Congress to Address Hypnosis, Therapy

What is hypnosis? Why is it effective? Why are therapists from around the world learning about hypnosis in record numbers?

These questions will be addressed at the Fifth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy, entitled “Ericksonian Methods: The Essence of The Story,” which will be held December 2-6, 1992, in Phoenix, Arizona.

The Congress is dedicated to presenting information about and advancing the work of the late Milton H. Erickson, M.D., (1890-1980), who was acknowledged as the world’s leading authority on medical hypnosis.

The December meeting is sponsored by The Milton H. Erickson Foundation, Inc. of Phoenix, Arizona and co-sponsored by Maricopa Medical Center, Department of Psychiatry; Arizona State University, Department of Psychology; and Arizona State University, Department of Social Work.

The Milton H. Erickson Foundation has organized the Ericksonian Congresses on a triennial basis. Each of the first four Congresses (held in 1980, 1983, 1986 and 1988) attracted 2,000 delegates from more than 20 countries. In 1985, The Foundation organized “The Evolution of Psychotherapy,” a conference which was hailed as a landmark meeting in the history of psychotherapy. This conference was attended by 7,000 delegates.

Volunteers Needed

December 1992
Erickson Congress

Vacancies remain for student volunteers at the Fifth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy.

These positions give full-time graduate students an opportunity to attend the Congress when they otherwise could not afford the registration fees. Fees are waived for student volunteers.

Full-time graduate students enrolled in accredited programs may apply for volunteer positions. Duties may include helping with registration, continuing education, room monitoring, assisting with various parts of the Congress and a variety of other activities.

Interested students may contact Volunteer Coordinator Diane Deniger, The Milton H. Erickson Foundation, 3606 N. 24th Street, Phoenix, AZ 85016; telephone (602) 956-6196; fax (602) 956-0519.

Scholarship Winner Announced

The Milton H. Erickson Foundation has awarded two $1,500 scholarships to graduate students.

Jenny Leshala, a Ph.D. student in psychology at Michigan State University at East Lansing and Laura L. Brooks, an MSW student at East Carolina University in Greenville, N.C., were the winners.

The scholarships were made possible by the sale of commemorative items at the 1990 Evolution of Psychotherapy Conference in Anaheim, Calif. The awards are made on the basis of academic standing, financial need, potential in the field and participation in extracurricular activities.

Interview

An Interview with The Barrettas
by Michael D. Yapko, Ph.D.

Norma Barretta, Ph.D., and Philip Barretta, M.A., M.F.C.C., are widely recognized as superb teachers of Ericksonian approaches. Their inimitable style of blending is the product of a long, happy marriage on both professional and personal levels.

The Barrettas have shared a private practice in clinical psychology for more than 20 years. They have studied personally with Dr. Erickson, and both have their own unique slants on his methods. The Barrettas travel extensively, teaching throughout the world.

Norma is a past president of the Los Angeles Academy of Clinical Hypnosis, and a Fellow of the American Society of Clinical Hypnosis. Phil is a special member of both the Southern California Society of Clinical Hypnosis and ASCH.

Michael—Please begin by providing some biographical information.

Norma—We were both born in Camden, N.J. It’s a great place to be from, but not such a nice place to live — now. It

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

ADDRESS CORRECTION REQUESTED
Letters to the Editor

The Eye-Movement Desensitization and Reprocessing (EMDR) Debate

...Qualification for teaching EMDR raises professional issues concerning whether the one who teaches EMDR should be well-versed in the methodology behind EMDR, as well as the potential consequences such as abreaction. Regardless of how many years of clinical practice a person may have had, it would be hard to imagine that a person who has only seen and heard many of Milton Erickson's tapes and read his works would be prepared to not only use this approach with clients but to also teach it to others. It would be a serious error to consider that EMDR procedure can be learned and taught without instruction or feedback so as to help one is developing skill in the use and applications of EMDR...

- Daniel P. Sternberg, Ph.D.
Salt Lake City, Utah

...Dr. Johnson is probably an intuitive, skilled clinician who can easily and naturally apply EMDR along with a host of other therapeutic procedures. EMDR can appear to be a simple, safe procedure to an experienced, intuitive clinician. However, to say one does not need training in utilizing this powerful tool is naive and borders on therapeutic arrogance.

It is important that people have training in EMDR to apply it appropriately, ethically, and properly. The procedure published in Dr. Shapiro's articles, as she asserts, is insufficient for the proper and ethical use of EMDR. Formal training to learn EMDR is obviously better than learning the procedure from inexperienced users of the procedure. The training provides the necessary information and supervised practice to enable a clinician to utilize EMDR with a wide variety of client problems. Included in training is information on what to do when the client is abreacting - or nothing is happening...

- Roger Solomon, Ph.D.
Olympia, Washington

...Dr. Johnson implies that somehow, [Dr. Shapiro] is being opportunistic or needlessly controlling in her requirements that training supervisors try to teach the technique to others. If Dr. Shapiro were starting a string of "Shapiro Clinics" or getting a best-seller out on EMDR perhaps there would be merit to his insinations. In fact, Dr. Shapiro is developing a large network of research, writing and peer assistance for practitioners in EMDR. Money from the training workshops supports these professional efforts to investigate and strengthen the applications of the technique. In spite of Dr. Johnson's readiness to take advantage of the technique, I see no evidence of a similar commitment or professional investment of energy on his part. In fact, his review of the Wolpe demonstration revealed a need to minimize the skills and approaches of Wolpe and Shapiro in order to justify his own lack of willingness to accord Dr. Shapiro the respect she has earned as the authority on EMDR. Instead he belittles her professionalism as well as the range of usefulness of EMDR.

His apparent offer of training to others in EMDR without the permission of Dr. Shapiro reveals just who is the opportunistic here...

- Landry Wildwind, L.C.S.W.
Albany, California

...Dr. Johnson reports that the worst thing which happens with EMDR is "nothing." I am quite positive that if you had used this procedure with my clients without the training I've received I would not have been able to work with their healing processes as safely, professionally and respectfully as I now can...

...Perhaps Dr. Johnson's enthusiasm for the EMDR process could be directed to becoming a more knowledgeable and thus responsibly influential proponent. It is my belief that Dr. Shapiro's intention is not to "keep EMDR on hallowed ground," rather, to keep clients' best interest a foremost ethical consideration. I applaud her for her professionalism...

- Judy Martin, M.F.C.C.
San Francisco, California

...In our inpatient PTSD Program we use EMDR extensively. However, it is a new technique, experimental in nature, with little research as yet existing to explain its effects. We are therefore requiring all our therapists to obtain training from Dr. Shapiro, or such people as she may designate as qualified trainers to ensure we are gaining the technique in the manner which has had at least some research. We feel that we are at the same point as we have been at the introduction of other techniques whose potential negative effects were, as yet, unclear and therefore have the obligation to obtain our training from as well qualified a source as possible. At this time, only Dr. Shapiro meets these criteria...

- Steven M. Silver, Ph.D.
Coatesville, Pennsylvania

...If you accept the notion that EMDR is a powerful therapeutic tool (as at least both Shapiro and I certainly do) that has potential positive and negative effects, how could you, ethically, not want similar limitations placed on training in it. At this point Shapiro and some who have worked closely with her have the experience necessary to provide this training. Over time, as more research and clinical materials are published, many others will have the knowledge to teach expertly in this area. In the meantime, Shapiro's training is available throughout the country for a cost that is consistent with other workshops in the mental health field. Student discounts are also available. My advice is, if you are qualified, take the training as soon as possible...

- Howard J. Lipke, Ph.D.
North Chicago, Illinois

...Until replication studies are completed and a wide variety of professionals are thoroughly trained and experienced in EMDR, Dr. Shapiro has reasonably placed limitations on who may be trained and has specified exactly what form the training must be. It seems to us that this conservative limiting is responsible both as a reasonable precaution against litigation and as a guarantee that the essential features of the procedure are not lost in training and retraining by persons who are themselves not fully trained on the procedure. Until the procedure is standardized and taught by clinicians fully trained and experienced in EMDR, any clinician who decides to conduct this therapy in the absence of Dr. Shapiro's training assumes potential liability and risk to clients which, in our opinion, is unwarranted.

