



The Milton H. Erickson Foundation NEWSLETTER

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Vol. 18, No. 2

Summer 1998

Couples Therapy Conference: November 1998

The Milton H. Erickson Foundation, Inc., is gearing up for the Foundation's fourth conference on Couples Therapy, entitled *Couples Therapy Conference: Integrating Sexuality & Intimacy*, scheduled for Friday-Sunday, November 6-8, 1998, at the LAX (airport) Westin Hotel, Los Angeles, Calif.

This innovative meeting brings together experts on couples counseling and experts on sex therapy who will address advances in the field. Registrants will have an opportunity to attend the full Couples Therapy Conference, from Friday-Sunday, or

they will be able attend a Saturday all-day workshop on alcohol abuse presented by Claudia Black, Ph.D., and a Sunday all-day workshop on HIV/AIDS presented by Terry Tafoya, Ph.D. Attendees can register for each day, allowing the flexibility to attend part of the Couples Conference and one or two of the all-day workshops.

The conference also consists of three Keynote addresses given by John Gottman, Ph.D., Harriet Lerner,

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This issue is dedicated
to the memory of
Kay Thompson, D.D.S.
See pages 6 and 7.

INTERVIEW

An Interview with Stephen R. Lankton, M.S.W., D.A.H.B.

by Jane Parsons-Fein, C.S.W., B.C.D.,
D.A.H.B.
New York, NY

BACKGROUND:

Stephen Lankton is a therapist in private practice in Pensacola, Florida. He teaches, trains and regularly conducts corporate consultation on Interface Management Science (sm) and Knowledge Engineering. Lankton is the founding editor of The Ericksonian Monographs, having edited 10 issues of the publication.

Lankton is an internationally recognized clinician and trainer known for his role in family therapy, brief therapy, clinical hypnosis and Ericksonian therapy. He has served on the faculty of Erickson Foundation meetings since the first Congress in 1980.

He earned his Master of Social Work from the University of Michigan in Ann Arbor. He has worked in the mental health field in various capacities, including working



**Stephen R. Lankton, M.S.W.,
D.A.H.B.**

with at-risk adolescents.

He has written numerous articles, and is author and co-author of five professional books, including Practical Magic: A Translation of Basic Neuro-Linguistic Programming into Clinical Psychotherapy; The Answer Within: a Clinical Framework of Ericksonian Hypnotherapy; Enchantment and Intervention: Training in Family Therapy; and Tales of Enchantment: An Anthology of Goal-Directed
continued on page 18

CYBER NEWS

Announcing the Erickson 'Listserv'

A new electronic mailing list has been dedicated to the discussion of approaches to psychotherapy and hypnosis inspired by Milton H. Erickson, M.D. This discussion group is sponsored by the Milton H. Erickson Foundation. Membership is open to professionals in health-related fields including physicians, doctoral-level psychologists and dentists who are qualified for membership in, or are members of, their respective professional organizations (e.g., AMA, APA, ADA). It also is open to

professionals with mental health degrees (e.g., MSW, MS, MA, MSN) from accredited institutions. Graduate students in accredited programs in the above fields also are welcome to join. Professors are welcome to share news of the list with their graduate students, as it may be a useful resource.

Jim Keim, M.S.W., is the Erickson List Administrator. To join the list write to LISTSERV@HOME.EASE.LSOFT.COM and, in the text of your message (i.e., not

continued on next page

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EDITOR'S COMMENTS

If you have not already skimmed the contents of this edition of the *Newsletter*, you may still be trying to decide whether to read it now or place it at the top of the stack of important materials to read "someday." Most of the professionals I know have such a stack, and everyday it grows larger. That is why I have prepared a quiz to briefly illustrate what can be gained from reading various articles found in this issue.

1. Who was one of the first to describe the importance of indirect suggestion in hypnosis? The answer is not Milton Erickson. (see *Historical Times*)

2. How is Stephen Lankton using Ericksonian concepts to assist the New York State sales tax division? (see *An Interview with Stephen Lankton*)

3. Under what conditions is it acceptable to demonstrate the use of hypnosis to lay audiences? This is a tricky question, but the answer leaves no room for doubt. (see *Ethics*)

4. Why have some clinical approaches been labeled as Crazy Therapy? (see *Book Review: Crazy Therapies*)

5. According to Watzlawick, what three categories of intervention can be used to alter a client's second order reality? (see *Audiotape Review: Constructivism and its Applicability to Brief Therapy*)

6. What aspect of the MRI



Dan Short

approach to family therapy does Lankton disagree with? (see *An Interview with Stephen Lankton*)

As usual, I enjoyed bringing together the contents of this issue of the *Newsletter*. To discover new information about a topic of great personal interest is sometimes like the discovery of unknown treasure. I hope each issue of the *Newsletter* brings you similar reward.

Editor:
Dan Short, M.S.

Corrections & Clarifications

Vol. 18, No. 1, p. 15: Janine Robert's name should have been followed by Ed.D. rather than Ph.D.

OBITUARY

George A. Sargent, Ph.D.

by Joseph Barber, Ph.D.
Seattle, Washington

George A. Sargent, Ph.D., died February 14, 1998, in the loving arms of his family, at his home, in Del Mar, California. He is survived by his wife of 30 years, Berendien; his children, Martine, Randal and John; his parents, Margaret and George Sargent II, of Bryn Mawr, Pennsylvania; sisters, Betsy Sargent and Carol Sargent; and countless friends and colleagues.

Dr. Sargent graduated from Haverford College in 1964 with a degree in Engineering. His interest in psychology and human relations developed while working as a personnel development supervisor in New York City at AT&T. To pursue his growing interest in psychology, he left New York for San Diego, where, in 1973, he earned his Ph.D. at United States International University. He founded The Family Center, a group private practice in psychology and family therapy, with offices in Vista and Del Mar. Over the next 25 years he became a well-known, highly respected psychotherapist.

His professional career centered on the evaluation and treatment of troubled families and individuals. He came to be relied upon by family courts to facilitate the resolution of custody disputes. He was in demand as a teacher and clinical supervisor by psychotherapists in training at



George A. Sargent, Ph.D.

California State University, San Diego, National University, and the University of California, San Diego. He also was a much-beloved member of the faculty at the internationally-renowned Gestalt Training Center, located in La Jolla. He had a profound influence in his many roles: clinician, teacher, colleague and friend.

At the 1983 Erickson Congress in Phoenix, he presented "Mrs. Piggie Wiggle Meets Milton Erickson," a paper which thereafter identified him as an inventive synthesizer of hypnotic methods and family therapy.

He loved the ocean, where he was an enthusiastic swimmer, diver and kayaker. The world is a lesser place for his loss.

Editor's note: Donations may be made to the George Sargent Memorial Fund, c/o The Family Center, 630 Alta Vista Drive, Ste 206, Vista, CA 92084.

Advertising Rates for Newsletter

The Milton H. Erickson Foundation is accepting ads for the Fall (October) issue of the *Newsletter*. The deadline for submitting ads for the Fall issue is September 1, 1998. Effective with the Summer issue advertising rates and sizes are as follows:

Full Page	9 1/4" x 11 1/4"	\$940
1/2 Page/Vert.	4 1/2" x 11 1/4"	\$550
1/2 Page/Hor.	9 1/4" x 5 1/2"	\$550
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Frequency discounts are available. Advertisers will receive a five percent discount on each ad for placing three consecutive ads. Retroactive discounts are not available.

Ads must be camera ready. Production is available at additional charge. The *Milton H. Erickson Foundation Newsletter* reaches approximately 13,000 readers in the United States and 1,600 outside the U.S.

For more information and a rate card, write The Milton H. Erickson Foundation, 3606 N. 24th St. Phoenix, AZ 85016-6500; fax (602) 956-6196; e-mail: office@erickson-foundation.org, or call (602) 956-6196, ext. 206.

Cyber *continued*

the subject line), write: SUBSCRIBE ERICKSON followed by your name, (e.g., SUBSCRIBE ERICKSON Mary Smith, Ph.D.).

Members of the list can set their mail to Digest. This option allows readers to receive all the individual postings in one e-mail message. The Digest is preceded by a table of contents so that members can quickly scan for items of interest.

Behavior Online

Behavior Online (<http://www.behavior.net/>), with discussions by Jeffrey K. Zeig, Ph.D., Director of The Milton H. Erickson Foundation, Inc., and Stephen Lankton, M.S.W., D.A.H.B., founding editor of *The Erickson Monographs*, continues its ongoing discussions of Ericksonian Therapy. This online program is free and open to all mental health professionals and graduate students.

VISIT OUR WEBSITE:

<http://www.erickson-foundation.org>

Brief Therapy: Lasting Impressions

Plans for the fourth Brief Therapy Conference, entitled *Brief Therapy: Lasting Impressions*, are finished and the stage is set. The conference is scheduled for August 26-30, 1998, at the New York Hilton & Towers, New York, N.Y., and is sponsored by The Milton H. Erickson Foundation, Inc. The conference features world-renowned faculty, most of whom have been instrumental in the growth of Brief Therapy.

Presenters are David Barlow, Laura Brown, Simon Budman, Nicholas Cummings, Steve de Shazer, Albert Ellis, Betty Alice Erickson, Richard Fisch, Stephen Gilligan, Mary Goulding, Lynn Hoffman, Michael Hoyt, Robert Langs, Stephen Lankton, Joseph LoPiccolo, Camillo Loredio, Michael Mahoney, William Matthews, Jr., Leigh McCullough, Monica McGoldrick, Scott Miller, John Norcross, Maureen O'Hara, Peggy Papp, James Prochaska, Ernest Rossi, Michael Yapko and Jeffrey Zeig. Keynote addresses will be presented by Aaron T. Beck, M.D., Helen Fisher, Ph.D., Arnold Lazarus, Ph.D., and Frank Sulloway, Ph.D.

The conference consists of Accepted Papers on Wednesday

evening; Workshops, Invited Addresses, Demonstrations, Supervision Panels, Topical Panels, Dialogues and Conversation Hours each day beginning Thursday, August 27, 1998. It is designed to provide training for attendees from every discipline and on all therapeutic levels: beginning, intermediate and advanced. There are 30 Continuing Education hours available. The conference is expected to draw more than 2,000 professionals and graduate students from around the world.

Registration space is still available. If you are contemplating which conference to attend this year, with a faculty as renowned for their work in brief therapy, and a venue of New York City, this is sure to be the one to attend, organizers said.

Clip the ad found on this page of this issue of the *Newsletter*, and send along with your registration form to save \$50 off current registration fees until July 28, 1998. For more information and a registration form, please contact: The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016-6500; telephone (602) 956-6196; fax, (602) 956-0519; e-mail, mhreg@aol.com; <http://www.erickson-foundation.org>.

Erickson Foundation to Celebrate 20th Anniversary in 1999

The Milton H. Erickson Foundation, Inc., is making plans for its 20th Anniversary Celebration: *A Tribute to Jay Haley*, at *The Seventh International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy*, Wednesday-Sunday, December 8-12, 1999, in Phoenix, Ariz.

The Congress will have three components consisting of an Ericksonian Congress which will celebrate the Foundation's 20th anniversary; a one day tribute to Jay Haley and his contributions to the field; and a multi-faculty fundamental training program in Ericksonian Hypnosis.

"We're excited about the 20th Anniversary of the Foundation, and we are even happier to take this opportunity to acknowledge Jay Haley and his numerous contributions to the field of psychotherapy. This will be the perfect time to express our sincere gratitude to Jay Haley for all of his work, knowledge and experience in Ericksonian psychotherapy," said Jeffrey Zeig, Ph.D., director of the Erickson Foundation.

The Congress is still in the planning stages, and the faculty has not yet been confirmed. More information will be available in future issues of the *Newsletter*.

THE MILTON H. ERICKSON FOUNDATION, INC.

PRESENTS

THE BRIEF THERAPY CONFERENCE BRIEF THERAPY: LASTING IMPRESSIONS

AUGUST 26 - 30, 1998

AT
THE NEW YORK HILTON & TOWERS

DAVID BARLOW
LAURA BROWN
SIMON BUDMAN
NICHOLAS CUMMINGS
STEVE DE SHAZER
ALBERT ELLIS
BETTY ALICE ERICKSON
RICHARD FISCH
STEPHEN GILLIGAN
MARY GOULDING
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KEYNOTES

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UPCOMING TRAINING

DATE	TITLE/ LOCATION/ LEADER	CONTACTS	DATE	TITLE/ LOCATION/ LEADER	CONTACTS
1998			9/10-11	'Phobias & Anxieties' & 'The SELF-Developing Clinician'/Auckland, New Zealand/Zeig	14
6/22-26	Training in Clinical Hypnosis/Nashville, Tenn./ Michael D. Yapko, Ph.D.	1	9/11-12	Hypnosis & Depression/Copenhagen, Denmark/Yapko	15
6/26-28	Basic Hypnosis Workshop/Brasilia, Brazil/ Jeffrey K. Zeig, Ph.D.	2	9/12-13	Hypnosis and the Enhancement of Healing/ Manchester, England/Geary	12
7/3-5	Cognitive Behavioral Therapy Conference/Sao Paulo, Brazil/Invited Faculty	2	9/18-20	Healing the Lifetime Assaults on Our Spirit ... a journey toward wholeness/Taos, N.M./Richard Crowley, Ph.D.	16
7/4-5	Making Each Session Count/Oxford, England/ Herb Lustig, M.D.	3	9/18-20	New Zealand Society of Hypnosis Annual Conference/ Christchurch, New Zealand/Invited Faculty	17
7/9-12	Hypnosis Seminar/Buenos Aires, Argentina/ Invited Faculty	4	9/19-20	Hypnosis & Depression/Paris, France/Yapko	18
7/22-25	Intensive Training Program-Fundamental/Phoenix, Ariz./ Brent Geary, Ph.D., Zeig	5	9/19-20	Hypnosis and the Enhancement of Healing/ Dublin, Ireland/Geary	12
7/27-30	Intensive Training Program-Intermediate/ Phoenix, Ariz./Geary, Zeig	5	10/2-3	1) Essentials of Brief Therapy, 2) Brief Therapy of Depression/Redding, Calif./Yapko	19
7/31-8/2	Intermediate Ericksonian Hypnosis/Porto Alegre, Brazil/Zeig	6	10/7-10	Intensive Training Program-Fundamental/Phoenix, Ariz./ Geary, Zeig	5
8/6	Value-Oriented Couple Therapy: A New Perspective for Working Relationships/Anchorage, Alaska/Geary	7	10/12-15	Intensive Training Program-Intermediate/Phoenix, Ariz./ Geary, Zeig	5
8/7-9	Advanced Hypnotherapy/Rio de Janeiro, Brazil/Zeig	8	10/16	Brief Therapy of Depression/Fort Wayne, Ind./Yapko	20
8/13	Psychotherapist Self-Development/San Francisco, Calif./Zeig (Pre-Conference Workshop; Prior to APA Convention)	9	10/16-17	Habit Control/Santiago, Chile/Zeig	21
8/26-30	Brief Therapy: Lasting Impressions/New York, N.Y./ Invited Faculty	5	10/16-18	Healing the Lifetime Assaults on Our Spirit ... a journey toward wholeness/Taos, N.M./Crowley	15
9/4-5	Hypnosis & Depression/Reykjavik, Iceland/Yapko	10	10/23-24	Treating Depression: 1) Individuals, 2) Families/ Portland, Me./Yapko	22
9/6-7	Utilizing Hypnotic Techniques in Psychotherapy/ La Chaux-de-Fonds, Switzerland/Lustig	11	10/23-25	Ericksonian Hypnotherapy-Basic, Intermediate, Advanced/ Belo Horizonte, Brazil/Zeig	23
9/9	Making Therapy More Effective/Bournemouth, England/ Geary	12	11/5-8	Intermediate Intensive Training in Ericksonian Approaches to Hypnosis and Psychotherapy/Birmingham, England/Geary	12
9/9-14	28th Australian Society of Hypnosis Congress/ Alice Springs, Australia/Invited Faculty	13	11/6-8	Integrating Sexuality and Intimacy Conference/ Los Angeles, Calif./Invited Faculty	5
9/16	ASH Post-Congress Workshop/Ayers Rock Resort, Australia/Zeig	13	11/26-28	3rd European Erickson Congress/Venice, Italy/ Invited Faculty	24
			11/29	Advanced Workshop: The Utilization of Personal Resources in Ericksonian Brief Therapy/Venice, Italy/Camillo Loriedo, M.D., Jay Haley, M.A., Giorgio Nardone, Ph.D., Zeig	25

