The Wisdom of Milton H. Erickson
The Complete Volume

Ronald A. Havens, PhD

Ronald A. Havens, PhD is co-director of the Milton H. Erickson Institute of Springfield, Illinois. He is Professor of Psychology at the University of Illinois and is in private practice in Springfield.

“The Havens have done a magnificent job of selecting and organizing ideas and concepts from the work of Milton Erickson. He provides the casual reader an intensive overview, the scholar an invaluable reference source, and the therapist clear principles of psychotherapy and hypnosis. The clear narrative provides logical and understandable sequencing while leaving the purity and wisdom of Erickson’s words to stand alone. My father would be proud of this book as well as being honored by it.”

Betsy Alice Erickson, MS, LPC, Private Practice, Dallas

“Once again united in one volume, The Wisdom of Milton H. Erickson provides a fascinating read … Ronald Havens’ impressive collection of quotations should be a core component in any hypnotherapist’s library.”

Peter Mabbutt, FBSCH, FBAMH, Director of Studies, London College of Clinical Hypnosis

“…a very clear, absorbing, and helpful orientation to Erickson’s philosophy and approach.”

Stephen Gilligan, PhD, Psychologist, author of Transforming Trance: The Legacy of Erickson, and The Courage to Love

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Milton H. Erickson was one of the most creative, dynamic and effective hypnotherapists and psychotherapists of the twentieth century. He used unconventional techniques with remarkable success. This outstanding work of research extracts the core wisdom of Milton H. Erickson’s life-long work.

Gleaned from the records of over 140 publications and lectures given by Erickson during his career, this combined volume is an essential part of the available literature on Dr. Erickson. Part One on Human Behavior and Part Two on Psychotherapy, present his methods and lessons, including his feelings on the use of objective observation, the uniqueness of the conscious mind, the realities and abilities of the unconscious mind, the creation and use of a therapeutic environment, and many other aspects of the life and work of this remarkable thinker and teacher. Part Three, Hypnosis and Hypnotherapy, presents a clear account of how Dr. Erickson conceived of hypnosis, particularly its access to the unconscious and its role in the process of therapy.
The Wisdom of Milton H. Erickson

Ronald A. Havens, PhD
Contents

Preface to the Complete Volume ...............................................................v
Acknowledgement ...............................................................................vii
Preface .....................................................................................................xi
An Introduction to Milton H. Erickson, MD ..........................................xv
How and Why This Book was Created .................................................xxv

Part One: Human Behavior ....................................................................1

Chapter One  Objective Observation Yields Wisdom .........................3
Observations Regarding the Influence of Breathing Patterns ................6
Observations Regarding Learning About One’s Body ....................7
Observations Regarding the Meaning of Words .........................10
Observations Regarding Nonverbal Communication ............11
Observations Regarding Physiological and Behavioral Patterns .......11
Observations Regarding Cultural Differences .....................12
Relevant Quotations ........................................................................14
Summary .............................................................................................20

Chapter Two  The Conscious Mind .....................................................23
Every Person is Unique ........................................................................23
The Primary Joy of Life is Freedom ............................................25
Experience is the Source of Learning ........................................26
The Importance of Expectation and Reward ..........................29
Integrating With Reality .................................................................30
Learning the Constraints of Reality ........................................32
Building a Frame of Reference ..................................................33
Language Development .................................................................35
Rigidity and Non-objectivity of Conscious Frames of Reference .........37
Complexity of Conscious Frames of Mind ..................................38
Summary .............................................................................................40

Chapter Three  The Unconscious Mind ...........................................41
The Reality of the Unconscious ..........................................................42
The Separate Abilities of the Unconscious ..................................43
The Unconscious is a Storehouse ..................................................50
The Unconscious is Unknown Potentials ......................................54
The Unconscious is Brilliant ..........................................................56
The Unconscious is Aware ..............................................................57
The Unconscious Perceives and Responds Literally .................59
The Wisdom of Milton H. Erickson

