

The Milton H. Erickson Foundation NEWSLETTER

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Erickson Foundation Launches Archives Fund Drive

The Milton H. Erickson Foundation Board of Directors has announced the beginning of a fund drive to raise money for the Milton H. Erickson Foundation Archives.

"The Erickson Foundation has been building on the Erickson Archives since the inception of the Foundation in 1979," said Director Jeffrey K. Zeig, Ph.D. "One of the directions we want to take now is to preserve the materials we have, including audio- and videotapes of Dr. Erickson's work."

The Archives consists of hundreds of hours of taped material that has been catalogued by our Archivist Lori Weiers. We have learned that the Archives is in need of extensive work to insure that all taped material is preserved for posterity. The cost to complete a project of this magnitude is considerable. The goal for the fund drive is \$50,000.

The Erickson Foundation recently purchased bricks that were part of the home of Dr. and Mrs. Erickson and their family. When the Ericksons moved to Phoenix in 1949, they lived on the Arizona State Hospital grounds for a short time. Then they purchased a home at 32 West Cypress St. The home recently was razed to make way for commercial development in downtown Phoenix.

"We decided to salvage some of the bricks as a way to launch the

fundraiser," Zeig said. "We will give bricks to people who donate money to the Archives Fund. It's a great opportunity to own a piece of nostalgia from the place where 20th Century hypnosis developed."

The bricks are inscribed, "32 West Cypress St., The Home of Hypnosis." A limited number of bricks will be signed by Elizabeth Erickson, Dr. Erickson's widow. A letter of authenticity will accompany each brick.

An announcement appears on page 3 in this issue of *The Newsletter*.

Donations will be tax deductible within IRS guidelines. The cost of the brick and related expenses will be deducted to show the net donation, which is the amount deductible.

For additional information write or call The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016-6500; (602) 956-6196; fax (602) 956-0519.

Web Site Reviewer

With the addition of more and more Web Sites on the Internet, The Erickson Foundation Newsletter editors are interested in receiving reviews of those sites pertinent to mental health. If you are interested in providing such reviews, please contact Executive Director Linda Carr McThrall, (602) 956-6196, ext. 205, for additional information, or send completed reviews to Betty Alice Erickson, Editor-in-Chief, 3516 Euclid, Dallas, TX 75205.

I N T E R V I E W

Lynn Hoffman, M.S.W.

by Dan Short, M.S.
Editor



Lynn Hoffman, M.S.W.

BACKGROUND:

Lynn Hoffman, M.S.W., is a graduate of Radcliffe College and Adelphi School of Social Work; Diplomat in Certified Social Work, and an Advisory Editor for Family Process and The Journal of Marital

and Family Therapy. She has been actively involved in many cutting-edge developments, beginning in the '60s at the Mental Research Institute of Palo Alto, then the Philadelphia Child Guidance Clinic in the early '70s, the Ackerman Institute in the late '70s, and the Milan teams during the '80s. In addition to lecturing in the U.S. and Europe, she teaches at the Smith School of Social Work Continuing Education Program and the Marriage and Family Therapy Program at St. Joseph's College, in Connecticut. In 1983 she was the winner of the AAMFT Award for Innovative Contribution to Family Therapy and in 1988 winner of the AAMFT Lifetime Achievement Award for Distinguished Contribution to the Field. Since 1966 she has published half a dozen articles on family therapy and four books; her most recent book, *Exchanging Voices*, was published in 1993.

Lynn Hoffman (LH): I got my start in 1963 when I met the people at the Mental Research Institute in Palo

continued on page 18

Seminar on Ericksonian Approaches Slated for December in Phoenix

The Milton H. Erickson Foundation will sponsor a Seminar on Ericksonian Approaches to Hypnosis and Psychotherapy, Dec. 11-14, 1997, in Phoenix, Ariz.

The conference will have a new format, with a small faculty and an introductory hypnosis track. Featured faculty include Joseph Barber, Ph.D.; Betty Alice Erickson, M.S., L.P.C.; Stephen Gilligan, Ph.D.; Stephen Lankton, M.S.W.; Kay Thompson, D.D.S.; Ernest Rossi, Ph.D.; Michael Yapko, Ph.D.; and Jeffrey K. Zeig, Ph.D. Special faculty members will teach the introductory track.

For information, call or write The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016-6500; phone (602) 956-6196; fax (602) 956-0519.

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EDITOR'S COMMENTS

by Dan Short, M.S.
Editor

After the closing remarks were made, officially ending the San Francisco Conference, Betty Alice Erickson and I began to reflect on what had been said by some of our field's greatest innovators. Although I had listened to several remarkable speakers, I found myself most affected by a couple of encouraging words spoken to me by Jay Haley. My comment to Betty Alice was that Jay Haley struck me as being a person of exceptional character. Betty Alice's immediate reply was, "In all the years I have known him I have never known Jay to be anything but a perfect gentleman." She then described his gentle way of dealing with a public insult along with several examples of kindness and compassion. After hearing this I thought to myself, "Does he not worry about what others have to say because he is at the top, or is he at the top because he does not worry about what others have to say?"

Next, our conversation turned to Bernhard Trenkle. I told Betty Alice that he seemed to have a remarkable interest in the well-being of others. Her immediate reply was, "Oh yes! He has done some very generous things to help individuals who are struggling in Eastern Europe." She then gave several examples of his kindness and charity. After hearing this I thought to myself, "Does he do these things because he is a therapist, or is he a therapist because of his compassion for others?"

Now, as you will see in this issue, we are privy to a conversation with yet another remarkable individual, Lynn Hoffman. She is both inspiring and challenging. She defies orthodoxy by insisting that the client's statements are as meaningful as anything the therapist has to say. She liberates us from reductionistic views of clients and their problems by using the boundless language of images and metaphors. Actually, if you read the interview closely, you will notice that she does not use the label "client" but instead speaks of "people." Her thinking is innovative and therefore, controversial. After my conversation with Lynn Hoffman I thought to myself, "How wonderful to have such confidence in your own character that you are able to meet people face-to-face without needing a



Dan Short, M.S.

role-conferred advantage."

Now I ask myself, "How do people like Hoffman, Haley, or Trenkle come to be who they are?" I'm not going to say that I have "the answer," but I strongly suspect that the truly great "therapists" are first of all respectful people — with the rest falling into place as an indirect result of their humanity. It seems to me that the best therapy is not fake empathy or memorized statements but instead something that flows out as a natural extension of who you are.

INTRODUCING THE INSTITUTES



Heinrich Breuer, Dipl. Psych.

"Milton H. Erickson Institut Köln" of Cologne, Germany

by Dan Short, M.S.
Editor

Editor's note: The information for this article was gathered during an interview in Cologne, Germany, with Ingo Schuten and other members of the Institute's staff.

Correspondence with this institute may be addressed to: Heinrich

ISH Congress to Meet in San Diego

The 14th International Congress of Hypnosis is scheduled for June 21–27, 1997, in San Diego, Calif.

The meeting is being held under the auspices of the International Society of Hypnosis and is hosted by the American Society of Clinical Hypnosis. Faculty from around the world will present Workshops and Scientific Sessions throughout the congress. Workshops will be held Sunday through Tuesday, June 22–24, with Scientific Sessions following Wednesday through Friday, June 25–27.

For registration information, call or write 14th International Congress of Hypnosis, 2200 E. Devon Ave., Suite 291, Des Plaines, IL 60018-4534; phone (847) 297-3317; fax (847) 297-7309.

Couples Conference Scheduled for SFO

The Couples Therapy Conference '97: Sexuality and Intimacy, is scheduled for Friday through Sunday, March 14–16, 1997, at the San Francisco Airport Hilton.

The Milton H. Erickson Foundation is sponsoring the event, which is being co-organized by The Couples Institute in Menlo Park, Calif. The event is open to mental health professionals with a minimum of a master's degree from an accredited institution.

Keynote addresses will be offered by David Scharff, M.D., on the topic, "Regaining Intimacy: Sexual Doubts, Intimate Desires," and David Schnarch, Ph.D., on "Passionate Marriage™: The Path of Personal Evolution and Eyes-Open Sex."

For a registration form and additional information, call or write The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016-6500; phone (602) 956-6196; fax (602) 956-0519. The Couples Institute's telephone number is (415) 327-5915.

thing to provide a congruous approach, a way to "fill in the whole picture." That is the reason for his enthusiasm about the work of Milton Erickson. Breuer first began to study Ericksonian hypnosis in 1979 with Stoy and Steen in Texas. He organized his first training group with these two women. In 1980 he brought Jeffrey Zeig to Cologne for the first time. Then, in 1984, Breuer began training others in the Ericksonian approach.

The broad interests of the Institute's founder are reflected in M.E.I.K.'s training opportunities which include group therapy, family therapy, dance therapy, body therapy, Gestalt, Transactional Analysis, and hypnotherapy. Ingo Schuten, a former student of Breuer, described him as "someone who likes to emphasize the importance of the therapist's ability to be flexible... This is the idea of fitting the therapy to the client rather than fitting the client to the therapy." As part of the training program the Institute invites internationally recognized speakers such as Zeig, Stephen Gilligan, and A. S. Hellinger, two to four times a year.

At the time of this interview there were three groups of students,

continued on page 6

Brief Therapy Conference: A Volunteer's Perspective

by Teddy Ray Johnston
Student
Sacramento, Calif.

Hurry, hurry, hurry, can't be late to the volunteers' meeting. Where is the Hilton anyway? As I sat looking at all the information in my volunteer packet, I noticed that I was on duty in only a couple of hours. My first assignment was the faculty meeting.

I found myself in the faculty meeting room with Jay Haley, Jeffrey Zeig, Lenore Walker and others whose books, articles and texts I have read. Incredible!

Over the next few days, I found myself being instrumental in ensuring that everything needed for presentations, demonstrations and discussions was in place and ready to go. Some of the faculty had precise and specific demands; others said merely, "... make sure I don't forget my stuff when I leave."

I found myself, throughout this Conference, in what I thought as almost a dream world of psychology. I attended a fabulous workshop by Kim Insoo Berg on the Solution-Focused Therapy of substance abuse, and sat in on a phenomenal demonstration by Martin Rossman on resistance. I watched in awe while Robert Dilts worked with a client and actually observed the client's physiological responses to his emotional states. It was a very positive and rewarding experience to be part of a Conference represented by outstanding professionals who offered such enriching presentations.

I was given a great opportunity to work closely with the individuals to whom I was assigned and I greatly benefited from watching all of them. The personal and professional growth that I experienced was far greater than my greatest hopes and

my wildest expectations.

After getting back to my normal daily routine, I walked into my first session feeling I had more to offer my clients. I also knew I possessed more confidence and was able to better create an environment that enhanced my client's ability to experience change.

Brief Therapy Conference

The third Brief Therapy Conference organized by the Milton H. Erickson Foundation and held in San Francisco December 11-15, 1996, was well-attended by therapists eager to learn more about some of the most popular and effective time-limited approaches to contemporary therapy. The premier faculty engaged the 1700 attendees with their wide range of innovative frameworks.

The scope and tone of the meeting was set by Elizabeth Erickson's opening remarks about Milton Erickson's work and the foundations of brief therapy. These sentiments were further amplified by Jay Haley's keynote address, "The Brief, Brief Therapy of Milton Erickson." The standing ovation each received reflected the audience's appreciation and enthusiasm.

