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The Milton H. Erickson Foundation NEWSLETTER

Vol. 23, No. 2

SUMMER 2003

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INTERVIEW

AN INTERVIEW WITH DONALD MEICHENBAUM, Ph.D.

University of Waterloo, Ontario, Canada

Interviewed by
Stephen Lankton, MSW, DAHB

Donald Meichenbaum, Ph.D., (DM) is presently Distinguished Professor Emeritus, at the University of Waterloo, Ontario, Canada and Research Director of The Melissa Institute for Violence Prevention and Treatment of Victims of Violence, in Miami, Florida (see www.melissainstitute.org). He is one of the founders of Cognitive Behavior Therapy and in a survey reported in the American Psychologist. North American clinicians voted Dr. Meichenbaum "one of the ten most influential psychotherapists of the century." He received many honors including serving as the Honorary President of the Canadian Psychological Association. A prolific contributor, his writings



cover a wide range of clinical topics from trauma to anger to pain to education. Dr. Meichenbaum lectures and consults internationally.

Stephen Lankton, MSW, DAHB (SL) is a recipient of the Milton Erickson Foundation's "Life Time Achievement Award for Outstanding Contributions to the Field of Psychotherapy." He trains internationally and lives and sees clients in Phoenix, Arizona.

Stephen Lankton (SL): I am pleased to have an opportunity to conduct this interview with you. I have had a chance to hear your presentations at the Evolution of Psychotherapy Conferences, and most recently, at the 2002 Brief Psychotherapy Conference in Orlando, Florida. Can you begin with what is of most interest to you?

Donald Meichenbaum (DM): The nature of expertise has fascinated

See INTERVIEW on page 22

Brief Therapy Conference: Essence and Evolution

San Francisco - December 2003!

Plans are under way for *The Brief Therapy Conference: Essence and Evolution*, December 11-14, 2003, at the San Francisco Hilton and Towers, in San Francisco, Calif. Sponsored by the Milton H. Erickson Foundation, the *Brief Therapy Conferences* are the only multi-disciplinary conference on brief therapy in the world. Last year's *Brief Therapy Conference* (Orlando, December 2002) was the highest rated Conference in Foundation history.

The Conference consists of keynotes, workshops, topical panels, supervision panels, dialogues, conversation hours, clinical demonstrations and solicited short courses. The faculty includes: Danie Beaulieu, Jon Carlson, Frank Dattilio, Robert Dilts, Yvonne Dolan, Albert Ellis, Betty Alice Erickson, Stephen Gilligan, William Glasser, Mary Goulding, Michael Hoyt, Stephen Lankton, Pat Love, Scott Miller, John Norcross, Christine Padesky, Ernest Rossi, Francine Shapiro, Michele Weiner-Davis, R. Reid Wilson, Michael Yapko, and Jeffrey Zeig. Keynotes will be given by Albert Bandura, Robin Lakoff, Donald Meichenbaum, and Frank Sulloway.

The Conference offers a maximum of 31 Continuing Education Hours. See the registration form on page 3 offering an extension on current registration fees until October 29, 2003!

To receive the full conference brochure contact The Milton H. Erickson Foundation, Inc., 3606 N. 24th Street, Phoenix, AZ 85016-6500; tel, 602/956-6196; fax, 602/956-0519; E-mail, office@erickson-foundation.org Please include your complete mailing address with your request. Visit our Web Site, www.erickson-foundation.org/brfther.htm for a registration form and the latest Conference information.

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The Milton H. Erickson Foundation is seeking full-time graduate students and interns to assist the staff and faculty at the upcoming *Brief Therapy Conference: Essence and Evolution*, December 11-14, 2003, at the San Francisco Hilton & Towers.

Volunteer duties include assisting with registration procedures, continuing education, assisting faculty and monitoring meeting rooms. In exchange for the registration fee volunteers must send a \$75 deposit that will be refunded after successful completion of volunteer duties.

Full-time graduate students and interns are the first to be accepted as volunteers. If needed, professionals will be accepted as the meeting draws closer. Volunteer duties are assigned based on the needs of each session, the faculty and staff. Accepted volunteers must attend a MANDATORY volunteer meeting the evening prior to the Conference. To volunteer please submit the following:

- A letter requesting to volunteer.
- A completed registration form.
- Graduate students/interns should send a letter from their university/supervisor stating full-time graduate student/intern status as of December 2003.
- A \$75 deposit (Refunded after successful completion of volunteer duties.)

Send all of the above information to: The Milton H. Erickson Foundation, Inc., ATTN: Volunteer Coordinator, 3606 N. 24th Street, Phoenix, AZ 85016-6500. For questions and information contact the Foundation: Tel, 602/956-6196; Fax, 602-956-0519; E-mail, volunteers@erickson-foundation.org

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The Milton H. Erickson Foundation NEWSLETTER

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EDITOR'S COMMENTS

In the thirty-plus years I have been seeing clients, I have yet to meet one who has not had some level of ambivalence regarding the changes sought. One of the great challenges for the briefer therapies is to rapidly convert that ambivalence into focused action or resolution. In appreciation of this challenge, this *Newsletter* will explore one of the central tasks of brief therapy (as well as all therapies): Creating a Context for Change.

Simpkins and Simpkins' *Speaking of Research* article, "Milton H. Erickson's Naturalistic Approach..." gives a pertinent look at two forms of experimental methodologies. They indicate how both the naturalistic and traditional empirical research are complimentary and heuristic. In my presentation, "Short Questions/Lasting Impact" at the 2002 *Brief Therapy Conference* held in Orlando, Florida this last December (see *Audio Review* in this issue) I show how integrating the products of both naturalistic and traditional empirical research can make complex concepts more user-friendly. In the spirit of that integration, we are presenting this issue's theme through the eyes of icons from both approaches.

We start the issue with Steve Lankton's interview with Donald Meichenbaum. Meichenbaum's genius is shown in his ability to examine how experts deal with complex therapeutic interactions. He then divides the interactions into contextual trends and overlapping functional components that lend themselves to traditional research methods. In the interview, Meichenbaum provides a conceptual overview of the value of what he calls the "twelve core tasks of psychotherapy" that experts use in engendering change. The actual twelve core tasks of psychotherapy are later described in Kathleen Donaghy's audio review of Meichenbaum's keynote address from the 2002 *Brief Therapy Conference*.

Another such icon is our *Contributor of Note*, Herbert Spiegel. In this article, his son David Spiegel describes his father as helping psychiatry to evolve from its beginnings toward a more focused, symptom-oriented treatment, including the early appreciation of cognitive restructuring as a key component of psychotherapy. Herbert Spiegel brilliantly used a combination of his intuitive sense and traditional



research methods to identify mainstream assumptions about hypnosis and hypnotic susceptibility.

Two different naturalistic approaches to working with overly critical and controlling clients are presented in both the *Case Report* and *Facets-and-Reflections* columns. In Henry Close's *Facets-and-Reflections* article "What's Your IQ?", Close demonstrates four basic elements Erickson identified as the core of an elegant metaphor/story intervention when working indirectly with critical shame-based clients. The *Case Report* presents a novel task approach in creating a context for change.

In the *Connections* column, Maria Escalante Cortina highlights Erickson's empirically validated observation of the effectiveness of offering people diverse metaphors so that they might more easily discover their own ideas. Cortina uses Lee Carroll and Jan Tober's book (see the *Book Review* in this issue) on "The Indigo Children" as a vehicle for the utilization of these Erickson principles.

To top off this issue, Simpkins and Simpkins present a review for a two-set CD of Erickson's classic 1955 Philadelphia lectures. Erickson discusses the results of his empirically derived observations about hypnosis and treatment with an audience of medical, dental and psychological professionals. His style is elegant and, of course, pure Erickson. The rest of the issue is peppered with reviews of book, audiotape and videotape resources from all over the world that every therapist can use in creating a context for change. Enjoy!

Rick Landis, Ph.D.
Laguna Niguel, CA

BRIEF THERAPY

S P E A K I N G O F R E S E A R C H

Milton H. Erickson's Naturalistic Approach: An Important Contribution to Experimental Methodology

By C. Alexander Simpkins Ph.D. & Annellen M. Simpkins Ph.D.

By naturalistic approach is meant the acceptance and utilization of the situation encountered without endeavoring to psychologically restructure it.

(Erickson 1958, 3)

Modern research is often performed through laboratory experiments. Many discoveries made with the empirical method have led to important advances in psychology. But Erickson believed that there was another way to do research, which he called the naturalistic approach, which would lead to advances in clinical practice. The naturalistic approach allows the researcher to observe phenomena in the midst of their interrelationships without intruding artificially. By observing and studying subjects as they react spontaneously, naturalistic research can help researchers discern things that are important

Erickson firmly believed that researchers, similar to therapists, should not impose their will on the subject, but instead should just set the stage for subjects

He believed that by working with individual skilled hypnotic subjects he could learn more about complex relationships between factors affecting hypnotic phenomena.

to be able to respond as they would in vivo.. From working with thousands of subjects, Erickson found, "The simpler and more permissive and unobtrusive is the technique, the more effective it has proved to be, both experimentally and therapeutically, in the achievement of significant results." (Rossi 1980, 15)

Erickson began demonstrating this idea in his early psychological research to determine the importance of the operator for producing a deep, productive trance state. Subjects were told that they would be trying to observe their thought processes. They were to sit comfortably and imagine that they moved imaginary fruit, one piece at a time, from one imaginary bowl to another. With no mention of hypnosis and no interference from the experimenter, the subjects were free to carry out the instructions in their own way. As a result, those subjects who completed the task spontaneously went into a deep trance, demonstrating that when asked to turn focus inward and then left alone, people tended to have a deep hypnotic experience. This capacity is useful for clinical work.

Erickson developed designs to study phenomena in their natural context, or as close to the natural context as possible. He often preferred to perform careful, deep studies of one subject at a time, rather than trying to create a standardized condition for many people. The uniqueness of the individual was not subtracted from the experiment and so could be studied. His early in-depth experimental work strongly influenced the development of his ideas about the nature of hypnosis. (Rossi 1980) He was able to observe subjects under similar conditions and thereby formulate generalized conclusions that would influence his therapeutic work in years to come.

Erickson spent many hours training subjects to develop deep trances. He believed that by working with individual skilled hypnotic subjects he could learn more about complex relationships between factors affecting hypnotic phenomena. Standardized laboratory studies, restrict and isolate variables, and risk coming up with findings that do not reflect the complexity of the actual phenomena. Erickson's naturalistic research showed him that, "Psychopathological phenomena cannot be understood in terms of the modality of their expression and mani-

festation alone, but rather that an understanding must be looked for in terms of their fundamental interrelationships and interdependencies." (Erickson 1943, 58)

Empirical research in experimental situations often requires us to isolate the dependent and independent variables, which may lead to missing important, subtle interrelationships. Naturalistic research allows the experimenter to discover subtle and important interrelationships, that might not be known beforehand. So, using discoveries from the naturalistic method for its direction, traditional empirical research can use its methodology to learn more. Also, naturalistic research can take the findings of empirical studies and expand them. The two methods go hand-in-hand.

