaminates the rest of our living and the rest of our talking. Medical students who are learning psychotherapy say, "The problem with this racket is that whenever I go on a date, I end up being a psychotherapist instead of a boyfriend, and I don't know how I get there."

We even do it with each other. If I can't be your therapist, I flip the other side of the coin and become your patient. We not only have the disease ourselves but we're carriers. We contaminate our patients, and that's bad by itself. But it's even worse because almost all marriages in America now are bilateral pseudotherapy projects. She's just the girl for him as soon as she gets over her compulsiveness, and he's just the man for her as soon as she gets him over his alcoholism. And then they spend the first 5 years of their marriage (it used to be 10 years) trying to be better psychotherapists and better patients until it becomes a therapeutic impasse, and then they come for help. So when you see a couple, it's really not psychotherapy but supervision. They are trying to learn how to be better psychotherapists or better patients or both.

What is the essential objective of psychotherapy? If it's really second-degree psychotherapy, not counseling or adequacy training or psychological education or some other contaminant, maybe it's to get rid of the past (good and bad) and the future (good and bad) and just be. That is, develop your personhood or your capacity to be who you are, wherever you are, and so forth. Ehrenwahl called that the existential shift. And every once in a while I get a patient who has it happen. It is a very exciting thing to have happen. The language change is dramatic. One talks in the present.

A patient I saw yesterday, mother of two anorexia nervosa daughters and the wife of a systems analyst husband, said, "I called my daughter to talk about the appointment today, and then I called you and you were upset about it. So I called her back, knowing that if it was to be different, she would be

there, and if it wasn't to be different, she wouldn't be at her apartment." This was kind of a strange emersion in the present tense world of her living process. It was all right with her, whichever way the world turned; she would be accepting of it even ahead of time. The thing that was strange is not that she did it but that it's such a surprise. I never seem to expect it. The present tense isn't something that we live in.

Anybody who is really studying the few grown-up people in the world will say that the most dramatic part about them is their personhood: They are a presence. Barbara Betz said, "The dynamics of psychotherapy are in the person of the therapist." I have had personal contact with three or four people who I think could say the ABCs and it would be a personally significant experience for the other guy. One was Alan Gregg, who was president of the Rockefeller Foundation. The other is Isaac Bashevis Singer, the Nobel Prize-winning Jewish writer. There are a couple more. One was a Welsh preacher I heard lecture when I was in college. I went up to talk to him about what to do about my life. We had a very interesting talk. When I got through, I said good-bye. He shook hands and said, "Give my regards to your father." This was 50 years ago and I can't forget it. It was the strangest experience. It was out of nowhere—an eerie kind of validation of me. We had said nothing about my father. It was like his peculiar kind of perception, a peculiar kind of Ericksonian way of saying, "I'm glad to have met you."

I had a similar experience with Gregory Bateson when I was a resident. I wrote to several people who were exciting to me and asked to meet them at the American Psychiatric Association convention. I did that two or three times with Gregory Bateson. He and I would go into a bar and sit down for a drink. You didn't have to say anything to Gregory; all you had to say was "Hello" and from then on he cooked. I think Gregory could have said the ABCs and I would have grown by the experience. I was learning from him how to be all in one direction. That's the existential shift—how to narrow your world until you're in the present tense. I think the change of language has to do with the disappearance of the conditional tense, the disappearance of the mythological themes: "I wish it could be," "I think it should have been,"—the "shoulds," "woulds," or "coulds." All of those seem to fall away. It has some of the quality of the manic patient who within 3 minutes will name 250 things. He's not thinking, he's just seeing and putting it in words. He is letting his unconscious take over, only crossing the corpus callosum into the verbal analytic side for the sake of communication. There is no programming it through the computer to see whether it agrees with past conclusions, conceptual frameworks, parental orders, or cultural demands. It's really very exciting. But I think it's like a sexual turn-on in that you can respond to it or not respond to it. I am amazed when I hear it. Often I may not have heard it.

In therapy, once the family has a firm attachment to its meta-family, the process becomes one of increasing communication freedom with the opening of new options and

extensive experience in the back-and-forth traffic across the corpus callosum from right brain total gestalt and intuition to left brain symbolic use of language in consciousness and operationalized by the organizational capacities of the whole person. It used to be said that the process was mostly an effort to develop communication. Now it feels to me as though much of the traffic is in the other direction. We use our hypnotic-like power to expand access to primary process by way of play, by way of metaphor, by way of precipitating behavioral interactions, and by way of body contact. The most graphic and powerful educator in this evolution, of course, is the young child. Hypnotic induction by way of cuddling the 1-year-old is like magic in family therapy. Further support for our therapeutic project may evolve from an invasion of the three-generational or four-generational family system and hopefully we cultural cryptologists can help them by means of a short course in family code breaking.

