

The Milton H. Erickson Foundation NEWSLETTER

Michael D. Yapko, Editor / P.O. Box 234268 / Leucadia, California 92023

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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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Winter 1992

Fifth International Congress Returns to Phoenix

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

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

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

Professionals may want to take advantage of some of the activities in Phoenix Dr. Erickson recommended to clients and friends, including a climb up Squaw Peak, a visit to The Heard Museum and a tour of The Desert Botanical Garden, to name a few.

The Congress is entitled "Ericksonian Methods: The Essence of The Story." It will feature Invited Addresses, Demonstrations, Supervision Panels, Workshops,

Small Group Practice Sessions, Short Courses, Accepted Papers and Symposia. Keynote Addresses will be presented by Jay Haley, Cloe Madanes and Ernest Rossi.

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

The Invited Faculty includes Brian Alman, Ph.D.; Joseph Barber, Ph.D.; Philip Barker, M.B., B.S.; Norma Barretta, Ph.D. and Philip Barretta, M.A.; John Behars, M.D.; Shirley Bliss, Ph.D.; Philip Booth, M.A. (Oxon), Cert. P.S.W.; Gene Combs, M.D. and Jill Freedman, M.S.W.; Steve Shazer, M.S.S.W.; Yvonne Dolan, M.A.; John Edgette, Psy.D. and Janet Edgette, Psy.D.; Michael Elkin, M.A.; Linda Epstein-Graval, M.A.; Helen Erickson, R.N., Ph.D.; Betty Alice Erickson-Elliott, M.S.; Richard Fisch, M.D.; Brent Geary, M.S.; Stephen Gilligan, Ph.D.; Jean Godin, M.D., Ph.D.; Jay Haley, M.A.; Carl Hammerschlag, M.D.; D. Corydon Hammond, Ph.D.; Ronald Havens, Ph.D. and Catherine Walters, M.A., M.S.W.; Marlene Hunter, M.D.; Tad James, M.S.; Lynn Johnson, Ph.D.; Norman Katz, Ph.D. and Marc Lehrer, Ph.D.; Carol Kershaw, Ed.D.; Alfred Lange, Ph.D.; Carol Lankton, M.A.; Stephen Lankton, M.S.W.; Camillo Lorio, M.D.; John Lovern, Ph.D.; Herbert Lustig, M.D.; Cloe Madanes, Lic. Psychol.; William Matthews, Jr., Ph.D.; Robert McNeilly, MBBS; Scott Miller, Ph.D.; Joyce Mills, Ph.D.; Nancy Napier, M.A., M.F.C.C.; Jane Parsons-Fein, C.S.W.; Robert Pearson, M.D.; Burkhard Peter, Dipl. Psych.; Noelle Poncelet, Ph.D.; Madeleine Richeport, Ph.D.; Michele Ritterman, Ph.D.; Sidney Rosen, M.D.; Deborah Ross, Ph.D.; Ernest Rossi, Ph.D.; Gary Ruelas, Ph.D., Richard Landis, Ph.D. and Terry Argast, Ph.D.; Alan Schefflin, J.D.; Gunther Schmidt, M.D.; Robert Schwarz, Psy.D.; Francine Shapiro, Ph.D.; Olga Silverstein, M.S.W.; Donna Spencer, Ph.D.; Charles Stern, Ph.D.; Sandra Sylvester, Ph.D.; Terry Tafuya, Ph.D.; Moshe Talmon, Ph.D.; Kay Thompson, D.D.S.; Bernhard Trenkle, Dipl. Psych.; Lars-Eric Unestahl, Ph.D.; Paul Watzlawick, Ph.D.; John Weakland, M.F.C.C.;

Interview

An Interview with Joseph Barber

by Michael D. Yapko, Ph.D.

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

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



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

BACKGROUND INFORMATION

Y—The first thing I'd like you to do is to provide some biographical information.

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

Continued on page 8

Spring Intensives Date Set

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

The first two-week program is scheduled for March 2-7 and March 9-14, 1992. Betty Alice Erickson-Elliott, M.S., L.P.C., is Special Invited Faculty for the second week of the Spring Intensive. Ms. Erickson-Elliott, a therapist in Dallas, Texas, is the daughter of the late Milton H. Erickson, M.D.

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

Attendance is limited to 25 participants each week. For registration information, call or write Mr. Geary, The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, Ariz. 85016; (602) 956-6196; fax (602) 956-0519.

The Milton H. Erickson Foundation, Inc.
3606 N. 24th Street
Phoenix, Arizona 85016
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Continued on page 4

Michael Yapko



Editor's Viewpoint

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

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

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

Institute News

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

* * *

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

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

* * *

Directors of the Milton H. Erickson Society of Dayton (Ohio) are President Rubin Battino, Tom Russell and Virginia Brugger. The Society meets the second Tuesday

Intensive Programs Prove Popular

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

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

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

Week One begins from the "ground floor," assuming no previous experience in Ericksonian hypnosis. The early part of the week concentrates on the Ericksonian perspective and fundamentals of trance elicitation. Utilization of hypnotic phenomena and varieties of indirection such as metaphors and anecdotes follow, Geary said. The week concludes with an integrative experience during which the participants conduct interviews and formulate supervised hypnotic interventions.

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

A number of changes are planned for the new year to enhance the highly rated Intensives Program. For the first time, the In-

tensives will be offered in two, three-day weekend blocks, according to Geary. In this manner, the equivalent of the first week will be conducted on weekends in April and May, and the second week equivalent will be offered in the fall. Week Two of the Summer Intensive will be on Brief Psychotherapy, a movement in which Dr. Erickson's influence is central.

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

For information, write Brent Geary, The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, Ariz. 85016; (602) 956-6196; fax (602) 956-0519.

