



The Milton H. Erickson Foundation NEWSLETTER

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Spring 1994

Sixth Congress to Celebrate Foundation's 15th Anniversary

"Tracking Ericksonian Methods" is the theme of the Sixth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy.

The Congress is scheduled for Dec. 7-11, 1994, at the Century Plaza Hotel in Century City, Calif., near Los Angeles. The luxury hotel, which is proximate to shopping, theaters, excellent restaurants and other entertainment, has exceptional rates (\$85 single/\$95 double).

There are 86 invited faculty. Additional professionals will present accepted short courses. Philip Zimbardo, Ph.D., will present one of the keynote addresses.

A new format has been initiated for the upcoming Congress. There will be two aspects to the program: Self-contained tracks will convene for six hours each day Wednesday and Thursday and for three hours Friday; and interactive events, which will be held Saturday and Sunday. Short Courses will be held Friday. Emphasis is placed on clinical methods allowing for a more experiential program.

Tracks will consist of nine simultaneous events. Registrants will subscribe to one track only; essentially there will be nine small "conventions" within a large Congress. The tracks are 1) "Systemic Therapies, Strategic, Mental Research Institute, NLP, Solution-Oriented"; 2) "Fundamentals of Ericksonian Hyp-

nosis"; 3) "Intermediate Ericksonian Hypnosis"; 4) "Advanced Ericksonian Hypnosis"; 5) "Therapist Development"; 6) "Anxiety and Depression: Panic Disorders, Incest and Abuse, Obsessive/Compulsive Disorder, and Depression"; 7) "Behavioral Medicine & Mind/Body Approaches"; 8) "Children and Adolescents"; and 9) "Family Therapy".

In addition to the tracks, there will be workshops, clinical demonstrations, dialogues and trialogues, panels and short courses.

The Congress also marks the 15th Anniversary of the Milton H. Erickson Foundation.

"Join us in celebrating the enduring accumulation of Milton H. Erickson and those who have built on his work," said Jeffrey Zeig, Ph.D., Director of the Foundation. "The Congress will provide a backdrop for work of many talented individuals. We hope to see familiar faces, as well as new ones, in California."

A special discount is offered to Newsletter subscribers. Please see page 3 for the registration form.

The training is expected to attract between 1,500 and 2,000 professionals. Write or call the Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016-6500; tel. (602) 956-6196; fax (602) 956-0519.

European Evolution Conference Growing

Interest in the First European Evolution of Psychotherapy Conference is growing.

The meeting, similar to the first two Evolution Conferences in the United States, will be held July 27-31, 1994, in Hamburg, Germany. The event is being organized, with assistance from the Erickson Foundation, by Bernhard Trenkle, Dipl. Psych., director of the Milton Erickson Institute of Rottweil, Germany.

The faculty includes Aaron Beck, Albert Ellis, Viktor Frankl, Eugene Gendlin, William Glasser, Mary Gouling, Klaus Grawe, Jay Haley, James Hillman, Helen Singer Kaplan, Otto Kernberg, Arnold Lazarus, Alexander Lowen, Cloé Madanes, Judd Marmor, James Masterson, Donald Meichenbaum, Adolf Ernst Meyer, Salvador Minuchin, Mara Selvini Palazzoli, Erving Polster, Miriam Polster, Ernest Rossi, Helm Stier-

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I N T E R V I E W

An Interview with Kay Thompson, D.D.S.

Interviewed by
Betty Alice Erickson

Background

A native of Pennsylvania, Kay Thompson received both her B.S. and D.D.S. from the University of Pittsburgh. In private practice, she is an advocate for issues in dentistry and in hypnosis. She recently was elected as a Trustee for the American Dental Association, and her positions have included president of the Pennsylvania Dental Association, committees and task forces for the American Dental Association, Board of Directors of the International Society of Hypnosis and fellowship in both the American Society of Clinical Hypnosis (A.S.C.H.) and the Society for Clinical and Experimental Hypnosis (S.C.E.H.). She is a former associate professor at the University of Pittsburgh and an associate professor at West Virginia University. She also is the recipient of honors and awards from numerous organizations in-



Kay F. Thompson, D.D.S.

cluding the second Milton H. Erickson Award from The Netherlands Society of Clinical Hypnosis and the Milton H. Erickson Lifetime Achievement Award from the Erickson Foundation.

Editors (Eds): How did you first become interested in hypnosis?

Thompson: When I first got out of dental school, it seemed that every frightened patient in the city found me. It was, and may still be, the stereotype that a woman dentist is gentler, kinder, more

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Betty Alice Erickson, M.S., L.P.C.



Roxanna Erickson Klein, R.N., M.S.

This issue marks the completion of our first year as editors. We are grateful for the outstanding support that we have received during this time and pleased with the positive reader response.

With this issue, we are proud to announce that Jeffrey Zeig, Ph.D., has accepted our invitation to write a feature column "Ericksonian Update." In this, Dr. Zeig will comment on current Ericksonian developments. As founder and director of the Milton H. Erickson Foundation, Zeig has been a major figure in stimulating interest in the Ericksonian movement on a worldwide scale. His dynamic leadership has resulted in the formation of institutes and centers for study throughout the United States and the world.

We also have added a new feature column entitled "Historical Notes on Hypnosis." This column is intended to offer the readers a glimpse of the colorful path that has been traveled in the struggle to bring hypnosis into the respected realms of medical science. We are deeply appreciative that John G. Watkins, Ph.D. agreed to write the first contribution for this ongoing feature. Dr. Watkins gives a personal and insightful account of the early days of two major hypnosis organizations in the United States. As a long standing and active member of the Society for Clinical and Experimental Hypnosis (S.C.E.H.), he was both a participant and observer on these important historical events.

We have decided to include reviews of materials that have become standard in the fields of hypnosis and psychotherapy. Not all of these are new publications, but they have not previously been reviewed in The Newsletter.

The Foundation's Brief Therapy Conference held in December demonstrated once more the widespread influence of Ericksonian approaches in diverse schools of psychotherapy. Large meetings of this

nature facilitate a confluence of ideas wherein the similarities and disparities among schools of thought may be critically examined. We hope connections made at this meeting will continue to strengthen communication among leaders in the area of brief therapy, and that the overall contribution will be in the benefits derived by the recipients of care.

CORRECTIONS AND CLARIFICATIONS:

Vol. 13, #3, page 15. The degree for Peggy Cook, Ph.D., was incorrectly noted. Dr. Cook is a psychotherapist practicing in Fort Worth, TX.

— Betty Alice Erickson and Roxanna Erickson Klein

Call For Contributions

The editors of the Milton H. Erickson Foundation Newsletter want to continue to expand our contributor base. We welcome hearing from colleagues who are willing to review books, audio and video tapes, or who would like to write or comment on a Case Report, contribute to the various columns or who have ideas or comments about this Newsletter. While we cannot guarantee inclusion of submissions, we appreciate hearing from you.

Please contact Roxanna Erickson Klein, R.N., M.S., and Betty Alice Erickson, M.S., L.P.C. for information.

How many patients come into your office convinced that this is the way it is and will be forever, when you in your own knowledge know, "Yes, for a time you're going to be depressed. But it is not forever."

(ASCH, Taped Lecture, 7/16/65)

Anniversaries

I have been asked by the Editors to write a regular column for *The Milton H. Erickson Newsletter*, and I gladly accept this honor. I request the indulgence of the reader; I personalized this first offering by waxing nostalgic about anniversaries.

December 3, 1993, my daughter, Nicole, and I treated Mrs. Erickson to a special dinner marking 20 years to the day that I first came to Phoenix, knocked at the door of the house on Hayward and met Dr. and Mrs. Erickson. Such a simple step. Such far-reaching consequences. I often wonder how my personal and professional life would have differed had I not taken the uncharacteristically bold step of writing to Erickson and requesting a visit.

On the personal side, my frequent visits to Erickson during the next six years — through my move to Phoenix in 1978 and Erickson's death in March 1980 — were important steps in my personal and professional development. Not a day goes by that I do not directly apply some of his wit and wisdom. So many strong visual images regularly visit my mind... perhaps most vivid was Erickson's *elan vital*. I never encountered someone so facile at alchemy — transmuting chronic pain into a radiating glow of being glad to be alive. Like so many others, I sought to bathe in that aura. It continues to illuminate my life.

Professionally, in the last 20 years I have made it a career to spread Erickson's teachings and make opportunities for others influenced by him to create advances. A lot has been accomplished in a little time. In 1973 the words "Ericksonian therapy" were not in print. I think they first appeared in a book title in 1982 in conjunction with the Proceedings of the 1980 International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy.

The 1980 Congress was to be a gift to Erickson. He had mentored me without financial cost to me. I organized the Congress to coincide with his 79th birthday on December 5. It was to be an opportunity for him to enjoy his impact on the field and see his colleagues and friends.

Erickson died nine months before the meeting; at the time there were 750 registered; 2,000 eventually attended. Never before had 750 professionals gathered for a "hypnosis" meeting. Therefore, he got some of the gift.



Jeffrey K. Zeig, Ph.D.

The Milton H. Erickson Foundation was formed in 1979 as the financial arm of the Congress. The original Board of Directors was Sherron S. Peters, who served as the Administrative Director, Dr. and Mrs. Erickson and myself. After Erickson's death, Kristina Erickson took his place, and when Sherron left, J. Charles Theisen took her place.

This December, we will dedicate the Sixth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy in Los Angeles to celebrate the Foundation's 15th anniversary. As I look back I am awed at the initial efforts of Sherron Peters and the subsequent work of Linda Carr McThral, the current executive director. Their diligent efforts and those of many individuals have enabled the Foundation to sponsor five Congresses, two Evolutions of Psychotherapy Conferences, one Brief Therapy Conference, four National Seminars, the upcoming European Evolution of Psychotherapy Conference and countless other educational programs. These meetings have generated eight volumes of proceedings.

There are some other anniversaries of note. Stephen Lankton has served as Founding Editor of the *Ericksonian Monographs*. He has published nine issues and the tenth is now in press. Through his work, Ericksonian methods have advanced to become an important part of mainstream therapy. I have known Stephen for more than 25 years. We went to school together at Michigan State University. I treasure his friendship.

This issue marks the first anniversary of the Editorship of *The Milton H. Erickson Newsletter* by Betty Alice Erickson and Roxanna Erickson Klein. They have made some excellent innovations to improve the impact of this publication. Their diligence and creativeness

continued on next page

Brief Therapy Conference Achieves Goals

by Brent B. Geary, Ph.D.

Reviews of attendees and faculty indicate that the Brief Therapy Conference: Essence and Evolution, held December 8-12, 1993, in Orlando, Fla., successfully achieved its aim.

The four and one-half day event demonstrated that the essence of brief therapy is represented by the richness and variety of perspectives in the field. The 1,800 in attendance experienced the evolution of a maturing discipline that is reshaping the practice of psychotherapy.

"Attendees seemed pleased by both the exceptional quality of the faculty and the comprehensive scope of topics," commented Jeffrey K. Zeig, Ph.D., Director of the Milton H. Erickson Foundation and conference organizer. "I believe we succeeded in making this a 'user friendly' meeting that catered to interests of practitioners in many disciplines."

Presentations explored individual, couple, family and group therapies for a host of clinical issues.

Most faculty members provided two workshops, one focusing on fundamental principles of the therapeutic approach, and the other embodying more advanced applications. Several faculty members demonstrated brief therapy techniques in one-hour sessions. Treatment conceptualization and planning were provided in supervision and case discussion panels. Dialogues, trialogues, and conversation hours allowed the faculty to interact in informal settings. Keynote addresses were presented by Cloé Madanes, William Masters, and James Masterson.

The 52 faculty members provided a memorable conference.

New Institutes Welcomed

The Milton H. Erickson Foundation has added four new Institutes to the worldwide network of affiliates, bringing the total number to 56.

Additional applications currently are under consideration.

The new Institutes are The Milton H. Erickson Institute of Arkansas at Halcyon Ranch, the Connecticut Milton H. Erickson Society/Institute for Psychotherapy and Hypnosis; Institut Milton H. Erickson du Nord de la France; and the Polish Milton H. Erickson Institute.

European Evolution *continued*

lin, Thomas Szasz, Paul Watzlawick, Joseph Wolpe, Irv Yalom and Jeffrey Zeig.

According to Trenkle, the main idea of the conference is to demonstrate a great variety of psychotherapeutic methods so registrants can learn the commonalities that underlie successful work. The program format consists of workshops, live demonstrations and videotapes, dialogues and trialogues, supervision panels and conversation hours.

