Statistics ‘Prove’ Success of Evolution Conference

What many people hailed “the best conference they ever attended,” the Evolution of Psychotherapy Conference has measured up statistically as well.

The Dec. 12-16, 1990, meeting in Anaheim, Calif., was organized by The Milton H. Erickson Foundation. Statistics were compiled by the Foundation staff and have given the organization positive feedback to be used in future planning.

Of a possible five, the meeting ranked 4.49 overall in interest of topics. The format of the conference, practical value of the topics and the extent to which expectations were fulfilled all scored higher than 4.0 (4.10, 4.20 and 4.20, respectively). Attendees gave high marks to the Erickson Foundation staff with a rating of 4.37 for registration procedures. The conference headquarters hotel, The Anaheim Hilton and Towers, also saw a positive ranking with 4.16. An Evening at Disneyland Park proved popular with a 4.36.

The mean ratings for the programs are as follows: workshops, 4.39; conversation hours, 4.34; panels, 4.18; keynote addresses, 4.15; clinical presentations, 4.11; dialogues, 4.01; and supervision panels, 3.86.

Workshops were three-hour events conducted by the faculty. Conversation hours gave attendees an opportunity to hear speakers discuss his or her type of therapy. Panels were presentations featuring faculty members together on a forum to discuss a specific topic (i.e., Family Therapy, Ethics, Humor, etc.). Keynote addresses, a new feature of the 1990 conference, brought attendees together for plenary sessions on two separate occasions: Viktor Frankl’s address was “From Concentration Camp to Existentialism.” Thursday, Dec. 13. Betty Friedan’s address “The Challenge of Evolving Women, Men and Families,” was held Friday night, Dec. 14.

Clinical presentations were given by various faculty members and gave attendees an opportunity to watch their teachers demonstrate their therapy methods. Dialogues featured faculty members discussing a variety of topics. Supervision panels enabled the faculty to discuss specific cases and give advice to attendees.

“We use these statistics in a number of ways,” said Jeffrey K. Zeig, Ph.D., Director of The Milton H. Erickson Foundation. “The ratings help us see strengths and weaknesses in the program design. We also use the information for continuing education purposes. The compilation of these statistics is part of the ongoing process to offer the highest quality educational events in the field of psychotherapy.”

Needs Assessment Survey Results

A second set of statistics also was compiled after the Evolution of Psychotherapy Conference. A “Needs Assessment Survey” was distributed to all attendees. The questionnaire will help determine whether or not to hold another Evolution Conference, and if so, who would participate, when and where the event would be held and what format would be used.

Respondents indicated they have a high degree of interest in seeing a third Evolution of Psychotherapy Conference. Of 13 cities from which to choose, Anaheim, Calif. ranked highest as a possible location for the third meeting, followed by Phoenix, Ariz., and Las Vegas, Nev.

“Since the 1990 meeting was held in a California city, we think the results indicate a West Coast venue,” Zeig said. “However, this survey was taken from Evolution attendees who were roughly from the West Coast. We will also survey a national sample to be sure we have an accurate reading.”

Respondents said they prefer to have the...
From The Editor

In this issue of The Newsletter, my interview features Aaron T. Beck, M.D. As you may know, I have more than a casual interest in the topic of clinical depression, and who better to talk to about it than Tim Beck? What emerged in our dialogue comparing and contrasting Ericksonian approaches with Cognitive Therapy Methods was a powerful argument for how vital the assumptions one makes are in determining what happens in treatment.

Milton Erickson once said that "...if you look over the lives of happy, well adjusted people, they haven't analyzed their relationship with their parents — and they're not going to." I appreciate the emphasis of both Erickson and Beck on the positive resources of people that can surface when the right context is created collaboratively by the therapist and the client. I also appreciate their mutual emphasis on actively promoting change and their minimal preoccupation with the client's negative history. These are especially relevant factors in formulating effective interventions in treating depressed clients. I look forward to the continued growth of the body of literature supporting the notion that good therapy can be done briefly, deliberately and reliably. I also look forward to future opportunities to establish further links between Ericksonian approaches and other result-oriented methods.

Statistics continued meeting every five years and indicated that the second week of December would be their first choice for meeting dates; however, all three dates seem satisfactory. The other choices are the third week in June and the first week in December. The survey also polled respondents about the exact composition of the faculty: "We poll a variety of professionals and graduate students to determine the format of the meeting and who will serve on the faculty," he said. "The results of this needs assessment survey are the beginning of a lengthy process."

Notes from the Foundation

Foundation Gets Fax

The Milton H. Erickson Foundation recently installed a facsimile line. The line is open 24 hours a day. The new number is (602) 956-0519.

###

Foundation Undergoes Renovation

The Foundation also has undergone renovation. The administrative offices (3606 and 3610 N. 24th Street, Phoenix, Arizona) have been newly carpeted and painted. While there were times when daily operations were disrupted, the staff was able to perform activities fairly normally. Visitors are invited to stop by the offices this summer to see the new look.

###

Lankton Named Diplomate

Stephen R. Lankton, M.S.W., recently passed the exam for Diplomate in Clinical Hypnosis from the American Board for Clinical Social Work at the last meeting in October.

Lankton, founding editor of The Ericksonian Monographs, was honored at the Evolution of Psychotherapy Conference as the recipient of a bolo tie belonging to the late Dr. Erickson. The presentation was made by Dr. Erickson's widow, Elizabeth, and his daughter, Kristina K. Erickson, M.S., M.D.

It's a Boy!

Lynn D. and Carol Sue Johnson of Salt Lake City, Utah, announce the birth of their son, Stephen Michael Johnson, on November 11, 1990. The birth went very quickly and very well, and mother and son are fine. Stephen Michael weighed eight pounds at birth and is gaining rapidly. (He should pass his father soon.) Lynn is the eminently capable Utah psychologist who regularly contributes book and videotape reviews to the Foundation's Newsletter. Our heartfelt congratulations to Lynn, Carol and Stephen!

Zeig to Teach in U.S.S.R.

Jeffrey K. Zeig, Ph.D., will teach in Leningrad in the Soviet Union May 24-25, 1991, and in Moscow May 28-29, 1991. He will conduct programs on Ericksonian psychotherapy. The programs are being organized by the Mairon Neva Project in Leningrad and the Association of Practical Psychologists in Moscow. For additional information on the program in Leningrad, contact Sergei Lebedev, Director, Mairon Neva Project, 4 Serpuchovskaya, Leningrad 198013, USSR; fax number (812) 315-1701. For information about the program in Moscow, contact Julia Aloyskina, Department of Social Psychology MSU, Association of Practical Psychologists, Marx Avenue, 18, Building 5, 103009 Moscow, USSR.

Newsletter Business

The Newsletter is published three times per year. The closing dates are April 15, August 15, and December 15. This means all items to be included must be received by those dates. The Newsletter is posted approximately six to eight weeks later. As always, send all advertising directly to the Foundation in Phoenix. Training events, announcements and other information should be sent directly to me at the Leucadia, Calif. address on the front page.

New Directions in Ericksonian Psychotherapy

Audio Cassette Program by Stephen G. Gilligan, Ph.D.

This tape set is edited from a seminar Stephen taught in Boulder, Colorado, October 1990. In this tape set he offers new perspectives, expands established ideas, and weaves together a number of powerful theories. People new to the field, as well as advanced practitioners, will find this tape set of great interest. Includes: Archetypes as a means of communicating hypnotic ideas; Bringing a person back into relationship with his/her unconscious; "inner-active" imagination; Joining and expanding the experiential field; Generating stories and symbolic structures; Ideomotoric signaling; Pain control; Developing and utilizing compliments; and much more. (119-minute cassette tapes in a binder, $115 plus shipping).

Call or write to order.

Genesis II
 mentioning a World of Possibilities
4640 Hygiene Road • Longmont, Colorado 80503 • (303) 283-5053

The University of California
Santa Cruz
Santa Clara Extension
presents

Jeffrey K. Zeig, Ph.D.
Ericksonian Psychotherapy
Intermediate/Advanced
June 28-30, 1991
Location: TechMart Offices
in Santa Clara, Calif.
Open to professionals with a minimum of a Master's Degree and full-time graduate students in accredited programs.

