

# The Milton H. Erickson Foundation NEWSLETTER

Michael D. Yapko, Editor / 2525 Camino del Rio S., Suite 265 / San Diego, CA 92108

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The Milton H. Erickson Foundation, Inc.  
3606 North 24th Street  
Phoenix, Arizona 85016  
U.S.A.  
Telephone: (602) 956-6196

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## Interview

### An Interview with Jay Haley

Jay Haley is one of the most influential figures in the field of psychotherapy. He is Director of the Haley-Madanes Institute of Washington, D.C., a leading training center in strategic and interpersonal approaches to family therapy. Haley has authored seven books, co-authored two, and edited five more. He was the first recipient of the Lifetime Achievement Award of the Milton H. Erickson Foundation. His analysis and presentation of Erickson's work were instrumental in making the work available to

the mental health profession. His dry wit and ability to sense and articulate the ironies of the therapy business are unparalleled.

This interview was conducted by Michael D. Yapko at the Fourth International Congress, held in San Francisco in December 1988.

**Y—I'd like to get specific biographical information about you, including when and where you were born, your early**

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### Hypnosis and Elephant Conservation

by Michael D. Yapko, Ph.D.



Michael Yapko, Bill Campbell and friends.

What can I as a clinical psychologist offer to an elephant conservation program? As it turns out — plenty.

The San Diego Wild Animal Park (SDWAP) is a world famous research and conservation branch of the Zoological Society of San Diego. The famed San Diego Zoo also is run by the Society and is the more well-known visitor attraction (although the SDWAP is slowly catching up in terms of number of visitors). The SDWAP has been highly successful in breeding endangered species and is considered by the zoological world to be the premier facility of its kind. Unlike the much smaller San Diego Zoo, animals have wide ranges of land to roam, mimicking their natural environment to a greater extent and thus encouraging more natural behavior.

Currently, the SDWAP has 22 elephants, both Asian and African. The poaching of elephants for ivory in Africa has so reduced their populations that unless some urgent conservation programs are established, these remarkable animals will soon be ex-

tinct. Thus the SDWAP is establishing an elephant conservation program which includes increasing the number of elephants in the park to more than 100 in the next few years. Breeding will be facilitated to as great an extent as possible, with the expectation of eventual release into the wild.

The problem is, handling the elephants is dangerous. Injuries and death among trainers occur all too frequently. Skilled elephant handlers are simply not readily available to manage the increased herd size. Thus, finding and training willing keepers who can make the necessary long-term (20-year) commitment to the animals is difficult, and keeping them healthy is even more difficult.

Organizational psychologist Bill Campbell developed an ingenious idea that led to my involvement in the project. Bill had taken hypnosis training with me, and was impressed with the ability of hypnosis to both facilitate learning and build specific internal states.

Bill's idea was to work hypnotically and

*continued on page 2*

### Erickson Foundation Prepares for Tenth Anniversary

High desert temperatures are waning, but plans for the Tenth Anniversary Seminar on Ericksonian Approaches to Hypnosis and Psychotherapy are heating up.

Speakers are ready to present to the 400 attendees from around the world. The hotel is prepared to serve its guests, and the Erickson Foundation and Center are making final details for the meeting. Attendees are promised an exciting event.

Presenters at the Seminar have been significant to the Foundation since its inception in 1979. Speakers are Joseph Barber, Stephen Gilligan, Stephen Lankton, Bill O'Hanlon, Ernest Rossi and Jeffrey K. Zeig. They have been prominent in Ericksonian psychotherapy and will provide training in basic, intermediate and advanced tracks.

The program is designed to provide attendees with personalized feedback. Small-group practice sessions concentrate on materials covered in the lecture/demonstra-

*continued on page 5*



### Seminar Full

Enrollment for The Milton H. Erickson Foundation's Tenth Anniversary is closed. The four-day event is scheduled for Nov. 2-5, 1989, in Phoenix.

Some 400 professionals from the United States and several foreign countries are expected to attend the meeting.

### Heidelberg Conference

The First European Congress of Ericksonian Hypnosis and Psychotherapy in Heidelberg, West Germany, is an attempt to initiate a European network and exchange between East and West in the field of Ericksonian hypnosis and psychotherapy, according to its organizer, Gunther Schmidt, M.D.

Also, the meeting is intended as a forum in which diverse areas of Ericksonian principles and practice can be developed.

The event is scheduled for September 20-24, 1989, with Stephen Lankton, Ernest Rossi, Helm Stierlin, Paul Watzlawick and Jeffrey K. Zeig slated as keynote speakers.

The program also features workshops, demonstrations and conversation hours. More than 80 professionals from Europe and the United States will serve as faculty. Projected attendance is 1,000.

In addition to the program, the event features a special banquet at the Heidelberg Castle.

The meeting is sponsored by the Milton Erickson Society of Germany.

For further information, contact Dr. Schmidt, c/o The Milton Erickson Institut of Heidelberg/Rottweil, Im Weiher 12, 6900 Heidelberg, West Germany.

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## Elephants *continued from page 1*

strategically with new keepers in order to train them to think and act like more experienced keepers. Since the goal is safety, and the greatest risk is at the beginning, the idea is to accelerate the learning curve of new keepers to acquire and integrate experience more quickly and to develop the strong external focus it takes to operate safely in close proximity to such powerful and unpredictable creatures. Thus, Bill and I are now busy at work creating a program that is of vital importance to make the elephant conservation program safe and successful.

In the past few weeks, I have been handled by more elephants and learned more about them than I ever imagined I could — and I have infinitely more to learn. The key point, however, is that my true role is to help make the human keepers better equipped mentally to do their physically demanding work. Bill's concepts regarding "ideal performance states" have the potential to make hypnosis a most valued learning tool in the process. If this conservation program is successful, and we expect it to be, it undoubtedly will be adopted by other zoos around the world. Together, the tremendous efforts by all involved hold the promise of saving the magnificent African elephant. Without such effort, we will lose forever one of our most noble creatures.

If you would like to make a donation to the elephant conservation program, write a check of any size to "The Zoological Society of San Diego" and either send it to them: c/o SDWAP, 15500 San Pasqual Valley Road, Escondido, CA 92027, or to me at the address on the front of *The Newsletter*. Every contribution to this most worthy project will be greatly appreciated. I'll keep you posted on the progress, and maybe share an elephant story or two in the future issues of *The Newsletter*. Be sure and mark your contribution for the elephant conservation program.

## First French Ericksonian Congress



Elizabeth Erickson and Jean Godin, M.D., Ph.D.

The Institut Milton H. Erickson of Paris, led by Dr. Jean Godin, held the first French-speaking congress on Ericksonian hypnosis April 22 and 23, 1989, in Paris. Presided over by Mrs. Elizabeth Erickson, accompanied by her daughter Betty Alice, the meeting was quite a success.

More than 150 participants, medical doctors or psychologists, were present to hear 32 presentations.

The congress was held at the Salpetriere Hospital in the amphitheater which bears Charcot's name. It was held 100 years after Charcot was chairman of the first international congress on hypnosis attended by Janet, Freud and Bernheim.

Michael  
Liebman



## Notes From The Center

The Milton H. Erickson Center for Hypnosis and Psychotherapy successfully completed our first Intensive Training Program in Ericksonian clinical hypnosis and brief psychotherapy. We are preparing for the second program scheduled to begin October 16.

The initial two-week program was held from June 19 to July 1. We had 24 participants for the first week's beginning program and 22 for the second week's intermediate training. Participants came from three foreign countries and 12 states. The Center staff was pleased with the outcome. The participants were wonderful — they worked hard and had a good time in spite of the rigorous training schedule. The feedback from attendees was excellent. They felt the training was clear and well-organized, and the training climate was supportive and even fun! The group was exceptional in their ability to gain competence in the concepts and skills presented.

Week One focused on theoretical perspectives of Ericksonian psychotherapy, basic hypnotic induction skills, hypnotic phenomena applications and utilization of the Phoenix Model of Psychotherapy. Week Two focused on intermediate skills of hypnotherapy including indirection, clinical use of metaphor, confusion techniques and clinical applications. The last two days provided "behind the glass" supervision. The training model was presentation, demonstration, supervised skill practice and clinical supervision.