Newsletter Business

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

The University of California
Santa Cruz
Santa Clara Extension
presents

Jeffrey K. Zeig, Ph.D.
Ericksonian Psychotherapy

Fundamentals

March 13-15, 1992

in Santa Clara, Calif.

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graduate students in
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PAID ADVERTISEMENT



The Milton H. Erickson Foundation

PRESENTS

Phoenix Intensive Training Programs

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

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

PLUS

Week I — FUNDAMENTAL PRINCIPLES

Week II — INTERMEDIATE/ADVANCED PRINCIPLES

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

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

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

ELIGIBILITY:

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

ONE WEEK

| | |
|--------------------------------------|-------|
| Early (5 weeks prior) | \$525 |
| Regular | 595 |
| Full-time graduate student (Early) | 450 |
| Full-time graduate student (Regular) | 520 |

BOTH WEEKS

| | |
|--------------------------------------|-------|
| Early (5 weeks prior) | \$975 |
| Regular | 1115 |
| Full-time graduate student (Early) | 825 |
| Full-time graduate student (Regular) | 965 |

FOR INFORMATION, write or call: **The Milton H. Erickson Foundation**
3606 N. 24th St.
Phoenix, AZ 85016 USA
(602) 956-6196; FAX (602) 956-0519

of each month from September through June at Wright State University at 7:30 p.m.

Thomas South, Ph.D., and Mr. Battino are coleading a year-long course at Wright State on Ericksonian methods of hypnotherapy. The course is a three quarter course, with beginning, intermediate and advanced tracks being offered in order.

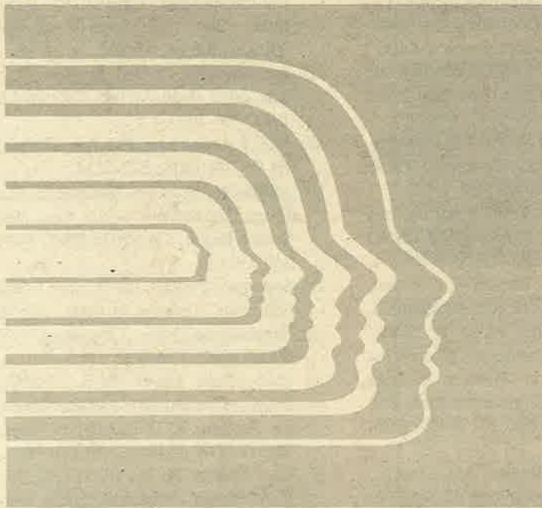
The Milton H. Erickson Institute of San Diego, directed by Michael D. Yapko, Ph.D., has a new address:

380 Stevens Avenue, Suite 208
Solana Beach, California 92075-2068
(619) 259-7300; FAX (619) 944-6368

The Institute welcomes two new staff members: psychologist Deena E. Staab, Ph.D., and psychotherapist Mary Beth Chruden, M.S.W. They join existing clinical staff members Marian J. Richetta, M.A., and Doris B. Murphy, M.A.

Now your patients come to you and tell you their problems. But do they tell you their problems or do they tell you what they think are problems? And are they problems because they think that the things are problems?

(Zeig, 1980, p. 79)



The Milton H. Erickson Foundation

PRESENTS

The Fifth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy

RETURNING TO PHOENIX!

“Ericksonian Methods: The Essence of The Story”

December 2-6, 1992

Phoenix, Arizona

Featured Faculty:

Brian Alman, Ph.D.; Joseph Barber, Ph.D.; Phillip Barker, M.B., B.S.; Norma Barretta, Ph.D. and Phillip Barretta, M.A.; John Beahrs, M.D.; Shirley Bliss, Ph.D.; Phillip Booth, M.A. (Oxon), Cert. P.S.W.; Gene Combs, M.D. and Jill Freedman, M.S.W.; Steve de Shazer, M.S.S.W.; Yvonne Dolan, M.A.; John Edgette, Psy.D. and Janet Edgette, Psy.D.; Michael Elkin, M.A.; Linda Epstein-Graval, M.A.; Helen Erickson, R.N., Ph.D.; Betty Alice Erickson-Elliott, M.S.; Richard Fisch, M.D.; Brent Geary, M.S.; Stephen Gilligan, Ph.D.; Jean Godin, M.D., Ph.D.; Jay Haley, M.A.; Carl Hammerschlag, M.D.; D. Corydon Hammond, Ph.D.; Ronald Havens, Ph.D. and Catherine Walters, M.A., M.S.W.; Marlene Hunter, M.D.; Tad James, M.S.; Lynn Johnson, Ph.D.; Norman Katz, Ph.D. and Marc Lehrer, Ph.D.; Carol Kershaw, Ed.D.; Alfred Lange, Ph.D.; Carol Lankton, M.A.; Stephen Lankton, M.S.W.; Camillo Loredio, M.D.; John Lovern, Ph.D.; Herbert Lustig, M.D.; Cloe Madanes, Lic. Psychol.; William Matthews, Jr., Ph.D.; Robert McNeilly, MBBS; Scott Miller, Ph.D.; Joyce Mills, Ph.D.; Nancy Napier, M.A., M.F.C.C.; Jane Parsons-Fein, C.S.W.; Robert Pearson, M.D.; Burkhard Peter, Dipl. Psych.; Noelle Poncelet, Ph.D.; Madeleine Richeport, Ph.D.; Michele Ritterman, Ph.D.; Sidney Rosen, M.D.; Deborah Ross, Ph.D.; Ernest Rossi, Ph.D.; Gary Ruelas, Ph.D.; Richard Landis, Ph.D. and Terry Argast, Ph.D.; Alan Schefflin, J.D.; Gunther Schmidt, M.D.; Robert Schwarz, Psy.D.; Francine Shapiro, Ph.D.; Olga Silverstein, M.S.W.; Donna Spencer, Ph.D.; Charles Stern, Ph.D.; Sandra Sylvester, Ph.D.; Terry Tafoya, Ph.D.; Moshe Talmon, Ph.D.; Kay Thompson, D.D.S.; Bernhard Trenkle, Dipl. Psych.; Lars-Eric Unestahl, Ph.D.; Paul Watzlawick, Ph.D.; John Weakland, M.F.C.C.; Andre Weitzenhoffer, Ph.D.; R. Reid Wilson, Ph.D.; Michael Yapko, Ph.D.; Jeffrey Zeig, Ph.D.

