New Year — New Format
The Milton H. Erickson Foundation Newsletter has new look for 1988

The Milton H. Erickson Foundation is starting the year with a new look for its Newsletter.

The larger "tabloid" size enables us to provide more information and to present Foundation and related activities to the readers in an updated format. We will continue running items of interest to our readers and features to reflect the emphasis on training in Ericksonian approaches.

In addition to the size change, the Newsletter features a larger range of space to present various messages.

The Erickson Foundation Newsletter is now read by more than 11,000 people throughout the world. We send Newsletters to subscribers in nations far from Phoenix, such as Saudi Arabia, Pakistan, Hungary, Czechoslovakia, Yugoslavia, and Iran.

Foundation Presents Scholarships

The winners of two Evolution of Psychotherapy Conference Scholarships have been named.

Shanette Marie Harris, a clinical psychology doctoral student at Virginia Polytechnic Institute and State University, and Lawrence T. Bell, a master's of social work student at Delaware State College, each received $2,500 awards from The Milton H. Erickson Foundation, sponsor of the Evolution of Psychotherapy Conference.

Fourth Congress Offers Old Essence, New Dimension

In less than a year, health professionals from around the globe will gather for The Milton H. Erickson Foundation's Fourth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy.

After learning that meeting space in Phoenix, Arizona, home of past Ericksonian Congresses was unavailable for preferred dates, the search for a new site was launched. Considerable thought and energy went into the location: The Foundation staff always has held that ambiance was an important feature of its meetings.

Phoenix, the spot in the desert where Dr. Milton Erickson spent so many years of his life helping and teaching others, will be where the heart is, but attendees may leave their hearts in the 1988 locale: San Francisco, California.

Entitled "Brief Therapy: Myths, Methods and Metaphores," the meeting will be held Dec. 7-11, 1988, at the San Francisco Hilton and Towers. The line-up of presenters will provide attendees with approximately 30 hours of course content including workshops, panel presentations, short courses, small-group practices, demonstrations, conversation hours, group inductions, dialogue and dialogues. There will also be keynote speakers and invited addresses.

Faculty for the 1988 meeting features a cross-section of psychotherapy experts.

MEMO TO FOREIGN SUBSCRIBERS

TO: Foreign Subscribers
FROM: The Milton H. Erickson Foundation
RE: Renewing your subscription to The Milton H. Erickson Foundation Newsletter
DATE: January 1988

The Milton H. Erickson Foundation Newsletter is sent to more than 500 professionals outside the United States, Canada, or Mexico. We ask these subscribers for a $10 annual payment to help defray postal expenses.

To date we have not sent renewal notices to our distant friends, and they continue receiving the Newsletter after their first year's payment expires. Because of rising postal costs, we find we must ask each person receiving the Newsletter in countries outside North America to send a two-year renewal payment ($20.00 U.S.) no later than April 15, 1988.

Please send your $20.00 U.S. renewal fee to the Milton H. Erickson Foundation, 3606 N. 24th Street, Phoenix, Arizona 85016, USA. We honor VISA and MasterCard, as well as checks drawn on U.S. banks made payable to The Milton H. Erickson Foundation. Please note in your correspondence that you are responding to this memo and include your mailing label.

If we do not hear from you by that date, we must delete your name from the mailing list. We are asking a two-year renewal to avoid an inundation of renewal information to you next year. Our records will be updated to reflect the time your subscription comes due again, and you will not be asked to renew before that date.

We appreciate your cooperation with this matter. We want to hear from you, and we want you to continue receiving The Newsletter. As always, we thank you for your interest in and support of the activities of The Milton H. Erickson Foundation.

The Milton H. Erickson Foundation, Inc. 3606 N. 24th Street Phoenix, Arizona 85016 U.S.A.
Notes From The Foundation

Last year was a relatively quiet one for the Erickson Foundation, although we experienced a number of changes that would affect all our lives:

We sadly said "So long" to Sherron Peters, who served as administrative director for seven years, and to Newsletter Editor Bill O’Hannon. Sherron worked so hard to set up the Foundation’s operations, it was easy to step in and pick up where she left off, doing things with her style, though, will take long practice. We miss her at the Foundation offices but know she is doing what she enjoys.

Bill O’Hannon no longer has the task of editing The Newsletter, but he is still a part of the Foundation activities.

We are happy to have Michael Yapko as Newsletter editor. His enthusiasm is so appreciated, as is his contribution.

Michael Yapko

Notes From The Editor

This newsletter reflects the continued growth of interest in Ericksonian approaches, and the need to have an expanded means to keep professionals aware of ongoing developments in the field. The newsletter has been increased in size to include more features. Peruse the newsletter, and note the section and format changes. How do you like them? As always, your feedback is vital to the life of the ongoing project, and I hope you will generously share your views and keep me in touch with your interests.

I would like to take this opportunity to thank Linda Carr McThrall, the executive director of the Erickson Foundation, for her efforts in making the transitions to the new newsletter format possible. When readers see a finished newsletter, many may overlook the efforts that go into its preparation. Thank you to Linda and the staff of the Erickson Foundation and Milton H. Erickson Institute of San Diego who have contributed to this exciting project.

Michael Yapko

We completed the remodeling of the Milton H. Erickson Center on Hypnosis and Psychotherapy and welcomed Michael Liebman to the staff as Director of Clinical Services. We also have had the pleasure of getting to know the Center staff; the therapists there are top-notch, as well as being nice people.

The Sessions with the Masters series was highly regarded by attendees. We thank Carl Whitaker, M.D.; Joseph Wolpe, M.D.; James Masterson, M.D.; Paul Watlzlawick, Ph.D., and Ernest Rossi, Ph.D., for their participation in this series. The Center worked hard to give registrants the benefits of their knowledge and the Foundation is most appreciative.

Lori Weirs, administrative assistant for the Foundation, resigned her position in December. She and her husband are enjoying time together. Lori’s presence also is greatly missed, as well as all her good work. But again, we’re happy she is enjoying herself and being able to spend time with her husband.

The Erickson Foundation staff now includes Dawn Dixon, administrative assistant; Greg Deniger, computer operators and video and audio tape sales manager; and Sylvie Coen, bookkeeper. Of course, Jeff, who is President of the Foundation Board of Directors, is here with his wisdom and humor. While the staff size is small, we are a mighty group; we will continue to be at your service.

Kristina K. Erickson, M.D., daughter of the late Milton H. Erickson, and her family were in Phoenix in November. Dr. Erickson spent some time with us at the Foundation, and she was pleased with the progress of our efforts.

The changes last year were many, but for the most part so positive. We miss the people who we don’t see or talk to daily, but we know they are with us in spirit. Changes can be a little hard to take, but change means challenge, and the Erickson Foundation rises to a challenge.

It’s a new year — we wish all of you the best of the season — and it’s time for new things. We are looking forward to the coming months and look forward to seeing you in December in San Francisco. Happy New Year!

— Linda Carr McThrall
Executive Director

Michael Liebman, Director of the Milton H. Erickson Institute of San Diego and Editor of the Erickson Foundation Newsletter, donated a half-day training session for the Milton H. Erickson Center for Hypnosis and Psychotherapy in December.
Michael talked about Ericksonian approaches for the treatment of depression. The program was excellent. A clear conceptual framework was presented and supported by specific diagnostic and treatment strategies. Michael’s presentation was augmented by a video tape of him working hypnotically with a depressed client. Center therapists were excited by Michael’s presentation and are already applying the ideas in work with our clients.

Thank you, Michael.

To quote Tom Peters, we are operating from the “Ready — Fire — Aim,” organizational model. Center activities started quickly. The staff has been working hard since the doors opened. We are fortunate to have a staff of experienced and diverse therapists who have sufficient background to work effectively using Ericksonian methods, and did not need extensive training prior to being able to work with patients.

Allow me to introduce the staff: Gordon Cuddbery, Ph.D.; Larry Ettkin, Ph.D.; Brent Geary, M.S.; Mirta Ghirozzi-Volek, Ph.D.; Craig LeCroy, Ph.D.; Frank Noble, Ed.D.; Peter Rennick, M.A.; Rebecca Rubin, M.A.; Andrew Scott, Ph.D.; Mark Tregoob, Ph.D.; Neil Weiner, Ph.D.; and Katherine Wilson, Ph.D.

