



# The Milton H. Erickson Foundation NEWSLETTER

Vol. 19, No. 1

Spring 1999

SM

## Evolution of Psychotherapy 2000 is Coming!

The Milton H. Erickson Foundation is excited to announce the long-awaited *Evolution of Psychotherapy Conference*. This landmark Conference will be held May 25-29, 2000, at the Anaheim Hilton & Towers and the Anaheim Convention Center, in Anaheim, Calif. The Conference is expected to attract more than 6,000 mental health professionals from every psychological expertise, throughout the world. Continuing education credits also will be available.

"The *Evolution of Psychotherapy Conferences* are like no other — they bring together teachers, counselors, therapists, social workers, students, psychologists, psychiatrists, and nurses from every psychological background," said Jeffrey K. Zeig, director of the Erickson Foundation, and organizer of this *Evolution of Psychotherapy Conference* and its predecessors.

He continued, "This Conference has something for everyone on every

therapeutic level of training. This is the best of the best, and the Erickson Foundation is proud to offer this educational opportunity."

Faculty members presenting at the Conference include: Aaron T. Beck, James F. T. Bugental, Albert Ellis, Eugene Gendlin, William Glasser, Mary Goulding, Jay Haley, James Hillman, Otto Kernberg, Arnold Lazarus, Alexander Lowen, Cloé Madanes, Judd Marmor, James Masterson, Donald Meichenbaum, Salvador Minuchin, Zerka Moreno, Erving Polster, Miriam Polster, Ernest Rossi, Thomas Szasz, Paul Watzlawick, Irving Yalom, and Jeffrey Zeig. The Conference will also feature selected State of the Art faculty.

The last *Evolution of Psychotherapy Conference* took place in December 1995, at the Las Vegas Hilton, in Las Vegas, Nev. The Conference was attended by more than 6,000 mental health profession-

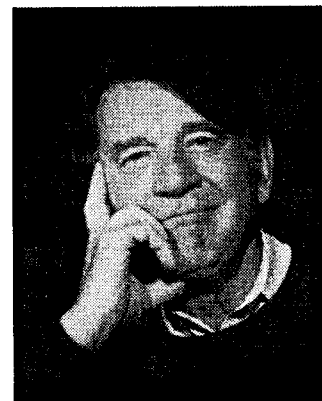
*continued on page 2*

## INTERVIEW

### Jay Haley

*Editor's Note: The following information is based on an interview with Jay Haley conducted February 1998 by Wendel A. Ray, Ph.D., Kristen Lee, M.A., Marty Carroll, M.A., and David Govenor, M.Div.*

*Background: Jay Haley not only has witnessed but also helped foster the development of the fields of family therapy and brief therapy. Haley spent ten years conducting research with Gregory Bateson, Don Jackson, John Weakland, and William Fry (Bateson, Jackson, Haley, & Weakland, 1956). His first supervisor was Don Jackson, and Haley spent more than 20 years studying Milton Erickson. Haley is a prolific author who was one of the first to chronicle the extraordinary work of Milton Erickson (Haley, 1967; Haley, 1973) and other leading pioneers such as John Rosen, Don Jackson, Charles Fulweiler, Virginia Satir, Carl Whitaker, and Frank Pittman (Haley & Hoffman, 1967). In 1962, Jay*



Jay Haley, Ph.D.

*Haley, Don Jackson and Nathan Ackerman founded the first family therapy journal, Family Process, with Haley as the journal's first editor. Haley spent ten years working with Salvador Minuchin and Braulio Montalvo and was involved in the framing of both Structural Family Therapy and the Strategic Approach. Founders of the Milan Systemic*  
*continued on page 21*

## 20th Anniversary Celebration: 7th International Congress

The Milton H. Erickson Foundation, Inc., will celebrate its 20th Anniversary in 1999. The Foundation is planning the 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 as *The Seventh International Congress on Ericksonian*

*Approaches to Hypnosis and Psychotherapy*, the Saturday all-day *Tribute to Jay Haley*, and a *Fundamental Training in Ericksonian Hypnosis track*.

"The Erickson Foundation has been experimenting with different conference formats. Many attendees have expressed particular interest in specific topics, and we are trying to put some of their ideas to work when beginning the plans for future meetings," said Jeffrey K. Zeig, director of The Milton H. Erickson Foundation. He added, "We must continue to grow with the needs of our registrants

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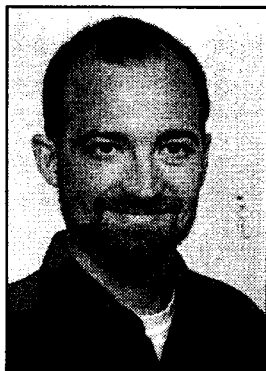
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## EDITOR'S COMMENTS

There is a poem by Edward Markham about a wise man who is approached by a traveler and asked about the inhabitants of a town at the bottom of the hill. In response, the wise man inquired about the city from which he had traveled. The traveler said it was full of dreadful people. The wise man replied that unfortunately this is what he would find in the village below. Later, the same conversation takes place with a second traveler. However, this person reports that his home town is full of wonderful people. The wise man reassures him that he will enjoy the people in the city below.

What will you discover in the materials you read or the people you meet? The answer depends in part on the expectations you hold. This type of self-fulfilling prophecy is referred to in the research literature as "confirmatory bias." Simply stated, confirmatory bias is a tendency to search for evidence to support one's assumptions while disregarding contradictory evidence. The concept is worth considering because it holds profound implications within the context of therapy and the experience of one's own daily life.

In this issue of the *Newsletter*, Melchior provides a thought provoking examination of Freud's most celebrated "discoveries" (see *Connections*, p. 13). Matthews further explores the problem of confirmatory bias and its significant ethical impli-



Dan Short

cations (see *Ethical Directions*, p. 8). Erickson addressed a similar problem (see *Hypnotic Realities*, Erickson, Rossi & Rossi, 1976, Irvington Publishers), when he stated that, "People who accomplish a great many things are people who have freed themselves from biases" (p. 179), therefore, "Don't let conscious frames of reference occlude your vision" (p. 209).

Editor:

Dan Short

## Corrections &amp; Clarifications

Vol. 18 No. 3, p. 6: The ad for the Bali artistic & Cultural Center contained an e-mail address that should read [ericg@dnai.com](mailto:ericg@dnai.com), the website address should read [www.miltonherickson.com](http://www.miltonherickson.com). The organization's new telephone number is 510-464-1140.

This letter is in response to the ethics article, "Demonstrating Hypnosis" (Vol. 18, No. 2) by Peter Bloom, M.D. Certainly, ethical concerns over the demonstration of hypnosis to lay audiences are necessary but they should not exceed realistic natural principles or be an abuse of power.

What is hypnosis? Melvin Gravitz (*Clinical Hypnosis and Memory Guidelines for Clinicians and for Forensic Hypnosis*, American Society of Clinical Hypnosis Press, 1994) defined hypnosis using the terms, "controlled imagination." According to Gravitz, "The state of hypnosis may occur spontaneously without the presence of formal induction" (p. 2). Mental imagery is a building block of self-hypnosis. Hypnotherapy is a combination of psychotherapy and hypnosis. In between the two is self-hypnosis, which should be used for wellness, relaxation and personal discovery.

Let us consider children who have vivid imaginations, indulge in daydreams, and may even have imaginary friends. They dissociate naturally. Under childhood trauma or abuse they frequently use dissociation as a defense and may go into severe dissociative states. Adults, too, under stress, will dissociate to avoid painful situations.

The ability to dissociate is a natural human phenomenon and individuals vary in their dissociative ability. The hypnotic ability lies in the person, not in the hypnotist. The hypnotist does not "put people under" but like a coach, helps people use their natural abilities and improve their skills of performance.

The ethical problems are: Should we help people develop their natural resources, and use them in constructive ways? Teaching cardio-pulmonary resuscitation to the layperson has saved lives. Health education has reduced the incidence of heart attack. Increased awareness has resulted in earlier treatment from qualified physicians. An informed public is capable of giving informed consent to therapeutic interventions. Could not these same principles and benefits develop from the layperson discovering his or her natural resources of self-hypnosis?

The most concerning problems involve the lay hypnotist using hypnosis on the misinformed public. Is it not the responsibility of professional societies to educate the public to differentiate use from abuse? These organizations should help individuals find professionally trained, accredited therapists. Certainly we can inform the public on the use of self-hypnosis for mental wellness, stress management and self-help, and when to seek a professionally trained hypnotherapist for the treatment of emotional and mental disorders.

Recognizing hypnosis as self-hypnosis, the professional can teach it to the public by demonstrating with guidelines for its safe and healthy use. If we can teach self-hypnosis to our patients and encourage them to use it on their own, as suggested by Bloom, then we can help the public access and develop their natural abilities of "controlled imagination."

Jack Birnbaum, M.D., F.R.C.P.  
Toronto, Canada

## 2000

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als representing over 15 countries.

"We have been receiving inquiries about the next Evolution Conference since the last Evolution in 1995. The Foundation is planning to make this the best *Evolution of Psychotherapy Conference* since its founding Conference in 1985," said the Executive Director of the Erickson Foundation, Linda Carr McThrell. "The Foundation staff has many ideas for this event and has already begun with the planning process."

More information will follow in upcoming issues of the *Newsletter*. The brochure for the *Evolution of Psychotherapy* in 2000 will be printed this summer. To receive the brochure when it becomes available, please send your request to: The Milton H. Erickson Foundation, Inc., Evolution Brochure, 3606 N. 24th Street, Phoenix, AZ 85016-6500; fax, 602-956-0519; e-mail, [mhreg@aol.com](mailto:mhreg@aol.com). Please be sure to indicate the Evolution 2000 Conference Brochure on all requests.

The Milton H. Erickson Foundation  
**NEWSLETTER**

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and the needs of our society and psychological community. Therapists are facing ever-changing challenges that must be addressed more than they have been in the past."

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 contribu-

tions 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 & 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 the meeting, and a select number not presenting, is being published by Zeig, Tucker & Co. Inc and will be available at the Congress.

The Foundation would like to encourage the Milton H. Erickson Institutes from around the world to make plans to attend the Congress, giving them the opportunity to meet with other Institutes that also provide educational trainings as well as therapeutic clinics. The Foundation is planning to hold an Institutes meeting to discuss future plans for the further expansion of the educational prac-

tices of the late Milton H. Erickson, M.D.

Turn to page 5 for a registration form offering the lowest rates that will be available for this Congress. Return the form to the Foundation no later than March 30, 1999, for U.S. professionals and student; April 21, 1999, for Foreign professionals and students. 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. Brochures for the Congress will be automatically sent to those who preregister with the registration form in this issue of the *Newsletter*.

## 8th EUROPEAN CONGRESS

on Hypnosis in Psychotherapy & Psychosomatic Medicine

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We currently are searching for full-time graduate students to serve as volunteers at our 20th Anniversary Celebration at the Seventh International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy, December 8-12, 1999, in Phoenix, Ariz. In lieu of registration fees, volunteers are needed to assist with registration, continuing education procedures, with faculty and staff, as well as in meeting rooms. Volunteers are asked to send a \$75 deposit, which will be refunded after they have completed participation in the meeting.

"Many students who have volunteered in the past are unsure if they should request to be a volunteer again," said Diane Deniger, volunteer coordinator for the Erickson Foundation. She added, "As long as they are graduate students in a health or mental health-related program, I encourage them to request again — experienced volunteers are extremely helpful to the staff, faculty and the new volunteers!"

Ms. Deniger said that although she primarily accepts full-time graduate students as volunteers, professionals who illustrate need may be given an opportunity to serve as volunteer monitors if positions are still available nearer the Conference dates.

For those interested in serving as volunteers for the 20th Anniversary Celebration at the Seventh International Congress, or if you have any questions, please contact Diane Deniger at: The Milton H. Erickson Foundation, Inc., 3606 N. 24th Street, Phoenix, AZ 85016-6500; phone, 602-956-6196 ext. 208; fax, 602-956-0519.

