



The Milton H. Erickson Foundation NEWSLETTER

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Milton H. Erickson Foundation 20th Anniversary and Haley Tribute

The Milton H. Erickson Foundation, Inc., will celebrate its 20th Anniversary in 1999. The Foundation is planning the 20th Anniversary celebration for The Seventh International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy, with a Saturday all-day Tribute to Jay Haley. The Congress will be held Wednesday through Sunday, December 8-12, 1999, at the Hyatt Regency Hotel at Civic Plaza, in Phoenix, Ariz. This is a new Conference format and will consist of three components: The 20th Anniversary of The Milton H. Erickson Foundation at The Seventh International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy, a Saturday all-day Tribute to Jay Haley, and a Fundamental Training in Ericksonian Hypnosis track.

The first component, The Seventh International Congress on Ericksonian Approaches to Hypnosis & Psychotherapy, will include Solicited Short Courses, Invited

Workshops, and Keynote Addresses on Wednesday, Thursday and Sunday. In addition, it will offer Interactive Events consisting of Panels, Dialogues, Conversation Hours, Demonstrations, and a Keynote Address, to be held on Friday for all registrants, including those attending the Fundamental Training.

The second component will be A Tribute to Jay Haley, Saturday, December 11, 1999, for all registrants including those attending the Fundamental Training. The tribute will consist of Invited Papers, Keynote Addresses, and Invited and Solicited Workshops, on the contributions of Jay Haley to the fields of hypnosis and psychotherapy. The Erickson Foundation also will be hosting a 20th Anniversary party on Saturday evening for all registrants.

The third component includes a five-part Fundamental Training in Ericksonian Hypnosis on Wednesday (parts I & II), Thursday (parts III &

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INTERVIEW

An Interview with Bill Matthews, Ph.D.

by Roxanna Erickson-Klein, R.N., Ph.D.

BACKGROUND:

Bill Matthews, Ph.D., is a professor in the School Psychology Program, in the School of Education, at the University of Massachusetts, Amherst (UMass), teaching graduate courses in research methods, child psychopathology and philosophy of science. In 1980, Matthews received his doctorate in clinical psychology from the University of Connecticut. During the past 18 years, Matthews has published a number of studies on various aspects of hypnosis, specifically in the areas of indirect and direct suggestion, and hypnotic responsiveness in deaf populations. Currently he is supervising research projects on hypnosis in children, differences in hypnotic responding, and the effects of prayer and/or expectancy in hospitalized patients. Matthews has been invited to present at the Erickson Foundation Conferences, and has lectured on hypnosis in the U.S. and in Europe. Last year he was one of three Americans invited to the first Portuguese Conference on Hypnosis, held in Braga. For the past four years, Matthews has been the senior editor (along with associate editor John Edgette) of Current Thinking and Research in Brief Therapy, published by Taylor & Francis in conjunction with the Erickson Foundation. Along with his work as an academician, Matthews is a professional drummer and has produced a CD with his jazz trio.

Roxanna Erickson-Klein (REK): How did you first become interested in Erickson?

William Matthews (WM): During my clinical psychology internship a



Bill Matthews, Ph.D.

fellow intern burst into my office and told me I had to read a book about this guy in Arizona. "He is doing unbelievable work and people are responding to this unusual behavior; it's exactly what we have not been taught in graduate school." It was Jay Haley's book, *Uncommon Therapy* (1973, Norton). I read it a couple of times. I was in awe. It seemed so creative and freeing compared to what I had been taught.

REK: What was the orientation you were taught?

WM: I was a student of Julian Rotter, Ph.D., at the University of Connecticut (UConn). Our program was focused on research and theory. Rotter didn't really value clinical work. He was training us to be academicians, researchers and theoreticians. We didn't get much clinical orientation.

REK: Did you present Haley's book to your instructors?

WM: Yes. The interns and I started meeting and talking about how we could use the paradoxical injunctions or homework assignments while in our internship. We began to experiment. When I went back to UConn, one of the faculty had been to a sem-

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EDITOR'S COMMENTS

One day, in a remote region of the South African jungle, a missionary unexpectedly found himself confronted by several frightened villagers. Their request was urgent but simple. They wanted him to cure a demon-possessed woman by hitting her over the head with his Bible. The situation was complicated by the fact that this woman was screaming from the top of a tall tree. Given these circumstances, what do you think you would have done? How many different solutions does your training allow you to consider?

As I studied the material included in this issue of the *Newsletter*, I was particularly interested in a statement by Thierry Melchior (see "Institut Milton H. Erickson de Belgique" p. 14). While emphasizing the importance of flexibility in one's thinking, and the value of eclectic training, Melchior comments that a "strictly Ericksonian" training program is an oxymoron.

Erickson is most widely recognized for his therapeutic ingenuity and creativity — not for his construction of immutable theories. Although it would be gratifying to have a definitive model that provides one set of answers, and thus one correct way of doing things, creative problem solving requires a continuing search for new ways of viewing events and our relation to them. The same can be said for the process of experimental investigation. Old information is continually enhanced or replaced by new research.

Rather than entirely dismissing the usefulness of theory, the informed practitioner is one who seeks out as much information as possible. "Truth" is derived from a variety of sources and "success" is pursued using multiple objectives. In keeping with this philosophy, the *Newsletter* will now include a new series of articles titled "Therapeutic Frameworks." Using a brief format, these



Dan Short

articles will focus on essential elements contained within modern theories of therapy and problem solving. The first of this series provides an up to date look at Feminist Therapy (p. 13). The challenge is not to learn every model of the therapy but instead utilize new ideas to refine and better integrate preceding thoughts and experiences.

The conundrum of the woman in the tree has a simple solution. However, the answer is not evident unless one fully appreciates the subjectivity of human reality. The dedicated, well-intentioned missionary attempted to help this woman by climbing into the tree with her. There he spent a long time trying to calm her with kind, reassuring words. Meanwhile, one of the villagers found a Bible, climbed the other side of the tree and hit her over the head. The woman immediately regained her senses, climbed down and quietly returned to her daily chores, leaving the missionary to figure out how to get himself down from the tree. Thus, before putting yourself out on the narrow limb of your own agenda, equip yourself with an appreciation for the many, many ways that problems are perceived and resolved.

Editor:
Dan Short, M.S.

The Third Alternative: A Meta-Recursive View

I enjoyed the editor's comments (Vol. 17 No. 2, p. 2) and feel they address an important issue. I have been thinking about these issues since my first personality theory classes, back in 1977. At that time, I thought every time I studied a particular theory, that this was it, the "real reality of reality." Of course in undergrad the professors neglected to tell us that the entire field is made up or constructed. In graduate school I learned that the theories were only the view of a particular individual or group of individuals. Ultimately the object was to select the best parts of a model that you can work from. With this in mind, I deliver the following comments on epistemology and epistemological "duals."

In the editor's comments two views of how we derive knowledge were outlined. The readers were asked if there might be a third alternative. The two views are: 1) "The social constructivist philosophy which states that no one person can claim solo proprietorship to the truth ... believe in an outside reality, human influence is seen as inseparable from human perception ... Therefore, truth is something we discover;" 2) "A logical positivist philosophy proposes that all knowledge is discovered by collecting empirical data ... This data is then used to formulate natural laws that describe absolute rather than relative truths."

These alternatives fit together and from what Bradford Keeney, *Aesthetics of Change* (1983), calls a "cybernetic complementarity relationship." Your question of how people derive knowledge implies learning, causality and many other issues that are the focus of epistemological debates. Issues include causality, therapeutic change, reality vs. nonreality, empirical vs. experiential

approaches (i.e., objective vs. subjective observation). Causality itself involves sub-issues of: mind vs. body, substance and/or energy vs. information, determinism vs. indeterminism, linear vs. circular, nature vs. nurture, and so the picture gets muddled fairly easily, depending on what issue is debated and approaches used.

Given the complexities of life itself, it is best to take a higher order view. In cybernetic language, this is cybernetics of cybernetics of cybernetics, a "meta-recursive view" based on a meta-constructivist view or seeing life as a complex whole. At the highest level, all elements are connected together and form a whole. Life is viewed as a series of cybernetic complementarities. For example, linear views fit within circular views and yet circular views fit into a larger meta-recursive view.

Meta Recursive Linear View / Circular View

The constructivist view is that the observer is connected to the observation. On an interpersonal level people have some sort of mutual impact (i.e., a recursive connection), however, the level of the impact varies.

What does all of this mean and how can it be applied? I believe there is a third alternative best described by Erickson and his colleagues. They emphasize working at the client's level, frame of reference or reality, etc., and utilizing the client's behavior toward change, emphasizing avoidance of being locked into a particular theory. At another level, this is a part of a theory.

It is silly to say A causes B or A and B mutually cause each other, whenever at a higher level there could be a number of factors. Life is much more complex and complicated than linear and circular notions of causality. The view we hold can influence the outcome of our treatment endeavors. As a field, let's move on to the next stage of development.

Mark S. Carich, Ph.D.

Foreign News

The Third European Congress on Ericksonian Hypnosis and Psychotherapy, The New Hypnosis: The Utilization of Personal Resources in Ericksonian Training and Practice, organized by The Societa Italiana di Ipnosi, the Istituto Italiano di Psicoterapia Relazionale, and cosponsored by the Milton H. Erickson Foundation and the International Society of Hypnosis, will be held at the Fondazione Cini, on the Island of S. Giorgio, in Venice, Italy, November 25-28, 1998.

The Congress consists of a Scientific Program, November 25-27; a Workshop Program, November 28; and a Special Event Advanced Workshop on November 29. The Scientific Program will feature Invited Addresses, Symposia, Dialogues and Trialogues, Clinical Presentations and Demonstrations. The Workshop Program enables the attendee to choose four two-hour Workshops. The Congress languages feature include English and Italian translation.

In addition to the Congress, a Special Event will be held on November 29. The Special Event is an Advanced Workshop with Jay Haley, Camillo Loriedo, Giorgio Nardone and Jeffrey Zeig.

IV) and Sunday (part V). Those registered for the Fundamental Training can participate in the Interactive Events Friday, and the Tribute to Jay Haley Saturday.

A Handbook, which will contain chapters submitted by the presenters of this meeting, including a select number not presenting, is being published and will be available at the Congress.

The meeting is still in the planning stages. More information will follow in future issues of the Newsletter. Brochures will be mailed in the Spring of 1999. To be placed on a mailing list to receive a brochure for this exciting event, please mail, fax or e-mail your request and mailing address to: The Milton H. Erickson Foundation, Inc., Attn. 20th Anniversary Celebration, 3606 N. 24th Street, Phoenix, AZ 85016-6500, U.S.A.; fax, (602) 956-0519; e-mail, mhreg@aol.com.

Call for Papers

The Milton H. Erickson Foundation, Inc., is calling for Workshops and Short Courses to be presented at the Seventh International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy, to be held December 8-12, 1999, in Phoenix, Ariz. The Congress also will include the 20th Anniversary of The Milton H. Erickson Foundation, Inc., and a special all-day Tribute to Jay Haley on Saturday, December 11, 1999.

Those interested in presenting a Short Course on clinical and/or research issues in Ericksonian hypnosis or closely related areas, or a Workshop on the contributions of Jay Haley to the field of psychotherapy and hypnosis, may submit a 200-word workshop presentation summary, a 50-75 word abstract, a minimum of two educational objectives, two true/false questions to be used for Continuing Education purposes and curriculum vitae of all presenters in your program.

There will be 10-12 concurrent Solicited Short Courses to be presented on Wednesday, December 8, 1999, from 9:00-10:30 a.m., and from 10:45 a.m.-12:15 p.m. Eight to 10 concurrent Solicited Workshops on the contributions of Jay Haley will be presented on Saturday, December 11, 1999, from 3:30-5:30 p.m. A total of 24 Short Courses and 10 Workshops will be accepted.

See this page for a submission form. Submissions must be postmarked by January 1, 1999, and sent to The Milton H. Erickson Foundation, Inc., 20th Anniversary Committee, 3606 N. 24th Street, Phoenix, AZ 85016-6500.

20th Anniversary of The Milton H. Erickson Foundation, Inc.

The Seventh International Congress on

Ericksonian Approaches to Hypnosis and Psychotherapy

A Tribute to Jay Haley

December 8-12, 1999 Phoenix, Arizona

— PRESENTATION COVER SHEET —

The Erickson Foundation is calling for proposals for the 1999 Congress. Those interested in presenting either a Solicited Short Course or a Solicited Workshop on the topic of Ericksonian hypnosis and psychotherapy (or closely related areas), or on the contributions of Jay Haley, may submit a 200-word presentation summary, a 50-75 word abstract, a minimum of two educational objectives, two true/false questions to be used for continuing education purposes and curriculum vitae of all presenters in your program. Five copies of each submission, except CV's, should be included in your packet. Send only two CV's for each presenter.

There will be 10-12 concurrent Solicited Short Courses with 90 minutes allotted for each Course on Wednesday, December 8, 1999, from 9:00-10:30 a.m., and again from 10:45 a.m.-12:15 p.m. Short Courses on the contributions of Jay Haley will be given preference. Solicited Workshops specifically on the contributions of Jay Haley will be held on Saturday, December 11, 1999, from 3:30-5:30 p.m., with eight to 10 concurrent Workshops, each allotted two hours.

Note: Only one proposal per presenter will be accepted (not counting copresenters).

CHOOSE ONE: I am submitting a proposal for:

The Seventh International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy (Solicited Short Courses) **OR**

A Tribute to Jay Haley (Solicited Workshops)

1) Individual submitting proposal: (All correspondence will be sent to this address.)

Name _____ Degree _____

University where highest degree was earned _____ Major _____

License # and state _____

Address _____

City/State/ZIP/Country _____

2) Names, Addresses and Degrees of copresenters (if any):

NOTE: All presenters MUST meet the Erickson Foundation's academic requirements of a master's degree or above from an accredited institution in a health related field. Full-time graduate students enrolled in accredited programs also may present. Graduate students must submit a letter on letterhead stationery from their department certifying full-time student status.

3) Title of Presentation:

4) Audiovisual equipment required:

- 35mm slide projector
- Overhead (transparency) projector

NOTE: Any other audiovisual equipment must have special approval prior to the Congress.

Enclosure Checklist: (SEND AN ORIGINAL AND FOUR COPIES) Attach this cover sheet to the original. The four copies should contain only the title because the review process will be blind. DO NOT INCLUDE NAMES ON THE FOUR COPIES.

- 200-word presentation summary
- 50-75 word abstract (for publication in the program and syllabus)
- Educational objectives (minimum of two objectives). In your objectives, indicate what participants will have learned at the end of the presentation. Be specific, e.g.: 1) To list three principles of hypnotic induction; 2) To describe three techniques of deepening hypnotic trance.
- Two true/false questions to be used for continuing education purposes.
- Curriculum vitae of all presenters. (Two copies only.)

If my proposal is accepted and placed in the program, I will be present at the Congress.

Signature _____

Date _____

DEADLINE:

Proposals must be postmarked by January 1, 1999. Acceptance or rejection will be sent by March 31, 1999.

Mail proposals to: The Milton H. Erickson Foundation, Inc.
20th Anniversary Committee
3606 N. 24th Street
Phoenix, AZ 85016-6500 USA

(Only a limited number of proposals can be accepted. Please submit early.)

