Conversations with Milton H. Erickson, MD

Volume I
Changing Individuals

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CHAPTER 1

The Body Image

1957. Present were Milton H. Erickson and Jay Haley.

Haley: I have two reasons for being here. Our research project is about to begin an investigation of psychotherapy; we're going to explain it. And I went into private practice a few months ago doing brief hypnotherapy on various kinds of symptoms. I find I don't know enough about what I'm doing, so I want to find out more about brief psychotherapy. I would like to present you a description of about nine or ten patients, which I think are typical, and have you tell me how you would handle them.

Erickson: All right.

H: I have a whole week, so I expect I can learn all about psychotherapy in that time. I wouldn't expect that anywhere else but here.

E: (Laughs) Well, we can have our dreams.

H: In my practice I get regular referrals of various kinds – physical symptoms and some behavioral problems. My difficulty is that I am referred to largely for hypnosis, and I get quite a few people who are not very good subjects. I'd like to help them even though they are not good subjects, and I don't know enough about how to do brief therapy. I've been doing the more traditional kind of therapy for three or four years. I know

how to handle patients if I sit back and listen to them and make comments once in a while. But when I have people come to me expecting something in a hurry, the hurry being anywhere from one or two to 20 sessions, I don't know enough about what sort of information I need from them or what I need to do when I get that information.

E: In brief therapy what are usually your problems?

H: Well, I have symptoms like headaches, menstrual pains, a youth with a speech block, a woman who lost her voice, insomnia, and so on. I would really like to go over some of them one by one. Mostly I get problems from doctors who think that hypnosis will cure like a miracle, you know, and they send them to me. In my area there is no one working with hypnosis, except the people John Weakland and I are teaching. The local medical folk are very reluctant to refer patients who have somatic symptoms to psychiatrists, even when there is no physiological basis for the symptom. They don't like the idea of long-term psychotherapy. So they send them to me expecting something quick. I know you often do very brief therapy, and I have a pretty good idea that this is the place I can learn more about it than anywhere else.

I am actually using some of the techniques I have heard you mention in our conferences on hypnosis and finding them useful. I'll give you an example, beginning with a simple kind of problem, or one that should be simple. This is a girl referred to me a couple of weeks ago for severe premenstrual cramps. About eight hours a day once a month she is incapacitated and must go to bed with Seconal and aspirin and such. She has been doing this since she was 14 years old. She is not a good hypnotic subject. I have seen her for two sessions. I don't think I can help her with hypnosis in a straight kind of direct suggestion. I don't

think that I can even persuade her that she is enough in a trance so that other kinds of suggestions can carry the aura of hypnosis. Yet I feel that her problem isn't very complicated. She started to menstruate at 12—perfectly normal. At 13 she was in a city during a bombing raid; she lived up on the hillside and saw the raid but she wasn't injured in any way. For a year after that she didn't menstruate. She returned to the States with her mother, and at the age of 14 she began to menstruate again. This was very painful. She has menstruated painfully ever since.

E: Is she a pretty girl?

H: Yes.

E: Does she think so?

H: Yes, she does. She is not by any means fully confident that she is pretty. She works a little too hard at it.

E: What do you think about that?

H: What do I think about it? Well I think she is 28 years old and isn't married for reasons she doesn't understand.

E: Yet she is a pretty girl? And she works too hard at it. You see, in brief psychotherapy one of the important considerations is the body image. Did I ever discuss that with you?

H: No, I don't think so.

E: By body image I mean how does the person look upon herself? What sort of an image do they have of themselves? She's a pretty girl; she works too hard at it. She is telling you she has a defective body image. It is so tremendously important that she have a good body image. A good body image implies not only the physical self as such, but the functional self, and the personality *within* the body. Does she know that it is *all right* to know that she has very pretty eyes? Does she know that it is *all right* to be aware of the fact that her chin is too heavy? Is it *all right* for her

to have a pretty mouth, but to have her ears set unevenly? Does she know that the individuality of her face is the thing that gives her individual appeal?

H: Is that the way you would put it to her?

E: That's the way it should be put to her. You'll see these pretty girls that absolutely depreciate themselves. They are unaware of the fact that they are trying to classify their looks in terms of other people's looks. They usually think about some symptom of some sort that proves to them conclusively that they are not adequate people. The girl with the painful menstruation—exactly what does she think about her body? Are her hips too large? Or her ankles too large? Is her pubic hair too scarce, too straight, too curly? Or what about it? It may be too painful a thing for her ever to recognize consciously. Are her breasts too large? Too small? The nipples not the right color? In brief psychotherapy, one of the first things you do, whether it's a man or a woman, is try to find out what their body image is.