Research can have a profound effect on clinical practice although the method and intention may be different. Findings from both standardized experimental methods and naturalistic approaches can be adapted to enhance clinical work.

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WEB Links!

The Washington Society of Clinical Hypnosis, a component section of the American Society of Clinical Hypnosis, has a new web site. For information on activities visit:

<http://www.washingtonhypnosis.org/>

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COUPLES

C O N T R I B U T O R O F N O T E

**Herbert Spiegel,
M.D.**

Herbert Spiegel, M.D., whose bald head, moustache, twinkling eyes, boundless enthusiasm about hypnosis, and direct, no-nonsense manner are familiar to anyone interested in hypnosis in the last half of the Twentieth Century, is being honored by a fund-raising drive to create the Herbert Spiegel Professorship in the Department of Psychiatry at Columbia University's College of Physicians and Surgeons.

A Special Lecturer in Psychiatry at Columbia University, he is a pioneer in the modern use of hypnosis. His accomplishments include the development of the Hypnotic Induction Profile, a five-minute reliable and valid clinically appropriate measure of hypnotizability. He has used it to train thousands of students, demystifying hypnosis by showing that every hypnotic induction is really a deduction - a means of tapping, assessing and teaching a subject how to utilize their level of hypnotic ability. He is widely known for his identification of the 'eye-roll,' the ability to maintain upward gaze while closing the eyes, as a biological marker of hypnotizability. He developed a single-session treatment for smoking that produces a remarkable complete abstinence rate of at least 25% at two years. He has had even greater success teaching patients to manage phobias, pain, performance anxiety, conversion disorders, and traumatic reactions. Among his thousands of patients have been prominent performers, businessmen, professionals, and patients no one else could help.

He began working with hypnosis as a battalion surgeon with the First Infantry Division in World War II on the beachheads of North Africa, and found it remarkably effective in treating combat reactions. Awarded the Purple Heart after being wounded the last day of the Allied campaign in North Africa, he was the first psychiatrist to return to the States with combat experience. He had seen firsthand how grievously injured soldiers were able to overcome their mental and physical trauma. "You can't underestimate the remarkable human capaci-



ty for recovery," says Dr. Spiegel. As a military psychiatrist, he had treated soldiers under battle conditions, without the luxury of time to understand the origins of a patient's symptoms. As a result, he learned that he could quickly evaluate the best approach to treatment with good treatment outcome. A student of such renowned theorists of psychoanalysis as Erich Fromm, Frieda Fromm-Reichmann and Harry Stack Sullivan, Dr. Spiegel helped psychiatry evolve from its beginnings on the analyst's couch toward more focused, symptom-oriented treatment. He was one of the first to identify cognitive restructuring as a key component of psychotherapy which is outlined in many papers, and in his book with his psychiatrist son, David Spiegel, *Trance and Treatment*, first published in 1978.

Herbert Spiegel became convinced that there was too much emphasis in traditional psychoanalysis, as pioneered by Freud, on trying to ascertain the alleged origins of a psychiatric problem. "We focus too much on why rather than thinking about what: what to do to help someone overcome a problem," he reflects. This led him to develop what he informally labeled short-cut psychiatry, whose basic tenet is that it is not only unproductive to dwell on the presumed causes of a problem, but impossible to trace them to one particular incident, given the wealth of different experiences that influence the development of an individual's personality. Rather, therapists should be pragmatic, and devote their time to

formulating strategies to help their patients move forward with their lives. Hypnotic assessment allows a psychiatrist to screen out those patients who will not show improvement without pharmaceutical treatment, eliminating time-consuming efforts at therapy that will not be beneficial.

Dr. Spiegel's approach to hypnosis emphasizes the patient's ability to enter into the trance state, in which focal attention is heightened while peripheral awareness is diminished, thereby teaching such patients how to use hypnosis and self-hypnosis to control symptoms and prevent relapse. Depending on the outcome of this test, the therapist can recommend the most appropriate treatment strategy.

Dr. Spiegel, whom *60 Minutes* has described as "the leading expert in the country on hypnosis," believes that the widespread use of prescription drugs today results in the over-medication of many patients who would otherwise benefit from appropriate psychotherapy. "Whereas once we depended too much on psychotherapy to try to cure problems that were biological in nature, we now lean too heavily on prescribing drugs," he argues. Dr. Spiegel

believes that there is a way to redress the imbalance between the two approaches and that hypnosis holds the key.

Dr. Spiegel's career has spanned six decades, and he continues to teach and see patients at the age of 88. A humanist with remarkable clinical astuteness and commitment to the rigor of scientific evaluation of treatment, he has brought science to hypnosis and hypnosis to efficient and effective clinical practice.

If you would like to make a contribution to the fund for the Herbert Spiegel Chair at Columbia, please send your donation to:

Columbia University Health Sciences Development
c/o Christine Fontaneda, Assistant Director for Development
100 Haven Avenue, Suite 29D
New York, NY 10032

Contributed by:

David Spiegel, M.D.

Willson Professor

Associate Chair of Psychiatry & Behavioral Sciences

Stanford University School of Medicine

C A S E R E P O R T

The Right Way

By Richard Landis, Ph.D.

Jack was a 35-year-old accountant who was terrified of being wrong or criticized. He initially came requesting help with his ten-year-old son, Nathan. Homework was a constant battle. Jack would show Nathan how to do it *the right way* and Nathan would want to do it his own way. Jack complained that if Nathan would do it *the right way*, the homework would be finished within half an hour. This would allow Jack to enjoy a quiet evening reading the beloved hardback mystery books he collected.

These *right-way/my-way* battles comprised most of Jack and Nathan's interactions. Jack was the poster child

for the controlling male and Nathan was desperately trying to have a relationship with his father. Jack said that his overly critical parents never taught him how to do it right. He was not going to make the same mistake with Nathan.

When I spoke to Jack's wife, she said that Jack wanted to be a good father. He took the time to attend all the parent-teacher meetings. At those meetings, inevitably the teachers would tell Jack to back off. His micromanaging of Nathan was making his son a nervous wreck. Since Jack only redoubled his attempts at controlling when told he was handling Nathan wrong, I decided on a misdirecting task for Jack and his son.

See CASE REPORT on page 7

CASE REPORT

continued from page 6

A greatly abbreviated version of the ten-minute, excruciatingly detailed instructions were as follows:

"I want you to take Nathan to the public library and find where they sell the donated books. The two of you are to choose a hardback book that is approximately one inch thick and has the pages sewn in versus just glued. Here is an example. (I then pulled a book from my bookcase of professional books to use as an example.) When you get home, you are to show Nathan the right way that books are made. To prepare for this instruction, you can get a book from the library on self-publishing. These books always include a chapter on how books are made the right way. I want you to fold both covers back on the book that you and Nathan bought... (I demonstrated with the book I had chosen) ... and ... (I ripped the covers off to expose the binding glued to the supporting webbing that held the sections of pages to the spine) ... show Nathan that the right way book covers are held together is just by the first-page papers glued on the front and back

covers and the webbing on the spine."

As anticipated, the sight of my ripping apart a sacred book threw Jack into an altered state. His eyes opened wide, his mouth opened in disbelief and his face went slack. It was an instant induction. I then gave the remainder of the instruction with ample embedding of *curiosity*, *satisfaction*, and the *delight of not knowing*. I gleefully proceeded to further rip the book apart, cutting the threads that connected the bundles of pages together. I told Jack the individual bundles of pages are called *signatures*. Each signature was originally printed on both sides of a single mother sheet. Each mother sheet holds 16, 32 or 64 pages which is later folded to produce the signature, the edges trimmed to separate the pages and sewn into the book. I then gave Jack the following assignment:

"Jack, I want you and your son to discover how many of your book's pages fit on a single mother sheet. Then you are to discover together the original order of the pages on that mother sheet. There actually are several different orders of pages that will produce the same outcome. I am curious how many of them you will enjoy

discovering together."

When Jack returned the next week, he brought Nathan. Nathan was animated and excited to show me the mother sheet he and his father had created to show the order of the signature's pages. Nathan had demonstrated the project for his class and his father had taken time off to attend that class. Jack said that the task was a lot harder than he thought it would be. From start to finish, it had taken them six hours *working as a team* on the project. Both of them reported they had a lot of fun doing it. Jack then told me that the family was going to drive to San Francisco to visit the Exploratorium. The Exploratorium is a hands-on museum of scientific and natural experiments. Jack read about it but, previous to our assignment, did not see the value of discovering things if you could just read a book to get the right answer. Jack discovered that *discovering* with his son can be fun (and safe).

The rationale for this assignment presupposed that the function of

Jack's controlling behavior with Nathan was to avoid Nathan being criticized by others and in turn, to protect Jack from being criticized as an inadequate father. What both Nathan and Jack wanted from their fathers was acceptance. By exploring the world of curiosity together under the illusion of doing it *the right way*, Jack was able to step outside the domain of criticism. Destroying a book not only generated a confusion induction, it communicated that there was more than just one use for an item than its originally intended function. The right way could be predicated on its intended use rather than on some inherent preordained rule. Once I had Jack use the book as a teaching aide, he was free to separate the book as a symbol from the qualities of it as an object. As Korzybski said, the map is not the territory. In addition, this assignment was a behavioral metaphor for understanding that there are many roads to the same destination.

BRIEF THERAPY
SYLLABUS

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F A C E T S A N D R E F L E C T I O N S

Ed – During a discussion I had with Erickson about abusive relationships, he felt that under the surface of the abusive person was the fear of discovery. The abusive behavior was used to cover feelings of shame. Guilt is feeling bad about something you did, but shame is feeling bad about who you are. Therefore, guilt can motivate restitution and change while shame generates the need for camouflage and is not often open to direct intervention. Erickson concluded that in such a situation, an elegant intervention would

1) accept the patient but not the behavior,

2) identify the unwanted behavior as counter to the patient's self image,

3) reframe the behavior to offer a safe bridge from the unwanted behavior to the wanted behavior, and

4) break up the interaction cycle in the relationship by redefining the meaning of the behavior.

The following story by Henry Close is a wonderful example of such elegance. - Rick Landis

What Is Your IQ?

By: Henry Close, Th.M.

Atlanta, GA

A friend's son met a woman on a trip to Hong Kong and they fell madly in love. She moved to the United States and the couple lived together as they planned their wedding. The woman soon discovered, to her horror, that her fiancé was extremely critical and verbally abusive. He rationalized these ways of treating her, and as he was very intelligent (and very proud of it) he could always talk her into accepting his logic.

The young woman felt trapped. She wanted to marry him for many reasons but did not want to be treated as he was treating her. She complained to her future mother-in-law, who totally supported her. But, alas, the son had never taken seriously anything his mother said. At that point, the mother asked for my advice.