Chapter Four
Normalcy and Pathology
What is Abnormal?
Conscious Sources of Abnormality
Rigidity of Abnormality
The Protection of Abnormality
Forms of Abnormality
Minimizing Abnormality
Summary

Part Two: Psychotherapy
Chapter Five
The Goal of Psychotherapy
Focus on the Possible, Not on Perfection
Focus on the Future, Not on the Past
Objectivity Cures
Objectivity Requires Reorganization
Only Experiences Can Initiate Reorganization
Behavior Generates Experiences
Patients Can and Must Do the Therapy
Summary

Chapter Six
Creating a Psychotherapeutic Climate
Therapists Provide Therapeutic Climates
Therapists Provide Motivation
Therapists Solicit Trust and Cooperation
Therapists Recognize and Accept Each Patient’s Limitations
Patients Are Ambivalent About Therapy
Patients Are Unreliable Sources
Therapists Must Decipher What Patients Say
Therapists Must Acknowledge the Patient’s Reality
Therapists Protect Patients
Therapists Must Give Freedom to Patients
The Patient’s Welfare is the Only Concern
Summary

Chapter Seven
Initiating Therapeutic Change
Unique People Require Unique Interventions
Use Whatever the Patient Presents
Use the Patient’s Desires and Expectations
Use the Patient’s Language
Use the Patient’s Emotions ..............................................155
Use the Patient’s Resistance ............................................157
Use the Patient’s Symptoms ............................................158
Use Your Own Observations ...........................................160
Summary ............................................................................161

Part Three: Hypnosis and Hypnotherapy ..............................................165

Chapter Eight Understanding Hypnosis ................................................169
Trance Involves Focused Attention ................................169
Reality is Less Important in Trance ................................172
Attention Turns Inward During Trance .............................173
Subjects Respond to Internal Realities ..............................174
Hypnosis Facilitates Rapport ..........................................178
Hypnosis Facilitates Responsiveness ...................................178
Subjects Create Internal Realities Via Vivification .............180
Hypnosis Offers Access to Unused Potentials ....................182
Hypnosis Does Not Create New Abilities .......................184
Hypnotized Subjects Are Not Automatons .....................186
Trance is Manifested in a Variety of Ways ......................190
Deep Trance Involves the Unconscious .............................191
Subjects Become Childlike and Literal in Deep Trance ..........195
Somnambulism and Post-Hypnotic Suggestions ....................197
Physiological and Perceptual Alterations .........................199
Summary ............................................................................202

Chapter Nine Inducing Hypnosis: General Considerations ...............205
Anyone Can Be Hypnotized ...........................................205
Hypnosis Requires the Right Atmosphere .......................207
Hypnosis Depends Upon Cooperation ..............................209
Subjects Create Hypnosis .............................................211
Hypnosis Must Be Tailored ..........................................214
Use Whatever the Subject Presents ..............................218
Use Language to Elicit Responses ...............................221
Communication with the Unconscious .........................226
Summary ............................................................................230

Chapter Ten Inducing Hypnosis: Specific Techniques ......................231
Keep Your Role and Goal in Mind ..................................231
Fixate Attention .................................................................233
Direct Attention Away from Reality ..............................237
Direct Attention Internally ........................................239
Use Ideomotor Responses ........................................243
Use Demonstrations and Simulations ...............................246
Use Boredom or Surprise ..................................................248

Summary ............................................................................252
The Wisdom of Milton H. Erickson

Use Confusion .................................................................249
Create a Conscious/Unconscious Dissociation ..........257
Allow Plenty of Time ...................................................258
Maintain the Trance .....................................................264
Maintain a Belief in Success .....................................265
Get Subjects to Do It ................................................267
Summary .........................................................................271

