

# The Milton H. Erickson Foundation NEWSLETTER

Vol. 20, No. 1

Spring 2000

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## EVOLUTION OF PSYCHOTHERAPY 2000

The Milton H. Erickson Foundation is getting ready for the long-awaited Evolution of Psychotherapy: A Conference with the theme Interaction/Inner Action, The Psychotherapeutic Bridge. 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 some 7,000 mental health professionals from a variety of disciplines, throughout the world. Continuing education credits also will be available. The Evolution Conference also has been approved for continuing education credits for licensed psychologists in California (MCEP).

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

*continued on page 24*

## INTERVIEW

### Wendel A. Ray, Ph.D.

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

*Background: Wendel A. Ray, Ph.D., is a Research Associate of the Mental Research Institute (MRI), in Palo Alto, California, where for the past 12 years he has served as Founder and Director of the Don D. Jackson Archive. Ray also serves as Professor of Marriage and Family Therapy at Northeast State University in Louisiana. He is co-author or co-editor of five books and numerous articles on brief and family therapy. As a professor of marriage and family therapy, he teaches theoretical and clinical practice courses at the masters and doctoral degree level as well as supervising clinical training.*

*Ray, as readers will soon realize, has a passion for archival work. His own academic research has focused on studying and preserving the lifework*



Wendel A. Ray, Ph.D.

*of a number of eminent contributors to the field of theory and psychotherapy. In August of 1999, he completed a three-month appointment as Visiting Scholar at the Archives of the Milton H. Erickson Foundation.*

**Roxanna Klein (REK):** In addition  
*continued on page 21*

## The 15th International Congress of Hypnosis of the International Society of Hypnosis (ISH)

The 15th International Congress of Hypnosis will be held in the tradition of that famous First International Congress for Experimental and Therapeutic Hypnotism, which took place 1889 in Paris. The first congress was attended, among others, by Sigmund Freud, Hippolyte Bernheim, and Pierre Janet. During the 15th International Congresses of Hypnosis, in the year 2000, we will celebrate the 225th anniversary of modern psychotherapy. It was in 1775, at the Munich Academy of Sciences, when Franz Anton Mesmer gave his opinion on Father Johann Joseph Gassner's exorcistic healing operations. This is, according to Henry F. Ellenberger, in his book, *The Discovery of the Unconscious*, the starting point of modern psychotherapy. This anniversary, and the fact that this 15th Congress of Hypnosis will take place at the turn of the Century and Millennium, makes this a very special event. Therefore, the most prominent figures from the field of clinical and experimental hypnosis and eminent scientists and clinicians from the broader field of human experiences have been invited. They will share their perspectives and expertise. These state-of-the-art or quo-vadis keynotes will focus on the general theme of "Psychotherapy and Public Health: Past - Present - Future."

The 15th International Congress of Hypnosis is scheduled for October 2-7, 2000, at the University of Munich, Germany. The event will be hosted by the Milton Erickson Society for Clinical Hypnosis, Germany (M.E.G.) and cosponsored by the Universities of Munich and Tuebingen, as well as by other hypnosis societies from Germany, Austria and Switzerland. For further information, contact the Central Office of M.E.G.: Konradstr. 16, D-80801 Munich, Fax: +49/89/34029719.

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## EDITOR'S COMMENTS

While attending the 7th International Congress in Phoenix, I was intrigued by a question posed to the members of a panel who were discussing the topic of utilization. The question was, "How does one achieve utilization in one's own life, especially when overcome by emotions associated with personal situations?" The question is extremely important because the congruency between one's professional-self and personal-self, ultimately will determine the depth and sincerity of one's approach.

My opinion is that it is not possible to be as objective when dealing with our own life circumstances as when considering the details of someone else's life. As pointed-out by Carl Hammerschlag, M.D. (Connections, p. 16), Erickson has provided some impressive examples of how he enabled others to see their lives from a different perspective. However, these clients still had the benefit of Erickson's guidance. The benefits of having someone to act as a sounding board is why some talented practitioners attend weekly supervision/therapy groups. In a fascinating discussion of the Erickson Archives, Wendel Ray reminds us of the tremendous benefit of ongoing professional development. For example, using a CD recording of one of Erickson's lectures, Ray was able to create for his students the experience of having Erickson as a therapeutic guide (Interview, p. 1). This type of in-depth study enables us to achieve a higher standard of life and work.

However, even with apt supervision and continual personal and professional development, there still are moments when our actions fall short of our expectations. It is precisely at these moments, after having made some blunder, that utilization becomes most valuable. I think of utilization as the responsible use of that which is not easily controlled or altered. A good example of this would be someone who refuses to eat, suffers from suicidal ideation, and is under the delusion that he is a cow (see Historical Times, p. 17). When dealing with something that already has occurred, Erickson's application



Dan Short

of utilization and Viktor Frankl's imperative, to find meaning in one's circumstances, blend together into a single concept. As stated by Frankl (Vol. 16, No. 3, p. 19), "Every single moment in life offers a concrete opportunity for meaning to be fulfilled and actualized...To master your fate and use your suffering to help others is for me the highest of all meanings." When we learn from our mistakes and use this to help others, the experience is well utilized.

This issue of the *The Milton H. Erickson Newsletter* contains fascinating dialogues (e.g., an exchange of ideas between one of the most prominent researchers in hypnosis and one of the most well respected practitioners of hypnosis, see Speaking of Research, p. 12) and important facts. I sincerely hope that you enjoy this material and find it meaningful/useful.

### Corrections and Clarifications

**Vol. 19, No. 3, p. 10:** The article on Impact Therapy should have contained the following reference: Beaulieu, D. (1997). *Techniques d'Impact pour intervention en psychotherapie, relation d'aide et sante mentale*. This 300 page book, written in French, can be obtained from Editions Academie Impact, C.P. 1038, Lac Beauport, Québec, Canada, G0A 2C0, e-mail: [impact@quebecetel.com](mailto:impact@quebecetel.com).

## LETTER TO THE EDITOR

Received September 21, 1999

From Moisés Rozanes

Tassler, M.D.

Colima, Col. México

I just read with interest the Videotape Review (Vol. 19, No. 2, p. 16) of Stephen Gilligan's demonstration during the Brief Therapy Conference in New York City (1998). I would like to make a few notes on it. My interest was enhanced by the fact that I was the person who volunteered to work with Gilligan during that public presentation.

Although I do agree with Will Handy's commentaries, from an external and phenomenological point of view, I think that some of his assumptions regarding Gilligan's procedure and the client's responses could be reframed. This can be achieved without compromising the core of this type of therapy.

In his article, Handy concedes that Gilligan's work is: "... at his most artificial, as he blends standard, almost boilerplate, trance features with the client's specific statements and the therapist's own intuition," but he also complains that, "The tape is marred by an odd dichotomy...his didactic presentation is curiously ugly." This esthetical opinion derives from Handy's reprove of the way Gilligan uses his voice because, "he speaks in a halting, monotone voice, with a maddening number of 'uhs' and 'umms'."

From the point of view of a hyp-

noterapist, it is difficult to accept this argument. By using a halting voice, along with a diaphragmatic respiratory rhythm, Gilligan makes deep and indirect suggestions that elicit trance. There is nothing disturbing about the way he talks to the hypnotic subject. However, I must admit, while in trance I wasn't paying much attention to what he was saying.

From the beginning, Gilligan made it clear to the audience that he was demonstrating with a Mexican volunteer with a distinct semantic background. Later, after the trance session had ended, he said in a playful manner, that the suggestions given by him had not been followed. He pointed out that the response was therapeutic and it was driven by the client's unconscious, which was following a meaningful path.

This reminds me of one of Milton H. Erickson's didactic demonstrations with a man who did not speak nor understand English. Erickson accepted the challenge though he acknowledged not knowing Spanish. The cross-cultural session turned out to be successful. Some were puzzled by how this could happen. A simple explanation is that Erickson was a psychiatrist and a hypnotherapist with a special gift for using the subtleties of human communication. He was able to grasp significant meanings beyond conventional semantics and could use his voice and postures to elicit unconscious responses. In some of his videos, it is very difficult to

*continued on next page*

## The Milton H. Erickson Foundation NEWSLETTER

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understand what he says to the patient, but within the trance experience, it does not seem to matter.

I believe much of what Gilligan achieves in hypnotherapy depends on the way he communicates ideas and emotions. This must be done in such a way that his attitudes and voice do not interfere with the person's freedom to use his or her own unconscious healing resources. This remains true, even when the literal meaning of the verbal message is not clearly understood.

In addition, I would like to dispel the reviewer's inquiry about the demonstration results. Handy states in his article, "...we are left wondering whether this is an effective piece of psychotherapy or merely a lovely display of esthetic expertise presented for the delectation of an audience of connoisseurs. If only we could know the results."

From my own experiential point of view, the demonstration with Gilligan was an exceptional hypnotherapy demonstration. After this experience, I seldom feel the abdominal sensation that used to bother me so often. More than a year has passed. I have carefully watched the videotape of the demonstration two or three more times and I am not the only one who has found the tape interesting. Last weekend, during a workshop, a group of art students saw the video for didactic purposes. Though this was not group of connoisseurs of psychotherapy, their response was unanimously favorable. I would say that Gilligan's demonstration was an effective piece of psychotherapy and a lovely display of esthetic expertise for the delectation of any kind of interested audience.

## **LIFETIME ACHIEVEMENT AWARDS PRESENTED**

The seventh--and eighth--Lifetime Achievement Award were awarded to Bernhard Trenkle, Dipl. Psych., and Burkhard Peter, Ph.D., at the recent International Congress on Ericksonian Hypnosis and Psychotherapy. This is the highest recognition the Milton H. Erickson Foundation can give to a professional who has contributed not only to the furtherance of Ericksonian Psychotherapy and Hypnosis, but to the fields as a whole and to the well-being of society. Candidates are nominated by various means, and the Board of Directors has the privilege of selecting the recipients of this great honor. Other recipients have been: 1980-Jay Haley; 1986-Ernest Rossi; 1988-Paul Watzlawick; 1989-Elizabeth Erickson; 1992-Kay Thompson; 1994-Stephen Lankton.

Both Trenkle and Peter have contributed in joint, individual, standard and unique ways. Their work has

been complementary and cooperative and inspired countless others. Familiar to virtually every professional in Europe, and well-known to all who are cognizant of the international developments, these two are highly deserving of this award.

**Editor's Note:**

An article about Burkhard Peter appears on page 11 of this Newsletter. Bernhard Trenkle, and the Institute of Rottweil, was featured in the last issue.

## **NOTES FROM AROUND THE WORLD**

The Milton H. Erickson Foundation Board of Directors voted to add Bernhard Trenkle, Dipl. Psych., to its roster. The decision took place at the Seventh International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy in December. Trenkle, who is from Rottweil, Germany, joins Jeffrey K. Zeig, Ph.D., Roxanna Erickson Klein, Ph.D., J. Charles Theisen, M.A., M.B.A., J.D., Elizabeth M. Erickson, B.A., and Camillo Loredio, M.D., on the Board.

Trenkle is Director of the Erickson Institute in Rottweil (M.E.G.), and has served on the Erickson Foundation faculty for 20 years. He recently was named the recipient of the Erickson Foundation's Lifetime Achievement Award, along with Burkhard Peter.

\* \* \*

Camillo Loredio, M.D., a member of the Milton H. Erickson Foundation Board of Directors and faculty, has been named president of the European Society of Hypnosis.

\* \* \*

Eric Vermetten has been named editor of the International Society of Hypnosis Newsletter. Vermetten succeeds Burkhard Peter as editor.

# U

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The Co-Creative Dynamics of Dreams, Consciousness and Spirit Ernest Rossi, Ph.D.

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Milking Problems for All They Are Worth! - Carol Lankton, M.A.

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Dissociation - The Essence of Clinical Hypnosis Joseph Barber, Ph.D.

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Self-Hypnosis, Self-Care and Mind-Body Approaches for Relaxation - Brian Almen, Ph.D.

IC99-D12 Audio Tape  IC99-DV12 Video Tape

## Conversation Hours

IC99-CH1 Michael Yapko, Ph.D.

IC99-CH2 Stephen Lankton, MSW, LMFT, DAHB

IC99-CH3 Stephen Gilligan, Ph.D.

IC99-CH4 Ernest Rossi, Ph.D.

IC99-CH5 Yvonne Dolan, M.A.

## Workshops

IC99-W2ab Self Hypnosis  
2 tapes Brian Almen, Ph.D.

IC99-W3ab Ericksonian Play Therapy:  
2 tapes The Spirit of Healing with Children  
Joyce C. Mills, Ph.D., Casey E. Mills, M.S.

IC99-W4ab Hypnosis and Response Expectancy:  
2 tapes Enhancing Client Responsiveness  
William Matthews, Ph.D.

IC99-W5ab Formulating and Integrating  
2 tapes Stephen Lankton, MSW, LMFT

IC99-W6ab Indirect Work with Couples  
2 tapes Teresa Robles, Ph.D.

IC99-W7ab Modeling the World of the Person  
2 tapes With a Chronic Physical Problem  
Helen Erickson, R.N., Ph.D.

## Festschrift for Jay Haley

IC99-1ab Jay Haley - A Model of Communication,  
2 tapes Teaching, Therapy and Leading - Betty Alice  
Erickson, M.S., LPC, LMFT; Jay Haley and His  
Sense of Humor - William Fry, M.D.; Paradoxical  
Therapy - Carmillo Loredio, M.D.

IC99-2ab Directives: The Erickson-Haley Prescriptive for  
2 tapes Therapy for the 21<sup>st</sup> Century - David R. Eddy,  
Ph.D.; The Making of a Strategic Therapist -  
Judith Mazza, Ph.D.; Some Thoughts on the  
Nature of Therapeutic Revolutions -  
Scott Miller, Ph.D.

IC99-3ab The Evolution of Directive Therapy with Difficult  
2 tapes Adolescents - Jerome Price, M.A.; What Makes it  
Strategic? Advancing the Fundamentals of a  
Theory - Wesley Crenshaw, Ph.D., David D'Owen  
Barnum, M.A.; Paradoxical Prescriptions: Pivotal  
Moments in the Emergence of an Idea -  
Wendel Ray, Ph.D.