Currently, we are involved in our own “Brief Psychotherapy” Project. Each of three supervision teams has been assigned one client for a maximum of six sessions. The teams are to perform their myths, their methods and their metaphors with a focus on indirect psychotherapy. All sessions are videotaped. Teams must specify a rationale for their therapeutic and supervision decisions. Clients are given a self-report scale prior to each session. Post-therapy follow up measures also are planned.

To date, the project is proceeding well. We will complete the six sessions by early January. In February, teams will present their cases to the full staff. We are excited about the possibilities of the project.

In addition, the staff is working on the development of training programs for professionals. We will be working with Jeff Zeig in the upcoming Ongoing Hypnosis Training sponsored by the Foundation. Additional training programs will be made available in the near future.

— Michael Liebman
Director of Clinical Services

New Institutes Authorized

The Milton H. Erickson Foundation Board of Directors has approved two new institutes, including the first in an Eastern Bloc country.

The Prague Institute of Ericksonian Therapy Radistu 620 161 00 Praha 6 Prague CZECHOSLOVAKIA
Director: Michael Vaneura
Institut Milton H. Erickson de Belgique Rue Edith Cavell, 254 1180 Bruxelles BELGIUM
Director: Gerald Brassine

The Foundation welcomes these new institutes to its growing network of organizations responsible for teaching Ericksonian approaches to hypnosis and psychotherapy to mental health professionals throughout the world.

Scholarship continued

Some 30 people applied for the two scholarships.

The scholarships were made possible by the sale of commemorative items at the landmark event held in Phoenix, Ariz., in December 1985. The 1988 awards are the final two of four scholarships presented by the Erickson Foundation to graduate students. Two of the $2,500 awards were presented last year. Scholarship recipients in 1987 were Steve Dannenbaum and Zelda Slaughter.

The Foundation thanks the following persons for serving on the 1988 Scholarship Selection Committee: Sharon Cotter, M.S.W.; Kristina K. Erickson, M.D.; Melvin G. Hector, M.D.; F. Theodore Reid, Jr., M.D.; Sherron S. Peters; and Jeffrey K. Zeig, Ph.D.

“In you look over the lives of happy, well-adjusted people, they have never bothered to analyze their childhood or their parental relationships. They haven’t bothered and they’re not going to.”

Uncommon Therapy, p. 246

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☐ L330-W26AB Ericksonian Hypnotherapy, Jeffrey K. Zeig $19.00 (2 tapes)
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☐ L330-P5 Dreams, B. Bettelheim, Z. Moreno, M. Polster, E. Rossi $9.50
☐ L330-P14 Therapeutic Use of Humor, M. Bowen, A. Ellis, R. Goulding, R. Laing $9.50

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The Third International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy
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☐ PS317-W3AB Creative Life Facilitation with Hypnotherapy, E. Rossi $19.00 (2 tapes)
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Phone (602) 956-6196.
The Milton H. Erickson Foundation has received a total of $1,031.00 in donations since the Winter 1987 issue of The Newsletter.

The Foundation has also received gifts for the Archives over the past few months. Cash contributions were by the following persons:

- Leonard Babins, MA, Ph.D.
- Linda A. Danik
- Jo An Dietrich-Lewis, MS
- Lydia Dubberstein, MA
- John B. Ellison, MSW
- Kathy Gantz, CSW
- Cameron Grant, MA
- Jean Marie Grissim
- Earl Henslin, Ph.D.
- John Hulihan, M.Ed.
- David Lee, M.Ed.
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- Robert J. Lugars, MC
- Annelie Maritz, MA
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- Clifton Mitchell, MA
- V. Chris Monaco, Ph.D.
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- Victor Montemayor, MA
- Thomas L. Moore, MA
- Fred Morrison, MFCC
- Joan Newburg, MA
- Thomas F. Sanders, MA
- James M. Smith, MA
- B.D. Trice, M.Ed.
- Keith D. Wolf, MSW
- Mrs. Elizabeth Erickson, widow of Milton H. Erickson, M.D.

Bronze Busts of Dr. Erickson Available

In the early 1920s, a portrait bust of the late Milton H. Erickson, M.D., was made by the late Charles B. Martin, a Phoenix, Arizona sculptor. The bust was cast in terra cotta.

Laurel Martin, widow of the artist, was asked if she could locate the mold among Dr. Martin's effects, and whether it could be converted to bronze casting.

After a long process, Mrs. Martin, with the help of her daughter, Susanne and friends, was able to make the bronze casting available. Two were made. One was presented to the Milton H. Erickson Foundation by Mrs. M.H. Erickson; the second was purchased by Roxanna Erickson Klein, one of Dr. Erickson's daughters.

Upon inquiry, Mrs. Martin said additional castings can be made. It is not possible to make terra cotta casts, but bronze casting is available.

For information, persons may contact Mrs. Martin at 121 Gambel Lane, Sedona, Arizona 86336.

Ernest Rossi, Ph.D., donated numerous letters from the late Milton H. Erickson, M.D. There are also letters from mental health professionals written to Dr. Erickson.

Tye Hunter contributed audiotapes of sessions with Dr. Erickson. The letters donated by Dr. Rossi, and the audiotapes from Mr. Hunter will be housed in the Archives.

We extend special thanks to Mrs. Erickson, Dr. Franke, Mrs. Bording-Jones, Mrs. Steppacher-Ray, Dr. Rossi and Mr. Hunter for their contributions to the Foundation.

We also thank all those contributing to the Erickson Foundation for their support and consideration.

Memorial Contributions

The Milton H. Erickson Foundation, a private, nonprofit corporation, accepts donations. The donations are tax deductible within IRS guidelines. The Foundation receives contributions throughout the year and uses them to support its activities.

Memorial contributions listing the name in which the donation is being made, may be appropriate in certain instances. Persons wishing to make such donations may write the Erickson Foundation, 3606 N. 24th Street, Phoenix, Arizona 85016.

Newsletter Business

The closing date for material to be included in the next newsletter is March 15. Announcements, news items, letters to the editor and whatever else may seem appropriate for the newsletter must be received by Michael Yapko by that date. All correspondence regarding the newsletter should be sent to Michael at his address: 2525 Camino Del Rio South, Suite 225, San Diego, CA 92108. Paid advertising, except upcoming training announcements must be sent directly to the Foundation in Phoenix, 3606 North 24th Street, Phoenix, AZ 85016.

The Milton H. Erickson Institute of San Diego Presents

The Fourth Annual San Diego Conference on Hypnotic and Strategic Interventions

"Brief Psychotherapies in the Treatment of Anxiety and Depression"

with a keynote address by

Martin Seligman, Ph.D.

and presentations by 28 other leading clinicians

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The Fourth Annual San Diego Conference on Hypnotic and Strategic Interventions is a three day conference featuring workshops, mini-courses, and original papers by Norma & Philip Barretta, Paul Carter, Stephen Gilligan, David Higgins, Brita Martiny, Joyce Mills, Ernest Rossi, Michael Yapko, Jeffrey Zeig and other acknowledged experts in the fields of strategic psychotherapy, communication and clinical hypnosis. The presenters will address the subject of brief, directive psychotherapies in treating anxiety and depression.

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For further information contact the Institute:

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"a different perspective"
Fourt h Congress continued

Presenters will offer various viewpoints in the field of brief therapy, giving attendees a range of information and ideas.

The list of faculty is not complete and additional papers will be in attendance. To date, confirmations have been received from the following:


Mr. Haley’s presentation is entitled “Why Not Long-Term Therapy?” Ms. Madanes will present her latest thinking on strategic approaches to therapy. Dr. Lazarus will offer insights into myths of brief therapy.

Faculty from the Erickson school of psychotherapy include Daniel Araoz, Ed.D.; Joseph Barber, Ph.D.; Stephen Gilligan, Ph.D.; David Gordon, M.A.; Carol Lankton, M.A.; Stephen Lankton, M.S.W.; Herbert Lustig, M.D.; Bill O’Hanlon, M.S.; Ernest Rossi, Ph.D.; Jean Weakland and Richard Fish, M.D.; Michael D. Yapo, Ph.D.; and Jeffrey K. Zeig, Ph.D.

Faculty members representing other schools of psychotherapy include Joel S. Bergman, Ph.D.; Simon Budman, Ph.D.; Gianfranco Cecchin, M.D.; Nicholas Cummings, Ph.D.; Albert Ellis, Ph.D.; Mary Goulding, M.S.W.; James Paul Gustafson M.D.; Ruth McClendon, M.S.W.; Peggy Papp, A.S.C.W.; Eerving Polster, M.D.; P.E. Sfnos, M.D.; H.H. Strupp; and Paul Watzlawick, Ph.D.