When therapy is successful, there develops in the therapeutic system cues that enable the therapist and later the family itself to regress to an infantile mother-child role set. The family is thus prepared to regress in the service of the family ego and simultaneously gain freedom to help the individuals and subgroups regress in the service of their individual maturing. The basis for this process evolves from the initial freedom of the therapist or the therapeutic team to rehypnotize themselves. The therapists must learn to modify the covert hypnosis of childhood and its subliminal cue turn-ons to an increasing freedom to move in and out of this self-hypnosis and thereby the gradual emergence of free-flowing creative impulses. This movement inevitably precipitates anxiety in the therapist. This is in direct contrast with the ancient dictum that psychotherapy is a process in which one of the dyad is anxious—and hopefully that one is not the therapist. I'm convinced that the hypnosis is bilateral and hopefully the therapist is self-hypnotized and does it first. Many times I fear that the family hypnotizes the therapist first and then he struggles to break out of his own hypnosis by trying to hypnotize the family. Many times he doesn't make it, and then the therapeutic party is a flop.

Although I had read little of Erickson before being invited to this lecture, and although I've never done hypnosis in any deliberate way, I find, in reading Jay Haley and Erickson, many similarities to my methodology for working with the family on a growth model. This is based on an assumption that the family itself is the patient. One can take the family where it operationally exists, joining it not where it thinks it is but where you observe it to be. A family may ask for help with a delinquent teenager or a drug-abusing college student when it's very clear that this symptom of the family's pain is covering more serious problems. Every family presents with a face-saving symptom, even if it is a schizophrenic family member. Behind that is father's loneliness or mother's obesity or father's drive toward a coronary out of his bitter war with mother or maybe her loss of self-esteem. The schizophrenic

also may have thrust his Holy Spirit into the triangle of father/mother and one or both mother-in-law. Precipitation of the family into being more seriously concerned with the early death of father or the suicidal impulses of mother may escalate the family into a kind of bewildered confusion and those multiple stress reverberations that Erickson so neatly responded to in his work.

Subsumed in the process of the family's pain and their inability to break out of their lifetime chaos and its crippling effect is the presence of culture-induced stress. This is injected under the name of such themes as religion, nationalism, societal roles, or ethnic tensions. Samples of these pressures are widespread, for example, "We can only think in words," "You must love the other and not yourself," "Self-worth is measured in dollars," "Life is for working," "Nations, like women, are in constant danger of rape," and "Only women love children."

Time is the essential presence of mother in the now, and the clock is itself our god. So the induction of a useful stage of undue influence, which I call hypnosis, allows the isolation that gives the family the courage to defy some of these culture hypnotic tricks.

The first step, then, in good family therapy is the freedom of the therapist to allow himself to be hypnotized, that is, to conquer his own fear of being unduly influenced. This involves, as David Rioch once said, a kind of maturity that he defined as the capacity to be immature. Can the therapist accept his vulnerability and allow an identification with the family and the submersion of his personhood into the family?

The second step in inducing deliberate undue influence is to invade the family and then to back off from the family. It's like a repeated hypnosis and rupture of hypnosis. The therapist allows himself to be induced and repeatedly escapes again, thus modeling for the family its freedom to regress and to fight its way free of the hypnotic spell put on it by the therapist. The process patterns later freedom on the part of the family to regress without needing to be hypnotized by the therapist and he thus patterns for the family courage for joining and individuating by the individuals and the subgroups within it. They learn to move into and out of hypnosis without the need of an outside vector, either by induction from the therapist or by the culture.

Successful therapy may lead the family to expand its boundaries to include its neighbors and even the "family of man." Then we can define family maturity as a nonhypnotic state of enjoying the absurdity of hypnotizing each individual and each person hypnotizing the family.

One other way of describing psychotherapy is to say that the family is the person and the therapist is the context. Furthermore, every family is crazy, that is, each lives in a world of pathological, irrational components. The therapist is expected to replace the chaotic component that society represents. When the therapist dares to become crazy, he double binds the patient and sets up an arrangement such that the

patient is forced to take the opposite pole of their interactional system and fulfill the sane and phobic role. This shift (back and forth across the corpus callosum if you will) sets up a contract. The patient can be crazy or sane depending on the pressure. In just such fashion, the family as a system can become crazy or sane, intimate, silly, ridiculous, fun loving, or at another time, rational, systematized, organized, and socially corrective. When that takes place, the family becomes therapeutic to its individual members.