UPCOMING TRAINING

DATE	TITLE/LOCATION/LEADER	CONTACTS
1998		
11/5-8	Intermediate Intensive Training in Ericksonian Approaches to Hypnosis and Psychotherapy/Birmingham, England/ Brent Geary, Ph.D.	1
11/6-8	Integrating Sexuality and Intimacy Conference/ Los Angeles, Calif./Invited Faculty	2
11/14	Ongoing Monthly Group Hypnotherapy Supervision: Intermediate and Advanced/New York, N.Y./ John Edgette, Psy.D.	3
11/26-28	3rd European Erickson Congress/Venice, Italy/ Invited Faculty	4
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., Jeffrey K. Zeig, Ph.D.	4
12/12	Ongoing Monthly Group Hypnotherapy Supervision: Intermediate and Advanced/New York City/Edgette	3
1999		
1/14-17	American Society of Clinical Hypnosis Workshop/ Phoenix, Ariz.	5
1/15-17	Fundamental Ericksonian Hypnosis/Guadalajara, Mexico/ Zeig	6
2/3-6	Hypnotherapy and Couples Therapy/Rottweil, Germany/ Zeig	7
2/7-12	First Segment of ZIST Comprehensive Training Program in Ericksonian Approaches/Penzberg, Germany/Zeig	8
2/13 & 14	Growth of the Clinician/Hamburg, Germany/Zeig	9
2/22-26	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy — Fundamental/Phoenix, Ariz./ Geary	2
2/26-28	Intensive Training in Hypnotherapy Workshop Series — Part I/Puebla, Mexico/Zeig	10
3/1-5	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy — Intermediate/Phoenix, Ariz./ Geary	2
3/12-14	Intermediate Ericksonian Hypnosis/Guadalajara, Mexico/ Zeig	6

Contact Information

1. Integrated Therapies & Trainings, 173 Southway, Guildford, England GU2 6DJ; tel/fax, 44/1483-502-787.
2. The Milton H. Erickson Foundation, Inc., 3606 N. 24th Street, Phoenix, AZ 85016-6500; tel, 602/956-6196; fax, 602/956-0519; e-mail, office@erickson-foundation.org; web, <http://www.erickson-foundation.org>.
3. Margaret Carne, MSW; tel, 201/451-6205; e-mail, margamar@aol.com.
4. 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.
5. ASCH, 2200 E. Devon Ave, Suite 291, Des Plaines, IL 60018-4501; tel, 847/297-3317; fax, 847/297-7309.
6. Juan Francisco Ramirez Martinez, M.S., Centro Mexicano de Programacion Neurolinguistica, Juana de Arco 14, Vallarta Norte, 44690 Guadalajara, Jalisco, Mexico; tel, 52/3-616-8447; fax, 52/3-616-5653.
7. Bernhard Trenkle, Dipl.Psych., Milton H. Erickson Institute of Rottweil, Bahnhofstrasse 4, D-78628 Rottweil, Germany; tel/fax, 49/741-41-477; e-mail, 100652.2626@compuserve.com.
8. Dr. Med. Wolf Buntig, ZIST in Penzberg, Zist 3, D-82377, Penzberg, Germany; tel, 49/8856-933901; fax, 49/8856-933902.
9. Susanne Vormbrock-Martini, Familytherapist, Kielkoppelstr. 38, D-22149 Hamburg, Germany; tel, 49/40-6724987; fax, 49/40-67391422.
10. Psic. Vicente Martinez Valdes, Depto. de Psicología, Benemerita Universidad Autonoma de Puebla, 3 Oriente 403, Centro Historico, CP 72000 Puebla, Pue. Mexico; fax, 52/22-42-61-43.

Conference Notes

Integrated Therapies & Trainings of Guildford, England, along with Behavioral Health Systems of Phoenix, Ariz. (U.S.A.), is sponsoring The Evolving Practice of Brief Therapy and Ericksonian Hypnosis: An International Conference, June 10-13, 1999, in London, United Kingdom. The Conference will be held at the Jarvis Felbridge Hotel located near London Gatwick Airport. The meeting for clinicians features both basic and advanced workshops and demonstrations by leading figures in brief and Ericksonian approaches. The Conference also offers a Preconference Workshop June 9, 1999, providing fundamental instruction on Ericksonian hypnosis and brief therapy for those with little or no previous exposure to these models. Faculty for the Conference include Susy Signer-Fischer, Lic.Phil.; Krzysztof Klajs, Lic.Phil.; Brent Geary, Ph.D.; Ben Furman, M.D.; Camillo Loriedo, M.D.; Michael Yapko, Ph.D.; Bernhard Trenkle, Dipl.Psych.; and Jeffrey K. Zeig, Ph.D. For Conference information and registration, contact Integrated Therapies & Trainings, 173 Southway, Guildford GU2 2DJ, England; phone/fax, 44-1483-502-787. Or contact Behavioral Health Systems, 31 West Carson Road, Phoenix, AZ 85041, U.S.A.; phone, (602) 268-8404; fax, (602) 268-5396.

* * *

The World Council for Psychotherapy is organizing the Second World Congress for Psychotherapy, "Myth, Dream, Reality," July 4-8, 1999, in Vienna, Austria. The Congress is devoted to dreams, myths and their "realness" in various schools of psychotherapy including: science and art, religion and spirituality, society and politics, education and schools, love, sexuality and aggression, psychopharmacological drugs, and more. Also being offered are Pre-Congress Workshops, July 3 and 4, 1999, on Dream Interpretation and Dream Work in various schools of psychotherapy. The Congress includes experts representing over 20 countries. For more information and a brochure, please contact WCP Head Office, Rosenbursenstr. 8/7/8, A-

1010 Vienna, Austria; phone, 43-1-512-04-44; fax, 43-1-512-05-70; e-mail, wcp.office@psychotherapie.at.

* * *

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 Congres 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.

* * *

M.E.G., the Milton H. Erickson Society for Clinical Hypnosis held its 20th anniversary meeting in Bad Orb, Germany, November 5 through 8, 1998. Bernhard Trenkle, Dipl. Psych., president of M.E.G., said there was a meeting of the 20 member teaching staff in conjunction with the boards of directors of other German and European Hypnosis societies to discuss scientific and political questions about hypnosis.

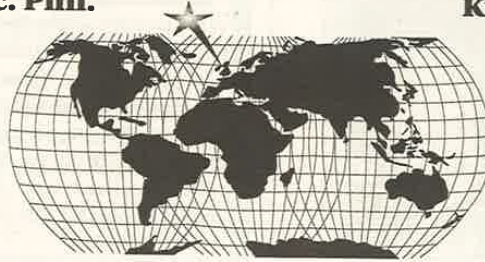
A special highlight was the awarding of the first Milton H. Erickson Award of M.E.G. for Outstanding Contributions to the Field. This carries a cash award of 10,000DM which is approximately \$5,500.

* * *

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.

The Evolving Practice of Brief Therapy and Ericksonian Hypnosis: An International Clinical Conference • June 10~13, 1999 • London, United Kingdom

<p>Susy Signer-Fischer, Lic. Phil. <i>Switzerland</i></p>	<p>Krzysztof Klajs, Lic. Phil. <i>Poland</i></p>
<p>Brent Geary, Ph.D. <i>United States</i></p>	<p>Ben Furman, M.D. <i>Finland</i></p>
<p>Camillo Loriedo, M.D. <i>Italy</i></p>	<p>Michael Yapko, Ph.D. <i>United States</i></p>
<p>Bernhard Trenkle, Dipl. Psych. <i>Germany</i></p>	<p>Jeffrey K. Zeig, Ph.D. <i>United States</i></p>



A meeting for clinicians featuring both basic and advanced workshops and demonstrations by leading figures in brief and Ericksonian approaches.

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CONNECTIONS

Kay Thompson: Dentist and Therapist

Editor's note: During a private meeting at the 1997 Seminar in Phoenix, Arizona, Kay Thompson, D.D.S., agreed to share some of her thoughts and experiences for later publication in the Newsletter. The final product is a result of a recorded conversation between Kay Thompson, Elizabeth Erickson (Mrs. M. H. Erickson), Jane Parsons-Fein, Betty Alice Erickson, and Dan Short. Other topics covered during this conversation will be published in future issues of the Newsletter. Kay Thompson passed away in May 1998.

Dan Short (DS): Kay, when did you first begin your practice?

Kay Thompson (KT): I began in 1953.

Elizabeth Erickson (EE): You started using brief therapy from the very beginning didn't you?

KT: I had to. It was my only option. I was getting patients who were referred to me by therapists and psychiatrists. After all, someone had to deal with the people in therapy who had problems with their mouth. And for these folks, many of their problems were related to problems with the oral cavity. I had to do dentistry and "cure" the patient at the same time. But dentists were not allowed to do that so I could not admit that I was doing therapy.

At first I was afraid of the therapy aspect of what I was learning about hypnosis. But then I began to think of brief therapy as work with normally adjusted people who have temporary problems. I suspect that if there had not been an emerging shift toward brief therapy, I would not have continued my training.

Jane Parsons-Fein (JP): Kay, didn't you tell me once that you were the only woman in your dental school? What caused you to pursue dentistry?

KT: I went into it because I had a father who was a dentist and because from the time that I was ten years old I had been his dental assistant. I did not know that women could not be dentists, too. However, in 1950, a woman who had any kind of career



Kay Thompson, D.D.S.

was strange. There are still people who think that I chose not to have children because I had a career, which is not the case. People did not believe that you could do both.

While on top of a mountain, I wrote a paper. In this paper I described my realization that it was ok for me to be whatever I could be. I arrived at this understanding because of Erickson's encouragement and support. He made me open doors that I never would have opened by myself.

DS: What type of social changes have you witnessed across the years?

KT: Back when I started, hypnosis was a man's field. It was mostly physicians and dentists when it started. There were very few therapists. At first there were no other women in the seminars, then, gradually I saw more women but only male teachers. For years it was women being taught by men. There was a hierarchy. The physician was at the top and he dripped the knowledge down to the students who then dripped it down to the public.

Now, when I look around training seminars, I see female therapists doing most of the therapy. This bothers me. There is still a need for hypnosis in medicine and dentistry. I think the focus needs to move back to the triad of medicine, dentistry and therapy. The current tendency is for physicians to look at hypnosis as the work of therapists. That is a shame because it is the patient who suffers.

DS: Do you have any concerns about current trends in therapy?

KT: I heard a lecture from a brilliant psychiatrist in Boston named Larry Berley, M.D. He used the best physiological metaphors. I would like him to write a book about the subject because too many therapists lack this knowledge. I think there is a need to

infuse physiology with therapy. This will allow therapeutic progress to occur more rapidly.

Another problem is that the field is wimping-out.

JP: What do you mean?

KT: We just finished the West Virginia course after which we do a very thorough evaluation. I am getting used to being deemed callous. According to the latest evaluations, an anesthesiologist and I were "Too hard on the people in the small groups. We destroyed the student's egos. We should have been able to give criticism so that it didn't hurt their feelings."

Betty Alice Erickson (BA): Yes. With some of my interns it is the same orientation. As the instructor you are supposed to be solely supportive. But there are some things that are right and some things that are wrong. You have to be able to state your values.

KT: How can you learn if you never get criticism? The students that I used to teach in the '60s were very different from those that I am teaching in the '90s. Now, there is less of a willingness to take responsibility. Today, there is an open permissiveness that is being taught by so many therapists. It is this idea that "anything goes." I see

this attitude as an unwillingness to accept responsibility for one's influence.

JP: I do not think that all recent changes are bad. There are some exciting things happening in the field. For instance, more and more people are being trained in the use of hypnosis.

KT: Of course, many good things are happening. Erickson once commented, "I don't care what they say about me, if they just spell my name right." As the work that we do continues to gain exposure I expect that it will continue to evolve.

The Kay Thompson Fund

In memory of Kay F. Thompson, D.D.S., the Erickson Foundation is in the process of setting up a fund that will be used to advance the causes that Kay held so dear. They include: education in hypnosis, research into clinical issues such as pain control, and promoting excellence in teaching hypnosis. If you would like to contribute to this fund, please send your bequest to The Milton H. Erickson Foundation, Kay Thompson Fund, 3606 N. 24th Street, Phoenix, AZ 85016-6500, U.S.A.



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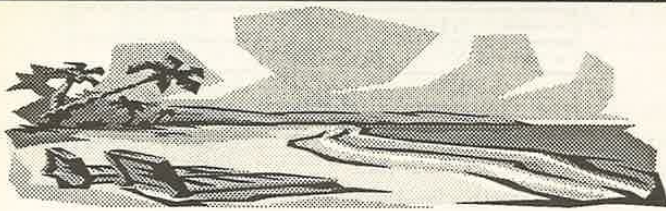
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Phoenix, AZ	Jan. 29-31
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WEB WATCH

by James Keim, M.S.W.
Administrator of the Erickson Listserv
Fort Collins, Colo.
(JPKEIM@aol.com)

Welcome to the first installment of the WEB Watch Column. In addition to reviews of various WEB sites, I will include interesting bits of discussion from The Erickson Listserv and other internet discussion groups.

Heard on the Internet ...

This issue's quote comes from well-known author, trainer, and brief therapist Brian Cade. It first appeared on the SFT list (a Solution Focused Therapy listserv run by Harry Korman) and was reposted on the Erickson List.

Brian was inspired by a trainee who, on seeing an excerpt of Erickson on videotape, said "But surely that's a Michael White technique." Brian wrote:

"Michael Durrant and I, some time ago, realized that Erickson was clearly a blatant future plagiarist. He plagiarized many of Michael White's and other's ideas by sneakily pretending to have come up with them thirty or forty years earlier. Obviously, Bateson is guilty of the same offense, plagiarizing Werner Erhard's ideas way ahead of time. In fact, if you look into the literature, the therapy world is full of such disgusting offenses.

Erickson also had the hide to pinch the idea of "not knowing" years before recent writers came up with it. He externalized years ago without ever referencing White. The ancient Greeks and, before them, the ancient Chinese and Indian civilizations pretended to have invented the notion of relativity in reality without properly referencing any of the major 20th century post-modernists. And even I, to my shame, had the hide to become preoccupied with the marginalising effects of poverty and racism 30 or so years ago without ever acknowledging the narrative approach. What on Earth was the world coming to in those days?" — Brian

The Online Dictionary of Mental Health

<http://www.shef.ac.uk/~psyc/psychotherapy/index.html>

This site is a bizarre disappointment. Although it employs the rather grandiose name, the "Online Dictionary of Mental Health," it refuses to give definitions in what is described as "an exercise in democratic psychiatry." The only helpful moment came when I typed Milton Erickson's name into the site's search engine and was linked to the "Leeds Good Value Guide to Paris Restaurants." I now have the names of some rather spiffy bistros in Paris's Latin Quarter.

General Rating: (*) One Star

Specific Item Rating: (**) Two Stars for the amusing accidents that happen when one uses the site's search engine.

American Academy of Child and Adolescent Psychiatry

<http://www.aacap.org>

This is the WEB presence of the American Academy of Child and Adolescent Psychiatry (AACAP) and is dedicated to providing information to members, parents, and families. The general information on mental health problems is stodgy and uninspired and too often is merely warmed-over DSM-IV. But there are some pages that are well worth your time; my favorite are the AACAP Press Releases which detail some exciting research and clinical findings. If you wish to go straight to the press releases, try:

<http://www.aacap.org/commun/pressrel/>

General Rating: (**) Two Stars

Specific Page Rating: (***) Three Stars for the press releases

Ratings for WEB Site Reviews

****	Must see
***	Well worth your time
**	Visit if you are bored
*	Highly irritating

Editor's Note: To join the list write to:

listserv@home.ease.lsoft.com

and, in the text of your message (i.e., not the subject line), write: *SUBSCRIBE ERICKSON* followed by your name, (e.g., *SUBSCRIBE ERICKSON Mary Smith, Ph.D.*). 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.