Workshops will be presented by Elynn Bader, Ph.D.; Philip Barretta, Ph.D. and Norma Barretta, Ph.D.; John Behars, M.D.; David Check, M.D.; Steve de Shazer, Yvonne Dolan-Storm, M.A., and Clarice Johnson, M.S.W.; Jeffrey B. Feldman, Ph.D.; and John H. Frykman, M.Div.

Other workshop presenters are D. Corydon Hammond; Ronald A. Havens, Ph.D.; Lynn D. Johnson, Ph.D.; Norman Katz, Ph.D.; Marc Lehrer, Ph.D.; and Alan Levenson, M.D.

Some important workshops will be presented by Camilo Loriezo, M.D.; Joyce C. Mills, Ph.D.; Noelle Poncelet, Ph.D.; Madeleine Richerpo, Ph.D.; Deborah Ross, Ph.D.; Charles Stern, Ph.D.; Sandra M. Sylvester, Ph.D.; Terry Tatoya, Ph.D.; Bernard Trenkle, Dip. Psy./M.D. and Gunther Schmidt, Dip. Psy./M.D.; Michael Vancur; and R. Reid Wilson, Ph.D.

Some IBA proposals for short courses also have been received. A number of early registrants have reported they have been unable to make reservations at the San Francisco Hilton. Room reservations at the headquarters hotel will be accepted a little later in the year. The Foundation will provide information when it is available. There is a special rate of $59 single/$66 double at the newly-remodeled hotel in the heart of San Francisco. Hilton officials have extended apologies to those persons who have called to date.

A registration form for the Fourth International Congress appears in this issue. The cost of registration is $250.00 ($150.00 for full-time graduate students). A special rate of $225.00/$125.00 (full-time graduate students) is being offered to Erickson Foundation Newsletter subscribers. The rate is valid until March 15, 1988. Foreign registrations are $200.00 U.S./$250.00 U.S. (full-time students). The $25 registration discount also applies to foreign registrations.

The Erickson Foundation’s eligibility requirements apply to registrants of this Congress (please see page 12).

Registration forms and payment in U.S. funds may be sent to the Milton H. Erickson Foundation, 3606 N. 24th Street, Phoenix, Arizona 85016 U.S.A. For information, persons may write or call the Foundation (602) 956-6166.

Registrations have been arriving daily for the 1988 conference, indicating early interest and excitement for the upcoming event.

Jeff Zeig, Ph.D., Director of the Erickson Foundation, said he is enthusiastic about the Brief Therapy Congress.

“We are excited about the new direction of this meeting,” he said. “There is an ever-growing interest in Brief Therapy Methods, and this meeting will provide the opportunity for attendees to learn from the best in the field. We’re very appreciative of those faculty members who will join us next December to share their knowledge.”

“By broadening our scope in an Erickson Congress, we open new doors to the field..."
Videotapes Available from the Milton H. Erickson Foundation

1. Training Tapes:
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     LENGTH: 2 hours, 40 minutes $200.00 Beta or VHS ½" (1 tape)*
     275.00 U-Matic ¼" (2 tapes)*

11. Professionally Produced Video Demonstration from the 1981-1986 Erickson Conferences:

FROM 1981 SEMINAR:
   - Naturalistic Approaches to Hypnosis: Utilizing Hypnosis in Pain Treatment in Psychotherapy, Joseph Barber, Ph.D.
   - Induction with Children and Adolescents, Franz Baumann, M.D.
   - The Parts Model: Demonstration of Work with Phobias and Anchors, Paul Carter, Ph.D.
   - The Varieties of Ericksonian Hypnotic Suggestion, Stephen Lankton, M.S.W.
   - Ericksonian Induction Strategies, Robert Pearson, M.D.
   - Conversational Introduction to Trance, Kay Thompson, D.D.S.

FROM 1982 SEMINAR:
   - Utilizing Hypnosis in Psychotherapy, Joseph Barber, Ph.D.
   - The Initial Interview in Brief Psychotherapy, Richard Fish, M.D.
   - Accessing Unconscious Processes, Stephen Gilligan, Ph.D.
   - A Dual Induction Using Dissociation, Stephen Lankton, M.S.W. & Carol Lankton, M.A.
   - The Constructive Use of Hypnotic Phenomena, Marion Moore, M.D.
   - Ericksonian Induction Methods, Robert Pearson, M.D.
   - A Conversational Induction with Fixation on Ideas, Bertha Rodger, M.D.
   - A Quick Utilization Approach to Hypnotic Inductions, Sidney Rosen, M.D.
   - A Fail Safe Double Bind Approach to Hypnotic Induction, Ernest Rossi, Ph.D.
   - A Conversational Induction and the Utilization of Spontaneous Trance, Kay Thompson, D.D.S.
   - Accepting the Subject’s Cognitions as a Basis for Therapy, Richard Van Dyck, M.D.
   - The Effective Utilization of Multilevel Communication, Jeffrey Zeig, Ph.D.

FROM 1983 CONGRESS:
   - Clinical Use of Trance Phenomena for Therapy and Pain Control, Stephen R. Lankton, M.S.W.
   - Indirect Techniques of Hypnotism, Jeffrey K. Zeig, Ph.D.
   - Utilizing Different Parts of a Person Simultaneously, Stephen Gilligan, Ph.D.
   - Hypnotic Alteration of Pain Perception, Joseph Barber, Ph.D.
   - A Fail Safe Double Bind Induction Procedure, Ernest Rossi, Ph.D.
   - Conversational Induction with Utilization of Spontaneous Trance, Kay F. Thompson, D.D.S.

FROM 1984 SEMINAR:
   - The First Therapeutic Treatment of Dr. B., Joseph Barber, Ph.D.
   - Unity, Complementarity and Multiplicity: Principles for Generative Personality in Ericksonian Hypnotherapy, Stephen G. Gilligan, Ph.D.
   - Use of Multiple Embedded Metaphor for Psychological Reassociation, Stephen R. Lankton, M.S.W. & Carol H. Lankton, M.A.
   - Brother Sun and Sister Moon: Multiple Trances and Experiential Encounter Between Therapists, Ernest L. Rossi, Ph.D.
   - Conversational Induction Techniques, Kay F. Thompson, D.D.S.
   - Using Metaphor and the Intersensory Technique, Jeffrey K. Zeig, Ph.D.

FROM 1985 CONGRESS:
   - 86 D-1 Enhancing Therapeutic Responsiveness, Jeffrey K. Zeig, Ph.D.
   - 86 D-2 Rehearsing Positive Outcomes with Self-Image Thinking, Carol H. Lankton, M.A.
   - 86 D-3 Using Dreams to Facilitate Hypnotism, Ernest Rossi, Ph.D.
   - 86 D-4 Hypnosis to Alter Affect, Joseph Barber, Ph.D.
   - 86 D-6 Family Therapy and Hypnosis, Stephen Lankton, A.C.S.W.

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Clinical Practice of Hypnotherapy

by M. Erik Wright, M.D., Ph.D. with Beatrice A. Wright, Ph.D.
Published by The Guildford Press, 1987

Clinical Practice of Hypnotherapy is a complete textbook on the subject of traditional hypnosis. Clearly written and well-organized, it emphasizes clinical applications of traditional hypnotherapy to specific problems such as pain, smoking, obesity, sexual difficulties, and sleeping disorders. M. Erik Wright, M.D., Ph.D., was Professor of Psychology and Psychiatry at the University of Kansas for 30 years. During his career he received national recognition in the fields of hypnotherapy, psychotherapy, and sex therapy. At the time of his death, this volume was in process. His wife, Beatrice Wright, Ph.D., a distinguished clinical psychologist and author, completed the remaining work.

The volume is divided into three parts: Part one introduces the underlying principles of hypnotherapy and its relationship to psychotherapy. It also contains descriptions of various structural methods for inducing trance, trance states and procedures. Part two is a comprehensive examination of hypnotic procedures for introducing clients to the trance state, the language of hypnosis, and methods of nonverbal communication. The section ends with transcripts that demonstrate standard induction and clinical hypnotic techniques.

Part two details a variety of traditional hypnotherapeutic techniques using actual cases. Six chapters are devoted to the subjects of guided imagery, projective techniques, time reorientation, dissociation (which includes a section on automatic writing and drawing), and techniques such as client-therapist role reversal and induced conflict.

