An Interview with Karen Olness, M.D.
by Dan Short, M.S.

BACKGROUND:
Karen Olness, M.D., currently serves as Professor of Pediatrics at Case Western Reserve University, as Director of Rainbow Center for International Child Health, as Director of International Child Health Training Fellowship, and as Co-Director of Behavioral Pediatrics Training Fellowship. Olness has been actively involved in the practice of medicine since the early 1960s. She is author of Raising Happy Children (1977, Meadowbrook Press) and co-author, with Gail Gardner, of Hypnosis and Hypnotherapy with Children (1981, 1988; Grune & Stratton Publishers) which has recently been released in its third edition (1996, Guildford Press) with Daniel Kohen as co-author. Olness has written more than 50 papers and more than 20 chapters in books. She is the Co-Medical Editor of the International Journal of Clinical and Experimental Hypnosis and the Associate Editor of the American Journal of Clinical Hypnosis. She is involved in the review and editing of numerous professional journals. Olness has received many honors and awards, a few of which include the Raginsky Award (1994) by SCEH, the Milton Erickson Award (1989) by the American Journal of Clinical Hypnosis, and the Human Rights Award for volunteer work with refugees in Thailand and Minnesota (1981) by the Eden Prairie Minnesota Human Rights Commission. She has been elected president of both ASCH (1984-86) and SCEH (1991-93) as well as president for the Northwestern Pediatric Society (1977-78), the American Board of Medical Hypnosis (1980-82), and the Society for Developmental and Behavioral Pediatrics (1991-92). Olness has participated in many international volunteer activities. For example, in December of 1996 she served as a volunteer pediatrician for refugees in Rwanda. She is the co-founder (1979) of the Minnesota International Health Volunteers. Olness has been invited to speak and conduct training in countries around the world. She maintains an active schedule with as many as 10 invited presentations a year, on some occasions serving as the Keynote Speaker. At this time Olness is recognized by many as the leading expert in pediatric hypnosis.

Dan Short (DS): How did you first become interested in medicine? Why have you chosen to work with children?
Karen Olness (KO): I announced to my family that I wanted to be a doctor at age six. At 12 I wrote an essay on “Why I Want to Be a Pediatrician.” The origins of these ideas were a mystery to my family. However, later I came to believe that there were three important factors that led to my decisions. I had heard my grandmother tell my mother that she should not allow any of her daughters to become nurses because the training was too hard (two of my continued on page 21

The Milton H. Erickson Foundation, Inc., is sponsoring the fourth Brief Therapy Conference entitled “Brief Therapy: Lasting Impressions,” scheduled for August 26–30, 1998, at the New York Hilton & Towers, New York, N.Y. The conference features world-renowned faculty, most of whom have been instrumental in the growth of Brief Therapy. The first multidisciplinary brief therapy was held in 1988 in San Francisco. In 1993 the meeting was held in Orlando, in 1996 in San Francisco.

Presenters are David Barlow, Laura Brown, Simon Budman, Nicholas Cummings, Steve De Shazer, Albert Ellis, Betty Alice Erickson, Richard Fisch, Stephen Gilligan, Mary Goulding, Lynn Hoffman, Michael Hoyt, Robert Langs, Stephen Lankton, Joseph continued on next page

The Summer Sex Therapy Institute, sponsored by The Milton H. Erickson Foundation, will be held June 18–21, 1998, in Arlington Heights, Ill., a suburb of Chicago. This innovative meeting is the first of its kind that the Foundation is sponsoring. Registrants will learn the latest in Sex Therapy techniques on all therapeutic levels: fundamental, intermediate and advanced. The presenters include Lonnie Barbach, Eli Coleman, Shere Hite, Marty Klein, Sandra Leiblum, Joseph LoPiccolo and Bernie Zilbergeld.

The Couples Therapy Conference: Integrating Sexuality & Intimacy, also sponsored by the Erickson Foundation, is scheduled for November 6–8, 1998, at the LAX (airport) Westin Hotel, Los Angeles, Calif. This innovative meeting brings together experts on couples counseling and experts on sex therapy who will address advances in the field. It continued on next page

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Winter 1998
Brief Therapy continued

LoPiccolo, Camillo Loriedo, Michael Mahoney, William Mathews, Jr., Leigh McCullough, Monica McGoldrick, Scott Miller, John Norcross, Maureen O’Hara, Peggy Papp, James Prochaska, Ernest Rossi, Michael Yapko and Jeffrey Zeig. Keynote addresses will be presented by Aaron T. Beck, M.D., Helen Fisher, Ph.D., and Frank Sulloway, Ph.D.

The conference consists of Accepted Papers, Workshops, Invited Addresses, Demonstrations, Supervision Panels, Topical Panels, Dialogues and Conversation Hours. It is designed to provide training for attendees from every discipline and on all therapeutic levels: beginning, intermediate and advanced. There are 30 Continuing Education hours available. The conference is expected to draw more than 2,000 professionals and graduate students from around the world.

Clip out the ad found on page 7 of this issue of the Newsletter, and send along with your registration form to save $25 off current registration fees until March 31, 1998. For more information and a registration form, please contact: The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016-6500; tel, 602/956-6196; fax, 602/956-0519; e-mail, mhreg@juno.com; web, http://www.erickson-foundation.org.

Two Meetings continued

also includes an all-day workshop on alcohol abuse presented by Claudia Black, Ph.D., and a special day-long workshop on HIV (presenter to be announced).

The Conference also will consist of three Keynote Addresses given by: John Gottman, Ph.D., Harriet Goldhor Lerner, Ph.D. and David Schnarch. Confirmed faculty for the meeting include E lyn Bader, Ph.D., Lonnie Barbach, Ph.D., Stephanie Covington, Ph.D., and Joseph LoPiccolo, Ph.D. The meeting is still in the planning stages. More information will follow in the next Newsletter.

To be placed on a mailing list to receive a brochure for these meetings when it becomes available, please send your mailing address to: The Milton H. Erickson Foundation, Inc., 3606 N. 24th St., Phoenix, AZ 85016-6500; tel, 602/956-6196; fax, 602/956-0519; e-mail, mhreg@juno.com.

Volunteers Needed for 1998

The Erickson Foundation is planning three meetings in 1998 and is in need of full-time graduate students to volunteer as monitors to assist the faculty and staff at the meeting site. Volunteers are needed for: “Summer Institute on Sex Therapy,” June 21-25, 1998, in Arlington Heights, Ill; “Brief Therapy: Lasting Impressions,” August 26-30, 1998, in New York, N.Y.; and “Integrating Sexuality & Intimacy,” November 6-8, 1998, in Los Angeles, Calif.

In lieu of registration fees, volunteers provide assistance with registration, continuing education procedures, with faculty and staff, as well as in meeting rooms. Volunteers will be asked to send a $75 deposit for each meeting, which will be refunded after they have completed participation in each specific meeting. Positions are first opened for full-time graduate students. If positions are still available nearing the meeting dates, professionals who illustrate need may be given an opportunity to serve as volunteer monitors.

If you are interested in volunteering, please call or write Diane Deniger, volunteer coordinator, The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016-6500; phone, 602/956-6196 ext. 208; fax, 602/956-0519.

Foreign News

Eric Greenleaf, Ph.D., and Betty Alice Erickson, M.S., L.P.C., were co-presenters at a four-day workshop, “Hypnosis y Psicoterapia en Milton H. Erickson,” in Seville, Spain, in January.

Greenleaf is the recipient of the first Milton H. Erickson Award for Scientific Excellence in Writing from the American Society of Clinical Hypnosis.

Ms. Erickson is the daughter of Milton H. Erickson, M.D., who has presented on Ericksonian therapy throughout the world.

The workshop in Spain was sponsored by Dr. Juan Luis Perez Garcia de Spain, and cosponsored by The Milton H. Erickson Institute of the Bay Area, at which Greenleaf and Erickson are directors.

Corrections & Clarifications

Vol. 17, No. 2, p. 12: The comments by Richard Fish, M.D., in the Connections article should read, “Of course, we ‘know’ there is a chemical basis for much schizophrenia. In many ways, the invention of a biochemical imbalance has been a setback...”
THE MILTON H. ERICKSON FOUNDATION, INC.

PRESENTS

THE BRIEF THERAPY CONFERENCE

BRIEF THERAPY: LASTING IMPRESSIONS

AUGUST 26 - 30, 1998

AT THE

THE NEW YORK HILTON & TOWERS

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NICHOLAS CUMMINGS
STEVE DE SHAZER
ALBERT ELLIS
BETTY ALICE ERICKSON
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ERNEST ROSSI
MICHAEL YAPKO
JEFFREY ZEIG

KEYNOTES
* AARON T. BECK, M.D. * HELEN FISHER, Ph.D. * FRANK SULLOWAY, Ph.D. *

FOR THE LOWEST REGISTRATION FEES, REGISTER BEFORE MARCH 31, 1998

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### UPCOMING TRAINING

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**Contact Information**


2. Victoria Holtz, Lic., Sierra Gorda 395, Lomas de Chapultepec, Mexico D.F.

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**The European Society of Hypnosis**

**The Eighth European Congress on Hypnosis in Psychotherapy and Psychosomatic Medicine**

**Aug. 14-19, 1999**

**Amsterdam, The Netherlands**

For registration information, call or write:

8th European Congress on Hypnosis
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Tel: 00 31 30-691 26 50
Fax: 00 31 30-691 16 56

11000, Mexico; tel, 52-5-290-0194; fax, 52-5-520-2531; e-mail, vholzet@compuserve.com.

3. Institute for Behavioral Healthcare (IAHBB), Gerald Piaget, Ph.D., Director, 4370 Alpine Road, Ste. 209, Portola Valley, CA 94028; tel, 650/851-2042; fax, 650/851-0406; e-mail, IBHmailman@aol.com.


7. Dr.med. Wolf Bunning, ZIST in Penzberg, Zist 3, D-82377 Penzberg, Germany; tel, 49-8856-933901; fax, 49-8856-933902.

8. Phil & Norma Barretta; tel, 310/326-5545; fax, 310/534-3515; e-mail, Barretta@compuserve.com.


11. Maureen McSorley, c/o P.O. Box 2153, Kingston, ON K7L 5J9, Canada; tel, 613/384-2795; fax, 613/364-0866; e-mail, cplaytie@limestone.kosone.com.


13. Robert Kamman, Ph.D., Buffalo Psychiatric Center, 400 Forest Ave., Buffalo, NY 14213; tel, 716/885-2261, ext. 2337.


15. Håkon Øien, Congress Coordinator, Tenth World Family Therapy Congress, SCHIFF Schönewalder Institut für Familien, 23744 Schönwalde, Germany; tel, 49-2151-973234; fax, 49-4528-1593.


17. Willi Banks/Gill Smith, 48 St. James Road, Carlisle CA2 5PD, Cumbria, England, U.K.; tel, 1228-599899; e-mail, 106161.1050@compuserve.com.

18. Juan Francisco Ramirez, M.S., Centro Mexicano de Programación Neurolingüistica, Juan de Arco 14, Vallarta Norte, 44690 Guadalajara, Jalisco, Mexico; tel, 52-3-616-8447; 52-3-616-5653; e-mail, cmnpl@jal11.telmex.net.mx.

Camillo Loriedo Added to Foundation Board

Camillo Loriedo, M.D., a long-time associate of the Milton H. Erickson Foundation, Inc., has been named to the Board of Directors.

The Board met in December during the Seminar on Ericksonian Approaches to Hypnosis and Psychotherapy. The nomination of Loriedo was accepted unanimously by the four-member board, consisting of Jeffrey K. Zeig, Ph.D., Roxanna Erickson Klein, R.N., M.S., Ph.D., Elizabeth M. Erickson, B.A., J. Charles Theisen, M.S., M.B.A., J.D. and Executive Director Linda Carr McThrawl.

The addition of Loriedo to the board is the first time the Foundation board has had more than four members.

"Dr. Loriedo adds enormously to the Board," said Jeffrey K. Zeig, Ph.D., director of the Foundation and one of the founding board members. "His international reputation and continuing relationship with the Foundation as a friend and faculty member is a great asset to us. We are happy to have him with us." Dr. Loriedo is Professor of Psychiatry at the University of Rome School of Medicine, President of the Italian Society of Hypnosis, Italian Society of Family Therapy and Director of the Instituto Italiano di Psicoterapia Relazionale of Rome. He also is a member of the Board of Directors of the International Society of Hypnosis.