Program highlights included a Teaching Seminar featuring the work of Dr. Erickson. Jeffrey Zeig, Director of the Milton H. Erickson Foundation, conducted this portion of the training in which selected videos from the Foundation Archives were presented and stopped at critical points to discuss the dynamics of Dr. Erickson's approaches to therapy. A hike of Squaw Peak with Dr. Erickson's youngest son, Robert, and a visit to Dr. Erickson's office, conducted by Dr. Erickson's widow, Mrs. Elizabeth Erickson, also were special features of the program. The training was conducted by Dr. Zeig and the Center staff. Center staff provided small-group direct supervision for the participants. Training was consistently monitored and facilitated to insure that each participant was getting the most from the training.

Center staff who have a particular strength in a certain aspect of Ericksonian psychotherapy conducted that related component of the training. Brent Geary, Coordinator of Training, and I, as Director of Clinical Services, worked with the participants throughout the training. In that manner, the program provided a variety of people and perspectives, yet continuity and support were maintained. At the program's

conclusion, the participants surprised Brent and me with a presentation of beautiful, engraved plaques commemorating the program and appreciation of the quality of the overall experience. Brent and I would again like to thank the participants. The staff also appreciated the special cards and notes from the participants.

We will conduct a one-week Basic Intensive in the fall. This program is divided into two, 20-hour components, four weeks apart. The same training format will be used. The full two-week program will be held in March and in June of 1990. If interested, enroll early. We were fully enrolled for this last program and had to turn away interested colleagues.

\* \* \*

The 1989 Fall Training Schedule for the Center is available. The program features one- and two-day workshops, the six-day Basic Intensive, a 12-week Hypnosis Training Program and a nine-month Clinical Supervision Program. The Center staff also will be actively involved in the Foundation's Tenth Anniversary Seminar in November.

Please contact the Center at (602) 956-6795; 3618 North 24th Street, Phoenix, Arizona 85016, if you have any questions regarding upcoming programs.

## Newsletter Business

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

Michael  
Yapko



## Notes From The Editor

Welcome to this special issue of *The Newsletter*. It reflects the special occasion of the Milton H. Erickson Foundation celebrating its tenth anniversary. Anniversaries such as this tenth birthday are customarily times to reflect on associated transitions that have served as stepping stones to get us where we are. The Foundation has had many such stepping stones — each physical expansion, each Congress, each annual meeting, the opening of the Erickson Center, the Evolution of Psychotherapy meeting, and the many other activities that have established the Foundation as an innovative and dynamic force in the field of psychotherapy. The Foundation gives a lot — even this newsletter itself is a generous offering to the professional community. It takes far less time for you to read it than it does to write, organize, print and distribute it. The Foundation charges nothing to domestic subscribers, and in doing so provides a valuable cohesiveness to professionals who share a strong and common interest in Ericksonian approaches to hypnosis and psychotherapy.

I would like to acknowledge the valued role the Foundation plays in the grand scheme of things, and with an eye on the future, look forward to the probability that the best is yet to come. Happy 10th Birthday!

— Michael D. Yapko, Ph.D.

## STEPHEN G. GILLIGAN, PH.D.

### Ericksonian Hypnosis Essential Techniques

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years, and the things that led you to develop your interest in psychotherapy. H—I was born a long time ago! (Haley laughs.) I was born in Midwest Wyoming. I moved out to California when I was four-years-old. I went through the army, then went to UCLA, and I got involved in research on films. I looked up Gregory Bateson because he was one of the few people to analyze films. He had analyzed German propaganda films. We got into an argument about a film, and he hired me for his project. I was doing my Master's at Stanford at the time, and was doing my dissertation on film. He had just received some grant money on the subject of communication. He hired John Weakland, who as a film researcher studied Chinese film, among other things. So, we started that project and studied all kinds of behavior, including animal behavior and so forth, and then we got involved in studying schizophrenics and their communication. That seemed a good way to get funded, so we got a grant. That led to the "Double-Bind Theory" and family therapy.

Y—That's a lot of ground you just covered in a pretty short period of time! What was really the turning point for you in terms of making a leap from film analysis to therapeutic communication? H—Well, I was very interested in the Freudian analysis of movies at that time. One of the reasons that Bateson and I argued is that I didn't think he'd taken the castration issue in the film he was studying seriously. It was about a young boy with a knife — an interesting castration idea, and Bateson wasn't supporting it. But, anyhow, he hired John and me to investigate anything we wanted to investigate in looking for paradoxical communication. One day a resident said that if we were interested in communication, I ought to talk to a patient of his, who was a "word salad" schizophrenic. We became fascinated by his communication and began to study it.

We were housed in the VA Hospital, but we weren't studying psychological material from the hospital; we were studying animals at the zoo, training guide dogs for the blind, and ventriloquism. And once we started with this patient, we began to deal with some patients from the hospital. This first schizophrenic I interviewed was a migratory laborer with a third-grade education. I remember asking him what his mother was like, and he said, "Skinny as a wolf, tricky like a cat, with a long tail like a scorpion that stings." That's pretty good! I saw him every day for five years. That's how we did therapy in those days. I finally got him out of the hospital.

Then John and Bateson started with patients. Bateson was the hospital ethnologist and his job was to deal with minorities. Some anthropologist had visited a VA Hospital in Los Angeles and saw an Indian and began to talk to him and told the staff he wasn't crazy, he was just acting like an Indian! So, the VA decided they should have an anthropologist or an ethnologist in the VA Hospital. So, they had one in Los Angeles, and Bateson was the one in Menlo Park. That was his job, dealing with minorities. The primary minority there was Irish. That's what got him into alcoholism,



Jay Haley

because many of them were alcoholics. The project began in 1953, and in 1956 we published the "Double-Bind" paper. I had published one other paper on paradox in therapy in 1954. So, we had two papers in four years. Then, from 1956 to 1962, we published 70 publications, including a couple of books. All of a sudden, we started writing and everything began to make sense! It was a very productive project; we were together eight hours a day for ten years. John Weakland and I just did a videotaped conversation with each other about working with Bateson. We are going to call it *Remembering Bateson*. It just hasn't been edited yet.

The way we got into family therapy was when I was seeing a patient who thought his stomach was full of cement. I remember saying to Erickson, "I have this patient who thinks his stomach is full of cement. How would you deal with him?" Erickson said, "I'd go over to the cafeteria and check the hospital food!" I thought that was too superficial a response. But, later when I checked the hospital food, it was pretty bad! Erickson was so practical at times. I had been interested in the oral aspects of the patient and the symbolism of his mother's milk and all that. It was an oral period in psychiatry. Anyhow, I was seeing this patient and every time his parents visited him, he would fall down on the hospital grounds in a faint and couldn't get up. Then the parents would call the ward. The ward would send an aide over, and the aide would say, "Get up." The patient would get up and go back to the ward. But, he couldn't be with his parents for more than a few minutes! Yet his idea was that when he got out of the hospital, he would have to go home and be with his parents. I wondered how he could go home with his parents if he couldn't be with them for more than five minutes? So, I brought the parents in with him in an interview, and he stood up against the wall like he was crucified. It was an interesting session, and it was the first family interview we recorded. I still have a recording of that one. We realized the double-bind Bateson was hypothesizing about having happened in the childhood of the schizophrenic was happening *currently* — if you look at the communication. So, we made a tremendous shift from etiology and childhood experiences as causal to psychopathology to the current social situation as causal. That was the family whose supposedly "psychotic" son sent his mother a Mother's Day card which said "You've always been like a mother to me." The mother brought it with her to a session, saying "There's

something wrong with this." It was that paradoxical level of communication that interested us. So, I started seeing that family regularly for a long time, and then we all started seeing families.

Y—The kind of psychodynamic training you had gotten was a framework you approached this project with, but it fell by the wayside pretty early on, it seems.

H—I had picked up psychodynamic ideas not from any proper training, but from my reading. I was particularly interested in relation to fiction and metaphor and myths. I think it's [psychoanalysis] still the best framework for analyzing fiction and myths. . . . So, I got involved in it that way, not in relation to therapy at all, because I wasn't really involved in therapy. But then, when we started working with schizophrenics, we were supervised by Don Jackson. Bateson brought him in because we needed supervision. If you talk extensively to a schizophrenic, you end up doing therapy with him, and we knew nothing about how to deal with them. Jackson had been personally supervised by Sullivan and was the authority on the West Coast on schizophrenia. He began to supervise us with those patients. He brought a different view; he brought a Sullivanian view, rather than the psychodynamic view. All family therapists were influenced by Sullivan. We once did a survey for GAP, when I was on the committee, of 300 family therapists, and almost all of them had some contact with Sullivan. He had tremendous influence, even though he wouldn't see a family. He wouldn't sit in a room with the mother of a schizophrenic.