Another keynote address by Paul Ekman, Ph.D., "Behavioral Clues to Deceit," involved the audience in an experiential research project which is discussed in this Newsletter in "Speaking of Research." It, too, was well-received and provided much food for thought and conversation.

The program was organized around workshops and various panels ranging from Camillo Loredio's "Brief Therapy with Depressive Families" to Olga Silverstein's "The Use of the Genogram in Brief Marital Therapy," to Lenore Walker's "Psychotherapy with Abusive Male Partners."

The meeting was highly professional, extremely educational and timely in its concept and content.

The future of The Milton H. Erickson Foundation began yesterday...



You can buy a piece of history and join our progress as we begin The Archives Fund.

32 West Cypress Street in Phoenix, Arizona could be called the "home of hypnosis," because it was the home (residence) of Dr. and Mrs. Milton H. Erickson and their children for nearly 20 years. The beautiful brick structure has been razed to make room for commercial growth. We salvaged a limited number of the bricks and are offering them to our readers as a token when you make a donation to our Archives Fund.

The Erickson Archives is a repository for audio- and videotapes of Dr. Erickson, along with other historical material pertinent to his work and legacy to the world of psychotherapy. We have hundreds of hours of videotape that we need to preserve. The project is costly, but the material is invaluable. We would be grateful for your help!

- YES! I'd like a commemorative brick! Enclosed is \$25 U.S.
- YES! I'd like a limited edition commemorative brick (Numbered and signed by Mrs. Elizabeth Erickson). Enclosed is \$100 U.S.
- YES! I'd like a brick and a special commemorative pencil sketch of 32 W. Cypress St. in Phoenix drawn by a former student of Dr. Erickson. Enclosed is \$250 U.S.
- I don't really need a brick, but enclosed is my donation of \$_____.

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CASE REPORT

Ecological Intervention and Incest

by Gerald Brassine, Social Worker
Director, The Milton H. Erickson
Institute of Brussels, Belgium

In a case which I supervised, a Youth Protection Service social worker was mandated by a Youth Judge to investigate a complaint concerning sexual abuse perpetrated on a seven-year-old boy. Medical examinations revealed that there had been anal penetration. The boy acknowledged abuse but refused to reveal the identity of the perpetrator. There were suspicions of the father. However, there also was an uncle who helped care for the boy and his two brothers during the afternoon, while the parents were away at work.

It was now the task of the social worker to conduct a monthly surveillance mission. On her first visit, she felt that the atmosphere in the family was sinister. The mother seemed utterly depressed and would not speak. The children were withdrawn and silent, possibly suffering from the burden of self-accusation and unspeakable secrets. The father, on the other hand, seemed all powerful. His loud and clear statement was that he was innocent, that he went to church regularly and his religion forbade incest.

With all the family members present, the social worker described in concrete detail, using language a child could understand, what was known to have taken place and why it was wrong. The seriousness of these actions was emphasized. The children were told that an adult who asks children to do these kinds of things is "ill" and therefore, his orders to undress do not have to be obeyed and the best way to help him is by saying "no." Abusive behavior was then contrasted with a description of healthy sexual behavior, again using words a child could easily understand. She then told the family that if she discovered who was guilty, the authorities would be informed, and the perpetrator would go to prison. This was spoken in a way that communicated openness and honesty rather than a threat.

Because there was still some doubt about the identity of the abuser, the family was informed that in order to be on the safe side, the children were all to sleep in the same room. The children were then told, "If during the night Daddy comes into your room to do something wrong, then

everybody is to protect each other by screaming together, 'No!' This will help your Daddy stop." This arrangement rendered secret acts of incest impossible while providing the mother some time to find out for herself the truth behind the facts. The children were encouraged to communicate amongst themselves and with their mother.

Still remaining nonaccusatory, by using statements such as, "Your father may or may not be guilty," the social worker stated that when something which is forbidden occurs it should be punished. Then father,

DISCUSSION

by Aimee Short, M.Ed., L.P.C.
Amherst, Mass.

Reading the case report *Ecological Intervention and Incest* by Gerald Brassine reminded me of numerous clients I have worked with at a battered women's shelter. Many of the women came filled with mistrust and the children silenced by the horrors they had witnessed and experienced. Building a trusting relationship was by far the most difficult but crucial. Although Brassine's approach may seem controversial to some, I believe his philosophy and methodology can affect families where sexual abuse has occurred.

The therapist prevents resistance by empowering family members rather than making accusations. She protects the mother from having to name or confront the perpetrator, a task which may be too overwhelming. By helping the mother feel safe, the opportunity is provided for her to explore her ambivalence. Since the mother is not using all her energies to avoid having her children taken away, she has time to investigate for herself what is happening within the family.

Trust is created by open communication, which is facilitated between the mother and her children. Many children may accept incest because they do not know it is forbidden. Teaching the family how to talk about sexual abuse is important. Recognizing the need for sex education, specifics on what is appropriate and what is not are discussed. The children are taught they can say "No." As Brassine states in his full-length paper, children who are not informed about incest may not be able to tell the difference between the commands, "eat your soup" and "take off your pants," and therefore do not realize that they can and should say "No."

mother, and all three children were instructed to think of a punishment fitting for what had been done. They were told to think about it alone and together. The mother was told that it was up to her to ensure that the punishment was respected. The social worker then let the family know that she would return to check and see that the new room assignments were being followed correctly.

A month later the social worker returned for a second visit. To her utmost surprise she found the children laughing and happy. The mother was relaxed and no longer seemed depressed. When the social worker asked where the father was, she was

informed that he had made his own decision to move out of the home.

During this second visit, the mother had enough trust in the social worker to share with her the discovery that all three children had suffered fondling, in addition to the previously reported abuse. This piece of information was evidence that the children had unburdened themselves by sharing their experiences with their mother. But, the identity of the abuser was kept from the social worker who, not having a clear confession, could not file a complaint. The family had succeeded in ending the incest while also protecting the father from prison.

while emphasizing that even in dreadful circumstances many families have the ability to heal.

Many readers may be concerned about the perpetrator and whether he will be punished. But can this family be helped without making revenge the primary objective? Erickson said, "I don't believe in salvation only through pain and suffering" (Haley, 1985). If our goal truly is to help the family then, in the spirit of the Hippocratic oath, we must ensure that pain and suffering do not become our objective.

References:

- Finkelhor, D. (1984). *Child sexual abuse: New theories and research*. New York: Free Press.
- Haley, J. (1985). *Conversations with Milton H. Erickson, M.D.: Vol. 3. Changing children and families*, (p. 44). New York: Triangle Press.
- Sgroi, S. M. (1982). *Handbook of clinical intervention in child sexual abuse*. Lexington, MA: Lexington Books.

MEDIA OF NOTE

The proceedings from the third Evolution of Psychotherapy Conference have been published by Brunner/Mazel, Inc. The volume, *The Evolution of Psychotherapy: The Third Conference*, is available through Brunner/Mazel, 19 Union Square West, 8th Floor, New York, NY 10003. It features works by the presenters at the third Evolution Conference held in Las Vegas, Nev., in December 1995.

* * *

The proceedings of the Internationaler Kongress in der Psychotherapie und Psychosomatik Medizinische Psychologie (International Congress for Psychotherapy and Psychosomatic Medicine) held in June 1995, in Halle-Wittenberg, Germany, have been recently published by Pabst Science Publishers. Edited by H. Hennig, E. Fikentscher, U. Bahrke, and W. Rosendahl, *Kurzzeit-Psychotherapie in Theorie und Praxis* contains presentations given by the international faculty of over 100 professionals at this four-day conference. Betty Alice Erickson, M.S., Editor-in-Chief of the Milton H. Erickson Foundation Newsletter, contributed "Effective Brief Therapy: Conceptualization and Interventions" to this 1217-page book.

UPCOMING TRAINING

DATE	TITLE/LOCATION/LEADER	CONTACT
1997		
3/3-7	Phoenix Intensive Training Program — Intermediate/ Phoenix, AZ/Brent Geary, Jeffrey K. Zeig	1
3/12-16	Hypnotherapy: An Ericksonian Approach to Problem Solving/ Pensacola Beach, FL/Carol Lankton and Stephen Lankton	2
3/13-14	Advanced Indirection in Clinical Hypnosis/Capetown, SOUTH AFRICA/Geary	3
3/14-16	THE COUPLES THERAPY CONFERENCE '97: SEXUALITY & INTIMACY/San Francisco, CA/Faculty	1
3/15-20	Hypnotic Interventions: Comparing the Techniques of the Masters/Pretoria, SOUTH AFRICA/Geary	3
3/17-19	Hypnotherapy — More Advanced Training/Pensacola Beach, FL/Lankton and Lankton	2
3/21-23	Ericksonian Hypnosis — Intermediate/Guadalajara, MEXICO/Zeig	4
4/4-6	Brief Therapy; Habit Control/Tacoma, WA/Zeig	5
4/17-21	Clinical Hypnosis/Lancaster, PA/Michael Yapko	6
4/18-20	Ericksonian Hypnosis & Psychotherapy/Rio de Janeiro, BRAZIL/Zeig	7
4/23-27	Communication Techniques of Milton H. Erickson; Habit Control; Depression and Use of Homework Assignments to Facilitate Treatment; Phobias, Anxiety and Panic Attacks/ Buenos Aires, ARGENTINA/Zeig	8
5/8-11	Brief Therapy Conference/Puebla, MEXICO/Faculty	9

DATE	TITLE/LOCATION/LEADER	CONTACT
5/16-18	Hypnosis Conference/TBA, BRAZIL/Faculty	7
5/19-23	Phoenix Intensive Training Program — Advanced/Phoenix, AZ/Geary, Zeig	1
6/2-4	Advanced Topics for Beginners/Cologne, GERMANY/Zeig	10
6/6-7	Hypnosis and Depression/Lausanne, SWITZERLAND/Yapko	11
6/6-8	Hypnosis in Time-Limited Therapy II — Intermediate/Berlin, GERMANY/Zeig	12
6/10-12	Hypnosis in Time-Limited Therapy II — Intermediate/Fribourg, SWITZERLAND/Zeig	13
6/10-14	Applying Hypnosis/LePouget, FRANCE/Yapko	10
6/13-15	Clinical Issues in Ericksonian Psychotherapy — Advanced/ Basel, SWITZERLAND/Zeig	14
6/21-27	The 14th International Congress of Hypnosis/San Diego, CA/ Faculty	15
6/28	Habit Control/Santa Clara, CA/Zeig	16

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- The South African Society of Clinical Hypnosis (SASCH), P.O. Box 73090, Lynnwood Ridge, 0040, SOUTH AFRICA; tel/fax: +27 12-807 5426.
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- Rita Wright, Program Assistant, University of California, Santa Cruz, Santa Clara Extension, 740 Front Street, Suite 155, Santa Clara, CA 95060; tel: (408) 427-6610; fax: (408) 427-6608.

The Milton H. Erickson Foundation, Inc., presents
**A SEMINAR ON ERICKSONIAN
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 Michael Yapko, Ph.D., Jeffrey K. Zeig, Ph.D.**



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ETHICAL DIRECTIONS

Half Therapist – Half Cop

by Gerald Brassine, Social Worker
Director, The Milton H. Erickson
Institute of Brussels, Belgium

About 10-15 years ago a series of articles by Roland Summit (1983) appeared in Belgium stating that when children declare that they have been victims of incest, one has to believe them, for children always tell the truth. This philosophy was based on the belief that a child's innocence could not invent adult games, particularly in a context of unhealthy sexual relationships.