IC99-4ab An Interview with Jay Haley - Michael Yapko, Ph.D.;  
2 tapes An Anthropological View of Jay Haley's Therapy  
Madeleine Richeport-Haley, Ph.D.; Jay Haley:  
Moses or Machiavelli? George Stone, M.A., M.S.W.

IC99-K1 Walking With Jay  
Salvador Minuchin, M.D.

IC99-K2 Erickson 1964  
Jeffrey K. Zeig, Ph.D., Ernest Rossi, Ph.D.

IC99-K3 The Loyal Opposition  
Jay Haley, M.A.

## Keynote Addresses

IC99-K4 Brain Growth in Psychotherapy?  
Ernest Rossi, Ph.D.

IC99-K5 Lessons From Hypnosis: The "A" to "Z" of  
Why Hypnotists (and Therapists) Do Not Exist  
Jeffrey K. Zeig, Ph.D.

IC99-K6 "Reality" Is Unreal - Paul Watzlawick, Ph.D.

## Special Address

IC99-SA1 Alfred Lange, Ph.D.

IC99-W8ab Integrating Energetic Bodywork into a  
2 tapes Solution Focused Counseling Process  
Cheryl Bell-Gadsby, MA, MFCC, RCC

IC99-W9 Listening for a Resource Theme and Integrating  
It in an Ericksonian Hypnosis Session  
Robert McNeilly, MBBS

IC99-W10ab Teaching Self Hypnosis and Self  
2 tapes Treatment Techniques for Phobia Clients  
Bernhard Trenkle, Dipl. Psych.

IC99-W11ab Ericksonian Organizational Consultation:  
2 tapes Helping People Work Together  
Lynn Johnson, Ph.D.

IC99-W12ab "Don't Give Up Any of Your Faults!":  
2 tapes Paradoxical Prescription with Couples  
Carol Lankton, M.A.

## Solicited Short Courses

IC99-SC1 Brief Affective Therapy  
Jerry Dowdell, M.A., Suha Huffaker, M.A., MFT

IC99-SC2 Hypnotherapy With People Who Have Life-  
Threatening Diseases - Rubin Battino, M.S.

IC99-SC3 The Ericksonian Approach to the Treatment  
of Addiction - Alaina Tamalotis, Psy.D.

IC99-SC4 The Relationship and Relevance of Dr. Rossi's  
Mind-Body Work to Other Therapeutic Modalities  
Bruce Gregory, Ph.D.

IC99-SC5 The Psychobiology of Chronic Pain and PTSD  
Jeffrey Feldman, Ph.D.

IC99-SC6 The Acknowledgement Approach as  
Conversational Induction - Z'eva Singer, M.A.

IC99-SC7 Breath Rediscovered - Tifrah Q. Warner, Ph.D.

IC99-SC8 Nature-Guided Therapy:  
Ericksonian Ecopsychology in Practice  
George Burns, B.A. (Hons), L.C.P.

IC99-SC9 Indirect Hypnotherapeutic Approaches  
to Treating PTSD in Refugees from  
Africa and South America  
George Gafner, M.S.W., Sonja Benson, Ph.D.

IC99-SC10 Strategic Treatment of Anorexia/Bulimia  
Goran Carlsson, Lic. Psych.

IC99-SC11 Applying the Principles of Eastern Healing to  
Ericksonian Hypnosis - Frances Steinberg, Ph.D.

IC99-SC12 Hypnosis, Patient and Close Person in Pain  
Management - Donald B. Douglas, M.D.

IC99-SC13 Construction and Utilization of Therapeutic  
Metaphor - Michael Munion, M.A.

IC99-SC14 Ericksonian Approaches to Teaching Music and  
Art - Dorothy D. Miller, M.S.W.

IC99-SC15 The Strategic Indirect Approach:  
An Ericksonian Approach to Helping Victims  
of Mind Control - Steven Hassan, M.Ed.

IC99-SC16 Ericksonian Approaches to the Treatment of  
Stuttering and Other Communicating Disorders  
Wolfgang Hartman, Ph.D., Killeke Hartman, M.Log.

## Fundamental Hypnosis Courses

IC99-FC1ab Hypnotic Induction  
2 tapes Jeffrey K. Zeig, Ph.D.

IC99-FC2ab Designing and Delivering Hypnotic  
2 tapes Interventions - Michael Yapko, Ph.D.

IC99-FC3ab Framing, Chunking and Metaphor  
2 tapes Stephen Lankton, M.S.W., LMFT, DAHB

IC99-FC4ab The Utilization Approach to Hypnotic Induction  
2 tapes Stephen Gilligan, Ph.D.

IC99-FC5ab New Approaches to Creative Ericksonian  
2 tapes Work and Healing - Ernest Rossi, Ph.D.

## Workshops

IC99-W13ab Working Briefly with Intimidating Cases  
2 tapes Richard Fisch, M.D.

IC99-W14ab The Many Parts of Communication  
2 tapes Betty Alice Erickson, M.S., LPC, LMFT

IC99-W16ab Something is Seen: A Hypnotherapy of Alien  
2 tapes Abduction Survivors - Eric Greenleaf, Ph.D.

IC99-W16ab The Self-Relations Approach to Psychotherapy  
2 tapes Stephen Gilligan, Ph.D.

**Workshops**

- IC99-W17ab **Using Hypnosis for Cosmic Consciousness and Other Altered States** - Ronald A. Havens, Ph.D.  
2 tapes
- IC99-W18ab **The Undisturbable Mind: Using Hypnosis and EEG Biofeedback for Treating Anxiety Disorder**  
Carol Kershaw, Ed.D.
- IC99-W19ab **Ericksonian Approaches with Post-Traumatic Dissociative Disorders** - Maggie Phillips, Ph.D.  
2 tapes
- IC99-W21ab **Coaching the Parents of Oppositional Youth**  
James Keim, MSW, LCSW
- IC99-W22ab **Reprocessing Traumatic Events By Structured Writing Assignments** - Alfred Lange, Ph.D.  
2 tapes
- IC99-W23ab **Using Archetypes and Symbols Hypnotically in Psychotherapy and Medicine** - Terry Argast, Ph.D., Richard Landis, Ph.D., Gary Rueles, D.O., Ph.D.  
2 tapes
- IC99-W24ab **The Hypnotic Language of Couples**  
Jane Parsons-Feln, CSW, BCD, DAHB
- IC99-W25ab **Mandatory Counseling: Helping Those Who Did Not Ask for Help** - Dan Short, M.S.  
2 tapes
- IC99-W26ab **The Treatment of Traumatized Children and Adolescents: Hypnosis and Hypnotherapeutic Methods** - Susy Signer-Fischer, Lc. Phil.  
2 tapes
- IC99-W28ab **Brief Strategic Treatment of Panic Disorder and OCD** - R. Reid Wilson, Ph.D.  
2 tapes
- IC99-W29ab **The Use of Hypnosis in Family Therapy**  
Camillo Lorieo, M.D.
- IC99-W30ab **Hypnosis and Suggestion in the Treatment of Pain** - Joseph Barber, Ph.D.  
2 tapes
- IC99-W31ab **A Strategy for Manifesting Medical Metaphors**  
Norma Barretta, Ph.D., Philip Barretta, M.A., MFCC
- IC99-W32ab **When the Soul Kissed the Body: An Approach to Weight Loss Using Ericksonian Hypnosis and Solution-Focused Therapy** - Yvonne Dolan, M.A.  
2 tapes
- IC99-W33ab **Assessing and Utilizing Values in Ericksonian Psychotherapy** - Brent Geary, Ph.D.  
2 tapes
- IC99-W34ab **Dreams, Consciousness, Spirit**  
Ernest Rossi, Ph.D.
- IC99-W37ab **Strategic Family Therapy of Multiple Personality/Dissociative Disorders**  
Randolph M. Fiery, L.C.S.W.
- IC99-W38ab **Psychosomatic Disease and the "Unit of Three" in Primary Care Medicine**  
H. Charles Fishman, M.D., Tana Fishman, D.O.  
2 tapes
- IC99-W39ab **Invisible Men**  
David Grove, L.I.S.W.
- IC99-W40ab **Power and Compassion: Intervening with Difficult Adolescents and Their Families**  
Jerome A. Price, M.A.  
2 tapes
- IC99-W41ab **In the Beginning: When Bateson's Team Met Erickson** - Wendel A. Ray, Ph.D.  
2 tapes
- IC99-W42ab **The Marriage of Experience and Transaction**  
Stephen Lankton, MSW, LMFT, DAHB, Betty Alice Erickson, MS, LPC, LMFT
- IC99-W44ab **The Art of Using and Losing Control**  
Richard G. Whiteside, M.S.W.  
2 tapes
- IC99-W45ab **Cooperative Co-parenting**  
Patricia Emard, L.M.F.T.
- IC99-W46 **Thank You, Jay! Ten-Fold Thanks!**  
Barbara Peeks, M.S.
- IC99-W47ab **State-of-the-Art Chemical Dependency Treatment is Not an Oxymoron** - Kate Burns, M.S.  
2 tapes
- IC99-W48ab **Beyond Imagery and Relaxation: Focused, Tailored Hypnotic Intervention in Sport Psychology** - John Edgette, Psy.D.  
2 tapes
- IC99-W49ab **Caveat Therapist: Ethical and Legal Considerations in Ericksonian Therapy**  
Alan Schefflin, JD, MA, LLD  
2 tapes

- IC99-W50ab **The Hidden Symptom in Sex Therapy**  
Daniel Arazo, Ed.D.  
2 tapes
- IC99-W51ab **Strategies for Success in the "Show Me" Culture of Managed Care** - Scott D. Miller, Ph.D.  
2 tapes
- IC99-W52ab **Ericksonian Approaches to Psychosomatic Conditions** - Harriet Hollander, Ph.D.  
2 tapes
- IC99-W53ab **The "Panic Chair" Technique As Applied to Different Symptom Complexes**  
Sidney Rosen, M.D.  
2 tapes
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2 tapes
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# UPCOMING TRAINING

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2000		
3/10-12	Ericksonian Methods to Empower Couples/Basel, Switzerland/Jeffrey K. Zeig, Ph.D.	1.
3/17-18	Ericksonian Hypnosis Demystified: Bringing Out the Best in Your Clients and Couples/Munich, Germany/Zeig	2.
4/14	Settling the Unsettled: Integrating Approaches to Anxiety Disorders/Baton Rouge, La./Zeig	3.
4/26-5/3	Hypnotherapy 2000/Pensacola Beach, Fla./Carol Lankton, M.S.W.	4.
5/11-14	SELF-Developing Clinician/Jekyll Island, Ga./Zeig	5.
5/25-29	EVOLUTION OF PSYCHOTHERAPY CONFERENCE/Anaheim, Calif./Invited Faculty	6.
6/8-10	Indirect Techniques: The Language of Hypnosis / Advanced Training in Ericksonian Hypnotherapy/Vienna, Austria/Zeig	7.
6/12-16	Hypnosis & Couples Therapy/Oslo, Norway/Zeig	8.
6/17-18	Phobias and Anxieties/Rome, Italy/Zeig	9.
6/24-25	Hypnosis/Psychotherapy /Repubblica di San Marino, Italy/Zeig	10.
7/7-9	Brief Therapy/Rio de Janeiro, Brazil/Zeig	11.
7/13-16	The Meaning Conference/Vancouver, BC, Canada/Invited Faculty	12.
7/24-28	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Fundamental</i> /Phoenix, Ariz./Brent B. Geary, Ph.D.	6.
7/31-8/4	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Intermediate</i> /Phoenix, Ariz./Geary	6.
8/4-6	Defiance: Reconciling the Internal Spiral/Big Sur, Calif./Zeig	13.
8/7-11	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Advanced</i> /Phoenix, Ariz./Geary	6.
8/26-27	An Integrative Model of Ericksonian Therapy/Monterrey, NL, Mexico/Zeig	14.
10/23-27	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Fundamental</i> /Phoenix, Ariz./Geary	6.
10/30-11/3	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Intermediate</i> /Phoenix, Ariz./Geary	6.
10/25-11/1	Hypnotherapy 2000/Pensacola Beach, Fla./Lankton	4.

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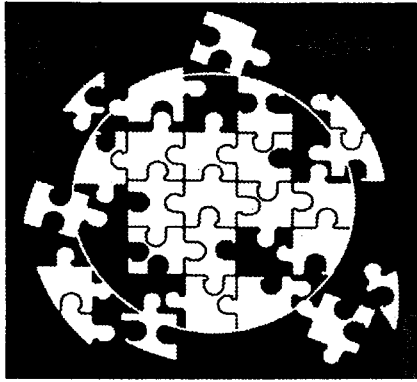
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# INTRODUCING THE INSTITUTES

## Instituto Milton H. Erickson de Belo Horizonte

*Editor's note: The information in this article was collected during an interview between Angela Cota Guimarães Mendonça, Psy.D., and Dan Short, M.S. To learn more about the Institute, visit their Web Site: [www.MiltonErickson-BH.PSC.br](http://www.MiltonErickson-BH.PSC.br), or contact the Institute's leaders via E-mail: [Institut@MiltonErickson-BH.PSC.br](mailto:Institut@MiltonErickson-BH.PSC.br), or by postal mail: Rua Conde Linhares, 837 - Cidade Jardim, Belo Horizonte - MG, CEP 30380-030, Brazil.*

*Dan Short (DS): When was the institute established? What events lead to this?*

*Angela Cota Guimarães Mendonça (ACGM):* In August 1985, I first learned of Milton Erickson, M.D., through a teacher named Malomar Lund Edelweiss who taught about brief therapy and Ericksonian therapy. Next, I read *Teaching Seminar with Milton H. Erickson (M.D.)*, by Jeffrey Zeig, Ph.D., and then studied three videos of Erickson's work (Monde, Nick and Ruth). After that, I read Jay Haley's *Uncommon Therapy*, and other books about Ericksonian therapy and hypnotherapy. One night, in 1993, I was in my office, preparing inscription papers for a seminar in São Paulo, when I saw a brochure announcing Zeig's seminar at the same time in São Paulo. I told my husband and collaborator, José Augusto, that we would not attend the other seminar, but instead go to São Paulo and meet Zeig. We attended five of his seminars, and on October 1994, we began bringing Zeig to teach seminars in Belo Horizonte.

Our interest in opening the Institute was growing. We wanted to know more and more about the approach, and to inform others in Belo Horizonte through events with the most prominent practitioners of the approach. When we asked Zeig what we needed to open the Institute, he smiled and answered "Be happy!" Our immediate reply was "We want to open it! Because all that we want in our lives is to be happy! And being able to keep the Institute for being

happy is so great!" The Institute started officially in August 1999.