The conference is open to professionals in health-related fields, including physicians, doctoral level psychologists, and dentists who are qualified for membership in, or are members of, their respective professional organizations. The conference also is open to professionals with mental health related graduate degrees from accredited institutions. Applications from graduate students in accredited programs leading to a degree in the above fields will be accepted if they supply a letter from their department on letterhead stationery certifying their full-time status as of July 1994.

U.S. registration fees are \$495 for professionals and \$395 for full-time graduate students who register before March 31, 1994. Registrations post-

marked after March 31 are \$595 and \$445, respectively.

For additional information, write the Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016-6500; or M.E.T. Psychotherapie Tagungs GmbH., Bernhard Trenkle, Dipl. Psych., Bahnhofstr. 4, D-78628 Rottweil, GERMANY; Tel. 741-41774; fax 741-41773.

Zeig *continued*

ity are greatly appreciated.

The Foundation continues its stated course to promote effective clinical methods. In 1995, we will hold the third Evolution of Psychotherapy Conference in Las Vegas. Many of the invited faculty already have agreed to attend; I hope many of you will be there.

I am proud of the Foundation and the efforts of all those who have made it possible. A considerable portion of that gratitude is directed to you, the reader. It is your continued support and interest that continues to share the vision — that will develop the Foundation — that will continue to advance the legacy of Milton H. Erickson.

— Jeffrey K. Zeig, Ph.D., Director



DECEMBER 7-11, 1994
LOS ANGELES, CALIFORNIA

The Sixth
International Congress
on Ericksonian Hypnosis
and Psychotherapy

"Tracking Ericksonian Methods"

NEWSLETTER READERS' REGISTRATION SPECIAL

**SAVE 25 PERCENT BY REGISTERING
BEFORE MARCH 31, 1994**

Join The Milton H. Erickson Foundation
in celebrating its 15th Anniversary.

Name: _____ Degree: _____

Telephone: _____ Profession: _____

Among the presenters:

Alman, Araoz, Barber, Barretta and Barretta, Cheek, Combs and Freedman, Dolan, Erickson, Fisch, Gilligan, Havens and Walters, Keeney, Kershaw, C. Lankton, S. Lankton, Loredio, Lustig, Mills, Papp, Pearson, Ritterman, Rosen, Rossi, Shapiro, Thompson, Trenkle, Watzlawick, Yapko, Zeig, AND MORE!

**KEYNOTE PRESENTATIONS BY
JAY HALEY AND PHILIP ZIMBARDO**

Special Fees: \$262.00 U.S. (Professional) / \$187.00 (Full-time graduate students*) until March 31, 1994. Fees increase to \$350 / \$250 until May 31, 1994.

(Fee must be accompanied by this form. No copies or faxes will be accepted. Complete all information below.)

ELIGIBILITY: Open to professionals with master's degrees and above from accredited institutions and eligible students.

*Must supply certifying letter.

Street: _____ City: _____ Zip: _____

Major: _____ University: _____

Mail by March 31, 1994

The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016-6500, (602) 956-6196

Cancellation Policy: Cancellations must be received in writing. There is a \$35 administrative fee for requests postmarked before November 15, 1994.

UPCOMING TRAINING

(Note: The Erickson Foundation lists workshops as a service to its *Newsletter* readers. We cannot attest to the quality of training provided in these workshops.) A \$10 fee is required for each workshop submission.

| DATE | TITLE/LOCATION/LEADER | CONTACT |
|-------------|---|---------|
| 1994 | | |
| 2/5-6 | How to Utilize the Unconscious Mind: An Ericksonian Workshop; Berkeley, CA; Betty Alice Erickson, M.S., L.P.C., and Eric Greenleaf, Ph.D. | 1 |
| 2/7-11 | Phoenix Intensive Training Program (Fundamental); Phoenix, AZ; Brent B. Geary, Ph.D. | 2 |
| 2/17-19 | Fundamentals of Ericksonian Psychotherapy; Budapest, HUNGARY; Geary | 3 |
| 2/18-20 | Therapist Development: ZIST-Munich, GERMANY; Jeffrey K. Zeig, Ph.D. | 4 |
| 3/2-4 | Solution-Oriented Hypnosis — Following an Ericksonian Approach; Melbourne, AUSTRALIA; Robert B. McNeilly, M.D. | 5 |
| 3/9-11 | Solution-Oriented Counseling; Melbourne, AUSTRALIA; McNeilly | 5 |
| 3/12-13 | Basic Hypnotherapy; La Jolla, CA; Zeig | 6 |
| 3/12-13 | Messages and Values in Metaphors; HONG KONG; Geary | 7 |
| 3/17-21 | Intensive Training in the Ericksonian Approach; Hakone, JAPAN; Geary | 8 |
| 3/19-20 | Therapist Development; Santa Clara, CA; Zeig | 9 |
| 4/8-10 | Ericksonian Hypnosis Intensive Training; Providence, RI; Geary | 10 |
| 4/8-10 | Training in Ericksonian Hypnosis and Psychotherapy; Barcelona, SPAIN; Josephine Balken | 11 |
| 4/11-15 | Phoenix Intensive Training; Phoenix, AZ; Geary | 2 |
| 4/16-17 | Ericksonian Hypnosis in Clinical Practice; Berkeley, CA; Zeig | 12 |
| 4/21-27 | Ericksonian Hypnosis and Psychotherapy; Sao Paulo, BRAZIL; Zeig | 13 |
| 4/23-26 | The Pleasure of Psychotherapy... With Or Without Hypnosis; Melbourne, AUSTRALIA; Joseph Barber, Ph.D. | 5 |
| 4/23-27 | Hypnotherapy: An Ericksonian Approach Toward Problem Solving; Pensacola Beach, FL; Stephen Lankton, M.S.W., and Carol Lankton, M.A. | 14 |
| 4/28-30 | Hypnotherapy — More Advanced Training, Pensacola Beach, FL; Lankton and Lankton | 14 |
| 4/29-5/1 | Ericksonian Hypnosis Intensive Training; Providence, RI; Geary | 10 |
| 5/2-6 | Phoenix Intensive Training Program; Phoenix, AZ; Geary | 2 |
| 5/7-8 | Therapist Development; Ottawa, Ontario, CANADA; Zeig | 15 |
| 5/13-14 | CouplesWork — A Solution Orientation to Couples Counseling; Melbourne, AUSTRALIA; McNeilly and Conrad Aikin | 5 |
| 5/14-15 | Intermediate Hypnotherapy; La Jolla, CA; Zeig | 6 |
| 5/27-29 | Ericksonian Hypnosis; Berlin, GERMANY; Zeig | 16 |
| 5/27-29 | Clinical Advances for Outpatient Practice; San Francisco, CA; Invited faculty | 17 |
| 5/31-6/2 | Ericksonian Hypnosis; Madrid, SPAIN; Zeig | 18 |
| 6/4-5 | Ericksonian Hypnosis; Paris, FRANCE; Betty Alice Erickson | 19 |

Contact Information

- Center for Psychological Studies; 1398 Solano Ave.; Albany, CA 94706; (510) 524-0291.
- The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016-6500; (602) 956-6196.
- Dr. Maria Angster; 1092 Budapest; Radag U. 30 HUNGARY; (36-1) 217-2662.
- Dr. Med. Wolf Buntig, ZIST, Zist 3, D-82377 Penzberg, GERMANY; tel. 49 8856-5192; fax 49 8856 83180.
- Robert B. McNeilly, The Centre of Effective Therapy, 85 Male St., Brighton 3186 AUSTRALIA; tel. 03 592-6791; fax 03 592-0820; Compuserve 76050, 1142.
- Dept. of Education, Health and Behavioral Sciences; University of California, San Diego; University Extension, 0176; 3300 Miramar Rd.; La Jolla, CA 92037-9986; tel. (619) 534-5823; fax (619) 534-7483.
- George Zee; Whole Person Center; P.O. Box 70442, Kowloon Central Post Office; tel. (852) 971-6183; fax (852) 385-7873.
- Japan Erickson Club; Koishikawa J-Ct. 201, 4-3-3 Koishikawa, Bunkyo-ku, Tokyo 112, JAPAN; tel. (81-3) 5375-0867; fax (81-3) 5375-3286.
- University of California, Santa Cruz, Santa Clara Extension; 740 Front St., Ste. 155; Santa Cruz, CA 95060; tel. (408) 427-6610; fax: (408) 427-6608.
- River Associates, c/o Elaine Gifford; 29 Wendell St., Cambridge, MA 02138; (617) 491-0155.
- Josephine Balken; Chemin du Riolet 16; 1009 Pully, SWITZERLAND; 021 728 2508.
- Maggie Phillips, Ph.D., California Institute of Clinical Hypnosis and Health Sciences; 4171 Piedmont Ave., Ste. 205; Berkeley, CA 94611; tel. (510) 549-4700; fax (510) 339-6539.
- Jose Carlos Vitor Gomes; Editorial Psy e Centro de Psicologia; Rua Barao Geraldo de Rezende, 305; 13020.440 Campinas/SP; Caixa Postal 691; BRAZIL; tel. 55 192-31 5830; fax/tel. 55 192-31 995.
- Carol H. Lankton, P.O. Box 958; Gulf Breeze, FL 32562; (904) 932-6819.
- Patricia Derraugh, Administrative V.P.; Ontario Society of Hypnosis; 200 St. Clair Avenue West, Suite 402; Toronto, Ontario M4V 1R1, CANADA; tel. (416) 922-8300.
- Milton H. Erickson Institute of Berlin; Wartsburgstr. 17; D-10825 Berlin, GERMANY; Phone/FAX 011 49 30-781 7795.
- Diane Turner, C.M.E., Inc., 1924 E. Deere Ave., Santa Ana, CA 92705; (714) 250-1008.
- Dr. Ramón Carballo; Solaris Desarrollo Humano; Zurbano 98-7th dcha. 28003 Madrid, SPAIN; tel. (1) 442-0336; fax (1) 399-3532.
- Charles Jousselein, M.D., Institut Milton H. Erickson de Paris; 24 rue des Ecoles; 75005 Paris, FRANCE. 33 (1) 43 29 06 10.

O. Spurgeon English 1901-1993

by Elizabeth Erickson

O. Spurgeon English, a well known and distinguished psychiatrist, died October 3, 1993, in Haverford, Pennsylvania, at the age of 92. He and Milton Erickson were friends and colleagues for many years. Dr. English became a professor at Temple University in Philadelphia in 1933. In 1938, he became head of its Department of Psychiatry and served in this position for many years. He invited Dr. Erickson to conduct experimental studies in hypnosis there, and to lecture at the medical school several times.

Dr. English had both M.D. and Sc. D. degrees and was trained in psychoanalysis, although his orientation to psychiatry was broad and eclectic. He was a pioneer in psychosomatic medicine, recognizing and explaining the links between mental stress and physical ailments in the 1940's.

Among books Dr. English co-authored are *Emotional Problems of Living* (1957), *Fathers are Parents Too* (1951), and *Psychosomatic Medicine* (1957). He also wrote numerous papers for professional journals; one, "Some Dynamic Concepts Human Emotions in Relation to Hypnosis," was published in *The American Journal of Clinical Hypnosis* in 1962 when Erickson was Editor-in-Chief.

Dr. English's name is recognized in the field of mental health as that of an outstanding and innovative thinker, teacher and writer. He will be missed.

Forum for Psychotherapy Cybernetics

Reflecting Observations: Constructing the Psychotherapy of the Future Today, sponsored by the Forum for Psychotherapy Cybernetics of New York was held October 1-3 in New York City. Clinicians from Croatia, Slovenja, Sweden and the U.S. gathered to explore the relevance of constructivist and cybernetics principles in psychotherapy. Faculty included Heinz von Foerster, Ph.D., a pioneer in the development of cybernetics, Olga Silverstein, ACSW, and Betty Alice Erickson, M.S. International faculty included Francisco Varela, Ph.D., from the University of Paris, France, Graham Barnes, M.D., from Sweden and Mirjana Dabic-Jeffitt, M.D., from Croatia, who presented research on measurement of hypnosis.

This successful conference, with a theory of "no theory," discussed not only the language of psychotherapy based on the circular logic of second order cybernetics but Varela's paradigm that cognition is lived experience arising out of recurrent patterns in the way our sensory and motor activity link and interact

with the environment. The conference also focused on clinical demonstrations of hypnosis and psychotherapy and a discussion of gender differences in communication and on the construction of memories.