Y—Do you recall your first meeting with Erickson?

H—Sure. He came to town to give us a workshop in 1953. We were studying anything to do with paradox at the time. I said to Bateson I had heard a hypnotist was coming to town and I'd like to take a seminar with him and see if hypnosis was interesting paradoxically. He asked who it was and I said, "Milton Erickson." He said, "Well, I'll call him." That's how I found out that Bateson knew Erickson. Bateson knew everyone. He knew every major social scientist in the field. So, he asked Erickson if I could attend, and Erickson said, "Sure." So, I went up and took that seminar. He gave a talk to this audience of about 20 and he asked whether one of us would like to volunteer to come up and be a subject. I felt the muscle in my thigh twitch and almost pull me up to my feet! At that moment, the guy in front of me stood up and went to volunteer. But if he hadn't, I would have gone. I never had anything happen like that before. How it happened, I don't know. I sure felt that muscle twitch and pull me up to my feet! Y—Was your immediate reaction to him positive, negative or neutral?

H—Pretty positive. I was impressed with him. But I also was biased in the sense that Bateson liked him, spent time with him, and recommended him. He was scary. Everyone was scared of Erickson, because they never knew what he was doing to influence you. He was so agile of mind that he got bored doing any one thing, so he was always doing two or three things at once.

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The Orange County Society For Ericksonian  
Psychotherapy and Hypnosis

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Co-Presentors  
**Terry Argast, Ph.D., Richard Landis, Ph.D., Gary Ruelas, M.A.**

April 9, 10, 11, 1990, Laguna Beach, California

Due to the interactive nature of the conference, involving the audience in live team work with individuals and families, participation will be limited to 95 individuals. Early registration is recommended. Prior to February 1, 1990, the registration fee will be \$300, after which it will be \$360. Application for CME credits has been filed. For further information, contact Richard Landis, Ph.D., Director of Training, Orange County Society for Ericksonian Psychotherapy and Hypnosis, 2101 East Fourth Street, Suite 111A, Santa Ana, California 92705 USA. (714) 547-8120. Eligibility: Master's degree or above in mental health field.

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## No Time for Nonsense: Self-Help for the Seriously Ill

by Ronna Fay Jevne, Ph.D.  
and Alexander Levitan, M.D.  
Published by Lura Media \$11.95

A Canadian psychologist, Ronna Fay Jevne, and a Minnesota physician, Alexander Levitan, have combined their years of experience with cancer patients to write *No Time for Nonsense: Self-Help for the Seriously Ill*, a helpful, humorous, and compassionate handbook for the newly diagnosed seriously ill person.

*No Time for Nonsense* is a practical book for family, friends, as well as helping professionals. It contains accurate information in simple, clear and direct language. Some of the subjects addressed are keeping communication channels open; getting relief from pain; having a compatible and compassionate support system; using your inner resources and strengths; helping your body heal; feeling better through laughter; and dealing with death.

Ronna Fay Jevne, Ph.D., is an associate professor in educational psychology at the University of Alberta, Canada, and Alexander Levitan, M.D., is a private practice physician in medical oncology, internal medicine, and medical hypnosis near Minneapolis. He is President of the American Society of Clinical Hypnosis. Their expertise is apparent, their book, a pleasure to read.

— Marian J. Richetta, M.A.  
San Diego, California

## Hypnotherapy Scripts: A Neo-Ericksonian Approach to Persuasive Healing for Counselors and Psychotherapists

by Ronald A. Havens, Ph.D.  
and Catherine Walters, M.A., M.S.W.  
Brunner/Mazel (in press)

*Hypnotherapy Scripts* is an algorithm meant to ease novice practitioners into the role of hypnoterapists. The book is based on the authors' pilot study of 13 graduate students indicating that scripts were helpful in teaching the mechanics of hypnotic induction.

Chapter One presents seven orienting assumptions of a "neo-Ericksonian" approach which are summarized here: (1) Pain motivates clients to seek therapy; (2) People have conscious and unconscious minds; (3) Dysfunctional relationships between conscious and unconscious minds give rise to problems; (4) Clients have difficulty identifying the sources of their pain and therefore have difficulty changing; (5) The therapist must focus on the client's pain and use it as a guide; (6) When pain is identified, self-corrective change will follow; (7) Patients need help to change, and new skills are best learned at unconscious levels. The authors contend that "the primary purpose of therapy is to enable clients to admit, accurately locate, and precisely define the source of their pain."

Chapter Two defines trance as "passively-focused inner awareness." Pretrance considerations are presented, including not using hypnotherapy approaches with psychotics and borderlines, and that habit problems such as smoking are "very resistant to change." Therefore, the therapist must "use hypnosis to motivate the person to change."

Procedural issues are presented. The authors recommend using a comfortable recliner and providing directions to maintain trance because "in most clients, especially during the first several sessions, trance is a tenuous or fragile state." Also presented in Chapter Two is the diagnostic trance, a brief pre-trance procedure where patients are told to (1) relax, (2) focus on unpleasant feelings, and (3) find images to displace the unpleasant feelings.

A hypnotherapeutic trance session is defined as consisting of six steps: (1) Transition into trance; (2) Trance induction; (3) Metaphorical guidance toward the source of pain and/or solution; (4) Direct suggestion regarding the source of pain and/or solution; (5) Trance termination; (6) Follow-up evaluation.

Chapters 3-17 contain poetic scripts to accomplish this process. There are induction scripts (mostly based on relaxation), scripts for depression, sexual problems, enhancing relationships, etc. Direct statements and suggestions are provided for many of the problem areas. Trance termination scripts also are included.

I have a number of problems with this approach: It is based on a very limited pilot study. If scripts are helpful in teaching the mechanics of induction to a small sample of students, there are still no reasons to infer that scripts are a helpful method to learn treatment in a field as personal as therapy. That notwithstanding, my main objection is that this book is *not* Ericksonian — at least according to my definition of what is Ericksonian.

A number of experts have grappled with the question of what is and what is not Ericksonian, such as the Lanktons in their book, *The Answer Within*. Also, in *Taproots*, Bill O'Hanlon has provided a summary of Ericksonian frameworks. In contradistinction to what is presented in *Hypnotherapy Scripts*, Erickson was more solution-oriented than pain- or problem-oriented, building on patient strengths

rather than accenting weaknesses. He eschewed linear "cookbook" approaches. Rather, he developed hypnosis as a method of building and harnessing interpersonal responsiveness, especially responsiveness to minimal cues. Therapists' comments would build on the responses of the patient. They would not be derived from a preset script. For example, to my knowledge, Erickson never even made a hypnosis tape for patients. He adamantly opposed "formulas" as a method to address human dilemmas. There is only one paper in which Erickson used a script in a field study to work with resistant patients as a tool for induction. He did not use scripts for therapy.

To Erickson, therapy focused on accessing and using pre-existing unconscious resources. Awareness was a by-product of change, not a precursor. Erickson did not view trance as fragile, and used his procedures with psychotics and borderline patients. He did not report that habit problems such as smoking were particularly resistant to change. In his office, he had two straight-backed chairs, not recliners. In his later years, rarely did he use the concept of "relaxation" in inducing trance. His method was active and maximally interactive; trance was not a passive state.

This book is a 1990 version of William Kroger's text *Clinical and Experimental Hypnosis*. Therapists do not have to think or observe. Trance and therapy are presented as if they merely entail reading poetry to a passive patient. They can look up scripts for induction, therapy, suggestions, and termination, and present them to passive patients.

According to the book, it seems as if all can be accomplished in one or two attenuated sessions. The model is a bit like a computer. Problem-oriented metaphorical scripts are followed with instructions "go to a direct suggestion or to trance termination." In fact, it is easy to imagine that this method could be computerized, dispensing with the therapist altogether.

Moreover, the book is not especially scholarly. There are only six Milton Erickson-related citations. Ideas are not properly referenced to indicate serious scholarship. For example, metaphorical methods are promoted, but there are no references to pioneers such as the Lanktons or Gilligan.