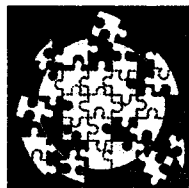
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# UPCOMING TRAINING

DATE	TITLE/LOCATION/LEADER	CONTACTS
1999		
3/12-14	Ericksonian Hypnosis/Guadalajara, Mexico/ Jeffrey K. Zeig, Ph.D.	1
3/19-20	Family Therapy Networker Symposium/Washington, D.C./ Zeig	2
4/9-10	Hypnosis & Treating Depression/Chapel Hill, N.C./ Michael D. Yapko, Ph.D.	3
4/15	American Counseling Association Conference/ San Diego, Calif./Zeig and Invited Faculty	4
4/23-24	Treating Depression/Farmington, Conn./Yapko	5
4/28-5/2	Hypnotherapy: An Ericksonian Approach To Problem Solving/Pensacola Beach, Fla./Stephen R. Lankton, MSW, DAHB, Carol H. Lankton, M.A.	6
4/30-5/1	1999 Iowa Mental Health Counselors Association Annual Conference — On the Cutting Edge: Meeting the Needs of Iowa Through Quality Training for Mental Health Professionals/Cedar Falls, Iowa/Invited Faculty	7
5/3-5/5	Hypnotherapy: An Ericksonian Approach To Problem Solving — More-Advanced Training/Pensacola Beach, Fla./Lankton, Lankton	6
5/7	Innovative Approaches To Mind-Body Healing/ New Orleans, La./Ernest L. Rossi, Ph.D.	8
5/15-16	Hypnosis & Treating Depression/Montreal, Canada/Yapko	9
5/17-21	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy — Advanced/Phoenix, Ariz./ Brent B. Geary, Ph.D.	10
5/21-23	Intensive Training in Hypnotherapy Workshop Series — Part II/Puebla, Mexico/Zeig	11
5/26-28	Clinical Hypnosis/Honolulu, Hawaii/Zeig	12
5/28-30	Ericksonian Approaches to Hypnosis and Psychotherapy/ Red Lodge, Mont./Geary	13
6/5-6	Ericksonian Techniques In Brief Therapy/Paris, France/ Geary	14
6/10-13	The Evolving Practice of Brief Therapy and Ericksonian Hypnosis/London, England/Yapko, Zeig, Geary, Camillo Lorio, M.D., Susy Signer-Fischer, Lic.Phil., Krzysztof Klajs, Lic.Phil., Ben Furman, M.D., Bernhard Trenkle, Dipl.Psych	15
6/18-20	Living a Solution-Oriented Life/Cumbria, England/Yapko	16
6/19-20	Ericksonian Couples Therapy/Rome, Italy/Zeig	17
6/25-27	Ericksonian Hypnosis — Part II/Guadalajara, Mexico/Zeig	1
6/26-27	Applying Hypnosis/Cheshire, England/Yapko	18
7/1-4	Solutions in Family Psychotherapy and Brief Therapy/ Curitiba, Brazil/Zeig	19
7/12-23	Treating Depression/multiple cities in Australia (including: Sydney, Melbourne, Brisbane, Canberra, Adelaide, Hobart)/Yapko	20
7/19-23	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy — Fundamental/Phoenix, Ariz./ Geary	10
7/26-30	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy — Intermediate/Phoenix, Ariz./ Geary	10
9/30-10/3	21st Annual Convention of the Deutsche Gesellschaft für Hypnose — Hypnosis and Depression/Bad Lippspringe, Germany/Invited Faculty	21
10/27-31	Hypnotherapy: An Ericksonian Approach To Problem Solving/Pensacola Beach, Fla./Lankton, Lankton	6
11/1-3	Hypnotherapy: An Ericksonian Approach To Problem Solving — More-Advanced Training/Pensacola Beach, Fla./Lankton, Lankton	6

## Contact Information

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- University of Connecticut Health Center; tel, 860/679-3789.
- Carol H. Lankton, P.O. Box 958, Gulf Breeze, FL 32562; tel, 904/932-6819.
- Jan Nanke, H 15, University of Northern Iowa, Cedar Falls, IA 50614-0225; tel, 319/273-6988 or 800/782-9519; fax, 319/273-7338; e-mail (questions only, no registrations), jenni.koppes@uni.edu.
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- British Society of Medical & Dental Hypnosis; fax, 44/1457-836-083.
- José Carlos Victor Gomez, Workshopsy Eventos, Caixa Postal 691, 13001-970 - Campinas/SP Brazil; tel/fax, 55/19-231-9955; e-mail, eventos@correionet.com.br.
- The Written Word; tel, 612-9954-7167.
- Deutsche Gesellschaft für Hypnose, Geschäftsstelle, Druffels Weg 3, D-48653 Coesfeld, Germany; tel, +25-41-700-07; fax, +25-41-700-08; e-mail, DGHGeschaefts-stelle@t-online.de.

\* To submit a listing for Upcoming Trainings, please send dates, title of workshop, venue, city/state/country, list of presenters, and complete contact information. There is a \$10 fee for each workshop submission. Deadline for the 1999 Summer Issue (June/July), is May 1, 1999. All workshop submissions are subject to approval by the Erickson Foundation.

## Journal Announcement

*Sleep and Hypnosis* is a multidisciplinary journal, published quarterly by Küre Yletibim Grubu A.P., Syracevizler Cad. 43/3 a I'li 80260 Istanbul, Turkey. The Journal contains editorials, original articles, review articles, case reports, letters to the editor and book reviews. Announcements and bibliographies of recent literature may be published.

Topics in the Journal cover the complete range of sleep, dreaming, and hypnosis research interests. Clinical, experimental, laboratory, psychological, epidemiological, and the normative studies relevant to sleep, dreaming, and hypnosis are welcome for consideration. All manuscripts will be reviewed by a panel of three or more experts. The review process is typically completed in eight weeks.

Please send all editorial correspondence to Mehmed Yücel Aöargün, M.D., Yüzüncü Yıl University School of Medicine, Department of Psychiatry, 65300 Van, Turkey; tel, 90/432-216-47-06; fax, 90/432-216-75-19; e-mail, mehmetyucel@turk.net.

# The Milton H. Erickson Foundation 20th Anniversary Celebration !

## THE 7TH INTERNATIONAL CONGRESS on Ericksonian Approaches to Hypnosis and Psychotherapy



**DECEMBER 8 - 12, 1999**

at the

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E-mail: mhreg@aol.com; Web: www.erickson-foundation.org

Cancellation Fee: \$35 if received in writing postmarked no later than November 12, 1999.

**Eligibility:** The Congress is available 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). The Congress also is open to professionals with mental health-related graduate degrees (e.g., MSW, MSN, MA or MS) from accredited institutions. Applications from graduate students in accredited programs leading to a degree in the above fields will be accepted if they supply a letter from their department on letterhead stationery certifying their full-time status.

## Conference Notes

Integrated Therapies & Trainings of Guildford, England, along with Behavioral Health Systems of Phoenix, Ariz., is sponsoring *The Evolving Practice of Brief Therapy and Ericksonian Hypnosis: An International Conference*, June 10-13, 1999, in London. The Conference will be held at the Jarvis Felbridge Hotel located near London 'sGatwick 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 Lorio, 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.

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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 and in science and art, religion and spirituality, society and politics, education and

schools, love, sexuality and aggression and psychopharmacology. 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 more than 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](mailto: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.

\*\*\*

The International Association for the Study of Pain is sponsoring the *Ninth World Congress on Pain*, August 22-27, 1999, held at the Austria Center Vienna. The Congress consists of a Scientific Program, Plenary Session Topics, Topical Workshops and Free Communication Sessions. A Call for Abstracts for free communications was issued in September 1998, and requires sponsorship by a member of IASP. Deadline for receipt of abstracts by IASP, using special Congress forms, is February 1, 1999. Comprehensive refresher courses will be offered the day before general sessions. For registration and Congress information, contact the International Association for the Study of Pain, 909 NE 43rd Street, Suite 306, Seattle, WA 98105, USA; tel, 206-547-6409; fax, 206-547-1703; e-mail, [IASP@locke.hs.washington.edu](mailto:IASP@locke.hs.washington.edu); web, [www.halcyon.com/iasp](http://www.halcyon.com/iasp).

## THE 15th INTERNATIONAL CONGRESS OF HYPNOSIS, MUNICH

The Milton Erickson Society for Clinical Hypnosis, Germany (M.E.G.), is sponsoring the *15th International Congress of Hypnosis*, October 2-7, 2000, at the University of Munich, in Germany. Prominent professionals from the hypnosis community are expected, and plans are under way to invite eminent scientists and clinicians from the broader field of human sciences including psychology, philosophy, medicine, biology, poetry and other relevant areas. This congress is in the tradition of the infamous *1st International Congress for Experimental and Therapeutic Hypnotism*, which took place in 1889 in Paris, France, and was attended by Sigmund Freud, Hippolyte Bernheim, and Pierre and Janet.

**CALL FOR PAPERS** - For those interested in contributing to this Congress, please sendon diskette, or by E-mail, the following information foreach submission:

- 1) Full name, title, profession
- 2) Affiliation (if applicable)
- 3) Full mailing address
- 4) Telephone and fax number
- 5) Title of contribution
- 6) Abstract of contribution (75 words or less)
- 7) Indicate if the contribution is a paper or a workshop (please indicate the number of hours for workshops: 3, 6, 9, 12)
- 8) For workshops ONLY, indicate the level of the workshop: fundamental, intermediate, advanced. Also, indicate the professions you allow to attend the workshop.

Please send all submissions on diskette or E-mail to: M.E.G., Burkhard Peter, Ph.D., Konradstr. 16, 80801 Munich, Germany; E-mail submissions to: [106004.127@compuserve.com](mailto:106004.127@compuserve.com).

For more information: [http://ourworld.compuserve.com/homepages/milton\\_erickson](http://ourworld.compuserve.com/homepages/milton_erickson); fax, 49.89.34029720.

## Space Still Available for Ericksonian Hypnosis Training

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 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 summer 1999 program:

- Fundamental — July 19-23, 1999
- Intermediate — 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 a brochure, 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](mailto:suvel@aol.com); web, <http://www.erickson-foundation.org>.



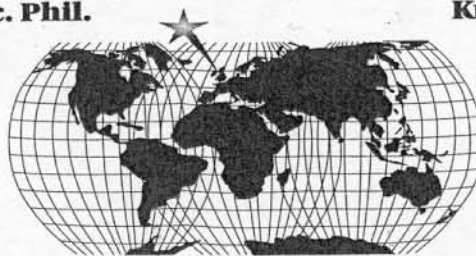
# The Evolving Practice of Brief Therapy and Ericksonian Hypnosis: An International Clinical Conference • June 10-13, 1999 • London, United Kingdom

**Susy Signer-Fischer, Lic. Phil.**  
Switzerland

**Brent Geary, Ph.D.**  
United States

**Camillo Loriedo, M.D.**  
Italy

**Bernhard Trenkle, Dipl. Psych.**  
Germany



**Krzysztof Klajs, Lic. Phil.**  
Poland

**Ben Furman, M.D.**  
Finland

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## ASCH to Hold 41st Annual Workshops and Scientific Program

The American Society of Clinical Hypnosis (ASCH) of Chicago, Ill., will hold its 41st Annual Workshops and Scientific Program, Saturday through Tuesday, March 20-23, 1999, at the Sheraton Colony Square Hotel, in Atlanta, Ga.

More than 350 professionals are expected to attend, many of whom apply hypnosis in their clinical practice, as well as those who conduct clinical and experimental research in the field. The workshop affords an excellent opportunity for health care practitioners from medicine, dentistry, psychology, and social work, to learn clinical applications of hypnosis from experienced leaders in the field. Most of the presenters are ASCH certified.

Workshops will be offered at the basic, intermediate and advanced levels of clinical hypnosis, Saturday through Monday morning. Beginning Monday afternoon through Tuesday, five tracks of scientific programming will be presented.

Attendees may register separately for the Workshops and the Scientific Program, or they may register for both. Registration fees vary. A banquet, luncheons, and social functions also are offered. For further information and to register, please contact the ASCH Central Office at 302-645-9810. Pre-registration is requested, however, onsite registrants will be accommodated, based on availability.

## Recap: 1998 Couples Therapy Conference

More than 650 mental health professionals gathered at the *Fourth Couples Therapy: Integrating Sexuality and Intimacy Conference*, November 6-8, 1998, at the LAX Westin Airport Hotel in Los Angeles, Calif. The Conference was sponsored by The Milton H. Erickson Foundation with organization by the Couples Institute of Menlo Park, Calif.

The Conference consisted of workshops, dialogues, and three keynote addresses, covering issues most faced by therapists, and couples therapists, approaching the millennium. In addition to these interactive events covering a wide array of topics including affairs, menopause, creating love and intimacy, and working with lesbian couples, attendees were given the opportunity to attend all-day workshops on Saturday and Sunday.

The Erickson Foundation is in the process of planning the *Fifth Sexuality and Intimacy Conference*. The Conference is still in the formative stages and information will follow in upcoming issues of the *Newsletter*.

If you were unable to attend this one-of-a-kind Conference, audiotapes are available for purchase through the Erickson Foundation. Please contact Sylvia Cowen at the Foundation: 602-956-6196 ext. 210, or e-mail, mheav@juno.com, to request a brochure listing all the tapes available from the *Fourth Couples Therapy: Integrating Sexuality and Intimacy*.

## FOREIGN NEWS

### MEG Celebrates 20 Year Anniversary

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

The Milton H. Erickson Society for Clinical Hypnosis in Germany (MEG) had its 20th anniversary meeting in Bad Orb, Germany, November 5-8, 1998. The full faculty consisted of 70 professionals. The conference was attended by 500 professionals. Bernhard Trenkle, Dipl. Psych., president of MEG, said there was a pre-conference meeting of 20 primary teaching staff and members of the boards of directors of other German and European Hypnosis Societies. The purpose of this meeting was to discuss scientific and political questions about hypnosis. The conference was held in cooperation with the European Society for Research on Fairy Tales.

Keynote speakers were Peter Bloom, M.D., and Walter Bongartz, past and current presidents of the International Society of Hypnosis (ISH). Elizabeth Erickson sent a message that was delivered by Erickson's daughter, Betty Alice, and translated into German by his granddaughter, Nicole Erickson.