Contact Information

- Solutions Training Institute, P.O. Box 628, Columbus, IN 47202-0628; tel, 812/377-5074.
- José Carlos Vitor Gomes, Workshopsy Eventos, Caixa Postal 691, 13001-970 - Campinas/SP, Brazil; tel/fax, 55/19-231-9955; e-mail, eventos@correionet.com.br.
- Philip J. Booth, Coordinator, London Society for Ericksonian Psychotherapy and Hypnosis, 18 Yarnells Road, Oxford OX2 0LY, England; tel, 44/1865-721-597; fax, 44/1865-791-836.
- Carmen Milan, M.D., Av. Coronel Diaz 1846 - 8°D, 1425 Buenos Aires, Argentina; tel/fax, 54/1-824-8260; e-mail, cenerick@interactive.com.ar
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- Ricardo Feix, M.D., M.S., Instituto Milton H. Erickson Brasil Sul, Rua Lucas de Oliveira, 2808, Ap 302, CEP 90460.000 Porto Alegre/RS, Brazil; tel/fax, 55/51-332-2919.
- Behavioral Health Systems, 31 West Carson Road, Phoenix, AZ 85041; tel, 602/268-8404; fax, 602/268-5396.
- Jairo Mancilha, M.D., Ph.D., Director, Instituto de Neurolingüística Aplicada, Praia do Botafogo, 96 Sl. 1704, Rio de Janeiro/RJ, Brazil; tel/fax, 55/21-551-1032.
- Ellin Bloch, Ph.D., Div. 29 CE Committee Chair; tel, 818/284-2771 ext. 3009; e-mail, ebloch@mail.cssp.edu.
- Ingolfur Sveinsson, M.D.; tel, 354/568-8160.
- Patrick Noyer, Medecin-Dentiste SSO-SNMD, Societe medicale Suisse D'Hypnose Groupe Romand, Leopold-Robert 73a, 2300 La Chaux-de-Fonds, Switzerland; tel, 41/32-913-08-18; fax, 41/32-926-56-57.
- Integrated Therapies & Trainings, 173 Southway, Guildford, England GU2 6DJ; tel/fax, 44/1483-502-787.
- Barry Evans, Ph.D., 28th Australian Society of Hypnosis Congress, P.O. Box 405, Heidelberg VIC 3084, Australia; tel, 61/3-9243-1159; fax, 61/3-9243-1158; e-mail, bevans@alphalink.com.au.
- Richard G. Whiteside, MSW, 123 Piha Road, Piha, Auckland, New Zealand; tel, 64/9-812-8295; fax, 64/9-837-6657.
- Danish Society of Hypnosis; tel, 45/333-26065.
- Richard Crowley, Ph.D., P.O. Box 596 Ranchos de Taos, NM 87557; tel/fax, 505/758-8716; e-mail, twoeyes@laplaza.org.
- Dr. Howard Livingston, P.O. Box 17-531, Sumner, Christchurch, 8008, New Zealand; tel/fax, 64/3-326-6288; email, livingston.fam@xtra.co.nz.
- French Association of Hypnosis; tel, 33/148-273-075.
- Redding Regional Chapter of CAMFT; tel, 916/224-8263.
- Park Center; tel, 219/481-2700, ext. 2206.
- Dorothy Bowie, M.A., Raul Miserda, M.D., Instituto Milton H. Erickson de Santiago, Chile, Santa Magdalena 75, Oficina 412, Providencia, Santiago, Chile; tel, 56/2-232-3636; fax, 56/2-232-4737.
- Family Institute of Maine; tel, 207/773-6658.
- Dr. José Augusto Mendonça, Dra. Angela Mendonça, Dra. Sofia Bauer, Instituto Milton H. Erickson de Belo Horizonte, Rua Conde Linhares, 837 - Cidade Jardim, CEP 30380-030 Belo Horizonte/MG, Brazil; tel/fax, 55/31-296-5299.
- Camillo Loriedo, M.D., Societa' Italiana Di Ipnosi, Viale Regina Margherita, 37, 00198 Rome, Italy; tel, 39/6-854-2130; fax, 39/6-854-2006.
- Dott. Giorgio Nardone, Centro di Terapia Strategica, Istituto di Ricerca, Training e Attività Clinica, Corso Italia, 236, 52100 Arezzo, Italy; tel, 39/575-35-02-40; fax, 39/575-35-48-53.

ETHICS

Demonstrating Hypnosis

by Peter Bloom, M.D.
Immediate Past President
International Society of Hypnosis (ISH)

A colleague recently wrote asking why there was an ethical prohibition against demonstrations of hypnosis with lay audiences. "It seems reasonable and psychoeducational to not just talk about hypnosis but to give a group an actual idea of what hypnosis entails. So why not?" The following is what I said — reformatted as a brief commentary for the *Newsletter*.

Are there special cases in which it is appropriate to demonstrate hypnosis to a lay audience? The current position of The International Society of Hypnosis (ISH), and all its constituent societies, is that to do so is unethical. These constituent societies include: The American Society of Clinical Hypnosis (ASCH), The Society for Clinical and Experimental Hypnosis (SCEH), and almost 30 others from around the world. Violation of this ethical code is serious and could result in a suspension of membership.

Recently there was a major international case in which these guidelines were successfully reinforced, fortunately preserving the freedom of the individual to teach at ISH meetings. The leadership at ISH is firm about this issue and there is little room for discussion.

I believe that most of the original authors of these guidelines were responding to a few possible scenarios. One possible scenario would be lay hypnotists going to professional meetings, seeing demonstrations, and then using them in their own unlicensed private practices or in their own training programs, such as "this is Dr. So and So's technique," thus claiming a measure of authenticity. More scurrilous would be visits to such professional presentations by members of highly organized lay hypnosis societies. These organizations are already introducing legislation in many states proposing licensure for those who complete their own lay courses, and who may have only a high school education. These visitors could begin to mingle, create collegial relationships with the presenters, and gradually blur the boundaries between those who are trained properly versus those who are not. A slippery slide begins.

What about an audience consisting of concerned parents? On the surface it seems to be a useful addition to the teacher's presentation. But, what if a mother goes home and attempts to use a seemingly "simple" technique with a child who is highly dissociative or deeply disturbed? What if there was a tragic consequence resulting from this experimentation with hypnosis? Who is going to be liable for what happens in this type of situation? If such an event was to be covered by the media, how would that type of publicity affect the reputation of other professionals who use hypnosis? These are a few of the reasons why strict regulations have been developed to protect the knowledge of this professional skill.

I believe that there are others besides the nurse specialist, or those with a Ph.D., who should receive training. I have long been an advocate of those who have an RN learning hypnosis for treating medical inpatients. I teach my clients self-hypnosis, very thoroughly, for their own use. I think that is just fine. It is teaching lay practitioners to use hypnosis on their own patients that causes problems. Teaching must take place within the appropriate context — we should teach clients in our practice, not in an open lecture.

A discussion of ethics is a dirty business in the sense that guidelines and their "enforcers" are charged with ignoring the many honorable people who know about boundary issues and who could act responsibly. What laws are to society, ethics are to professional organizations. Without developing them ourselves, others will legislate what we can and cannot do. I fear that such legislation would allow a weakened lowest denominator to prevail.

Note by Jeffrey K. Zeig, Ph.D.: Ethical guidelines are determined by professional societies. Organizations such as A.M.A., A.P.A. and A.C.A. may regulate clinical demonstrations. Practitioners are enjoined to familiarize themselves with the ethical codes of their respective membership organizations.

The Erickson Foundation is not a membership organization and therefore does not have an ethical code. Even though the code of a professional organization may permit demonstrations of hypnosis to nonprofessionals, for reasons outlined by Dr. Bloom, such demonstrations should be avoided.



The Milton H. Erickson Foundation, Inc. &
The Couples Institute
Present the Fourth

SEXUALITY AND INTIMACY CONFERENCE

November 6 - 8, 1998
(Friday - Sunday)

at the LAX Weston Hotel, Los Angeles

Presenters

ELLYN BADER, PhD JOHN GOTTMAN, PhD
LONNIE BARBACH, PhD JOSEPH LoPICCOLO, PhD
STEPHANIE COVINGTON, PhD DAVID SCHNARCH, PhD
MARION SOLOMON, PhD

With a special Address by HARRIET LERNER, PhD

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with CLAUDIA BLACK, PhD

*All-Day Sunday Workshop on HIV/AIDS
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*These workshops meet requirements for license renewal for
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O B I T U A R Y

Kay Thompson, D.D.S.

By Jeffrey K. Zeig, Ph.D.
Director

The Milton H. Erickson Foundation

Kay Thompson, DDS, died Tuesday, May 26, 1998, at 10:20 PM of adenocarcinoma of unknown primary origin. She was 67. The worlds of hypnosis and dentistry have lost an irreplaceable leader, and a great friend.

I knew Kay for 24 years during which time she was my teacher, advisor, colleague and friend. I first met her in 1974 when she taught at a regional workshop I attended that was sponsored by the American Society of Clinical Hypnosis (ASCH). She intimidated me. She was an imposing figure, so sure of herself and so talented. I already knew Erickson, and knew that Kay was one of his primary students. She and Robert Pearson, M.D., were Erickson's chosen successors in guiding ASCH. She was a political powerhouse in that organization, and one of its most important and popular teachers. During the next few years I attended a number of Kay's presentations at various ASCH meetings. I remember her wisdom and followed her advice. She counseled students to learn fundamentals and attend numerous introductory workshops before promoting themselves to more advanced levels. Little did I know that I would one day share the podium with her at professional meetings.

In the early years of the establishment of the Milton Erickson Foundation, Kay was an invaluable advisor. She had uncanny political instincts. I would present a conundrum to her, and she would respond immediately with an astute analysis and sage advice. I strove to emulate her ability to summarize positions and foresee how parties would react. Kay had an awe-inspiring ability in this regard. Her predictions were unerring, her analyses of people were tempered and discerning.

She took interest in my personal development, concerned herself with my stresses. Seeing me overwhelmed and harried at one conference, she took me aside and told me to smile more. Hypnotized by her manner of suggesting such simple advice, I have been haunted by it through the years. When you see me smiling through the stresses of a conference, you will

know that there is a little "Kay Thompson" inside, guiding me.

Once, noticing how I was grinding my teeth, she personalized and sent me a hypnosis tape. I was able to return that favor. When Kay was diagnosed with cancer she asked me to make a hypnosis tape for her.

Kay presented at all of the Erickson Congresses and Seminars from their inception in 1980. Attendees consistently rated her one of the most highly valued speakers. At the Congresses I scheduled myself on panels with Kay. It was a self-serving act. I always learned so much from her. I marveled at her wisdom and her clever turns of phrases. Her rapid-fire word plays were spellbinding. I remember her talking about pain control by saying that pain was like a pane of glass. The pane allowed the light to pass through it and provided protection from conditions outside. There could be warmth inside the pane. There could be quiet on the inside of the pane, etc. She taught me to use language more facilely, emphasizing both direct and indirect suggestions. She taught me invaluable lessons about speaking to the physiology, not merely the psychology, of patients. I learned from her the importance of motivation statements to augment suggestions. It was this contribution to the field of hypnosis of which she was most proud.

Kay did not publish much, but she did contribute five chapters to proceedings of Erickson Congresses. There is much to be learned by careful study of these papers that combine both experiential and didactic learnings.

In recent years Kay was a friend, even somewhat of an older sister. We talked about our relationships, our stresses, and our activities. She was always so careful with me, wanting the best for me. She took real pleasure in my personal growth.

Kay Thompson was born in 1930. She received both her BS (1951) and DDS (1953) from the University of Pittsburgh. She graduated from dental school the only woman in her class. Kay was in full-time dental practice in Pittsburgh from 1953 to 1976, and then continued part-time. She donated time to provide dental services at a residential facility for physically and mental-

ly handicapped adults.

Kay was past president of ASCH and Fellow and recipient of the highest awards of both ASCH and the Society of Clinical and Experimental Hypnosis. She received the Lifetime Achievement Award from the Erickson Foundation in 1992. She was only the second female ever elected to the Board of Trustees of the American Dental Association and was honored by that group for her exemplary service. She was the first woman to be elected president of the Pennsylvania Dental Association in its 120 year history. Kay held a number of academic appointments including serving as a clinical associate professor at the West Virginia School of Dentistry. She traveled nationally and internationally to lecture on hypnosis, language and pain/healing control. She received numerous awards and held prestigious positions of leadership in many hypnosis and dental organizations.

Kay grew up the only child of the only professional family in a small community. Her father, also a dentist, was an inspiration to her and she emulated his altruism.

Kay first met Erickson in 1953 and followed him as a student and colleague through the years. At her first meeting she described how fascinated and terrified she was by Erickson. Of Erickson, Kay said, "He had more influence on me than anyone but the woman who gave birth to me." She later became a great friend of the entire Erickson family.

Kay is survived by her husband, Ralph Krichbaum. We send him our heartfelt condolences.

The Board of Directors of the Erickson Foundation is planning a special tribute to Kay. We are setting up a fund that will be used to advance the causes that she held so dear. Those who wish to contribute can earmark their bequest to the "Kay Thompson Fund."

The Dr. Kay F. Thompson Foundation, has also been established, and contributions can be made to that Foundation, c/o the Dental Society of Western Pennsylvania, 900 Cedar Ave., Pittsburgh, PA 15212.