In short, I found few of the basic concepts Ericksonian. I do not know why the authors used the word "Ericksonian" in the title of this book. It confuses the territory about what is Ericksonian and what is not. Novice therapists may find some helpful ideas, but those familiar with the intricacies of Erickson will be quite disappointed.

— Jeffrey K. Zeig, Ph.D.

Director,  
Milton H. Erickson Foundation

## Relaxation and Imagery: Tools for Therapeutic Communication

Edited by Rothlyn P. Zahourek  
Published by W.B. Saunders Co., 1988

*Relaxation and Imagery*, a book addressed primarily to nurses, tells how to integrate relaxation and imagery into a total therapeutic process based on individual needs and goals.

Part I consists of five excellent articles describing current theories of relaxation and imagery. The editor, Rothlyn Zahourek, contributed two of the articles in this section, including an introductory overview and a well-researched article entitled "Imagery," which offers theoretical foundations, clinical applications and historical perspectives for the therapeutic use of imagery.

The three other articles are "Relaxation," "Therapeutic Suggestion" and "Therapeutic Storytelling." The first two seem most useful to nurses and others who work in an in-patient setting. As a private practitioner, I found "Therapeutic Storytelling" the most valuable of these papers.


Part II consists of eight descriptive articles on clinical applications. "The Difficult Patient" offers case examples of multi-problem patients showing how the use of relaxation and imagery can promote a relationship that is both collaborative and nurturing. "Imagery and Relaxation as a Therapeutic Intervention with the Dying" offers several touching case studies illustrating how the use of imagery and relaxation provides both the patient and family a way to face questions and fear about death.

"The Cancer Patient" offers a theoretical framework as well as application of relaxation and imagery to specific problems of the cancer patient. Two complete cases are included.

"Relaxation/Weight Loss" presents theories of obesity as well as clinical interventions, while the last three chapters describe clinical applications with specific populations: "Relaxation/Imagery with Alcoholics in Group Treatment;" "Stress Management, Relaxation Training, and Imagery with Prison Inmates;" and "Stress Management with Staff Groups."

All the articles were interesting. The book is a source of valid, up-to-date information pertaining to the theory and application of relaxation and imagery. It will be particularly useful to those who work with specific populations.

— Reviewed by  
Marian J. Richetta, M.A.  
San Diego, California



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Information about monthly workshops (beginning, intermediate and advanced levels). Upcoming workshops will be held in Chicago, November 9-12; Atlanta, December 7-10; Tucson, January 18-21, 1990. Attendance limited to masters degree or doctoral degree individuals who are licensed.

ASCH Membership (open to Ph.D., DSW, M.D., or DDS with 3 days or more of acceptable hypnosis training). Associate membership open prior to hypnosis training. Membership includes 5 newsletters/year, subscription to the American Journal of Clinical Hypnosis, reduced fees for workshops, and access to videotape library.

Annual Workshops & Scientific Meeting, Orlando, Florida, March 23-28, 1990.

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## Videotape Review

The Milton H. Erickson Foundation has for sale a wide selection of tapes on a broad array of subjects relating to Ericksonian approaches to hypnosis and psychotherapy. In this and future newsletters, videotapes will be reviewed, allowing readers to obtain more detailed information regarding the content of the tapes as well as their relative quality.

### "Deep Naturalistic Hypnotherapy"

with Ernest L. Rossi, Ph.D. at The Fourth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy San Francisco, California, 1988.

Rossi guides the viewer into exploring the ideodynamic approach for facilitating unconscious work, without the impediment of conscious involvement. The videotape demonstrates Rossi's work with two volunteer subjects.

In the first case, Rossi works with a woman who complained of anxiety. He illustrates how to establish ideodynamic responses, specifically accessing the responsiveness of the unconscious through ideomotor finger signals. Throughout the demonstration, Rossi interprets the work he does to the audience in a comfortable and conversational style. He continually seeks to confirm that the work he engages in with the demonstration subject is valid,

Videotapes are available in all domestic formats (1/2" Beta or VHS, and 3/4" U-Matic), and many also are available in the international PAL format. Tapes generally are one hour in length and all are professionally videotaped. See the order form elsewhere in the newsletter for specific information on ordering and for a partial listing of other available tapes.

and that it genuinely represents the client authentically tapping into unconscious processes that are not a result of Rossi's own projections and wishes.

The second demonstration subject presents the goal of working on issues related to impatience, relationship and professional issues. Rossi, again, skillfully maintains contact with the subject in trance, while simultaneously instructing the audience as to the nuances of his approach. The subtlety of his work demonstrates the profound respect he has for unconscious processing, and this is clearly seen in the metamorphosis of direct suggestions into questions that allow the unconscious to provide an answer through ideomotor signalling.

The demonstration is valuable for all those interested in techniques associated with accessing unconscious processes.

— Reviewed by  
Brita A. Martini, Ph.D.  
San Diego, California

### Anniversary *continued from page 1*

tion immediately preceding the practicum. There will be a progressive, sequential process for each of the three tracks. Small groups will be limited to 20 attendees.

The four-day seminar November 2-5, 1989, will be held at the Ritz-Carlton, Phoenix. Just completing its first year in Phoenix, this luxury property will provide an excellent setting for registrants. Special room rates of \$69.00, single and \$79.00, double have been arranged for attendees of the Seminar.

In addition to two superb hotel restaurants, there are numerous eating establishments within walking distance of the hotel. There also is great shopping nearby.

The celebration of the Foundation's Tenth Birthday is set for Friday evening, November 3. A no-host cocktail party will give attendees an opportunity to meet other professionals, and a brief program to honor the Foundation will be highlighted. The party will be held at the Ritz-Carlton. Additional information will be provided at the meeting.

November is one of Phoenix' most temperate months. Normally, skies will be blue, temperatures will range from 75 to 85 degrees during the day to 60 to 70 degrees at night. Most visitors may want to bring a light wrap for evening wear.

Phoenix is a casual city. The Ritz-Carlton is a luxury hotel, and unlike many Phoenix area hotels, has a more formal atmosphere. However, the property is in Phoenix, and too formal is out of place.

Business attire is appropriate for daytime sessions. The Friday evening party will be casual.

"We are pleased with the excellent response to this meeting and look forward to seeing a lot of our old friends," said Jeffrey K. Zeig, director of The Erickson Foundation. "It is hard to imagine that ten years already have passed since we first started organizing the Foundation. They have been good years, and we are looking forward to the next phase."

### Learn & Ski

The International Workshop on Ericksonian Hypnotherapy and Mental Training in Sports is scheduled for February 14-18, 1990, in St. Anton A. Arlberg, Tirol, Austria.

Jurgen Wippich and Jeffrey K. Zeig will conduct the training. The seminar is designed so registrants will attend training sessions in the morning and can ski in the afternoon.

For information and registration materials, contact the GHNS e.V., Goldgasse 2, 7980 Ravensburg, West Germany.

### News and Notes

Jeffrey K. Zeig was appointed a Fellow of Division 29 (Psychotherapy) at the recent meeting of the American Psychological Association.

Justice Arnold Fein died last June after an extended illness.

Our deepest condolences go to his widow, Jane Parsons Fein.

## New Titles in Ericksonian Thought and Practice

### Tales of Enchantment: Goal-Oriented Metaphors for Adults and Children in Therapy

Carol H. Lankton, M.A., & Stephen R. Lankton, M.S.W. Integrating the use of indirection into the more commonly used rational approach, this compendium of metaphorical narratives can be used to assist clients toward specific goals such as behavioral change, changes in affect, attitudinal restructuring, changes in family structure, and more. Shows how the tales can be adapted to each client. "Will help therapists move toward more imaginative and creative conversation with their clients." —Bradford P. Keeney, Ph.D.