Part three addresses a variety of special clinical problems, each presented in a separate chapter that provides detailed therapeutic procedures. The described treatments include Dr. Wright’s views on the nature of the problems covered, the historical and cultural contexts, biological aspects, and current theories. After exploring these facets of the problem, clear and specific hypnotherapeutic strategies are presented.

This text is intended for advanced students of hypnosis. It offers a complete discussion of advanced hypnotherapeutic procedures and supports them with theoretical background information and transcripts of actual processes. The work reveals Wright and his dedication to detail and carefully structured therapy. However, in the effort to be thorough, some of the material becomes tedious and plodding. The reader may have a tendency to skip ahead. Nevertheless, this will be an interesting reference volume for those clinicians who wish to broaden their understanding of traditional hypnotherapy.

Reviewed by David L. Higgins, M.A.
San Diego, California

The Erickson Monographs
The Erickson Monographs made its debut in 1985 with far too little fanfare for its appearance. The Monographs were created for a most worthwhile purpose: to promote research, theory and clinical applications related to Ericksonian approaches to hypnosis and psychotherapy, held in December, 1986. The chapters include case presentations and techniques for handling such problems as pain, suffering, autism, psychosis, and multiple personality. The widespread applicability of Ericksonian concepts and methods evidenced in these chapters is both illuminating and exciting. The contributing authors have demonstrated exactitude and a sense of hope in conceiving the Monographs — generating new developments in Ericksonian approaches.

The Monographs afford those interested in the fast growing world of Ericksonian approaches the chance to gain more depth than the average journal can provide. The Monographs also provides a place to visit for authors who want to advance the field of Ericksonian therapy.

Stephen Lankton deserves a great deal of credit for his efforts in making the Monographs so valuable a resource to practitioners, and I think Brunner/Mazel deserves credit for their support of the knowledge and its professional application.

The Monographs can be ordered directly from Brunner/Mazel, Inc., 19 Union Square West, New York, N.Y. 10003. (212) 924-3344.
Reviewed by Michael D. Yapko, Ph.D.
San Diego, California

Volunteer Coordinator Needed

The Milton H. Erickson Foundation is looking for an individual who can coordinate volunteer activities for the Fourth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy, scheduled for July 7-11, 1988, in San Francisco, California.

This part-time position will be filled on a temporary basis, and the primary emphasis of the job will be on setting up all volunteer activities for the Congress. Congress volunteers assist in numerous areas including registration, faculty support, audio-visual monitoring and other activities. The volunteer coordinator will schedule volunteers, as well as make assignments based on the needs of the Foundation faculty and staff.

The volunteer coordinator must be willing and able to work in Phoenix, Ariz., prior to the Congress and in San Francisco for a week in December 1988.

Please contact the Erickson Foundation, 3606 N. 24th Street, Phoenix, Arizona 85016; (602) 956-6166, for additional information.

Reviewed by Michael D. Yapko, Ph.D.
San Diego, California

CONFERENCES

The Milton H. Erickson Institute of San Diego is presenting its fourth annual conference March 4-6, 1988. The theme is "Brief Therapy of Anxiety and Depression." Twenty-eight leading practitioners will present innovative ways to address the most common disorders clinicians are asked to treat. See the display ad in this newsletter for further information.

The American Society of Clinical Hypnosis presents its 30th annual conference March 13-18, 1988. To be held in Chicago, the conference consists of three days of workshops, including a two-day workshop on Ericksonian approaches (with Michael Yapko, Ernest Rossi, Michael Samko and Ronald Havens). Three days of scientific presentations follow. In celebration of this 30th anniversary of the meetings, a more elaborate meeting is planned. The following are some of the workshops:

- Ericksonian Hypnosis and Dreams: Hypnosis in Behavioral Medicine; Hypnosis with Procedural Disorders, and Hypnotherapy with Children.
- For more information, contact ASCH, 2250 East Devon Avenue, Suite 336, Des Plaines, IL 60018.

The Milton H. Erickson Foundation is organizing the Fourth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy, to be held December 7-11, 1988, in San Francisco. The Congress theme is "Brief Therapy: Myths, Methods, and Metaphors." More than 100 leading practitioners will participate as they address issues and techniques of brief therapy. See the display ad in this newsletter for further information.

The 11th International Congress on Hypnosis and Psychosomatic Medicine will be held August 13-19, 1988, in the Hague, The Netherlands. Special addresses will be presented by Frederick J. Evans, Ph.D.; Ernest Hiqard, Ph.D.; Martin T. Orne, M.D., Ph.D.; Karin Olness, M.D.; Hans J. Eyseckn, Ph.D., and David Collison, MBBS.

There will be a scientific program consisting of symposia and a workshop program. Participating Erickson Foundation faculty include Andre Weitenhoffer, Ph.D.; Kay Thompson, D.D.S. and Michael Yapko, Ph.D.

For information contact The Congress Secretariat, P.O. Box 16065, 2301 GB Leiden, The Netherlands.

"Illness can come on all of a sudden; one can make a massive response all at once to a particular thing. I do not think we need to prophesy or pretend some long drawn-out causation and a long drawn-out therapeutic process. You see, if illness can occur suddenly, then therapy can occur quite as suddenly." — Healing in Hypnosis, p. 71.
 Therapeutic Trances:
Generative Approaches To Ericksonian Hypnotherapy

This intensive and experiential 3-day workshop will explore how generative change can be stimulated within the therapeutic content. A central theme will be the therapist’s use of self and the therapeutic context, along with a variety of techniques, to access and develop a “generative personality” for healing. Participants will explore how unconscious processes may be useful or not, depending on elements of context such as interpersonal relationship, resource symbols, intention, and bodily state.

The value of hypnotic processes in this therapy will be emphasized via demonstrations, exercises, didactic presentations, case descriptions, and group (hypnotic) processes.

Participants will learn how hypnotic processes can transform experience in significant ways, especially in terms of accessing healing resources, shifting frames of references, changing bodily feelings, aligning with intention, and enhancing confidence. In short, an Ericksonian model of hypnosis will be presented as a model for empowering the healing self.

This model will emphasize the joint participation of therapist’s and client’s unconscious processes. Special attention will be given to developing an interpersonal relationship where the therapist is deeply connected as “a part of yet apart from” the client.

Day 1. Therapeutic Trances -
Ericksonian approaches to hypnosis and therapy. Sorting for assets and skills, the principle of cooperation, and the Generative Self. Becoming “apart of and apart from”. Bioclinic, verbal rapport and interpersonal trances. Therapeutic trances vs. symptomatic trances. Eliciting therapeutic trances in self and others. Accessing unconscious resources via experiential-symbolic hypnotic processes.

Day 2. The Healing Self -
Psychophysical contexts for psychosomatic healing. Realigning and utilizing interpersonal contexts. The experiential use of resonating symbols, vibrating “inside” and “outside” the physical body. Hypnotic rituals, ordeals, and other therapeutic rites of passage. Reconnecting with the generative unconscious. Using trance phenomena in healing: Dissociation and association, regression and progression, amnesia and hypnnesia, introjection and projection.

Day 3. Symptoms Into Solutions -

A central focus throughout the workshop will be how these processes can be applied with specific clinical complaints (e.g., anxiety, depression, substance abuse) and in different interpersonal contexts (e.g., couples work).

Philadelphia, PA
Holiday Inn, Center City
March 11 - 13, 1988

Boston, MA
Lafayette Hotel
March 25 - 27, 1988

Chicago, IL
Westin Hotel
April 8 - 10, 1988

Los Angeles/Anaheim, CA
Anaheim Hyatt
April 29 - May 1, 1988

Detroit/Southfield, MI
Southfield Hilton
May 13 - 15, 1988

Washington, DC
National Clarion Hotel
September 9 - 11, 1988

Orlando, FL
Delta Court of Flags
Sept. 30 - Oct. 2, 1988

Columbus, OH
Hyatt Regency
October 14 - 16, 1988

EARLY REGISTRATION:
Postmarked or charged at least 6 weeks in advance . . . . $225.
Postmarked or charged at least 3 weeks in advance . . . . $235.

REGISTRATION:
Postmarked or charged within 20 days or at the door . . . . $250.

STUDENT REGISTRATION:
Postmarked or charged at least 6 weeks in advance . . . . $195.