— By Paul Lounsbury, M.S.
The Forum for Psychotherapy
Cybernetics of New York

U.S. Psychiatric and Mental Health Congress

The sixth annual U.S. Psychiatric and Mental Health Congress was held in San Diego, California, November 18-21. This conference attracted more than 2,700 mental health professionals, the majority of whom were psychiatrists. With a faculty of 40 experts, a wide range of topics was covered including psychopharmacology, assessment techniques, group therapy and treatments for sexual abuse, chemical dependency, borderline clients, dissociative disorders and for survivors of suicide. Betty Alice Erickson presented Ericksonian hypnosis and psychotherapy.

13th International Congress of Hypnosis

The 13th International Congress of Hypnosis is scheduled Aug. 6-12, 1994, in Melbourne, Australia.

The Congress, under the auspices of the International Society of Hypnosis, features keynote addresses by Joseph Barber, Ph.D., Peter Bloom, M.D., Walter Bongartz, Ph.D., Graham Burrows, A.O., M.D., Fred Frankel, MBChh, DPM, Erick Hoencamp, M.D., and Michael Yapko, Ph.D.

Workshops, invited symposia and invited addresses will be featured at the Congress. For registration information, write the 13th International Congress of Hypnosis, P.O. Box 29, Parkville, Victoria 3052, Australia.

The Satellite Meeting of the 1994 Asia-Pacific Congress of Hypnosis will be held Aug. 15-17, 1994, in Cairns, North Queensland, Australia.

2nd European Congress on Ericksonian Hypnosis and Psychotherapy

The Second European Congress on Ericksonian Hypnosis and Psychotherapy is scheduled for Oct. 3-7, 1995, in Munich, Germany.

Sponsored by M.E.G., the Congress is being organized by Christian Kinzel, Bernhard Trenkle and Burkhard Peter.

The format includes invited addresses, invited workshops, panels, accepted papers and workshops and keynote addresses.

The Congress coincides with the last days of "Munchener Oktoberfest," the world's largest and most famous feast.

Evolution of Psychotherapy July 27-31, 1994 • Hamburg, Germany

Featuring prominent clinicians and theorists who will enter into dialog to discuss the essence and evolution of their approach to psychotherapy:

A. Beck, A. Ellis, V. Frankl, E.T. Gendlin,
W. Glasser, M. Goulding, K. Grawe, J. Haley,
J. Hillman, H. Singer Kaplan, O. Kernberg,
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P. Watzlawick, J. Wolpe, I. Yalom, J. Zeig.

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PAID ADVERTISEMENT

Fees: For registrations postmarked on or before March 31, 1994: \$495 Professional, \$345 Graduate Students*. For registrations postmarked after March 31, 1994: \$595 Professionals, \$445 Graduate Students*.

(*Students must provide a certifying letter from their school or department on letterhead stationery indicating proof of full-time student status as of July 1994).

Eligibility: The conference is open to professionals in health-related fields including physicians, doctoral level psychologists, and dentists who are qualified for membership in, or are members of, their respective professional organizations. The conference also is open to professionals with mental health related graduate degrees from accredited institutions. Applications from graduate students in accredited programs leading to a degree in the above fields will be accepted if they supply a letter from their department on letterhead stationery certifying their full-time status as of July 1994.

REGISTRATION FORM

Enclosed is my registration fee of \$ _____

Checks should be made payable in U.S. CURRENCY, drawn on an AMERICAN BANK, and made payable to THE MILTON ERICKSON FOUNDATION

We honor VISA MasterCard Exp. Date _____

Account Number _____

Signature _____

ALL REGISTRANTS! COMPLETE ALL BLANKS BELOW:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

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Society for Clinical And Experimental Hypnosis

The S.C.E.H. held its 44th annual workshop and scientific meeting in the Chicago area October 12-19, 1993.

About 280 participants attended the training offered by this organization which is among the oldest hypnosis organizations in the United States. The structured sequential teaching program emphasizes the central role of research as a foundation for clinical work. The organization has sought to bridge the gap between research and clinical applications. The workshop consisted of three days of instructional work followed by two days of presentations, research and reports on work in progress.

A special feature of the meeting was a conversation hour which highlighted the history of professional hypnosis organizations in the United States since 1949. Organizational leaders for S.C.E.H. and the American Society of Clinical Hypnosis then could work cooperatively toward joint goals. Both organizations share members. It was expressed that cooperative effort would better serve the professional advancement of hypnosis. It clearly was recognized that combined effort would be desirable to confront and adapt to pressing concerns of therapeutic care in the 21st century, however, the strategy for achieving cooperative effort was less clear.

— Roxanna Erickson Klein

Recordings of Milton H. Erickson

During various times throughout his professional career, my father, Milton Erickson, permitted colleagues and students to make audio or video recordings of his work. Some of these recordings have been turned into valuable teaching tools. On behalf of my family, I request that anyone having original recordings made of Dr. Erickson to please let us know. We are deeply grateful to those colleagues and students who took the initiative to record sessions with him, and it is a rare treat for us to discover such a recording of which we had previously been unaware. Our intentions in locating these materials is for personal, and family enjoyment. If you have such materials and have not previously communicated this to either me or my mother, Elizabeth Erickson, please call one of us. My phone number is (214) 526-9634.

— Thank you,

Roxanna Erickson Klein.

The SCEH and ASCH: An Early Perspective

By

John G. Watkins, Ph.D.

Past President, SCEH, ISCEH

and Past Secretary, ASCH

Professor Emeritus,

University of Montana

Editors' note: This represents information secured in a conversation hour with Dr. Watkins by Roxanna Erickson Klein R.N., M.S., at the 44th meeting of the Society for Clinical and Experimental Hypnosis (SCEH) in Chicago, Ill., Oct. 13, 1993.

SCEH was started in 1949 with 24 charter members, including Milton Erickson and myself. It was centered in New York City. The group was interested in advancing the use of hypnosis within the medical community, but faced pressures both by academicians who (at that time) did not regard hypnosis seriously, and by psychoanalysts (since Freud had rejected it).

The SCEH group felt that in order to advance hypnosis into the respected realms of science, it was necessary to maintain the highest standards. Membership was limited to those with a doctoral level of education and five years of clinical experience, who had published in the field. These high requirements restricted the membership, which remained less than 100 for a number of years.

In the early 1950s, Milton Erickson, with several colleagues, started the "Seminars in Hypnosis." These were three-day workshops, which were taught around the country to general practice physicians and dentists, as well as to psychologists and psychiatrists.

That group felt that SCEH represented an "elite" few, and that recognition and membership should be broader. There was a clash in ideology. After several years, there were many physicians and dentists with training in hypnosis, who wished to affiliate, but who were not eligible for SCEH membership. In 1958 Milton Erickson, and 12 to 15 colleagues founded the American Society of Clinical Hypnosis (ASCH). One reason for founding ASCH was that graduates of the Hypnosis Seminars could have a society with which they could affiliate. This inaugurated a period of strife between the two organizations, with ASCH active in forming

component societies.

As a counter move, SCEH made two undertakings. I (JGW) suggested in early 1958 to Bernard Raginsky, M.D., President of SCEH, that we might organize an "International Society," and was immediately given the job of chairing an "Organizational Committee." This resulted four months later in the founding of ISCEH, the International Society of Clinical and Experimental Hypnosis with National Divisions in 30 countries. I sent the organizational communications and files of ISCEH, for its first 12 years, to the Archives of the History of American Psychology at the University of Akron, where they are currently cataloged and preserved.

The second "counter-move" by SCEH in the "battle for turf" between the societies, was the formation of the American Board of Clinical Hypnosis with three sub-boards: The American Board of Medical Hypnosis, The American Board of Hypnosis in Dentistry, and The American Board of Examiners in Psychology.

These two moves by SCEH, plus the successful organization of many component sections by ASCH, exacerbated the conflict between them. Each organization had different strengths and weaknesses. SCEH, and its journal, re-named the *International Journal of Clinical and Experimental Hypnosis*, was poorly financed but published better research reports. On the other hand, the ASCH *American Journal of Clinical Hypnosis* was more well off financially, but did not publish strong articles in research. Both organizations purported to sponsor "research" and "clinical practice," but ASCH, with its active Seminars program, trained more practitioners who then joined that society. As a result, ASCH built a much larger membership base.

SCEH also had a number of clinicians, and published many clinical papers. However, it tended, during the 1970s and '80s increasingly to emphasize, and court contributions by experimentalists.

Differences were compounded by the personalities involved. Both organizations boasted renowned practitioners and researchers and competed for membership. Some of the members of SCEH resigned to take positions of responsibility in ASCH, and there also were resignations the other way. By 1962, the two organizations settled on parallel (but non-communicating) paths.

In 1971, Robert Pearson, M.D., was President-Elect of ASCH, and I was

President of SCEH. Both organizations planned to have their annual meeting on overlapping dates in Chicago. Erika Fromm, Ph.D., Program Chairman for SCEH, helped in organizing a joint meeting day Sunday, Oct. 10. Speakers at that meeting included L. Jolyon West, M.D., Professor of Psychiatry at UCLA Medical School, William Edmonston, Ph.D., an Editor of the *American Journal of Clinical Hypnosis*, and Jean Lassner, M.D., of Paris, a Past-President of ISCEH.

At that meeting, members of SCEH and ASCH cooperated to plan a reorganization of The International Society. Ernest D. Hilgard, Ph.D., Professor of Psychology at Stanford University and a Past-President of the American Psychological Association, was asked to undertake the reorganization, which resulted in a new constitution, the renaming of the international society as the "International Society of Hypnosis" (ISH), and with membership open equally to both SCEH and ASCH members. And so it has continued to this day. Unfortunately, the spirit of cooperation, which characterized that time, did not result in any further efforts to get the two organizations together, in spite of proposals by many hypnosis workers who belonged to both.

We have much to gain in trying to increase communication between the evaluators of knowledge, the researchers, and the users of knowledge, the clinicians, both within and between the two societies. Many of us look forward to the time when our joint interest in the fascinating phenomena of hypnosis, with which we all work, will result in closer cooperation between SCEH and ASCH, experimentally, clinically and administratively.

Media of Note

The dissertation, "Teacher Perceptions of Student Responsiveness to Therapeutic Metaphor," by Harlan D. Kilstein has been placed in the Erickson Archives at the Milton H. Erickson Foundation in Phoenix, Ariz.

The paper explores how metaphor works as a therapeutic and educational tool and seeks to determine if the usage of therapeutic metaphor would be an effective means of enhancing student responsiveness in Jewish day schools.

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INTRODUCING THE INSTITUTES

INSTITUTO MILTON H. ERICKSON DE LA CIUDAD DE MEXICO

By Donna Spencer, Ph.D.
The St. Louis Institute of Ericksonian Hypnosis



Teresa Robles and Jorge Abia

The logo of the Milton H. Erickson Institute of Mexico City is a prehistoric flower. The flower represents Alom, the mother of creation described in *Popol Vuh*, the sacred book of the Maya. Alom is a powerful symbol of the creative womb of the earth, much like the Native American Indian view of the earth as Mother Nature. In the introduction to each of the Institute's publications is a beautifully written metaphorical likening of Alom to the human mind and its unlimited potentials for fertility and growth. Hypnosis is presented as a gentle, fresh rain that awakens potentials into new realities.

The Milton H. Erickson Institute of Mexico City was founded in 1989. The founders are Teresa Robles, Ph.D., in psychology, and Jorge Abia, M.D., who was trained in internal medicine, and Marta Fernandez, Ph.D., in psychology. Each has had specialized training in family therapy. The Institute has six therapists, all of whom participate in clinical practice, teaching, writing and research. Dr. Abia and Dr. Robles are the directors and the other therapists are Elizabeth Mendez, M.A., Iris Corzo, M.A., Rafael Nunez, M.A., and Ana Briones, a licensed psychologist.

Robles was the first to become interested in Ericksonian hypnotherapy. She sought training at the Erickson Foundation International Congresses and later conducted workshops of her own in Mexico. Abia attended a workshop Robles conducted in 1988, and following that, the two began to work together with chronically ill patients, families, and hospitalized patients. Their cooperative working relationship, and the powerful effects produced were immediately recognized. In September 1988, Robles needed to have a gall bladder removed and elected to work with Abia and utilize hypnosis as the sole anesthesia. The surgery, which was videotaped, serves as convincing testimony to the power of each of their skills, and to their essential abilities to make positive use of situations that arise. This videotape has been utilized as a teaching tool and has been more recently edited for wider distribution.

In 1988, Robles delivered a paper at the Congress on Ericksonian Approaches in San Francisco. She became acquainted

with Dr. Jeffrey Zeig. The following year, Robles and Abia were invited to conduct workshops at the Foundation on pain management, traditional and modern medicine in Mexico, and on the utilization of the Mexican family structure as a therapeutic resource.

