

ENCHANTMENT AND INTERVENTION IN FAMILY THERAPY

**Using Metaphors in
Family Therapy**

**Stephen R. Lankton
& Carol Hicks Lankton**

*Enchantment
and Intervention
in Family Therapy*

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Family Therapy

by
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and
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CHAPTER 1

Meeting Erickson

I want to begin by giving you a definition of enchantment as we use it. Enchantment is to influence by or as if by charms and incantation; to thrill or enrapture; to allure; to delight; to fascinate or bewitch. To fascinate is to cast a spell over; to transfix and hold spellbound by or as if by an irresistible power; to command attention or interest by the artful, subtle, challenging, strange or piquant. Piquant means arousing pleasant mental excitement, engaging, provocative or agreeably challenging.

With that in mind I want to play a brief video portion of a family therapy session. This picks up at the end of the first interview with the family of a (diagnosed) 28-year-old schizophrenic son who has just returned home from 10 years of hospitalization. The son complains that his arms are too weak and his muscles are deteriorating. I openly interpreted that somatic complaint as a communication that there are standards about becoming a man, which are perceived by him as too high and seem, to him, to be beyond his reach. There is much that could be said about this family and this session but I want to just show you this following portion when my two-and-a-half-year old son is brought in the office to help me. I'll turn it on just prior to calling him and I think you will be able to garner the mood and events in the session. As this starts, I am telling the family a story about a recent dinner guest and her four-year-old son. The story illustrates a point about how children learn the attributions which are used by parents to describe them. [In this transcription "S" is for Stephen, the therapist; "Sh" is for Shawn; "F" signifies the father; "M" signifies the mother; "D" signifies the daughter.]

S: We are sitting at the dining room table and the two children were in the kitchen, 15 feet away, quarreling over some toy, and as a result of the child dealing with Shawn [my son], he decides to share. He gave the toy to Shawn and they were happy. And at that point the dinner guest said, "Gee, I'm so glad that Bobby [her son] did that. Usually, what he does is [gesturing with a right hand punch] hauls off and hits the other kid." I counted silently to myself when I heard her say that: 1, 2, 3, 4, . . . When I got to 7, her son lifted his right hand, swung, and hit Shawn.

F: Ummmm. [Here he sits up and adjusts his posture in the chair and straightens his tie.]

S: Now, putting it the way she phrased it was the stimulus that created the idea that led to the result. The boy must have thought: "Oh, is that how I handle things? Of course!" If she had said, "I'm so glad that Bobby got back in touch with how cooperative he has always been," he would have come to think that instead.

Now I want to show you one other thing. This will require that I get Shawn to come in before you folks find yourselves leaving. [stands and opens office door] This is metaphoric but I think it will be a good seed to plant. [enters hallway]

S: Shawn!

Sh: [from far away but with energy] What?

S: Come here.

Sh: Okay! [still with much energy]

F: [turns head toward sounds and smiles at the verbal response heard from Shawn]

D: [to family members] He's a cute little boy.

S: [reenters room carrying a jade-stone blade adz from New Zealand]

Sh: [comes running into the office and looks at all the people as he moves across the room to Stephen]

F: [to Shawn] Hello, how are you.

Sh: Two.

S: He's two, that's right.

D: [laughs]

S: [takes Shawn on lap. To Shawn] This is Sally. This is Sally's father, Peter. This is Sally's mother, Marge, and her brother, David. [to family] This is my son, Shawn.

F: [with a warm smile] Hi.

D: We played with your toys once, Shawn.

M: [interrupting] Excuse me. My father and Shawn have the same color hair.

Sh: [picks up two felt tip pens and starts to remove tops from them]

S: Before you play with those pens I want you to show them something. They want to learn something about dealing with their son better. [tone shift] If you are done with the pens, show them about having power, would you please?

Sh: I have two markers.

S: Do you have power?

Sh: Yes I do, really strong *power*.

D: [laughs]

F: [smiles and leans forward in chair]

S: Would you show them? Here I'll hold these [markers] for you and you can have them back when you are done. [handing the adz to Shawn] Show them how you get power.

Sh: I hold [the adz] real tight and say really loud: [lifts sternum, raises chest] *POWER!* [All laugh warmly.]

S: And when you grow up do you think you are going to have power?