A highlight of the meeting was the awarding of 10,000 DM by MEG for the Milton H. Erickson Award for outstanding scientific contributions to the field. The award went to Professor Vladimir Gheorghiu, author of several books in German and his native Romanian language. His most interna-

tionally cited work is *Suggestion and Suggestibility: Theory and Research* (Gheorghiu, Netter, Eysenck, Rosenthal, Eds., 1989, New York: Springer Publishing).

Born in Berlin, his family moved for political reasons, to Romania in 1936. At that time he was ten years old. As an adult, Dr. Gheorghiu came to the attention of the communist authorities and was forbidden to travel, lost his academic titles, his position as a university professor and was relegated to menial work. The international academic community protested and eventually, after many years, Dr. Gheorghiu was permitted to accept a professorship at the University of Gieben, Germany.

MEG publishes a biannual Newsletter, *MEG-a-phon*, distributed to more than 30,000 German speaking professionals. Zeig, Tucker and Co., is preparing to publish an English translation of Trenkle's *Handbook of Psychotherapy*, a collection of jokes that have appeared in the *MEG-a-phon*.

MEG has more than 1000 members, making it the largest hypnosis society in Germany. Training is conducted annually in 17 local German Institutes. MEG works closely with the German Society of Dental Hypnosis providing training for dentists in 14 cities. MEG is organizing, with ISH, the *15th International Congress of Hypnosis* to be held in Munich in October 2000.

# WEB WATCH

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

## National Institutes of Health's National Library of Medicine <http://www.nlm.nih.gov/>

This installment of Web Watch will focus on one of the jewels of the internet, the National Institutes of Health's National Library of Medicine (NLM), which gets a four star rating (\*\*\*\*) and can be accessed at: <http://www.nlm.nih.gov/>.

One of the first pieces that caught my attention was some testimony before the House Appropriations Committee by James Gordon, M.D., the prominent Chairman of the Program Advisory Council to NIH's Office of Alternative Medicine. Dr. Gordon was discussing hypnosis, "It wasn't, however, until World War II that the first signs of the current revival of interest in hypnosis appeared. These were the discovery of the utility of hypnotic techniques in the treatment of what was then called battle fatigue (what we now refer to as post-traumatic stress disorder), and the appearance on the American psychiatric scene of a uniquely gifted and influential practitioner and researcher, Milton Erickson." Gordon then proceeds to teach the Congress about Erickson.

There are many fascinating parts to the NLM page, such as the Visible Human Project, but it is the medical search engines which this review will focus upon. They tend to have playful names, like PubMed, Grateful Med, etc. For general information searches, I recommend PubMed as it allows you to access NLM's search service to access the 9 million citations in MEDLINE and Pre-MEDLINE (with links to participating on-line journals), and other related databases. Visit PubMed at: <http://www.ncbi.nlm.nih.gov/PubMed/>.

For those who seek a more guided tour of NIH resources, one of the easiest

### Ratings for WEB Site Reviews

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

search engines to use is MEDLINE PLUS at <http://medlineplus.nlm.nih.gov/medlineplus/>.

MEDLINE PLUS is organized to prevent information overload and guides you to online publications and databases. It is best not to use it for general searches, however. Some of the databases include AIDSLINE, CANCERLIT (National Cancer Institute), CHID online — Combined Health Information Database (Dept. of Health and Human Services), and not to be missed, NIH Consensus Statements (some of which mention of hypnosis).

For those interested in ordering hard copies of journal articles, one need only select the "Loansome Doc Ordering System" at the home page. This service allows users to order full-text copies from a local medical library (local fees and delivery methods may vary).

The National Library of Medicine site is medically oriented, and its coverage of hypnosis and psychotherapy is most efficient in relation to psychiatric or medical issues. Aside from this limitation, this is a wonderful site that deserves your time and interest.

*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., A.M.A., A.P.A., A.D.A.). It also is open to professionals with mental health degrees (e.g., M.S.W., M.S., M.A., M.S.N.) 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.*

## ETHICAL DIRECTIONS

### On Freud and Confirmatory Bias

by William J. Matthews, Ph.D.  
University of Massachusetts

Editor, Current Thinking and Research in Brief Therapy

Thierry Melchior's "Freud and Hypnosis: The Hypno-Suggestive Roots of the Oedipus Complex" (see page 13) is interesting on a number of accounts. Melchior's criticism of Freud is both accurate and can be well documented in the historical record. While initially trained as a scientist, Freud eschewed the scientific method in favor of his own *a priori* beliefs about psychoanalysis. Freud's religious-like faith in psychoanalysis and his refusal to critically examine his theory is perhaps best described in the quote by the French mathematician, Claude Bernard, when he wrote, "Those who have an excessive faith in their ideas are not well fitted to make discoveries" (Popper, 1994). Few could be more excessive in their faith, and therefore less open to con-

tradictory evidence, than Sigmund Freud. The case studies of Dora, Anna O., the Wolf Man, and the Rat Man were cited by Freud and subsequently by his followers as "evidence" for his theories of neurosis. Because of space limitations, even a cursory presentation of Freud's abject reconstruction of the case data to confirm his *a priori* beliefs is not possible. For a scholarly examination of Freud's misuse of the data and his patients, the reader is directed to the work of Frank Sulloway (1992) and Fredrick Crews (1995). An examination of these cases provides the interested reader with classic examples of the problem of confirmatory bias. While the failure of these cases in terms of therapeutic cure does not necessarily invalidate his theories, they provide unmistakable evidence of confirmatory bias (or conscious deceit) and the need for empirical validation of one's theories.

As discussed by Karl Popper (1994), seeking only to confirm one's theories is not an adequate test of a theory. The scientific method is based

on the principle that for a theory to be valid it must be refutable and an adequate test of refutability must be performed. The null statistical hypothesis (i.e.,  $H_1=H_0$ ) is an example of a test of refutability. Freud simply was not interested in testing his theories. His use of the single case method provides a stunning example of why this method does not qualify as scientific methodology.

Sixty years after the death of Freud, the issue of confirmatory bias is no less significant for clinical practice. Clinicians are bombarded with advertisements claiming the success of the latest therapy fad. We are told that such interventions as Therapeutic Touch, Reiki Therapy, Past Lives Therapy, to name but a few, cause change in clients. There are two basic questions regarding such claims. One, is there an adequate test that such an intervention did cause a client to change? Two, is the observed change a function of the explanatory theory? In the absence of data, we are asked by the proponents of these various techniques to accept on faith what is said. Faith is not a good method for ascertaining the adequacy or useful-

ness of a given technique.

In his recent encyclical on faith and reason, Pope John Paul II addressed the concern that many people are turning away from reason in favor of some blind notion of faith. He specifically cites a willingness to forgo reason for the belief in UFOs, alien abductions and other New Age nonsense. He suggests that there can be no real faith if we give up reason and truth. I can think of no previous time in my life when I would have agreed with any pronouncement from Pope John Paul II. However, in his call for a reaffirmation of reason, (and by extension, the scientific method) he has my support. This, I am sure, allows him to sleep comfortably in the Vatican.

#### References:

- Crews, F. (1995). The memory wars: Freud's legacy in dispute. New York: New York Review.  
Sulloway, F. (1992). Freud, Biologist of the mind: Beyond the psychoanalytic legend. Cambridge, Mass.: Harvard University Press.  
Popper, K. (1994). The Myth of the Framework. London: Rutledge.





Jeffrey K. Zeig, Ph.D., director of The Milton H. Erickson Foundation, and Mrs. Elizabeth Erickson, wife of the late Milton H. Erickson, M.D., celebrate the 25th anniversary of their first meeting. Dr. and Mrs. Erickson invited Dr. Zeig to their home on December 2, 1973, when Zeig, a California Marriage and Family Therapist at the time, first became a student of Dr. Erickson. "To say that meeting Dr. and Mrs. Erickson was a life-changing experience is to understate its importance," said Dr. Zeig. Mrs. Erickson resides in Phoenix, Ariz.

## Kay Thompson Memorial

by Jane A. Parsons Fein, C.S.W., B.C.D.

In New York City's Central Park near Belvedere Castle a young white pine tree was dedicated to the late Kay Thompson, D.D.S., during a special ceremony August 28, 1998.

Kay's husband, Ralph Krischbaum, shared memories of Kay and their many experiences with Milton Erickson and the Erickson family. Betty Alice Erickson attended in addition to many others who came from Italy, Germany, Hungary, Boston and New York, some of whom attended the Erickson Foundation's *Brief Therapy Conference* in New York. A poem from Sweden was read, which included Kay's unique metaphors and word play.

The tree is near the spot where Kay stood when she spoke at the dedication of 15 smokebushes to Erickson.

Here is what she said:

"I am fascinated by the fact that Jane Parsons was concerned that the trees weren't magnificent flowering smokebushes that we would all come out here and see. But, I think it is appropriate that they be these kind of spindly little things, because that's how we all started. And, if you look

around and recognize that everything here that nature has started out as that kind of seed, and that kind of spindly little tree, and recognize that the winds and the winters and the weather have all persisted and that only the trees that were able to be flexible when they were this weak were the ones that were capable of growing and expanding and that it's the ability to bend, it's this ability to be able and capable of being flexible that lets you grow tall enough and strong enough and survive the kinds of forces that keep trying to wear you down and I think the fact that everything here is so very different and yet all of it is so very beautiful is testimony to the idea that Milton Erickson did want us to do it in our own way, not his way."

During this memorial many people spoke about Kay, her gifts and her powerful and loving influence on them. After the ceremony, we walked along a tree-lined path to an apartment overlooking the park. There had been tornado warnings earlier that day. The wind blew through the trees with a special freshness, clarity and power. Then with food, wine, music and song we celebrated the extraordinary life of this magnificent woman.

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Since earning his Ph.D. in psychology in 1979, Dr. Alman has become an internationally known author, clinician, healer, trainer and researcher. He is in private practice in San Diego where he works with individuals and offers workshops for professionals. He also works with individuals and offers workshops for professionals. He also teaches for the Milton H. Erickson Foundation.

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## INTRODUCING THE INSTITUTES

### *Instituto Milton H. Erickson Brasil Sul* *Porto Alegre, RS,* *Brazil*

An Interview with Ricardo Feix, M.D.  
by Roxanna Erickson Klein, Ph.D.

**Roxanna Erickson Klein (REK):**  
*Tell us about your background.*

**Ricardo Feix (RF):** I came from a Catholic family with a tradition of community service and community spirit. My parents instilled a strong work ethic. They have been recognized for their dedication to their community. My sister is a human rights lawyer. Another brother is also a lawyer for the state. Two more sisters are in health care, and another is a newspaper columnist. I am 46 years old. My wife of 12 years, Marilia, and I have four children. I am not a rich person, but I am wealthy in knowledge. Love, honor and knowledge are most important to me, after health and peace.

**REK: What type of work have you done in Brazil?**

**RF:** My basic orientation is anthropological. After receiving my M.D. degree, 21 years ago, and then completing a residency in a very poverty stricken area of Brazil, I decided to study Public Health from both a research and epidemiological perspective. I am still doing a lot of work in public health research. To be more effective, I attained my Masters degree in Public Health. I have spent ten years developing a chemical dependency treatment center. My interest in Ericksonian approaches is what I consider to be the third phase of my professional career.

**REK: Your chemical dependency center, Centro do Dependencia Química, sounds like a unique program.**

**RF:** Ten years ago I created a substance abuse center, which has grown to include an interdisciplinary staff of 42 persons. We are one of the three largest programs in Brazil. Our center is certified by the state. It also is accredited by the universities to train graduate students in the field of substance abuse. Additionally, we work with state and local agencies.

We work with chemical abusers, including illegal substances such as

cocaine and marijuana, as well as abuse of legal medications. The program is voluntary. Our facility is located within a general hospital and has 27 in-patient beds as well as out-patient services. Most of our patients live in circumstances of poverty. Seventy percent are on social security, 20 percent are on other specially funded programs of one sort or another, and the remaining 10 percent are private patients. We recently have been selected as a research facility for a major international study to investigate the profiles of abusers who seek treatment. It is an honor to represent Brazil in this important investigation.

Because of my history in public health orientation, we have created an epidemiological model with a cognitive orientation. The emphasis of this model is on prevention and minimization of impact of the harm caused by the identified problem. We have an educational program targeted to the community as well as running therapeutic groups for those who have been affected by chemical dependency. These community programs also involve groups for individuals, couples and children.

**RK: How did you become interested in Ericksonian approaches?**

**RF:** I have done a lot of social research. One study focused on how people change or resist change. It involved a survey of 45 cities and looked at the health policies. Brazil is now in a time of major change in health care policy. We are developing a more complete system of primary health care. The study I performed looked at how health care workers resist change within the health care system. I examined attitudes, beliefs and behaviors. I was interested in how individuals and groups of people change.

