The Milton H. Erickson Foundation
NEWSLETTER
Michael D. Yapko, Editor / PO. Box 234268 / Leucadia, California 92033
Vol. 12, No. 1
Winter 1992

Fifth International Congress Returns to Phoenix

The meeting that has been a mainstay in the history of the Milton H. Erickson Foundation is returning to its hometown of Phoenix, Ariz.

The Fifth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy will be held Dec. 2-6, 1992, in downtown Phoenix. Phoenix is the site of the first three International Congresses, as well as the home of the late Dr. Erickson.

"We are pleased to be bringing the Congress back to Phoenix," said Jeffrey K. Zeig, Ph.D., Director of the Erickson Foundation. "We were unable to hold the Fourth Congress in Phoenix, and it really is the heart of Ericksonian studies. It will be nice to be back home.

"The Congress is entitled "Ericksonian Methods: The Essence of The Story." It will feature Invited Addresses, Demonstrations, Supervision Panels, Workshops, Small Group Practice Sessions, Short Courses, Accepted Papers and Symposia. Keynote Addresses will be presented by Jay Haley, Cloé Madanes and Ernest Rossi.

"We have an excellent faculty lined up for the Congress," Zeig said. "We are looking forward to this meeting. The Board has designated the theme of developing essentials of Ericksonian approaches, and I think we will provide a great opportunity to attendees to be exposed to the most important thinking in this area of psychotherapy.


Spring Intensives Date Set

One of The Milton H. Erickson Foundation's most popular offerings, the Phoenix Intensive Training Program, enters its fourth year this year.

The first two-week program is scheduled for March 2-17 and March 9-14, 1992. Betty Alice Erickson-Elliot, M.S., P.L.C., is Special Invited Faculty for the second week of the Spring Intensive. Ms. Erickson-Elliot, a therapist in Dallas, Texas, is the daughter of the late Milton H. Erickson, M.D.

The primary trainers for the Intensives, Brent B. Geary, M.S., and Jeffrey K. Zeig, Ph.D., also will participate in the spring event. Additional faculty members from around the country will augment the local experts who present and supervise.

Attendance is limited to 25 participants each week. For registration information, call or write: The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, Ariz. 85016; (602) 956-6996; fax (602) 956-0519.

Interview

An Interview with Joseph Barber
by Michael D. Yapko, Ph.D.

Joseph Barber, Ph.D., is well known to attendees of Erickson Foundation-sponsored events and professional societies. Barber is Assistant Editor for the American Journal of Clinical Hypnosis, and its Book Review Editor. He is a Fellow of both The Society for Clinical and Experimental Hypnosis (SCEH) and the American Society of Clinical Hypnosis (ASCH), and Diplomate of the American Board of Psychological Hypnosis. He is President-Elect of SCEH. He has been an invited member of the faculty of Erickson Foundation congresses since their inception in 1980, when it was Milton Erickson who authorized the selection of faculty for the first Congress. He has participated in numerous workshops and professional meetings.

Dr. Barber is Associate Clinical Professor in the Departments of Psychiatry and Pediatrics at the JUCLA School of Medicine, where during the past 15 years he has been instrumental in advancing the understanding and use of hypnosis and suggestion in clinical practice. He also maintains a private clinical practice in Los Angeles. Barber co-edited (with Cheri Adrian) Psychological Approaches to the Management of Pain (Brunner/Mazel), which received the Arther Shapiro Award from SCEH as the best book on hypnosis in 1983. Barber is an influential scholar and clinician. His significant contributions of research and theory to the field of hypnosis include a chapter in the forthcoming book, Theories of Hypnosis: Current Models and Perspectives, edited by Lynn and Rhue (Guilford Publishers).

This interview was conducted by Michael Yapko, Ph.D., in December 1990, during the Second Evolution of Psychotherapy Conference in Anaheim, Calif.

BACKGROUND INFORMATION

A—The first thing I'd like you to do is provide some biographical information.
B—My friends know that I sprouted full-grown from beneath a cabbage. Others think that I was born in Texas, where I lived until I was fifteen. Then I moved to California, where I have lived ever since, except for two years when I taught and did research in Virginia. I earned my bachelor's degree at San Diego State College. While doing so, I had the very good fortune of working in a psychophysiology laboratory where I took advantage of the opportunity to participate in the real world of research, and where my interest in the physiological substrates of consciousness was clarified.

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

ADDRESS CORRECTION REQUESTED

Continued on page 4
Editor's Viewpoint

A recent *TIME* magazine cover story described Americans as 'crybabies and busybodies.' I could not help but appreciate the many examples of Americans filing frivolous lawsuits to avenge injustices perceived only to the paranoid, and of their attempts to impose arbitrary standards on others in order to tailor them more to one's liking.

It is the victim mentality that I find most troublesome, particularly because of how powerfully it is advocated by the mental health profession. Therapists are terribly incongruous when they attempt to empower clients by encouraging them to define themselves as victims. The "Adult Child of a (fill-in-the-blank)" movement, the "Inner Child" plague, and the "Co-dependent" epidemic are all examples of encouraging one to define one's self in terms of pathology. It's a weak place from which to try and foster strength.

The goal, of course, is to move people out of the victim mentality, not find more ways to diversify how someone can become one. The first step, in my view, is to curtail this nasty habit of encouraging people to see themselves primarily as victims, particularly when the victimizing force is simply metaphorical yet seemingly inevitable. After all, when does the "inner child" finally grow up and leave home?

Institute News

John and Janet Edgette, directors of The Milton H. Erickson Institute of Philadelphi, are parents of a new son, Casey Alexander Edgette was born Dec. 21, 1991, and weighed eight pounds, seven ounces and was 21 inches long. Casey is the Edgettes' first child. We send you our heartiest congratulations.

...The New York Milton H. Erickson Society for Psychotherapy and Hypnosis (NYSEPH) has changes in its board of directors. The following are its members and their positions:

James Warnke, President; Anne Tully Ruderman, President-Elect; Dorothy Larkin, Administrative Vice President; Frank Mosca, Treasurer; Keeth McElrean, Recording Secretary; Jane Parsons-Fein, Director of Education; Rafaela Escheverria and Karen Sands, Members at Large; Susan Bady, Membership Chairperson; Constance Mithalal, Presentations Chairperson; Kent Jarratt, Workshop Chairperson; and Jerry Agate, Outreach Chairperson.

...Directors of the Milton H. Erickson Society of Dayton (Ohio) are President Rubin Battino, Tom Russell and Virginia Brugger. The Society meets the second Tuesday of each month from September through June at Wright State University at 7:30 p.m.

Jeffrey K. Zeig, Ph.D.
Ericksonian Psychotherapy
Fundamentals
March 13-15, 1992
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:
The University of California
Santa Cruz
Santa Clara Extension
740 Front Street
Suite 155
Santa Cruz, CA 95060
(408) 427-6610
PAID ADVERTISEMENT

Phoenix Intensive Training Programs

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

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

Week I — FUNDAMENTAL PRINCIPLES
Week II — INTERMEDIATE/ADVANCED PRINCIPLES

Spring
Week I
Week II
March 2-7, 1992
March 9-14, 1992
Featuring Betty Alice Erickson-Elliot

Summer
Week I
Week II
June 8-13, 1992
June 15-20, 1992
Featuring Lynn Johnson

Fall
Week I
Week II
Oct. 19-24, 1992
Oct. 26-31, 1992
Special Invited Faculty to be announced

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

For information, write or call:
The Milton H. Erickson Foundation
3600 N. 24th St.
Phoenix, AZ 85016 USA
(602) 956-6196; FAX (602) 956-0519

Intensive Programs Prove Popular

Plans are under way for the 1992 Phoenix Intensive Training Program.

Intensive Coordinator Brent B. Geary, M.S., said the comprehensive format of the program affords a concentrated, small group experience in Ericksonian hypnosis and psychotherapy. A number of changes are planned for the new year to enhance the highly rated program.

