

# Milton Erickson

Milton Erickson never compiled his unique body of knowledge and learning into an organized account of his approach to therapy. As a result, there is no single publication or book that provides a complete sense of the wisdom that guided him throughout his career as a therapist and hypnotist.

Among those who trained or studied with him (Jay Haley, John Weekland, Gregory Bateson, Ernest Rossi, Jeffery Zeig, Stephen Gilligan, and together Richard Bandler and John Grinder) each came away with a different idea of what was considered "most important."

The following are quotes that have been distilled from his writings, speeches, conversations and training sessions.

## PEOPLE ARE UNIQUE AND REQUIRE A UNIQUE APPROACH

**I think that true psychotherapy is knowing that each patient is an individual, unique and different.**

*(Zeig, 1980, p. 226)*

**You're going to find a tremendous divergence in your patients. Why not? People are different, understandings are different.**

*(ASCH—American Society of Clinical Hypnosis—1980, Taped Lecture 7/16/65)*

**Each patient's problem needs individual scrutiny and the structuring of the therapeutic approach to meet the individuality of the problem.**

*(In Erickson, 1980 Vol. IV, ch. 18, p.192)*

**You individualize your therapy to meet the needs of the individual patient.**

*(Zeig, 1980, p. 113)*

**In every psychiatric case, you have to take the individual personality into consideration.**

*(Erickson, 1977b, p. 132)*

**Any therapy used should always be in accordance with the needs of the patient, whatever they may be, and not based in any way upon arbitrary classifications.**

*(In Erickson, 1980, Vol. IV, ch. 15, p. 174)*

**But the important thing is: Deal with your patient and don't substitute your ideas.**

*(Zeig, 1980, p. 130)*

**I think that in hypnotherapy and in experimental work with subjects, you have no right to express a preference; that it is a cooperative venture of some sort, and that the personality of the subject or the patient is the thing of primary importance.**

*(Erickson, 1977a, p. 130)*

**I think the textbooks on therapy try to impress upon you a great number of concepts. Concepts . . .[should be taken] from your patients, not from books, because books teach that you should do things in a certain way.**

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*(Zeig, 1980, p. 226)*

This matter of concepts of advanced psychotherapy should include this: that you ought to rely upon the capacity of the individual patient to furnish you the cues, the information by which to organize your psychotherapy because the patient can find a way if you give him an opportunity.

*(ASCH, 1980, Taped Lecture, 8/14/66)*

One should look upon his adult patient or his childish patient as possessing understandings that are available if you are willing to respect that patient and willing to give that patient the opportunity to make use of his capacities to function and to react to the therapeutic situation.

*(ASCH, 1980, Taped Lecture, 8/14/66)*

I do not know of anybody who has ever really understood the variety and purposes of any one patient's multiple symptoms despite the tendency of many psychiatrists to hypothecate, to their own satisfaction, towering structures of explanation often as elaborate and bizarre as the patient's symptomatology.

*(In Erickson, 1980, Vol. IV, ch. 18, p. 202)*

No person can really understand the individual patterns of learning and response of another.

*(In Erickson, 1980, Vol. I, ch. 6, p. 154)*

In psychotherapy, you ought to know that your patient knows more about his past learnings than you can ever know.

*(Zeig, 1980, p. 46)*

The ego, as far as I know, is a helpful and convenient concept, but that is all that it is.

*(In Erickson, 1980, Vol. II, ch. 33, p. 340)*

Now too much has been written and said and done about the re-education of the neurotic and the psychotic and the maladjusted personality as if anybody could really tell any one person how to think and how to feel and how to react in any given situation. Everybody reacts differently according to his own particular patterns, his own background of personal experience. What pleases me can displease my wife.

*(ASCH, 1980, Taped Lecture, 8/14/66)*

Such re-education is, of course, necessarily in terms of the patient's life experiences, his understandings, memories, attitudes, and ideas; it cannot be in terms of the therapist's ideas and opinions.