Erickson focused a great deal on how people change. His approach struck me as not only effective, but as fitting well with my own philosophy about social and cultural influences and ways of understanding the multiple dimensions of human beings. I found Erickson's work to be very inspirational as well as providing a framework for ideas and work in which we already were involved. I had treated a large number of people for substance abuse. Some were infected with HIV and AIDS and most lived in poverty. Although I use



*The Founders; Ricardo Felix, M.D., M.S.,  
Marcia Alencar, Lyc.Psy., Victorio Velloso, M.D.*

epidemiology as a framework, I did not have a therapeutic model.

In 1994, I experienced a great moment in my professional development. I took a course from Jeffrey Zeig and learned about the work of Milton Erickson. I was already a successful professional, but I suddenly understood there is so much more I could do. I felt the possibilities for change in my heart and mind. I was already using many of Erickson's ideas, but understanding his work better somehow allowed me to experience a change within myself, in my own capacity to help others.

At that time I was working at the hospital in the mornings and had my practice in the afternoons. My private practice, which also involved work with substance abusers, had grown rapidly. I had some patients who had confidence in me because I was not a psychiatrist. In my work, I was looking for techniques to assist with somatic and psychological problems.

My education has left me with solid roots. I do not hasten to make rapid decisions. I always go slowly. At the time that I met Zeig, first in 1994, and then again in 1995, I already was using classical hypnosis. After working with Zeig, I began to expand my repertoire and use Ericksonian approaches. I also studied with Rossi in Belo Horizonte.

Later, I went to Las Vegas to attend the *Evolution of Psychotherapy* meeting. It was one of the greatest professional learning experiences I have ever had. I have continued to study in workshops as well as buying many books, and audio and videotapes.  
**RK: Your Institute has a unique structure. How did this come to be?**

**RF:** Three years ago my colleagues and I founded the Erickson Instituto in Porto Alegre. I invited Marcia Alencar, a licensed psychologist, to join me. She is a family therapist, so she brings a different orientation. We then invited Victorio Velloso, M.D., my father-in-law, to join us in this endeavor, and he participated in the planning. Sadly, he died before we

could complete the formation of the Institute. My sister, who is an attorney, helped us with the papers so that we could have everything done correctly. This allowed us to include him as a part of the Institute, even now.

We are actually a dual entity. I worked with the Erickson Foundation in developing the Instituto Milton H. Erickson Brasil Sul in Porto Alegre. This is the educational arm. The financial arm of our entity is the Centro Victorio Velloso Lida. With this name for our group, I am honoring two legends and the persons who first taught me hypnosis. I feel that each of these persons we chose to honor feels satisfaction with our accomplishment.

My wife Marilia is the director of the Centro Victorio Velloso Lida. She has a Master's degree in social science, and a good background in management. As we were in the planning stage, Victorio Velloso was in the

*continued on page 12*

## Integrating Ericksonian Ideas & Techniques in Sex Offender Treatment

by Mark S. Carich, Ph.D., & Carole Metzger, M.S.W.

In the past, treatment for sex offenders often consisted of confrontational and shame-based tactics. However, contemporary approaches are more likely to consist of cognitive-behavioral and group experiential components. The focus is on sex offender behavior and related issues. Treatment includes victim empathy, cognitive restructuring, social or interpersonal restructuring, arousal control, core issue/offender trauma resolution, lifestyle behavioral change, and assault cycle/relapse prevention components.

The basic contextual parameters of treatment are based on the following assumptions and objectives: 1) although sex offenders can manage

their deviant behavior there is not an acceptable cure; 2) pain is induced by directing offenders to focus on offending issues (i.e., victim impact awareness, remorse, victim empathy); 3) emphasis is placed on responsibility, accountability and choice; 4) delimit behaviors that enable deviancy; 5) structure is created by being firm and directive; 6) link the offender's trauma issues to victim empathy; 7) it is important to maintain control of therapy; 8) use empathy with firmness; 9) limited confidentiality; 10) focus on honesty, the offense history and dynamics; 11) society is the client. In terms of the last element, when a sex offender relapses, someone is violated, therefore, there is another victim.

Given the devastating effects of sexual aggression, characteristics of the offending process are as follows: distortions, sexual deviancy, grooming (i.e., sexual advances), deliberate planning, etc. The framework is different in working with sex offenders versus non offenders or traditional therapy approaches. For effective

treatment, offenders need to feel the pain that they caused their victim(s). They need to understand at an emotional level, the impact of their behavior on others. Self-examination for sex offenders is not an enjoyable process. Anytime one violates another, it is a painful process. Thus, many treatment techniques (e.g., arousal control, victim empathy, and responsibility) are geared to enable the offender to experience pain, reduce deviant behavior, develop appropriate behaviors, change inappropriate behaviors, feel adequate without offending, and learn prevention skills. Other techniques are aimed toward building resources, strengths, skills, and problem resolution skills.

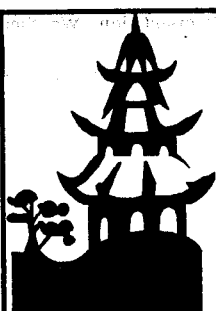
Although many sex offender treatment specialists do not claim to use Ericksonian interventions, some treatment providers have applied paradoxical or strategic tactics to offender assessment (McGrath, 1990) and working with denial (Winn, 1996, 1997). Some specialists talk about taking back door approaches (strategic interventions) to help

offenders reveal offense histories, including the index crime. For example, some use successive approximation techniques, also known as generative change tactics, that build on small changes or admissions of offenses and saving face tactics.

The most useful Ericksonian ideas for this type of treatment include unconscious processes, the utilization principle, addressing individual uniqueness, promoting generative change, building rapport, encouraging flexibility, demonstrate respect, and planting seeds. A number of Ericksonian tactics can be used toward treatment goals. These include utilizing dissociative-hypnotic responses, imagery, age progression and regression, time distortion, confusion techniques, symbolic or metaphoric interventions, paradoxical or strategic tactics, and linguistic tactics. Many useful spontaneous and natural hypnotic responses occur throughout group (Carich & Metzger, In Press).

Ericksonian approaches most

*continued on next page*



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## Institutes

*continued from page 10*

final days of his life. He died at the age of 84, on the year the Institute was formed. We are grateful he was able to share with us and to be a part of the planning process.

We act as a role-model for our students in the manner of the Foundation. We teach with our business and financial arm. A most important aspect for us is that there must be love for what is being done. In an organization like this one, a person's heart must be in it. It then becomes a beautiful combination, a ray of light.

**REK:** Tell us more about *Victorio Velloso*.

**RF:** My late father-in-law, *Victorio Velloso*, was a well-known psychiatrist in Brazil. He practiced for more than 70 years and even studied at the Pavlovian School in Russia. *Velloso* did much to educate his profession and the public about the use of hypnosis. In Brazil, the major psychological orientation is Freudian, and *Velloso* fought a battle for more than 40 years to bring respectability to the professional use of hypnosis. He wrote educational articles for local newspapers about the use of hypnosis, Pavlovian reflexes and autogenic training. *Velloso* also founded a professional hypnosis society for dentists and psychologists in Rio Grande do Sul. He taught more than 40 courses and also did supervision. He remained true to his orientation of classical hypnosis. At the time of his death in 1997, he was working with classical hypnosis via the Internet.

**REK:** What a remarkable and inspirational professional he was! What are current directions for the Institute's activities?

**RF:** We founded the Institute in July 1997. In October, our first undertaking was to put together an international workshop in Porto Alegre titled "The Art of Healing with Hypnosis." This was the first international hypnosis workshop in South Brazil. This one was very successful. We had 145 enrolled, most of whom were M.D.'s and psychologists. We were especially pleased because several other people had attempted to put on a workshop in hypnosis and not had much success. We got a lot of good feedback about how satisfied people were. The Institute's emphasis is on the need for ongoing education in hypno-

sis with an orientation to Ericksonian approaches to psychotherapy and education.

I value my professional reputation in Brazil, so I have proceeded very slowly to ensure that high quality is maintained. However, the Institute has been active. During 1998 the Institute created two programs of continuing education in Ericksonian hypnotherapy in Porto Alegre. The workshops were three days each during April and May. We conducted a study and supervision group for physicians during March through December. Along with *Marcia Alencar*, we created a group to help prepare students for the college examination. This group focused on motivation, memory, and relaxation. The director in Florianópolis, *Sofia Bauer, M.D.*, led four workshops for Ericksonian Hypnotherapy and she facilitated a weekly study group that continued throughout the year.

During 1999 we intend to continue with the program of education in "Ericksonian Approaches to Hypnosis, Psychotherapy and Education" in Porto Alegre and Florianópolis.

**REK:** Thank you for this very interesting and stimulating interview. Your work is important and a model to admire.

**RF:** I am grateful for the opportunity to let people know about some of the work that is being done in Brazil.

## Therapeutic

*continued from page 11*

likely are to be successful when integrated within contemporary sex offender treatment parameters. For example, it is useful to acknowledge and utilize the unconscious processes while holding the offender 100 percent responsible and accountable.

Flexibility allows the therapist to use a wide range of interventions. For example, in some cases, intense confrontation techniques simply do not work and other strategic tactics may be useful.

It is important to respect individuality and uniqueness. Offenders vary on degree of problems and skill levels. Thus, individuality needs and uniqueness can be utilized in treatment. A rapport or some level of "psychological contact" also is critical (*Blanchard, 1996*).

With most sex offenders, change does not occur overnight. Two ele-

ments are helpful: 1) a holistic approach; and 2) generative change. Generative change is useful by planting small seeds of change and capitalizing on those changes. State-of-the-art sex-offender treatment programs are holistic in their approaches, which is especially important for the sex offender who has multiple skill deficits, offense patterns and problems.

The field of sex offender treatment is relatively new. It is continuously expanding with the development of new innovative techniques and strategies. As *Honey Fay Knopp (1996)* summarizes: "Our discipline needs to construct solid therapeutic and legal models to carry us into the 21st century" (p. 236). She emphasizes a holistic picture by building bridges to other disciplines. The future of contemporary sex offender treatment is the integration of other models, theories and ideas into the current paradigms.

### References:

- Blanchard, G. T. (1996). The Difficult Connection. Brandon, Vt.: The Safer Society Press.*  
*Carich, M. S. & Metzger, C. (In Press). Rediscovering and utiliz-*

ing the concept of the unconscious in contemporary sex offender treatment. *The Forum.*

*Knopp, F. H. (1996). Building bridges: Working together to understand and prevent sexual abuse. Sexual Abuse: A Journal of Research and Treatment, 7, 231-238.*

*McGrath, R. (1990). Assessment of sexual aggressors: Practical interviewing strategies. Journal of Interpersonal Violence, 5, 507-519.*

*Winn, M. (1996). The strategic and systemic management of denial in the cognitive/behavioral treatment of sexual offenders. Sexual Abuse: A Journal of Research and Treatment, 8, 25-36.*

*Winn, M. (1997). Using strategic, systemic and linguistic principles to enhance treatment compliance. In B. K. Schwartz & H. Cellini (Eds.), The Sex Offender: New Insights, Treatment Innovations and Legal Developments, Vol. II (Chapter 7). Kingston, N.J.: Civic Research Institute.*

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## Freud and Hypnosis: The Hypno-Suggestive Roots of the Oedipus Complex

Thierry Melchior, Psychologist  
 Institut Milton H. Erickson De Belgique  
 Brussels, Belgium

*Editor's Note: This paper is an elaboration of a message posted on Ericksonian Internet Listserv, September 12, 1998, in response to a discussion about Freud's connection to hypnosis.*

When Freud came back from Paris, where he had attended Charcot's 1885 lectures, he was excited about the idea that at least some types of hysteria had a traumatic origin. For instance, an accident could have such a frightening effect that a nonorganic "hysterical" paralysis could ensue. With time, Freud extended this idea of trauma to all forms of hysteria and, soon after, to all forms of what he termed "psychoneurosis," which also included "obsessional neurosis." He also committed himself to the idea that sexuality had something to do with hysteria. This was not a new idea. Hysteria comes from the Greek word for womb, and many gynecologists of his time also believed hysteria was a sexuality related problem. If you add the idea of trauma to the idea of sexuality, you get the idea of sexual abuse.

In the meantime, after having experimented with Bernheim's style of hypnotherapy (i.e., direct suggestion of symptom removal), Freud turned to the cathartic method used by Breuer in 1881 with Anna O. Ironically, the case of Anna O. is not a good example of the cathartic method. It is the only known case Breuer "treated" this way. Moreover, contrary to Breuer and Freud's claims, this case was not at all a success, as we now know through the records of hospital archives in Austria. Hence, it proved nothing about the validity of the method. However, Freud was enthusiastic because he had found a congruence between the idea of traumatic/sexual etiology of hysteria and the cathartic method (i.e., searching for the repressed causes of the problem).

When questioning his patients, Freud was extremely leading, during hypnosis and later while using the Drück Method (i.e., putting his hand on the patient's forehead and saying "Now you will remember..."). In *Studies on Hysteria* and other papers of this period (1890-1897), Freud clearly states that if the patient does not recall what the doctor is prepared to discover (i.e., a sexual abuse), he has to say very firmly to the patient, "You are wrong, this has nothing to do with what we are searching for, it is something else that has happened, continue to try to remember!" As a result, patients either fled away or ended up "remembering" the abuse. Those who ended in "remembering" probably were highly motivated to do so, first because of Freud's intense pressure, and second, because Freud had led them to believe that remembering was the only way to get rid of their painful symptoms, whatever they were.