YOU WILL LEARN HOW TO:
1. Help clients develop trance states through interpersonal experience with the therapist, and use trance states as the primary context for therapeutic change.
2. Develop and therapeutically utilize hypnotic phenomena such as amnesia, dissociation, and age regression.
3. Apply Erickson’s utilization principle (e.g., pacing and leading techniques) to generate hypnotic processes that absorb, recontextualize, balance, and differentiate the client’s symptom complex.
4. Appreciate symptoms as (self-devaluing) trance phenomena; apply Erickson’s utilization principle to absorb, balance, and differentiate the client’s symptom complex, i.e., make use of the client’s pre-existing style to transform “problem” to solution.
5. Develop skills in reorganizing and utilizing nonverbal minimal cues.
6. Apply hypnotic techniques such as telling stories, creatively utilizing “resistance”, and developing therapeutic dissociation.
7. Use an individualized hypnotic approach for specific complaints, e.g., pain control, eating and sleep disorders, etc.
8. Trust and use your unconscious creativity.
9. Facilitate lasting changes by maintaining a person-to-person connection, even when the client is accessing internally.
10. Align with the client’s personal and present style, see symptoms non-derapeutically, and use symptom patterns as patterns for solutions.
11. Apply these principles when working with individuals, couples, and families.
Healing In Hypnosis:
A 5-Day Intensive

This 5-day intensive workshop by Dr. Gilligan has been widely acclaimed as one of the most valuable training programs in Ericksonian hypnotherapy and clinical applications available in North America. It provides an effective balance of conceptual, vicarious and experiential learnings that brings therapists again and again with renewed value.

The central theme of the workshop is the experiential use of Self-in-Context, along with various techniques, to access and develop solutions to long-standing problems. This experiential-contextual approach emphasizes the dual and simultaneous use of the therapist's self as an active participant in, and independent observer of, the client's processes. Thus, participants will be encouraged to pursue both professional and personal growth in the workshop, and can expect to learn how to use various methods and techniques with both themselves and others.

Central aspects of Ericksonian psychotherapy will be detailed with specific attention to: 1) Creating a sufficient context for change (e.g., motivating the client, developing rapport, building response potential); 2) Treating specific types of problems (e.g., phobias, habit control, psychosomatic illnesses, and 'psychotic' processes); 3) Consolidating and generalizing trance changes with both hypnotic strategies (e.g., amnesia, posthypnotic suggestions, self-hypnosis) and non-hypnotic strategies (e.g., neuro-linguistic techniques, homework assignments, and 'mixed state' work).

These and other topics will be covered in multiple ways. For example, there are usually at least two live demonstrations and two exercises per day. In addition, Dr. Gilligan will present on a number of his past and present cases and discuss cases presented by participants.

San Francisco, CA
Cathedral Hill Hotel
July 20 - 24, 1988

New York City, NY
Loews Summit Hotel
July 27 - 31, 1988

Hilton Hawaiian Village
January 25 - 29, 1989

New Orleans, LA
Sheraton New Orleans Hotel And Towers At The French Quarter
November 9 - 13, 1988

CONTINUING EDUCATION CREDIT
The three-day workshops are approved for 21 contact hours and the five-day workshops for 40 contact hours by: the National Board for Certified Counselors and by the New York State National Association of Social Workers. Approval by the aforementioned is limited to organizations and does not necessarily imply endorsement of individual offerings.

The workshop is also approved by the Florida Board of Professional Regulation for all disciplines within their jurisdiction as well as by the California Board of Behavioral Science Examiners for 21 to 40 hours of hypnosis education towards certification for marriage and family therapists.

CERTIFICATE
A certificate validating your continuing education will be presented to each workshop participant.

TAX DEDUCTION
An income tax deduction is allowed for educational expenses (including tuition, travel, meals and lodging) undertaken to maintain and improve professional skills. (See Treasury Regulation 1.162-5).

HOW TO REGISTER
Complete the registration form provided and mail with your check or charge (with your authorization to charge), or telephone to charge to your Visa or MasterCard. Students may register at the special rate only when their application is submitted with a letter from a regionally-accredited institution certifying their current, full-time status. Registration is limited and applications are accepted in order received. Persons who wish to register on site should call in advance to determine availability. Request for refund must be made within 14 days of the workshop and is subject to administrative charges of $35.00.

Day 1. The Cooperation Principle -

Day 2. The Generative Self -
Using multiple languages in hypnosis. Training the creative unconscious in self and others. Mutual hypnosis. Using the unconscious as co-therapist. Deframing and multi-framing. Re-connecting with the collective (e.g., family, tribal) unconscious.

Day 3. Deep Trance Phenomena -
Specific therapy procedures for change involving age regression and age progression, dissociation and association, dreaming, and therapeutic metaphors. Treating specific complaints such as food and drug abuse, compulsions, anxieties, and depressions.

Day 4. Symptoms As Solutions -
Symptoms as gifts; symptoms as trance phenomena; symptoms as disconnected resources. Re-contextualizing symptoms as unconscious expressions. Hypnotic symptom prescription.

Day 5. Generating Futures -

EARLY REGISTRATION:
Postmarked or charged at least 6 weeks in advance . . . . $375.
Postmarked or charged at least 3 weeks in advance . . . . $395.

REGISTRATION:
Postmarked or charged within 20 days or at the door . $415.

STUDENT REGISTRATION:
Postmarked or charged at least 6 weeks in advance . . . . $325.

FOR FURTHER INFORMATION -
Write or call Associate Trainers, 567 Split Rock Road Syosset, N.Y. 11791
Telephone: (516) 922-2926

REGISTRATION FORM

□ REGISTER me for the □ graduates channel workshop □ Healing in Hypnosis workshop

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Signature

Total enclosed as indicated above: $ .

MAIL TO: Associate Trainers, 567 Split Rock Road, Syosset, New York 11791
For faster service (MasterCard & Visa only) call (516) 922-2926

PAID ADVERTISEMENT
How to Be an Ericksonian
(Milton, Not Erik)
Linda Chamberlain, M.S., University of Denver

This engaging satire on that peculiar breed of human beings called “Ericksonians” appeared in the Journal of Polymorphous Perversity (copyright 1987 by Wry-Bred Press, Inc., P.O. Box 1454 Madison Square Station, New York, N.Y. 10036). It is reprinted with their permission.

What psychotherapist has not dreamt of having been a part of that flegidging group that studied with Freud in Vienna, Rogers (Carl, not Mr.) in Wisconsin, or Skinner at Harvard? What it’s too late for that. Their disciples have already been chosen and set out into the academic and professional world to spread their testimonies. Although few people actually get to work beside the great theorists in our field, many more of us can get in on the publicity and profits that follow shortly after the select few begin to set up their own groups of followers. Witness the phenomena of the neo-Freudians, the post-neo-Freudians, the neuropost-neo-Freudians, the pseudo-neo-Freudians, etc. It is the intent of this article to alert professionals to a recent major theorist who is assuredly soon to be highly influential in the psychological community. Milton H. Erickson is fast becoming legendary and now is the time to become associated with his work if you want to have the opportunity to publish lots of articles and books (particularly thick and costly ones) and make the profitable lecture circuit.

Becoming an Ericksonian therapist is no easy task. Milton Erickson’s theories and techniques are often incredibly obtuse and abstract and, since he rarely wrote anything himself, his work is open to varied interpretation by those insiders who form the core of his followers. And interpret they have. Many current Ericksonians have been forced to create separate rooms in their homes or offices just to contain the volumes of work about Erickson, most of which have seductive titles like I Talked to Erickson Personally Myself (Plankton, 1971) and “What Milton Said Indirectly to Me” (Rossini, 1979). To save others the superhuman effort of trying to grasp what Erickson was attempting to express, I have outlined the necessary and sufficient ideas and information that one should display in order to be identified as an “Ericksonian.”

Principle #1: Wear Lots of Purple
All good Ericksonians know that it was Milton’s favorite color because he was reportedly color-blind except for purple. (Also, all legitimate books on Erickson are bound in purple.)