Bk# 5044 432 Pages List \$40.00 Special Price \$34.95

### Extrapolations: Demonstrations of Ericksonian Therapy (Ericksonian Monographs No. 6)

Stephen R. Lankton, M.S.W., & Jeffrey K. Zeig, Ph.D., eds. From the collection of the Erickson Foundation, six preeminent members—J. Barber, S. Gilligan, S. Lankton, W. O'Hanlon, E. Rossi, and J. Zeig—have selected their favorite videotaped faculty demonstrations for commentary and elucidation. These exemplary demonstrations are presented here for the first time in print. October 1989

Bk# 5672 144 Pages List \$25.00 Special Prepub. Price \$21.95

### Brief Therapy Approaches to Treating Anxiety and Depression

Michael D. Yapko, Ph.D., ed. Must therapy, by its very nature, be lengthy? This important collection of 17 essays proceeds from the growing conviction that many individual cases will respond favorably to brief, outcome-oriented, directive therapies. Articles include: Explanatory Style: Predicting Depression, Achievement, and Health; Multisensory Metaphors for Helping Children with Fears and Anxiety; The Therapist as Variety Generator: Developing Solutions with Depressed Clients; Consciousness, Emotional Complexes, and the Mind-Genes Connection; and much more. "Diagnostically important and rich with case examples that nicely detail innovative interventions. . . . An excellent blend of theoretical issues and practical therapy steps." —Carol H. Lankton, M.A. October 1989

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### Hypnotherapy Scripts: A Neo-Ericksonian Approach to Persuasive Healing

Ronald A. Havens, Ph.D., & Catherine Walters, M.A., M.S.W. Informed, straightforward instruction on how to do hypnotherapy, presenting guidelines for using it in different clinical situations for various purposes. A richly extensive series of scripts offers verbatim examples of trance inductions, metaphorical and direct suggestions for various types of presenting problems, and trance termination procedures. November 1989

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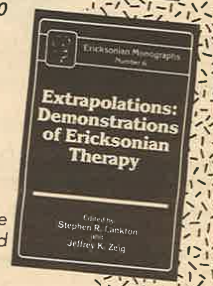
### An Orientation to the Trance Experience [audiocassette]

R. A. Havens & C. Walters. Compelling demonstrations of two trance inductions from *Hypnotherapy Scripts* (above). The listener hears the techniques of voice modulation, rhythm, and phrasing used in hypnotic induction, and is able to experience the actual qualities of the trance state. November 1989

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**Interview** *continued from page 3*

As you're chatting with him about a case, he was trying to get you to move a hand on a table, or turn the other way. I remember one time, we had dinner in San Francisco, and John reached out for his glass of water and his hand stopped. He said, "Milton, I can't reach for that glass of water and I think you have something to do with it." Erickson said, "Would you like to have the water?" John said, "Yes." Erickson said, "Well, you can have it." And John reached over and took the glass of water and drank it. How he did that, I don't know. It was something he might spend 20 minutes to a half hour setting up while he was talking about other things.

**Y—So, your perception of his mental "play" was how he could achieve specific responses in people?**

H—He was constantly practicing<sup>6</sup> if he turned this way, would you turn this way? Would you go the other way? He used to say that if he went to a party in college and he could get a person sitting over here to move over to there without asking them to, then the evening was a success.

**Y—When did you know that it was going to be enough of a focal point in your career to say the things that you said in *Strategies of Psychotherapy*, and then *Uncommon Therapy*? That was a pretty large commitment on your part, to make his work so well-known and understood.**

H—Well, that year we began to investigate hypnosis as an interesting phenomenon. In fact, in hypnosis was the first double-bind we ever found. Bateson had this idea of the double-bind, but we couldn't find one. I remember when I realized that a hypnotist was directing a person to behave spontaneously that that was a double-bind. That was a classical paradoxical conflict. So, that got us interested, and we began an investigation.

**Y—That was your conclusion in observing hypnosis, and it really became a framework for so much else after that.**

H—At that time, we were studying schizophrenia and the issues in schizophrenic families. We got interested in the question "How did the relationship between the hypnotist and his subject compare with the mother of the schizophrenic and the schizophrenic?" because there were similarities. For example, if the hypnotist was being resisted by the subject, he would say, "I want you to resist me." If the guy's hand got heavier when asked to have it lighter, the hypnotist would say, "It will get heavier still." In the same way, we would see a mother say to her child, "I want you to resist me and be independent because it will help you" when the child was already trying to be independent. So, we got interested in sequences like that to see if they were similar.

In 1955, John and I went to spend a week with Erickson and talked with him many hours about similarities with schizophrenic communication and hypnosis, such as hallucinations. Erickson thought they were different. But he'd never thought about it, either. So, we did a lot of exploring and then we came back and went over that material and worked quite a bit with it. In the material was Erickson talking about cases, and we began to realize he was do-

ing a special kind of therapy. At that time, there was no therapy, except that which was based upon psychodynamic ideology. There was no behavior therapy; there was no family therapy. I was very much influenced by Zen in terms of an ideology about life. Ultimately, I realized that Zen practices and Erickson's therapy were similar in many ways. So, I could see that he had something that was an alternative to the existing therapy which really wasn't all that successful. We went back again and again to talk to him about therapy.

In 1956, I went into practice. I had been teaching hypnosis to local psychiatrists and psychologists. I went into practice as a hypnotherapist, set up by Don Jackson, who was head of a clinic. I realized I didn't know how to cure anyone. I knew how to hypnotize them, but not how to change them. I had a few successes that puzzled me. So, I went down and spent a week with Erickson just posing cases to him, and that's how I began to work with him for years, going over cases: I'd say, "Now, what would you do with this kind of problem?" and he'd always surprise me. I had a woman who lost her voice, who couldn't speak above a whisper and there was nothing physically wrong. So, I said to Erickson, "What would you do with this woman?" Milton said, "I'd ask her if there was anything she wanted to say!"

His comments often came off sounding just practical, until you started to think about it.

**Y—When you wrote *Uncommon Therapy*, that was certainly a landmark, a turning point — I imagine, for you professionally, as well as for making Erickson so much more well-known to everyone else.**

H—Well, when I wrote *Strategies of Psychotherapy*, which was really the Bateson Project ideas about therapy, I decided I was through with therapy. I wanted to get out of it and do research on other kinds of things — on films and families. So, I started a project researching families, experimenting with them. Then *Strategies of Psychotherapy* became popular, and people started to invite me to talk. So, I got back into therapy because I was driven to talk about it in order to make some money. That book got me established. So, the more I got into it, and the more I did more practice and began to teach, the more interested I got in Erickson and his specific kind of therapy. By that time, behavior therapy was beginning. In fact, two of the behavior therapists who began behavior therapy were Krasner and Ullman, who were in the same research building as the Bateson Project at the VA Hospital in Menlo Park.

As for *Uncommon Therapy*, I got some time off and I got enough money to spend a year writing it. I thought that would do it. Actually, it took that year and four more before I got it done. It was a tremendous job. I had to go through all the recordings of all the conversations and transcribe them. Then I had to isolate out the cases and organize them. Then I had to put them in some kind of a framework. It was a tremendous job. First, I was beginning to write things down in terms of how to handle symptoms; then finally, I fell on this

idea of the family life cycle, which was a brand new idea at the time. Nobody had thought of it. I saw, then, that his therapy could fall together that way. So I used that framework and then I began to lecture about that. Now, it's taken for granted, the family life cycle, but that was a new idea at the time.

**Y—The fact that it is taken for granted now shows you how influential it was.**

H—Well, it's so obvious when you think of it.

**Y—The book triggered all the interest in Erickson and created the focus on his approaches and what is now known as Ericksonian psychotherapy. It eventually led to the First International Congress and now here we are at the Fourth. How did you feel about this? Did it ever feel like a monster out of control to you? Were you glad that he was getting recognition, because it was what you helped start? Were you ever thinking that all the focus on Erickson was an overreaction? I'm really curious about what your internal experience was to all the hoopla.**

H—Well, the contemporaries of Erickson thought of him as the best among equals. There were a number of therapists who thought they were just about as good as he was. The younger generation of therapists think of him as "The Guru," and think of him as magical or whatever. I'm of the older generation who thought of him as a man who knew his business as a therapist. He worked at it, he practiced it, he experimented with it, and he innovated remarkable procedures.

When I finished *Uncommon Therapy*, I was really into other things. I was working with the poor and with families in Philadelphia. I'd had enough of Erickson. You know, I felt that I gave a good description of his work and since that was now done I'd go on to other things. On the Bateson project, we studied many different therapists. Erickson was one of a number we studied, but, he was the one I devoted most of my time to. At that time, Erickson wasn't that well-known. He was still going somewhere every couple of weeks to give a seminar but it was usually an invitation to do hypnosis. People didn't really know what he was doing as a therapist, which was his most interesting aspect to me.