Kay gave so much to so many. We will miss her wisdom and spirit. I will miss a trusted friend.



continued on next page

Couples *continued*

Ph.D., and David Schnarch, Ph.D. Other faculty for the meeting include Ellyn Bader, Ph.D., Lonnie Barbach, Ph.D., Stephanie Covington, Ph.D., Joseph LoPiccolo, Ph.D., and Marion Solomon, Ph.D.

The California Board of Psychology requires California psychologists to attend a continuing education course in the detection and treatment of alcohol and other chemical substance dependency. The course cannot be less than seven hours in length and its content must comply with the requirements of section 29 of the Business and Professions Code. Also, California Marriage, Family, and Child Counselors (MFCC) and Licensed Clinical Social Workers (LCSW), are required to attend continuing education courses on the detection and treatment of alcohol and other chemical substance dependency, and a course in the characteristics and methods of assessment and treatment of people living with human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS). The courses must not be less than seven hours in length and must comply with section 29 and 32 of the Code.

Because of these requirements, the Erickson Foundation has decided to provide a program that would allow those professionals in California who need these specific credits, the opportunity to attend the Conference and one or both of the all-day workshops. It also will allow those professionals who may not need these requirements but who work with these individuals every day, the intensive training and focus needed to assist these mainstream yet individualistic challenges in the 20th and soon-to-be 21st century.

If you would like to register at a special rate for Newsletter readers, please turn to page ___ for a registration form. For more information and a brochure with session descriptions, contact The Milton H. Erickson Foundation, Inc., 3606 N. 24th Street, Phoenix, AZ 85016-6500; tel, (602) 956-6196; fax, (602) 956-0519; e-mail, mhreg@aol.com; web, <http://www.erickson-foundation.org>. For information on continuing education for this and all conferences, please contact Continuing Education Coordinator, Susan Velasco, at (602) 956-6196 ext. 206, or e-mail, suvel@aol.com.

Memories of Kay Thompson

By **Roxanna Erickson Klein, R.N., Ph.D.**

I, too, met Kay decades ago as a young adolescent. I mused over her unusual and gentle blend of strength and tenderness. The intrigue of that impression never left me; over the years I have continued to marvel at her poise and leadership, tempered with a lithe and graceful sensitivity.

Professionally incisive, personally true, she presented a regal dignity. Her clarity of spirit and preciseness of both words and actions delineated directions for those in alliance with professional missions and offered guidance for those less familiar with such issues. Thus she found herself, at all times, surrounded by colleagues, and by newcomers to professional arenas, all of whom benefitted from her swift insights. Her own paths were chosen unflinchingly from a commitment to the common good and a desire to protect the public.

She was blessed in marriage with a long partnership with Ralph Krichbaum. His support and encouragement of her professional endeavors, along with their reciprocal admiration and respect provided a tangible reflection of a marriage united in values.

Her personal life complemented her professional idealism. Anyone who visited her home was aware she collected elephant figurines. On my own visit, I gazed over the vast collection of elephants, noting the countless variations and multitude of media, some static while others were filled with motion. She explained that the herd provided an ongoing source of enjoyment. With her comments, the display case of figurines was transformed into an expression of creative elements of mankind: awe inspiring in its artistic reaches. Kay added that after visiting her home, people would reflect on their visit whenever they saw elephants in the future. Silently, I considered that only a svelte and graceful woman would choose to associate with elephants. It was true; I never see an elephant without thinking of her.

One expression of Kay's personal tenderness was her dog rescue ventures. In a sensible and socially responsible manner, Kay and Ralph rescued a succession of dogs, who by chance and fate, had been left homeless in adulthood. Anyone who has participated in this activity is well aware that some pets are easy to adapt

while others require unending patience and perseverance. She and Ralph worked tirelessly with their charges, being rewarded time and again with successful outcome.

That gentle sensitivity, so dominant in her personal and professional life brought rewards to all around her. We are blessed to have shared her friendship.

By **Norma and Philip Barretta**

Kay was an inspiration, a remarkable, talented, entertaining teacher, an exquisite innovator of the language, an Ericksonian star.

She worked tirelessly to bring hypnosis into use by her professional colleagues. She travelled (often at her own expense) to "corners" of the planet bringing her wondrous wit, her brilliant words, her inspiring easy style to students all over the world.

We are going to miss her sparkle, but we'll bet she's having some marvelous linguistic exchanges with Milton and God!

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

How hard it is to talk of Kay Thompson in the past tense!

I don't even remember when I first met her. But I do remember when I first began appreciating her. In 1969, she was speaking in Las Vegas where I was living, and I invited her for dinner. A few months previously, my son, a first grader, had gone for his very first dental check-up. He had been well-prepared and marched happily back to the examining room. In just a few moments, I heard him crying in fear and rushed to him. I was horrified to see both his hands clamped to the chair and the dentist yelling at him to open his mouth or he would get a spanking.

I yanked my child from the chair and berated the dentist. What was he doing? The dentist shrugged his shoulders and explained he had found the quickest and easiest way to examine a child was to "overpower" him.

I told Kay this story we were visiting, and she just shook her head. But she paid a great deal of attention to my son. As she was leaving, she was holding David in her arms. She fixed her gaze upon him and asked, "Do you know what my job is?" David shook his head. "I am a den-

tist," she said. My son's jaw dropped in astonishment.

"There are men dentists," she continued. "And lady dentists. There are good dentists and bad dentists." That was all she said. My son has no conscious recollection of either the "bad" dentist or of this interaction with Kay. I have never forgotten it.

David has had extensive and complicated dental work done and never minded a bit of it. "There are good dentists and bad dentists," he says. "And I've been lucky I've had good ones."

No, he is lucky he met Kay.

We are all lucky we met Kay. We are all lucky to have had this classy, elegant, talented, dedicated lady, dentist, teacher, hypnotherapist, scholar, leader, role model, person.

We just didn't have her long enough.

By **Jane Parsons-Fein, CSW**

When something hits you like a bolt of lightning and you don't know where it came from or how it came, you only know that you know something that you already knew, but didn't know that you knew, that you now remembered so clearly that you never forgot it again.

Kay Thompson touched that remembering, not only by her love of playing with words, but by the depth of passion of a true woman warrior.

It happened to me when I heard the tape of her tribute to Milton Erickson at his Memorial. It happened again the first time I saw her standing in front of a large group of people teaching what she called the Bertha Rodger trance (people had attributed it to her).

She said something like "The only reason I can stand here and talk to you like this is that I am in trance as I teach you this exercise."

On some level I knew that this lady had so much love in her that she was willing to go past all of her initial shyness, sensitivity, and need for privacy to really come into the world and fight for all the values that she knew that her father, that Milton Erickson and that the deepest parts of herself were committed to. In Erickson she had found somebody on her same wave length and with all her strength she committed herself to sharing those values.

Kay was a "going to the wall" person. She called it the way she saw it. And when she saw something deep and beautiful and true she brought all of it to all of us to remember always in all ways.

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

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We just didn't have her long enough.

Conference Notes

The Second French-Speaking Summer University of Ericksonian Hypnosis and Brief Therapy, "Psychosomatic Diseases: New Therapies, New Approaches," is scheduled for July 1-3, 1998, at the Faculty of Medicine, Lille, France. There will be academic papers and workshops. For further information and registration, contact Dr. Victor Simon, 26 Parvis St. Michel, 59000 Lille, France; tel, 33-3-20-57-77-18; fax, 33-3-20-57-99-00; e-mail, vsimon@easynet.fr; <http://www.mygale.org/~vsimon>.

The International Council of Psychologists is presenting its 56th Annual Convention, August 1-5, 1998, in Melbourne, Australia. For full convention registration information and the preliminary program, please contact: Ms. Lisa Bonaldi, Convention Organizer, ICP 56th Annual Convention, PO Box 548, Malvern Vic. 3144, Australia; <http://www.netSPACE.net.au/~icp>.

Brief Therapy: Lasting Impressions, sponsored by The Milton H. Erickson Foundation, Inc., will be held August 26-30, 1998, at the New York Hilton and Towers. The Conference is clinically-oriented and features four Keynote Addresses, Workshops, Invited Addresses, Clinical Demonstrations, Topical Panels, Dialogues, Conversation Hours and Wednesday evening will host five groups of Accepted Papers. The conference is the only truly multi-disciplinary meeting on the topic of brief therapy. For registration and information, contact The Milton H. Erickson Foundation, Inc., 3606 N. 24th Street, Phoenix, AZ 85016-6500; tel, (602) 956-6196; fax, (602) 956-0519; e-mail, mhreg@aol.com; web, www.erickson-foundation.org.

The Australian Society of Hypnosis is sponsoring the "28th ASH Congress," to be held from Wednesday through Monday, September 9-14, 1998, at Alice Springs Plaza Hotel, Northern Territory, Australia, followed by the "28th Congress Workshop," Wednesday, September 16, 1998, at Ayers Rock Resort in Central Australia. Keynotes will be presented by Jeffrey Zeig, Ph.D., and Samuel LeBaron, M.D., Ph.D. The Congress also will include a comprehensive workshop, symposium

and scientific program. The Scientific Session abstracts submission deadline is March 23, 1998. The Scientific Session full paper submission deadline is May 11, 1998. To request a copy of the First Announcement and Call for Papers, contact the Congress office: ASH Congress '98, PO Box 405, Heidelberg VIC 3084, Australia; tel, 61-3-9243-1159; fax, 61-3-9243-1158; e-mail, bevans@alphalink.com.au; <http://alphalink.com.au/~bevans>.

The Societa Italiana Di Ipnosi, the Milton H. Erickson Foundation, and the International Society of Hypnosis announces the *Third European Congress on Ericksonian Hypnosis and Psychotherapy*, "The New Hypnosis: The Utilization of Personal Resources in Ericksonian Training and Practice," to take place in Venice, Italy, November 25-28, 1998. To submit a proposal to present a paper at the Congress, send a 20-line summary of your presentation to the Italian Society of Hypnosis, fax, 39.6.854.2006; e-mail, www.ipnosii@tin.it. For more information and registration contact, Societa Italiana Di Ipnosi, Viale Regina Margherita, 37-00198 Roma, Italy; tel, 39.6.854.2130 or 39.6.854.8205; fax, 39.6.854.2006; e-mail, www.ipnosii@tin.it.

The International Family Therapy Association will hold its *Ninth World Congress* April 13-17, 1999, in Akron Ohio. For additional information or to submit an abstract for presentation, contact Jackie Goodchild at Akron Child Guidance Center, 312 Locust St., Akron, Ohio 44302-1878.

The Eighth European Congress on Hypnosis in Psychotherapy and Psychosomatic Medicine: "Hypnosis in medicine and psychotherapy; toward a new millennium," hosted by the European Society on Hypnosis, will be held August 14-19, 1999. The Congress venue is Leeuwenhorst Congress Centrum, Amsterdam/Noordwijkerhout, The Netherlands. For advance information, please contact Cure & Care development, Prins Hendriklaan 7, 3701 CK Zeist, The Netherlands; tel, 31-30-691-26-50; fax, 31-30-691-16-56.

The International Association for the Study of Pain is sponsoring the *Ninth World Congress on Pain*, August 22-27, 1999, held at the Austria Center Vienna, Vienna, Austria. The Congress consists of a Scientific Program, Plenary Session Topics, Topical Workshops and Free Communication Sessions. A Call for Abstracts for free communications will be issued in September 1998, and requires sponsorship by a member of IASP. Comprehensive refresher courses will be offered the day prior to general sessions. For registration and Congress information, contact the International Association for the Study of Pain, 909 NE 43rd Street, Suite 306, Seattle, WA 98105, USA; tel, (206) 547-6409; fax, (206) 547-1703; e-mail, IASP@locke.hs.washington.edu; web, www.halcyon.com/iasp.

The 15th International Congress of Hypnosis will take place October 2-7, 2000, in Munich, Germany. The Congress is sponsored by the Milton Erickson Society for Clinical Hypnosis, Germany. The Congress expects to draw prominent professionals from the hypnosis community and plans to invite eminent scientists and clinicians from the broader field of human sciences (including the topics of psychology, philosophy, medicine, biology, poetry and other relevant areas), to share their perspectives and give their expertise. For more information, please contact the Milton Erickson Society for Clinical Hypnosis, Germany, Konradstr. 16, 80801 Munich, Germany; fax, 49.89.34029720; e-mail, 101512.1136@compuserve.com; web, http://ourworld.compuserve.com/homepages/milton_erickson.

Attention, Graduate Students!

Are you a full-time graduate student enrolled in a health or mental health-related program at an accredited university? Have you been searching for a conference to attend not only for "professional experience" but "life experience" as well? Are you looking for a conference that includes world-renowned leaders in the field of psychotherapy and brief therapy to make your graduate school experience more real? Are you struggling to save the money to attend one of the most prestigious conferences money can buy? Your searching is over... be a volunteer!

The Milton H. Erickson Foundation, Inc., is looking for volunteers for the upcoming conference, *Brief Therapy: Lasting Impressions*, being held August 26-30, 1998, at the New York Hilton and Towers. In lieu of registration fees, volunteers are needed to serve as monitors and provide assistance with registration, continuing education procedures, with faculty and staff, as well as in meeting rooms. Volunteers are asked to send a \$75 deposit, which will be refunded after they have completed participation at the meeting. Every effort is made to make time available for volunteers to attend sessions of importance to them.

This is an incredible opportunity to attend the only meeting of its kind, offering a chance to meet with the leaders in the field, from all over the world. With their years of experience and knowledge behind them, presenting new and old ideas, it will expand your abilities and talents, while broadening your knowledge. This is what you will gain from donating a few hours each day to assist the faculty and staff. It is an integral part of our conference, and we need your help.

If you would like an opportunity to volunteer, please contact Diane Deniger, volunteer coordinator, The Milton H. Erickson Foundation, Inc., 3606 N. 24th Street, Phoenix, AZ 85016-6500; tel, (602) 956-6196 ext. 208; fax, (602) 956-0519.

If you are unable to volunteer your talents in August, volunteers also are needed for the upcoming *Couples Therapy Conference: Integrating Sexuality & Intimacy*, November 6-8, 1998, in Los Angeles, Calif. Please contact Ms. Deniger at the Erickson Foundation for more information on volunteering for the Couples Conference.

Third European Congress, Venice, Italy

The Società Italiana Di Ipnosi, the Milton H. Erickson Foundation, and the International Society of Hypnosis announce the *Third European Congress on Ericksonian Hypnosis and Psychotherapy*, "The New Hypnosis: The Utilization of Personal Resources in Ericksonian Training and Practice." The Congress will be held at the Fondazione Cini, on the Island of S. Giorgio, in Venice, Italy, November 25-28, 1998.

The Congress will feature two Keynote Presentations given by Jay Haley, "Changes in Therapy," and Jeffrey Zeig, "Heuristics: Generating Solutions in Ericksonian Practice." The Congress faculty include Eva Banyai, Peter Bloom, Walter Bongartz, Giuseppe Ducci, Gary Elkins, Fred Evans, Claire Fredericks, Brent Geary, Franco Granone, Giulio

Guerra, Guglielmo Gulotta, Irving Kirsch, Shaul Livnay, Camillo Lorio, Vincenzo Mastronardi, Giorgio Nardone, Michael Nash, Burkhard Peter, Massimo Rabboni, Gunther Schmidt, Robb Stanley, Wilma Trasarti, Bernard Trenkle, Rolando Weilbacher, and others to be announced.