By 1989, they decided to establish an institute to further advance their work. Neither the founders nor the staff had had any personal acquaintance with Milton Erickson, yet in their work there is a fundamental congruence of Erickson's philosophy, teaching and methods. They decided to name their Institute in honor of Erickson because of his deep appreciation for naturalistic approaches as well as his emphasis on understanding and working within the natural cultural context of the subjects.

The Instituto Milton H. Erickson de la Ciudad de Mexico was formally authorized to affiliate with the Foundation in August 1989. A permanent training program was established. Within the next few months, space for a clinic was secured.

At the clinic, work is done in four basic areas: Ericksonian psychotherapy for individuals and groups, psychosomatic medicine, pain control and personal growth. The clinic serves about 200 clients a week with fees on a sliding scale basis. Their training programs include one week supervision training utilizing a one-way mirror, and longer training sessions.

A publishing company was developed by a group of outside individuals who shared an appreciation for the work at the Institute. To date, the Institute has published four books delineating aspects of their work. These publications are in Spanish, but it is planned that English versions soon will be available. The 15-minute video "The Construction of a Reality: Major Surgery Under Hypnotic Analgesia" is available with both Spanish and English texts.

The Institute also supports a research orientation that allows for ongoing clinical research. During the last two years, studies have been performed. The methodology employed include qualitative investigations as well as pre-test/post-test control group designs for their 15 session groups. The measurement tools include self-rating scales and other follow-up evaluations.

Drs. Robles and Abia are recognized for their work and have presented at several international congresses. However, this has not compromised their commitment to educating the local community. One of their books is directed to the general public. They have appeared regularly on local television and radio to further educate the public and address fears and misunderstandings about the use of hypnosis.

In summary, I have been privileged to learn about the individuals and the work of the Milton H. Erickson Institute of Mexico City. Like Alom, their work has both roots and wings; they are well rooted in ethics and the quest for understanding of human consciousness that Milton Erickson devoted his life to, and their wings are those of pioneering new modalities of treatment. We are awakened anew by the freshness of the gentle rain of their fine work.

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INTRODUCING THE INSTITUTES

THE MILTON H. ERICKSON SOCIETY OF DAYTON

By *Rubin Battino, M.S.*
Wright State University

Background

The Milton H. Erickson Society of Dayton was founded in 1982, by Thomas L. South, Ph.D., a licensed psychologist who was, and still is, a great admirer of Milton Erickson's work. He began the Society to perpetuate and extend Erickson's contributions in the Dayton area.

Activities

The group has about 20 dues-paying members. Adhering to the Erickson Foundation's strictures about training and memberships, all members either have master's degrees or higher in the helping professions or are bona-fide graduate students. South and Rubin Battino both have taught year-long courses on Ericksonian methods of hypnotherapy and psychotherapy at Wright State University which carry both graduate and CEU credits. Battino also has taught many courses for the Department of Human Services in the College of Education and Human Services at Wright State.

A faculty member of the chemistry department at Wright State, Battino has made a special study of psychoneuroimmunology and mind/body healing. He runs a twice-monthly support group for people affected with life-threatening illnesses.

The Society holds monthly meetings on the campus of Wright State University from September through June. At a typical two-hour meeting, one of the members lectures or demonstrates new learnings in psychotherapy and connects this to Erickson's work. A monthly Newsletter, circulated to members and other groups, announces the next meeting and summarizes the previous meeting.

Many individual members have published papers on Ericksonian methods and are active in writing and teaching. South and Battino each have been on the faculty at the International Ericksonian Congresses. They also currently are writing a book tentatively titled *A Primer on Ericksonian Psychotherapy and Hypnotherapy*. In the process of writing this book, Battino has developed an interest in the arts as hypnotherapeutic metaphors. He has devised an eight-step model for doing art therapy with that perspective.

Current Directions

Rubin Battino, M.S., is the current president of the Society; Virginia Brugger, M.S., the Treasurer, and Thomas L. Russell, D.D.S., the Secretary.

The Society continues to work to spread information to the local community of mental health professionals and to offer its year-long training program. They also are looking forward to the publication of the book written by South and Battino.



Thomas L. South, Ph.D., Founder of the Milton H. Erickson Society of Dayton



Back Row: Left to Right — Stanley Bear, Rubin Battino, Leon Segal; Front Row: Virginia Brugger, Sam Gisser.

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Recovery From Stage Hypnotism

By Henry T. Close, Th.M.
Milton H. Erickson Institute of Atlanta

Melanie, an energetic and vivacious young woman, consulted a colleague for therapy after breaking up with her fiancé. She had come to realize that her fiancé was too dependent on her and had actually been abusing her financially and emotionally. She also had come to realize that these behaviors had characterized other relationships with men in her past. She wanted to do something about the part of her that attracted inadequate and manipulative men and about the part of her that allowed her to permit abusive behaviors.

One night, shortly after beginning psychotherapy, she had volunteered,

along with several other people, to be a subject for a stage hypnotist at a night club. The hypnotist had the subjects do some silly things, re-oriented them and then dismissed them. Melanie felt, however, that she never came completely out of the trance. She felt as though she were in a daze and could not quite be her old self again. Her friends noticed the change as did her therapist at her appointment the next day. The therapist did not work with hypnosis and referred Melanie to me.

I saw Melanie only once. I listened carefully to her report of her situation and gave a great deal of attention to building rapport and trust. I then asked Melanie to enter into a trance, which was the stage hypnotist's term, in the same manner she did at the night club. She went into a trance easily. I asked her to find the same level of depth that she had experienced during that time.

When she had accomplished this, I told her that her unconscious mind was always working for her well being. I told her she could always trust that her unconscious wanted to take good care of her. The fact that she was still in a "daze" from the stage hypnosis meant there was something she needed to learn from that trance. Her unconscious mind was using this experience and remaining in a "daze" as a means of getting her attention.

I told her that I did not know what kinds of things she needed to learn, what she needed to attend to, but that she knew. At some level, I knew that she knew. I continued talking as she remained in a trance. I told her that it seemed to me that maybe one important thing she needed to learn was not to make herself vulnerable to the wrong people. She had done that in the past with men, she had done it with her

fiancé and she had done it with the stage hypnotist. Maybe, her unconscious was telling her, "Stop making yourself vulnerable to the wrong people!" Maybe she needed to stay in a kind of daze until she really took that message seriously.

I reminded her that she had entered into a deep hypnotic state with me and she could be confident of her ability to enter hypnosis for any worthwhile purpose. She could also be just as confident of her ability to refrain from entering into hypnosis for any purpose that was not worthwhile.

I then helped Melanie reorient herself from her trance to the present. We did not discuss what we had done.

Two days later, Melanie's therapist called to say that Melanie was fine. She had appreciated working with me and no longer felt as though she was in a "daze."

Recovery From Stage Hypnotism

Discussion:

By W. Rob Sheppard, D.Min.,
L.P.C., L.M.F.T.
Fort Worth, TX

I will discuss three main points about the case so ably handled by Mr. Close. The first is the use of hypnosis as a vaudeville act as compared to the use of it as a powerful therapeutic tool. Using hypnosis as a parlor stage act can have serious consequences for the client as shown in this case. Milton Erickson made a monumental contribution by raising hypnosis out of the shroud of mystery, spiritualism and the vaudeville stage to a respected place in the scientific and therapeutic world of medical and mental health professionals.

The second point, and one which impressed me, was the manner in which Mr. Close handled this situation. He could have gone on a tirade and preached against the misuse of hypnosis. Instead, realizing that Melanie was a good candidate for the therapeutic use of hypnosis, he used what she had brought to the session. He met her on her level. He used what the stage hypnotist already had achieved. He had her return to the depth of trance she was in for the stage hypnotist and then used that learning for therapeutic purposes. It was while she was in trance that he addressed

her vulnerability to the wrong people, including vulnerability to the misuse of hypnosis.

The third point is the one that has so impressed me about Ericksonian hypnosis in general — the respect shown to the client. Mr. Close clearly demonstrated that for Melanie as well as for her abilities. Much of the literature about Ericksonian hypnosis clearly reflects the importance of respect for the client's own resources and abilities, and the validity of tapping into those resources. "The unconscious mind of each person is a most powerful, competent and resourceful dimension of the total person. The strength of hypnosis lies in its capacity for helping the client gain greater access to the dormant resources she has within herself." (Yapko, p. 11)

Mr. Close did just that. He pointed out to her how her "unconscious mind wanted to take good care of her." He also added that he did not know the answer but that her own unconscious mind did. She needed to listen to it.

Reference:

Yapko, Michael. *Trancework: An Introduction to the Practice of Clinical Hypnosis*, Second Edition. Brunner/Mazel, New York. 1990.

Editors Note:

This case and discussion of it emphasizes that good therapy can often be simple, clear and concise.

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SPEAKING OF RESEARCH

The Effect of Metaphoric Stories on Perseverance

by Leslie Becker, Ph.D.
San Diego, CA

While many psychotherapists have used metaphoric stories to facilitate change in clients, the effectiveness of this tool has not been adequately assessed with empirical studies. This doctoral dissertation at the California School of Professional Psychology at San Diego, explored the effectiveness of metaphoric stories, as defined by Gordon (1978), by measuring differences in perseverance time on a pre-test/post-test word scramble task. The study also tested the claim that hypnosis facilitated the effectiveness of metaphoric stories. It should be noted that the term "metaphoric stories" is used within the text to refer to stories that are used to communicate to listeners through an implied comparison between

a listener's present situation and the story.

One hundred twenty subjects, who were recruited from college campuses, were randomly assigned to one of three Story conditions (Metaphoric Story One, Metaphoric Story Two, and Control Story), and one of two Induction conditions (Hypnotic Induction, no Hypnotic Induction).

The results showed a significant "Story x Time" interaction ($p < .05$) in which metaphoric stories showed a greater increase in perseverance from pre-test to post-test than did the control story. The two metaphoric stories increased similarly, which supports the literature's claim that the structure, and not the content, of metaphoric stories is most important in producing change.

An inconclusive "Induction x Time" interaction ($p = .06$) showed that the Hypnotic Induction group displayed a

greater increase than did the No Hypnotic Induction group. It is important to note, however, the Metaphoric Story groups did not increase in perseverance more than the control groups.

One of the pilot studies conducted prior to the present study revealed an extremely interesting finding. In a metaphoric story that was intended to increase perseverance, a protagonist obtained a goal only after a second attempt. In another metaphoric story that was intended to decrease perseverance, the protagonist gave up after trying to obtain a goal for the second time. Unexpectedly, the second story increased perseverance 105% ($N = 5$) whereas the first story increased perseverance only 52% ($N = 5$). Whatever the reason for this finding, it is clear that a separate theory must be used in conjunction with the existing theory of metaphoric stories to explain the interaction effect of "Hyp-

nosis x Metaphors."

The debriefing process also revealed a diversity of responses to the metaphoric stories by the subjects. This observation supports the strong contention in the literature that metaphoric stories must be individualized. More research is needed to define how metaphoric stories can be better constructed and with whom they can be most effectively employed.

The basic results of this study support the hypothesis that metaphoric stories can affect perseverance. In light of the lack of empirical research in the area of metaphoric stories, this finding alone is encouraging.

Reference:

Gordon, D. (1978). *Therapeutic Metaphors*. Cupertino, California: META Publications.

TOPIC REVIEW

Chemical Dependency

Berg, Kim Isoo and Miller, Scott D. *Working with the Problem Drinker: A Solution-Focused Approach*. 1992. W.W. Norton, New York.

Frykman, John H. *A New Connection: A Problem Solving Approach to Chemical Dependency*. 1992. Regent Press, Berkeley, California.

Lovern, John D. *Pathways to Reality: Erickson-Inspired Treatment Approaches to Chemical Dependency*. 1991. Brunner/Mazel, New York.

These three books offer different approaches to the treatment of chemical dependency in a "how to" fashion. Each of them offers useful ideas for counseling substance abusing clients. The authors all state they have been influenced by the work of Milton H. Erickson, M.D., and their work shows how they each use what they gained from Erickson's influence.

Berg and Miller support the Brief Family Therapy Center's "solution-focused" approach. They draw heavily upon those aspects of Erickson's work that emphasize individuation of treatment and the utilization of what the client brings to the sessions. Erickson's idea that each client has the experience and abilities with which to solve personal problems is a part of Berg and Miller's ideas of treatment.

With some fear of rejection from the disease model devotees, they specifically reject the existence of alcoholism (p.

xiv). They prefer to help the client discover, notice and then capitalize productively on those behaviors associated with times when drinking is not troublesome. Their definition of "client" includes both the individual and the family.