*(In Erickson, 1980, Vol. IV, ch. 4, p. 39)*

You need those divergent understandings. There is no exactly right or absolutely wrong approach. We know too little about human nature and human personality and human potentials to ever say "this" and only "this" is right. We need to take an inquiring, a curious, an interested, a pleasingly interested attitude toward our patients, wondering just how they are going to utilize those countless billions of brain cells they all possess, most of

which they'll never be called upon in life to utilize, but which, should certain circumstances arise, they may use another few million that they never expected to use.  
(ASCH, 1980, *Taped Lecture*, 8/14/66)

Properly, it [therapy] is not a matter of advancing particular schools of thought or of attempting to substantiate interpretative psychological theories, but simply a task or appraising a patient's problem or problems in terms of the reality in which the patient lives and in the terms of the realities of the patient's continuing future as he or she may reasonably hope for it to be. [1930's]

(In Erickson, 1980, *Vol. IV*, ch. 54, p. 482)

The leading of the patient into this more satisfying method of living and of expressing the self is a rightful goal greatly to be desired. . . . The achievement of the goal while primary, is not the only consideration. Also, worthy of evaluation, planning and thought by the therapist are the matters of time spent, of effective utilization of effort, and above all of the fullest possible utilization of the functional capacities and abilities and the experiential and acquisitional learnings of the patient. These should take precedence over the teachings of new ways of living which are developed from the therapist's possibly incomplete understanding of what may be right and serviceable to the individual concerned. [1965]

(In Erickson, 1980, *Vol. I*, ch. 29, p. 540)

The therapist's task should not be a proselytizing of the patient with his won beliefs and understandings. No patient can really understand the understandings of his therapist nor does he need them. What is needed is the development of a therapeutic situation permitting the patient to use his own thinking, his own understandings, his own emotions in the way that best fits him in his scheme of life.

(In Erickson, 1980, *Vol. IV*, ch. 20, p. 223)

She is using some material I offered, and what she uses is a function of her personality, not mine.

(Erickson & Rossi, 1979, p. 416)

I think she will probably put into practice the teaching she has had throughout her lifetime.

(Zeig, 1980, p. 246)

She is right about the fact that she should not let me get in the way of her using herself.

(Erickson & Rossi, 1979, p. 212)

I don't know the kind of thinking you ought to do. But I think you ought to enjoy doing your own thinking in terms of your own field of competence.

(ASCH, 1980, *Taped Lecture*, 7/18/65)

In any psychotherapeutic situation, whatever the school of thought which predominates, there must be recognized over and above the formalized structure of thinking, the importance of the patient himself as a sentient being with needs, capabilities, experiences, and a separateness as an individual, with his own background of experiential and acquisitional learning. He is not properly to be squeezed into any ritualistic traditional method or procedure, not limited by teachings governed by predetermined rules and formulae. [1965]

(In Erickson, 1980, *Vol. I*, ch. 29, p. 541-542)

And I do wish that Rogerian therapists, Gestalt therapists, Transactional Analysts, group analysts, and all the other offspring of various theories would recognize that not one of them really recognizes that psychotherapy for *person*<sub>1</sub> is not psychotherapy for *person*<sub>2</sub>.  
(Zeig, 1980, p.104)

It [hypnotic corrective experience] is, as is illustrated in the instances cited, best “played by ear” with no elaborate plans formulated, but with a multitude of possibilities floating freely in one’s mind ready for adaptation to each new development presented by the patient.

(In Erickson, 1980, Vol. IV, ch. 58, p. )

I’ve treated many conditions, and I always invent a new treatment in accord with the individual personality. I know that when I take guests out to dinner. I let the guest choose what to eat, because I don’t *know* what they like. I think people should dress the way they *want* to.

(Zeig, 1980, p.104)

The variability of subjects, the individuality of their general and immediate needs, their differences in time and situation requirements, the uniqueness of their personalities and capabilities, together with the demands made by the projected work, render impossible any absolutely rigid procedures. [1952]

(In Erickson, 1980, Vol. I, ch. 6, p. 144)

Hence, to a significant degree, psychotherapy must necessarily be experimental in character since there can be no foreknowledge of the procedures exactly applicable to any one patient.

(Erickson, 1954c, p. 261)

I know that in the situation of dealing with patients I often wish I knew exactly what I was doing and why, instead of feeling, as I know I did with both patients that I was acting blindly and intuitively to elicit an as yet undetermined response with which, whatever it was, I would deal. [1966]

(In Erickson, 1980, Vol. II, ch. 34, p. 353)

One must modify his own behavior; that is, the therapist actually must be fairly fluid in his behavior, because if he is rigid he is going to elicit certain types of rigid behavior in his patient. In turn, this patient’s rigid behavior is unfamiliar to him, and he is not going to be able to handle him properly. Therefore, the more fluidity in the therapist, the more easily you can actually approach the patient.

(Erickson, 1977b, p. 22)

Then to meet the child’s emotional needs further, I proceeded to talk to her, telling interesting things, boring things, exciting things, mildly offensive things, ridiculous things, highly intriguing things.