WEB REVIEW

PsychInnovations

at

www.psychInnovations.com

PsychInnovations is the Web Site developed by Bob Yourell, LMFT. This is a comprehensive web site where one can learn about the latest innovations, important studies and vast professional resources in the area of "power therapies." This site contains useful information such as session transcripts, clearly defined terminology and diagnostic tools. PsychInnovations also provides a mental health page for the general public.

The complexity of power therapies is placed in a context that allows for the consideration of differing "attitudes" as well as engaging the viewer with the many different approaches and techniques. PsychInnovations also is organized to fulfill the many demands for fast information recovery. The side bar, complete with all the information located within the many pages, quickly takes you to areas of interest. There are many links to resources for the professional therapist, as well as brief reviews and full-length articles. Information can be retrieved for later use, and one's questions may be presented, as I have found, to be answered quickly and

efficiently. Overall, when looking for information about power therapies and their applied usefulness, Yourell has created a site that is complete, engaging, and presented in full accordance with the ethical standards for mental health information.

As a student in the field of mental health, I recommend this site to others who also are exploring the many different approaches available. Yourell has created a page that not only discusses EMDR, as one example, but also defines its practice and usefulness. Power therapies also are explored through fully comprehensive explanations, vignettes, and definitions of terminology. These two components, explaining and defining, are what I believe, make this site a vital resource. With the continuing emergence of Mind and Body therapies, Yourell has offered a site that contributes to the understanding of this field. By continuing to educate, define, and offer session summaries, Yourell has given the student and professional alike, a place to further enrich the precious resources within our clients, and within ourselves.

Reviewed by:

Dinese Nier

Student at Alfred University, New York

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National Mental Health Service's Knowledge Exchange Network

at

<http://www.mentalhealth.org>

The National Mental Health Service's Knowledge Exchange Network can be found at <http://www.mentalhealth.org>. This is an extremely comprehensive site. Visit this site if you are looking for extensive information, regarding mental illness. Do not enter if you are looking for bite-sized information or amusing anecdotes.

Created by a Canadian psychiatrist, Dr. Phillip Long, and programmed by his colleague, Brian Chow, the site is intended to improve the understanding, diagnosis, and treatment of mental illness. It is designed for mental health professionals, students and members of the general public. A sixteen-page index includes hundreds of listings, organized into the following categories:

Disorders

This category contains 52 of the most common adult and child mental disorders, including American and European descriptions, treatment information, and research findings on diagnosis, treatment, and etiology. In addition, a listing of information booklets and magazine articles appear with each disorder.

Medications

Sixty-seven of the most common psychiatric drugs covering indications, contraindications, warnings, precautions, adverse effects, overdose, dosage, and research findings are described.

Magazine

This section lists news, magazine articles, booklets, stories of recovery, letters, and editorials on mental disorders.

Diagnosis

This area provides an on-line diagnosis of Anxiety Disorders, Mood Disorders, Schizophrenia, Eating Disorders, Personality Disorders, and Substance Use Disorders. There is a list of questions

to be answered by a therapist or patient that can be used to give an instant diagnosis. There are links to pages describing the disorder and its treatment.

Links

There are hundreds of links to sites relating to specific disorders or providing general mental health information.

If the availability of enormous amounts of information is an aid to improved understanding, then this site definitely fulfills its stated purpose. My personal bias is that change and healing come from process, not from facts. Therefore, I question how valuable all this information is for someone experiencing an emotional or mental problem. Sometimes it just contributes to "the dog chasing its

tail," in which we get more and more caught up in the problem, rather than the solution. In spite of a disclaimer, for somebody already experiencing instability, I question the benefit of being able to do a self-diagnosis in the middle of the night.

This site is filled with information that is clearly organized and easily arranged. It requires no special software. This site could be of great value to students, new practitioners, or experienced clinicians needing information about particular issues. Also, for patients, families, and support groups this site would be an excellent source of general information on specific disorders.

Reviewed by:

Susan Koenig, Ph.D., M.F.C.C.
Lakeport, California

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WEB ANNOUNCEMENT

Scientific Hypnosis

at

<http://www.hypnosis-research.org>

A new hypnosis Web page developed at the University of California, Los Angeles (UCLA), combines a large database of references on clinical and experimental hypnosis (8,000 items and growing) with information for the public. Many of the references have abstracts or notes, making it possible to search and retrieve data quickly for patient care, presentations and research.

Using an interactive menu the visitor can add new references that are immediately available to colleagues around the world. For example, I found only 91 Erickson-authored articles in the database, but one could easily add more of Erickson's articles and books (which would be color coded until reviewed by the editor). Also, one can add abstracts or summary notes to the items already in the database.

As an example of how the database is used, the visitor might search by topic, author, words in the title, or even by language or type of reference (e.g., Dissertations, Reviews). One may combine search terms, (e.g., finding articles that include either "hallucination" or "perception," or both as Keywords). There are more than 400 Keywords. The list begins with abreaction, absorption, abuse; and ends with vomiting, warts/viruses, witchcraft/voodoo.

With photographs from the UCLA Japanese Garden introducing each part of the home page, this web site also may be useful as an introduction to hypnosis for prospective clients or interested colleagues. The Web Site address is <http://www.hypnosis-research.org>. The Editor's E-mail address is holroyd@ucla.edu.

Web Site Editor:

Jean Holroyd, Ph.D.

University of California, Los Angeles

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Integrating Ericksonian Methods, Jeffrey K. Zeig, PhD

- Audio Tape (BT98-CP20) Video Tape (BT98-CPV1)

Working with a woman who wants help in deciding whether or not to have a child, Dr. Zeig identifies two "parts," one that has decided positively and one that dithers. Dr. Zeig symbolically acts out these parts for the woman who "sculpts" Dr. Zeig into representative postures. This therapy, tabbed "incorporative identity work" features methods from Ericksonian practice, gestalt therapy and psychodrama.

The Reflecting Genogram, Lynn Hoffman, ACSW

- Audio Tape (BT98-CP21) Video Tape (BT98-CPV2)

A Reflecting Genogram is a teaching format that treats a genogram as a communal process. Rather than exploring problem areas, it is designed to highlight themes of strength and hope. The instructor asks the consulting person to "make two wishes and tell me one." During a conversation between teacher and trainee that links family information to the stated wish, another trainee draws a genogram on a flip chart. A group of reflecting persons associates images and ideas to what they heard, followed by messages from a group of "as if" family members. The exercise ends with an exchange of responses between teacher and trainee.

Redecision Therapy, Mary Goulding, MSW

- Audio Tape (BT98-CP22) Video Tape (BT98-CPV3)

This demonstration consists of very brief therapy with 2 volunteers. The first explores her childhood/adulthood sense of herself as "unworthy." She decides to believe in her own worthiness, as a unique and valuable person. The second addresses issues of her criticism of self and others. This demonstration of Redecision Therapy focuses on (1) contract, (2) rededication, and (3) self-reinforcement of the rededication.

Interview, Michael Hoyt, PhD

- Audio Tape (BT98-CP23) Video Tape (BT98-CPV4)

An interview is conducted with a man struggling to maintain composure in the face of multiple stresses: impending surgery for his young child, the anniversary of his mother's death, and his own self-critical demands. A balance between present-centered acceptance of feelings and some future-oriented change strategies is demonstrated. An interesting post-interview question and answer discussion focuses on ways of opening and closing the session, the possible role of exploring family-of-origin dynamics, and the use of therapist self-disclosure.

Examining the Resolution of Anxiety & Pain Problems

Using Hypnosis, Stephen Lankton, MSW, DAHB

- Audio Tape (BT98-CP24) Video Tape (BT98-CPV5)

This case depicts the resolution of severe shoulder pain occurring along with a deep sense of fear using hypnosis during the session. The client's previous injuries had left him with the intermittent pain. His strong sense of fear was originally the result and now was the cause of his lack of confidence in his ability to feel healthy again. Treatment during hypnosis relied upon indirect and direct suggestion, antidote, metaphor, and a strategic use of imagery.

Demonstration of Rational Emotive Behavior Therapy, Albert Ellis, PhD

- Audio Tape (BT98-CP25) Video Tape (BT98-CPV6)

Dr. Ellis works with two volunteers during this demonstration. The first client is angry at his mother and brother for blaming him for being so heavy at birth and ruining her health. The second client is afraid his pregnant wife will lose their first child and that might even lead her to divorce him. He invents possible catastrophes and is very anxious.

The Symptom Path to Mind-Body Healing, Ernest Rossi, PhD

- Audio Tape (BT98-CP26) Video Tape (BT98-CPV7)

This demonstration illustrates an Ericksonian approach to introducing mind-body healing themes to an audience in preparation for selecting a subject who is ready for therapy. The therapist (1) demonstrates how to utilize a patient's ongoing behavior to induce therapeutic trance; (2) how patients can be supported in doing their own inner work entirely in private without the therapist even knowing what the problem is; (3) how patients can create their own healing metaphors; (4) how patients can co-create a basic unit of psychobiological healing in cooperation with the therapist's sensitivity and responsiveness to the patient's minimal mind-body cues.

The Problem is the Solution: A Demonstration of Self-Relations

Therapy, Stephen Gilligan, PhD

- Audio Tape (BT98-CP27) Video Tape (BT98-CPV9)

A man presents his problem: a psychosomatic reaction while working. Dr. Gilligan induces a light trance, then asks the man to access the somatic sensation of the problem. Instead, the man develops a wonderful whole body feeling of a "unified healing field." Dr. Gilligan uses this field to allow man to access and heal the psychosomatic problem.

Hypnotically Generating Therapeutic Possibilities, Michael Yapko, PhD

- Audio Tape (BT98-CP29) Video Tape (BT98-CPV11)

This demonstration involves the use of clinical hypnosis for the general purpose of facilitating multiple-level problem solving. The client, Bob, presents the problem of feeling insecure about his therapy skills, and wants to be less dependent on and reactive to others' feedback. Through the use of a wide variety of suggestion structures, including goal-directed metaphors, Bob begins to shift his attributions and develop some relevant skills for being more self-validating and less intent on gaining others' approval.

The Mirror as a Tool, Michael Mahoney, PhD

- Audio Tape (BT98-CP30) Video Tape (BT98-CPV12)

Dr. Mahoney demonstrates, with the help of a volunteer, how a hand-held mirror can facilitate client self-awareness and enrich self-relations. He discusses a wide range of clients and problems that may be served with this technique.

All sessions recorded live during the meeting and are available for sale during and after the conference.
NOTE: Any pre-recorded material played during a presentation will not be recorded on these tapes unless written consent is given by the speaker(s).



AUDIO TAPES ONLY – NOTE: Remember “AB” Count As Two Tapes

KEYNOTE PRESENTATIONS

- ❑ BT98-K-1 **Practicing Psychotherapy Briefly & Rapidly Without Cutting Corners**, Arnold Lazarus, PhD
- ❑ BT98-K-16 **This Thing Called Love**, Helen Fisher, PhD
- ❑ BT98-K-67 **Birth Order, Family Dynamics and Creative Lives: From Sibling Rivalry to World History**
Frank Sullaway, PhD

ACCEPTED PAPERS - 2 Tapes Per Session

- ❑ BT98-P-2AB **Trauma Papers: Crises, Chaos & Brief Therapy: Constructive Interventions in High Risk Situations**, J. Scott Fraser, PhD; **A Short Trip from Victim to Survivor: Brief Therapy with Adults Who Bear Memories of Sexual Abuse**, Janice A. Gasker, DSW, ACSW, LSW; **Using EMDR to Deal with Trauma and Fragile Adaptations in Brief, Psychodynamically Informed Psychotherapy**, Ruth R. Heber, PhD, Sandra Shapiro, PhD; **Hypnosis and EMDR: Comparing, Selecting and Combining Treating Strategies to Treat Trauma**, Harriet E. Hollander, PhD, Sheila Bender, PhD
- ❑ BT98-P-3AB **Special Populations Papers: Brief Therapy with Chronic Problems: A Problem-Focused Approach in Working with People with Developmental Disabilities**, Katherina Anger, PhD, Richard Cohen, PhD; **Dr. Erickson's Encounter with Chemical Dependency Treatment: Using Diverse Treatment Approaches & Patient Specific Solutions**, Kate Burns, MS; **Adapting Brief Solution-Focused Therapy Methods for Severely Mentally Ill Populations**, Catherine A. Chambliss, PhD; **Focused Integrative Therapy: Brief Therapy with Substance Abuse Clients**, Stephen M. Healey, MSW
- ❑ BT98-P-4AB **Research & Psychodynamics Papers: A Self-Psychological Assessment and Intervention Model for Children, Adolescents and Their Parents: Implications for and Limitations of Short-Term Developmental Interventions**, Thomas M. Krapu, PhD; **Hypnotic Test Preparation**, Daniel R. Lutzker, PhD; **Brief Therapy with Patients with Disorders of Personality: Selection, Timing and Methods of Restructuring Personality**, Jeffrey J. Magnavita, PhD, ABPP; **A Twice Told Tale: A Phenomenological Inquiry into Clients' Perception of Therapy**, Muriel Singer, RN, MS
- ❑ BT98-P-5AB **Orientations to Brief Therapy Papers: An Atheoretical Solution-Oriented Model of Brief Therapy**, Richard Hatten, PhD; **Solution-Focused Family of Origin Therapy**, Linda S. Metcalf, PhD, Terry Hargrave, PhD; **Psychological Assessment as Brief Therapy**, Wayne D. Price, PsyD; **A “Miraculous” Psychotherapy Within the Hispanic Context**, Moises Rozanes Tassler, MD, M.Soc.Med.
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- ❑ BT98-IA-18AB **Special Populations: Focused Psychotherapy for Older Adults: Increasing Your Medicare Practice**, Nicholas Cummings, PhD; **The Recovered Memory Debate: Where Do We Stand Now?** Laura S. Brown, PhD; **Revisioning Family Therapy: Race, Culture, Class and Gender**, Monica McGoldrick, PhD
- ❑ BT98-IA-19AB **Issues in Brief Therapy: The Last Session in Brief Therapy: How and Why to Say When**, Michael F. Hoyt, PhD; **Getting to the Surface of the Problem**, Steve de Shazer, MSSW; **Post-Modernism and Brief Therapy: A Critique**, William Matthews, Jr., PhD
- ❑ BT98-IA-78AB **Affect in Brief Therapy - II: A Preventive, Brief, Video Intervention for Depressed Patients and Their Families**, Simon Budman, PhD; **Affect Phobias: Cause and Cure in Short Term Treatment**, Leigh McCullough, PhD; **Treating Depression in Couples Therapy**, Peggy Papp, ACSW
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❑ BT98-IA-90AB **Intervention Points: Symptoms as Awakenings**, Stephen Gilligan, PhD; **Better, Deeper and More Enduring Brief Therapy**, Albert Ellis, PhD; **The Use of the Therapeutic Relationship in Brief Therapy**, Camillo Loriedo, MD

