

Keynote Address of Carl Whitaker, M.D. offered to the First International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy in December 1980

The following paper was the keynote address of Carl Whitaker, M.D. offered to the First International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy in December 1980. Gregory Bateson was a scheduled keynote speaker, but he died a few months prior to the Congress. Milton Erickson was the featured speaker, but he died nine months prior to the meeting. More people cancelled when Bateson died than when Erickson died and still more than 2,000 attended, making it the largest conference ever held solely on the topic of hypnosis.

When Bateson died, lacking a keynote speaker, I called Whitaker and breathlessly blurted, “Carl, Erickson and Bateson have died. Would you do the keynote?” He replied, “What, are you crazy?” But, Carl loved Bateson like I loved Erickson, so he agreed.

I have studied this paper countless times. I have read sections of it to students at my workshops on family therapy. The paper was published in Ericksonian Approaches to Hypnosis and Psychotherapy, which I edited for Brunner/Mazel and which is now out of print. The wit and wisdom of Carl Whitaker are timeless. He was a man of abnormal integrity and scope.

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Carl A. Whitaker

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 metacommunication – 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, metacommunicating 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 pseudo-therapy projects. She's just the girl for him as soon as she get 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 five years of their marriage (it used to be ten 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, it's 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, and 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, etc. 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.