*DS: What were your reasons for naming the Institute after Dr. Erickson?*

*ACGM:* For us, Freud is to psychological theory, as Erickson is to psychological practice. Through studying Erickson, we have learned how to make use of available resources while conducting therapy. He was remarkable. Without question, he has made the greatest contribution to the practice of psychological therapy.

*DS: Who were the initial officers or founders of the Institute and who are the current officers?*

*ACGM:* José Augusto Mendonça, Psy.D., was the Institute's founding President. He continues to serve as President and teacher for the Institute. Angela Cota Guimarães Mendonça, Psy.D., was the founding Scientific Director, and she, too, has continued with this position, and as an instructor. Sofia Bauer, M.D., was the founding Executive Director. Gustavo Cota Guimarães Mendonça is the Executive Secretary.

Angela Cristina Cota Guimarães Mendonça Lage and Lilian Maria Borges are two additional instructors. Rosaura is the Institute's Secretary.

*DS: What is the organizational structure of your Institute?*

*ACGM:* The Institute is in the process of being restructured. The actual structure is composed by two founders, and we want to expand it so we can achieve our goals more effectively. These goals are to divulge the approach with courses and lectures, to conduct research on the approach, to exchange practical therapy experience, to learn more and more about the approach, and to apply Erickson's methods to areas outside of clinical psychology. Some of our students are working in hospitals with patients who have cancer. These students are conducting research on the application of the Ericksonian approach.

*DS: What are the unique features of this Institute?*

*ACGM:* Happiness is the Institute's unique feature. Zeig planted the right seed. We value happiness and try our best to obtain and keep it.

We are a family of five. All are involved in Ericksonian therapy and education. Four of the family mem-

bers are psychologists, so the population drawn to the Institute is mainly composed of psychologists. Dentists, health and educational professionals sometimes attend, but the majority are psychologists.

Finally, another unique feature of the Institute can be found in a sentence that is displayed on our computer's screen saver. The sentence, extracted from José Augusto's book about the Ericksonian approach, is, "Those who minimize the negative and emphasize the positive, live longer and happier."

*DS: What is the Institute's primary objectives or mission statement?*

*ACGM:* The first and most important objective is to promote the happiness of the Institute's members, students and patients. Other important objectives are to promote a faithful dissemination of the Ericksonian approach and to promote the improvement of Ericksonian therapists. Finally, to do good work in the area of psychotherapy and to conduct research on the Ericksonian approach.

*DS: Describe the current work of your Institute.*

*ACGM:* The primary work of the Institute is to train therapists, in Belo Horizonte, in the Ericksonian approach. The training program is composed of one basic module (160 hours) advanced modules (40 hours each) and supervision (80 hours). The current enrollment is 46 regular students.

During 1999, the Institute promoted ten workshops, which were each 18 hours of training over three days. There were an average of 16 attendees at each workshop. These included two at Porto Alegre, one taught by Dr. José Augusto and the other by Dr. Angela. There was one workshop at Maceió, a city in another state in Brazil, and one at Juiz de Fora, also in Brazil. In October, the Institute sponsored a workshop taught by Dr. Zeig, in Belo Horizonte.

In 1999, the Institute provided treatment for approximately 600 patients and families.

We have also founded the Brazilian Carrousel, with the Institute Milton H. Erickson Brasil-Sul. The objective of the Carrousel is to integrate and enlarge the institutes in Brazil, with interchange and promotion of the directors. A final accomplishment



*José Augusto Mendonça, Psy.D.  
Angela Cota Guimarães Mendonça, Psy.D.*

was the production of the first Ericksonian book by a Brazilian author, *The Magic of Hypnosis in Psychotherapy*, written by José Augusto Mendonça.

*DS: Do you have any anecdotes that you would like to share or other interesting facts relevant to your work?*

*ACGM:* A personal thing I would like to share is my feeling when I discovered the Ericksonian approach. I was a psychologist who had been practicing for ten years. In Belo Horizonte at that time, psychoanalysis was the dominant approach. However, I studied several approaches and used a little of each. My approach was non-conventional, and it yielded great results. My feeling was that I was a good driver but I didn't have my driver's license. When, in 1985, I read about the work of Erickson and watched his video demonstrations, I felt I finally had got my driver's license. I now had a theoretical base on which I could found my work.

Since this time, I have developed an expertise using Ericksonian therapy and hypnosis with children. I plan to share my experiences through the publication of three books. The first will be a book written for parents, brothers and sisters of autistic children. The second will be a case study of panic syndrome, in the case of a ten-year-old child. The third will be a didactic book about Ericksonian therapy and hypnosis with children.

*DS: What plans does the Institute have for the future?*

*ACGM:* The directors of the Institute would like to found an Association of the Brazilian Milton H. Erickson Institutes. We also would like to increase the scope of the Brazilian Carrousel project. This would require us to reorganize its structure. Finally, we would like to publish books by Brazilian authors about the Ericksonian approach and translate books by internationally renowned practitioners of the Ericksonian approach.



# INTRODUCING THE INSTITUTES

## Lithuanian Institute of Ericksonian Hypnosis

*Editor's note: The information in this article was collected from Kestutis Kuzmickas, M.D., through correspondence. To learn more about the Institute contact the Institute's leaders via E-mail: [kuz.ericks.inst@kaunas.omnitel.net](mailto:kuz.ericks.inst@kaunas.omnitel.net), or by postal mail: Kumeliu str. 17-2, Kaunas, 3000 Lt., LITHUANIA.*

The Lithuanian Institute of Ericksonian Hypnosis was established in May 1997. It is located in Kaunas, Lithuania. This initiative was undertaken by three colleagues, Ljūdvikas Lazauskas, M.D.; Vadimas Dechtiaris, M.D., and Kestutis Kuzmiskas, M.D. Lazauskas has worked at the Vilnius Clinical Psychotherapy Center as a psychiatrist and psychotherapist since 1990. Lazauskas also is an Assistant Professor in the Department of Psychiatry at Vilnius University. In addition to membership in numerous professional organizations, Lazauskas has served as President of the Lithuanian Hypnosis Association and

in 1994 co-founded the Community of Families of the Mentally Handicapped. Lazauskas speaks English, Polish, Russian and Lithuanian. Dechtiaris has been in private practice, providing psychological rehabilitation, since 1996. In addition to training in Transactional Analysis and Neuro Linguistic Programing, Dechtiaris specializes in the use of nondirective hypnosis techniques. Kuzmiskas worked more than ten years as a psychiatrist and psychotherapist at Kaunas Academy Clinic. For the last five years he has worked in private practice. During the last eight years, Kuzmiskas has served as a board member for the Lithuania Hypnosis Association.

The idea to organize an institute occurred after the second European Congress of Ericksonian Hypnosis, held October 1995 in Munich, Germany. After meeting with Krzysztof Klajs, of the Milton H. Erickson Institute in Poland, and Eric Greenleaf, Ph.D., from the Milton H. Erickson Institute in the Bay Area of California; the decision was made to share the technol-

ogy of hypnosis with other professionals in Lithuania. After using hypnosis for many years, the Institute's founders have determined that it has been effective for their patients. Of all the different schools of hypnosis, the Institute's founders have found that the philosophy of the approach developed by Milton H. Erickson is best suited to their practice.

Because Lithuania is a small country, the Institute's founders plan to initiate a program of study that will include all of the main regions of Lithuania. Although the Institute's primary objective is to provide quality care, introducing other professionals to the concepts of Ericksonian Hypnosis also is an important objective. The training provided by the Institute will help meet the need of professionals in Lithuania where schooling in psychotherapy has been limited. This educational effort includes the organization of workshops that focus primarily on hypnosis and psychology. The presenters at these workshops are invited from other countries. Once a year, the Institute provides a comprehensive course for medical students who want to learn more about the use of hypno-

sis in medicine. The primary language used in the Institute is Lithuanian, however, training also is provided in English, Russian, and Polish.

The organizers of the institute have many plans for the future. A special project that is currently being developed will focus on the diagnosis and treatment of Attention Deficit Hyperactivity Disorder (AD/HD). Information on this problem has been limited in Lithuania. The goal of the Institute is to educate health care professionals, teachers and parents on how to work with children who manifest the signs and symptoms of AD/HD. In order to be successful in this endeavor, the Institute is seeking the assistance of professionals from other countries who specialize in this area. An application has been made to the Soros Foundation to help finance this project. This fund is offered by the Open Society Institute, which is headquartered in New York. This grant program provides funds to groups and institutions interested in promoting innovative approaches to health care issues and for public health projects. It is hoped that this project will be just one of many that the Institute is able to provide in order to promote good psychological practice in Lithuania.



*Burkhard Peter, Ph.D., Elizabeth M. Erickson, B.A., Bernhard Trenkle, Dipl.Psych.*

The confirmation is, of course, the result of having attended the recent International Congress of the Milton H. Erickson Foundation in Phoenix, Ariz. As a first-time attendee, several things were striking to me.

First, as you may have guessed, was the cross-section of caring professionals in attendance. I am sure I did not mention the complete occupational listing, especially if you list life-long career experience. I had never stopped to imagine how many lives the work of Dr. Erickson had touched. The ripple effect is now easy to see starting with observation, to clients, to a few treasured students, to their disciples, to the clients and patients, to the families,... well, you get the point.

The next thing that was exciting was the broad range of learning opportunities. I've attended many conferences, seminars and workshops, but few, if any, matched the variety of offerings of this Congress. For the novice, the well-established practitioners, and everyone in between, there were opportunities to

## View of the Congress

by Jeannine Strednak, M.Div.  
Dallas, TX

What do many psychotherapists, physicians, nurses, psychology students and even ministers have in common? Inquisitive minds, a willingness to be life-long learners, and Milton H. Erickson! I suspected this connection for quite some time, but all doubt has been removed. Now I am certain. The

explore internally, externally, by body, mind and spirit. Classes were available that one could "watch from a safe distance" or "dive right in." Some courses were for skill building, others for experiencing, most aimed at both simultaneously. I already knew, for instance that I could breathe. I've been doing it for years! After a couple hours though of noticing how I go about it, I was aware of things unknown or set aside long ago. When my own breathing can teach me about my history, transference and many other things, in addition to what I can learn if I tune in to the breathing around me, I know I've really learned. This was not only fun, but it will continue to enhance my work.

The Congress was well orchestrated. The range of study, social and free time made it a well-balanced event. I was surprised at the length of the gathering, but then it occurred to me that self-care was the key. There were no rules or requirements for attending a certain number of classes in a row. (Even the tightly monitored California CEU crew could find ways to seek balance!) The staff was organized and volunteers were flexible. I am thankful for the opportunity to have attended. But more than that, I am thankful that Milton H. Erickson developed among his many skills, the ability, wisdom and desire to teach and enable others to do likewise.



*Madeleine Richeport-Haley, Ph.D., Jay Haley, M.A.*

## O B I T U A R Y

**Martin T. Orne,  
M.D., Ph.D.**

By David F. Dinges, Ph.D.  
University of Pennsylvania School of  
Medicine  
Philadelphia, PA

Psychiatrist, psychologist and international authority on psychotherapy and the medical use of hypnosis, Martin Theodore Orne, died February 11 of cancer. He was 72. Born in Vienna, Austria in 1927, Dr. Orne received his M.D. degree from Tufts University Medical School in 1955, with a Residency in Psychiatry at Massachusetts Mental Health Center, and a Ph.D. in Psychology from Harvard University in 1958. He was Professor of Psychiatry and Psychology at the University of Pennsylvania in Philadelphia for 32 years before becoming Emeritus Professor in 1996.

As teacher, scientist, and practicing physician, Dr. Orne was widely recognized for his work in hypnosis, memory, biofeedback, pain management, lie detection, sleep, and the roles played by specific and non-specific factors in psychotherapy and behavioral medicine. He also pioneered new therapeutic approaches and perspectives on patients' rights. He published the first of hundreds of scientific papers in 1951. He was Editor of the International Journal of Clinical and Experimental Hypnosis for 30 years, and the recipient of funding for his research from the National Institutes of Health and many other federal agencies for 40 years. Dr. Orne was also the recipient of two honorary doctorate degrees, and awards for lifetime contributions from the American Psychological Association, the American Psychological Society, and the American Academy of Psychiatry

and the Law.

Throughout his scientific career, Dr. Orne collaborated with his wife, psychologist Emily Carota Orne. Their research on hypnosis and memory distortion was cited in more than 30 legal cases by state supreme courts and the U.S. Supreme Court, and it resulted in widely adopted guidelines restricting the use of hypnosis in forensic cases. Dr. Orne chaired a blue ribbon panel that helped establish the American Medical Association's standards for the forensic use of hypnosis. His work on psychotherapy and memory also helped expose the controversial practice by some psychotherapists of using suggestive techniques that encouraged the creation of false memories of trauma in their patients.

Dr. Orne was an expert witness in legal cases involving coercion and memory distortion. He was one of four defense psychiatrists who examined kidnapped heiress Patty Hearst during her trial for bank robbery. He remained convinced of her innocence and more recently urged that she be pardoned. His involvement as an expert for the prosecution in the case

of Kenneth Bianchi, who was convicted in the torture and murder of young women in the hillside strangler serial murders of the 1970's, was featured in the Emmy award winning "Mind of a Murderer" documentary by the British Broadcasting Corporation.

His interest in promoting scientific research on the mind and its role in health, well being and safety resulted in the establishment in 1961 of the nonprofit Institute for Experimental Psychiatry Research Foundation, for which Dr. Orne served as Executive Director until his hospitalization last year.

Dr. Orne is survived by his wife Emily Carota Orne, his two children Franklin and Tracy, and by his brother Peter Orne and family of Flushing, New York. In lieu of flowers, the family requests that donations be made to the Institute for Experimental Psychiatry Research Foundation, 1955 Locust Street, Philadelphia, PA 19103. Funeral arrangements are being made at West Laurel Chapel, 215 Belmont Avenue, Bala Cynwyd, PA, 19104 (610-664-1591)."