For information: University of California - Santa Cruz
Santa Clara Extension
740 Front Street
Suite 155
Santa Cruz, CA 95060
(408) 427-6610

SM

Limited to 20 participants

Phoenix Intensive Training Programs

in Ericksonian Approaches to Hypnosis and Psychotherapy
at the Milton H. Erickson Foundation in Phoenix

The Milton H. Erickson Foundation PRESENTS

Phoenix Intensive Training Programs
in Ericksonian Approaches to Hypnosis and Psychotherapy
at the Milton H. Erickson Foundation in Phoenix

Jeffrey K. Zeig, Ph.D.
Director, The Milton H. Erickson Foundation
Brent B. Geary, M.S.
Coordinator, Intensive Training

PLUS

Week I — FUNDAMENTAL PRINCIPLES

Week II — INTERMEDIATE/ADVANCED APPLICATIONS

Summer

Week I

Week II

June 17 - 22, 1991
June 24 - 29, 1991

Fall

Week I

Week II

Sept. 30 - Oct. 5, 1991
Oct. 7 - 12, 1991

INSTRUCTOR:
Doctoral or Master's degree in health professions or full-time graduate students in accredited programs. Other training opportunities also available.

ONE WEEK

Early (5 weeks prior) $325
Regular 595
Full-time graduate student (Early) 450
Full-time graduate student (Regular) 520

BOTH WEEKS

Early (5 weeks prior) $975
Regular 1115
Full-time graduate student (Early) 825
Full-time graduate student (Regular) 965

FOR INFORMATION, write or call:

The Milton H. Erickson Foundation
3606 N. 24th St.
Phoenix, AZ 85016 USA
(602) 956-6196; FAX (602) 956-0519
the 1990 evolution of psychotherapy

sponsored by the milton h. erickson foundation, inc.

workshops

- PC289-w1aba - rational-emotive therapy (ret), albert Ellis, PhD - $21.00
- PC289-w2ab - treating adolescent psychoses, mara servini palazzoli, MD - $21.00
- PC289-w4ab - fostering depth in client self-exploration, James F.T. Bugental, PhD - $21.00
- PC289-w5ab - multimodal assessment and therapy, Arnold Lazarus, PhD - $21.00
- PC289-w6ab - fundamentals of Ericksonian hypnosis, Jeffrey K. Zieg, PhD - $21.00
- PC289-w7ab - mind-body healing in everyday life: the ultradian healing response, Ernst Rossi, MD - $21.00
- PC289-w8ab - the power of tight therapeutic sequences, Erving Polster, PhD - $21.00
- PC289-w9ab - conversation with an officially denominated "schizoid" patient, Thomas Szasz, MD, disc. James hallinan, PhD - $21.00
- PC289-w11ab - the varied dynamics and related treatment protocols of social anxiety, agoraphobia, and panic, Joseph wolpe, MD - $21.00
- PC289-w12ab - how to read the body: past history into present behavior, alexander lowe, MD - $21.00
- PC289-w13ab - gestalt therapy: support and integration, miriam foster, PhD - $21.00
- PC289-w14ab - cognitive therapy of couple's problems, Aaron t. Beck, MD - $21.00
- PC289-w15ab - the first two interviews in family therapy: negotiating and conducting the blind date, carl whitaker, MD - $21.00
- PC289-w16 - family games: what they are and how to avoid them, mary goulding, MSW - $21.00

workshops

- PC289-w17ab - supervision of psychotherapy of borderline and narcissistic personality disorders, James masterson, PhD - $21.00
- PC289-w18ab - directive therapy, Jay Haley, MA - $21.00
- PC289-w20ab - workshop on dynamic psychotherapy, judi mamar, MD, PhD - $21.00
- PC289-w21ab - research frontiers in the evolution of psychotherapy, Ernest Rossi, PhD - $21.00
- PC289-w22ab - cognitive therapy of personality disorders, Aaron t. Beck, MD - $21.00
- PC289-w23ab - the therapy of sex offenders and their clinicians, cloe madanes, lic. psychol. - $21.00
- PC289-w24ab - cognitive-behavior modification with adults, donald meichenbaum, PhD - $21.00
- PC289-w25ab - the therapeutic family reunion, carl whitaker, MD - $21.00
- PC289-w26ab - Psychotherapy of "as I" paul wattlitz, PhD - $21.00
- PC289-w27ab - relationship issues: a rational-emotive approach, albert Ellis, PhD - $21.00
- PC289-w28ab - the use of dreams in sex therapy, Helen singer kaplan, MD, PhD - $21.00
- PC289-w29ab - control theory in the practice of reality therapy, william glasser, MD - $21.00
- PC289-w30ab - the conduct of supervision in depth psychotherapy, James F.T. Bugental, PhD - $21.00
- PC289-w31ab - family therapy, salvador minuchin, MD - $21.00
- PC289-w32 - therapy of adolescence, Jay Haley, MA - $21.00
- PC289-w33ab - fundamentals of Ericksonian therapy, Jeffrey K. Zieg, PhD - $21.00
- PC289-w34ab - releasing body and emotional tension, Alexander lowe, MD - $21.00
- PC289-w35ab - reality therapy is applicable to all varieties of clients, william glasser, MD - $21.00
PC289-W56AB  Group Therapy: A Live Demonstration, Mary Goulding, MSW  $21.00

CLINICAL PRESENTATIONS

PC289-CPS  The Ultrasound Healing Response: Mind-Body Healing in Everyday Life (Demonstration), Ernest Rosol, PhD  $10.50

PC289-CPS  Mobilizing Assertiveness (Demonstration), Alexander Lowen, MD  $10.50

PC289-CPS  Psychotherapy with an Adult or Adolescent Client (Demonstration), William Glasser, MD  $10.50

PC289-CPS  Live Demonstrations of Rational-Emotive Therapy (Demonstration), Albert Ellis, PhD  $10.50

PC289-CPS  Supervision of a Brief Psychotherapy Case (Demonstration), Jud Marmor, MD, PhD  $10.50

PC289-CPS  "Working Close" with Resistances to Client Presence (Demonstration), James F.T. Bugental, PhD  $10.50

PC289-CPS  Ericksonian Hypnotherapy (Demonstration), Jeffrey K. Zieg, PhD  $10.50

PC289-CPS  Demonstration of Supervision (Demonstration), Milan Polster, PhD  $10.50

PC289-CPS  Therapeutic Three Generation Family Reunion (Demonstration), Carl Whitaker, MD  $10.50

PC289-CPS  Eye Movement Desensitization of Post-Traumatic Stress Syndrome (Demonstration), Joseph Wolfle, MD  $10.50

PC289-CPS  Gestalt Therapy: Humanization of Technique (Demonstration), Erving Polster, PhD  $10.50

TOPICAL PANELS

PC289-P1  Essentials Aspects of Psychotherapy, James F.T. Bugental, PhD, Albert Ellis, PhD, Mary Goulding, MSW, Carl Whitaker, MD  $10.50

PC289-P2  Treatment of Depression and Anxiety, Alexander Lowen, MD, Donald Meichenbaum, PhD, Paul Watzlawick, PhD, Joseph Wolfle, MD  $10.50

PC289-P3  Homework Assignments, Arnold Lazarus, PhD, Cloe Madanes, Lic. Psychol., Mara Selvini Palazzoli, MD, Jeffrey K. Zieg, PhD  $10.50

PC289-P4  Brief Versus Long-Term Therapy, Jud Marmor, MD, PhD, James Masterson, MD, Donald Meichenbaum, PhD, Mara Selvini Palazzoli, MD  $10.50

PC289-P5  Training Psychotherapists, James F.T. Bugental, PhD, Milan Polster, PhD, Arnold Lazarus, PhD, Salvador Minuchin, MD  $10.50

PC289-P6  The Language of Human Facilitation, William Glasser, MD, James Heiman, PhD, Ernest Rosol, PhD, Paul Watzlawick, PhD  $10.50

PC289-P7  Sexuality, Albert Ellis, PhD, Helen Singer Kaplan, MD, PhD, Alexander Lowen, MD, Jud Marmor, MD, PhD  $10.50

PC289-P8  Resistance, James F.T. Bugental, PhD, William Glasser, MD, Donald Meichenbaum, PhD, Erving Polster, PhD  $10.50

PC289-P9  Key Ethical Considerations, Jay Haley, MA, Rollo May, PhD, Thomas Szasz, MD, Jeffrey K. Zieg, PhD  $10.50

PC289-P10  Therapeutic Uses of Humor, Arnold Lazarus, PhD, Cloe Madanes, Lic. Psychol., Milan Polster, PhD, Carl Whitaker, MD  $10.50