Granted that he introduced the idea of interpersonal hypnosis which is unusual, to say the least, after a few thousand years of

descriptions of individual hypnosis. But it was after I began to get involved in other things and really wasn't seeing much of him that he became "The Guru" and people began to visit him. I encouraged my students to go to visit him, but I was less and less in contact with him in the '70's.

**Y—Address the internal feeling part about my question. Did you like it that he was gaining recognition, or not like it? Or did it not matter to you either way?**

H—Oh, I thought it was good that he got the recognition, not only for the field of therapy, which could use him because there's so much that's not so good in it, but because he worked so hard and deserved it. This man was seeing patients from 7 in the morning until 11 at night and giving seminars every couple of weeks, and was always teaching. He's probably the most recorded therapist there ever was. He gave freely of his time with anyone who was interested in his work. He was a very dedicated teacher. So, to see him get all that recognition was great!

One of the reasons I didn't see him so often during the seventies is that I was feeling sad about him. When I knew him, he was a physically strong man, and very articulate. He was one of the few therapists who said it was extremely important to control your physical movement, and to control your voice. For example, you need to be able to have a slight inflection in your voice which will itself be a message. If you tell someone to "wake up" with a little questioning inflection, they won't wake up because it's a question. He could do the most subtle kinds of inflections that you couldn't recognize, but the subject could tell that it was a question. What made me so sad is that when he got older, he lost some of his speech because of his polio, and he lost his movement. To other therapists, it might not matter, but it was so important to him.

I remember I visited him once and said, "I would like to set up a video camera and film you in the office with someone changing the tapes. Would you be willing to do that?" He said, "No. My therapy would be misunderstood and someone would have to edit those tapes." I didn't say I'd edit them, because I'd had enough of editing Erickson at that time. So, I said I thought it would be valuable just in terms of an archives. He said there was a more important reason: He

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## MAJOR SURGERY UNDER HYPNOTIC ANESTHESIA

*videotape produced by*

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**Interview** continued from page 8

didn't want to be remembered as a little old man who couldn't talk well. If he was on video, that's how he'd be remembered. I said, "Okay."

Then Herb Lustig, whom I knew in Philadelphia, said he was going to go and film Erickson. Erickson agreed to let him film! Once he did that, then he agreed to let other people come and film. All the films of him sitting in a wheelchair have occurred since then. There was a period when he didn't really want that, though. **Y—You have said, on previous occasions, that you regret his decision to be filmed in his later years. It really is such a sharp image of an aged Erickson, especially for people who have never seen him any other way.**

H—Well, it's different. It's a different person. I mean, he was a gracious, active guy who walked with a cane, but he was physically very active when I knew him. I think it's a shame to remember him that way. If only there were earlier films, like the one I have from 1958 which shows him in his prime. The subject is a Stanford student. The Bateson Project brought in a cameraman and had Milton filmed talking to a young student and doing an induction. It's not a good film because it's a long-distance camera shot, but it does show him in his prime. There's a 1964 film, which I loaned around and will be putting a narration on because he does some extraordinary and intricate work with several women in a demonstration. But anyhow, if there were more films available of him in his 50's, then showing the older ones wouldn't matter so much. But people think of him in that way and it's a shame.

**Y—Would you like to advance more of the solution-oriented type of work? What would you like to see as part of a school curriculum?**

H—I think it's like playing the piano, you have to practice it. And the earlier students start practicing it, the more they'll have an idea of what they have to learn. When we were training people from the community to be therapists, we put them in with families within two weeks; they didn't know anything, which is why we did live supervision to protect the family. But once they got in that room with the family, they got very interested in learning, because they didn't know what the hell they were doing! Whereas, if you just take a course in therapy but you are not going to use it until four or five years from then, you really are not that involved. So I would put them into practice as soon as possible, which would probably require using older students, because I think it helps if people are married and have children — or at least are getting up in the late 20's or 30's.

But, there's another aspect about hypnosis — I don't think you can teach clinical hypnosis without doing therapy. That is, I tend to think of three different hypnoses: 1) the personal hypnosis, where you go through a yoga experience or meditation experience, or whatever; 2) research hypnosis, where you're trying to find the limits of influence of hypnosis in various ways — in terms of deafness, color-blindness, or whatever; and then 3) there's clinical hypnosis, where you're trying to change some-

one. I don't think that has anything to do with the other two types of hypnosis. To teach hypnosis clinically, you have to show someone how to do it with a patient and then watch them do it with a patient while you guide them in doing it. That's how it was taught at the turn of the century — live supervision. And to teach them how to hypnotize, I don't think means anything. It's so different changing someone; the person's motivation is different, the responses are different. I can remember when I went into practice and had some nice formal ways of inducing trance. I would get clients who come to be hypnotized and they'd sit down in the chair and go into trance when I said, "Hello." I would wake them up to put them through the proper ritual! Then I realized that the setting determined how they were going to be and it really wasn't necessary to hypnotize many of them at all! But you wouldn't realize that if you were teaching hypnosis in a class. Anyhow, I don't want to do therapy now, and it's one of the reasons I don't teach hypnosis. I think you have to do it to teach it, and I'm trying to stay out of doing it. I think it should be included in the curriculum, but I think it has to be taught well by people who are competent clinically, not just hypnotists.

**Y—One of your favorite roles has been poking fun at the traditions of therapy. You like to get people to think about why they're doing the things they're doing, and to get them to ask the question, "What if I didn't do it that way?" That's a role you seem to relish.**

H—Well, it was so easy, really. Therapy was so dumb for so many years! I mean, for Freud to set up a procedure designed to change people and then ask the therapist not to direct them to change them in any way — that's pretty crazy! It was set up to change people and then the analyst said, "I don't want you to make any changes in your life during your analysis," which could go on for years!

**Y—I laughed when you said that, because it's literally true! I was at the University of Michigan, in a very analytical program, and that's what they tell you, "Don't make any life decisions for the next nine years."**

H—Yes. Don't change; and now — let's change! [Both laugh.] So, anyhow, it was pretty easy. It was fun, really. Years ago, I wrote that paper on analysis, "The Art of Psychoanalysis" which was a big hit. I finally put it in *Strategies of Psychotherapy* to stop the reprint request. I got over 2,000 reprint requests for it, which was a pain. I showed it to Don Jackson and I said, "Do you think it would harm people in analysis to read this?" And he said, "No. If an analyst can't handle that article when a patient brings it in, he shouldn't be in the field! If he's competent, he should be able to handle it. If he's not competent, you shouldn't protect him." Which is a sensible way to look at it, if you think about it.

**Y—I'm thinking now specifically about the exchange between you and [James] Masterson at the Evolution of Psychotherapy Conference. You made a very, very flat statement that psychoanalysis is dead. And obviously, he doesn't see it that way. For the peo-**

**ple who invest years in trying to understand things like borderline personality disorders and other personality disorders, what would you say to them about those things?**

H—It's a waste of time! I'd say it's a fashion problem. You didn't hear about borderline personalities six or eight years ago! It will be around for a few years or so, then it will go away just like "schizoaffective states" and other such diagnoses. They're really just talking about difficult people. You could define a borderline as half-way in the family and half-way out, but it's not a diagnosis that leads you into an operation of any kind. It isn't a good diagnosis. That exchange with Masterson was curious. I didn't get his paper in advance, so I had

to look at his books. And I saw that he had taken 35 patients and had gotten three books out of them. [Haley laughs.] But, I read it, and he said in the preface that a little kid hanging onto his mother is going to become a borderline personality, which is absolutely crazy. So, I had to say those things, because I was asked to comment, but I shouldn't have been the one chosen to comment. That wasn't the purpose of it

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And for human behavior — we start from childhood to become rigid, very rigid in our behavior, only we don't know that. We think that we are being free, but we are not. And we ought to recognize it.