Chapter Eleven  Utilizing Hypnosis Therapeutically: General
Considerations .............................................................273
Hypnosis is Only a Tool .............................................273
Hypnosis Increases Access to Potentials ................277
Hypnosis Helps Overcome Conscious Barriers ........283
Hypnosis Facilitates Learning ....................................287
Hypnosis Allows Unconscious Psychotherapy ........292
Allow Unconscious Psychotherapy to Remain .......299
Unconscious .................................................................299
Summary .........................................................................307

Chapter Twelve  Utilizing Hypnosis Therapeutically: Specific
Techniques .......................................................................309
Ideomotor Responses ...............................................309
Projection Into the Future .........................................314
Revivification ..................................................................320
Dissociation .................................................................324
Amnesias .......................................................................331
Pain Control ....................................................................336
Terminating a Trance .................................................340
Summary .........................................................................344

Chapter Thirteen Becoming a Hypnotherapist ................347
Overcoming Skeptics ................................................347
Increasing Awareness ...............................................350
Increasing Flexibility ................................................351
Experiencing Hypnosis ..............................................353
Utilizing Autohypnosis .............................................357
Exceptions .....................................................................360
Overview Summary and Conclusion .........................360

References ........................................................................365
Index .............................................................................377
An Introduction to Milton
H. Erickson, MD

Milton H. Erickson was probably the most creative, dynamic, and effective hypnotherapist the world has ever seen. Not only could he hypnotize the most difficult and resistant patients imaginable, he could even do so without their conscious awareness that they were being or had been hypnotized. He hypnotized people by talking about tomato plants in a certain way, by describing the objects in his office in a certain way, and even by shaking hands in a certain way. There were, in fact, several colleagues who refused to shake hands with him after he had successfully demonstrated his handshake induction upon them. During a lecture in Mexico City in 1959 he hypnotized a nurse in front of a large audience using only pantomime gestures, a feat made even more impressive by the fact that this Spanish-speaking nurse had no idea when she volunteered that she was to be a subject in a demonstration of hypnosis. In a sense, the variety and effectiveness of Erickson’s hypnotic inductions defies imagination, though none seems less likely to be effective than his “Shut up, sit in that chair there and go into a deep trance!”, an induction technique that he made work.

As a psychotherapist he was equally creative and effective. It is doubtful that many therapists would conclude that effective intervention should involve teaching patients how to squirt water between their teeth, stepping on patient’s feet, sending them out to climb mountains, having them strip naked in the office and point to each part of their bodies, or having them eat a ham sandwich. Yet these are some of the strange strategies that Erickson employed with outstanding success, and with each patient he seemed to generate another unique and almost outlandish intervention. His psychotherapy style was so completely innovative and his success rate was so high that many of his patients were people referred to him by other psychotherapists or were those other psychotherapists themselves.

It should come as no surprise, therefore, that Milton H. Erickson has been described by other hypnotherapists in some of the most laudatory terms imaginable. At various times he has been referred
The Wisdom of Milton H. Erickson

to as a master hypnotist, as a psychotherapeutic wizard, and as the world’s foremost authority on hypnotherapy and brief strategic psychotherapy. In 1976 he became the first recipient of the only award presented by the International Society of Hypnosis: the Benjamin Franklin Gold Medal. This medal was inscribed “To Milton H. Erickson, M.D.—innovator, outstanding clinician, and distinguished investigator whose ideas have not only helped create the modern view of hypnosis but have profoundly influenced the practice of all psychotherapy throughout the world.”

In December of 1980 several thousand professionals descended upon Phoenix, Arizona to pay posthumous tribute to him and to participate in workshops and presentations on his hypnotherapeutic techniques. This International Congress of Ericksonian Approaches to Hypnosis and Psychotherapy had been preceded for years by a constant stream of professionals to training sessions in his office in Phoenix. Elsewhere throughout the country and throughout the world workshops on Ericksonian techniques have become almost mandatory inclusions in the programs of professional conferences in psychotherapy and hypnosis. Books by and about him have become bestsellers almost overnight and Dr. Ernest L. Rossi has even edited a four-volume collection of almost all of his numerous published and unpublished articles. In short, it probably would not be an exaggeration to state that Erickson has had a greater impact upon the human services professions than any other single individual since Freud.

