An Interview with Teresa Robles, Ph.D.

Director, Centro Ericksoniano de México
http://www.hipnosis.com.mx
by Marilia Baker, M.S.W.

Background: Teresa Robles Uribe, Ph.D., has a Masters Degree in Social Anthropology (1966), from the National University of Mexico where she later received her doctorate in Clinical Psychology (1983). Robles has the distinction of postgraduate studies and research at the Institut International de Recherche et de Formation en vue du Development Harmonise (IRFED) in Paris, France, 1968, and is Family Therapist and Clinical Supervisor of the ILEF, Instituto Latinoamericano para Estudios de la Familia, Mexico City (ILEF). Robles, along with Jorge Abia, M.D., established the first Milton H. Erickson Institute of Mexico (1989). She is a Founding Member of the Mexican Society of Hypnosis, until recently serving as President. She is also member of the Mexican Society for Family Therapy, the International Society of Hypnosis, the Cuban Society of Hypnosis, Editorial Board Member of several international journals, including those in Brazil, Germany and Turkey. Robles has several publications on Social Anthropology, Clinical Psychology and Hypnotherapy. Her books have been translated to English and Portuguese. A list of her books is at the end of this interview. Robles serves currently as the Founder and Director of Centro Ericksoniano de Mexico, which is dedicated to Ericksonian naturalistic approaches. Robles is fluent in English, French, Italian, Portuguese and Spanish, her native tongue.

Marilia Baker (MB): You have a reputation for having been a pioneer in many professional arenas. You also are known for enjoying challenges, as if you were somebody who goes against "the rules," always doing only what you want!

Teresa Robles Uribe (TR): It is not so. I am comfortable as part of the Ericksonian family, exactly because of its flexibility. I am not against "rules" because rules are part of life. My fight is against rigidity. That is why I feel much at home as an Ericksonian.

MB: So, where does that reputation come from?

TR: I am a person who likes to explore new ideas and open new pathways. For instance, when I started working with Ericksonian hypnosis in Mexico, many colleagues were shocked by my interest. They said I was diving into an esoteric, strange, not serious field.

Learn How to 'Treat' Love in San Francisco

The Milton H. Erickson Foundation will hold the fifth Love and Intimacy: The Couples Conference, Friday through Sunday, February 9-11, 2001, in San Francisco, Calif. The Conference will be held at the Cathedral Hill Hotel in downtown San Francisco. This is third Couples Conference held in San Francisco.

The Conference will feature the leaders in the field of couples therapy including: Frank Dattilio, Lisa Firestone, Judith Jordan, Patricia Love, Ruth McClendon, Leslie Kadis, Peggy Papp, Janis Abrams Spring, and Jeffrey Zeig. Ellyn Bader, Helen Fisher, and Harriet Lerner will give Keynote Presentations. A Special Address will be presented by John Gray, Saturday evening.

A four-hour Laws and Ethics Program will be included in the Conference and will run concurrently with the Couples Conference sessions on Saturday morning. The course covers the topics necessary for professional license renewal.

See INTERVIEW on page 21

See LOVE on page 2
Love continued from page 1

al. This special program will be presented by Alan Schefflin, JD, LLM, MA.

This course has been submitted to the MCEP Accrediting Agency for approval for 22.0 credit hours. The Conference also has been approved for 22.0 CE/CME hours. Please see the Conference brochure for more information and a complete listing of course approval.

The Conference schedule can be found on page 3, which includes a registration form. If you would like to receive a complete brochure please send your request to: The Milton H. Erickson Foundation, Inc., 3606 N. 24th Street, Phoenix, AZ 85016-6500; tel., 602/956.6196; E-mail, mhreg@aol.com. Please indicate that you are requesting a brochure for the Couples Conference.

ATTEND LOVE AND INTIMACY FREE!

The Erickson Foundation needs volunteers for the upcoming Couples Conference in San Francisco. Volunteers assist with registration, continuing education procedures, with faculty and staff, as well as monitoring meeting rooms. Full-time graduate students and interns are the first to be accepted as volunteers. Those accepted will have the Conference fee waived. However, volunteers are asked to remit a $75 deposit which will be refunded after successfully completing volunteer duties. Volunteer spaces are assigned on a first-come, first-serve basis.

To volunteer, please submit the following:

1. A letter requesting to be a volunteer.
2. A letter from your university stating that you are a full-time graduate student as of February 2001.
3. A completed registration form.
4. A $75 deposit (To be refunded after successful completion of volunteer duties.)

Send all above information to The Milton H. Erickson Foundation, Inc., ATTN: Ann Webb, volunteer coordinator, 3606 N. 24th Street, Phoenix, AZ 85016-6500. For more information contact, Ann, at the Foundation: tel., 602/956.6196, ext. 201; E-mail, mhreycvol@aol.com.

Past volunteers have indicated that volunteering is a rewarding opportunity for graduate students and interns. "It's a chance to attend a Conference, at no charge, and learn from the leaders in the field of couples therapy," said Ann Webb. She continues, "It enables volunteers to participate and develop their own skills as a therapist."

References:


The Milton H. Erickson Foundation

NEWSLETTER

Executive Editor: Betty Alice Erickson, M.S., LPC, LMFT
Editor-in-Chief: Dan Short, Ph.D.
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**LOVE AND INTIMACY: THE COUPLES CONFERENCE***

**FEBRUARY 9-11, 2001**

**THE CATHEDRAL HILL HOTEL, SAN FRANCISCO, CA**

*Conference includes a four-hour LAWS and ETHICS Workshop


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<table>
<thead>
<tr>
<th><strong>CONFERENCE SCHEDULE</strong></th>
<th><strong>FRIDAY, FEBRUARY 9, 2001</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00-8:15 AM</td>
<td>Registration</td>
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<tr>
<td>8:15-8:30 AM</td>
<td>Opening Remarks</td>
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<td>8:30-9:30 AM</td>
<td>Keynote Address - Elyn Bader, PhD <em>Tell Me No Lies: Truth Telling In Intimate Relationships</em></td>
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<td>9:45 AM-12:45 PM</td>
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<td>2:00-5:00 PM</td>
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<td>5:15-8:15 PM</td>
<td>Reception and Authors’ Hour</td>
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<th><strong>SATURDAY, FEBRUARY 10, 2001</strong></th>
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<th><strong>REGISTRATION FEES</strong></th>
<th><strong>U.S. Professionals</strong></th>
<th><em><em>Graduate Students</em>/Interns</em>/Seniors*/Foreign Professionals/Foreign Students**</th>
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*Graduate students/interns must provide a certified copy letter from their school/department indicating proof of student/intern status as of February 2001. *Seniors must provide proof of age (65 and older)

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El Centro Ericksoniano de México

by Sharon McLaughlin, M.A.
Lakeport, Ca.

In 1999, Teresa Robles, M.D., founded her second Erickson Institute, El Centro Ericksoniano de México, Patricio Sánz 1205, México, D.F. 03100. The institute is known as "un lugar de encuentro" (a place to meet). The Center is designed to be a place where staff work and grow as a team, conduct research on psychopathology – its origin and treatment, and combine different perspectives while creating new ideas and techniques. Housed within the Center are three programs: El Centro Ericksoniano de México, a training and research center where professionals can meet and develop ideas, Yo Soy Creciendo (I AM Growing) which is to become a psychiatric hospital, and Alom Editores the publishing house for the work generated by these programs.

In 1997 Dr. Robles and Jorge Abia, M.D., the directors of the Instituto Milton H. Erickson de la Ciudad de México, discussed separating and forming a second institute. In October of 1998, authorization was granted to establish the new Center.

Robles wanted to create a place where professionals could share many different ideas, and pursue a variety of different projects. She invited Iris Corzo M.A., Felipe Vasquez-Estudiniano M.D., Adriana Barroso, Dypl. Psych., Maria Escalante, D.D.S., and Rossi Nissan, M.A., to join her in and to serve as board members. Each brought a different professional perspective and individual interests. Collectively, they created a rich bank of resources from which the new Center could draw.

Corzo, President of the Board, is a psychologist with a Masters in Family therapy and coordinates training. Vasquez-Estudiniano coordinates research programs. Under his direction, the Center is currently establishing an Ericksonian scale for measuring hypnotic phenomena during trance. He and Robles worked cooperatively on a psychiatric model that served as the genesis for treatment of the patients in the Yo Soy Creciendo inpatient program.

Barroso also participates in the program for inpatients as well as management of the fee schedule so that clients who cannot afford regular fees can still be seen. Escalante is a dentist who made a shift to Ericksonian approaches following training in original Institute that Robles had founded. Escalante serves as a translator and liaison between the Center, the Erickson Foundation, and ISH.

All members of the original Board of Directors remain on staff, with the exception and Nissan who continues on the teaching faculty. Marisol Segovia, M.A., and Juan Pablo Alcantara, M.D., have joined the current Board. Also on staff is a storywriter, Agustin Monsreal, who has won several national and international prizes for literature. He has been collaborating with Robles for approximately 12 years, providing literary guidance. Monsreal provides workshops on Literary Creation for the Center, as well as producing the brochures and publications generated by the programs it houses. In addition, the Center has a well-developed staff of translators, teachers, therapists and administrative personnel.

Early in 2000, El Centro Ericksoniano de México became a constituent Society for the International Society of Hypnosis. El Centro Ericksoniano is in the process of becoming a Constituent Society of the National Council of Science and Technology (CONACyT). It is also seeking recognition by the Education Ministry (SEP) and the Health Ministry (SSA). Recognition by the Mexican authorities makes the Center training official, allowing them to offer a Masters Degree in Ericksonian Psychotherapy.

Individual development, within a team, and in the framework of Ericksonian psychotherapy is paramount to the philosophy of the Center. Robles established the Center to "share Milton H. Erickson's epistemology, but develop my own way of doing therapy." Since the end of 1998, the Center has been developing new ideas, incorporating frameworks from other sciences: modern physics, human ethology, social anthropology and history.

Robles explains, "To Milton H. Erickson, the unconscious mind was as a wise part because it contained all the learnings and resources that we need for solving any situation we may encounter in our lives. From the first session, we introduce the idea of breathing as the mechanism for inner change. We also put the therapy process in 'its' hands, personalizing this part of the person. We propose the existence of a wise self, that goes beyond our unconscious mind, that would rather be our essence, our identity, and, for this reason, we name this 'Wise Self: I AM.'"

Dedication to growth remains an integral part of the Center, both for its staff, and for its programs. Weekly meetings are held to solve conflicts and provide opportunities for team members to share their development. It is important to Robles that her team members and center grow together.

Celebrate the 100th Birthday of Milton H. Erickson, M.D.

The Milton H. Erickson Foundation will celebrate the centennial of the birth of Milton H. Erickson, at the Eighth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy, to be held December 5-9, 2001, at the Phoenix Hyatt Regency and Phoenix Civic Center Plaza, in Phoenix, Ariz. The Congress theme will be "Ericksonian Footprints: Past, Present and Future."

The faculty for this meeting include the foremost leaders in Ericksonian Hypnosis, Betty Alice Erickson, Stephen Gilligan, Carol Lankton, Stephen Lankton, Ernest Rossi, Michael Yapko, and Jeffrey Zeig.

Congress workshops will be presented with three levels of training: Fundamental, Intermediate and Advanced. Accepted Short Courses will be provided by the Milton H. Erickson Institutes, both national and international, as well as from other professionals worldwide. Please follow the instructions in the Call for Proposals on page 5 for those interested in submitting courses.

Evening activities at the Congress will include a celebration for the 100th birthday of Milton H. Erickson, M.D.

The brochure for this meeting has not yet been printed because the Congress is still in the planning stages. If you would like to receive a brochure for the Congress (available May 2001), contact The Milton H. Erickson Foundation, Inc., tel., 602/956.6196; fax, 602/956.0519; E-mail, mhew@aol.com. Information also will be available on our web site in upcoming months, visit: www.erickson-foundation.org/whatnew.htm.
CALL FOR PROPOSALS

for The 8th INTERNATIONAL CONGRESS on Ericksonian Approaches to Hypnosis and Psychotherapy and The MILTON H. ERICKSON CENTENNIAL
December 5-9, 2001 Phoenix, Arizona

PRESENTATION COVER SHEET

The Erickson Foundation is calling for proposals for the 2001 Congress. Those interested in presenting a Solicited Short Course on the topic of Ericksonian hypnosis and psychotherapy (or closely related area), may submit a 200-word presentation summary, a 50-75 word abstract, a minimum of two educational objectives, two true/false questions to be used for continuing education purposes and curriculum vitae of all presenters in your program. Five copies of each submission, except CVs, should be included in your packet. Send only two CVs for each presenter.