Loriedo’s term is for two years.

The Evolving Practice of Brief Therapy and Ericksonian Hypnosis:

An International Clinical Conference

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ENGLAND
Phone/Fax: 44 1483 502 787
The Sponsorship of Soul
by Stephen Gilligan, Ph.D.

Audiotapes: 2241-W11AB, $21.00
Available through the Milton H. Erickson Foundation, Inc.

"Sponsorship of Soul" is a two hour presentation by Stephen Gilligan, Ph.D., at the 1996 Brief Therapy Conference held in San Francisco. Gilligan is a long-time teacher of Ericksonian psychotherapy and author of Therapeutic Trances: The Cooperation Principle in Ericksonian Hypnotherapy, and more recently, The Courage to Love: A Self-Relations Approach to Psychotherapy. In this presentation, Gilligan focuses our attention on the importance of soulfulness, in the individual and in the community.

Along with a cognitive self, Gilligan explains, there is a presence that lives deep inside of each of us, over which we do not have cognitive control. Milton Erickson described this presence as the unconscious mind. Gilligan, through his own process of development, has come to prefer the word "soul." He advises each therapist to have, as a resource, multiple terms. During therapy it is important to use the word that resonates and has a felt sense for the client.

Gilligan defines symptoms as an awakening of the soul, the leaking of life from a person who has tried to keep life from flowing. This perspective acknowledges the purpose of symptoms. It goes deeper than what we would normally call reframing.

Gilligan sees violence as a skillless form of love. He describes it as a means by which somebody is trying to awaken the center within them, the soulfulness within them, but does not really have a clear idea about how to do that. The therapist's job is to be there as "sponsor," to touch with love whatever a person brings. If there is not a mature human presence to be able to touch it, connect with it, bring it into traditions, that awakening will be seen to have no human value.

There are three key aspects to sponsorship: (a) the intent is to awaken in a person the awareness of the goodness and the gifts of who they are, (b) it awakens one to the goodness and to the gifts and to the possibilities that are in the world, and (c) it fosters traditions that connect and bring these things into something that has human value.

Listeners are provided with many examples of the various forms that positive sponsorship may take. Gilligan illustrates the significance of sponsorship in human relationships and soulfulness not only between individuals but also on a community level. He explores the way Anne Sullivan served as a sponsor for Helen Keller's process of awakening. He discusses an interesting PBS special on girls in prison. Stories from his own parenting experiences are brought into the presentation, as are examples from African tribal rituals, Aikido, and Tibetan philosophy. All these serve to highlight the importance of sponsorship in every human circumstance.

The audience is led through an exercise from Tibet, called Tonglin. This exercise creates space within each person's center, to accommodate those who have been viewed as negative sponsors. While avoiding deep trance, Tonglin uses a focus on breathing and imagery to create a shift in experience. "Riding the good breath" in the negative sponsor is brought in and met with another positive experience that is sent out into the world, "Riding on the out breath."

In true Ericksonian form, what Gilligan claims is the "basic, simple idea" is a deceptively intricate and profound web of paradigms. However, his message is clear when he states, "Life is different in each moment. Life is a series of moments, and at different times we turn away from life. With tradition, community, and support we can return to ourselves."

The sound quality of this two-tape set is good, with minimal background noise or feedback. Gilligan's presentation style is passionate, incredibly human and flowing with the experiences of life with which he illustrates his points. The vast amount of material presented in a well-organized and thought provoking manner makes "Sponsorship of Soul" an intriguing and inspiring way to look at the gift of therapy.

Reviewed by:
Sharon A. McLaughlin, M.A.
Rohnert Park, California

In each of us is a Helen Keller in search of an Anne Sullivan. This is an example of sponsorship that Stephen Gilligan presents masterfully in his workshop. He says we must cultivate our own soul as skillfully and attentively as Anne Sullivan sponsored the lost soul she met on a summer day in 1897, and sponsor the symptoms our clients bring to therapy with the same commitment to love and "be with" that we have for our children.

This audiotape reminds me of one of the great sermons of the Twentieth Century, "When Life Reaches Its Depths," by Henry Emerson Fosdick who climbed into the pulpit the Sunday after his wife died in May 1944 and read from the 42nd Psalm, "My soul is downcast within me when I think of you. Deep is calling on deep as the waterfalls roar; your breakers and all your waves crashed over me." Henry Emerson Fosdick preached that sometimes life runs out into its depths, and then when the deep in us calls for something deep in life to answer, the gray hours come. "We face some abyss in our experience and the deep in us asks for an answer in deep, so when our deep need calls out unto the deep and the deep replies, the essential experience of religion comes."

Gilligan explains that the presence that lives deep within us is that which seeks to be sponsored in a way as to have human value. And it is the essential goodness of life whether we call it nature or God or Higher Power that seeks to support us in relationship with ourselves and with life. The calling of the therapist, as Milton Erickson described it in the term utilization, is to sponsor and bless what is flowing through you, finding a place for it and accepting what life gives you.

Gilligan reminds us that effective suffering, as taught by Thomas Merton, allows one to open to a deeper connection to themselves and a deeper connection with the world. "Effective suffering would allow a process of movement and a process of change. It is about being able to hold and to open the heart to the suffering of the world."

Ineffective suffering is that which happens over and over again and does not lead people to a greater sense of love for themselves. It is the idea that in order to be happy, the individual must get rid of the suffering (by medicating it, giving it some techniques). Gilligan proposes that we must be in relationship with suffering. He emphasizes cooperation. Two terms which Gilligan introduces are extremely helpful in this relational process: fressen and essen, German words for eating. Fressen is eating like an animal. It is the natural, spontaneous expression of life flowing through us. Essen is eating with manners. It is a language that transforms the fressen energy into meaningful expression with human value. As a therapist, it takes courage and skill to practice ideas such as utilization because it is often difficult to discern the positive form of the energy in what is being presented.

Gilligan calls for surrender to our inner center and offers the gift of using human consciousness to transform experience. He says, "The great news is, each moment that we touch it, it changes. Each moment that we open our heart to loving, the experience changes. Each moment we turn away thinking life should be something other than what it is, then we just push the pause button." In listening to this tape, it felt like Gilligan was practicing what he preaches because his words carry the felt meaning of what he said.

In snorkeling you can swim in very shallow water and see gorgeous fish, and be quite content in water two or three feet deep, then all of a sudden the bottom drops away and you see the ocean stretching out before you and there's a feeling of "Oh, wow!" Gilligan's humor is delightful in the shallow, and his insights inspire awe in the depths of the human soul.

Reviewed by:
Sandra J. Lydick, M.Div.
Fort Worth, Texas

VISIT OUR WEBSITE:
http://www.erickson-foundation.org
The Milton H. Erickson Foundation has LOTS of plans for 1998

Integrating Sexuality & Intimacy into Couple & Family Work
April 16-18, 1998
Vancouver, BC

The Summer Sex Therapy Institute
June 18-21, 1998
Arlington Park, IL

Brief Therapy: Lasting Impressions Conference
New York City
Hilton & Towers

The Couples Therapy Conference:
Integrating Sexuality & Intimacy
Nov. 6-8, 1998
Los Angeles, California

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$300 Professionals
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SPECIAL FEE
$350 Professionals
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(Offer ends Dec. 19, 1997)

Register for two or more by April 15 and save more!

ELIGIBILITY
The Conferences are 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., A.M.A., A.P.A., A.D.A.). The Conferences are also open to professionals with mental health-related graduate degrees (e.g., M.S.W., M.A., M.S., M.S.N.) 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.

Yes! I want to attend [ ] Sex Therapy Institute [ ] Brief Therapy [ ] Los Angeles Couples

Register for two meetings, deduct $50 off total
Register for three meetings, deduct $100 off total

[ ] Enclosed is my check in U.S. Funds Please charge my [ ] VISA [ ] MasterCard

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Mail to The Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016-6500 by Dec. 19, 1997
Hypnosis and Suggestion in the Treatment of Pain: A Clinical Guide
by Joseph Barber, Ph.D., Editor
W.W. Norton, 1996
399 pages, $45.00

Hypnosis and Suggestion in the Treatment of Pain sets the standard for texts in clinical hypnosis and provides the field with a comprehensive handbook for the treatment of pain. To the credit of the editor, each chapter seamlessly presents relevant theoretical and scientific literature along with a number of edifying clinical vignettes. Throughout the book, the authors educate the reader about the physiological, medical and psychological contributions to the problem of pain. Suggestions for clinical intervention are drawn equally from the work of physicians, psychologists and hypnotists. These are presented in an integrated fashion.

The first section of this work provides the reader with a thorough introduction to the problem of pain and its treatment with hypnosis. The overview of hypnosis in the first chapter might be too fundamental, but the presentation on the “Medical and Psychological Evaluations of the Patient with Pain” will inform even the most advanced clinician. The contribution by Price was especially helpful for its lucid description of the various psychological and physiological mechanisms of hypnotic analgesia. In a logical, discursive fashion, he presents current research evidence, unifying theories and helpful instructions for facilitating hypnotic analgesia.

The remaining chapters on specific complaints (i.e., cancer, headache, dentistry, burns) and special populations (e.g., pediatrics, the elderly) were equally effective in providing medical and psychological knowledge. The chapter on “Painful Medical Procedures,” by Bejenke, was among the book’s best because of its wealth of clinical vignettes, presentation of the key elements for successful patient preparation for painful medical procedures, and scope of clinical applications (endoscopies, chemotherapy, invasive radiology and cardiology procedures, surgery, renal dialysis, bone marrow trans-plant and obstetrics).

If I would add anything to this comprehensive book, I would have wished for more attention to the use of psychological testing as an assessment technique and some time to better understand alternative medical treatments such as acupuncture, massage and other physical therapies.

The signature chapter of the book is in its afterward, “When We Fail.” Along with a review of the current hypnosis and psychological literature, relevant medical information, and treatment protocols for a variety of complaints, the contributors also highlight the importance of making contact with patients. In this unique description of failures they explicate the most important element of treatment success: finding a way to listen and genuinely connect with the patient. They remind us that hypnotic treatments are not protocol driven or mechanistically applied events, but real moments between humans where one person seeks to communicate something of meaning, value and comfort to another.

This is a truly comprehensive, complex, thought-provoking, compassionate and concretely helpful book. The clinical wisdom and scholarship of the contributors will be a great help to every clinician who works to help people with pain.

**Reviewed by:**
Nicholas A. Covino, Psy.D.
Boston, Massachusetts

Joseph Barber’s edited book, Hypnosis and Suggestion in the Treatment of Pain, is well worth reading. Divided into three parts, it first explores basic principles of hypnosis and then proceeds to discuss specific applications of hypnosis to a variety of populations. In the Orientation section, Barber presents us with his model for using hypnosis. The concept of pain consisting of sensory and affective components is nicely supported by Price’s chapter on hypnosis research.

A fundamental theme of this book is that hypnosis is a tool that must be used in the context of a larger treatment plan. Its role is to supplement standard medical treatment rather than replace it. In contexts such as cancer and burn treatment, the pain being addressed is often created by treatment rather than by the medical condition itself. Frequently, one uses hypnosis to augment rather than replace analgesic medications. The practitioner of hypnosis has a responsibility to be knowledgeable enough regarding medical aspects to be an effective team player.

A second basic motif is the importance of understanding the individual being treated. Chapters on treating children and elders cue us in to developmental aspects. Barber emphasizes the importance of uncovering the meaning of the pain to the individual. Another aspect involves understanding the motivation of the individual being evaluated.

A third critical theme is the importance of establishing a therapeutic relationship. Barber and LeBaron review several of their cases where a failure to connect with patients resulted in unfavorable consequences. Their willingness to introspect and to commit such failures to text is refreshing. Also refreshing is Bonica and Loeser’s emphasis to physicians that they specifically devote time in the initial evaluation to making sure the patient feels heard and understood.

Barber states to us that over time he has found himself relying primarily on two procedures — reinterpreting symptomatology and reducing expectations of suffering. He provides one lengthy hypnosis script. His case examples give further examples of his hypnotic pattern but tend to focus more on relationship and meaning. Clinicians seeking clever word plays and double binds from the “master” will be disappointed.