PC289-P11  Transference/Counter-transference, Alexander Lowen, MD, James Masterson, MD, Rollo May, PhD, Erving Polster, PhD  $10.50

PC289-P12  Therapy and Social Control, Mary Goulding, MSW, Jay Haley, MA, Salvador Minuchin, MD, Thomas Szasz, MD  $10.50

SUPERVISION PANELS

PC289-SP1  Supervision Panel, William Glasser, MD, Milan Polster, PhD, James Masterson, MD  $10.50

PC289-SP2  Supervision Panel, Albert Ellis, PhD, Erving Polster, PhD, Jeffrey K. Zieg, PhD  $10.50

PC289-SP3  Supervision Panel, Salvador Minuchin, MD, Carl Whitaker, MD, Joseph Wolpe, MD  $10.50

PC289-SP4  Supervision Panel, Jud Marmor, MD, PhD, Donald Meichenbaum, PhD, Paul Watzlawick, PhD  $10.50

PC289-D1  Working with The Mind: Working with The Body, William Glasser, MD, Alexander Lowen, MD  $10.50

PC289-D2  Cognitive Schemas: Rationality In Psychotherapy, Albert Ellis, PhD, Arnold Lazarus, PhD  $10.50

PC289-D3  The Legacy of Gregory Bateson, Mara Selvini Palazzoli, MD, Paul Watzlawick, PhD  $10.50

PC289-D4  Sex Roles / Sex Roles, Helen Singer Kaplan, MD, PhD, Miriam Polster, PhD  $10.50

PC289-D5  How Does Therapy Cure? James F.T. Bugental PhD, Mary Goulding, MSW  $10.50

PC289-D6  The Politics of Psychotherapy: Negative Effects and Intended Outcomes, James Hillman, PhD, Thomas Szasz, MD  $10.50

PC289-D7  Personality Disorders and Therapeutic Neutrality, James Masterson, MD, Donald Meichenbaum, PhD  $10.50

PC289-D8  Growth Facilitation, Rollo May, PhD  $10.50

PC289-D9  The Contributions of Milton H. Erickson, Jay Haley, MA, Ernest Rosol, PhD, Jeffrey Zieg, PhD  $10.50

PC289-D10  Family Therapy: Terminable or Irremediable? Salvador Minuchin, MD, Carl Whitaker, MD  $10.50

PC289-D11  Family Therapy: Terminable or Irremediable? Salvador Minuchin, MD, Carl Whitaker, MD  $10.50

PC289-D12  Reflexs May, PhD  $10.50

PC289-D13  Thomas Szasz, MD  $10.50

PC289-D14  Alexander Lowen, MD  $10.50

PC289-D15  Jud Marmor, MD, PhD  $10.50

PC289-D16  Erving Polster, PhD, Milan Polster, PhD  $10.50

PC289-D17  Arnold Lazarus, PhD  $10.50

PC289-D18  Betty Friedman  $10.50

COMPLETE SET PC289 (148 tapes) FOR ONLY.....$1239.00 YOU SAVE....$315.00

1 - 5 Audios - $10.50 each
6-11 Audios - $10.00 each
12-23 Audios - $9.50 each
24 or more Audios - $9.00 each

SEND IN ENTIRE FORM

NAME__________________________
ADDRESS__________________________
CITY/STATE/ZIP__________________________
COUNTRY__________________________
DEGREE/MAJOR__________________________
UNIVERSITY__________________________

SEND ORDER AND REMITTANCE PAYABLE TO: The Milton H. Erickson Foundation 3606 North 24th Street Phoenix, AZ 85016 (602) 956-6196

# of audios _____ x $10.50 TOTAL $_____
# of audios _____ x $10.00 TOTAL $_____
# of audios _____ x $9.50 TOTAL $_____
# of audios _____ x $9.00 TOTAL $_____

SUB TOTAL $_____
AZ RESIDENTS SALES TAX 1.2% $_____
SHIPPING (add $1.00 per audiotape max $10.00) $_____
INT'L SHIPPING AIRMAIL (Multiply subtotal by 10% Plus additional $1.00 per tape, max $10.00) $_____
TOTAL AUDIO AMOUNT $_____

Please allow 3 to 4 weeks for delivery in the USA, 5 to 6 weeks for International orders.
Conference Announcements

The International Conference on the Use of Stories and Metaphors as Tools in Communication will be held July 16-19, 1992, in Budapest, Hungary.

The Conference is being organized by the Hungarian Psychiatric Association. Plenary sessions, workshops, seminars and a poster section will be featured.

For additional information, write The Congress Bureau Motesz, Budapest, P.O. Box 32, H-1361, Hungary.

# # #

The first Scandinavian Conference on "Alternative States of Consciousness" will be held June 23-27, 1991. The Conference will be held in conjunction with the first World Congress on Mental Training at Orebro, Sweden.

For registration information, contact Pernilla Akeson, Scandinavian International University, P.O. Box 3085, S-700 03, Orebro, Sweden; telephone, +46(0)19-33 22 33; fax, +46(0)19-33 22 35.

# # #

The Workshops and Scientific Programs of the First International Congress on Integrative and Eclectic Psychotherapy will be held in Mazatlan, Mexico, June 18-21, 1992.

The Congress is sponsored by the International Academy of Eclectic Psychotherapists and co-sponsored by The World Psychiatric Association (Psychotherapeutic Section).

For further information, please write First International Congress, Administrative Office, Apartado Postal 51-042, 45080 Guadalajara, Jalisco, MEXICO.

12th Congress, Satellite Meeting Rescheduled

The International Society of Hypnosis has postponed the 12th International Congress of Hypnosis and Psychosomatic Medicine. The Ericksonian Joint Conference also has been rescheduled. The programs have been rescheduled to be held in Jerusalem, Israel. Tentative dates for the 12th International Congress of Hypnosis are July 19-21, 1992. (workshops), July 22-24, 1991, (scientific program), and July 26-31, 1992 (Satellite — now called the Joint Conference).

For information about the 12th Congress, contact Moris Kleinhaus, M.D., 12th International Congress of Hypnosis, P.O. Box 50006, Tel-Aviv 61500, Israel.

For information about the Joint Conference, contact Burkhard Peter, Dipl. Psych., c/o M.E.G., Konradstr. 16, 8000 Munich 40, Germany.

New Dimensions in Ericksonian Psychotherapy

Stephen G. Gilligan, Ph. D.

"Psychotherapy as Empowerment" San Diego, CA, July 17-21, 1991

"Supervision" San Diego, CA, July 24-28, 1991

Contact: Omega Institute, (619) 942-1577
1504 Crest Drive, Encinitas, CA, 92024

New! Video Tapes

VIDETAPED CLINICAL DEMONSTRATIONS

☐ PC289-CPV3 $75.00 The Ultradian Healing Response: Mind-Body Healing in Everyday Life Ernest Rossi, PhD

☐ PC289-CPV4 $75.00 Mobilizing Assertiveness, Alexander Lowen, MD

☐ PC289-CPV5 $75.00 Psychotherapy with an Adult or Adolescent Client, William Glasser, MD

☐ PC289-CPV6 $75.00 Live Demonstrations of Rational-Emotive Therapy, Albert Ellis, PhD

☐ PC289-CPV7 $75.00 Supervision of a Brief Psychotherapy Case, Judi Mamar, MD, PhD

☐ PC289-CPV8 $75.00 "Working Close" With Resistances to Client Presence, James F.T. Bugaral, PhD

☐ PC289-CPV12 $75.00 Ericksonian Hypnotherapy, Jeffrey K. Zicj, PhD

☐ PC289-CPV13 $75.00 Demonstration of Supervision, Miriam Polster, PhD

DISCOUNTS

☐ 1 - 6 Videos $75.00 each☐ 7 - 13 Videos $70.00 each

# of videos x $75.00 TOTAL $ 

# of videos x $70.00 TOTAL $ 

PAL/SECAM x $15.00 TOTAL $ 

AZ RESIDENTS SALES TAX 1.2% $ 

SHIPPING (add $2.00 per video) $ 

INTL SHIPPIING AIRMIL (add $8.00 per video) $ 

TOTAL VIDEO AMOUNT $ 

Please allow 3 to 4 weeks for delivery in the USA, 5 to 6 weeks for International orders.

