

The Two Ericksons: Forgotten Concepts and what Constitutes an Appropriate Professional Knowledge Base in Psychiatry

There could not be two men more different; Erik Erikson, European émigré, psychologist, child psychoanalyst and Milton Erickson, Wisconsin farmer's son, struck down by polio in his young age, choosing medicine as a default career. They would both rise to fame in their lifetimes; Milton Erickson credited as the foremost authority of his day on medical hypnosis whereas Erik Erikson, with his stages of psychosocial development, rivaling and completing Freud's misguided theory of psychosexual development. The European Erikson's name became synonymous with concepts such as the identity crisis, adolescence as a moratorium period and ego psychology. The American Erickson was hailed as father of brief therapy, solution focused therapy, neurolinguistic programming and Jay Haley's family therapy school of strategic therapy. Yet amazingly, the uniting thread was that both men were speaking about psychosocial and family development throughout the life cycle long before these notions became popularized either in professional circles or with the lay public.

I learned about Erik Erikson in my child development courses in residency but I learnt about Milton Erickson only much later in my professional life. When I do my informal surveys among unsuspecting residents, the uptake of the two Ericksons is uneven, depending on whether it is a general residency training program or child subspecialty, in which country, which side of the Atlantic and which side of the Equator.

If they are discussed at all, I am not certain if they are taught as part of current developmental theory or more as historical footnotes. There are certainly cultural nuances defying the universal application of Erik Erikson's stages of psychosocial development whereas I am convinced that if Milton was practicing today, he would be constantly battling litigation lawyers for his paternalistic antics. Which brings me full circle to the theme of the commentary article in this issue of the Journal on the forgotten concept of countertransference in child psychiatry and what constitutes an appropriate knowledge base for psychiatry.

While we can credit more recent developments such as psychopharmacology, the DSM, psychiatric epidemiology, neurosciences (MRI), genetics and an evidence-based approach to advances in mental health, collectively there remains professional discomfiture with concepts that straddle the great fault lines of psychiatry i.e. nature vs. nurture, normal vs. abnormal, conscious vs. unconscious, brain vs. mind etc. . . . As well, some of those concepts and models may retain their clinical usefulness in spite of harkening back to a previous era, a previous paradigm. We need to be ruthless in the service of our patients and Dr. Rasic's article reminds us that, to this end, everything needs to be put on the table; there can be no sacred altars.

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