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

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

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

Enclosed is my registration fee _____ (U.S. Funds Only) Students Only: My student letter is enclosed _____

We accept MasterCard _____ VISA _____

Expiration Date: _____ Signature: _____

COMPLETE ALL BLANKS

Name: _____ Degree: _____ Major _____

Address: _____ City: _____ State: _____ ZIP: _____

University from which you earned your highest degree: _____

University at which you currently are enrolled: _____

Physically Challenged? _____ In what way? _____

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

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

Upcoming Training

(Note: The Erickson Foundation lists workshops as a service to its *Newsletter* readers. We cannot attest to the quality of training provided in these workshops.) A \$10 fee is required for each workshop submission.

| DATE | TITLE/LOCATION/LEADER | CONTACT |
|------------------------|---|---------|
| 1992 | | |
| 1/18, 2/15, 3/14, 4/11 | FUNDamentals of Ericksonian Hypnosis and Supervision; Pittsburgh, PA; John Edgette, Psy.D. | 1 |
| 2/5-9 | Residential Training in Clinical Hypnosis; Los Gatos, CA; Deborah Ross, Ph.D. | 2 |
| 2/8-9 | Evolution of the (Ericksonian) Therapist; Munich, GERMANY; Jeffrey K. Zeig, Ph.D. | 3 |
| 2/9-14 | Utilization of Symptoms, Clinical Applications; Penzberg, GERMANY; Zeig | 4 |
| 2/15 | Latest Developments: Ericksonian Hypnotherapy in the 1990s; THE NETHERLANDS; Zeig | 5 |
| 2/19-20 | Ericksonian Psychotherapy; Copenhagen, DENMARK; Zeig | 6 |
| 2/20 | FUNDamentals of Ericksonian Hypnosis; Ft. Lauderdale, FL; John Edgette, Psy.D. | 7 |
| 2/21-22 | Intermediate Ericksonian Hypnotherapy; Ft. Lauderdale, FL; John Edgette, Psy.D. | 7 |
| 2/21-23 | Ericksonian Psychotherapy; Stockholm, SWEDEN; Zeig | 8 |
| 2/23-24 | Advanced Ericksonian Hypnotherapy; Naples, FL; John Edgette, Psy.D. and Janet Edgette, Psy.D. | 9 |
| 3/2-7 | Intensive Training Program (Basic); Phoenix, AZ; Brent Geary, Zeig | 10 |
| 3/9-14 | Intensive Training Program (Intermediate); Brent Geary, Betty Alice Erickson-Elliott, M.S. | 10 |
| 3/12-15 | Gestalt Therapy in the Context of Hypnosis; Los Gatos, CA; Ross | 2 |
| 3/13-15 | Ericksonian Psychotherapy (Basic); Santa Clara, CA; Zeig | 11 |
| 3/20-22 | Interactive Guided Imagery; Santa Monica, CA; Dr. Martine Rossman and Dr. David Bresler | 12 |
| 3/22-28 | Creative Therapy: A Hawaiian Adventure, Retreat and Training; Maui, HI; Paul Carter | 13 |
| 3/25-29 | Trancework: Clinical Hypnosis in Psychotherapy; San Diego, CA; Michael-Yapko | 14 |
| 4/1-5 | Residential Training in Clinical Hypnosis; Los Gatos, CA; Ross | 2 |
| 4/4-5 | Ericksonian Psychotherapy; Las Vegas, NV; Zeig | 15 |
| 4/24 | Ericksonian Psychotherapy; Cleveland, OH; Zeig | 16 |
| 4/24-26 | Interactive Guided Imagery; San Diego, CA; Rossman and Bresler | 12 |
| 4/25-26 | Ericksonian Psychotherapy; Milwaukee, WI; Zeig, Erickson-Elliott | 10 |
| 4/30-5/3 | Applying Hypnosis in Psychotherapy; San Diego, CA; Yapko | 14 |
| 5/1 | Ericksonian Psychotherapy and Hypnosis; Santa Ana, CA; Zeig | 17 |
| 5/1-3 | Interactive Guided Imagery; Anaheim, CA; Rossman and Bresler | 12 |
| 5/14-17 | Advanced Residential Training in Clinical Hypnosis; Los Gatos, CA; Ross | 2 |
| 5/15-16 | Hypnosis and Depression; San Diego, CA; Yapko | 12 |
| 5/15-17 | Ericksonian Psychotherapy and Hypnosis; Houston, TX; Zeig, Erickson-Elliott | 18 |
| 6/10-14 | Residential Training in Clinical Hypnosis; Los Gatos, CA; Ross | 20 |
| 7/20-28 | Two Week MRI Summer Symposium on Brief Strategic Therapy; Palo Alto, CA; Faculty | 19 |
| 7/29-31 | Brief Strategic Therapy; Palo Alto, CA; Michael White & Francine Shapiro | 19 |

Congress *continued*

Andre Weitzenhoffer, Ph.D.; R. Reid Wilson, Ph.D.; Michael Yapko, Ph.D.; Jeffrey Zeig, Ph.D.