❑ BT98-IA-91AB **Ericksonian Perspectives: Brief Therapy - Cognitive, Behavioral, Strategic, Ericksonian or All?** Betty Alice Erickson, MS, LPC, LMFT; **Ericksonian Brief Therapy in the New Millennium: Primary Response Genes in the Deep Psychobiology of Psychotherapy**, Ernest Rossi, PhD; **Heuristics**, Jeffrey K. Zeig, PhD

❑ BT98-IA-92AB **Special Issues: Brief Therapy for Sexual Dysfunction**, Joseph LoPiccolo, PhD; **Accelerating Change in Brief(er) Prescriptive Therapy: Four Catalysts**, John Norcross, PhD; **Brief Therapy in Light of the Evolution of the Mind**, Robert Langs, MD

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- ❑ BT98-W-7AB **Treatment of Panic Disorder**, David Barlow, PhD
- ❑ BT98-W-8AB **Choices and Success**, Steve de Shazer, MSSW
- ❑ BT98-W-9AB **Hypnosis in Therapy for Beginners – Or Others**
Stephen Lankton, MSW, DAHB
- ❑ BT98-W-10AB **Revisioning Family Therapy With A Cultural Lens**, Monica McGoldrick, PhD
- ❑ BT98-W-11 **Key Concepts in Short-Term Anxiety
(1 tape) Regulating Therapy**, Leigh McCullough, PhD
- ❑ BT98-W-12AB **A Reflecting Consultation**, Lynn Hoffman, ACSW
- ❑ BT98-W-13AB **The Symptom Path to Mind-Body
Communication and Healing**, Ernest Rossi, PhD
- ❑ BT98-W-14AB **The Transtheoretical Approach to Patients,
Populations and Organizations**, John Prochaska, PhD
- ❑ BT98-W-15AB **Brief Therapy With Depressive Families**
Camillo Loriedo, MD
- ❑ BT98-W-68AB **Making Homework Work**, Simon Budman, PhD
- ❑ BT98-W-69AB **Suicide: Focused Psychotherapy
Differentiates & Treats the Lethal Patient**
Nicholas Cummings, PhD, Janet Cummings, PsyD
- ❑ BT98-W-70AB **Constructive Psychotherapy**, Michael Mahoney, PhD
- ❑ BT98-W-71AB **Getting Results! Strategies for Success in the
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Scott Miller, PhD
- ❑ BT98-W-72AB **Short Term Couples Therapy**, Peggy Papp, ACSW
- ❑ BT98-W-73AB **“Freud’s Bird of Prey:” Implications for
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- ❑ BT98-W-76AB **Integrating Hypnosis With Cognitive-Behavioral
Approaches to Treating Depression**
Michael Yapko, PhD
- ❑ BT98-W-81AB **Single-Session Psychotherapy: Enhancing
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- ❑ BT98-W-82AB **Relational Practices**, Maureen O'Hara, PhD
- ❑ BT98-W-83AB **When Your Client is a Plaintiff: Forensic
Survival Strategies for Treating Therapists**
Laura Brown, PhD
- ❑ BT98-W-84AB **Sexual Problems: Desire, Erections and Orgasms**
Joseph LoPiccolo, PhD
- ❑ BT98-W-85AB **Brief Rational Emotive Behavior Therapy**
Albert Ellis, PhD
- ❑ BT98-W-86AB **“I Just Want To Feel Better” - Brief Therapy
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Changes**, Betty Alice Erickson, MS, LPC, LMFT

MORE ▶ ▶ ▶

- BT98-W-87AB Childhood Memories, Mary Goulding, MSW
- BT98-W-88AB Customizing the Therapeutic Relationship To Individual Patients in Brief Therapy
John Norcross, PhD
- BT98-W-89AB A Place for Soul: A Workshop in Self-Relations Psychotherapy, Stephen Gilligan, PhD

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- BT98-TP-31 Abuse of Psychotherapy, Laura Brown, PhD, Nicholas Cummings, PhD, Betty Alice Erickson, MS, LPC, LMFT, Joseph LoPiccolo, PhD
- BT98-TP-32 Essential Aspects of Brief Therapy
Albert Ellis, PhD, Leigh McCullough, PhD, Scott Miller, PhD, Michael Yapko, PhD
- BT98-TP-33 About Milton H. Erickson
Betty Alice Erickson, MS, LPC, LMFT, Stephen Lankton, MSW, DAHB, Ernest Rossi, PhD, Jeffrey K. Zeig, PhD
- BT98-TP-34 The First Session In Brief Therapy
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- BT98-TP-35 Depression & Anxiety, David Barlow, PhD, Steve de Shazer, MSSW, Mary Goulding, MSW, Michael Yapko, PhD
- BT98-TP-36 Mind/Body Issues, Stephen Gilligan, PhD, Robert Langs, MD, Michael Mahoney, PhD, Ernest Rossi, PhD
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- BT98-TP-38 Psychotherapy: Art or Science?
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- BT98-TP-39 Brief Therapy & Managed Care
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- BT98-TP-40 Role of the Therapist/Role of the Client
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- BT98-SP-45 Supervision Panel 3, Laura Brown, PhD, Betty A. Erickson, MS, LPC, LMFT, Leigh McCullough, PhD, Jeffrey K. Zeig, PhD

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- BT98-DT-52 Dialogue 7 - Gender Issues
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- BT98-DT-53 Dialogue 8 - Affect In Therapy
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- BT98-DT-54 Dialogue 9 - Homework
Steve de Shazer, MSSW, Michael Yapko, PhD
- BT98-DT-55 Trialogue 10 - Intellectual vs. Emotional Insight, Albert Ellis, PhD, Robert Langs, MD, Jeffrey K. Zeig, PhD
- BT98-DT-56 Dialogue 11 - Brief Therapy & Organizations
Simon Budman, PhD, Stephen Lankton, MSW, DAHB
- BT98-DT-57 Dialogue 12 - Brief Therapy as Problem Solving, Betty A. Erickson, MS, LPC, LMFT, Richard Fisch, MD

CONVERSATION HOURS

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- BT98-CH-59 Conversation Hour 2 - Albert Ellis, PhD
- BT98-CH-60 Conversation Hour 3 - Richard Fisch, MD
- BT98-CH-61 Conversation Hour 4 - Steve de Shazer, MSSW
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- BT98-CH-63 Conversation Hour 6 - Joseph LoPiccolo, PhD
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- BT98-CH-66 Conversation Hour 9 - Peggy Papp, ACSW

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Feminist Therapy in the '90s

by Lisa Vinuesa, M.A.
Dallas, Texas

In the 1960s and early 1970s, the women's movement called attention to the effects of gender role socialization on women, and from this heightened awareness emerged feminist therapy. Since feminist therapy originated neither as a systematized set of techniques, nor as a specific theory of psychotherapy developed by and identified with one or a select few leaders, it was and continues to be somewhat difficult to define. Perhaps feminist therapy, in its current stage of development, can best be defined as an approach to therapy based on a philosophical framework of core feminist beliefs (Sturdivant, 1980). These core beliefs include an emphasis on equality and equal distribution of power in relationships; equal access to all roles, regardless of gender; rights of women with regard to self-definition and self-determination; and examination of sociocultural imbalances that impede the accomplishment of these objectives.

Following are some basic principles for feminist therapists:

1. Feminist therapy emphasizes the role of sociocultural context in the development of personality and behavior and in understanding the experience of female clients (Sturdivant, 1980; Walker, 1996). In fact, feminist therapy suggests that the female role not only creates barriers to self-actualization for women, but is responsible for many of the symptoms of emotional and psychological distress experienced by women (Sturdivant, 1980). Therefore, intrapsychic factors are taken into account in therapy, but dysfunctional behavior is generally viewed as a logical adaptation to external factors.

2. Feminist therapy emphasizes the development of egalitarian relationships. Although a power differential is inherently present in the therapeutic relationship, a feminist therapist attempts to minimize this imbalance by constantly attending to it and through measures such as appropriate self-disclosure, establishing a collaborative relationship in which the client helps set goals, promoting independence, focusing on strengths, and posing interpretations as suggestions that the client is free to reject (Walker, 1996). Additionally, openly

discussing power dynamics in the therapeutic relationship and in other relationships helps increase awareness of the role of power and powerlessness in relationships (Brown & Brodsky, 1992).

3. Feminist therapy assumes that any therapist that is raised in a culture where gender bias exists will internalize some of that bias and will be influenced by the values and beliefs of the culture. Since a therapist's values and beliefs can place limitations on clients, it is the responsibility of the therapist to identify his or her own underlying biased thinking (Sturdivant, 1980).

4. Feminist therapy values both behaviors traditionally associated with femininity, such as nurturing and relationship skills, and those traditionally associated with masculinity, such as autonomy, and promotes a healthy balance of each in all individuals. Sex roles are viewed as artificial developments of socialization that are limiting to both women and men (Sturdivant, 1980).

5. Feminist therapy promotes recognition of and respect for differences in backgrounds, cultures, experiences, preferences, and other variables (Walker, 1996). Where differences exist, unfortunately there has been a tendency for society to label attributes associated with the dominant culture as "superior," while attributes associated with the non-dominant culture are designated "inferior" and not valued. For example, the female role has traditionally encouraged caretaking, self-sacrifice, and maintaining harmony; however, in this society a higher value is placed on independence, assertiveness, and self-reliance, which is associated with the traditional male role. Therefore, if a woman conforms to the traditional female role, her behavior is not valued or respected. A feminist therapist addresses issues such as these with clients.

6. Feminist therapy with women draws from empirical data that is representative of the psychology and experience of women, not from data that represents males and has been modified to fit women (Brown & Brodsky, 1992).

Since adherence to this philosophical framework defines feminist therapy, one might be a feminist therapist and also a cognitive-behavioral or psychodynamic or Gestalt therapist. Goals of feminist therapy might include helping clients understand the effects of socialization on their own

development, and then assisting clients in developing a sense of self based on personal choices and goals, and not on societal expectations (Sturdivant, 1980). In developing this new sense of identity, factors such as personal responsibility, personal limitations, and potential consequences should be taken into consideration. In practice, feminist therapy should be flexible and tailored for the individual client. Lenore Walker (1996) cites an example of a case in which she worked with a very religious, conservative client. Walker asked her client if she had ever considered going into seminary. Her client had not. Though it was doubtful the client would follow through with the idea, a new possibility had been introduced for her that moved beyond what she had previously considered to be her range of options.

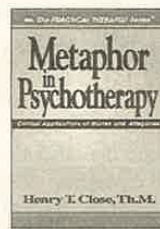
Due to the flexibility illustrated by this example, and due to a respect for differences and a recognition of

sociocultural influences, feminist therapy continues to have broad application with women. Though society has changed since the inception of feminist therapy over two decades ago, society changes slowly. Furthermore, these principles of feminist therapy make it appropriate for use with male (Walker, 1996) and multicultural clients, as well (Brown & Brodsky, 1992).

References:

- Brown, L. S., & Brodsky, A. M. (1992). The future of feminist therapy. *Psychotherapy, 29*, 1, 51-57.
- Sturdivant, S. (1980). *Therapy with Women: A Feminist Philosophy of Treatment*. New York: Springer.
- Walker, L. (1996). *Feminist and Survivor Therapy with Abused Women*. Cassette Recording No. J241-W20A-B. Phoenix, AZ: Milton H. Erickson Foundation.

Metaphor in Psychotherapy Clinical Applications of Stories and Allegories



by Henry T. Close, Th.M.

A creative collection of stories and allegories, and ways to use them as teaching tools in psychotherapy. Prepared by a respected Ericksonian psychotherapist, this comprehensive, new resource aids therapists in helping clients change distorted views of the human experience. Includes dozens of practical therapeutic activities involving metaphor, drama, fantasy and meditation. Hardcover: \$34.95 320 pages

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INTRODUCING THE INSTITUTES

Institut Milton H. Erickson de Belgique of Brussels, Belgium

by Thierry Melchior,
Dipl. Psych., Dipl. Phil.

The Institut Milton H. Erickson de Belgique, of Brussels, Belgium, was founded in 1986 on the initiative of Gerald Brassine, M.S.W. Brassine had received training at the Mental Research Institute of Palo Alto (MRI) as well as in seminars by various Ericksonian practitioners. Back in Belgium he started to train some colleagues interested in the Ericksonian approach. Yves Doutrelugne, M.D., a general practitioner of Tournai, and Thierry Melchior, a psychologist working at the University of Brussels, received additional training from Jean Godin and Jacques-Antoine Malarzewicz at the Milton Erickson Institute of Paris. At that time it was necessary to go abroad for training in hypnotherapy because there was none available in Belgium, at least not in French. Positioned between France and the Netherlands, a large portion of the inhabitants of Belgium speak Dutch (the Flemish), a small portion speak French (the Walloons and most of the inhabitants of Brussels, the capital), and a small minority speak German. The Erickson Institute of Belgium is French speaking. At that time, too, the majority of the therapists were psychoanalysts, and there was little recognition for alternative ways of doing therapy.

Brassine, Doutrelugne and Melchior had the feeling that the Ericksonian approach was a radical paradigmatic shift from traditional therapy, more creative, more effective and less time-consuming. At this time the Ericksonian approach was still unknown in Belgium. They decided hence to create the Milton H. Erickson Institute of Belgium as a non-profit entity that would bring ongoing training in Ericksonian approaches to hypnosis and brief therapy to the French speaking professionals of Belgium. The Institute works on a collegial basis, each member of the trio holding the presidency for a certain time. Melchior is the past-president, and since some



Thierry Melchior, Dipl. Psych.

months, Doutrelugne has taken over. Some time later, and independently, two other Erickson Institutes were created, one in the city of Liège (also French-speaking) and more recently another one in Flanders (Dutch-speaking). Each of these Institutes continues to work independently.

The Institute's main activity is training. It provides a three-year training program in Ericksonian hypnosis and therapy (270 hours). Two thirds of this training is personally provided by Brassine, Doutrelugne and Melchior, and the other third by various invited speakers. Speakers invited from America include Jeff Zeig, Michael Yapko, Steve Gilligan, Bill O'Hanlon, Frank Farrelly, Paul Watzlawick, Richard Fisch and the late John Weakland. Those coming from Europe include Camillo Loredio, Philip Zindel, Claude Béguelin, Patrick Noyer, François Roustang and many others. These workshops are open not only to the regular trainees but also to colleagues who already have completed their training, and to interested professionals in the fields of health or mental health. As can be seen through the list of trainers, the orientation of the Institute is rather wide and not strictly Ericksonian. We believe that "strictly Ericksonian" would merely be an oxymoron, for Erickson himself was eclectic and it was this eclecticism that contributed to his immense talent and creativity.

Unfortunately, "hypnosis" still attracts some people with countertransference problems (narcissistic personalities, for instance) or those who are "New Age" oriented, therefore, the Institute insists on strict

training standards and ethics. Another reason for caution is that the unwise use of hypnosis can lead to iatrogenic consequences such as pseudo-memories of trauma. For this reason, each trainee is asked to sign an ethics contract in which he pledges to keep his hypnotherapy practice on a serious professional level.

