7. The experience of interviewing in the presence of observers

*Milton H. Erickson*

The experience of interviewing two psychiatric patients in the presence of observers and of attempting to induce hypnotic trances in them with the knowledge at the time that my efforts were being filmed for subsequent critical analysis by highly qualified persons constituted an interesting project for me. The primary consideration for me was the execution of the proposed task as adequately as possible. My own personal emotions were considered neither important nor relevant.

The emotional reactions of my patients, however, in relation to me, to the interview, to the hypnosis, to the surroundings, to the attendant circumstances, or deriving from their own psychiatric condition, were all considered to be a proper part of the proposed study. Therefore, it would be a part of my responsibilities to be as aware as possible of the patients' various emotional states, to direct and to utilize them in such fashion that the patients' attention and interest would be directed to me rather than elsewhere.

The proposed experimental procedure definitely interested me. It offered an opportunity to deal with a patient in an entirely new kind of situation that could be recorded most effectively for future and for independent study. It was also a situation that the patient presumably could comprehend to a considerable extent and to which he could quite conceivably react in a variety of interesting ways. Also, the proposed procedure gave rise in my mind to recurrent, curious questions of what manner of affective, sympathetic, and empathic responses the observers, immediate and subsequent, would make which were comparable or related to those I would experience in the actual work situation with the patient. As it later developed, now and then when I experienced one or another reaction to my patient, there would recur, momentarily only and not as a distraction, the curious question of what, if anything, the observer could possibly sense of a comparable character.

My mental set in approaching the task was that of discovering what I could understand of the patient's behavior and what I could do about it or with it. The fact that I was under observation was of no concern to me, however primary that fact might be to the observers. My task was that of
observing the patient and working with him, not speculating about the possible activities of others.

To begin, my first procedure was to make a visual and auditory survey of the interview situation. I wanted to know what my patient could see and hear and how a shift of his gaze or a change of his position would change the object content of his visual field. I was also interested in the various sounds, probable, possible, and inclusive of street noises, that could intrude upon the situation. I inquired about the age, height, weight, and sex of my patient and I tested various possible seating arrangements to check relative physical comfort, the possibilities of adequate recording, and the predominant content of the patient's general field of vision. I also inquired about any special accommodations to be made to meet the requirements of the recording apparatus. As a measure of more adequately understanding my patient's possible reactions to the observers, I made special inquiries about their positioning. Since one observer (Dr. C.) was there by special request, I felt he should be placed so that he would have the least possible effect upon the others present.

Upon the arrival of my patient I immediately became intensely absorbed in the task confronting me. Occasionally I would feel momentarily oppressed by a sense of having only a limited time, followed by a strong need not to let my patient sense that hurried feeling. Now and then I became aware that I had been so attentive to my patient that I had forgotten where I was, but I would comfortably and instantly reorient myself. On at least three occasions, I became momentarily puzzled by a pair of glasses on the side of the room toward which I was facing. Each time I was astonished to discover them on a face and then to recognize the face as that of Dr. C.

Now and then I felt an urgent need to give some brief recognition to the immediate environment in some casual way so that my patient would not be given the impression of an intentional avoidance. One other intense emotional reaction on my part concerned the use of my cane at a moment when I moved it rather ostentatiously. My purpose was to force the patient to give his attention to the cane and thereby to effect a displacement of his hostility from me to the cane. As this was being done, the thought flashed into my mind that perhaps the observers would not understand the purposefulness of the maneuver. There was an immediate feeling of strong dismay that this irrelevant thinking might have altered adversely the manner in which the cane was being moved. This emotional concern vanished upon noting that the patient was responding adequately.

At the close of the first interview, I felt no particular fatigue and I was as interested in seeing the next patient as I had been in seeing the first. At the close of the second interview I had an immediate sensation of great fatigue, physical and mental, but this passed promptly. It was fol-