Two weeks of instruction, demonstration and practice are featured during the Program. Some participants enroll for one week at a time; others attend the entire two weeks, according to Geary.

Week One begins from the "ground floor," assuming no previous experience in Ericksonian hypnosis. The early part of the week concentrates on the Ericksonian perspective and fundamentals of trance elicitation. Utilization of hypnotic phenomena and varieties of induction such as metaphors and anecdotes follow, Geary said.

The week concludes with an integrative experience during which the participants conduct interviews and formulate supervised hypnotic interventions.

The second week offers intermediate instruction, building on material from the first week. Advanced induction strategies and uses of induction are explored and practiced. Topics include pain management, habit control and treatment of anxiety disorders. The second week also features Special Invited Faculty presenting an area of expertise. Betty Alice Erickson-Elliot, M.S., L.P.C., and Lynn Johnson, Ph.D., are among the Special Invited Faculty for the 1992 Intensives Program.

A number of changes are planned for the new year to enhance the highly rated Intensives Program. For the first time, the intensives will be offered in two, three-day weekend blocks, according to Geary. In this manner, the equivalent of the first week will be conducted on weekends in April and May, and the second week equivalent will be offered in the fall. Week Two of the Summer Intensive will be on Brief Psychotherapy, a movement in which Dr. Erickson's influence is central.

The 1992 Phoenix Intensive Training Program dates are as follows: Spring, Week I, March 2-7 and Week II, March 9-14; Summer, Week I, June 8-13 and Week II, June 15-20; Fall, Week I, October 19-24 and Week II, October 26-31.

For information, write Brent Geary, The Milton H. Erickson Foundation, 3600 N. 24th St., Phoenix, Ariz. 85016; (602) 956-6966; fax (602) 956-0519.

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 Locadia, Calif. address on the front page.
The Milton H. Erickson Foundation
PRESENTS
The Fifth International Congress
on Ericksonian Approaches
to Hypnosis and Psychotherapy

RETURNING TO PHOENIX!

"Ericksonian Methods: The Essence of The Story"
December 2-6, 1992  Phoenix, Arizona

Featured Faculty:

Special to Newsletter Readers: Register by April 30, 1992, and receive a FREE copy of The Ericksonian Monographs and TEN PERCENT OFF registration fees. (Registration MUST be on this form; photocopies are not acceptable).

Fees: U.S. Attendees . $285 ($185 - Full-time graduate students) Fees increase after May 31, 1992 Foreign Attendees . $250 ($150) Fees increase after September 30, 1992

ELIGIBILITY: The Congress is open to professionals in health-related fields including physicians, doctoral-level psychologists and dentists who are qualified for membership in, or are members of, their respective professional organizations (e.g., AMA, APA, ADA). The Congress is also open to professionals with mental health-related graduate degrees (e.g., MSW, MSN, MA or MS) from accredited institutions. Applications from graduate students in accredited programs leading to a degree in the above fields will be accepted if they supply a letter from their department on letterhead stationery certifying their full-time student status.

Enclosed is my registration fee________________________ (U.S. Funds Only) Students Only: My student letter is enclosed________________________
We accept MasterCard________________________________ VISA________________________________
Expiration Date:__________ Signature:____________

COMPLETE ALL BLANKS

Name:__________________________________________ Degree:____________________________ Major:____________________________
Address:________________________________________ City:______________________ State:________ ZIP:________

University from which you earned your highest degree:________________________________________
University at which you currently are enrolled:________________________________________

Physically Challenged?____ In what way?________________________

CANCELLATION POLICY: Requests for refunds must be made in writing and are subject to a $30.00 administrative charge. Full refunds less the service charge will be made if the request is postmarked by November 13, 1992. No refunds will be made for requests postmarked after the refund deadline. Agencies billed should assume responsibility for payment of the administrative charge if cancellations are made.

Mail to: The Milton H. Erickson Foundation, 3606 N. 24th Street, Phoenix, Arizona 85016
### Contact Information

1. **George Yatsko**, 2605 Murray Ave., Pittsburgh, PA 15217; (412) 422-5888.
2. **Deborah Ross, Ph.D., Los Gatos Institute, 19845 Skyline Blvd., Los Gatos, CA 95030; (408) 354-7778.**
3. **Birchard Peter, Dipl. Psych., M.Ed., Konradstr. 16, D-8000 Munich 40, GERMANY; Tel: 011 49 (89) 22 02 24 (MEG).**
4. **Wolfgang Kunze, M.D., ZIST in Penzberg, ZIST, 3, D-8222 Penzberg, GERMANY; Tel: 0885/592.**
5. **Japp Hollander, Psychiat., St. Olafstraat 1, Nijmegen PC 6511, HOLLAND (The Netherlands).**
6. **Kirsten Maa, Kuang-dae 4, ssi, 2200 Kopenhagen N. (Copenhagen N.), DENMARK; Tel: wk 36 77 33 88.**
7. **Joyce Gilbert, Awareness Counseling Services; Great Western Savings Bldg, 351 W Commercial Blvd., Ste. 304; Ft Lauderdale, FL 33309; (305) 739-0300.**
8. **Magarette Ekelman, Ma. Psych., SFKEH, Abergons vag 17, S-717 73 Solna, SWEDEN; Phone and fax: 011-46 8-624-0333.**
9. **Mental Health Association of Collier County, 2335 9th St, North, Ste. 404, Naples, FL 33940.**
10. **The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016-6500; (602) 956-696; FAX: (602) 956-6950.**

### The Orange County Society For Ericksonian Psychotherapy and Hypnosis presents Interactive Imagery For the Child Within Extensions of The February Man

**with**

Richard E. Landis, Ph.D.
Author of Reparenting Guided Imagery for the Inner Child and Interactive Imageries: Artwork

Effective imagery procedures for working with adult clients with conscious and amnesic traumas:

- Sexually molested as children
- Adult Children of Alcoholics
- Multiple Personality Disorders
- Codependent New Age Clients

Eligibility: Masters or Doctorate in Mental Health Discipline

Orlando, Fl - March 29-29
Atlanta, GA - April 11-12
Williamsburg, VA - April 25-26
Pittsburgh, PA - May 16-17
Newark, NJ - May 30-31

For additional information and schedule confirmation, please contact: OCSEPH, Dept. E, 2101 4th Street, Suite A111, Santa Ana, CA 92705. (714) 547-8120; extension 9635 FAX (714) 547-5536

---

### Congress continued

Andre Weitzenhoff, Ph.D.; R. Reid Wilson, Ph.D.; Michael Yapo, Ph.D.; Jeffrey Zeig, Ph.D.

The Congress is open to professionals in health related fields including physicians, doctoral level psychologists, podiatrists, and dentists who are qualified for membership, in or are members of, their respective organizations (e.g., AMA, APA, ADA). The Congress also is open to professionals with mental health related graduate degrees (e.g., MSW, MSN, MA or MS) from accredited institutions. Applications will be accepted from full-time graduate students in accredited programs in the above fields who supply a letter from their department certifying their full-time student status as of December 1992.

For information about registration, write, call or fax The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, Ariz. (602) 956-696; FAX - (602) 956-059; A registration form is located elsewhere in this issue.
Sex, Love, and Violence
by Cloe Madanes
Published by Norton, N.Y., N.Y., 1990. 256 pages.
I think Argentines are courageous, intense and bold people. Madanes has developed some very important ideas in this book, full of courage and intensity. She presents a fairly complex model for dealing with incest and sexual abuse in a family therapy context, including having the victim and the offender in the same room. This, to many, is unreasonably bold.

Many therapists are horrified at such an idea, and many state agencies prohibit therapy with both parties in the same room. Instead all members of a family are separated into interminable individual therapy having little impact.

