What Will You Do When The Old Dog Dies?

Ericksonian Approaches to Grief and Mourning[1]

By Eric Greenleaf, PhD

Your absence has gone through me like thread through a needle.
Everything I do is stitched with its color. – W.S. Merwin

I agreed to write this chapter on Ericksonian approaches to "life, death and other matters," in mid-January, and that same week was told of the death of my beloved and irreplaceable friend, Betty Alice Erickson, after a years-long struggle with a harsh cancer.

Decades ago, near the end of Milton H. Erickson's life, I was shown a video in which Dr. Erickson is talking to Betty Alice ("BA"), his grown daughter. "What will you do when the old dog dies?" he says, preparing her unconscious for her father's death. In our many years of teaching together, BA would often initiate trance experiences by reminding participants of the "smell of puppy breath," and other unmistakable memories of childhood and newness in life. To invite experiences of life's fragile complexity, she would say, "When you get a dog, prepare to grieve," knowing that we hope our dogs live a long time, and that we hope to live longer still. Our standard poodle, Lola, was a favorite of BA.

Dr. Erickson would write letters to children about animals, real and invented, to help them, through stories, to learn, grow and resolve troubles in life. He'd have loved Lola, as most people do – she is warm, smart, protective, affectionate and fun.

The "Great Matter" of life and death, as Buddhists note, can be pointed toward, but never explained; acted on, but never consciously understood. Dr. Erickson knew that truth, and cultivated communication with the unconscious mind in order to find a path forward in life which could, when he looked back, provide "a path of happiness," behind him.

On the matter of approaching the most difficult of human problems with his patients, Dr. Erickson said, "I don't know what's wrong with you but it obviously needs care. Now let's see what we can do about it.: And you see yourself in the hands of

[1] Greenleaf, E., chapter 10 in *Life, Death and Other Resources,* ed. Semeraro, R. Magenes Editoriale sri, (In Italian) 2019 (to appear).

somebody who will make a penetrating research into an insoluble problem." [*Seminars of MHE #1 1962, pp. 47-8.*]

BA's death left me with empty sorrow and bright memories, and the image of barren, exhausted earth with green shoots coming through it. The sere, brown field with bright green shoots. The affect bridges of my own unconscious mind brought me to emotions of other deaths, particularly the sudden, accidental death of my best friend Donald some 47 years ago, and of family members in recent years. My unconscious brought forth, as in a waking dream, an experience at a Family Constellations workshop, where I was asked to represent a child who had died in infancy. I was placed at the end of a line of living children, facing a wall. Although I don't remember being lonely as a child, I was struck from the inside by an immense and bleak loneliness, as I represented that infant.

Experiences like this, and many others, lead Freud to call the unconscious, "The other place," and Jung to refer to it as "A visionary rumor." In a conceptual sense, I think of the unconscious as composed of three processes: the whole neurophysiology of the body; new learning; and, the interpersonal emotions of three or more interrelated people taken together. In trance, we relate to our unconscious mind, and so invite betterment of our bodies and our relational emotions in a context of novelty and new learning. The small, extended family group is our evolutionary heirloom from earliest times, and the emotional atmosphere within that small group often determines our unique sense of self. That atmosphere itself, which includes generations past, stories known and stories never spoken, and secrets, remains largely unconscious. The selves that that interpersonal atmosphere gives rise to remain unself-conscious, and feel, though cloudy, individual, decisive and self-determined.

Like the early physicians, I often find it best to try methods on myself; not just to offer them to my patients. Dr. Erickson would do the same: Before applying electroshock therapy to a hospitalized patient, Erickson placed the paddles on his own body in the patient's presence, and fell back onto a mattress he'd placed on the floor. He challenged a young girl to a bicycle race, knowing that he, with post-polio weakness, could exert himself fully and still be fairly beaten by the girl. And, relating to a patient with low self-esteem, who was a carver of ironwood pieces, Erickson, who had an extensive ironwood collection, borrowed one of the man's works, stayed up all night

to copy it, and arrived at the therapy session with bloody fingers and a demonstration of the high value he placed on the patient's work.