The majority of the Belgian psychosocial world accepted this new idea as a revelation. The result was mass, ambient hysteria and a "witch-hunt" mentality. The fear was that incest was everywhere, no one could be trusted! In one case a child was removed from the home and the father prematurely condemned because she had said at school that she enjoyed "making love with Daddy." Her words were those of a child, taken out of context and imposed with adult meanings.

The role of psychological workers is to provide help and care, not to accuse, denounce, and imprison. What is it that happens when we confuse repressive police behavior and the more "open-minded" therapeutic approach? It seems that in some cases, while wanting to act in the child's best interest, we have unwittingly focused on prison, divorce, and separation. Once an accusation has been made, people often are stripped of their decision-making capacities.

Even if the accusation is true, we must recognize that imprisonment or exile does not guarantee the prevention of incest. Once the prison sentence is over, are we to assume that the father is cured? We must also recognize the ramifications of imprisonment — the possible rejection of the abused child by the mother or siblings, the decreasing possibility of the father's confession and repentance, and worst of all, the guilt suffered by children who realize that their testimony has sent their own father to jail.

What makes matters even more complicated is the fact that, in many cases, legal action is not possible because of doubt about the abuser's identity and/or the existence of sexual abuse. At the Youth Help Services

and Youth Protection Services, as many as 70% of incest cases are, in legal terms, only a "suspicion" of incest.

The fact remains that an intervener who honestly believes that a father has abused one of his children, often feels a strong need to estrange the father. When working with cases of incest, it is difficult to avoid the type of negative counter-transference in which anger, incomprehension, and indignation become mingled. The child's confession is pursued (sometimes through questionable means) in the often admitted aim to "put the father away." In this way the mental health practitioner has confounded his role as "therapist" with the role of "policeman."

What many have failed to recognize is that the confusion of these two separate roles can be the basis of the resistance typically encountered in work with incestuous families. Once the intervener introduces himself with his legal/therapeutic objectives, he commonly finds the father fiercely denies, the child retracts or becomes mute, and the mother refuses to believe the accusation. These reactions are then interpreted as pathological signs typical of incestuous families. But when an interviewer implicitly, or explicitly, threatens imprisonment, what type of response should we expect? The family may lose its primary source of income. The mother must, all at once, accept that she has been deceived by her husband and her rivals are her children, and then suffer the guilt of not having been able to protect them. It is all too easy to become critical of the family's behavior while failing to recognize the situational influences created by the threat of police intervention.

With all of this in mind, it is time we asked ourselves some tough questions, such as: What right do we have to systematically label these mothers as "the abuser's wife"? What right do we have to decide that this man will never change? Have we sometimes pursued justice at the expense of the children? When children are excluded from the family home, how are they to understand that it is not them who has been imprisoned? When questioning the child are false ideas sometimes suggested?

While almost everyone agrees that criminals should be punished, therapists need to realize their mis-

sion is to help and cure, not to act as policemen. The goal of therapeutic intervention is to render the practice of incest impossible in the shortest time. This is not to be confused with the very different goal of having people locked up. It has been my experience that therapeutic objectives are best accomplished through an ecological restructuring of the family, which allows it to defend itself from within, using all of the internal resources of each member of the family (Watzlawick, Weakland, & Fisch, 1975). For instance, we should respect the mother by offering her sufficient time to "swallow" and assimilate the facts. Also, the children should be empowered by having a say in how the crime should be punished.

We want to engage the family in such a way as to foster a continued commitment to treatment and in-

depth healing. These types of interventions, once introduced into the family, develop on their own and enhance the family's strengths.

References:

- Summitt, R. (1983). The child sexual abuse accommodation syndrome. In *Child abuse and neglect*, pp. 177-193.
- Watzlawick, P., Weakland, J. H., & Fisch, R. (1974). *Change: Principles of problem formation and problem resolution*. New York: Norton & Company.

Editor's Note:

See *CASE DISCUSSION*, "Ecological Intervention and Incest," for a detailed description of intervention methods. For more information on this subject, contact Gerald Brassine, 7 rue de la grotte, 1310 La Hulpe - Brussels, Belgium.

Annual Notes

by William J. Matthews, Ph.D.

Editor-in-Chief, *Ericksonian Annual*

Associate Editor John Edgette and I extend an invitation to Erickson Foundation *Newsletter* readers to see the newest publication from the Foundation, *Current Thinking and Research on Brief Therapy: Solutions, Strategies, Narratives*.

Current Thinking is an extension of the previous Milton H. Erickson Foundation publication, *The Ericksonian Monographs*, edited by Stephen Lankton.

It has been nearly 17 years since Milton Erickson's death. His ideas about hypnosis and therapy continue

to provide an underlying richness to our work as therapists. However, as with any important idea in the realm of science, we now must be concerned with empirical validation for various claims lest we be subject to only our beliefs and intuitions and Erickson be reduced to a cult figure.

Current Thinking is dedicated to providing a connection between ideas, theories and research about the various streams of Ericksonian-influenced brief therapy. The *Annual* is intended to be more than a journal. Our intention has been to provide authors ample space for an in-depth presentation of theory, clinical cases, and research.

Institutes *continued*

each with no more than 20 members, enrolled in the program. These groups meet at M.E.I.K.'s impressive training facility which has office space for practicum experience and room for workshops. The training program is made available to medical doctors, psychologists, social workers, high school teachers (who study only part of the program), dentists, and specialists who work with children. Normally these groups continue for a period of four years with a formal curriculum that includes treatment strategies, myths about hypnosis, utilization, basics of communication, constructivism, humor in therapy, the use of metaphors,

diagnostic utilization, NLP, strategic therapy, systems therapy, trance deepening, Ericksonian contracts in group therapy, solution-focused therapy, Ericksonian hypnotherapy with specific disorders, family sculpture, and the integration of Ericksonian work with other forms of psychotherapy. Also, each student is required to participate in self-study and group therapy.

When asked about M.E.I.K.'s future goals, Schuten said that Breuer hopes to build a closer collaboration with other European Erickson Institutes in order to present workshops and diversify training opportunities.

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- AJ241-K2** **The Brief, Brief Therapy of Milton Erickson**
Jay Haley, M.A.

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- AJ241-W11AB** **The Sponsorship of Soul**
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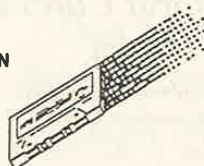
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WOMEN OF NOTE

Jean Baker Miller, M.D.

by Judith Wides, M.A.
University of Massachusetts

There are not many women included in the lineage of great movers and shakers in history. However, Jean Baker Miller, M.D., is someone to be added among the revered in the recent history of psychology. As one of the first clinicians to challenge established canon concerning the psychological development of girls and women, Miller has helped create a new psychological paradigm.

Young Jean Baker grew up poor and physically challenged. She was raised in the Bronx during the depression in a family with little financial resources. Suffering from an attack of polio, at eleven months of age, she spent her early years in leg braces undergoing physical therapy. She credits her successes to the supportive women teachers and nurses who challenged and inspired her. They were her role models, as women and as professionals.

Her early mentors urged her to pursue higher education. Therefore, in 1944 she entered Sarah Lawrence College. Afterward, during a time when Harvard Medical School refused admittance to women, Miller was able to gain admission into Columbia Medical School. She trained in psychiatry at Bellvue and completed her residency at Upstate Medical Center in Syracuse. After her return to New York City in 1967, Miller joined the Department of Psychiatry at Albert Einstein College of Medicine. It was during this period that she edited her first book, *Psychoanalysis and Women*.

In 1974 Miller began working on a book that later changed the way clinicians and scholars view women's development in the context of American culture. The book, *Toward A New Psychology Of Women*, is based on the idea that women conceive of themselves as healthy and vital while being a "self in relation." In other words, women experience *relationship* as an intrinsic goal of being. This image sharply contrasts the construct of the healthy "individuated" and "autonomous" adult as described by Freud, Erik Erikson, and others. As Miller and her colleagues have pointed out, it is not valid or reliable to depend upon research materials and theory "normed" on

males when evaluating the development of women. While ignoring this gender-specific relational style, the male-oriented model of mental health has caused women to be invalidated, pathologized, ignored and abused by the psychological and medical community. What Miller introduced into the flow of cultural dialogue was an exploration of the psychological importance of how women conceive of themselves.

In 1981 Miller became the founding director of the Stone Center

for Research on Women. Today the Stone Center is a globally recognized resource center for research on girls and women. Miller, still quite active, serves as the Center's education director. In addition, she is a clinical Professor of Psychiatry at Boston University School of Medicine and recently co-authored *Women's Growth in Connection*.

Miller holds a pivotal role in the evolution of theory and practice concerning girls and women. She offered us a new pair of eyeglasses with

which to examine ourselves developmentally and culturally. Along with Carol Gilligan, Irene Stiver, Judith Jordan and Janet Surrey, Miller has shown us that it is not responsible practice to consider women's psychological issues within an economic, cultural and gender vacuum. She has succeeded in creating a new vision of the psychology of women. She is among the most important women of this century and will be recognized as such throughout the rest of *herstory*.

SPEAKING OF RESEARCH

Behavioral Clues to Deceit

Research by Paul Ekman, Ph.D.
San Francisco, Calif.

Attendees at the 1996 Brief Therapy Conference in San Francisco were given a unique opportunity to participate in an ongoing research study. This interesting experiential element was part of the keynote address "Behavioral Clues to Deceit" by Paul Ekman, Ph.D., an eminent researcher and professor of psychology at the University of California at San Francisco. The participation of the audience is a component of a more extensive study done assessing differences among professional groups in their abilities to recognize lies. Ekman defined deceit as a choice to mislead without notification including falsifying or concealing information that there is an explicit obligation to reveal.

The audience was presented with a series of ten short videotaped interviews in which the subject was either lying or being truthful. Observers were asked to identify which behavior they felt was occurring. The audience was given pencils and answer sheets, asked to self-rate their abilities to discern truthfulness and then give their opinions about the videotaped subjects.

Following the exercise, Ekman gave a review of the research design and an overview of his 30 years of research into the nonverbal indicators of deceit. Behavioral signals appearing in the form of expressive incongruencies including gestural "slips" were demonstrated with the videotaped interview subjects.

In preparing the videotapes, Ekman had solicited paid volunteers.

The subjects were first given an entry examination, in which they noted their personal beliefs and convictions on various topics. This information was then sealed and used for confirmation of truthfulness. The subjects then were offered a monetary reward if they could successfully deceive researchers regarding their personal stand on a topic; they would be paid a bonus if they lied but researchers thought that they were telling the truth and vice versa. Conversely, if researchers correctly identified the subjects' truthfulness or deceit, the volunteers would not only forfeit the bonuses but also would be threatened with undesirable tasks. At this point, some elected not to proceed with the study. The subjects who continued provided a rich inventory of videotaped interviews; some of the volunteers chose to lie and others chose to tell the truth. All subjects were motivated to convince the interviewer of their own truthfulness.

The videotaped interviews were then examined for nonverbal indicators of deceit. It was found that expressive incongruencies were positively correlated with deceit. The incongruencies included "micro-expressions" (rapid or fleeting facial expressions) or "fragments" which involve some parts, but not all parts, of gestures associated with expression. An expressive "fragment" that was demonstrated on the videotapes included a "partial shrug" in which the subject momentarily lifted one shoulder and held out one hand. The "shrug fragment," or "gestural slip," was incongruent with the concurrent verbal message of certainty.