NEW! Video Tapes

VIDETAPED CLINICAL DEMONSTRATIONS

☐ PC289-CPV3 The Ultradian Healing Response: Mind-Body Healing in Everyday Life Ernest Rossi, PhD

☐ PC289-CPV4 Mobilizing Assertiveness, Alexander Lowen, MD

☐ PC289-CPV5 Psychotherapy with an Adult or Adolescent Client, William Glasser, MD

☐ PC289-CPV6 Live Demonstrations of Rational-Emotive Therapy, Albert Ellis, PhD

☐ PC289-CPV7 Supervision of a Brief Psychotherapy Case, Judi Mamar, MD, PhD

☐ PC289-CPV8 "Working Close" With Resistances to Client Presence, James F.T. Bugaral, PhD

☐ PC289-CPV12 Ericksonian Hypnotherapy, Jeffrey K. Zicj, PhD

☐ PC289-CPV13 Demonstration of Supervision, Miriam Polster, PhD

DISCOUNTS

☐ 1 - 6 Videos $75.00 each☐ 7 - 13 Videos $70.00 each

# of videos x $75.00 TOTAL $ 

# of videos x $70.00 TOTAL $ 

PAL/SECAM x $15.00 TOTAL $ 

AZ RESIDENTS SALES TAX 1.2% $ 

SHIPPING (add $2.00 per video) $ 

INTL SHIPPIING AIRMIL (add $8.00 per video) $ 

TOTAL VIDEO AMOUNT $ 

Please allow 3 to 4 weeks for delivery in the USA, 5 to 6 weeks for International orders.

New! Video Tapes

VIDETAPED CLINICAL DEMONSTRATIONS

☐ PC289-CPV3 $75.00 The Ultradian Healing Response: Mind-Body Healing in Everyday Life Ernest Rossi, PhD

☐ PC289-CPV4 $75.00 Mobilizing Assertiveness, Alexander Lowen, MD

☐ PC289-CPV5 $75.00 Psychotherapy with an Adult or Adolescent Client, William Glasser, MD

☐ PC289-CPV6 $75.00 Live Demonstrations of Rational-Emotive Therapy, Albert Ellis, PhD

☐ PC289-CPV7 $75.00 Supervision of a Brief Psychotherapy Case, Judi Mamar, MD, PhD

☐ PC289-CPV8 $75.00 "Working Close" With Resistances to Client Presence, James F.T. Bugaral, PhD

☐ PC289-CPV12 $75.00 Ericksonian Hypnotherapy, Jeffrey K. Zicj, PhD

☐ PC289-CPV13 $75.00 Demonstration of Supervision, Miriam Polster, PhD

DISCOUNTS

☐ 1 - 6 Videos $75.00 each☐ 7 - 13 Videos $70.00 each

# of videos x $75.00 TOTAL $ 

# of videos x $70.00 TOTAL $ 

PAL/SECAM x $15.00 TOTAL $ 

AZ RESIDENTS SALES TAX 1.2% $ 

SHIPPING (add $2.00 per video) $ 

INTL SHIPPIING AIRMIL (add $8.00 per video) $ 

TOTAL VIDEO AMOUNT $ 

Please allow 3 to 4 weeks for delivery in the USA, 5 to 6 weeks for International orders.

The Evolution of Psychotherapy

A Conference.

Anaheim, California
December 12-16, 1991

☐ PC289-CPV15 $75.00 Therapeutic Three Generation Family Reunion Carl Whitaker, MD

☐ PC289-CPV17 $75.00 Eye Movement Desensitization of Post-Traumatic Stress Syndrome Joseph Wapas, MD

☐ Complete Set Videos SPECIAL Price...$780.00

For PAL add an additional $15.00 per tape

We Honor: ☐ Mastercard ☐ Visa

Acct. No.
Exp. Date
Signature

SEND ORDER AND REMITTANCE PAYABLE TO:

The Milton H. Erickson Foundation
3606 North 24th Street
Phoenix, AZ 85016
(602) 956-6196
<table>
<thead>
<tr>
<th>DATE</th>
<th>TITLE/LOCATION/LEADER</th>
<th>CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/24-25</td>
<td>Ericksonian Psychotherapy, Leningrad, USSR, Jeffrey K. Zeig</td>
<td>1</td>
</tr>
<tr>
<td>5/28-29</td>
<td>Ericksonian Psychotherapy; Moscow, USSR, Zeig</td>
<td>2</td>
</tr>
<tr>
<td>3/31-6/2</td>
<td>Ericksonian Psychotherapy (Advanced); Bern, SWITZERLAND, Zeig</td>
<td>3</td>
</tr>
<tr>
<td>6/4-9</td>
<td>Ericksonian Psychotherapy, Rottweil, GERMANY, Zeig, Bernhard Trenkle, Gunther Schmidt</td>
<td>4</td>
</tr>
<tr>
<td>6/7-9</td>
<td>Clinical Hypnosis: Anaheim, CA, David Cheek, Donald Schaefer, Andre Wetzelt</td>
<td>5</td>
</tr>
<tr>
<td>6/17-22</td>
<td>Phoenix Intensive Training (Basic), Phoenix, Ariz., Zeig, Brent Geary, Other Faculty</td>
<td>6</td>
</tr>
<tr>
<td>6/19-23</td>
<td>Residential Training in Clinical Hypnosis; Los Gatos, Calif., Deborah Ross</td>
<td>7</td>
</tr>
<tr>
<td>6/20-22</td>
<td>Trancework, Seattle, Wash., Michael Yapko</td>
<td>8</td>
</tr>
<tr>
<td>6/23-27</td>
<td>First World Congress on Mental Training, Orebro, SWEDEN, Faculty</td>
<td>9</td>
</tr>
<tr>
<td>6/24-29</td>
<td>Phoenix Intensive Training (Intermediate/Advanced), Geary, Yvonne Dolan</td>
<td>10</td>
</tr>
<tr>
<td>6/24-8/30</td>
<td>Cape Cod Summer Symposium, Cape Cod, Maine, Faculty</td>
<td>11</td>
</tr>
<tr>
<td>6/24-8/30</td>
<td>Cape Cod Institute, Cape Cod, Maine, Faculty</td>
<td>12</td>
</tr>
<tr>
<td>6/28-30</td>
<td>Ericksonian Psychotherapy (Intermediate/Advanced), Santa Clara, Calif., Zeig</td>
<td>13</td>
</tr>
<tr>
<td>7/14</td>
<td>Second Eastern Conference on Ericksonian Hypnosis and Psychotherapy: Co-Creative Contexts for Change; Philadelphia, Penn., Faculty</td>
<td>14</td>
</tr>
<tr>
<td>7/15-19</td>
<td>Cape Cod Institute, Cape Cod, Maine, Zeig</td>
<td>15</td>
</tr>
<tr>
<td>7/17-21</td>
<td>Psychotherapy as Empowerment, San Diego, Calif., Stephen G. Gilligan</td>
<td>16</td>
</tr>
<tr>
<td>7/26-28</td>
<td>Ericksonian Psychotherapy, Guadalajara, MEXICO, Zeig</td>
<td>17</td>
</tr>
<tr>
<td>7/24-28</td>
<td>Supervision, San Diego, Calif., Gilligan</td>
<td>18</td>
</tr>
<tr>
<td>7/24-8/30</td>
<td>Jersey Shore Summer Seminars, Absecon, N.J., Faculty</td>
<td>19</td>
</tr>
</tbody>
</table>