I offered a few suggestions, and then composed the following story for the young woman. I "invented" a

book in which this "Tale of Oriental Wisdom" appeared, and "invented" a publishing house to accompany it. I used the Japanese version of my name: Kurosu San Ga (San Ga is an honorific and Kurosu is Close) as author and editor of the book. The story went like this:

"After being married only a few months, the young bride was exceedingly unhappy. Her husband would frequently criticize her viciously over the slightest thing that displeased him—the table was not set properly, there was a wrinkle in the clothes she had washed. His attacks became more and more angry and more and more intimidating for the young bride.

"It was only when the young woman packed her bags to return to her father that the husband was willing to consult with the wise elder at the temple. The wise one greeted them with a courteous bow and the young woman described her unhappiness at her husband's verbal attacks.

"The husband replied respectfully, 'O wise one, my wife is exaggerating. Besides, she knows I mean nothing by it. I am only blowing off steam.'

" 'I see,' said the wise one. He thought for a moment and then asked, 'Tell me, what is your I.Q?'

" 'It is one hundred forty, O Respected One.'

" 'Then you are very intelligent,' the wise one replied. 'You are more intelligent than I. But I do not understand an intelligent man damaging an important relationship over things that are trivial.' The husband had no answer.

"The wise one turned to the wife. 'My dear, you must understand that there is a difference between intelligence and wisdom. Intelligence refers to one's capacity for wisdom. Wisdom has to do with the ways in which one actually lives. Your husband is very young now and it often takes time for wisdom to develop. When your husband's wisdom approaches his intelligence, he will understand that your love is a gift to him rather than something to which he is entitled.

"When his wisdom approaches his intelligence, he will look quietly for

solutions rather than complain loudly about problems.

'Now go in peace, both of you. Do not speak for the remainder of the day, but meditate on these words.'

"The young couple faithfully obeyed the wise one and did not speak. But they did meditate on the words of the wise one.

"Several months later, the husband once again spoke angrily to his wife. No longer intimidated, she

looked into his eyes with love and confidence and asked, 'Tell me, my husband, what is your I.Q?'

From: *Tales of Oriental Wisdom*, pp 76. Kurosu San Ga, editor. 1972. Orient Publishers, Hong Kong.

(Adapted from "What is Your IQ?" *The Journal of Pastoral Care*, Winter 2001. Used by permission.)

C O N N E C T I O N S

Ericksonian Approaches with "Indigo Children"

By Maria Escalante Cortina, M.A., DDS

Centro Ericksoniano de Mexico
Mexico City, Mexico

After reading "The Indigo Children" (Carroll and Tober, 1999. Reviewed this issue, p ?) I realized these children would be helped by utilizing Ericksonian Psychotherapy. Utilization is a fundamental premise of this therapy. It is important for anyone, and certainly for children, that attributes and qualities be used instead of productively being labeled "faults." Additionally, as Haley says in "*Jay Haley on Milton H. Erickson*," (p.39 1993. Brunner/Mazel, N.Y.) Erickson often used metaphors to help people of diverse views. In this way, they could more easily discover their own ideas. This concept led me to think about ways for helping the "Indigo Children."

"Indigo children" typically become frustrated with systems that are ritual-oriented and ones that do not require creative thought. One way of using that "fault" as an attribute is "following" them—tailoring our work to their needs. That way, they discover their own ideas. For example, these children have difficulties with boundaries. One way of understanding what a boundary really is could be a task during a session where a wall is built of modeling clay and wood sticks. As the wall—a metaphor for boundaries—is actually

built, lots of unexpected things usually occur. Sticks may fall. When fixing one side, the other side falls apart. It is always necessary to "revise" construction. Changes can be made all the time; the wall can be adjusted by using or adding other materials. When a conversational trance is used during work with the child, phrases such as: "Things can be fixed," "We are always learning something new," or more ambiguous phrases such as "Things may fall or not," or "They may grow too," and "If anything breaks, it can be fixed as well," help the child find personal meaning in a non-threatening and creative style, congruent with self and personality.

I recently met a little boy named German, who was eight years old. He was brought to therapy because he was receiving bad grades at school. It seemed he was distracted quite often, and did things too slowly. Teachers also reported he was isolated from his schoolmates.

I decided to focus on German's love for music and singing. We sing during therapy sessions. In the last few sessions, I used a song I invented aimed at making him realize all the good things he has in his body that help him. He has eyes, ears, mouth and nose. Not only do German and I sing together, we dance together as well. Our song emphasizes how all our parts contribute to the whole of us. It takes all of us, all of our parts, to be the best we can.

At this point, after eleven weeks of therapy, the teacher has reported

See CONNECTIONS on page 9

German is making friends more easily than before and that his grades are improving as well. One of the last things the teacher reported is that he writes more clearly. Parents say he is more tolerant when they say "no."

As therapy has continued, German and I share greeting cards through the Internet. I select the cards carefully to address the characteristics I want him to understand from a different and more helpful perspective. For example, if I know that he is sad, I send him a card where there is a TV character showing different faces (different moods) the character may be sad, but it may also be happy, dreaming, tired. This is an "indirect" way to let him know that things change and that we do not feel the same way all the time.

I have treated other children who have the characteristics of "Indigo Children." Eduardo is very interested in cars. Sometimes he shows me his magazine collections, and knows the brand names, prices, and features, among other things. His classmates may be more interested in other issues, such as football. So we may talk about differences, and at the same time I look for ways to reframe these. Comments such as, "even though some cars are more expensive, they not be as nice as yours." Or, "you can find the same model in different colors," and, "more than one is nice." Here, the embedded message would be that people can be nice; you can be nice despite differences. Since these children seem to be sensitive as well as appearing more mature than their classmates and they talk and think as if they were older, we can take advantage of this, and enter their world while having these "informal" conversations. This is a tremendous asset

in therapy, especially when the therapist accepts the importance of what the child offers.

From *La Magia de Neustros Disfraces (The Magic in Our Disguises)* (Robles, Alom Editores, Mexico 1999) I learned that many times each of us wear "invisible disguises." These often contribute to behaviors that sometimes surprise us and sometimes to behaviors that we don't like but seem unable to stop.

One time I met a little boy nicknamed "Chapulín" which is a Mexican word meaning "cricket." He was called this because he jumped around a lot and had difficulty remaining seated for a long time. "Indigo children" frequently are given nicknames of their characteristics; sometimes the nicknames are kind and loving but more often they emphasize a characteristic adults dislike.

The thought of invisible disguises intrigued me. Robles emphasizes how it can be useful if it is understood that it is a costume that can be put on and taken off. I have encouraged many clients to actually make their own "disguises" with paper and other materials. As the child makes his costume, we talk about features on his disguise and of "invisible disguises." After making it, the client takes his costume home and is asked to play with it, and to take it off and put it on. For Chapulín, this was an indirect way of saying that he is not, and did not have to be, "the noisy, jumping cricket" all the time.

These are only three examples that have helped me to treat these creative and thought-provoking children. Each therapist may find different ways to design and create metaphors that fit each individual case. I find my work with these wonderful "Indigo Children" to be just fascinating!

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One of Erickson's favorite students, Michele, authored *Using Hypnosis in Family Therapy*, and now teaches her own pioneering techniques with couples.

INTRODUCING THE INSTITUTES

The Milton H. Erickson Institute of Monterrey, Mexico

Interviewed by Marilia Baker, M.S.W.

www.centrodecrecimiento.com.mx

info@centrodecrecimiento.com.mx

The Milton H. Erickson Institute of Monterrey was officially recognized by the MHE Foundation in November 1998. It was the third Institute in Mexico to be approved by the Foundation and the first to obtain accreditation from State and Federal authorities for a Specialization and a Masters Program in Systemic Brief Therapy. It encompasses 120 hours of training in Ericksonian Hypnosis and contemporary approaches to brief therapy. There is a yearly average of twelve graduates from the specializa-



(1993) Workshop with Jeffrey K. Zeig. From left: Ricardo Figueroa, Ruperto Charles, Jeffrey Zeig.

tion and about 20 from the Masters program. In addition to clinical activities and supervision, there are 320 hours of practica required. The supervised therapeutic services are provided gratis by the students in several regional mental health clinics.

The Institute's director is Ruperto Charles Torres, M. Psych.; Ricardo Figueroa Quiroga, M.S. is a Training Program consultant and instructor emeritus; Arnoldo Tellez Lopez, M.S. is Program Coordinator and instructor. Other staff members and trainers are: Uriel Rodriguez, M.D., a psychiatrist who specializes in group, marital and family therapy; Jorge Dominguez, Alicia De La Garza, Blanca Eugenia Cavazos all are



(2002) Intensive Training event in the town of La Paz. From left: Reyna Rodriguez, Arnoldo Tellez, Ivonne Dolan, Ruperto Charles, Carlos Rodriguez.

Lic.Psych. with specialization in Ericksonian hypnosis and brief systemic psychotherapy. Institute alumna Ms. San Juanita Vazquez Esquivel, the archivist, is also a specialist in systemic brief psychotherapy, a diploma offered by the Institute. Other officers are M. Concepcion Ruvalcaba de Charles, Institute Business Director, Ana Cecilia Charles, Coordinator of Therapeutic Services and Celia Caballero, Executive Secretary.

Ruperto Charles was part of the first group to take training by Jeffrey Zeig in 1988/1989 in Guadalajara, organized by the NLP Institute of Mexico. Two years later, Charles and Figueroa, the latter founding director of the MHE Institute of Guadalajara, established the first Ericksonian Hypnosis and Brief Therapy training program in the northern part of the country, through the Centro de Crecimiento Personal y Familiar; which later became the Milton H. Erickson Institute of Monterrey.

The Institute also offers an International Advanced Diplomate through eight two-day workshops each year, which provides instruction to current students and continuing education to graduate alumni. Attendance is excellent and draws professionals from many regions, mostly from northern metropolitan areas such as Chihuahua, La Paz, Ciudad Juarez, Reynosa, and Ciudad Victoria. Well-known international presenters have been guests, among them: Jeffrey Zeig, Cloé Madanes, Carlos Sluzki, Ernest Rossi, Michael Yapko, Stephen Lankton, Insoo Kim

Berg, Daniel Araoz, Luigi Boscolo, Karl Tomm, James Keim, Michelle Ritterman, Karen Schlangner, Matthew Selekeman and Yvonne Dolan.

The Institute is also quite active in bringing

Ericksonian psychotherapy to universities, corporations and other organizations around the country and abroad. In addition, members are beginning to expand their work to the larger public: Prof. Arnoldo Tellez completed a book: *Ericksonian Clinical Hypnosis*, about to be published by the *Universidad Autonoma de Nuevo Leon*. Director Ruperto Charles is in the final stages of a book on brief therapy with couples, emphasizing systemic and Ericksonian approaches. He has been training professionals and presenting on systemic brief therapy and couples therapy since the mid '80's. Ricardo Figueroa, in addition to his dual obligations as director of the Guadalajara MHE Institute and traveling faculty, also trains professionals in Puerto Rico.