It also is important to realize that none of the patients he talks about during this time had any previous spontaneous recollections of having been abused in their infancy. In fact, if they had such conscious memories, Freud's theory of that time could not have applied — there would have been no symptoms at all. In his view, there were symptoms precisely because the memories were repressed. Describing the treatment of people who already were consciously aware of prior abuse would have been totally out of topic and thus useless for his demonstration of the validity of his etiological theory.

Another development of Freud's technique was symbolic interpretation, the belief that one thing could mean something else. This type of strategy, which I call "broadening," opened the door so that nearly anything could be the sign or symbol of something else, most commonly of sexual abuse. Inevitably finding signs of sexual abuse in whatever his patients said or did, Freud developed a stronger and stronger conviction that he was right. He also became increasingly authoritarian and leading in his way of questioning. He even reached a point where he no longer needed the memory to be retrieved by the patient. When Freud's conviction was sufficient, and it became more and more rapidly sufficient, he himself self-confidently declared to the patient that he had without any doubt been abused in his infancy in such and such a manner.

Freud often criticized Bernheim's authoritarian approach to hypnosis, and he was right to do so. But as can be seen, if Bernheim was using a *power-based*

*authoritarianism*, Freud's style of intervention was a *knowledge-based authoritarianism*. Because Freud felt that he knew more about the symptoms than the patient, he pushed for a memory of a forgotten abuse. Even if power-based authoritarianism is not a good idea, at least it is clear and obvious, for the patient as for the therapist. However, knowledge-based authoritarianism is much more sneaky and difficult to detect. Even the therapist may not be aware of the fact that his own theoretical convictions exert a tremendous pressure upon the patient. For this reason it is more dangerous.

Freud was very proud of his new etiology of psychoneurosis. He thought he had found the key to one of the greatest mysteries of his time. He even believed he had discovered why some people became hysterical while others became obsessive. The former, he declared, had taken no pleasure in the abuse while the latter had enjoyed it. He thought this discovery was of the same importance to Neurology as the discovery of the springs of the Nile was for Geography. This is why when he finally realized, in 1897, that it wasn't possible that *all* his "psychoneurotic" patients had been abused, he became very depressed. This can be seen in his letters to Fliess.

He was forced to accept one of two possibilities. One option was to recognize that he had suggested false memories to his patients. But at that time this phenomena was much less understood than it is now. Freud had little or no awareness of the importance of interaction, and hence no great awareness of the importance and the role of the therapist's belief system during these interactions. Moreover, from a narcissistic point of view, it would have been very painful for him to recognize his own influence in what had happened. The second option was to find some fault in his patients who told him, as he believed, that they had indeed been abused. This is the option he chose. To do so, he began to search for what in childhood sexuality could explain both the development of a neurosis and the false recall of a memory of abuse.

Looking so closely at childhood sexuality, with spectacles on the tip of his nose, it is no surprise that Freud discovered a crisis to fit his needs. Human childhood sexuality must *a priori* be traumatic in its essence. It must *a priori* be wild and perverse to explain later neuroses. And, it must *a priori* involve a universal wish to commit incest with the mother or the father (i.e., Oedipus complex). Thus, the Oedipus complex is a sexual abuse "memory" assumed to be generated by the child through fantasy instead of having been committed by the adult. The difference between the two is that the first is of an internal origin while the latter is of an external origin.

Hence, the historical notion of the Oedipal complex is most likely the result of Freud's inability to acknowledge his own responsibility in suggesting false memories to his 1895-1897 patients. In later times, psychoanalysts have attributed other meanings to this "complex," some of which may be interesting or useful.

**References:**

- Melchior, T. (1995). De l'hypnose á la psychanalyse. *Psychotherapies*, 15, 4.
- Melchior, T. (1998). *Créer le réel, hypnose et thérapie*. Ed. du Seuil, Paris.
- Webster, R. (1995). *Why Freud was Wrong?* Basic Books, Harper Collins, New York.

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## CASE REPORT

### Preparing Estelle for Surgery

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

Estelle is a friend who at age 75 was diagnosed with breast cancer. She knew that I had done volunteer work with people who have life-threatening diseases. The first session was devoted to going over the kinds of things I do to help people. For instance, teaching them how to relax and meditate, guided imagery for healing, and asking direct questions about living wills and medical treatment. Considering the information Estelle provided, I prepared two 15-minute guided imagery tapes for her.

I used the first session to elicit information about past surgical experiences and any fears Estelle had about the upcoming surgery. I told her about research which indicated that while under anesthesia patients can hear what is said in the operating room. Using the information she gave to me I led her through a hypnotic session centered on preparation for surgery.

Typically, the hypnotic session is

divided into four parts: (1) relaxation/induction, (2) pre-op suggestions (e.g., knowing when to go to her safe haven within her mind), (3) suggestions that incorporate statements given to the surgeon to say during the operation, and (4) post-op suggestions for comfortable and rapid healing. Each suggestion is designed to function during the post-hypnotic surgery experience. A certain amount of dissociation and time distortion are built into the process (e.g., how surprisingly fast the entire experience will occur).

At the second session she told me her surgical lumpectomy and nodal dissection were scheduled for two weeks hence.

At the third session Estelle was given a 30-minute tape to prepare her for surgery. The same information was recorded on both sides. We talked about the upcoming surgery and related matters. We completed a hypnotic session similar to the one on the tape. I also gave Estelle copies of a letter I had written to her surgeon. Estelle was to decide the most appropriate time to give the letter to her surgeon.

The letter was in two parts. The

first part gave information relating to my work with Estelle and additional background about my qualification. The second part follows:

"There is a great deal of evidence that patients, even under the surgical plane of anesthesia, can hear things that are said in the OR. It is felt that if the surgeon (or an assistant known to the patient) makes encouraging and healing comments directly to the patient during the surgery, that this has a beneficial effect on outcomes and recovery. This has been both my personal experience and that of a number of people I have advised. To this end, you will find enclosed a brief set of directions and some simple statements that we hope you will be willing to say to Estelle at appropriate times during the surgery. These statements need to be made only a few times, and should always be prefaced by using Estelle's name so that she knows the message is directed to her; and ended with a "Thank you," so that she knows the message is over. Estelle has an audiotape to listen to in advance of the surgery. The statements are: 1) Estelle, please slow down (or stop) the bleeding where I am working. Thank you. 2) Estelle, please relax your muscles in this area. Thank you. 3) Estelle, this is going very well. Thank you. 4) Estelle, you will heal surprisingly quickly. Thank you. 5) Estelle, you will be surpris-

ingly comfortable and at ease after this. Thank you. 6) Estelle, your recovery will be very rapid. Thank you."

This preparation procedure has worked well for my clients. One friend said that the hysterectomy she dreaded was "almost pleasant." Estelle's comments were, "I was sure this works for other people, but not for me. It was after the first meditation you led me through that I became convinced this stuff would work. I found the imagery tapes so wonderful and always fell into the deepest sleep. By the time I got the surgery tape I was ready for it, and listened to it every day for nine days. I was listening to it for the three quarters of an hour when they were injecting the dye into me in the hospital. The tape worked — I was able to relax. I only felt nausea briefly afterwards. The anesthetist read the messages during my surgery. The head nurse was very impressed. I would recommend this highly and have told all of my friends..."

*Editor's Note: For more information you may contact the author at [rubin.battino@wright.edu](mailto:rubin.battino@wright.edu). Battino and South recently have published a description of this approach in Ericksonian Hypnotherapy: A Comprehensive Manual, Neuryppology Press, 1997.*

## DISCUSSION

by Susan A. Adams, M.Ed., NCC  
Doctoral Student in Counseling  
Texas A&M University

Stress and fear can be damaging to our bodies under normal circumstances, but when a person is facing a battle with a life-threatening disease or surgery, it can further complicate the individual's natural ability to heal. Spera and Lanto (1997) note, "stress not only contributes to health problems but is frequently caused by them. This isn't surprising, of course, if the health problem in question is serious" (p. 31). Although we readily recognize stress and its subsequent effects on daily living, the level of stress may be raised significantly when radical surgery becomes necessary.

Estelle, an older woman diagnosed with breast cancer, sought the assistance of Rubin Battino to prepare for her upcoming surgery. She was familiar with his work and felt it

would be a beneficial element for success in her anticipated appointment with the surgeon's knife. After completing three sessions, Estelle was armed with three tapes and a letter for her doctor containing six statements to be read during surgery.

Each of those sessions served a specific purpose and had a definitive goal. The first concentrated on the methods of relaxation through meditation and using guided imagery to facilitate the healing process. Battino prepared two 15-minute tapes for this purpose.

Sessions Two and Three, which were preparatory for surgery, were focused on different aspects of the surgery process. The second session was used for Battino to discover and explore Estelle's previous experiences with surgery and any fears she might have about the anticipated breast cancer surgery. This session's agenda also included a hypnotic element. Hypnosis, according to Woolfolk and Richardson (1978) is

defined as an "altered state of consciousness that results from focusing awareness on a set of suggestions and allowing oneself to be receptive to those suggestions — all while allowing free rein to one's powers of imagination" (p. 157). Battino divided the hypnotic experience into four parts: (1) relaxation/induction; (2) pre-op suggestions; (3) operation suggestions; and (4) post-op suggestions to impact the patient's recovery and healing. Included in this hypnotic session were dissociation and time distortion elements suggesting that the healing experience would be surprisingly rapid.

By including these suggested activities, the patient is empowered to focus on things she had some control over — her own state of relaxation. It can be difficult to venture into unfamiliar territory and recognize there are so many elements beyond the control of the individual. However, these activities were designed to suggest some degree of control over her

impending situation. Two of the suggestions Spera and Lanto (1997) offer to assist individuals in coping effectively with stress are "put your thoughts and feelings into words," and "use mental rehearsal to pave the way for success" (p. 146). These are methods incorporated in this case.

In addition, Battino indicated that patients can hear what is being said while they are under anesthesia, so he prepared a letter for her doctor. This letter contained six specific statements, which were included in the case report, to be read while the surgery was being performed. The doctor was instructed to begin each of the statements with Estelle's name and conclude with "thank you." This was to indicate the statement was addressed to her and now that message was ended.

Estelle admitted skepticism initially, but after experiencing the relaxation from the first imagery

*continued on next page*



tapes, she became convinced of their effectiveness. As preparation for the surgery, she utilized the surgery tape for nine days and then again for three quarters of an hour when the dye was being injected prior to the actual surgery. This was effective in inducing relaxation, and the patient indicated only brief nausea afterward. The statements were read during the surgery by the anesthetist. Estelle felt it was successful and would recommend it to others.

Although Battino did not address the post-op healing process in his case report, he did provide clues throughout the article about the receptiveness of the patient and the impact the various tapes and imagery techniques had on her mental state prior to and during surgery. These activities provided some degree of participation on Estelle's part toward her healing, and this empowerment appeared to have a positive mental impact.

**References:**

Spera, S. & Lanto, S. (1997). *Beat stress with Strength, a Survival Guide for Work and Life*. Indianapolis, Ind.: Park Avenue Productions.  
 Woolfolk, R. L. & Richardson, F. C. (1978). *Stress, Sanity, & Survival*. New York: Sovereign Books.

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In her 1996 presentation at *The Brief Therapy Conference* in San Francisco, Claudia Black, Ph.D., presented a treatment plan that is affective, cognitive, and behavioral for working with clients whose families of origin are affected by drug or alcohol addiction. Black's four step plan is laid out in a manner that is easily understood, pragmatic, and offers clinicians a framework for working within a managed care environment.

Black is well known around the world for her work with families struggling with addiction. She has contributed several films and books to the literature on addiction and abuse in family systems. From her work with adult children of alcoholics, Black has generated some common denominators among families where one or both parents are chemically dependent. Among them, she includes a sense of shame, chronic loss, and a need for control.

In her treatment program, which includes both individual sessions and a strong group component, Black's first step with clients is designed to undo their denial process. In families that have one or both parents addicted to alcohol or drugs, she finds a high tolerance for inappropriate behavior. Presupposing there were events in the client's growing up years that were unusual or odd, Black gives the client a sentence completion exercise designed to bring up that which may have previously been identified by clients as normal, within the context of their

# BOOK REVIEW

## *The Portable Lawyer for Mental Health Professionals*

by Barton E. Bernstein, J.D., L.M.S.W. & Thomas L. Hartsell, Jr., J.D.  
1998, Wiley and Sons

Like many of you, I completed my training as a psychologist without being taught a great deal about the sometimes intricate ethical and/or legal dangers that lurk in our therapy rooms. It took me many years to gather such information. So when I read *The Portable Lawyer*, I was astonished to discover that as a mental health professional I am open to many more ethical and legal problems than I ever thought possible.

Over the years, I dealt with problems as they came up — how to conduct myself when testifying in court for a client, how long client notes must be kept, etc. These and other questions were answered with information researched at workshops, seminars and informal phone calls to colleagues, lawyers and friends. Now the answers can be found in one place.