Recommendations for interventions are more prevalent in the section on Specific Syndromes.

Despite the overall excellence of the book, I do have two criticisms. First, I feel that the distinction between pain and harm is inadequately addressed. Helping individuals to understand this differentiation can profoundly impact the meaning of pain and increase functionality with or without hypnosis. Second, there appeared to be a bias toward the use of hypnosis with bright, professional people and their progeny, as evidenced in multiple case examples. Lack of treatment considerations with populations such as back-injured blue collar workers is an unfortunate gap in an otherwise outstanding volume.

**Reviewed by:**
Errol Liebowitz, Ph.D.
Norfolk, Virginia

**Chapters Needed**
Cléo Madanes and Wes Crenshaw are editing a new text tentatively entitled Beyond the One-Way Mirror: A Casebook of Strategic Therapy. The book surveys a sample of Strategic therapists, as well as those who use Strategic interventions in a more eclectic context. Currently, Madanes and Crenshaw are working with authors on chapters illustrating cases of child abuse and neglect, anorexia, school refusal, oppositionality and adult children leaving home. Publication will be with Zeig, Tucker & Company and is expected in early 1999.

The editors are requesting exceptional contributions to be considered for inclusion in the Casebook. Topics are open, but submissions should demonstrably reflect the Madanes/Haley school of Strategic Therapy, or a closely associated Ericksonian derivative (e.g., MRI). Chapters should be titled, and between 10 and 20 pages (double spaced). Dr. Crenshaw has written a sample chapter which is available upon request.

Ideal submissions will be interesting and relevant to the real world of therapy and therapists. Cases may be a bit humorous, poignant, or mysterious, but always compelling and clinically useful. The targeted consumer is the therapist who wishes to improve skills and will use the book as a professional text, a reference source, and a good read.

Madanes and Crenshaw are placing particular emphasis on cases that illustrate the human condition in a respectful and humane way. Rather than clever “tricks and games,” they are interested in directive Strategic interventions which balance creativity with genuine caring and appreciation for clients. They also are interested in chapters addressing the greater social and mental health context of clients, and strategies for affecting that context.

Deadline for manuscripts is July 31, 1998. However, authors interested in contributing should contact Dr. Crenshaw before beginning their chapter. Write to him at The Family Therapy Institute Midwest, 1722 E. 816th Rd., Lawrence, KS 66049-9157; fax (785) 232-0160 or e-mail: WesCrenshaw@compuserve.com. A website has been established in connection with FTI-Midwest, which includes the complete call for papers. The URL is: http://ourworld.compuserve.com/homepages/wescrenshaw.
INTRODUCING THE INSTITUTES

The Southern California Society for Ericksonian Psychotherapy and Hypnosis

by Marta Campillo, M.A.
Xalapa, Veracruz, Mexico

When Drs. Terry Argast, Richard Landis and Gary Ruelas started to have clinical meetings in 1977, they were in pursuit of a clinical model that was separate from the traditional forms of therapy evolving from psychoanalytic and behavioral schools of thought. They came across the communications and cybernetic models utilized by Gregory Bateson, and the Mental Research Institute (MRI). Pursuing these writings, they followed the path to Milton H. Erickson and back to Bateson. For the next few years, they visited both Bateson and Erickson, exploring other paths along the way including Neurolinguistic Programming, Strategic Therapy and the Center for Study of Families in Milan, Italy. Eventually, all roads led back to the teachings of both Bateson and Erickson, and specifically to the clinical work of Erickson.

Following the deaths of both Bateson and Erickson, the group continued to study and in 1984 they decided to formalize their studies. The Orange County Society for Ericksonian Psychotherapy and Hypnosis (OCSEPH) was established with the intent of bringing together for sharing, learning and teaching. The organization is a membership society, independent from the private practices of the founding members. The current name more accurately reflects the larger geographical area from which members are drawn.

During the formative years of our group, visits with Erickson had a tremendous impact. The discussions were intense, sometimes resulting in intuitive leaps that were beyond the group’s ability to track. Perhaps as a result of spending much time in collective trance states and attempting to draw rational meaning from experiences, Landis, Argast and Ruelas were often pushed further into confusion by Erickson’s interventions and by their subsequent attempts to comprehend the metaphors. Their analysis extended beyond the sessions, and post session discussions, into a review of materials taped during the sessions. The intense study groups functioned as a magnet for other colleagues, and the three often spent time teaching. The teaching process continues to be a fundamental element of the organization.

It was discovered that for every question that could be answered with some degree of satisfaction, regarding Erickson’s approaches and interventions, new questions were created. To broaden understanding, the group began to invite and visit others whose understandings had been influenced by Erickson, as well as those whom they believed shared worldview that reflected Ericksonian elements. From these contacts, the group evolved to consolidate their own understanding and perspectives of Erickson’s work. They followed the model of using those fundamental understandings as a basis from which to develop, elaborate and expand upon Erickson’s ideas and interventions.

The group has also benefited from the contributions of many other talented individuals. From Kay Thompson they learned to refine their use of language and the importance of a woman’s perspective. From Gianfranco Cecchin they extrapolated Ericksonian principles in family therapies. From Humberto Maturana and Heinz von Foerster they discovered systemic pegs upon which to hang new concepts. From Jeffrey Zeig they discovered introspective teaching principles to help students become Ericksonian rather than to just use Ericksonian techniques. From David Check they learned how the body could be appreciated as a vehicle of multilevel communication. From Andre Weitenhoffer they experienced the research perspectives of Ericksonian and traditional approaches. From John Weakland and the MRI team they learned brief therapy family models. From Don Schafer they learned hypnotic applications with medical symptoms.

The original faculty consisted of Terry Argast, Ph.D., Richard Landis, Ph.D., and Gary Ruelas, Ph.D. In 1986, Pennie Dexter Carrell, Ph.D., joined the group. Ruelas has entered medical school, and while this has limited his direct involvement, his influence as a founder continues. At this time Carrell has become a senior trainer and is currently membership chairperson. Argast is Clinical Director and Landis is Director of Training.

Formal training programs include introductory, basic, and intermediate hypnosis classes. Classes are offered in a variety of formats ranging from a standard didactic lecture and video format, to a three-day experiential retreat program designed to replicate the format of visits to Erickson. Other aspects of the training program involve advanced techniques, specific clinical applications, and dissemination of audio and video archival materials. OCSEPH provides membership training and support in a monthly forum that is open to all members. A unique feature of the training is that individuals who complete the training in any of the two day classes are offered supervision in the form of weekly phone calls with the senior trainer of their choice to answer questions or assist with treatment plans or protocols.

The OCSEPH is a vital group with creative and conscientious approaches to teaching, training and learning. The individuals who created this organization have made a significant contribution to both the local professional community and to the Ericksonian movement as a whole. They have done an exceptional and admirable job!
CASE REPORT

Age Progression
by Noboru Takaishi, M.D.
Osaka City, Japan

A 28-year-old male physician, who had done well in medical school in Japan, began working on a doctoral thesis at the surgery department of a national university that was not his alma mater. He also was working at the hospital where his father was a staff physician.

He started having difficulties with his doctoral thesis. As a consequence, he began to suffer from severe insomnia. He decided to treat his own insomnia by taking prescription sleeping pills (methaqualone), a type which are no longer manufactured in Japan because of their severe side effects. Soon, the young physician became dependent on these pills as well as tolerant of them. He increased the dosage and finally began taking them during the day as well.

His behavior changed dramatically. He became rude and unreliable; his ability to practice surgery became noticeably and severely compromised. There were even several episodes where he collapsed during surgery. He was relieved from all duties at the hospital. His wife left him and returned to her parents’ home where she thought of divorcing him.

DISCUSSION
by Betty Alice Erickson, M.S., L.P.C.
Dallas, Texas

Dr. Takaishi’s patient did not seem to require the added complexities of a physical detoxification, and he was not initially enthusiastic about treatment. Using the man’s previous experiences as a successful and competent person, Takaishi used trance to guide the man into a realization that his future could have those same components. In 1934, Erickson wrote that the hypnotist “must implant his suggestions in the vast aggregate of mental reactions and patterns accumulated throughout the subject’s lifetime.” Takaishi did just that.

Regression in a hypnotic state helps a patient reestablish patterns of behavior “uninfluenced by subsequently acquired” behaviors (Erickson, 1937). And again, Takaishi did just that.

Good therapy allows the patient to access and build upon personal strengths and resources in productive ways. It is the therapist’s job to structure psychotherapy so the patient is in a position where those currently inaccessible abilities and resources become usable once again.

This patient clearly had the ability to succeed and accomplish his goals. Imagining a future, in a trance state, where goals already have been met and the warm glow of success is felt, can give patients deep-seated feelings of accomplishment and pride. Structuring this future as a post-hypnotic suggestion that didn’t have to enter conscious thinking allowed the patient to reap the benefits of the therapy without having to ascribe the cause to the therapist’s suggestions.

One of the most intriguing aspects of Erickson’s work is its timelessness. Six decades ago, when hypnosis was poorly understood and under-used in the psychotherapeutic world, he was writing about the principles that Takaishi employed in his work 35 years later. These techniques are as applicable and powerful today as they were when Erickson first wrote about them and when Takaishi used them. Takaishi did good therapy, with creativity and intelligence.

The opportunity to reexamine effectiveness after twenty-five years is rare. The absence of a relapse speaks for the effectiveness and the appropriateness of the therapy used. With his discovery that Erickson had written about this same technique years previously, Takaishi can now compare and enhance his own abilities just as students of the “modern” arms of psychotherapy, of brief cognitive, narrative, and solution-focused, can compare and enhance their own understandings by studying Erickson’s original works.

Erickson rarely claimed credit for “inventing” a technique. He understood that the tenets of human behavior have been known and studied for centuries. Part of his gift to the psychotherapeutic world was his ability to encapsulate commonalities in productive methodologies and to write about and teach them in understandable and replicable ways.

References:
Conference Notes

“Postgraduate Training in Behavioral Healthcare Delivery” will be held at the Scottsdale (Arizona) Hilton Resort and Villas. The program begins Saturday, May 2, 1998, and continues through Saturday, May 9, 1998. The intensive training will discuss clinical, structural, business and delivery aspects of a complete therapy system. The training is sponsored by The Milton H. Erickson Foundation, Inc., The Nicholas & Dorothy Cummings Foundation and The National Psychologist. For more information contact Janet L. Cummings, Psy.D., 4400 N. Scottsdale Rd., Ste. 305, Scottsdale, AZ 85251.

The 40th Annual Workshops in Clinical Hypnosis and Scientific Meeting of the American Society of Clinical Hypnosis, “Hypnosis: Bridging Art, Science and Practice,” will be held March 14-18, 1998, at The Worthington Hotel in Fort Worth, Texas. For meeting information contact The American Society of Clinical Hypnosis, 2200 E. Devon Ave., Ste. 291, Des Plaines, IL 60018; tel: 847/297-3317; fax: 847/297-7309; email: 70632.1663@compuserve.com; web: http://www.ascb.net.

“The Tenth World Family Therapy Congress: At the Threshold of the Next Millennium—Responsibility and Growth for Systemic Thinking and Acting,” will be held May 15-20, 1998, in Dusseldorf, Germany. For information contact The World Family Therapy Congress Office, Am Kleckers 31, 47839 Krefeld, Germany; tel: 49-2151-973234; fax: 49-2151-973235; email: 101752.1037@compuserve.com; web: http://www.iftacongress98.tkc.de.

The Second French-Speaking Summer University of Ericksonian Hypnosis and Brief Therapy, “Psychosomatic Diseases: New Therapies, New Approaches,” is scheduled for July 1-3, 1998, at the Faculty of Medicine, Lille, France. There will be academic papers and workshops. For further information and registration, contact Dr. Victor Simon, 26 Parvis St. Michel, 59000 Lille, France: tel: 33-3-20-57-77-18; fax: 33-3-20-57-99-00; email: vsimon@easy.net; web: http://www.myleague.org/~vsimon.

The International Council of Psychologists is presenting its 56th Annual Convention, August 1-5, 1998, in Melbourne, Australia. For full convention registration information and the preliminary program, please contact: Ms. Lisa Bonaldi, Convention Organizer, ICPC 56th Annual Convention, PO Box 548, Malvern VIC 3144, Australia; web: http://www netspace.net.au/icpc.