Well, having rubbered shoulders with many Argentines, I have a soft spot in my heart for Madanes' ideas, so I tried her system out. And I can assure you, it is powerful and it works, especially with sibling incest. I discussed this method with other noted experts who found the same thing.

A nodal point in Madanes model is the process of atonement which takes place within the family sessions. Atonement entails joining people who were once together and became estranged. Traditionally, atonement and reconciliation is supposed to happen in individual therapy, but this process is almost guaranteed to produce intellectualization and mystification. Reconciliation happens much better within the context of family therapy.

I am thrilled Madanes has done this work. For a long time I have disliked the individual treatment model for sex abuse. A strategic approach to this problem has tremendous potential for alleviating suffering and expediting healing.

The power of a healing, understanding heart should never be underestimated. Therapists like Madanes teach us by their example to foster that healing. Without the strategic approach to families, initiated by Erickson and continued by his followers, our understanding would be blinded by rigid orthodox doctrines. If you work with families challenged by sexual abuse problems, this book is highly recommended.

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

Mental disease is the breaking down of communication between people.
(In Erickson, 1980, Vol. IV, chap. 6, p. 75)

I think too often physicians overlook the meaningfulness of communication. They are listening to words, to stories, to general accounts and not listening to the actual communications that the patient is offering. And the actual communications concern the therapist that the patient is afraid to face, too unwilling to face. That's why they are seeking professional help.

(ASCH, 1980, Taped Lecture, 2/2/66)
Single Session Therapy: Maximizing the Effect of the First (and Often Only) Therapeutic Encounter
by Moushe Talmomon

Pretend you are the director of a mental health agency, one with long waiting lists and therapists practicing long-term psychotherapy. How would you attempt to encourage a brief therapy orientation?

One way to do this is to puzzle over how many persons come to see us one time only. If you would like to see a good demonstration of everyday amnesia, ask about the last few clients a counselor saw once only.

Talmomon found that 30 to 55 percent of clients seen in their clinics were attending once only. He then called those who had seen him one time only, and asked them how satisfied they were with the therapy they had received. To his surprise he found that 79 percent felt the single session had been helpful and sufficient. Other research suggests that perhaps 50 percent of clients coming once will experience lasting and satisfying cognitive and behavioral changes. Another one-third will feel positive about the experience. Only a small proportion seem to be dissatisfied.

This is a remarkable observation. The data seem to strongly support the notion that one visit is enough for a surprising number of clients.

Talmomon offers some guidelines for making maximum therapeutic impact, beginning with a restructuring of the initial contact, a telephone call asking for the appointment. The therapist her/himself talks to the client and begins the therapeutic relationship. The possibility of preession change is seeded at that time, and a task is given. On the first session, the therapist can inquire about the task and about preession change, setting the stage for a rapid resolution of the problem.

Therapists may assume two things here: first, that this is nothing but spontaneous remission. This is a possibility, and Talmomon accepts that as a factor.

The second is that those with successful single session treatments are persons with minor problems. This is assuredly not true. Talmomon and his colleagues present some very challenging cases, including a suicidal teenager and a woman with a long history of being sexually abused by her father.

While Talmomon has been strongly influenced by strategic therapists (especially deShazer), he shows that doing single session therapy depends mostly on the therapist’s willingness to act powerfully and competently in the first session. Therapists of any theoretical persuasion can, and pragmatically, often do single session therapy well.

I don’t do brief therapy with every client, but, like Talmon, I do not find that severity of a problem is the determining factor. Motivation, readiness to change, and therapeutic work with a customer seem to be better predictors of short-term successful therapy.

In any event, after reading this book, you can’t possibly look at your therapy in the same way.

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


Stephen Wolinsky, Ph.D., has a new book entitled Trances People Live. Published by The Brunner Company, the book presents healing approaches in quantum psychology and provides therapeutic re-framings of experience.

Stephen Lankton, Stephen Gilligan, and Jeffrey Zeig co-edited the newly released Ericksonian Monographs, Number 8: Views on Ericksonian Brief Therapy, Process and Action. Published by Brunner/Mazel, it features eight articles on various topics.

Jerry Gale, Ph.D., has a new book entitled Conversation Analysis of Therapeutic Discourse: The Pursuit of a Therapeutic Agenda. Published by Ablex Publishing Corporation, the book presents an exploration of the therapeutic process occurring in a solution-focused therapy session.


Media of Note

Michael D. Yapko, Ph.D., has a new book entitled Free Yourself From Depression. Published by Rodale Press, the book is an active, strategic self-help book for depression sufferers. * * *

Reid Wilson, Ph.D., has an audio cassette program entitled Achieving Comfortable Flight. Available from Pathway Systems in Chapel Hill, North Carolina, the tapes promise to make flying easier for anxious travelers.

Brian Almam, Ph.D. and Peter Lemb, Ph.D., have a new book, the revised second edition of the popular Self-Hypnosis. Published by Brunner/Mazel, the book features numerous practical strategies for hypnotic self-management. * * *

Joseph Barber published a chapter in a new book, Theories of Hypnosis: Current Models and Perspectives, edited by Steven Lynn and Judith Rhue, and published by Guilford. Jeffrey Zeig and Peter Remnick co-authored the chapter on Ericksonian Hypnosis. The book features 20 chapters addressing the need for a strong framework for hypnotic phenomena. * * *

Guatam Nadeau, M.D., has written an article for Le Cahier D’Education Medicaire entitled “L’hypnotisme clinique.” The article appeared in the May 23, 1990, issue. Dr. Nadeau is the director of the Quebec City Erickson Institute.

Joint Conference

Ericksonian Hypnosis and Psychotherapy
July 22 - 24, 1992
in Jerusalem / Israel


as Pre-Congress to the 12th International Congress of Hypnosis
July 26 - 31, 1992

Information
Joint Conference: Burkhard PETER, Dipl.-Psych. M.E.G., Konradstr. 16, 8000 München 90, Germany 12th Congress: Moris KLEINHAUZ, M.D., 12th International Congress of Hypnosis, P.O.B. 30005, Tel-Aviv 61500, Israel

Baby News
Natalie Gilman, editor with Brunner/Mazel Publishers, Inc., gave birth to a daughter December 1, 1991. Laura Joanne weighed eight pounds 1 1/2 ounces. She is her parents’ first child.

Audiotape Review

Generating Possibilities: Therapeutic Conversations
A tape series from the meeting held June 27-30, 1991 in Tulsa, Oklahoma.
Produced by InfoMedix.

The Tulsa Psychiatric Center and an apparently energetic fellow named Reese Price put together an important conference last June. At this conference two major groups came together to discuss the evolution of conversational methods of therapeutic influence. One group represented Ericksonian and strategic thought (epitomized by John Weakland, Steve deShazer, Steve Gilligan, Bill O’Hanlon and similar therapists). The other group consisted of people like Karl Thom, Michael White, David Epston and others who have come to their approaches outside of the Erickson tradition. This combination made for an exciting and energizing conference, and these tapes let us be there.

There is an interesting general theme here of reframing client’s problems, and each camp uses different approaches. While deShazer, for example, would probably disagree, I think his exception-focused interview is an example of the skillful re-framing of the problem. White and Epston also reframe in a similar way, calling the exceptions “unique outcomes” which are not so much unique as overlooked.

Most of these conversations are lively and spontaneous; for example, John Weakland makes his usual insightful and ironic comments. A few presenters are rather elitist and smack of “in group” language; a very few are almost impossible for me to follow. The organizers may have been unconsciously sexist, by not inviting some talented females as well as the males. But the presentations by the major experts are all delightful; if you would like to expand your therapeutic options, and didn’t get to go to this important conference, these tapes are worthwhile.

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


April 4-8, 1992 — Las Vegas, NV. The American Society of Clinical Hypnosis Scientific Meeting, Contact ASCH, 2200 East Devon Avenue, Suite 291, Des Plaines, IL 60018-4534. (708) 297-3317.