**Contact Information**

1. USSR/CCCP, Leningrad 19803, 4 Serpuchovskaya, Mainor-Neva Ent., Sergei Lebedev, Dir.
2. Julia Alyoshina, Vice President of the Association of Practical Psychologists, Moscow 123155, Partizany 25 - 56, U.S.S.R.
5. Richard Landis, Ph.D., OCSEP, 2101 East 4th Street, Suite IIIA, Santa Ana, CA 92705; (714) 547-8120.
6. The Milton H. Erickson Foundation, 3506 N. 24th St., Phoenix, AZ 85016; (602) 956-6996; Fax (602) 956-0519.
7. Deborah Ross, Ph.D., Los Gatos Institute, 1994 Skyline Blvd., Los Gatos, CA 95030; (408) 354-7718.
8. Family Psychotherapy Practice, 2722 Eastlake Avenue East, Suite 300, Seattle, WA 98102; (206) 329-9101.
9. Pernilla Axsson, Scandinavian International Psychotherapy, P.O. Box 3085, S-700 03, Orebro, SWEDEN 460109-33-22.
10. New England Educational Institute, 9 Elm Street, Suite F2, Pittsfield, MA 01201; (413) 499-1499.
11. M. Peters, Ph.D., Cape Cod Institute, 1330 ECHS, Bronx, NY 10461; (212) 430-2300.
12. Colleen O’Driscoll, University of California - Santa Cruz, 740 Front St., Suite 155, Santa Cruz, CA; (408) 427-6600.
13. Robert Schwarz, P.O. Box 166, Ardsmore, PA 19003; (215) 790-1414.
14. Ori Levin, Ph.D., Albert Einstein College of Medicine - Dept. of Psychiatry, 1303 Belcher, Bronx, NY 10461.
15. Omega Institute, 1504 Crest Drive, Encinatas, CA 92024.
16. Centro Mexicano de Programacion Neurologica, Progreso 271, S.J., Guadalajara, Jalisco, MEXICO.
17. Midwest Educational Institute, 309 North Franklin St., West Chester, PA 19380; (215) 692-6886.
18. MRI Symposium, 555 Middlefield Road, Palo Alto, CA 94301; (415) 321-3055.
19. Wolfgang Lenk, Ph.D., Milton H. Erickson Institut, Berlin, Worpsweg 17, 1000 Berlin 02, GERMANY.
20. Krzysztof Klajz, Felszynskiego 23, 93-558 Lodz, POLAND.
22. Patrick Neyer, 73a Avenue Leopold-Robert, 2300 La Chaux-de-Fonds, SWITZERLAND (039) 23-08-18.
23. Camillo Loriedo, M.D., Centro di Studi e di Ricerche per la Psicoterapia, Viale Regina Margherita 37, 00198 Rome, ITALY.
24. Milton Erickson Institute e.V., Nasserstr. 32, 5000 Köln, GERMANY.
25. Families, Inc., P.O. Box 130, West Branch, IA 52358; (319) 643-2352.
26. Academy for Guided Imagery, P.O. Box 2070, Mill Valley, CA 94942; 1-800-726-2070.
27. Carol H. Lankton, P.O. Box 958, Gulf Breeze, FL 32562.
29. Gary Totland, Director of Marketing, Benchmark Regional Hospital, 592 West 1350 South, Woods Cross, UT 84087-1665.
30. Arkansas Clinical Society of Hypnosis, H.C.73, Box 68, Jerusalem, AR 72080.
31. Teresa Robles Uribe, Ph.D., Instituto Milton H. Erickson de la Ciudad de Mexico, A.C., Nicolas San Juan 834, 20 Piso, Col. del Valle, Mexico D.F. 03200 MEXICO.
32. AA-MFT, 100 Seventeenth Street, the 10th Floor, Washington, D.C. 20036; (202) 452-0109.

**Upcoming Training**

(Note: The Erickson Foundation lists workshops as a service to its Newsletter readers. We cannot attest to the quality of training provided in these workshops.) A $10 fee is required for each workshop submission.)
The Monographs

Ericksonian Monograph Number 8 and a New Brochure are Published
by Stephen R. Lankton, M.S.W., AHECSW

The Ericksonian Monographs just released volume number 8, "Views on Ericksonian Brief Therapy, Process and Action." This issue was co-edited by Stephen Lankton, Stephen Gilligan and Jeffrey Zeig, and reflects the theme of The Fourth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy, "Brief Therapy: Myths, Methods and Metaphors."

There are eight articles contained in the issue, each outstanding for its contribution.

One chapter was authored by two of Dr. Erickson's daughters, Betty Alice Erickson-Elliott, and Roxanna Erickson Klein. Their opinions have been shaped by academic training as well as by their work with their father. They witnessed his changing approach and experienced the results of that change as they were among those with whom he practiced and demonstrated his evolving work. These two writers had to be subjective while stepping back to be as unbiased as possible.


New brochure

New and potential authors will be happy to learn that a brochure is now available for the Monographs which explains the goals and requirements for articles submitted for publication. This is an updated version of the "Advice to Authors" letter which now has taken a more attractive appearance and a shape that allows for mass distribution. It is our hope that it will serve to increase the number of submitted articles and simplify the rewriting process by providing more conformity to the requirements from the first draft. The brochure is available by contacting the Milton H. Erickson Foundation, 3606 N. 24th Street, Phoenix, Ariz. 85016, phone (602) 956-6996, fax (602) 956-0319; or Stephen Lankton, P.O. Box 958, Gulf Breeze, Fla. 32562, phone (904) 932-6889, fax/modem (904) 952-3188.

Respectful awareness of the capacity of the patient's unconscious mind to perceive meaningfulness of the therapist's own unconscious behavior is a governing principle in psychotherapy. [1966]

(In Erickson, 1980, Vol. IV, chap. 28, p. 277)

For books of your choice—please check boxes, fill out the following and send to:

- An Uncommon Casebook
- Symbol, Story, and Ceremony
- Resolving Sexual Abuse
- Handbook of Hypnotic Suggestions and Metaphors
- Putting Difference to Work
- Stories That Heal

For books of your choice—please check boxes, fill out the following and send to:

Name
Address
City
St
Zip
Phone

American Express
MasterCard
VISA

Enclosed. Please add $2.50 shipping and postage for the first book, $1.00 for each additional book. NY and CA residents please add sales tax.

Check or money order

Account No.

Signature

Exp.

W.W. Norton & Company, Inc. 500 Fifth Avenue New York, NY 10110
Motivating Action Through Hypnosis

The Milton H. Erickson Foundation.
Phoenix, Arizona.

Lankton demonstrates working with a woman who views herself as too self-effacing and who has been unable to handle life as active as she wants. She hints at a history of clause, but when Steve pursues that, she declines to give details.

How do we motivate our clients to ACT? Steve offers many answers, beginning with the introductory remarks, in which he says the topic is broad enough that, "we can grapple" (said softly) "it." So we are to learn, presumably, to softly embed action words into our talk.

Steve is an acknowledged master of metaphor and indirectness and this tape is rich in examples of those skills. He additionally emphasizes paradoxical restraint from change more here than I have seen him do in the past. He is quite tentative and gentle with the client, possibly pacing her style, and so his paradox is also tentative and gentle, but there nevertheless.

I especially appreciated his gentle humor in paradox. At one point he asks the client to look at the audience and try to feel badly, and when she reports she doesn’t feel badly, he encourages her to feel badly about not being able to feel badly.

During the session he is able to elicit a resource state and then utilizes the audience to create reciprocal inhibition of the self-effacing behavior. This is a pattern well worth studying, and one I have used quite successfully, mainly with anxiety disorders.

Steve’s words are quite entrancing, but I will repeat an old theme of mine, namely that we don’t know for sure whether the woman is in a classic trance (e.g., a state characterized by involuntary movements and experiences) or not. I would like to see the kind of classic hypnotic phenomena which Erickson seemed to always be able to elicit.

—Reviewed by Lynn Johnson, Ph.D.
Salt Lake City, Utah.

Facilitating Creative Moments with Hypnosis

by Ernest Rossi, 1985.
The Milton H. Erickson Foundation.
Phoenix, Arizona.

I don’t know what dreams mean. I don’t know what my client’s dreams mean, and I don’t know what my own mean. When I try to analyze them, I can create reasonable meanings, but it doesn’t seem to do anything for my life to do that. I gave up analyzing my dreams because it didn’t seem to do anything for me.

Rossi does know what they mean, and furthermore, he models here a wonderful way that clinicians can utilize dreams in clients without knowing about dreams. He asks people to volunteer for the demonstration if they have had a dream about the conference. He then does some charming and skillful hypnotic inductions with the volunteers, in which he asks them to create their own, sometimes elusive, meaningful, something which comes strictly from themselves.

Rossi does reasonably straightforward inductions, especially when the client doesn’t follow minimal cues, so it is useful to watch him for the modeling that a student can do. His use of indirect suggestion is likewise something a beginning or intermediate student can profit from. The use of short hypnotic experiences is very useful. In my own work, I am much more likely to use several short trances in a one-hour session than one very long one; Rossi models an ideomotor-based approach to these short trances.

Rossi is described as playing a provocative, almost clown-like role to surprise and disorient clients. He seems to exaggerate his amazement, his breathing, and so on, and the clients go along with that.