**CONFERENCE  
NOTES**

The Second French-Speaking Forum of Hypnosis and Brief Therapy will be held June 2-4, 2000, in Vaison la Romaine (Southern France). The forum is sponsored by L'Institut Milton H. Erickson D'Avignon-Provence. For more information and registration, contact Patick Bellet, M.D., L'Institut Milton H. Erickson D'Avignon-Provence, B.P. 82 (rue Ernest Renan), 84110 Vaison la Romaine, France; phone, 33.490-36-19-31; fax, 33.490-28-70-17; Web, //members.aol.com/confhypnos.

\*\*\*

The XII IFTA Family Therapy World Congress, Reconciliation: New Voices for a New Era, will be held June 14-17, 2000, in Oslo, Norway. All Scientific Sessions will be at the Folkets Hus and the Sentrum Scene, in the heart of Oslo. The Congress will feature Workshops and Interactive Events. There also will be a Post Congress Seminar at Rost in Lofoten, North Norway. For information please contact the Congress office: Congress - Conference AS - Congrex, Thomas Heftyes gt. 2, P.O. Box 2694 Solli, N-0204 Oslo, Norway; tel, +47-2256-1930; fax,

+47-2256-0541; E-mail, WFTC2000@co  
gex.no; web, //www.nfft.no

\*\*\*

The 15th International Congress of Hypnosis of the International Society of Hypnosis (ISH) will be held October 2-7, 2000, in Munich, Germany. The Congress is hosted by the Milton Erickson Society for Clinical Hypnosis, Germany (M.E.G.). Workshops (including Fundamental, Intermediate and Advanced levels), Invited Papers, and state-of-the-art Keynotes will be presented. The Congress also will include eminent scientists and clinicians from the broader field of human sciences (philosophy, medicine, biology, poetry, and other relevant areas). For more information contact M.E.G., Burkhard Peter, Ph.D., Konradstr. 16, 80801 Munich, Germany; Web: //ourworld.com-  
puserve.com/homepages/milton\_erickson; E-mail: 106004.127@com-  
puserve.com; fax, 49 89 34029720.

\*\*\*

The American Society of Clinical Hypnosis-Education and Research Foundation will sponsor five regional workshops on clinical hypnosis in 2000. Each of the workshops has been approved for 20 hours of continuing education credits.

Workshops will be in Birmingham, Ala. (April 6-9); Oak Brook, Ill. (June 15-18); Cincinnati, Ohio (Sept. 21-24); Austin, Texas (Oct. 5-8); and Miami, Fla. (Dec. 14-17).

For additional information and registration materials, contact the ASCH Central Office in Chicago, (312) 645-9810; or fax (312) 645-9818.

\*\*\*

Michael Yapko will be featured presenter May 4-7, 2000, at the Milton H. Erickson Institute of San Luis, Argentina. For additional information and registration, contact Dr. Omar Chogriz, Maipu 674, San Luis, Rep. De Argentina; or Lic. Sandra Ostropolsky, Ayacyucho 108, Depto. 7, Mendoza, Rept. De Argentina.

\*\*\*

The Milton H. Erickson Foundation is serving as a nominal cosponsor of the upcoming meeting, "Searching for Meaning in the New Millennium," scheduled for July 13-16, 2000, in Vancouver, British Columbia.

Keynote speakers include Irvin Yalom, M.D., David Myers, Ph.D., Jeffrey K. Zeig, Ph.D., and E. Spinelli.

Plenary speakers are Eugene C. Bianchi, Ph.D., Alvin Mahrer, Ph.D., Kirk J. Schneider and Louis E. Schmier.

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# LEADING CONTRIBUTORS

## Burkhard Peter, Ph.D.

by Betty Alice Erickson, M.S.  
Dallas, Texas

A psychotherapist in private practice in Munich, Germany, Burkhard Peter holds a lectureship in clinical hypnosis at the Department of Psychology at the University of Munich.

A native of Bavaria, he finished his studies with a Diploma in Psychology from the University of Munich in 1976. Later, he received his doctorate in Philosophy from the University of Bremen, Germany. In 1978, Burkhard and his wife-to-be, Alida Jost, Ph.D., and a close friend, Wilhelm Gerl, Dipl.Psych. (who is now co-director of the Munich Institute of MEG), journeyed to Phoenix to participate in one of Erickson's week-long teaching sessions that he taught in his home. They were so moved by the experience and the new learning acquired during that session that they decided to set up an Institute close to their home where they could continue studying what they had just begun to learn. They also wanted to share these new concepts and continue learning about this way of working with their colleagues. So, they asked Erickson's permission to use his name as a part of their brand-new idea. Erickson was delighted. He told them to "use my name in any way you find appropriate."

Burkhard says this expression of confidence in their integrity and abilities has continued to inspire him. "Right there, in the middle of Arizona's nowhere, we founded the Milton Erickson Society for Clinical Hypnosis of Germany," Gerl said.

Upon their return to Germany, Peter accepted the responsibility of becoming the founding President of the Milton Erickson Gesellschaft für Klinische Hypnose (MEG). Despite the enormous amount of work this entailed, he retained the position until 1984, when Dirk Revenstorf, Ph.D., a Professor of Psychology at the University of Tuebingen, was selected to fill the position.

Today, MEG, a non-profit membership society with Bernhard Trenkle, Dip.Psy., as current presi-

dent, has grown to more than 1,000 members primarily in Germany. Since its conception, MEG has met its self-imposed goal of offering training and educational programs in clinical hypnosis for psychologists, physicians, dentists and practitioners in the field of mental health.

In 1983, recognizing that the growth of MEG was exploding, Peter approached colleagues in other cities in Germany, and encouraged them to found branches of MEG and to start Institutes of their own. A new concept was born. MEG would be the parent organization but each institute would have autonomy and be part of a larger network. This idea of working together under the umbrella of MEG, while operating independently, has worked successfully. There are now 17 regional Institutes in Germany alone. Their cooperative and collaborative efforts have become an admirable model for mutual enhancement. Teaching and educational programs have reached far beyond the borders of Germany. MEG also has been instrumental in helping support fledgling Institutes throughout Europe.

One of Peter's greatest contributions is his involvement in bringing major conferences to Europe. To do this requires the energy, efforts and cooperation of a vast number of people in various countries, some of whom speak different languages, and some of whom have different disciplines. Peter is particularly talented in eliciting cooperation and in encouraging people to participate actively in this complex process. The meetings he organized include the First German Congress of Ericksonian Hypnosis and Hypnotherapy in Munich, 1984, and the European Congresses on Ericksonian Hypnosis and Psychotherapy in Heidelberg, 1989, and 1995.

Peter worked with the International Society of Hypnosis (ISH) and with the Israel Society of Hypnosis in order to organize a joint conference on Ericksonian Hypnosis and Psychotherapy in Jerusalem, 1992. This joint conference was Peter's idea and was made possible due to the respect he has earned among prominent members of ISH. Peter is now organizing the 15th International

Congress of ISH, scheduled to take place in Munich, Germany, October 2-7, 2000.

Complimenting his exceptional skills as an organizer, he is a talented author and editor. He has written more than 80 articles and book chapters. Additionally, he has edited or co-edited five books and formerly served as the editor of the Newsletter for the International Society of Hypnosis (ISH).

He is the founding editor, along with Christoph Kraiker, Ph.D., from the University of Munich, of MEG's journal, *Hypnose und Kognition*. This project began in 1984. It is a biannual scientific publication. It became unexpectedly successful for a scientific publication. By the end of the first decade, the journal had over 1200 subscribers and was selling another 2000 additional copies each issue. Peter attributes the success of this journal to the innovative approach of choosing a focal topic each issue. Some of the topics have been "Hypnosis and Cancer,"

"Hypnosis and Family Therapy," "Case Reports," "Hypnosis with Children," and even one on the "Dangers of Hypnosis." Peter is active in doing research and continues to support research activities, which focus on the use of hypnosis and brief therapy.

Peter is a talented clinician, a valued lecturer and hypnosis trainer within MEG and other European hypnosis societies, an innovative organizer, a prolific author, a skilled editor, a mentor and an inspiration. He has made extraordinary contributions to the advancements of Ericksonian Hypnosis and Psychotherapy as well as to the field as a whole. In recognition of these achievements, Peter received the eighth—Lifetime Achievement Award, which is the highest award granted by the Milton H. Erickson Foundation (see page 3 for more information).

As a member of the Erickson family, I personally wish to express the gratitude and respect that we feel for you and your work. From that afternoon in Phoenix, you have carried the spirit of Erickson forward, doing for others what he did for you. Thank you, Burkhard Peter.



## ... My Voice Will Go With You ...

The Milton H. Erickson Foundation is pleased to announce the release of original recordings of Dr. Erickson from the Erickson Archives. Originally recorded between January 1955 and the late 1960s, these recordings were made during one of the most productive eras of Erickson's career.

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## SPEAKING OF RESEARCH

**Editor's Note:** For this edition of the Newsletter, we have selected a stimulating article that appeared in a recent edition of *American Psychologist*. We have asked Peter Bloom, M.D., to comment on one portion of this article and present his comments, along with a response from one of the authors. The article has been summarized for the benefit of the reader by Roxanna Erickson-Klien, R.N., Ph.D.

## Automaticity in Clinical Psychology

by Irving Kirsch and Steven Jay Lynn  
*American Psychologist*, July 1999,  
Vol. 54, pp. 504-515

### Article Summary

This article provides an overview of constructs related to expectancy, automaticity and nonvolitional responses. It involves an overview of three areas of investigation: the placebo effect, the effect of false biofeedback on sexual arousal, and the alteration of perceptual and cognitive function by hypnotic and non-hypnotic suggestion. The authors also discussed the idea that all behavior, including novel and intentional behavior, is initiated automatically and therefore, not an act of will. They then present a summary of how an understanding of response expectancy and automatic processes can enhance clinical practice.

The discussion of the placebo effect is illustrated with an impressive study in which exposure to a skin irritant was mitigated and dramatically altered by suggestions that accompanied the exposure. The authors went on to present a meta-analysis of the efficacy of antidepressants. The authors found that the positive therapeutic effects attributed to antidepressants are not significantly different from placebo effects. For example, when examining the use of active drugs, which were not antidepressants, as a treatment for depression, the effect size ( $D=1.69$ ) was as great as that of the antidepressants. Furthermore, inactive placebo duplicated 76% of this effect. The authors raise the question whether much of the therapeutic effects may be attributed to expectancy rather than to

pharmacological effects.

Whereas the authors drew no conclusions, they used this forum to encourage therapists to question the role and efficacy of medications involved while simultaneously learning to better understand the importance of other factors that accompany the administration of medication.

## Treating Depression

by Peter B. Bloom, M.D.  
University of Pennsylvania  
School of Medicine

My experience as a physician, practicing psychiatry, suggests that psychotropic medications work primarily physiologically rather than psychologically. I find it difficult to accept Kirsch and Lynn's estimate that attributes 75% of the effect to placebo. In some cases a patient, who is suicidal, terribly depressed and not responding to a number of antidepressants or psychotherapy, will suddenly respond when a different medicine is introduced. This type of outcome is impressive and, most likely, not placebo. In psychiatry, we often deal with potentially fatal diseases. Depression is more than just the "common cold of mental health" as suggested in the article, it is often a more serious genetically determined "pneumonia" which is sometimes fatal. Kay Jamison's book, *The Unquiet Mind: A Memoir of Mood and Madness*, does a good job of describing the life and death dangers of taking or not taking lithium. Some of these medicines save lives, regardless of who administers the drug.

These studies do not seem to reflect the same clinical world I know. As we all know, some depressions derive from brain tissue disorders such as thyroid abnormalities, dementia, schizophrenia, vitamin deficiencies of B12 and folic acid and, of course, bi-polar disorders of every kind. Cancer of the tail of the pancreas sometimes presents initially as only depression. All of us must retain our "index of suspicion" for these physiological disorders every time we evaluate persons seeking our care as mental health professionals. When we are asked to treat someone with these disorders, drug therapy has

to be the cornerstone of the treatment regimen. Not thinking physiologically or medicationally in the name of instilling hope and expectancy in treating depressions, as Kirsch and Lynn's article may suggest to some, seems dangerous to me.

I believe this study lacks the common sense needed to substantiate new findings. I would have hoped to see this report in a pharmacology journal or have knowledge that during peer review, a psychopharmacologist provided feedback. My wisdom based on clinical experience is at variance with these results. I do believe the influence of expectancy is critical in gaining compliance and putting up with the side effects of medication. However, I doubt it plays the major role in therapeutic efficacy of these medications. I do wonder, though, whether placebo effectiveness differs in mild versus severe conditions. If so, there may appear a common ground for us here. It is also critical to remember that depressions constitute a large mosaic of responses to both external life events, and to independently genetically altered brain or body chemistry. There is a very great need for therapy that does not rely on solely on medications; but there is a danger in believing that medications are so largely placebo that the clinician thinks they are not necessary.

I value the science of our profession, and I know and trust these two authors a great deal. Indeed, I routinely rely on them for my scientific updates in hypnosis. In this spirit, I have been stimulated by Kirsch and Lynn to consider more actively the role of placebo in all my work. On a lighter note however, I will now give all the medications I use in therapy with even more relish and fervor!

### Reference:

Jamison, K. R. (1995). *An Unquiet Mind: A Memoir of Moods and Madness*. New York: Random House.

## The Placebo Effect in Antidepressant Medication

By Irving Kirsch  
University of Connecticut

I can easily empathize with Peter Bloom's difficulty in accepting the results of the meta-analysis that I did with Guy Sapirstein on the placebo effect in antidepressant medication (Kirsch & Sapirstein, 1999). I have shared his incredulity. As the results of our analysis became increasingly apparent, I too found them difficult to believe. How is one to explain a .90 correlation between the response to placebo and the response to medication, especially when the medication is one that has been heralded as producing a revolution in the field of mental health?

The difficulty that many have had in accepting these data led my colleagues and I to replicate them with a new data set: the data submitted by the pharmaceutical companies to the FDA in the process of seeking approval of these drugs. The results of the Kirsch and Sapirstein meta-analysis were replicated with each of the antidepressants we examined. For example, the FDA data on Prozac indicates that 89% of its effect is duplicated by inert placebo. These data will be published in *Science*, where they have undergone the rigorous two-stage review process of the world's most prestigious scientific journal.