This book covers avoidance of, as well as repair of, the many problems we might have with the legal system or our ethics boards. It's a book of varied information pertinent to all of us. As the cover says, it's "An A-Z guide." *Wiley and Sons* has presented the material in more than 270 nicely structured and interesting pages.

The authors, Thomas Hartsell and Barton Bernstein, are practicing lawyers and teachers. Bernstein is a licensed social worker as well. They are practitioners who toil with us in the fields. The examples they give, the problems they cover, show they do not live in ivory towers, but are in the trenches with us. They must have been with us when we quizzed each other about what to do if called to testify in court for a client, and can managed care really do such and such? And, after listening to us rattle on, they must have then sat down and written this book to answer these questions by describing situations that initially seem terribly innocent.

Consider the following series of examples. You are going over some client notes and discover you repeated a phrase and white it out. If you later present that

family, but can now be seen as evidence of pathology.

Having generated situations that meet the criteria for step one, clients are then assisted in connecting those past situations to today, and how they are reflected in feelings about themselves, their belief systems, and their behavior. As beliefs are identified, clients learn to distinguish between those which are helpful and those which are hurtful. The third step involves challenging the faulty beliefs that were a result of those odd or unusual events experienced within the family environment. Clients are guided in taking hold of what is helpful, letting go of what is hurtful, and creating new beliefs to replace the old.

In the fourth step, clients are assisted in learning new skills with which they can improve the quality of life in the present, as well as build upon to enhance their future. Black cites the ability to set clear boundaries as an important skill for her clients to learn to better their sense of self and their sense of worth.

Although the early phase of Black's treatment plan is based on digging up hurtful experiences of the past, an exercise not always found helpful in Ericksonian practices, her goal in doing so is to locate the source of troublesome beliefs and behaviors, bring them into awareness, and use them as a tool for building new response sets in the present and for the future. Her methods employ each client's active participation in the therapeutic process; they are given homework assignments, both behavioral and written, they are encouraged to practice new behaviors within an interactive group environment, and they are encouraged to access educational materials.

The sound quality on this two tape set is excellent, and there are no technical problems on either tape. Black is a well experienced lecturer. Her warmth, humor, and humanness come out in this presentation. The material is well organized; Black uses examples from her clinical, and also her personal life, to illustrate her points. "Working With the Client Raised in An Alcoholic Family" can be a valuable resource for perspectives on clients whose parents were chemically dependent, as well as for tools with which to assist those clients.

**Reviewed by:**

Sharon McLaughlin, M.A., Rohnert Park, Calif.

file as part of a court case how do you prevent that whited out section from being used against you?

Many of us now use computers. Legally, are computer notes the same as written notes? And, does a client have the right to a copy of the disk on which his file is stored?

Some of Dr. Kind's patients complain of financial problems. Dr. Kind responds to their need by setting up a sliding scale. Has Dr. Kind now put himself in a position to be successfully sued for fraud?

Dr. Kind's patient, Mr. Wealthy, is so pleased with therapy results that he wants to set up a foundation with Dr. Kind as the head. Can Dr. Kind accept the position without horrible ethical and/or legal ramifications?

Later, when Mr. Wealthy willingly passes on to Dr. Kind a way to make money in a business deal, can Dr. Kind make that money without ethical and/or legal ramifications?

Lastly, a couple participates in marital therapy with Dr. Kind's colleague, Dr. Goodheart, for about four sessions. They come in at the beginning of the fifth session and explain that they have run into a financial problem. They want to hold off paying fees for a month or two so they can get on their feet. Dr. Goodheart agrees. The time goes by, and he bills them for \$900 owed him. Unfortunately, they have filed for divorce and each claims the other should pay the money. Has Dr. Goodheart joined Dr. Kind and landed in a precarious ethical and legal situation?

The authors cover a great deal more. In addition to these situations and their solutions, the authors present sections on how to avoid being charged with malpractice. There are also examples of forms and contracts. I must admit the contracts are not as interesting as the rest of the book, but one cannot have everything.

The authors have done a marvelous job by simply and clearly presenting their material with realistic examples that will connect with everyone involved in direct mental health services. I believe you will enjoy *The Portable Lawyer* and use it often. I wish I had it 25 years ago when I first started out in the business.

**Reviewed by:**

Jerry Weiss, Ph.D., Dallas, Texas

Full catalogue and online discussion at <http://www.cape.org>

June 28–September 3, 1999

# 20<sup>th</sup> Cape Cod Institute

The **Cape Cod Institute** is a summer-long series of courses of current interest to mental health professionals and applied behavioral scientists, sponsored by the Albert Einstein College of Medicine. Sessions are held Monday through Friday from 9am until 12:15pm, leaving the afternoons free for leisure and study. For a copy of the full catalogue, just return the form. Or you can read the full catalogue and register online now at our website: <http://www.cape.org>

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**James Gordon**  
Mind-Body Medicine

**John Grohol,**  
**Gilbert Levin**  
Making the Web Work  
for You

**Robert Hargrove**  
Masterful Coaching

July 12–16

**Kenneth Cloke**  
Transformation  
Through Conflict

**Joan Goldsmith**  
Learning to Lead

**Marty Klein**  
Sexual Issues

July 19–23

**Ned Hallowell**  
Worry and Connectedness

**Price, Gardner,**  
**Fentress, Brody**  
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**Arthur Freeman**  
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August 2–6

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**Michael Yapko**  
Clinical Hypnosis

August 9–13

**Margaret Wheatley**  
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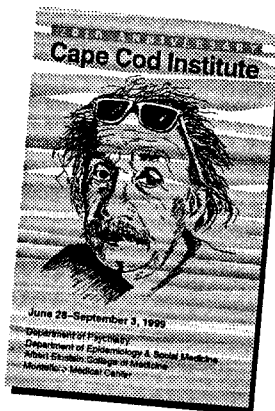
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# BOOK REVIEW

## *The Art of Using and Losing Control: Adjusting the Therapeutic Stance*

by Richard G. Whiteside, L.M.S.W.  
New York: Brunner/Mazel, 1998  
213 pages

While working with manipulative or controlling clients, which therapeutic stance should a therapist take? Why is it important for a therapist to discover the patterns of control a client is exhibiting before establishing explicit and implicit goals for therapy? What is the relationship between the client's control style and the therapist's control style relative to therapeutic outcome? Why do some therapists leave direct practice for administrative roles? Under what conditions could a "negative diagnosis" achieve a positive outcome? In *The Art of Using and Losing Control*, Whiteside clarifies many of the complex issues of control, power and decision making within the context of therapy. He recommends that therapists adopt a "transpositional" approach in relation to control issues. Transpositional therapy provides a blueprint for therapists to systematically discover the client's pattern of control so that the therapist can adopt a compatible stance. He believes that therapy cannot be effective if a therapist does not have, or cannot obtain, enough control to influence the client.

Many of the ideas presented in the text are historically rooted in a tradition that starts with Milton Erickson and flows through Gregory Bateson and later through Jay Haley and Cloe Madanes. Whiteside received his postgraduate training at the Family Therapy Institute, where he later taught, and supervised therapists for ten years. The author suggests that the transpositional approach synthesizes the rationale behind both therapist-directed and client-driven models of therapy but should be viewed as an overlay, or superstructure that can be applied to many models of therapy.

In the introduction, Whiteside provides a brief historical overview of the therapeutic views toward the issues of control and how those views often are influenced by the therapist's theoretical orientation. He states that the time has arrived to drop theoretical and politically correct viewpoints and to admit that any time a therapist and a client interact there is a pattern of control that profoundly influences the effectiveness of therapy no matter what systems of therapy are used. The author stressed that a new approach to control was needed to systematically address hierarchical relationships between the needs of the client and the biases of the therapist as they shift across therapy sessions. Although therapists are traditionally seen as initially being in control, Whiteside describes the many ways in which the clients control the therapeutic process because they determine how much information is shared and how cooperative they will be during therapy. The level of cooperation exhibited by the client is manifested by the client's ability or willingness to relinquish control to the therapist. The therapist is viewed as the tool that helps clients achieve their goals no matter how much control is yielded or retained by the client. What is critical for positive outcomes to occur is for the therapist to use strategies and interventions that are compatible with the client's control pattern. These strategies may involve having the therapist assume a posture of taking control, relinquishing control or using the client's control to obtain results.

In the first chapter, Whiteside discusses the following four types of control patterns presented by clients in interactions with therapists: 1) Total control (complete control given to therapist); 2) partial control (client defers control on some issues but retains control over other areas); 3) no control (client refuses to relinquish any power to the therapist); 4) illusion of control (client appears desperate for the therapist's suggestions and interventions, but refuses to follow any of the recommendations). The author then describes the relationships of the four control patterns to the establishment of appropriate goals (implicit and explicit), hooks (obvious, hidden, or created), levers (authoritative, yielding, or re-directive stance), and tools (core, direct or indirect). In chapter two he details those aspects of client behaviors during the initial contact, the first appointment, and the course of therapy and how those behavioral patterns are manifested under the four types of control categories. In addition, Whiteside discusses the same con-

rol categories, using the same labels, as they apply to the amount of control that therapists yield to the clients and the dynamics of the client's and therapist's control styles in generating different therapeutic outcomes.

The remaining chapters provide real case examples to illustrate how the transpositional model has been applied in individual and family therapy, hypnosis, agency settings and supervision. Other case examples illustrate its utility with second-order clients, colleagues, friends and relatives and for providing advice at a distance.

Whiteside reports that Erickson, Haley, de Shazer and others have discussed the diverse control patterns within the family and the need for therapeutic maneuverability. However, they have not provided a detailed, systematic framework for therapists to use as they seek to make this type of adjustment. The book delivers that systematic framework in a pragmatic, clear overview of Transpositional therapy. Whiteside's use of tables, lists, and checklists helps organize the material in a user-friendly manner. His use of constructs and case examples enhance the comprehension of his model and underscore its brilliant application to therapeutic interventions.

I particularly enjoyed the concepts and strategies discussed for use with children and adolescents. This chapter explains why certain types of hooks, levers, and tools are effective or ineffective with adolescents who are uncooperative or unmotivated to change. The model provides a new descriptive tool for therapists to use in schools and agencies when explaining their strategies to others.

Especially interesting was the chapter on oppositional hypnosis in which the author presents four case examples to illustrate how his technique is congruent with Ericksonian approaches to hypnosis. In addition, the chapter on supervision is an indispensable guide for clarifying complex control issues while meeting the needs of clients, therapists, organizations, and the supervisors themselves.

Whiteside, in my opinion, has made a significant contribution to the field. While *The Art of Using and Losing Control* is certainly not the ultimate guide for utilizing the issues of control in the therapeutic relationship, I believe it will long be remembered as a major step along the way toward effectively addressing those issues.

Reviewed by:

Jack Bowdre, M.A., L.P.C., L.S.S.P., Rowlett, Texas

# BOOK REVIEW

## *Journeying: Where Shamanism and Psychology Meet*

by Jeannette Gagan, Ph.D.  
Rio Chama Publications, 1998  
177 pages, \$16.00

Gagan's book, *Journeying: Where Shamanism and Psychology Meet*, will appeal to practitioners and students of psychology, shamanism, and Ericksonian hypnosis. It also will appeal to anyone interested in alternative healing and American Indian Spirituality. In this book Gagan weaves together several theories of psychology with the practice of shamanism. It is an excellent review of theories such as object relations, child development, and Jungian and Freudian psychology, to name a few. Milton Erickson's work is mentioned many times in the book, as well as that of Francine Shapiro and the process of Eye Movement Desensitization and Reprocessing

(EMDR). This book is filled with metaphors and storytelling. Gagan meets two of my reading criteria: the book is short and easily digested. It can be read in one uninterrupted day at home, or during a round-trip air flight from New Orleans to Phoenix.

Gagan's premise is that shamanism and psychology are related because of the healing nature of both disciplines. There are six succinct chapters. The first chapter is an introduction to psychological and shamanic philosophies, highlighting their common ground. Gagan uses an "apple versus orange" analogy. In chapter two, she discusses trance and other altered states of consciousness. This chapter is an introduction of the reader to the theory of an unconscious. In the third chapter, Gagan discusses the theories of child development (e.g., attachment and separation, and true versus false self). Chapter four is about the role of aggression and its expression in heal-

continued on page 19

## Hypnosis in Australia

Edited by Barry Evans, Ph.D. & Graham Burrows, M.D.

The Australian Journal of Clinical and Experimental Hypnosis, 1998  
Heidelberg, Victoria 3084, Australia

The practice of hypnosis has never been as prolific. Rebounding from Freud's abandonment of it at the turn of the century, research and innovation in the last 50 years has brought hypnosis into the mainstream of psychotherapy worldwide. While not a comprehensive overview, *Hypnosis in Australia* provides a nice cross section of the present state of the art in hypnosis. It is a valuable work for the beginner, who needs an introduction to Ericksonian methods, tests of hypnotic susceptibility, and how hypnosis is used with various populations. It also is valuable for the experienced practitioner, as it deals with techniques, philosophical issues, and up-to-date research in a variety of areas. The title comes from the fact that the book is a compilation of papers and proceedings from the 28th Congress of the Australian Society of Hypnosis held in Alice Springs and Ayers Rock Resort, Australia, September 1998. My only criticism is with the title of the book, because it gives the impression of a narrow parochial focus. In fact, the content is far ranging. The faculty has an international flavor with prominent Americans, such as Jeffrey Zeig and Michael Yapko, and prominent Australians, such as Barry Evans and Harry Stanton.