The research into nonverbal indicators of deceit headed by Ekman extends to the skills of correctly identifying deceit. Individuals with a high

capacity to correctly identify deceitfulness are being solicited for additional investigation. A few preliminary studies have indicated differential skills among various professional groups. For example, many federal law enforcement agents, including FBI and CIA agents, demonstrated an average ability, while Secret Service agents and a group of specially selected and trained police showed a higher ability to correctly identify deceit. The preliminary study done at the Brief Therapy Conference in which more than 1400 participated, suggested a higher than average ability to correctly identify deceit among subjects in the videotaped interviews.

This interesting study demonstrates the broad arena in which research investigation provides information useful in both personal and professional lives. I personally applaud Dr. Ekman for his use of the occasion to proceed with his research. It was a rare opportunity for audience members to see a committed researcher at work and to take part in a relevant manner as well as providing each participant with information about his or her own perceptual skills.

Reference:

Ekman, P. (1992). *Telling Lies*. New York: W.W. Norton

Research Summary by:

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

Editor's note: The keynote speech was recorded in an audiotape distributed by the Milton H. Erickson Foundation, "Behavioral Clues to Deceit," Paul Ekman, Ph.D., Audiotape No. J241-K1, (\$10.50). The audiotape does not fully capture the videotaped photos, but does contain the audio interviews that accompanied the videotaping.

Brief Therapy and the Mental Research Institute (MRI)

by Sky Chaney, Ph.D.
Director of Training, MRI
Palo Alto, Calif.

Established in Palo Alto, California, in 1959, the MRI's explorative work has provided a proliferation of 53 research projects, 45 books, and 600 other publications throughout the world. Current research and training at MRI focuses on cutting-edge clinical approaches. A constellation of MRI international affiliates, and an Internet website (www.mri.org) offer global contacts.

The founding impetus for MRI evolved from research in the early 1950s by a small number of social scientists involved with a research project conducted by Gregory Bateson. Under the direction of Don D. Jackson, these researchers decided to formalize their connections by establishing the MRI. Jay Haley, Jules Riskin, Virginia Satir, Paul Watzlawick, John Weakland and Richard Fisch are prominent names among the early staff.

Weakland and Haley consulted with Milton Erickson during the 1950s and 1960s. A number of these conversations have been published in a series of three volumes (Haley, 1985). Erickson helped Weakland and Haley both to view and respond to the problems presented in therapy in new and innovative ways. In an interview in 1994, not long before his death, Weakland summed up some of what he had learned from Erickson. "I learned something about paying close attention to clients. I learned that change is always possible even in what appeared to be desperate or 'fixed in concrete' situations. I learned that it is the business of the therapist, essentially, to take charge and influence people to make changes in useful directions." (*Editors' Note: See "Interview with John Weakland," Erickson Foundation Newsletter, Volume 16, No. 1*) The conversations between Haley, Weakland and Erickson influenced the development of the MRI model of Brief Therapy.

The professional Zeitgeist during and prior to the 1960s was primarily psychoanalytic. The researchers at

MRI, regarded by many as mavericks, began taking this innovative "front door" approach by exploring action and communication-oriented approaches to psychotherapy. They established the still controversial "interactional view." Many of Erickson's "uncommon" interventions make sense from the MRI interactional viewpoint.

The MRI model has become a systemic approach to problem resolution that enables therapists to operate with creativity and flexibility while giving direction to the fundamental decisions and actions that can be taken to create beneficial change. Erickson's touch is evident in many of the interventions practiced by MRI brief therapists.

Brief Therapy methods continue to be invented. Quite often, the old "wine" of human problem solving is being poured into new bottles. One alternative to "rebotting" is to affirm the connections that exist in our collective efforts to meet the challenges of living. Our connectedness is more relevant and potent than the illusion of invention.

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Invited Addresses

Toward Resolution of "Recovered" Memories: Toward Resolution of Some Issues Across Experimental and Clinical Domains
Peter W. Sheehan, Ph.D., Australia

Whither Hypnosis? Toward the 21st Century - *Herbert Spiegel, M.D., U.S.A.*

Hypnosis and the Deep and Surface Structure of Memory - *Karl Pribram, M.D., U.S.A.*

Use of Hypnosis in Exercise and Sport Psychology - *William P. Morgan, Ed.D., U.S.A.*

Hypnosis: Psychology and Performance - *David Spiegel, M.D., U.S.A.*

Title to be Announced - *Onno Van Der Hart, Ph.D., Netherlands*

Title to be Announced - *Eva Banyai, Ph.D., Hungary*

Construction of Reality and Hypnotic Phenomena - *Burkhard Peter, D. Psych., Germany*

The Use of Hypnosis in Clinical Pain: The Case of Janelle - *Harold B. Crasilneck, Ph.D., U.S.A.*

Hypnosis, Grief, and Mourning - *Gary R. Elkins, Ph.D., U.S.A.*

The Creative Process in Clinical Hypnosis - *Peter B. Bloom, M.D., U.S.A.*

When Worlds Collide: Hypnosis, The Dissociative Disorders, and Clinical Data - *Richard P. Klufit, M.D., Ph.D., U.S.A.*

Workshop Topics

Addiction
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Anxiety & Depression
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Basic Hypnosis
Brief Therapy
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Dentistry
Diplomate Exam Preparation
Dissociative Disorders
Dissociative Identity Disorder
(Advanced)

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Ego State Therapy
Ericksonian Strategies
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"False Memory" Issues &
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HISTORICAL TIMES

The Development of Brief Therapy

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

As times, people and perceptions change, psychotherapy must. The development of managed care, a health maintenance orientation, and the time constraints of most people have forced a re-evaluation and changing of therapeutic interventions. The emergence of the short-term therapies is one of these changes.

Until recently, most psychotherapeutic education had psychoanalytic foundations. Most people do not realize, however, psychoanalysis originally included a short-term orientation. Freud himself reported many cases that progressed rapidly. He treated the famous conductor Bruno Walter for painful cramps in his right arm in only six sessions. Another success was a single four-hour session treating an obsessional neurosis with concurrent marital difficulties (Hunt, 1987).

Despite Freud's flexibility, long-term therapy is deeply ingrained in the mental health professional value system. Based on the premises that significant change rarely occurs simply on the basis of experiences in day-to-day living and that presenting complaints are symptoms of the underlying psychopathology on which treatment is focused, long-term therapy is an on-going process and an important part of the patient's life.

In contrast, brief therapy seeks to accomplish specific therapeutic objectives quickly. It usually includes relatively high levels of therapist activity and establishment of limited goals. Symptom removal is a legitimate therapeutic goal (Bloom, 1992). While psychopathology is acknowledged, current life problems are the focus, and treatment is seen as only one facet of a patient's life.

Many mental health workers mistakenly regard "brief" as a synonym for "superficial," and think it to be of little long-term value. Research, however, increasingly indicates the efficacy of time-limited psychotherapy (Bloom, 1992).

Research also indicates attitudes favoring either brief or lengthy psychotherapy are significantly related to self-reported skill levels in those divisions (Bloom, 1992). Short-term psychotherapy almost always is seen as

more demanding and difficult to practice. The therapist must take responsibility for initiating change and results are expected. Therapists have more at risk professionally with a shared responsibility for the outcome.

There are other difficulties inherent in brief therapy. Most mental health professionals enter the field to help people. The immediate financial and emotional consequences of short-term therapy are in juxtaposition with some of the ongoing gratifications of helping. Brief therapy, especially with difficult issues, involves a risk

that the patient may not be ready to stand alone.

Additionally, limited sessions and high "turnover" rates create constant pressure to find new clients. Therapists in agencies are faced with quantities of paperwork and a sense of having to justify poor outcomes. Therapists also must face the emotional wear and tear of becoming intimately involved with another person's life, knowing that in a few more hours, that person will vanish and may never be seen again.

One American in three has been in psychotherapy. A generation ago,

it was only one in eight (Hunt, 1987). Decades ago, clients expected long-term involvement — today, a limited process, with quick results, is expected. This is truly the threshold of a societal paradigmatic change.

References:

- Bloom, B. L. (1992). *Planned short-term psychotherapy: A clinical handbook*. Needham Heights, MA: Allyn and Bacon.
- Hunt, M. (1987, August 30). "Navigating the Therapy Maze." *The New York Times Magazine*.

CONNECTIONS

Learning the Essence of Erickson: A Japanese Perspective

by Noboru Takaishi, M.D.
Osaka, Japan

A symposium, "Milton Erickson Revisited — Can We Draw a Line Between Influences on Hypnosis, Brief Therapy and Family Therapy" was held at the 13th Annual Conference of the Japanese Society of Family Therapy on May 30, 1996, in Osaka, Japan. The theme was proposed by Professor Hajime Ishikawa of Kagawa Medical School, chairman of the symposium.

As a presenter at this symposium, I have many thoughts on the current status of study of Erickson in our country. The name "Erickson" is often referred to in various fields of clinical psychology, especially family therapy, brief therapy and hypnotherapy, but I have some doubts if a common understanding of the essence of Erickson's methods is shared among the groups. The aim of the symposium was to make that point clear for the benefit of further studies in our country. Discussing the differences in Erickson's influences on these three psychotherapeutic approaches is new and different than the approach of study in the United States which usually pursues similarities rather than differences. In my presentations, I used many references from the proceedings of the Fifth International Congress, *Ericksonian Methods: The*

Essence of the Story (Zeig, 1994).

In my study, I have concluded that family therapy is a therapy influenced by Erickson, while brief therapy is a derivative of Ericksonian methods. Erickson's work in hypnotherapy is the most obvious of the three elements of his influence.

I have no doubt that Ericksonian hypnotherapy and psychotherapy stem from his lifelong struggles with the professional hypnosis organizations as well as from his complex personality filled with paradox. The endless theme of the study of Erickson seems to lie here.

Erickson's writings, though quite experimental and scientific, often go beyond the paradigm of modern psychology and medicine, perhaps because Erickson himself often left the state of reality-oriented consciousness. This often makes Erickson's writings difficult to understand, which sometimes causes criticism by clinicians and researchers of traditional hypnosis.

In recent references and books on clinical hypnosis, Erickson's methods are abundantly employed without mentioning them. Students of traditional hypnosis have been steadily continuing experimental studies on Erickson's methods.

In the inaugural message by the new president of the International Society of Hypnosis, Dr. Peter Bloom stressed cooperation with Ericksonians. At the Sixth Conference of the European Society of Clinical Hypnosis, in Vienna two years ago, the catchphrase was, "Meet at Mesmer's place and think Erickson." Now, in Europe, there are just a few countries that do not have Erickson

Institutes and the main theme of these Institutes seems to be concerned with Ericksonian hypnosis rather than the therapeutic methods influenced by or derived from Erickson's methods.

In contrast, turning to the present in Japan, the study of Ericksonian hypnotherapy itself is very scanty. People's interests are directed to derivative therapeutic methods. Although it is a pleasure to see the prosperity of these derivative therapies, I would like to insist that the way to pursue the essence of Erickson's methods lies along the study of Ericksonian hypnotherapy.

It is most important to study the original works by Erickson and the first generation interpreters, rather than to study the analysis and reorganization of Erickson's work by the more recent generation of analysts.