Lovern embraces the disease model. He believes chemical dependence is a progressive and ultimately fatal disease. Efforts to counteract denial and to bring the sufferer to "surrender" are the essence of treatment. "I...view the Twelve-Step programs as the *primary* therapy for addictions, with my service and services provided by addiction treatment programs being adjunct... ." (p. 194) He regards the group approach as best for addiction treatment. Lovorn demonstrates the use of Ericksonian communication techniques and discusses methods for developing response-attentiveness, indirection, therapeutic binds, ordeals, utilization and other interventions as well as predicting relapses within the group milieu.

This is a useful book for those who work in agencies that mandate group therapy. The reader may well agree with Lovorn that the therapist needs to remain in charge of the group and that indirection often is useful. However, some of Lovorn's examples seem to be somewhat rigid and might even be considered Machiavellian.

Frykman's book is a second, revised

edition although this is not clear. Frykman regards substance use and abuse as one of the main "fixes" typical of our society's preferences for fixes over solutions. He notes that a so-called "drug problem" usually drops out of therapy sessions rather quickly as the real issues surface.

Frykman believes substance abuse is incidental to whatever problems the client has and that those problems are the basic conflicts of human existence. Erickson's influence is apparent in Frykman's admonitions to counselors to respect the client, develop rapport, and in his advocacy of the use of indirection, storytelling and manipulation of the environment.

Although he believes note-taking is mandatory, he is inconsistent about the value of group work. While he writes, "Group work is not the most helpful tool for the drug abuser," (p. 65) he

details many group skills and possible methods for possible use. He definitely is positive about Twelve-Step programs and believes those programs shift in dysfunctional systems. Frykman refers to Erickson telling his patients that when they know what they don't know, things will change for the better and indicates that Twelve-Step programs do just that by letting people know what they don't know. This realization allows the choosing of a new life.

Frykman's book includes information about effects of various drugs and patterns of withdrawal. He gives ideas for aiding detoxification from the various drug groups and adds a glossary of drug terms and drug users' slang. This is a useful paperback for both new and experienced substance abuse counselors.

— Reviewed by
P.H. McAvoy, M.S.
Phoenix, Arizona

ERICKSON MONOGRAPHS

Monographs No. 9 Selected

Ericksonian Monographs #9, "The Essence of a Single Session Success," has been accepted as an alternate selection of Behavior Science Book Club. The edition, edited by Stephen R.

Lankton, M.S.W., and Kristina K. Erickson, M.S., M.D., features a case transcript and comments by a group of experts who discuss their perspectives

Hypnotherapy for Health, Harmony, and Peak Performance: Expanding the Goals of Psychotherapy

by Catherine Walters & Ronald A. Havens, Brunner/Mazel Publishers, New York (1993), 209 pages.

"Helping Clients Discover the Pleasures of Trance" accompanying audiotape.

Catherine Walters and Ronald A. Havens promise a lot in the title of their new book, *Hypnotherapy for Health, Harmony, and Peak Performance*. What they deliver, in their multimedia approach, is certainly a cause for celebration!

Initially, they link their explorations with the work of Milton Erickson, who sought not so much to diagnose and cure problems as to facilitate each client's pursuit of happiness. They cite research that supports Erickson's approach from a variety of fields — preventive medicine, psychological healing, sports psychology, school performance, creativity and altered states. The authors conclude that physical health, feelings of well-being, and optimal performance are inextricably linked; achieving one invariably means attaining the others. Well-being, they point out, is available to anyone, no matter how challenged; Erickson himself is given as a prime example.

In emphasizing the wellness paradigm, the authors hope to encourage the spread of hypnotic skills by expanding the scope of hypnotherapy to include populations not struggling with problems so much as aspiring to greater effectiveness in work, education, and personal relationships. They also believe that, when people do present dysfunction, promoting wellness takes clients directly to where they want and need to be.

Since "hypnosis" is a word that alarms many people, the authors suggest labeling their procedure "attention management." They integrate extensive research to support their reasoning that reaching goals of wellness and peak performance depend on the ability to focus attention voluntarily. Untrained attention, they say, is inherently scattered, and rules for using attention derived from our experience, or "schemas," often interfere with productive attentional focus. They describe the relationship between trance and attention and recommend the use of hypnosis as an effective way to stabilize attention, to bypass negative or inhibiting schemas, and to teach positive schemas. They give very clear directions for beginning hyp-

notherapists to prepare for and conduct a hypnosis session.

Part II of the book contains scripts for trance induction and utilization clustered around the themes "Imaginary Resources," "Optimism," "Friends and Lovers," "Natural Pleasures," "Healthy Successes," "Peak Mental and Physical Performance," "Meditative States," and "Unconscious Resources." The scripts for each theme are preceded by a brief introduction explaining the relevance of the material for wellness and citing related research.

The book is extremely well-organized and indexed, and the text is delightfully readable. The authors explain their main points clearly, amplify and corroborate their line of thinking, then concisely summarize what they have said. Not only is there a detailed table of contents, there is a lengthy list of references followed by an author index and a subject index.

Although designed to assist beginners in hypnotherapy, this book includes much that would challenge and excite any practitioner of Ericksonian hypnosis or psychotherapy. More pointedly than any other text in the field, it distills the potential of focusing on all the aspects of life that give pleasure, joy, and fulfillment. This is its greatest strength and, perhaps, greatest weakness. One may hope that the authors will suggest, at some later time, graceful ways to respect psychotherapy clients' painful and negative schemas; we know that Erickson paid close attention to addressing presenting problems and utilizing — rather than bypassing — many "dysfunctional" ideas.

In the accompanying audiotape, Walters and Havens are courageous to demonstrate to the public what is usually limited to private sessions. Since the opportunity for building rapport that are present in a face-to-face encounter are absent when one approaches a book or a tape, the listener may approach the content in a mood incongruent with the intended message. This reviewer suggests that listeners will benefit most from the material offered by listening in a setting conducive to trance induction. Both speakers model tone of voice, cadence, word play and mythopoetic allusions designed to facilitate deep trance experience. Whereas there is a great deal to be derived from the printed scripts and the tape recorded models, there are significant limits to these approaches. The authors themselves, while offering instructions on how to create one's own

scripts, indicate that script-writing is part of a growth process. Ultimately the therapist can create communication that maximizes feedback from the client. It is hoped the authors will make available a video-recording, demonstrating with a live subject, a form of presentation that shows the integration of scripts with spontaneous responses to client feed-

back. In summary, the book and tape together provide stimulation and challenge for both the beginning and advanced hypnotherapist.

— Reviewed by
Jan Henley, Ph.D.,
Licensed Psychologist
East Tennessee State University

B O O K R E V I E W

Clinical Hypnosis with Children

Edited by William C. Wester, Ed.D. and Donald J. O'Grady, Ph.D.

Brunner/Mazel, New York, 1991.

The edited text *Clinical Hypnosis with Children* by William C. Wester and Donald J. O'Grady provides a comprehensive update on the use of clinical hypnosis with children and marks a decade since the first edition of Gardner and Olness (1981) *Hypnosis and Hypnotherapy with Children* (2nd. eds. 1988). This new text explores developmental issues, hypnotic responsiveness, induction techniques and hypnosis with young children. The second section of this book examines new and contemporary issues of childhood trauma and sexual abuse as well as the traditional areas such as habits, tics, anxiety problems, somatoform and behavioral disorders, along with learning disorders. The third and final part outlines medical applications of hypnosis for the treatment of nausea/vomiting, pain management, eating disorders, enuresis and encopresis in pediatrics. A strength of the book is the format. The chapters start out with an overview, followed by assessment issues to highlight the importance of using the appropriate intervention for various psychological and medical problems, and ending with case studies.

The chapter by Valerie Wall examines the classic developmental theories of Piaget and Erickson with attention to appropriate hypnotic interventions given a child's particular developmental/cognitive level. This more theoretical chapter is balanced by Leora Kuttner's paper that provides more practical details about the use of hypnotic approaches with very young children. The chapter on hypnotic responsiveness in children by Plotnick and O'Grady examines the question of hypnotizability scales and children. The authors are clear that there have been limited empirical studies of hypnotizability with children, and they discuss the mixed results of child-

hood hypnotic responsiveness and treatment outcome. Further, the authors strongly support the use of those scales in the field of childhood hypnosis. Unfortunately, I found the case studies for the importance of these scales not particularly compelling to convince the skeptical researcher of their importance. One case involved a phobic five-year-old who turned out to be noncompliant and low hypnotizable. The other described an 11-year-old sickle cell anemia patient with good absorption and imagination ability but who was more interested in traditional medical and nursing care. I would have appreciated a more critical look at the limitations of these scales in terms of psychometric issues, predictability and validity. The debate over hypnotizability measurements in children will continue for the foreseeable future but does not appear to have advanced beyond the Gardner and Olness (1981) conclusion: "The truth is that we really cannot say very much with confidence concerning hypnotic responsiveness in children" (page 34).

I particularly appreciated how chapters in this book examine other approaches to the various disorders. There was an emphasis on the need for integrated approaches of hypnosis with other techniques throughout the book. I also was impressed with the chapter on encopresis being one of the briefest sections of the book yet representing a very contemporary view that encopresis no longer is viewed as a simple psychiatric or emotional problem but more bio-mechanical. Appropriately, hypnosis is de-emphasized as a primary component for the treatment of encopresis.

Overall this text was excellent, readable, enjoyable and set in a format that made it very user friendly. I recommend this text to any serious practitioner or researcher in the field of hypnosis for children.

— Reviewed by
Howard Hall, Ph.D., Psy.D.
Case Western University
Cleveland, Ohio

**The Art of Change:
Strategic Hypnotherapy
Without Trance**

by G. Nardone and Paul Watzlawick
(1993) Jossey-Bass, San Francisco.

Nardone and Watzlawick offer a well-written summary of strategic therapy, its principles and applications. They begin their brief text on strategic therapy by comparing the approach to a chess game. Strategic therapy, say the authors, follows given rules, and proceeds from the first move to checkmate. Rather than a zero-sum game, however, strategic therapy ends the game by both the therapist and the patient sharing the outcome, win or lose. Ethical standards are maintained especially when manipulation is used in order to effectively aid patients in problem resolution.

The book also contains Watzlawick's paper "If You Desire to See, Learn How to Act" reprinted from *The Evolution of Psychotherapy*, edited by J. Zeig (1987). In this chapter, Watzlawick aptly summarizes the evolution of family therapy and reminds the reader that the question "what" is more useful than "why," e.g., what meaning does a particular prob-

lem behavior have, and how does it make sense in that particular type of human system; and what solutions have already been attempted? These questions deal with second-order reality of meanings and perceptions and the language of injunction instead of explanation or interpretation. Injunctive language is the language of "as if." If we behave "as if" we believed something to be true, the future carried a greater influence than the past. As Watzlawick states, "the prophecy of the event leads to the event of the prophecy" (p.13).

Therapists behave as if there really are patterns of behavior and interactions in families rather than a creative projection of that reality. In fact, all people act as if certain assumptions of reality are correct. The question in psychotherapy is which set of assumptions leads to better and quicker change? Nardone and Watzlawick make a good case for strategic therapy.

The authors examine a number of their assumptions and the history of the approach, models for treating phobic and obsessive disorders, clinical cases, and several new strategic interventions. This review is interesting, but with the

exception of a few new cases and interventions, it is a recapitulation of what has been written. The authors credit Milton Erickson as having been the father of strategic therapy. They suggest that strategic therapy is "hypnotherapy without trance." Certainly Erickson used a broad definition of trance to include "common everyday trances." He believed we go in and out of little trances all day. The hypnotic techniques Erickson developed, while not using formal trance, utilize the light states of trance that disrupt the usual mind set and create an opportunity for reorganization in thinking, feeling and behavior.

The authors disregard that trance occurs in the client when entering the clinician's office, when attention is focused internally by language or the non-verbal resonance between client and therapist. They describe trance as occurring during natural chronobiological phases and rhythms of ultradian, circadian and infradian cycles. Strategic interventions themselves initiate trance. The responses of the therapists during these "windows into the unconscious" constitute hypnotherapy.

The notion of hypnotherapy without

trance is unconvincing and perhaps misleading. Additionally, I am greatly concerned by the lack of attention to gender sensitive issues. The analogy of a chess game suggests an adversarial and traditionally masculine approach to a client.

Even more offensive is the reference to working with a woman client who had traveled a great distance to receive therapy from the authors. The writers reveal a bias when they state "we offered to refer to colleagues closer to her home, but she was insistent, and almost as a joke, we decided to try something unusual" (p. 98). Interventions should always be offered with with utmost respect to patients.