Reflecting on how he first got interested in Erickson, Charles tells of his first workshop and subsequent training on brief therapy in 1984 with Dr. Mary Blanca Moctezuma, a well-known M.R.I. alumnus. Since then his thirst for Erickson-related

knowledge has been immense and unending. He mentions several of his successful clinical experiences with Ericksonian hypnosis, among them one with a diabetic woman with a serious gum abscess, necessitating a molar extraction. The closer the surgery date, the more anxious she would become, the more sugar she would produce, the greater the infection, and thus, surgery would be cancelled. Under hypnosis with Charles, appropriate indirect suggestions were given to manage anxiety, thereby decreasing glycemic levels sufficiently to allow for successful surgery.

Another example involves research in corporations, demonstrating the efficacy of utilizing as self-hypnosis the regenerative pause in ultradian rhythms to promote change in personnel work habits and enhance production. Results of this research were published in a book by the Monterrey Institute.

To conclude, the MHEI Monterrey is indeed hard at work disseminating Dr. Erickson's approaches and those of his proponents, *haciendo camino al andar*, that is: by walking, walking, walking.



(1999) Receiving Government recognition and accreditation for the Specialization Program and Masters in Brief Systemic Therapy. Center (holding plaque): Ruperto Charles. From far left: prof. Arnoldo Tellez, Rosa Garcia, M. Concepcion Ruvalcaba, Uriel Rodriguez, San Juanita Vasquez, Martin Sanchez.

The Online version of **The Milton H. Erickson Foundation Newsletter** can be found at
<http://www.erickson-foundation.org/news>

THEORETICAL FRAMEWORKS

Holotropic Breathwork

By Eugene Don

Dnepropetrovsk, Ukraine

In the 1970's, Stanislav Grof developed a type of therapy he referred to as holotropic therapy. Using a method of intensive breathwork, the subject dips into a changed state of consciousness. The deep processes of the psyche are more active in this state of consciousness and more available for the subject to use in the resolution of symptoms. Deep internal processes can be used to destroy psychological blocks and barriers that are deep within the subject, and which create unhealthy symptoms.

Over an interval of 30 years, Grof investigated the theoretical and practical aspects of the effects of psychedelics on consciousness. Grof

concluded that the use of psychedelics under qualified observation can sometimes help in psychotherapy. Increasing unconscious processes which bare deep internal content and dynamics were effects he considered beneficial.

Although ingestion of psychedelics is one way of achieving this state, the same state of consciousness can also be produced naturally, without drugs. Methods include: breath control, singing, beating of drums, and hypnosis. Grof developed a methodology, which he called *holotropic breathwork*. This methodology can be used in combination with other techniques. One essential requirement of the practice of holotropic breathwork is that the work must be conducted under the qualified observation of a clinical therapist.

In this model of the human personality, like many others, two levels are described: the biographical and

the individual unconscious. Grof adds two primary trans-biographical levels of remembrance to the biographical level. These levels are the perinatal (experience of birth and death) and the transpersonal. The three levels of remembrance (biographical, perinatal, transpersonal) are, according to Grof, available within the individual. Further, sometimes all three levels are experienced spontaneously.

Grof advocates the therapeutic use of spontaneous experiences, which, if done correctly, can lead to powerful emotional and psychosomatic convalescence. In the process of holotropic therapy, the subject moves through emotional biographical remembrances that may be linked with perinatal remembrances that, in part, may be linked with transpersonal remembrances. At the beginning of therapy, it is not unusual for the subject to move through a number of emotional feeling states and psychosomatic manifestations. For this rea-

son alone, it is important that a qualified and competent therapist oversee the entire process.

The subject's personal experiences of holotropic therapy are individual and varied. For example there may be feelings of love and a mystical link with other people, with nature, with the cosmos and with God.

Grof believes that as a consequence of this therapy, a transformation and evolution of consciousness evolves which offers deep emotional relaxation and healing. In my own work, I find that holotropic breathwork and Ericksonian hypnosis complement each other and can be used in combination to offer very powerful treatment.

References:

Grof, Stanislav, *The Adventure of Self-Discovery* Transpersonal Institute, Moscow, 1994, (Book in Russian translation)

www.holotropic.com

INTENSIVES

UPCOMING TRAINING

DATE	TITLE / LOCATION / LEADER	CONTACTS
2003		
7/18-19	Storyplay Therapy: A Multicultural Model for Child, Adolescent, and Family Healing (12 CEUs) / Salt Lake City, Utah / Joyce C. Mills, Ph.D.	1.
7/31-8/3	Intensive Supervision Workshop in Ericksonian Clinical Hypnotherapy / New York, NY / Jeffrey K. Zeig, Ph.D.	2.
8/1-3	Level II: Intermediate Skills in Ericksonian Hypnotherapy / Dallas, Texas / Betty Alice Erickson, MS, Deborah Beckman, MS, Will Handy, LMSW-ACP	3.
8/8-9	Storyplay Therapy: A Multicultural Model for Child, Adolescent, and Family Healing (12 CEUs) / Scottsdale, Ariz. / Mills	1.
8/15-16	Storyplay Therapy: A Multicultural Model for Child, Adolescent, and Family Healing (12 CEUs) / Tucson, Ariz. / Mills	1.
8/16-17	Effective Communication / Hong Kong / Zeig	4.
8/20-21	Anxiety / Singapore / Zeig	5.
8/23-24	Effective Communication / Hong Kong / Zeig	4.
8/25	Family Therapy / Hong Kong / Zeig	6.
9/7	Anxiety Disorders / New Jersey / Zeig	7.
9/9-13	Intermediate Hypnosis / Toronto, Canada / Zeig	8.
9/26-28 & 10/17-19	Level III: Advanced Ericksonian Hypnotherapy / Dallas, Texas / Erickson, Beckman, Handy	3.
10/7-8	Settling the Unsettled: Integrating Therapeutic Approaches to Depression and Anxiety Disorders / Melbourne, Australia / Zeig	9.
10/10-11	Settling the Unsettled: Integrating Therapeutic Approaches to Depression and Anxiety Disorders / Univ of Sydney, Australia / Zeig	9.
10/14-15	Settling the Unsettled: Integrating Therapeutic Approaches to Depression and Anxiety Disorders / Brisbane, Australia / Zeig	9.
10/17-18	Settling the Unsettled: Integrating Therapeutic Approaches to Depression and Anxiety Disorders / Perth, Australia / Zeig	9.
10/21-22	Settling the Unsettled: Integrating Therapeutic Approaches to Depression and Anxiety Disorders / Auckland, New Zealand / Zeig	9.
9/5-12/19	15-Week (Friday afternoons) Training: Hypnosis For Psychotherapists / Marin, Calif. / Eric Greenleaf, Ph.D.	10.
10/27-31	Intensive Training in Ericksonian Approaches to Hypnosis and Psychotherapy - Fundamental / Phoenix, Ariz. / Brent B. Geary, Ph.D. and Invited Presenters	11.
11/1-4	Intensive Supervision Workshop in Ericksonian Clinical Hypnotherapy / New York, NY / Zeig	2.
11/3-7	Intensive Training in Ericksonian Approaches to Hypnosis and Psychotherapy - Intermediate / Phoenix, Ariz. / Geary and Invited Presenters	11.
12/11-14	The Brief Therapy Conference: Essence and Evolution / San Francisco, Calif. / Invited Faculty	11.
2004		
7/5-8/7	Intensive Training on Ericksonian Psychotherapy [Spanish] (Credits for Masters on Ericksonian Psychotherapy) / Mexico City, Mexico / Invited Faculty	12.

Contact Information:

- Tel, 651/487-3001; Web, www.cmehelp.com
- Helen Adrienne, MSW, 420 East 64th Street, New York, NY 10021; tel, 212/758-0125; E-mail, HAMSW@aol.com
- Deborah Beckman or Will Handy, The Milton H. Erickson Institute of Dallas, 4144 N. Central Expwy, Ste. 520, Dallas, TX 75204; Tel, 214-824-2009; E-mail, therawill@earthlink.net
- George Zee; E-mail, gzeesj@yahoo.com
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- The Milton H. Erickson Foundation, Inc., 3606 N. 24th Street, Phoenix, AZ 85016-6500; Toll-free tel, 1-877-212-6678; tel, 602/956-6196; fax, 602/956-0519; E-mail, office@erickson-foundation.org ; <http://www.erickson-foundation.org>
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Book News

The Japanese translation of *Milton H. Erickson* (Eds, Zeig, Munion) will be published in July 2003 by Kongo Shuppan. Translation by Yoshiyuki Nakano, M.D., and Osamu Mushiake. For information contact Kongo Shuppan, 1-5-16 Suido, Bunkyoku, Tokyo, 112-0005, Japan; Web, <http://kongoshuppan.co.jp/> ; Email, eigy@kongoshuppan.co.jp ; Tel, +81-3-3815-6661; Fax, +81-3-3818-6848.

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KEYNOTE REVIEW

Core Tasks of Psychotherapy: What "Expert" Therapists Do

Donald Meichenbaum, PhD

Brief Therapy Conference
Orlando, Fla., 2002

See page 21 for ordering information.

During his keynote address at the *Brief Therapy Conference* in Orlando in December 2002. Dr. Meichenbaum daringly addressed a question that has elud-

ed therapists and plagued therapist trainers since the emergence of the field of counseling-what makes someone an expert therapist? We may all have vague ideas as to which qualities are essential in a good therapist, and most of us can point to therapists we would call experts (e.g., few would dispute the expertise of Dr. Milton Erickson) but Meichenbaum has applied his research and clinical abilities in efforts to isolate specific and essential therapeutic skills that denote a true expert in the field. A pragmatist, he also has devised a therapy approach to incorporate each of these qualities.