There will be 10-12 concurrent Solicited Short courses with 90 minutes allotted for each course on Thursday, December 6, 2001, from 8:45-10:15 AM, and 10:30 AM-12:00 N (maximum of 24). Short Courses in the afternoon from 2:45-4:15 PM, and 4:30-6:00 PM (maximum of 24), will be the "Institute Showcase Track," and are reserved for Board Members of the 90+ Erickson Institutes around the world.

Preference will be given to proposals that address the theme "Ericksonian Footprints: Past, Present and Future."

Note: Only ONE proposal per presenter will be accepted (not counting copresenters).

CHOOSE ONE: I am submitting a proposal for:
☐ Erickson's Footprints: Past, Present and Future (A.M.) ☐ Institute Showcase Track (P.M.)

1) Individual submitting proposal: (All correspondence will be sent to this address)

Name: __________________________ Degree __________________________
University where highest degree was earned __________________________ Major __________________________
Professional License # __________________________ State __________________________
Address __________________________
City/State/Zip/Country __________________________
Daytime Telephone __________________________ e-mail address __________________________

2) Names, Addresses and Degrees of copresenters (If any)

________________________________________________________

________________________________________________________

3) Title of Presentation:

________________________________________________________

4) Audiovisual equipment required: ☐ 35mm slide projector ☐ overhead projector ☐ VHS (NTSC only) & TV monitor

Note: No other AV equipment can be provided.

Enclosure Checklist: (SEND AN ORIGINAL AND FOUR COPIES) Attach this cover sheet to the original. The four copies should contain ONLY THE TITLE because the review process will be blind. DO NOT INCLUDE NAMES ON THE FOUR COPIES.

☐ 200 word presentation summary
☐ 50-75 word abstract (for publication in the program and syllabus)
☐ Educational Objectives (minimum of two objectives). In your objectives, indicate what participants will have learned at the end of the presentation. Be specific, e.g. 1) To list three principles of hypnotic induction; 2) To describe three techniques of deepening hypnotic trance.
☐ Two true/false questions to be used for continuing education purposes.
☐ Curriculum vitae of all presenters. (Two copies only)

If my proposal is accepted and placed on the program, I will be present at the Congress:

Signature __________________________ Date __________________________

DEADLINE:
Proposals must be postmarked by January 10, 2001. Acceptance or rejection will be sent by March 30, 2001.

Mail proposals to: The Milton H. Erickson Foundation, Inc.
Milton H. Erickson Centennial Committee
3606 N. 24th Street, Phoenix, AZ 85016-6500 USA

(Only a limited number of proposals can be accepted. Please submit early)
AUDIOTAPE AND VIDEOTAPE ORDER FORM

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Videotapes

(also available on audiotape)
☐ EP00-CDV1 Therapist Use of Self in Integrative and Ericksonian Therapy – Jeffrey K. Zeig, Ph.D.
☐ EP00-CDV2 Introducing A Client to Present Tense Self-Exploration – James T. Bugental, Ph.D.
☐ EP00-CDV4 Facilitating Brain Growth in Ericksonian Therapy Ernest Rosal, Ph.D.
☐ EP00-CDV6 Bioenergetics – Alexander Lowen, M.D.
☐ EP00-CDV8 Comparing Therapies Using a Simulated Client William Glasser, M.D.
☐ EP00-CDV7 Supervision – Miriam Polster, Ph.D.
☐ EP00-CDV9 Using Focusing in Therapy – Eugene Garfin, Ph.D.
☐ EP00-CDV10 Psychodrama – Zerke Moreno
☐ EP00-CDV11 Brief REST Demonstration – Albert Ellis, Ph.D.

Keynote Addresses

☐ EP00-K1 Timeless Healing: The Power and Biology of Belief Herbert Benson, M.D.
☐ EP00-K2 The Social Psychology of Self-Persuasion Elitz Abraham, Ph.D.

Invited Addresses

☐ EP00-IA1 Ray Corsini on Alfred Adler — Why I am an Adlerian — Ray Corsini, Ph.D.; Discussant: Michael White, B.A.S.W.
☐ EP00-IA12 Core Tasks of Psychotherapy: What "Expert" Therapists Do — Donald Meichenbaum, Ph.D. Discussant: Jay Haley, M.A.
☐ EP00-IA21 Procedural Range in Gestalt Therapy Michael Polster, Ph.D.; Discussant: Paul Weltzneck, Ph.D.
☐ EP00-IA22 Four Pathways to Connectedness: A Therapeutic Map — Erving Polster, Ph.D.; Discussant: Jud Marmor, M.D.

EP00-IA31 Psychotherapy isn't What You Think James F.T. Bugental, Ph.D.; Discussant: Mary Goulding, M.S.W.
☐ EP00-IA32 Final Freedom: Rethinking Suicide Thomas Seiss, M.D.; Discussant: James Masterson, M.D.
☐ EP00-IA41 Family Injustice and Social Action Therapy Clod Madanes, Lic. Psychol.; Discussant: William Glasser, M.D.
☐ EP00-IA42 Multi-Storyed Lives Michael White, B.A.S.W.; Discussant: Albert Ellis, Ph.D.
☐ EP00-IA51 40 Years of Psychotherapy — A Personal Retrospective — Mary Goulding, M.S.W.; Discussant: Ernest Rosal, Ph.D.
☐ EP00-IA52 The Function of “Tell” In Interpersonal Relationships — Zerke Moreno; Discussant: Alexander Lowen, M.D.
☐ EP00-IA53 Cognitive Approaches to Psychotherapy Aaron T. Beck, M.D.; Discussant: Milton Polster, Ph.D.
☐ EP00-IA54 Transference Focused Psychotherapy for Borderline Patients — Otto Kernberg, M.D.; Discussant: Aaron T. Beck, M.D.
☐ EP00-IA51 Profound Therapy: Helping Clients Get Better Rather Than Merely Feel Better Albert Ellis, Ph.D.; Discussant: Otto Kernberg, M.D.

EP00-IA21 Reality Therapy in Action William Glasser, M.D.; Discussant: Irvin Yalom, M.D.
☐ EP00-IA31 Where You Feel the Body From the Inside, There Is A Door — Eugene Garfin, Ph.D.; Discussant: Jeffrey K. Zeig, Ph.D.
☐ EP00-IA32 Bioenergetic Analysis: A Body-Mind Therapy Alexander Lowen, M.D.; Discussant: Eugene Garfin, Ph.D.
☐ EP00-IA33 Facilitating Brain Growth with Ericksonian Psychotherapy — Ernest Rosal, Ph.D.; Discussant: Thomas Szasz, M.D.
☐ EP00-IA34 Interaction: Bridging the Human and Non-Human Worlds — James Masterson, M.D.; Discussant: Donald Meichenbaum, Ph.D.
☐ EP00-IA101 What Therapists Have in Common in Ideas and Practice — Jay Haley, M.A.; Discussant: Ray Corsini, Ph.D.
☐ EP00-IA102 Why "Therapists" Should Not Exist Jeffrey K. Zeig, Ph.D.; Discussant: Ervin Polster, Ph.D.
☐ EP00-IA112 Therapy of "As Is" — Paul Weltzneck, Ph.D.; Discussant: Zerke Moreno
☐ EP00-IA121 The Narcissistic Personality Disorder (Closest): A Developmental Self and Object Relations Approach — James Masterson, M.D.; Discussant: James Hillman, Ph.D.
☐ EP00-IA122 The Evolution of Analytic Psychotherapy: A Review of Developments Over a Practice Span of More Than 80 Years — Jud Marmor, M.D.; Discussant: James F.T. Bugental, Ph.D.

State of the Art Addresses

☐ EP00-S0A1 Love Before the Beginning Leura Huxley
☐ EP00-S0A2 Seven Principles for Making Marriage Work John Gottman, Ph.D.
☐ EP00-S0A3 Self-Efficacy: The Foundation of Human Agency Albert Bandura, Ph.D.
☐ EP00-S0A4 Mothers and Daughters: The Crucial Connection Harriet Lerner, Ph.D.

Workshops

☐ EP00-W01b Cognitive Therapy of Severe Mental Disorders — Aaron T. Beck, M.D.; Judith S. Beck, Ph.D.
☐ EP00-W02b Exploring New Ericksonian Approaches to Facilitate Brain Growth — Ernest Rosal, Ph.D.
☐ EP00-W02 Family Violence Clod Madanes, Lic. Psychol.
☐ EP00-W05a Interplay of Addictive Disorders Claudia Black, Ph.D.
☐ EP00-W06 Directive Therapy with Difficult Adolescents Jay Haley, M.A.
☐ EP00-W07b Narrative Therapy Michael White, B.A.S.W.
☐ EP00-W08b Action Produces "Insight" Paul Weltzneck, Ph.D.
☐ EP00-W09 Narcissistic Personality Disorder (Closest): A Developmental Self and Object Relations Approach — James Masterson, M.D.
☐ EP00-W015b Common Factors in Different Approaches to Psychotherapy — Jud Marmor, M.D.

☐ EP00-W11b The Initial Interview — And Beyond Mary Goulding, M.S.W.
☐ EP00-W12b Ericksonian Hypnosis Demystified; Bringing Out the Best in Your Clients Jeffrey K. Zeig, Ph.D.
☐ EP00-W13b EMDR as an Integrated Psychotherapy Approach: Accelerated Processing and Multileveled Healing — Francine Shapiro, Ph.D.
☐ EP00-W14b Focusing Partnerships Eugene Garfin, Ph.D.
☐ EP00-W15b Treatment of Adult Patients with Post-Traumatic Stress Disorder (PTSD) Donald Meichenbaum, Ph.D.
☐ EP00-W16b The Therapeutic State: Consequences of the Alliance of the Mental Health Professions and the State — Thomas Szasz, M.D.
☐ EP00-W17b The SELF-Developing Clinician: An Ericksonian Perspective — Jeffrey K. Zeig, Ph.D.
☐ EP00-W18 Couples Therapy in the New Age Peggy Papp, A.C.S.W.
☐ EP00-W19b Psychotherapy; My Personal Odyssey — Group Therapy, Existential Psychotherapy and the Writing Life — Irvin Yalom, M.D.
☐ EP00-W20b Healing Through Action Zerke Moreno
☐ EP00-W21b Workshop on Rational Emotive Behavior Therapy — Albert Ellis, Ph.D.
☐ EP00-W22b Basics of Jungian Archetypal Therapy with Special Reference to Depression James Hillman, Ph.D.
☐ EP00-W23b Shaping and Re-Shaping the Self Erving Polster, Ph.D.
☐ EP00-W24b Demonstrating Reality Therapy Based on Choice Theory William Glasser, M.D.; Carleen Glasser
☐ EP00-W25b The Management of Complications in the TFP Borderline Patients — Otto Kernberg, M.D.
☐ EP00-W27b Family Therapy Salvador Minuchin, M.D.
☐ EP00-W28b Gestalt Therapy: Use and Abuse of Techniques Miriam Polster, Ph.D.
☐ EP00-W30b Fostering Greater Client Self-Recognition James F.T. Bugental, Ph.D.; Molly Sherling, Ph.D.; Myrtle Hyde, Ph.D.
☐ EP00-W31b Lessons in Adulthood Frank Pittman III, M.D.
☐ EP00-W32b The Impact of Choice Theory on Psychotherapy Using Reality Therapy or Other Therapies as Models — William Glasser, M.D.; Carleen Glasser
☐ EP00-W33b Consultation on Family Therapy Salvador Minuchin, M.D.
☐ EP00-W34b Couple and Relationship Therapy Using Rational Emotive Behavior Therapy Albert Ellis, Ph.D.
☐ EP00-W35b Innovative Ericksonian Approaches to Facilitate Creative Consciousness — Ernest Rosal, Ph.D.
☐ EP00-W36b Experiences in Psychotherapy Salvador Minuchin, M.D.

Supervision Panels

☐ EP00-SP1 William Glasser, M.D.; Clod Madanes, Lic. Psychol.; James Masterson, M.D.; Moderator: W. Michael Minkon, M.A.
☐ EP00-SP2 Ray Corsini, Ph.D.; Otto Kernberg, M.D.; Jeffrey K. Zeig, Ph.D.; Moderator: Christine Padesky, Ph.D.
☐ EP00-SP3 Eugene Garfin, Ph.D.; Harriet Lerner, Ph.D.; Salvador Minuchin, M.D.; Moderator: Michael Yapko, Ph.D.
☐ EP00-SP4 Claudia Black, Ph.D.; Jay Haley, M.A.; Judd Marmor, M.D.; Moderator: Betty Alke Erickson, M.S., LMFT
EP00-SP4 Donald Melchbenbaum, Ph.D., Ernest Rosal, Ph.D., Michael White, B.A.S.W.; Moderator: Jon Carlton, Psy.D., Ed.D.
EP00-SP8 Mary Goulding, M.S.W., John Gottman, Ph.D., Miriam Polston, Ph.D.; Moderator: Brent Gary, Ph.D.