In addition to the keynote address section, there are nine other sections consisting of 26 papers in all. The titles of these sections give an idea of the breadth of topics covered: "Hypnosis with Anxiety and Post-Traumatic Stress Disorders," "Psychoneuroimmunology," "Mind-Body Healing and Hypnosis," "Hypnosis and Habit Disorders," "Hypnosis Self-Esteem and Performance Enhancement," "Hypnosis Memory and Recovered Memories," "Hypnosis with Children and Adolescents," "Ericksonian and Indirect Approaches to Hypnosis," and "Clinical Issues in Assessment of Hypnotizability."

In the keynote addresses, I found Zeig's Experiential Approaches to Clinician Development enlightening. He appeals to therapists to develop

their skills experientially as opposed to the cognitive reality-oriented approach, and he gives a number of hands-on warm-up exercises that are easily followed.

I found the Mind-Body Healing section especially informative, and this illustrates the value of the book for both experienced therapists and novices. My own experience with mind-body healing is limited, but I found the four articles provided an excellent introduction and foundation to the area. They present information, protocols, and an extensive review of the literature.

The Habit Disorder section includes work with dieting disorders, gambling and smoking. The smoking article provides two useful protocols for quitting smoking completely and cutting down smoking.

The Recovered Memory and Hypnosis section is timely and important. It focuses on the disturbing problem that unaware therapists using hypnosis seem to be implanting suggestions of childhood abuses rather than recovering memories of actual events.

This is an extremely important issue for therapists who use age regression and memory recovery in their practice.

I found the Hypnosis and Self-Esteem section personally interesting. I especially liked Stanton's article which showed how the work of the Armenian-Russian mystic G. I. Gurdjieff can be integrated into hypnosis. Gurdjieff's ideas, while obscure and hard to understand, are worth knowing.

In the final section, Michael Yapko and Jeffrey Zeig both deal specifically with Ericksonian Hypnosis. Zeig's paper actually dates back to 1992. Yapko revisits a question put to him 12 years earlier, "What is Ericksonian Hypnosis." Both give clear and concise descriptions.

In summary, I highly recommend the book. For me, it is a good reference not only as a practitioner, but it also provides a wealth of clinical information for my teaching programs.

### Reviewed by:

Richard A. Leva, Ph.D.  
Milton H. Erickson Institute of  
Western New York

## FOREIGN BOOK REVIEW

### Créer le réel, hypnose et thérapie

by Thierry Melchior, Psychologist  
1998, du Seuil, Paris

The title of the book by Thierry Melchior, *Créer le réel* (Creating the Real), subtitled *hypnose et thérapie* (Hypnosis and Therapy), reflects the content accurately. For the therapist it will be a matter of proposing a future situation to the patient, a situation that is more appropriate, more adapted. In other words, a change is brought about. The therapy described to us by Melchior is hypnosis, a subjective and inter-relational therapy that will lead to the creation of a new reality and thus therapeutic change.

The work by Melchior is going to be a reference book, because it speaks not only to the experienced practitioner but also to the lay reader. In effect, the author reveals clearly and in detail, with a great number of examples, the techniques and manifestations of hypnosis.

It is in this regard that Melchior establishes a major aspect of the book, that is, a critical examination of the different theories on the nature of hypnosis. The author demonstrates what is for him most important, the communicative nature of hypnosis. In the course of his demonstration he criticizes those therapists who ignore the history of hypnosis and the dynamic substance of language. Thinking they are discovering something new they go in directions already recognized as dead-ends. These current mistaken meanderings, such as the transplanting of false memories and multiple personalities are the resurgence of phenomena known for more than a century in Europe as bad hypnotic practice and the result of pathology of culture.

The numerous bibliographical references permit one to accompany the imagination of the therapist and patient in the creation of a change which actually takes place on the spot, that is, in the therapeutic relationship.

This book is the work of an erudite author, an experienced practitioner who opens up numerous avenues of reflection and debate, notably on professional ethics.

### Reviewed by:

Patrick Bellet, M.D., L'Institut Milton H. Erickson  
d'Avignon-Provence, Vaison la Romaine, France

## Journeying

*continued from page 18*

ing trances. She utilizes the story of Little Red Riding Hood as well as a case study journey. The fifth and sixth chapters are about making connections with clients and generalizing the work of the psychologist and the shaman toward healing societal ills.

In her book, Gagan cites many sources that complement her theory of the connection between psychology and shamanism. The "journeys" sound very much like hypnotic trances. I can relate the use of "power animals" and "soul retrieval" to "inner strength" and "inner advisor" trances (à la Claire Frederick and Richard Bressler). Trance and "journey" both have the goal of retrieving internal resources for self-healing. Gagan's book is strong in psychological theories but contains little

research. The author provides case examples pertaining to the theories presented in the chapters.

I think the book's strength is in its organization and ease of reading. Gagan begins each chapter with a vignette that is conversational and/or reflective between the psychologist and the shaman. This leads into the theories, stories of clients' "journeys," and opinions of the author. In this way, the reader is engaged by the introduction of each chapter. Gagan's book was enjoyable, interesting and thought-provoking. It also was an excellent review of trance states and psychological theories.

### Reviewed by:

Mimi Jalenak, M.S.W.  
New Orleans, La.



## BOOK REVIEW

### *The International Journal of Clinical and Experimental Hypnosis*

Official Publication of The Society for Clinical and Experimental Hypnosis  
Published by SAGE Publications, Inc.  
(805) 499-0721

Scientific and medical research is necessarily led by rules and time frames that differ from those of clinical practice. The main objective of research is to test the effectiveness of

a theory, or reject it, after repeated experimentation. Further proof, in the form of replicated studies, is required before theory is ready for clinical orientation and practice.

The grounds for clinical practice are completely different. Its needs are established by the necessity to work out, often with urgency, problems that require an immediate intervention. This orientation leaves less room for experimentation and no time for extensive research.

Nevertheless, the trend set by *The International Journal of Clinical and Experimental Hypnosis* seems to

be increasingly inclined to reduce this flat dissociation between the nature of experimental research and the needs of clinical practice.

Although experimental research does not provide quick explanations, it can offer important principles, resulting from advanced studies and discoveries in the medical or scientific fields. This is where the daily experience and practice of therapists and physicians must be aimed. I have reviewed two issues of *The International Journal of Clinical and Experimental Hypnosis*, published by The International Society of Hypnosis (ISH). I would like to highlight some features that can represent a starting-point from which to gain some interesting cues for clinical practice. For example, in the article by Weisenberg on the cognitive aspects of pain and pain control (January 1998), besides reviewing the origins of cognitive and pain theory, the author gives special emphasis to the techniques and therapies based on this kind of approach, and also points out the advantages and the limitations of their effectiveness. Again, in the article entitled "Hypnotic Pain Control" (January 1998) the authors, Alden and Heap, present in detail three specific clinical cases to state the properties of hypnosis as healing and pain control skills at the patient's disposal rather than a special state. In contrast, what seems to be less inter-

esting from a clinical point of view are the articles on the experiments with groups of volunteers. These reports are often dispersive because they present abstract notions and theories that may not be directly applicable to daily practice.

This journal has the possibility of becoming an important interface between clinical researchers and clinical therapists, a fruitful ground where experimental research can be studied and developed. If the clinical practitioner will turn a more attentive eye to what the research literature has to offer, then useful tools can be found to improve therapeutic technique.

In his work *The 20 Minute Break* (Jeremy P. Tarcher, Inc., Los Angeles, 1991), Ernest Lawrence Rossi, Ph.D., writes, "Unfortunately, as often happens in science, discoveries in one area remain unknown in another. Because of this, the valuable information remained generally unrecognized by mental health professionals until a number of years later." The important contribution of *The International Journal of Clinical and Experimental Hypnosis* is to cut down the distance between the researchers and those who practice therapy.

**Reviewed by:**  
Giuseppe Platania, Ph.D.  
Milton H. Erickson Institute of Turin  
Turin, Italy

## VIDEOTAPE REVIEW

### *Workshop Demonstration V*

by Carol Kershaw, Ed.D.,  
and Eric Greenleaf, Ph.D.

1992 Fifth International Congress on Ericksonian Approaches  
to Hypnosis and Psychotherapy

Available through the Milton H. Erickson Foundation, Inc.  
See Page 23 for ordering information

Viewers will be intrigued by the contrasting ways Ericksonian approaches are utilized in these two hypnotherapy demonstrations from the 1992 Fifth International Congress. In the first, a woman describes herself as an over-functioning wife and incorrigible rescuer. She believes her behavior demeans and stifles her husband.

Kershaw interweaves stories with multi-level suggestions about the relationship. She also makes observations about the trance experience itself. Using the metaphor of singing, she talks about the importance of creating the right tone and listening for the right note, despite anxiety.

Kershaw then tells about a tree behind her office. It cannot grow until the rigid concrete boundaries around it are broken. She suggests that, in trance, it is possible to develop physical warmth. She observes that although subjects may be seated separately they can connect. The woman's flowing trance experience triggers memories of her deep connection to her husband. During courtship he had made spontaneous efforts to please her.

In contrast, Greenleaf makes a precise, targeted, diagnostic assessment of the expressive style of this woman, describing heaviness and headache associated with a masculinized, critical introject. He adopts her metaphor for hope and physical motion. As she goes into trance he transforms "motion" into the metaphor of "dance." He connects her to her unconscious while communicating to him through hand levitation. Quoting Yeats he recites, "Labor is blossoming or dancing where the body is not bruised to pleasure soul."

She rejoins in a most amazing fashion. In trance she was "at one with the dance," a paraphrase of the poem's last line, "How can we know the dancer from the dance?" In further spontaneous imagery, she mixes dough, a counterpoint to the abusive masculine part. Ultimately, she takes the criticizer and, recognizing his essential clumsiness, teaches him to dance.

This tape is useful in demonstrating several therapeutic techniques for therapists wishing to expand their professional repertoires. The sound and picture quality are satisfactory. Over and above the technical features, the content of the tape makes it a welcome addition to any video library.

**Reviewed by:**  
Harriet E. Hollander, Ph.D., Milton H. Erickson Institute of New Jersey

## VIDEOTAPE REVIEW

### *Mind/Body Therapy*

by Ernest Rossi

"Psychotherapy with the Experts" series  
Allyn & Bacon, 1-800-278-3525  
www.abacom.com/psychotherapy  
\$89.95

In this two-hour video, Ernest Rossi, Ph.D., first converses with Drs. Jon Carlson and Diane Kjos of Governor's State University about the origins and theoretical underpinnings of his therapeutic methods. He then conducts a full 50-minute session with a new client, and ends with a small-group discussion. Rossi describes his many influences, from his work with Erickson to psychoneuroimmunology to the shamanic traditions of preliterate cultures.

The tape is frustrating to watch, yet it is an effective teaching vehicle. Demonstration tapes can be too slick, resembling some type of therapeutic magic. Therapists in training might at first be impressed, but later struggle with the application of the technique.

On this tape, Rossi labors with a challenging client. This client avoids and intellectualizes. She is reluctant to sense her inner wisdom. She skips from one overly-analyzed topic to another — hardly an ideal subject for a mind/body approach. Rossi spends 25 minutes pursuing one possible lead after another, each promptly blocked or discarded by the client. At last, Rossi finds a path the client will follow and the work actually begins. Even then, she accepts wisdom (his and her own) only in tiny bites. There is no dramatic breakthrough for the camera.

*continued on page 21*



In other words, this tape looks and sounds like real therapy, therein lies its strength. This client refuses to move quickly. The therapeutic process emerges in slow motion, allowing us to see what is going on. Beginners receive permission to experience the agony of uncertainty.

In terms of technique, Rossi invites his client to sense aspects of her inner reality using psychomotor signaling and differences in sensation to explore herself non-rationally. By the end of the session she appears intrigued, but far from transformed. Clearly, client and therapist must both do a great deal more work.

Rossi displays more intellect and charm in the didactic sections before and after the demonstration. He does a good job of connecting his methods to ancient wisdom and modern science. He acknowledges how difficult the session was, even describing himself as "desperate" at times. Yet he never blames the client or speaks disrespectfully of her. Rossi shows appreciation of her qualities and potentials, as well as compassion for the ways in which she is constrained.

This tape, "Mind/Body Therapy," has a pace that may annoy some viewers. Students looking for gee-whiz pyrotechnics will be disappointed. This tape provides a realistic understandable demonstration of what therapy is usually like, coupled with a clear and wide-ranging discussion of how to use the deep connection between mind and body.