Meichenbaum isolated twelve core tasks that are habitually exhibited by expert therapists, regardless of their school of thought. These include the ability 1) to build a positive therapeutic alliance; 2) to provide psychoeducation and stimulate a sense of curiosity; 3) to nurture hope; 4) to help clients learn intra/interpersonal skills and to generalize them; 5) to encourage clients to perform self-experiments; 6) to assist clients to make self-attributions about change; 7) to provide for relapse prevention; 8) to assess current risk of victimization and comorbidity; 9) to help clients cognitively reconstruct the event; 10) to help them

See KEYNOTE on page 15

CONFERENCE NOTES

The American Psychotherapy Association is sponsoring the *Sixth National Conference*, August 22-24, 2003, in San Antonio, Texas. The Conference will highlight developments and trends in psychotherapy and encourage dissemination of information about psychotherapy problems and solutions across disciplines. Topics will include Brief Therapy, Spirituality, Legal Issues in Psychotherapy, Marital and Family Therapy, Crisis Intervention, Practice Management, and more. For information and registration contact the American Psychotherapy Association, 2750 E. Sunshine, Springfield, MO 65804; Tel, 800/205-9165; 417/823-0173; Fax, 417/823-9959; Web, www.americanpsychotherapy.com

The First European Conference on *European Ways of Brief Strategic and Systemic Therapy: Looking Back at the Past to See the Future*, will be held November 6-9, 2003, in Arezzo, Italy. The Conference is organized by the Centro di Terapia Strategica in collaboration with the Mental Research Institute (Palo Alto, Calif., USA). Presenters include Gianfranco Cecchin, Mory Elkaim, Teresa Garcia, Stefan Geyrhofer, Camillo Loredano, Giorgio Nardone, Wendel Ray, Gunther Schmidt, Paul Watzlawick and Jean Jack Wittzale. For information contact Centro di Terapia Strategica, Piazza S. Agostino 11, 52100 Arezzo, Italy; Tel, +39 0575 350240; Fax, +39 0575 350277; E-mail, info@centroditerapiastrategica.org; Web, www.centroditerapiastrategica.org/meeting.html

The Society for Clinical and Experimental Hypnosis will hold the *54th Annual Workshops and Scientific Program*, November 12-16, 2003, at the Millennium Knickerbocker Hotel in Chicago, Ill. For more information contact: SCEH Central Office, Washington State University, P.O. Box 642114, Pullman, WA 99164-2114; Tel, (509) 335-7504; Fax, (509)335-2097; E-mail: sceh@wsu.edu; Web, <http://ijceh.educ.wsu.edu/scehframe.htm>

The Brief Therapy Conference, sponsored by the Milton H. Erickson Foundation, Inc., will be held December 11-14, 2003, at the San Francisco Hilton and Towers, in San Francisco, Calif. The Conference consists of keynotes, workshops, topical panels, supervision panels, dialogues, conversation hours, clinical demonstrations and solicited short courses. The faculty will include Beaulieu, Carlson, Dattilio, Dilts, Dolan, Ellis, B.A. Erickson, Gilligan, Glasser, Goulding, Hoyt, S. Lankton, Love, Miller, Norcross, Padesky, Rossi, Shapiro, Weiner-Davis, Wilson, Yapko, and Zeig. Keynotes given by: Albert Bandura, Robin Lakoff, Donald Meichenbaum, and Frank Sulloway. To receive the full conference brochure contact The Milton H. Erickson Foundation, Inc., 3606 N. 24th Street, Phoenix, AZ 85016-6500; Tel, 602-956-6196; Fax, 602-956-0519; E-mail, office@erickson-foundation.org; Web, www.erickson-foundation.org/brfther.htm

The American Society of Clinical Hypnosis (ASCH) is sponsoring the *46th Annual Scientific Meeting & Workshops on Clinical Hypnosis, "Hypnosis and the Care of the Soul,"* March 12-16, 2004, in Anaheim, Calif. The meeting will include an integrated mix of workshops, symposia, lunch presentations and social events. Basic, Intermediate, and Advanced workshops will be offered. For information contact the American Society of Clinical Hypnosis-Education and Research Foundation, 140 N. Bloomingdale Road, Bloomingdale, IL 60108-1017; Fax, 630/351-8490; E-mail, info@asch.net

The *Fourteenth IFTA World Family Therapy Congress*, will be held March 24-27, 2004, in Istanbul, Turkey. The Congress theme is, "Families in a Time of Global Crisis." The Congress is organized by The International Family Therapy Association (IFTA), and The Turkish Association of Marital and Family Therapy (TRAMFT). A Call for Papers has been announced. For more information contact: ODS Congress Management, Yildiz Cicegi Sokak, No: 12/1, 80630 Etiler, Istanbul, Turkey; Tel, +90 212 287 58 00; Fax, +90 212 352 26 60; E-mail, info@ifta2004.org; Web, www.ifta2004.org

The International Society of Hypnosis (ISH) has postponed their annual Congress until 2004. The *16th International Congress on Hypnosis and Hypnotherapy*, will be held October 17-22, 2004, in Singapore. The Congress will include clinical skills workshops with the final three days including Scientific Papers and Invited Addresses. In addition a limited number of invited workshops will be presented at the post-congress workshop program on the exotic tropical Thai Island of Phuket. For information contact 16th International Congress on Hypnosis and Hypnotherapy, C/- ICMS Pty Ltd, 84 Queensbridge Street, Southbank VIC 3006, Australia; Tel, +61 3 9682 0244; Fax, +61 3 9682 0288; E-mail, 16ish@icms.com.au; Web, www.icms.com.au/16ish

The *Seventeenth International Congress of Hypnosis of the International Society of Hypnosis (ISH)* will be held in Querétaro Mexico, October 2006. For more information contact Centro Ericksoniano de México, Patricio Sáenz 1205, Col. Del Valle, C.P. 03100 México, D.F., México; Web, www.hipnosis.com.mx; Email, erickmex@hipnosis.com.mx or congresos@hipnosis.com.mx

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KEYNOTE *continued from page 14*

find new meaning in the event; 11) to promote new social connections; and 12) to address revictimization issues.

But lest one begin to think the expertise ends in displaying the core tasks, Meichenbaum firmly advocates that clinicians assume responsibility to keep

He is a humorous and witty presenter who, it seems, takes what he does seriously without taking himself too seriously.

records to take note of which core tasks should be pursued and in which order and combination for a particular presenting concern. This would eventually provide a broad database from which to draw outcome evidence and could (if Meichenbaum ruled the psychotherapy world) result in the establishment of evidence-based therapy. But having issued the challenge, he laments that he already knows we will not apply this knowledge—that even when we know what we could do to enhance expertise, we don't necessarily apply what we know.

Meichenbaum has set protocols for treating problems and suggests specific evaluations for assessing the (approx. 50% of the psychiatric population) victims of violence. In these areas his approach is quite divergent with that of Dr. Erickson's work. What then is the appeal of his contributions for those of us who see the wisdom in making unique treatment approaches for each client and treating people rather than categories? The answer lies in three areas: 1) The fundamental vision Meichenbaum shared was that of creating a context for change; 2) His twelve core tasks represent therapeutic values that are strongly in line with the values we heard espoused by Erickson; 3) the actual implementation of his

twelve core tasks may vary greatly between clients and actually be highly tailored to each individual client. So, on the surface one might see differences; at the heart of the matter, Meichenbaum may not only have championed the same therapeutic values as Dr. Erickson, but added a viable method for carrying out such a mission and, at the same time, for measuring outcome success and increasing accountability in supervision.

In alignment with Ericksonian therapy, Meichenbaum's is a strength-based approach. He naturally integrates assessment into the treatment phase, so clients may often be unaware they are being led to change. Each of the core tasks may be displayed singly or in combination, and may occur in a purposeful order in accordance with what a particular clinician finds optimal to that presenting concern. In other words, the clinician devotes him or herself to the task in such a way as to best create a context for change. Meichenbaum is not only an expert therapist; he's an expert presenter—incorporating science, research, common sense, and clinical experience within an entertaining, fast-moving format—while effectively creating a context for learning that seems effortless. He is a humorous and witty presenter who, it seems, takes what he does seriously without taking himself too seriously. I recommend his tape for anyone who was unable to attend the keynote, and also for clinicians involved in training and supervision.

Reviewed by:

Kathleen Donaghy, Ph.D.
Phoenix, AZ

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BOOK REVIEW

The Worst Is Over: What to Say When Every Moment Counts

By Judith Acosta, LCSW and Judith
Simon Prager, Ph.D.

2002 Jodere Group

ISBN1-58872-024-1

The Worst Is Over presents Ericksonian methods as a way to administer "verbal first aid" in the first moments after physical or emotional trauma. Whether the overwhelming stress results from a car accident, a heart attack, a suicide attempt or the death of a spouse, verbal first aid seeks to promote positive expectation, calm and healing. The authors gear their book toward the general public and first responders: firefighters, police, EMS staff. Acosta and Prager present useful information about the hyper suggestible state accompanying traumatic events and how to use it to encourage health and recovery.

Part One defines verbal first aid, marshals the evidence for the mind-body connection and gives an

overview of naturalistic trance, which the authors describe as "the Healing Zone." They show how to prevent the common response of trauma ("I'm bleeding! I'm going to die!") and engender a mindset of strength and recovery ("My body is focusing all its energies on staying alive, and soon the doctors will use medical magic to make me well again.")

The second section covers rapport and the helping contract, then offers a crash course in Ericksonian hypnotic influence: pacing, leading, the yes set, enlisting the patient's participation, and the structure and presentation of therapeutic suggestions. Sophisticated concepts and practices are given a ground-up presentation, starting with the absolute basics. For example, a small table on page 92 illustrates the importance of positively-phrased suggestions, arranging circumstances in columns labeled "Not this..." and "This." "Don't die" is in the first column, "Focus all your energy on healing" in the second; "It's not so bad;" is replaced with "You have so many skills to handle this with."

Part Three, "Putting It All into Practice," details trance logic and specific techniques such as *my friend John*, presuppositions, and dissocia-

tion. Bleeding, asthma and many other emergency scenarios are given extensive treatment with advice on what to do (from "call 911" to keeping the person focused on specifics of physical healing) and also what to say to induce the needed response. This section also treats pain relief, non-emergency situations like chronic illness, emotional problems including suicide attempts, and dying.

Acosta and Prager do not allow their book to devolve into a sterile list of techniques. They stress that the helper, too, must achieve a state of centered calm and must "come from the heart," offering ways to develop and access these states and noting the importance of the helper's own trance.

The final section teaches self-care for the reader. Emergency responders also undergo significant stress. The authors include the caregiver in the group that needs emotional first aid.

The book's tone is informal, occasionally becoming slightly breathless in the manner of magazine articles that admiringly describe heroes. Anecdotes play a large role, most with the verisimilitude that comes of specificity and detail, while a few sound like they were made up to illustrate a point.

The book's virtues can make it frustrating for professionals who use Erickson's methods every day. Language and presentation are elementary, and some points can seem

over-explained or repetitious. We are not the book's intended audience, and lay people will probably welcome the help.

The Worst Is Over presents an ethical dilemma. The authors want these powerful tools to be available to many people so that lives can be saved and suffering alleviated - a powerful argument, certainly. However, the book hands these tools, with no face-to-face supervision, to people untrained in psychotherapeutic arts. We use hypnosis because it is powerful, and like any powerful tool, it can be dangerous if poorly used.

If this book became widely used, some readers would become excellent healers, most would do pretty well, and a few would be awful. A lot of people would be helped. We must face, though, that a few people could be badly hurt.

Like most insoluble dilemmas, this one requires a choice. Perhaps we should also be wary of the cognoscenti's tendency to restrict knowledge "for the public's own good." I believe that the world is usually better served when knowledge is disseminated than when it is restricted. *The Worst is Over* could do a lot of good.

Reviewed by:

Will Handy, MSSW, LMSW-ACP
Dallas, TX

BOOK REVIEW

Tools for Transforming Trauma

By Robert Schwarz, Psych.D.

New York, 2002

Brunner Routledge Pub.

259 pages

Daily newspapers as well as our clinical practices speak to the many ways in which catastrophic events shape all of our lives. Events half a world away, and those close to home or close to our hearts, intrude. Sometimes the intrusion is precipitous, and sometimes it creeps in almost unnoticed. Regardless, changes come to each of us and remain for a lifetime. Schwarz's book *Tools for Transforming Trauma*

could not be more timely or more appropriate to help us all face the deeply disturbing headlines that sometimes greet us at our breakfast tables.