A student worried about appearing foolish can benefit from watching that aspect of his demonstration. Erickson himself often played a similar role, insisting on things one would think were ridiculous, but somehow getting his way all the same. Rossi similarly insists people are in deep trance without any real evidence, and then the evidence (such as amnesia) shows up.

I can still kick a bit: Rossi suggests the “ah-ha” experience is central to psychotherapy, and I disagree with that. It is quite possible to have very good therapy results without any self-understandings, and given his close association with Erickson, I am surprised to hear him upset the central role of insight. But overall, this is a demonstration useful to a study group or teacher who wants to see several inductions and hypnotherapy demonstrations.

—Reviewed by Lynn Johnson, Ph.D.
Salt Lake City, Utah.

In the course of living, from infancy on, you acquired knowledge, but you could not keep all that knowledge in the foreground of your mind. In the development of the human being living in the unconscious became available in any time of need. When you need to feel comfort, you can feel comfort.

(Erickson, Rossi & Rossi, 1976, p. 155)

Interview continued

at the Massachusetts General Hospital. After my internship, it turned out that I’d have to wait for a year before that the residency could start because of all the veterans coming back. As a result of that, I went to the Veterans Administration Hospital in Framingham, Mass., and started a residency in neurology there. I decided to stay there. At the end of the year, the chief of the department of neuropsychiatry found there was a shortage of psychiatric residents, so he made an ex-post-facto rule that neurology residents had to rotate through psychiatry. Much against my wishes, I did accede and started my residency and, up into psychiatry. As I got into psychiatry, it really seemed very esoteric and strange. I found that psychiatry there was very much under the influence of the Boston Psychoanalytic Institute. Everything we would see in patients would be interpreted in terms of some deep, dark invisible forces. At first I thought it was very far-fetched, but when I talked to friends I really respected a great deal, I would say, “You know the reason you can’t really relate to this type of material is because you have your own resistances.”

They would say, “At one time, we used to feel that way. Then, we got into analysis and we realized we were blocking out this kind of deep unconscious symbolism because of our own anxieties.”

This intrigued me, and I thought, “There might be something to this after all.” At the end of the first six months, I went on to an additional six months.

At the end of that year, I was told that I had to go back to neurology. I thought, “Well, I’ve invested a whole year in this, and I still am not sure whether there really is anything in psychiatry.” So, I fought to stay in the psychiatry residency. I stayed with psychiatry, and got very much involved with psychoanalytic approaches to psychopathology. I decided to do a fellowship at the Austin Riggs Center, a psychoanalytically-oriented sanitarium. The more I saw of psychoanalytic approaches, the more I was intrigued by them because they had unitary explanations for everything from incest taboos to war and peace.

Consequently, after two years of fellowship training, I decided to go into psychoanalytic training. It just happened at the time the Korean War was going on, and I realized I would be called into service because of the doctor’s draft. I had been on the reserves up to that time, so I volunteered for duty and was stationed at Valley Forge Army Hospital. After that, hooked up with the Philadelphia Psychoanalytic Institute, went through my four years’ training and was graduated in 1956. I embarked on an academic career at the University of Pennsylvania, where I did research, teaching, training and clinical practice.

Y — Let me back you up a little bit, Tim. You said when you started the residency you were not particularly impressed with the notion of the unconscious and the psychoanalytic view of things. You obviously were very pragmatic even then. Give me a bit of the developmental history of your emphasis on pragmatism.

B — I think my parents were both very practical people. My mother, whom I had the most contact with, had a lot of very good common sense. I think much of my approach to life is based on that — dealing with concrete details and building on them. I always felt I had to have an open mind, and when the various processes of psychoanalysis appeared to be counter-intuitive, I thought, “Well, it may be that this very pragmatic may be standing in the way of my seeing things that are not quite so obvious.” So, I had to suspend disbelief, as it were, for a period of four or five years.

Y — Then, it re-emerged.

B — It re-emerged because I attempted to apply pragmatic approaches and rules to the data that a psychoanalyst would call the basic data of psychoanalytic research. It simply did not pan out. The psychoanalytic theses did not bear up under the harsh scrutiny of what you might call “academic analytic investigation.”

Y — It was very important for you to have that kind of empirical approach?

B — Oh, it was, really was. Otherwise, psychoanalysis could just be one other religion which has a tremendous spiritual impact and deals with the esoteric, but has no (empirical) basis in your world.

Y — Psychiatry is a broad field. Why your particular attraction to studying depression?

B — There were two practical reasons: One was that most of my patients were depressed, so it was an easy population to study. The second was that the psychoanalytic theories of depression had been so well spelled out and so concrete that they were eminently researchable, as opposed to any of the other psychodynamic formulations. Consequently, I was able to conceptualize the psychoanalytic formulations in a testable way.

Y — You say that most of your patients were depressed. Some of the recent epidemiological research shows that the rate of depression has increased dramatically. Why is there so much depression today?

B — Well, first of all, I don’t trust the epidemiological studies. However, I don’t see any great sociological reason for the prevalence of depression in society. I think if you look at any society throughout the world, depression will occupy

Continued on page 10

The general practitioner needs primarily to judge his patient’s behavior in terms of what may reasonably be expected of that particular individual and in terms of what behavior is in keeping with and harmonious with the general established patterns of behavior of the specific person.

(Erickson, 1941a, p. 108)
Symptom Analysis: A Method of Brief Therapy
M. Gerald Edelson, 1990.
WW. Norton & Co., New York, $12.95.

Edelson has produced a provocative and insightful model of brief therapy, using hypnotic interviews. This book explains the model and gives a variety of applications to a simple technique.

His theory is significant in that it is very simple and easy to apply. He says, "The patient experienced a traumatic incident or a series of traumatic incidents that caused some very painful feelings. In an effort to protect himself/herself from experiencing those painful feelings again, s/he adopted certain new behaviors, feelings, or attitudes. If those adaptive changes create problems, s/he is said to have symptoms." Edelson has a four-step treatment model which suggests the clinician (1) uncover the original trauma; (2) learn about the painful feelings; (3) understand how the symptoms protected the patient; and (4) help the patient understand the dangers. If the patient views his/her self and protects better ways to protect oneself.

While Edelson uses the notion of insight or understanding symptomatic dynamics, he allows that step four is real likely probably sufficient, and frames behavioral techniques as fitting into that step.

The book is fairly short (173 pages), easy to read, and has a sufficient number of helpful ideas and suggestions about treatment to make it worthwhile. In addition, Edelson comes across as a sort of cranky fellow, especially when he launches an attack on psychoanalysis and Freudian theory. There is a kind of ironic humor in his attacks that makes the medicine go down much more easily. He also attacks Ericksonian approaches at times, albeit somewhat more gently, and his attacks on indirect methods are thought-provoking. I disagree with him on his readiness to use medication in depression and anxiety and therefore assume that there are syndromes which only respond to medication. The actual evidence is much less clear than he would have us believe.

I also disagree with him about the role of "insight" in which he feels the symptom disappears when the patient understands how it came about. I suggest the essential feature is closer to what we call "reframing." The patient now feels different about the symptoms because they mean something different.

All told, an interesting and useful book.

—Reviewed by Lynn Johnson, Ph.D.
Salt Lake City, Utah

How many of us really appreciate the childishness of the unconscious mind? Because the unconscious mind is decided simple, unafflicted, straightforward and honest. It hasn't got all of this facade, this veneer of what we call adult culture. It's rather simple, rather childish.

(A&SC, 1980, Taped Lecture, 2/2/66)
Interview continued

about the same place in terms of the incidence of mental illness. So, I can't contribute depression to specific sociological factors.

Y — Do you attribute it to biological factors?

B — I think there are biological factors; there's a lot of evidence that certain types of depression have a very high overlay of biological determinism in them. My own theory is that people are wired in such a way that under certain circumstances a particular type of depression program could get activated. When these circumstances occur, the person will get depressed.

Y — You're talking about a biological predisposition to depression?

B — Yes. There is a biological predisposition to depression which varies from one person to another in terms of the individual's vulnerability. But we have a biological predisposition to everything: we all have a biological predisposition to thinking, feeling and behaving in particular, defined ways. The way thinking, feeling and behaving is expressed in some type of pattern is determined by the way the brain is wired. You see, everything's in the eye of the beholder in research. Some of the anthropologists I've talked to will take the opposite position and say that depression will express itself in different ways in different cultures.

Y — Do you agree with that?