The Institute also provides specialized training in Brief Therapy. There are two years of scheduled training (120 hours), provided by Brassine, Doutrelugne and Melchior. Until recently, the instruction was based mainly on the MRI model, (with some provocative therapy elements à la Frank Farrelly). However, in the coming year it has been decided to add some solution focused therapy (à la de Steve Shazer) and some narrative therapy elements as well. The course in Brief Therapy does not provide formal training in hypnotherapy but, since the institute's leaders are convinced that a large part of the efficiency of brief therapy techniques lies in the patterns of hypnotic communication ("the language of change," as Watzlawick would put it), the course retains a "hypnotic touch."

The number of students varies over time, with an average of 40 students for each of the training programs. Since many of the students have come from the North of France, Brassine, Doutrelugne and Melchior have helped some former French trainees (Dr. Eric Salomé, Dr. Bruno Fengler, Dr. Sylvestre Camut among others) to create the Institut Milton Erickson du Nord de la France in the city of Lille. This Institute provides the same training as its Belgian twin.

The Institute's leaders also are involved in research and publication. Brassine has developed specialized brief therapy techniques for dealing with the difficult situations where

incest is presumed. A summary of his ideas has recently been published in the *Newsletter* (see Vol. 17 No. 1). Melchior has developed a communicational model of hypnosis, in a constructivist perspective. This model has been described in several papers, all in French. Melchior has recently authored a 550 page book, *Créer le Réel, Hypnose et Thérapie* (Creating Reality, Hypnosis and Therapy) published by Editions du Seuil, Paris, 1998. A review of this book is scheduled for publication in a future issue of the *Newsletter*.

Recently, the Institute of Belgium and the Institute in Northern France have participated in the creation of the Confédération francophone d'hypnose et de thérapie brève, whose president is Dr. Patrick Bellet, of the Institut Erickson d'Avignon. This collaboration brings together many French speaking Ericksonian Institutes of Europe and Canada.

Finally, the Institute of Belgium has developed a web site, in English and in French, that is maintained by Thierry Melchior (<http://www.geocities.com/Athens/Agora/1380/>). This resource allows visitors to access information on the Institute's activities, book lists and other useful links.

Editor's Note: To obtain additional information about the Institut Milton H. Erickson de Belgique, contact the administrative office at: *Secrétariat de l'Institut Milton H. Erickson de Belgique, Dr. Yves Doutrelugne M.D., 16 Impasse du Cygne, B-7500 Tournai, Belgium. The Tel/Fax number is: 00-32-69-214 719. Thierry Melchior may be contacted at: 17 Avenue C. Montald, B-1200, Brussels, Belgium. The Tel/Fax number is: 00-32-2-763 11 33. Gerald Brassine may be contacted at: 7 rue de la Grotte, 1310 La Hulpe, Brussels, Belgium. His Tel/Fax number is: 00-32-2-652 09 09.*

INTRODUCING THE INSTITUTES

The Milton H. Erickson Institute of Southwestern Pennsylvania

Editor's note: The information in this article was provided by Kay Thompson, D.D.S., during a 1997 interview. While answering questions about her role in the group, Thompson mentioned that she had

stepped down as leader because she wanted the group to be able to carry on in her absence — and it has. The information Thompson gave has been augmented and supplemented by Arnold Freedman, Ph.D.

Reasons for establishing a Milton H. Erickson Institute

The Milton H. Erickson Institute of Southwestern Pennsylvania was established in 1992 as an extension of the Foundation's effort to make train-

continued on next page

Pennsylvania

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ing available for those who are interested in the work of Milton Erickson. Kay Thompson had worked with Erickson for many years and was well known in the field of hypnosis. A major goal of Thompson was that hypnosis be taught in a scientifically based way and that the teaching be of the highest level. These ambitions helped make the Institute an important resource for professionals interested in learning more about hypnosis and especially about Ericksonian hypnosis.

Program

Within the Institute there is a core group that consists of approximately 17 individuals. The group meets once a month for discussion and training in an open meeting forum. Regular members are encouraged to bring visitors for special events. The monthly meetings are well attended. Some members drive from as far as Morgantown, West Virginia and Cleveland, Ohio, to attend. Training is promoted from within as well as from outside the group. For example, Helen Westman, M.D., who is an anesthesiologist and head of the residency program at Children's Hospital of Pittsburgh, requires all residents to conduct hypnoanesthesia on themselves before they complete the residency program.

A typical meeting begins with a brief group induction led by a different member each time. This provides practice for the members as well as an opportunity to be exposed to a variety of inductions. Next, the scheduled speaker makes a presentation. There may be a case report or a demonstration of some sort. Active discussion is encouraged. Meetings also have involved practice with attendees working in small groups.

There is almost always a literature review, at the end of the meeting. This encourages members to share what they have been reading and recommend books or journal articles. The discussion of material that members have read is unusual in meetings of the various institutes. It serves to keep members current and cognizant of a great deal of material as well as providing individual recommendations.

All training conducted by the Institute is certified by the American Society of Clinical Hypnosis (ASCH). Participants in Institute training are able to earn credit toward future ASCH certification.

The Institute has a high level of credibility with other organizations, such as ASCH, because there is a broad focus of training. The basics of hypnosis are taught as well as Ericksonian approaches. Training is further augmented by presentations on diverse educational topics. For example, speakers have provided instruction on touch therapy, diet and its relation to gastrointestinal health, and voice therapy.

The Institute does not have a president or any other officers. The work involved in the training programs and meetings is managed by an organizational committee whose members have extensive knowledge and training in hypnosis. Most were trained at the University of Pennsylvania in the class directed by Thompson. Members of this class are proud of the class's reputation as the longest running course in hypnosis in the world. The course began in the 1960s, and it continued to be held every year until 1992. While it was begun by Thompson, who remained the major instructor, other instructors included some of the professionals who are now on the organizational committee of the Institute.

Current members of the organizational committee are: Stacie Murrer, D.M.D., Arnold Freedman, Ph.D., a clinical psychologist, Walter Gray, Psy.D., Nancy Chubb, Ph.D., Elizabeth Scheide, Ph.D., and Judy Grumet, Ph.D. These individuals are responsible for planning the monthly programs, and for publishing a directory of the offerings at the beginning of each year. Because of Thompson's involvement with the University of Pittsburgh, the Institute follows the academic calendar.

Although the committee exercises primary responsibility, there are several active members who contribute significantly to the work of the Institute. While not "officially" on the committee, the Institute relies heavily upon their input and help.

The Western Pennsylvania Society of Hypnosis (WPSH) is a component section of the ASCH. Members of the WPSH are also members of the Erickson Institute of Southwestern Pennsylvania.

Future

As indicated in the Editor's Note at the beginning of this article, Thompson had stepped down as leader so that the Institute would develop and continue to function and progress without her direction. The Institute took the challenge and began

to operate more and more independently, with only periodic input from Thompson.

When Thompson became ill in late summer of 1997, her attendance became less frequent. After her death in May 1998, the organizational committee resolved to perpetuate her memory by carrying on the work that she had begun and so cherished. A full program has been planned for the academic year 1998-1999. In addition, the Institute, in conjunction with Marion Kostka, Ed.D., and Penny Kostka, M.A., of the West Virginia University Hypnosis Study Group, is

planning the first of what is hoped will be an annual memorial symposium to carry on her legacy.

The first symposium is entitled "The Many Faces of Pain: Training, Trance, and Treatment—The Legacy of Kay F. Thompson, D.D.S." It will be held May 15 and 16, 1999, at the University of Pittsburgh. Betty Alice Erickson, M.S., L.P.C., will give the Keynote Address. For further information contact Dr. Marion Kostka at Carruth Center for Counseling and Psychological Services, West Virginia University (304) 293-4431.

INTRODUCING THE INSTITUTES

Milton H. Erickson Institute of Turin

by Giuseppe Platania, Ph.D.
Turin, Italy

Reasons for establishing a Milton H. Erickson Institute in Italy

In the many years I have been a clinical psychologist with a private practice in Turin, I have realized the importance of clinical hypnosis as a basic instrument to be efficaciously used in psychotherapy. Through study and daily practice I have noticed that, in psychotherapy, clinical hypnosis is an essential element of the patient's healing. In hypnosis and hypnotherapy, it is possible to initiate learning not only by intellectual means but by experience as well. Another important aspect concerning the use of clinical hypnosis is the rapidity by which the patient can show positive signals of inner reorganization and of new psycho-physical reorientation of well-being. Until now, in Italy, the practice of hypnosis has been based on the use of direct suggestions and on a constraining approach that does not allow the natural, personal growth of the patient. Therefore, an important function of the Milton H. Erickson Institute in Turin is to train individuals who are professionally interested in hypnosis.

Collaborators and Students

As the Institute's director, I work in close collaboration with Massimo Fochi, Ph.D., a Freudian psychotherapist and Gian Carlo Di Bartolomeo, M.D., a physician and dentist, both of whom are members of the Board of Directors. We share both the psychotherapy practice and the evening courses of clinical hypnosis.



Giuseppe Platania, Ph.D.

The reaction of our town to this initiative has been positive. We receive many inquiries about our courses. We have initiated Fundamental and Intermediate level courses. About 70 percent of our present students are psychologists or psychotherapists while 30 percent are physicians and dentists.

Future Directions

I am firmly convinced that in Italy there is great potential for the development of clinical hypnosis, with special regard for Ericksonian hypnosis. I hope that the Milton H. Erickson Institute of Turin will be an example for other Italian towns. Our goal is to spread the knowledge of this medical tool and to eliminate distrust and suspicion of clinical hypnosis.

There is another significant purpose I intend to strongly pursue. I want to severely discourage incompetent practice and the use of hypnosis as an instrument of entertainment. One of the first steps toward this goal is to denounce the false and misleading

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CASE REPORT

Utilization

by Henry T. Close, Th.M.

Milton H. Erickson Institute of Atlanta

Joe, a really nice 73-year old man whose parents had immigrated to the United States when he was a child, consulted me because of lingering anxiety following a serious illness. His wife died a couple of years previously, and Joe had been living, since that time, with his daughter. Joe had become very dependent on his daughter, especially during his illness, and he would suffer extreme anxiety if she left for more than a few minutes at a time.

The first two sessions were with Joe and his daughter exploring dimensions of family interaction; the third was with him alone. In this ses-

sion, I reminded Joe of some of the many things he had learned as a child. He had learned to crawl, to stand up on his own and to walk. I reminded him that the memories of the courage and confidence that were involved in those steps toward independence were still with him.

The fourth session opened with Joe telling me he felt so much better that he wanted this to be our last meeting. About half-way through, he told me his mother had the gift of healing. He walked over to me and took my arm in his hands as he explained. He said that if someone had a broken arm, his mother would take the arm in her hands, manipulate the bones, put on a cast of egg white and something, perhaps plaster of Paris, on the arm. In just a day or so,

he continued, the pain would be gone and the broken arm well on its way to healing.

I regarded this as a comment on the healing he had gotten from me and, even more importantly, as an opportunity for further therapy. Toward the end of the session, I went over and sat next to him. I told him I wanted to do something and asked him to close his eyes. I took his arm in my hands, as he had done mine and told him he remembered his mother's touch had the power to heal. It could heal a broken bone; it could heal pain. She could heal other things as well. Joe still had within him the memories of his mother's touch and the power of that touch. I told him my hands could symbolize his mother's hands and awaken the same memories of healing that his mother's touch could. That same healing could come from a touch that symbolized his mother's. And that touch could heal many things.

I continued talking softly to Joe.

"It can heal a broken arm and it can heal courage that had gotten broken. It can heal a confidence that has been injured, and it can heal anxiety and distress. It can heal injuries to the spirit as well as injuries to the body." I told Joe he could use the memories of the healing powers of his mother's touch, that were symbolized by my touch.

I took my hands from his arm and saw that he was in a deep hypnotic state. I said a few more things about letting those memories stay with him and continue to work for him.

When he re-oriented himself, he looked at me with tears in his eyes. He said he felt much better and knew everything was going to be all right. He hugged me as he left the office, thanked me warmly again and reaffirmed that everything was going to be all right. I never saw him again, so I assume that the healing process continued.

DISCUSSION

by Rickey L. Pipkin, Ph.D.

Rowlett, Texas

Close did an excellent job addressing the immediate issue. He used Joe's own world view to compose the intervention. The solution to Joe's problem could have been seen as difficult and long term. Joe was facing his mortality, his wife had died, he was becoming increasingly dependent on his daughter and anxious about the future. But in just four sessions, Joe learned to manage the fears that were beginning to incapacitate him.

Close relied on several principles of Ericksonian psychotherapy and hypnotherapy and used them skillfully in his elegant treatment of this patient. Certainly underlying the effectiveness of the therapy with Joe was the warmth and respect with which Close obviously regarded the older gentleman — "a really nice ..." man. The importance of a respectful and trusting relationship cannot be overemphasized.

When Joe related how his moth-

er had healed people and then demonstrated how she did that, Close understood the underlying messages in the story. Not only was Joe referring to the healing that was taking place in the therapy but he was giving Close clear instructions as to what was needed next. He wanted Close to recreate the healing of his mother. It is not often that patients tell us specifically and transparently exactly what they need.

Close accepted Joe's story about his mother and used it skillfully. The induction of a hypnotic trance, Erickson said, does not necessarily come from repetitious suggestions. It comes from facilitating the subject's ability to accept an idea and then to respond to that idea (1958). Joe already believed that healing could be hastened, and pain stopped, by the healing gifts of another. Close used that belief in his trance induction as he reminded Joe of his mother's healing touch. In trance, using his mother's way of healing as his own way of healing became more real and possible to him.

Erickson wrote, "... acceptance

of a patient's declaration and turning it back upon him in the form of posthypnotic suggestions is ... a most effective therapeutic procedure. It gives the patient a feeling of being committed to his own intentions and wishes and intensifies his ability to act accordingly, without a feeling that he is being forced to accept proffered help" (1980, p. 234). Close provided Joe with a way to help himself by accepting his world and then expanding it by continuing to talk about the healing of injuries not as apparent as broken bones.

Joe was 73, from an immigrant family. He had probably been raised to be self-sufficient and independent. To give him the dignity of creating his own help, without the feeling that he was relying on the therapist, was as respectful as it was effective.

Close also helped Joe to remember "the courage and confidence" he exhibited in his growing up, in the learning of his independence. This pulled forth his unconscious resources, his forgotten memories of how much he already knew how to do. It also set up a positive framework

of success for personal growth and individual tasks. On one level, he remembered he already knew how to have courage in becoming independent. What a wonderful metaphor for the problem that brought him into therapy, and for the rest of his life.

Joe left feeling better, confident that he could handle his problems, and pleased with what he had learned. You cannot get a better end to therapy than that.

References:

- Erickson, M. (1980). *The Collected Papers of Milton H. Erickson on Hypnosis, Vol. IV*. Edited by E. Rossi. New York: Irvington Publishers.
- Erickson, M. & Rossi, E. (1981). *Experiencing Hypnosis*. New York: Irvington Publishers.

Editor's Note: This Case Report is one of many case illustrations in Metaphor in Psychotherapy, by Henry T. Close. The book, available for purchase in October, is published by Impact Publishers, Inc., P.O. Box 1094, San Luis Obispo, CA.

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Strategic Therapy and Hypnosis in Eating Disorders

by Goran Carlsson, Lic. Psychotherapist
Mora, Sweden

The Milton H. Erickson Clinic of Sweden, of Mora, Sweden, founded in 1990 and featured in "Introducing the Institutes" (Vol. 15, No. 2), is a private clinic with a capacity for 14 in-patients. Located in a former hotel in the center of the small town, it is licensed by the Swedish Medical Board and works extensively with eating disorders as both residential and day patients.