The Congress is open to professionals in health related fields including physicians, doctoral level psychologists, podiatrists, and dentists who are qualified for membership in, or are members of, their respective organizations (e.g., AMA, APA, ADA). The Congress also is open to professionals with mental health related graduate degrees (e.g., MSW, MSN, MA or

MS) from accredited institutions. Applications will be accepted from full-time graduate students in accredited programs in the above fields who supply a letter from their department certifying their full-time student status as of December 1992.

For information about registration, write, call or fax The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, Ariz. 85016; (602) 956-6196; fax — (602) 956-0519. A registration form is located elsewhere in this issue.

Contact Information

- George Yatsko, 2605 Murray Ave., Pittsburgh, PA 15217; (412) 422-5888.
- Deborah Ross, Ph.D., Los Gatos Institute, 19845 Skyline Blvd., Los Gatos, CA 95030; (408) 354-7738.
- Burkhard Peter, Dipl. Psych., M.E.G., Konradstr. 16, D-8000 Munich 40, GERMANY; Tel: 011 49 (89) 22 02 24 (MEG)
- Wolf Buntig, M.D., ZIST in Penzberg, ZIST 3, D-8122 Penzberg, GERMANY; Tel: 08856/5192.
- Japp Hollander, Psych., Staringstraat 1, Nijmegen PC 6511, HOLLAND (The Netherlands).
- Kirsten Muus, Korsgade 4, 4. sal, 2200 Kobenhavn N. (Copenhagen N.), DENMARK; Tel: wk-36 77 33 88.
- Joyce Gilbert; Awareness Counseling Services; Great Western Savings Bldg., 3511 W. Commercial Blvd., Ste. 304; Ft. Lauderdale, FL 33309; (305) 739-0300.
- Margaretha Ekman, Ma. Psych., SFKEH, Abergsons vag 17, S-171 73 Solna, SWEDEN; Phone and fax: 011-46 8-624-0333.
- Mental Health Association of Collier County; 2335 9th St. North, Ste. 404, Naples, FL 33940.
- The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016-6500; (602) 956-6196; FAX: (602) 956-0519.
- Colleen O'Driscoll, University of California-Santa Cruz, 740 Front Street, Suite 155, Santa Cruz, CA 95060; (408) 427-6610.
- Academy for Guided Imagery, P.O. Box 2070, Mill Valley, CA 94942. 1-800-726-2070.
- M.E.T.A. Institute, P.O. Box 38, Paia, HI 96779; (808) 572-2234.
- Milton H. Erickson Institute of San Diego, 380 Stevens Avenue, Suite 208, Solana Beach, CA 92075-2068; (619) 259-7300.
- Suzanne Faust, Ph.D. or Sonja Saltmann, Therapy Institute, 2265A Renaissance Drive, Las Vegas, NV 89119; (702) 798-7997.
- Mary Beth Hayer, M.S., L.P.C., N.C.C., Continuing Education Director, PsyCare, 8577 E. Market Street, Warren, OH 44484; (216) 856-6663.
- Gary Ruelas, Ph.D., OCSEPH, 2101 E. 4th Street, Suite A111, Santa Ana, CA 92705; Tel: (714) 547-8120, Fax: (714) 547-5536.
- Carol Kershaw, Ed.D., Milton H. Erickson Institute of Central Texas, 2012 Bissonnet, Houston, TX 77005; Tel: (713) 529-4588.
- MRI, 555 Middlefield Road, Palo Alto, CA 94301; (415) 321-3055.

The Orange County Society For
Ericksonian Psychotherapy and Hypnosis
presents

Interactive Imageries For the Child Within

Extensions of *The February Man*

with

Richard E. Landis, Ph.D.

Author of *Reparenting Guided Imageries for the Inner Child* and
Interactive Imageries: PartsWork

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

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

Eligibility: Masters or Doctorate in Mental Health Disciplines

Orlando, FL - March 28 -29
Williamsburg, VA - April 25 -26
Atlanta, GA - April 11-12
Pittsburgh, PA - May 16 -17
Newark, NJ - May 30 -31

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

PAID ADVERTISEMENT

Sex, Love, and Violence

by Cloe Madanes

Published by Norton, N.Y., 1990. 256 pages.

I think Argentines are courageous, intense and bold people. Madanes has developed some very important ideas in this book, full of courage and intensity. She presents a fairly complex model for dealing with incest and sexual abuse in a family therapy context, including having the victim and the offender in the same room. This, to many, is unreasonably bold.

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

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

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

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

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

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

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

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

(ASCH, 1980, Taped Lecture, 2/2/66)

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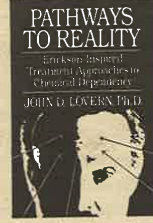


THE COUPLE'S HYPNOTIC DANCE
CREATING ERICKSONIAN STRATEGIES IN MARITAL THERAPY

Carol J. Kershaw, Ed.D.

This remarkable book is the first of its kind to examine Ericksonian hypnosis in marital therapy. This intriguing volume explores how hypnosis can be employed as a practical and effective tool that can impact on many levels. Using this approach, the therapist can help couples break dysfunctional patterns, accept new learnings, and experience more satisfaction in their relationship. Some specific areas covered include patterned interactions in hypnotic inductions, the use of "unconscious" language in assessing the dynamics of couples, and strategic uses of trance induction. This insightful volume will enable the psychotherapist to recognize the trance that partners stimulate in each other, to create interventions that are solution-oriented, and to foster a sense of hopefulness for the future of the relationship. *"This is a ground-breaking book for therapists interested in applying Ericksonian approaches with couples. It offers a well-written balance of clear theory and practical techniques. I highly recommend it!"* —Stephen G. Gilligan, Ph.D.

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ERICKSON-INSPIRED TREATMENT APPROACHES TO CHEMICAL DEPENDENCY

John D. Lovern, Ph.D.