B — Yes, I actually do. I have spoken to people from New Guinea, East Africa, Saudi Arabia and Ethiopia, and they say they see the same types of psychiatric conditions back home as they see in some place like Philadelphia. But, they are manifested in different ways. That's a scenario I don't really have any strong opinions on. I can only base whatever conclusions I have on what I personally have seen.

Y — If it is so different from culture to culture, then wouldn't it suggest that much of depression is, in fact, a learned phenomenon?

B — You see, just because I say there are biological factors doesn't mean that's the whole thing. We're wired in particular ways to acquire language, learn music, and so on. But, the type of language that we learn and the kind of melodies we respond to are determined by external factors.

Y — Well, that certainly would be consistent with your practice, because what you're doing is cognitive therapy. You're working at a psychological level rather than at an exclusively biological level. But, I'm really curious, then, how you respond to people like Martin Seligman who have written on the idea of attributional style being a learned phenomenon and attributional style being key components of depression. The sociocultural changes that lead people to be more helpless and hopeless has been a theme of the conference we're attending: there is this large learned element of depression that outweighs significantly the biological component.

Do you agree with that?

B — I agree with that. In order to learn, though, you have to have neurons, and those neurons are set up in a particular way and patterned in a particular way to extract and read external information which may be adaptive to our current situation, or may have been adaptive under other situations. My thesis is that very possibly, at one time, the depressive reaction was adaptive at some point in the classification of our species. Among primates that are separated from their parents at an early age, the infant goes into a state which is quite similar to what we see in depression — the loss of weight, and a kind of helplessness. This tends to then invoke a response in the other relatives — usually an uncle or an aunt — who adopt this little crying infant. So, the depressive response serves to elicit some type of positive constructive response from other figures. That's what I call a sociotropic depression, the affiliative depression that draws people toward the patient. The other type of depression you also find some kind of association in primates is what I call the defeat depression. Goodall described in her observations of chimpanzees that when an alpha chimp in the hierarchy is defeated in some type of interaction with a lowel level male primate, the alpha primate will tend to withdraw from the group instead of getting into a death struggle. Then, we see them reappear at a lower level in the hierarchy later. One of the hypotheses, then, is that this withdrawal is an adaptive mechanism for preventing both from becoming injured or killed. The defeated primate will live longer and then come back, but not be at the same level. So, a particular type of mechanism that could have been adaptive in the wild could be non-adaptive when circumstances change fairly rapidly. Our culture has evolved far more rapidly than some of these built-in (genetic) programs have. So, a program that could have been useful under more primitive circumstances becomes non-adaptive at the present time.

Y — You went through training in psychoanalytic approaches, and you're obviously fluent in your knowledge of the language of psychodynamic thinking and its notions of the unconscious. Milton Erickson's concept of a resourceful unconscious is central to Ericksonian approaches to hypnosis and psychotherapy. You don't talk about the unconscious, but you're very comfortable talking about "automatic thoughts." How do you distinguish the two?

B — The whole notion of the unconscious goes back several centuries, preceding Freud by a great deal. Freud had a particular construction of the unconscious: his idea was that underneath the surface of one's thinking and feeling was a careful dreading of taboo desires and wishes and motivational patterns. Then, there was a thick concrete wall of repression. The "unconscious," according to Freud, consisted of the compartment of the mind that is completely isolated from the conscious mind and kept in isolation through repression and defense mechanisms. So, when you use the word "unconscious," that's basically what people think of — the Freudian notion. My own notion is that consciousness is on a continuum. Some things are more conscious than others, and some are less conscious than others. When you drive your car, you're not conscious of every single move you're making, but if you're focusing on it, then you do become aware of what you're doing. Automatic thoughts are brief signals at the periphery of consciousness. Only when people train themselves to concentrate on the periphery do they become aware of their automatic thoughts.

Y — And the goal of being aware of them?

B — They are the most significant messages going through the brain in terms of emotions and psychopathology. For example, if I'm talking before a group, I might have a thought that I'm not presenting to anyone, and I'll have a peripheral thought: "You better speed up your presentation: you're talking too slow; or you're talking too slowly." These types of signals are going on all the time peripherally and regulate how you present the material. These internal signals are trying to keep you on track and get you to present the material in a particular way. Now, these thoughts can mess you up, can't they? They can say, "You're talking too fast. You're talking too slow. You look stupid. People are going to disagree with you." But these aren't the kinds of statements you are used to saying about yourself out loud to other people. Therefore, the little signals don't have to be at the forefront of your consciousness. However, it's interesting that when people get into a psychopathological state, this internal communication system becomes dominant, and the depressed person will then be thinking right at the forefront of his consciousness: "I'm dumb, I'm stupid. I'm going to flunk this test. People are going to reject me," and so on. So, the peripheral communication system gets activated, dominates the unconscious thinking, and then produces all the unpleasant effects.

Y — Here's a contrast point with the Ericksonian approach. The application of hypnosis is a direct way of making the unconscious conscious — whatever that means — and it is more accessible in order to create automatic thoughts of a positive nature. So, instead of focusing on automatic thoughts for the purpose of making them conscious and then refuting, or clarifying, them, or pushing them in a direction through conscious education, the idea is to use the hypnotic suggestions to make clear thinking more of an automatic and effortless process. What you've been doing in cognitive therapy is amplifying consciousness. What would happen if you worked at amplifying clearer thinking at an unconscious level? Would you be more able to aid the therapy process?

B — It could be. You see, one of the problems is that we're both serious investigators. And the question is, are we looking at the same phenomenon or are we looking at different phenomena? Are we looking at the same phenomenon with different colored glasses, and, therefore, conceptualizing it differently? Or, are we facing two different things that happen to occur at this level of analysis? Now, it's hard for me to reframe what you said in the cognitive terms that I use. I am very much an avid fan [of the cognitive model because it seems to fuse things — the advances made in psychology in general, particularly cognitive psychology, psychology of personality, social psychology, and wherever the emphasis is on information processing. The whole notion of information processing is that there is some type of apparatus that will reconcile external environmental events with past experiences, and then give the individual a particular picture of what is currently going on. Now, where we may be similar is my notion that the information processing in itself can be and usually is a very constructive part of the mind. But the negative thinking ganks up the normal workings of its apparatus. If you can readjust the thinking, then these kinds of positive elements you're talking about can come into play. It seems your approach is to get in and stimulate the constructive part. I think that may tamp down, but not extinguish, the negative. My idea is to go after the negative, and when that gets extinguished, then the positive will come up.

Continued next page
Interview continued

Y — Let me point out where we overlap, Tim. I think cognitive therapy is the treatment of choice in depression because it operates on a structural level: It focuses not so much on what they think, but on how they think. I'm interested in how those structural interventions take place on a variety of levels, including the cognitive one. So, the idea of applying hypnosis in conjunction with cognitive techniques is to facilitate the process of generalizing relevant learnings, solidifying them in the person's conscious and unconscious. In other words, if the person always has to consciously refute his own thoughts, he's having the same thought all the time.

Now, I suppose you might say, "Eventually it becomes automatic for them to think that way." There is the parallel in our goals: How quickly can you make that a more automatic process? I think hypnosis facilitates that process of making it automatic more quickly.

B — If pragmatically hypnosis helps, then all the better. If it makes people do better in the long run, then there's no question that hypnosis is a powerful tool. In fact, for many years I did use hypnosis, so it's not as though it's a strange, alien type thing to me.

Y — You have a good reputation as a hypnotherapist! I see you do hypnosis in your cognitive rehearsal techniques and imagery all the time!

B — Sure. So, there's a continuum as to how hypnotic it is. However, one of the things that troubled me about hypnotherapy, in general, was the lack of collaboration between therapist and patient. That doesn't necessarily undermine hypnosis; I'm just talking about it philosophically. In the case of psychoanalysis, the therapist's own mission is that he knows everything, and the patient has to either go along and comply, or rebel... What I always did to teach my colleagues is that you not only have to regard the patient as an equal, but also as a person who has to be apprised of some information that you have. Then, you work together toward a common goal.

Y — Cognitive therapy has an outstanding track record. In the National Institute of Mental Health collaborative study that compared cognitive therapy against interpersonal therapy and against drug therapy, cognitive therapy came out well.

B — Well, the collaborative study did not really compare cognitive therapy with these other conditions; they used therapists who either were performing cognitive therapy. I think a different (better trained) group of cognitive therapists would come out with better results. But, cognitive therapy does have a good track record with the treatment of depression.