Let's return for a moment to my own particular hypnotic life pattern. I began in 1945 to have episodes of going to sleep when I was the therapist. For the first 4 or 5 years I was horribly embarrassed, struggled to keep myself awake, apologized, went for therapy to break it up, and so forth. Gradually, as I became more tolerant of the beingness that was me, I dared to bring my dreams back from the sleep. Time after time they proved relevant to the therapeutic component of the interview.

Hypnosis is undoubtedly possible without the awareness of either the therapist or the family in the same sense that a couple falls in love without either one of them knowing what each has done to the other or what has happened to them. Psychotherapy then can be an experiential microproject of parenting. It's my assumption that the pressure for biological healing is identical in a weak back or a weak spirit. The universal objective is growth that is increased integration and increased personhood. Living demands a better integration in the body of the individual as well as in the family system as a body. The chief complaint that the family fronts with is a face-saver, a test pattern in the family's drive for change, and the effort to seduce the therapist into developing a suprafamily in which the therapist and the cotherapist will take over.

Hypnosis is a bilateral two-person event just like craziness and suicide. Craziness involves someone who's willing to be crazy and someone who's insistent on being sane. In the family, it is usually the mother who has a phobia about craziness. In suicide, the two-person event includes someone who wants to be dead and someone else who will benefit by or wants that person dead.

The uses of projection within the family are very similar to those the hypnotist uses, except that the family therapist becomes the hypnotist and stage director. One of the most obvious dreams is the pairing between a father and daughter or mother and son. When a divorce action is imminent, we suggest that the family sell the house and buy two condominiums or rent two apartments and daughter could cook for dad and son could take out the garbage for mother. If worse came to worse, father and mother could get together while son and daughter went out to a movie. Similar systems embedded in the multigeneration projections that are covert in every family can be exposed by a facetious, tongue-in-cheek process within the family pattern. For example, the parentified son can be teased into demanding an adult status with the therapist

and then cut down to child size. The therapist may tease him about taking over mother's job—if he's going to be mother's mother and he is going to tell her how to spend the money or handle the household, then mother will have to be his little girl and he will have to cook for her and that would make him his own grandmother. If he became the mother then he would be married to his own father and that would make him a homosexual. The posthypnotic residuals of such right brain fun often echo through the living room, dining room, and into the backyard.

The induction system in family therapy is thus focused to change the family as a whole and carefully not change any individual member. This may include a kind of hypnotic assault on the scapegoat. The therapist begins in the first interview to disconfirm the scapegoat, refusing to talk about his problem and possibly refusing to talk to the scapegoat about anything. In a similar manner, he disconfirms mother by insisting that the person farthest outside the family start the family history. Father is not permitted to talk about any individual, not even himself, but must talk about the family's style of living over time and its dynamics of operation—even its daily schedule. Once the family has conceded to the therapist's role as a senior parent person and has accepted the offer to regress and be childlike, this can be reinforced by all sorts of childlike actions, usually instigated by the therapist. I potentiate this meta-living by playing with puzzles, throwing Nerf balls and Nerf Frisbees, playing with teddy bears, offering children of any age a baby bottle, or sitting on the floor at mother's or father's feet to play with the little children while talking with the grown-ups. In fact, the therapist's becoming childlike may be a model for instigating regression and a bilateral hypnosis. In my interaction with families, I also may become their child inside myself. They may often represent in my inner transference experience my mother, my father, my sister, or my brother.

Part of the usefulness of family therapy as a discipline lies in the effort to break through a mythology in our culture about psychotherapy as helpfulness. The therapist may himself be deeply stained with this. Generations of religious servant monk models have left their mark. Most of us are typical do-gooders who carefully disguise our delusion that a Thanksgiving turkey is the best way to take care of welfare patients. If we can only learn to do the right thing, all psychological ills will pass away. Behind this are other multiple generation myths: We were conceived in sin, giving is more blessed than receiving, I am the sinful one and the least worthy of all God's children, and self-denial is the best way to get into heaven. Self-denial is the basis for being seen as a good person in our social structure.

One psychotic, after 17 years of treatment by various sophisticated agents and spending 2 years in cotherapy with us, was asked what had made the difference between this 2 years and his previous episodes. (He was pretty well cured—well, not quite—when he went to medical school).