It is somewhat ironic that the peak of his public recognition should have occurred only after he reached the age of seventy. Prior to that time the value of his work was acknowledged only by a relatively small group of devoted followers. His therapeutic techniques were rarely mentioned in textbooks on psychotherapy and even books and articles on hypnosis by some of the most prominent scientific investigators in the field often gave no more than a brief mention of his techniques or research contributions. In fact, it is easy to get the impression that Erickson was intentionally ignored by many of his contemporaries. Whether or not this was the case, the fact remains that he was a maverick to a large extent, a unique person with strong and unusual convictions, and an unselfconscious person who was not afraid of confrontations. His background and professional activities both explain and demonstrate this quite clearly.
Erickson was born on December 5, 1901, in the now defunct town of Aurum, Nevada. His pioneer parents eventually moved “east” in a covered wagon and settled on a farm in a rural section of Wisconsin. Even as a child he experienced the world in ways that were quite different from those of his friends and relatives. Aside from an intense curiosity and a general reluctance simply to accept the beliefs and superstitions of his rural community, Erickson’s world was different from others for physiological reasons as well. For example, he had an unusual form of color blindness that enabled him to perceive and enjoy the color purple but little else. As a result, he surrounded himself with this color in later life and eventually became quite interested in the hypnotic induction of color blindness. He was also arrhythmic and tone deaf, phenomena that led to his intense interest in the effects of alterations in breathing patterns associated with the “yelling” that others called singing. In addition, he experienced dyslexia. The various difficulties created by that anomaly actually intensified his familiarity with and interest in the meanings and implications of words. It is especially intriguing that a person who would eventually become one of the world’s experts on the use of language did not learn to talk until the age of four and even then, because of his arrhythmia and tone deafness, spoke in a rhythm totally unlike most Americans. Various experts have compared his speech pattern to that of a Central African tribe, that of a Brazilian tribe, and that of a Peruvian tribe.

Finally, Erickson experienced a lifetime of physical ailments beginning with a life threatening bout of polio at age 17 and culminating in a second case of polio in 1952. Although he was able to recover almost completely from the total paralysis of his first bout with polio, the unusual second case took a more severe toll. For most of his later years he was confined to a wheelchair with no real use of his legs, little or no use of his right arm, and restricted use of his left arm. Eventually, he was able to use only half of his diaphragm to speak and his mouth had become partially paralyzed as well. In addition he suffered from chronic intense pain which he moderated with autohypnosis.

In spite of his many physical discomforts and handicaps he remained active and therapeutically effective until his death on March 25, 1980. Throughout his lifetime he was forced to overcome an incredible variety of adversities, but he had a way of turning all of his difficulties into advantages and valuable opportunities for
The Wisdom of Milton H. Erickson

learning. He was fond of saying that life's difficulties were merely necessary roughage. Few other people have ever made more effective use of so much roughage.

Perhaps because he was so atypical physiologically, Erickson began observing and influencing the behavior of others while still a small child. For example, he enjoyed walking to school early through the new fallen snow, leaving behind him a crooked path. His journey home that afternoon was then made more interesting by observing how many other children had walked to school following his crooked path instead of creating a straighter one of their own. Similarly, as he slowly recovered from the total paralysis of polio he spent many days simply observing the behavior of those around him and gradually, as a result, he became remarkably sensitive to body language and developed methods to elicit needed help from others without asking for it directly.

He used his skills at influencing the behavior of others during a one-man canoe trip of over 1200 miles that he undertook as physical therapy in the summer of 1921 following his first year as an undergraduate. When he began this summer trip he was so weak from the aftereffects of polio that he could swim only a few yards at a time and could not even lift his canoe out of the water. He had some beans, some rice, and slightly more than two dollars with him to purchase additional supplies. Yet without ever directly asking for assistance he managed to elicit enough fish from curious fishermen, money from odd jobs along the river, and help in getting his canoe over dams to manage quite well. In fact, by the time he returned to Wisconsin he could swim a mile, could carry his own canoe, and was more than ready to begin his second year of classes at the University of Wisconsin.