My own example of this practice is called, "Dogs Will Eat Anything" [Milton H. Erickson Foundation Newsletter, 35, #2, 2015.]:

Some months ago I found myself in the midst of a terrible conflict of loyalties. Two people with whom I had close professional and personal ties, and with whom I shared a common project, fell into a serious dispute, one accusing the other of a crime. Worse, each represented powerful institutions with which I had important and consequential connections.

I attempted to mediate, offering a plausible solution to both sides, and was refused by both sides. I felt, with great discomfort, that the more I tried, the more the two parties began to turn their suspicions and mistrust towards me. I backed away, feeling more and more uneasy, nervous and despondent. The parties consulted lawyers. Positions hardened, empathy dissolved.

For several nights I slept little, thinking and thinking about what to do. Each idea I settled on would be unwelcome to one party or the other. Each strategy I imagined led to the same dead end, with damage all around. I felt awful. The next morning I woke early, and my wife, upon opening her eyes, turned to me and said, "I feel a sense of dread." I knew that the emotion was mine, not hers, and realized at once that I did not want her to feel that way, and that I must do something about it. But what?

I decided to give the problem to my unconscious mind – whatever that is – and went to bed that evening. The next morning I woke up, and I was happy. Nothing had changed. I felt happy, and the feeling lasted.

Later that day, I thought to myself, out of nowhere, "Dogs will eat anything. They will eat feces, vomit, dead things, anything, and burp and trot away without ill effect." Then I thought, "Lola ate the whole mess. It didn't affect her, and I was free of the troubled state I'd carried." Nothing had changed.

Dr. Erickson provided us with many examples from his own life in which he entered the unconscious in order to invite resolution of insoluble dilemmas. His availability to dream image and trance image informed the odd and effective relationships he formed with patients. Here is an example from his work with a young mother, who had lost her infant to crib death, and was inconsolable. [“Treating Loss and Grief,” an excerpt from Jane Parson-Fein’s subtitled video series, In the Room with Milton Erickson, vol. 2, Oct. 5-10, 1979.]

The newlywed had severe arthritis but wanted a child. An obstetrician said she could carry a baby, but there were serious risks to both baby and mother. The woman became severely depressed, and suicidal. Dr. Erickson “listened to her mournful story,” and encouraged her to get pregnant. She delivered a healthy baby girl, “Cynthia,” who, tragically, died at six months. It was crib death, and there was no medical explanation.

The woman responded with more depression and suicidal urges. Erickson told her, “Now listen woman. I think you’re being very stupid. (I wanted her attention. She had been very happy carrying the child for 9 months, giving birth, then enjoying her lovely baby for 6 months). And now you tell me you want to wipe out 15 months of happiness? I think that's a stupid thing to do. You should treasure that 15 months of happiness."

Dr. Erickson told the woman to plant a fast-growing Eucalyptus sapling and name it "Cynthia". A year later, her arthritis had improved and she had grown, and generously shared, a large flower garden. "I went home with an armful of sweet peas," said Erickson, "So, why do any more therapy with her. She had a purpose in life, and 15 months of wonderful memories."

Dr. Erickson's complete attention to the individual emotions, relationships and resources of each patient is evident here. The question, "What to do when nothing can be done?" hovers over experiences of loss, mourning, and the continuation of life by the living. There is a sense, difficult to codify, that Ericksonian approaches often involve the unspoken assumptions of the social world and of complex

interrelationships, rather than those of exclusively intrapsychic psychology. The concentration on emotions of sorrow is accompanied by the human instinct to find something to do - emotions are plans for action. But the emotions of loss may be plans for depression or suicide. So, Erickson invokes the unconscious knowledge that planting a tree promotes emotions of hope, care and engagement in life. The patient herself develops these ideas in action as she generously shares the blooming flowers from her expanding garden.