July 22-24, 1992 — Jerusalem, Israel. The Joint Conference on Ericksonian Hypnosis and Psychotherapy and 12th International Congress of Hypnosis. Contact: 12th International Congress of Hypnosis, P.O. Box 50006, Tel-Aviv 65000, Israel. Tel. 972 3 5174751.


June 18-21, 1992 — Mazatlan, Mexico. The First International Congress on Integrative and Eclectic Psychotherapy. Contact Emmanuel O. Olukotun, FIAPEP, Apartado Postal 51-042, 45080 Guadalajara, Jalisco, Mexico; FAX 362-00-61.

Conference To Be Held in Tbilisi

A conference entitled “The Perspectives of Psychotherapy and Psychological Helping” will be held in Tbilisi, Georgia, in the former U.S.S.R., in the autumn of 1992. Planned topics include theoretical and methodological issues of psychotherapy and psychological helping; problems of techniques; issues of experimental and empirical research; psychotherapy and psychological helping in the different spheres of human activities and in various illnesses; non-traditional forms of psychotherapy; problems of training of specialists; ethical issues; problems of organization of psychotherapeutic and psychological services.

For registration information, send correspondence to USSR, Georgia, 380077, Tbilisi, Asatiani St., 10, M.M. Asatiani Research Psychiatric Institute, c/o Temuri Iosebashvili.

12th International Congress of Hypnosis

The 12th International Congress of Hypnosis is scheduled for July 26-31, 1992, in Jerusalem, Israel. The theme is “Reducing Stress and Its Consequences.” The PreCongress, entitled “Arts-Facts-Artifacts,” on Ericksonian Hypnosis and Psychotherapy is scheduled for July 22-24, 1992. The Joint Conference is sponsored by the International Society of Clinical Hypnosis. To register for the Joint Conference, write Burkhard Peter, Dipl. Psych., c/o M.E.G., Konradstr. 16, 8000 Munich 40, Germany; Fax (0) 49-89-645-2599. Proposals for the Joint Conference may also be submitted to Mr. Peter.

For information, write Congress Bureau Motesz, P.O. Box 145, Budapest H-1443 Hungary; fax: (36-1) 1837-918. Janos Furedi, M.D., is president of the Hungarian Psychiatric Association. The International Council for the Conference includes Dr. Furedi, Mr. Carmi, Mozszat Peseschian of Germany and Jeffrey K. Zeig, Director of The Milton H. Erickson Foundation in Phoenix, Ariz.

First International Conference on Story-Telling

The Hungarian Psychiatric Association will hold the First International Conference on “Story-Telling” July 16-19, 1992, in Budapest, Hungary. Entitled “The Use of Stories and Metaphors as Tools in Communication,” the conference will feature an inter-disciplinary group of therapists and researchers who will study the use of stories and metaphors in therapy and communication. Participants will be from the fields of psychiatry, psych-ology, medicine, nursing, social work, occupational therapy, art therapy, education, literature and religion.

According to Conference Chairman Annan Carmi, the conference will be held in Budapest, Hungary. Deadline to submit proposals for workshops, seminars or poster sessions is Jan. 31, 1992. Registration deadline is March 15, 1992.

Call or write for details

The Milton H. Erickson Foundation
3606 N. 24th St.
Phoenix, AZ 85016
Phone (602) 956-6196
Fax (602) 956-0519

TRANCEWORK Hypnosis in Psychotherapy
with MICHAEL D. YAPKO, PH.D.
in San Diego
March 25-29, 1992
For information on this and other Institute workshops, contact: The Milton H. Erickson Institute of San Diego 380 Stevens Avenue, Suite 208, Solana Beach, CA 92075-2068 (619) 259-7300 FAX: (619) 944-6368 Eligibility: Masters or Doctorate in Mental Health Disciplines. PAID ADVERTISEMENT

A HAPPENING!
University of Pittsburgh School of Medicine and Center for Continuing Education in the Health Sciences present WOMEN IN HYPNOSIS: The Heart of Erickson October 8-11, 1992 Pittsburgh Hilton and Towers Pittsburgh, PA USA Course Director: Kay F. Thompson, DDS Eligibility: Masters or Doctorate in health disciplines. For more information contact Jill Puskavich, UPMC Department of Conference Management. Phone (412) 647-8218 Fax: (412) 647-8222. PAID ADVERTISEMENT
Interview continued

I applied to graduate school at Stanford, because I very much wanted to work with Professor Hilgard. Although he had accepted me into his lab, contingent on my acceptance in the graduate program, the admission committee determined I was better suited to attend school elsewhere. Luckily, I had applied at one other place, the University of Southern California, and was accepted there.

Perry London was my mentor, supervising my dissertation on hypnosis and hypnotic responsiveness. His interest at the time was the investigation of brain correlates of hypnotic responsiveness. Although it was noted to him that I became interested in the idea of accessing low hypnotic receptivity, my interest in hypnosis actually began when I was a sophomore in college.

I was visiting with a psychologist friend of mine, Nathaniel Branden, and I noticed in his text that there were books about hypnosis, which I found surprising. I had not, until that time, thought of hypnosis as a subject to be taken seriously. I knew absolutely nothing about it, but had a vaguely held belief that hypnosis was mesmerism and trickery. Anyway, I asked him about it, and he told me that hypnosis was an important clinical tool. He suggested that I read about it, and, in particular, he recommended I read Advanced Techniques of Hypnosis and Therapy. Actu- ally, he recommended that I read everything I could find by this man, Milton Erickson, whom he regarded as the leader in the field.

As I began to read Advanced Techniques, I became instantly and totally fascinated. I then read everything I could find about hypnosis, including the old classics, all the journal articles I could find, and, especially, all the papers Erickson had written. One of the things I learned from reading about the hypnosis literature was that hypnosis was a powerful and potentially dangerous phenomenon one shouldn’t use unless one is trained. So, I continued to read about it, and didn’t even attempt to try any of the very intriguing techniques I was reading about.

I then took a weekend workshop that Branden conducted, and felt (mistakenly, of course) that I was beginning to master hypnosis. I was so fascinated, I wanted to spend as much time as possible learning about it. I arranged to do independent studies as part of my undergraduate work, each of them related to the experimental investigation of hypnosis. (For example, I attempted a replication of Erickson’s very early experiment in which he investigated the hypnotized subject’s “sense of reality.” While he reported that 100 percent of his subjects behaved in a consistent fashion, I found that only 50 percent of the subjects in my experiment did so. If I recall correctly, the experiment did not meet a replication attempt, and found that about 30 percent did so. I wrote to Erickson, asking his thoughts about this. He didn’t respond, and I don’t know what to make of these disparate results.)

Doing research also gave me the opportunity to have a lot of experience hypnotizing people, because I had lots of subjects. I had at least 500 hours’ experience with hypnosis by the time I graduated. I learned a lot, not only as a consequence of the research, but I learned by having so much concentrated experience hypnotizing people. I had never really seen anyone else do hypnosis, except during the weekend workshop I mentioned earlier.

In my experience of doing research, I had undergone a lot of therapy myself as what happens with subjects during inductions, and observed how subjects responded ideosyncratically to suggestions, and so on, and I learned a lot from that. When I went to graduate school, my interest continued, although I continued to utilize hypnosis as an experimental tool, to investigate the nature of consciousness, as well as a subject of research, itself.

I took time off from graduate school, and, for two years, did research at the Medical College of Virginia, participating in an ongoing investigation of the neurophysiological correlates of pain and analgesia. One of the experiments revealed that the effect of acupuncture was a real neurophysiological phenomenon, specific to a psychological one, such as placebo, or expectation, or suggestion, which, at the time, was a widespread belief. As a result of this research, there developed a widely held conclusion that all analgesic phenomena are of a functional nature. For various reasons, I thought otherwise, and wondered if hypnosis analgesia might be facilitated by a different neural system.