- John Davis, M.D.
Kay Werk, M.S.W., L.I.S.W.
Columbus, Ohio

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. All submissions must be double spaced. 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.
TRAINING TAPES

LENGTH: 2 Hours Beta or VHS ½" — $150.00 (1 tape) U-Matic ¾" — $200.00 (2 tapes)

— Symbolic Hypnotherapy. Jeffrey K. Zeig, Ph.D., presents information on using symbols in psychotherapy and hypnosis. Segments of hypnotherapy conducted by Milton H. Erickson with the same subject on two consecutive days in 1970 are shown. Zeig discusses the microdynamics of Erickson’s symbolic technique.
LENGTH: 2 Hours, 40 minutes Beta or VHS ½" — $200.00 (1 tape) U-Matic ¾" — $275.00 (2 tapes)

FROM 1981 SEMINAR:
— Naturalistic Approaches to Hypnosis: Utilizing Hypnosis in Pain Treatment in Psychotherapy, Joseph Barber, Ph.D.
— The Varieties of Ericksonian Hypnotic Suggestion, Stephen Lankton, M.S.W.

FROM 1982 SEMINAR:
— Ericksonian Induction Methods, Robert Pearson, M.D.
— A Fail Safe Double Induction Approach to Hypnotic Induction, Ernest Rossi, Ph.D.

FROM 1983 CONGRESS:
— Hypnotic Alteration of Pain Perception, Joseph Barber, Ph.D.
— A Fail Safe Double Induction Procedure, Ernest Rossi, Ph.D.

FROM 1984 SEMINAR:
— Use of Multiple Embedded Metaphor for Psychological Resoulation, Stephen R. Lankton, M.S.W. & Carol H. Lankton, M.A.
— Using Metaphor and the Interspersal Technique, Jeffrey K. Zeig, Ph.D.

FROM 1985 CONFERENCE:
— CP15 The Blind Date Family Interview, Carl Whitaker, M.D.
— CP19 The Use of Gestalt Technique, Miriam Polster, M.D.
— CH3 Ronald Laing, M.D.
— CH4 Carl Whitaker, M.D.

TOPICAL PANELS:
— P12 The Role of the Therapist/The Role of the Client, (May, Rogers, Salter, Szasz)
— P1 Schizophrenia, (Bettelheim, Laing, Szasz, Whitaker)

FROM 1986 CONGRESS:
— D2 Rehearsing Positive Outcomes with Self-Image Thinking, Carol H. Lankton, M.A.
— D1 Enhancing Therapeutic Responsiveness, Jeffrey K. Zeig, Ph.D.

FROM 1988 CONGRESS:
— D6 Deep Naturalistic Hypnotherapy, Ernest Rossi, Ph.D.
— D5 Short Approaches to Heavy Problems: Brief Therapy for Weight Reduction, Carol Lankton, M.A.

FROM 1990 EVOLUTION:
— CPV Gestalt Therapy: Humanization of Technique, Erving Polster, Ph.D.
— CPV17 Eye Movement Desensitization of Post-Traumatic Syndrome, Joseph Wolpe, M.D.

PRICES: ½" BETA or VHS — $75.00 each ¾" U-MATIC — $80.00 each
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Regarding the Credentials Editorial

...I have no quarrel with your intention to protect an apparently gullible public from unintelligent or even unscrupulous procedures that might cause trauma to clients. What I take issue with is your premise that “unlicensed” means “untrained” or “inadequately trained” and that a trained professional who might be unlicensed is automatically irresponsible toward the client. There is also another unfounded premise that the public is always uninformed and at the mercy of unscrupulous professional or pseudo-professionals.

The second point is the Foundation’s stance of offering training “only to qualified professionals with advanced degrees.” That paragraph ends with what in my view is an unfounded premise that an “unlicensed” professional (an oxymoron in your view?) who does not have an advanced, licasurable, academic degree is unfit for specialized training in hypnosis and presumably any other psychotherapeutic training. I cannot for the life of me understand how an MSW or an MA, in social psychology for example, automatically makes one fit for specialized training in hypnosis while a Ph.D. in sociology or philosophy or several years of psychoanalytic training (without the requisite graduate degree) does not. I need not remind you of the struggle that went on for years in the United States over Freudian training for people who were not MD’s. It seems to me that any psychotherapy training (including hypnosis) should be accessible to any intelligent adult with reasonable personal maturity and integrity. Unfortunately neither maturity nor integrity are guaranteed by advanced academic or professional degrees, and I think it is one of the pitfalls of “professionalism” that it does not know how to confront this issue.

— Pamela Oline
New York, New York

Institutes Affected by Andrew, Iniki

The following is an excerpt from a letter from David Hudson, director of the Milton H. Erickson Institute of South Miami.

...We are doing fairly well at this point. No one was injured, thankfully. The office was undamaged so we just needed to wait for the power and phones. That happened several weeks ago. Life in Miami is an adventure. Essential services are returning bit by bit. At this point stores are open, most major street lights work, we have power at home, and the clean up of mounds of trees and debris has begun.

Many of my clients were less fortunate. I have several who lost some or all of everything they had. Their houses or apartments were devastated by the storm. I have four clients whom I have not been able to contact in the worst hit areas. There is much that needs to be done here but we are beginning to recover. We have been recommending to those who want to help to make a donation to the Red Cross or the Salvation Army. Both groups have been incredibly helpful to those in need here.

We have not heard from the Erickson Institute in Honolulu.

To write the institute in South Miami, the address is 5900 S.W. 73rd St., Ste. 207, South Miami, FL 33143.

The Honolulu address is 1314 S. King St., Ste. 722, Honolulu, HI 96814.

Congress continued

The Milton H. Erickson Foundation’s Intensive Training Programs will be offered in the Spring of 1993. Brent B. Garry, Ph.D., is Intensive Training Program Coordinator. He, along with Jeffrey K. Zeig, Ph.D., Director of the Erickson Foundation and other faculty, are featured in the programs.

The first week provides fundamental principles of Ericksonian hypnosis and psychotherapy. The emphasis is on basic patterns of hypnotic elicitation.

The second week concentrates on the utilization of hypnotic and strategic techniques. The level of instruction is intermediate to advanced.

The schedule is as follows:

Week I will be offered twice in the Spring: Feb 22-27, 1993, and March 22-27, 1993. Week II will be offered April 19-24, 1993. A third Week I is scheduled in a weekend format and will be held April 2, 3, and 4, 1993, and May 14, 15, and 16, 1993.

A third component of the Intensive Training will be added in 1993. A week-long supervision program will be held June 20-25. Professionals who have attended Weeks I and II of the Intensive Program, or those who have extensive background in Ericksonian hypnosis and psychotherapy would be eligible for the supervision component.

The University of California
Santa Cruz
Santa Clara Extension
presents
Jeffrey K. Zeig, Ph.D.
Ericksonian Psychotherapy
Advanced Training

Oct. 23-25, 1992
in Santa Clara, Calif.

Open to professionals with a minimum of a Master's Degree and full-time graduate students in accredited programs.

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February 5-7, 1993
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** Group rates: 3-4 10% off, 5+ 15% off (group registrations must come at same time in one envelope)
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REGISTER EARLY! THE BALTIMORE CONFERENCE SOLD OUT TWO MONTHS IN ADVANCE.