A second example of Dr. Erickson's approaches to grief and mourning, and to the guilt and shame attending loss, is his response to the death of Betty Alice's childhood pet, a hamster. Betty Alice was ashamed and guilty, feeling responsible for the care of the pet, and so somehow responsible for its death. She went to her father, expecting punishment, or at least sternness and rebuke. Dr. Erickson heard her story, then he simply cried. For all the wit, courage and tenacity of Dr. Erickson's approaches to difficult moments in life, and to death; for all the shrewd, inventive and powerful interactions he promoted, my favorite portrait of Erickson is one in which his eyes are full of tears. As he said, “Now one of the things I’ve shown you is the need for gentleness in hypnosis.”

> “The dog up and died, he up and died, after twenty years he still grieves”
> -Jerry Jeff Walker, "Mr. Bojangles."

An ongoing case from my own practice shows some of the scope of involvement with a patient's unique dream world that can activate healing in an Erickson-influenced therapy.

The patient, DK, a 60 year-old lawyer, lives alone with her cherished dogs. She protected them from neighborhood pit bulls bred to attack, fed and played with them, and treated them in their illnesses. In recent years, one died, then the other. She was inconsolable, and thought that her own life had no purpose. Though I empathized, and though she came to love a new dog who eerily and happily resembled her favorite, her sense of being lost in life persisted.

Then, recently, she told me that she has been a lucid dreamer since early childhood. In dreams, she throws herself off a high place, and, instead of tumbling down, begins to float and soar. She realizes she is dreaming, and that she can go anywhere, and visit anyone. The most individual aspect of her mourning for the dogs is that she will not visit them in memory, believing that they are alive somewhere in the aethereal plane. For her, mourning is an indication that the pets remain somewhere alive, as spirits.

For a very long time now, while teaching Ericksonian approaches, I've emphasized the metaphor of the benign unconscious mind as an explanatory concept, and the utilization of the unconscious mind as a therapeutic means toward healing. I've had many people in workshops and in my practice "look at your unconscious mind, and tell me what it looks like". People see marvelous things, from a hacienda to the cosmos, with colors, shapes, forces, sounds, textures, movement, and distinct emotions too.

When I ask people to see their insoluble problems as though in a dream, they see unique visions there too. And when I ask them to put the image of their problem into that of their unconscious mind, they often see and feel things change for the better.

I asked DK what her unconscious mind looked like, and she replied right away that it looked like the Winchester Mystery House, an attraction in California built by an eccentric and rich widow, with stairways that lead nowhere and odd rooms and passageways. The house was in constant, active new construction throughout her lifetime. DK's unconscious was like that, but, to keep the spirit of her dogs alive, she would not search for them in her Mystery House.

DK also has a long, ongoing interest in Tarot and other means of prognostication, and that may prove a path to solution for the unresolved mourning for her dogs. As a Balinese shaman said, when asked if witches are real: "They are not real. And, they are not imaginary. They are something else."

Readers may think this approach is eccentric, or "spiritual," or such. I think of it as an approach that respects and utilizes the culture, background and resources of the

patient to allow her to, as Erickson often said, "Do things your own way, in your own good time." And, he said, referring to the planting of the Eucalyptus sapling by his patient, "And when you get your patient involved in doing something..."

An example from another culture may clarify both the therapist's search for effective relatedness to individual patients, and the patient's own inner search for an effective way to resolve life problems. Like many problems of loss, grief and mourning, the resolution and rededication to life require the involvement of extended family and multiple generations, and the unconscious assumption of cultural norms of understanding and action.

I have often been to the island of Bali to study trance healing and trance ceremonies. The culture there is Hindu-Buddhist, the shamans and healers are called *balian*, and there is a huge tourist culture, so fair access to modern allopathic medicine.