This informative volume makes the momentous link between two vital, and hitherto separate, treatment camps: the addictions treatment community and the growing number of psychotherapists who are fruitfully drawing from Milton H. Erickson's innovative approaches. This clinically focused volume covers such areas as the numerous, specific treatment strategies aimed at overcoming denial, resistance, and other defenses; techniques that may be employed in individual, group, and family treatment modalities, a discussion of the concept of surrender and therapeutic tools for helping chemically dependent clients attain it; currents of psychological and therapeutic thought unified with the twelve-step philosophy in a workable, utilitarian manner that provides a wealth of techniques; and more. The author works with the conviction that chemical dependency treatment can be enriched by the informed, flexible use of Erickson-inspired techniques—techniques that will give professionals an even greater means to think and act creatively and efficaciously with addictive clients.

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The most comprehensive guide in its field, Self-Hypnosis has been significantly updated and expanded to incorporate new information that will enhance the learning and teaching of this empowering skill. Readers will find more applications of self-hypnosis techniques than in any other single source: self-confidence, pain control, weight loss, smoking cessation, allergy relief, elimination of phobias, improved parenting skills, and many more. Focusing on personalized, nondirective strategies, the authors provide an authoritative presentation of the practical steps toward achieving visualization, guided imagery, and goal-directed relaxation. Sample scripts interspersed throughout the book contain detailed hypnotic suggestion language that can be used verbatim or adapted to the subject's experience and needs. *"...One of the best books on the market on self-hypnosis."* —Jeffrey K. Zeig

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Single Session Therapy: Maximizing the Effect of the First (and Often Only) Therapeutic Encounter

by Moshe Talmon

Published by Jossey-Bass, San Francisco, 1990. 146 pages.

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

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

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

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

Talmon offers some guidelines for making maximum therapeutic impact, beginning with a restructuring of the initial contact, a telephone call asking for the appoint-

ment. The therapist her/himself talks to the client and begins the therapeutic relationship. The possibility of pre-session change is seeded at that time, and a task is given. On the first session, the therapist can inquire about the task and about pre-session change, setting the stage for a rapid resolution of the problem.

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

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

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

I don't do brief therapy with every client, but, like Talmon, I do not find that severity of a problem is the determining factor. Motivation, readiness to change, and therapeutic work with a customer seem to be better predictors of short-term successful therapy. In any event, after reading this book, you can't possibly look at your therapy in the same way.

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

Audiotape Review

Generating Possibilities: Therapeutic Conversations

A tape series from the meeting held June 27-30, 1991 in Tulsa, Oklahoma.

Produced by InfoMedix.

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

There is an interesting general theme here of reframing client's problems, and each camp uses different approaches. While deShazer, for example, would probably disagree, I think his exception-focused interview is an example of the skillful reframing of the problem. White and Epston

also reframe in a similar way, calling the exceptions "unique outcomes" which are not so much unique as overlooked.

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

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

Baby News

Natalie Gilman, editor with Brunner/Mazel Publishers, Inc., gave birth to a daughter December 1, 1991. Laura Joanne weighed six pounds 11½ ounces. She is her parents' first child.

Media of Note

Ernest L. Rossi, Ph.D., with David Nimmons, has a new book entitled *The 20-Minute Break: Using the New Science of Ultradian Rhythms*. Published by Jeremy P. Tarcher, Inc., the book promises to help one reduce stress, maximize performance, and improve health and emotional well being.

* * *

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

* * *

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

* * *

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

* * *

Janet Edgette, Psy.D. & John Edgette, Psy.D., recently published an article entitled "Democratizing Hypnosis with an Ericksonian Orientation" in the *Journal of Applied Psychology*.

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

* * *

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

* * *

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

* * *

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

* * *

Gaetan Nadeau, M.D., has written an article for *Le Cahier D' Education Medicale* entitled "L'hypnotisme clinique." The article appeared in the May 23, 1990, issue. Dr. Nadeau is the director of the Quebec City Erickson Institute.

Joint Conference Ericksonian Hypnosis and Psychotherapy

July 22 - 24, 1992
in Jerusalem / Israel

with Joseph Barber, Peter B. Bloom, Graham D. Burrows, Walter Bongartz, Fred J. Evans, Erika Fromm, Joan Murray Jobsis, Moris Kleinhaus, Stephen R. Lankton, Camillo Loriedo, George Matheson, Ernest L. Rossi, Burkhard Peter, Herbert Spiegel, Kay Thompson, André M. Weitzenhoffer, Peo Wikström, Jeffrey Zeig, et al.

as Pre-Congress to the
12th International
Congress of Hypnosis

July 26 - 31, 1992

Information

Joint Conference: Burkhard PETER, Dipl.-Psych.
M.E.G., Konradstr. 16, 8000 München 40, Germany
12th Congress: Moris KLEINHAUS, M.D., 12th International
Congress of Hypnosis, P.O.B. 50006, Tel-Aviv 61500, Israel

Conference Announcements

February 10-13, 1992 — Palo Alto, Ca. The MRI Winter Seminar: "The Interactional View." Contact MRI, 555 Middlefield Road, Palo Alto, Ca. 94301. (415) 321-3055.

* * *

March 13 & 14, 1992 — Washington, DC. The 15th Annual Family Therapy Network Symposium: "Making It Up As We Go Along: Creativity and Professional Responsibility in an Uncertain Time." Contact George Woolley, Symposium Registrar, 8528 Bradford Road, Silver Spring, MD 20901. (301) 585-5545.

* * *

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

* * *

July 20-28, 1992 — Palo Alto, Ca. The MRI Summer Symposium: "Brief Strategic Therapy." Contact MRI, 555 Middlefield Road, Palo Alto, Ca. 94301. (415) 321-3055.

* * *

July 22-24, 1992 — Jerusalem, Israel. The Joint Conference on Ericksonian Hypnosis and Psychotherapy and 12th International Congress of Hypnosis. Contact: 12th International Congress of Hypnosis, P.O. Box 50006, Tel-Aviv 61500, Israel. Tel. 972 3 5174571.