My subsequent clinical interest in the relationship between hypnosis and pain was stimulated by that research. We were able to demonstrate that hypnotic analgesia didn’t function in the same neurochemical system that subserved both acupuncture and narcotic analgesia. All was more interesting, and bewildering to me, though, was that there was such a dramatic analgesic effect in our experimental sample. I had consistently found reports in the literature that hypnotic analgesia was not a common phenomenon, and that one might expect as much as 25 percent occurrence in a given experimental sample. So, our unexpected finding that all of our subjects were able to dramatically alter their pain threshold made me very interested in the question of hypnotic responsiveness, and how to account for the unpredictably high responsiveness we obtained in our study. This curiosity led me toward a line of research which became the focus for my doctoral dissertation. It also directed me toward a certain clinical approach, which I now realize was an unfortunately narrow way of looking at things. I thought that the language of indirectness and permissiveness was both a necessary and sufficient factor to evoke hypnotic responsiveness in otherwise unresponsive individuals. I no longer think this simple notion is a very helpful one in understanding responsiveness.

RAPID INDUCTION ANALGESIA

Y—You did research that suggested that your rapid induction analgesia (RIA) procedure was better than 90 percent successful.

B—I didn’t understand how to account for our wildly unexpected results. I corres-ponded with Erickson, Haley, Orne, Melzack, and Hilgard about this, asking if they might give us some understanding. Y—What happened with the rapid induction analgesia? Those data have not been well corroborated subsequently.

B—I don’t really understand what happened. I know that, in our experimental trials, every subject was able to dramatically increase pain threshold, and in the subsequent clinical trials, nearly every dental patient was able to undergo dental treatment without apparent discomfort. Subsequent experimental attempts have been less clear. James Frischon, who is at the University of Minnesota Dental School, did a well-constructed investigation of RIA versus a more traditional approach that he derived from the Stanford Scales—two quite different approaches to hypnotic induction and suggestion—with a group of highly responsive folks and a group of folks who were not responsive, and he found a significant effect of technique: he found that RIA was more effective than the more traditional method with otherwise non-responsive individuals.

Although I have received many clinical anecdotes from clinicians over the years who have similar experience, Frischon is the only experimental study I know of that corroborated any findings. I know two others that didn’t support it, but they were not appropriately designed, so it is difficult to draw conclusions from them. They didn’t really address the RIA method, so I don’t think the answer to that question has been satisfactorily answered yet.

Y—Is it your speculation, though, that if someone is skilled with a technique and uses the procedure that you had scripted and published, that they would be able to replicate those results?

B—I don’t know. The point of my paper was not there is a particular script that should be used, but that certain principles of communication are important. In fact, I only included an example of a script at the insistence of the journal editor. I didn’t want to emphasize a particular script. In any case, after that first clinical series of 100 cases (in which there was only one failure to obtain analgesia), I sometimes had occasion to consult in dental offices and elsewhere, and I didn’t always get the same results. In fact, I once was collaborating on some research with Martin Orne, and he asked me to go to the dental school clinic so he could see with his own eyes the effectiveness of RIA in a clinical setting. We found what seemed to be a likely patient, and I did what I had been doing so successfully, and . . . to my puzzlement, I was not successful at creating analgesia.

I don’t know how to account for it. I think that part of the initial success did have to do with something that related to effective communication technique. Part of it may also have to do with a more ineffable quality that I was inadvertently bringing to the situation that I don’t know how to identify. Perhaps something about my own confidence, or expectations, or something like that, but I really don’t know . . . because we wasn’t actually confident, or expectant of success, in the first series of trials. Each time we achieved analgesia, I was actually surprised.

Y—You said that you were in contact with Milton Erickson, Ernest Hilgard, Martin Orne, and Ronald Melzack. Do you get any reaction from them about the RIA process?

B—Yes, for example, wrote a characteristically thoughtful response. He generously offered a number of suggestions that had to do with experimental techniques, and expressed concern that I was, in fact, taking care to observe appropriate experimental technique.

CHARACTERIZING HIS POSITION

Y—You have maintained a rather unique position in the hypnosis field. You are very closely aligned with the American Society of Clinical Hypnosis, founded by Milton Erickson, for whom you do literature reviews, book reviews, and regular presentations at their meetings. You are also considered one of the more visible Ericksonians. Though a division seems to exist in the hypnosis field between the
Interview continued

Ericksonians and the traditionalists, you seem to have found yourself a niche in the middle. How would you identify your own position?

B—Well, to be accurate about it, while I have spent a lot of time teaching for ASCH, I have been more active in SCEH as well as in Division 30 of APA. I do not feel any particular "alignment" with ASCH. In fact, I have been warmed by the heat I’ve taken for some criticisms I’ve publicly expressed about ASCH and its administration.

Hypnosis as a phenomenon and as a clinical technique has become inappropriate—separately from other clinical techniques and theory. I think that happens by necessity, unfortunately, when you have a hypnosis society, like ASCH or SCEH, or an organization like the Erickson Foundation. I would prefer that hypnosis be regarded and taught as part of a larger clinical repertoire. For instance, among psychotherapists, I think that it ought to be simply a part of psychotherapy training—and among physicians or dentists, a part of their clinical training. It is unfortunate to have meetings and trainings only about hypnosis. I think such a situation creates an inappropriate and disproportionate focus on hypnosis as the technique and as the solution for problems. That’s the first part of my answer to your question.

The second part is... because hypnosis gets divorced from the remainder of psychological theory and practice, it’s easy to get too caught up in what one may think of as merely technique. In order to understand hypnosis as a phenomenon, you have to have the larger context of understanding of other elements in psychology.

You were describing a division that you see existing between "traditional" versus "Ericksonian" approaches, but I don’t have that point of view. For instance, if you think of this issue from Erickson’s point of view, he had a very important point about people whom you would regard as "traditionalists." I’ve spent lots of time talking with various workers in the field—both researchers and clinicians—who certainly don’t think of themselves as Ericksonians. I don’t think they think of themselves in these terms, but you would probably think of them as "traditionalists." However, they certainly have an appreciation for things that Erickson taught them, as well as things that others taught them. I’m thinking here of people such as Zirka Fromm, Martin Orne, Ken Bowers, Egan Baker, Fred Frankel, Michael Diamond, Clorinda Margolis, Sam LeBaron, Ernest Hilgard and Josephine Hilgard. Although I want to point out that I’m not intending to speak for any of these folks, and I’m not representing their views by what I’m saying in this interview. I have frequently heard puzzle element expressed over the unnecessary division that some have created between "Ericksonian" and "non-Ericksonian." I don’t think Erickson, himself, saw the field in this way.

Y—Is it not an inevitable phenomenon, when there are such different conceptualizations about the nature of hypnosis?

B—I don’t think so. I don’t think the basic issue is theoretical. I’ve not seen this issue talked about in theoretical terms. I think other issues, especially social ones, are operative here, including the natural wish for folks to be identified with a particular group or family—such as ASCH or SCEH or the Erickson Foundation.

DIFFERENT VIEWS OF ERICKSON

Y—There are conceptual differences, though. You have one group of folks who talk about hypnosis as a naturalistic experience that everyone is capable of... B—Erickson didn’t say that.

Y—He did talk about what he called the "everyday trance state." B—In this context you have to identify which "Erickson" you’re talking about, because at different times in his life, Erickson talked about hypnosis in different ways. For instance, Erickson talked about "good subjects" and "poor subjects." He didn’t have formal or objective methods for doing what Weitzenhoff and Hilgard later did to find out who was responsive to hypnotic suggestion and who wasn’t. He had his own observations about it, and he talked about which qualities he thought made a good subject and which qualities he thought didn’t. That implies Erickson thought that not everybody could be hypnotized, or that not everyone could easily respond to hypnotic suggestions. He acknowledged to me that he had never been hypnotized by anyone else. He told me that he could never "let anyone else hypnotize him. Which certainly acknowledges nonresponsiveness as a phenomenon. On another occasion, someone whom he failed to hypnotize, after repeated attempts over the course of many hours, described the experience to me. He had wanted to experience hypnosis, had felt certainly that Erickson could hypnotize him, but felt incapable of the experience. When I asked Erickson about the matter, he acknowledged that this was so—that he had been unable to hypnotize this individual. And also asserted, characteristically, that it was nonetheless every "enjoyable" experience for the two of them.