Principle #2: Know One or Two Good Metaphors
These are not your basic simple little sayings like “All the world’s a stage.” These are long, involved stories that are reported to make some absolutely astounding “un-conscious changes.” There are approximately 3.4 million of these in the books about Erickson and if you are associating with other Ericksonians, you had better know a few metaphors or at least be able to recognize one when you hear it. An example from Rossini (1979) is: “So one-a day God calls the Pope and says, ‘Hey Pope, I got a some good news, I got a some bad news.’ And the Pope says, ‘So what’s the good news?’ and God says, ‘From now on, there will be just one religion, all people united.’ And the Pope says, ‘That’s a great, so what’s the bad news?’ and God says, ‘I’m calling from Salt Lake City.’ ” This is a good basic metaphor, but they need not have a punch line or even make sense. Any long, complex story that involves lots of symbolism is adequate for beginners.

Principle #3: Make Simple, Enlightened Statements About Erickson’s Work
Be able to emphatically state “He wasn’t just a hypnotist” or “He wasn’t just a psychotherapist” in opposition to what the other Ericksonian in your group are saying. You don’t have to do anything else—they will take it from there.

Principle #4: Know How to Really Use “Inductions”
When a group of Ericksonians are talking about inductions, do not make the mistake of thinking they are talking about going into the military. This has to do with all that hypnotic stuff that Milton was always doing, the main focus of which seemed to be to get people to close their eyes without saying “Close your eyes.” In fact, if you really want to impress an Ericksonian, wait until someone in the group gets bored enough to become sleepy and close their eyes. Then take credit for having done an induction without anyone becoming aware of what you were doing while the conversation was going on (Ziegfried, 1984).

Principle #5: Go to Phoenix, Arizona
Plan a pilgrimage to Phoenix for your next vacation. Visit the Erickson home, the Erickson family, the Erickson Foundation, and plan to climb Squaw Peak (at dawn) as that is reportedly where Milton’s ashes are scattered. It is even better if you can plan this during an International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy that are held every few years for the clan to gather and compare notes. This is where you are sure to find lots of the inner circle Ericksonians. Be sure to wear lots of purple.

Principle #6: Know How to Use the “Confusion Technique”
If you make a serious faux pas when saying something about Erickson and find that the conversation comes to a screeching halt and all eyes are narrowly turned on you, simply comment on how you have been working on that comment as a specific use of “trance induction through the confusion technique.” Beware of resorting to this, however, as you may then be elected president of your local Erickson Institute or be asked to review and edit some Erickson monographs.

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KROGER INTERVIEW

Bill Kroger's interview and his views expressed bring hypnosis closer to every day and understandable experience, and I appreciate the Newsletter for publishing the views of a hypnotist and a realist combined. There are a lot of buzz words going around attempting to explain the essence of hypnosis and I am glad to see some realism put into a valuable tool for psychotherapy.

O. Spurgeon English, M.D.
Narbeth, PA

I’m very pleased that you interviewed Bill Kroger in the latest issue of the Newsletter. I share Bill’s view that he has been overlooked with respect to our generation’s view of the history of hypnosis. So, thanks again for remedying our failure to pay attention to such an interesting, significant figure in clinical hypnosis.

Joseph Barber, Ph.D.
Los Angeles, CA

Y-The work you’ve been doing has been considered classic by many. I want to start by asking you how you assess your influence in the field of hypnosis.

C—I think if I’ve been able to contribute anything, it would be so that I’ve worked with [and developed] the techniques that were really initiated by Erickson in terms of being able to watch people very carefully - not only hear what they are saying, but to get a deeper level of impression of what they’re thinking but not saying. Often times it’s contradictory. A head movement, for instance, may contradict what a person has said.

I remember the first person who got me wondering about this. It was a fertility patient, a patient about forty years ago who came to me after five years of not being pregnant. I asked the question that I always ask, which was, “Did you want to have babies when you were first married?” She said, “Oh, yes” while her head was going from side to side. It took about two years before I realized that she had seen on the family Bible that her mother and father were married only three months before her birth. It was not an issue of the basis for the idea of ideomotor response.

This was a number of years before I began working with [Leslie] LeCron in 1956. I saw how quickly he could get access to unconscious information by using a Chevreul’s pendulum and finger signals. With that, and the encouragement I got on [studying] hearing under anesthesia [my interest in ideomotor signals grew]. I had never been able to get anyone to tell me about an operation until I got them to review the information unconsciously with finger signals. Then, they were able to bring the information up to where they could talk about it. I think that my one major contribution was being able to access information very quickly that is in no other way reachable...

Y—I assume not everyone is familiar with ideomotor signaling and your ideomotor techniques. Can you give a succinct explanation?

C—We register impressions at a very primitive level of brain activity in the brain stem. Probably the first and most primitive form of response is the physiological one to input, i.e., there’s food or there isn’t food, or there’s danger out there. Very primitive animals move with very slow motion, chemical at first — i.e., molecular level animals: Then when motion is evolving, animals have smooth muscles which move very slowly. Then much higher [evolutionary] development came along with the development of the spinal column and vertebrae to meet the need for fast action.

You get muscle action, which is what we’re tapping into when we use ideomotor responses. We’re watching how muscles move, i.e., a finger lifting or little repetitive movements of a pendulum which reflect thoughts. [With a thought] like “yes, yes,” you get a little swing from the pendulum. We change the thought to a no, and since our brain knows the difference between a yes and a no, we get a different body action. It’s much simpler when we use finger signals. Even in un-hypnotized people we get a movement a they select for a yes — we don’t have them purposely move the muscle — they think yes then pretty soon they’ll get a little body action. It’s very much like the way we move our heads — up or down to say yes, or shake it to say no. Once we’ve selected those movements unconsciously with a conscious thought, then we can ask a person a question that is answered with a “yes” or a “no,” or “I don’t want to answer.” That comes from a deeper level. Just as we learn to typewrite or we learn to drive a car, we relegate those responses to an unconscious level. If we had to think everything consciously, we’d go nuts! So, we relegate things. And it’s with repetitive unconscious review that we’re able to tap such information as birth experiences, general anesthesia experiences.

One particular value is the way we can...
NOTE: The Erickson Foundation lists workshops as a service to newsletter subscribers. We cannot attest to the quality of training provided in these workshops. A $10.00 fee is required for each workshop submission.

**Eligibility Requirements Explained**

Activities sponsored by the Milton H. Erickson Foundation are open to mental health professionals including physicians, doctoral level psychologists and dentists who are qualified for membership in, or are members of their respective professional organizations (e.g., AMA, APA, ADA).

The programs also are open to professionals with mental health related graduate degrees (e.g., MSW, MSN, MA, MC or MS) from accredited institutions. Applications will be accepted from full-time graduate students in accredited programs in the above fields if they supply a letter from their department on letterhead stationery, certifying their student status as of December 1988. Student verification letters must state the level of degree toward which you are working, the area of study and the projected graduation date. These eligibility requirements also apply to persons wishing to purchase audio or videotapes or be placed on the Erickson Foundation mailing list.

For additional information call or write The Milton H. Erickson Foundation 3606 N. 24th Street Phoenix, Ariz. 85016; (602) 956-6969.

**CONTACT INFORMATION**

1. Southeast Institute for Group and Family Therapy, 103 Edwards Ridge, Chapel Hill, NC 27514; (919) 929-1171.
2. The Milton H. Erickson Foundation, 3606 N. 24th Street, Phoenix, AZ 85016; (602) 956-6969.
4. Beverly M. Stoy, C.S.W.; 1152 Country Club Lane, Ft. Worth, TX 76112; (817) 654-9600.
5. Jill Freedman, A.C.S.W., or Gene Combs, M.D.; 225 S. Meramec, Suite 501, Clayton, MO 63105; (314) 721-8667.
6. Carol H. Lankton; PO Box 958, Gulf Breeze, FL 32561; (904) 952-6819.
7. Seyma Calihman, MSSW; 605A Bayilor, Austin, TX 78703; (512) 474-9020.
8. Wolf Buntig, M.D.; ZIST in Penzberg, ZIST 3, D-8122 Penzberg, West Germany; 08856/592.
12. Western Clinical Training Associates, John Bulsabzen; 1460 7th Street, Suite 305, Santa Monica, CA 90401; (213) 458-2717.
13. Linden Morningstar, M.A.; PO Box 261, Templeton, MA 01468; (617) 359-5604.
14. Anthony Gaito, A.C.S.W.; Associate Trainers, 567 Split Rock Road, Syosset, NY 11791; (516) 922-2926.
17. Allen Havens, N.C.A.; 12 West 21st Street, New York, NY 10000; (212) 606-6770 or (800) NCA-CALL.
18. George Ingram; University of California Extension, Cambridge House, Santa Cruz, CA 94064; (408) 429-2761.
20. Terry Jenkins, Ph.D.; Wasatch Canyon Hospital, 5770 S. 1500 West, Salt Lake City, UT 84123; (801) 265-3000 or (801) 262-6999.
Interview continued

access subliminally picked-up information from eyewitnesses to a crime. It's very valuable, and I've been doing a lot of work in examining witnesses. If they are afraid enough, they'll only pay close attention to the grosser part of it, like the smoking gun and the body on the floor. They've also picked up, because of the emotion, an enormous number of other details. They can pick these up and relate them to you in a way that can be very helpful in the field of law enforcement.