The Fondazione Cini is located on the island of S. Giorgio, also called Cypress Island. It is directly in front of San Marco Square, in a 13th Century building. The venue is considered one of the most beautiful conference locations in the world.

For more information and registration, please contact Società Italiana Di Ipnosi, Viale Regina Margherita, 37-00198 Roma, Italy; tel, 39.6.854.2130 or 39.6.854.8205; fax, 39.6.854.2006; email, www.ipnosii@tin.it

Receive Intensive Training in Ericksonian Hypnosis

If you are looking for a course that focuses solely on Ericksonian methods in Hypnosis and Psychotherapy, and were unable to attend the recent *Seminar on Ericksonian Approaches to Hypnosis and Psychotherapy* in December, 1997, the Milton H. Erickson Foundation, Inc., is sponsoring *Phoenix Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy*, now in its tenth year. The training coordinator is Brent B. Geary, Ph.D., and features invited presenters including Jeffrey K. Zeig, Ph.D., director of the Erickson Foundation.

The Intensive Training Program consists of three levels: fundamental, intermediate, and advanced. Each level of the program is a four-day intensive training with each utilizing a lecture-demonstration-practice format. Participants spend the majority of time in direct experiences, deriving extensive familiarity with hypnotic processes in both clinician and subject roles. The training is a stimulating blend of theoretical, vicarious, and experiential learning. The program is size-limited for more one-on-one training. Each level of the Intensive Training Program provides 30.0 hours of continuing education credit. The following are the upcoming dates for the program:

Fundamental: July 22-25, 1998
Oct. 7-10, 1998

Intermediate: July 27-30, 1998
Oct. 12-15, 1998

Advanced: Scheduled for 1999

The training takes place in Phoenix, Ariz., and also has taken place in the neighboring city of Scottsdale, Ariz. The venue and accommodation information varies and the information is automatically sent to all registrants.

For more information and registration, contact The Milton H. Erickson Foundation, Inc., 3606 N. 24th Street, Phoenix, AZ 85016-6500; tel, (602) 956-6196 ext. 206; fax, (602) 956-0519; e-mail, suvel@aol.com; web, <http://www.erickson-foundation.org>.

SOCIETÀ ITALIANA DI IPNOSI
THE MILTON H. ERICKSON FOUNDATION
INTERNATIONAL SOCIETY OF HYPNOSIS

PRESENT

The 3rd EUROPEAN CONGRESS ON ERICKSONIAN HYPNOSIS AND PSYCHOTHERAPY: THE NEW HYPNOSIS

The Utilization of Personal Resources
in Ericksonian Training and Practice

NOVEMBER 25-28, 1998

in

VENICE, ITALY

at the beautiful FONDAZIONE CINI,
an XIII century building on the island of S. Giorgio,
directly in front of San Marco Square



WITH KEYNOTES BY:

Jay Haley and Jeffrey Zeig

PRESENTERS

Eva Banyai	Shaul Livnay
Peter Bloom	Camillo Lorio
Walter Bongartz	Vincenzo Mastronardi
Giuseppe de Benedittis	Giorgio Nardone
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Claire Frederick	Gunther Schmidt
Brent Geary	Robb Stanley
Franco Granone	Wilma Trasarti
Giulio Guerra	Bernhard Trenkle
Guglielmo Gulotta	Rolano Weilbacher
Irving Kirsh	and others

Papers will be accepted for this Congress
To submit a paper send the title and 20-line abstract to:
The Italian Society of Hypnosis
Fax: +39.6.854.2006
e-mail: www.ipnosii@tin.it

For Information and Registration, please contact:
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Showmanship and Hypnosis

by Brian Robinson, M.B., D.Clin.Hyp.
St. Albans, United Kingdom

I remember when I first saw a couple of Erickson's videos a few years ago, I was greatly impressed by a certain quality that I could only think of in terms of showmanship, yet, it felt impertinent to so describe one of the great psychotherapists of the 20th Century. The British orchestral conductor Sir Malcolm Sargent (who in his lifetime was known as Flash Harry) used to say that he didn't mind being thought of as a showman — showmanship was part of a conductor's job. Audiences accept that and want it — provided that the music is good. Showmanship in music seems to help put it across. The act of "giving a performance" necessarily entails — at least to some degree — adopting the role of showman. The best preachers, like the best teachers, have a gift for this. All are conveying a message.

Therapists, too, as well as listening and noticing, convey messages, nowhere more cogently than in the hypnotic setting. We professionals, however, usually with good reason, tend to be dismissive of stage hypnotists, mainly because they have neither psychological training nor ethics. Not all showmanship is valid. The difference between what a stage hypnotist does and what happens during some of the best professional hypnosis demonstrations "starring" some of our colleagues, has to do with the integrity. A good showman uses his flair to empower the patient, not himself.

Give 'em the ol' Razzle Dazzle — Razzle Dazzle' em: Or Maybe Not

by William J. Matthews, Ph.D.
Amherst, Massachusetts

On initial perusal Dr. Robinson's thesis, legitimizing the role of showman to convey the message, seems reasonable. However, Robinson suggests, with regard to therapists, that one's flamboyance and showmanship is vindicated based on the truth of the message, (i.e., if positive therapeutic change is achieved). While this view may or may not be relevant for the field of entertainment (the difference between Kenny G and John Coltrane

immediately comes to mind), when applied to psychotherapy, this perspective is deeply problematic and flawed.

I constantly hear the idea that psychotherapy is an art, frequently to the exclusion of the science on which it must be based. Many therapists seem to feel their personal artistry is all that is needed, particularly when they can point to a positive therapeutic outcome. Here we have the heart of the problem. Psychotherapy is a subset of psychology, which is, in its broadest meaning, the science of human behavior. That something "works" simply can not be a fully adequate explanation for the scientist/practitioner. What specifically works for whom, by whom, under what conditions? There were no better showmen than those who sold snake oil for whatever the symptom, and in many cases, for a limited time at least, it worked. Snake oil salesmen (as do stage hypnotists) well understand the nature of placebos and expectancy. As psychotherapists, it is unethical to knowingly use placebos under the guise of treatment. We would not accept such a view from the medical profession: Why do we accept such a view from the profession of psychotherapy?

I would suggest that we razzle dazzle our clients with empirically validated treatments, upon which the therapist's personal creativity can be based. Psychotherapeutic artistry without science is just snake oil by another name.

Brief Therapy Focuses On Women

by Pat Hudson, Ph.D.
Grapevine, Texas

It was a Monday morning in April of 1993, when I surveyed my schedule for the week. I had ahead of me psychotherapy with three women who had been raped, two who were bulimic, three who had been in abusive marriages, three depressed women, and one woman involved in a harassment suit. As I considered the suffering reflected in those names on my appointment book, I felt an urgent need to develop a model that focused on women's issues. I was already immersed in a brief solution-oriented model, but I began to think through exactly what aspects of brief therapy I was applying to my female clients. Four methods of brief solution-oriented therapy were prominent in my work with women. These are described in my book, *The Solution-Oriented Woman*.*

Women need a big dose of acknowledgment — the first brief therapy method. If you have ever wondered why explanation oriented books like those on co-dependency or the planetary origins of the sexes are so successful, the answer is "acknowledgment." When women read self-help books they think, "So, I'm not crazy after all." We raise women to discount their perceptions and be blame-takers. By acknowledging women's perceptions, they quickly feel empowered.

The second brief therapy technique I apply to my female clients is an emphasis on actions versus understanding. One of the theories of family therapy is that the person with the most variability in a system has the most power. By focusing on actions with women, they increase their behavioral options and experience themselves as more powerful and under less stress. Just knowing you have the choice of many different actions decreases your stress.

The third application of my particular brand of brief therapy is through working with the unconscious mind. In using hypnosis and dream work, I often include a person's spiritual resources. Emma was a client who experienced a severe betrayal by her husband — he had sexually abused their daughter and left Emma for a

younger woman after thirty years of marriage. Emma was a devout Catholic who said she now hated all men. In hypnosis, I had her imagine that Jesus came to her and said something to help her heal from her obsessive hatred. A look of peace came over her in trance. Afterwards she told me that what Jesus had said to her was, "Remember — I am a man too."

Brief therapy is criticized for a lack of emphasis on feelings. For female clients, rituals are ways to dramatically alter feelings. It is not enough to only get rid of something. Rituals — the fourth solution-oriented technique — need to add something, too. After burning a marriage license, a picture of an abuser, or a copy of a sexually harassing note, to complete a ceremony, vows of self-protection and self-love need to be taken. One client of mine told me she had the baby clothes in which she was brought from the hospital. I had her hold those as part of a ceremony, vowing to keep and protect the energy of the precious person who had come home from the maternity ward so many years before. Combining positive aspects of rituals with other brief therapy techniques helped her and the women I have worked with discover their abilities and recover from violations and loss.



TO ALL CERTIFIED MASTERS LEVEL CLINICAL SOCIAL WORKERS

The American Hypnosis Board for Clinical Social Work awards the highest level of competency in the practice of hypnosis by clinical social workers. All Masters level social workers who have five years post-masters clinical practice in hypnosis are invited to inquire about requirements for application to the Board. Please contact: Jane Parsons-Fein; CSW, BCD, DAHB; Secretary-Treasurer, American Hypnosis Board for Clinical Social Work; 275 Central Park West, 4B; New York, New York, 10024; (p) 212-873-4557, (f), 212-874-3271; email: janepars@aol.com

International Society of Hypnosis (ISH)

at

<http://www.ish.unimelb.edu.au/>

This is the Web Site of the International Society of Hypnosis, an organization that is truly international as evidenced by the membership of its board of directors and the varied locations of its conferences that take place every three years.

The Web Site is intended to acquaint people with the organization, its philosophy, activities, its constituent organizations, and its publications.

The Web Site is attractive in appearance, easy to read and has none of the "bells and whistles" that slow downloading. It is simple to navigate.

It certainly is a clear presentation of the organization, however, when it comes to "where's the beef?" I was disappointed. Besides a listing of samples of topics covered in its journal, there is little information about the clinical application of hypnosis. To gain some knowledge from the site, I tried the link to a journal it offered. After about ten minutes of loading, there was an impressive picture and another link. At that point, I gave up.

Reviewed by:

Rona Michelson, D.S.W.
Jerusalem, Israel

<http://www.mhv.net/~rona>

Milton H. Erickson Institute of the Bay Area

at

<http://www.miltonherickson.com>

This is the site of the Milton H. Erickson Institute of the Bay Area. It opens with a logo, the address (snail and internet), and a statement of purpose of the institute. The graphics are appealing, and not flamboyant. There are pictures and biographies on each member of the Board of Directors. No audio was used in the site, but there are some rotating graphics. It is a site that is well organized into nine sections that give the viewer a choice of clicking on or scrolling down the

information. The purpose of the Bay Area Institute is training and consultation for professionals, and the list of trainings (international, national and local) meets that purpose.

A referral list is included for psychotherapy and hypnosis. This is an excellent site for professionals in the

Bay Area to use for referrals, trainings and linking to related sites. Professionals wanting to visit the Bay Area could use the site and perhaps find a tax deductible vacation. There are also some enticing international trainings displayed on this site. This site is a basic introduction to the orga-

nization it advertises. It is a good training and referral resource guide for local, as well as international, professionals surfing the net.

Reviewed by:

Mimi Jalenak, M.S.W., B.C.S.W.
New Orleans, Louisiana



"Few training programs really work with the person of the therapist." -- Virginia Satir

The mission of the Parsons-Fein Training Institute for Psychotherapy and Hypnosis, Inc. (PFTI) is to train masters-level-and-above psychotherapists and other health care professionals in the art and science of unconscious communication and healing as practiced by Milton Erickson and Virginia Satir. We work with our natural unconscious language and its effect on the body and on awareness. Our goal is to develop excellence and elegance in a learning environment of safety, trust and playfulness. We seek to refine the art of being a therapist rather than the act of doing therapy. Since our focus is on the person of the therapist it can be applied to any theoretical orientation. This weekly group offers a solid grounding in Ericksonian approaches and focuses on the self-development of the therapist. Training groups and workshops are limited in size. We use lecture, demonstration, videotape and extensive practice with personalized supervision.

Comprehensive Training Program in Ericksonian Hypnosis and Psychotherapy

100-hour American Society of Clinical Hypnosis (ASCH) certification program taught by Mrs. Parsons-Fein with possible guest trainers. This weekly group focuses on Ericksonian approaches in clinical work and to the self development of the therapist. Tuesdays 10 a.m.-12 p.m. or 6 p.m.-8 p.m. Fee \$3,000.

Integration of Hypnotic Approaches of Milton Erickson and Virginia Satir

126-hour comprehensive certification program in Satir's hypnotic-therapeutic model for professionals skilled in Ericksonian approaches. In this 3-hour weekly integrative training we will focus on Erickson's hypnotic strategies and Satir's parts model. We will work with states of consciousness, imprinting, language, body organization, weaving (fractionation), sculpting and other aspects of the therapist's instrument. Participants will work hypnotically with their family of origin (Satir believed all therapists should have a family reconstruction) to move out of their own Family Trance. Wednesdays 7 pm.-10 p.m. or Fridays 9:30 a.m.-12:30 p.m. Fee \$3,780.

Consultantship Groups

For advanced hypnotherapists who have Masters level (and above) to accumulate the required hours for certification by the American Society for Clinical Hypnosis. (Group - 30 hours; Individual - 20 hours) Group is limited to 6 participants. The group fee is \$60 for 2 hours. Individual fee negotiable.

Family of Origin Workshops - Moving Out of Your Family Trance

Monthly weekend groups co-led by Mrs. Parsons-Fein and Stephen Adler, PhD, for therapists and others interested in psychotherapy. Two-day experiential workshop for each participant to access, reframe and transform his/her unique family-of-origin trance into new possibilities. Fee \$300.

PFTI Advisory Board

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is a graduate of Smith College and of the Columbia School of Social Work. She is President Emerita of The New York Milton H. Erickson Society of Psychotherapy and Hypnosis of which she was a co-founder in 1981. She was Director of its Training Program from 1991 to August 1997. She holds a Diplomate of the American Hypnosis Board and is Secretary-Treasurer of that organization. She also holds a Diplomate of Clinical Social Work (NASW). She is a Fellow of The American Board of Examiners in Clinical Social Work, a Consultant of ASCH, a member of SCEH, The International Society of Hypnosis and the Swedish Society of Clinical and Experimental Hypnosis. She worked in the Department of Psychiatry of Mount Sinai Hospital in New York for twelve years, has directed a training program in Stockholm, Sweden since 1995, and has co-directed a training program in Boston with Kay Thompson, DDS. A member of AVANTA and IHLRN, she has taught and presented in the United States and in Europe.