How is it that the research data, on the basis of which these medications were approved, are at such variance with Bloom's "wisdom based on clinical experience?" The answer does not lie in the different worlds in which clinicians and researchers live. Instead, it lies in the fact that the response to antidepressant medication is large, both in clinical practice and in the data that my colleagues and I reviewed. Many patients show significant improvement in their depression. But, and this is a very important "but," many patients given placebos in clinical trials show the same large degree of improvement, and the difference between the substantial improvement produced by antidepressants and the substantial improvement produced by placebo is not very large.

Why is it that placebos produce such a large change in depressive symptoms, much larger than the changes that they produce in most

*continued on next page*

Telehealth is the future of behavioral healthcare. Just as computers and electronic information transfer is rapidly developing into "the nervous system" of corporate America, telehealth is becoming the nervous system of our professions. This transformation will be firmly established within the next decade. Behavioral healthcare is the largest and also the fastest growing edge of telehealth care—but it isn't being delivered by psychologists, LPCs, LCSWs or MFCCs. It's being delivered by medical professionals, such as psychiatrists and nurse practitioners. And the insurance world is advocating this change with radical support of telemedicine/telehealth laws throughout the nation. Why? Because it is less expensive than paying us.

The central issue: If we as professionals don't lead this transformation of service delivery for our industry, the business world will lead it for us. That means MCOs and physicians will shape legislation related to what goes into the electronic medical record, who will have what access to that record, and under what conditions. It's already decided that many people will be treated through technology, but the remaining decisions revolve around the question of which technology will be optimal for which patient: telephone, e-mail, and video-conferencing technologies or a combination of these and others.

This is a turf war, and the battle will be pretty much won in a few years. For example, psychologists and social workers, just a few months ago, were removed as Medicare reimbursement recipients through HCFA for telemedicine services after psychiatrists protested. As of January 1, 1999, medical professionals are getting the bulk of reimbursement for behavioral telehealth work.

Time is of the essence. Fundamental decisions will be made in legislation and funding in next five years. Those influences will be difficult to reverse once established. We need to become active in these formative stages. For more information, go to <http://telehealth.net> and sign up for the telehealth discussion list: [http://telehealth.net/subscribe/subscribe\\_list.html](http://telehealth.net/subscribe/subscribe_list.html) or sign up to get the TelehealthNews to get your information once every few months: [http://telehealth.net/subscribe/subscribe\\_telenews.html](http://telehealth.net/subscribe/subscribe_telenews.html)

## Placebo Effect

*continued from page 12*

other conditions? The answer lies with the nature of depression. Hopelessness—the expectancy that an intolerable state of affairs will not get better—is at the core of this disorder, and the situation that many depressed people are most hopeless about is their own depression. These patients are depressed about depression. For many patients, the administration of a treatment touted to be highly effective can reverse this hopelessness and thereby relieve the depression it causes.

There is an important lesson to be learned from our research. Clinical experience produces much wisdom and can generate important hypotheses for researchers to examine. However, clinical practice cannot include the control conditions that are needed for reaching conclusions about the causes of the results we see in our clients. That is where experimental research comes in—research

like the clinical trials my colleagues and I analyzed. That clinicians can learn from research means that sometimes they will be surprised. The outcome of our meta-analyses is one such surprise. Nevertheless, it is one that should instill considerable hope and cheer among therapists and their clients. It indicates that depression can be relieved by changing expectations almost to the degree that it can be improved by taking drugs. This puts the cure within the psychological capacity of the client for change and means that drugs with often, intolerable side effects can be bypassed.

### References:

- Kirsch, I., & Sapirstein, G. (1999). Listening to Prozac but hearing placebo: A meta-analysis of antidepressant medication. In I. Kirsch (ed.), *How expectancies shape behavior* (pp. 303-320). Washington, DC: American Psychological Association.

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# CASE REPORT

## *Business as Usual*

by Carl Hammerschlag, M.D.  
Phoenix, AZ

A middle-aged man came to see me under pressure from his wife. She had told him she would leave if he didn't make some life changes. Both husband and wife expressed that their marriage was very important to them, but it was clear to us all that their marriage was near collapse. He told me he did not know what the problem was even though his wife had complained about his commitment to his work for many years. He acknowledged that he was highly committed to his work, but said it was important to them both and that he was very successful. He wasn't completely aware, nor was he in agreement, that his business interfered on other levels of their lives.

His wife described the man's work as his mistress and his only interest and hobby. He didn't even take vacations without sleeping with his telephone by his side. At, and away from, home, when he wasn't talking business he was reading financial magazines. He was not interested in his wife's activities and was unwilling to converse about things of interest to her. They had virtually no social life as a couple.

When he arrived at my office the first time, his cell phone was clipped to his belt. He explained he was waiting for an important call. When it rang, he interrupted our session to talk at length on the phone. When I asked him if he thought the information that he was going to get from the phone was more important than what he might learn in my office, he replied without hesitation, that it was business and therefore very important.

I told him that if he couldn't pay attention here in my office, it was clear to me he would not remain married. I asked him to turn the phone off. Reluctantly, he did so.

During the course of therapy, he agreed to follow my directions regarding an important intervention that I told them, could save their marriage. I prescribed what I knew would be an ordeal for him. He agreed to go on vacation with his wife to a place without a telephone or fax

machine close by. He also agreed to let me provide all his reading material. I gave him a sealed package which I had already prepared.

His wife later reported that when they arrived at their destination, he opened the package and cursed, threw it against the wall and stormed out of the room. Inside the package was only one book. When he opened it, he discovered there were only blank pages and a pen. On the inside cover, I had written, "Dear John. Fill this book with whatever makes sense to you at the moment. You can choose to write in dialogue or in simple prose but you must write in this book every day. I ask that you to come to this task with openness and truth, and to tell the truth of your experiences at that moment."

He cursed, threw the book against the wall and stormed out. His wife picked up the book and read my note. When he returned, and continued to rail on, she said, "Why not write this down?" She pointed out that writing about how angry he felt might be useful for him and would certainly provide a topic for later sessions. Her words struck a key with him.

Later in the vacation, he found a interesting stone that was covered with lichen. He knew lichen was an organism formed by a combination of fungus and algae growing as a unit on a solid surface. Picking up the stone, he inserted it into a hollow he created in the pages and began to write around it. "Everything grows connected to something other than itself."

He began to describe himself as the lichen feeding from the impersonal rock of business. He recognized he wanted to find another way to thrive. This moment of insight became the beginning of productive therapeutic expansions and of rebuilding the marriage between two committed people.

I chose this somewhat ambiguous but potentially powerful intervention because of what I learned from Erickson and other medicine men I have known. They taught me that the most important knowledge is that derived from life experience not from theories or equations. If you can help people look again at their present experiences and at themselves with different perspectives, they can create new directions. The process of psy-

chotherapy is to find creative ways through which you make the invisible visible.

## DISCUSSION

by Ricky Pipkin, Ph.D.  
Rowlett, Tx

Hammerschlag had a client typically considered difficult--a reluctant participant in therapy wanting a specific outcome without realizing that a generalized change must be made to reach that outcome. Additionally, this man was clearly successful in many areas of his life and accustomed to making fact-based business decisions. It often is easier to factor out emotional content and disregard the importance of feelings and, in business, it often is more efficient. However, this couple was highly motivated to keep their marriage which provided needed leverage.

The problem in the marriage was not a "business" one--it was that the wife felt discounted and unimportant. Hammerschlag's problem was twofold. First he had to capture the client's attention; second, he had to make him understand that feelings and intangibles are important to a well-rounded life as well as to relationships.

Directly confronting the inappropriate use of John's cell phone during session and telling him that what he learned in session could save the marriage was a business-like approach to a multi-level symptom. He used language that John was used to and could understand. John's willingness to continue participating in therapy without using his phone created an implicit contract.

The sessions before the important intervention of the vacation were preparation for John to expand his own perceptions. Every act of insight, of expansion, is the result of the prepared mind and some serendipitous moment. Finding a

rock with lichen, knowing what lichen was, provided John a metaphor of his own making. He recognized that even a lowly lichen is a union of different things, joined together to create a different and more complex organism. The needs of each part must be nurtured.

The simple moment of finding the lichen-covered rock and following, in his own way, Hammerschlag's instructions, provided ways to understand himself differently. These changes were necessary in order for him to have what he really wanted--the continuation of his marriage. This would not have occurred had not Hammerschlag first gotten John's attention by using the techniques and language of business. Then, during the vacation, John was given only one concrete outlet for his thoughts and energies--self examination in writing "the truth of his experiences of the moment."

Erickson had a gift for creating and telling stories that patients could hear. He taught us all to look at our own blind spots and how to reach beyond them. Hammerschlag provided that for John by setting the stage for him to tell his own story about his own blind spots and to understand how to reach beyond them by the seemingly simple ambiguous and open assignment of writing on the blank pages "with openness and truth."

Obviously, there was careful preparation so that John would be willing to go on vacation with no phone, fax or business reading materials. Hammerschlag's success also demonstrates the value of using the client's own language and world. The implicit contract between Hammerschlag and John insured that the directions would be followed even though, as business, John could implement them in his own way.

Good therapy often appears much simpler than it actually is.

## *Climbing Squaw Peak*

by Larry Berley, M.D.  
Hingham, MA

On Thursday, December 9, as an experiential component of the recent Congress, I decided to join the group climbing Squaw Peak. This climb was one of Erickson's famous instructions, in his later years, to virtually all his students and to many of his patients. We counted 106 but many others came separately and at other times. We climbed all, or part, of the rugged, mile-long zigzag trail leading to the top. With curiosity and eagerness, we had accepted that long-ago invitation from Dr. Erickson to "enjoy an experience" the trail that now hosts 500,000 visitors a year.

*continued on next page*



Bright-eyed and bushy-tailed, we boarded two elephantine buses, in the early morning darkness, and traveled to the base of the Peak. There my eyes rose straight upward, following the skyward arrow of rocky terrain decorated by desert brush and cacti. The silhouette against the morning dawn pricked my mind with the reality that this was not the flat-street high-rise hotel I had just came from. This is the Southwest heartland! We collected to receive direction from Jeffrey Zeig who sported the physique of a marathoner in his jogging shorts and sweatshirt. My mother's words spoke to me. "The lean runner wins the long race."

Jeff asked for volunteers to carry materials one third of the way up, to the site where a bench will be erected in Dr. Erickson's honor. My momentary conflict between responsibility to the community and my individual drive to get to the top was ignored as I picked up a 25+ pound sack of sand. I hoped I could do both.

I followed the long queue that began winding up the hill, ignoring the beads of sweat, the pounding heartbeats and the labored breaths that gradually dissipated as I got into my stride. I kept my eyes intent on the rocky steps, hardly looking up. Carol Murphy, my hypnosis colleague, shared the carry. We reached a place where she pointed to the sunrise. We looked around and watched Phoenix greet the dawn below.

More climbing, more rocks, more sweat, another plateau. Now the dawn sky was aqua blue with red-orange clouds. Finally we reached the bench site, delivered our cargo and listened as Jeff pointed out various spots in the valley below.

Without the weight of the sand, I felt giant springs in my legs and began bounding up the trail. Others were coming down from the top. A red-haired, bow-legged cowgirl was making her way down the trail. I stopped short, realizing that in all the years of my medical training, I had never seen real bow-legs before. Climbing higher, there was a hairpin curve that reminded me of a time

when I was four years old, sitting in the back seat as my uncle was driving on a wide road near the Grand Canyon. At a hairpin turn, a truck came around the bend just as I was looking at the majestic view and exclaiming to my mother, "Isn't this wonderful."

We reached the highest point and, at the same time met our new-found friend, a psychologist-volunteer bus-coordinator-unofficial trip photographer. We had a moment for a photo op with another new-found friend from Switzerland who told his son, "I'm proud of you!" We let this remark sink into our own selves as we began our descent.

We caught up with Nick Parsons, who also had carried materials to the bench site and still made it to the top too. Nick was amused by my cartoonish bouncing down the trail with back slanted to the hill and wide bow-legs resembling some figure from Dr. Seuss. Now I understood perhaps another reason for the bow-legs.

Two hours later, I was back on Squaw Peak, sitting in a hot tub, watching those colorful skies, in a trance as a volunteer subject at the Congress.

I think I learned the beginnings of what it takes to make a 'peak' experience. As the actor Robin Williams said, 'In order to evolve, you have to go the full distance.'

### Bringing Squaw Peak to the Web Site

*Editor's note: We received numerous contributions to describe this experience. Some of them were touching, some moving, and some entertaining. We have elected to use most of what we received on our Web site. Readers are invited to go to [www.erickson-foundation.org/squawpeak](http://www.erickson-foundation.org/squawpeak). Others who have made the journey to Squaw peak are invited to send us a short account of your own experience for posting on the Web.*



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# CONNECTIONS

## *Ericksonian Psychotherapy and the Shamanic Journey*

by Carl A. Hammerschlag, M.D.  
Phoenix, AZ

Ericksonian psychotherapy, like all effective psychotherapeutic processes, helps people to look at their lives from new perspectives. Even before Milton Erickson and Sigmund Freud explored the unconscious mind, there were shamans who recognized its importance.

I have spent most of my professional life working with Native Americans and traditional healers who understood there was a part of us over which we have little cognitive control. Something inside of us can make us think and behave in ways impossible to explain. How can one explain acts of heroism or horror, visionary experiences, the seed that creates insight and genius? Because there are things that have not been explained does not mean they are unexplainable. The unconscious mind knows things we do not fathom. By tapping into this world we help people see the light of new possibili-

ties.

As psychotherapists, we help people see their light even after it's been covered by lampshades of fear and doubt. It is our job to remove those lampshades. We help people refocus on their hidden light, that essence of their spirit, because that is what propels them forward through the hard times.

Erickson knew that if you could connect with a patient at some deep level, you could get them to see their old realities in a new light. This is a deceptively simple paradigm. Find a unique way to connect with each patient and people can create new endings to old stories. Through trance induction, use of language, and therapeutic anecdotes, Erickson taught us how to get people's attention.

I first saw Erickson in the late '70s when I was Chief of Psychiatry at the Phoenix Indian Medical Center. I had hoped he would help make sense of what I was seeing in the Native American healing ceremonies. When I arrived at his house, Mrs. Elizabeth Erickson greeted me warmly and escorted me to his office. I felt like I did in the hogan and tipi, this was a healing, sacred space. I sat next to Erickson, he smiled then leaned over

the arm of his wheelchair to pick up a stone lying on the floor next to him. It was an effort for him to pick up the large rock and I almost got up to help him but something restrained me. Erickson finally succeeded in picking it up, he brought it slowly to his lap, seemingly exhausted. Then, with dart-like quickness, he picked up the stone and threw it at my crotch. I shrank back in horror, covering my crotch with my hands. When it hit me I realized it was made out of foam and had no weight at all. I looked up, Erickson said, "The way you see it is not the only way it is." That is how I understand the healing mystery. All vehicles into the unconscious help us to re-examine old scripts and certainties from new perspectives. This is the heart of Ericksonian psychotherapy.