During the first semester of his sophomore year at the University of Wisconsin, Erickson experienced one of his many spontaneous autohypnotic phenomena. This experience seems to have had a profound effect upon his thinking and may have set the stage for his subsequent introduction to hypnosis by Clark Hull. Erickson had decided that he wanted to earn some extra money by writing editorials for the local newspaper and he had planned to write them by using an ability he had discovered when he was younger. This ability consisted simply of sometimes being able to dream the correct solutions to arithmetic problems. Accordingly, he planned
Although Erickson has been memorialized as a powerful and effective clinician who could cure even the most resistant or hopeless patients, he was exceedingly modest about the importance of the therapist within the therapy process. He challenged the “primacy of the therapist” attitude that pervades most other approaches and argued vehemently that it is the patient’s needs, beliefs, abilities, and welfare which should define the character of therapy. He questioned the value and validity of pre-packaged, technique-oriented approaches to therapy that specify how a therapist should conduct a therapy session or what should be accomplished in therapy without reference to the individual patient. He rejected the use of a general theory to prescribe specific goals or techniques and he attacked the prejudices and professional inhibitions that often prevent therapists from recognizing or doing those things that are most responsive to a patient’s needs.

In short, Erickson insisted that it must be the patient who provides the goals, defines the process, and actually does the therapy. Because he realized that it is up to the patient to undergo the desired changes, he recognized that the therapist can do little more than provide a setting conducive to those changes. The attitudes and behaviors necessary to create such a setting were the subject of many of his comments and form the bulk of the material contained in this chapter.

Therapists Provide Therapeutic Climates

According to Erickson, the therapist is a relatively unimportant component of the therapy process, merely the creator of a catalytic situation. Thus, the first and most important thing that a therapist
can do is create a setting that will permit and motivate patients to undergo the restructuring events necessary to enable them to apply their experientially acquired learnings effectively within a more objective view of themselves and of the world. Therapists do not even have to know the nature of the presenting problem or understand what needs to be done to resolve it. All therapists really need to know is how to create a situation or relationship that will motivate patients to use their own experiences and capacities to accomplish their own therapy.

I don’t think the therapist is the important person; I think the patient is the important person in the situation.

[Ericker, 1977b, p. 22]

The therapist is really unimportant. It is his ability to get his patients to do their own thinking, their own understanding.

[Zeig, 1980, p. 157]

What the therapist knows, understands, or believes about a patient is frequently limited in character and often mistaken. What he is willing to let patients discover about themselves and to use effectively is of exceedingly great therapeutic importance. [1973]

[In Erickson, 1980, Vol. IV, chap. 38, p. 349]

It is the patient who does the therapy. The therapist only furnishes the climate, the weather. That’s all. The patient has to do all the work.

[Zeig, 1980, p. 148]

I didn’t know what her problem was. She didn’t know what her problem was. I didn’t know what kind of psychotherapy I was doing. All I was was a source of a weather or a garden in which her thoughts could grow and mature and do so without her knowledge.

[Zeig, 1980, p. 157]

I don’t think the therapist does anything except provide the opportunity to think about your problem in a favorable climate.

[Zeig, 1980, p. 219]

* I don’t need to know what your problem is for you to correct it. *

[Ericker & Rossi, 1979, p. 172]
The therapist merely stimulates the patient into activity, often not knowing what that activity may be, and then guides the patient and exercises clinical judgement in determining the amount of work to be done to achieve the desired results. [1948]

[In Erickson, 1980, Vol. IV, chap. 4, p. 39]

How to guide and to judge constitute the therapist’s problem, while the patient’s task is that of learning through his own efforts to understand his experiential life in a new way. [1948]

[In Erickson, 1980, Vol. IV, chap. 4, p. 39]

In psychotherapy you teach a patient to use a great many of the things that they learned, and learned a long time ago, and don’t remember.