**To register or for more information,
please call or fax the above numbers.**

MEET THE STAFF

Lori Weiers, Archivist

by Karen Haviley
Phoenix, AZ

"There can be no progress without history. You must have information from the past to build your own philosophies and goals," said Lori Weiers, Archivist for The Milton H. Erickson Foundation, Inc., in Phoenix, Arizona.

Lori has been working for the Erickson Foundation since February 1983, after deciding she was tired of being retired. Originally from Waterloo, Iowa, Lori began a 30-year teaching career after receiving a Master's degree in Biology. She taught high school biology, chemistry, and business education, in North Dakota and Minnesota. While teaching in Minnesota, Lori met her husband, Will. They moved to Arizona in 1969. She came to the Erickson Foundation as a temporary assistant to help plan the Second International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy, which was expecting 2,000 registrants. Lori was hired as an administrative assistant by then Administrative Director of the Foundation, Sherron Peters, in April 1983.

Lori said when she started at the Foundation she had numerous responsibilities: She was Volunteer Coordinator, the Administrative Director's secretary, she handled audiotape and videotape materials, transcription, general office work, and edited proceedings for Jeffrey Zeig, Ph.D., director of the Foundation. She also assisted with registration, which then was done on a typewriter, not a computer, as it is done today.

Starting from Here and Moving Ahead

The long-range plan to preserve the Archives formalized in 1995. Since the beginning of the Erickson Foundation in 1979, Dr. Zeig received a myriad of donations, including audiotapes, videotapes, and literature from students, colleagues, and friends of the late Milton H. Erickson, M.D.

"Dr. Zeig would give all of the donated materials to me, telling me to place them in the Archives ... but there was no Archives!" Lori said. "Nothing was being done to preserve this significant information. And since audiotapes and videotapes have a life of no more than ten years, it was imperative that we start making plans to organize the Archives immediately."

The Foundation obtained assistance from an Arizona State University archivist. He came to the Foundation once a month for six months, providing training and information for Lori to begin the overwhelming process of planning the Archives. Lori began by setting up a structure for organizing the donated materials. She devised a special form for the accession of materials. They then were recorded in the computer, given a special number, and finally recorded in a book listing the accessions called the *Finding Aid*.

Before materials could be processed, it was necessary for the Foundation to first provide cabinets for maximum storage and organization, and locks for protection. These cabinets must be in a room where the temperature can be regulated to maintain the quality of the tapes being stored. Organizing this process was the easy part.

Once this structure was set up and the storage facility completed, the materials had to be examined, read, viewed, and separated into groups. As simple as this sounds, one must remember the Erickson Foundation has been receiving donations since its beginning — nearly 20 years of donated tapes, literature and photos. Many materials were not dated, there was the uncertainty of the names of the participants in the audiotapes and videotapes, and no restrictions or copyrights were noted. Without dates, participants' names or specific restrictions, these tapes are not accessible to anyone using the Archives. If this information is not given, it must then be researched, and the person donating these materials must be contacted.

Lori explained, "Sometimes, we have tried to contact those who donated materials, but have been unsuccessful in our attempts. Those we can reach cannot sometimes recall the events or participants on the tapes. This delays the addition of these items to the Archives; we are unable to place them in the repository until we have complete information regarding these materials."

Much patience is needed to organize the Archives, and it takes a special person with enthusiasm, care and great knowledge to continue under sometimes unpredictable circumstances that delay its progress.

"The part of my job I enjoy the most is knowing that I have helped organize and preserve some works of Dr. Erickson, and having the opportu-

nity to read some literature defining the contributions Dr. Erickson made to the field of psychotherapy." She added, "I feel Dr. Erickson stays alive in your mind when you see his work is being continued, and knowing it has the ability to reach inside people."

Lori hopes when she retires from the Foundation that the next archivist has as much care for these materials as she has. She hopes that one day the Archives will be completely accessible to those visiting the Foundation, and her biggest dream is a museum displaying Dr. Erickson's contributions.

Challenges Being Faced by the Archives Today

Because of the lack of modern preservation techniques, the original tapes are worn. Since audiotapes and videotapes have a life of only about ten years, the biggest challenge to the Erickson Foundation is the cost of preserving these significant works. The Foundation began this process in 1996 and finished restoring the first set of tapes at the end of 1997.

"There are boxes and boxes of tapes that must be viewed and complete information gathered before we can convert the tapes for preservation. With only myself working in preserving the Archives, it's taking much more time to complete this task." And time is running out on the life of the tapes.

Not only is time a factor, but also the space availability to store the preserved works. The Foundation currently houses the Archives in its offices, and is at a premium. To open another portion of the building to expand the Archives requires relocating offices and renovating space into an environmentally controlled atmosphere.

The Foundation encourages you to make a donation to the Archives in any amount, and we thank those who have already made generous contributions. Please see the ad on page 13 to find out how you can help preserve the Milton H. Erickson Archives. Starting from here and moving ahead ... it's the reader of the *Newsletter* helping to make the difference.

Special Assistance Needed

For those colleagues who wish to contribute to the Archives by viewing some of the audiotapes and/or videotapes, and recording the necessary information to speed the processing of these tapes into the repository, please contact Lori Weiers at the Erickson Foundation at (602) 956-

6196 ext. 209. Lori will explain the procedure for completing the necessary paperwork. The viewing must be done at the Foundation in Phoenix and those interested must meet the eligibility requirements of the Foundation.

Some of the Materials in the Erickson Archives

Literature — Erickson's writings/articles, articles written about Erickson by friends and colleagues, letters from Erickson, poems Erickson wrote, special letters from his family, Erickson's speech at his high school commencement, and many memoirs from friends of Erickson. Some of the literature is provided by Dr. Erickson's widow, Mrs. Elizabeth Erickson, who often finds articles, letters, and memoirs and sends these materials to the Foundation to be placed in the Archives. Much of the literature has restrictions, and some material is unavailable for reading.

Photos — Many photos of Erickson as he was growing up, many with his family, and colleagues. Dr. Zeig also went to Erickson's hometown in Wisconsin to take pictures of the town and his home. Some photos are restricted.

Audiotapes — From meetings sponsored by the Erickson Foundation; the "1952 UCLA Symposium" and the "1960 Chicago Seminar" (four audiotapes each) contain more than nine hours of Dr. Erickson's presentations. Also, tapes from training sessions donated by students, colleagues and friends of Erickson's. Most of the audiotapes do not have restrictions.

Videotapes — From meetings sponsored by the Erickson Foundation, tapes donated by students, colleagues and friends of Erickson's. Some of these were private training sessions at Erickson's home. Also, two training tapes with Dr. Erickson from 1964 and 1978, in which Dr. Zeig provides a commentary. In addition, Clinical Demonstrations from Congress faculty to use as training tapes. Some of these tapes also have restrictions for viewing.

If you are in the Phoenix area and would like to view some of the articles in the Erickson Archives, please call the Foundation at (602) 956-6196 ext. 206 prior to your visit to set up an appointment. To view the Archives, you must meet the eligibility requirements of The Milton H. Erickson Foundation, Inc. A nominal charge of \$7.50 per hour is in effect.

INTRODUCING THE INSTITUTES

"L'Institut Milton Erickson de l'Outaouais" of Ontario, Canada

by Léon Veilleux
Hull, Canada

The Institut Milton Erickson de l'Outaouais is located in Hull which is in the province of Quebec. Hull is across the Outaouais River from Ottawa, Ontario, the French speaking capital of Canada.

The founders of the Institute are Julien Mercure, Léo Dubord and Geneviève Hone. These professionals are registered psychotherapists and are well-recognized in the field of marital and family therapy. In 1994, Mercure and Hone retired from St-Paul University, Ottawa, where they had trained marriage counselors through a program developed by Mercure in 1974. Mercure and Hone continue to conduct training and supervision in marital and family therapy through La Petite École, an institute they founded in 1993. They have written several books, one of which is *The Seasons in a Couple's Life*, published by Novalis, Montreal, in 1996 and translated into several languages.

Dubord is renowned for his work in the local mental health hospital. There he has developed innovative approaches to treating patients who have a poor prognosis. Dubord uses his extensive training in bioenergetics with these patients and he has integrated hypnosis into this approach. Dubord is a professor and supervisor with the Institut Québécois de Thérapie et d'Hypnose Ericksonniennes, founded by Michel Kerouac.

The current director is Lon Veilleux and the officers are Anne-Marie Lemay and Marcel Berthelot. The present director, Lon Veilleux, is both a clinical psychologist and a social worker and has extensive experience in the social services area. He recently retired from the public domain and has a private practice that includes supervision as well as clinical work. Veilleux has been referred to as an expert in "reframing." The reframing is accomplished through word play and humor. Lemay has trained as a family and marital counselor. She works for Children's Aid Society and uses her creative

approach mainly with children of dysfunctional families. Berthelot, a clinical psychologist, handles the finances for the Institute. Marcel has invited a group of mental health professionals to join him in his private clinic in Hull. Recently, his interest has been in training professionals to treat gambling addictions. The need to help compulsive gamblers and their families became apparent a couple of years ago when the government of Quebec approved the building of a casino in Hull.

The activities of the Institute revolve around regular meetings, every six weeks, throughout the year. At present, there are 20 members in the institute with about 10 other professionals wanting to join. At each meeting there is a presentation on topics such as the work of Rossi, hypnosis and art, viewing a video of Erickson's work, the construction of metaphors.

The professional objective of the Institute is to help mental health professionals become interested in learning about hypnosis, especially Ericksonian, and then to develop ways in which hypnosis may be used in different clinical settings. Members are social workers, psychologists, physicians, psychiatric nurses, and marriage and family counselors. Members work in different settings, and have a lot to learn from one another. A highlight of this year was a workshop, organized by the institute, where Dr. Jean-Philippe Lenoir from Versailles, France, discussed the use of hypnosis in the treatment of eating disorders and anxiety.

A formal training program has not been set up, and there are no plans to do so. However, Dubord, Mercure and Hone have trained approximately 25 professionals within the past five years, at an introductory level. Dubord, Veilleux and Berthelot have offered several presentations on hypnosis to the staff of the Centre Hospitalier Pierre Janet in Hull. These presentations have been well received, and there is a demand for more. Last summer, Dubord and Veilleux both presented a paper at a meeting of therapists organized in Vaison la Romaine, France, by the Milton H. Erickson Institute of Avignon, headed by Patrick Bellet. On the same occasion, they participated in a panel discussion of family therapy.

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.* (No foreign orders for \$25 bricks)
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 - 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.*
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CASE REPORT

Kodak Moments

by Roxanna Erickson Klein, Ph.D., R.N.
Dallas, TX

As an R.N. working with hospice patients in their homes, I encounter pain on a daily basis. In nearly every case, psychological elements contribute either positively or negatively to the individual's experience of pain and well-being.

Sally was terminally ill with colon cancer. In order to help, her mother had come to live with her and her husband and teenage son. As Sally's death became imminent, her husband quit his job to be with her full-time. Her preference to die at home had been discussed and was supported by her oncologist. I visited approximately three times a week for the last four months of her life.

Despite the obvious presence of many accommodations within the household, the patient and her family chose not to discuss her illness. Rather they behaved as if nothing out of the ordinary was occurring. Additionally, they all were reluctant to discuss pain or other symptoms. This made it difficult to assess appropriateness of her current medications.

As a part of hospice protocol, alert patients are asked about levels of pain they are experiencing. When I asked Sally if she felt pain "right now," I was consistently told the pain was eight to nine on a scale of ten. When discussing pain, Sally became lost in elements of her illness that were so large and overwhelming that it would diminish her resources to manage.

On many occasions, Sally would seem to be doing quite well despite her physiological status. I never doubted the accuracy or sincerity of her reports, but there seemed to be a mismatch between what she reported and what I observed in her behaviors. The inconsistency of her reported suffering, which included prolonged, persistent and excruciating pain, contrasted sharply with her behaviors. For example, Sally often carefully selected color coordinated outfits, she personally answered the doorbell when others were unavailable, she planned and participated in family meals and engaged in other voluntary activities.

Sally was conservative in giving herself supplemental doses of medication. In contrast, when asked if she needed additional medicine for her pain, she consistently replied in the affirmative and would accept all that was offered. After large supplemental doses, she would report only a small reduction of the pain — from eight to

seven.

When I asked Sally, "Tell me about your pain yesterday," she described a broader range, perhaps three to nine. She was unable to explain whether or not medication had helped. She often reported the pain "just went away" and she couldn't account for the change.

I learned that the most effective way of helping her was to be very specific and limit my inquiry. I would say, "I'm not asking about how you feel now, but I want to know everything about how your pain was yesterday." With this approach, she gradually was able to become very precise about the circumstances in which her pain waxed and waned.

Next, I instructed the family how to be vigilant for nonverbal cues, and to be active in offering medication when pain was suspected. For example, sleeping through a favorite television program might be recognized as a clear signal. I also requested they become conscientious in keeping records about what she was given, and how she seemed to respond. We then used this information to adjust her dose. Her husband kept a careful record of her medication but his notebook was kept privately and never discussed in front of her.

One evening as I was working with her in the family setting she preferred, she told me the pain the previous day had ranged from nine to two. Seizing this opportunity, I deliberately and carefully instructed her to be attentive each time she noticed the sensation of *the pain going away*. I advised her to focus on those moments, to enjoy them, to experience them to their fullest, and to memorize them. We talked about being aware of when those moments occurred, no matter how few they may be, and capturing them. Her husband spoke of "Kodak moments" and how blessed we all are to have treasured instants that can be caught, and held on to, even frozen in time. I then suggested that once those moments are identified, they can be reviewed. She might even be able to memorize the sensation, and to practice them at another time. With enough practice, the patterns of releasing pain could be recalled and even re-experienced.

Sally's husband and a visitor became enthusiastically involved in this teaching. They suggested that she savor and expand the times when she felt well and to disregard and "just forget about" other times. Sally responded happily to these suggestions. Within a week, the whole family was participating in helping her enjoy the good times, and "block out"

the bad ones.

Sally was active and able to participate in family living until her death. Her husband reported that on the day she died, she squeezed his hand and smiled as she drifted away.

DISCUSSION

by Betty Alice Erickson, M.S., LPC
Dallas, TX

People who are experiencing significant pain, especially on a chronic basis, are usually highly motivated to relieve that pain. Hospice patients represent a group of people who have acknowledged that death is imminent and no longer benefit from the "warning" component that pain provides for others. They can be extremely receptive to techniques of pain management. As Milton Erickson said in 1965 (Erickson, 1980), "Pain is a threatening thing. It threatens the integrity and the continuance of self." Sally was unusual because of her reluctance to discuss her illness or pain directly. The nurse, Roxanna Klein, had to find ways to allow Sally to maintain control within the parameters of her unwillingness to discuss symptoms. The usual technique of giving the patient the independence and autonomy of controlling supplemental pain medication doses was not effective, and even counter-productive. Sally did not want to confront her pain even when it was overwhelming. Only by making it a report of the recent past was she able to give a realistic account of her suffering. Klein realized that this patient had taken the pain and was handling it by refusing to acknowledge it. Even mentioning her pain threatened Sally, not only with the memory of past pain, but seemingly with the terrible fear that she could never get that pain under control again. Had Klein insisted on a direct approach, the outpouring of past, present and anticipated pain easily could have overwhelmed Sally.