* * *

October 15-18, 1992 — Miami Beach, FL. The 50th Annual American Association of Marriage, Family Therapists: "Family Therapy: The Next 50 Years." Contact: AAMFT Conference Dept., 1100 17th Street, N.W., 10th Floor, Washington, D.C. 20036. (202) 452-0109.

* * *

December 2-6, 1992 — Phoenix, AZ. The 5th International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy: "Ericksonian Methods: The Essence of the Story." Contact: The Milton H. Erickson Foundation, 3606 North 24th Street, Phoenix, AZ 85016 (602) 956-6196.

* * *

June 18-21, 1992 — Mazatlan, Mexico. The First International Congress on Integrative and Eclectic Psychotherapy. Contact Emmanuel O. Olukotun, FIAPEP, Apartado Postal 51-042, 45080 Guadalajara, Jalisco, Mexico; FAX 36/21-00-61.

* * *

Any statesman can tell us that most of the world's troubles derive from a lack of communication. So it is with matters of human illness and health. [1970]

(In Erickson, 1980, Vol. IV, chap. 6, p. 75)

Conference To Be Held in Tbilisi

A conference entitled "The Perspectives of Psychotherapy and Psychological Helping" will be held in Tbilisi, Georgia, in the former U.S.S.R., in the autumn of 1992.

Planned topics include theoretical and methodological issues of psychotherapy and psychological helping; problems of techniques; issues of experimental and empirical research; psychotherapy and psychological helping in the different spheres of human activities and in various illnesses; non-traditional forms of psychotherapy; problems of training of specialists; ethical issues; problems of organization of psychotherapeutic and psychological services.

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

* * *

12th International Congress of Hypnosis

The 12th International Congress of Hypnosis is scheduled for July 26-31, 1992, in Jerusalem, Israel. The theme is "Reducing Stress and Its Consequences."

The PreCongress, entitled "Arts-Facts-Artifacts," on Ericksonian Hypnosis and Psychotherapy is scheduled for July 22-24, 1992. The Joint Conference is sponsored by the International Society of Clinical Hypnosis.

To register for the Joint Conference, write Burkhard Peter, Dipl. Psych., c/o M.E.G., Konradstr. 16, 8000 Munich 40 Germany; Fax (011-49-89-641-2599). Proposals for the Joint Conference also may be submitted to Mr. Peter.

To register for the 12th Congress, write Moris Kleinhaus, M.D., 12th International Congress of Hypnosis, P.O. Box 50006, Tel-Aviv 61500, Israel; telephone (972 3) 5174571; fax (972 3) 655674, 660325.

Advertising Rates to Increase

Due to rising production and postal costs, the Milton H. Erickson Foundation has announced that the advertising rates for *The Newsletter* will be raised.

Rates have not changed since 1987. The new rates will be in effect with the second issue of 1992 (Summer 1992).

The following are the new rates:

Eighth page: \$150

Quarter page: \$240

Half-page: \$420

¾ page: \$570

Full page: \$720

Advertising deadlines are December 15 for the Winter issue; April 15 for the Summer issue; and August 15 for the Fall issue. For additional information, call or write The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, Ariz. 85016; (telephone) (602) 956-6196; (FAX) (602) 956-0519.

First International Conference on Story-Telling

The Hungarian Psychiatric Association will hold the First International Conference on "Story-Telling" July 16-19, 1992, in Budapest, Hungary.

Entitled "The Use of Stories and Metaphors as Tools in Communication," the conference will feature an inter-disciplinary group of therapists and researchers who will study the use of stories and metaphors in therapy and communication. Participants will be from the fields of psychiatry, psychology, medicine, nursing, social work, occupational therapy, art therapy, education, literature and religion.

According to Conference Chairman Amnon Carmi, story-telling will be studied, and one evening will be devoted to a contest of the best stories.

Deadline to submit proposals for workshops, seminars or poster sessions is Jan. 31, 1992. Registration deadline is March 15, 1992.

For information, write Congress Bureau Motesz, P.O. Box 145, Budapest H-1443 Hungary; fax: (36-1) 1837-918.

Janos Furedi, M.D., is president of the Hungarian Psychiatric Association. The International Council for the Conference includes Dr. Furedi, Mr. Carmi, Mossrat Peseschkian of Germany and Jeffrey K. Zeig, Director of The Milton H. Erickson Foundation in Phoenix, Ariz.

* * *

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Hypnosis in Psychotherapy
with

MICHAEL D. YAPKO, PH.D.

in

San Diego

March 25-29, 1992

For information on this and other Institute workshops, contact:
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(619) 259-7300 FAX: (619) 944-6368

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Interview *continued*

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

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

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

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

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

Doing research also gave me the opportunity to have a lot of experience hypnotizing people, because I had lots of subjects. I had at least 500 hours' experience with

hypnosis by the time I graduated. I learned a lot, not only as a consequence of the research, but I learned by having so much concentrated experience hypnotizing people. I had never really seen anyone else do hypnosis, except during the weekend workshop I mentioned earlier.

In my experience of doing research, I had an uninterrupted opportunity to watch what happens with subjects during inductions, and observed how subjects responded idiosyncratically to suggestions, and so on, and I learned a lot from that. When I went to graduate school, my interest continued. I was interested in hypnosis both as an experimental tool, to investigate the nature of consciousness, as well as a subject of research, itself.

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

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

RAPID INDUCTION ANALGESIA

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

B—I didn't understand how to account for our wildly unexpected results. I corres-

ponded with Erickson, Haley, Orne, Melzack, and Hilgard about this, asking if they might help me understand these results. **Y—What happened with the rapid induction analgesia? Those data have not been well corroborated subsequently.**

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

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

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

B—I don't know. The point of my paper was not there is a particular script that should be used, but that certain principles of communication are important. In fact, I only included an example of a script at the insistence of the journal editor. I didn't want to emphasize a particular script.