For Brochure, Group Rates & Information, Contact: Dr. Robert Schwarz or Kim Minor at I.A.C.T. / P.O. Box 166, Ardmore, PA 19003 (215) 790-1414 (voice or fax)

PAID ADVERTISEMENT
Audiotapes from the Presenters at the Second Evolution of Psychotherapy Conference. These are the Top Selling Tapes from the 1990 Conference

**KEYNOTES**

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  Walter Fried, MD, PhD

- **PC289-21** One Hundred Years of Solitude, or Can The Soul Ever Get Out of Analyse, $10.50
  James Hillman, PhD
  Disc., Alexander Lowen, MD

- **PC289-22** The Self in Action: A Gestalt Outlook, $10.50
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  Disc., Ernest Rossi, PhD

- **PC289-23** Eve’s Daughters: The Forbidden Herolom of Women, $10.50
  Miriam Polster, PhD
  Disc., James F.T. Bugental, PhD

- **PC289-24** In the Days of Giants—The Steps in Therapy to the Present Day, $10.50
  Hollis May, PhD, Disc., James Hillman, PhD

- **PC289-26** Establishing A Therapeutic Alliance With Borderline and Narcissistic Patients, $10.50
  James Masterson, MD
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**INVITED ADDRESSES**

- **PC289-4** Zen and the Art of Therapy, $10.50
  Jay Haley, MA
  Disc., William Glasser, MD

- **PC289-8** Cognitive Behavior Modification: An Integrative Approach In the Field of Psychotherapy, $10.50
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- **PC289-10** Resolving Childhood Trauma...When the Therapy Must Be Short-Term, $10.50
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- **PC289-14** Bioenergetic Analysis: Engaging the Body In the Therapeutic Process, $10.50
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  Mara Selvini Palazzoli, MD

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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.)

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Contact Information

1. Family Psychotherapy Practice, 2722 Eastlake Ave., Ste. 300, Seattle, WA 98102; (206) 329-9101.
2. Klaus Schmit, Zon en Schild, Utrechtweg 266, Postbus 3051, 3800 DB Amersfoort, The Netherlands; Tel: 033-609 762, Fax: 033-650 463.
4. Harriett E. Hollander, Ph.D., Director, Milton Erickson Institute of New Jersey, 20 Nassau Street, Princeton, NJ 08540; (609) 924-2508.
5. David Broadus, Family Counseling Service, 3399 Tatras Creek Road, Lexington, KY 40502; (606) 266-0425.
6. Academy for Guided Imagery, PO Box 2070, Mill Valley, CA 94942; 1 (800) 726-2070.
7. Bengt-Goran Futh, O. Martens... | 19536.
8. Richard Weiner, Ph.D., American Academy of Pain Management, 3600 Sierra Road, Ste. 2D, Modesto, CA 95356.
9. Dr. Shapiro, 17 Lantern Lane, Lexington, MA 02173; (617) 862-3728.
10. Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016; (602) 956-6196; fax: (602) 956-0519.
11. Centro de Terapia Familiar de Barcelona, Calle Londres 96, Barcelona, Spain; Tel: 200 39 47.
12. Colleen O'Driscoll, University of California-Santa Cruz, 740 Front Street, Ste. 155, Santa Cruz, CA 95060; Tel: (408) 427-6610.
15. Helene Kornfeld, School of Continuing Education, Marywood College, 2300 Adams Avenue, Scranton, PA 18509; (717) 348-6211.
16. The Barretts, 2075 Palos Verdes Drive North, Ste. 200, Lomita, CA 90717-3726; (310) 326-5545.
17. Dr. Andrew Leon, 293 Malabar Rd., Maroubra, NSW 2035, Australia; Tel: (02) 349-2671.
18. Wolf Buntig, M.D., ZIST in Pernberg, ZIST 3, D-81122 Pernberg, Tel: 0885/5196 Work, ZIST.
19. Dr. George Burns, 7 Rhoda St., West Perth, WA, 6005, Australia; Tel: (09) 388-2733.
20. Dirk Revenstorff, Psychologisches Institut, Arbeitsbereich Klinische Psychologie, Gartenstr. 29, D-7400 Tubingen 1, Germany.

Workshop Series Announced

A series of six workshops sponsored by the Milton H. Erickson Foundation have been scheduled for 1993. Brief and family therapy will be featured. Presenters include Peggy Papp, M.S.W.; Richard Fisch, M.D.; Ruth McClendon, M.S.W.; Michael D. Yapko, Ph.D.; Evelyn Bader, Ph.D.; and Steve de Shazer. The program is as follows:

1. January 16-17, 1993, Ms. Papp — “Theme Centered Therapy with Couples and Families.”
2. February 20-21, 1993, Dr. Fisch — “Let’s Just Call It ‘Doing Therapy Briefly’: Clinical Application.”
4. April 17-18, 1993, Dr. Yapko — “Applying Hypnosis and Directives in Psychotherapy.”
5. May 15-16, 1993, Dr. Bader — “In Quest of the Mythical Mate.”

The problem yet remaining is to ensure that the members of the medical profession fully realize that the thinking, the emotions, and the past experiential learnings of each person can play a significant role in his psychological and physiological functioning. (1970) (In Erickson, 1980, Vol. IV, chap. 6, p. 58)
Conference Announcements


New Section Featured

A new section will appear in The Milton H. Erickson Foundation Newsletter starting with this issue.

Foreign language books related to Ericksonian methods will be noted. If anyone has written a book in another language about Ericksonian psychotherapy and hypnosis, please send the title, author and ordering information to Newsletter Editor Michael Yipko, P.O. Box 234268, Leucadia, Calif. 92033.

This information will be published in the Newsletter. We would be grateful if copies of books could be donated to the Erickson Archives at the Milton H. Erickson Foundation in Phoenix.

Canadian Hypnosis Societies Set Assembly

The Federation of Canadian Societies of Clinical Hypnosis will hold its Fourth National Assembly at the Banff Centre in Banff, Alberta, Canada May 4-9, 1995. Planned sessions include psychoneuroimmunology, consciousness and the cell, shamans and healing, as well as matters dealing more directly with hypnosis. There will also be workshops and scientific paper presentations. Eligibility is restricted to persons with an earned doctorate in medicine, dentistry, psychology, social work and nursing; earned master's degree in psychology, social work or nursing; and students enrolled in masters or doctoral programs leading to a degree in any of these professions. Attendees must be in good standing with their appropriate provincial or state licensing bodies.

For more information, contact Dr. Neil Malcolm, 4721-47th Ave., Leduc, Alberta T9E 5Y1, Canada; (403) 986-1400, or fax (403) 986-9759.

In psychotherapy you teach a patient to use a great many of the things that they learned, and learned a long time ago, and don't remember.

(Weig, 1980, p. 326)

Twelfth International Congress of Hypnosis

The Twelfth International Congress of Hypnosis, sponsored by the International Society of Hypnosis, and the Israeli Society of Hypnosis was held July 26-31 in Jerusalem.

The main organizer was Moris Kleinhaus, M.D., a renowned expert on medical hypnosis, who was an invited faculty speaker at the First International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy sponsored by the Erickson Foundation. Organizing the ISH workshops was Shaul Livny, Ph.D. The Scientific program was organized by Viorica Delano, M.A., DCL Psychol., and Kari Fuchs, M.D.

Prior to the ISH meeting, July 22-24, there was a Joint Conference on Ericksonian Hypnosis and Psychotherapy. The primary organizer was Burkhard Peter, Dipl. Psych., founder of The Milton Erickson Society of Germany. Mr. Peter also has been a presenter at Erickson Foundation Congresses and is an Invited Speaker at the 1992 Erickson Congress.


Because of the Joint Conference, there were a considerable number of Ericksonian therapists at the ISH Congress. These meetings presented an opportunity for collaboration and for developing conciliation among practitioners and theorists in hypnosis.

The next meeting of the International Society of Hypnosis will be held in August 1994, in Australia. For information contact Moris Kleinhaus, M.D.; ISH; P.O. Box 50006; Tel Aviv 61500, Israel; Fax (972) (3) 70 80 53 or 74 80 53.

The practice of psychotherapy should be interesting, appealing and charming.

MILTON H. ERICKSON, M.D.

NYSEPH

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Monograph Nine

Monograph Number Nine is nearing completion. We have articles by Jay Haley, Akira Otani, Jeff Feldman, and others. The theme of this issue is “The Pivotal Features in Therapy,” and it deals with the various facets of a case seen through the eyes of selected experts. We expect this to be an especially exciting volume as it will, in a practical sense, reflect the theme of the upcoming Congress and deal with the essence of therapy.

Along with those commentaries, we will release three other fine papers.

Jay Haley has compiled a discussion between himself and Dr. Erickson regarding a film made in 1964: “Erickson Hypnotic Demonstration: 1964.” The content of the film has been transcribed and reproduced. This rare footage is a valuable contribution which touches on issues of observation, motivation, and intent in the therapy work done by Dr. Erickson.