Sally needed the ability to supplement her medication so her energies could be directed to rewarding family activities rather than being depleted by coping with unnecessary pain. Klein, therefore, had to devise a pain management plan that adapted to Sally's need to dissociate from her present pain, which utilized the strong family support system and which was medically sound.

Teaching the family to recognize the multiplicity of nonverbal cues of Sally experiencing pain was an important component of this plan. It provided solid groundwork. The burden of responsibility for pain management was now shared with her

loving family. Sally not only didn't have to give up her independence, but she didn't even have to change her preferred coping strategies. She could continue not talking about her pain and could become more confident that even withdrawal would be understood as a signal.

Klein allowed Sally and the family to keep their autonomy and independence and their own ways of adapting. The careful, but hidden, recording of medication was one way of using the family's strategies and resources while still addressing the patient's ongoing needs.

This family involvement and Klein's use of it, set the stage for their more active participation in day-to-day pain management and specifically for the intervention of the "Kodak moments." Klein introduced the concepts of noticing, capturing and memorizing times of pain diminishment. She knew that patients can learn to "turn off" pain (Erickson, 1973). The husband expanded upon this idea bringing it into an instantly understood catch-phrase that carried, in just two words, immense meanings and metaphorical suggestions. He also transformed the time orientation of the conversation from coping with the past to dealing with the present in talking about expanding the good times and forgetting the "others." Even in this, the family's need to not address Sally's illness directly was met. The visitor was a "bonus" who brought acceptance and reinforcement.

Although it may appear that Klein's involvement was minimal, her ability to conceptualize needs and new thoughts provided a vital catalyst. The groundwork she laid had readied the family to move in new directions. Klein was wise enough and understood established family dynamics well enough to develop these individualized approaches. Incorporation of individual skills and strengths is a powerful tool into the complexity of pain management as well as psychotherapy, which enhances optimal outcomes. Klein used Erickson's technique of relying on the patient's unconscious and social system.

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VISIT OUR WEBSITE:
<http://www.erickson-foundation.org>

HISTORICAL TIMES

Pierre Marie Félix Janet

by Sharon McLaughlin, M.A.
Rohnert Park, California

Some of the earliest descriptions of the basic tenets of Ericksonian hypnosis and psychotherapy can be found in the writings of the French psychologist and neurologist, Pierre Janet, (1859-1947). A student of the famous neuropathologist Charcot, Janet disengaged from his teacher to pursue new ideas that would lay the foundation on which the future of hypnosis and psychotherapy would be built. Before the turn of the century, Janet began to describe the value of using symptoms in the formulation of suggestions and for patient adaptation. He saw a need to activate clients in psychotherapy. He recognized the importance of the relationship between the therapist and patient, and, he asserted the potency of indirect suggestion.

Although Janet began his career as a professor of philosophy, he spent his time studying psychiatry and experimenting with hypnosis. In 1885, while working with a patient named Leonie, Janet began to form hypotheses about indirect suggestion. Some believed that Leonie's ability to be put into trance from a substantial distance was the result of telepathy. Janet argued that her trance was the result of indirect suggestion. This was not to be the only time Janet would combat supernatural explanations for hypnotic phenomena or patient recovery. In the first two chapters of *Psychological Healing* (Janet, 1925), Janet compares and contrasts patient cures through religious, philosophical, and hypnotic or psychotherapeutic means. In this context, Janet further expounds the influence of indirect suggestion, stating, "Doubtless, some suggestions have an imperative character, but it is no less certain that well-marked suggestion can be effected without anything like an order; in fact, suggestion by insinuation is often far more potent" (p. 50).

Janet learned first-hand about accessing human potential despite adversity. He lived through the German occupation of France in two world wars. As a young man in school, he suffered a nervous breakdown and bouts of depression (Hughes & Rothovius, 1996). He rose from those experiences to be an accomplished student, professor, psy-

chiatrist. Perhaps this is why Janet understood the importance of "activating" clients. This was a necessity that he felt psychoanalysis lacked. In his opinion psychoanalysis required an absurd amount of time and did little to activate new behaviors in patients (Aman-Gainotti, 1992). In contrast, he was providing patients relief much faster, at times in a single session. Janet did much more than criticize Freud. He devoted his life work to developing methodologies that build on the strengths of the individual. In the introduction to Vol. II of *Psychological Healing*, Janet states "... we come to the more ambitious methods of treatment which aim not only at using and saving what a patient already possesses, but also enabling the patient to acquire further tendencies or to recuperate those which he has lost."

To achieve the activation of patients, Janet argued that it is important to develop the relationship between the therapist and client. He described rapport in hypnosis as the dissociated patient's inability to perceive anyone other than the therapist. Thus Janet mirrored the patient's experience and provided a structure by assigning tasks. (Haule, 1986). During hypnosis much of his efforts were spent defining and contextualizing the suggestions by which those tasks were assigned.

Before his death in 1947, Janet had written no less than 27 articles and several books on hypnosis, trauma, and dissociation theory. Besides his many publications, he gave lectures in the United States, Mexico, South America, and Switzerland. Hospitals, such as Le Centre Hospitalier Pierre-Janet in Canada, bear his name. Janet was on the organizing committee of the first World Congress of Hypnotism. Janet began writing a book on the psychology of belief at the age of 85 (Hughes & Rothovius, 1996). The acceptance of hypnosis in medical treatment became commonplace in large part due to the work of Pierre Janet.

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BOOK REVIEW

Crazy Therapies: What Are They? Do They Work?

by Margaret Singer, Ph.D.
& Janja Lalich

San Francisco: Jossey-Bass, 1996
251 pp. + Index, \$23.00

The credibility and integrity of therapeutic work is crucial to clinical efficacy and personal satisfaction as a clinician. Across the centuries, bogus treatments more often have been the rule than the exception. By the 19th Century, a developing understanding of health and disease made it possible to determine which treatments were most likely to be beneficial. As a result, medical care based on science rather than myth has led to our expectation that bogus treatments are the exception, rather than the rule.

Among psychological treatments, unfortunately, there seems to be a decreasing intellectual rigor in training. This has led to decreased respect for psychologists and psychotherapy. Evidence of the growing disregard for psychological treatment can be seen in managed care's attempt to restrict such treatment and to reduce the reimbursements of psychologists, while leaving medical practitioners' reimbursements relatively untouched.

In *Crazy Therapies*, psychologist Margaret Singer and her collaborator, Janja Lalich, offer an amusing, if distressing, view of the "wild west" attitude within psychology as they explore a variety of psychological treatments for which there appears to be no rational basis and no empirical validation. They label these treatments "crazy therapies" and the reader will be inclined to concur.

Effective psychological treatment is usually subtle and its results are ordinarily incremental. For some psychotherapists, this subtlety of change creates the frustrating sense that their efforts are ineffective. Some may seek further training in treatments that promise to make them feel more effective. For others, the sustained intellectual and emotional demands of a clinically sound treatment may prove too daunting. This, at least, is my own way of understanding some of the popularity of the absurdly simple solutions offered by "crazy therapies."

It is dismaying to me that a significant number of otherwise sensible clinicians have spent substantial time

and money to be trained in pseudoscientific methods. For example, Singer and Lalich report that, as of 1995, 14,000 clinicians in America were trained in EMDR. Contrary to its claims, this treatment has not been shown to be more effective than standard cognitive-behavioral therapy (Rosen, 1992). (see note at the end of this article)

Crazy Therapies is a clear and sometimes amusing critique of several contemporary psychological treatments that are, in the authors' words, "controversial, nonstandard, or far out." These include Regression Therapy, Reparenting, Rebirthing, Past-Life Regression Therapy, Future-Life Therapy, Channeling, UFO Abduction therapy, and Cathartic Therapy. Other therapies for which there is no scientific basis, despite the "scientific" sound to their names, include Neuro-Linguistic Programming (NLP), Facilitated Communication (FC), Neural Organization Treatment (NOT), and Eye Movement Desensitization and Reprocessing (EMDR). Thought Field Therapy (TFT) is another procedure that I believe should have been added to this list.

It is not surprising that suggestion is an essential feature of each crazy therapy — since it is likely that the apparent efficacy is due primarily to suggestion and expectation. This fact ought to make us vigilant about the extent to which the appropriate clinical use of a patient's imagination requires us to be especially clear about our theoretical rationale and clinical purpose, lest we find ourselves operating near the margins of crazy therapy.

Singer and Lalich write that we should not be tolerant of these therapies, because of their harm. For instance, the apparent benefit of a bogus treatment leads patients to look for magical sources of help, rather than to direct their efforts toward the more reliable work of psychological growth. Moreover, patients lose time and money in the futile pursuit of relief. "In some of these cases, [patients] may have fallen prey to unscrupulous, exploitative therapists; in others, they may simply have gone along with the enthusiasm of ill-trained, inexperienced, or faddish practitioners who themselves are caught up in believing in the curative abilities of a particular theory or treatment" (p. xii).

We can readily acknowledge the

hard work required to obtain scientific validation of a treatment. Yet we do not have to tolerate unsupported claims of treatment efficacy. The burden of proof rests upon whomever touts the treatment. The claim that a given treatment is not amenable to scientific examination is not credible. As the authors suggest, some treatments are supported by experimental evidence (e.g., CBT, antidepressant medication), while others are accepted on the basis of the logic of their theory and application.

It is not surprising that one distinguishing feature of crazy therapies is that they represent informal experimentation by practitioners who are "toying with untested procedures" (p. xvi). But in these cases, patients have not given informed consent for experimentation because they were not informed that these methods are unproven and experimental. Nor were patients informed that there are rational alternative treatments.

Another distinguishing feature of crazy therapies is that their proponents' frequent claim that problems have a single cause (e.g., trauma) and that the single solution is the crazy therapy.

It may shock patients (and probably many therapists) to learn that these crazy therapies are each originally and solely based on a positive experience with a single patient. "... [W]hat is presented as tested scientific fact is instead a scheme built on one case. This single key case opened the door for the therapist to see the 'one way' to deal with all psychopathology" (p. 14). The naive assumption is that whatever method worked for one patient will be effective for all others. The interval between this initial "key case" and the subsequent claims made at training workshops is apparently a brief

one, uninhibited by the bother of evaluating the efficacy of the treatment.

A practice criticized by Singer and Lalich is the growing dependence on symptom checklists, since this dependence provides only illusory support for treatments. Practitioners who use checklists would do well to consider how checklists are heavily loaded with universal items which most people would endorse. Furthermore, reasoning backwards from checklist responses is not a valid way to evaluate behavior or diagnose disorders. This type of investigation is especially vulnerable to confirmatory bias.

Some readers may respond to the authors' arguments by asserting, "I'm not interested in how this treatment works, only that I get results!" Without testing a treatment, its assumed efficacy may be based more on coincidence than actual therapeutic benefit. Because this response seems to be increasingly popular, I hope *Crazy Therapies* is read by many of our colleagues. The message in this book gives reason for even experienced clinicians to revisit the rationale for the treatments they employ.

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Reviewed by:

Joseph Barber, Ph.D., ABPH
Seattle, Washington

Note by Jeffrey K. Zeig, Ph.D.:
Francine Shapiro and her collaborators strive to provide empirical support for EMDR. Positive results have been published in journals that require peer review.

MEDIA OF NOTE

Dr. Dominique Megglé's new book, *Erickson, Hypnose et Psychothérapie*, has been published by Retz, 1, Rue du Départ, 75014 Paris, France. Dr. Megglé is president of the L'Institut Milton H. Erickson Méditerranée De Toulon-Marseille.

Revista de Psicoterapia, Vol 8, No. 29, a Spanish language journal dedicated to Ericksonian psychotherapy, features articles by Agusti Camino and Montserrat Gibernau on "The Applications of Ericksonian Hypnosis to Psychotherapy;" a trans-

lation of an article by Erickson and Ernest Rossi on "Varieties of the Doublebind;" Jay Haley's paper, "Typically Erickson" translated; Dirk Revenstorf's article "Hypnosis on the State of Empirical Hypnosis;" and an article by Camillo Loredano and Gaspare Vella on "Utilization of Paradox in Hypnosis in Family Therapy."

For information about the journal, contact Revista de Psiquiatria y Psicología Humanista, Apartado de Correos 90.097-08080, Barcelona, Spain.

BOOK REVIEW

Making Friends with Your Unconscious Mind: The User Friendly Guide

by Pat Hudson, Ph.D.
The Center Press, 1993

Making Friends with Your Unconscious Mind is a self-help book that contains important information on hypnosis and healing. Optimism, like a shining light, pervades the book's 150 pages. The primary focus is on how to make one's mind more "user friendly." Hudson helps the reader accomplish this goal by providing a clear road map and by pointing out how to handle the difficulties that might be encountered.

Hudson begins by elaborating on the concept of the unconscious mind and how it might be accessed during hypnosis. Ideomotor signaling is described as a useful means of communicating with the unconscious. Her step-by-step instructions are clear

enough to be understood by the average lay person. While providing specific instructions for these techniques, Hudson delivers a flexible approach. She emphasizes the importance of remaining permissive and allowing the unconscious to reveal itself in its own way. The major assumption behind her approach is that if the unconscious mind is asked to cooperate, and provided enough room to do what will work best, then it will provide useful information for conscious review.

Hudson describes how individuals can use their unconscious minds, and the principles of hypnosis, in areas ranging from pain control to the building of relationships. She provides examples of specific imagery exercises that can be used while recovering from various ailments. Hudson recommends that the use of healing imagery be informed by specific medical knowledge. She believes that it is important to know which physiological changes need to occur during the healing process.

Hudson states that she learned hypnosis from a person rather than

from a book. Therefore, it is doubtful that she intends for her book to be the only means by which someone attempts to gain the hypnotic skill necessary to solve complex problems. She is wise enough to point out that there are situations in which a psychotherapist is needed. Her book contains other excellent advice such as when and how to find an appropriate therapist.

The fun in any craft usually occurs when you can be creative after learning its basics. In this book, Hudson teaches the basics of hypnosis while carefully laying the groundwork of the mechanics of the unconscious. Only after discussing the fundamental mechanics does she use the major principles in a creative, therapeutic way, using anecdotal case studies in which she describes specif-

ic obstacles and their solutions. Her case studies include smoking cessation, weight control, overcoming fears, reducing pain, and how to increase concentration and organization.

In this book, Hudson has presented ideas, theories, and practical examples of the utilization of hypnosis in a way that is different from many other books on the subject. Each of her chapters ends with a summary and an exercise. Her book is well written, with practical, useful ideas that are clear and easy to digest. *Making Friends with Your Unconscious Mind* is lucid, interesting, entertaining, and easy to use. I recommend it highly.