Conversation Hours

EP00-CH1 Otto Kernberg, M.D.
EP00-CH1 Donald Melchbenbaum, Ph.D.
EP00-CH3 James Hillman, Ph.D.
EP00-CH4 Irvin Yalom, M.D.
EP00-CH6 Thomas Szazs, M.D.
EP00-CH8 Paul Watzlawick, Ph.D.
EP00-CH7 Albert Ellis, Ph.D.
EP00-CH8 Albert Bandura, Ph.D.
EP00-CH9 James Masterson, M.D.
EP00-CH10 Aaron Beck, M.D.
EP00-CH11 Jay Haley, M.A.
EP00-CH12 Erving Polster, Ph.D.
EP00-CH13 Miriam Polston, Ph.D.
EP00-CH16 Salvador Minuchin, M.D.
EP00-CH18 Michael White, B.A.S.W.
EP00-CH17 Zerka Moreno
EP00-CH18 Eugene Gendlin, Ph.D.

Clinical Demonstrations

EP00-CD1 Therapist Use of Self in Integrative and Ericksonian Therapy - Jeffrey K. Zeig, Ph.D. (Available on Videotape)
EP00-CD2 Introducing A Client to Present Tense Self-Exploration - James F.T. Bugental, Ph.D. (Also available on Videotape)
EP00-CD3 Cognitive Therapy - Aaron T. Beck, M.D.
EP00-CD4 Facilitating Brain Growth in Ericksonian Therapy Ernest Ross, Ph.D. (Also available on Videotape)
EP00-CD6 Bioenergetics - Alexander Lowen, M.D. (Also available on Videotape)
EP00-CD6 Comparing Therapies Using a Simulated Client William Glasser, M.D. (Also available on Videotape)
EP00-CD7 Supervision - Miriam Polston, Ph.D. (Also available on Videotape)
EP00-CD8 Using Focusing In Therapy - Eugene Gendlin, Ph.D. (Also available on Videotape)
EP00-CD10 Psychodrama - Zerka Moreno (Also available on Videotape)
EP00-CD11 Brief RBT Demonstration - Albert Ellis, Ph.D. (Also available on Videotape)

Topical Panels

EP00-TP1 Humor - Albert Ellis, Ph.D., Frank Pittman III, M.D., Zerka Moreno, Miriam Polston, Ph.D.; Moderator: Michael Yapo, Ph.D.
EP00-TP2 Mind-Body Issues - Eugene Gendlin, Ph.D., Alexander Lowen, M.D., Ernest Ross, Ph.D., Francine Shapiro, Ph.D.; Moderator: Bernhard Trenkle, Dipl. Psych.
EP00-TP3 PTSD and Abuse - Frank Pittman III, M.D., Cloé Mendels, Lc. Psychol., Donald Melchbenbaum, Ph.D., Francine Shapiro, Ph.D.; Moderator: Michael Yapo, Ph.D.
EP00-TP4 The Initial Interview - William Glasser, M.D., Mary Goulding, M.S.W., Harry Stember, L.C.S.W., Alexander Lowen, M.D.; Moderator: Jon Carlson, Psy.D., Ed.D.
EP00-TP5 Training Therapists I - Mary Goulding, M.S.W., Jay Haley, M.A., Ray Corson, Ph.D., Erving Polster, Ph.D.; Moderator: Elyn Bader, Ph.D.
EP00-TP6 Resistance - Albert Ellis, Ph.D., James Masterson, M.D., Zerka Moreno, Michael White, B.A.S.W.; Moderator: Christine Pedaksey, Ph.D.

Eligibility: These tapes may be purchased by professionals in health-related fields including physicians, doctoral-level psychologists, psychiatrists and dentists who are qualified for membership in, or are members of, their respective professional organizations (e.g. AMA, APA, AAD) or by professionals with mental health-related graduate degrees (e.g. MSW, MSN, MA or MS) from accredited institutions. Full-time graduate students in accredited programs in the above fields can purchase tapes if they supply a letter from their department certifying their student status.

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BENCH
DEDICATED TO
MILTON H.
ERICKSON, M.D.

A bench will be dedicated to Milton H. Erickson, M.D., on the Squaw Peak Mountain Preserve located in Phoenix, Ariz., in November, 2000. The bench will be constructed one-third of the way up the main trail. Dr. Erickson sent many of his patients to Squaw Peak as a part of their therapy and/or training. In December, 1999, several attendees of the 7th International Congress participated in a group hike to the top of the Squaw Peak Park Reserve early Thursday morning of the Congress. Many of the hikers helped by carrying materials to the site where the bench will be constructed.

The Erickson Foundation is seeking volunteers to carry additional materials for the bench around the third week in November. Those interested in volunteering should be in good physical condition. It is not a difficult trail, however, because it is a dirt and somewhat rocky path, carrying supplies may be stressful to those who are not used to hiking. Good hiking shoes are recommended. Those interested in volunteering to carry items should contact Karen Havley - at the Foundation - at 602/956.6196, ext. 212; E-mail, mhreg@aol.com.

In addition, the Erickson Foundation must provide a stipend to the City of Phoenix for the bench. If you are unable to participate in the dedication, but would still like to participate, you may send an ear-marked donation to the Erickson Foundation. All donations are greatly appreciated.

The bench will be a memorable experience in many ways. Those involved helping to carry the items and those who will use this bench in the future can enjoy not only the trail's natural beauty, but also reflect on the important events in their lives.

Web News


On-Line Resources

Erickson Foundation: http://www.erickson-foundation.org
Erickson Foundation Newsletter: http://www.ericksonnewsletter.org
Behavior on Line Erickson Forum: http://www.behavior.net/
Hypnosis Data Base: http://www.hypnosis-research.org/hypnosis/index.html
Erickson Listserv: http://ericksonlist-listbot.com/
Hypnosis Listserv: IrvingK@uconnvm.uconn.edu (Irving Kirsch)
Audio/Videotapes available from previous Erickson Foundation Conferences: http://members.aol.com/DrmlnPrd/mhe.html

Visit Our Website:
www.erickson-foundation.org

HELP US BUILD
THE MILTON H. ERICKSON FOUNDATION
ARCHIVES

BRICK BY BRICK

A limited number of bricks have been salvaged from the former home of Dr. and Mrs. Milton H. Erickson in Phoenix, Arizona. We are offering these bricks to those who donate to The Archives Fund

The Erickson Archives is a repository for audio and video tapes of Dr. Erickson, along with other historical material pertinent to his work and legacy to the world of psychotherapy.

The tapes and films are gradually being preserved as CDs and DVDs so that this valuable material will be available for viewing into and beyond the new millennium.

For a donation of $25*, you will receive a commemorative brick.

For a donation of $100*, you will receive a limited edition commemorative brick with a brass plate numbered and signed by Mrs. Elizabeth M. Erickson and a certificate of authenticity.

For a donation of $250*, you will receive a limited edition commemorative brick with a brass plate numbered and signed by Mrs. Elizabeth Erickson, a certificate of authenticity and a special pencil sketch of Dr. and Mrs. Erickson's historic home at 32 West Cypress Street in Phoenix.

* If brick is to be mailed, please add $7.00 for postage

To order commemorative bricks, contact:
The Milton H. Erickson Foundation, Inc
3606 N. 24th Street, Phoenix, AZ 95016-6500
Tel: 602-956-6196 / Fax: 602-956-0519 / e-mail: mheav@juno.com (Sylvia Cowen)
Ericksonian Approaches

The current issue of the *International Journal of Clinical and Experimental Hypnosis* (Vol. 48 (4), Oct 2000, pp. 418 - 436) contains an article titled "Ericksonian Approaches to Hypnosis and Therapy: Where Are We Now?" by William Matthews. This article is an overview of Matthews' perspectives on the status of Ericksonian approaches, as a recognized and accepted method of therapy. Following the article, two discussions explore some of the points Matthews identified as central to Ericksonian approaches.

In the first discussion, Joseph Barber challenges some of the central ideas presented by Matthews. Barber's critique reaches beyond the points raised by Matthews into the broader arena of Ericksonian approaches. He argues that "... confusion is heightened by a lack of understanding of the hypnotic processes among most Ericksonians, the consequence of misguided emphasis on 'naturalistic' technique." (p. 427). Barber concludes with an important clarification, because Ericksonian assumptions have achieved "credibility" largely through anecdotal evidence, they should be considered hypotheses until empirical evidence is found.

The second discussion – by Burkhard Peter and Dirk Revenstorff – questions the applicability of the research cited by Matthews and its relevance to the Ericksonian frame of reference. These two authors utilize an analogy in their reply to questions raised about the existence of a "wise" portion of the unconscious that artfully demonstrates the eloquence and power of their own way of using Ericksonian approaches. Peter and Revenstorff argue that "hypnosis is mainly skillful communication" and that both "hypnosis and the unconscious are entities, not constructs" (p. 436).

All four authors agree that further exploration and research is needed. The three articles discuss essentials of hypnosis, as well as what constitutes core elements of the Ericksonian method and its effectiveness.

Summary by:
Roxanna Klein RN, PhD.

* * *

An interview with Jeffrey K. Zeig, Ph.D., entitled 'The influence of Milton Erickson', can be found in Vol. 1 (1), 2000 (p. 20) *Family Therapy: The field's past, present and possible futures*, by Dulwich Centre Publications. This new publication features interviews with various influential thinkers in family therapy. It honors the history of family therapy, and introduces the wide range of perspectives that inform the field. For information on this publication, please contact Dulwich Centre Publications, Hutt St PO Box 7192, Adelaide 5000, SOUTH AUSTRALIA; tel, (61-8) 8223.3966; fax, (61-8) 8232.4411; email, dul.wich@senet.com.au; web. www.dulwichcentre.com.au

Hypnotherapy Delegation to Cuba

Alexander A. Levitan, M.D., M.P.H.
New Brighton, MN
levitan08@mp.mediane.org

Global Exchange, a non-profit organization based in San Francisco, will organize a hypnotherapy delegation to Cuba. The trip is being offered at cost. The payment of $1,820 per person covers all costs to and from Cuba, departing from Cancun, Mexico, the point of assembly for the group. The dates will be Thursday February 16, 2001 to Sunday February 25, 2001. Participants will be meet a variety of psychologists, psychiatrists, and health providers, both in Havana and the outlying provinces. Emphasis will be placed on interfacing with the people and experiencing the culture of Cuba. Inquiries should be directed to Janet Sessions, or Sarah Dotlich at Global Exchange. Telephone (800) 497-1994, (415) 55-7296, Fax (415) 255-7498, or janet@globalexchange.org. Several senior members of ASCH and SCAEP will be joining the group, which is open to all. The trip promises to be quite an exceptional experience.

Three Views of Traumatic Stress
Applied Neuroscience and Clinical Practice

Bessel van der Kolk, MD
Stephen Porges, Ph.D., Robert Scaer, MD

Learn How the Emerging Psychobiology of Traumatic Stress is Revolutionizing Psychotherapy and Behavioral Medicine

January 26-28, 2001, Arvada Center
Arvada, Colorado, USA (Denver Area)

Register now. Seating is Limited.

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www.PsychInnovations.com/3Views

Ask about the networking event and optional ski trip!

Presenters

Bessel van der Kolk, MD
Professor of Psychiatry
Boston University School of Medicine

Perhaps the single most important researcher and author in the field of traumatic stress and PTSD, Dr. van der Kolk is an exceptional speaker who excels in integrating scientific findings with the practical human realities of clinical practice.

Stephen Porges, Ph.D.
Chair, Department of Human Development
University of Maryland, College Park, MD

Dr. Porges is one of the most innovative and respected researchers in physiological-developmental psychology. A clear, compelling speaker, Dr. Porges provides the physiological knowledge needed to understand how trauma clinicians engage mind, body and developmental processes in the healing of traumatic stress.