Jeffrey Feldman has contributed “A Multischema Model for Combining Ericksonian and Cognitive Therapy.” In this article, Feldman presents a multi-level schema as the basis to better understand and intervene in cases where long-held beliefs about self and world have created a self-fulfilling prophecy of dysfunctional behavior.

Akira Otani has presented “A Cognitive Contextual Theory and Classification of Milton H. Erickson’s Hypno-therapeutic Techniques.” In this article Otani has tackled an important area: he has attempted to bring the idea of “contexts” into the area of scientific fact and provide a taxonomy for its further systematic study. These papers will extend the depth of Monograph Nine which will pivot on the discussion of a multifaceted case.

The case under examination by Stephen Lankton is a young woman with chronic feelings of anxiety, panic, and extreme dread. In this single session, the client makes a 180 degree reversal on her sense of self-esteem, coping, and capability which has continued for several months to follow up. An interesting feature of the case is that it can be seen to smoothly and seamlessly progress from beginning to end. In other words, the orchestration of what would be called “interventions” proceeds from the interaction as if they were being simultaneously designed by both the client and therapist in a sort of conversational dance. It is as if the one follows the other and leads the other step by step. Since this is so, we chose the case as the target for the discerning eyes of ten experts. These experts were invited to comment on what they each believe to have been the most essential aspect of this successful brief therapy. The combined results promise to be a rewarding issue. We expect to put the issue to bed this fall and see the copy early next year.

— Stephen Lankton, MSW, DAHB

Book Review

The 20-Minute Break
by Ernest Lawrence Rossi, Ph.D., with David Nimmov
1991, Jeremy P. Tarcher, Inc., 189 pages, $17.95

Too busy to spend time with your kids? Too tired to cook dinner? Too exhausted to make love? For many, the premium we place on work and productivity in this culture slowly squeezes the joy out of life. With so many demands placed on us from so many sources, it’s no wonder our personal well-being seems too often near the bottom of the priority list.

Ernest Rossi, Ph.D., provides some compelling reasons why we should rethink our priorities. Rossi translates his important psychobiological work of recent years into a practical self-help book. The 20-Minute Break introduces the reader to the ultradian cycle, the 90-120 minute biological cycles of arousal, peak performance, stress and rest that are the foundation of psychological processes.

Rossi provides insight into the powerful relationship between mind and body, and attributes many of the physical and psychological disorders people suffer (from headaches to poor self-esteem) to the Ultraday Stress Syndrome, the stress caused by chronically ignoring the ultradian cycle’s biologically based “suggestion” for rest. Rossi provides a solution: The Ultradian Healing Response — a 20-minute break to coincide with the rest phase of the ultradian cycle. Rossi is convinced such rest periods are necessary to allow the conscious mind “to take a break from its outer labors so that the deeper parts of the inner mind can catch up and pull everything together.”

Rossi lucidly and enthusiastically applies his concepts to diverse aspects of life. He is able to credibly link his ideas about mind and body to the notion of peak performance in work, school, or sports, self-management of substance abuse, and family and romantic relationships.

The emphasis on actively structuring one’s time to provide brief rest periods throughout the day is a valuable one. Those with an interest in hypnosis invariably emphasize to their clients the need for quiet self-hypnosis time in order to keep focused and in control. Rossi skillfully provides another important viewpoint to lend support to the notion that rest has a far more important therapeutic value than just taking a load off one’s feet.

— Reviewed by Michael D. Yapko, Ph.D.
Editor

Book Review

Resolving Sexual Abuse
by Yvonne Dolan
Published by W.W. Norton & Co., 1991, $29.95

Here is an important book for therapists who work with survivors of sexual abuse and incest. I am in close contact with a variety of therapists across the country, and I believe there are few areas of psychotherapy in which there is more nonsense going on than in the treatment of incest survivors. Many techniques appear to be potentially quite harmful and seem to be based on superstitious nonsense. Yvonne Dolan provides a clear and coherent response to such drivel.

This is a book about the symptomatic phenomena suffered by abuse survivors, one which provides a sophisticated set of specific and useful techniques. While Dolan suggests that skills in hypnosis are essential for understanding symptom phenomena, not all of her techniques are hypnotic in nature. Some are enormously pragmatic. For example, how would you deal with perpetrators who may still be involved with the family? Dolan gives suggestions which will help. How would you ensure the safety of a younger survivor when the perpetrator may still be in the home? Dolan provides ways of doing this. How do you create a feeling of safety and security so that the survivor can appropriately tell her experiences? You will learn it here. What skills will help you with a patient who overeats, self-mutilates, and so on? Dolan will coach you in these areas, too.

The hypnosis oriented therapist will learn behavioral and family intervention; the family therapist will gain skills in hypnotic approaches. My only suggestion to enhance this book relates to the title: I think Dolan ought to call it “Dissolving Sexual Abuse,” because Dolan seems to come as close as seems possible to helping her clients experience life as if the abuse had never happened. The interested clinician will be impressed with Dolan’s range of ideas and skills. The unusually careful reader will be astonished by her courage and integrity.

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

Media of Note

The Evolution of Psychotherapy: The Second Conference contains the edited proceedings of the landmark meeting held in December 1990. Jeffrey K. Zeig, Ph.D., is the editor. The book is published by Brunner/Mazel and will be released in November. The great thinkers and practitioners of the psychotherapy field have put their ideas together in precision form; this is a “must” volume to get.

No two people necessarily have the same ideas, but all people will defend their ideas whether they are psychochemically based or culturally based, or nationally based, or personally based.

(In Erickson, 1980, Vol. III, chap. 36, p. 335)

You always have patients experience as much of themselves and their limiting sets as possible within therapy. The most important thing in therapy is to break up the patient’s rigid and limiting mental sets.

(Erickson & Rossi, 1979, p. 343)
TREATING ABUSE TODAY
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SWAN POND: The Male’s Experience of Sexual Abuse & Recovery by Donald L. Mann, LCSW.
Countertransference & Multiple Personality Disorder—The Self as Therapist: Attending to Countertransference by Eileen Grellett, Psy.D.

Puts the clinical practice in the context of contemporary culture . . .
Survivors of Childhood Ritual Abuse: Multi-Generational Satanic Cult Involvement by Lynda N. Driscoll and Cheryl Wright, Ph.D.

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Allies in Healing. When the Person You Love Was Sexually Abused as a Child by Laura Davis. Reviewed by Allen Dietz, CSW-ACP and Betty Button, M.A.

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Book Review

Paradox and the Family System
by Camillo Loriedo and Gaspare Vella
Brannan/Mazel, New York, 1992, 222 pages, $27.95.

I believe Europeans love paradox (and philosophy) more deeply and passionately than Americans. The European mind seems to have revolved tightly constructed arguments and rational approaches. Americans can rarely get excited about pragmatics, suggesting it is less interesting if something is elegant than if it works. An Irish wit is supposed to have said about a steam engine, "It works all right in practice, but does it work in theory?" (quoted in an article by F. William Hanley in J. Zeig ed.) — Ericksonian Approaches to Hypnosis and Psychotherapy: Brunner/Mazel, [1982])

In fact, it could be argued that "paradox" is a loaded word, connoting for "mainstream" therapists in the United States a slip and clever tricking of the patient which may produce some change, but is considered without substance since it is not a "deep" change and is presumably without lasting effect.

Paradox and the Family System can make the word "paradox" legitimate to such detractors. Its emphasis is not on therapeutic paradox, but rather on pathogenic paradox, not unlike Bateson's double blind (Bateson, Jackson, Haley, and Weakland, 1963). The first section of the book, the linking of therapeutic paradox to paradoxes of mathematics and logic, was tough sledding for me, but therapists who love this type of mental exercise will enjoy it. The authors present a different view of paradox, avoiding the discussion of self-reference emphasizing the role of undecidability in paradox. They posit that pathological paradoxes are created by all-or-nothing thinking, which they call "illegitimate totality," which keeps the patient or the family in a quandary. The paradox continues because of the all-or-none thinking, and the patient begins to behave as if time does not exist, doing nothing to change the interaction.