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

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"The speed at which change occurs during EMDR contradicts the traditional notion of time as essential for psychological healing. Shapiro has integrated elements from many different schools of psychotherapy into her protocols, making EMDR applicable to a variety of clinical populations and accessible to clinicians from different orientations." Bessel A. van der Kolk, MD, Professor of Psychiatry, Boston University School of Medicine

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VIDEOTAPE REVIEW

Supervision in Gestalt Therapy

by Miriam Polster, Ph.D.
Available from The Milton H. Erickson Foundation, Inc.
(Please see page 21 for ordering information.)

In this video selection, Miriam Polster, perhaps the 'Grand Dame' of Gestalt Therapy, undertakes the challenging task of therapist supervision. I had to dust off my Gestalt 'hat' as it has been 20 years since I've formally used this model in my work with clients. The dust quickly turned to sparkles and the cobwebs into neural networks as I viewed and reviewed this master at work.

Dr. Polster starts by sharing her struggle with the lights, sounds, and technical trappings of a large conference presentation, which initially interferes with her connecting to the audience. Then, she just reaches out

and shares her experience of supervision, bringing up the importance of the client, which she calls "the third presence" in supervision. She shares two important elements in supervision: 1) The supervisee often is new to the field, often has the tools and techniques, but without the experience has yet to evolve from that place of conscious awkwardness to intuitive competence. 2) The supervisor needs to obtain a sense of the unique skills and talents of the supervisee and nurture the individuality and uniqueness of each therapist's approach, even when using the same method or approach that everybody else is doing.

Following the presentation of her thoughts and feelings in the practice of supervision, Dr. Polster asks for volunteers "to work." The first of two volunteers is a therapist seeing a court-mandated client whom she describes as "oppositional ... and

unwilling to acknowledge his role or responsibility" in domestic violence. The second therapist has a female client in her 20s who is a survivor of physical, sexual, and verbal abuse. The therapist reports that this client, like many others she has seen with abuse histories, "drops in and out of therapy." Dr. Polster responds by discussing the pace of therapy with these clients and how to build therapeutic continuity.

With congruent Gestalt form, Dr. Polster gently yet firmly questions and confronts, gives and requests ideas ... what has worked and what hasn't. She asks about the therapist's feelings about the client, then does some role-play as the client. Without minimizing or mind-reading, she brings important issues of safety and engagement to the fore, testing and evaluating in subtle ways. During the question and answer phase of the presentation she explains much of her process in making these decisions.

I especially like her way of keeping to the Gestalt framework in her

therapy and supervision. When an audience member asks about countertransference feelings the therapist had towards the client, Dr. Polster appears thoughtful then asks "What do you mean?" and goes on to discuss that she finds labeling "not very useful" and explains the importance of exploring varieties of "here and now" interactions the therapist can bring to the work.

The strength and beauty of the Gestalt method that has made it a foundation and influence in so many therapeutic approaches is gracefully demonstrated in this videotape. Though a background in Gestalt may enhance the viewing and understanding of these demonstrations, those with no experience or knowledge of Gestalt will appreciate this method which encourages, focuses, and acknowledges the strengths and resources of the therapist and the client.

Reviewed by:
Bernard Sharkus, M.Ed.
Tucson, Arizona

VIDEOTAPE REVIEW

Demonstration of Cognitive Therapy

Aaron Beck, M.D. & Judith Beck, Ph.D.
Available through the Milton H. Erickson Foundation, Inc.
See page 21 for the order form.

Aaron Beck, M.D., is a master of Cognitive Therapy and in *Demonstration of Cognitive Therapy*, with Judith Beck, he gives a great overview of how to do it. In this demonstration, a female student therapist volunteers to role-play one of her clients. The role-play consists of a male presenting with poor self-esteem. Beck mentions that role-playing is a common way of demonstrat-

ing therapy during supervisory sessions.

Beck follows a clear plan of action. He establishes a relationship with the client and establishes a working diagnosis. He questions the client and gives reasons for the emotional causes of the client's behavior and for the emotional responses. He connects the present with the client's childhood, but always brings the client back to the present.

In some instances, Beck introduces interventions using imagery. During the demonstration he tells the client to "look at yourself" in this problem situation. As the session approaches an end, he asks if he has said anything objectionable. He then

summarizes the session and asks the client what was gained.

Beck finishes by setting up a homework assignment. Next, he tells the client his plan for the next session.

This tape is a good learning tool. Beck uses several techniques that "hook" the client and keep him responding. Asking if anything was objectionable clears up any miscommunication and helps bypass resistance. Beck not only asks the client to commit to return, but he further assures his return by discussing plans for the next session.

Beck establishes an excellent climate for the session. He connects the past with the present and uses the client's cognitive understanding to explore further feelings. He seems to

empower the client simply by asking the client's permission. The client in this tape demonstrates symptomatic relief.

The summarizing by Aaron Beck's "supervisor" was an unnecessary distraction. It was clear what Beck was doing and how he was doing it. Additionally, the interaction between the volunteer and Beck was split-image. I found the split-image a bit confusing at first.

Overall, *Demonstration of Cognitive Therapy* by Beck and Beck is an excellent teaching tool for therapists. The techniques shown are interesting and clearly demonstrated.

Reviewed by:
Carol Dykes, M.Ed., R.N.
Plano, Texas

Interview *continued*

Metaphors for Adults and Children in Therapy.

He is the recipient of the Lifetime Achievement Award for Outstanding Contribution to the field of Psychotherapy from the Milton H. Erickson Foundation.

Lankton lives in Gulf Breeze, Florida, with his wife, Carol, and their children, Sean and Alissa.

Jane Parsons-Fein (JP): *What attracted you to the field of social sciences?*

Stephen Lankton (SL): A curiosity about people, possibly due to my curiosity about being left handed. From an early age I wondered how people structured their reality and their thoughts. I would ask my father and my older sister questions about their behavior and other people's behavior but their answers never satisfied me.

In college I ended up having four majors: psychology, anthropology, linguistics, and history. Interestingly, I had worked toward an engineering

major prior to that. I nearly had six majors with the courses I had taken in mathematics, chemistry, and electrical engineering. However, psychology was the one thing that I still did not understand so I became more and more involved trying to solve the puzzle. That was my motive, the curiosity that was never answered in childhood, the curiosity of something that was still a mystery during college.

JP: *Were your parents supportive of your curiosity and exploration?*

SL: At home there was not much continued curiosity for things that were not tangible. My family was very supportive of my search. But, I was the one who had the curiosity for the invisible. The surface was obvious, so I was hunting for more. I took everything apart.

JP: *When did you go to school for training in social work?*

SL: While working my way through college, I got a job with youth outreach in Lansing, Michigan. In that

continued on page 22

VIDEOTAPE REVIEW

The Process of Hypnotic Induction: A Training Videotape Featuring Induction Conducted by Milton Erickson in 1964

Discussant: Jeffrey K. Zeig, Ph.D.

Available through the Milton H. Erickson Foundation, Inc.

See page 21 for the order form.

According to Erickson, anything that changes the patterns of habitual behavior is psychotherapy. If we agree that learning is an alteration of patterns, then the videotape, *The Process of Hypnotic Induction*, can best be described as both educational and therapeutic. Professionals can accomplish both learning and growth by incorporating information in this

presentation into practice.

If we wish to arrive in Rome, but have no clear idea of which road to follow, and to complicate matters further, there is an abundance of differing maps, then the best choice is to consult a traveler who has already been to Rome. In our league, Erickson is the person who, besides arriving at the summit of hypnotherapy, also has constructed a good portion of the road. Who better than Erickson himself to show us the infinite details, the matrices of each stone and each plant along the way?

Jeffrey Zeig, Ph.D., argues that if we force ourselves to focus our attention, to attempt to decipher, second by second, what Erickson does in this demonstration, we will lose a large part of the multiple levels of communication utilized by Erickson. He challenges the viewer by asking, "Is it even possible to capture 50 percent of what Erickson does?" One might decide that not everything done by Erickson is premeditated or pursues a specific purpose to achieve a trance or reach a therapeutic goal. But obvious-

ly, Erickson's success in reaching his objectives was not by chance. If not all, most of Erickson's actions have specific objectives.

Erickson's approach should not be lost. To remedy this problem I can think of four solutions: a) watch the tape repeatedly in the years to come, trying to find a new platform in each ascension; b) "trust the unconscious" to complement the learning process; c) continue reading, attending seminars and work hard during clinical practice; d) take advantage of the helpful guidance of great educators, such as Zeig, who are able to analyze each piece of communication and follow its development along multiple levels.

The first part of this tape contains clear, pertinent information about the traditional model of hypnosis and the phenomena associated with classic hypnosis. It is important to thoroughly understand the traditional model and its component parts to appreciate Erickson's unique contributions and developments.

To help the audience better understand these contributions, Zeig defines ten Ericksonian principles for

the induction of hypnosis. These principles utilize the hypnotic style, or the flexible perception of the subject, to establish the aspired mental state.

Next, Zeig introduces the induction done by Erickson in 1964 and invites us to discover how the principles of induction are utilized to mobilize the cooperation of the subject and the achievement of the therapeutic goals. Zeig's method is to present a section of Erickson's work and then describe Erickson's method.

A central theme in this video is that Erickson amply utilizes that which is implicit to achieve therapeutic objectives, instead of delving into the anecdotes of past decades.

If you wish to enjoy and to learn about Erickson's unique talent, framed within Zeig's theoretical clarity, you should not overlook this historic tape.

Reviewed by:

Claudio López Andrés, Psychologist
Instituto Milton H. Erickson de Buenos Aires

Editor's Note: Review translated by Susan Velasco, Administrative Assistant to The Erickson Foundation's Executive Director.

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AUDIOTAPE REVIEW

Advanced Applications of Cognitive-Behavioral Therapy for the Treatment of Bulimia Nervosa

by G. Terence Wilson, Ph.D.

Brief Therapy Conference
San Francisco, 1996

Available from The Milton H. Erickson
Foundation, Inc.

See page 21 for the order form.

The presentation begins with a brief review of research studies showing the comparative success rates of Cognitive Behavioral Therapy (CBT), CBT with placebo, CBT with antidepressants, placebo alone, and antidepressants alone in the treatment of eating disorders. Results indicate that

CBT is the most effective treatment, although antidepressants are a useful adjunct if there is comorbid depression or anxiety, which is often the case. Wilson maintains that it is the eating disorder that is usually the primary disorder, with depression or anxiety resulting from the accompanying guilt and feelings of loss of control.

Wilson identifies four characteristics of bulimia nervosa: bingeing, purging, low self-esteem and abnormal preoccupation with size and weight. Bingeing and purging are usually what brings a person to treatment but, in order for lasting change to occur, it is crucial to treat the underlying problems of low self-esteem and preoccupation with size and weight. The primary focus of treatment is behavioral change. The primary strategy is a collaborative relationship in which the therapist guides the client through the identifi-

cation of behaviors that are not working. The therapist then provides support as the client identifies more effective behaviors. The end-stage of treatment focuses on acceptance of one's biologically determined shape and a realistic body size.

The treatment plan advocated by Wilson is outlined in a manual that he developed for his research studies. This plan should be followed in its sequential stages but some flexibility is allowed. It is designed for 16 sessions, which qualifies for classification as short-term therapy treatment, and it is possible to condense it even further.

An essential component of the treatment is keeping a food diary. It is mandatory that clients learn to eat three normal meals, plus snacks, per day. Other specific treatment strategies are presented during the latter portion of the presentation. These include education, therapist-assisted exposure, imagery, and cognitive restructuring. Although faulty belief systems are challenged, the primary

emphasis is behavioral change. Strategies for resistant and other difficult-to-treat patients also are discussed.

The clarity of this tape, in terms of the presenter, is excellent. However, questions from the audience are unclear and Wilson often does not repeat or summarize the questions. At the beginning of the presentation, there is a soft but annoying whine, but this disappears after the first ten minutes.

This tape should be a useful addition to a professional library. As Wilson emphasizes, the treatment of eating disorders requires some degree of specialization. It is essential for treatment integrity that patients are reassured that therapists have enough knowledge about their condition and what they are experiencing to understand and, to some extent, predict client symptoms and feelings as treatment progresses.

Reviewed by:

Elaine Bohlmeier, Ph.D.
Payson, Arizona

AUDIOTAPE REVIEW

The Use of Themes and Belief Systems in Therapy

by Peggy Papp, A.C.S.W.

Brief Therapy Conference
San Francisco, 1996

Available from The Milton H. Erickson
Foundation, Inc.

See page 21 for the order form.

Papp begins with some examples of mottos or slogans that could be part of one's family of origin. These are statements like "be careful" and "achievement is next to godliness." She feels many therapists ignore these beliefs or world views, and that it is important to uncover them.

She posed seven questions to her trainees which are useful in this regard: (1) What dominant theme from your family of origin still influences your life and relationships? (2) How does this theme show itself in your beliefs, actions, and behaviors with others? (3) How has this theme handicapped or enhanced your life? (4) How have you struggled to change the theme? (5) If you didn't believe this, how would you behave differently? (6) How have other fam-

ily members reacted to the theme differently than you? (7) Is this a theme you would like to pass on to your children? And, if not, how would you like to be different? These are certainly useful questions to keep in mind when working with clients. Papp then asked several volunteers to discuss the themes in their lives, pointing out that we all struggle with the dilemma in these values.

The bulk of the session was devoted to a videotape of a couple and discussion related to this particular case. The husband has a drinking problem according to his wife. The wife has a problem with being a rescuer and helper, but with no consideration for her own wants and needs. The husband's mother is involved since she is also a rescuer. Finally, the wife's mother gets involved in straightening out some long-term patterns of behavior related to the death of the wife's brother at an early age.

Papp skillfully leads the couple through confrontations with their individual and joint problems. The process takes 16 sessions during a period of nine months. In one instance, she used observers behind a one-way mirror in an effective para-

continued on next page

AUDIOTAPE REVIEW

Coping With Loss During Older Years — A Personal and Professional Perspective

by Mary Goulding, M.S.W.

Discussion by Joseph Wolpe, M.D.
Available from The Milton H. Erickson
Foundation, Inc.

(Please see page 21 for
ordering information.)

"Coping With Loss During Older Years" is a recording of a presentation by Mary Goulding, done at the Evolution of Psychotherapy Conference in Las Vegas, Nev., December 13-17, 1995. Ms. Goulding's quick wit and personal style capture the listener from the beginning. For example, she defines her target population as those "eligible for social security or cheap seats on the bus." Ms. Goulding shares three general goals for the mental health professional when working with older people and loss. First, change their focus to reflect on the positive meaning of their current life. Second, assist this population to accept help when nec-

essary while maintaining the best possible quality of life given their circumstances. In order to meet these three objectives, Goulding states that the loss must be addressed and dealt with first.

The loss may take many forms (i.e., physical attractiveness or surroundings, independence, life career). Clients must be allowed to mourn this loss before they can move on with their life. However, dwelling on the past is important "only as it illuminates the present" according to the speaker. To assist in this mourning process, she uses her rededication therapy, and a visualization technique created by Fritz Perls to do some "good-bye" work. Effective utilization of a journal also is discussed.