Keeping these troublesome aspects in mind, for a nice review of strategic therapy, I recommend this book.

— Reviewed by
Carol Kershaw, Ed.D.
The Milton H. Erickson
Institute of Houston, TX

References:
Zeig, J.K. (Ed.), *The Evolution of Psychotherapy*.



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Francine Shapiro, PhD, originator of EMDR, has trained clinicians and researchers internationally. She was an invited speaker at the 1992 American Psychological Society Presidential Symposium on PTSD, and has made presentations on EMDR at the 1989 International Conference on Stress in Tel-Aviv, at the 1989, 1990, and 1991 national conferences of the Association for the Advancement of Behavior Therapy, and Society for Traumatic Stress Studies. Her articles on EMDR have been published in the Journal of Traumatic Stress, the Journal of Behavior Therapy and Experimental Psychiatry, The California Psychologist, and the Behavior Therapist.

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BOOK REVIEW

Psychological Approaches to the Management of Pain

Edited by Joseph Barber, Ph.D. and Cheri Adrian, Ph.D.

Brunner/Mazel Publishers, New York 1982 (211 pages).

When this reviewer began working with chronic pain patients in 1987, Barber and Adrian's book was the first I came across that dealt with psychological treatment of pain. Despite its advanced 12 year age I continue to return to it for a basic reorientation to this field and for new clinical insights. While offering an overview, the emphasis is on Ericksonian hypnotic methods, which are the focus of five of the 11 chapters, including one by Erickson himself. Individual chapters also are devoted to biofeedback and interpersonal skills training.

After Barber's introduction, two initial chapters by Sternbach and Fricton, respectively, offer an excellent summary of common pain syndromes, medical evaluation of pain patients, and the contribution of psychological factors to the patient's pain experience. I particularly agree with Sternbach's critique of the concept of psychogenic pain, which often is a way of pejoratively labeling patients who do not have the courtesy to respond to conventional medical treatment.

The heart of the book is in the chapters by Barber, Sacerdote, Sacho, and Erickson, which present a variety of hypnotic approaches. Of particular interest to this reviewer were reprintings of Barber's rapid induction analgesia procedure, and Erickson's interspersal technique. Students of hypnosis can gain much from studying these techniques even if they never see a pain patient. All the authors emphasize the need to individualize hypnotic approaches in light of the patient's needs, resistances, etc., and illustrate their approaches through case presentations.

Researchers will be disappointed by Barber and Adrian's book, which is mostly clinical and anecdotal in nature. As an overview of psychological approaches to pain management, it over-emphasizes hypnosis; as a book on hypnotic approaches to pain, it gives too much space to other topics. In this respect it might have been more appropriately (though less melliflously) titled "Mostly Hypnotic Approaches to the Management of Pain." As Barber points out in the introduction, however,

this book was one of the first to emphasize direct modification of pain, as opposed to the more operant approaches of Fordyce or Sternbach, so this balance may have been needed at the time of its publication. The focus also varies from chapter to chapter, with some chapters, such as Sacerdote's chapter on hypnosis being applied and specific, while others such as Schuman's on biofeedback reading more like literature reviews.

With these minor reservations I recommend Barber and Adrian's book wholeheartedly, especially to newcomers to the field of pain management.

— Reviewed by

Raymond F. Finn, Ph.D.
Clinical Psychologist
Fort Worth, Texas

BOOK REVIEW

Your Guide to Medical Hypnosis

Author: Lynn Phelps, M.D. Copyright 1993, Published by Medical Physics Publishing, Madison, Wisconsin.

Your Guide to Medical Hypnosis is a book in the series, *Focus on Health*. This series is offered to the general public in hopes of explaining in an understandable way various aspects of health and medicine. Dr. Phelps, a professor and the director of the residency program in family medicine at the University of Wisconsin Medical School, attempts to make methods of medical hypnosis understandable for the lay person.

Phelps describes his 100 page book as "but a brief introduction to medical hypnosis." It is in this brevity and simplicity that it shows its strengths and weaknesses. *Your Guide to Medical Hypnosis* provides the reader with reassurance about hypnotic treatment and it offers some examples of how hypnosis can be helpful for smoking, pregnancy, sexual disorders, pain management, multiple personality disorder, and cancer patients. Phelps acknowledges Milton Erickson as an early mentor, although he provides only glimpses of Erickson's work or methods.

Phelps stresses the importance of the proper training and credentials of the hypnotic therapist, frequently mentioning training programs available from the American Society of Clinical Hypnosis.

Professionals who have had even an introductory course in hypnosis will find little in Phelps' book that offers insight

AUDIOTAPE REVIEW

Interactive Trance and Obtaining Unconscious Commitments in Hypnotherapy

by D. Corydon Hammond, Ph.D.

Tape D 297-45 (1992) Phoenix, AZ. Available from the Milton H. Erickson Foundation, Phoenix, AZ. Presented at the Fifth International Congress on Ericksonian Hypnotherapy and Psychotherapy, December 1992.

Hypnotic techniques that facilitate abreactive therapy and "emotional re-experiencing" can provide an important means to effectively enhance psychotherapy with victims of sexual trauma. However, methods of unconscious exploration and catharsis must be used with great care to avoid simply retrau-

matizing the patient through "reliving" the stressful events of the past. The Hippocratic Oath of "First do no harm" is a guiding principle in utilizing these hypnotic methods with victims of abuse. This audiotope by D. Corydon Hammond provides an excellent demonstration of the appropriate and very skillful use of hypnosis in the abreaction and cognitive reintegration of abuse in working with a 41-year-old man who was a victim of childhood sexual abuse.

The volunteer/patient is a man who was sexually molested by his older sister when he was between the ages of six and nine or ten. The presenting complaints are "anger toward women," inhibited sexual responses and resulting relationship problems with his girlfriend. Hammond begins with an explanation of ideomotor finger signals and their use to facilitate unconscious commitments and to validate the adequacy of the psychotherapeutic work.

After a trance is developed, Hammond gives specific suggestions to establish ideomotor finger signals which then are used to obtain unconscious commitments to complete abreactive experiences and resolve trauma. As these responses are established, direct suggestions are given for age regression to the trauma at age seven.

Within the suggestions for age regression, it was suggested that the patient, "with a sense of your adult perspective," would see the older sister "as if she were here right now." As this suggestion was accepted, an abreaction was facilitated and the patient confronted his sister within the hypnotic state. The patient experienced a strong emotional discharge, "like a dam breaking," and was urged to view himself as a victim.

Hammond then began the important work of reframing and integrating of traumatic experiences. Methods such as "developing a 'no' set," discrimination of his sister as different "from all other women" and developing "an adult understanding" of what happened were all utilized with precise clinical skill. Suggestions for integration were given by re-establishing the patient's sense of control, making new conscious and unconscious decisions about the meaning of the trauma and by emotional release of anger, guilt and shame. Throughout, Hammond remains respectful of the patient as he progressed toward clear therapeutic goals.

Unconscious commitments are demonstrated throughout. At one point, it

continued on page 17

AUDIOTAPE REVIEW

Integrating Ericksonian Approaches with Solution-Focused Therapy

by Yvonne Dolan, M.A.

Audiotape F197-24AB, distributed by Infomedix (800)867-9286.

Integrating Ericksonian Approaches with Solution Focused Therapy was a presentation done by Yvonne Dolan at the Third Eastern Conference of Hypnosis and Psychotherapy in Philadelphia, PA, in July 1993. There are no narrative or editorial additions. The program is especially valuable to those on the intermediate and advanced levels, who will enjoy a potent straightforward presentation of practical techniques illustrated through case examples and live demonstrations. The advanced listener will gain a better understanding of the utility of combining a solution oriented approach with Ericksonian techniques.

Familiar with the Ericksonian approaches, Dolan searched for additional brief forms of interventions, which led her to solution-focused therapy and the work of Steve de Shazer, M.S.S.W. While the presentation focuses on work with trauma and abuse victims, Dolan

also describes how her approach could be applied to a variety of clinical cases. Having authored *A Path with a Heart* (Brunner/Mazel, 1985) describing Ericksonian approaches with difficult clients, she again proves to be an able teacher.

Dolan suggests the importance of permissive therapy and of empowering the client with the therapist's own positive expectancy for change, a truly Ericksonian approach. Using trials of various interventions Dolan works to elicit from the client personal control of the disruptive dissociative states. Using solution-focused questions with hypnotic techniques, Dolan co-creates with the client a reality in which recovery is possible.

Reviewing these tapes was a pleasure; however, there was unfortunately an annoying background noise in the first 45 minutes of the tapes. Dolan's personal approach, interaction with the audience, and warm sense of humor increases with enjoyment of what is already very interesting material.

— Reviewed by
Dan Short, M.S.
Dallas, TX

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AUDIOTAPE REVIEW

Ericksonian Therapy

by

M. Sant Eufemia, H. Vincenzi, J. Henley
Audiotape E297-170AB (1992) Phoenix, AZ.
Available from the Milton H. Erickson Foundation, Phoenix, AZ.

Sunday morning, 9:00 A.M. For veterans of International Congresses on Ericksonian Approaches to Hypnosis and Psychotherapy, this time period has a unique significance. After days spent in and out of trance, workshops and stimulating encounters, it's difficult to imagine learning more. Often, though, the last morning offers new, exciting and creative applications of Ericksonian approaches. This one surely did.

"How many of you have treated women who continually seem to get involved in relationship with men who are unavailable?" began Mary Sant Eufemia, at the Fifth International Congress in Phoenix. The audience response was unanimous — they certainly had.

Titling her model of treatment for such women "The Father-Daughter Dyad," she grounds their dilemma in conflicted and unresolved relationships with their fathers. She further combines thoughtful psychodynamic theory with Ericksonian, future-oriented treatment. Her approach emphasizes a process of using hypnosis for cognitive re-examination and affective reenactment of the client's father image. She then guides the client through a mourning process and integration of the dissociated despair.

Of particular interest was her characterization of using hypnotic "timeless travel" to establish the association between the internal father image and other experiences with men. She concludes with an "editing phase" using future progression to change the players and plot of the client's personal story.

Harry Vincenzi, an educational psychologist, next presented on his use of Ericksonian approaches with underachieving students in the Philadelphia schools. Quoting a 1989 study that found that half of middle school students are at risk for school failure, he described the dual dilemma of dealing with both a resistant educational system and difficult students. He advocates curricula that "give kids skills and strategies to alter patterns they use to create and maintain problems in their lives."

Vincenzi presented three types of stories he has used with students. These are an "acting class" to learn how to do new things; friends helping friends to overcome limitations and bypass the need for excuses and student creation of

characters who initially act as the students do but who eventually learn new skills.

In Jay Haley's Keynote Address at this Congress, he bemoaned that there are no new case files from Milton Erickson. "Not to worry," countered Jan Henley who presented a previously unreported case of indirect therapy by Erickson.

While in a training group with Erickson, Dr. Henley brought a letter from an associate who complained of a phobia of pigeons. This woman's new

marriage had broken up because of this phobia, she felt, and she was severely depressed.

The next day, without direct discussion of the letter or ever meeting the phobic woman, Erickson created an astounding piece of indirect therapy. Knowing the tape would be provided to the letter-writer, he conducted that part of the teaching seminar as psychotherapy. Sequencing metaphors, Erickson transformed the client's fear of pigeons to a self-resolving fear of flying. This

significantly changed the nature of the phobia and allowed an eventual overcoming of the phobia.

This case study is particularly rare as it is fully documented. The letter from the woman and the tape of the therapy by Erickson will be donated to the Erickson Archives by Henley.

— Reviewed by

Hillel M. Zeitlin, L.C.S.W.

The Milton H. Erickson Institute of Maryland

AUDIOTAPE REVIEW

Releasing Resentment and Remorse: Facilitating Forgiveness of the Self and Others

by Robert Schwarz, Psy.D.

Audiotape F197,35AB Infomedix 1-(800) 367-9286.

This is an audiotape of a presentation given at the Third Eastern Conference of Hypnosis and Psychotherapy in Philadelphia, July 1993. Schwarz presents useful information on repairing damaged relationships resulting from abuses or wrongdoings to the injured and resentful client. Schwarz also demonstrates a useful Ericksonian tool for immediate release of the client's resentment and explains the client's need for remorse and forgiveness of self.