Robert Scaer, MD
Private Practice, Boulder, CO

Dr. Scaer works at the interface between neurology, pain management and modern traumatology, as highlighted in his upcoming book, *The Body Bears the Burden: Trauma, Dissociation and Disease*, (Haworth Press)

Topics

- What is state-of-the-art in treating PTSD and dissociative disorders?
- What does neuroimaging tell us about traumatized vs. normal brains and how treatments such as EMDR "reset" the brain?
- What is the impact of psychological trauma on personality development and how can we better heal the traumatized self?
- How can trauma mimic or induce learning disabilities such as ADHD that are typically attributed to genetics?
- How are heart-brain communication techniques creating breakthroughs for autism, conduct disorders and problems with attention?
- How does the emerging psychobiology of traumatic stress help us understand and treat aggressive or violent behavior?
- How can new stress measurement devices based on heart rate variability help us diagnose and treat traumatic stress disorders?
**CONFERENCE NOTES**

**Upcoming Training**

<table>
<thead>
<tr>
<th>DATE</th>
<th>TITLE/LOCATION/LEADER</th>
<th>CONTACTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/2-3</td>
<td>Couples Workshop/Guadalajara, Mexico/Zeig</td>
<td>2.</td>
</tr>
<tr>
<td>1/19-24</td>
<td>ZIST/Penber, Germany/Zeig</td>
<td>4.</td>
</tr>
<tr>
<td>1/25-28</td>
<td>Ericksonian Hypotherapy/Rottweil, Germany/Zeig</td>
<td>5.</td>
</tr>
<tr>
<td>2/18-23</td>
<td>Ericksonian Approach and Aikido-Esalen Institute/Big Sur, Calif./Stephen Lankton, MSW, DAHB; Calhoun Sensei</td>
<td>7.</td>
</tr>
<tr>
<td>3/12-16</td>
<td>Ericksonian Hypnosis/Honolulu, Hawaii/Zeig</td>
<td>10.</td>
</tr>
<tr>
<td>4/4-8</td>
<td>Erickson Hypnosis 2001: 5-day Intensive on Ericksonian Problem Solving Approach/Pensacola Beach, Fla./Lankton</td>
<td>11.</td>
</tr>
<tr>
<td>4/9-11</td>
<td>Pain and Trauma and Therapist’s Growth/Pensacola Beach, Fla./Lankton</td>
<td>12.</td>
</tr>
<tr>
<td>10/3-7</td>
<td>Hypnosis 2001: 5-day Intensive on Ericksonian Problem Solving Approach/Pensacola Beach, Fla./Lankton</td>
<td>13.</td>
</tr>
<tr>
<td>10/8-10</td>
<td>Pain and Trauma and Therapist’s Growth/Pensacola Beach, Fla./Lankton</td>
<td>14.</td>
</tr>
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7. Esalen Institute; tel, 831/667-3000
8. Dr. Gary Southwell; E-mail, GaryyDS@aol.com
9. Steve Lankton; tel, 850/932-6819

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* To submit a listing for Upcoming Trainings, please send dates, title of workshop, venue, city/state/country, list of presenters, and complete contact information. There is a $10 fee for each workshop, which must be sent with submission. Deadline for the 2001 Spring Issue (March) is January 15, 2001. All workshop submissions are subject to approval by the Erickson Foundation.

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The program, Innovation, Integration, and Creativity in Brief Therapy, will be held December 19-21, 2000, in Tel Aviv, Israel. It is sponsored by the Israeli Institute for Systemic Studies. The featured speakers include Cloé Madanes, Frank Datillo, and Jeffrey Zeig. Israeli experts also will present. For workshop and lodging information, please contact Noga Rubenstein-Nabarri, chairperson at: noga_n@netvision.net.il; fax, 972.9.7710.687; web, www.Shinui-net.com.

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The American Society of Clinical Hypnosis (ASCH) will hold its 43rd Annual Scientific Meeting and Workshops: Lifting the Veils Between Science and Practice in Mind-Body Science, March 23-27, 2001, in Reno, Nevada. The meeting will include sub-themes for each day: Myths, Science and Art, Bridging Disciplines, and Inspiration and Transformation. The Conference includes lectures, demonstrations and experiential components. For more information, contact ASCH at 33 W. Grand Avenue, Suite 402, Chicago, IL 60610; tel, 312/645.9810.

The First World Congress for Systemic Management will be held May 1-6, 2001, in Vienna, Austria. The Congress will feature experts in cybernetics and systemic thinking, who will present their most effective methods and research results dealing with new management tools, self-management methods, teamwork proceedings and organizational development/self-organization.

The presenters include Jeffrey Zeig, Humberto Maturana, Peter Senge, Stafford Beer, Stephen Lankton, Ernest Rossi, and Stephen Gilligan. For information, see: www.iscm.net/worldcongress.

**Fields of Conflict - Fields of Wisdom: New Perspectives on the Dynamics in Families, Organizations, Ethnic Groups and Nations, will be featured at the Third International Congress for Family and Human Systems Constellations, May 1-4, 2001, at the Congress Center, Wuerzburg, Germany. In addition to lectures and workshops specifically focused on constellations, international experts in ethnic, religious and political conflict will present their work and explore the relevance of the constellation perspective for them. Presenters include Bert Hellinger, Arnold Mindell, Amy Mindell, Margret Rueffler, Vamik Volkan, and Don Beck. For more information, contact The Wuerzburg Institute for Systems Constellations, Dr.med. Albrecht Mahr and Brigittie Mahr, Mittlerer Dollenbergweg 37 a, D-97082 Wuerzburg, Germany; phone, +49.931.784.0100; fax, +49.931.784.0101; E-mail, A.u.B.Mahr@t-online.de.

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The Use of the Therapist's Self in Ericksonian Therapy: A Tribute to the 20 years of Jeffrey K. Zeig, Ph.D., in Italy, in the year of the 100th birthday of Milton H. Erickson, will be presented May 30-June 1, 2001, at the Centro Congressi Di Capri, Island of Capri, Italy. Keynote Addresses and workshops will be presented by Jeffrey K. Zeig, Michael Yapko, and Camillo Lori. Invited Address and workshops also will be presented by Betty Alice Erickson, Brent B. Geary, Bernhard Trenkle and others. For information, please contact Società Italiana Milton Erickson, Via Tagliamento, 25 - 00198 Rome, Italy; tel, +39.06.8542130; fax, +39.06.8542000; web, www.ipnosi@tin.it.

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The Fourth European Conference and the 15th Hungarian National Conference on Family Therapy 2001 entitled, Through Time and Space, June 27-30, 2001, will take place at the Budapest Convention Centre, in Budapest, Hungary. Topics include: Family Therapy in Medicine; Family Therapy and the Social Sciences; Changing Approaches to Research in Family Therapy; Family Therapy in Different Cultural Context; Narrative, Language and Psychotherapy; Passions and Addictions; Couple Therapy, Sex Therapy, Pharmacology; The Systemic Approach in Non-clinical Contexts, and many more. In addition, the Conference will offer a Scientific Program containing plenary lectures, workshops, posters and free papers. For information and registration, contact the Hungarian Family Therapy Association, Kutvölgyi út 4., H-1125 Budapest, Hungary; Phone/fax, +361.2600.9844; Phone, +361.391.0313 or +361.391.0314; E-mail, familyth@matavnet.hu
The Ericksonian Diamond: A Model for Teaching

Milton H. Erickson's Hypnotherapeutic Approach
by Jeffrey K. Zeig, Ph. D.
Summary by Murriel Schulte, Ph. D.
Dallas, Texas

Editor's Note: This summary describes the central elements of a teaching model developed and used extensively by Jeff Zeig. The material for this summary can be found in a book chapter titled "Experiential Approaches to Clinician Development," published in The Evolution of Psychotherapy, Volume II, (J. Zeig, ed., 1997). Brunner/Mazel.

Carl Whitaker, M.D., expressed concern that most people live fragmented lives, using mostly their left brain to think about living, preoccupied by the past or preoccupied with the future. To the question, "What is the essential objective of psychotherapy?" he responds with the quote, "...to get rid of the past...and the future...and just be, that is, develop your personhood or your capacity to be who you are, wherever you are." (Whitaker, 1982, pp. 495-96).

The basis of Zeig's approach to developing the personhood of the therapist relies heavily on four clinical postures of Milton Y. Erickson, M.D.: (1) creating experiences, wherein an encounter is arranged so that a patient will experience previously unrecognized abilities to cope and change; (2) utilization, using whatever is in the therapeutic situation to achieve therapeutic goals, a readiness to respond strategically to any and all aspects of the patient or the patient's environment, with a posture of sufficiency; (3) orienting toward goals, using metaphors, parables, verbal implication, gestures, guiding associations, or reassociations of internal life; and (4) communicating for effect, directing toward the intended outcome of suggestions using nuance, locus of voice, intonation change, and alterations in tempo.

This teaching model is based on five intervention choice points. First is the goal, "What do I want to communicate to the patient?" Second, the gift wrapping, "How do I want to communicate the goal?" Third, tailoring, "What position does the patient take?" Fourth, the process, "How can I create a dramatic process to make the giftwrapped and tailored goal come alive?" Finally, therapist's position, "What posture do I take?" which can consist of four subcategories: "lenses," "muscles," "heart," and "hats."

THE ERICKSONIAN DIAMOND

Goals
Tailoring
Position of the Therapist
Gift Wrapping
Processing

*Personal and Professional (Lenses, Muscles, Heart, & Hats)

To develop the personhood of the clinician and his or her skills in hypnosis and psychotherapy, Zeig distinguishes between technical or theoretical understanding and experiential utilization. Merely talking about experiential methods of psychotherapy is "difficult at best and deadly at worst." Zeig therefore developed "Psychoaerobics," an experiential training system.

There are two classes of the 70 existent Psychoaerobic Exercises. One set warms up general skills and the second set develops Ericksonian postures. The exercises are created to help clinicians develop their personal and professional positions. The exercises help define specific elements of the Ericksonian Diamond that can be used experientially in therapy.

All of these exercises develop the skills of creating experiences, utilizing, orienting toward goals, and communicating for effect. These exercises are primarily visceral learning, a systematic excursion into experiential territory, using experiential methods. Zeig states, "My sense is that dreams are not the royal road to the unconscious; experiences are...Dynamic experiences can precede dynamic understanding."
Luh Ketut Suryani, M.D., Ph.D.

A Balinese Psychiatrist

by Eric Greenleaf, Ph.D.

Imagine learning culture, trance ceremonies and healing practices from a group of graceful, lively, Balinese women: a mother with six, grown sons; a low-caste Hindu married to a King; a trance medium; an author of books on trance, culture and meditation; a psychiatrist; a medical school professor, and a political leader. Now imagine that all these women are one: Luh Ketut Suryani, M.D., Ph.D., is head of the psychiatric department of Udayana University School of Medicine in Denpasar, Bali, Indonesia. In an interview some years ago and in many meetings since—discussions, visits to healers and ceremonies, interviews with trancers, shared teaching—I’ve come to know the many sides of this interesting woman.

Therapy conducted by the balian ketakson, or the trance healer, is somewhat like family therapy. Even before seeing the patient, the balian has seen the family members. She diagnoses by entering trance, becoming possessed by ancestral spirits, and speaking to the family in the voices of their ancestors. In scenes of high emotion, she cries, chastises and laments. After trance, she prescribes ritual cleansing, offerings and herbal medicines to the patient to rebalance the whole of their circumstances.

In a session I witnessed, the patient was a man who had moved from his home in Bali to work in Java. As a lawyer, he made lots of money and had many girlfriends. But, he was unhappy. When he returned to Bali to visit, his family land seemed to him to be unclean. Having lost his Hindu faith, he visited the balian in ordinary clothes instead of the prescribed ritual ones. He was cynical but desperate, having been to many doctors and psychiatrists for help.

The balian, in trance, spoke with the voices of the lawyer’s dead father and sister, criticizing him for leaving home. She wept and shouted and stuck her knee in grief while the patient sat upright and wide-eyed. After the trance, she spoke cordially to the patient, and like a Western therapist, regaled him with stories of her difficult cases and cures. Then she presented her prescription: The patient would have to return home, marry a devout woman and become the family priest. Also, she told him, he would have to purify the land and give offerings. He tried to bargain to do less, but she was firm. When he left, he was happy and agreed to do all these things. This way of intervening is hard for a Westerner to understand. Within the Balinese culture, however, such mandates are common and are congruent with personal and social expectations.

About three-quarters of Suryani’s hospital patients come to see her after they see a local healer. She says that many are psychotic; some have more common symptoms of anxiety, confusion, agitation, aggression or of “not handling their own minds.” There are also a growing number of sufferers from anorexia. Treatment involves the family, who takes up residence in the hospital. Treatment includes short-term “rapid tranquilization,” which is done with psychiatric medications, meditation training, and coordination with the balian who is the primary treatment giver after hospitalization. This combination works well. Balians feel comfortable referring patients to Suryani when they diagnose a more severe nervous problem.

Suryani says, “After the psychiatric treatment, patients often report a feeling of ‘emptiness,’ as though something is still wrong, although all symptoms are resolved. The healer is important in our culture. After they go to the healer, the patient says, ‘Oh, now I am healthy, complete.’” When patients are first treated, they say “nerves, stress, or mental illness” causes their uncease.

On a one-year follow-up, Suryani says, the patient then reports an evil spirit caused the illness. As in the Western world, mental illness is stigmatized in Bali, but there, illness caused by spirit has no stigma.