EVERYDAY TRANCES

Y—What about the notion of an "everyday trance state" and the associated more natural techniques, as opposed to the concept of a trance state that is artificial or discontinuous with normal experience that is accessible primarily through methods like counting numbers, or other such artificial hypnosis induction techniques?

B—I don’t know anybody, "traditional" or otherwise, who would claim that you can only induce hypnosis by counting numbers or some other "artificial" hypnotic induction. Also, I don’t see any of the formal induction techniques as more "artificial" than some of the incredibly complex induction techniques that are associated with official "Ericksonian" approaches. To claim that hypnosis is not an "everyday" state is not to say that it is "artificial." It’s just not "everyday."

SKILLS NEEDED TO DO HYPNOSIS

Y—Ernest Hilgard said, and this is a direct quote, "The skills required to be a hypnotist are minimal." That comes directly out of a viewpoint permitting one to read a script or have an actor or reader read a script in order to put people into hypnosis. That’s a very different viewpoint of hypnosis in comparison to a viewpoint that suggests it’s the quality of the relationship, as you suggested in your research with the years ago, with your wife, Marsha. There was something about you, your relationship with the patient, your expectancy, and your technical skill; all of those interpersonal factors get utterly ignored if one can make a statement such as Hilgard did that there are few skills involved in being a hypnotist, that it’s simply a product of whatever goes on in the person. I think it’s those fundamental, different conceptualizations that separate practitioners.

B—I wouldn’t take that single statement as representative of Hilgard’s viewpoint. Y—You don’t think that represents a viewpoint of hypnosis beyond the mere words of the statement?

B—No, I don’t think that statement fully represents Hilgard’s viewpoint, at all. I remember reading that statement in the Psychology Today article some years ago. And in the limited context of what I think he meant, I would agree with him. But I don’t think the statement represents all of Hilgard’s understanding of hypnosis, and it certainly doesn’t represent views of the clinicians whom you would not think of as Ericksonian—people such as I named earlier. My understanding of what Hilgard was saying is that it is relatively easy to induce a hypnotic experience in most people. It’s done every day by stage hypnotists, magicians, lay hypnotists, and even teenagers at parties. What is not easy, and of course, what requires training and skill, is the appropriate and benign use of that hypnotic state. But Hilgard also authored, 30 years ago, with his wife, Josephine, a theory of hypnosis that stressed what they called the "developmental-interactive" aspects of hypnosis, by which they were referring to the "interpersonal factors" that you and I both regard as essential to the hypnotic experience. One can be easily misunderstood by particular things one says, and Hilgard’s statement is vulnerable to such misunderstanding. If that statement were all he had to say about the subject, we’d have to take it at face value. But we have other information about Hilgard’s views. And Hilgard had great respect for Erickson’s clinical hypnotic skills. Erickson spent time with Hilgard at Stanford, so they could discuss and explore hypnotic phenomenon together.

But, as you suggest, the relationship is essential to the clinical usefulness of hypnosis. I’m glad you bring this up, because there has been an unfortunate misconstruing of what is an "Ericksonian" viewpoint and what is a non-"Ericksonian" viewpoint. I think there’s far less difference among good clinicians, regardless of what theoretical approach describes them, in how they use hypnosis. This observation has certainly been made about psychotherapists, in general, and I think it also holds true for psychotherapists who use hypnosis.

VIews of Ericksonians

Y—that’s the point I want you to elaborate, because you, more than anyone, have successfully walked that line between supposedly opposing camps. You would not identify yourself as an "Ericksonian," nor would you identify yourself as a traditionalist—you’re just doing what occurs to you.

B—You’re correct that I think of myself neither as an "Ericksonian," nor as a "traditionalist." I don’t think of myself as a hypnotist either. I am a psychologist who uses hypnosis, along with other clinical tools. The use of hypnosis doesn’t constitute a theoretical viewpoint, per se. It is how one uses one’s full repertoire that reflects one’s theoretical stance, and the choice of "Ericksonian" or "traditionalist" is too limited to take into account all that we know about clinical psychology.

Y—I have been at meetings of the Erickson Foundation where I have seen you directly challenge Ericksonians and their claims, their separatist viewpoints, and the lack of objective research to substantiate their positions. Could you comment on these things?

B—I want to begin with the previous point I made, because I meant it fully. Research... Continued on page 10

Workshop Announcement

Advanced Application of Ericksonian Hypnosis in Psychotherapy and Pain Control

Stuart W. Bassman, Ed.D.
Co-author of Hypnosis, Headache and Pain Control: An Integrative Approach

This advanced level workshop will provide knowledge and experiential training in Ericksonian hypnosis and will increase skills in the therapeutic utilization of hypnotic processes. (6 hours C.E. credits pending)

Location: La Jolla, California; San Lodge Inn
Date: February 29, 1992
Fee: $1,150.00

Name:
Address:
City, State, Zip:
Phone: (W) (H)

Please make check payable to National Psychotherapy Workshops and mail to:
The National Psychologist Workshops
1320 West Washington Avenue, Suite 201
Columbus, OH 43224
(614) 461-1999, or FAX registration to: (614) 461-1996
Eligibility: Masters or Doctoral Level in Mental Health Disciplines.

Signature:

Credit card #:
Exp. Date:

MC

VISAFAXX

CREDIT CARD PROCESSING

JOHN D. STIMPSON, JR.
5650 Two Lights Court, Suite 906
Monterey, CA 93940
(408) 373-1115

PHD ADVERTISEMENT
Interview continued

has demonstrated that effective psychotherapists do very much the same things, no matter what they call themselves, no matter what orientation they claim. I object to people calling themselves "Ericksonian," because I don't think the term has clear meaning. It gets confusing to me, because if you take seriously all that Erickson wrote over the years, I wouldn't know quite how to identify what an "Ericksonian" position was. Erickson, himself, changed his ideas over time, as any lively and conscious person does. For example, if you take his concept of the unconscious, he wrote about the unconscious with different meanings in different papers over a span of many years. I wouldn't know exactly what the "unconscious" is when an "Ericksonian" uses the term. He meant different things, at different times, when he referred to the "unconscious." I think it's true, though I'm not sure, that as he got older he made less distinction about hypnosis as a state distinct from the waking state. That wasn't always the case, because earlier in his career he went through great pain to develop quite ingenious induction techniques to help people get from their "everyday" ordinary waking state to a very special state. I think this fact gets lost somehow in contemporary discussions of what "Ericksonian" hypnosis is. People get very focused on what Erickson said and did in his very late years, perhaps because he was more visible then, but that discounts his 40 years of very active earlier work.

ON ERICKSON'S INDIRECT METHODS

Y—You made an interesting attribution in the literature, and just now, about the aging factor in Erickson's life that I'd like you to comment on now. It is your belief that the reason Erickson's views about trance became more diffuse rather than sharper is because there was a decline in his abilities, that physically he was weaker, and that it was more of a compensatory phenomenon. I'm curious why you frame it that way. Couldn't it have become clearer to him, not fuzzier, that indirectness was a profitable technique, or a good complement to the kind of direct techniques almost everyone else was practicing? You won't find Ernest Hilgard or Martin Orne getting metaphorical with their clients. Theirs is very much a focus on direct suggestion. The position you took in the literature is that Erickson was older; he was sick; he was tired; he didn't have the power to be direct anymore; and his emphasis on indirectness was, and more than anything, a utilization of his own diminishing abilities. Comment on that.