References:

- Fisch, R., et al. (1982). *The Tactics of Change*. San Francisco: Jossey-Bass, Inc. (translated by Suzuki, K., et al. 1986. Kongu Publishers.)
- Haley, J. (1963). *Strategies of Psychotherapy*. Orlando: Grune & Stratton. (translated by Takaishi, N. 1986. Reimei Shobo.)
- Naruse, G. (1996). SCEH vs. ASCH and Milton Erickson. *Japanese Journal of Hypnosis*, 40, pp. 30-33.
- Takaishi, N. (1990). What and How We Can Learn from Erickson. *Japanese Journal of Hypnosis*, 34, pp. 28-31.
- Zeig, J. (1994). *Ericksonian Methods: The Essence of the Story*. New York: Brunner/Mazel.

FORUM TOPIC REVIEW

The Primacy of Paradox in Facing Panic, Worry and OCD

by R. Reid Wilson, Ph.D.

Tape No. MG264-60AB - \$21.00
Order through The Milton H. Erickson
Foundation, Inc.

"The Primacy of Paradox in Facing Panic, Worry and OCD" will be an invaluable tool for those therapists unfamiliar with anxiety and related disorders because Dr. R. Reid Wilson gives both definitive and general information on interventions and treatments. He focuses primarily on cognitive-behavioral treatments throughout this tape. This orientation is not necessarily new information for therapists, but Wilson's clear presentation and his obvious leadership in the field makes this presentation well worth the time spent listening to it.

Much of Wilson's presentation is centered on paradoxical interventions for treatment. These methods will assist any therapist. It is also clear he believes strongly in educating the clients in the medications used for treatment of anxiety disorders as well as educating his clients in the psychological aspects of these disorders. The dynamics and implications of the family interactions are regarded as significant and meaningful for the client to understand. This information about family systems is very important and often left out of therapeutic approaches.

Wilson also stresses the power of the individual to recover through risking new behaviors and ways of thinking, particularly about the disorder itself. Examples of imagery through hypnotic techniques also are discussed. He addresses, to some degree, how low self-esteem escalates and contributes to panic and the resulting behaviors and consequences.

As a therapist who happens also to be a former agoraphobic, I speak often on the experience and treatment options of anxiety disorders. Having had every tape, book and handout about anxiety thrust at me, Wilson has always impressed me with his insight and "commonsense" approach to treatment. I appreciate Wilson's recognition of the emotional consequences of both the disorder and the

recovery but I believe more intervention techniques involving these emotional and insight-oriented issues associated with panic and anxiety disorders would have been useful.

There is much excellent information concerning OCD disorders and the variety of symptoms and related disorders in "The Primacy of Paradox in Facing Panic, Worry and OCD."

Reviewed by:

Alan L. Fink, M.S., L.P.C.
Dallas, Texas

Listening to eloquent lecturers presenting their successful treatment approaches has always been a source of nagging self-doubt about my own professional competence, especially when the subjects of the presentations are anxiety disorders and OCD. As a private practitioner who only occasionally sees clients with anxiety, panic and OCD, I appreciated the review of the psychopathology and currently accepted treatment approaches that Dr. Wilson gave in the first part of "The Primacy of Paradox in Facing Panic, Worry and OCD." I suspect, however, that may have made the first hour a bit tedious for some listeners even though I believe it was necessary. The latter part of the tape dealt with specific interventions. Working with paradoxical interventions was the most interesting of the interventions.

Wilson is convinced that the etiology of symptoms of anxiety-based disorders can be largely attributable to genetic inheritance rather than to some obscure psychopathology. The paradoxical approach he advocates utilizes the client's resistance and reframes the meaning of the symptoms so that they are seen as guides to hidden aspects of the self. As in the martial arts, the therapist is encouraged to go with the resistance in order to avoid a losing battle with well-established defenses.

It was reassuring to hear that many of Wilson's clients achieve only incremental relief of their symptoms and that some never get better. Wilson points out two factors that seem to be linked with client improvement. One is that clients need to accept their symptoms rather than fleeing them; the second is that they must have the courage to take the risk of perhaps re-experiencing symptoms. Obviously, therapists, and good

therapy, can be instrumental in both.

Clinicians interested in anxiety, panic, and OCD should find this tape interesting and helpful. Throughout, Wilson shows his ability to liven up a potentially "dull" topic by using plenty of humor and personal anecdotes. His clear use of language makes "The Primacy of Paradox in Facing Panic, Worry and OCD" readily understood by professionals and interested laypersons. I recommend this tape to both.

Reviewed by:

Lee Tipton, M.S., L.P.C.
Dallas, Texas

Don't Panic: Taking Control of Anxiety Attacks

by R. Reid Wilson, Ph.D.

Revised Edition, 1996.
New York: Harper Perennial/
Harper Collins Publisher
365 pages, \$14.00

From the foreword written by Aaron Beck, M.D., to the 19-page index, *Don't Panic: Taking Control of Anxiety Attacks* is interesting, informative, well organized and easy to read. The author, R. Reid Wilson, Ph.D., is internationally recognized for his treatment of panic and anxiety disorders and his expertise and writing skills are evident.

The book seems aimed at the well-educated layperson suffering from anxiety; I think it is also useful as a "quick and easy reference" book for the clinician. Wilson lays out physical causes of what he calls "panic-like" symptoms; I found this redefining to be the first of the many subtleties in Wilson's construction of the way he treats anxiety. He breaks the book into three sections — "Identifying the Problem," "Taking Control of Anxiety Attacks" and "Special Issues." Each chapter within the sections is complete in itself and can be read and understood separately from the other chapters.

His discussion of physical causes and complications of anxiety and panic uses charts and diagrams. He continues this useful format throughout the book. He has an excellent listing of commonly prescribed medications for anxiety and includes not

only what each medication is specifically targeted to, but side effects and disadvantages.

There are specific physical exercises for calming and relaxation, including breathing, imagery and meditation. To address the difficulties of both emotionally and cognitively dealing with anxiety and panic attacks, "we must first make the complex simple" (p. 195). He does just that. Finding a "supportive observer" or filter, is described in detail and then contrasted with a "negative observer." He spends a chapter illustrating his use of paradox, explaining it well and making a complex notion easy to understand. The last chapter is devoted to the common fear of flying. Wilson uses cognitive and behavioral exercises to build a program that almost any person could follow.

Don't Panic is an excellent balance of facts and figures, reasons and beliefs, physical exercises and exercises in thinking differently. Wilson uses interesting case examples to illustrate his points and, perhaps, to hold the reader's interest even more tightly.

The back of the book advertises that this is a "remarkably effective self-help program for overcoming panic and coping with anxious fears." I would have liked to have seen statistics, however, on clients' long-term success rates in managing their panic and anxiety disorders, using Wilson's methods. However, that is a personal bias. This is an excellent and useful book for both clinicians and selected clients.

Reviewed by:

Alan Fink, M.S., L.P.C.
Dallas, Texas

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BOOK REVIEW

Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols, and Procedures

by Francine Shapiro, Ph.D.
New York: The Guilford Press, 1995
ISBN 0-89862-960-8

Eye Movement Desensitization and Reprocessing describes the clinical method of applying alternating sensory stimulation such as eye movements, hand taps, lights, and sound cues, while holding disturbing images, thoughts, feelings, or body sensations in mind. Francine Shapiro

believes that each set of eye movements biologically activates disturbing information isolated in neural memory networks. The information, after moving along appropriate neurophysiological pathways, is then linked to more general networks. This processing causes an accelerated adaptive resolution of the previously stored disturbing information.

Shapiro defines Eye Movement Desensitization and Reprocessing (EMDR) as a form of psychotherapy that has a complex methodology different from traditional approaches. For instance, after inquiring about changes in previously described targets of disturbing information, the therapist moves quickly to the next eye movement set without exploring the client's verbal response. Prior to beginning this intervention she rec-

ommends gaining rapport with the client, and assessing vulnerability and safety. She describes eight phases of EMDR treatment using a tight cause and effect analysis of concrete, sequential, and results-oriented procedures. Further, she provides information on working with abreactions and blocks, the cognitive interweave strategy of adaptive words and metaphors for challenging clients, selected populations, and a summary of theoretical concepts and EMDR research.

Although Shapiro says that EMDR is not hypnosis, Milton Erickson made use of alterations in the locus of sound origin (Erickson, 1973) in his work. In 1964 (Haley, 1973) Erickson described the development of horizontal nystagmus (rapid alternating eye movements) using confusing dialogue about spatial orientation. This was followed by improvements in social and emotion-

al behavior.

For visual learners, this book is a welcome complement to the primarily verbal and experiential EMDR training workshops. Shapiro, also trained as a literary critic, has included 18 pages of references and four helpful appendices to round out this well-written book.

References:

Erickson, M. H. (1973). A field investigation by hypnosis of sound loci importance in human behavior. *The American Journal of Clinical Hypnosis*, 16, 147-164.

Haley, J. (1967). *Advanced techniques of hypnosis and therapy*. New York: Grune & Stratton. pp. 130-157.

Reviewed by:

Lawrence F. Berley, M.D.
Hingham, Mass.

BOOK REVIEW

The Couple Who Became Each Other

by David Calof & Robin Simons
New York: Bantam Books, 1996
Hardcover, 354 pages, \$22.95

Calof spins spellbinding stories of the wisdom of the unconscious and, residing within its domain, man's capacity for self-healing in *The Couple Who Became Each Other*. He describes unconscious wisdom as "a gift we've all been given" (p. 14) and explains that "answer(s) lie within the realm of the unconscious, the astounding creative resource that we all have inside. It is the source of our dreams and daydreams, of our hunches and inspirations, of the high performance 'flow' that sometimes guides our thoughts and actions. It is the repository of all our lived experiences, even that which we don't remember. It is the foundry of our anxieties, of the defenses we erect to counteract them, and ultimately the solutions we craft to resolve them" (pp. 5-6).

Calof credits his mentor, Milton Erickson, for this view of the unconscious and the hypnotic nature of communication. To the latter he ascribes the basic tenets of his hypnotherapeutic practice. The articulation of his clients' predicaments and their progress in treatment reflect a respect for, and adherence to, the wisdom of the unconscious. He seeks to understand the symbolic meaning of

symptomatology, and the "irrational" means and metaphors by which the unconscious communicates its inherent motivation and capacity for health.

The interaction between Calof and his clients suggests a less directive method of intervention than he attributes to Erickson. In describing his relationship with clients he states, "Men and women who had endured great trauma didn't need to be changed: Their pasts were scarred with people trying to change them. Instead they needed to be accepted; they needed to learn that it was possible to relate to another human being in an intimate and trusting way" (p. 12). This philosophy also is reflected in his approach to working with dissociated and often conflicting facets of the client's unconscious. By facilitating a dialogue between these seemingly disparate parts, he affirms the intent of each to protect the client and elicits their respective support in a collaborative effort toward wholeness. Frequently, he allows the client's unconscious to guide both the pace and direction of the therapeutic process.

Calof traces the origins of his therapeutic approach to strategic therapy. This orientation, he states, contains the occurrence of hypnosis between the receptivity of the client and the suggestions of the therapist. In his book, he expands his perspective to a belief that, "the properties of family interaction are essentially hyp-

notic, that families pass along thoughts, behaviors, values, and attitudes up and down the generations, through a process that differs little from what happens between hypnotherapist and client" (p. 11). His clients' stories bring testimony and life to this broader notion. Calof illuminates the intricate web of hypnotic interactions within the extended family network, and professes a growing predilection toward the application of family systems therapy.