This invaluable resource addresses the troubles that may appear whether one has endured trauma physically or psychologically and either personally or through the pain of another. He presents a cogent neo-Ericksonian framework of working with those who are suffering and offers ways to help them move through and past those events.

Revealing a deep familiarity with the frameworks and commonalities of varied approaches, this work uses a positive integrative approach. Schwarz draws from the work of Tart, Watkins, Lankton, de Schazer, Shapiro and Dolan as well as others, to develop a multiplicity of ways—a

toolbox, so to speak, which contain techniques to assist the client progress through three stages of therapeutic work. Each of these stages builds upon the subject's strengths and positive abilities, and connects the person to positive inner resources.

Schwarz paraphrases Erickson, stating that we are "all more than we think we are" (p. 216). He builds upon this premise teaching clients that even though life is changed by, and even shaped by traumatic events, one need neither be defined by nor limited by them. Overall, he refers back to this central thesis throughout the book in different ways and different contexts. This premise provides hope which clients often desperately need. It continues to give a framework of optimism and growth.

Deceptively simplistic, this volume brings together an array of positive, resourceful thinking that ties into

a well-woven tapestry of approaches. While the nine pages of references invite readers to further explore specific techniques of interest, this book stands tall in the manner in which it exemplifies the power of positive and collective effort on an important topic. Schwarz eloquently states, "Each time a survivor overcomes the effects of trauma, it makes it a little easier for every other survivor of trauma throughout the world, now and in the future, to do the same thing" (p. 216).

Tools for Transforming Trauma provides the background, the tools, and clear directions for clinicians to impact a critically important concern that each of us faces on a daily basis.

Reviewed by:

Betty Alice Erickson, MS
Dallas, TX

Some Stories are Better Than Others

Doing What Works in Brief Therapy and Managed Care

By, Michael F. Hoyt, Ph.D.

Brunner/Mazel, Taylor & Francis Group,
Philadelphia, 2000, Hardback, \$34.95 US

Do not open this book expecting a cookbook featuring "gourmet meals in 20 minutes or less" as the approach to complex therapeutic issues of contemporary practice. Do open this book knowing that Hoyt has continued his tradition of extensive research by presenting a thoughtful, often humorous, assessment of successful therapy in the managed care environment of today. For those of you not familiar with Michael Hoyt, he has been and continues to be visibly active and ahead of the curve in the emergence and establishment of both brief therapy and managed care practice. If you are not quite as diligent as Hoyt is in keeping

...an "over the top" serving of constructivist pursuit of reality and meaning.

up with the research, relax. He's done the hard reading and synthesizing for you. (There are 40 pages of references in exceedingly small print to back up this claim.)

The chapter on ethics, *Likely Future Trends and Attendant Ethical Concerns Regarding Managed Mental Health Care*, is sobering in its detailing of concerns. Hoyt calls for therapists to be activists for their clients, their profession, and the greater social good from which we can all benefit as human beings. *Some Stories Are Better Than Others: A Postmodern Pastiche* is an "over the top" serving of constructivist pursuit of reality and meaning. Another chapter, *What Can We Learn From Milton Erickson's Therapeutic Failures?* offers a pithy and reassuring view of Erickson's "failures," yet Erickson did not fail to recognize (often within the first session) that the clients would not benefit from his help unless they explicitly followed his directives and therefore he did not continue to engage in therapy. The *Stage-Appropriate Change-Oriented Brief Therapy Strategies* chapter delineates appropriate questions and identifiers that are quite helpful, either as a review or an introduction to staging strategies.

A variety of presentation styles is employed to best feature the "better stories." Conversational interviews, including one with Insoo Kim Berg, lend intimacy to the topics. Relevant client case examples in different chapters are presented in summary, vignette and dialog formats. Numerous lists and tables provide "quick stops" that will be useful time and again. For example, *Ten Tips for Communicating with Managed Care Case Managers* is worth revisiting, as well as others that may be relevant to your practice. *Characteristics of Psychotherapy under Managed Behavioral Health Care* offers a footpath that is helpful in staying on track within the session, in contemplating the case, and reviewing the case with managed care personnel, a clinical supervisor or consulting with colleagues.

Overall, Hoyt's latest work is scholarly, insightful and humorous - more than what managed care bargained for - and what our clients deserve.

Reviewers Note: This reviewer does not practice in a managed care environment. This does not make the concerns and challenges of providing effective brief therapy any less crucial. How the therapeutic community, in any number, responds to organized and consistent directives of practice affect how all of us are viewed, as well as how beginning therapists are being currently taught.

Reviewed by:

Deborah Beckman, MS
Dallas, TX

Robert Schwarz

PAID ADVERTISEMENT

AUDIO REVIEW

Integrated Practice in the 21st Century

By Nicholas Cummings, Ph.D., Sc.D.

Brief Therapy Conference
Orlando, Fla., 2002

See page 21 for ordering information.

This audiotape, recorded at the 2002 *Brief Therapy Conference*, begins with an introduction by Jeffrey K. Zeig, Founder and Director of the Milton H. Erickson Foundation, Inc. Zeig introduces Nicholas Cummings on this tape, describing Cummings' scope as his ability to see into the future, like a chess or bridge master and states that Cummings has been a mentor to him. This introduction leads into Cummings' 45-minute presentation.

Cummings' presentation begins with his personal history. This

includes his struggles with polio and his experiences in World War II. Cummings quotes his grandmother as saying, "Never, never accept the inevitable as the inevitable. Fight back!" This is a theme of his persistence and passion for excellence.

Cummings encourages psychotherapists in all professions to become more economically savvy and aware of financial and political trends. He describes psychotherapists as "the most underpaid, overly honed profession on the planet," and refers to them as the "shrinking shrinks." Cummings' address is about health economics, but his presentation does not include bar graphs or pie charts. In this keynote, he systematically describes the evolution of managed care and how this has provided psychotherapists with challenges and opportunities. He describes how he successfully positioned himself and

See *INTEGRATED* on page 18

C D R E V I E W

Phenomena of Hypnosis

(68 minutes)

Techniques of Induction and Utilization in Hypnosis

(71 minutes)

2 Compact Disc Set
Philadelphia, August 1955Milton H. Erickson Foundation Press
www.erickson-foundation.org/press

(Also available on cassette)

These two CD's are taken from a set of recordings done in Philadelphia in 1955. They are clear and well organized. For those who did not have the privilege of being taught personally by Dr. Erickson, this is the next best thing. And for those who did, these CD's are almost like being in Dr. Erickson's warm, intelligent, and professional presence once again. Erickson, who was 53 at the time of these recordings, speaks clearly and the sound quality is very crisp. Throughout both CD's Erickson encourages all types of professionals to learn about hypnosis on a deep level for the best results.

Phenomena of Hypnosis is introduced by Wendel Ray, Ph.D. He briefly sets the context for the lectures, which were part of a series of seminars for medical, dental, and psychological professionals who were interested in incorporating hypnosis.

In the first forty-five minutes, Erickson gives a lecture. He uses deceptively simple language to communicate sophisticated and deep understandings. Erickson begins by correcting the common misconceptions about hypnosis, while also communicating many of his fundamental principles. For example, as he dispels the myth that subjects surrender their will, he explains how hypnosis is a cooperative interpersonal relationship. And as he debunks the belief that hypnotic subjects are gullible, he defines suggestibility as the capacity to respond. Then he goes on to describe the phenomena of hypnosis. Here Erickson explicates his subtle use of words and the spaces between

words, tones, and emphasis for communication. So even though this is an early lecture one can discern the basic axioms of his continuing artistry. He also discusses trance and rapport as well as sensory, cognitive, physiological and perceptual alterations. The last third of the CD is devoted to a hypnotic demonstration with a subject. Here he clearly shows many of the principles and phenomena he discussed in the lecture.

The second CD is an in-depth lecture that describes phenomena, induction, and utilization of hypnosis. Erickson also offers many vivid case examples, similar to how he conducted his seminars in his home office in his later years. He begins by emphasizing the importance of protecting the patient's needs, illustrated with a case of a hypnotic subject whose privacy he so carefully protected that she came to trust him deeply. This CD is packed full of topics including uncovering techniques, rehearsal techniques, dissociation, anesthesia, automatic writing, post-hypnotic suggestion, time-distortion, regression, revivification, and visualization. He encourages his listeners not to form narrow conceptions of a technique because each one can be enlisted in creative ways, such as using a dissociative regression to create anesthesia in a dental student. He also carefully explains the benefits of allowing the spontaneous automatic unconscious mind to govern behavior, thereby bypassing conscious limits.

Listening to these CD's you will experience Erickson's sensitive awareness to ongoing unconscious behavior and witness for yourself how he masterfully evokes unconscious responses for the benefit of his patients. The depth of these CD's can awaken or reawaken your inner sensitivities and enhance clinical work with hypnosis. Use these CD's in conjunction with reading Erickson's papers to gain a vivid felt-sense for the method along with a grasp of the inner structure that Erickson consistently taught. Anyone who would like to enhance his or her practice and be re-immersed in an Ericksonian seminar should definitely listen to these CD's!

Reviewed by:C. Alexander Simpkins, Ph.D.
& Annellen M. Simpkins, Ph.D.

Evolution Books

INTEGRATED*continued from page 17*

his practice as managed care began in order to best serve clients and to survive as a psychotherapist in this system. Cummings tells how he started his own company during this time, and how it is important to watch financial and political trends and to adapt to them.

This audiotape is relevant for Ericksonian practice. Cummings describes how therapists can continue to use logic and creativity to enhance client services and to survive professionally. The primary care model that Cummings describes is compatible with Brief Therapy as well as several of the models presented at the *Brief Therapy Conference 2002* in Orlando. This model is used in many Veterans' Administration Medical Centers and Kaiser Permanente. This is a model whereby psychotherapists are housed in the same clinics as physicians. The primary doctor assesses that a client may have an issue related to mental health, substance abuse or adjustment. The physician does not have to refer the person to a psychotherapist where the client may have to wait days, weeks or months for an appointment. The

physician is able to 'walk' the client to the psychotherapist's office and often the proper diagnosis is made within minutes. Cummings gives examples of how psychotherapists have been able to diagnosis alcoholism, panic disorders, and adjustment disorders in this setting. He also describes the use of group treatment for specialty groups such as diabetics where compliance is an issue. Cummings sees group treatment as the best practice for working with clients with compliance issues.

The quality of the tape is excellent. Cummings' voice is clear, and easy to understand. Even the laughter and applause of the audience can be heard and appreciated. Cummings' presentation includes personal and professional stories and humor. These additions are used to establish and maintain rapport, and to clarify points that could be perceived as technical or difficult to understand. His concern for psychotherapy, psychotherapists and their clients are certainly evident in this presentation.