In any case, after that first clinical series of 100 cases (in which there was only one

failure to obtain analgesia), I sometimes had occasion to consult in dental offices and elsewhere, and I didn't always get the same results. In fact, I once was collaborating on some research with Martin Orne, and he asked me to go to the dental school clinic so he could see with his own eyes the effectiveness of RIA in a clinical setting. We found what seemed to be a likely patient, and I did what I had been doing so successfully, and . . . to my puzzlement, I was not successful at creating analgesia. I don't know how to account for it. I think that part of the initial success did have to do with something that related to effective communication technique. Part of it may also have to do with a more ineffable quality that I was inadvertently bringing to the situation that I don't know how to identify. Perhaps something about my own confidence, or expectations, or something like that, but I really don't know. . . because I wasn't actually confident, or expectant of success, in the first series of trials. Each time we achieved analgesia, I was actually amazed.

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

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

CHARACTERIZING HIS POSITION

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

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

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

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

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

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

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

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

DIFFERENT VIEWS OF ERICKSON

Y—There are conceptual differences, though. You have one group of folks who talk about hypnosis as a naturalistic experience that everyone is capable of. . .

B—Erickson didn't say that.

Y—He did talk about what he called the "everyday trance state."

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

EVERYDAY TRANCES

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

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

SKILLS NEEDED TO DO HYPNOSIS

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

B—I wouldn't take that single statement as representative of Hilgard's viewpoint.

Y—You don't think that represents a viewpoint of hypnosis beyond the mere words of the statement?

B—No, I don't think that statement fully represents Hilgard's viewpoint, at all. I remember reading that statement in the *Psychology Today* article some years ago. And in the limited context of what I think he meant, I would agree with him. But I don't think the statement represents all of Hilgard's understanding of hypnosis, and it certainly doesn't represent views of the clinicians whom you would not think of as Ericksonian — people such as I named earlier. My understanding of what Hilgard was saying is that it is relatively easy to induce a hypnotic experience in most people. It's done every day by stage hypnotists, magicians, lay hypnotists, and even teenagers at parties. What is not easy, and, of course, what requires training and skill, is the appropriate and benign use of that hypnotic state. But Hilgard also authored, 30 years ago, with his wife, Josephine, a theory of hypnosis that stressed what they called the "developmental-interactive" aspects of hypnosis, by which they were referring to the "interpersonal factors" that you and I both regard as essential to the hypnotic experience. One can be easily

misunderstood by particular things one says, and Hilgard's statement is vulnerable to such misunderstanding. If that statement were all he had to say about the subject, we'd have to take it at face value. But we have other information about Hilgard's views. And Hilgard had great respect for Erickson's clinical hypnotic skills. Erickson spent time with Hilgard at Stanford, so they could discuss and explore hypnotic phenomena together.

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

VIEWS OF ERICKSONIANS

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

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

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

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

Continued on page 10

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Interview *continued*

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

ON ERICKSON'S INDIRECT METHODS

Y—You made an interesting attribution in the literature, and just now, about the aging factor in Erickson's life that I'd like you to comment on now. It is your belief that the reason Erickson's views about trance became more diffuse rather

than sharper is because there was a decline in his abilities, that physically he was weaker, and that it was more of a compensatory phenomenon. I'm curious why you frame it that way. Couldn't it have become clearer to him, not fuzzier, that indirection was a profitable technique, or a good complement to the kind of direct techniques almost everyone else was practicing? You won't find Ernest Hilgard or Martin Orne getting metaphorical with their clients. Theirs is very much a focus on direct suggestion. The position you took in the literature is that Erickson was older; he was sick; he was tired; he didn't have the power to be direct anymore; and his emphasis on indirection was, more than anything, a utilization of his own diminishing abilities. Comment on that.

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

But, about my interpretation of Erickson . . . Certainly, there are other interpretations one could make of those phenomena. Erickson and I corresponded for a number of years, but I only met him in March 1976, and he was already very infirm. He was amazing for someone who was so infirm; he had difficulty talking, difficulty seeing, difficulty moving, and so he couldn't possibly do the things he once did. It seemed to me that he was doing the best he could, which was, as I say, amazing. He seemed remarkable to me. My belief, though, is that if his name wasn't Erickson, and he was just the psychiatrist down the block, and people came to see him with no expectations of what a powerful and remarkable man he was, he couldn't be very ef-

fective, given what he was going through at the time. Part of what was so effective was people's heightened receptivity because of their expectations. He was certainly masterful in an aesthetic sense. Watching him make movements, from my point of view, was very beautiful. One of the things that I very much enjoyed was watching him eat, because it was an example of a very difficult task, accomplished with very limited resources. He never asked anyone for help, and never acted as if he needed anyone's help. He occasionally expressed frustration because of his incapacity. But I always enjoyed watching him eat, because it was a beautiful struggle; it was like watching a child learning to walk. I watched him gather his forces internally, and watched him make a move with his hand, very slowly and very carefully, getting the food halfway to his mouth, and then sometimes dropping it, getting a little frustrated, and then starting all over again. That was beautiful to watch, and I think it's an example of what you're talking about in another realm — someone who has had a lot of experience with very limited resources, and doing a better job than someone without that much experience. But not doing a better job than when he had less physical limitation.