I think another one of my contributions was my training through work with surgical patients who have been traumatized that most of the trauma was not effected right there in the operating room, but rather when they are dreaming the nights after their surgery. Physiologically, very distressing things can occur that affect coagulation, respiration, bowel action—because of [the patient] repeatedly reliving the trauma of hearing something frightening. Often it wasn't intended to be frightening; the conversation in the operating room could have been casual, but because of the way of thinking that an unconscious person has, they [tend to] attribute everything that is said to them. So, if the surgeon is saying something about another patient, yesterday, the patient may feel that it relates to him. [Thus], it could be very damaging.

Y—For suggestions to have the kind of influence you're talking about, affecting patients' dreams, even affecting coagulation, we're talking about a very strong mind/body interaction. Can you describe what you have found in your studies about this mind/body relationship?

C—People involved with neurophysiology, something we've vaguely known for many years, are now beginning to tag the neuroproteins that are released at a cellular level in the brain and even throughout the body, and the receptors that respond to the proteins that are carrying the messages. I think the first such one was the endorphin: Candice Pert and her group at the National Institute of Mental Health learned about what the pain receptors do in relation to narcotics and also in relation to our own endorphins which are the precursors of what the morphine derivatives affect. As an obstetrician, I've been concerned for years with what happens emotionally that will keep a woman from menstruating, for example. Or, if she's very depressed or very angry, she may hemorrhage and bleed for long periods of time. We're beginning to think for this, but we're much more effective if we also think of what the brain is doing that makes these women do this bleeding. Fibroid tumors, and some other abnormalities of the uterus are definitely related to emotional factors. I've had patients who've regressed their fibroid tumors just by having a better understanding of themselves.

I learned many years ago that another condition in my field of gynecology has psychological roots—endometriosis. Apparently, the hypothalamus and the limbic system are trying like the dickens to make everything in the lower pelvis pregnant, so that the peritoneum is stimulated into forming outer cells that are really only for lubrication in the abdomen to keep the gut and the other organs from sticking together. It will metamorphose into glandular tissue that can actually menstruate at a time when a woman will be menstruating. In other words, it's trying to make glandular tissue that could receive an impregnated ovum.

Y—That is amazing. Can you go on?

C—Appropriately, this invariably relates to attitude. The people who characteristically have endometriosis are women who have had a low regard for themselves as females even though in growing up they realize they are very attractive, they're very appreciated. As females, they may have started life with the feeling that they should have been a boy. It's a very common cultural phenomenon among Jewish people, Chinese, Japanese, and so on. The family wants a boy, the first time, and [though] they're perfectly willing to accept a girl, the child that is born may get an imprinted impression of rejection. This can have a profound effect sexually and in many other ways.

Y—What do you mean when you use the term "imprinted"? That's an unusual word for talking about human development.

C—We endocrinologists have known for a long time, and so have comparative zoologists, (i.e., consider the work of Konrad Lorenz in Germany), that the impressions that are given to a very young animal, [he was working with grey lag geese] will imprint. The young ones will make a little chirping (they call it a "lost piping" sound), the mother responds to this and that apparently sets in — it's like setting the film ready to be taken. When they get into the water, the young ones then relate only to the mother. But, he found that he could fool them — put a piece of wood in front of them after making a recording of the delivery room — or didn't pick up, and get an idea of what has been shaping their attitude since birth. Just as babies bond with mothers when they have a chance to hear them and be cuddled by them and be nursed by them in the delivery room, so also they can get a feeling of rejection. This may override any show of love and affection from that mother later. If I may say, that's another contribution that I've made. It's been made by others on a speculative basis, though we can actually establish what has happened; we've been able to check the mothers and the babies on the verity of what the baby remembers.

Y—How is that? How can it be established?

David B. Cheek, M.D.

-[13]-
Interview continued

... affect, but you cannot change the details of an imprinted memory.

I’ve worked at this very hard. I really challenge people to test this out for themselves. Based on that false impression, you can fabricate a real trauma like witnessing a crime, and have it altered. I say, “Of course you can do this!” We’ve known for centuries that people can be shown high stage hypnosis to hallucinate a dog that really isn’t there. I’ve had people hallucinate a dog over there at a verbal level, and I’ve asked their fingers, “Can you see a dog over there?” and they say, “Of course” and yet their finger says “no.” You see, at a deeper level there’s much more integrity of observation. What has been fixed in there is a memory with emotion. On the stage there is not real emotion. But, when its been fixed by real experience, your next impact is a lighter level type of information, you see what I mean, it just doesn’t.

Y—For you, then, the concept of birth trauma makes sense?

C—Yes. There must be something to it, like Freud, Otto Rank, and others speculated. But, they were basing their information on what people came up with in dreams. Dreams are very difficult to evaluate, because dreaming is usually a transference from a deeper level type of a thought process. This was what I started from.

The next thing that impressed me very much was what happens, for instance, with a traumatic surgical experience that is not so bad in the operating room, but on repeated replication on successive cycles of sleep, not dreaming sleep, but deeper, they will argue with you about the experience.

When you’re getting these denial responses, for instance, of a finger that says, “I’m dreaming,” as I ordinarily think of dreams — it is the kind that is garbled, it can be symbolic, and so on — and they’ll give a signal when they’re going over the thing that’s the spur so to speak of that signal of dreams. And you’ll say, “Well, that’s a dream, isn’t it?” And they’ll indicate, with a finger, that it is not a dream. And then you’ll say, “Well, what is that?” and they’ll say, “Well, I feel that it’s real. I’m reliving it — it’s not a dream. And that is where the essence of it is that they’re reacting to physiologically as though it is real. The effect of that can be a build-up. I found with women who develop preclampsia, severe cramps, high blood pressure, protein in their urine (one of the dangers of obstetrics) this will never occur because of one dream. It will occur because of successive, frightening thought processes, that they’re acting in stress. As all animals do in stress, we’re holding back salts, electrolytes, water. See, we’re basically marine animals, and if we’re in danger or very sick, we have to hold back those things; otherwise we die clinically. So, I’ve found the deep stuff is very powerful, and we should know how to access this information. You cannot do it just by talking to a person, or asking “What did you dream last night?” They won’t tell you. The reason why I feel that it is real, and there is validity to it, is because I have worked with women who have developed very severe toxemia, and have had them discover what the cause of it was; they have felt (and this was not my opinion, but their subjective feeling) that they feel a tightness in their body, that they’re reacting to this, once they know it was just a dream (I mean, in the sense that it was not real). For instance, here’s an example of a woman who was doing perfectly well in pregnancy until about four weeks until term. She gave a party and three people came into the room, remarked how slender she looked, and one of them said, “You don’t even look pregnant, Barbara.” And she laughed about this, because she knew she was pregnant [and] that everything was all right. But that night, she dreamed about having a baby that looked like a grasshopper. It was a very intensely frightening dream to her. I saw her three days later, and blood pressure was up to 170/110. That woman, as soon as she discovered what was [upsetting] her went on with her relaxing and the other things I was teaching her. She brought her blood pressure down to normal, and went on the rest of her pregnancy to term. She did not frighten out the protein, but obstetricians know that people can have protein in their urine and not have trouble. It’s only [a problem] when their blood pressure is also up. I’ve had enough of these cases to feel pretty confident... ‘You see, at a deeper level there’s much more integrity of observation.’

Y—You’re obviously convinced there does not have to be a cognitive structure established for memory to operate. Prenatally there isn’t one, and at birth there isn’t one...

Who is assuming? Who is assuming that?

Y—You’re saying that’s not a safe assumption.

C—It isn’t a safe assumption. Suppose you listen to a Chinese lecture, now, today — I presume you don’t know Chinese, but you’re interested in whatever was the subject of the lecture. Then, you decided you’ve learned something about that and studied Chinese. You made a tape recording of the lecture. You play that tape recording 10 years later, when you know Chinese, and you understand it — does that make sense?