Reviewed by:Diane Carol Holliman, Ph.D.
Valdosta, GA

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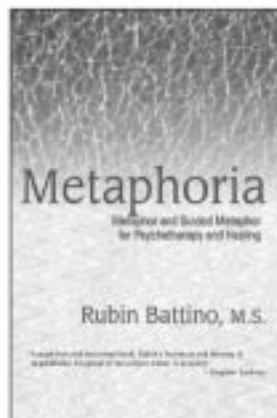


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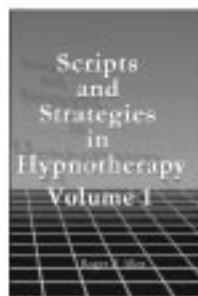
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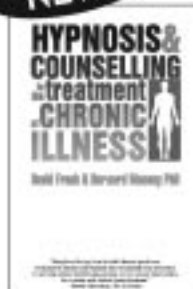
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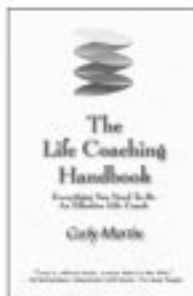


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VIDEO REVIEW

RESOLVING GRIEF

By Steve Andreas, M.A.

Brief Therapy Conference
Orlando, Fla., 2002

See page 21 for ordering
information.

Steve Andreas conducted a demonstration at the Milton H. Erickson Foundation's *Brief Therapy Conference* in Orlando in December 2002. The aim of this demonstration was to teach participants about the NLP process he and his wife, Connirae, developed for resolving grief. His client was a 38-year-old woman who had experienced the death of a close male friend. Later we learn that she also had experienced the death of several other close friends.

Briefly described, the process involves helping the grieving person change the imagery they use to remember the lost person. Specifically, Andreas asks the client to identify how she remembers her dead friend for whom she still grieves (Robin) and also how she remembers a lost friend (in this case, an old girl friend who is not dead) whom she recalls with pleasure, rather than grief. The client is then coached to compare the two images, and find out how they differ. In the case of this client, her image of the girl friend, for whom she doesn't grieve, was about 18 inches in front of her. This image was in motion, nearly centered, colorful, and bright. In contrast, the image of Robin was a much darker still picture, lower and to her left, and several feet away.

Andreas' next instruction, as might be expected, was to have the client move the lower, darker, farther image of Robin to the position occupied by the positive memory of the girl friend. As the client moved the image in her mind she continued to provide articulate feedback for Andreas and the audience. As the image came to rest in the new location, the client noticeably changed. Andreas later explained that, in most cases, the client would cry for a while when the image is moved to the more resourceful place, which he called

"tears of reunion." However, her initial reaction contained two objections to feeling fully resolved and reunited. The first was that it was "unreal" in that she knew that she would never see Robin again, while she might see the old girl friend again. Andreas explained that while it was true that she might see her old friend again (and she also might not), he was using the image of the friend simply to show that she could experience a lost person in the present with pleasure.

A second concern she had was that she didn't want to "let go." Andreas agreed with her, and explained that he wanted her to hang on, not let go, and that most people think one should say "goodbye" to a lost friend, but that is entirely backwards; instead, one must say "hello," keeping the precious memories of the loved person as positive resources. Subsequently, the client needed to speak to Robin and express some of her feelings toward him. Then, she revealed how and why she felt responsible for his death. Andreas took some time to suggest how she could forgive herself. It turns out that the client recently lost two other close friends, Pablo and Chuck. Andreas directed her through a similar change in representation for each of them, again including some dialogue with the person in her memory image. She hugged Chuck and cried a little. In the end she congruently stated that she wanted to keep their images in this new location rather than have them in the original darker and more distant location. Her face reflected a pleasure and joy (despite the sadness) that was not visible before, and she said that she felt closer and more connected to all of them.

Andreas concluded the tape with a question and answer period. He explained that there are different types of tears: tears of grief, tears of reunion, tears of joy, and tears of truth, as he calls them. During this portion of the tape Andreas began to weep slightly and "choked up" while

speaking. He explained, again "choking up" that he collects experiences of being touched deeply. He finds it difficult to speak about these experiences other than to say he is deeply moved. While others might collect experiences of anger or resentment, he collects those moments that bring "tears of truth."

I heard from some observers of this live session that Steve Andreas appeared a bit cold and aloof during the therapy. They also felt that the intervention he wanted to demonstrate was accepted by the client, in part, due to her desire to avoid crying.

*While others might collect experiences of anger or resentment,
he collects those moments that bring "tears of truth."*

I have some comments on these objections I would like to share.

The first concerns the client: There is little doubt in my mind that she would prefer to avoid crying. As an indication of how she puts a lid on her emotions we need only look at how she often motioned with her right hand. She frequently and repeatedly held her right hand flat, with her palm down. With this gesture, she oscillated her hand as if pounding down—sometimes in the air, sometimes on her right knee. At other times she simply held her chin up with her right hand in that same attitude. She did, of course, cry at several points as I stated, but sobbing did not occur and one would certainly have expected that to happen in any conventional grief therapy.

The second concern is a matter of judgment about Andreas himself. I did not see any evidence that the client experienced him as cold or aloof. In fact, she was very engaged with him and quite responsive, sometimes laughing, sometimes crying, sometimes smiling, sometimes listening intently, and always willing to try what he suggested and give feedback. Andreas followed her carefully, and he seemed mindful of her at all times. There are several times when he reworded what he was about to say to incorporate the exact nuance of her previous comment, and his facial expressions at times resonated with her joy or sadness. And he certainly wasn't cold when speaking of his tears of truth.

I suspect these comments come as a result of two things. One is that this was a videotaped demonstration of a protocol to relieve grief in a limited time while on camera. To that extent, Andreas had an agenda and a limitation in time. Also, the client was amenable to this agenda—after all, it worked! Would this session have gone differently in his private office? Would the client have been encouraged to cry more than we saw on video? My guess is that the answer is "No," it would have looked similar. That brings me to the second thing: This intervention does not employ

crying as a part of its structure. In that way, it could look a bit "cold" to someone expecting the sobbing that usually accompanies grief therapy. One might ask, is it more "cold" to have a person needlessly sob to resolve a grief situation or is it "cold" to help them quickly re-represent their loved one's image and learn how to feel close to them again in a short period of time? Crying is optional, and not necessarily useful or helpful. Andreas' work would have looked different if this client had been more prone to crying. The demonstration might have taken longer but would have ended the same.

In the final analysis one must still wonder, should we encourage or foster crying in grief work? Is there something learned or gained, spiritually, emotionally, or developmentally by that part of grieving which includes sobbing, crying, and weeping? And too, when those experiences are bypassed, is some developmental step omitted that makes it a lost opportunity? There is no research on such topics. But as we see in this tape, this process works. And I have found in my clinical experience that the method demonstrated in this tape applies to many other therapeutic situations as well, and clients benefit from the use of it. I highly recommend it.

Reviewed by:
Stephen Lankton, MSW, DAHB
Phoenix, AZ

Tao in Ten: Easy Lessons for Spiritual Growth

By Annellen Simpkins, Ph.D. & C. Alexander Simpkins, Ph.D.

Tuttle Publishing
Boston, 2002
158 pages

Tao in Ten, by psychologists Annellen and Alexander Simpkins, is one book of a new series that is complementary to an earlier series on Eastern philosophy. The earlier series, including *Simple Zen*, *Simple Confucianism*, and *Simple Tibetan Buddhism*, has been very successful, having been identified as a Behavioral Science Books Service best-seller and already has been translated into several languages.

The new series, of which *Tao in Ten* is the first, is followed by the just released *Zen in Ten*. It provides an

experiential opportunity especially directed to the therapist who wishes to expand their perspectives and integrate self-learning with heightened awareness and sensitivity to client concerns.

Tao in Ten is a ten-lesson guide that begins with a historical overview of Taoism, and explains, in a very understandable way, the concepts associated with Taoist philosophy.

He liked to tell people, "Your unconscious is a lot smarter than you are!"

At the end of each chapter are a few exercises that facilitate experiential engagement in the reader. The beauty of this book is the simplicity of the approach. It provides a framework from which more serious involvement may continue. The richness of the material is that, through this delicate lattice of a framework, the grounded experience of the author

team glimmers. This book was written by, and for, individuals who are schooled in Western ways, yet who work with, and appreciate the broader spectrum of human differences and needs. The result is a harmony and balance of Western thinking and Eastern philosophy that can ultimately prove useful in expanding the capacity of the practitioner.

The brevity of the historical back-

ground provides a context from which readers can orient their own previous knowledge and exposure, finding familiarity with related elements such as the *I Ching* and meditation. Throughout the book, the Simpkins provide bridges that practitioners can carry into their own work, bringing a sense of "becoming" to their clients. In the chapter entitled

"Follow Your Dreams," they allude to their own learning stages, and to the integration of Taoist philosophy into their education as psychologist practitioners. "Our hypnosis teacher, Milton H. Erickson M.D., shared the Taoist idea of unconscious wisdom. He liked to tell people, "Your unconscious is a lot smarter than you are!" (p. 133).

Reading this book, considering the ideas, and participating in the exercises, it is inevitable that the reader will grow beyond current limits and begin to drift into a broader understanding of the unity of all life. As simple as it may appear, the depth behind the structure is present. Not only does this little gem *Tao in Ten*, look like an "Easy Lesson in Spiritual Growth," it actually feels easy.

Reviewed by:
Roxanna Klein RN, Ph.D.
Dallas, TX

Tapes Order

BOOK REVIEW

The Indigo Children: The New Kids Have Arrived

By Lee Carroll and Jan Tober

Hay House, Inc. Carlsbad, CA. 1999

Indigo Children posits that a certain syndrome of children's behaviors is becoming more commonly recognized. Carroll and Tober approach this pattern of singularly unique factors from a variety of angles. They present a multiplicity of ways to deal with these children, and they have invited distinguished colleagues to contribute research, case reports and strategies. This adds to the richness of the book.

oped their own solutions to problems. Simply building a wall with wooden sticks and modeling clay as a game, might be useful in demonstrating boundaries on multiple levels.

A chapter is devoted to expectations. Expectations go both ways; adults tend to forget children have expectations, too. Sharing events in one's life also is recommended. I believe that when we tell things about ourselves, we are indirectly encouraging the child to do the same. Erickson referred to life as a "never ending learning process." In order to promote that, activities are suggested where the children learn naturally to observe, group, classify, compare, contrast, and reason.

One section of the book deals with

They have difficulty with absolute authority and are frustrated with systems that don't value creative thought.

"Indigo children" are divided into types. There is the "humanist," who is extremely social and may be hyperactive; the "conceptual," who is more involved in projects than people, and is often athletic; the "artist," who is sensitive and creative; and the "inter-dimensional," who thinks differently. The authors point out that indigo children strongly believe in their own way of doing things. They continue listing attributes that help identify this type of child. They have difficulty with absolute authority and are frustrated with systems that don't value creative thought. While not hesitant in letting needs be known, they are often seen as withdrawn.

Creativity for both parents and teachers is central in enlisting these children's interest and cooperation. Indigo children are creative and alert, and love to test limits but still want reassurance as to limits. It is important to establish clear boundaries and an easily understood framework of reality while avoiding power struggles. They seem to require extra care and guidance from adults; the book provides several excellent examples of reactions in every day life.