Techniques

Treatment at the Clinic is based on intensive, strategic problem-solving approaches. Practical life training is another important technique that helps patients regain a sense of personal control over a variety of life issues including food management, eating patterns, body image and social interactions.

The Clinic uses an "interval-treatment arrangement" beginning with a five-day inpatient stay involving intensive group and individual therapy. Patients then return home for a three-week interval with carefully structured homework assignments. These assignments take each person's individuality and social context into consideration so patients can practice new behaviors in their own social environments.

The pattern of a five-day inpatient stay, then returning home for three-weeks, is repeated for six months. Following this, the referring physician is strongly urged to authorize ten additional days of treatment to be used in subsequent years. The staff has found this scheduling to be important to secure positive changes and to prevent relapses.

Population

Patients are referred by physicians throughout Sweden and generally range in age from 17 to 30. Most of the patients are female and have had eating disorders for several years. Many have already tried other treatments. To date, nearly 600 patients have been seen.

Evaluation

The program has been cost-effective, especially when compared with other treatments for eating disorders, both in private clinics and in hospi-

tals. The intermittent nature of the highly structured hospital stays offsets the negative effects commonly associated with hospitalization. It also fosters adaptation into the home life and social environment to which the patient will return.

Discussion

Control, we believe, lies at the heart of eating disorders. Most of the Clinic patients have been in prior treatments including hospital programs which emphasized supervision to the point of the patient being required to use a wheelchair to move even from bed to the bathroom. We believe that this inevitably leads to a power struggle between the patient and the program with few positive outcomes. Many of the patients have also been involved in psychotherapy where they were told that as soon as they understood the "whys" of their eating disorders, the problem would resolve itself.

Our treatment focuses on giving the patient more freedom and responsibility: We tell them we know how to give them "real" control. We show them how their attempt to achieve control and personal power has led in the opposite direction. After many years of starving, bingeing and vomiting, they still have little control of their eating and of their self-image. What they are doing isn't working. Therefore, we tell them to do something different. We believe we are "speaking the patient's language" by pacing and leading to teach new behaviors.

For example, we tell a bulimic patient we have two rules. The first is to show respect for other patients in the clinic and the other is to be honest. We tell her she is free to binge as often as she wants, in her own room, but she can't steal other patients' food. If she wants to binge, she has to go out and buy her "binge-food" by herself. We also tell her to vomit as much and as often as she wants but she has to do it in the toilet and not all over the bathroom. When asked by the staff if she has binged or vomited, the patient must be honest or leave the program.

She has been attempting, for years, to "control" her behavior. These parameters of honesty, respect for others and responsibility for these are agreed upon as a criterion for admission. Thereby patients modify established patterns that they had pre-

viously felt helpless to change. In the process we avoid power struggles. These procedures are not the final solution. However, they open the door to new and healthy behaviors.

Follow-up

All patients complete questionnaires at the beginning of treatment. Patients are followed for five years and asked to complete additional questionnaires after six months, two and five years. Thirty-three patients completed treatment five or more years ago. All returned their questionnaires.

Outcome

Of the 33 patients who complet-

ed the five-year follow-up 39% (13) were originally diagnosed with anorexia; 55% (18) with bulimia and 6% (2) as nonspecific eating disorders, according to DSM-IV criteria. After six months, 73% (24) no longer met the criteria for eating disorders. Nine percent (3) were still anorexic; 9% (3) still bulimic and 9% (3) continued to meet criteria for nonspecific eating disorder. Two years later, 76% (25) no longer met criteria for an eating disorder. Twelve percent (4) were anorexic, 9% (3) were bulimic and 3% (1) met criteria for a nonspecific eating disorder. In the five year fol-

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HISTORICAL TIMES

Don D. Jackson: Pioneer of Family and Brief Therapy

by Wendel A. Ray, Ph.D.

Director, Don Jackson Archive, Mental Research Institute, Palo Alto, Calif.

"How did Don Jackson influence the field of family therapy? How did Watts influence the steam engine? He made it. Others have refined the steam engine into a better, more efficient machine. I'd say that is what Don did for family therapy, he established the discipline. Others have gone on to refine it."

Richard Fisch, M.D.

Founder and Director
Brief Therapy Center, MRI

Don D. Jackson's theoretical and clinical contribution to the understanding of human behavior is phenomenal for its breadth and scope. Acknowledged by many leaders in the fields of family and brief therapy as the principle founder of Interactional Theory and Conjoint Family Therapy, Jackson was rated one of the top ten Psychiatrists in America in the late 1960s. This was just before his untimely death, at the age of 48, in January 1968. He is best remembered as having been a brilliant therapist, teacher, and for his leading part in the development of such ground breaking theoretical concepts as family homeostasis, family rules, relational quid pro quo, and, with Gregory Bateson, John Weakland and Jay Haley, the Double Bind theory.

In a career that spanned a brief

24 years (1944-1968) Jackson was one of the most prolific authors of his time, publishing more than 125 articles and book chapters. He wrote seven books including a classic text that remains in print today, *Mirages of Marriage* (co-authored with William Lederer & Karl Menninger, 1968, W.W. Norton & Company), and contributed with Janet Bevin Bavelas to *Pragmatics of Human Communication* (Paul Watzlawick, 1967, W. W. Norton & Company). Jackson co-founded a journal, *Family Process*, with Nathan Ackerman and Jay Haley. He also helped found the publishing house, Science & Behavior Books.

Jackson won virtually every honor available in the field of Psychiatry, including the Frieda Fromm-Reichmann Award for contributions to understanding schizophrenia, the first Edward R. Strecker Award for contributions to in-patient treatment of hospitalized patients, and the 1967 Salmon Lecture from the American Psychiatric Association and the New York Academy of Medicine.

In addition, working from within the paradigm that is now known as second-order cybernetics, Jackson was the first clinician to uncompromisingly maintain a higher order cybernetic and constructivist position in the actual practice of therapy.

Editor's Note: To learn more about Jackson's contributions to family and brief therapy, visit the official Don D. Jackson homepage at:

www.dondjackson.com

TOPIC REVIEW

Viktor Frankl: Audio and Video Tapes

From Concentration Camp to Existentialism

Audiotape, and

Conversation Hour with Viktor Frankl

Videotape (also on audiotape)

Each available through the Milton H.
Erickson Foundation, Inc.

See page 5 for ordering information

In our time there have been few people who have had greater positive influence than that of Viktor Frankl. Through his book, *Man's Search for Meaning*, published in 22 languages, Dr. Frankl has reached millions of people. As a delightful addition to the wisdom from the founder of logotherapy and a former concentration camp inmate, we now have an audiotape and videotape of Dr. Frankl at the 1990 *Evolution of Psychotherapy Conference*.

On the audiotape of Dr. Frankl's presentation, he discusses his experiences with the famous minds of his time: Freud, Adler, Hieddegger, and Konrad Lorenz. Dr. Frankl's humor is reflected in his story of meeting Freud. As a student, he was walking in the streets of Vienna when he saw a man he believed to be Freud, cross the street ahead of him. He followed the man, waiting to verify his identity by seeing if he turned toward the already famous house of Dr. Freud. After realizing that it was Freud, Frankl introduced himself. Thus, he literally became a follower of Freud.

Dr. Frankl also talked about how he deliberately dissociated himself from his suffering, something Dr. Erickson might have suggested himself. Dr. Frankl was marching to a Nazi construction site in the snow, wearing open-toed shoes that were necessary for the prisoners to wear as their feet were swollen from starvation. During the miserable freezing march, he imagined himself sometime in the future lecturing on the psychology of death camps.

Besides personal stories of experiences with great men, including Pope Paul XI, Dr. Frankl offers an understanding of the nature and relationship between belief, thinking and existential issues.

The quality of both the audiotape and the videotape is excellent. Dr. Frankl's accent is no barrier to the understanding of his memories and his message.

The audiotape is augmented by a videotape of a later question and answer period recorded on the same day as Dr. Frankl's presentation. Here we see more of Dr. Frankl's compassion, understanding of suffering and search for meaning, and again, his playfulness. I enjoyed both tapes, but found the videotape most relevant to my work as a therapist.

In the videotape session, moderated by Lance Erickson, Ph.D., Dr. Frankl does not lecture but responds eloquently and with humor to the questions taken from the audience. The open forum allows Dr. Frankl to deal with many profound issues with which we wrestle as humans and as therapists. He points out that despair is caused by the creation of absolute values. If we decide that something is the absolute key to meaningful living, and then we cannot achieve that meaning, we suffer from despair. He

gave the example of a woman who defined her meaning as a bearer of children but then could not have children. He suggested that the woman might find meaning from creating a support group of infertile women looking for other ways to find their meanings.

He, in answer to a later question, said there should be an ultimate meaning, above everything else, but that he cannot grasp it. He said that a novelist once wrote that thirst is the proof of the existence of water, Dr. Frankl then said man's desire for meaning suggests that there is an ultimate meaning, even though that ultimate meaning is beyond his grasp.

These tapes provide listeners with several inspirational stories for themselves and for others. Dr. Frankl, like Dr. Erickson, was a wonderful story-teller. Since I listened to these tapes, I have found myself using his stories in sessions. I highly recommend both the audio and videotape to all — and especially to therapists and others dealing with suffering.

Reviewed by:

Pat Hudson, Ph.D.
Grapevine, Texas

VIDEOTAPE REVIEW

The Guaranteed Cure: A Case of Anorexia Bulemia

By Jay Haley
and Madeleine Richeport-Haley
50 minutes

Triangle Press
P.O. Box 8094

La Jolla, CA 92038

<http://members.aol.com/prizefilm/index.htm>

I must admit I am a Jay Haley fan from way back. And so when I was given the Jay Haley videotape, *The Guaranteed Cure — A Case of Anorexia Bulemia*, I was thrilled.

To avoid a confidentiality problem, Haley as narrator tells us, the tape presents actors who do a very credible job of being husband-wife clients. The wife says she's been suffering from bulimia for many years, and all the various methods she has used to cure the problem have failed. Both the sympathetic husband and the dysfunctional wife express intense interest in somehow curing the problem.

They interact with a therapist who openly converses by phone with his supervisor, Jay Haley, who is behind a one-way mirror. We are told by Haley that it took a number of sessions for the supervisor finally to devise a plan to deal with the problem. Unfortunately, we neither hear nor are told about the details of the plan. What Haley does tell us are things like the importance of concentrating on the client's symptoms rather than searching for underlying causation, and that the plan is to get the clients to agree freely to do exactly what he asks of them in return for a "guaranteed cure."

And so, as we watch the tape, we see the therapist leading the clients to eventually agree that they are willing to do whatever he asks of them to solve the wife's problem so they can be given the "guaranteed cure." Yes, the therapist holds out almost as a carrot, the claim that he has a "guaranteed cure" which he does not reveal, but which he says he will share with

them if they carry through the tasks he gives them. Once the agreement is made, they are given a do-able task and told they will report the result at the next session.

At the next session the couple reports the success of the task. They then are asked to agree, freely, that they will once again do whatever he asks of them to solve the problem in order to gain the "guaranteed cure." Each time, they agree and they are given a new task. Each time the therapist adds a form of, "Of course, you don't have to agree, but if you do, you will get the 'guaranteed cure.'"

The final task is one which will result in either great penalty for them if it isn't accomplished, and the "guaranteed cure" if it is accomplished. They return for the following session with the wife now "cured" of her anorexia bulimia. Followup reports over a period of months indicate that the wife no longer has any of the original symptomology. In fact, the couple report, they are happier than ever.

Haley always has been a great

teacher in his books and articles by clearing presenting, explaining and showing how to use concepts like paradox and ideas like treating individuals not diagnoses, sticking with the symptoms not the cause, etc.

However, in this tape, he shows his work with very little presenting or explaining. If this is a teaching tape, I think much more teach is needed. The demonstration is not backed up with concepts and explanations needed by those not completely familiar with his work. The tape is excellent technical quality, and it is always nice to watch a master do a nice piece of work.

So, Jay, I still consider you one of my heroes. But it would be better if Haley used more voice over on the tape to explain his strategic thinking.

Reviewed by

Jerry Weiss, Ph.D.
Dallas, TX

Editor's Note: This videotape is one in a series of Haley's therapy cases available through Triangle Press.

Turin

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ing advertising about the use of hypnosis, particularly in public performances.

In future years, I expect an increase in the number of Italian clinics that are earnestly interested in enriching their professional and personal experience by using clinical hypnosis. Our organization is preparing to deal with an expanding request for training courses.

In view of this, in December 1997, I participated in the Ericksonian Seminar in Phoenix, Arizona. I want to encourage the contacts between our Institute and the Erickson Foundation in such a way as to keep our level of knowledge constantly high and to foster a helpful means of obtaining the latest news about hypnosis training. I personally met with Mrs. Milton Erickson, Jeffrey Zeig, Ernest L. Rossi, Michael Yapko, Betty Alice Erickson and many others. I was impressed by their surprising abilities to use any kind of experience to cause the patient's healing and consequent personal growth. I hope that our Institute will soon be able to invite outside lecturers so that our students can be exposed to some of the world's best teachers and therapists.

Patients need a quick, healing response and hypnosis leads to brief and effective therapy. Therapy that fails should not be considered a mere statistical accident. Failure in therapy is a tragic event because it can determine the definitive failure of any other attempt. The patient becomes increasingly anxious and progressively loses trust in the therapist. This reduces the possibilities of solving the problem.

As the director of the Milton H. Erickson Institute of Turin, I hope our professional engagement will contribute to the mutual aim to make new and important progress in the field of mental health.

Editor's Note: Correspondence should be addressed to Giuseppe Platania, Ph.D., Corso Inghilterra, 13-10138, Turin, Italy, Tel./Fax. (011) 43.47.135.

Research

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low-up, 82% (27) did not meet the criteria for an eating disorder. Twelve percent (4) could be diagnosed as anorexic and 6% (2) met criteria for nonspecific eating disorders (NOS).

A second sample that completed a two-year follow-up yielded similar statistics. Of the 239 patients who ended therapy during the two previous years, 218 responded. At the onset of treatment 43% (95) were originally diagnosed with anorexia, 47% (101) with bulimia, and 10% (22) with an NOS eating disorder. The six-month follow-up for this group showed that 76% (163) no longer met the criteria for an eating disorder. Eight percent (18) were anorexic, 5% (12) were bulimic, and 11% (25) were eating disordered, NOS. In the two-year follow-up, 79% (173) no longer met the eating disorder criteria. Eight percent (18) were anorexic, 7% (15) were bulimic and 6% (12) met criteria for eating disorder, NOS.

We investigated those patients who still met the criteria for some sort of eating disorder and found that many of them reported improvements compared to when they started. About 50% had improved significantly.

To "round-off" all the results, approximately 80% no longer met the criteria for an eating disorder. About 10% showed some improvement and another 10% showed no significant improvement.

Our work and research continues. Our patients and staff have been pleased with the results thus far. We recognize that eating disorders are complex and tenacious problems and we want to share our approach with interested professionals who may be able to reach others.

Editor's Note: For further information regarding this study, contact Goran Carlsson, Director, Lic. Psychotherapist, The Milton H. Erickson Clinic of Mora, Sweden, Box 95, 79222 Mora, Sweden. Telephone +46 250 13060, Fax +46 250 13064.