He said, "Oh, it was 1 hour. One day you and Tom Malone and I were here for a whole hour and nobody was up to anything. I had never experienced that kind of beingness before nor have I since. It changed my entire world."

In trying to relate my family psychotherapy to the world of the hypnotist I need to be historical again. I recall the accidental discovery in 1945 that sucking up a baby bottle full of milk flipped one manic psychotic into health in less than 2 weeks. I decided that the bottle-feeding mother process was curative. For the next 3 years I fed everybody from a bottle, holding most patients in my lap while rocking and singing nursery rhymes to them. Then the technique lost its flavor. I have never been able to do it again. It was as though I was developing my own maternal, affective competence. I spent the next 2 years instigating a physical struggle with almost every patient, with arm wrestling, hand wrestling, and so forth. That too lost its value as I became more in charge of the therapy and needed less manipulation. I was by then less easily captured by the double bind of the patient or, if you will, not so easily hypnotized.

Success in family therapy seems to result from increasing the power of the family and then its generosity in the use and distribution of its power to the individuals and to the subgroups. With the increasing individuation thus created, there comes increasing homeostasis, that is, the family's increased freedom to expand its boundaries and contract them follows as the therapist expands himself within the interview and contracts himself as he returns to his personal and professional life after the family has terminated the interview.

The extended family conference may present the most graphic description of family system dynamics. Even if the conference seems to be unproductive in character, the results frequently reveal an increased integration within the family and its members and an openness to including neighbors and even "the family of man."

In the very beginning of family therapy, one must expand the family's commitment to itself as a unit—a living, operating, self-actualizing system. Unique to family therapy is our greater freedom for confrontation than in working with individual patients. I call this availability a transference phenomenon. Apparently, Erickson called this "the establishment of trust." It may be facilitated by a complete denial of the identified patient and helping the father to define his parental power vector and to expose his isolation and loneliness. Help in developing group stress is aided by joining forces with the little children or the white-knight scapegoat. Behind this is our effort to participate in the anxiety-ridden unconscious of the family itself. Deliberately inducing paranoia about death, divorce, craziness, suicidal impulses, murderous impulses, and the time changes in the family tends to open parts of the unconscious that are carefully covered. I firmly believe that the family's homeostasis is so powerful that the therapist need

not fear that he will overwhelm the family. The only danger in family therapy is that the therapist may be impotent or be extruded by the family.

Mobilizing the family by inducing anxiety brings a better morale and increases its power to neutralize the family infighting and actuate an operational readiness for change in the family system.

Once a trusting relationship has been set up with the family, the therapist's own personal concerns with what the family is doing to damage itself or failing to do to correct its pain become a basic factor in defusing or detumescing the scapegoat and in establishing a readiness on the part of the family to struggle with the family pathology. There's considerable similarity in this to Erickson's system of finding a common enemy and joining the family in its war against the school system or physical illness or an existential impulse for suicide or craziness.

Inducing mystification in the family is further amplified by an irrational disruption of the interview when the therapist and the cotherapist suddenly move out of pattern. Diversional techniques—playing with Nerf balls, sitting on the floor to play with one of the children without explanation—relieve the family's tension. Involving three teenage children with three Nerf Frisbees in a tossing game tends to leave the family quite defenseless and their fear about fear or anxiety about anxiety is often dissipated or at least disrupted. It's hard to play and still moan about craziness. It's amazing what happens if, in the middle of an interview, you suddenly have the impulse to go to the bathroom so you get up and go to the bathroom, or you suddenly have the impulse to go out and get your telephone messages so you get up and go get your telephone messages. And, if you feel like it and one looks like an interesting telephone call, you make the call. You come back 10 minutes later and they say, "Where were you?" You say, "What do you mean?" "Well, what did you go out for?" "I didn't want to be here." "Well, you didn't say anything about it." "I know." "Well, why didn't you say something?" "I didn't want to."

It's this strange process of being more yourself than they dare to be. For example, a father says something and I say, "You know, I think you are lying." He says, "I'm not lying." I say, "What does that have to do with it?" He replies, "Well, you shouldn't say I'm lying if I'm not." I say, "I didn't say that you were lying. I just said that I thought you were lying." "Well, I'm not." "Well, it doesn't make any difference to me. I'm just telling you what I thought. And I'm very old and very stubborn and don't expect me to change my mind just because you disagree with me."

I'm through.

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received the Distinguished Family Therapy Award from the American Association of Marriage and Family Therapy. He was also a former president of the American Academy of psychotherapy. Whitaker's approach has been named "the experiential school."