A Balinese friend's mother is a midwife. His wife delivered a healthy baby with the midwife attending. Soon after, the child suffered crib death. Everyone was very sad, but the grandmother-midwife felt awful, hopeless, guilty and depressed. She felt responsible for the health and safety of the baby she'd delivered. She could not be consoled.

A friend of that family is a very experienced neonatal nurse from a big urban hospital in America. That friend was visiting Bali when the tragic death happened. She told the grandmother, "Such deaths happen even in my teaching hospital back home. No one knows why. No one is at fault.” The grandmother was unmoved.

My friend said to me, with great determination in his voice, "I will not accept the scientific explanation for the baby's death. If i do that, my mother will remain depressed and hopeless. I am going to take her to the *balian.*" Now the grandparents were very modern people; they believed in science and consulted allopathic doctors for their ills. As a young married couple they themselves had moved from the ancestral compound to live a more modern life in town.

The *balian* told my friend that he was responsible for keeping the ancestral shrines in his parents' house temple. He had, she said, done a bad job of it and must do better. My friend and his wife moved back to the parents' home. He tended the family ancestral shrines. And then, unexpectedly, his parents moved back to the family compound of her parents. The next time I saw the grandmother, all was well in the family. My friend and his wife went on to have two healthy daughters.

This rearrangement of positions in the extended family is strikingly like the forms of intervention in modern family therapy, developed by Erickson, his colleagues and students, the Philadelphia Child Guidance Clinic, The Mental Research Institute,
The Milan Team, and many other groups of family therapists. Dealing in family structure and cultural practices allows many of the successes of modern, brief psychotherapy.

Narrative Therapy and the Oral Tradition

In their first book, *Literate Means to Therapeutic Ends* [later, *Narrative Means to Therapeutic Ends,* NY: Norton, 1990], David Epston writes of Ray, a 15 year-old who was involved in a car accident in which his older brothers died. Ray and his family were very distressed, and their family doctor called Epston. Here is an excerpt of Epston's letter to Ray:

"Dear Ray,

The death of your beloved brothers, Kerry and Brian, would have been a great shock and sadness to you. No wonder, only recently have you come out of shock and are now experiencing your sadness. You have no need to fear this, as it is easily understandable that your brothers' deaths both upset and saddened you.

But remember the law of grief: Crying from the outside means that you are no longer crying on the inside. And crying on the inside drowns your strength. I would imagine that you have some crying to do but you now know that it is right and proper …

Now that you are over your shock, you may be ready to think about ways to keep your brothers' memories alive…"

Later, as Ray recovers himself, Epston writes to him a letter suggesting what he might like to "read" to his brothers at their unveiling, "in order to reassure yourself and them that you are keeping their memories alive.":

"Dear older brothers,

I am keeping your memory alive by doing what you wanted me to do. In cricket, I am doing my best and enjoying it. … If I weren't so modest, I'd tell you the high marks I am getting in school. … I want you to know that I have stayed friends with your group of friends. …I know you will be satisfied that I am keeping your memories alive by doing what you wanted me to do. That is not to say that I don't miss you both and at times am filled with grief and sadness because I miss you both so much."

Epston's therapeutic beginnings utilized hypnosis with kids and teens, and his gentle use of suggestion to help guide Ray's shock, grief, mourning, calming, and rededication to his own life in his brothers' memory, is a high point in interpretive therapy in a written form. Epston and White's therapy also informs family and social relationships, and utilizes the existing groups in a patient's life to enhance recovery and reintegration of the patient.

Milton Erickson's work is often seen to be, by contrast, inscrutable and intuitive, and to forswear explanation in favor of striking interactions with patients and their families. Of course, Erickson's large body of published writing [Erickson, M.H., *The Collected Papers of M.H. Erickson,* vols. 1-4, NY: Irvington] is both learned and explanatory. I had read large portions of Erickson's work, but somehow I would drift off into trance while reading. I always thought them exceptionally clear, perceptive, witty and inventive papers, written with a thick and apt vocabulary. I loved his way of mixing truism and eccentric observation, individual feeling and social relations into the stock-pot of trance.