We perceive reality through the veil of our own experience. Since memory is not static, we can never recall events in photographic detail. Helping patients look again at everything they know allows for the possibility of seeking new vision. I believe we intensify our healing power by participating in that healing journey ourselves.

Joseph Campbell, the distinguished mythologist, felt that artists, priests, yogis, astrologers, and psychiatrists were the shamans of our society. He called them the poets and philosophers among us, and said that without them we cannot launch our-

selves into a "new consciousness."

How many ways are there for us to tell the therapeutic tale? As many ways as there are to describe experience, words, song, prayer, dance, theater, silence, meditation, or combinations thereof. To tell healing stories, we must first be able to launch our own mythic imagination, and then learn to share it in a language a patient understands. Every act of insight is the result of a prepared mind and some serendipitous moments.

Erickson, like the medicine men I have known, believed that the most important knowledge was that derived from life experience, not from theories or equations. If you could help people look again at their experiences, you could help them create new endings. He prescribed ordeals, vision quests, journaling, dancing and cooking. The process of psychotherapy is to find creative ways through which you make the invisible visible. Erickson had an awesome gift for creating and telling stories that patients could hear. He taught us all how to look at our own blind spots and how to reach beyond them. Now we, brought together by his talent and spirit, continue to tell the story.

*Editor's Note: For an example of the concepts outlined in this article, see "CASE REPORT," p. 14 of this issue.*

# CYBER NEWS

## *The Milton H. Erickson Foundation Newsletter is Online*

The first online version of the *Milton H. Erickson Foundation Newsletter* appeared this summer and was received with great enthusiasm. We believe that this new development will provide our readers with yet another means of accessing relevant information.

If you wish to receive the triannual distribution of the *Milton H. Erickson Foundation Newsletter Online*, in addition to the hard copy of the *Newsletter*, reply to: [office@erickson-foundation.org](mailto:office@erickson-foundation.org) and indicate ONLINE NEWSLETTER REQUEST.

All subscriptions are complimentary. This publication is intended only for mental health practitioners or graduate students.

As always your comments and suggestions to the editor, Dan Short, are welcome: [newsletter@erickson-foundation.org](mailto:newsletter@erickson-foundation.org).

## Web Review

More and more professionals are making use of the internet's wide audience. Jack Birnbaum, M.D., has a Web Site that contains information on a free monthly electronic newsletter (which addresses current mental health issues and treatment) prepared by Birnbaum. Also provided at this Site is information on books published by Birnbaum as well as his lectures and workshops. Information about Birnbaum is accompanied by a photo. The Site has a professional look and is easy to use. For those who are interested, visit <http://home.echo-on.net/~jbrnd/index.htm>.

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*Abu Ali al'Husain  
ibn Abdullah  
ibn Sina  
A.D. 980 – 1037*

By Dan Short, M.S.  
Dallas, Texas

Known as "the prince of physicians," Avicenna had an innovative approach to healing that in some ways parallels the brilliance portrayed in the casework of Milton H. Erickson. This is especially true in regard to his utilization of the symptom as described in the following case:

A certain prince...was afflicted with melancholia, and suffered from the delusion that he was a cow...he would low like a cow...crying "Kill me so that a good stew may be made of my flesh," finally...he would eat nothing...Avicenna was persuaded to take the case...First of all he sent a message to the patient bidding him be of good cheer because the butcher was coming to slaughter him, whereat...the sick man rejoiced. Some time afterwards Avicenna, holding a knife in his hand, entered the sickroom saying, "Where is this cow that I may kill it?" The patient lowed like a cow to indicate where he was. By Avicenna's orders, he was laid on the ground bound hand and foot. Avicenna then felt him all over and said, "He is too lean, and not ready to be killed; he must be fattened." Then they offered him suitable food of which he now partook eagerly, and gradually he gained strength, got rid of his delusion, and was completely cured. (Browne, 1921, pp. 88-89)

Avicenna, known as Abu-Ali Sina in the Middle East, was the most famous physician, philosopher, encyclopaedist, mathematician and astronomer of his time. He was born in 980 A.D. in Afshana, a village near Bukhara in Turkistan. He was a very precocious youth. At the age of ten, he knew the Koran by heart. Before he was 16, he had mastered contemporary physics, mathematics, logic and metaphysics. At the age of 16, he began his study of medicine. Not satisfied with merely a theoretical

understanding of medicine, he began to treat the sick. He wandered through villages acting as a physician and administrator by day and during the evening he gathered students for philosophical and scientific discussion. At the age of 18, he was summoned to treat Nooh Ibn Mansoor, the King of Bukkhara, of an illness in which the most prominent physicians had given up hope. Under Avicenna's care, the King recovered and wished to reward him. The young Avicenna only desired permission to use the King's amply stocked library. He was granted this wish and appointed as court physician to the King.

At the age of 21, Avicenna moved to Hamadan, where he wrote his famous *Al-Qanun fi al-Tibb* (The Canon of Medicine), which for several centuries remained the principal authority in medical schools both in Europe and in Asia. *The Canon of Medicine* is now recognized as the most famous single book in the history of medicine. It is a systematic encyclopaedia, over a million words in length, which describes pharmacological methods and 760 drugs. *The Canon of Medicine* was first introduced into European universities in a 12th-century translation by Gerard of Cremona (printed 15 times before 1500) and then in a new translation by Andrea Alpago of Belluno (1527). It also was the second text ever to be printed in Arabic (1593).

His second most important work is *Kitab al-Shifa* (The Book of Healing), a philosophical encyclopaedia covering logic, natural sciences, psychology, geometry, astronomy, arithmetic and music. For Avicenna, philosophy was the true path to understanding. His summaries of Aristotle reveal a Neoplatonic outlook, especially in his emphasis on the dualism of mind and matter. He saw matter as passive and creation as the act of instilling existence into this passive substance. For the mind to acquire ideas, the "Passive Intellect" must come into contact with the "Active Intellect." The perfect union of these (i.e., being and existence) is achieved only in the case of the divine.

In all, Avicenna wrote 99 books. Most of these were written in Arabic, the language of religious and scientific expression in the Muslim world at that time. However, two of his

works, the *Daneshnameh-e-Alai* (Encyclopedia of Philosophical Sciences) and a small treatise on the pulse, were written in Farsi, his native language. His writings also include an autobiography (The Life of Avicenna), chronicled by his faithful friend and disciple, Abu Obeyd Juzjani (Sorsanus), over the final 25 years of his life.

Many of Avicenna's ideas are looked upon as original contributions, including the close relationship between emotional and physical changes, the physiology of sleep, the importance of purifying drinking water, the influence of climate on health and illness, the importance of dietetics, the contagiousness of tuberculosis, the introduction of drugs into the urethra, the use of vaginal tampons, the use of oral anesthetics, and the use of animals for testing the strength of drugs. He described many diseases in an accurate manner, such as trigeminal neuralgia (tic douloureux), epilepsy, tetanus, and pleuritis. His understanding of mental illness included references to hysteria, manic reactions, and melancholia. He also was the first to describe meningitis and made rich contributions to anatomy, gynecology and pediatrics.

His medical approach to the patient resembles what is known today as the "whole patient concept" or "biopsychosocial concept." The Canon opens with: "Medicine is a science by which we learn about the conditions of the human body in health and in the absence of health, in order to maintain health or to restore it." Avicenna was far ahead of his time in his condemnation of astrology and magic and in his attempt to divorce them from medicine (it would be another 500 years before European physicians began to dismiss the practice of demonology). To Avicenna, the body, mind and soul made up the whole personality of man.

He also contributed to mathematics, physics, music and other fields. He explained the "casting out of nines" and its application to the verification of squares and cubes. He made several astronomical observations, and devised a device similar to the vernier, to increase the precision of instrumental readings. In physics, his contributions included the study of different forms of energy, heat,

light and such concepts as force, vacuum and infinity. He made the important observation that if the perception of light is due to the emission of some sort of particles by the luminous source, the speed of light must be finite. He propounded an interconnection between time and motion, and investigated the effect of gravity and he devised an air thermometer. In the field of chemistry, he did not believe in the possibility of chemical transmutation because, in his opinion, the metals differed in a fundamental sense. These views were radically opposed to those prevailing at the time. His treatise on minerals was the main source of geological information for the Christian encyclopaedists of the 13th century.

He successively served several Persian potentates as physician and adviser. While devoting much of his time to teaching and healing, Avicenna remained highly prolific, producing a large number of lengthy, detailed texts. The last 14 years of his life were spent in the company of Ala ad-Daula, the ruler of Isfahan, whom he served as scientific adviser and physician and followed on all his journeys and military ventures. However, the excessive mental exertion as well as political turmoil affected his health. Worn out by hard work, Avicenna developed colic on a trip to Hamedan where he died in 1037 A.D. Considering the breadth of his contributions and the time in which they were achieved, this prince of physicians is likely the greatest physician who ever lived.

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## INTERNATIONAL COMMUNITY

## The Evolution of Hypnosis in Brazil

by Marilia Baker, MSW

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The interest in and application of hypnosis to retrieve internal resources and elicitation of hypnotic-like phenomena for healing, has long existed in Brazil, a country as large as the continental United States, with a population of about 170 million. For the purposes of this article, I have divided the evolution of hypnosis in Brazil into three phases: Traditional, Classic, and Contemporary.

The Traditional phase, also known as Autochthonous, has its roots in the indigenous practices of the native peoples. The induction of trance states, and resulting hypnotic phenomena, were used for religious and healing purposes. Later, with the arrival of African spirituality and medicine, particularly the highly evolved *Yoruba* from West Africa, there was an amalgamation of medicinal and religious practices. Eventually indigenous modes of trance induction and elicitation of hypnotic-like phenomena were incorporated into Western religion (i.e., Catholicism) and healing practices. Subsequently, this resulted in the widespread, albeit secret, practice of syncretism for the purposes of mind-body healing and problem-solving. These practices have been documented and filmed by anthropologist Madeleine Richeport-Haley (see Vol. 13, No. 3; p. 10).

Mesmerism, animal magnetism, and, later, Kardecism (from Alan Kardec of France) emerged in the late 1700s and mid 1800s as an interest of the educated classes and the aristocracy. Dom Pedro II, the last Emperor of Brazil (reigned 1831-1889) founded the Brazilian Society for Studies on Animal Magnetism. The Emperor had a keen interest in science. He maintained correspondence and personal ties with the leading scientists and philosophers of Europe and the United States. Dom Pedro II was a friend of Alexander Graham Bell and attended the Centennial Fair of 1876. Kardecism, a further development designed to contact the unconscious mind and retrieve inner resources,

benefited from the scientific discoveries of the late 1800s and early 20th Century. This spiritualistic practice gained widespread acceptance among the middle class because of its positive approaches and successful outcomes. To this day, *Espiritismo*, as it is known, co-exists with the major religions and popular medical practices in Brazil.

The second phase, Classic (or Scientific) emerged from the early studies of Freud, French Schools of thought and later, the experiments of Americans such as Clark Hull, Milton Erickson and others. Pavlovian reflexology also had an impact on the practitioners of the classic phase. Simultaneously with the American Society of Clinical Hypnosis (1957), the Brazilian Society was founded. Many regional societies followed.

Numerous scientists, clinicians, and pioneers stand out in this phase. Among these is Victorio Velloso, M.D., who for several decades taught and practiced classical hypnosis and Pavlovian reflexology. Velloso was the founder of several societies for the study of hypnosis and, shortly before his death in 1997, he established the Milton H. Erickson Institute of Brasil-Sul. David Akstein, M.D., is another clinician who incorporated many of the indigenous trance inductions into his classical and Ericksonian approaches to altered states for mind-body healing. Antonio Carlos de Moraes Passos, M.D., a pioneer in the applications of classical hypnosis and Ericksonian methods, has taught several generations of Brazilian physicians, dentists and psychologists. Dr. Moraes Passos, a professor at the prestigious Paulista School of Medicine, maintained an active correspondence with Milton Erickson. Malomar Lund Edelweiss is a psychoanalyst who studied with Igor Caruso in Vienna. For the past 50 years, Edelweiss has studied classical and Ericksonian hypnosis. He also furthered a methodology, referred to as hypnoanalysis, (after Ernest Simmel) combining the intricate sophistication of both hypnosis and psychoanalysis to elicit expansion of awareness and subsequent problem-solving and healing.

In Brazil, the past seven decades have been a period of continuous cross-fertilization. Physicians, dentists and psychologists have exchanged ideas on clinical and experimental practices in hypnosis. The

Contemporary phase began in 1992, when psychologist Jose Carlos Vitor Gomes invited Jeffrey K. Zeig to Brazil. It was the far-reaching vision and courage of Gomes that opened the gates in Brazil to the effervescence of Ericksonian hypnosis and psychotherapy, currently experienced in the country. Highly interested in the "uncommon" therapeutic methods of Erickson, Gomes published, in 1987, the first comprehensive text on Family Therapy. This text is still being used in Universities as a classic handbook on Family Therapy.

Since Zeig's first teaching visit, others have followed at the invitation of Gomes. These include Ernest Rossi, Steven Gilligan, and Steven Lankton. Through his publishing house, Editorial Psy, approximately 20 texts exclusively on Ericksonian approaches have been translated and published. Another feat of Gomes has been the organization of several national and international conferences, where prominent practitioners from the United States and Europe have presented. The list of presenters includes Jay Haley, Steve de Shazer, Cloé Madanes, Humberto Maturana, Paul Watzlawick, Betty Alice Erickson, Lynn Hoffman, Peggy Papp and others. Gomes is a Founding Director of the Milton H. Erickson Institute of Sao Paulo and continues to publish books of interest to Ericksonian practitioners. His contribution to furthering the work of Milton H. Erickson in Brazil is immeasurable.