The therapist must accomplish several things to interrupt the pathogenic paradox, according to the authors. First, the therapist should be partial in thinking, not total. Second the therapist can use the partial thinking to discuss options that lie in the middle, thereby not falling into the all-or-none trap. Third, the therapist must utilize the passage of time. Thus, the therapist enters the interactive process and then begins to terminate so that the beginning and ending of the relationship, a marking of time, is a therapeutic message in itself. Whereas the pathogenetic bind is no-win, the therapeutic bind is no-lose; whereas the pathogenetic bind is (implicitly) forever, the therapeutic bind is time-sensitive. Whereas the pathogenetic bind is rigid, the therapeutic bind is flexible. Because of these differences, the authors take the position that therapeutic paradox is not true paradox.

I enjoyed the book. I am not at all enthusiastic about the first section, and still do not believe that either logical or mathematical paradoxes are isomorphic with pathogenic paradoxes. I am not really sure I believe pathogenic paradoxes exist "out there," or if they are simply ways we have of talking about painful human interactions. I thought the authors were straining a bit to get me excited about logical paradoxes. My rule of thumb has always been that if a southern Utah rancher wouldn't understand something, then it doesn't really exist/isn't important. And the ranchers I have known would laugh about some paradoxes, but then they would act to resolve them, probably by saying, "Well, hell, just flip a coin and do something." This book is about how we can help clients paralyzed with the pale cast of thought back into the world of action. It is highly recommended.

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

Interview continued

was a wonderful community a long time ago, back in the 1930s, '40s and '50s. Phil—We used to say that we went back there to go home, but we don't say that anymore. Since 1960, home has been in California.

Norma—We went to the same high school, although we didn't know each other. I went to the University of Pennsylvania, and Phil later went to Rutgers University. I also went to Rutgers to get my Masters Degree in Psychology and Education.

Phil—After Rutgers, I went to law school for two years at Georgetown University. I decided that law was not for me and I ended up teaching quite by accident. Our youngest child, Jolie, was given a scholarship in kindergarten at Georgetown Day School, a private school for gifted children in Washington, D.C. I had a job at that time which allowed me a lot of freedom, so I took her to school. I would play games with the boys there, throwing a football around, playing ball, etc. The headmaster saw me and suggested I would be a good teacher. I told him I never had a teaching course in my life. He said, "I see how you interact with the students, and what we need is someone to teach American History and American Literature." Well, humanities was my field.

Norma—When I came home and he told me, I said, "Wow, we'd have vacations together, and your hours would be better. Look at it this way: you're bigger than the kids, you're older, wiser, better educated, more experienced, and I'll help you." So I taught him how to write lesson plans, which he immediately discarded. Once he knew what they were for, he never used them again. "Too restrictive," he said. We spent a number of years as teachers. We were living in Virginia at the time. In 1959 neither of us ever had any notion of getting into the field we're in now.

Phil—We enjoyed our work. When Norma and I left for California on a vacation, we fully expected to come back into the same teaching routine: Norma was teaching in Virginia and I was teaching in Washington, D.C. But when we got to California, the friends we were visiting assumed we had come to stay. One of our friends had made appointments in seven school districts. I said, "Let's go and find out what's here." They offered us jobs everywhere we went, at a much higher salary than we were earning. What a temptation! Norma—There was a desperate need for teachers. This was 1960 when the "baby boom" was in full swing, and teachers were in short supply. They offered us a veritable fortune at the time — $4,000 more a year than we were earning back East. But I wanted to go back East

Continued on page 12

While emphasizing naturalistic applications of self-hypnosis as it relates to dreams, daily living and intuition. The chapter on mind-body relationship lacks the depth that many clinicians might hope for, but does offer tantalizing tidbits of the history of this fascinating area. The chapters on applications of self-hypnosis first focus the reader on getting into a trance. The Simpkins suggest throughout that self-judgment is a barrier to change. They offer little, however, in the area of resistance as an unconscious problem. They suggest that the unconscious is only good and helpful.

A strength of the Simpkins' book is their use of quotes throughout that are related to change techniques, including quotes from Erickson, Fritz Perls and a variety of philosophers. If you want to teach trance induction to your clients, this book will likely enhance your repertoire.

Reviewed by Brian M. Alman, Ph.D. Leucadia, California

Patients can only respond out of their own life experiences.

You give many examples so that patients are more likely to find one that's convincing and actually helps alter their behavior. The only things I say to you that cling are those that touch upon your experience in some way. You always study your patients for evidence that they are accepting what you say.

(Erickson & Rossi, 1979, p. 258)

How to guide and to judge constitutes the therapist's problem, while the patient's tasks is that of learning through his own efforts to understand his experiential life in a new way. [1948]

(In Erickston, 1980, Vol. IV, chap. 4, p. 39)
Notes from a Psychology Watcher: Words that Harm, Words that Heal
Michele Ritterman, Ph.D.
Ed. Note: The following article was contributed by Michele Ritterman at the request of the editor. The views expressed are those of the author and not necessarily the opinions of the Milton H. Erickson Foundation.

Using Hypnosis in Family Therapy (Ritterman, 1983) explains the microdynamics in the relationship between individual symptoms and family suggestive processes, conscious and automatic. I tracked specific symptoms back to unique, but naturally occurring hypnotic patterns and focused on the destructive suggestions families made. My study of Ericksonian and other hypotherapies gave me a sense of how self-suggestion leads to rigid mental-sets and how families contribute to the cause of problems. But what about the broader social context?

I was aware that symptoms are affected outside of families by social forces ranging from institutionalized racism to religion. I lacked the necessary psychological zoom-lens to scrutinize, at the moment of impact, the results of a specific social suggestion on an individual. The research I conducted for Hope Under Siege (Ritterman, 1991) helped me to begin to design that lens.

Hypnosis: Abused by Totalitarian Governments
I looked for an incontestable case in which society used hypnosis-like techniques to hurt a person. The only well-documented and unquestionably destructive use of state apparatus upon an individual is torture. According to Amnesty International, torture is used by governments in one-third of the countries of the world. Hypnotic and other scientifically refined methods are routinely abused as part of state violence. It is well known that these methods are designed not for information gathering, but for people-breaking.

Initially, I studied what state-sponsored harming did to Salvadorans in the U.S., Costa Rica and Nicaragua. I learned how government-mandated cruelty changed, often permanently, personalities, moods, and range of usable mental states. Even without physical abuse, after professional psychological mistreatment by the state, survivors were never again who they once were. At this time I wrote “Symptoms, Social Justice and Personal Freedom.” (Ritterman, 1985) My first professional foray into the social-hypnosis-symptom links. In 1986, I was invited to Chile by a group of relatives of the tortured, imprisoned and disappeared who had banded together under the dictatorship there. Chile was different from El Salvador in that hypnosis and other forms of psychological abuse were much more routinely employed by the medical attatches to the investigative police. It was in Chile, surrounded by scores of survivors of all forms of torture that I realized I was the wrong person for the job I had undertaken. I feared I could become a hateful person. My subject was unrelenting me.

I wrote “Torture: The Counter Therapy of the State” (Ritterman, 1987) and began to study a Chilean survivor, a young man who had been disoriented and manhandled in every imaginable manner. He was under a death sentence when I met him, and had a positive, even humane attitude. I began to look at the flip side of my original question: how can an individual or family resist when the state wields against them its technical forces and its psychological suggestions of hate?

Hypnotists and the Power of Words
I studied how this young Chilean man immunized himself against the daily denigrations wielded against him by a government. Most fascinating was that his mother, a literate shantytown dweller, studied hypnosis. On family visits, this woman often hypnotized her son and provided suggestions about feeling loved and mentally leaving the harshness of his physical conditions. His wife, son, mother, sisters and brothers drew an emotional net around him, countering the otherwise annihilative suggestions with words imbued with his importance to them, and messages of strength, worth and dignity.

I had set out to study how social forces can break down, degrade and destabilize citizens and ended up intrigued with the power of a cooperative family to break the spell of the injunctions of a totalitarian state.

It is important to mention that hypnotists may especially well grasp the extent to which hateful, even indifferent suggestions, words, metaphors and symbols are integrated into any planned violation. Physical abuse often is only the tip of the iceberg.