Sh: [enthusiastically] Yes, I do.

S: I think so, too. Take those pens and go into the kitchen to mark with them, okay. Take this paper, too. [Shawn begins to leave.]

D: We were glad to have met you, Shawn. You want the caps [to the pens], too?

S: No. [to Shawn] Just bring them back when you are done with them, darling.

M: Goodbye.

F: So long. [wipes nose with right hand]

S: Now you are dealing with a child who is like a baby in some ways . . . and when he grows up he [Shawn] is going to think he has power.

F: [slowly and thoughtfully nods head, yes. Uses right hand to scratch the right side of his chest.]

S: I have simply used this wonderful physical object. He has been doing this [holds adz and raises sternum] since he could talk.

F: [raises chest and sternum "automatically" as Stephen displays it.]

S: We have a hundred such things as that around the house and office that we have used to raise Shawn.

It should be clear to all of you that Shawn is fascinated with that adz and that he is charmed. He has been aided, by use of it, to fix onto and hold a sense of power. As he grows up spellbound, as we all do, in various ways, he will realize more and more ways in which he has power.

Of course, this family is having many ideas about how this applies to each of them and to their communication and to their son. In the session on this video, Shawn held them spellbound. They were enchanted with this matter and they did not soon forget it. Each of them learned a lot of things from that session which were seeds for future sessions. In the same way Shawn's learning about the adz has been a seed and will be the foundation for future learnings. There is much to be drawn from even this brief glimpse of our family therapy but, for now, let's stay on the theme on which we began.

Many of you know that Erickson gave us access to tools from the oral tradition with a variety that no other clinician has done. He provided us with an understanding of the use of paradox, suggestions, binds, oxymoron, interspersal, confusion, and so on. But these are all techniques; these are all mechanical. There is something else that he provided that we must insist be remembered. Erickson gave us a nontangible quality we call enchantment. Enchantment is a quality of delivery, like fascination, that has a relationship to his techniques as empathy does to reflective feedback, and has as much to do with therapy as other terms like listening with a third ear, understanding, genuineness, and care. It is a part of Erickson's work that is not easily taught and may be as elusive as an attitude toward clients and problems. However, it's every bit as crucial to the therapeutic formula and needs to be placed in the list of Ericksonian Techniques lest it be forgotten.

I visited Dr. Erickson every three months for five-day periods for almost five years. But I did not return to study with Erickson again and again because I expected to be understanding or teaching his material, but rather because I was undergoing a pleasant spell. I was charmed; my interest was piqued. I was fascinated and enchanted. We want to resurrect these terms: charm, fascination, spell, and enchantment and keep them alive and well alongside empathy and genuineness. Every one of them is crucial and essential to this approach to therapy. We will focus on tools and on the treatment throughout this workshop, but please remember to keep vital this elusive and subtle aspect of interview management, treatment delivery, and human nature.

Most of you have some familiarity with Dr. Milton Erickson and his work. But there may be some of you who are being introduced to him for the very first time today. He was credited with the use of voice tone shifts that he employed in order to make a particular point and gain the attention of the unconscious for further learning. I hope that those of you who are able will listen to our voice tone shifts at various times throughout the workshop (represented in italics in this transcript). It is by employing what we learned from Dr. Erickson that we are more capable of teaching his complex approach as we understand it. He was a man who had very strong convictions that the people you meet *have enormous creativity*. You have a conscious and an unconscious mind and can be expected to *know more than you think you know*. Much of what you learn is learned unconsciously. You can *learn much of importance* without really being able to *recognize it when it is happening*. In this workshop *you will*, for example, as anyone would, possess the ability to *learn at a number of levels at once*. Owing to this multilevel operation of consciousness, you can *really expect* to continue to reflect upon a learning long after it has occurred, and with each

reflection *gain still further learnings*. We will present, in the next five days, lectures, learning exercises, case material, videotaped cases, and so forth. It is our goal to provide, *in the context of family therapy*, the very thing that gained your attention and appreciation in our previous books. That is, this will be a systematic and programmed sequence of learnings. We will begin at the beginning, going through the diagnostic steps and the interventions one at a time. We will put them together into more and more complex combinations and finally we will present them in their totality in individual and family cases.