Y—I don’t know — perhaps...

C—That’s what birth experiences... I think, this mean, it is my interpretation, because it doesn’t make sense that they would know language.

Y—So, they will store these sensory impressions, and then be able to organize them and understand them later?

Are you acquainted with the paper I wrote on head and shoulder movements during the birth process? This is one example, and I believe a very good one. If you have someone relive their birth as they understand subjectively their birth impressions, there’s something else going on. That is, they’re replaying their muscular responses to what was imprinted as a sen-

sory stimulus as well. A baby lines up on one side or the other of the mother, and very rarely will the back, for instance be absolutely [centered] in front, it’s usually on one side or the other. The head, the access of the head is at right angles to the access of the shoulders. As the baby comes down into the birth canal, the greatest diameter is the diagonal if the mother is lying on her back, so the head comes down in either direction, that is off the vertical — 45 degrees; then, in order to get out of the outlet it has to rotate to a vertical diameter, which is greatest at the outlet. You see what I mean? It comes down to a slant, turns, and then as it comes out, there’s tension on the muscles, because its head has been turned, so it will do what we call resist — go back to its original position. Say, if the back is over here — it will come down this way and then go over here. The obstetrician watches that and then turns it some more so that the shoulders will come out in the vertical plane. I’ve done this with hundreds of people, and I have done things with babies that I knew very well how they were delivered and their record that I dictated 20 maybe 18 years earlier, and did not look at my records until after I had done the interview, so I could not possibly have influenced...
Interview continued

You said both of them. Are you referring to Erickson and LeCron?

C—Yes, they were working together, and Aaron Moss who was a dentist [also there]. At that time he had been shifted to another room working with all the dentists. Actually, about 40 percent of the interest in hypnosis was from dentists and about 35 percent from medical people. There were very few psychologists then but now it’s an ascending bunch, and I’m happy about that.

I heard both of them talk about surgery, and they would say, “Be careful what you say in the operating room,” and I thought, “What do they know about that? I’ve worked with this, and they’re both wrong.” I gave anesthetics, and I made sure people didn’t hear after they went to sleep.

But, the permissiveness was the first thing that impressed me very much. I went on reading and listening to Erickson and working with Erickson in various ways. I also worked with LeCron. Both had their characteristics; they were both remarkable people. Erickson was very complicated and very intuitive. LeCron was intuitive, too, but with much simpler approach. He picked up most of his knowledge about ideomotor stuff from watching Erickson and listening to Erickson advising people to watch your whole subject instead of thinking. “What am I going to say next?” LeCron latched on to the possibility of getting at information, where as Erickson was so complex.

I felt Erickson was the teacher’s teacher. It was not easy for students working with Erickson to do anything but say, “My God, what wonderful things he is doing!” Showing people, for instance, they could not do something in some way they couldn’t do. Showing them first that they could be observing themselves and clearing up a problem; but then they’d find some ways of doing it. He was teaching all the time, while he was making people seem to be manipulated. Psychiatrists watching Erickson were often horrified, because they were concerned with his manipulative way of working on people. But I think all the time I watched him, he was teaching people that there are ways around things that can be difficult. Even if it seemed sometimes as though he was making fun of them, they were learning something from him—like he kept an open mind. In contrast, LeCron was always wanting the individual to make decisions for himself right off the top. The patient was not to be coerced in any way, not to be manipulated, but simply to answer the question, “yes” or “no,” like a computer.

What impressed me the most was I learned the theoretical things from Erickson. Ten years after he died he was still saying things I would discover that, “My God!” he had said that, and I thought I had said that.

He was always way ahead of everyone. And

“Hypnosis is the most decisive training experience I’ve had.”

Paul Erickson November 14, 1987

“Sessions with the Masters” workshop sponsored by The Erickson Foundation.

for the possibility of uncoiling a can of worms with people. I think he was concerned with what people would think if something came up and a person had an abreaction. For instance, in front of 200 people.

You worry about the psychiatrists and what they think. Teaching hypnosis, you don’t want to scare them away. We found that people can protect themselves very well. We always gave them [ways to do that] at an ideomotor level. If that’s what their muscles were telling us, anyone who would respond “No, I don’t want to answer,” for example, if they didn’t want to get into something.

—You mentioned one of the things that has always impressed me about your writing. You’ve always given people that safe way out.

Yes, we allow people to change course.

Interview continued

I found a curious thing. If you get somebody who, for instance, you’re asking, “Would it be all right to know something about your birth?” and they signal, “I don’t want to answer,” I found that almost always, over the last ten years, their body is beginning to react, they are there. They’re on the scene, and it’s too heavy for them to handle. At first, I was wondering what to say next when it would change for them from “I don’t want to answer.” “Yes.” Distance often makes things seem less traumatic.... anyone who’s been through a critical thing finds it’s easier to talk about it when it’s back there [in the past] than if you’re in the scene [now]. I would say, “How about just from [today], for instance, would it be all right to know about your birth?” and have the “I don’t want to answer,” change to a “Yes.” Just as if I had noticed you let them go out a few times, they’re getting a distancing as well as a desensitizing to [the memory]. Then processing it can go on in seconds, 15, 20 second intervals that can allow them to then agree and go back and look at their stuff safely, without something heavy, but they can dissociate themselves from it. Another beautiful characteristic used in the ideomotor level questioning is it isn’t “me” answering, it’s their fingers. They don’t have to feel involved or feel foolish for having done something wrong since now they’re observing. One woman who had gone 38 months without a menstrual period felt she was pregnant. She had vomited, had milk in her breasts, had all the symptoms of pregnancy, but no pregnancy. I was asked to work with her I had a pendulum, because I didn’t think she’d be willing to use hypnosis (I was just told to see her as one of the items). I showed her the pendulum, and I said to her, “The inner mind knows a lot more about what goes on in your body, and I know you have to want to have babies. Let’s find out... and this is the way you can do it... to get to the unconscious.”

—No formal induction?

C—Induction. So I had her hold the pendulum and she said, “I can’t make this yes, yes, yes,” and it went in the other direction of “No, I don’t want to answer.” I said, “Does your inner mind know you can have babies just like anyone else? I know you and your husband want them.” She said “Yes, probably, no, I mean no.” And I said, “Well, what if you could use that knowledge to help you feel why you feel that way?” She said, “No, I don’t want to answer.” She was puzzled. Then I said, “Well, what about your husband, would it be all right for him to know?” That happened to be a lucky guess, because she said “Yes.” Then we traced it back — was it before the age of 20, 30, before marriage? Eventually, she put the ball down, and she already knew subconsciously what it was. Her remark was, “My God, how can I have been so stupid?” I knew what she had just discovered, but I said, “What do you mean?” She said, “Well, when I was three months old, my father died of pneumonia and I guess I was afraid, that I had the baby, and she was the only child, my husband would die.” I said, “Well, that does sound kind of weird, so let’s ask the pendulum — ‘is that the whole story?’” She said, “Yes,” I said, “Well, that was 32 years ago (or whatever), and we have antibodies and all kinds of things now.” Let’s ask the pendulum — “Do you realize now you can menstruate to show you’re a female again?” She said, “Yes.” By then, it was in a trance. I asked her to go forward. This is a good way to find where resistance is in people. If they will hallucinate, which is another way of saying what we’re doing, if they can do this — if they can hallucinate something constructive, then they can hit it as a goal. You see what I mean? All good athletes do this, they see themselves [succeeding]. She picked a date [to menstruate] that was two weeks from the time of my last period, and she came back later, and she had menstruated, not on that day, but

continued next page

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How to Be continued

Principle #7: Have a Significant, Meaningful Experience Caused by Erickson

Try to associate yourself with Erickson as directly as possible (keep in mind that he died in 1980 so you could not have had too direct a contact with him after that). However, if you are desperate and want to go all out, you can report that something you saw on one of Erickson's videotapes planted an image of him in your unconscious mind and that now when you go into a trance, you see him and bear his voice. Relate as many personal anecdotes (these are even better than the metaphors already mentioned) about how Erickson said or wrote something that changed your life. You might try: "After watching a film of Milton working with an anorectic teenage girl, I found I could remember all the words to 'Louie, Louie' (Fershter, 1981) or "About a month after I read his induction with the paraplegic, blind, Portuguese dwarf, hair started to grow over my bald spot" (Haley, 1984).

References


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