[Zeig, 1980, p. 38]

What they [therapists] say or do serves only as a means to stimulate and arouse in the subjects past learnings, understandings and experiential acquisitions, some consciously, some unconsciously acquired. [1964]

[In Erickson, 1980, Vol. I, chap. 13, p. 326]

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. [1965]

[In Erickson, 1980, Vol. IV, chap 20, p. 223]

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. What the hypnotist or the therapist thinks, or does, or feels is not the important thing; but what he can do to enable the subject or the patient to accomplish certain things is important. It’s the personality involved and the willingness of the therapist or the hypnotist to let the subject’s personality play a significant role.

[Erickson, 1977a, p. 14]

Thus, a favorable setting is evolved for the elicitation of needful and helpful behavioral potentialities not previously used, not fully
Chapter Nine

Inducing Hypnosis: General Considerations

Before attempting an hypnotic induction, there are several general principles that must be taken into consideration. These general principles form the context within which the actual induction process should be conducted. Interestingly, these principles bear a striking resemblance to many of the general considerations previously reviewed in the discussion of psychotherapy.

Anyone Can Be Hypnotized

Most contemporary research has indicated that only a small percentage (about 20%) of the general population is highly hypnotizable. The remainder is usually labeled only mildly hypnotizable or not hypnotizable at all. Erickson challenged the accuracy of these findings and attributed them to the faulty or inappropriate hypnotic techniques used to elicit hypnotic responses in the research tradition. To him, hypnosis was a normal and common experience in which virtually anyone can participate given the right circumstances and the right hypnotist. Obviously, no hypnotist can hypnotize everyone, but Erickson maintained that a good hypnotist could hypnotize many more people than the research would suggest.

So far as I know, hypnosis as a form of human behavior has been in existence since the beginning of the human race. [1960]

[In Erickson, 1980, Vol. II, chap. 33, p. 341]

Trance is a common experience. A football fan watching a game on TV is awake to the game but is not awake to his body sitting in the chair or his wife calling him to dinner.

[Erickson, Rossi & Rossi, 1976, p. 47]
In an airport I will notice someone seated, staring into space in what I recognize as the *common everyday trance*.

[Erickson & Rossi, 1981, p. 49]

Hypnotic phenomena are universal and must be taken into consideration in all efforts to understand the neuroses. [1939]

[In Erickson, 1980, Vol. III, chap. 23, p. 253]

It [hypnosis] is a normal phenomenon of the human mind, fairly explicable, as are all other psychological processes, in our crude concepts of mental mechanisms. [1932]

[In Erickson, 1980, Vol. I, chap. 24, p. 493]

The best hypnotic subjects are normal people of superior intelligence and any really cooperative person can be hypnotized.

[Erickson, 1941b, p. 14]

Any normal person and some abnormal persons can be hypnotized provided there is adequate motivation. [circa 1950’s]

[In Erickson, 1980, Vol. IV, chap. 21, p. 226]

One hundred percent of normal people are hypnotizable. It does not necessarily follow that 100 percent are hypnotizable by any one individual. [1959]

[In Erickson, 1980, Vol. III, chap. 4, p. 29]

The eidetic imagery of children, their readiness, eagerness and actual need for new learnings, their desire to understand and to share in the activities of the world about them, and the opportunities offered by “pretend” and imitation games all serve to enable children to respond competently and well to hypnotic suggestions. [1958]

[In Erickson, 1980, Vol. IV, chap. 15, p. 180]

Practically all normal people can be hypnotized, though not necessarily by the same person, and practically all people can learn to be hypnotists. [1944]

[In Erickson, 1980, Vol. IV, chap. 2, p. 17]
Hypnosis Requires the Right Atmosphere

Because hypnosis is a cooperative endeavor, it requires almost exactly the same atmosphere as psychotherapy. If the interpersonal communication of ideas necessary for hypnosis is to be accomplished, the hypnotist must create a situation wherein the subject experiences a confident expectation of success, a casual freedom, a considerate protection, and an appreciative acceptance by the hypnotist.