*(Zeig, 1980, p. 117)*

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<b>1989</b>					
9/8-9	Ericksonian Psychotherapy: The Application of Hypnotic Techniques to Psychotherapy, Tulsa, OK, Jeffrey K. Zeig.....	1	11/8-12	Enchantment and Intervention in Therapy, Pensacola Beach, FL, Stephen Lankton and Carol Lankton.....	18
9/9, 9/16	Fundamentals of Ericksonian Clinical Hypnosis, Immaculata, PA, John and Janet Edgette.....	2	11/9-12	Workshops in Clinical Hypnosis, Chicago, IL, D. Corydon Hammond.....	19
9/20-24	First European Congress on Ericksonian Approaches to Hypnosis and Psychotherapy, Heidelberg, WEST GERMANY, Invited Faculty.....	3	11/10-11	Dissociative Disorders, Ann Arbor, MI, O'Hanlon.....	5
9/20-24	19th Annual Congress of The European Association of Behavior Therapy, Vienna, AUSTRIA, Invited Faculty.....	4	11/10-13	Hypnosis and Brief Therapy of Depression, Seattle, WA, Yapko.....	15
9/22-23	Depression and Anxiety, Ann Arbor, MI, Bill O'Hanlon.....	5	11/17-19	Ericksonian Psychotherapy, Santa Fe, NM, Zeig.....	<b>POSTPONED</b> 20
9/26-27	Patterns of Ericksonian Therapy, Rome, ITALY, Zeig.....	6	12/1-2	Ericksonian Hypnosis: Essential Techniques, Los Angeles, CA, Gilligan.....	15
9/29-30	Using Ericksonian Hypnosis and Psychotherapy, Milan, ITALY, Zeig.....	6	12/1-3	Brief Therapy and Ericksonian Hypnosis, Baltimore, MD, O'Hanlon.....	9
10/5-7	Brief Therapy of Depression, Rochester, NY, Michael Yapko.....	7	12/1-3	Enhancing Therapeutic Effectiveness: Fundamentals of Ericksonian Hypnotherapy, Santa Clara, CA, Zeig.....	21
10/6	Training in Ericksonian Psychotherapy — The Application of Hypnotic Technique to Psychotherapy, Saratoga Springs, NY, Zeig.....	8	12/3-4	Advanced Techniques of Ericksonian Hypnosis, Los Angeles, CA, Gilligan.....	15
10/6-8	Brief Therapy and Ericksonian Hypnosis, Niagara Falls, NY, O'Hanlon.....	9	12/7-10	Workshops in Clinical Hypnosis, Atlanta, GA, Hammond.....	18
10/7-9	Ericksonian Psychotherapy, Montreal, Quebec, Zeig.....	10	12/8-9	The Therapeutic Use of Stories, Metaphors and Anecdotes, Phoenix, AZ, Larry Etkin.....	12
10/14-15	Clinical Hypnosis in Nursing, San Francisco, CA, David Cheek, Helen Erickson, Invited Faculty.....	11	12/8-10	Brief Therapy and Ericksonian Hypnosis, Hilton Head, SC, O'Hanlon.....	9
10/16-21	Intensive Training Program, Phoenix, AZ, Erickson Center Staff.....	12	12/9	Ericksonian Psychotherapy with Adolescents and Children, Phoenix, AZ, Cari Ellis and Rebecca Rubin.....	12
10/21	Brief Therapy of Depression, Salt Lake City, UT, Yapko.....	13	<b>1990</b>		
10/20-21	Eating Disorders and Habit Control, Ann Arbor, MI, O'Hanlon.....	5	1/18-21	Workshops in Clinical Hypnosis, Tucson, AZ, Hammond.....	19
10/21-22	Ericksonian Psychotherapy: The Naturalistic Use of Hypnotic Technique in Psychology, Lincoln, NE, Zeig.....	14	1/20	Ericksonian Approaches for the Treatment of Dysfunctional Relationships, Phoenix, AZ, Marti Waller.....	12
10/27-28	Ericksonian Hypnosis: Essential Techniques, Detroit, MI, Stephen G. Gilligan.....	15	1/26	Eliciting Hypnosis: The Activation Approach of Milton H. Erickson, M.D., Waterloo, IA, Zeig.....	22
10/27-28	Brief Therapy and Ericksonian Hypnosis, Boston, MA, O'Hanlon.....	9	1/26-27	Ericksonian Hypnosis: Essential Techniques, San Francisco, CA, Gilligan.....	15
10/29-30	Advanced Techniques of Ericksonian Hypnosis, Detroit, MI, Gilligan.....	15	1/28-29	Advanced Techniques of Ericksonian Hypnosis, San Francisco, CA, Gilligan.....	15
11/1	Family Systems Training and Supervision, Irvine, CA, Duncan Wigg and Iqbal Their Maung.....	16	2/17	Enchantment and Intervention in Therapy, Pensacola Beach, FL, S. Lankton and C. Lankton.....	18
11/2-5	The Milton H. Erickson Foundation Tenth Anniversary Seminar, Phoenix, AZ, Invited Faculty.....	17	3/3-4	Fundamentals of Ericksonian Clinical Hypnosis, Zagreb, YUGOSLAVIA, J. and J. Edgette.....	23

## Contact Information

- Reese Price, Ph.D., The Milton H. Erickson Institute of Oklahoma, 1620 E. 12th St., Tulsa, OK 74120; (918) 582-2131.
- Graduate Division, Immaculata College, Immaculata, PA 19345.
- Burkhard Peter, Dipl. Psych., Milton Erickson Gesellschaft für Klinische Hypnose (MEG), Konradstr. 16, D-8000 Munich 40, WEST GERMANY. (089) 33 62 56.
- Dr. Henriette Walter, Allgemeines Krankenhaus der Stadt Wien, Psychiatrische Universitätsklinik, Währinger Gürtel 18-20, 1090 Vienna, AUSTRIA.
- Clinical Training, Inc., 5331 Plymouth Rd., Ann Arbor, MI 48105; (313) 996-9112.
- Camillo Loredano, Centro de Studi e di Ricerche per la Psicoterapia, Viale Regina Margherita, Rome 00198, ITALY; Telephone 852006 or 852130.
- Steve Davis, White Spruce Associates, 496 White Spruce Blvd., Rochester, NY 14623; (716) 272-7210.
- Frank Arcangelo, Ph.D., Director of Youth Services, Saratoga County Mental Health Center, Cramer House, 211 Church Street, Saratoga Springs, NY 12866.
- The Hudson Center for Brief Therapy, 12111 Pacific St., Omaha, NE 68154; (402) 330-1144.
- Michel Kerouac, 33 chemin Beaudette, RRI, North Hatley, Quebec, CANADA JOB 2C0; (819) 842-4148.
- Jan Brooks, San Francisco Academy of Hypnosis, 615 27th Street, San Francisco, CA 94131; (415) 826-0533.
- The Milton H. Erickson Center for Hypnosis and Psychotherapy, 3618 N. 24th Street, Phoenix, AZ 85016; (602) 956-6795.
- Utah Society of Clinical Hypnosis; c/o Lynn Johnson, Ph.D., 166 East 5900 South, Suite B-108, Salt Lake City, UT 84107; (801) 261-1412.
- Jim Fruehling, Ph.D., Bethpage Mission, 11128 John Galt Blvd., Suite 500, Omaha, NE 68137; (402) 592-7192.
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## Upcoming Conferences

September 22-24, Long Beach, California. "Helping People Change: Advances in the Cognitive Therapies." Institute for Advancement of Human Behavior. (415) 851-8411.

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October 26-29, San Francisco, California. "Building Bridges: Creating Balance." American Association for Marriage and Family Therapy. (202) 429-1825.

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November 2-5, Phoenix, Arizona. "Celebrating the Tenth Anniversary of The Erickson Foundation." The Milton H. Erickson Foundation. (602) 956-6196.

\* \* \*

March 2-4, 1990, San Diego, California. "The Rational and the Irrational in Psychotherapy." The Milton H. Erickson Institute of San Diego. (619) 295-1010.

## In Memory of Amnon Nadav, M.A.

We are saddened to report the death of Amnon Nadav, a noted teacher and colleague in the Erickson community. Born in Tel Aviv on December 24, 1945, Amnon died of melanoma cancer on February 16, 1989. He is survived by his wife, Esthera, and two young children, Ophir and Orlie.

Amnon arrived in the United States from Israel in 1966. He earned a B.A. at Yeshiva University, and an M.A. in Psychology from the New School for Social Research, and he completed his course work for a Ph.D. in Clinical Psychology at the Florida Institute of Technology. His childhood interest in hypnosis never subsided, and for 20 years he taught, researched, and practiced hypnosis, with special interests in subliminal perception, time, and psychophysiological healing. As former Associate Director of Associate Trainers in Clinical Hypnosis, Amnon trained therapists across the United States in Ericksonian psychotherapy, and he was well known for his integrity, warmth, and sense of humor. He will be deeply missed by all who knew him.