As I read, I was reminded of Erickson, who believed people devel-

the child who has been diagnosed with ADHD (Attention Deficit Disorder with Hyperactivity). Diagnoses and the use of medication have dramatically increased. The book suggests that adapting our ways of dealing with children as individuals might be more useful than prescribing medication.

There is a great variety within *Indigo Children* including chapters titled "Seven Secrets to Raising a Happy Child," "Spiritual Aspects of Indigos" and even several on health where nutrition and combinations of nutrients are discussed as a means to help development even with ADHD children.

The Indigo Children, by Lee Carroll and Jan Tober is an excellent resource for both therapists and parents to find ideas for raising any child. A child might be classified an Indigo Child or not. But all children are unique individuals and therefore need "unique" therapists and parents. We all can discover this uniqueness in our lives.

Reviewed by:

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Centro Ericksoniano de México,
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SCSEPH

PAID ADVERTISEMENT

INTERVIEW

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me. I spend a lot of time training clinicians and have critically analyzed what makes someone a master therapist.

SL: Certainly, there is a marked variability in treatment outcomes between different therapists and, unfortunately, some patients may even get worse as a result of treatment.

DM: Yes. With a colleague, Andy Biemiller, we analyzed the extensive literature on what distinguishes experts versus novices and experienced non-experts in all kinds of areas (e.g., chess, bridge, music, athletics, and helping professions). Experts differ from novices in terms of knowledge (*declarative* - know facts; *procedural* - knowing how; *conditional* - know when, and having an "if ... then" rule). They also differ in terms of how strategies are implemented and differ in the motivation to engage in deliberate practice that has specific goals. In fact, there is some suggestion that individuals don't become experts at anything, including psychotherapy, until they have been at it for at least seven years.

SL: In your view, how do "expert" therapists differ from less expert and novice therapists in terms of knowledge, strategies and motivation? And, too, which factor is most important in terms of what your research shows?

DM: To begin with, master clinicians tend to obtain better results. In order to achieve such favorable results, I have identified twelve core tasks of psychotherapy.

SL: [At this point in the interview Dr. Meichenbaum discussed his twelve core tasks. These can be found in this issue of the Newsletter, in a review of the keynote address by Kathleen Donaghy, Ph.D.]. I imagine that your research shows that it takes years for master therapists to master these core tasks. By the way, how long have you been a psychotherapist?

DM: Some 30 years. As I mentioned, experts have a good deal of strategic knowledge and they work deliberately (have specific goals) in practicing these skills.

SL: I would suppose that you are suggesting, in your findings,

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Short Questions/Lasting Impact

By Richard Landis, Ph.D.

Brief Therapy Conference
Orlando, Fla., 2002

See page 21 for ordering information.

Richard Landis is the training director for the Southern California Society for Ericksonian Psychotherapy and Hypnosis, and the Executive Editor of The Milton H. Erickson Foundation Newsletter. In the introduction to this recorded workshop, he described Milton Erickson as one of the most playful people he had ever met. Landis then went on to demonstrate how playfulness can be utilized in teaching and therapeutic settings to install resourceful strategies at the unconscious level. In the process, Landis simultaneously managed to simplify and demystify, (for those just being introduced to Ericksonian approaches to brief therapeutic intervention,) and to amplify (for the advanced student and practitioner) familiar strategies for working with the unconscious in a respectful manner. Freely using con-

fusion, embedded suggestions, paradox and metaphors, Landis promotes the Ericksonian attitude. This is one tape listeners may find themselves frequently replaying.

But there is more woven into this presentation than how to work with the unconscious. Landis used recent findings and research from the fields of traumatology and neuroscience to illustrate how human beings get stuck in the mental states that bring them into therapy. He talks about the difference between guilt and shame, and their impact on the human psyche. He describes how fears of abandonment and childhood neglect linger into and affect adult behavior. People make the best decisions available to them at the time. Paramount is their survival. The human being is wired to survive. Whatever threatens that survival will manifest itself as resistance. Therapists need to keep this in mind. In the event a therapist should forget, Landis offered his "yes, but" theory, well worth the price of the tape itself. If you get three yes buts when working with someone, you are not solving the problem the client wants solved. When the therapist can identify the problem the client is trying to solve, the therapist can begin to develop rapport with the part that produced the problem. Once rapport is estab-

lished, the therapist will be able to reframe the client's experience and open up possibilities not previously considered.

Landis recalled when he was a young therapist straight out of graduate school, and like most of us, he felt the need to know what the client needed, to have the right answer, even before he met the client. He credited Dr. Erickson with doing something with him, internally, inside his head, to get rid of his need for certainty and to develop the desire for curiosity. Landis explained that Dr. Erickson implanted three "friends" inside his head: curiosity, confusion and doubt. Curiosity shifts our mental state and sets the stage for the framing that makes things happen. It breaks the trance of the problem state, and opens us up to all possibilities—to look at things from multiple perspectives. Confusion lets us know we don't know enough. It prompts us to look for answers. Doubt tells us we don't necessarily have the right answer, so any answer that we have is a working answer. It is around these three "friends" that Landis structured his beginning, intermediate and advanced Ericksonian approaches to therapy workshop.

Landis's presentation style is conversational. He is so familiar with the

topic he is able to effortlessly describe and demonstrate it. It seemed to this reviewer that he was telling a story, one that invited the listener to go inside and really notice. The audiotape, of course, cannot adequately show us what he was wearing or his nonverbal behavior. But some of his comments, and the sound and pace of his voice may open a window into the imagination that allows the listener to feel as if he was present in the room.

Short Questions/Lasting Impact will most likely have a lasting impact on the listener. It is chocked full of content and hypnotic work. Landis takes what others have turned into multiple step procedures, and transforms them into a simple format. By doing so he reveals essence, not merely technique. He tells us that his father once told him: if you're working too hard you're using the wrong tool. It is around this principle that he organized his presentation. Landis is a master teacher and storyteller, who playfully shares his "friends" with his audience. And, perhaps they will become implanted in some of our heads.

Reviewed by:

Halim A. Faisal, LCSW
Thomasville, GA

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that these core tasks are teachable. Is that correct?

DM: Absolutely! We have conducted research that shows, for instance, that when psychiatric nurses learn to implement such skills they can reduce patient hospitalization and medical costs substantially.

SL: **Of the various core tasks that you list, the one that I think bears a bit more elaboration is that of core task nine, or what you referred to as "memory work."**

DM: Yes, this memory-based task is quite controversial. I am not advocating that therapists merely have patients relive traumatic experiences, nor am I proposing that therapists stir the "emotional pot." Rather, I am highlighting that a number of researchers (Foa, Ehlers, Clark, Harvey, and others) have noted that PTSD patients also have truncated,

disconnected, incomplete, sensory-driven traumatic memories and that they feel continually threatened and are hypervigilant and avoidant. Any effort to help traumatized patients must engage them in a process to develop a more complete memory and to "restore" their trauma accounts and contextualize their memories so they also include in their narrative what they did to survive. The "memory work," whether it is by means of direct therapy exposure (ala Foa & Rothbaum, Fairbanks & Keane); imagery rescripting (ala Smucker); or cognitive restructuring of guilt reactions (ala Kubany), are each designed to foster in patients a new, more adaptive, complete, coping narrative. The expert therapist is cognizant of the fact that "bad" things happen to lots of people but it is what patients tell themselves and others about these events, that determines if their PTSD will persist. The expert therapist may ask patients:

What lingers from such victimiz-

ing experiences?

What is the impact from having experienced such events?

What conclusions do you draw about yourself, others, the world, and the future as a result of having experienced such trauma experience?

SL: **I know that you have done much work in the area of understanding and preventing violence. Could you say a little bit about that?**

DM: I have been involved in the aftermath of a number of trauma experiences including the September 11 terrorist attack in New York, the Oklahoma City bombing, the Columbine school shooting, the treatment of veterans, as well as being a consultant at a number of psychiatric centers. This diverse involvement has encouraged me to write two Clinical Handbooks: (1) *Treating Adults with PTSD* and (2) *Treating Individuals with Angry and Aggressive Behaviors*.

SL: **Who is the publisher of the Handbooks? How can our readers get more information about these items?**

DM: They can contact my secretary at renmor@golden.net for book order information. Also, they will find a discussion of the twelve core tasks of psychotherapy that characterize the behavior of an "expert" therapist.

SL: **In my therapy, I work from the idea that the learning of the trauma is retained as it seems to be vital for the person's future survival...yet, that memory can be merely visual or auditory and can be separated from the learned feelings (which also contain information). Decisive therapy often hinges upon helping people re-map the helpless feeling to a visual or auditory (only) memory. In that way, the knowledge is retained but more adaptive feeling states can be called**

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into play to do problem solving. This is similar, as I understand, to your findings. And what you are saying is that how patients go about telling themselves and others "stories" about traumatic events is critical to their ability to adapt and solve problems in their future. This is well known to those of us who think of the content of treatment as metaphor and that our job as therapists is to change the presenting story.

DM: Yes. Consider the impact of patients believing of themselves and others that they are "prisoners of the past," or that they are "soiled goods," "unlovable," and "men are untrustworthy," and that "there is no hope." In some sense, trauma victims often repeat the voice of their perpetrators and of unsupportive others. Expert therapists help patients to co-construct their own voice and to develop and implement the coping skills that go along with this readjustment process.

SL: I have written about this aspect of the epistemology of thera-

py as "co-creating." So, I really like your rendition, because it is so similar. I also would add that I designed an intervention called "Self-Image Thinking" in 1979 that I subsequently found was similar to rehearsal self-performance interventions you researched. Your research showed that a visually mediated rehearsal of doing well (and with comfort and similar feelings) was more successful in reducing test (and performance) anxiety than systematic desensitization. I was very thrilled to see your research, because my paradigm was very specific for this type of intervention. So, thank you for your hard work in this area!

Addressing the future, I gather that at the next Brief Therapy Conference in San Francisco, in December, 2003, you will be presenting a keynote address on "How to treat trauma in therapy."

DM: Yes, I look forward to that opportunity and challenge. One of the concerns that I have is that there is increasing evidence that clinicians have the potential of making patients with trauma experiences worse as a

result of various interventions varying from debriefing activities to various forms of "power" therapies to diverse memory-based interventions. I encourage your readers to take a look at a very important recent book edited by S. Lilienfeld, S. Lynn and J. Lohr (2003) entitled *Science and pseudoscience in clinical psychology* (New York: Guilford Press).

SL: Even though you are said to be retired, it sounds like you are still the itinerant educator and committed therapist.

DM: Yes! And in addition I have commitments to the mission of the Melissa Institute that I head. It is designed to "give psychology away" and to ensure that clinicians become critical consumers. I'll see you in San Francisco!

SL: I look forward to yet another provocative and stimulating discussion. You continually challenge the field. Thank you for doing this interview.

DM: I enjoyed it!

DONATIONS

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