**Reviewed by:**

Will Handy, LMSW-ACP  
Dallas, Texas

**Interview***continued from page 1*

*Family Therapy orientation acknowledge Haley as having been a major influence on their work (Palazzoli, Boscolo, Cecchin, & Prata, 1978). Haley has been acknowledged as both master student and master teacher. He continues to provide training and supervision and has recently published an account of his teaching methods (Haley, 1996). It is not an exaggeration to say that Jay Haley has fostered many of the most important and lasting developments in the fields of family and brief therapy (Ray, 1997).*

**Revolutionary Ideas**

An important idea introduced by Sullivan is that the patient responds to you and what you are doing (Sullivan, 1954). Prior to this, everybody thought the patient was responding to inner psychology, and that it had nothing to do with the therapist. The therapist was a blank screen. However, when you accepted the idea that there were two people involved, it made quite a difference. Now all behaviors could be viewed as a product of relationships rather than an indication that something is wrong in the person. What Jackson did with schizophrenics was to assume that there was absolutely nothing wrong with them. It was interesting to see how positively everyone responded when he behaved that way. The family would begin to accept the idea that there is

nothing wrong with the kid, that he was merely misbehaving.

A lot of basic premises change when you shift to a social unit instead of an individual unit. When you give up individual psychology, you give up the concern of the past influencing the present. For example, I saw a family yesterday in which the guy was out of work and drank. The wife is on welfare at times. They live in the mother-in-law's house. She hates her son-in-law, and he hates her. That is the presenting problem. By the end of the first interview, it became evident that this couple was dealing with an aging mother-in-law's who was becoming senile. They were battling with her over issues that they should not battle over. What they are really dealing with is a stage of life, the question of what to do with parents as they age. And that is a very different view of the problem from when they came in. So often you get a presenting problem focused on an individual and it ends up being a typical family situation that you've seen many times.

Another idea that impressed me was the concept that symptoms have a positive function within a particular social situation. If you want to change the symptom, then you have to change the social situation. I tend to believe that you do not change anybody with a conversation. You change people with a directive. And, a directive can be implicit within the conversation. Up to that time the symptom was viewed as abnormal

**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 January 20, 1999): Mary Ann DiRoberts, M.S.W., August Grigg, M.S.W., C.S.W., Sharon Hawkins, M.S.W., Jack Howley, M.S., Carl Kugel, M.A., Leslie W. Mason, M.A., Josephine Mazzoli, Ed.D., Betty W. Pecharich, M.F.C.C., Robert P. Shannon, M.D., Chuck Tomiello, B.S.E.E., M.B.A. We thank you for your continued support of the Foundation and its activities.

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behavior carried over from the past. The idea that symptoms have a useful function was as revolutionary an idea as the notion that there were two people in the room during therapy.

**Learning Therapy**

While learning hypnosis, one of the things Erickson taught me is that you should learn a standardized induction. For example, you learn to say, "I want you to sit here, and I want you to close your eyes," and "I'm going to count to 20," and so on. You do that until you can do it well and then you never do it again. Instead, you develop other techniques. But if you ever get nervous, you will always have a basic approach to fall back on. I think it is like that when you learn one approach to therapy. If you get into a new problem that scares you, you go back to the way you began. You have a way of handling anything, and then you go on to develop different techniques, adding new variations that have to be added for unique cases.

I do not think it is good to be eclectic. I think it is better to have a way of working that you develop yourself, with someone guiding you in that way of working. I think of a training program as an apprentice system. You learn by watching a master work, then he or she watches you work. The quicker you go in with the family, the more you realize what you need to know. You begin to find that the process is more complicated than you first realized. You find that you

need some of the theories from other people. In this way you are applying the knowledge as you are working, not learning the ideas and then six months or a year later trying to do an interview. You can read about how to deal with a family with a retarded child, and that's interesting, but if you don't see a family with a retarded child, later you will be trying to remember what you learned a year ago. If you do it rapidly, in a live supervision situation, you learn what you need to know about families at a time when you are most interested.

**Coming Out From Behind the Mirror**

I rarely go in to assist someone who is working with a family. The only time I can remember going in is when I pulled a father off his daughter. I thought it was time to go in because he was beating her up. I think generally, trainees work better if they know they are not going to be saved, that they are going to have to deal with the situation.

Also, I think better behind the mirror. I don't think as well while involved with the family, while being pulled in all directions. If I can get a little distance behind the mirror, I can think abstractly as well as practically. Others, like Minuchin, do not think so well behind the mirror. They think better in the room. Minuchin gets his information from dealing with the family. When he is supervising he has a problem because he is behind the

*continued on page 22*

## Interview

*continued from page 21*

mirror. He does not get the information that he wants. So he goes in the room, riles everybody around, gets the family's reaction to him and leaves the room after he understands the problem.

### The Group Deviant

Durkeim proposed that every group needs a deviant. The function of the deviant is to show the group how *not* to behave. They do not know what the rules are but find out by the deviant breaking them. I know of a car salesman who says he never fires his worst salesman because that would produce another worst salesman. Every group has to have somebody who is a little deviant.

When you have a group of trainees behind the mirror you are going to have a deviant appear, and then the question is how do you handle that. Becoming angry is not helpful. Instead, you listen to them in terms of the ideas that are being expressed, in a way that others do not have the courage to express. You treat the person as someone who has a function within the group. Usually, these persons are trying to defend themselves and keep the ideas that they came into the group with, that they worked hard to learn. As their supervisor you have to respect this, but when necessary you try to persuade them and re-educate them. Sometimes, if they are very difficult, what I have done is just put them in the room with the family. When they don't really follow any direction, because they are always disagreeing, I just let them go and they fall on their nose with the family. Then they begin to realize that they need to have some better ideas than what they are doing. It is a little hard on the families sometimes, but families can tolerate anything.

### Hierarchy

As the therapist I think you need to be an expert. You are treated like one by the family, anyhow, whether you feel like one or not. You are in a position where people come to you for help and this role is hierarchically higher. I think you should take advantage of this because if you are an expert, people are more likely to do what you say. I think of the supervisor as an expert behind the mirror, and of the therapist as an expert in the room.

Hierarchy also is important within the family. A family needs a sense of structure. For example, the parents are in charge of the children, grandparents are advisors to parents but not in charge of the children; or however you think a family should be structured. If you have a symptom in a family, the hierarchy is in confusion. No matter which person has the symptom, it is an expression of that confusion. When families come for therapy, I like to focus on the symptom, what they think is the problem. Then tasks are given in relation to the symptom. That is, the structure of the family is changed with the focus on the symptom, because that is what they are most interested in. It is easier and better to focus on the symptom by acknowledging the original complaint. If the parents say their child is the whole problem, you say, "I agree that kid is the whole problem, and therefore, certain things have to be done." You reorganize the family because they agree with you and you agree with them that something has to be done about this kid. The kid will survive that, as improvements are made.

One of life's rules is that adults who are in conflict about a third person are producing the problems of the third person. It is best to use your role as the expert to achieve as much harmony as you can.

### Helping Without Direct Instruction

During therapy it is not necessary to impose one's knowledge on the family. I became irritated with the behavior therapists some years ago, when they were busy educating parents about how to be parents. They would say to the mother, "You have to be consistent." As if the mother did not know that she has to be consistent. I had a case with a couple who had two kids who were absolutely wild and out of control. The parents were fighting with each other as well as with the kids. It was a difficult family and I gave the therapist the task of "not" teaching the mother or the father anything about child rearing. She could talk about anything else, she could talk about their marriage, she could talk about the in-laws, but she could not talk about how to raise a child. I was behind the mirror and corrected her once in a while when she would start to educate the mother. The kid was wild enough

to throw things around the room. The therapist was not even allowed to tell the mother that the kid should not do that. The therapy was reasonably successful and steadily the woman improved, the kids improved, and the father improved. We did not lecture her on how to deal with the kids and still steadily we got a change, and the kids did fine. They were able to attend nursery school within a couple of months.

### Focusing on Opportunity Rather than Deficiency

While working with low income families we had the problem of whether to train the middle class to know what it is like to be poor, or train the poor to be therapists. We decided to try working with therapists who were trained off the street.

The following case is an example of a high school-educated young man who was able to make progress with an overprotective mother, without ever telling her what her problem was. Her husband had died recently. The mother took good care of her son. She walked him to school, volunteered on the playground at lunch time, walked him home at night, and then kept him in the house. She wanted to keep an eye on him. She told the therapist, Pete, about this and he never once suggested that she was overprotective, or that she shouldn't hover over the child like that, or that she should give him more freedom, or all the things you would ordinarily tell an overprotective mother. What he said was, "Your boy is getting up to be ten or eleven years old now. It is time he learned what it is like on the street, and he needs to learn that in a way that he is protected. Could you sit on the front porch while he plays with the other kids right in front of you?" And she said, "Yes, I think I could do that." Then he said the kid ought to be able to go up to the corner and back. And, the kid then went up to the corner and back. Within three weeks he had the kid over on the playground playing basketball. And, the mother was looking for a part time job. He did that so skillfully, without ever educating her on how wrong she was behaving.

Pete used the same skillful approach when the mother revealed that the boy sometimes sees his father in his room and talks to him. After hearing this, most professionals would begin to speak about how psychotic this kid is. But Pete turned to the child and said, "What does your father say to you in the room?" And

the kid said, "I ought to have a bicycle." And the therapist said to the mother, "What about a bicycle?" She said, "Well, he can have a bicycle but he can't ride it." That is how protective she was. A couple of sessions later the mother said, "You know, sometimes at night my husband comes up the stairs and lies down on the bed beside me, and gives a big sigh. Then he gets back up and walks back down the stairs again." I don't think she would have said that to Pete unless he had behaved in such a rational way with the kid's hallucination. Anyhow, he just reassured her that this sometimes happens after people die. Later, the problem went away. He defined these events as a stage in life and focused on how she and her son could pass through this stage. I was impressed with that. One of the arts of therapy is to define a solvable problem.

### References:

- Bateson, G., Jackson, D., Haley, J., & Weakland, J. (1956). Toward a theory of schizophrenia. *Behavioral Science*, 1, 256-264.
- Haley, J. (1967). *Advanced Techniques of Hypnosis & Therapy: Selected papers of Milton H. Erickson*. New York: Grune & Stratton.
- Haley, J., & Hoffman, L. (1967). *Techniques of Family Therapy*. New York: Basic Books.
- Haley, J. (1973). *Uncommon Therapy: The Psychiatric Techniques of Milton H. Erickson*. New York: WW Norton.
- Haley, J. (1996). *Learning & Teaching Therapy*. New York: Guilford.
- Ray, W. (1997). Review of Learning & teaching therapy, by J. Haley. New York: Guilford, *AAMFT Supervision Bulletin*, 10(1), 1 & 7.
- Richeport-Haley, M., & Haley, J. (1997). *Whither Family Therapy? A Jay Haley Version*. Washington, D.C.: The Family Institute.
- Selvini-Palazzoli, M., Boscolo, L., Cecchin, G., & Prater, L. (1978). *Paradox & Counter-Paradox*. New York: Aronson.
- Sullivan, H. S. (1954). *The Psychiatric Interview*. New York: WW Norton.

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# This Just In!

**EXTRA!**

The Milton H. Erickson Foundation presents

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**Fri. and Sat., July 2 & 3, 1999**

### Hypnotic Voices:

#### Zeig and Yapko on Light Aspects of Being Deep

A Clinical Training co-taught by

Jeffrey K. Zeig, Ph.D. and Michael D. Yapko, Ph.D.

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- Accessing Resources
- Videos of Clinical Demonstrations from Zeig, Yapko and Milton H. Erickson.

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## SCHEDULE

### July 2 & 3, 1999

- 7:00-9:00 a.m. Registration
- 8:30-9:00 a.m. Convocation
- 9:00-Noon Workshop - Zeig & Yapko
- Noon-2:00 p.m. Lunch on your own
- 2:00-5:00 p.m. Workshop - Zeig & Yapko

### September 9, 1999

- 7:00-9:00 a.m. Registration
- 8:30-9:00 a.m. Convocation
- 9:00-10:00 a.m. Keynote - Helen Fisher
- 10:15-Noon Peggy Papp
- Noon-1:00 p.m. Lunch on your own
- 1:00-4:00 p.m. Peggy Papp

### September 10, 1999

- 9:00-10:00 a.m. Interview with Helen Fisher - by Jeffrey Zeig
- 10:15-Noon Cloé Madanes
- Noon-1:00 p.m. Lunch on your own
- 1:00-4:00 p.m. Cloé Madanes

**Thurs. and Friday, Sept. 9 & 10, 1999**

### Love, Marriage and Children

Cloé Madanes, Lic. Psychol., Peggy Papp, A.C.S.W.

Keynote Address by Helen Fisher, Ph.D.

### Strategic Therapy for Children & Adolescents - Cloé Madanes

Step-by-step procedures on how to strategically, briefly and effectively work with major children and adolescent problems. Strategies for the prevention of hospitalization and the prevention of suicide, and a method for solving problems of sexual abuse will be presented.

### Challenging Belief Systems in Couples Therapy - Peggy Papp

A framework for couples therapy based on understanding the core belief systems and themes that dominate the couples' life and relationship. Key aspects of the therapy include the use of rituals, metaphors, literature and gender questionnaires to elicit core beliefs and themes.

### Anatomy of Love, Keynote Address - Helen Fisher

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July 2, 1999 Michael Yapko & Jeffrey Zeig

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