In the Balinese tradition, possession by the gods is common in temple ceremonies as well as among those who become temple dancers or healers. The gods, part of a complex pantheon of Hindu and local deities, are said to descend and, during visits, “sit within the person.” After the god speaks or dances through the person, the people around “send the god back to their dwelling place.” Often, the reality of possession is tested within the temple by congregants. They even may attack the trancer with knives or throw hot coals under the trancers’ feet or into their mouths. Survival of these ordeals is a sign of the veracity of trance and possession.

Some of the visits by the gods are ritualistic and have become part of the culture’s system of festivals and holidays. On these occasions the visits are accompanied by music, dance, costumes and offerings to delight and entertain the gods while they are on earth.

Suryani’s diagnoses include those common in the Western world—psychosis, anxiety states and depression. She also uses diagnoses of trance possession. She describes treatment of mass trance possession in the villages in her book Trance and Possession in Bali: A Window on Western Multiple Personality, Possession Disorder and Suicide (Suryani & Jensen. Oxford University Press, 1993.)

Suryani’s melding of healing traditions began during her adolescence: She describes that when she was 14, she was a shy girl. "The gods told me, 'I will use you, but I will change your personality. For this people will think you are like a crazy person. But you can do this for three months.'" During those three months of instructions from the gods, Suryani found it difficult to speak or write in Balinese. But she was able to read and write in Sanscrit, which she had never studied. She was also able to dance the complex classic Legong Dance, although she was not trained as a dancer. Other feats of strength and wisdom followed. Suryani left school and studied from 9 PM until 3 AM each day. After three months, she passed her school exams. The gods taught her to treat family members and patients, and spoke to her often until she married at 28. Then, the gods said, "Now you must do it by yourself." Since then, they have vis-

See BALI on page 14
**Tongue Reactions**

by Anatoly Tkachev, M.S., and Inga Topeshko, M.S.

Milton H. Erickson Institute of West Siberia

Editors' Note: The Case Report and Research in Progress are derived from the materials submitted by the The Milton H. Erickson Institute of West Siberia. Research and studies involving human subjects are bound by the licensing and ethical codes of the country in which they are conducted. The Case Report (p. 14) demonstrates the use of ideas presented in this research.

For several years we have been studying involuntary physiological reactions as part of a different way of studying psychotherapeutic techniques. It seems natural that techniques based on physiological reactions can provide a strong physiological shift. We search for different micro fragments of human behavior and study them in detail. In this report, we are introducing one of those behavioral fragments that is both physiological and psychological—the movement of the tongue.

All humans demonstrate tongue reactions (TR) in some situations, but intensities and individual meanings differ. We have reached no conclusions about the generalizations and correlation’s of TR with personal characteristics. They appear to be unique to the individual, whether they correlate with other characteristics is a question that needs further research.

TR movements are frequently and easily noticeable even though some people have more subtle reactions. Our observations are that people have individual behaviors with their tongue of which they are mostly unaware. In conversation, some people lick their lips, some make almost snake-like movements, putting their tongues outside their lips, some people merely move their lips, tongues and jaws without opening their mouth.

See REACTIONS on page 15

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CASE REPORT

Lillian's Tongue Reactions
by Anatoly Tkachev, M.S., and Inga Topeshko, M.S.
Milton H. Erickson Institute of West Siberia

Editors' Note: The Case Report and Research in Progress are derived from the materials submitted by the Milton H. Erickson Institute of West Siberia. The Case Report demonstrates the use of ideas presented in the Research in progress (p. 13).

Lillian, a 31-year-old female, sought treatment for problems related to impulsive behavior. Her description of her problems correlated with her description of her actions, i.e., she repeatedly became involved in activities without considering the consequences of her actions. Prior to starting treatment, it was mutually agreed upon that her being more thoughtful about the consequences of her actions would constitute a positive therapeutic outcome.

Our treatment center has conducted a series of case studies researching correlates of human behavior and therapeutic outcome. Lillian became part of an ongoing therapeutic research project designed to study tongue reactions. Although she was aware that she was part of a study, she was not given specific information regarding the nature of the study.

It was observed that while talking, Lillian demonstrated noticeable tongue reactions, including licking her lips. While discussing her problems with impulse control, her tongue movements punctuated the descriptions of her actions. In Lillian's anecdotal accounts of her behavior, her use of tongue movements seemed to function as a self-reward as she described her impulsive behaviors.

During the first session, every time her tongue movements were noticed, the therapist responded with a special signal. By the end of the second session, the therapist participated in the discussion of the problem, and interrupted when he noticed a tongue reaction. The interruption, at this stage, involved merely asking the subject to repeat the last few words.

In subsequent sessions, when the subject demonstrated a tongue reaction, the therapist gave the signal, asked the subject to repeat the last few words, then added the request that the Lillian provide another meaning to the last few words. This stage of treatment continued until the association was stable and regular. Every time the therapist signaled, the patient stopped, demonstrated her tongue reaction, and then repeated the last few words with another meaning. This became a model of "thinking it over" and considering different aspects of her actions.

At the fifth and final session, a light trance was induced. Stories and metaphors were told about people who thought of doing something and then considered the circumstances and the consequences. The person in the story acted, or did not act upon those considered thoughts. During the trance, and the telling of these stories, the therapist used the signal to punctuate his associated suggestions as if the signal really meant "think about your actions; consider the results; and reward yourself for thinking."

In a follow-up meeting, Lillian reported that her behavior became visibly more stable and goal directed. It is assumed that Lillian's newly learned behavior is now a part of her standard repertoire. We have noticed, as she occasionally "checks in" with us, that her tongue reaction continues in much the same way as at the close of therapy. When she verbally describes considering the consequences of her actions, she demonstrates her tongue movement.

DISCUSSION
by Amy Stewart, L.M.S.W.
Denton, TX

In Lillian's case, the therapist observed a noticeable tongue reaction whenever she discussed behavior that was impulsive. This behavior was reportedly troublesome for Lillian; however, the therapist conceptualizes the tongue reaction as a self-reward. The therapist then utilized this non-cognizant behavior in the course of operant conditioning resulting in self-reported progress.

For some, there might be concern that the therapist identified the meaning behind the tongue movement without acknowledging it to the subject. The meaning behind the tongue response seems important to the success of the intervention. It could be argued that tongue movement is a fairly ambiguous behavior. Perhaps the researchers' overall knowledge of the subject made this type of distinction possible. It seems that the purpose of not making Lillian aware of her tongue reaction was to insure the benefit of the operant conditioning. Additionally, not informing Lillian of the intended outcome strengthens the researchers' argument. Yet in other cases, if a therapist makes an assumption as to the meaning of or the role of a particular behavior, mistakes are likely to occur. In the end, it is impossible to accurately identify every meaning behind each gesture or habitual movement exhibited by another person.

Before using this technique, one would need to be certain that this tool is appropriate to the intervention. In this case, the tongue reaction is used as a behavioral reinforcer. However, in other cases, tongue movement may not be a self-reward but instead a physiological response to a negative thought or feeling. For someone suffering from anxiety, the tongue reaction might be an anxiety response associated with thoughts or anticipated behavior that is troubling. In such a case, the definition and subsequent use of the tongue reaction as a 'self-reward' could lead to confusion or an intensified state of anxiety.

The study of a person's tongue reaction seems relevant in a therapeutic setting. A person's tongue reaction could be a direct physiological response to thoughts and feelings. It seems particularly relevant when studying anxiety. A person experiencing anxiety is often aware of the physiological response to anxiety and the symptoms themselves tend to exacerbate the experience of anxiety. A tongue reaction is discrete, but nonetheless, a possible indicator of anxiety and an indicator of which the person might be unaware. This type of physiological response is also immediate and quite obvious to an observer.

This research opens new avenues. Perhaps with further research, the technique of identifying tongue reactions can be utilized in a number of ways. For example, when using a biofeedback model, a patient could be made cognizant of the reaction and then taught how to recognize it as a cue to change responses or behaviors. Regardless of one's theoretical orientation, this report suggests the importance of observation and the use of ordinary behaviors.

Bali continued from page 12

playful, is also forceful and impressive. I remember being in a vast crowd in Denpasar one holiday time. The streets were a sea of surging people, watching the torch light parade of huge effigy figures of monsters. In the midst of the crowd stood Suryani, smiling with special pleasure, talking with all the many people who pressed around her. She is friendly and generous, meeting countless professional visitors to Bali. When Betty Alice Erickson and I led a group of therapists to study trance in Bali (June, 1999), Suryani taught with us and shared her knowledge at visits to healers and during trance rituals. She also invited us to a feast at her home. Her humor and ease charmed all the participants and her meditation teachings, insights about therapy, and savvy access to good dressmakers, made our time together rich and pleasant.

In today's Bali, Suryani is concerned with the spread of meditation and public health practices, child rearing, environmental degradation, religious and folk practices and the maintenance of a strong Hindu community on Bali under the Indonesian Muslim hegemony. On this small island, half Balinese, half tourist, she strives to live a modern life and follow an ancient tradition. Comfortable among world cultures, intellectual and discerning, she is rooted in her experience of the gods, whose living presence informs the inner and social lives of her people.

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Hypnotherapy for Tinnitus
by Ruediger Steinriede, M.D.
Boeblingen, Germany

Editor’s note: This summary was taken from a paper presented at the Fourth Nepal-German International Medical Conference, March 2000. Ruediger Steinriede, M.D., is a specialist in otorhinolaryngology. For further information, contact the author at Steinriede@t-online.de

The word tinnitus comes from the Latin word meaning sound or ringing and refers to noises heard by the patient that are not accountable to environmental stimuli. All cases of tinnitus should be examined by a medical specialist as they can be caused by a variety of problems as severe as brain tumors or as mild as drug reactions. This article deals with treatment of uncompensated chronic tinnitus.

There is no generally accepted medical explanation of the pathogenesis of chronic tinnitus. It is typically experienced as a ringing sound; it is heard as sometimes loud and sometimes faint. The intensity of the sound cannot be recorded or measured even though patients often report clear auditory patterns. The psychological suffering experienced by the patient is integral to the condition. Although the tinnitus itself may not be treatable, the emotional impact is readily accessible to several techniques of treatment including hypnotherapy.

An approach that I have found to be promising involves the use of an electronic tinnitus sound simulator. This tool can be used to anchor the patient’s resources that were accessed hypnotically. The first step in treatment is to teach the patient to adjust the simulator machine to the same level experienced by the patient. Pressing a button can then create a reproduction of the sound heard by the patient.

Prior to using hypnosis, questionnaires are completed by patients so their strengths and interests can be determined. The psycho-intellectual structure, the primary and secondary processes of thinking are important considerations. From the questionnaires, the therapist can determine the patient’s plane of representation. Is it visual? Is it auditory, kinesthetic, or olfactory-gustatory? The degree and stage (i.e., oral, anal, phallic, genital) of the patient’s psychological maturity also is identified. Natural and evolved abilities are determined from the questionnaire and are used to help the therapist formulate an individualized trance induction.

The tinnitus simulator is utilized during various stages of trance construction. The psychological suffering and feelings of helplessness and powerlessness and discouragement associated with the tinnitus can be addressed within the trance state and the reproduced sound can be "anchored" to patient resources.

If a tinnitus simulator is not available, the sound can still be carefully anchored in a tactile way. For example, the patient can be told, "Listen to the sound until you are at one with your whistle." That experience can be anchored with a touch on the shoulder of the tinnitus side. Using the anchor in the therapeutic session can be as effective as a simulator.

Modification of the sound of tinnitus may be accomplished using the patient’s interests, representational systems and psychological maturity. The therapist can suggest, "Imagine your whistling as food? How would it taste and smell? How could you improve the meal? What would you change?" Trance work and stories within trances, opens up opportunities for creative reframing of sounds. Therapeutic stories can be built on virtually any theme including, shooting goals in basketball, skiing in virgin snow, and socializing with friends. A fitting story utilizes the patient’s representational system and psychological level of maturity. Suggestions can be given that help the patient modulate the sound. If the patient "looks for the sound" a different volume is noted. For example, I suggest that they make a comparison between the rustle of fingers and the volume of the tinnitus: "If you rustle with your fingers at arms length, it does not upset your hearing." Another technique that can be useful is future pacing. The tinnitus sound can be used as a post hypnotic suggestion, for example; "Whenever your tinnitus appears again, you will remember this trance, this way of handling it."

Reliable and valid statistics are difficult to obtain in treatment of chronic tinnitus. There is no accurate way to measure perceived sounds so self-reports comprise the database. The techniques described above were used on eleven patients. Of those, seven reported that they were no longer emotionally troubled by tinnitus and that further treatment was not needed. The follow up ranges from one to six years and indicates a 63% success rate, which compares favorably with other treatments.