The Australian Society of Hypnosis is sponsoring the “28th ASH Congress,” to be held from Wednesday through Monday, September 9-14, 1998, at Alice Springs Plaza Hotel, Northern Territory, Australia, followed by the “28th Congress Workshop,” Wednesday, September 16, 1998, at Ayers Rock Resort in Central Australia. Keynotes will be presented by Jeffrey Zeig, Ph.D., and Sam LeBaron, M.D., Ph.D. The Congress also will include a comprehensive workshop, symposium and scientific program. The Scientific Session abstracts submission deadline is March 23, 1998. The Scientific Session full paper submission deadline is May 11, 1998. To receive a copy of the First Announcement and Call for Papers, call the Congress office: ASH Congress 98, PO Box 405, Heidelberg VIC 3084, Australia; tel: 61-3-9243-1159; fax: 61-3-9243-1158; email: bevans@alphalink.com.au; web: http://alphalink.com.au/bevans.


Obituary - Joseph Wolpe

Joseph Wolpe, M.D., a South African-born psychiatrist who was a pioneer in behavior therapy, died from lung cancer at his home in Los Angeles, Calif., in December 1997. He was 82.

Dr. Wolpe served on the faculty of the four Evolution of Psychotherapy Conferences.

He was a professor of psychiatry at Temple University’s Medical School in Philadelphia from 1956 to 1988. Concurrently, he served as director of the behavior therapy unit at the Eastern Pennsylvania Psychiatric Institute. He most served on the faculty at Pepperdine University.

Dr. Wolpe was a leader in the field of psychiatry and psychotherapy. He was the recipient of the Association for Advancement of Behavior Therapy’s Lifetime Achievement Award in 1995. The citation said that following World II, Dr. Wolpe’s experimental and clinical research laid the intellectual foundations for the field. He wrote two classic textbooks, Psychotherapy by Reciprocal Inhibition (Stanford, 1958) and The Practice of Behavior Therapy (Allyn, 1969). He also was the American Psychological Association’s recipient of the Distinguished Scientific Award for the Applications in Psychology.

Dr. Wolpe married Stella Ettman in 1948. She died in 1990. In 1996, Dr. Wolpe married Eva Gyarmati. Dr. Wolpe is survived by his wife, two sons, four grandchildren, three stepchildren, five step-grandchildren and one sister.

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AS97-CP1: Generalizing Change for Profound Work in a Single Session
Stephen Lankton, MSW, DAHB
A young, professional woman is concerned about the pressure she puts on herself, especially in her career. While she is understandably reluctant to speak about her interpersonal needs, Lankton helps bring unresolved developmental issues in to the foreground where they can be noticed in the hypnosis that follows. Identified issues include needing others, dealing with anger and sad feelings and dependency feelings. The trance work addresses her self-attribution and her relationship with the therapist. As she develops emotional experiences in trance, significant and enduring changes can follow. Changes are related to the developmental issues which were expressed in the therapeutic relationship.

AS97-CP2: Trances - Healing and Helping, Changing and Creating
Betty Alice Erickson, MS, LPC, LMFT
A hypnotherapy trance is utilized to help a woman gain more control over the pain of, and the onset of migraine headaches. A number of trances were created using formal and conversational inductions. The trance used to examine her own unconscious wisdom in reaching her goal. She also understood more clearly the process by which the headache had developed and continued. The session closed with the subject interested and curious about her new knowledge and understandings. Several interventions were employed, including using inductions as part of the therapy.

AS97-CP3: Pain Control and Healing Enhancement Using Hypnosis
Kay F. Thompson, DDS
The volunteer had been experiencing sporadic severe pain in the right lower jaw, radiating along the Filford nerve path, from a damaged tooth. She also asked to experience her "self", so a formal induction was utilized. Patient was very cooperative. A generic rationale for pain is provided, and physiology/psychology involving this specific pain is offered. A metaphor for healing was presented. The patient is told that pain control could remain as long as normal healing continued. At termination of the procedure, the patient is enthusiastic, pain free, and articulate, and continues pain free on subsequent days of the conference.

AS97-CP4: Posthypnotic Suggestions: Capitalizing on Our Imagination
Joseph Barber, PhD
Kris would like to feel less anxious and more confident about her professional role as a group leader and as a writer. Dr. Barber guides Kris through a variety of hypnotic experiences, utilizing hypnotic and post hypnotic suggestions. This presentation demonstrates initial evaluation, naturalistic induction, utilization and emphatic paradox.

AS97-CP5: The Courage to Love: A Demonstration of Self-Relation Therapy
Stephen Gilligan, PhD
A woman describes her relationship difficulty with her husband. The interview examines how she experiences this problem systematically, then uses the resulting mind/body connection to reconnect with active but unconscious aspects of her experience. Once integrated, these previously "neglected selves" become "resources."

AS97-CP6: The Symptom Path to Enlightenment
Ernest L. Rossi, PhD
This outstanding demonstration illustrates "The Symptom Path to Enlightenment" as a four-stage creative process. It clearly documents the natural ultradian psychobiological dynamics of how clients can experience and resolve emotional problems, gain stress symptoms privately within themselves with only a minimum of orientation, suggestions, and support by the psychotherapist. This psychobiological approach to Erickson's naturalistic hypnotherapy illustrates how a brief 10-30 minute encounter can resolve problems.

AS97-CP8: Integrative Ericksonian Therapy
Jeffrey K. Zeig, PhD
Rebecca, a physician, presents with multiple issues including tension over a "cutoff" from a fundamentalist, disapproving parent and problems with weight control. In this emotional session, methods such as strategic techniques, hypnotic, symbolic therapy and solution-focused therapy are used to elicit therapeutic change.

Plenary Addresses
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AS97-PA1: Focusing on the Future
Michael Yapko, PhD

AS97-PA2: Living in a Post-Ericksonian World
Stephen Gilligan, PhD

AS97-PA3: Expanding and Understanding Knowledge Engineering
Stephen Lankton, MSW, DAHB

Ernest L. Rossi, PhD

AS97-PA5: Ericksonian Hypnosis & Psychotherapy - Chapter Two
Betty Alice Erickson, MS, LPC, LMFT

AS97-PA6: The Emotional Learning Center of the Body
Kay F. Thompson, DDS

AS97-PA7: Heuristics
Jeffrey K. Zeig, PhD

AS97-PA8: The Mysterious Persistence of Hypnotic Effects & How to Create It
Joseph Barber, PhD

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AS97-PA1-AS97-PA8
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Panels
Audio Tape Only

- AS97-P1 Training Clinicians in Ericksonian Methods
  Joseph Barber, PhD; Kay F. Thompson, DDS; Michael Yapko, PhD

- AS97-P2 Hypnosis with Couples and Families
  Stephen Gilligan, PhD; Stephen Lankton, MSW, DAHB; Jeffrey K. Zeig, PhD

- AS97-P3 Direct and Indirect Methods
  Joseph Barber, PhD; Ernest L. Rossi, PhD; Michael Yapko, PhD

- AS97-P4 Utility
  Betty Alice Erickson, MS; LPC, LMFT; Stephen Gilligan, PhD; Stephen Lankton, MSW, DAHB

Fundamental Workshops
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- AS97-FW2-1AB Fundamentals of Induction, Jeffrey K. Zeig, PhD

- AS97-FW2-2AB Induction Techniques, Betty Alice Erickson, MS, LPC, LMFT

- AS97-FW2-3AB Principles of Ericksonian Hypnosis, Ernest L. Rossi, PhD

- AS97-FW2-4 The Language of Hypnosis, Kay F. Thompson, DDS
  (Note: Only 1 Audio Tape for this Workshop)

- AS97-FW2-5AB Introduction to Metaphor, Stephen Lankton, MSW, DAHB

- AS97-FW2-6AB Hypnosis in Psychotherapy, Joseph Barber, PhD

- AS97-FW2-7AB Fundamentals of Hypnotherapy for Depression
  Michael Yapko, PhD

- AS97-FW2-8AB The Hypnotic Relationship, Stephen Gilligan, PhD

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  Part 1, Joseph Barber, PhD

- AS97-IW2-2AB Taking the Duh! Out of Fundamental
  Stephen Lankton, MSW, DAHB

- AS97-IW2-3AB The Virtue of Faults, Jeffrey K. Zeig, PhD

- AS97-IW2-4AB What Do You Do Once You Get There?
  Betty Alice Erickson, MS, LPC, LMFT

- AS97-IW2-5AB Metaphors and Treating Depression
  Michael Yapko, PhD

- AS97-IW2-6AB Motivation Through Language and Communication
  Kay F. Thompson, DDS

- AS97-IW2-7AB Psychobiological Foundations of Psychotherapy
  Ernest L. Rossi, PhD

- AS97-IW2-8AB The Sponsorship of Soul: Resolving Difficult
  Experiences and Behaviors, Stephen Gilligan, PhD

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- AS97-ADV-2AB Immediate-Early Genes in Psychotherapy?
  Ernest L. Rossi, PhD

- AS97-ADV-3AB Integrating Hypnosis with Cognitive-Behavioral
  Therapy, Michael Yapko, PhD

- AS97-ADV-4AB Love is a Skill: Mature Forms of Human Sponsorship,
  Stephen Gilligan, PhD

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in accredited programs in the above fields can purchase tapes if they supply a letter from their
department certifying their student status.
Self-Regulation of Salivary Immunoglobulin A by Children

Research by Karen Ohnes, M.D., Timothy Culbert, M.D., and Donald Udin, Pharm.D., Cleveland, Ohio.

Findings from clinical observations and previous research support the belief that children have the ability to utilize self-hypnosis techniques for treatment of numerous health problems. In addition, the use of self-hypnotic techniques for self-regulation of selected autonomic functions has been studied in children. The purpose of this study was to explore immunomodulation and possible mediating factors in children. In this study, the research questions addressed were: (a) can children voluntarily control some aspects of immune functions; (b) if such control exists, will it be facilitated by exercises in self-hypnosis; (c) will voluntary immunoregulation show correlation with physiologic evidence of relaxation, such as peripheral temperature elevation; and (d) will voluntary immunoregulation in children demonstrate any correlation with scores on the Stanford Children’s Hypnotic Susceptibility Scales (SCHSS)?

Sixty children, 6–12 years of age (M=24, F=23) participated in the study. Children receiving medication that might affect immune system functioning or who had chronic illnesses were excluded. A total of 57 children participated. Initially, subjects and their parents were introduced to the study, questions were answered, and written informed consent was obtained. Participants then provided a sample of saliva and were randomly assigned to experimental group A or B or control group C. Next, participants watched a 15-minute videotape, “The Toymaker’s Magic Microscope,” which explained basic information about the immune system. After viewing the film, the SCHSS was administered. Participants were then invited individually to listen to a general relaxation tape. During this process, recordings were made of the children’s rapid eye movement and yawning activity. Finally, peripheral temperature monitoring was demonstrated to the participants.

Two weeks later participants returned for the second session. Initially, a saliva specimen was obtained. The investigators reviewed peripheral temperature monitoring, and baseline temperatures were recorded. Children in group A listened to a self-hypnosis tape and received a nonspecific suggestion that they might increase immune substances in their saliva. Children in group B listened to the same tape but were given specific suggestions that they might increase immune substances in their saliva. Children in the control group conversed with investigators during the same 25 minute period. A third specimen was obtained 35 minutes after the second saliva sample.

Analysis of covariance and the posterior test of Scheffe were used to analyze the salivary IgA concentrations for the three groups. Age and sex were used as covariates and compared with mean IgA concentrations at each of the three collection times. Next, a one-way analysis of variance was used to compare age and SCHSS scores for the three groups. A multiple regression analysis was used to determine correlations between the change in immunoglobulin concentration, temperature, and the SCHSS score.

Study results indicate that children who utilize self-hypnotic techniques may be capable of immunomodulation. Interestingly, children who received specific suggestions were able to demonstrate an increase in salivary immunoglobulin concentrations, while children who received indirect suggestions were unable to achieve an increase in salivary immunoglobulin concentrations. Children in the control group also failed to demonstrate immunomodulation. The implication of this finding is that self-hypnosis, in combination with direct suggestion, may be useful in dealing with a variety of pediatric issues.