Schwarz first explores the nature of the hurt or shame from which the resentment has developed. Shameful injury ranges from mild embarrassment to mortification. For a person to be free of shameful emotions resulting from injury, he/she must first become motivated to release anger and resentment surrounding the offender. As the client becomes aware of how resentment is currently detrimental to personal welfare, there is motivation to release resentment. Schwarz defines two types of forgiveness: 1) to stay in a relationship and 2) to let go of the relationship. The purpose of releasing anger/resentment and forgiving is to 1) provide catharsis and repair the relationship or 2) release withheld emotions which are steaming inside.

Schwarz discusses how to repair relationships and resolve conflicts by expressing hurt and allowing vulnerability instead of using anger which distances the relationship. The client must risk opening up to the "abuser," disclosing the hurt and trusting that the wrongdoer/abuser will understand the extent

of the hurt. The injured client becomes vulnerable and expresses hurt from the depths of the soul. The client has to trust that the expression of feelings will lead to a positive end, regardless of the abuser's response. Schwarz presents a fresh and positive approach for repairing the relationship as opposed to expressing anger and rejecting the relationship.

Schwarz uses submodality trance work to facilitate immediate release of resentments. The client in trance describes the placement of the resented person in a picture describing how far or near, how sharp or soft the focus, how high or low, how big or small, etc. The client then thinks of someone already forgiven and places them in the picture for comparison. As the client attempts to move the resented person to the same place as the forgiven, he encounters difficulties and resistance, through which Schwarz skillfully assists the client.

Schwarz emphasizes that working through the resistance is critical. The therapist assists the client with difficulties in moving the resented person

spatially to the forgiven location. Schwarz's demonstration is successful in enabling his client to find relief from a resentment held from a past marriage. Schwarz also discusses how this tool can be used intermittently as a yardstick to check the client's progress in relationship work. This tool appears to make the therapist's job easier and focuses the client on doing the work.

The information presented in this tape is a fresh approach to accomplishing a difficult task. Schwarz's overall presentation was somewhat disorganized and without clear transitions, but his skillful and effective demonstration override the presentation faults. He also fails to repeat questions and comments from the audience, and some of the tape is lost due to inaudible moments. However, the valuable information plus the useful tool for change make this tape a worthwhile addition to a working library.

— Reviewed by

Betty Anne Derryberry,

M.S., L.P.C.

Carrollton, Texas

VIDEOTAPE REVIEW

Indirect Suggestions and Binds: Cornerstone of Ericksonian Psychotherapy

by George Glaser, M.S.S.W., The Milton H. Erickson Institute of Austin, Texas. Videotape available from the Erickson Institute of Austin (515) 479-0455. \$50.00 includes postage and handling.

This is a training video in which George Glaser demonstrates 11 types of indirect suggestions and binds through presentation of a case. He works in a marvelous way with metaphoric language.

Often when students observe and Ericksonian induction, it is difficult to

understand and follow all of the steps performed by the therapist. This video is an extraordinary training tool, and comes with a booklet that further explains the techniques. The video also clearly identifies techniques that are in use as the demonstration progresses.

Glaser combines the use of appropriate techniques with personal sensitivity. I recommend this video for introductory level students and to supervisors who teach indirect suggestions and binds.

— Reviewed by

Jorge Abia, M.D.

Instituto Milton H. Erickson de la Cuidad de Mexico, Mexico City

Hypnosis with Deaf People Via Sign Language

by G. Isenberg

Presented at the Fifth International Congress on Hypnosis and Psychotherapy, 1992, Phoenix, Arizona. Audiotope #E297-76.

Ms. Isenberg presents an indepth review of her study involving the use of hypnosis with the hearing impaired. The presentation dispels many of the myths pertaining to working with the deaf in psychotherapy, and it refutes assertions that hypnosis is effective when used with deaf clients. Due to the limitations of a strictly audio record of what was originally both an oral and visual presentation, the tape is more informative than instructive.

The recording did not begin until several minutes into the presentation, so that any introduction, overview and intended direction of the presentation were lost at the outset, as were any references to Ms. Isenberg's qualifications, credentials or experience that might have

been mentioned in an introduction. As a result, the listener is halfway through the first side of the tape before he or she has any idea of where the presentation is going. An even more serious problem for the listener involved Ms. Isenberg's use of a videotape in her original presentation. References heard such as "I'm trying not to go like this" or "This is how fast I sign" are confusing and frustrating to the listener who has no access to the video component. At times it was difficult to determine whether she was signing the script, describing the signing, or lecturing to her audience.

Ms. Isenberg's skills as a presenter are beyond question. Her voice was clear and easy to understand and her presentation was warm and personable. For the most part, the fidelity of the audiotope was excellent. There was a short period when the volume level of her video was increased to the point of distraction, however, it was relatively brief and considered only a minor annoyance. As is common with audio-

tapes, the use and location of a directional microphone made it impossible to hear the audience's questions prior to her answers, which also was somewhat frustrating.

Ms. Isenberg summarized previous research on the use of hypnosis with the deaf, which generally involved direct suggestion. She then reviewed her own early research contrasting direct and indirect induction methods using Ericksonian techniques. She described some of the difficulties encountered in developing the visual techniques that must be used with subjects who communicate primarily with sign language. For example, she demonstrated that the technique of counting to induce a trance state can be accomplished in sign language. However, confusion techniques designed to deepen a trance, such as counting out of sequence, do not translate well into signing, which relies on visual memory. As a result, the hypnoterapist is seen by the participant as inept and unable to count, and the subject is merely dis-

tracted rather than having their trance state enhanced.

Ms. Isenberg's study dispels many myths pertaining to working with the deaf in psychotherapy. She demonstrates that hypnosis can be used as effectively in dealing with the personal issues of the hearing impaired as with hearing individuals, and that such persons can enjoy the same degree of success in therapy as anyone else. While the audiotope alone is not particularly instructive, it does serve to illuminate a fertile area of study in the field of hypnosis and suggests a need for future research on the subject. In listening to this presentation, one doesn't necessarily learn how to use this type of hypnosis clinically, but one does become aware that it is not only possible, but highly desirable to use clinical hypnosis with people having one or more sensory deprivations.

— Reviewed by
Paul Fairchild, M.A., L.P.C.
Crockett, Texas

Hammond *continued*

was suggested that "if your conscious mind is willing to allow you to be able to distinguish sex as a child from sex as an adult when you are with a woman that 'yes' finger will float up and you will be able to enjoy being close to a woman you care about."

After the patient returned to conscious alertness, questions from the audience were answered. Hammond clearly explained some of the principles of abreaction in hypnotherapy. For example, an explanation of the choice and planning of suggestions toward integration was given: "Experience precedes conceptualization. You want to do the abreactive work first to release the bound affect and, also, because the release of affect and emotional arousal increases suggestibility and the person will be, both because of exhaustion and lower defenses, as well as other internal processes, in a much more highly suggestible state. The most crucial part of abreaction age regression work is the reframing." The author's approach to reframing the experience was then described in understandable detail.

This is an advanced demonstration and the hypnotic methods may be beyond the skill or understanding of some beginners. Further, some clinicians may object to Dr. Hammond's direct and emotionally evocative therapy methods.

Overall, however, this is an excep-

tionally powerful demonstration of specific hypnotic methods. It is an outstanding teaching tape. The author unambiguously defines the goals and techniques that are skillfully utilized. Also, Hammond provides scientifically sound rationale for the use of hypnotherapy. He details a step-by-step approach to the style and process he utilizes in doing abreactive work in hypnosis. For the clinician interested in interactive trance, unconscious commitments and hypnotic abreactive therapy, this is a valuable contribution.

— Reviewed by
Gary Elkins, Ph.D.
Texas A&M University
Temple, Texas

Dr. Hammond's Note:

Age regression and the abreactive working through and reframing of trauma required advanced psychotherapeutic and hypnotic skills. My workshop at the Ericksonian Congress on Age Regression and Abreaction (tape E297-26AB, Workshop 22) gave an overview of 13 contraindicators for the use of these methods. It emphasized the value of positive age regression in addition to the exploration of negative life experiences. Clinicians interested in these methods are encouraged to obtain the tapes of that workshop and to seek consultation and/or supervision.

Interview *continued*

understanding and more compassionate. So I got every frightened patient who needed a lot of dental work. There I was, a brand new dentist with difficult patients.

I was still building my practice, and I didn't have a lot of patients so I did have patience with the patients I did have. I spent a lot of time, and they would come out saying how easy things had been and what a wonderful dentist I was. I knew there was something going on that I didn't fully understand. Then I got a brochure from Seminars on Hypnosis, and I took the course looking for answers. That course was absolutely astounding.

That was my introduction to the man with the ocular fix, Milton Erickson, who was the leading figure in the seminars. I had never, never been so instantly afraid of anyone as I was of him. I was terror-stricken, but I also was fascinated.

My first patient after I got home was a lady who was nine months pregnant with a dying nerve in a tooth. Her obstetrician did not want her to have any anesthetic. Looking back, I know I said everything wrong. I said, "I just took a course in hypnosis. Let's try it and see if it will work."

She was a perfect first patient for a neophyte in hypnosis. I had her go into a trance and visualize a movie. I still remember that she watched a scene

from *Great Expectations* over and over again. She said she loved the scene and had never seen enough of it. I opened the tooth and removed the vital nerve. It was a long, hard job, and when I was finished she was just fine, and I was a nervous wreck.

When the next workshop came to my area, I went to it. I must have taken eight or ten seminars — but it was all the same basic introductory work. Erickson always would do the Saturday afternoon deep trance session. I was fascinated. I would sit in the back row behind the biggest man in the room. I wanted to hide so Erickson wouldn't see me. But he always did.

Eds: Why were you so uncomfortable with Erickson?

Thompson: I was afraid of the power I felt Erickson had. I was a shy, rigid, narrow, proper person. I was afraid to tap into the parts of me that would allow me to be more than that. I knew he had the ability to bring out the part of me that would let me be different, be more — to be who I really was. That change is a frightening thing in the very beginning. And I knew if I remained around Erickson, he would teach me how to be what I really wanted to be.

Erickson helped me overcome my fear of change by "picking on me." He was always very gentle, very kind; he was wise enough to know that if he

continued on next page

Interview *continued*

weren't, I would run. He always suited the treatment to the person. He gradually began teaching me by making comments that included me. Finally he asked me to come up on the stage, during the deep trance session. I wasn't to be a subject, I was a "decoy" for the other people that he was really working with — but, of course, I went into trance.

My fear of Erickson soon changed to awe. That lasted for a long time. I am still in awe, but that awe is different than it originally was. Now I am in awe, in amazement at his own personal power, his abilities and skills and his personage. I also am in awe of his absolute devotion to teaching.

Eds: *Were you a part of the beginning of the A.S.C.H.?*

Thompson: Yes. The beginning of A.S.C.H. is a very interesting tale. The Society of Clinical and Experimental Hypnosis (S.C.E.H.) was the already established professional hypnosis organization. When Erickson founded A.S.C.H., it was intended to open full membership in a professional hypnosis organization to more clinically oriented, doctoral level practitioners. During this period, the Seminars on Hypnosis were very successful in spreading the word about clinical hypnosis. The faculty did not split the money from the Seminars on Hypnosis; they set aside the profits that they earned. When the Seminars on Hypnosis were dissolved, the faculty agreed to use the money to fund the Educational and Research Foundation

arm of A.S.C.H. A.S.C.H. received close to \$100,000 from the Seminars and in the 1950s, that was a lot of money. With this part of A.S.C.H. so well-funded, the teaching of hypnosis was secure and really able to expand which had been Erickson's goal all along.

Eds: *You were one of the first female members in A.S.C.H. What was the atmosphere like for women then?*

Thompson: They, and I am referring to most of the male members, tolerated us. They always used us for demonstration subjects. They tended to ignore our questions and ignore our raised hands and treat us as though we did not exist except in the guise of entertainment. That's pretty harsh, but I believe it was generally true. Erickson did not have

that attitude and neither did a few others. But most did.

Eds: *Has the current atmosphere changed?*

Thompson: I think therapists, particularly at the master's level, have taken over the hypnosis organizations. These therapists are predominantly women. But I notice it is still primarily male faculty teaching the more numerous female registrants. But I think the atmosphere is much more supportive. As a result, I think that as soon as more women realize their potential, things will change even more.