There is no change in any physiology or sound perception. It is pure psychological work. The successes reported illustrate cases in which patients have successfully turned chronic tinnitus into a tolerable sound. This approach does not focus on the elimination of the sound but on the modification of the sounds and elimination of the psychological suffering associated with the sound.

Reactions continued from page 13

mounds, some appear to ‘taste’ as they speak or recollect images. Sometimes people swallow at significant moments.

We were particularly interested in the ways of using TR in therapy. For this reason, our research is being conducted during applied therapy, while dealing with real-life situations. It is surprising to us that TR, such a noticeable behavior, is not more fully studied and used. We decided to investigate this small facet of human behavior because of Milton Erickson’s insistence on observation of everything possible as being an imperative of effective therapy. We also noticed that many of his metaphors included suggestions of tasting and eating. It seems to us that the depth of content in many of Erickson’s metaphors is underestimated because they appear to be so concrete. The concreteness of the metaphor frequently conceals its depth and complexities.

Our hypothesis is that an adult’s TR is an important part of childhood cognition processing and was developed at the first stages of cognition. Studies by Zembrzutski (1989) support this idea. Studies on operant conditioning also have contributed to our work.

Our preliminary research has involved a series of case studies using some techniques of therapeutic operator conditioning combined with the use of TR as a self-reward. In our procedure we produce some barely noticeable response every time the subject’s TR is seen or heard in the therapy session. We are careful to use the signal at the moment that the TR is recognized by us. With our subjects, a communication feedback loop is then quickly established without the subjects’ conscious awareness. The therapist initiating the signal and the subject responding with a TR can verify this response.

The subject then learns to demonstrate TR in response to minimal signals from the therapist as well as producing them according to his or her own internal processes. At that point, the therapist can use TR as a ‘reward.’ This reward enhances the subject’s efforts to move toward a productive and mutually agreed upon outcome. We believe an unconscious reprocessing that helps change the subject’s behavior in a therapeutic way is created. Using the subject’s physiological reactions as a self-reward is an elegant and powerful therapeutic method.

References:
Personal Reflections on "The Warrior Approach"
by John Page Coates, M.S.
Richmond, VA

Editors Note: Mr. Coates' comments are in reference to an audiotape titled The Warrior Approach, by Sandra Sylvester, Ph.D., Audiotape IC99-W546.

I was diagnosed with Charcot-Marie-Tooth Syndrome 40 years ago. Soon after my diagnosis, and continuing for the next 20 years, I worked with Erickson and learned a great deal about pain management as well as ways to preserve functionality. Since his death, I have sought resources to assist me in dealing with continuing physical losses in ways congruent with what I had learned from Erickson, which had helped me so much. Like most people with disabilities, I have been approached numerous times by those who insist that they can 'make it go away.' At best, they do little harm, at worst, they contribute to problems, sometimes dangerously so.

At the December 1999 Ericksonian Conference, I attended Sandy Sylvester's workshop, 'The Warrior Approach' and found it to be both clear and personally meaningful. I am interested in her work because it is more helpful than anything I have found, since my studies with Erickson, and in many ways different from most other approaches. She deals with underlying neurological processes not of just muscular limitations. She engages the imagination by incorporating meditation, which strengthens focus and will. Sylvester's approach encourages participants to self-monitor, which minimizes chances of injury or increasing loss in functioning. Having made many errors in my attempts to help myself over the years, using more conventional strengthening techniques, I find this particular point of extreme value.

After a brief overview, Sylvester shared an important facet—the fact that she suffers from a progressive neuromuscular disorder. She recounted that she first noticed difficulties and patterns early in her life and later found herself losing leg and hand strength. As I listened to her workshop, I felt a kinship—I have walked that path myself. Her credibility was immediately enhanced.

Sylvester recounted that over the years she found her symptoms intractable. No matter how many times she squeezed rubber balls, her hands continued to grow weaker. Her physical condition continued to deteriorate until she discovered Tai Chi and remembered some previously, unrecognized teaching of Milton Erickson.

Martial arts are well known for their exercises in meditation, deep focus on breathing, and emphasis on body control. The meditative powers inherent in the martial art of Tai Chi harnesses the imagination in service of overcoming disabilities. Tai Chi's unusual gentleness of movement makes it particularly useful for those with physical handicaps. Tai Chi is sometimes used as a part of a given therapeutic regime. The new element Sylvester adds is Erickson.

While working on her Ph.D., she became interested in hypnosis for pain control and began studying with Erickson. He taught her much that has proven significant in her subsequent career. She did not realize at that time that many of his approaches were unique to her. Even at the time, she was aware that he allowed her to see more of his physical struggles and deprivations than most of his students. Only years after his death did the full import of what he had taught become clear. By that time she was struggling with her own physical deprivations and fear of the future. She believes Erickson recognized early symptoms of her condition and showed her, by techniques and by example, how to master her fears and create a normal life despite physical adversities.

It is said that good mentoring makes good mentors. Sylvester strongly emphasizes that good hypnotherapy accrues from practice in which one discovers one's own focus of techniques. In the same way she implies that a person with a disability cannot recover a 'normal' life by liv-

See WARRIOR on next page
Family Therapy at a Distance: A Case of Depression
by Jay Haley and Madeleine Richeport-Haley
Triangle Productions, P.O. Box 8094, La Jolla, CA 921138
55 minutes, $79.95 ($165.00 Institutions)

This latest interesting addition to the series "Learning and Teaching Therapy," with Jay Haley, provides a unique twist: viewers never see the client! Rather, we sit in at a live training seminar as the therapist presents a case. Haley plans the interviews with the therapist, Haley provides directives in live supervision behind the one-way mirror, and he, the therapist and the training group debrief.

The case involves a medical student from the Middle East who has been in insight-oriented, emotion-focused therapy for a long time, without apparent benefit. The student consults Haley's trainee to get some special help for "depression." Immediately we see Haley's strategic interactional, problem-solving approach as he asks the trainee: "What are you trying to solve with him?" Haley suggests an interpersonal framework, "I would assume this guy is failing in relation to the family. You need to do something to connect him to the family...he's had more insight than he knows what to do with. You've got to do something unusual...you need to challenge him so that he does something useful for himself to prove you wrong."

The client's father is a physician (in the Middle East) so Haley assumes there is a father-son conflict and suggests directing the patient to write a letter to the father. Over several sessions, we watch as the earnest young trainee struggles with becoming directive and confrontative. The method is described as a "parallel process" by Haley. We watch a live supervision session in which Haley sends messages, via computer monitor, to the therapist in the adjacent room with the patient. Hypothesizing that the patient may plan to be in therapy forever, and thus not change, Haley has the therapist secure a promise from the patient that "You'll be his last therapist." I do not want to give too much away, so suffice it to say, as the sessions progress, the plot thickens.

I enjoyed this tape (which I watched twice) for a number of reasons: the opportunity to watch Haley's gentle mastery; the trainee's struggle; and the cinema verite quality (where everything doesn't work out smoothly after one intervention). Many issues are raised: the complications of multiple therapists that may be working at cross purposes; the shift from an intrapsychic to interpersonal-organizational framework in defining a problem to be solved (Haley's video company is called Triangle Productions); the choice of the particular hypothesis; the use of directives (including paradox); the relation of past trauma to present functioning; the patient-therapist/therapist-supervisor parallel process; cross-cultural nuances; the question of prioritizing what to do, especially as troubling new information emerges. Therapists, trainees, and supervisors all will find much to discuss on this well-produced tape.

Reviewed by:
Michael F. Hoyt, Ph.D.
Mill Valley, CA

Warrior continued from page 16

ing 'just like anyone else.' Copying how Erickson acted solved only part of Sylvester's problems. How to transcend 'acting normal' emerged as a primary issue. Tai Chi became the vehicle for resolution.

Erickson's example provided specific suggestions related to the retention and rehabilitation of damaged muscle groups. Many listeners will be reminded of Erickson's year-long recovery following his initial bout with polio where he imagined and remembered small sequences of movement as a way to gradually relearn fuller movements. His success created his unshakable belief in the power of vividly imagined experiences to transform reality in positive ways.

So it is with Sylvester. Tai Chi has given her and her students similar results has effected a significant reversal of her symptoms. Her approach blends meditation, Tai Chi and focused concentration on work with specific muscle groups. As Erickson did, she breaks each element of movement into even smaller small parts-then rehearses and exercises elements. In keeping with her allegiance to individualized techniques, she often sidesteps formal hypnosis in favor of guiding her clients to shed distractions and set small incremental goals. Her aim is to establish the 'double' in each client's life and then to enlarge that, working towards what one would like.

The process in imagining the shape of life's physical and mental expressions energizes the muscle groups to respond in acts of quiet exercise. In functional terms, the patient sets aside passive participation and actively engages neuromuscular pathways. The principal of redundancy, familiar in information theory, teaches us of the purposefully disparate fragmented quality of human energy, which allows the able-bodied to achieve astounding feats of ordinary grace and movement. Sylvester's approach helps those with disabilities to collect those fragments of damaged muscle groups and neuromathways into a usable skein of neuro-fabric that even if the ability to run cannot be restored, the ability to move in a functional way might be restored.

Sylvester follows the technical discussion with two elements. She shows a video clip from a PBS show and this is the only point at which the audiotape falls short. No sound bite, however well produced, can capture the simple visual majesty of a room of people who were previously unable to walk now standing erect and walking through various exercises unaided. Next, she leads the audience through a basic round of Tai Chi movements. As a participant, I found this part excellent. It made the theory we had just heard, active and concrete.

I strongly recommend 'The Warrior's Approach.' It is of great value in dealing with certain neuromuscular disabilities. It also offers a practical way for many to achieve a working relationship with their own fears and, in the process, to reshape their mental and physical lives for the better.

...... PEARLS
OF WISDOM ......

The Milton H. Erickson Foundation is pleased to announce the release of original recordings of Dr. Erickson from the Erickson Archives. Originally recorded between January 1955 and the late 1960s, these recordings were made during one of the most productive eras of Erickson's career.

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The Problem of Evil
by Eric Greenleaf, Ph.D.
2000, Zeig, Tucker & Theisen, Inc.
www.miltonherickson.com

In The Problem of Evil, Eric Greenleaf, recipient of the first Milton H. Erickson Award for Scientific Writing, has produced an elegant and well-organized volume richly layered with multiple levels. Greenleaf presents his own paradigm, including dream work as well as transcripts of hypnotic interventions. An added bonus is writings from patients describing their own experiences with evil and healing from that pain.

Greenleaf was trained as most therapists are, to practice in an empathetic, non-judgmental style. Even the thought that people do evil to others is unpopular. Greenleaf says evil is created when people who are stronger and more powerful inflict pain, humiliation and confusion. The central points of this book are how “evil affects the conduct and practices of psychotherapy and influences the ways in which we think and talk about both psychotherapy and lives” (p. xiv), and the resolution of the age-old problem of suffering caused by evil.

The narrative qualities of transcripts and descriptions from patients allow readers to experience relationships of evil in an almost personal way. Insights and understandings become experiential. These elements are a part of what makes this book so rich with learning. The reader is drawn in and participates in these complex and difficult cases as they are unraveling, and feels a sense of exhilarating exhaustion in much the same way clinicians feel spent yet excited after working successfully with difficult clients.

Dynamics of psychologically evil interactions can be subtle and difficult to understand. Clients often respond to evil using behavior our society values and teaches—with love, understanding and further attempts at communication. Successful therapy teaches the abilities to understand the underlying concepts of evil and the courage to work on resolutions. “...I did not know how to act...when addressed as someone I was not (p. 118). "I had tried to use common sense where common sense was unwelcome" (p. 122). The presentation of the material reminded me of reading a mystery where a complex web of clues and actions lead the reader (and the client) to a conclusion that is logical and, in hindsight, clear.

Throughout the book, Greenleaf connects his carefully honed understanding of communication and therapy to even larger underpinnings from psychology anthropology, literature, mathematics, cybernetics, poetry and more. The work of Erickson has clearly influenced him, particularly in his use of trance and story telling to relieve pain. But the comprehensive list of references includes an amazing array of authors and topics.

The Problem of Evil is not a book to read hastily. Rather it is one to read for a while to savor the grace and sophistication of the prose and then to re-read to discover yet another level of complexity made elegant simplicity.

Reviewed by:
Betty Alice Erickson, LPC
Dallas, TX

In The Problem of Evil, Eric Greenleaf has crafted his first book from a richly personal dialogue with psychotherapy roots as well as lengthy case transcripts. This densely worded book explores evils perpetrated by those who people or past and still betray our trust. It is not for the beginning therapist.