Research Summary by: Margaret E. Erickson, R.N., Ph.D.
Austin, Texas

Editors Note: This is a summary of an article that appeared in Pediatrics (1989) vol. 83 (1), pp. 66–71.
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WOMEN OF NOTE

Janine Roberts, Ph.D.
by Lisa White, M.S.
Florence, Massachusetts

Janine Roberts, Ph.D., is a professor in the School Counselor and School Psychology Program at the University of Massachusetts, Amherst. She was someone I knew was admired by others. Upon entering her office for the first time, in the fall of 1996, I noticed a diverse collection of objects and pictures, which for me, represented her acceptance of differences. Throughout our discussion her positive attitude brought understanding and hope to each topic. I found our conversation stimulating. New questions came easily to mind. She was interesting, personable and kind.

Roberts is most well known for her contributions to family therapy. She has written extensively on the subject of rituals and stories. This material can be found in two of her books, Rituals For Our Times: Celebrating, Healing, and Changing (1992), and Tales and Transformations: Stories in Families and Family Therapy (1994).

Roberts told me she first became interested in familial dynamics 27 years ago. She was hired to work with a group of parents at an interracial parent co-op school in West Philadelphia. Starting out with a clientele of three children, and a budget of only $1,000, Roberts and the parents built furniture and created a curriculum that is still in use. Soon the cooperative partnership moved beyond the school environment. Roberts babysat for the parents, ate dinner with the families, and took advantage of opportunities that further facilitated her understanding of these families. It was through this initial experience that she decided to acquire additional training in family therapy. She went on to earn a Doctorate in Education at the University of Massachusetts at Amherst.

Roberts continues her work today as teacher, researcher and therapist. In meeting with her to prepare for this article, it became clear that she respects individuals and families, and is committed to both. She has an effective way of recognizing the strengths in people and situations. At one point I overgeneralized by saying that the majority of families are “dys-functional.” Roberts commented, “The word itself is a problem. It isn’t useful and it doesn’t look at people’s resources.”

Roberts works from a therapeutic philosophy that considers the individual in the context of larger systems, like the family. She considers her own family development to be her richest learning experience. In response to the question, “Who has been most influential in your life?” Roberts responded, “My daughter... I’ve learned so much about parenting and families. There’s just something about being on the other side of the experience.”

Roberts expressed concern about the current state of therapy. She questions the use of labels, the role of insurance companies and the deficit-based model followed by many practitioners. Her hopes for the future of the field include more viable, supportive networks organized around communities and therapeutic models that emphasize meeting client needs over labeling client problems.

Recently, Roberts was honored by the Massachusetts Association for Marriage and Family Therapy with the Distinguished Contributions to Family Therapy award. At a time when she was reevaluating life choices and goals, after a battle with cancer, this award reaffirmed for Roberts that she chose the right profession. Janine Roberts is a woman of strength and a woman of note.

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**NEWS FROM ASCH**

**ASCH Certification Program**

by Marc I. Oster, Psy.D., ABPH
American Society of Clinical Hypnosis

This article is the second of a series discussing American Society of Clinical Hypnosis (ASCH) programs that may be of interest to Ericksonian practitioners. The first article addressed the ASCH Standards of Training (Vol. 17, 2; p. 17). This article will discuss the ASCH Certification Program.

The Certification Program has several philosophical underpinnings. ASCH Certification in Clinical Hypnosis is an entry level credentialing program that is restricted to trained and licensed health care providers—defined by ASCH as a physician, psychologist, podiatrist, dentist, Master’s or Doctoral degree level nurse, social worker, psychologist, mental health counselor, or marriage and family therapist. It is our philosophy that persons trained only in the procedures of hypnosis lack the diagnostic and therapeutic skills to safely and responsibly treat medical, psychological, or dental problems using hypnosis.

Credentialed, certified, practitioners are encouraged to work toward achieving the highest level of advanced competence certification in hypnosis, the Diplomat status, from either the American Board of Medical Hypnosis, the American Board of Psychological Hypnosis, the American Board of Hypnosis in Dentistry, or the American Hypnosis Board for Clinical Social Work. Successful completion of the Diplomat Board Examination represents the highest level of recognition and is the only competency-based credential. Information about these Boards and the examination process is available through the ASCH central office.

The ASCH Certification Program offers two levels of certification: Certification in Clinical Hypnosis and Approved Consultant in Clinical Hypnosis. Some organizations use the title of Approved Supervisor. ASCH chose the title Consultant because “supervisor” implies a liability for the work of the supervisee. The term “consultant” carries no such responsibility. ASCH looks at the services provided by its Consultants as individualized training rather than supervision of one’s practice.

The ASCH certification verifies that the practitioner is a licensed health care provider and has completed formal and extensive training in clinical hypnosis. The ASCH certification has already been accepted by various hospitals, third party payers, and the major associations or societies that oversee health care providers. Pursuit of certification can afford the practitioner a method of structured and formal study of hypnosis under the guidance of both ASCH and a nationwide network of excellent teachers and leaders in the hypnosis field. Those certified by ASCH can use the titles, Certification or Certified in Clinical Hypnosis, or Approved Consultant in Clinical Hypnosis. We do not recognize, nor consider it ethical, to use titles such as Certified Hypnotherapist or Certified Hypnotist.

The requirements for certification include a minimum of 20 hours of basic training and 20 hours of intermediate training. Training must be ASCH approved. One-half of these hours can come from ASCH approved courses in Ericksonian hypnosis. Also there must be 20 hours of individualized training and Consultation with an Approved Consultant and appropriate use of hypnosis within one’s practice for a minimum of two years following basic training.

Requirements for Approved Consultant include all the above plus a minimum of 60 hours of additional ASCH approved workshops for a total of 100 hours minimum; an ASCH approved workshop or consultation entitled, “On Becoming An Approved Consultant” and five years of advanced standing in hypnosis as evidenced by five years membership in ASCH, SHE, ISH, or an ASCH component society or significant contributions to the hypnosis community.

Certificates are renewed every three years. Candidates must have completed a minimum of 20 hours of ASCH approved continuing hypnosis training; must provide a copy of their current license to practice as discussed above; and submit a renewal fee.

The requirements for Diplomat of the American Board of Psychological Hypnosis (ABPH) are: membership in APA, a doctorate degree in psychology, license, five years post-doctoral supervised experience, professional contributions to the field, letters of recommendation, submission of a videotaped and transcription work sample; oral exam on hypnosis, psychology, and defense of your work sample; demonstration of advanced competence in hypnosis and in psychology, or being a Diplomate of the American Board of Professional Psychology (ABPP).

I hope the above information sparks the interest of Ericksonian practitioners to pursue certification in clinical hypnosis. As I indicated in my previous article on Standards of Training, there are many ASCH approved workshops and programs in Ericksonian hypnosis. If readers have any questions, they can be directed to me at the ASCH central office at 2200 E. Devon Ave., Suite 291, Des Plaines, IL 60018; or at my mailing address: 1954 First St., #160, Highland Park, IL 60035.

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**1997 Seminar on Ericksonian Approaches to Hypnosis and Psychotherapy**

by Jeannette Lafontaine, M.A.

Navigating registration for the seminar was a breeze at 7:00 a.m. on Thursday, December 11, 1997. There was plenty of time to have coffee and watch a spectacular sunrise over the mountains from the atrium of the Hyatt in downtown Phoenix, Arizona. Other early birds began filtering into the area, introductions were made, and discussion ensued about what attracted each of us to the seminar. Motivation for attendance ranged from “needing the dreaded CEUs” to “I am utilizing hypnosis in therapy now and want to improve my technique.” Many were curious, others were skeptical, and some just needed validation to boost their self-confidence. Others came to see the masters at work. An impressive line-up of professionals were presenting. Regardless of what brought us to the workshop, we got much more than we anticipated.

During the next four days we attended eight workshops conducted by masters in the field of hypnosis, each presenting their theory, rationale, experiences. The faculty demonstrated their technique, on the group as a whole and with individual volunteers from the audience. We spent the first day learning what hypnosis is and isn’t (de-mystifying the whole dynamic for some of us), and how and when to use it with our clients. Induction techniques were demonstrated, the use of post hypnotic suggestions were examined, and the power of metaphors was explained. Usually, after sitting in a workshop for a few days, the brain is on overload, the derrière is sore, and people are ready to go home. However, everyone I spoke with was exhilarated, looking for someone to practice with, and looking forward to the next day.

It would be redundant to discuss each presenter individually, because they were all excellent. However, one theme prevailed: The blessing to take this knowledge and experience, and develop our own unique style. Sharing with us their development, thereby instilling confidence that we can successfully develop our own technique and incorporate hypnosis into our practice, or not, as we see fit. There is no right or wrong perspective, just what works for the therapist and the client. The faculty presented us with a gift of learning and validation. It is the gift that the Milton H. Erickson Foundation consistently provides the participants in its workshops and conferences.

---

**Tapes Available from NYSEPH**

A series of audiotapes are available from the New York Society of Ericksonian Psychotherapy and Hypnosis (NYSEPH).

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For a full listing of tapes available, write Skyline Press, Inc., 2015 Center Ave., Fort Lee, NJ 07024; or call 800/336-7435 (800/FORHELP).
**MEDIA OF NOTE**

**Media of Note**

Congratulations to Michael Yapko, Ph.D., for his contribution to the 1998 Encyclopedia Britannica Medical and Health Annual. His informative article highlights the topic of brief therapy, its variations and effectiveness. Michael Yapko, Ph.D., has been a distinguished member of the faculty for numerous Conferences and Seminars sponsored by the Erickson Foundation.

***

**Current Thinking and Research in Brief Therapy**

by William J. Matthews, Ph.D.

Volume II of the ongoing series, *Current Thinking and Research in Brief Therapy* is scheduled to be released this spring by Taylor and Francis Publishers. Associate Editor John Edgette and I hope you will find this volume as informative to you, the reader, as it was for us in editing it.

This volume presents 12 chapters (300 pages) on a range of brief therapy approaches on sex therapy, sports psychology, and substance abuse. There is a very moving clinical case report of hypnosis with a dying boy, hypnosis with a typically ignored population — the elderly, and the use of hypnosis in cancer management. We have a provocative chapter on what constitutes brief therapy (and what doesn’t) and a lively rejoinder by John Edgette in defense of solution-focused therapy. There are three interesting, research-based chapters on Ericksonian hypnosis, the unresponsive hypnotic subject, and the use of alert hypnosis. We close this volume with a provocative chapter advocating the use of hypnosis within the legal process. John and I hope you will be interested in what such authors as Harry Aponte, Insoo Kim Berg, Barry Duncan, Scott Miller, Mark Hubble, Steven Jay Lynn, Irving Kirsch, and Alan Scheflin, among others, have to say on important topics in brief therapy.

**Ad Rates Increase for Newsletter**

For the first time since 1988, advertising rates for *The Milton H. Erickson Foundation Newsletter* will increase.

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Final Thoughts on Post-modernism

Editor's note: A very interesting discussion has been taking place between Bill Matthews (Vol. 17, 2; p. 12) and Rich Leva (Vol. 17, 3; p.10). This article represents their final thoughts on this challenging topic.

Comments by William J. Matthews, Ph.D.

Leva’s view that, in essence, what I am describing is structuralism or rather post-structuralism is, for me, not a significant distinction. Constructivism, radical constructivism, literary criticism, and deconstructivism are variations on what can be legitimately called post-modernist thinking. This view has in common, among other ideological issues, a non-belief in reality and in meta narrative as explanation (e.g., science). In this view all knowledge is socially constructed, bears no direct relationship to nature, has no authority (other than in its local community), and has no generalizability.

That knowledge is socially constructed (i.e., by language) or that science occurs in a social context is true. No scientist would deny this point. However, post-modernist thinkers claim that since nature has no direct input on the person, science is purely a social construction and as such could be constructed in a different way. This view is nonsense. There is not one piece of evidence to support this claim (e.g., a different yet accurate explanation of gravity). If one denies ontic reality, then one is non-sensical and is stuck with an incoherent epistemology (i.e., there can be no process of verification). I agree that we as humans may have differing epistemologies. However, embedded in our use of language is the assumption of reality. Without this assumption we could not communicate with each other.