Eds: *What are the contributions that women bring to hypnosis?*

continued on next page

Phoenix Intensive Training Program

Fundamental: April 11-15, and June 13-17, 1994 **Intermediate:** May 2-6 and June 20-24, 1994

Featuring: Brent B. Geary, Ph.D., Jeffrey K. Zeig, Ph.D., and Invited Presenters

40 Hours Continuing Education Per Week

Limited to 25 Participants

FUNDAMENTAL

INTERMEDIATE

| | | | | |
|------|-----------------------------------|------------------|--|------|
| A.M. | History & Terminology | Monday | Therapist Development | A.M. |
| P.M. | Observational Processes | | Advanced Elicitation | P.M. |
| A.M. | Elicitation Patterns | Tuesday | Sequencing | A.M. |
| P.M. | The Language of Hypnosis | | Therapist Development | P.M. |
| A.M. | Hypnotic Phenomena | Wednesday | Pain Management | A.M. |
| P.M. | Videotape Program | | Anxiety & Depression | P.M. |
| A.M. | Indirection | Thursday | Approaches with Children and Adolescents | A.M. |
| P.M. | Tailoring | | Advanced Indirection | P.M. |
| A.M. | Treatment Planning | Friday | Hypnosis in Psychotherapy | A.M. |
| P.M. | Supervised Integrative Experience | | Supervised Integrative Experience | P.M. |

WEEK I: FUNDAMENTAL

April 11-15, & June 13-17, 1994

Fundamental Training assumes no prior knowledge of or experience in Ericksonian hypnosis and psychotherapy. The emphasis is upon essential patterns of hypnotic elicitation. A general framework is presented that is based on one of Dr. Erickson's favorite hypnotic processes. This pattern is applicable to a broad array of clinical situations. Principal features of the Ericksonian approach (utilization, elicitation, indirection, etc.) are presented didactically, exemplified through demonstration, and practiced for experiential integration.

WEEK II: INTERMEDIATE

May 2-6 & June 20-24, 1994

The Intermediate Week focuses on the application of hypnotic and strategic processes to particular clinical dynamics. Specified techniques that are efficacious with habit control, pain management, affective disorders, childhood and adolescent issues, and other areas are presented and practiced. Therapist development exercises designed to enhance the perceptiveness and personal resources of participants also are included in the Intermediate Week experience.

INVITED PRESENTERS

Jeffrey K. Zeig, Ph.D. (April & June), Jason Byler, M.S.W. (Children & Adolescent Component)

Eligibility: Open to professionals with master's degrees and above from accredited institutions and eligible students.

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Cancellation Policy: Cancellation must be received in writing. There is a \$35 administrative fee for requests postmarked 30 days in advance of each program's first day. Thereafter, fees paid may be applied to future Erickson Foundation training activities.

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If you are physically challenged, please inform the Foundation so that helpful accommodations can be ensured.

Interview *continued*

Thompson: Abuse is a big area on which women have focused. Ego and self-esteem issues, as well as family relationships, are the other areas that seem to be of special interest to women. These are traditionally female values and because of that, there is a strengthening and an empowering of women. Now, I think those things are being approached in a more realistic way and I think women are responsible for that change.

In the utilization of hypnosis, women will have an edge with our background knowledge. We provide most nursing care and we understand the immediacy and the vulnerability of interpersonal and family relationships.

A sense of identity is necessary for women who are going to use hypnosis. They need role models. The women who are involved in hypnosis need to recognize their obligation to serve as role models. But we also need to increase the opportunity to serve as role models.

Eds: *How do the workshops of today differ from the early ones?*

Thompson: When the Seminars on Hypnosis began in the mid-fifties, attendees used to be primarily medical practitioners. Dentists made up about two-thirds of the participants, and most of the rest were M.D.s. The original faculty of the Seminars on Hypnosis reflected this balance. Seymour Hershman and William Kroger were OB-GYN physicians, Irving Sexter and Ted Aston were both dentists, Leslie LeCron was a psychologist, I believe, and, of course, Milton Erickson was a psychiatrist. I believe these seminars with medical people were really the essence of the beginning of brief therapy.

At that time, hypnosis was taught principally by lecture in large groups with one practice session — usually on Friday night — with three or four faculty monitoring the work. Erickson wanted to expand the Seminars, to expand the teaching of hypnosis. He knew that in order to do that, the faculty had to be expanded. Erickson began taking small numbers of people, that he had seen at the workshops before, out of the standard Seminars on Hypnosis workshop. We would go to another room and he would teach us. That was the beginning of the first intermediate level training. This intermediate level teaching expanded our knowledge but actual practice sessions were still missing.

Bob (Robert Pearson, M.D.) and I had worked together for years as faculty in teaching workshops, first for the Seminars on Hypnosis and then for

A.S.C.H. We decided that if we could ever change the single practice session method of teaching to allow more practice, we would. When he became president of A.S.C.H., I became Program Chairman and we had our opportunity.

I think the small workshop format used for the 1971 Miami Annual Meeting of A.S.C.H. was the single most influential factor in the spread of the use of clinical hypnosis. This way of teaching allows the practitioner to practice and practice and then to learn from that practice. It allows each person to begin to discover some of the power of this tool in a structured and supervised setting. Today, there is so much more spontaneity. The A.S.C.H. faculty is constantly interacting with participants. There is much less distance between faculty and students.

Eds: *What do you mean by saying that the early seminars were the beginning of brief therapy?*

Thompson: Medical clinicians are really doing therapy. We don't have a great deal of time to deal with the emotions of patients who are depending on us to help them. We should help patients deal with the feelings that are going on inside their heads, before we go inside their head, to do dentistry or to perform any other clinical treatments. Dental and medical procedures are more physiologically invasive than psychotherapy, and we have less time to help patients resolve their issues about what we are going to do with them and to them. So we have to do brief therapy if we do any therapy.

This aspect of my work has influenced my attitude. Just about the time I get comfortable "just talking" to a patient, along comes someone for whom I have to do surgery. There is a different level, a different kind of intensity that is required of me for that kind of physiological intervention.

Hypnosis is too important a tool to be limited to the pure therapeutic aspect. There are so many physiological benefits that can be obtained with it. Those aspects also should be emphasized in teaching the practice of hypnosis. That is one reason I encourage the attendance of clinical medical practitioners in my workshops.

Eds: *Your demonstrations are frequently cited as being the most convincing evidence of hypnosis.*

Thompson: People attending workshops could not deny the physiological impact of hypnosis when they saw anesthesia and control of bleeding demonstrations. Ray LaScola, M.D., taught me how to control bleeding. He would scratch his arm and then bleed along one inch, then not bleed in the next inch,

then bleed again and so on. This was especially important to me because it is helpful for many of my patients to control bleeding.

Originally we used faculty for this demonstration but I realized people thought we had trained long and hard to be able to do this. So I began to ask for a volunteer from the audience. I would teach that person to develop glove anesthesia which either one of us would test with a sterile needle. In all of these demonstrations, I have never had a person fail to learn about anesthesia and control of bleeding.

I have some films that I generally show demonstrating the use of hypnosis in surgery. One shows bleeding control and anesthesia for oral surgery on a hemophiliac. These films have dramatic impact. There is no denying the efficacy of hypnosis in surgery. I use the films because I think you have to "hook" students when they start and the films really capture one's attention.

Eds: *The dual induction has been used by many people, but I don't think that many people realize how it was developed.*

Thompson: At a workshop at the University of Calgary in the very early 1970s, Bob Pearson, Ray LaScola and I were in the dormitory after a day's teaching. Ray had taught me some bleeding control techniques, and he commented that he couldn't hallucinate in a trance. My feeling was that anyone who could control bleeding, as he could, certainly could learn to hallucinate. The three of us, Bob, Ray and I, began talking about the development of hallucinations. Bob and I noticed that Ray was beginning to go into a trance. We had been taking turns as we talked. As we watched Ray, we began talking at the same time about the same thing. We saw that Ray was really going into a trance with that dual technique. Then we spontaneously began talking about different things at the same time.

We knew Ray had spent many Christmases in Mexico, and he really enjoyed it so we included it in our dual conversation. We talked for about 15 minutes. When Ray terminated his trance, he was astounded. He said he had relived a Mexican Christmas and had easily hallucinated all the vivid colors and fancy clothes.

Bob and I then began demonstrating the use of dual induction for patients who were having trouble going into trance. About a year later in Savannah, we used it with John Shaner, who was a dentist friend of mine. It was extremely effective with him. We videotaped that demonstration, and Jay Haley saw

the tape. He said the dual induction was the first new thing in hypnosis he had seen in 15 years. We started doing the dual induction with other people and using it in our teaching.

I always emphasize that inductions cannot be a recipe. Each induction must be individualized. Certainly a dual induction cannot be either another's words or a script. I have seen experienced people read an induction and I don't understand why. Subjects always sense if an induction is not for *them*. That is something that Erickson certainly stressed, and so do I.

When Erickson began, he would write out and practice his inductions, but they were personalized for the specific individual. He also was prepared to shift gears if the patient responded in a different way than anticipated. One can use the same general induction method, but it must be focused for the particular person.

Eds: *What were some of the things that Erickson learned from you?*

Thompson: I have no idea. ...On second thought, I was a challenge to him. I was so afraid of him. I think he couldn't understand how anyone could be so afraid of him. I also think he couldn't understand how anyone could be as naive as I was — after all I was a practicing dentist when I met him. Milton had a gentleness, a deep caring and such a respect for people. That was a major lesson for me. I care deeply about my patients, and he affirmed and endorsed that caring.

I really believe he couldn't *not* be a teacher, and I really believe he did learn from everything. He and I went from teacher and student, to mentor and dentist, to friend and friend. The shifting was a careful, balanced progression. It was really hard for me to call him "Milton." Our relationship was always, always teaching and learning. I believe true friendship is a situation where you each enrich the other, and Milton and I had that.

Eds: *With your impressive background, is there any particular position of which you feel most proud?*

Thompson: It was a major accomplishment when I first became the first female president of A.S.C.H. Not only did I receive an overwhelming majority, but more people voted in that election than had voted in any previous election. It was even more incredible because I was elected on a write-in campaign.

I think one of the reasons I was elected was because people knew I had worked hard and effectively for the membership in the organization. As Program Chair-

continued on next page

Interview *continued*

man, I used that position as a chance to expand the textbook style of teaching. I had begun the small-group workshop format at the annual meeting in Miami. There was such an enthusiastic reception that I knew there would be more and more of that type of workshop. I credit that innovation with the beginning of the workshops of today. In fact, A.S.C.H. is still using my write-up, my words, on how to conduct small group workshops.

Eds: *What words of wisdom do you have to offer our readers?*

Thompson: When Peter Bloom, M.D., a psychiatrist who is now president of I.S.H. (International Society of Hypnosis), visited briefly with Erickson,, he asked if Erickson had only one bit of advice, what would it be? Erickson thought, fixed Peter with that ocular fix and said, "Observe."

Practice, practice, practice basic, formal induction techniques. Practice, practice, practice. Observe, observe, observe. Learn to go from formal, structured techniques where you learn to observe, and slide into the utilization of metaphor. Recognize, though, that the formal technique also can be the utilization — therapy can take place through utilization techniques without ever mentioning the therapeutic goal.

It takes a long time — years and years

of putting things into your unconscious in order to be able to rely upon it to be spontaneous. Every word in the doctor/patient situation that can have a double meaning, does. Learn to improve, improve by learning. Maintain a sense of humor. Stand up for your principles. You have a right and an obligation to yourself, and it never works to try to be like another. You can't always know what to expect, but you can learn to han-

dle the unexpected. Be compassionate while being objective. Erickson had this capacity; it was one of his greatest qualities.

I learned and grew by my contact with him. And many of the thing I learned, I do not yet know I know.

Eds: *Thank you, Kay, for a most inspiring interview that is informative on many levels.*

Donations

The Milton H. Erickson Foundation has received \$910 in donations since the last *Newsletter*.

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J. Alan Smitton, M.A.
Gale Sorensen, M.S.
Frederick P. Wassel, Ed.D.
Carol D. Weiss, M.S.W.
Sandra Z. Zellick, Ph.D.

Japan Erickson Club Growing

Japanese interest in Ericksonian methods has been growing rapidly.

There is a considerable history of Japanese interest in Ericksonian approaches. A number of esteemed Japanese colleagues visited Erickson in Phoenix, including Professor Gosaku Naruse and Noboru Takaishi, M.D. A student of Professor Naruse, Keiichi Miyata, M.A., at the University of Niigata, was instrumental in disseminating word of Ericksonian methods to Japanese colleagues. His able efforts resulted in the Japanese translation of *A Teaching Seminar with Milton Erickson*. A group in Okayama headed by Shozo Aoki, M.D., and Yoshiyuki Nakano, M.D., recently translated *Experiencing Erickson* into Japanese. A number of Erickson and Erickson-related publications are in Japanese.

In collaboration with Mr. Miyata, Professor Toshio Mori has spearheaded the movement to spread Japanese methods in Japan. He has sponsored workshops with American experts and he is now instituting the "Japan Erickson Club."

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