B—Hilgard isn't a clinician, and I don't know for certain if Orne would use metaphors with his patients. But I would think that perhaps all psychotherapists speak metaphorically, at least some time, to patients. You could make an argument that all of psychotherapy is about metaphor, hypnotic or otherwise.

But, about my interpretation of Erickson... Certainly, there are other interpretations one could make of those phenomena. Erickson and I corresponded for a number of years, but I only met him in March 1976, and he was already very infirm. He was amazing for someone who was so infirm; he had difficulty talking, difficulty seeing, difficulty moving, and so he couldn't possibly do the things he once did. It seemed to me that he was doing the best he could, which was, as I say, amazing. He seemed remarkable to me. My belief, though, is that if his name wasn't Erickson, and he was just the psychiatrist down the block, and people came to see him with no expectations of what a powerful and remarkable man he was, he couldn't be very effective, given what he was going through at the time. Part of what was so effective was people's heightened receptivity because of their expectations. He was certainly masterful in an aesthetic sense. Watching him make movements, from my point of view, was very beautiful. One of the things that I very much enjoyed was watching him eat, because it was an example of a very difficult task, accomplished with very limited resources. He never asked anyone for help, and never acted as if he needed anyone's help. He occasionally expressed frustration because of his incapacity. But I always enjoyed watching him eat, because it was a beautiful struggle; it was like watching a child learning to walk. I watched him gather his forces internally, and watched him make a move with his hand, very slowly and very carefully, getting the food halfway to his mouth, and then sometimes dropping it, getting a little frustrated, and then starting all over again. That was beautiful to watch, and I think it's an example of what you're talking about in another realm — someone who has had a lot of experience with very limited resources, and doing a better job than someone without that much experience. But not doing a better job than when he had less physical limitation.

It wasn't just in the context of clinical work that I saw him in this light, because most of the time I spent with him, we never talked about hypnosis. Our conversations were those of two friends, not clinical consultants. So, I would visit him, and we would talk, or Betty and I would talk, and sometimes Robert and Kathy or Kristi would be there. We would talk about the things that friendly people talk about. When you go to visit family, you don't talk about clinical psychology, and you don't talk about hypnosis; you talk about other things. I guess it was the totality of my experience with him, in contrast to my experience of him in younger years from things he wrote, and from talking with Jay Haley about what he saw him do in earlier years, and seeing some of the earlier films, that led to the view you're questioning: that Erickson was unable, in his later years, to physically manage the masterful, elaborate clinical interventions he had previously made, and accommodated to this by doing less and less.

CAREER HIGHLIGHTS

Y—Let's talk about your career. What has been the highlight? What are you proud about having done?

B—Well, I feel like my career is pretty simple and ordinary, and it feels odd to speak of it in the way you ask me. I have taught at UCLA for the past 15 years, and I have a private practice. I occasionally do other things, like teach a workshop or participate in a meeting, or something like that. And I spend a fair amount of time writing. I guess the highlight of my work is when I really do good work with a patient. It's very quiet and personal, and those highlights are not something I share with anyone. You know, as a therapist, that you don't get to share your work very often. I sometimes have the impression that I spend my day carefully creating sand paintings, and in the night they are swept away by the wind, as if they were never really there at all. Another real highlight is to see students go on and become really fine therapists. That is really great, particularly when I feel I've had some good influence on them.

Y—Your demonstrations at the Congresses were consistently rated very highly. When people have the chance to see you work, they can't help but notice that you are a "Barberian." You do have your own unique style. What does it mean to be Joseph Barber, hypnotist/therapist?

B—I don't think of myself as a hypnotist.

The Orange County Society For Ericksonian Psychotherapy and Hypnosis presents

CLINICAL HYPERSONIS

TRAINING

One day a month indepth classes

OCSEPH presents five month certificate programs for the clinician who wants to be competent and confident in using hypnosis with clients. These very small group classes meet one Saturday a month from 9am to 1pm. Topics will include:

- Traditional and Non-Traditional Trance Inductions
- Trance Identification, Integration of Dissociative States
- Hypnotic Techniques for Special Populations
- How to recognize trance states
- Hypnosis for clinical and medical applications
- How to use hypnosis to make guided imagery more powerful.

All classes will be taught by:
Gary Ruelas Ph.D. Richard Landis, Ph.D.
Terry Argast, Ph.D.

Starts January 25, 1991 Santa Ana, California

For further information on OCSEPH programs, contact Richard Landis, Ph.D., Director of Training, OCSEPH, 2101 East 4th Street, Suite A111, Santa Ana, CA 92705 (714) 547-8120, FAX (714) 547-5536

Eligibility: Masters or Doctoral in Mental Health Disciplines.

In addition, OCSEPH will present May 1, 1992
A ONE DAY SPECIAL TRAINING EXPERIENCE WITH

JEFF ZEIG, PH.D.
Director of the Milton H. Erickson Foundation
Phoenix, Arizona
Interview continued

I think of myself as a psychologist, and, among the things that I know how to do, I am able to use hypnosis and suggestion. I guess that gets me proportionally highlighted at meetings because that’s what they’re for, to demonstrate hypnotic work.

If the result is to see me primarily as a hypnotist, that’s a distortion.

Y—Is it gratifying to you that people find your demonstrations as useful as they do?

B—Yes, sure. I’ve been pleased about that. I enjoy watching other people do demonstrations, so I understand the feeling. I know what it means to see someone do something you admire. I often feel a bit concerned, though, that people may think that they need to actually emulate that work. It is very difficult to sort through what you watch someone do, and find the places in yourself that fit with that. In this context, I don’t quite know how to describe myself as a therapist. It is fair to say that I’m conventional or traditional, in the sense that I’m respectfully aware of the conventions and traditions of our field. Yet, at the same time, I’m aware of limitations of those traditions, and I actively try to press beyond them, to become more effective.

THE VALUE OF RESEARCH

Y—What is the one of the ways that the traditional part of your surface is in the premium that you place on research. I see you get very impatient with the lack of research, the lack of what you would probably consider a familiarity with the experimental literature.

B—You know, my impatience isn’t with the lack of research, because I am sympathetic with how difficult it is for clinicians to do research, and with people who have no actual interest or skill in carrying out research. But, after all, science is the means by which we learn. We get important clues from clinical experience, but our experience is highly vulnerable to distortion and bias. We need scientific investigations of the various hypotheses and notions we develop from clinical experience. My impatience is with people who make assumptions that have no evidence behind them—and, worse, who seem to have no respect for the issue. I have no objection to someone saying, “I have a belief, but I have no evidence. Nonetheless, I believe in it, and I want to share this belief with you.” I do object to someone saying, in effect, “I have a belief, but I have no evidence for it, and evidence doesn’t matter anyway.” Just trust me on this.” I’m very impatient with people who hold on to some belief in the face of lack of evidence, or, worse, evidence to the contrary. I am impatient with people who remain ignorant of the literature, and who are unaware of evidence that may run contrary to their beliefs. I think there’s a lot of that going around.

PET PEEVES

Y—Be specific now. What are some of the ideas that you hear that annoy the heck out of you? What are the ones that keep coming up over and over again that you wish would just dry up and blow away?