Donations to establish an Amnon Nadav Memorial Library may be sent (payable to): Esthera Nadav, 50-40 207th Street, Bayside, NY 11364. Also, those who wish to write vignettes about Amnon for his young children can send them to the same address.

— Stephen Gilligan, Ph.D.

**Interview** continued from page 9

— we weren't seeking out arguments in that meeting, at all. But again, I think it's wrong for them to take young people, call them "borderline" and lock them up in hospitals until the insurance runs out, which is what they're doing. I think those private hospitals, and there are 85 of them in one chain alone, I think they are corrupting the therapy process. Therapists can't get jobs doing therapy, so they go to work in one of these hospitals, then they try to do something with these families and they can't. Then, they get bitter or they feel as though they're selling out in some way. And those hospitals make so much money! I just gave a talk at one, and the psychiatrist I was with said, "This is a non-profit hospital, but it has 12 million dollars in the bank!" They're doing very well, indeed.

**Y—In the same way that you, in essence, rejected the diagnosis of borderline personality, are there other diagnostic categories that rub you the wrong way? Another fashionable one, for example, is multiple personality disorder.**

H—Erickson was an enthusiast of that.

**Y—Was he?**

H—Well, usually he would only talk about two. I spent a lot of time talking to him about dual personalities.

**Y—And he meant it in the literal, multiple personality way — full dissociation?**

H—Yes. Only he didn't think of it as pathological. They are two different personalities in the same body, was his view. I think I cut that out of *Conversations with Milton H. Erickson*. Diagnosis is an important issue. No one can cure a school phobia, but you can cure a school avoidance. And that slight shift in diagnosis makes the whole difference in therapy to me. I think the more terminology goes that way, the better it is. With schizophrenics, I tend to define them as either trouble-makers or apathetic. The trouble-makers are easier, because they force everyone to deal with them, the family, the community, everyone. The apathetic ones just sit in their living rooms and grow beards. Those are very difficult people to change, because the family is stable with them like that, and to get the family organized to do something about them is hard. So, I tend to think of them as easy cases or hard cases rather than whether it's this kind of schizophrenic or that kind of schizophrenic.

**Y—Are there any that you've dropped into the "impossible" category? Are there any categories of disorder where you feel you simply cannot do anything with the individual?**

H—Well, I can't think of one. Certainly, not on the basis of any category, because the category isn't the person. And you're dealing with the person — not a set of ideas. But we don't turn anyone away, really, I think the difficult cases are, in terms of the diagnosis of the individual, the people most involved with the professionals. The trouble with dealing with a schizophrenic is that you have a lot of colleagues you have to deal with. The trouble in dealing with addicts is you have the court to deal with. If you're dealing with a sex abuse case, which could be relatively easy to solve in the family, you have the protective service agency involved who have a whole separate set of

ideas from yours. So, the most difficult cases are in relation to colleagues — they're not in relation to the type of pathology. **Y—Colleagues aside, a lot of people are going to hear this as, "...if you're a competent therapist, you'll be able to cure anybody." Do you mean that?** H—If you're a competent therapist, you're going to win some and lose some! [Haley laughs.] It doesn't mean they're incurable, it just means you haven't found a way to cure them!

Once, I was talking to Erickson about manic-depressives, which was a rare diagnosis in those days. When we got Lithium, *everyone* was a manic-depressive, because the diagnosis goes with the medication. But in those days it was very rare. And he had a friend who was manic-depressive. I'm pretty sure that he said he was incurable, and that he could only help this guy be the way he was. I was speaking to Don Jackson about that one day, and he said, "Well, that doesn't mean manic-depressives are incurable, it means Erickson's approach doesn't cure it." It hadn't occurred to me that Erickson's approach could be limited in some area, because I was so admiring, you know? But, Jackson was absolutely right! The way Erickson thought about manic-depressives prevented him from solving their problem. I think that's the way it is; the therapist can fail for a variety of reasons, but that doesn't mean the person is incurable.

**Y—Well, here is the last question. What does the future hold for Jay Haley?**

H—My problem is that most of what I'm doing, I've already done! I'm teaching, and even teaching what I've already taught! I'd like to do something different and interesting. I'm beginning to struggle with a play, a play on "The Looking Glass," the one way mirror. But other than that, I just go on doing the job of teaching, doing workshops and figuring out variations on this theme.

**Y—All right, let me lock down the biographical information. You got your Masters at...**

H—I got a B.A. in theatre from UCLA, then I got a B.L.S. in library science from The University of California in Berkeley in order to work my way through Stanford. Then I went to Stanford and got an M.A. and struggled for a while to get my Ph.D. Then I got more and more involved in research and Bateson and never went back.

**Y—And the M.A. was in psychology?**

H—Mass Communication. **Y—Any other relevant information you want me to include in this? Is there anything that you wished I would have asked, and didn't?**

H—Nothing I can think of. I chose to be a respondent and just respond!

**Y—I appreciate you taking the time, Jay. Thanks for the interview.**

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The patient's unconscious mind is listening and understanding much better than is possible for his conscious mind. [1966] *(In Erickson, 1980, Vol. VI, chap. 28, p. 277)*

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## Ronald D. Laing



Ronald D. Laing, M.D., 61, died in St-Tropez, France, August 23, 1989.

Laing was one of the most controversial presenters at the 1985 Evolution of Psychotherapy Conference. He was to have been on the faculty at the 1990 meeting.

Laing was born October 7, 1927, in Glasgow, Scotland, and received his M.D.

from Glasgow University. He practiced psychotherapy for nearly 40 years and authored a dozen books.

One of the most renowned psychiatrists of our time, Laing challenged prevailing medical thinking on schizophrenia and family interaction. He was a deeply sensitive man who eschewed the violence to the human spirit that inadvertently could be promoted by accepted social structures. Rather than accepting these structures, he championed an existential phenomenology based on humanistic values.

Laing was the poet of experience. His prose, verse and dialogues were metaphors designed to experientially challenge rigid sets and help people find new ways to emotionally and spiritually interact.

On behalf of the Board of Directors of the Milton H. Erickson Foundation, we send our deepest condolences to Dr. Laing's family and loved ones.

## Donations

The Milton H. Erickson Foundation has received a total of \$1176.00 in donations since the last newsletter.

We appreciate your generosity and thank those who have remembered us with their contributions.

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## Call for Papers

The European Society of Hypnosis is calling for papers for the Fifth European Congress of Hypnosis in Psychotherapy and Psychosomatic Medicine. The Congress is scheduled for August 18-24, 1990, with workshops and scientific programs.

Abstracts of papers for presentation at the Congress should not exceed 250 words and should be headed as follows:

Title of Paper; Name(s) of Author(s); Professional Affiliations (universities or hospitals, if any); city; country; and mailing address for correspondence.

Program papers will be allotted 20 minutes for presentations. All program participants must be registered prior to July 1, 1990.

The meeting will be held at the University of Konstanz, located at Lake of Constance where Austria, Switzerland and Germany meet.

The Congress is sponsored by The University of Konstanz (Konstanz, Federal Republic of Germany) and the German Society of Hypnosis and the International Society of Hypnosis.

For further information, contact Dr. Walter Bongartz, University of Konstanz, 7750 Konstanz, Federal Republic of Germany.

## University of Halle International Symposium

The Martin-Luther-University of Halle (GDR) and the International Society for Guided Affective Imagery and Mental Imagery Techniques in Psychotherapy and Psychology will hold its International Symposium, "Psychotherapy with Guided Affective Imagery."

The meeting will be held August 22-25, 1990. For a registration form and details, contact Dozent Dr. sc. Heinz Hennig, clinic for psychiatry and neurology of the University of Halle, PF 302, GDR (DDR) 4010 Halle/Saale.

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Supervision Group with Stephen G. Gilligan, Ph.D., in Santa Fe, New Mexico, October 12-15, 1989. Limited to 16 participants. Eligibility: master's or doctorate in health/helping professions, or full-time graduate student status in accredited mental health program. Tuition: \$450.00. Contact: Robert Weisz, Ph.D., The Milton H. Erickson Institute; 105 E. Marcy, Suite 115, Santa Fe, NM 87501.

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