As eloquently as he reveals the constraints that bind the client to his/her symptoms, he artfully enjoins the reader in fascinating journeys of hope, healing and the unbounded

potentials of that which is greater than we yet know.

In the prologue, Calof refers to Erickson's admonishment for practicing hypnotherapy without proper credentials. This work certainly attests to an ability far beyond his formal education. It is with the same hope he graciously offers others that he is encouraged to further cultivate the fertile resources of his unconscious, and climb the "mountain of academia." This lack of a graduate degree will undoubtedly limit the exposure this fine work deserves.

Reviewed by:

Cheryl Wallace
Dallas, Texas

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VIDEOTAPE REVIEW

Family Hypnotic Induction

by Camillo Lorio, M.D.

From the 1996 Brief Therapy Conference, San Francisco, Calif.

Tape No. J241-D8-V8 - \$75.00
Order through The Milton H. Erickson Foundation, Inc.

In "Family Hypnotic Induction," Camillo Lorio, M.D., expressed his intent to show the audience how to use direct hypnosis with a family. His procedure is simply to ask a family if they are willing to undergo hypnosis and then, to just do it rather than using subtle or indirect means to achieve a trance. He believes the direct procedure is more efficient and shorter, therefore, he suggests, don't try to hide it, just ask permission to do it.

He went on to explain to the audience that while in the hypnotic state, the family will have less and/or slower negative interactions because they will find themselves not only being physically together, but also thinking together. And, while under hypnosis together, the interrelationships within the family will change. They will feel more "together," acting more in synchrony rather than as separate, negative entities. After the trance, they will be more sensitive to the therapist and more inwardly directed. Of course, the intent is that the changes continue after they have left the therapist's office.

Lorio used volunteers from the audience to playact a family consisting of a mother, a father, two teens and one preteen. He explained to them, and to the audience, that he would not give them advance input or preparation in order to get a real and spontaneous change. Thus, he said, he didn't know what would happen. The family might or might not comply with the induction, they might or might not be hypnotized.

He had the "family" introduce themselves and had each describe the family problem as he/she saw it. He pointed out to the audience some of the relevant relationships he saw on stage in terms of who sat where. He also commented on the "attributes" of the family, then asked their permission to do hypnosis. When this was given, he proceeded.

He did a short formal induction and talked to the family while they were in a trance for about ten minutes. He told the members of the family such things as it appeared they had

been "asleep" and the purpose of the hypnotic procedure was to "awaken" them. He pointed out that each of them might find that when they were awake, they might find it to be in a "different" way.

After the short period allowed,

he awakened them and got feedback from each member. All offered positive comments.

Considering the shortness of time available to Lorio, he did well in accomplishing his goals. He explained and presented his procedure of direct hypnotherapy with families

and received their feedback. The technique he showed in this video, "Family Hypnotic Induction," was interesting and holds promise for helping families in brief therapy.

Reviewed by:
Jerry Weiss, Ph.D.
Dallas, Texas

VIDEOTAPE REVIEW

Memory Suggestion and Abuse: An Interview with Michael D. Yapko, Ph.D.

Thinking Allowed Productions
5966 Zinn Dr.
Oakland, CA 94611
60 minutes

On this videotape, one of a series shown on National Public Television, Michael Yapko, Ph.D., a clinical psychologist in private practice in San Diego and the Director of the Milton H. Erickson Institute of San Diego, was interviewed by Jeffrey Mishlove, Ph.D. Their discussion is divided into two thirty-minute segments on this one tape.

The topic of memory suggestion and abuse is certainly one of increasing concern in the therapeutic community. Mishlove and Yapko discuss what it is we really know about memory, suggestibility, and the suggestibility of memory. Yapko tells us memory is reconstructive and not reproductive, as most once thought. Our memories are affected by a variety of sources and can come from a variety of sources. There are many factors, he says, that will affect the quality and quantity of a person's memory. He cites Freud as being one of the first to study what affects a person's memory. Some of what Freud concluded has been borne out through further studies, he adds, but some information has become obsolete and detrimental in our work with clients in sorting out memory versus fantasy.

As clinicians, it is our responsibility to create a safe atmosphere when people come forward with reports of abuse so they can be believed, but, at the same time, to create a setting that does not suggest abuse based only on presented symptoms. The ways of measuring accuracy of memory are limited, and, as Yapko emphasizes, the only way to confirm accuracy is by external evidence. He makes a distinction between patients who come in and know they were abused and those who come in and have

the "symptoms" of an abused person. He emphasizes it is important that we, as clinicians, do not go into a session with the framework that everything is a symptom of abuse. He regards the numerous checklists and profiles of symptoms for abused people as so vague and unmeasurable that we must find other means to validate memories.

Although repression of memories is real, little is known about the mechanics of how this happens. One of the things so confounding about hypnosis and memory retrieval is that memories, whether actual or created, can occur with all the dramatic details of an actual event. Drama and detail do not necessarily equal accuracy or validity. This puts therapists in a real dilemma — how can I validate a client without knowing what the truth is?

Mishlove suggests that therapists

would do well to cultivate tolerance for the ambiguity of the situation, to realize that it is acceptable to say "I don't know" to the client and to accept that situations do not necessarily have to be clearly defined in order for recovery to occur.

The second half of the interview discusses how a clinician may covertly and even unknowingly suggest abuse to a client. Yapko says that if the therapist even suggests the possibility of the client being abused, based on symptomatology alone, a seed is planted. The client is in a nontherapeutic double bind. If the clinician's summation about abuse is not accepted, the client is "in denial." If the suggestion or diagnosis is accepted, the client suffered abuse. The important thing for the clinician to remember, Yapko says, is that client's memories precede and then affect mem-

continued on last page

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BOOK REVIEW

Making Peace with Chronic Pain: A Whole Life Strategy

by Marlene E. Hunter, M.D.

New York: Brunner/Mazel, 1996
174 pages inc. bibliography & index
\$18.95 paper

Marlene Hunter, a Canadian family physician, possessed of a well-earned reputation for her creative and effective approaches to assisting patients in coping with pain, reaches out directly to the lay audience in *Making Peace with Chronic Pain*. Her latest book presents readily understandable material in a manner well-calculated to be useful both to those who suffer from chronic pain and to those who desire to help such sufferers.

Hunter wastes no time establishing the concreteness that is the hallmark of the book. The second paragraph of the preface reveals that she "had wanted to call this book 'The Choreography of Pain and How to Change the Dance' as this title seemed to capture what people who suffer from chronic pain go through — their lives become choreographed around that pain."

Hunter fulfills the implicit promise of that statement throughout the book by developing the idea of the dance and choreography as a structural device as well as a metaphor. Upon that framework she hangs a practical orientation for responding proactively to the internal and external environments of pain.

Lest anyone doubt her ideas, Hunter includes a closing chapter on recent research wherein she summarizes and briefly comments on 21 publications in the field. These overviews provide a broad sense of support and offer insight into current literature that is meaningful yet too sophisticated for lay persons.

Ronald Melzak's paper on the concept of a neuro-matrix is such a work. Melzick's new concept of a neural basis for sensation which includes both hereditary and environmental input is consonant with, and even fundamental to, Hunter's own approach.

I found Hunter's ability to develop an easily understood mechanical vocabulary for a condition of great subtlety to be the most useful contri-

bution of the book. She refers on several occasions to the dissociative aspects of chronic pain. Potential for tragedy in those who suffer this affliction originates primarily not so much in the pain itself as in the fact that it literally controls their lives to the extent that real communication with others virtually ends. Within the constellation of reasons for that lack of communication, one is the absence of a mutually understood working vocabulary. Hunter provides that. Not by accident will her readers find their imaginations freed to work effectively in their own behalf.

Notwithstanding that, the book may well be greeted by many specialists with some disappointment for two reasons. Some professionals may find patronizing, her use of devices adapted from disposable workbooks at the secondary level, pages for "pertinent points" and "worksheets" at the end of each chapter. Other readers may find in these devices, the very lifeline needed to stay with an otherwise overwhelming subject.

Second, the single most important analogy in the book, that of the dance, works extremely well once it has been explored through eight chapters of text, complete with well-chosen case studies. Mastery of the metaphor, however, is occasionally in doubt during the earlier chapters, when the explanatory materials sometimes threaten to overwhelm the student rather than illuminate the mystery.

Overall, I found this to be an excellent resource for nonspecialists. Besides its valuable analogy of the dance, it offers those who suffer chronic pain the real possibility of recovering a measure of control over their lives. That it does without either the false promise of a "cure" or an impossibly over-simplified analysis is greatly to its credit. Finally, that it works for both clinicians and sufferers of chronic pain suggests the possibilities open to specialists patient enough to place their faith in average men and women as well as professionals. May there be more such books in the future.

Reviewed by:

John P. Coates, M.A.
Richmond, Virginia

AUDIOTAPE REVIEW

The Brief, Brief Therapy of Milton Erickson

Keynote address by Jay Haley, M.A.

From the 1996 Brief Therapy Conference, San Francisco, Calif.

Tape No. J241-K2 - \$10.50
Order through The Milton H. Erickson Foundation, Inc.

In auditioning this tape, I had expected to hear a classic Jay Haley keynote speech on Milton Erickson. This address turned out to be even more than I had anticipated.

Part of Jay Haley's genius lies in his ability to identify complex patterns and then to reduce these complexities to teachable concepts. Thereby, the opaque becomes intuitively obvious. In this tape, Haley moves beyond the traditional keynote speech to demonstrate his genius by transforming this unique and comprehensive conference into a Batesonian metalog of the Ericksonian process.

The conference itself becomes an example of that which he feels distinguishes Ericksonian brief therapy from traditional long-term therapies. For example, in the same way that Dr. Erickson created a unique therapy model for each of his clients, Haley presents the conference's dozens of therapy models as a living example of brief therapy's ability to provide a multitude of models and still be true to the Ericksonian concept of responsive and ethical therapy.

As a content framework of his address, Haley presents the seven basic concepts that are required to do Ericksonian brief therapy which distinguish Ericksonian brief therapy from just doing less therapy: courage, energy, ingenuity, the ability to give directives skillfully, taking a positive view and expectation of change, the ability to plan a strategy for a case, and to be trusted by the client. Above all, Haley feels one must think in terms of the real world and common sense.

continued on last page

"The primary purpose of therapy is to help the patient discover his unconscious potential" Milton Erickson (1977)

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Brian Alman, Ph.D.

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He emanates personal warmth, humor, gentleness, compassion and positive support. This aids in creating movement with more ease toward listening and learning with an open mind, heart and body on multi-conscious and unconscious levels. Since earning his Ph.D. in psychology from the California School of Professional Psychology in 1979, Dr. Alman has become an internationally known author, clinician, healer, trainer and researcher working with numerous disciplines. He is a leading expert in the field of addictions and dependencies. His private practice is focused on the application of self-change for addiction recoveries, self-esteem, pain control and a wide range of personal goals.

He has taught at Harvard Medical School, the University of Paris, and many others. His series of videos, *Six Steps to Freedom*, is being aired nationally. He is a clinical instructor for the Milton H. Erickson Foundation, the American Society of Clinical Hypnosis, the International Society for the Investigation of Stress and others. He is currently involved in research with the National Institute of Health.