B—I guess one would be what you men-
tioned earlier about the view of hypnosis being an everyday experience. What troubles me about it is that hypnosis is a very valuable technical tool. What makes it valuable is what you can do with it, what you can get from it—for example, that you can access repressed memories, or alter pain, or dramatically alter some physiological process. I believe that hypnosis is different from everyday experiences, and that the reason to go to the trouble of hypnotizing someone is to be able to access that special state. You just cannot get the hypnotic effect by being in an ordinary waking state. Why is Erickson went to such amazing lengths to induce this special state in a patient now? I don’t think that the experience of hypnosis is entirely separate from someone’s everyday experience, either. If you think of consciousness as a spectrum of various kinds of experiences and cognitive capacities, one narrow band of the spectrum might be sleep, another band, deep concentration, another band, coma, and another band, psychedelic drug experiences. Hypnosis is another of those bands, and it wouldn’t be discontinuous from all of the others. Some aspects of hypnosis might overlap with the waking state, some with other states, and it might sometimes be difficult to see the distinction. But some aspects of the hypnotic process would be quite discrete, and you would clearly see that this phenomenon is very different from the waking state. When you see that those hypnotic phenomena are very different, and that a person’s experience in hypnosis is very different from the normal waking experience, it seems to me that this is evidence that hypnosis is different from the normal waking state. The difference is valuable and worth exploring. If it isn’t really different, then it’s not necessary to spend any time at all learning induction techniques. If you’re inducing something that’s no different from the normal waking state, then why bother?

Y—What are some of the other basic Ericksonian assumptions you get annoyed with? What do you make of the idea that each person has within him/her the resources necessary for change?

B—The idea of the unconscious as all-knowing, and that you should “trust your unconscious”? Are these the kinds of ideas that get on your nerves?

Y—Yes. They give me an ulcer. Of course, I’m speaking metaphorically.

Y—Naturally.

B—The one about the unconscious being all-knowing. Well, it’s an appealing idea. Like believing in an all-knowing, benevolent deity. Of course, it can sometimes be of great therapeutic value to communicate such an idea to a patient. It can be very empowering to communicate to patients that there is a part of them that is basically good and valuable, and powerful, and that they need to trust that part of them. It is empowering and helpful to some, but it can also be damaging to others. I know of a man whose grandiosity gets him into a lot of trouble, and siding with that grandiosity would be no favor to him. In general, I would agree that such empowerment is a helpful strategy. That’s not to say the idea

Continued on page 12
Interview continued

is an accurate one, however. Hearing a fairy tale can be a very empowering experience, but we don’t believe that it’s a true story. I don’t know of any evidence to suggest that the unconscious is all-knowing and wise. On the contrary.

If the unconscious is all-knowing and wise, why would people ever get out of touch with their unconscious? Why wouldn’t it see to it that they’re staying the way they ought to be? It seems overly simplistic to me, to put it mildly.

The other tenet I want to comment on is the idea that a person has all the necessary resources. It’s really another version of the notion I just discussed, and is flawed for the same reason. I take psychology and psychotherapy seriously, and a statement like that sounds farcical to me. There is a modicum of truth in it, but only a modicum.

For instance, is it true that a relatively healthy person can handle a lot of resources with them for change, and maybe all that they need is someone to listen to them describe their dilemma or quandary, and a light will come on, and maybe they will discover the answers to their own questions. Or, maybe they can promote someone to guide them in a very gentle and indirect way to those answers to their own questions? Or, maybe gory. There are also a lot of people who have significant deficits in their development, and they don’t have all the necessary resources, and they won’t have them in a million years, unless they get some very significant assistance. Even then they may not get what they need.

Let’s ignore all the psychoses for a moment, and consider just the people with various personality disorders. By definition, there are developmental lapses that leave them with structural impairments. They distort reality in a way that other folks don’t, and they’re unable to learn in a way that would be normal for an otherwise healthy person. The goal of therapy for them is to help them learn not to distort reality. They don’t have that resource within them, and they really do need someone external to them to help them develop it. Some of them may never develop it. Some may develop it over a period of time. Some of them may develop it even more easily. That would be only one example, but may be an illuminating one about certain kinds of people who will develop certain kinds of problems that are far more significant, damaging, and difficult to manage than garden variety neurotic problems. Healthy people, dealing with life problems, probably have the necessary resources and, if they do, it would help them to have someone tell them of that. But for the rest of us, I don’t think that’s true.

**RECOMMENDATIONS FOR MODIFYING POSITIONS**

Y—A common theme coming through what you’re saying is that some people are making some fairly extreme statements with very little data to work with, and that many of the things that they are saying fly smack in the face of what research and clinical experience shows. It’s a fairly obvious wish of yours that some of the more extreme things attributed to Erickson and Ericksonian would be modified. Is that a fair statement? B—Yes. If the Ericksonian movement is to have the respect of the psychological world, then pronouncements coming from the movement have to reflect an awareness of the context of psychotherapy, and to promote an integration of Ericksonian ideas, whatever they may be, within the larger context of psychotherapy. I think the more recent activities of the Foundation have gone a significant way toward realizing this goal. The Evolution meetings have recognized that Erickson was one of many great psychotherapists, and the most recent Ericksonian Congress included non-Ericksonians on the program.

Y—Anything else you care to add? B—No, I’m fine with what I’ve said, Y—Thank you for the interview.

**Donations**

The Milton H. Erickson Foundation has received $1,357.86 in cash donations since the last issue of The Newsletter. Special thanks go to Mary J. Best, Ph.D.; Steven F. Bierman, M.D.; Betty Alice Erickson-Elliot, M.S.; Fred Hartman; Robert McBurney, M.S.; Thurlow McCloud, Ph.D.; Lisa Starr, M.A.; Tanya Wolff; and the Milton H. Erickson Institute of South Australia. The South Australia Institute has closed its operations. We will miss the affiliation and wish our colleagues there all our best. We also wish to especially thank Don McMillan for his generous donation of videotapes for the Erickson Archives. These tapes contain sessions with Dr. Erickson.

The Erickson Foundation is a nonprofit corporation, and donations may be tax deductible within IRS guidelines. Thanks go to the following people:

Sande Allard, M.S.
Anita Banker, M.A.
Robin Battino, M.S.
Annette Brandes, Ph.D.
Gerald L. Buchan, Ed.D.
Cindy L. Carter-Liggott, R.N., M.S.
Dean C. Couris, M.A.
Jennifer L. Elf, M.S.
Steven Friedman, Ph.D.
Nancy Gordon, L.C.S.W.
Bill Hamilton, M.S.
Jennifer Ann Jones, D.M.D.
Julien Mercure
Russell F. Nansen (in memory of Jacqueline M. Nansen)
Gary D. Newquist, Ph.D.
Jane Moffatt Oase, M.S.W.
Donna Peddy, M.Ed.
Rebecca Rudner, Ph.D.
Beatrice Scarrata, M.A.
Richard Stepp, M.S.W.
Anne Teague, M.S.
Jack Trackz, Ph.D.
James P. Wheeler, M.S.W.
Barbara A. Wolfman, M.S.W.

Classified Advertising

**TRAINING**

PAUL CARTER, PH.D. and others have tapes and training materials on Hypnosis, the Paral Model, and Special Topics available through Imagination Press, PO. Box 2182, La Jolla, CA 92038.

HAWAI! Adventure, Retreat and Training with Dr. Paul Carter, March 22-28, 1982, Maui, Hawaii. For this and other programs, contact M.E.T.A. Institute, PO. Box 36, Paia, Hawaii 96779, Telephone (808) 572-2234, Fax (808) 572-1435. Eligibility: Masters or Doctorate in Mental Health Disciplines.

Please check:

**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 a letter from their department indicating full-time status in an accredited program.)

Eligibility: The Newsletter is available to professionals in health-related fields including physicians, doctoral-level psychologists and dentists who are qualified for membership in, or are members of, their respective professional organizations (e.g., AMA, APA, ADA). The Newsletter is also available to professionals with mental health-related graduate degrees (e.g., MSW, MSN, MA or MS) from accredited institutions. Applications from graduate students in accredited programs leading to a degree in the above fields will be accepted if they supply a letter from their department on letterhead stationery certifying their full-time student status.

*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.

NAME: ___________________________ DEGREE/DATE: ___________________________

STREET: ___________________________ MAJOR: ___________________________

CITY/STATE/ZIP: ___________________________ UNIVERSITY: ___________________________

RETURN TO: The Milton H. Erickson Foundation, Inc. 3006 N. 24th Street, Phoenix, AZ 85016. Phone: (602) 956-6196