AUDIOTAPE REVIEW

Constructivism and its Applicability to Brief Therapy

by Paul Watzlawick, Ph.D.
Brief Therapy Conference
San Francisco, 1996

Available from The Milton H. Erickson Foundation, Inc.

See page 5 for ordering information

In the tape "Constructivism and its Applicability to Brief Therapy," Paul Watzlawick, Ph.D., provides the listener with an excellent overview to the theory of radical constructivism. After giving some autobiographical information and how he became involved with the Mental Research Institute in Palo Alto, California, Watzlawick discusses in depth the central constructivist idea that reality is a subjective creation of the individual that is constructed through interaction. He outlines the difference between first and second order reality (i.e., first order is sensory input whereas second order is subjective attributions of meaning) and makes the point that when dealing with second order realities, we can never really know the "truth" about reality. At best, we can only hope to know what it is not. Therapy, according to Watzlawick, is sought out by persons whose reality construction has in some way stopped working for them.

The therapeutic task, in the constructivist view, is to attempt to change some painful or uncomfortable aspect of a person's second order reality through the therapist's use of an alternate second order reality. The art of therapy then would be not only choosing an alternate reality to present to clients, but also to present that reality in such a way that the client is able to make use of it. Watzlawick points out that Milton H. Erickson, M.D., was a master of this art, a fact with which I'm sure many readers of this *Newsletter* would heartily agree. As a brief aside to those unfamiliar

with constructivism, I would point out that this theoretical perspective is especially useful in deciphering some of Erickson's unusual and innovative interventions.

Next, Watzlawick turns his attention to the practical matter of brief therapy. He discusses three primary categories of intervention based on the constructivist theory, and designed to alter a client's second order reality. The first is direct behavior prescription which he states is best suited for clients who come to therapy willing to accept something from the therapist (i.e., a prescription).

The second category is the therapeutic double bind which he states is the most useful for clients who present with a symptomatic type of problem or something that they perceive as out of their control. The third category is most useful for those clients who seem to be more interested in "defeating the expert" than in resolving their problem. This intervention is focused on changing the nature of the therapist-client relationship. For each of these interventions, Watzlawick provides clear descriptions coupled with a number of specific case examples to illustrate the ideas and stimulate the listener's thinking toward their own cases.

Overall, I found this to be an enjoyable presentation by one of the major names in the field of brief therapy. The blend of theory with practical information was nicely balanced. The many examples, stories, and references to other works made the presentation interesting and informative.

For those unfamiliar with constructivism, this tape is an excellent introduction. For me, it provided an enjoyable review, and a renewed appreciation for the value of constructivist thinking in the therapeutic process.

Reviewed by:
Michael J. Gately, LMSW-ACP
El Paso, Texas

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AUDIOTAPE REVIEW

Patients Who Have Been Abused in Prior Therapy

by Margaret T. Singer, Ph.D.
Brief Therapy Conference San Francisco, 1996

Available from the Milton H. Erickson Foundation
See page 5 for ordering information

Singer has been involved in psychotherapy as a teacher and practitioner for more than 50 years. The subject matter of this tape is the result of interviews obtained over a ten year period. She interviewed more than 400 clients who had been sexually abused by their therapists and an

additional 400 clients who were involved in harmful, unusual forms of therapy. The information Singer describes is relevant to any therapist, counselor, physician, priest, etc. She covers similar information in her book entitled, *'Crazy' Therapies*.

During this lecture Singer indicates what happens to patients who have been abused during therapy. Bizarre, substandard therapies may result in sexual or psychological abuse. Singer uses terms such as bizarre, unusual, and substandard to describe the practice of entity therapy, past life therapy, rebirthing, the improper use of hypnosis and the attendant dangers of creating false memories.

AUDIOTAPE REVIEW

The Personal Growth and Development of the Brief Therapist: Developing Personal Power

Jeffrey K. Zeig, Ph.D.

Available through the Milton H. Erickson Foundation, Inc.
See page 5 for ordering information

"Developing Personal Power" is more about how to be a therapist than about how to do therapy. Zeig, a student of Erickson's, teaches that it is beneficial for therapists to develop from the "inside out." Erickson did not believe that psychoeducation of the client is always necessary. Changes in therapy are like riding a bicycle — they must be done in a participatory way. "If you want to be happy in life, it has to be done experientially," Zeig declares.

Zeig took acting lessons to develop what he calls "psychoaerobic" exercises. Dynamic experiences come first, followed by understanding. Significant emotional experiences lead to functional change.

One of his exercises fostering "incompetence," was effective for me. In a relaxed state, the audience was instructed to think of a personal incompetence such as passiveness, forgetfulness or being too emotional. A series of instructions followed that enhanced the feelings and illustrated different expressions of incompetence. The incompetence exercise could be used to disrupt the rigid patterns of students or clients.

Other exercises dealt with helping the therapist become self-aware. During these, the therapist practices the use of body communication and postures.

Another exercise involved teaching the art of elimination defensiveness. Ten compliments are given to a partner in a dyad. The recipient evaluates their internal reaction to the compliment and how this reaction is affected by positional changes. By engaging in this sort of bodily experience and emotional evaluation, the individual grows and recognizes personal meaning. I felt this was similar to Erickson's use of stories in which each listener found personal meaning.

From a technical standpoint, the tape was clear. My one criticism is that the "lulls" that occurred while the audience participated in exercises should have been edited out. In all, however, I did enjoy "The Personal Growth and Development of the Brief Therapist: Developing Personal Power." It provides creative and unique ways of expanding personal growth.

Reviewed by:

Carol Dykes, M.Ed., R.N.
Dallas, Texas

The most likely victim is someone who is needy, willing to submit to a paternal approach and reluctant to challenge an authority figure. Therapists with inadequate clinical skills are the most likely to do harm. Some therapists have only one tool which is used for every case. Feelings of inadequacy, when that one tool is exhausted, may lead to problems such as sexual misconduct.

Therapy ends when a sexual relationship begins. However, it is estimated that approximately ten percent of the more than 250,000 licensed therapists are involved in some sort of sexual relationship with their patients. Of the therapists whose primary practice is regression, re-parenting, or rebirth, it is estimated that seven percent have their clients suckle their breasts, 50 percent bathe their adult clients and 50 percent are involved in some form of toilet training. This creates extreme dependence that will maintain the unhealthy relationship for some time.

Singer believes that harm also occurs when a therapist (knowingly or unknowingly) imposes his or her belief system upon a client. The therapist may try to convince the client that his approach is the only beneficial approach. Under-trained therapists may not be familiar with the literature on the malleability of memory. Leading questions can create false information that conforms to the practitioner's expectations. Memories

of incest, alien abduction, entity possession, etc., are created and then the patient must find a way to eventually eliminate this harmful psychological material.

In response to this problem Singer emphasizes three goals: The first is to educate the consumer who may not be aware of all the various forms of therapy that might be imposed upon him or her. Second, there is a need to educate therapists so they can practice a wide variety of ordinary, legitimate therapies. These include the proper use of hypnosis, talk therapy, cognitive therapy, reframing, insight-oriented therapy, desensitization, etc. Finally, there is a need to educate those who will need to do brief, limited therapy with individuals who have been harmed by other therapists. To understand the patient's experience it is necessary to be familiar with all types of therapy.

In conclusion, Singer mentions the need for laws and organizations for the governance of ethical standards of practice. She states that, "Ethical standards point out that at all times, the welfare of our client is to be foremost. Unusual therapies [abandon] that first ethical principle." In contrast, ethical therapy is informed and directed by the client's needs rather than by the therapist's belief system.

Reviewed by:

Nick Schroder, M.D.

AUDIOTAPE REVIEW

Short-Term Dynamic Psychotherapy I

by Peter Sifneos, M.D.

Available through the Milton H. Erickson Foundation, Inc.
See page 5 for ordering information

"Short-Term Dynamic Psychotherapy I" was recorded at the 1996 Brief Therapy Conference in San Francisco. Peter Sifneos, M.D., is a professor of psychiatry at Harvard Medical School and has completed six research studies on short-term dynamic psychotherapy. He places much emphasis on evaluation and on the selection of patients for his studies. He indicates that it is important to judge a therapy on the basis of effectiveness for a given population rather than on the length of treatment.

Sifneos gives an entertaining

short history of psychodynamic brief therapy. Among other things he points out that Freud's earliest cases were short-term.

Most of Sifneos' research has been done in community mental health. He and his associates have studied more than 500 clients. The therapy averages from four to six months in length. Presumably for research purposes, he believes that the criteria for client selection must be carefully worked out. A team of evaluators decides who is suitable for the study. The five criteria are: 1) the difficulty is circumscribed, (i.e., there is a chief complaint that can be explicitly stated by the client); 2) the client must be able to identify one meaningful relationship in childhood, 3) there is an ability to interact flexibly with the therapist, (i.e., be open to suggestion and communication); 4)

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Ericksonian Approaches: A Comprehensive Manual

by Rubin Battino, M.S., & Thomas South, Ph.D.

The Neurypnology Press, 1997
Yellow Springs, Ohio (937) 767-1854

The 335 page book, *Ericksonian Approaches: A Comprehensive Manual*, seeks to provide the student with a basic yet detailed resource for introduction to concepts as well as for on-going development of personal styles and techniques. It is unique, and welcomed, in that it focuses solely on Ericksonian approaches.

The book's important impact is compromised by a weak first chapter, which has numerous typographic errors, including an error of Dr. Erickson's birth year (reported as 1900 when it was actually 1901). Discussions of Mesmer, Braid, and Esdzille are related, but there is insufficient distinction drawn between the

concepts of animal magnetism, Mesmerism and hypnosis. All of these notions seemed blended into a single discussion about trance methods. The historically important discrimination as to how these concepts are different or similar is overlooked altogether.

As the text builds, so does its strength and credibility. The authors have wisely drawn from a broad range of primary source materials as well as from authors who have become identified with Ericksonian methodology. Stephen and Carol Lankton, Michael Yapko, Jeffrey Zeig and Alan Schefflin are a few of these experts. Additional chapters in the book are written by James Auld, Leon Segal and Sandra Sylvester.

Battino and South go on to provide detailed and instructive descriptions related to a broad range of Erickson approaches to hypnosis and therapy. The table of contents, and a well-done index provide an on-going framework for practitioners who wish to hone and develop their skills over a period of time using this as a refer-

ence. Each chapter concludes with a summary, a thoughtful consideration which other texts should emulate. The book is eminently logical and well-sequenced.

This manual is similar in nature to Corydon Hammond's fundamental text, *Handbook of Hypnotic Suggestions and Metaphors* (1990, New York. W.W. Norton) written for the ASCH. It is different, however, in that it focuses specifically on multiple concepts of Ericksonian hypnosis. It is solid in this scope and well-done in its instructional layout. I believe it is a valuable resource, especially as an adjunct to those pursuing ongoing training programs. The accompanying audiotape includes examples of polished and well-done inductions and suggestions. The authors contrast these with poorly done inductions which are laced with bumbles and errors. This format, while interesting and even comforting, as one considers one's own progression in the practice of hypnosis, is somewhat tedious and laborious to listen to.

I must admit to being initially dissuaded from exploring this text

because I first listened to the tape, and then noticed the errors in the first chapter. This unfortunate first impression resulted in this valuable manual sitting cold on my desk for a number of months before it was given a second consideration. I almost missed out on familiarizing myself with this solid and valuable resource. I heartily encourage the authors to address these minor typographical errors and to tighten up the historical perspective prior to the next printing.

With the correction of these small but significant errors, I would enthusiastically endorse *Ericksonian Approaches* as a useful fundamental instructional guide. It not only employs the talents of the authors, Battino and South, but also weaves together contributions from Erickson himself along with many of those central to the Ericksonian movement.

Reviewed by:

Betty Alice Erickson, M.S.
Dallas, Texas

Editor's Note: Typographical errors mentioned in the review will be corrected in the book's next printing.

BOOK REVIEW

Mémoires de Mesmer, 1779 et 1799

Original edition (1844) by J.J.A. Ricard, Paris

1995 Facsimile, 104 pp.
\$35.00 plus postage

Available in French from L'Institut Milton H. Erickson d' Avignon-Provence
B.P. 82, 84110 Vaison la Romaine, France (telephone: 90 36 19 31)

Mémoires de Mesmer is a facsimile published by L'Institut Milton H. Erickson d' Avignon-Provence. Patrick Bellet, M.D., Director of the Institute, announces with this inaugural edition a series of rare texts to be known as the *Collection Mémoire*.

The text is J.J.A. Ricard's reprise of Mesmer's memoirs originally published in the *Annales du Magnétisme Animal*, July 1, 1814.

Although Mesmer's initial fame was in German-speaking Vienna, his subsequent move to Paris equipped him with a writing style whose vocabulary and syntax were those of an educated person of late-eighteenth century France. While delineating pathologies he found responsive to treatment with magnetism, Mesmer

incorporates a mixture of common and obscure terminology, such as la goutte seréine parfaite (perfect serene gout). However, the great majority of the text is easily understood. The 1844 edition, with its mid-nineteenth century font and spelling, is so close to current practice as to be immediately recognized by modern readers of French.

In the memoirs, Mesmer explores terrain unfamiliar to him and his contemporaries. His attempts to make accurate observations and establish precise terminology are qualified with admissions of bewilderment. For example, as he struggles to describe the sensitivity of the human organism to "animal magnetism," he laments that words fail him as completely as if he were trying to describe the phenomenon of sight with the vocabulary of sound. At the end of the 1779 memoir he implores the reader to suspend judgment on animal magnetism until more evidence has been accumulated, which, he is confident, will substantiate his theories. At the end of the 1799 memoir he wishes for more informed, more accurate practitioners who could improve on his work.

Mesmer's stated goal in these two booklets is to describe the nature and effects of animal magnetism as he has used it in medical treatment. Nevertheless, it becomes evident in reading the *Mémoires* that their most significant aspect is his identification of a type of induced sleep, which he calls "critical sleep." While obviously beneficial to some patients, the cause and nature of critical sleep is something he struggles to identify and explain.

In the first memoir he defends his use of animal magnetism in the treatment of a number of specifically named patients and illnesses. In the following memoir he describes his cosmology, a world view he believes will support his theories on animal magnetism.

Perhaps the most dramatic cure outlined in the first memoir is that of Teresa Paradise. An eighteen-year-old resident of Vienna, who had been blind since the age of four and suffered from a distressing complex of serious physical and emotional complaints. Prior to Mesmer's involvement, her years of medical treatment had been as frightful as the medicine of the 1700's allowed. She had leeches applied, was cauterized, bled, plastered for weeks at a time, and had

thousands of electrical shocks applied to her eyes. While under Mesmer's care she experienced a partial recovery during which she became calm and gained the ability to see in a darkened room. The announcement of her progress was followed by the violently emotional reaction of her family and the medical authorities who denied that she had made any real progress. This was followed by a relapse and her removal from his care.

Mesmer's cosmology in the second memoir is standard for scholars of his time, who tended to see the universe as one great machine. He points out that the entire universe is a single organism with each part connected to and affecting the other. Therefore, all life in the world is one life, and all existence, past, present and future operates in a unified system. When a person, Mesmer continues, is in "critical sleep" and is able to recall minute details of the distant past, or is able to make predictions which are fulfilled to the letter, it is because the person in such a condition has been relieved from the distractions of ordinary perception, just as the eye at night is relieved from the distraction of sunlight and is then able to perceive all

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BOOK REVIEW

Contemporary International Hypnosis

by Graham D. Burrows, Ph.D.,
& Robb Stanley, Ph.D.