"Self-Respect is the most important thing" Milton Erickson (1975)

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AUDIOTAPE REVIEW

I'm Working Harder Than They Are

by Michele Weiner-Davis, C.S.W.

From the 1996 Brief Therapy Conference, San Francisco, Calif.

Tape No. J241-W66AB - \$21.00
Order through The Milton H. Erickson Foundation, Inc.

In "I'm Working Harder Than They Are," Michele Weiner-Davis begins by asking participants what made them come to her workshop. Predictably, the answers vary from those who couldn't make it into the sports workshop and those who came out of sheer curiosity, but most came because they have read her books and wanted to know more about her work.

She next asks the audience what the phrase "I'm working harder than they are" meant to them. There is another series of exchanges with Weiner-Davis fielding some of the questions and remarks with jolly good humor.

Using the MRI model as a reference, Weiner-Davis explained her ideas about why people get "stuck." People do more of the same and it is their very "solution" which creates the problem. She therefore recommends asking clients at the first session, "What have you done to try and solve your problem?" She presented some cases exemplifying "more of the same" which leads into vicious circles in which everything remains the same in spite of attempts to change.

At another point in the session, she makes reference to an interesting statistic — results of successful therapies are due only 15% to technique. The rest of the success is due to extra-therapeutic factors, such as the strengths and resources of clients, and the social network to which they belong. For this reason, Weiner-Davis recommends the audience not to "fall in love" with techniques. When one technique, or several techniques, do not work, do something different. If something new is introduced, then something must happen.

According to Weiner-Davis, there are two ways to fail: to continue doing what does not work, and not trying to change after undesirable responses occur. A good piece of advice can be derived from the above: "Next time you are about to do the same thing, stop, do something different, and observe the results."

When "getting stuck" with a client, do something different, even though it may appear, at first glance, to be unexpected, or illogical. She said, at one point, that when she gets stuck working with a couple, she starts seeing them individually and not together. She even deems it to be unethical to continue seeing a couple together when they have diametrically opposing points of view and atti-

tudes, arguing that there is a risk of polarizing them even more. She recommends working with them on an individual basis, with the peripheral vision on keeping them together when possible.

Weiner-Davis includes numerous other points such as the importance of homework. Her definition of resistance is based on the clients' feeling their problems have not had sufficient attention attached to them.

"I'm Working Harder Than They

Are" is an enjoyable tape which is useful to therapists who are working within the confines of brief therapy. Weiner-Davis does an excellent job delivering her approaches in clear and understandable terms. Her workshop illustrates metaphorically her message — focus on the solution of the problem.

Reviewed by:

Psic. Vicente Martínez Valdes
Puebla, Mexico

TOPIC REVIEW

Aspects of Language

Tape No. MG264-20AB - \$21.00

Fishbowl Feedback and Goal-Directed Metaphors

Tape No. MG264-24AB - \$21.00

Audiotapes by Carol Lankton, M.A.
Order through The Milton H. Erickson Foundation, Inc.

Although not apparent from the titles, it is clear after listening to these four tapes, that they were part of a longer program in which Carol Lankton was one of the principal presenters. The tapes were from "Tracking Ericksonian Methods" at the Sixth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy held in December 1994. Stephen Lankton, M.S.W., and William Matthews, Ph.D., also made comments and contributions throughout these two sets of audiotapes. Carol Lankton presents with a fluid verbal style and is exceptionally skilled in her precise word usage. She is explicit in her differentiation between such concepts as open-ended suggestions and permissive suggestions.

"Aspects of Language" apparently occurred somewhat earlier in the program, and is a lecture format. "Fishbowl Feedback" is, in contrast, a far more complex presentation that includes exercises and a triple induction. The former may be more suitable for the introductory level listeners, but dollar for dollar, the "Fishbowl Feedback" audiotape set contains much more information and opportunity for personal growth by the listener.

"Aspects of Language" introduces the following: basic concepts of the use of language; the effects of hypnotic trance on language process-

ing; and the importance of learning to use language that is appropriate for the client. It also facilitates the integration of metaphors and suggestions into the client's own worldview. Lankton makes her points in an informal, yet polished way that suggests years of experience and ongoing refinement of her own skills. She is an excellent role model of the skills she describes. Stephen Lankton also contributes substantially to this audiotape set. He gives some useful instructions for metaphor development and the utility of metaphors within therapeutic processes. Using a volunteer subject, Stephen Lankton provides an adroit demonstration of manipulation of verb tenses and the consequences on perceptions of problems and problem resolution. This example provides a powerful illustration of the utility of relatively simple changes in tactics.

"Fishbowl Feedback" likewise contains lecture segments and case examples, but the emphasis of this audiotape set is on developing the skills of the therapist. Lankton, Lankton and Matthews demonstrate how triple-level metaphors can be engaged to facilitate unconscious processing of problem resolution. After some material on separating a problem into behaviors and attitudes, specific outcome goals were identified for each of these aspects. A metaphor was derived to elicit unconscious processing for each of the component parts of problem resolution. Carol Lankton then gave examples of the use of multiple-embedded metaphors and strategies for integrating this process in a therapeutic session.

The process of weaving differing metaphors into a single session was demonstrated by having Lankton, Lankton and Matthews each follow one strand, and create his/her own metaphor.

A demonstration subject was

selected from the audience, and after a brief consultation and recess, the three therapists began a triple induction with separate metaphors. The disparate directions were emphasized by the differing voices and styles of the three. Matthews contributed an element of "do-ability." The Lanktons obviously have worked together frequently over a period of time, and their work blends gracefully together including in word usage, tone and cadence. Matthews has a strong New England accent and has a style that is different from the Lanktons'. It was a pleasure to hear how such different elements came together to create a trance experience and opportunity for problem resolution.

These audiotapes provide valuable and interesting tools in a framework that is very useful. A weakness includes the reference to written handouts not provided with the audiotapes. Fortunately, Carol Lankton was so precise in her instructions that the listener could follow and understand.

The two sets of tapes build a framework and context for developing personal skills, the use of hypnosis and the use of multiple-embedded metaphors. A beginning clinician may need both sets to derive full benefits, while a seasoned therapist familiar with Lankton's strategies will most delight in the experiential aspects of "Fishbowl Feedback." Each set contains gems of wisdom and useful information that make them well worth listening to repeatedly. Overall, I compliment Carol Lankton on her exceptional language skills, and I compliment the three presenters on their cooperative presentation of truly valuable material.

Reviewed by:

Rick Pipkin, Ph.D.
Dallas, Texas

TOPIC REVIEW VIDEOTAPES

Wither Family Therapy: A Jay Haley Version

1997, 50 minutes
Triangle Productions
(619) 454-6254

Dance and Trance of Balinese Children

1995, 45 minutes
Triangle Productions
(619) 454-6254

Videotapes by Madeleine Richeport-Haley, Ph.D., & Jay Haley, M.A.

These two films illustrate an interesting, though not unexpected, development in the career of one of the founders of family therapy. Jay Haley, M.A., and his wife Madeleine Richeport-Haley, Ph.D., each have long-standing interests in filmmaking and videotaping. Together they bring a wealth of resources and cooperative effort to produce important video documentation of some of the elements that contribute to what therapy has become today.

Richeport-Haley is from an anthropological background and adheres to documentary rather than interpretative perspective. The two videos, seemingly disparate in topics, actually demonstrate in a similar way that threads of influence coalesce into cogent ideas.

As with many documentaries, some footage is clearer than others, and some transitions are smoother than others. The sensation of watching old film may be jarring to some, but it does reinforce the historical context. The "older" audiences may even fondly recall days when that type of media coverage was considered state-of-the-art.

"Wither Family Therapy: A Jay Haley Version" looks at the larger context of where seminal ideas and influences originated. It made its debut at the Brief Therapy Conference in San Francisco. Completed barely in time for a last minute add-on to the conference, the first showing was an event of its own: Approximately 1000 attendees rearranged lunch plans to attend the premier of this video.

Based on 40 years of conversations, seminars, lectures and teaching, the film contains a composite of old

footage. Gregory Bateson, Don Jackson, John Weakland and Milton Erickson are a few of the individuals shown. Haley appears at various stages of his professional career and gracefully "ages" as the film progresses. He discusses the influence that various luminaries had on his own thinking, including Murray Bowen, Virginia Satir and Salvador Minuchin.

"Wither Family Therapy" allows viewers to witness the development of ideas over decades, and understand their fit within the larger scope of family therapy as it is today. Various threads of influence are traced, providing a developmental continuity. Gregory Bateson's work in New Guinea and Bali, and later in Menlo Park, including his renowned communication project which gave birth to the double bind theory is one example of the manner in which the film portrays the factors which have contributed to contemporary family therapy.

Haley presents a synthesis of the directive therapy approach and illustrates family therapy with cases. Emphasis is on therapy oriented to helping families pass through stages in the natural family life cycle.

The second video, "Dance and Trance of Balinese Children," is a documentary which illustrates the manner in which trance induction is integrated culturally into the dance ceremonies of the Balinese. It tracks the trance induction through dance both in native Bali and through Balinese families in the United States, and includes old footage taken by Margaret Mead.

"Dance and Trance" demonstrates the degree to which hypnotic readiness and responsiveness is a culturally learned phenomena. Moreover, it creates questions as to how our own culture contributes to these phenomena. It is interesting to see from a cultural point of view, as well as from a therapeutic point of view, how cultural perspectives contribute to life experiences and expectations. This video is particularly good for therapists who are deeply interested in the hypnotic trance process.

Overall, both "Wither Family Therapy" and "Dance and Trance" provide excellent opportunities to witness creative discovery from an historical context expressed in a manner relevant to today's environment

and perceptions. Each makes excellent resource material for graduate students or practitioners who are interested in the historical development of ideas.

I highly recommend "Wither Family Therapy: A Jay Haley Perspective" to all professionals wishing to gain a deeper insight into the context of the ideas that constitute family therapy. "Dance and Trance of

Interview *continued*

Alto. Don Jackson, Jay Haley, Paul Watzlawick, John Weakland, Dick Fisch, and Virginia Satir were all there. As an English literature major with no interest in psychology, I was astounded by this group's ideas.

Dan Short (DS): *How does an English literature major become involved with MRI?*

LH: By editing. People in psychology generally can't write. I was asked by Jackson to help edit Satir's *Conjoint Family Therapy*. Then Haley asked me to do a project with him, a set of interviews with five pioneering family therapists. The book was not a success, but it was a glorious introduction to the field.

DS: *I have read this book. It has a wonderful interview with Virginia Satir.*

LH: When Jay and I were planning the book, I assumed we would include Virginia, but he said, "No." He had written an article that he thought might have upset Virginia. So I played Cupid. I went to Virginia and said, "Jay and I want you to do this book with us because we think you're an important pioneer," and after minimal persuasion she agreed.

DS: *Which other writers have you assisted?*

LH: I've collaborated directly with Dick Auerswald, Harry Aponte, Luigi Boscolo and Gianfranco Cecchin, and I have edited or advised on works by Tom Anderson, Mony Elkaim and many others. I suggested to Sal Minuchin that he should call his approach "structural." "Systemic" was my name for the Milan approach. You could say that I was a historian that influenced the future. But this could be a case of the tail telling about wagging the dog.