Like the growth rings of a tree, Greenleaf stays close to what he as well as Freud considered basic to psychotherapeutic technique: dream, therapeutic relationship, and trance. The narrative qualities of numerous transcripts illustrate his adroit use of each. At a deeper level he reveals his ongoing dialogue with Freud, Erickson, Jung, and seminal writers from such diverse disciplines as anthropology, philosophy, literature, mathematics, cybernetics, poetry and more.

But here is faithfulness to roots as only a lifelong learner can demonstrate.

See EVIL on next page

Eye Movement Desensitization and Reprocessing

"The speed at which change occurs during EMDR contradicts the traditional notion of time as essential for psychological healing. Shapiro has integrated elements from many different schools of psychotherapy into her protocols, making EMDR applicable to a variety of clinical populations and accessible to clinicians from different orientations."

Bessel A. van der Kolk, MD. Professor of Psychiatry, Boston University School of Medicine

EMDR, a specialized approach, accelerates the treatment of a wide variety of psychological complaints and self-esteem issues related to upsetting past events and present life conditions.

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Minimum Requirements: Master's degree and state or national board license or certification in the mental health field.

Suggested Reading:
Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols and Procedures and EMDR: The Breakthrough Therapy for Overcoming Anxiety, Stress, and Trauma by Dr. Shapiro, the originator of the EMDR method.

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Please contact the EMDR Institute for an informational packet and a complete list of trainings.
Redecision Therapy
Mary Goulding, M.S.W.
Brief Therapy Conference, December 1998
Videotape BT98-V3
Videotape available from the Milton Erickson Foundation.
Please call 602/956-6196 ext. 210 for information

Redecision Therapy is the latest of a number of videotapes of Mary Goulding, M.S.W., demonstrating Redecision Therapy at the Conferences held by the Milton H. Erickson Foundation. It is the most sophisticated of the tapes and demonstrates work with clients who represent more of a challenge to her skills, and require more of her abilities as a therapist. This tape presents the kind of therapy that might be offered when doing long-term, group psychotherapy with a Redecision approach. Goulding works with two clients on this tape and works for a longer period of time than usual when doing short-term therapy. Both clients present issues that represent the kind of depth work which is possible with Redecision Therapy and that take much more time in the session. Goulding’s skill in getting the treatment contract is outstanding; she enables the client to explore a range of conflicts and evaluate for themselves what it is that they want to change while becoming aware of the ramifications of their choices. At the same time, Mary enables the client to experience the humor involved in the change process. There is a good bit of emotional intensity with both clients, and, at the same time, elements of solid thoughtfulness. It was clear that with both clients the therapy was work in progress and that subsequent work might be needed. It is paradoxical that this is excellent short-term therapy, and at the same time potentially embedded in what might be long-term therapy. A fundamental aspect of Redecision Therapy is the provision of options so that the client is in charge of the treatment.

This is a tape that would be an excellent part of a training program in Transactional Analysis and Redecision Therapy. It also would serve well in a training program where elements of a comprehensive training program for clients would be discussed and where treatment options, treatment plans, and the dynamics of each treatment would be discussed.

This tape is well made both visually and in terms of sound. The Foundation markets videotapes of high professional standards. The use of headsets and good quality video make these tapes easy to use for teaching psychotherapy.

Reviewed by:
John Gladsfather, Ph.D.
Dallas, TX

Evil continued from page 18

strate. Greenleaf invites us to learn from his own pain and discovery. When applying his technique to clients, he provides us with an insightful and nuanced reading of Freud. The general reader will not have the same familiarity with Ericksonian concepts, however, so Greenleaf’s references to Erickson are unnecessarily vague (e.g., “Solutions are constructed by the application of creative force to the revisioning of lives.” - p. 183) even as he pays homage to him. Are we not at the point where Ericksonian concepts can be crisply identified, cited, and handled with the same rigor applied to other writers?

The chief drawback of this work is that it does not draw the reader in - either with "how-to's" or to amplify the book's title so that therapy becomes a new world every hour. This book needed to be written. Unfortunately, it was written without proper focus. In fact, it is not even demonstrated that this approach, however creatively applied, is particularly powerful in resolving the dynamics of evil. Too many will put this book down without learning Greenleaf’s lessons. At his best, the writer warns therapists not to minimize the power of evil: approach it with the tools which heal the client and protect the therapist with unfolding compassion and creativity.

This book is one to use as well as to read and re-read, enabling the reader to discover another level of complexity made elegantly simple. Therapists can all hope to work with Greenleaf’s apparent ease. Evil perpetuated by others requires a healing touch - often from beyond the self of the victim. Psychotherapy Greenleaf’s way is a grace-filled reminder we can all move beyond what confronts and confounds human understanding.

Reviewed by:
John H. Loggins, LPC
Fort Worth, TX

BOOK REVIEW
The Letters of Milton H. Erickson
Edited by Jeffery K. Zeig, Ph.D., & Brent Garry, Ph.D.
2000, Zeig, Tucker & Theisen, Inc.

The Letters of Milton H. Erickson is certain to become a classic, a resource of historical significance within its field. True to the Ericksonian style, the book has much to offer, on many different levels. The reader’s eye is quickly engaged by the literary style of Erickson’s carefully worded letters. The editorial comments, which provide background for each series of correspondence, are concise and rich in detail so that the reader is well informed about the people and events referenced in the letters. Because many of Erickson’s letters contain previously unpublished information about his clinical thinking and casework, the collection is a means by which we come to better understand the work of this extraordinarily talented clinician.

The dialogue in the collected letters spans nearly four decades (1937-1977). In some cases, Erickson takes the reader further back in time while describing his earliest experiences with hypnosis, dating back as far as 1923 (e.g., see p. 359). The list of correspondents includes renowned colleagues, such as Margaret

See LETTERS on next page
BOOK REVIEW

The Symptom Path to Enlightenment
by Ernest Rossi, Ph.D.
Edited by Kathryn Rossi, Ph.D.
1996, Palisades Gateway Publication
Pacific Palisades, CA
365 pages
e-mail: Rossi@earthlink.net

In The Symptom Path to Enlightenment, the nonlinear dynamics of organization and adaptive theory are proposed as a new orientation that can help achieve a more comprehensive understanding of the essence of problem solving and healing in hypnotic work. This is a big task for a single text, but Katherine Rossi's careful preparation and editing of these complex concepts invite readers to reach beyond the customary limits of their own thinking.

Ernest Rossi's central perspective is that profound healing occurs when one taps into one's own biological and psycho-sociological rhythms, which allows spontaneous phase transitions that occur from within the individual. This approach contrasts with the more commonly held views of health care—that effective interventions come from external sources. The overall orientation of his approach is to identify and then learn to work in harmony with the adaptive rhythms that self-regulate the body. Rossi believes that within these rhythms there are distinct phases including those more open to creativity. He posits that rhythms are present and central in individual well-being on every level of functioning from basic molecular and genetic systems to complex social interactions. Rossi's insights provide the reader with a conduit to facilitate tapping into one's own bio-rhythms and creative phases.

Organized in two parts, the first portion presents Rossi's own vision of health and healing. He discusses his insightful views as they pertain to health and healing in general, and to hypnotherapy in particular. He points out how little is understood physiologically about hypnosis even though there is general agreement among researchers that hypnosis is a valid state. He also discusses chronobiological aspects of hypnosis and how they offer new possibilities for exploration and research.

Despite editorial efforts to make the text easily understood, it requires, and richly deserves, focused concentration. To keep the reader oriented, bold print and italics were used to highlight important details. Key concepts are illustrated in lists at the end of some of the chapters. There are numerous illustrations including figures and tables. Many of the more complex ideas are annotated. The book includes an extensive list of references and a sophisticated glossary.

The strengths and weakness of the book are the same. Rossi's thinking extends beyond that which is easily understandable. He challenges the fields of hypnosis, bio-rhythms, health care delivery and psychotherapy. He also challenges readers to reach within their own frames of reference to broaden their own understanding. This is a serious book filled with complex ideas about hypnosis and healing.

The Symptom Path to Enlightenment opens new avenues of research and thinking, areas which have long been ripe for exploration and study. Rossi, a serious scientist with impeccable credentials, is known for thinking creatively in ways that stretch familiar patterns. His work may lead to an entirely new, nonlinear understanding of the physiological basis of hypnosis and establish new links between psychology and physiology.

Reviewed by:
Roxanna Erickson Klein, Ph.D., R.N.
Dallas, TX

Letters continued from page 19

Mead, Gregory Bateson, Jay Haley, John Weakland, Lawrence Kubie, and André Weitzenhoffer. Erickson's broad professional influence is evident in his discussions of research with Stanley Milgram or in his review of manuscripts for preeminent theorist such as Lewis R. Wolberg. The collection is arranged chronologically in sets of exchanges so that Erickson's correspondence with one individual can be followed from beginning to end. This format allows the reader to focus on what Erickson attempts to communicate to a particular individual. Another interesting method for reviewing the book's content is to read each of the letters in the order they were written. This second approach provides a connection between ideas and allows the reader to see the overall refinement of Erickson's ideology.

The most significant complaint I have about this book is the amount of time we have had to wait for its publication. Published 20 years after his death, The Letters of Milton H. Erickson is a long-awaited treat. Perhaps the most disappointing aspect of the book is the absence of an index. The table of contents points the reader in the direction of letters to and from 15 individuals, but in a book containing 386 pages of text and approximately 200 individual letters, the addition of an index would have increased its value as a reference. There are a couple minor typos. However, taken as a whole, the text is impressive and of sound quality.

For those who were deeply moved by the discovery of Erickson, as he spoke directly through books such as Conversations with Milton H. Erickson, these published letters provide a unique opportunity to once again experience Erickson speaking directly to the reader. Furthermore, the letters provide an opportunity to reexamine history in the making. As stated by the book's senior editor, Jeffery K. Zeig, "The journey has been eerie and enlightening, like walking through a Roman forum and retracing the steps of those who made history here. Much of the history of twentieth-century hypnosis can be traced in Erickson's letters" (p. 386). It is always nice to find a book that is worth reading. It is even better to find a book that is worth reading twice. But it is a rare opportunity to find a book so enriching that the experience is treasured. The Letters of Milton H. Erickson is essential reading for anyone interested in the life and work of Milton H. Erickson.

Reviewed by:
Dan Short, Ph.D.
Dallas, TX
Interview
continued from page 1

way I wanted. I started writing as he suggested, *plasticadito*, that is, in a vernacular way so that every one would understand me. I published *A Concert for Four Hemispheres in Psychotherapy* (1990), which was heavily criticized. My colleagues said that I should not describe concepts and techniques in a language that everybody could understand! The first time Jorge Abia and I went to a radio program to speak on hypnosis, we were criticized for bringing such a theme to a medium of mass communication. They would say we were doing cheap marketing. Today, many psychotherapists write in colloquial language and speak on radio and television programs.

MB: How long have you considered yourself Ericksonian?

TR: I believe I have always been "Ericksonian," without knowing it. Since I was a child, my family said that I was "en la luna," that is to say, "in trance," always constructing my internal world, a world in which I wanted to live. My parents would say that I wore rose-colored glasses.

When I discovered Erickson, I realized how valid it is to see the bright side of life and to focus on it in order to build an internal reality, which later becomes the external world's reality. I thought, "this approach fits me to a T" and totally immersed myself in Ericksonian approaches and techniques. I never met Milton Erickson, M.D., in person. Shortly after his death in 1980, I contacted the Foundation and started attending the meetings in Mexico and abroad. I was eager to learn and to tell my colleagues all about Ericksonian approaches. There was so little in Spanish.

MB: This encouraged you to start writing in Spanish?

TR: Indeed. My first book on hypnosis was *A Concert for Four Hemispheres in Psychotherapy* (1990). I wrote it when I started to make sense of my learning, to star cabitos, that is, to integrate all my experiences and awareness of different moments in my professional history. These experiences include anthropology, international development, family therapy, psychoanalysis, hypnosis, and what I had at hand from Erickson.

MB: And how have you been "constructing" your world as a behavioral health professional?

TR: The foundation of this "building-up" was my search. Although I did want to be a therapist, I studied anthropology because I liked travel and being in contact with people. My studies allowed me to travel to remote places and to live in indigenous communities.

In 1967, I married and went to France with a fellowship. My intention was to come back to Mexico and work in the Tarahumara Indians region. Instead, as a result of the political unrest of 1968 and policy changes in Mexico, the projects were shelved. When we returned, with our twin babies, my husband and I settled in Mexico City. It was the end of my dreams to work with the Tarahumara.

I started doing bibliographical research, as a college professor, and a political anthropologist, away from direct contact with many people. I was unhappy. One day I went by the School of Psychology, determined to audit classes and further complete my knowledge. Eureka! I realized I could take the entrance examinations for the Master degree in clinical psychology. I passed with flying colors!

MB: You demonstrated, once more, your well-known reputation for audacity and boundless curiosity!