Concerning psychotherapy, I would agree with Leva that these notions can have profound implications. I believe that the term “deconstruct” is a more complicated way of stating that the therapist interprets what the client says. The idea that the client places limits on himself, by his cognitive constructions of the world, has been noted by folks from Immanuel Kant to George Kelly, and Albert Ellis, to name a few. Therapeutic interventions that challenge and change a limited world view do not require a denial of reality, quite the opposite. Essentially all therapies either implicitly or explicitly challenge what in the therapist’s opinion is an inaccurate view of reality. In the extreme, with regard to psychoanalysis, for example, the client is required to accept the analyst’s absolute view of reality, or risk being judged even more pathological. Not to consider reality in therapy can be quite problematic as proven by the history of so called recovered memory therapy. In this example, the client’s social constructions, if inaccurate (or accurate), can have profound implications for the client, the family, and the therapist. Accuracy (i.e., truth) of the claim is quite important and cannot be purely a function of the client’s social construction.

That we use language to observe the natural world is a given. These observations are testable hypotheses that are subject to revision for a greater approximation of truth. As you appreciate, this is the method of science and of effective therapy, that has had and continues to have an evolutionary value in human interactions.

Comments by Richard A. Leva, Ph.D.

As a psychologist, I agree that modern science is our best way of attaining knowledge, and I commend Matthews for defending his position especially against radical views that seem politically motivated.

I was drawn to the discussion of Post-modernism because I am writing a text that adapts semiology (the study of signs) to psychotherapy. As you know, semiology’s breadth of study is enormous and its development is inseparable from structuralism.

As a counselor educator and a therapist, I have always been fascinated by the power of language in psychotherapy. Because of this interest I was drawn to the structuralist view that language is the fundamental structuring principle in humans. Semiology gives us the techniques, in my view, to analyze and break down how clients are constructing their world through language. This is why I prefer to use the word “deconstruct” and rather than complicate it, I believe, this puts a new slant on what therapists can do.

I hope this reply gives some clarification to my earlier response.

---

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Francine Shapiro, Ph.D., the originator of EMDR and author of two books, Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols and Procedures and EMDR: The Breakthrough Therapy for Overcoming Anxiety, Stress, and Trauma, is the recipient of the 1994 California Psychological Association Distinguished Scientific Achievement in Psychology Award.
Natural Healing Activities; Ericksonian Approaches for Working with Children and Families of Disaster

by Joyce C. Mills, Ph.D.
Kauai, Hawaii

Hurricane Iniki struck the small Hawaiian island of Kauai September 11, 1992, with ferocious winds of up to 227 miles per hour. The island was left devastated. My husband and I had just moved to Kauai; we immediately went to the shelters to help in whatever way we could.

Many of the survivors were being retraumatized by direct questioning techniques associated with various PTSD treatment modalities. This caused them to withdraw even more.

I already had discovered that many agencies on the island were locked into traditional and limiting methods of providing therapy for their clientele. I believed that a different approach would be more effective with this culturally diverse population. The trauma and pain caused by the hurricane provided an opportunity to develop a program which was more connected with the cultural overlay of the population.

The program I ultimately developed was called the Kauai Wentside O'hana (Family Activities) Project. It provided counseling and community services, both healing and preventative, to youth and families living on the remote west side of the island.

The model, which I call "Post Traumatic Stress Healing" is focused on healing and prevention and employs three programs: Natural Healing Activities; Parent Talk-Story Groups and the Talk-Story (counseling) Center. All these were built in a safe, respectful atmosphere and included community involvement, education and a vision of empowerment that extended beyond the trauma of the hurricane and included support for families with other and pre-existing traumas or problems.

The part of this project that I want to describe in detail is "Natural Healing Activities" which are based on principles of Ericksonian Hypnotherapy, and the therapeutic and culturally respectful use of Storytelling, Artistic, and Living/Ritual Metaphors (Mills & Crowley, 1986; Mills & Crowley, 1989; Mills, 1989; Mills, 1992).

One such activity, which we used primarily with children, was what I call "Dreaming Pots" (Mills, 1989; Mills, 1996). Each participant was supplied with a small clay pot. They were asked to hold the pot in their hands, close their eyes, and take a few "magic happy breaths," then let the symbols of their good dreams come into their minds. When their images were clear, they were asked to open their eyes and decorate their pots with depictions of those images. Many of the children had experienced nightmares after the hurricane. By making their Dreaming Pots, and putting the pots by their beds, the children could be reminded of their good dreams. They were told the holes in the bottom of the pot would let all the bad dreams pass through, and the pots would continue to hold their good dreams. To date, more than 500 families have Dreaming Pots in their homes.

Another activity was "Earth Crafts." Here we gathered hurricane debris and turned it into art. For example, baskets were woven from fallen vines, branches, centerpieces and wood sculptures were created from broken branches. Thereby transforming reminders of pain into items of empowerment. No direct suggestions were ever given. All suggestions for healing were interspersed within the activity itself.

An old Hawaiian story says that every child is born with a perfect bowl of light (Lee & Willis, 1988). The bowl of light enables the child to swim with the fishes, ride on the backs of sharks and fly with the birds. The hurts, pains and negative feelings that are in the child’s life become like stones, placed in the bowl, displacing the light. In the story, the child needs to learn to empty the stones out of the bowl because the light is always there. With fast-drying clay, children can make their own bowls of light and take the bowl home, feeling empowered to become links in the chain of oral tradition. I also use this activity with "at risk" adolescents and in some of the training I do.

The program continued for two years. The belief in the process of natural healing continues in the subsequent community-based programs that have been developed on Kauai.

Ericksonian principles of utilizing realities within a person’s life and accessing individual resources within the conscious and unconscious gave this program an individuality and vitality which was not included in more traditional modalities of dealing with trauma. Working within this framework added to the professionals' knowledge and helped each participant achieve personal empowerment.

My hope is to awaken the need in our nation to expand the view of therapeutic interventions to one that embraces a model of natural healing.

References:

VIDEOTAPE REVIEW

Starting the Process of Decontamination at the First Session

by Muriel James, Ed.D.
Videotape J241-D17-V17, $59.00
Available through the Milton H. Erickson Foundation, Inc.

This videotape presents a therapy technique sometimes associated with Transactional Analysis and redeckin therapy but is used in many other approaches to therapy. The process of decontamination is often overlooked and yet it is essential to a thorough evaluation of the client in the beginning of therapeutic work. At the 1996 Brief Therapy Conference in San Francisco, Muriel James, Ed.D., demonstrates her techniques using subjects from the audience. It is not until the end of the tape that she explains her methods and views. In interactions with members of the audience she provides a good explanation of the value of the method and its general applications. Some teachers might want to talk with their classes about decontamination before showing the tape. Another choice would be to present James’ lecture from the end of the tape prior to showing it to a class. Both individual and group therapists would benefit greatly from repeated viewing of this video. There is such richness of material and a directness of intervention that the style and technique are well worth study.

The material presented is at an advanced level. James assumes a sophistication in her audience that some may not possess. There is a limited amount of information available in the Transactional Analysis literature on decontamination, and few, if any other places, where this approach to initiating therapy is demonstrated. Her work is reminiscent of audiotapes of Milton Erickson in which he would carefully develop the meaning of the client’s words and use it as a vehicle for intervention.

This invaluable tape shows a remarkable way of making contact with clients, collecting important information and beginning the process of therapeutic intervention. The approach is not invasive on the surface and yet invites clients to deeply introspect in a way that is not threatening. As a trainer of therapists I will use this video for teaching the beginning processes of therapy, making contact that is friendly and at the same time inviting clients to think about themselves and what they are saying and doing.

The quality of the tape is clearly professional although there are moments in the tape when the sound quality is limiting. Given the relatively informal nature of James’ work, the sound is adequate for understanding the content and the process of the clients. Those moments of poor sound are so few that it should not discourage anyone from using this material.

Reviewed by:
John Gladfelter, Ph.D.
Dallas, Texas
BOOK REVIEW

Psychotherapeutic Metaphors: A Guide to Theory and Practice
by Philip Barker
New York: Brunner/Mazel, Inc., 1996
161 pages, $21.95

"Roads less traveled," "Venus and Mars:" If you want to communicate effectively you might do well to use metaphor. Philip Barker argues in Psychotherapeutic Metaphors that a therapist's timely, careful use of metaphor can help clients access problem solving resources within themselves.

Barker's text contains a list of source material but is not meant to be a mere compendium of useful metaphors. Instead, the author gives a few examples from each of eight categories to indicate the flexibility of this therapeutic method. One can use major stories (complex fairy tales), anecdotes, and similes that have a literary flavor, or one can tailor a metaphorical narrative to be analogous to a client or family situation. Rituals and tasks such as burning an old diary can be suggested, and children can be guided to see their experience as similar to that of a favorite cartoon character.

Whatever the choice, a good metaphor works because it allows people to see their situation mirrored in an existing narrative and use their intuitive, right-brained selves to re-create a version of that narrative in their lives. This process of "reframing" is, according to the author, the heart of psychotherapy. In living out a metaphor people outflank the logical, step-by-step part of themselves and draw from a deeper source of truth.

Barker emphasizes that the practitioner who would employ metaphors with clients should do so carefully. Therapy goals should be established and rapport developed. The therapist should have an adequate grasp of the client's history before deciding on a particular metaphor and should create a framework in which it is acceptable to use such a non-directive approach. (There is a brief summary of Neurolinguistic Programming tools that allow the therapist to identify a client's preferred style of communication.) Finally, the therapist should evaluate nonverbal feedback during actual delivery and modify his approach as necessary.

Barker's concept of metaphorical reframing is broad. The book contains direct examples that range from fax machines to the Berlin Wall. It also contains indirect examples such as the paradoxical directive in which a client is told that a useful course of action is impossible because the client would be too upset by the change, thereby mobilizing the client to change. This approach is clearly on the art versus science side of psychotherapy but it is one that therapists should consider. Barker's book is a fine introduction to the subject of metaphor.

Reviewed by: Helen U. Meyer, L.P.C.
Dallas, Texas

TOPIC REVIEW AUDIOTAPE

Redecision Therapy in Transactional Analysis
by Mary Goulding, M.S.W.
Audiotape J241-W-10AB, $21.00
Available through the Milton H.
Erickson Foundation, Inc.

Mary Goulding is a faculty member familiar to most therapists who have attended Ericksonian conferences over the years. In this tape she presents a workshop on the method that she and Bob Goulding pioneered in the 1960s, and for which they are well known.

Goulding begins this workshop, at the 1996 Brief Therapy Conference in San Francisco, with an introduction to the history and the methods that characterize this treatment approach. As is typical of much of her work, her lecture is conversational and is long enough to introduce the audience to her style of working. She gives some brief instructions about how individuals in the audience may work with her and then invites them to work on whatever issues about themselves that they might want to change. She spends time describing the contract and then demonstrates her approach with three of the participants. Her basic style is one-to-one in the group, and she focuses on smoking and relationship issues.

Goulding readily brings issues from the past into the present and at the same time, follows clients in their work and is guided by their choices and their feelings. In each piece of work she maintains excellent boundaries and limits the amount of time she works with each person.

On this tape and others, Goulding discusses the work she has done with individuals and the theory that underlies her strategy. Anyone finding this audiotape useful would benefit from the videotapes of Mary Goulding currently available from the Erickson Foundation.

This particular tape is valuable because it presents a direct, short-term treatment modality in a concise fashion that enables the therapist looking for an easy-to-learn method to pick up the skills and style of this approach. It is a pleasure to listen to Goulding's work as she keeps the tempo and the interest of the clients and the audience at a high level. There are moments of humor that emphasize the effectiveness of the work with each of the clients.

The tape was professionally recorded. Throughout the tape the voices are clear and audible, even when their voices become soft.

Reviewed by: John Gladfelter, Ph.D.
Dallas, Texas

Mixing Fantasy with Reality: The Use of Childhood Memories in Brief Psychotherapy
by Mary Goulding, M.S.W.
The Brief Therapy Conference in San Francisco, December 11-15, 1997
Audiotape J241-W55AB, $21.00
Available through the Milton H.
Erickson Foundation, Inc.

Mary Goulding presents some of the most cogent and practical ideas about the controversy around repressed memories. She has written about this issue in the revised edition of Changing Lives Through Redecision Therapy. On this tape she presents her latest ideas and demonstrates her thinking through work with volunteers from the audience. All the methods she uses are short-term and based in Redecision Therapy.