A clue to understanding this difference in the perception of Erickson's clinical work from that of his scholarly writing is provided by John Parke, PsyD, in his dissertation,. *Milton H. Erickson MD and the Art of the Oral Tradition* [unpublished dissertation, CIIS, 2000.] Parke notes that,

"Erickson can no longer be seen as an anomaly in the world. Where he was once thought of as mysterious and unusual, he can now be identified as a teacher and healer in the oral tradition. … Oral performers seek to modify people's attention and to elicit responsiveness. They wrap their messages in stories and repeat them in various themes. Oral performers also compose their messages in response to their listeners' responses. They also make the communication a dramatic, emotional experience." [p.208]

Dramatic relationship, influence and persuasion are important parts of the oral tradition in rhetoric. David Epston traveled with a backpack full of letters from members of his and White's "Anti-anorexia and Bulemia League," of teenagers with eating disorders. He, like Erickson at his teaching seminars, would take a letter from the pile to read to his audience of therapists, bringing drama to the teaching.

We have, as I like to say, a great number of modern psychotherapies, reminiscent of fried chicken franchises; each claiming distinction, but with a basic recipe producing hot, filling, flavorful outcomes. Watching demonstrations of modern psychotherapy is more interesting than reading about them. You will see David Burns, inviting Brief Cognitive Behavioral Therapists to thoroughly empathize, employ the Miracle Question [Insoo Kim Berg and Solution Therapy], then use paradoxical interventions to counter patient reluctance. Bessel van der Kolk has been seen using approaches from Family Constellations work, and other psychodramatic methods to treat trauma.

Many of the great therapists of the past 50 years have employed dramatic methods of interaction and ceremonies reminiscent of healers from throughout the world and from all of human history. An ancient Greek ceremony reflects this attempt of the living to deal with the dead: Ancient Greeks believed the entrance to Hades was at Epirus. The Acheron River that Odysseus—and later Dante—crossed to reach the underworld flows, in reality, west from Epirus's mountains toward the Ionian Sea.

> Pilgrims hoping to summon the ghosts of departed loved ones visited the Nekromanteion, a temple located in a cave near the Acheron. For days, and for a considerable fee, they underwent purificatory rituals, including the consumption of pork, oysters, and a type of bean that induced hallucinations. When the supplicant was ready, he slaughtered a sheep and was led to a central chamber, which spirits could enter from the beyond. Priests hidden in a second chamber impersonated the deceased, barked to suggest the presence of Cerberus, Guardian of the Underworld, and manipulated pulleys that sent up objects to dazzle the impressionable pilgrim. [Wikipedia]

> Modern therapists in the oral tradition include: the Morenos, who used a theater stage as the platform for their therapy; Bert Hellinger's constellations, with their representations of persons in the patient's life and aspects of their culture and history too; Virginia Satir's sculptural approaches to the family, Fritz Perls, Erickson, of course, Carl Whitaker, and Peter Levine, the Somatic Experiencing innovator, whose dramatic use of an imagined tiger, ready to pounce, saved a trauma sufferer from immobility. Cloe Madanes and Jay Haley and the MRI therapists also employ dramatic circumstance, and stage their performances behind the one-way mirror. And, among the Erickson therapists, Jeff Zeig and Michelle Ritterman teach and heal with dramatic flair and artistic effect.

Telling Stories Where They Belong

I was once in psychotherapy with a wonderful Jungian analyst and she said to me, "You know, Eric, it would take an atomic bomb to make you change." Ann Miller's diagnosis. So I said nothing, and I went home and I dreamed. I dreamed that I was looking over the Bay—and one by one these big mushroom clouds came up over the horizon. Time to change.