When brutality is carried out with indifference, as when the torturer applying electric shock to a person’s genitals takes a break to chat with his wife over the telephone about dinner, the unconscious mind of the harmed person receives a profound and lasting indirect suggestion that his/her suffering, much less the herosics and good luck of enduring, is trivial.

State Suggestive Forces
Especially from my years of study in Chile, but also in South Africa (from 1986-1990), I learned that when social control and not government accountability is the name of the game, the state must work on the unconscious minds of its citizens to occupy their daily reveries and narrow their range of mental states. Fear, terror and hate are necessary mental states for various sectors of the population and become primary political goals. The police-controlled media are employed to send the needed direct and subliminal messages, as are the military-run universities, hospitals and so on. Loyalty to the state must replace love even of family, as well as fear, curiosity, terror, and ambition.

Is There an Applicability of All This to the United States?
I think Hope Under Siege applies to life here in two ways. First, considering the rise of hate movements, and the neglect of public health and education, the cornerstone of an effective democracy, we in North America need to think broadly about hypnosis, learning its macro- as well as its micro-dynamics. Any society sends messages to its citizens about how to act, and even how to feel. Torture chambers are only the extreme end of the line in government controls. Hate, suggested directly or indirectly by officials, will produce psychophysiological responses in most people and may lead to seemingly automatic behavioral responses, from cross-burnings to reactions of hurt and outrage.

Second, the social context in which hypnototherapy occurs charges the hypnotist-client relationship. Ericksonian hypotherapy could not be used by a torturer or anyone else in a totalitarian regime because from start to finish it is designed to empower the subject, not the hypnotist. I remember Jay Haley used to say it was a good thing Milton Erickson was not a despot because of the tremendous charisma of his (fortunately) benevolent personality. Ericksonian therapy is rooted in a democratic philosophy based on assumptions of equality, justice and mutual respect. In Chile under Pinochet, victims of state-hypnosis were not open to hypnosis in subsequent therapy. The process of induction itself became as toxic to them as electric wires may be to those who are electrically tortured.

When I went to Denmark to meet the director of the first international torture treatment center, Dr. Inge Kemp Genke, I was told that she did not want to meet me because she was told I had come to discuss the applicability of hypnosis to torture: treatment. She said hypnosis was what torturers did, and therapy was the opposite of that: empowerment of the subject. I told her I was part of a new hypnosis movement that shared her same aspirations. We began our dialogue from there.

I would like to see national and international movements that preserve human dignity, fostering not only economic change but also imparting suggestions of sharing, caring, working together, universalism, laden with respect for cultural and religious differences. Imagine real social programs provided hand in hand with some suggestions other than “Hate while you Wait.” How about “To Live is to Give!”

Social suggestions, like those in individual hypnosis, can be used or abused. They are tools we have, and they are here to stay. How, when and why they are used need to become subjects of concern for humanity to prevent government abuse in the coming decades.

References

Michele Ritterman, Ph.D., is a presenter at the Fifth International Congress in Phoenix in December. Hers is a uniquely broad social and intercultural perspective. Her book, Hope Under Siege, is available from Ablex Publishing Corporation, 355 Chestnut Street, Norwood, New Jersey 07648-2650. Phone: (201) 767-8455. Cost: $45.00 hardcover, $19.95 paperback.
Interview continued

because we were building a beautiful home on a hillside in Fairfax, Va., and I was looking forward to that. But Phil said, "No, we're staying in California." I said, "No, we're going back." Phil said, "No, we're staying." Guess who won that round? We moved to California.

We worked as teachers, I was a special reading teacher and Phil taught seventh and eighth grade. I started in a Doctorate program at USC, planning to teach teachers how to teach reading. I was very good at it. I could teach kids who couldn't read, and 12 to 15 weeks later, they were fairly literate.

Phil—I was teaching middle school, and I also went back to school to Cal. State Long Beach working on a Masters in Counseling.

Norma—Eventually, I realized I was in the wrong major. Teaching reading was not where I wanted to be for the next 30 years. I switched to the Psychology department because I realized I wouldn't be able to spend the rest of my life teaching reading. I thought I would become jaded, unhappy and disillusioned. I was introduced to the world of psychology. It was very interesting and I was lucky to have had several excellent teachers. I was "turned on," and Phil immediately became my "guinea pig."

I tried everything that I learned on him. Sometimes it worked, and sometimes it didn't.

Michael—Somewhere along the way, you became pretty intensely involved in the NLP movement.

Norma—I was a school psychologist and one of my colleagues handed me Bandler and Grinder's The Structure of Magic. I became very excited about that. That was shortly before Bandler and Grinder's The Patterns of Milton Erickson, Vol. I, appeared, so I read that book, too, and that one really turned me on. We became more involved because of an NLP workshop that was being given in our area.

Phil—It was presented by someone other than Bandler and Grinder. Both of us were fascinated by the fact that there were little chunks of information so palatable presented that it was impossible not to learn. What we soon discovered was that we were not really learning Neuro-Linguistic Programming, we were actually learning hypnosis. That came as a big surprise, because I had not tied the two together, even though I read The Patterns of Milton Erickson, Vol. I.

Michael—Was it through NLP exposure that you first became exposed to the work of Dr. Erickson?

Phil—Yes. In fact, it was when we were doing some work with John Grinder, Richard Bandler, Leslie Cameron-Bandler and Judith DeLozier. John watched us work and suggested we see Dr. Erickson. Norma told him we were trying to get in to see him, but it was nearly impossible to do so.

Norma—I was told there was a long, long waiting list, and I had given up trying to see him. Then John Grinder said, "When can you go?" I told him we'd go any time, and we would just change our schedule to accommodate a visit. The next morning, John gave me a telephone number and said, "Call this number when you get home. He'll be waiting for your call. Call at noon." I dialed the number, but I never expected to hear the voice of Dr. Erickson, which I was familiar with from his videotapes and audiotapes. The phone was picked up after ringing a couple of times, and I heard this magical voice say, "I've been waiting for your call." I became speechless. I couldn't say a word. Then, I heard, "This is Norma Barretta, is it not?" Suddenly I had total amnesia for my name! After a few seconds, I said, "Yes, it is." Then he asked, "Have you come next Monday?" I told him that we would be there. Then he turned the phone over to Betty to get our names and give us directions.

Michael—Can you describe your first meeting with Dr. Erickson?

Phil—Awesome. I saw this man all in purple sitting in a wheelchair. Bright eyes, looking at every one of us, checking each of us out. No question about it, he was calibrating each of us.

Michael—Was this part of a group training that he was doing?

Norma—Yes. And fortunately for us, our first time, there were only four others there. It was a very small group. Phil—He asked us to fill out a paper and asked for very little information compared to what others usually ask for when they are gathering information. He wanted to know our names, marital status, where we had been reared—in the city or the country and how many siblings we had.

Norma—We were also told by John Grinder that if we wanted something "special" to write it on that intake sheet. He told us to state exactly what we wanted. I asked for more freedom to use my creative mind. I wanted to be able to speak about things I sometimes thought but found myself unable to say, and to have my creativity quickly and easily available to me.

Phil—I asked for basically the same, namely to free up my right brain.

Norma—The next day one of the people left which made the group even smaller. We sat in the little office where

Dr. Erickson had his desk. By then he knew us pretty well, because the first night he asked us to come in and see all of his various artifacts. He said to me, "If you give me an amethyst, would you promise to make it into a ring and wear it every day?" John Grinder had warned me that he was very tricky. John said, "When you hear what he has to say, think on it before you respond." I thought for a moment and I said, "Well, that depends. May I see the amethyst before I make the promise?" Dr. Erickson smiled. His eyes lit up and he pointed to this huge, huge amethyst. I walked over, picked it up, laid my hand on the table, put it on top of my hand and said, "Well, I would only be able to wear it for a very short time each day." I think that really established a link between us. The next day, he began to weave a story that was obviously designed for Phil and me. He described our childhood. Somehow, he had picked up the fact that I was Polish and not Italian. No one had told him that, I'm sure. My last name is Italian, and I look Italian. He began to weave a story about a Slavie girl and a Latin boy. He told the story of our lives, including some intimate details that no one, except Phil and I, had information about! We got back to the hotel that night and said, "This guy is a wizard! He got into our heads. How did he do that?" We had no idea at the time, I'm sure now, in retrospect, that he would throw out a little hook to us and watch what we did in response.