Using techniques rooted in Gestalt and Satir's thinking, Goulding invites the first client to reenact the scene that reflects a difficult early memory. Using another technique derived from Redecision Therapy, Goulding enables the second client to experience a child ego state and develop a self-parenting position. The work is brief and enables this client to feel comfortable with herself and with the audience. A third client works on an early painful experience using a family sculpting method. A fourth client talks about another childhood experience of being shamed and spanked. Goulding enables the client to feel comfortable about the experience through reexperiencing the early scene and discovering the feelings and thinking that were a part of the past.

Goulding's discussion of the dynamics of the negative childhood experience and the resolution of the feelings takes place during her work with the four clients and in a subsequent question and answer session. This type of therapeutic work departs from the traditional psychodynamic approach and represents ways in which immediate relief is possible from traumatic memories. Her work represents the best of short-term therapeutic work, and although different in many ways, it is reminiscent of Milton Erickson's pragmatism.

The audio quality is good although there are brief moments during which questions from the audience are difficult to hear. There also are inaudible segments when clients are putting on and taking off microphones.

These tapes offer an opportunity for therapists to discover alternate ways of working with early memories that were painful and use short-term approaches to the difficulties which clients may have.

Reviewed by: John Gladfelter, Ph.D.
Dallas, Texas
VIDEO TAPE REVIEW

Transforming Anxiety
by Carol Lankton, M.A.

Transforming Anxiety is a 60-minute video in which Carol Lankton, M.A., demonstrates the use of hypnosis for relief of anxiety experienced by a subject in a specific situation. The subject is a volunteer who has never experienced hypnosis before and is admittedly somewhat fearful of this new encounter. The program takes place on a stage, before an audience at the sixth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy in Los Angeles, December 1994.

Because Lankton and the subject met only shortly before taping, the program begins with an explanation of the subject's anxiety. She is seeking assistance because she experiences anxiety when her husband is out of town, and she is alone in her home with her little girl. She cannot pinpoint a specific reason for her strife, nor can she remember its beginning. Before taking the subject into the trance, Lankton makes sure this anxiety is not serving a positive function and suggests that the subject continue to maintain safety precautions such as locking the doors when she is alone. Lankton also asks the subject what feelings she would like to have in place of the anxiety. The subject answers, "safety," "adventure," "freedom," and "independence."

As the subject closes her eyes, Lankton speaks calmly and rhythmically of relaxing experiences such as floating in water and moving up and down in the water with each deep breath. She speaks of finding a path through an unexplored field and uses her personal mountain climbing experiences to evoke powerful, yet calming sensations. Lankton weaves the words, "safety," "adventure," "freedom," and "independence" repeatedly throughout the trance. She guides her subject on many journeys with beautiful imagery such as walking through a stairway resembling the horn of a unicorn, all the time reinforcing these adventures with words of security. The subject is instructed to memorize these positive feelings and how to recall them with the proper associative link. After the subject is told to come out of her trance, she receives only a very brief time to express her opinion of the experience. Personally, I wanted to hear more from her about her journey, how she felt, and how useful she thinks this process will be.

There are no technical problems with the tape. The audience is not heard or seen once the program begins. Lankton takes the viewer through an entire hypnosis session. Lankton's voice is peaceful and her language is exquisite.

Reviewed by:
Susan Wisneski, M.A.
Dallas, Texas

CYBER NEWS

Web Site Update

If you have not visited the Foundation’s Web Site recently, then you may not know about all of the information that is now available. The Web Site was created by Stephen Lankton and continues to grow with his assistance. The address is http://www.eckerson-foundation.org. Some of the most recent updates include: (a) on-line access to selected feature articles and media reviews from the Newsletter (beginning with Vol. 17, No. 3), (b) brief audio clips from Dr. Erickson’s lectures, (c) a discussion forum hosted by Behavior Net, (d) a bibliography containing over 70 books either by or about Milton H. Erickson, (e) a list of those who have received the Milton H. Erickson Lifetime Achievement Award, and (f) a global map containing more than 60 institutes (to see information on a particular institute just point and click). If you have any comments or suggestions about the development of the Foundation’s Web Site, we welcome your input.

Web Review

There are an increasing number of valuable resources available on the World Wide Web. The amount of information is almost overwhelming, therefore a new type of media review will be added to the Newsletter (i.e., the Web Review). I am now collecting brief reviews (200-300 words) for publication in the Newsletter. I also am compiling a list of Web Sites that are informative, stable (i.e., regularly accessible), primarily free (with a minimum of advertising), and likely to appeal to professionals in the field of medicine or mental health. If you know of a Web Site that should be included in the Newsletter’s Web Review, please send me the address along with a description of what the Web Site contains and the reason why it might be useful. If you would like to review a Web Site from our list, then contact me and I will send you some sites to examine.

Editor:
Dan Short, M.S.
newsletter@eckerson-foundation.org

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For more information regarding membership, certification and workshops sponsored by The American Society of Clinical Hypnosis (ASCH), please contact their Web Site, www.asch.net; email: 70632.1063@compuserve.com.

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Behavior Online (http://www.behavior.net/), with discussions by Jeffrey K. Zeig, Ph.D., Director of The Milton H. Erickson Foundation, Inc., and Stephen Lankton, M.S.W., D.A.H.B., founding editor of The Erickson Monographs, continues its ongoing discussions of Ericksonian Therapy. This online program is free and open to all mental health professionals and graduate students. Since its beginning in September, more than 900 professionals have visited the forum each month.

* * *

The Milton H. Erickson Clinic of Mora, Sweden, has a new Web Site. Please visit: www.algonet.se/mheclin.

INTerview continued

Aunts were nurses). As a young child, I may have thought, "If I can't be a nurse, I'll be a doctor." While I was six years old, my younger sister became very ill with asthma. The local physician came to our home and told my parents that my sister would not survive the night. I still remember that helpless feeling. My mother stayed up all night and by morning my sister was a little better. She survived, graduated Phi Beta Kappa, and became a successful artist. I believe that her illness motivated my interest in pediatrics. The third factor was that I learned later my father's dream was to become a physician. I recall him devouring any type of medical book that he could get his hands on when I was a child. Unfortunately, his father died when my dad was only 11. At age 12 he harvested all the crops by himself to support his mother and siblings.

In spite of these antecedents I did not start college as a pre-med student. I was convinced that women did not become physicians, and I did not have financial resources to permit me to attend medical school. My family lived in poverty during most of my childhood. During my second year, a wise male advisor said, "You're taking all the pre-med courses. I think you should apply to medical school. I'm going to send you to speak with an Assistant Dean at the Minnesota Medical School." Years later I had the joys of inviting that advisor to speak at a hospital staff meeting and of being the pediatrician for seven nieces and nephews of that Assistant Dean who subsequently became Dean.

DS: Can you think of any important childhood or adult experiences that helped define your priorities as a pediatrician/hypnotherapist?
KO: I believe I have partially answered this. My mother believed that one could control physical symptoms by dint of will. An early memory I have is of watching my father sewing up a laceration on his hand with ordinary needle and thread (which he had boiled first). I think I was primed for hypnosis. In 1968 I met an American family physician in Laos who said, "I'd like to give you a gift — the gift of learning hypnosis." At first I refused, believing that hypnosis was not scientific or serious. However, Dr. Majewski said that all physicians used principles related to hypnosis whether or not they knew it and that it was better to know more about suggestions and how they are used. I respected him and decided to learn self-hypnosis for control of my conditioned response to stress (i.e., epigastric distress). I followed his instructions, practiced daily for two months and discovered that I no longer had epigastric distress in association with stress. It has never recurred. I was so impressed that I began taking hypnosis workshops.

DS: Did you grow up on a farm?
KO: This is an intriguing question. I did grow up on a farm and share a special bond with the many medical colleagues I have met who have

continued on page 24
BOOK REVIEW

Telling Lies: Clues to Deceit in the Marketplace, Politics and Marriages

by Paul Ekman, Ph.D.
W. W. Norton, 1992
366 pages, $13.95

As part of his keynote address for the 1996 Brief Therapy Conference, “Behavioral Cues to Deceit” (see “Speaking of Research,” Vol. 17, No. 1), Ekman presented ten short videotapes and asked the audience to guess if the person shown was lying. I scored in the “pure base rate” (i.e., 0%) as do most psychotherapists, and decided I needed to read Telling Lies: Clues to Deceit in the Marketplace, Politics and Marriage.

Ekman incorporates his research into discussions of well-known events from Neville Chamberlain’s meeting with Hitler to Nixon and Watergate, to Anita Hill’s Senate appearance. In this way, the book provides an interesting, relevant and easily understood framework for his premises. Vocabulary is defined with common examples: bluffing in a poker game contains duping and alertness; and deception the recognition of a witness to the image in a poker case. Methodologies used in his research are clearly explained; Ekman has been careful to be as scientifically sound as dealing with people allowing a researcher to be.

More of detecting deceit are discussed. Although he is clear that there are no clear signals of lying, he discusses “leakage,” cues that indicate untruthfulness in certain circumstances. He studied facial expressions, learning which muscles cannot be moved voluntarily by most people. For example, most people cannot pull down the corners of their lips without also moving muscles in their chins. However, those lips muscles do move alone when people feel sadness. Ekman calls these “reliable muscles” because they are not available for use in false expressions, and has the reverse hypothesis that it is difficult to inhibit movement when the emotion is genuine. While most people can control expressions of the time of a genuine emotion will be recognized by them across their face without knowledge of control. With practice, these expressions can be recognized; he illustrates with pictures made by a professional actor. However, there are many individual differences that prevent the observer from being sure of any conclusions.

Dangers of drawing conclusions about untruthfulness of communications are discussed at length. Interpretation is less than exact and two types of mistakes are easily made, disbeliefing the truth and believing a lie.

Working in a multitude of settings Ekman has found law enforcement to be far more open and flexible than academics in learning about and applying his research. Ekman also writes about the flaws inherent in the use of polygraphs in a lucid and convincing way.

The extensive appendix chart summarizes his research. There are extensive references and a comprehensive index. Not only did I enjoy this book, I learned — maybe even enough to raise my score above “pure chance.”

Like a well-done Discovery Channel special in book form, Telling Lies combines fascinating and entertaining material with scientifically based information.

Reviewed by:
Betty Alice Erickson, M.S.
Dallas, Texas

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BOOK REVIEW


by Stephen Gilligan, Ph.D.
W. W. Norton, 1997
160 pages, $29.00

Stephen Gilligan, Ph.D., says Milton Erickson’s most important legacy is the courage to love. Gilligan is a conduit of that legacy and enhances it with his newly developed self-relations psychotherapy, which is thoroughly and beautifully outlined in The Courage to Love. While reading I felt as if Gilligan had peered into my heart and mind and saw what I needed to know. He addressed my psychological, spiritual, and professional journey. His prose is so aesthetically satisfying that when finished reading I had the sensation of one needs after a fine meal with good friends. At that moment life felt complete.

In the introduction Gilligan states that his approach is a rigorous poetic practice rather than a literal scientific truth. He describes his poetic approach as an attempt to reconnect language with felt experience and to liberate meaning from fixed assumptions. His interest is in examining practices that cultivate a relational self, “one that holds differences and creates harmony.” The relational self is the simultaneous experience of the cognitive and somatic self without totally identifying with either. The relational self is the field that holds and the spirit that connects.

Gilligan uses the image of a river running through life to connect six basic premises of self-relations therapy: 1) an indestructible “tender soft spot” exists at the core of each person; 2) life moves through you, except when it doesn’t; 3) life is great, but sometimes it hurts like hell; 4) there are two of you — relationship is the basic unit; 5) intelligence greater than you exist in the world; your path is yours alone — you are an incurable diviant. “As the river of life courses through each of us, bringing every experience known to humankind, we sense that life is out to get us, helping us to become more and more of a human being.”

The skill and courage to love is expressed in the idea of “sponsorship,” that is, using awareness of touch, and be with, unnamed, unclaimed experiences in the self and others, transforming them and bringing human value to them. Gilligan correctly maintains that whatever s unchanged in human experience is not being sponsored. Life is trying to flow through, but we check out, dissociate.

The wounds from trauma in the past get reactivated when healing begins, the soul awakens, and life tries to flow through us again. Thus alien voices (negative sponsors) attack us just when healing begins. Thirteen skills of therapeutic sponsorship are presented. Central to all of self-relations work is the skill of centering. One chapter is devoted to exploring methods of connecting with one’s center.