H: How do you find this out?

E: Sometimes, after a few minutes with a patient, with a girl in particular, I ask her what her best features are. And why. I make it a straightforward inquiry, in the same way that one would do a physical examination. You start to examine the scalp and you work down to the soles of the feet. It's purely an objective examination. You really want to know what the body image is, so you do a physical examination of the body image.

H: I see. What this girl does is work a little too hard at looking feminine. Her curls are placed just so, her makeup is just so, her earrings just so.

E: In other words, what does she lack in her body image that is feminine, so that she has to overdo, or overemphasize, the external evidence of femininity? What de-

ficiency does she think she has in her genitals? In her breasts, in her hips, in her figure, in her face?

H: Well, how do the patients accept such an objective look at their genitals? Do they take your discussion so objectively?

E: They do for me.

H: I think that might be difficult for me, but it might not.

E: You see a girl come in with a very crooked part in her hair. The next time she comes in, her hair is combed slightly differently, but with a crooked mid-line part. And you ought to wonder about her attitude towards her genitals.

H: If the part is crooked you should go into that?

E: Yes. Because you should bear in mind that our own familiarity with ourselves, our physical selves, is so great that we never really appreciate that familiarity —consciously.

H: Hmm.

E: How do you recognize that a woman is wearing falsies?

H: I don't know how I would recognize it, except in terms of the proportion with the rest of her body.

E: I'll demonstrate to you. I ask a woman to sit up straight and pretend that she has a mosquito on her right shoulder, then I ask her to please swat it. First, I'll show you how I swat it (demonstrates swatting with arm not touching chest). Now I'll exaggerate as I show you how she swats it. You see, she detours her elbow in accord with the actual size of her breast.

H: Oh, I see, she brushes her breast with falsies.

E: Yes. If she's got very small breasts, practically no breasts, she tends to swat her shoulder in much the same way that I would. If she has got large breasts she makes a large detour.

H: That's a simple test.

E: A very simple test. When I see a patient with a defective body image, I usually say, "There are a number

of things that you *don't* want me to know about, that you *don't* want to tell me. There are a lot of things about yourself that you don't want to discuss. Therefore, let's discuss those things that you feel free to discuss, and be sure that you don't discuss those that you are unwilling to discuss." She has blanket permission to withhold anything and everything. But she did come to discuss things. Therefore she starts discussing this, discussing that. It's always, "Well, *this* is all right to talk about." Before she's finished, she has mentioned everything.

H: You made it safe.

E: I made it safe. And each new item, 'Well, this really isn't so important that I have to withhold it. I can use the withholding permission for more important matters." Simply a hypnotic technique. To make them respond to the idea of withholding, and to respond to the idea of communicating.

H: I see.

E: Their withholding is essentially a mere matter of shuffling the order in which they present, and that's sufficient withholding.

H: It also forces them to think of what they would normally withhold, which they probably hadn't thought much of before.

E: There is the girl who had a series of affairs and is too distressed to tell you about it. You have given her permission to withhold. She knows you don't know about the affairs. She starts thinking over—well, number one is all right to tell about. Number five is all right to tell about. Not number two. And she tells about number four, number six, number three, number seven, number two. *She has withheld* number two. In fact, she has withheld all of them except number one. Because she didn't give—one, two, three, four, five, six, seven.

Conversations with Milton H. Erickson, MD

This series of three volumes presents transcripts of the lively discussions that took place over a period of 17 years between Milton Erickson, Jay Haley, John Weakland, and occasionally Gregory Bateson. Some of the conversations took place as part of Gregory Bateson's research project on communication. Included in these conversations were Jay Haley and John Weakland who were studying Dr. Erickson's ways of challenging and changing individuals' behavior. Other conversations took place when Jay Haley consulted with Dr. Erickson about therapy. The conversations were eventually edited by Jay Haley, and they are quite animated and informal, containing many facets of Erickson's personality and his sense of humor.

Many of the transcriptions in the three volumes of *Conversations* are also available in the three-volume CD set, *Milton H. Erickson, MD: In His Own Voice*, edited by Jay Haley and Madeleine Richeport-Haley also available through Crown House Publishing.

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JAY HALEY is widely acclaimed as a pioneering therapist and master teacher. One of the founders of family therapy, his prolific work influenced generations of therapists. He has degrees from the University of California Los Angeles, Berkeley, and Stanford University and served as professor at the University of Maryland, Howard University, the University of Pennsylvania, and Alliant International University. Jay Haley passed away in 2007. He was director of Family Therapy Research at the Philadelphia Child Guidance Clinic and co-founder of the Family Therapy Institute of Washington, D.C.

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