Another individual with a prominent role in the furthering of Ericksonian healing methods is M. Margarida Carvalho, Ph.D. A pioneer in many fronts, Carvalho was one of the founders (1958) of the first independent Department of Psychology, at the University of Sao Paulo. Carvalho has also been a long time teacher of Ericksonian pain management applications in oncology and psychosomatic illnesses. For many years she has facilitated study groups on Ericksonian approaches to healing and problem-solving. Carvalho studied with Dr. Erickson's most prominent disciples, both in the U.S. and in Europe. She also worked closely with David Cheek, M.D., and Stanley Krippner, Ph.D. In addition to being a Founding Director of the first Milton H. Erickson Institute in Brazil (1995), Carvalho established the first multi-

disciplinary postgraduate program in Psycho-Oncology at the Catholic University of Sao Paulo.

Sofia Bauer, M.D., also is a recognized pioneer in this contemporary phase, through her indefatigable work in the dissemination of Ericksonian hypnosis throughout the country, particularly among physicians of several specialties. Dr. Bauer, a psychiatrist and psychoanalyst, studied for many years with Edelweiss and it was through his encouragement that she first came to Phoenix, in 1991, to undergo intensive training at the Foundation. Since then, she has worked closely with Zeig, the Lanktons, Gilligan, Rossi and others. Dr. Bauer has recently published (Editorial Psy, 1998) a comprehensive handbook on "Ericksonian Hypnotherapy, Step by Step." This text is already used in several Brazilian schools of medicine. Sofia Bauer also served as a Founding Director of the Milton H. Erickson Institute of Belo Horizonte.

Since 1995, seven Institutes have been established throughout the country. This was made possible through the efforts of the above professionals and many others, too many to mention individually. In Brazil, there has been an intense cross-fertilization of ideas, clinical practices and research (including several doctoral dissertations). The Institutes are vigorously disseminating the work of Erickson and his proponents. The Institute in Sao Paulo has the distinction of promoting, along with Editorial Psy, the First Brazilian Congress of Ericksonian and Classical Hypnosis (1997), with Mrs. Elizabeth Moore Erickson as its Patron of Honor.

As a Brazilian professional living and working in the Phoenix area for 15 years, I feel privileged to be associated with the Ericksonian movement. As described in this article, there is an intense interest in Milton H. Erickson in Brazil. The seeds planted by him and his students have germinated universally. To properly acknowledge the depth and reach of his work, I would say that Phoenix, *fin-de-siecle*, is, to hypnosis and psychotherapy, as Vienna was to psychology and psychoanalysis. The 20th Century belonged to Freud and his proponents. The 21st Century belongs to Erickson and those who have been inspired by his work.

# M U L T I M E D I A   C D   R E V I E W

## *Interactive Dreaming: A Multimedia Dream Experience*

Designed and developed by Ann S. Klein, MFCC, LMFT

Web: [www.dreamcd.com](http://www.dreamcd.com)  
1997

*Interactive Dreaming* is a multimedia CD-Rom that contains a detailed, interactive tutorial to promote a healthy dream-life and general well-being. In addition to the CD-Rom tutorial, an accompanying User Guide assists the installation of the Dream Database program. The Dream Database allows for the chronicling of one's dreams and the creation of a glossary of one's dream-image interpretation. Although the tutorial requires extensive time to learn, practice, and assimilate the numerous skills (10-20 hours), Klein uses creativity, hypnotic graphics/video, eye-catching animation, and soothing audio effects to capture the user, novice or expert. The primary goal of the tutorial is on gaining insight and control in one's dream-life, which indirectly enhances one's daily living. Klein helps the user accomplish this by organizing the tutorial's main menu into 12 instructional modules. Modules are comparable to book chapters, each covering a different facet of dreams. Once a module is accessed, through a click of the mouse, an overview of the topics to be covered within that module is presented. This overview includes text and audio information, interactive activities (e.g., guided imagery sessions), techniques for building dream skills, and lessons on dream-related concepts/terminology. To build an optimal understanding of one's dream-life, Klein encourages beginning users to travel in a sequential manner through each module, beginning with the introduction. Once familiar with the system, however, one can access any screen via the main menu.

The author begins the journey toward dream awareness with an introduction to dreaming that incorporates instruction on basic terminology and general dream facts. Next, one can travel to learn more about the language of dreams, gaining particular

awareness of dream imagery. The third stop focuses on understanding more about intentional dreaming and allows for interactive practices to hone intentional dreaming skills. Future stops include enhancing skills to promote full sensory dream experiences (physical, emotional, mental, spiritual), using dreams to create personal life change, practicing/improving dream recall, effectively processing both positive and negative aspects of one's dreams, and understanding aspects of pre-lucid and lucid dreaming. Perhaps the most fascinating aspect of the *Interactive Dreaming* program was mastering the Dreamwork session. This Gestalt-based interactive experience encourages the user to address images in his/her dream multisensorially. It is audio-guided for the ultimate exploration of one's dream images and the meaning that the images elicit from the user.

*Interactive Dreaming* is easy to access for the majority of PC owners. It does require a minimum system of 486 PC with 8 MB RAM, and 10.5 MB hard disk space for the initial "Dream Database" installation. In addition, *Interactive Dreaming* was developed to be used with Windows95. Due to its volume, *Interactive Dreaming* program runs directly from the CD. The Dream Database, however, can be installed as a separate program onto one's hard drive and can stand alone without running the *Interactive Dreaming* CD.

Although the tutorial is both educational and engaging, a few faults seemed to surface as I navigated through the program. First, there seems to be a host of detailed information with each click onto a new screen. In learning new information, frequent note taking became necessary due to the difficulties encountered when toggling between screens to review previous materials. To make one's journey more time-efficient, an accompanying workbook that mirrored the modules in format would have been optimal as a quick reference for newly learned concepts and terminology. Second, Klein does not provide any type of dream glossary or interpretation program with the product. Although this allows one the independence to interpret his/her dream images, it could be problematic for those who may need greater support and guidance in their

personal dream explorations and interpretations. Klein makes several points stating the *Interactive Dreaming* program is intended to gain deeper meaning in one's dreams, self, and the universe rather than serving diagnostic purposes. She also makes great effort in stating that consultation with a therapist should preempt any use of the program from individuals engaged in ongoing therapy, having suicidal thoughts/feelings, and/or prescribed mood-altering medications.

In short, Klein uses interactive technology and unique multimedia techniques to educate and instruct users about dreaming. She provides numerous demonstrations to solidify knowledge presented and invites users to interact with the program multisensory-

rially to practice skills that will enhance one's dream-life. Klein's program, although time-consuming to master, is fascinating, entertaining, and truly inviting. Having little background in the area of dream exploration, I found most aspects of the program useful. Thus, I would recommend this program to individuals interested in beginning the journey of dream exploration and interpretation. Experts in the dream discipline, however, may prefer to review the program to study Klein's instructional approach and/or compare Klein's materials with one's own knowledge base in the area of dream exploration.

Reviewed by:  
Kim-Marie F. Hernandez, M.A.  
Austin, Texas

"All hypnosis is selfhypnosis" Milton Erickson (1977)

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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 teaches for the Milton H. Erickson Foundation.

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# BOOK REVIEW

## Milton H. Erickson

by Jeffrey K. Zeig and  
W. Michael Munion

Sage Publications, 1999  
London

A faulty belief still held by some clinicians is that psychotherapy has to be a long and arduous process in order to be profound and effective. Another inaccurate presupposition would be that any book attempting to encompass the basic nature of Milton H. Erickson's life, his contributions to research and teaching of psychotherapy, and his influence in the acceptance of clinical applications of hypnosis would have to be massive. However, as Dr. Erickson so often demonstrated, little surprises can have a very big impact.

*Milton H. Erickson*, written by Jeffrey K. Zeig and W. Michael Munion, is an enormous gift in a deceptively small package. Within its 125 pages of text, it provides the reader an opportunity to encounter Erickson the person, Erickson the

teacher, Erickson the researcher, and Erickson the clinician. An overview of Erickson's primary contributions and technical orientations are found in the core of this paperback. Wrapped in layers of the authors' experiences, examples from some of Erickson's other students, as well as quotes from his family members, the pages effectively present the reader with the "essence" of the man, as well as a survey of his accomplishments.

This work is done in five chapters. The first gives a brief history of Dr. Erickson's life, accenting how his physical challenges provided for the development of compensatory personal and interpersonal skills that would later be invaluable tools for Erickson's clinical and instructional work. The brief overview of who Erickson was provides a foundation incorporated throughout the following chapters, which illustrate what he did.

Despite Erickson's atheoretical approach to psychotherapy, Zeig and Munion are able to present his "orientation toward the patient and the ther-

apy situation" in a pragmatic context. Six principles of this orientation are laid out for the reader, to provide a basis for understanding Erickson's work. With this basic understanding, the next chapter provides a view of specific techniques in hypnosis and therapy employed by Erickson. This book is an easily accessible primer for those who are new to studying Ericksonian methods. Although this is not a book on advanced techniques, the discussion of Erickson's work and the cited case examples provide fresh material for more experienced Ericksonian practitioners.

A chapter addressing criticisms and rebuttals of Erickson's work also is included. In "typical" Ericksonian fashion, the crux of each criticism is easily utilized as a demonstration of the strength of Erickson's approach. For example, one criticism of Erickson is that "Not everyone can do what he did." This "flaw" is its own virtue. The authors explain that it's true, Erickson had his own unique strengths and weaknesses with which he assisted patients; his expectation was each practitioner would find his/her own unique talents and employ them when doing therapy.

The final chapter canvases the vast overall influence Milton Erickson has

had on the practice of contemporary psychotherapy. The acceptance of hypnosis in clinical practice, the focus on demonstrable change, the utilization of brief and solution focused therapy, the use of humor and drama in therapy, the placement of therapy into the context of life, the vast amount of literature, the Milton H. Erickson Foundation, the conferences, the institutes, and schools of therapy that have been spawned by his work are investigated in this chapter. As a final offering, the reader is given an extensive bibliography of Erickson-inspired books.

*Milton H. Erickson* is one of a series of books on the "Key Figures in Counseling and Psychotherapy." This series is designed to provide an initial look into the lives and work of leading innovators whose theoretical and practical work has had a profound impact on counseling and psychotherapy. In this edition, Zeig and Munion have managed to do just that. Although the book is brief in content, its depth provides the reader the experience of learning about the man, as well as the method.

Reviewed by:  
Sharon McLaughlin, MA  
Lakeport, Ca.

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## *Integrating Hypnosis with Cognitive-Behavioral Approaches in Treating Depression*

by Michael Yapko, Ph.D.

Available through the Milton H. Erickson Foundation

See page 22 for ordering information

During this workshop, presented at the 1998 Brief Therapy Conference: Lasting Impressions, Michael Yapko, Ph.D., provides recent information and developments regarding depression and the cognitive-behavioral treatment of depression. Additionally, Yapko asserts compelling reasons for including the use of hypnosis in psychotherapy, starting with the first therapy session.

Although Yapko recognizes the preponderant use of medication therapy for depression, he takes the stance that the value of psychotherapy is inestimable and equally as important as drug therapies. With medication therapy alone, depressive patients have a 50 percent greater relapse into depression. He states that it is a reductionist viewpoint that depression is caused by genetics or by a chemical imbalance in the brain. Depression is brought on by many things. Research has shown that painful events in life experience affect serotonin levels. He states there is a reciprocal influence between the perception and experience of difficulties and brain chemistry.

With most people having negative experiences in their lives, Yapko asks the question, "Why isn't everybody depressed?" He then presents his conviction that it has to do with the way a person deals with ambiguity, his expectations of his future, his perception of his experiences, and his cognitive style. Yapko then presents his observation that life is a "projective test, an experiential Rorschach." According to Yapko, the most ambiguous stimulus of all is life. He believes that life does not have meaning until people give it meaning. Therefore, a major task of therapy is to work with clients to learn to tolerate ambiguity. Clients also need to challenge their negative world views

and expectations for the future. Becoming aware of a stable attributional style can help individuals face and change pessimistic expectations. Challenging dichotomous thinking (e.g., everything is all good or all bad), global cognitive style (e.g., all I want is to be happy), or image consciousness versus substance is work that the clinician must initiate and continue with them. At times, clients must be taught to guard against their own thinking. The therapist helps the client identify his or her cognitive deficits and depathologize the depression. The idea communicated to the client is that their faulty conclusions are not their identity. This type of thinking is then linked to the occurrence of depression.

An important therapeutic principle is that when people think or do something different, they will get a different response. Yapko proposes that depressed individuals must get moving, thinking, and doing something different, especially moving away from ruminating. Clinicians must help them to go about building relationships, developing new associations, new learning and understandings of ways to approach things, and creating possibilities. Clients must know when to empower their feelings and when to step out of their feelings. Indeed, all problems are context determined. Clients are more than their feelings, their past, their jobs, their marriages, and their relationships. It is important to prevent individuals from defining themselves in terms of an unchangeable past, as a "survivor." Such a definition stabilizes a person's view of him or herself as a product of his or her history at the very time change is attempted. At times, it is also necessary to help clients build in positive experiences, if they have "experiential deficits."

Yapko maintains that hypnosis, in concert with a cognitive-behavioral approach, makes a greater impact in effecting change in clients. Hypnosis works against their negative stable attributional style. It helps clients diminish anxiety, rumination, and agitation. With hypnosis, clients have direct experiential evidence that their symptoms are malleable. Hypnosis can teach clients to focus, to experiment with perception, and to accept the seeding of ideas. Hypnosis

helps to mobilize their willingness to participate in the therapy process. It helps them to develop a relationship between motivation and expectation, building in an expectancy that things will improve by learning skills and taking action. For example, Yapko said, "I wonder how long it will take you before you discover this personal relevance and how it can make a difference for you." It creates awareness that they can develop more flexibility within themselves, building a positive response set and more positive expectations for the future. As an amplifier, hypnosis is multidimensional in its effects. It helps integrate intellectual understandings at a sensory, spiritual, and emotional level. Post-hypnotic

suggestions continue the processes begun during hypnosis.

Yapko, an internationally renowned trainer in the Ericksonian method, presents a cogent argument for working with depressed clients and utilizing hypnosis to expand, deepen, and further the process. What would have been helpful, given fewer time constraints, would have been more samples of hypnotic trance work to use in the psychotherapy sessions. Overall, the tapes are of excellent quality.