One needs the respect, confidence, and trust of a subject.
   [Erickson, 1941b, p. 15]

I learned that when you give suggestions, therapeutically or experimentally, you try to give them in a way that is going to permit the patient or the subject to handle them in a fashion that does not arouse too much difficulty.
   [Erickson, 1977b, p. 21]

You must be careful to protect the integrity of the personality and not exploit the trance state.
   [Erickson, Rossi & Rossi, 1976, p. 13]

A systematic effort is made to demonstrate to the subjects that they are in a fully protected situation. Measures to this end are relatively simple and seemingly absurdly inadequate. Nevertheless, personality reactions make them effective. [1952]
   [In Erickson, 1980, Vol. I, chap. 6, p. 150]

In any hypnotic work careful attention must be given to the full protection or the subjects’ ego by meeting readily their needs as individuals. [1952]
   [In Erickson, 1980, Vol. I, chap. 6, p. 151]

In addition she was made aware at a deep level that she, as a personality, was fully protected, that her functioning rather than the hypnotist’s was the primary consideration in trance induction, and that utilization of one process of behavior could be made a stepping-stone to development of a similar but more complex form. [1952]
   [In Erickson, 1980, Vol. I, chap. 6, p. 157]
This protection should properly be given subjects in both the waking and the trance states. It is best given in an indirect way in the waking state and more directly in the trance state. [1952]

[In Erickson, 1930, Vol. I, chap. 6, p. 149]

Appreciation must be definitely expressed in some manner, preferably first in the trance state and later in the ordinary waking state. [1952]

[In Erickson, 1980, Vol. I, chap. 6, p. 151]

You always give praise to the unconscious. [Erickson & Rossi, 1979, p. 183]

She was always adequately praised for her cooperation in both the trance and waking states. [1960]

[In Erickson, 1980, Vol. IV, chap. 16, p. 185]

I make this clear to patients in the waking state as well as in the trance state, because you are dealing with a person that has a conscious mind and an unconscious mind.

[Erickson & Rossi, 1981, p. 6]

The simpler and more permissive and unobtrusive is the technique, the more effective it has proved to be. [1964]

[In Erickson, 1980, Vol. I, chap. 1, p. 15]

The more casually hypnotic work can be done, the easier it is for subjects to adapt to it. Casualness permits ready utilization of the behavioral developments of the total hypnotic situation. [1952]

[In Erickson, 1980, Vol. I, chap. 6, p. 166]

An essential consideration in this technique, however, is an attitude on the part of the operator of utter expectancy, casualness, and simplicity, which places the responsibility for any developments entirely upon the subject. [1959]

[In Erickson, 1980, Vol. I, chap. 8, p. 186]

In brief, hypnosis is a cooperative experience depending upon a communication of ideas by whatever means available, and verbalized ritualistic, traditional rote-memory techniques for the induction of hypnosis are no more than one means of beginning to learn
Ronald A. Havens, PhD is co-director of the Milton H. Erickson Institute of Springfield, Illinois. He is Professor of Psychology at the University of Illinois and is in private practice in Springfield.

“Havens has done a magnificent job of selecting and organizing ideas and concepts from the work of Milton Erickson. He provides the casual reader an intensive overview, the scholar an invaluable reference source, and the therapist clear principles of psychotherapy and hypnosis. The clear narrative provides logical and understandable sequencing while leaving the purity and wisdom of Erickson’s words to stand alone. My father would be proud of this book as well as feeling honored by it.”

Betty Alice Erickson, MS, LPC, Private Practice, Dallas

“Once again united in one volume, The Wisdom of Milton H. Erickson provides a fascinating read… Ronald Havens’ impressive collection of quotations should be a core component in any hypnotherapist’s library.”

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