The medical culture has permeated the treatment of mental illness, and so the treatment of choice until proven otherwise, is always the magic potion. With cognitive therapy, with whatever track record it has established, it's done much better on follow-up in the collaborative study and in about 30 other studies (than other approaches). Cognitive therapy is not going to gain as much acceptance among the psychiatric profession, though, because of the orientation toward the pill, the injection, or whatever.

Y — Even with demonstrable lower relapse rates?

B — In the collaborative study there was a demonstrably lower relapse rate — I didn't know you knew that. I'm still a little bit suspicious of the whole study. But, that's not going to mean anything.

The degree of acceptance of research findings is going to depend on the sociological and cultural bias of the time. And cognitive therapy is not fitting into this bias as far as psychiatry is concerned.

B — What would you say about those therapists who are too willing to work with depressed patients? My patients angriy and pound walls and only emphasize getting in touch with their feelings?

B — Well, I think for a certain portion of patients it does good. Many years ago, before I used my current approaches, I could have had people do that because I was following my thesis that people who are depressed have a lot of built-in hostilities, and unless they could get them out, the hostilities would become like an abscess and poison their system. I used to draw them out and get them to express hostility to me; I (even) used to sometime needle them in order to get out hostility! Some got better, and some got worse.

I then had to ask myself, "Why did these people get better from pounding pillows and throwing darts at the therapist? It seemed to me that the common denominator was the activity. "Meyer used to treat depression by having patients run up and down stairs. To that degree, the expression of emotion may help, but for many patients it's going to have the opposite approach and make them feel guilty. They'll start feeling that they were more bad or worse than the people they have expressed hostilities in that way.

In any event, they don't learn anything from it. It may help in some cases to deactivate this depression, but it's not going to help them the next time the depression occurs.

If they continue to keep ventilating their feelings, it's going to create such a backlash from the environment that it probably will get them into another depression sooner. I have seen that in people who are going through a lot of the psychoanalytic stuff; they get into terrible problems with their families and their colleagues. When I was doing my residency with the psychiatric residents, these people were impossible to live with.

Y — Here's one of the ways I think the hypnotic framework is an extraordinarily useful one. It teaches us that anytime you amplify a portion of a person's experience, and do so out of context — the way pounding ineffective pillows is anger out of context — it's unlikely to have a beneficial therapeutic response. Sending someone into a room to pound walls and yell and scream when that behavior is totally removed from any other aspect of his/her life is a nonsensical thing to do. Now there are scores of studies that suggest the same point, getting people in touch with their anger just makes them angrier. It doesn't make them any more competent. The perspective is that learning is an important part of the process: active learning, directed by the clinician. The learnings have to be well-placed in the context of this person's life, including where, and where not to, apply these new learnings.

B — Let's see more of the overlap. I'm content to rest my case with depression, but that represents only a fraction of a patient. Let's talk about personality disorders. I use a number of methods in personality disorders, and I wonder if these might be the same kinds of things you're using. Perhaps you just have a different name for them. For example, after a person is finished with depression, you may find that he or she has a personality disorder. The person may still be self-critical. What I had done with one case like this was take her back to an earlier period in her life...

Y — Is this called an age regression?

B — Yes. I had her recreate in imagery, while role playing, an episode of when her mother was highly critical toward her. She then experienced, for the first time since childhood, the full emotion of that time. My belief is that when people experience the total emotion, they're going to be far more susceptible to some type of modification. The most iron [of personality] can be molded through the heat of the effect. In acute depression we don't have to take them back to childhood, because the effect is already there. They have plenty of effect, and so the cognitive

data are modifiable. You take them back to where it all started and you get them to relive the experience and then bring to bear their more mature part. So, the question is, did I do age regression? I used to do hypnosis, but this was a far more systematic type of thing.

Y — That is because of the way you applied it, not because of the hypnosis itself.

B — That's right. I hadn't really thought of what I'm doing now as hypnosis, but I can see that you may be using the term broadly. So, how does that jibe with what you might do?

Y — Okay, here's a contrast point. The emphasis on history is marginal in the directive approaches. My emphasis is on therapy as a model of pattern interruptions — looking at the patterns of how this person does what he does. An emphasis of the Ericksonian approach is to make use of context. What situations can I create, either through my relationship with my clients or through places that I send them in the world, where they have to experience themselves differently? I can then take that new experience and amplify it, integrate it, and contextualize for the person so it becomes his way of doing things. There is, in fact, a marked de-emphasis on history, a marked de-emphasis on going back to find original sensitizing events, and recognition that those are not necessary conditions for therapeutic change. That's what I mean by pattern interruption: I simply want to change the sequence of how this person does what he normally does. When you're doing what

Continued next page
Interview continued

you call your cognitive probe, you have the opportunity to identify sequences in this person's behavior, sequences in this person's thinking, and sequences in the way this person relates to other people. The goal of the therapy, then, from my viewpoint, is to interrupt that sequence. Block that person from doing what he normally does, so he has to do something differently. That pattern interruption creates a receptivity, just through the ambiguity — the confusion — of thinking "I can't follow my normal sequence. What do I do?" One of the techniques that Erickson pioneered was his "confusion technique," where he would deliberately confuse people in order to build receptivity. By the time he'd introduce an idea with clarity, they'd jump on it.

B — That's what Socrates did. It's a socratic technique consisting of asking questions in such a way that the person becomes confused, because the answers to the questions are inconsistent. Then, out of confusion comes the truth.

Y — Erickson stated frequently that, "Out of confusion comes enlightenment." The idea, though, of identifying the sequences is one of the parallels, I think, between the cognitive world and the Ericksonian world. Your emphasis is also very much on the structure — the "how" of what the person does. In essence, when you're doing your interventions and you find out the way this person normally responds is to do "this," you're directive enough to say to them, in essence, "The next time you're in that situation, do this and see what happens." You make use of what you have come to call "experiments," where you send the person out into the world to experiment with new behaviors and new possibilities. Those are task assignments in the Ericksonian world. The time you first convince your patients that you can send them out into the world to do a new experiment, and they actually follow that, it's only because you promised them directly or indirectly "that this is going to make a difference." You've sold them on that expectation — that value is to be gained from following your prescription.

There's a communication on your part that's very hypnotic, that suggests the future is going to be different from the past. The negative expectations, the hopelessness that you address is very hypnotic in its future orientation. You communicate to your patient that things are going to change.

B — You know, you're right. Lots of times people say the problem is purely semantic; it turns out often that it's not purely semantic.

Y — There's a structural difference.

B — No, but in this particular case, I think the problem is purely semantic. If you would ask me in a different context, "Is there a place of suggestion in what you do?" I would say, "Of course there is. There's always an element of suggestion. But you try to be aware of it and make sure it doesn't override." Now I think you've identified the areas that I would say, "Yes, suggestion is present." [these are]; areas where you'd say [to me], "Yes, you're using a hypnotic type of technique." Does that sound right to you?

Y — Fair enough...

B — I might say a person, "Do you think your future is hopeless?" I haven't seen the evidence from what you've told me that things can't be better tomorrow, so why don't we do a little experiment to see what things can work out between today and tomorrow, and let's see how many of them turn out bad and how many of them turn out good." Well, the suggestion is that some things will turn out good; the patient must be thinking, "He's not an idiot, he's not going to tell me to do things that are going to go contrary to what he's trying to say," So, there is a suggestion that is implied in there and the message is "Things can be good and if you look for it, you're going to find it."

Y — Absolutely...That's what always interested me about you; you have a way about you that's so non-th: stenig that when you say to your patients, "Do this, because I think it's going to help," there's a trust there.

B — Well, okay, thanks. I'm going to have to go now. We had a really nice talk. I greatly appreciate your willingness to do this interview. Thank you, Tim.

---

**NEWSLETTER/DONATION FORM**

Please find my donation of $________ to support the activities of The Milton H. Erickson Foundation. (The Foundation is a nonprofit corporation and donations may be tax deductible within IRS guidelines.)

I have moved. Please correct my address on your mailing list as follows:

I am not currently on your mailing list. Please add my name so that I may receive the NEWSLETTER and other information about activities of the Milton H. Erickson Foundation. (NOTE: Students must supply letter from their department indicating full-time status in an accredited graduate program.)

---

*Due to rising postal costs we ask a two-year subscription for overseas readers be defrayed with a $20 donation. Thank you for your continued support.

---