TR: That is true. I always do that by sheer guts! In Clinical Psychology, I underwent the rigorous discipline of academic studies and five years of equally rigorous didactic psychoanalysis. This was required of all candidates for psychoanalytic practice. As always, I dived into the requirements with all my energy. Nevertheless, I was not comfortable, either as patient or as a psychotherapist. I felt forced to see the world through too dark a lens.

MB: It certainly was opposed to your way of seeing "la vie en rose."

TR: I was too angry and too disgusted when my contention was interpreted as "denial" or "resistance." It was the exactly the same thing I heard

Continued on next page

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**The Milton H. Erickson Foundation Newsletter**

**2001 Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy**

<table>
<thead>
<tr>
<th>FUNDAMENTAL</th>
<th>INTERMEDIATE</th>
<th>ADVANCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 26-March 2</td>
<td>March 5-9</td>
<td>August 6-10</td>
</tr>
<tr>
<td>July 23-27</td>
<td>October 22-26</td>
<td></td>
</tr>
<tr>
<td>October 15-19</td>
<td>October 30-August 3</td>
<td></td>
</tr>
</tbody>
</table>

- Observational process
- Language of suggestion
- Induction approaches
- Hypnotic phenomena
- Indirection
- Tailoring
- Habit control
- Sequencing
- Pain management
- Anxiety & depression
- Hypnosis with youths
- Treating trauma
- Utilization
- Metaphors
- Hypnotic assessment
- Therapist development
- Difficult patients
- Uses of amnesia
- Symbols & anecdotes
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- Supervision of cases

Now in its thirteenth year! More than 1,000 professionals, from every continent around the world (except Antarctica), have been trained at the Phoenix Intensive Training Program. The Intensive Training Program is a unique opportunity to learn principles and applications of one of the most rapidly growing treatment models in contemporary psychotherapy. The scope of the program is comprehensive, yet the incremental structure facilitates progressive acquisition of competence.

The Intensive Training Program is open to professionals in health-related fields. Each level of the Intensive Training Program provides 30.0 hours of continuing education credit.

For a complete brochure with registration form, please contact:

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Interview continued from page 21

all my life when I would dream and plan for a better world. Nevertheless, I started seeing patients under psychoanalytic supervision.

MB: How did you get to Family Therapy?

TR: A colleague invited me to a study group facilitated by two Argentinians, Ignacio Maldonado and Estela Troya. Soon it became the Instituto Latinoamericano de Estudios de la Familia (ILEF). I was a first generation graduate of the program.

At ILEF, I formed a work group with Rosemary Eustace, now the president of the Mexican Association of Family Therapy, Diana Rubli, currently the president of ILEF and Marta Fernandez. This group later became the Centro Mexicano de Investigacion y Clinica, (CEMIC).

Immediately, I started working with patients, developing new approaches and techniques, doing hypnosis and giving workshops. Finding Erickson and hypnosis became the meaning of my life at that moment. I started attending Ericksonian conferences as well as presenting and teaching both nationally and abroad.

MB: When did you start writing? What did you write?

TR: I have always loved to write. As a young woman, I wrote short stories, then articles on anthropology, then political analysis articles, then books and articles on psychotherapy and finally, books on Ericksonian hypnosis.

MB: How did you become involved in working with surgical patients?

TR: When I met Jorge Abia, M.D., we became fast professional friends. We had the same interests. We put intense energy into our work with the chronically physically and mentally ill, he as an internist and I as hypnotherapist. At that point, a turning point, I was told I needed gallbladder surgery.

It seemed highly incongruent to tell my patients to manage their pain with proper breathing, visualization, and imagery, while having my surgery under anesthesia. Determined to undergo surgery solely under hypnosis, I invited Jorge Abia to be my coach. We started looking for surgeons who would accept the challenge and an anesthesiologist who would be at hand. I had only one month to prepare.

I utilized all the strategies used with my own patients, while physically conditioning myself for the surgery. Jorge and I decided to video the operation with the intention of presenting it at the next Ericksonian Congress in San Francisco (1988).

This experience brought many changes in my personal life as well. I divorced my husband of 21 years, my daughter was getting married on the 3rd of December and the Erickson Congress was in San Francisco on the 5th. I said to myself, "First I will go away on vacation, then I will have my gallbladder surgery, then I will give my daughter away in marriage, then I will go to San Francisco.

MB: As the hour of surgery approached, did you ever have a moment of doubt regarding the fact that you might not be able to control the pain solely under hypnosis?

TR: I never hesitated for a moment about the surgery. This is how I normally function. Once I make a decision, there is no turning back. Many were worried. My youngest son, Daniel, said, "Mother, there are pains that kill. What will happen if you feel pain and you refuse anesthesia, just to be stubborn?"

I was determined to construct my reality that it was possible to go solely under hypnosis. I would not budge. Jorge Abia was hesitant, in the beginning, and would say, that as a physician he would stop and resort to drugs. I would argue back, "No, no, you have to assume that hypnosis, I do not want you to be my coach. We had better leave that responsibility to the surgeon himself! I want you to be my hypnotist and build along with me, you only reality (i.e., Yes, we can!)"

MB: Did you ever feel fear?

TR: Once I did become frightened. I called Abia and he immediately started working with me over the telephone. I found out this was the same fear I had felt when I dived for the first time into the ocean, after having practiced in a pool. Abia labeled it as fear of a new situation, where I was doing exactly what I wanted to do. We decided then to utilize the pleasurable image of diving into the depths of the ocean. There was a moment of fear, but I never doubted the power of hypnosis. Later, when I saw the video, I was scared. This is what usually happens:

I plunge into things, then I say, "What have I done?"

Abia was concerned about my determination. He asked Marta Fernandez, a psychoanalyst, to do a clinical interview to assess and probe if my decision had to do with self-destructive tendencies. She induced me into a trance to find out "the true origins" of my decision-making process. In trance, I saw my father, a quite audacious and adventurous man who died in a crash while piloting his small plane. I felt my father enveloping me in his arms and saying: "Tu quieres vivir y vivir es sentir" (i.e., You want to live fully, and to live is to fully feel everything). We were surrounded by an orange color and we were floating.

As I had been Abia's instructor in hypnosis, my only concern was if my rational mind would be checking on him all the time, to see if he was doing the right things during my surgery. We decided to use the imagery of disconnecting my left brain, then wrapping it in a white cloth and letting it work on something unrelated. Indeed, that fact did not disturb me a bit.

During surgery, my reasonable mind went on identifying the steps described by the surgeon during preparation. When I felt the scalpel cutting through the skin, I did feel a burning sensation. I immediately visualized the surgical knife as if it was painting an orange stripe. I thought, "I'm having visual images, this means I am in a good place, in a deep trance." I also noticed when the surgeon was cutting deeper and faster, as it befits the second layer of skin. I blurted out to Jorge, "Son-of-a-gun! Yes, yes, yes! We did it! We did it!"

MB: Did you present the video in San Francisco?

TR: Even though there was no formal space to present my video at the Congress in San Francisco, I took it with me and showed it to Joseph Barber, who organized a small group to see it. There I met Mirna Gherzio Volek, a psychologist working in Phoenix. She invited me all from CEMIC to a cocktail at the Congress, where I met Jeffrey K. Zeig. Through Mirna, we were invited to present a workshop the coming year in Phoenix on "Pain Control, Traditional Medicine and The Structure of the Mexican Family as a Therapeutic Resource."

MB: I remember your workshop perfectly well (May 1989). It was excellent! I learned quite a lot from you, Jorge Abia, Guillermo Bernal and Martha Fernandez.

TR: At the Foundation, we had the opportunity to study many of Erickson's videos and to observe hypnotherapy. When we completed the workshop, Zeig asked us if we wanted to establish an Erickson Institute in Mexico City. Jorge Abia and I said, "Yes, we do!" From that moment on we devoted our full time and souls to the creation of a solid foundation for the Institute, to expand it, to create new techniques and to disseminate the Ericksonian approach through teaching and training.

My experience in childhood of having home schooling at the elementary level helped me immensely in learning on my own and at my own rhythm. I always had the impression that I did things faster while others remained behind even after I had nudged and pushed them. For the first time in years, I found in Jorge Abia someone who had many of the same professional goals and a similar level of energy. These facts were important in our work together, however, we have always been different from each other. We joked with each other saying that one spoke Russian while the other spoke Chinese. Our work together was always a challenge and always enriching. Our Institute was the first in Mexico and the second in all of Latin America, after Buenos Aires. Many Institutes were established after the training we offered in all regions of the country. When we parted professional pathways in 1998, more than 1500 health professionals had attended our workshops in Mexico and abroad and about 3500 individuals had sought consultation with us.

During the 10-year period of our collaboration, it was a pleasure to work with Jorge and reflect together. He is a brilliant, intelligent and creative individual. Together we developed new techniques and opened many fields of practice. We traveled to international conferences, presenting our work in Mexico to the world of hypnosis and psychotherapy. We established our place both within the Ericksonian world and the International Society of Hypnosis (ISH).

We established the Mexican Society of Hypnosis in 1994 and that same year it was accepted as a constituent society by ISH. We rapidly grew and expanded. I believe, in the end, we underwent a similar process.
MB: How did you get interested in working with psychiatric patients?

TR: ‘Madness’ has always been intriguing to me, because it is a great challenge to the imagination and the skills of the therapist. Whomever works with the severely mentally ill can work with anyone else. I am challenged by difficulty and I do not fear mental illness. In the past ten years, Jorge Abia and I have worked individually with the seriously mentally ill and almost all of them were able to re-enter life and be productive. Subsequently, we had the need to systematize this work in order to extend it to many more patients.

MB: So... once you founded your Center, you had to start from ground zero!

TR: Yes, indeed. My group and I spent all of last year structuring and re-structuring, and becoming a “community.” It is important to me that the Centro Ericksoniano de Mexico is a professional group where each one can go at his or her own pace, supported by all of us. All therapists here work full time. They can have their own schedule, doing exclusively what they love most. My commitment was that we would have money not only for clinical work but also for research, teaching, and reflecting. It was a huge commitment! This year has been productive, we restructured the management, re-structured all teaching materials. We also re-organized the training program to be approved by the federal Government as a Masters degree in Ericksonian Psychotherapy.

We are publishing training videos, developing a video library, and a traditional library. We see patients. We have a team to disseminate our work out in the community in order to open new doors. We also are working with corporations to provide programs in human resources. We provide intensive training, twice a year, for colleagues from abroad.

MB: To conclude, could we say that you are not only a "safe place to meet each other and grow" but also that you want to go beyond and deeper in your Ericksonian mission?

TR: Yes, indeed. We want the Center to be a teaching place for graduate studies, recognized and accredited by the appropriate boards of higher education. We also are seeking the ground to have the fruits of what will be an Ericksonian psychiatric hospital. This will be a teaching hospital. It will be a home for growth where people can again learn the ABCs of living. The name of the nonprofit organization, which will support it, translates to "I am growing." The Center also will house the publishing department, Alom Editorial, which has published my books in the past. The publishing arm of the Center also will be expanded.

Currently, given the economic difficulties in all of our Latin American countries, we have to learn to carry out programs without money. This has been a great challenge. Much of what we have done this past year was based on in-kind exchanges, bartering, as I did during my times as an anthropologist. Last February, we invited Katalyn Varga, a Hungarian researcher, and she was our consultant in exchange for undergoing our intensive training in Psychotherapy. My financial and management responsibilities have been great as well. We have seven full-time therapists, as well as clerical staff. I borrowed money in the beginning but we already have been able to pay off our debts. My role as Director has been the fulfillment of a dream. It is really fun!

MB: You are a remarkable woman and an outstanding contributor. Thank you for this fascinating conversation.

TR: Thank you.

Bibliography:


Autohipnosis, Aprendiendo a caminar por la Vida. (1993) Co-author Jorge Abia, M.D.

ALOM: Mexico. Published in French (1997) by SATAS, Belgium.


D DONATIONS

The Milton H. Erickson Foundation, Inc., would like to thank the following colleagues for their generous donations since the last issue of the Milton H. Erickson Foundation Newsletter: Nancy Burns, Psy.D., John Duer, MSW, Stephen Davidson, DO, Peter S. Ricci, MA, MFT, Donna Schneider, Carl Totton, II, Psy.D., and Gunars Vevris, MS, LPCC. We thank you for your continued support of the Foundation and its activities.

The Foundation is engaged in a massive project of making new masters of audio and videotapes in the Erickson Archives to preserve them into the new millennia. For those interested in participating in The Archives Fundraiser, the Erickson Foundation has bricks from the former Erickson home on East Cypress Street. 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, "Home of Hypnosis," 32 W. Cypress Street 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 audio and videotapes of Milton H. Erickson, M.D.

For more information on donating to the Archives Fund, 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.

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