New York: John Wiley & Sons, 1995
Hardcover: \$215.00

The book *Contemporary International Hypnosis* represents an interesting and stimulating series of scientific papers presented at the 13th International Congress of Hypnosis, held in Melbourne, Australia, in 1994. The book's 44 chapters are presented in fewer than 400 pages, with many chapters of eight pages or less. The chapter contributors are experts in their fields who have contributed significantly to the practice, or science of hypnosis.

Reading this collection of papers

was much like walking through a scenic park. Each turn opened a special and unique scene. Yet this type of offering also has its own challenges. Many of the chapters have little to do with each other, leaving the reader to shift gears at various points in the text. While this book suffers at times from such brevity, I was impressed by the tremendous variation in depth of coverage between the chapters. Some authors introduce their subject with a historical perspective, detailing past work and commenting on its effect on current thinking. Other authors simply and briefly identified current literature regarding the use of hypnosis for a specific problem.

I found several chapters particularly stimulating, including Graham Burrows' chapter titled, "Hypnosis: Where have we been, and where are we going?" In this chapter he discuss-

es the most significant hypnotic research carried-out during his tenure as president of the International Society of Hypnosis (ISH). A discussion of treating anxiety and panic disorders, and the increased suicide risk when comorbidity exists, highlights the importance of asking the anxious patient about depression. A brief discussion of methodologies used to investigate the living brain, with SPECT and PET scanning in dementia and epileptic disorders as well as studies in hypnotic states, was thought provoking. Several chapters dealing with rehabilitation issues reflect the growing documentation that this technique can indeed be a commonly used, effective adjunctive therapy. Louise Olivier's chapter "The use of hypnosis in determining the rehabilitation potential of patients suffering from partial paralysis due to neurological impairment" was particularly stimulating. She found that a future-oriented approach toward imaging successful movement was correlated with rehabilitation potential in this pilot study of ten stable

stroke patients. She proposes several factors for neurologic recovery and potential ways that hypnotic interventions could effect these factors. While thought provoking, this will need replication through further study. However, if proven an effective prognosticator for recovery potential, this could be a helpful tool for selecting rehabilitation approaches for stroke or trauma patients.

This book was a bedside companion for many nights, as I found it was better experienced in bits and pieces. Much like the walk in a beautiful park, lingering on a favored author allowed for rumination and wonder. This book answered few questions for me, but offered several tantalizingly new ones. I would suggest this book to seasoned clinicians in both health care and mental health fields who are seeking a broad look at contemporary hypnosis through the eyes of gifted contributors.

Reviewed by:

Daniel L. Handel, M.D.

Mesmer

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the heavenly bodies that are obscured from normal vision during the day. According to Mesmer the past, the present, and the future become available, indeed, all of nature is present and accessible to the person in "critical sleep."

Mesmer defends his exploratory work by arguing that ancient opinions are not to be disdained because of the errors obvious to the more informed people of a later time, but are to be valued and studied for the insights they can still yield. Mesmer believes he gained insight from reading Hypocrites, especially in regard to his work in illuminating salutary crises in the recovery process. Mesmer describes, in a manner that would delight any modern phenomenologist, how the passage of time has brought about a mistaking of the symptom for the problem, and thus centuries of mistaken medicine. Although his theories were never proven, Mesmer's medical practice was an improvement over what he viewed as primitive therapy, consequently making him a pioneer in what has become known as hypnosis.

Reviewed by:

Bill Short, Ph.D.
Abilene, Texas

Short Term

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there is some psychological awareness of the difficulties, and 5) the client is motivated toward change. He states that the last criterion is the most important.

Outcomes are evaluated in terms of seven criteria: 1) changes in symptoms, 2) changes in the client's interpersonal relationships (the client must give specific examples), 3) changes in self-esteem, 4) changes in problem-solving, 5) new learning, 6) development of new attitudes, and 7) ability to specify in what ways the therapy has been instrumental helping them. Follow-up with the clients has yielded reports of good long-term results.

During therapy, the researchers identify a focus for the treatment, present that focus to the client, and obtain agreement from the client for working on that focus. The technique includes: 1) no line of demarcation between the evaluation and the therapy, 2) the therapist typically makes some anxiety provoking confrontations, 3) and they use transference feelings as soon as they arise to foster a past-present link. Under these conditions the therapists do not have to worry about provocations that cause extra difficulties since their client population has been purged of those who are likely to abreact. Sifneos

indicated that their "failures" were typically related to not properly assessing the client's motivation to change.

I told a colleague about this work and her reaction was, "Wow, with those selection criteria how could you not succeed?" I asked her about her client population and she indicated that she did not have one client who would meet these criteria. I wonder what Sifneos and his team would do with inner city populations that other therapists, such as Steve de Shazer, work with.

In all, this was an interesting tape, but not to my inclination. This work seems to be way behind the times in comparison to what is now being routinely done in brief therapy clinics.

Reviewed by:

Rubin Battino, M.S.
Yellow Springs, Ohio

Interview

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room to improvise by keeping my goals and structure in mind, while being flexible to meet the client, and being creative. As a therapist I help the client understand the structure of the therapy. The client comes as an equal because they have expertise in their life. And my job, as I understood Erickson to say, is to create the cli-

mate for change.

REK: *There seems to be a clear connection between how your jazz orientation and your therapeutic orientation work together.*

WM: I went back to playing jazz after 20 years of not playing. I studied in a way I hadn't as a young man. The ability to feel a sense of freedom and creativity within a given structure has helped me immensely in my clinical work and my teaching. I no longer think I have to cause the client to change or that I have to be the next Milton Erickson. There was only one and there will never be another.

REK: *How does the creative element fit into your perception?*

WM: After 25 years of clinical work, many experiences and stories become a part of one's repertoire. Learning to trust yourself and the connection you have with the client is important in creative work. Also, it is important to always seek to improve your technical skills. Creativity is one step beyond the technical ability of understanding theory and knowledge; creativity forces you to learn more.

REK: *Tell me why you think humor is important in therapy?*

WM: A key Ericksonian principal is enjoyment and discipline in life. Growing up in an Irish Catholic family, humor was part of the way we operated. Erickson gave me a license

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Interview

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to use humor, with respect to the client. Humor can be the perfect example of the paradigm shift that helps the client on the way to making a change. It's vital to the work I do.

REK: *Is this a skill you try to teach your clients?*

WM: It's a difficult skill, but I try to teach it through modeling.

REK: *I admire your commitment to empirical research and the important leadership direction you have taken to encourage more studies of this sort within Ericksonian psychotherapy. Will you talk more about this?*

WM: It's so nice to hear you say that, especially as Dr. Erickson's daughter. I have such respect for who Erickson was, what he did and his impact on the field. My view is in science we are never talking about absolutes or objective truth. We are talking about a series of truths to be challenged by the next theory that has a better fit (in the Darwinian sense) than the previous theory. In psychology we are trained as scientists and our job is to find the best fit at any possible time through empirical observation and testing. If there is no empirical research to support the hypnotic state or trait of hypnotizability, then how do we explain what Erickson was doing. At this point in my professional career I am dedicated to the idea of empirical research and critical thinking. I am committed to teaching my students how to evaluate claims that are made. I feel it is important to have research to show that a procedure is effective. Does it produce the change we want compared to another procedure? Within that procedure what are the active variables? Is it hypnotic state or is it expectancy? This in no way is disrespectful to Erickson. It is seeking out a different explanation. For instance, there is so much research in the area of social psychology that supports what Erickson did to increase client effort. Erickson was a master at getting people to put effort into psychotherapy. There also is a great deal of research on seeding a concept and having someone act on it at a later date. There is research that supports what Erickson did and there is more to be done. But to continue to explain a theory without research to support it is not scientific and not what we should be about as psychologists and professionals. That is near and dear to my heart at this point in

my career.

REK: *You have said that in order to be a good clinician you must have a sound foundation of knowledge. This is something that Erickson was committed to in his early work. He was also committed to the ongoing, searching process of science. I think a central element of the Ericksonian approach is to encourage a continuous search for answers.*

WM: Erickson didn't have a research laboratory, but he brought forth his ideas and it is up to others who follow to test those ideas out. I think the work of Irving Kirsch, Ph.D., and Steven Jay Lynn, Ph.D., two major researchers in hypnosis today, have done this. They have influenced me as well as the work of Erickson. Kirsch was my dissertation adviser at UConn and remains a friend. Lynn is a colleague. Both have played a vital role in bringing science not only to Ericksonian work but also to this notion of psychotherapy. There is a disconnection between research and clinical practice. That disconnection is significantly less in medical practice. I am dedicated to try to weave the two together. I think clinical practice is a science with a hypothesis about your client and a treatment plan that is related to outcome evaluation, even within the small setting of an office. You always need to evaluate your work as a scientist by answering questions like: Did my work affect the client? Is the client less phobic, is the client more able to do what he/she wanted to do? I can evaluate what I did to affect the change. This is what I try to teach my students who are interested in being clinicians.

REK: *Where do we stand in terms of empirical support for Ericksonian approaches?*

WM: There are a lot of researchers working now, Kirsch, Lynn, and John Kihlstrom, Ph.D., to name a few, doing work on voluntary and involuntary client response. There is a great

deal of empirical research from Social Psychology about paradoxical injunctions, client investment, and seeding. Kirsch has done a meta-analysis and found that hypnosis, as an ancillary form of treatment, for specific types of treatment like obesity and certain types of anxiety, is significantly and clinically effective as compared to not using hypnosis. This is an important piece of research and tells us as clinicians this is a useful intervention and we need to explore it further. Helen Crawford, Ph.D., is doing a lot of work on neurophysiological correlates of hypnosis. These are some of the interesting frontiers in hypnosis.

REK: *Where do you see this research moving in the future?*

WM: For example: the notion of hypnotic state. There is not empirical support for a hypnotic state that is different from a waking state. Maybe there will be some empirical research that clearly identifies the hypnotic state as a physiological state that can be measured. So there is work in this area to be done. The issue of hypnotizability is important. Is it a trait? Research shows there is high reliability over a period of time. The idea of the unconscious mind, is used as a metaphor in Ericksonian work. I want to be more conservative about the idea of an unconscious. There is no empirical support for the idea of an unconscious mind completely existing and functioning separately from the conscious mind. When we talk about these things as existing, rather than using it as a loose clinical metaphor, it is a little more problematic. I think we need to ask the question, "Are indirect metaphors effective and what would happen if we were to be more directive?" I am interested in two specific issues of clinical effectiveness: (1) Is what we

do effective compared to other types of therapy, or not doing any therapy? (2) What are the active variables within treatment that are effective? There is a lot of research to be done on Ericksonian-influenced work. We must find a way to support empirically the claims that we make and test out what people say works as compared to how do we know it works.

REK: *How did the Annual fit into the encouragement of empirical study?*

WM: The *Monographs* were edited by Steve Lankton for 10 years. It was very important, starting in 1980 at the death of Erickson, to provide articles and clinical material directly related to Ericksonian work. When I was asked to take over the *Monographs* I wanted to broaden the vision and look at Ericksonian-influenced therapy. I asked the authors to connect their material to current research literature. My intent was to help broaden ideas Erickson brought to us and continually seek ways to provide empirical validation. The new publication is designed to expose our readership, who consider themselves Ericksonian or who are interested in Erickson's work, to empirically-grounded theories and practice.

However, the name is not "The Annual." The correct name is *Current Research and Thinking in Brief Therapy: Solutions, Strategies, Narratives*. Some have begun to use "Annual" for short. I prefer CR&T.

REK: *Do you have any views of where CR&T will expand in the future?*

WM: It is difficult to say. Volume II is out now, Volume III is under review and we are soliciting for Volume IV. At the end of six volumes I plan to reassess.

We are interested in all aspects of brief therapy, particularly that which has empirical support. We are pleased to consider unsolicited manuscripts. Interested authors can contact me or John Edgette directly if they have a question about topics, format or content.

REK: *Is there anything else you would like to add?*

WM: It's an honor to be connected to Erickson's name. I consider myself a third generation Ericksonian and I regret that I never got to meet him. I know I wouldn't have the career that I have if it weren't for Milton Erickson.

VISIT OUR WEBSITE:

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

Donations

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* (as of September 25, 1998): Margaret Anderson, M.A., Rosemary F. Bronzert, MSW, Ronald L. Bruder, LCSW, Michael F. Hoyt, Ph.D., Daniel Lev, Ph.D., Eric Lyleson, M.A., A. J. Mullen, M.A., R. B. "Scotty" Smith, MSW. We thank you for your continued support of the Erickson Foundation and its activities. We would also like to thank Ellyn Bader, Ph.D., for her donation to The Archives Fund.

The Foundation is engaged in a massive project of making new masters of tapes in the Archives to preserve them into the new millennia. For those interested in participating in The Archives Fund Raiser, the Erickson Foundation has bricks from the former Erickson home still available. With a donation of \$25 U.S., you will receive a commemorative brick; with a donation of \$100 U.S., you will receive a limited edition commemorative brick (numbered and signed by Mrs. Elizabeth Erickson); and with a donation of \$250 U.S., you will be sent a limited edition commemorative brick and a pencil sketch of Dr. Erickson's, "Home of Hypnosis," 32 W. Cypress Street in Phoenix. In the United States, please add \$7 U.S. for postage and handling charges. All foreign requests, please add \$20 U.S. postage and handling charges. See page __ for an order form. We thank you for your help in preserving the significant works of Milton H. Erickson, M.D.

If you would like more information on donating to the Archives Fund, please contact The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016-6500; tel, (602) 956-6196 ext. 210; fax, (602) 956-0519. The Milton H. Erickson Foundation, Inc., is a nonprofit corporation, and donations may be tax deductible within IRS guidelines.

Three Levels of Training in Ericksonian Hypnosis

The Milton H. Erickson Foundation is sponsoring the eleventh year of the Phoenix Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy. The program has trained more than 1,000 professionals, from all parts of the globe. The Coordinator of Training is Brent Geary, Ph.D., and the program features invited presenters including Jeffrey K. Zeig, Ph.D., director of the Erickson Foundation.

The Intensive Training Program consists of three levels of training: fundamental, intermediate, and advanced. Each level of the program is an intensive five-day training utilizing a lecture-demonstration-practice format. Participants spend the majority of time in direct experiences, deriving extensive familiarity with hypnotic processes in both operator and subject roles. The training is a stimulating blend of theoretical, vicarious, and experiential learning. The Ericksonian model's steadfast attention to the uniqueness of each person puts the *care* back into managed health care delivery.

The program is size-limited to 25 participants for a more focused, one-

on-one training. Each level of the Intensive Training Program provides 35.0 hours of continuing education credit. The Intensive Training Program's continuing education hours may also be used toward certification with The American Society of Clinical Hypnosis (A.S.C.H.). The following are the dates for the Spring and Summer 1999 program:

Fundamental — February 22–26, 1999, & July 19–23, 1999.

Intermediate — March 1–5, 1999, & July 26–30, 1999.

Advanced — May 17–21, 1999.

The training takes place in Phoenix, Ariz., and also has taken place in the neighboring city of Scottsdale, Ariz. The venue and accommodations vary and 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>.

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