Tonglen, a Tibetan technique for transforming negative emotional experiences is a skillful way to distinguish and alleviate symptoms of whinniness, sentimentality and self-pity. Another chapter explains the relationship between the self and its archetypes and provides ideas for using archetypes in therapy.

For those who have attended Gilligan’s workshops or supervision, The Courage to Love is an excellent review of Gilligan’s work for the past few years including his Irish wit. The only thing not captured is the actual experience of watching him work with a client. To experience Gilligan live, I recommend his tapes, “Sponsorship of the Soul,” from the Brief Therapy Conference in San Francisco, 1996. For those who do not know Gilligan’s work, this book is an empowering introduction.

Reviewed by:
Sandra J. Lydick, M.Div.
Fort Worth, Texas

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ARCHIVES DONATIONS

The Milton H. Erickson Foundation would like to thank the following people who have made generous contributions to the 1997 Archives fund raiser since the last issue of The Milton H. Erickson Foundation Newsletter:


The Foundation is engaged in a massive project of making new masters of tapes in the Archives to preserve them into the new millenia. For those interested in participating in The Archives Fund Raiser, the Erickson Foundation has many bricks from the former home still available. With a donation of $25 U.S., you will receive a commemorative brick; with a donation of $100 U.S., you will receive a limited edition commemorative brick (numbered and signed by Mrs. Elizabeth Erickson); and with a donation of $250 U.S., you will be sent a limited edition commemorative brick and a pencil sketch of Dr. Erickson’s, “hame of hypnosis,” 32 W. Cypress St. in Phoenix. In the United States, please add $7 U.S. for postage and handling charges. All foreign requests, please add $20 U.S. postage and handling charges. We thank you for your help in preserving the significant works of Milton H. Erickson, M.D.

If you would like more information on donating to the archives fund, please contact The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016-6500; tel: 602/956-6196 ext. 210; fax, 602/956-0519. The Milton H. Erickson Foundation, Inc., is a nonprofit corporation, and donations may be tax deductible within IRS guidelines.
What Predicts Divorce
by John Gottman, Ph.D.
Audiotapes J157-7AB, $21.00
Available through the Milton H. Erickson Foundation, Inc.

“What Predicts Divorce and Why Marriages Succeed or Fail” was the keynote address at the Milton H. Erickson Foundation’s conference entitled “Integrating Sexuality and Intimacy in the ’90s” held in Dallas, Texas, May 1996. Gottman, who has degrees in mathematics and physics as well as psychology, applied rigorous experimental techniques in a nine year study designed to provide an empirical foundation for understanding what makes marriages work and what factors underlie divorce.

Gottman’s research has identified both the basic skills associated with satisfying marriages and the skill deficits that typically accompany unhappy unions. One of his major findings is that happy couples know how to resolve their disagreements while unhappy couples do not. All couples, happy and unhappy, have conflict, but the ratio of positive to negative interactions during arguments is a critical factor. A rich climate of positivity, which Gottman calls “positive sentiment override,” exists in a stable marriage; whereas in an unstable relationship it is lacking. Satisfied couples know how to negotiate a resolution while dissatisfied couples do not.

Listening to Gottman we learn that both happy and unhappy couples argue, but unhappy couples are far more likely to engage in a wide range of destructive fighting techniques, including personal attack, dredging up the past, losing focus and name calling. Well-adjusted couples speak clearly and openly with each other and listen empathically; while distressed couples generally resort to what Gottman calls the “four horsemen of the apocalypse,” ineffective behaviors which are highly predictive of divorce. The four predictors are criticism, defensiveness, withdrawal and contempt. Satisfied couples are friends and, therefore, employ more positive than negative exchanges. They also have better problem solving skills. Dissatisfied couples, on the other hand, are likely to engage in negatively escalating conflicts and become stuck in repetitively destructive patterns.

The term “four horsemen” is also used to describe a downward spiraling sequence with criticism more likely for women and withdrawal more likely for men. The male partner’s ability to deal with conflict is a great predictor of the outcome of a marriage. Generally, men are less competent in relationship skills than women. The degree to which they are inadequate at handling conflict indicates the likelihood of deterioration within the relationship. Gottman observed that gender differences are most prominent in bad marriages, especially in situations where men refuse to be influenced by women. In stable marriages, wives soften their criticism and husbands accept influence from their spouses. Male withdrawal is not causal but is an epiphenomenon of distressed marriages. The typical pattern is that the wife pursues and the husband withdraws; in an ail marriage this pattern is most pronounced. Gottman questions John Gray’s suppositions of great gender differences between men and women because he found only a few. He argues that women are more likely to criticize. Men are typically less effective when expressing themselves and therefore more likely to withdraw. Unfortunately, the withdrawal has a negative effect.

Core Concepts in Feminist Therapy
by Laura S. Brown, Ph.D.
Brief Therapy Conference San Francisco, 1996
Tapes J241-W33A&B
Available from the Milton H. Erickson Foundation, 3606 N. 26th St., Phoenix, AZ 85016-6500

I was not familiar with Dr. Brown or her work when I volunteered to review an audiotape for this newsletter. Betty Alice Erickson was presenting her own workshop at the Erickson Seminar in Phoenix (Dec. 1997), when she “solicited” participants to review tapes. I waited until the end of the session because sometimes I volunteer for work projects too quickly.

But I wanted to review this tape because I thought, as a Jewish lesbian woman therapist, although I was already quite aware of feminist therapy, patriarchy and activism, I thought it might be a challenge to my biases.

My first impression of Brown was her enthusiasm and energy for the subject of feminist therapy. Her style was fast-paced and open. She was concerned with the audience’s comfort with her speaking style, and she was sensitive to their feedback.

True to the title of the presentation, Brown presented the audience with an outline of key concepts of feminist therapy. She offered a definition of feminist therapy; what it is and is not, and also a history of its evolution. Brown stated that feminist therapy was not women therapists treating women clients. Different from other therapies, it is an “explicit theoretical framework looking at power, gender, oppression, etc.”

Brown emphasized empowerment of the client throughout her presentation. She said, “People can’t change if the relationship (therapy) models disempowerment.” Feminist therapy was described as “what we do as therapists, but how we think about what we do.”

A videotape session with a fictitious client (an actress) was presented to illuminate the approach. Brown stopped the video to indicate to the audience how she was thinking as the therapist. The video was a good example of how to help clients connect with their power. She described therapy as helping clients become the “authors of their narrative.”

Brown also invited the participants to look inward and see how oppression was internalized and how the “cooperation” with that oppression was harmful to themselves and to their clients. She encouraged therapists to give clients power in therapy by demystifying the therapy situation with thorough, informed consent. Knowledge is power, and this feminist approach supports the clients’ right to both.

In conclusion, male and female colleagues could benefit from this presentation, and learn something new about themselves as therapists, I did. I learned that feminist therapy is a way of thinking about the therapy relationship and how to treat clients of both genders, across all social, political and interpersonal lines.

Reviewed by: Mimi Jalensak, MSW
New Orleans, LA

Gottman sums up his views by quoting Tolstoy’s adage, “All happy families are alike, but unhappy marriages are unhappy in their own way.” His research indicates that all happy families are alike in that they know how to settle their disputes without leaving scars. Happy couples display a foundation of affection and friendship. They also display “validation sequences” even though they may argue vigorously for their own positions.

This tape is interesting, fun listening, and informative for professionals working with heterosexual couples. The value of this tape is enhanced by Gottman’s four-tape presentation, “Implications of Divorce Prediction Research for Marital Therapy” (J157-23B), from the same conference. Most clinicians will be left wanting to know more about how to teach “positive sentiment override,” friendship and self-awareness. It is hard to help couples change ingrained behavior. Gottman’s conclusion suggests that we need to alter the goal of therapy from changing the marriage to simply teaching the skills needed to make a couple’s next conversation a little better.

Reviewed by: Francine J. Daner, Ph.D.
Richardson, Texas
Interview continued

milked cows regularly over long periods of time. Seven years ago I fulfilled a lifelong dream, and my husband and I bought a retirement farm in southern Minnesota. I have always believed that there are many advantages to growing up on a farm. These benefits include learning responsibility (I milked cows morning and night for seven years with only one week off in the sixth year), recognizing that most other work is not nearly as hard as farm work (therefore, one cannot feel sorry for one's self), an appreciation of nature, and, most important, recognizing that unexpected events occur (e.g., floods, storms, tornadoes) and one cannot count on material things. My favorite therapy for myself is to cut thistle. It is reasonably mindless work (if one avoids the thorns), results are immediately evident, and the process leads itself to contemplation.

DS: What is your secret for working with a really difficult child (or parent)?
KO: I don't know that I have any secrets. I think I'm a good listener. For years I used to have a list of parents who I know are especially anxious and call them in anticipatory fashion. I think this reduces their concerns and fears that no one is really listening. I think this is something that few therapists do. Furthermore, I don't give up in helping families seek solutions to problems. For example, I have followed one child (now an adult) for 13 years. We are still seeking more understanding of her medical problems.

DS: How do you feel about the recent push for psychologist to prescribe medication?
KO: I haven't thought a lot about this. I am a physician but I don't prescribe much medication. If psychologists do want to prescribe, they should take courses in pharmacology and be certain they know about all the interactions, side effects, including effects on nutrition, of medications. This is something that is ignored too frequently when drugs are prescribed.

DS: You have done much research on hypnosis with children. What do you consider your most remarkable discovery?
KO: I think we were the first to document a prospective controlled study that average school children could use hypnosis techniques to change peripheral temperature, both up and down. The most surprising outcome of our research was that school children could use hypnosis techniques to increase salivary immunoglobulin A. [See Speaking of Research for more information on this topic.]

DS: What aspect of your work do you find most difficult or challenging?
KO: The most challenging is to persuade colleagues that use of cyber-physiologic (i.e., self-regulatory) strategies with children is "state of the art," practical, efficient, and certainly not weird.

The next most challenging is to get research funding, which is a constant problem. However, the positive aspect of this difficulty is that I have learned to do more with less.

DS: What are your thoughts on false memory? Do you think that therapists can unwittingly suggest false memories? Is it something we should be concerned about?
KO: I could write pages on this. I think that therapists can unwittingly suggest false memories. I have designed a protocol to document early childhood events as they occur and to track memories of them forward 10-15 years. The protocol includes randomizing children after 10 years to focus on memories with and without hypnosis. The problem is that I don't want to take on this study at this stage in my career, and I have not yet found someone who will. I don't have funding for it yet either.

DS: Do you have thoughts about putting one's life on the line, risking physical well being versus mental well being?
KO: I believe that we are privileged to be therapists. Risking physical well-being, and therefore mental well-being, is inherent in being a physician or nurse. I believe in going extra miles. After all, I have been a farmer and have rarely been asked to work harder in my profession than I did on the farm.

DS: Do you have any special plans for the future?
KO: Over the past 30 years I have worked frequently as a volunteer in refugee situations. I am concerned about the increasing number of complex humanitarian emergencies in the world and the lack of much concern for the special needs of children who are involved. I am focusing on this area with training volunteers, writing a manual for volunteers about the special needs of children, and speaking about the problem.

Five years ago my husband and I paid for a prototype of a "mind-body" machine for children. It has been serving children in the Cleveland Health Museum for the past three years. It uses a touch screen format and appealing animals to give school children a brief, enjoyable experience about how thinking affects the body. I would like to see units like this available to all school children in the U.S. as well as in other countries. I am promoting this through a videotape, writings, etc.

DS: This has been an extraordinary interview. I appreciate your willingness to share this information about your life and career.

Donations

The Milton H. Erickson Foundation, Inc., has received $1,785 in donations since the last issue of the Newsletter.

The Erickson Foundation would like to extend a special thank you to John Edgette, PSY.D. We would also like to thank the following colleagues for their generous donations: Terrina Beatty, L.P.C., Rebecca T. Bourne, M.S., Craig M. Coffin, M.F.C.C., Donna Helen Crisp, M.S.N., Barry J. Garneau, M.S.W., Edward S. Gelardin, M.D., Sandy Locke, Stuart C. Moore, L.C.W.S., Kathryn R. Rychel, M.S.W., Marje Takei, Ed.D., Dick Takei, M.S.W. and Rev. Sandra Williams Lydick, M.Div. We thank you for your continued support of the Erickson Foundation and its activities.

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