(Erickson & Rossi, 1979, p. 212)

## USE WHATEVER THE PATIENT PRESENTS

Erickson often referred to his therapeutic style as a “utilization” approach. He emphasized that his approach was based on recognizing conditions as they are and a utilization of those conditions to accomplish the desired ends. Whatever the patient wants, does, or is must be accepted and utilized.

Erickson welcomed anything the patient did or said because he viewed the patient’s responses as a gift. He believed that patients give therapists the solution to their situation if only therapists are observant enough to notice, open enough to accept, and flexible enough to utilize what the patient offers.

Initially, this requires the adoption of the patient’s perspective or frame of reference. When the therapist operates from within the patient’s perspective, what the patient is willing and able to do will become more obvious.

**And you pick whatever lock is presented to you. And once one lock is picked, all the other locks become vulnerable.**

*(Rossi, 1973, p. 16)*

**The purpose of psychotherapy should be the helping of the patient.... In rendering the patient aid, there should be full respect for and utilization of whatever the patient presents.**

*(Erickson, 1954d, p. 127)*

**My learning over the years was that I tried to direct the patient too much. It took a long time to let things develop and make use of things as they developed.**

*(Erickson, Rossi & Rossi, p. 265)*

**The purpose and procedures of psychotherapy should involve the acceptance of what the patient represents and presents. These should be utilized to give the patient impetus and momentum so as to make his present and future become absorbing, constructive and satisfying.**

*(Erickson, 1954d, p. 127-128)*

**You ought to start simply and let patients elaborate in accord with their own personality needs—not in accord with your concepts of what is useful to them.**

*(Erickson and Rossi, 1981, p. 12)*

**Whatever the patient presents to you in the office, you really ought to use.**

*(Erickson and Rossi, 1981, p. 16)*

**One tries to use whatever the patient brings into the office. If they bring in resistance, be grateful for that resistance. Heap it up in whatever fashion they want you to—really pile it up.**

*(Erickson and Rossi, 1981, p. 16)*

**In other words, you try to accept the patient’s ideas no matter what they are, and then you can try to utilize them.**

*(Erickson and Rossi, 1981, p. 13)*

**If it is there way of functioning, you’d better go along with it.**

*(Erickson, Rossi, & Rossi, 1976, p. 263)*

**Therapists wishing to help their patients should never scorn, condemn or reject any part of a patient's conduct because it is obstructive, unreasonable, or even irrational. The patient's behavior is a part of the problem brought into the office; it constitutes the personal environment within which therapy must take effect; it may constitute the dominant force in the total doctor-patient relationship. Since whatever patients bring into the office is in some way both a part of them and a part of their problem, the patient should be viewed with a sympathetic eye appraising the totality which confronts the therapist.**

*(In Erickson, 1980, Vol. IV, ch. 20, p. 213)*

**By naturalistic approach is meant the acceptance and utilization of the situation encountered without endeavoring to psychologically restructure it. In so doing, the presenting behavior of the patient becomes a definite aid and an actual part in inducing a trance, rather than a possible hindrance.**

*(In Erickson, 1980, Vol. I, ch. 7, p. 168)*

**By using the patient's own patterns of response and behavior, including those of their actual illness, one may effect therapy more promptly and satisfactorily, with resistance to therapy greatly obviated and acceptance of therapy facilitated.**

*(In Erickson, 1980, Vol. IV, ch. 38, p. 348)*

**Sometimes—in fact, many more times than is realized—therapy can be firmly established on a sound basis only by the utilization of silly, absurd, irrational, and contradictory manifestations. One's professional dignity is not involved, but one's professional competence is.**

*(In Erickson, 1980, Vol. IV, ch. 20, p. 213)*

**Yes, therapy should always be designed to fit the patient and not the patient to fit the therapy.**

*(Erickson & Rossi, 1979, p. 415)*

**She has a very strong desire to do good work. She is strong there, so I'm using that motivation to deal with the place where she is weak—her airplane phobia.**

*(Erickson & Rossi, 1979, p. 333)*

### **USE THE PATIENT'S LANGUAGE**

All patients have their own unique language and nonverbal behaviors. More often than not, therapists challenge and attempt to revise the language used by patients in talking about their issues and problems. Erickson revised this process. Rather than altering the patient's language system to suit his style, he altered his own language and behavior patterns to suit the patient's style. He actually used the same words and phrases his patients had used when he presented his thoughts and interventions to those patients.