It wasn't just in the context of clinical work that I saw him in this light, because most of the time I spent with him, we never talked about hypnosis. Our conversations were those of two friends, not clinical consultants. So, I would visit him, and we would talk, or Betty and I would talk, and sometimes Robert and Kathy or Kristi would be there. We would talk about the things that friendly people talk about. When you go to visit family, you don't talk about clinical psychology, and you don't talk about hypnosis; you talk about other things. I guess it was the totality of my experience with him, in contrast to my ex-

perience of him in younger years from things he wrote, and from talking with Jay Haley about what he saw him do in earlier years, and seeing some of the earlier films, that led to the view you're questioning: that Erickson was unable, in his later years, to physically manage the masterful, elaborate clinical interventions he had previously made, and accommodated to this by doing less and less.

CAREER HIGHLIGHTS

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

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

Y—Your demonstrations at the Congresses are consistently rated very highly.

When people have the chance to see you work, they can't help but notice that you are a "Barberian." You do have your own unique style. What does it mean to be Joseph Barber, hypnotist/therapist?
B—I don't think of myself as a hypnotist.

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Interview *continued*

I think of myself as a psychologist, and, among the things that I know how to do, I am able to use hypnosis and suggestion. I guess that gets disproportionately highlighted at meetings because that's what they're for, to demonstrate hypnotic work. If the result is to see me primarily as a hypnotist, though, that is a distortion.

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

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

THE VALUE OF RESEARCH

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

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

PET PEEVES

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

B—I guess one would be what you men-

tioned earlier about the view of hypnosis being an everyday experience. What troubles me about it is that hypnosis is a very valuable technical tool. What makes it valuable is what you can do with it, what you can get from it — for example, that you can access repressed memories, or alter pain, or dramatically alter some physiological process. I believe that hypnosis is different from everyday experiences, and that the reason to go to the trouble of hypnotizing someone is to be able to access that special state. You just cannot get the hypnotic effect by being in an ordinary waking state. Which is why Erickson went to such amazing lengths to induce this special state in a patient.

Now, I don't think that the experience of hypnosis is entirely separate from someone's everyday experience, either. If you think of consciousness as a spectrum of various kinds of experiences and cognitive capacities, one narrow band of the spectrum might be sleep, another band, deep concentration, another band, coma, and another band, psychedelic drug experiences. Hypnosis is another of those bands, and it wouldn't be discontinuous from all of the others. Some aspects of hypnosis might overlap with the waking state, some with other states, and it might sometimes be difficult to see the distinction. But some aspects of the hypnotic spectrum would be quite discrete, and you would clearly see that this phenomenon is very different from the waking state. When you see that those hypnotic phenomena are very different, and that a person's experience in hypnosis is very different from the normal waking experience, it seems to me that this is evidence that hypnosis is different from the waking state. The difference is valuable and worth exploring. If it isn't really different, then it's not necessary to spend any time at all learning induction techniques. If you're inducing something that's no different from the normal waking state, then why bother?

Y—What are some of the other basic Ericksonian assumptions you get annoyed with? What do you make of the idea that each person has within him/her the resources necessary for change? What about the idea of the unconscious as all-knowing, and that you should "trust your unconscious?" Are these the kinds of ideas that get on your nerves?

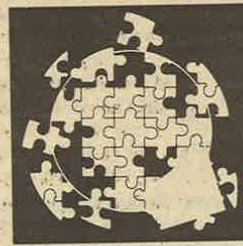
B—Yes. They give me an ulcer! Of course, I'm speaking metaphorically.

Y—Naturally.

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

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Interview *continued*

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

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

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

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

Let's ignore all the psychoses for a moment, and consider just the people with various personality disorders. By definition, there are developmental lapses that leave them with structural impairments. They distort reality in a way that other folks don't, and they're unable to learn in a way that would be natural for an otherwise healthy person. The goal of therapy for

them is to help them learn not to distort reality. They don't have that resource within them, and they really do need someone external to them to help them develop it. Some of them may never develop it. Some may develop it over a period of time. Some of them may develop it even more easily. That would be only one example, but may be an illuminating one about certain kinds of people who will develop certain kinds of problems that are far more significant, damaging, and difficult to manage than garden variety neurotic problems. Healthy people, dealing with life problems, probably have the necessary resources within them, and it would help them to have someone tell them of that. But for the rest of us, I don't think that's true.

RECOMMENDATIONS FOR MODIFYING POSITIONS

Y—A common theme coming through what you're saying is that some people are making some fairly extreme statements with very little data to work with, and that many of the things that they are saying fly smack in the face of what research and clinical experience shows. It's a fairly obvious wish of yours that some of the more extreme things attributed to Erickson and Ericksonians would be modified. Is that a fair statement?

B—Yes. If the Ericksonian movement is to have the respect of the psychological world, then pronouncements coming from the movement have to reflect an awareness of the context of psychotherapy, and to promote an integration of Ericksonian ideas, whatever they may be, within the larger context of psychotherapy. I think the more recent activities of the Foundation have gone a significant way toward realizing this goal. The Evolution meetings have recognized that Erickson was one of many great psychotherapists, and the most recent Ericksonian Congress included non-Ericksonians on the program.

Y—Anything else you care to add?

B—No, I'm fine with what I've said.

Y—Thank you for the interview, Joe.

Donations

The Milton H. Erickson Foundation has received \$1,357.86 in cash donations since the last issue of *The Newsletter*.

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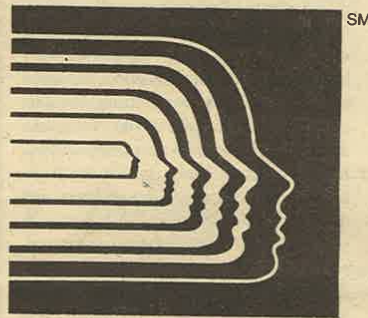
The South Australia Institute has closed its operations. We will miss the affiliation and wish our colleagues there all our best.

We also wish to especially thank Don McMillan for his generous donation of videotapes for the Erickson Archives. These tapes contain sessions with Dr. Erickson.

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(ASCH, 1980, Taped Lecture, 7/16/65)

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