Ms. Goulding offers a candid revelation of her own struggle to process and resolve her loss following her husband's death. She addresses changes in her lifestyle, personal emotional barometer, thinking processes, and unusual changes in her physical health. She concludes her remarks with a reminder to all mental health professionals who work with older people that all clients are unique. Each one of them must be

continued on next page

Coping *continued*

your teacher as you work together in a caring way to cope with their loss.

Dr. Wolpe adds some pertinent comments at the end which addresses his personal loss of a lifelong spouse and the physical implications that loss created for him. He also addresses the difficulties of new relationships that had entered his life following his wife's death.

Following these brief comments, questions were taken from the audience and were answered by both Goulding and Wolpe.

This tape is highly recommended for those who work with older clients.

Reviewed by:
Susan A. Adams, M.Ed., NCC,
Commerce, Texas

Themes *continued*

doxical mode. The observers indicate that they have seen no changes, particularly in the husband, and recommend termination. Papp takes a more optimistic view while reporting the team's comments. The husband stopped drinking and this behavior

continued to the date of the taping. The wife also became aware of her own binds, primarily by keeping a ledger for one week in which she wrote down the things she did for other people and the ones she did for herself. The former numbered more than 100, and the latter effectively nothing. However, it is the session with the wife's mother where they finally grieve about the dead boy, that turns the corner for the wife.

This was a successful outcome which was guided by an experienced therapist. There also are many good ideas throughout the tape. Given the

outcome, it is nitpicking on my part to indicate that I think that the solution-oriented therapy approach (de Shazer and colleagues) would have been my preferred modality. Papp, in one session, puts to good use an intervention that comes straight out of narrative therapy.

Papp, in *The Use of Themes and Belief Systems* properly stresses the importance of knowing the client's beliefs and the themes in their families.

Reviewed by:
Rubin Battino, M.S.
Yellow Springs, Ohio

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Interview *continued*

job I spent a lot of time eating with kids (just to gain their attention), I drove around in the cold, wet weather; I got phone calls at all hours of the night, and I got up in the middle of the night to discover places where there were as many as 30 runaway teens. I was continually attempting to gain their trust and help them connect with community resources. This job experience led to a position as a supervisor at a nearby juvenile "camp" which was actually a detention center. It had no locks but it was in the middle of nowhere. My job was to help these "delinquent" children learn to organize their time, cooperate and learn productivity. So, I did such things, for example, as orchestrating the necessary studying, money making, math, measuring, and constructing to build a geodesic dome. This dome building was a big success for the kids and became used regularly for meetings. Through projects like these I intended to help them develop interpersonal, homework, and even career skills. It was while working there, at Camp Highfields, that I learned about the University of Michigan School of Social Work. A bright coworker pointed out the advantages of getting a degree from an M.S.W. program. This program had a split concentration on both psychoanalytic casework and Behavior Modification. During my graduate schooling I also had intensive extracurricular studies in Gestalt Therapy and Transactional Analysis. The faculty were very encouraging of my extracurricular efforts.

JP: *When did you learn about the work of Milton Erickson?*

SL: I first became interested in Dr. Erickson after reading *Strategies of Psychotherapy* by Jay Haley (1963). The book had just come out and was in my high school library. But, I erroneously concluded that Erickson had already died so I gave no further thought to the possibility of someday meeting him.

In March of 1975, while discussing family therapy with Gregory Bateson at a conference, I learned that Milton Erickson was still alive. Bateson encouraged me to call Erickson. I called Erickson soon after that and was invited to come see him. During the same year, while looking for speakers to conduct workshops for my trainees in dual cooperation with the Jackson Community College where I was teaching, I also contacted

Sheldon Kopp, Stan Keleman, John Grinder, and others. Many of these luminaries could not come. Fortunately, Grinder was able to come to Jackson right away so I met him before meeting Erickson. I continued to work with Grinder both as a friend, student and, at times, a co-trainer. He increased my curiosity about hypnosis. Grinder was fun to be with and we both enjoyed the process of discovery. From the start, he noticed that I had an unusual ability for telling stories. He encouraged me to follow through with my plans to visit Erickson. For the next five years I went to visit Dr. Erickson every three months, for five or six days at a time. During that time I read everything I could find on hypnosis. My last visit was late December of 1979, three months before Erickson's death.

JP: *How did Erickson influence you?*

SL: Erickson taught me to notice and make more sense of healthy aspects of people's behavior and to articulate these perceptions. Erickson would describe everyday behaviors in such detail that it helped enrich my awareness and memory. I began to see how subtle behaviors can be an important part of growth and development. Until this point, I had only been trained to give attention to pathological behaviors. My new skill generalized and now plays an important role in how my wife, Carol, and I handle things with our children. For instance, while at a restaurant celebrating Shawn's first birthday, Carol and I both noticed him imitating a flute player by moving his fingers up and down on his baby bottle. We were quick to reinforce Shawn's perceptiveness and expressiveness.

JP: *Would you share the touching story about Shawn and his experience in surgery?*

SL: This begins with a game I had taught him when he was a year and a half old. I had him hold a large adz from New Zealand, then I would ask, "Do you have real courage, and really strong power?" He'd say, "Yes." And, I would ask him to say loudly, "really strong power!" Years later, when he was only six years old, he had to have ear surgery. We had made sure he was well prepared. On the way to surgery Shawn acted confident and happy. While enjoying his ride on the gurney, he commented that the pictures on the hallway wall were of Roman architecture. Everyone was impressed with his maturity.

However, when he was brought back into the recovery room he was screaming bloody murder. I had never heard him cry so hard. I asked Shawn what had happened but he would not tell. So soon I asked, "Do you think you have power?" He said, "Yes." I added, "And you have courage too, right? And, you are going to grow up with *real courage* because you are not afraid of your fear." I explained what I meant.

I added, that he was not to allow the doctors to teach him something that he did not want to learn. I reminded him that he needed to tell me what the fear was about and to get comfort for it. Shawn said, "OK, Daddy," and crawled into my lap, sobbing as he told me how he had been afraid that he was "going to die." He told me that he had been startled by the bad smell of the mask. The doctors then held down his arms and legs and forced the mask over his face. Rather than providing reassurance or even a moment of time to adjust, the hospital staff had decided to assault him and force the mask into place. It is a shame they did not recognize that Shawn was mature enough to deal with it in a more reasonable way.

When Shawn recovered, we tracked down the anesthesiologist and Shawn explained this all to him. The doctor capitulated, apologized, and asked Shawn if he would let him be his doctor again someday! More amazingly, just as we drove out of the hospital, I spotted a large, new claw hammer in the middle of the road. It must have fallen from a truck. I stopped and made Shawn close his eyes as I fetched it. Then I asked if he was sure he had real courage and power. He said, "Yes." I asked, "Do you have really strong power?" "Yes." And then he opened his eyes and to his amazement found himself holding the large hammer, much like the adz from so many years before. It was a gift he still has to this day.

JP: *You have told stories about some really interesting games that you play with your children.*

SL: I have left messages on the refrigerator that are written backwards and therefore require a mirror for decoding. Once Carol and I left a series of messages that lead the kids on a scavenger hunt throughout the house. These types of games do not require much effort but the pay-off is huge. The children are not only entertained for the moment but also gain a joy in reading, and new communica-

tion skills to practice with their friends.

Carol and I have made a game out of cleaning the house. We tell the children, "You are pretty smart and you are also pretty observant but I bet we are more observant." To allow the children to prove how smart they are, we first have them organize the room. Once everything is in place, the children leave the room and I secretly move five things out of place. For instance, I might take a lid off a jar or lay a sock over the lamp. In turn, we let the children do this with us. The winner is the one who notices the most out of place items and of course puts them where they belong. The children fully participate in the room cleaning because this is part of an enjoyable game. Even more important, this helps strengthen perceptual and cognitive skills such as discrimination and attention to detail. If children don't have that skill, they can't clean their rooms.

While helping the kids with homework, I have written clues with my finger on their backs. The children then write it down on paper. This also works with math problems. The game creates kinesthetic, visceral input to support the learning that needs to occur. As the children write the answers on paper, visual feedback is created as well. As with each of these games, the children are not only learning but also interacting with their parents in a way that is fun and symbolically supportive.

JP: *Tell me how you came to write *The Answer Within* and your other major books.*

SL: Carol and I wrote this book to forestall the rising idea of Erickson's work as nothing but a bag of tricks. Our goal was to make the diagnostic framework behind Erickson's approach more explicit. *The Answer Within* (New York: Brunner/Mazel, 1983) contains what we saw as the minimum number of all inclusive, mutually exclusive pieces in Erickson's diagnosis of social and psychological networks. We came up with six individual and social parameters: 1) structure of the social system; 2) stage of family development; 3) stage of psychosocial development; 4) needed and available resources; 5) sensitivity and flexibility in using resources; and 6) structure and function of the problematic dynamic or symptom. These are addressed by treatment goals in six areas: 1) attitudinal and cognitive

continued on next page

Interview *continued*

goals; 2) emotional and affective goals; 3) behavioral goals; 4) family and social systems goals; 5) self-image goals; and 6) goals related to the joy and discipline of living. We also outlined Multiple Embedded Metaphor structure for intervention.

Enchantment and Intervention in Family Therapy (New York: Brunner/Mazel, 1986) was written by Carol and I to illustrate three things. There is an element to relationships, we call enchantment, which has structure and can be studied and learned. Erickson's behavior was so enchanting, so charming and engaging that it led many to suspect they could not learn his approach, and others to accuse his students of being nonobjective observers when they spoke of it. Virginia Satir and I used to speak about how important the element of mental excitement is to the process of change. We recorded our findings in the book.

The second thing we wanted to do was to describe changes in the structure of metaphor that explain the somewhat predictable outcomes of various stories. For example, some stories elicit emotions but not introspective thought. Others elicit thought but not emotions. So, given some tolerance for a client's unexpected and unknown personal history, there are rules that govern one's experience while listening to structuring, characters and movements within a story.

The third thing we wanted to illustrate was the value of ambiguity in family therapy interventions. This is demonstrated with what we call ambiguous function assignments as well as metaphoric stories. Also in this book, we revised our theory of paradox.

Tales of Enchantment (New York: Brunner/Mazel, 1989) was an anthology of therapeutic metaphors designed to make our earlier constructs absolutely clear. When interventions are made specific, they can be replicated, researched, and studied. Carol and I wanted others to be able to learn these difficult steps by seeing many examples and hoped this would stimulate more investigation.

JP: *What are some of the differences between your understanding of Erickson's work and the MRI interpretation?*

SL: The MRI approach is admittedly amoral in that they are willing to say anything, whether true or not, to help

destabilize mechanisms within a family that recursively hold significant problems together. The intention is to help the family reorganize and function in a way that is more appropriate. The actual process of reorganization is a matter that is not guided by the therapist. Erickson's approach was not like that. My experience was that Erickson did not just say "anything that worked," he said things that were true, that is, relevant to the person, based on his or her life and development. Erickson's statements were also based on his wisdom about how life works. When using paradox he did not just provide a directive to be rebelled against, but he went on to also explain how a person could do things differently. In this way he provided a model of useful behavior. His intervention was difficult to resist because activity had not been demanded.

I also don't feel that the MRI approach has much use for hypnosis. The MRI model has been limited to intrapsychic issues. But, hypnosis was used frequently by Erickson both with individuals and with couples. He did not have an artificial dichotomy for human experience such as intra- and inter-personal. While conducting family therapy, it is important to work with the individuals within the family rather than just trying to disrupt the system of the family. So I use, among other techniques, hypnosis and metaphor to stimulate thinking and to foster an understanding of how families and individuals change over time and what is likely to be needed to deal with the problem at hand.

JP: *How else have you found Erickson's ideas to be useful?*

SL: We can take the same process that we have gotten from Erickson and apply it to family organisms, business and government organizations. In the corporate arena I have worked with organizations such as Xerox, American Express, Empire Blue Cross Blue Shield, New York State Tax and Finance, NorTel, State Farm, and others. While working with large organizations, my main function is to help achieve a better use of the knowledge that they already have. This requires an examination of how knowledge is stored and how it is exchanged among people.

In the business world, money is lost every time someone cannot find the information they need. For instance, a large insurance company in New York discovered that one of

continued on next page

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Interview *continued*

their forms, Explanation of Benefits (EOB), generated one call to customer service for every 60 that was mailed. They mailed 1.5 million each month! That form created a lot of expense. This type of problem occurs every minute of every hour in industries across the country. This is a huge waste of resources that also creates a great deal of stress and disease. In the case of the EOB forms it was a problem of knowledge being transferred from the company to the consumer. After analyzing the behaviors of individuals who were using the form, we found many of the major misunderstandings. For instance, people thought the EOB was a bill. The necessary data was on the form but the consumer's perceptions had not been taken into account. Initial research shows that the form we designed now only generates one call per every 300 distributions. The amount of work required of their Customer Service is now five times less! Operating expenses are decreased when information is properly designed to be exchanged among people. The same is true for individual needs (e.g., pain control) and family needs (e.g., sharing affection). I see this as one large continuum of knowledge exchange.

Currently, I am working with a team of production experts to

redesign the tax forms for the New York State sales tax division. Our goal is to make sure that NYSTF effectively passes on knowledge of the state tax law to the taxpayers so that they can easily understand how much to pay. Ideally individuals will pay no more or no less than required by law.

JP: *What do you see happening as we move into the 21st century?*

SL: We humans have been increasing our hand-eye coordination, our ability to chunk items smaller and smaller, and our ability to manipulate these chunks to exchange usable knowledge. A few years ago we could fit only hundreds of vacuum tubes in a room, then only thousands of transistors on a single computer chip, now we can put billions on a wafer. Progress has occurred as we continually make the chunks that we can observe and manipulate smaller and smaller. We now understand bits of matter that are smaller than ever before, including things like leptons, neutrinos, quarks, muons, and even tau "particles." Physics is even flirting with thoughts about things believed to be as small as 10^{-33} cm! The knowledge that comes from this "chunking" is different from an understanding limited by much larger things such as atoms, molecules, or "hardness."

Our paradigms continue to

change and with each new shift, we are better able to participate intelligently with each other and the world. However, our understanding of any of these events is a temporary vehicle. Therefore, it is not the truth of the reality that matters as much as the usefulness of the knowledge and the ability to exchange it accurately, effi-

ciently and economically. So, in keeping with the epistemology that we learned from Erickson, it is not the truth of some event that is going to determine the success of therapy so much as one's ability to make use of a knowledge that is going to change over time.

JP: *Thank you, Stephen.*

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The Milton H. Erickson Foundation, Inc., would like to thank the following colleagues for their generous donations since the last issue of the *Milton H. Erickson Foundation Newsletter*: John Beasley, Ph.D., Joan Boes, Ph.D., R.N., John Dauer, M.S.W., John Gast, M.A., Patrick Litano, M.Ed., L.M.F.T., Karen R. Marcus, Psy.D., Hans E. Troje, M.D., Nancy L. Welter, M.R.N. We thank you for your continued support of the Erickson Foundation and its activities.

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