DS: *In a book about his mother, Matteo Selvini comments on the significance of your visit to Milan.*

LH: A number of us were pilgrims to Milan in the early '80s, and this is

Balinese Children" will be valuable to professionals so they can gain a more complete understanding of the cultural context of hypnotic trance. Each video gives a unique, interesting and educational view of history.

Reviewed by:

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

what sparked off a Milan teams phenomenon. Boscolo and Cecchin had started a training institute and groups of teams began to meet with them in the U.S. and various countries abroad. Norwegian psychiatrist Tom Anderson called these meetings "The Exchanges," and out of them came some brilliant spin-offs. Anderson came up with the reflecting team; Karl Tomm developed forms of reflexive questioning. In England, Ros Draper, David Campbell, Peter Lang and Martin Little refined systemic management consulting. And an Irish group, Nollaig Byrne, Imelda McCarthy and Philip Kearney, highlighted the cultural and political context.

Michael White, another team's person, was one of the first to move to a postmodern framework. His narrative approach is already the center of its own movement. Harry Goolishian and Harlene Anderson, while not Milan followers, came in and contributed their own version of a postmodern stance which they called a collaborative language systems approach. In some ways, theirs was the most radical of the new developments.

DS: *What about your own approach, how did it evolve?*

LH: In the beginning, most of us in the family systems camp worked under the dictum that the therapist was responsible for designing therapy. Families were likened to pieces on a chess board. They didn't understand the rules for the game they were playing, whereas the therapist did. That view created an explicit hierarchy of knowledge and expertise. Models that set up the therapist as a change-agent began to proliferate. In the mid '80s I began to distance myself from the instrumentalism of this point of view and to explore what I called a "different voice."

DS: *Where did that idea come from?*

LH: I got it from Carol Gilligan. She used the phrase to talk about women

continued next page

Interview continued

having a different moral framework than men, one having more to do with relational values than with principles of right and wrong. I also thought this voice had to do with an oral tradition. Our professional understandings are based on an Anglo-European tradition of literacy, which has excluded not only women but many other cultures and groups. So I wanted to put in a voice based on a more oral style of address.

DS: *Are there any leaders in the field you have seen use such a voice?*

LH: Virginia had a language of embracement. Even if people were doing something destructive to themselves or others, she had the idea that this was not all that there was to them. Most therapeutic approaches are like an egg slicer; only a thin slice comes through the office door. Virginia was a genius at seeing the whole egg.

Carl Whitaker especially valued those moments which he described as beyond strategy, when he was not controlling what he was doing. He talked of them in terms of pole vaulting; they were like the moment when you go over the top. In this sense, he foreshadowed the not-knowing position of Goolishian and Anderson.

A huge industry has formed around codifying the work of Erickson, but I think he has eluded all attempts to turn him into a strategic therapist. From my point of view, he could easily go in the different voice camp. He was another person who simply refused to reduce things to pathology. With him, everything turned into hopeful stories.

DS: *How have these innovators influenced the way you work?*

LH: In retrospect, they have influenced me to question the concept of models. We need to know the history of the approaches that have evolved in our field because they furnish us with a context. And we need techniques as training wheels. But when I teach, I now think in terms of the "Biggest Hits of Family Therapy." I think that the idea of models has been counterproductive because they limit one to what MIT consultant Donald Schoen calls the "technical-rational" framework. They keep one from seeing outside the nine dots. Schoen says in professions like medicine or engineering this view has worked very well. But in the case of soft sciences like religion or therapy he suggests using a "reflection-in-action" frame-

work. He recommends going from practice to theory instead of the other way round. I like the idea of basing a therapy framework on a study of practice.

DS: *Why couldn't such a framework also be called a model?*

LH: Because it evades the Western science paradigm. A model sets one up to try to change an objectively perceived unit outside of oneself, like a behavior or person or family. This may not be a useful idea and I think we could make a gestalt shift here. In my view, we should be trying to influence what I call the "community of perception," the cloud of participants that swarm about a problem situation like gnats. Good therapists generally try to influence that cloud in an affirming direction. But they have to do so as one of the gnats.

DS: *You have written about the influence on your work of social construction theory. Would you expand on that?*

LH: Yes. This is a fascinating idea that recontextualizes the Western science world view. Maybe it shouldn't even be called a theory; it's more like a shelf. Anyway, it gave me a place from which to see the limitations of Western science. Nelson Goodman says that "worldmaking," the creation of communities through language, is the proper pursuit of humankind. The field of mental health is one of the more detrimental worlds that communities of Western scientists have made. I think that therapy involves deconstructing that particular world and at the same time reconstructing, at the local level at least, one that everybody involved experiences as more comfortable. That's always an ad hoc process and a collaborative one. It can't work if you're standing outside it. And it often doesn't work if you are looking for pathology or what's wrong.

DS: *If you do not think in terms of pathology or dysfunctional behavior, then what do you work toward?*

LH: I have asked myself that question. I got some inspiration from Christopher Alexander, an architect who points out that most building through the ages has been done without blueprints. You could say that I have been looking for a family therapy — or relationship therapy, as I think it should be called — without blueprints. Alexander also confronts the question of criteria. In *The Timeless Way of Building* he

describes the quality of "aliveness." He compares buildings, streets, courtyards that are "dead" with those that we instinctively experience as "alive." I liked that idea. So I say the outcome I am hoping for is that people feel more safe, more free and more alive.

DS: *How do you start therapy?*

LH: In beginning an interview, I deliberately try to submerge myself. I become like a blind man feeling about a room. Or I sit as if I were a big bowl with sides large enough to catch whatever may drop in. If I really connect with people, and they feel safe enough, maybe they will tell me something important or I will guess it.

DS: *Do you talk about your opinions or give clients ideas about how to do things differently?*

LH: Sometimes. But I try to avoid what I call the "Moses Tablets" effect, the impression that what I say comes down from the skies. This is what Michael White means when he recommends "transparency." I might explain to a couple about a "paradoxical intervention," and then tell them how I learned about it. I might ask them how it would go if they were to fight on purpose. But I would never insist they do it.

DS: *How has your different voice affected the way you work?*

LH: I began to put what I called "college words" on one side and concentrate more on "kitchen talk." I wanted to bring therapy to a place where the odds were not so much against you if you were uneducated or poor or an outsider. I really wanted to hear what people experience with us — the credentialled class that they so often have to deal with, not always at their own initiative.

DS: *Are you saying that you try to become the client's equal?*

LH: Well, therapy, like education, is inherently unequal. You can talk about mutual reciprocity systems, as the family therapy people have done, but that glosses over all kinds of hidden injustice. For me, it's not that everyone's power to influence should be the same, but that everybody has a special voice. A child's voice is a child's voice and not an adult's, but that doesn't mean it shouldn't be heard. Good therapists honor these differences.

DS: *Each of the great innovators in therapy seems to have a particular talent that influences their style. Do*

you see yourself as having a special gift or talent?

LH: I am gifted with an ability to seize images. One of the curious results since I decided to submerge myself is a kind of Delphic Oracle effect. I become extra still, like watching for animals in a forest. Then the images begin to well up. I remember saying to a young woman in a consultation, "What you say reminds me of the loneliness of the long distance runner." She said, "Yes, I run in the Marathon." Later I alluded to the image of "blind justice," and she said, "I am a Libra." I use these images to communicate. Then I wait for a confirmation. My colleague Mary Olson once said that social construction theory has no theory of suffering. I think that has been true of family systems theories in general. So one of my hopes is to confirm whatever people are experiencing.

DS: *Are you saying that you are guided by intuition?*

LH: It isn't intuition, if you mean some kind of personal trait. It's something we do together. I imagine this little channel developing between us. First it is a trickle, then it gets wider, finally the flow starts to go back and forth. I will receive and she receives, within an exchange that eventually tells us that we are on track. The synchrony takes a while to develop. It's slow, it's boring, the voices get low. Some people would say, "Oh, that's just Hoffman putting someone in a trance." But I think I put myself in a trance.

DS: *Do you have any comments on research?*

LH: With managed care such a reality now, outcomes become very important. I think that's fine. It's about time we asked, "Are we doing any good?" and if we can't find any objective research answers, be happy with subjective ones. I am also fascinated by the new studies in molecular biology and the "emotional brain." However, these don't bring the field of psychotherapy any closer to being a branch of medical science. So, as I said, I am putting models aside. They put frames on our experience and shut too much out. Instead, I want to study what the "fingertip people," the clinicians, actually do when I think they are doing good work. That would be my ideal research.

Brief, Brief *continued*

In listening to this tape, I hear Haley giving the gentle but firm admonitions I heard Dr. Erickson give to all of us who studied under him: Do not let the lure of the fixed sessions, fixed fees and fixed assumptions distract us from what our clients need to continue in the life cycle. A significant distinction that Haley places on Ericksonian brief therapy is the therapist's need to be flexible beyond the role of the traditional therapist. Timing and availability to do *what* needs to be done, *where* it needs to be done, *when* it needs to be done is essential. Ericksonian brief therapy cannot just be a way of doing a *job*, reduced to a formula and plugged into 50-minute periods in a 9-to-5 day. According to Haley (and Dr. Erickson), it must be a *calling* where the therapist is willing to go the extra mile in the service of the client.

While the title of this keynote address is about Dr. Erickson, the deeper message is about our own identity as brief therapists. In listening to this keynote address, one is left feeling that becoming a brief therapist is more than just learning a set of skills and techniques. It is developing a perspective that places fewer judgments and labels on our clients and demands that one accepts their humanity. For those who attended or will later experience the audio- and videotapes of the conference's workshops and panels, Haley helps us see the now obvious and appreciate the deep acceptance and obligations in the human-to-human

nature of Ericksonian brief psychotherapy.

The deeper richness of the message in "The Brief, Brief Therapy of Milton Erickson" grows with each listening. I highly recommend this tape to anyone who aspires to evolve beyond *doing* brief therapy into *becoming* an Ericksonian brief therapist.

Reviewed by:

Richard Landis, Ph.D.
The Southern California Society for Ericksonian Psychotherapy and Hypnosis
Laguna Niguel, Calif.

Donations

The Milton H. Erickson Foundation, Inc., has received \$1905 in donations since the last issue of *The Newsletter*.

We extend a special thank you to Tracey Alysson, Ph.D., Donald Hand, M.D., and to Bernhard Trenkle, Dipl. Psych.

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Memory *continued*

ory. The clinician, as an authority figure in the client's life, also affects beliefs.

"Memory Suggestion and Abuse" is professional in sound and visual quality. Although the program was recorded in 1988, the information remains relevant and important. This videotape will

challenge clinicians to think about their responsibilities in their work with memory recovery.

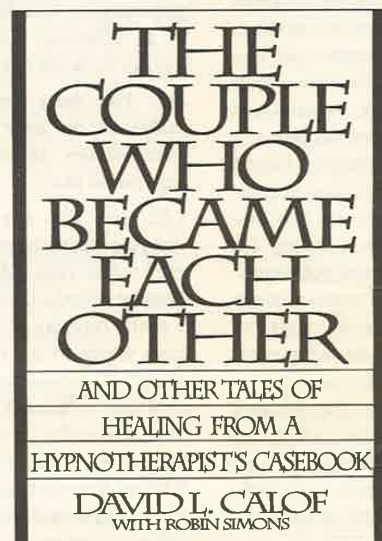
Reviewed by:

Jimmy G. Owen, M.S., L.P.C.
Dallas, Texas

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