His ability to use the patient's language style enabled him to communicate for effectively with patients about their problems in symbolic or metaphorical terms.

**You are using his own words to alter the patient's access to his various frames of reference.**

*(Erickson and Rossi, 1981, p. 255)*

Repeating the patient's utterances serves to comfort them with a conviction that they are secure, that nothing is being done to them or being imposed upon them, and they feel that they can comfortably be aware of every step of the procedure. Consequently they are able to give full cooperation, which would be difficult to secure if they were to feel that a pattern of behavior was being forcibly imposed upon them.

*(In Erickson, 1980, Vol. I, ch.80, p.183)*

### USE THE PATIENT'S RESISTANCE

One of Erickson's most noteworthy attributes as a professional was his ability to work effectively with highly resistant patients. Most therapists are frustrated by a total lack of cooperation, but Erickson accepted resistance and utilized it to effect therapeutic progress. He had no magical powers for doing this; he simply acknowledged the patient's right to resist and then arranged circumstances in such a way that in order to resist, patients had to respond in a therapeutically beneficial way. He would even encourage resistance because he knew he could redirect it to suit the patient's therapeutic needs.

Such resistance should be openly accepted, in fact, graciously accepted, since it is a vitally important communication of a part of their problems and often can be used as an opening into their defenses. This is something that the patients do not realize.

*—(In Erickson, 1980, Vol. I, ch. 13 p. 299)*

The therapist who is aware of this [the patient's resistance] ... can easily and often quickly transform these overt, seemingly uncooperative forms of behavior into a good rapport, a feeling of being understood, and an attitude of hopeful expectancy of successfully achieving the goals being sought.

*(In Erickson, 1980, Vol. I, ch. 13, p. 299)*

### USE THE PATIENT'S SYMPTOMS

Symptoms often can be used to initiate therapeutic change or can be transformed into useful or more manageable responses. Anxieties, phobias, delusions, and all other symptoms constitute important and compelling features of the individual's experiential life.

Rather than attacking them or overlooking them, the therapist may be able to utilize therapeutically. Rather than expending the inordinate amount of time and energy it might take to reorganize the person's personality to the extent necessary to eliminate the symptom, it may be wise to transform the expression of the underlying pathology into less disruptive behaviors. Hating the therapist may be a satisfactory alternative to hating everybody. Transformation of a pathological thought, emotion or behavior into an insignificant manifestation often is the most practical solution.

This author has repeatedly stressed the importance of utilizing the patients' symptoms and general patterns of behavior in psychotherapy. Such utilization renders unnecessary any effort to alter or transform symptomatology as a preliminary measure to the re-education of patients in relation to the crucial problems in their illness. Such problems cause a distortion of their thinking, feeling, and patterns of living, thereby causing them to seek therapy.

*(In Erickson, 1980, Vol. IV, ch. 38, p. 348)*

Consequently, the therapeutic task becomes a problem of intentionally utilizing neurotic symptomatology to meet the unique needs of the patient. Such utilization must satisfy the compelling desire for neurotic handicaps, the limitations imposed upon therapy by

external forces, and, above all, provide adequately for constructive adjustments aided rather than handicapped by the continuance of neuroticisms.

*(Erickson, 1954d, p. 109)*

[It is possible to utilize] neurotic behavior by a transformation of the personality purposes it serves without an attack upon the symptomatology itself.

*(Erickson, 1954d, p. 112)*

Therefore, as therapy, there was substituted for the existing neurotic disability another, comparable in kind, non-incapacitating in character, and symptomatically satisfying to them as constructively functioning personalities.

*(Erickson, 1954d, p. 112)*

Therapy was accomplished by systematically utilizing this anxiety through a process of redirecting and transforming it.

*(Erickson, 1954d, p. 116)*

### USE YOUR OWN OBSERVATIONS

In every attempt at psychotherapy there is always the need to utilize the common experiences and understandings that permeate the pattern of daily living, and to adapt such utilization to the unique needs of the individual patient.

*(Erickson, 1954d, p. 261)*

Suggesting eight hours of rest also utilizes what we experience in everyday life. You frequently sleep on something in order to deal with it.

*(Erickson & Rossi, 1979, p. 325)*

Now, there's nothing magical about what I did—it was a recognition of the thinking Cathy would do... the thinking and the understanding that would derive out of Cathy's ordinary life. A woman, who grew up in this culture, in this age, would have certain learning as a result of just being alive.

*(Erickson & Rossi, 1979, p. 137)*