These dramatic, surprising suggestions, and the repetitive, ritualized ones that often accompany invitations to hypnotic trance, are staples of healing ritual and ceremony. Betty Alice Erickson and Bradford Keeney titled their book about Erickson, *Milton H. Erickson, MD: An American Healer* [Sedona: Ringing Rocks Press, 2006]. In closing the

book, Betty Alice says, “And he continues to be a healing presence to us, in our memories, dreams, and reflections.”

When I was small, my father used to sing a song to me that compared a child’s imagination to an Aladdin’s lamp, a wondrous device that warmed the body as it comforted the person using it. Sometime during my fifty years’ practice as a therapist, a patient said to me, with bright eyes, “I know what you’re doing when you do hypnosis with me. You’re telling stories where they belong!” A story, a dramatic narrative, carries the feeling of complex relationship in its social context. It depicts character, emotion, change and surprise – the drama of the progression of life.

In an Erickson-influenced psychotherapy, several rules of thumb guide the work:

1. The individuality of each patient and each therapist must be respected.
2. Therapy is relationship.
3. We utilize whatever the patient brings to help them reach their goals.
4. The unconscious mind is our resource.
5. The language of therapy is story and metaphor.
6. Benign interpersonal action, direct or ceremonial, is a wellspring of therapeutic effect.

In an Ericksonian context, hypnosis is *not* a means of mind control, of self-control, or of controlling other people. It *is* an effective form of relationship with the unconscious mind, with one’s self, and with other people. Trance is a naturally occurring human experience. Hypnosis is trance induced, or invited, between people. Hypnotherapy is hypnosis within a therapeutic relationship.

Here is an example from a recent hypnotherapy workshop I conducted for graduate students and therapy professionals. Two women, part of a group of very close friends who attended the week-long workshop, approached me after class. One spoke for the other: “She is afraid to drink water, afraid to bathe or shower in water.” I said, “I have very little time. I have a meeting in a few minutes.” I asked the spokeswoman, “What *does* she drink?” “Tea.” “Does she drink milk?” “Oh, yes!” I turned to the silent patient, “Here’s what I want you to do: When you go home today, take a bath in milk. Not a tubful of milk; too much milk. Just a gallon, and take a sponge bath in milk. Tomorrow, tell me what happened.”

At the start of the next class, the patient came up to me, smiling. “I’m not afraid to drink water anymore. I’m thinking, when I get home after class today I’ll take a nice, warm shower.”

To understand Ericksonian approaches, it helps to think of the basic functions of human experience. All our experience is represented in the brain. These representations allow us to imitate each other, and to learn from each other. Imagined experience has the same neural sequence as lived experience. As emotions are plans for action, so dreams are experiments in action. A patient of mine, Karen, was blinded by a tumor in her early 20s. Before that she had been an expert competitive skier. In her 40s she resumed skiing with a sighted guide. A few years later she came fifth in the world in the sight-impaired Olympic ski competition. I asked her how she practiced, since our city was far from the snow. She said, “I practice in my dreams. I imagine skiing the course, making the turns, dealing with the ice, following my guide. As I do, my muscles follow the sequence of movements I’ll have to make in the actual race.”

Empathy imagines the pain and emotion of another person. Hypnotic relationship imagines the three-legged race we run with our patients, through the mysteries of life and death. Our unconscious minds represent the entire neurophysiology of the body, new learning and surprise and the problematic, and social relationships in our human families and small groups. We access the unconscious with stories and dramatic interactions.

We accompany our patients through parts of their lives, and, often, as death approaches them, or steals away their beloveds. And, we help them, and ourselves, to cry, rage, and gather ourselves again to the tasks and mysteries of the lived life. Thanks for the gifts of liveliness, companionship and grace given me by those whom I mourn, and whose example contributed to my writing in this chapter: Betty Alice Erickson, Don Wood, Milton Erickson, Ann Miller, Peter Greenleaf, Karen Rosmarin. and the dogs Emma and Joey.

Losing love Is like a window in your heart
Everybody sees you're blown apart

Everybody sees the wind blow

-"Graceland," Paul Simon

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