Phil—He watched what we responded to; he was then able to respond to our responses. A regular "gypsy!"

Norma—At that point, I was really hooked. I fell in love with the man! Then, all that week we were invited to his house after the group ended and he would chat with us. That was really a delight, because that was so special. Phil—one of the statements he made had a very profound effect on me, and I have used the statement often. He would ask someone to get a carving—that appeared to be a wood carving—and bring it to him. That person would reach for the carving and find it very difficult to lift because it was heavy. It was carved from ironwood. Dr. Erickson would say, "Things are not always as they seem." That statement often has been a very effective reframer in therapeutic interventions.

Norma—Another one of those "magical phrases" was a response he gave when I asked if I might kiss him goodbye when we were leaving. He said, "Nothing ventured, nothing gained." We learned so much from him.

Michael—How much time did you

Continued on next page

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Interview continued

spend with Dr. Erickson?

Norma—The first time, we spent the whole week with him. Other times, we went back for three or four days at a time. It was about three years that we studied with him before he died.

Michael—You had given Dr. Erickson a birthday card that was very special, from what I understand.

Phil—It was a homemade cut-and-paste project. It was put on 8½ x 11 sheets of paper. We cut out pictures of him and words and stories pertinent to things he had done. It was a commentary on Dr. Erickson and his accomplishments cut out from newspapers and magazines.

Norma—It started when I saw an article in the Los Angeles Times titled, “I Never Met A-Phor I Didn’t Like.” That gave us the idea, so we made the card. Some students of ours delivered it to him. I got a note back that was a delight.

Mrs. Erickson told me he showed it to everyone because he was really delighted with that card.

Phil—I had a note from him, also. We went to visit him one day, and I left my wallet in his office. When I took off my jacket, my wallet had fallen out. Later, we were at the airport and I heard my name on the loudspeaker. “Philip Barretta, please pick up the courtesy phone.” I did, and Mrs. Erickson said, “Philip Barretta, Dr. Erickson would like to talk with you.” He picked up the phone and asked, “Do you have your wallet?” I said, “Of course I do.” Then I reached in my backpack and realized it was gone! I then said, “No, I don’t.” He said, “I have it. I will send it to you.” Of course, I was relieved that they had it.

We got back home and the wallet came in the mail. On a prescription sheet he wrote, “Shakespeare says ‘A man’s wallet is his trash.’ I have enough trash of my own. Here’s yours.”

Michael—After your experience with Dr. Erickson, how would you say his work influenced yours?

Phil—I began to tell more stories. I began to use a lot more metaphor. From my frame, this is primarily what Erickson did. He told a metaphor about the metaphor presented to him. I allowed myself more freedom to make these kinds of statements. Before that, my therapeutic interventions were very formal. To tell a story about some experience from my own life or to make one up was something I never did until after our Erickson experience.

Michael—Do you have a favorite metaphor?

Norma—There’s a frog metaphor.

Phil—A woman came in who had just been divorced, and she literally “got the business” in her settlement. She actually had done very little with the family business and now she simply could not get mobilized to take over. I told her she reminded me of this frog hopping down the road. She looked at me strangely. I went through the whole story about a frog who came upon another frog who was stuck in a rut in the road. The frog on top of the road said, “What are you doing in that rut?” The other frog said, “I don’t know. I was hopping along, minding my own business, not paying very much attention to anything, and I fell into this rut. I can’t get out. Can you help me?” The frog on the road said, “Sure. Take my hand.” The other frog jumps, but can’t make contact with his hand. He said, “Why don’t you jump down since your leg is longer than your hand?” The frog in the rut tries to jump and catch his leg, but can’t make contact there either. The frog in the rut said, “I have an idea, why don’t you jump down here, I’ll get on your back and then I’ll jump out!” The frog on top of the road said, “No, I don’t like that idea. If I jump down there, I’m liable to get stuck the same as you! There are a lot of things I want to do and I must be on my way.” He goes off hopping down the road. He gets 60, 70 yards from the frog in the rut, and he hears, “Ribbit.” He turns around and there’s the other frog right behind him! He said, “Wait a minute! I just left you back in that rut. You said you were there for a long time, and you said you couldn’t jump out. I tried to help you, and couldn’t get you out. Suddenly, you’re right behind me! What happened?” The other frog says, “There was a truck coming.” When I ended the story, the woman asked, “What does it mean?” I said, “I just tell them. I don’t explain them.”

Norma—She turned to me and said, “Then you explain it.” I said, “Well, that would be like handing you an orange to eat with the pulp removed and you’d have only the skin.” She became quite angry and said, “I’m paying you! I demand to know what it means!” Both of us refused. She was furious and left. She did, however, come back about three weeks later. She sat down in the chair and said, “I’ve opened a new bank account. I changed the name of the business. I’ve hired a new accountant…” She reported a litany of things she had done that she couldn’t seem to do before. Somehow, she had mobilized herself. Now all of a sudden all this work she couldn’t accomplish before was done. She sat back in the chair and said, “I guess my truck came along.” It was at that moment that she understood the metaphor.

Michael—Is the use of a metaphor a principal part of your practice?

Norma and Phil—Major.

Michael—Many people in the hypnosis field and in the therapy field have been critical of metaphors as an approach. In particular, people criticize the type of thing that you just alluded to, where you provide a metaphor but won’t provide an interpretation of it. Is there a danger of being so indirect or so obtuse as to not be able to effectively communicate to the client the metaphor’s intention? Are you aware of any contraindications for the use of metaphorical approaches?

Norma—Before we provide any metaphors, we gather a great deal of information. We talk. We listen to what the person is struggling with, and we ask what outcomes the person wants. Very often, we will not tell any metaphors at all in the first session; we just gather lots of information and set some possible goals and outcomes. When we’re working together, Phil and I discuss many possibilities, including what the metaphor is that the person is perceiving. We just don’t go in and blindly tell a story. That would be foolish! It would work, at best, a small part of the time. We like a good return on what we do, so we first gather a great deal of information before we do any story telling.

Phil—One of the real benefits of two of us working together as co-therapists is that while one of us is involved with the patient discussing the “presenting problem,” making a point about something, or collecting data, the other is watching closely for particular reactions. We can then strategize and devise the process that will help break up the destructive patterns that seem to be getting in the way of that person’s progress in life. We look for repetitive loops rather than responding to just the content of “the problem.” We notice how they say what they say, what patterns can be interrupted, whether there are “cause-effect” triggers, and what keeps them locked into the non-useful or obsolete pattern. Then, the other of us can step in and begin an ameliorative process. When that happens, the other one can then back off and watch and possibly come up with yet another pattern interruption, or an intervention. So between us it’s a constant moving in and out—like a dance.

Norma—The linguistic aspects of the person’s delivery gives us a great deal of information about their life patterns: how they experience life, where they’re loopings, where their flaws in thinking Continued on next page

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Interview continued

are, and how they keep getting stuck in the same kinds of non-useful behaviors, which can be destructive and must be changed.

Michael—In your description, you both talked about what is like to be able to use each other as a resource in formulating the therapy process. It certainly is an unusual arrangement to have a husband-wife therapist team working as a couple with individual clients. Can we talk a little about what it is like to be both husband and wife and co-therapists.

Phil—Interesting at the very least, and often exciting. It’s intense, it’s custom, and yet we have enough of the same kind of background and training to make it work well, especially in terms of assisting each other. We both have the NLP background, and we have the Ericksonian information and perspective. With that as a common base, we know how to come to an effective outcome with patients and often provide what they’re looking for. We’ve been married 44 years this year, so we each have other calibrated pretty well. We don’t have many disagreements in our work or our personal lives.

Michael—The respectfulness that you both have in dealing with each other really shines through in the workshops that you do. I’ve taught with you and I’ve learned from you. The chemistry between you two, whether it’s from 44 years of marriage or your shared passion for teaching is phenomenal. It is evident in the way that you relate to each other that you are able to deal with each other in the best of ways.