Erickson is credited with helping fuel and stimulate the family therapy investigations of the Palo Alto group of communication researchers that included Bateson, Haley, Watzlawick, Fisch, Weakland, and others in the 1950s. Family therapists have learned a great deal from these pioneers and much of what we take for granted came from the influence they had on the field. Understandably, in the last few years increasing attention has been given to Erickson's original ideas and he has been recognized as a prime mover and origin for many attitudes and interventions that are essential to us on a daily basis. Being an "active" therapist, giving assignments, using the communications and talents of the clients for motivating therapy, and approaching treatment naturalistically are a few of the attitudinal contributions he introduced when psychoanalysis was *the* accepted way to do therapy. Interventions that have come to fall into the categories of therapeutic binds, utilization, paradoxical directives, indirect suggestions, metaphor, anecdotes, and the clinical use of hypnosis and confusion in therapy have all been linked to Erickson.

That is what I wanted to learn and understand when I (S.L.) first met Dr. Erickson in 1976. I studied with him by traveling to Phoenix and visiting his office-based training sessions for five-day periods every three months. Airfares were cheaper then and my folks lived within driving distance. So I would stay with them and borrow their car. Each year the agency I worked for paid my way one time, my parents paid one time, and I paid the rest. I always would *have the feeling* that I learned a good deal and I would always *notice an improvement in therapeutic work* that I did after I left. In a few months I would want to return for more of that unusual learning. I didn't fully appreciate what I was getting at the time. But, within a few days after the training or therapy, I would *always* find that I was thinking and saying things learned in Erickson's office and repeatedly came to accept that *a new meaning will come* from what I think or thought I gained. This is, as you might suspect, still happening, *even this week . . . even today!* This is true for me and for my experience. I'd like to impart some of my understandings and experiences to you and help you better appreciate them.

I really never intended to be here or anywhere talking to people about

Dr. Erickson's work, although it's reasonable that I would be because I have some kind of a talent for absorbing other peoples' behavior and recreating it. And what I would do is I would leave his office and then not really understand at first what had been the important elements of what he had done and if anything therapeutic happened. For example, a woman came in from Tokyo one day, and she was there for therapy. But before he sent us all away, he asked her if she had ever been hypnotized. She had and said, when asked, that she could not speak or do anything in trance—unless, she wondered, she might be able to *do automatic writing*. Automatic writing is that ability to make written notes or sketches or references when you don't pay conscious attention to that part of your experience. *You are paying attention elsewhere.*

Maybe I should take you back for a moment. He was born in 1901 in a log cabin with a dirt floor, no running water, and no indoor plumbing. He lived on a farm and was really a rugged pioneer type, as were his parents. He attributed most of what he had acquired to his parents' way of life. They were practical, hard-working, and respectable folks. *You have to be practical and hard-working* in Wisconsin. His father, Albert, was also kind of enigmatic. When he proposed to Erickson's mother, Clara, she wanted to think about it. And Albert caught her underneath a tree a couple of days later and said, "You know, when I proposed to you I didn't ask you to make a *single* decision." And she accepted at that point, totally confused.

So, there were those kinds of stories. When Erickson was four years old, according to Lance Erickson's wife Cookie, he was carrying out two buckets to fetch water. And his mother said, "You can't carry two buckets full of water, you're too little." And he stomped his foot down and said, "I *will* carry two buckets of water." He was a willful young man, even prior to 1917 when he first got polio. And the reason I'm telling you that angle of it is that some contend that Erickson's hard work was a reaction to the polio. I think that is true but I don't think that's the whole story because he was clearly a strong and willful young man prior to 17.

Erickson was a strapping young man. There were some photos of him at this age. And when polio came, of course, there were no vaccines. He overheard the doctor say to his mother that her son wouldn't live to see another sunrise. He said he would "be damned" if that was going to be true. That was a terrible thing for a doctor to say to a mother. So he had people, without telling them why, move the dresser and keep the door open and keep the drapes at the end of the hallway open, so he could lie in bed and watch the sunrise. And he stayed up all night and he proved the doctors wrong.

And in a way, he has been proving the doctors wrong the rest of his life, in one way or another. So he turned conventional psychology upside down,

I think by bringing his strong-mindedness and his desire to do it his way, because he wasn't sure anybody else's way was going to be right for *him*.