**Reviewed by:**  
Murriel Schulte, Ph.D.  
Dallas, Texas

## Interview

*continued from page 1*

**tion to your teaching, and to your work at the Jackson Archive, tell us a little about the current projects you are involved in.**

**Wendel Ray (WR):** I am in the midst of a number of stimulating projects. A two-volume set of the selected papers of Don D. Jackson, M.D., which I have edited, is in the final stage of preparation. A project of equal importance is a book that Jay Haley and I are preparing, tentatively entitled, *Defining the Nature of Relationships: The Interactional Therapy of Don D. Jackson, M.D.*

Richard Fisch, M.D., Karin Schlanger, M.F.C.C., and I are co-editing a two-volume set of John Weakland's selected papers. In another project, two long-time collaborators, Gianfranco Cecchin, M.D., and Gerry Lane, M.S.W., and I will soon complete our third book together.

Just before his death, John Weakland placed all surviving audio recordings, transcripts of all team meetings, and all case material from Gregory Bateson's ten year long research projects, on paradoxes in communication processes, in my care. These materials are incredible! There are wonderful team meetings of Grégory Bateson, Don Jackson, Jay Haley, John Weakland, and William Fry. I am thoroughly enjoying the process of listening to and reading these materials as they are transferred to digital format. The Bateson Team materials are of monumental significance. My next major endeavor will be organizing and publishing the team dialogues. I hope to be able to include a set of audiotapes with this publica-

tion.

As Director of the Don D. Jackson Archive at MRI, I am in the process of transferring all audio, film, and written documents, housed there, to a computer based format. In addition to transferring audio recordings, new technology that allows me to transfer films to CDs. This permanently eliminates further deterioration of the quality of the recording. With many of my projects, I have benefited from the help of Graduate Research Assistants. David Governor and Craig Moorman particularly deserve a note of thanks for their dedicated work ethic and technical expertise.

**REK:** Tell us about the work that you did last summer at the Milton H. Erickson Foundation Archives.

**WR:** At the invitation of Jeffrey Zeig, I was given a fantastic opportunity to spend the entire summer working in the Archives at the Erickson Foundation. The Archives house the most extensive collection of audio, video, and written documents from the life work of Milton H. Erickson, M.D. In addition, there is an extensive collection of video and audio recordings of virtually every significant theoretician and therapist in the field of modern psychotherapy. For me, this was a dream come true. The opportunity was significant to me as a therapist, a supervisor, and especially in my primary role as an academician.

The task given me was to develop a working knowledge of the materials in the Archive, particularly the audiotape and film recordings of Erickson. My next directive was to prioritize the materials in terms of urgency related to their fragility and need for preservation. A large number of audio record-

*continued on page 23*





ings of Erickson's teaching seminars, interviews, and clinical work exist, many of which are on reel-to-reel format recorded at such slow speed that they cannot be played on most modern tape recorders.

So, one of my first tasks was to scour Phoenix pawnshops and purchase reel recorders capable of playing the tapes. None of these old machines was in operating order, so the next challenge, which really turned into an adventure, was to find a repairman still knowledgeable in repairing this old equipment. Once a recorder was available to play the tapes, my task was to begin the process of reviewing, identifying, prioritizing, and then transferring these recordings into digital format for permanent preservation.

**REK:** Of what relevance is the study of the history of psychotherapy to a clinician?

**WR:** How do physicists benefit from studying the work of Einstein, or artists benefit from studying the work of Rembrandt, Salvador Dali, or Michaelangelo? Erickson holds a similar position within hypnosis and psychotherapy. The materials in the Archive, which I was allowed to begin the process of preserving, represent some of the most lucid teaching I have ever experienced. The study of clinical hypnosis and many approaches to psychotherapy as they are currently practiced owe an immense debt to Erickson's pioneering work. His contributions to assessment and intervention techniques in the fields of brief, individual, couple, and family therapy are simply too numerous to count. Unless one develops an understanding of this historical framework, one's skills remain limited. As one understands, then one is able to appreciate the evolution of approaches: what has worked and what has been lost to time, what has persisted as cornerstones and pillars in the work of great masters as well as ideas that have been cast aside. All this provides the student of history with invaluable lessons that cannot otherwise be gained within a single lifetime. Building forward from the work of great originators helps each of us to maximize our own potential.

**REK:** Can you tell us what that means on a practical level?

**WR:** There are unlimited ways in which these older materials can enrich one's work. For example, during the summer, Zeig and the Erickson Foundation published a two CD set of Erickson's teaching made from a sem-

inar originally recorded in 1955. When I returned to Monroe, I used these recordings in two University courses I taught this past semester. The sound and content quality of these recordings is so good that I asked the students to close their eyes and imagine that they were sitting in the audience as Erickson discussed misconceptions of hypnosis, and then conducted an induction demonstration, followed by an exquisite lecture on techniques of hypnosis. Students were thrilled over being able to hear Erickson teach while he was still young and in full command of all of his legendary abilities. They were literally blown-away and could not stop talking about this experience having been one of the most meaningful in the course. I quickly lost count of the number of books by or about Erickson that students borrowed over the subsequent weeks. The interesting thing is that as good as these two CD's are, from my point of view they are nowhere near the best of the recordings housed within the Archive.

**REK:** How did you first become interested in the work of Erickson?

**WR:** In 1981, during graduate studies in social work, I took several courses in family therapy. A great teacher by the name of Dr. Joanne Stevens pointed me in direction of Jay Haley, while one of my most influential mentors, Dr. William Saxon, introduced me to the work of Don Jackson and his colleagues at the MRI, John Weakland, Richard Fisch, and Paul Watzlawick. One of the things that connect all of these people is that they all acknowledge the influence of Erickson on their work. I was hooked after I read Jay Haley's *Problem Solving Therapy*, which quickly led to *Uncommon Therapy: The Psychiatric Techniques of Milton H. Erickson, M.D.*, and soon after Haley's *Advanced Techniques of Hypnosis & Therapy: Selected Papers of Milton H. Erickson, M.D.*

Although I have had a long-standing appreciation for the genius of Erickson and for his contributions to the field of psychotherapy, I have only recently begun formal study of his hypnotherapeutic techniques. While at the Foundation last summer, I participated in the introductory, intermediate, and advanced training in hypnosis, principally taught by Brent Geary, whom I found to be a very gifted teacher and good friend. That summer, listening to Erickson as he worked, and receiving formal training in Ericksonian hypnosis, gave me enough knowledge that only now do I

consider myself really familiar with the man and his work. Without question, this has helped me in my clinical work, supervision, and teaching as well as in expanding and integrating my perspectives.

**RK:** Where did the recordings in the Archives come from?

**WR:** Most of the audio recordings were made during the prime of Erickson's career, between 1951 and 1968. Most of those were from Erickson and his family's own collection. He did not tape record his own work, but students and colleagues would frequently audiotape his teaching sessions and give him a copy. A few have been made available to professionals, and a number have been used as the basis of books by or about Erickson, but the vast majority have never been released. The quality of Erickson's teaching, clinical demonstrations, and clinical work preserved on these recordings is absolutely stunning.

What is more, a number of films, and collections of videotape recordings exist of Erickson during his later years teaching and conducting clinical work. Each of these tapes is of phenomenal value, both historically and in terms of Erickson's exquisite teaching and clinical prowess.

In addition to the Erickson materials, the Foundation has amassed video and audio recordings from their own meetings and Congresses. These represent the work of most of the most influential teachers in the world of psychotherapy today. Several hundred audio and video recordings of practically every pioneer in the fields of hypnosis, brief, individual, family and group psychotherapy are housed in the Archive. The materials preserved in the Erickson Archives constitute the most extensive collection that I am aware of anywhere in the world.

**REK:** How do you view the work of Erickson as fitting in with other significant contributors of our time?

**WR:** In any discipline only a small handful of pioneers make profound and enduring contributions. For example, Harry Stack Sullivan's interpersonal conception of human behavior; Gregory Bateson's sense of the ecology of mind, pattern, and second-order cybernetics; Don Jackson's creation of conjoint family therapy; and Milton Erickson's innumerable contributions to the understanding of the nature of interpersonal communica-

tion, influence. These giants tower above and have influenced all other contributions. My hope and conviction is that 100 years from now the contributions of these trailblazers will have attained the kind of stature and universal recognition that Freud and Jung so rightfully enjoy now.

**RK:** Where does the Foundation archives stand in terms of preserving and organizing these materials and in making them available to students?

**WR:** The Foundation has done an excellent job of preserving these recordings in analog format. As with the audio recordings, permanent preservation of these irreplaceable documents in computer based, digital format is necessary in the near future to arrest further degradation due to the passage of time and exposure to the elements.

The Foundation is in the process of developing an integrated system for organizing and categorizing these materials. It is a time consuming and tedious process, and I am glad to be a part of it. Currently, serious students can get special permission to utilize archives for personal and scholastic

*continued on next page*

## Cutting Corners

*continued from page 22*

menting a "life-style inventory/multi-modal assessment." When armed with this and the information from his initial interview, he decides the main areas for therapy.

At times, he believes trance is useful to enhance therapy. The essence of hypnotic procedures in multi-modal therapy is to enhance the color and flavor of the experience.

Both Erickson and Lazarus use unconventional techniques to create swift and meaningful changes for clients. They both believe there is no "cut and dried" approach to conducting a therapy session. In "Practicing Psychotherapy Briefly Without Cutting Corners," Lazarus describes his multi-modal and multi-level, somewhat unconventional way of approaching therapy briefly and concisely. Overall, I found this audiotape to be a useful learning experience and understand how thought-provoking it could be for other professionals.

**Reviewed by:**  
Michelle Wolder, M.S.  
Dallas, TX

## Interview

*continued from page 23*

study. The Foundation is committed to making the Archives more accessible to a broader base of interested students and clinicians in the future.

**REK: Is there any interesting discoveries that you made while working at the Foundation?**

**WR:** A most pleasant discovery while working at the Foundation was the enjoyable work atmosphere and sense of commitment and camaraderie among employees. Jeff Zeig, the Director, and Linda McThrall, the Executive Director, lead an incredible team of people who made spending the summer in Phoenix sheer delight.

Of course, Erickson's recordings were an endless source of interesting discoveries. Hearing the voices of Dr. and Mrs. Erickson as they spoke an oral autobiography to Jay Haley provided a richness that simply cannot be captured in the written presentations. Hearing a brief recording of Erickson's mother and father talking about themselves, of their visit back to their log cabin in Nevada, and singing together was an utterly fantastic experience! It was delightful listening to a young Betty Alice Erickson assist her father and mother as they presented on self-hypnosis to a group of professionals during a 1961 seminar. Hearing Erickson outline, "The Indirect

Approach," in yet another 1961 seminar was among the most illuminating educational experiences I can recall. It was such a privilege to have access to most of, if not all of the interviews conducted with Erickson by Jay Haley and John Weakland from 1955 through 1960.

Overall the whole process involved a richness of experience that left me with a personal sense of the importance of assisting with the steps needed to further the preservation and making available these important materials to others in the field.

**REK: What are your recommendations regarding the priorities of the Archives?**

**WR:** Again, first and foremost are the tasks of protection and preservation. A phenomenal job of collecting, safely storing, and doing initial organization of this enormous collection of seminal materials already has been done. Since the existing physical structure and storage areas are adequate to assure basic safety of the materials, the principal danger confronting the Archive is the passage of time. Natural deterioration could ruin materials.

An essential next step for the Archives is to commit to the time consuming and tedious task of gradually duplicating all documents (written, audio, film, photographic) into a computer based, interactive, multimedia

format. The ever-expanding software and hardware programs commercially available, coupled with the falling price of such technology, means that for the first time in history, undertaking the imposing task of transferring all material to a computer base is possible as well as feasible.

The next and equally important task for the Archives is making materials available to researchers and clinical practitioners. Once the inevitable decision is made to convert to a computer-based Archives, the number of documents available will increase as progress is made in preserving materials. It will not be long after the initiation of such a conversion, that numerous video, audio, written, and photographic documents will be available to interested professionals. I don't think that the Foundation has fully explored the possibilities of disseminating their materials, but clearly, having a computer-based Archives will facilitate that process. Even the Internet website will be an important contact point for those who wish to study Erickson's work.

**REK: What practical suggestions do you have for clinical practitioners?**

**WR:** It seems to me that one of the most unfortunate trends promoted

throughout academia and, sadly, pervasive all through the field of psychotherapy, is the encouragement of students and practitioners to study only articles and books published during the last five years. The present obsession with "new," and dismissal of "old," is myopic at best and, at worst, the kind of self-absorption that almost assures the repetition of past mistakes inherent in such self-imposed ignorance. The most practical suggestion I have for clinical practitioners is to read the classic literature. Some of my own favorites, in addition to Erickson, include Gregory Bateson, Harry Stack Sullivan, Don Jackson, Jay Haley, John Weakland, Freda Fromm-Reichmann, Richard Fisch, Paul Watzlawick, Murray Bowen, and the Milan Team. More recently, Brad Keeney, Steve deShazer, Jeff Zeig, Insoo Berg, and Eve Lipchik, among many others, have authored incredibly useful books and articles that provide a blueprint to a more ecologically coherent epistemology and clinical orientation. When in doubt as to who to turn to when trying to understand how to promote constructive change with clients, return to those who invented modern psychotherapy. You will never regret it.

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## EVOLUTION

*continued from page 1*

Hillman, Otto Kernberg, Arnold Lazarus, Alexander Lowen, Cloë 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 also will feature special State of the Art faculty including Bandura, Black, Corsini, Gottman, Hellinger, Huxley, Lerner, Papp, Pittman, and Shapiro. Keynote Addresses will be given by Elliot Aronson and Herbert Benson.

The January 26, 2000, deadline has brought more than 2,000 registrations to the Foundation, rounding the total to approximately 4,000 attendees. The Erickson Foundation expects to receive at least 3,000 additional registrations by the next deadline. 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 nearly 7,000 mental

health professionals representing more than 20 countries.

Current registration fees are \$499 for U.S. professionals and \$399 for graduate students\*, interns\*, seniors\* (age 65 and above), and foreign professionals/students, until April 19, 2000. Day tickets also are available for those unable to attend the full Evolution Conference. Please see the registration form on page 7 listing the current fees and deadlines for registration. \*Graduate students *must provide a letter from their university stating their student status as of May 2000. Interns must provide a letter from their supervisor indicating their intern status. Seniors must provide proof of age.*

To receive the brochure, 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. Please be sure to indicate the Evolution 2000 Conference Brochure on all requests.