Phil—Part of that comes from our ability to be aware of each other, and to notice what is happening around us. We often can finish each other’s statements. As one begins, the other can complete it. In fact, sometimes we’ll do that in such a way that it ends up being a double induction in stereophonic sound. And we are able to express ourselves as individuals very easily without having to step on each other’s toes or interrupt each other. It’s a flow, because we are so attuned to each other as we’re working. There is a dance that is going on between us that keeps us aware of where we each happen to be at any particular moment.

Norma—Maybe I can explain it better. Phil—Better?

Norma—Well, academically speaking, of course. . . I do tend to be slightly more academic than Phil. I’m more the scholar. I do the reading. I tell Phil what is interesting, and I’ll highlight things for him to read if I think it would be useful or interesting to him. Then he’ll respond to what I presented, but differently then I do. It’s as if I’m giving him one facet of the stone, and he immediately turns it around to show me another facet. He has such a creative mind in terms of being able to search out and access alternative meanings of words. He sees ambiguity and he will find some humorous way to restate what I just said, often turning the meaning completely round. I think this is one of the things he learned from Dr. Erickson. I think that’s one reason that we, as we both like to put it, “dance” so well together.

Phil—In fact, we did something in Siberia illustrative of that last year when we were teaching there. We went to four different cities—we were in St. Petersburg at the time. We were presenting on the stage and we used the metaphor of dancing together because the question was asked, “Is this all rehearsed?” We said, “No. We follow a basic format but we never present it the same way since our audience changes.” And then we literally danced together. We got up and began to do a Slavic dance, the Polka. Then, the Russian said, “Yes, but could you go in the other direction?” We immediately switched and went in the other direction—not an easy feat if you know the Polka—and we can do it! The Russian bowed to us and sat down.

Michael—Well, how you two complement each other has been recognized in a variety of places. You continue to teach for the Erickson Foundation, and in fact, you will be presenting at the Fifth International Congress in December. You continue to teach for the American Society of Clinical Hypnosis (ASCH). Norma, you have been made a Fellow, and Phil, you have been made a “Special Member” of ASCH. What do you think are the things that are most important about what you do that you want to give the greatest emphasis to?

Norma—I think our experiences with Dr. Erickson and their role in the more recent teaching we’ve done have given me a sense of mission. I see so much poor quality hypnotic work from students who come into an advanced class when they don’t have the necessary background. I occasionally see practitioners who are doing what I consider to be less than impeccable hypnotic work, and it concerns me. I think Phil and I have devised a way of teaching people to sort so well that they will become skilled at doing hypnosis.

Michael—What do you mean by “sort”?

edge I learned from Dr. Erickson was his ability to see what was there. What does your visual acuity tell you? What are you getting from people? That will determine what you say. A hypnotist cannot just say words.

Once we were doing a workshop with another colleague. A student who had prior hypnosis training with someone else had decided to do his own thing with his subject rather than follow the instructions we had given him. He did an arm levitation induction. He had her arm extended, and all the while he was looking, not at the subject but toward the audience while saying, “You can’t bend your arm. You can’t do this. You can’t do that.” Meanwhile the subject was experiencing an abrasion! She was actually trembling. What we did was take the subject away and had a colleague sit in the chair the subject had been in. When the “performing” student finally looked back at the subject and saw someone else, he went into an instant trance. We insist that our students become exquisite observers—that they are aware people who become skilled and seen if they’re really interested in becoming artistic. I think the difference between skill and artistry is the ability to sort impeccably.

Phil—The most powerful piece of knowl-
Interview continued

shops all over the world. You mentioned having been to Russia last year, and I know you were just in Italy. What kinds of things might you be emphasizing in the future that haven’t so much been a part of trainings? In other words, where is your teaching going?

Norma—I want to get into more of the artistry of hypnosis. For only the second time since we’ve been teaching we’ve been doing advanced hypnosis training for students who have come along quite a ways and already have advanced skills. We are going to teach them some of the more elaborate artistry necessary to do hypnosis. That requires a great deal of sensory acuity, a great range of linguistic skills, and the ability to pattern what you’re saying based on what you’ve observed. We’re both having some fun designing the program. I’d like to do more of that.

Phil—And, we’re doing Love, Honor, and Negotiate. We are in the process of writing a book about the skills we’ve learned which have kept us together and happily pleased with each other for 44 years.

Norma—One other thing I really enjoy is working with people who have been referred to us from great distances. Quite often these days we get people who fly in from far away places. In the past five years, we’ve had people from Australia, Thailand, Florida, Brazil, Columbia, Maryland, Italy, Canada and Alaska. These people come with such a wonderfully high motivation level. They are traveling a great distance. They get a lot of time to think about what they’re going to work on. Generally, they will stay for a week and we will see them anywhere from four to six separate sessions during that week. We see a lot of quick change because of the intensity of the work, and also because they come so highly motivated. I love that! That is one of my favorite pieces of our work because we see such quick results. We also are doing a lot of supervision. Many of our students are therapists who will bring their own patients in to see us. They sit in on our session and then utilize what they’ve watched us do. There’s a great deal of satisfaction in being a model for someone. We call our approach CBET — Competency Based Brief Therapy.

Michael—Well, let’s go into the personal realm. Talk a little bit about family life. You have been married 44 years, and are still friends, colleagues, and lovers.

Phil—How to stay good lovers, by the way, is never to have an argument in the bedroom! We have our arguments while we walk — or we’ll go to a restaurant. It helps us keep our voices down. So far we have been asked to leave only one restaurant, so that’s a fairly good record.

Michael—You have kids and you have grandchildren. Would you like to talk a little bit about your family life?

Phil—We have three children. They are all adults now. We have a son, Bruce, who will be 43. He’s getting old! Then there’s Peggi, our daughter, who’s 40. And our youngest, Jolie, who’s 37. She just presented us with a new grandson, Evan Barrett Keyser, who is a delight. They say he has my eyes. Peggi’s daughter, our granddaughter, Livia, is six. And this year. A real sweetheart. Bright little gal. We also have a 15-year-old grandson, Bruce’s son, Tony. He is a Junior Champion Bowler and is learning to play golf. He, too, is extremely bright.

Michael—What do you two do for fun?

Norma—I garden and grow things we eat. I grow most of my own herbs and some of my own vegetables and occasionally, some fancy things. We also have citrus trees, including a Sicilian orange.

Phil—And a fig tree, and an apple tree.

Norma—Occasionally, Phil helps me out. And we both love to cook. Phil has become an expert pasta chef and he makes the best pound cake you’ve ever tasted.

Phil—She’s the farmer, and I often cook up the harvest. I’ve been involving myself more with golf. And we still like to dance.

Norma—How many people in their 60s do you know who become wildly enthusiastic about something new? This enthusiasm in him reminds me of when he was 22. He is so excited about golf! After he plays, when he comes home it’s like having a kid in the house. It’s wonderful.

Phil—Regardless of what the score is. If my score is high, I tell my golfing buddies I got more out of the game than they did because I hit the ball more often. We both love to travel. We have a network of friends where we can actually travel to almost every state in the United States. We are always adventuring to keep life exciting.

Michael—Well, thanks very much for the interview, Norma and Phil. It’s been fun.

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BULLETIN

Joyce Mills, Ph.D., recently relocated to Kauai. She contacted the Erickson Foundation and said she and her husband survived Hurricane Iniki “fairly well.” She can be reached by writing PO. Box 1030, Kekaha, Kauai, HI 96752. Dr. Mills is on the faculty of the International Congress.

Donations

The Milton H. Erickson Foundation has received $1225 in cash donations since the last issue of The Newsletter.

Special thanks go to Anna Rosseli Rossi, Ph.D.; Fred Hartman; Ian Henley, Ph.D.; Mary J. Saat-Eufemia, M.S.W.; Noboru Takeishi, M.D.; and Gunars Veveris, M.S.

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We also have received gifts of books and tapes. Thanks go to the Orange County Society for Ericksonian Psychotherapy and Hypnosis (books and tapes); Richard Monson (book); and Carol Kershaw (tapes). We also thank John Wray for making notepads from old stationery.

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