And also there was a part of him that was the practicality and trickiness that he learned on the farm. You probably know the story that he developed double binds by bringing the cow into the barn pulling on its tail, since the cow wanted to resist. And he had a bet with his father. His father was pulling on the head. That is some brief early background of the man.

In 1947 Erickson had another bout with polio which left him in a wheelchair for most of the years after 1947. And speaking of proving the doctors wrong, he tells another story, when at 47 he was told he would have only another six months to live. And when they called him in late 1947 and said, "Dr. Erickson, you are living on borrowed time," he responded, "I can't think of a better time to live on."

He proved them wrong about the pain, as well as his interventions, which were quite different from the ones that prevailed. In that day, of course, there was a strong Freudian orientation and Freud's version of hypnosis was the only widely accepted one. Erickson was fascinated with hypnosis because he used it even before his polio happened, but was especially interested after it happened. He used hypnosis to control his experience of pain. So he was already playing and experimenting with hypnosis in ways he probably shouldn't have, prior to medical school and all through medical school, talking to and demonstrating for his instructors while studying with them. He started The American Society of Clinical Hypnosis, in 1958. In 1957, an American Medical Association journal was dedicated to the medical use of hypnosis. That was when hypnosis "came out of the closet" from a blow (or several) that it suffered earlier, the most severe of which was in 1896 when Freud published the studies on hysteria and illustrated some good reasons why *hypnosis was a terrible thing for people to use*.

Did our volume just drop? That was a very inconvenient place for the volume to drop on the words, "Hypnosis is a terrible thing to use." I have been selecting portions of my introduction to deliver with a lower volume and lower tone. I've been doing it purposefully to aid in the learning process. When the volume changes or the tone changes, the material that is delivered right then tends to be remembered by the unconscious for the sake of searching out the added meaning of the change in delivery. We'll talk about that later, but for now I should correct the inadvertent mistake by shifting my voice on this, "*Hypnosis is a wonderful tool to use.*"

I'll tell you later why Freud didn't like hypnosis. He did it differently than Erickson did—by 100 years, for one thing. And he didn't have Freud's work to draw upon and reflect upon as Erickson did and as we do now. Erickson's approach to therapy was really different from almost everyone else's and it started with hypnosis. As family therapists you might not have been

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Using Metaphors in Family Therapy

This volume makes available a stimulating body of teachings taken virtually verbatim from five different workshops given by Carol and Stephen Lankton. It presents what these widely known trainers and practitioners have selected as the requisite ingredients for conceptualizing and assessing families so one can effectively use an Ericksonian approach that includes interventions of hypnosis, suggestion, paradox and metaphor.

While there have been many volumes describing Milton Erickson's specific interventions, few have attempted to provide a broad systemic framework to make sense of these varied techniques and to weave them together in a coherent strategy for everyday work with families. *Enchantment and Intervention in Family Therapy* succeeds in presenting such a framework and fills it out with specific interventions that are described in detail and then built systematically into ever more complex combinations of interventions.

Enchantment and Intervention in Family Therapy is unique not just in its presentation of a systemic framework for Ericksonian approaches to treatment of the family, but also in its vivid recreation of the workshop experience with the Lanktons. The illustrations used in the volume are the actual workshop materials and projector aids, giving the reader the experience of participating in this highly stimulating and effective workshop. As a result, this volume provides a training experience that will enrich the clinical work of every practicing psychotherapist.

This book can be of benefit to every therapist from beginner to advanced who is interested in a practical, hopeful and realistic approach to family therapy. The explanation on how to construct and deliver metaphors is one of the emerging approaches that demystifies and clarifies one of the most complex areas of therapy, while also suggesting useful ways for working with families. Ambiguous function assignments is another Ericksonian technique explained in a practical and easily applicable way.

— Cloé Madanes, author of *Strategic Family Therapy*

Steve and Carol Lankton provide a systemic framework for understanding Ericksonian interventions through the entire process of family therapy. Paradoxical prescriptions, metaphors, blocking communications, and indirect suggestions capture the family members' conscious attention, stimulate unconscious search, and lead consciousness from confusion to an understanding that comes from within. This book provides a beautiful balance between generating individuals' emotions and behavioral changes and looking at the larger ecosystem.

— Maurizio Andolfi, M.D., Director, Family Therapy Institute, Rome



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