

The Milton H. Erickson Foundation NEWSLETTER

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Fall 1995

Erickson Foundation Plans Conferences

The Milton H. Erickson Foundation will be involved in four conferences next year, two of which will be held outside the United States.

A meeting entitled, "Developments in Family Therapy" is set for April 25-28, 1996, in Puebla, Mexico. Organized by Vicente Martínez Valdes with administrative assistance from the Erickson Foundation staff, the meeting will emulate one held in Sao Paulo, Brazil, earlier this year. The faculty features Bradford Keeney, Ph.D.; Joseph LoPiccolo, Ph.D.; Cloé Madanes, Lic. Psychol.; Salvador Minuchin, M.D.; Peggy Papp, A.C.S.W.; Carlos Sluzki, M.D.; and Paul Watzlawick, Ph.D.; and Jeffrey K. Zeig, Ph.D.

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Still Time To Register for Evolution Conference

Registrations are still being accepted for the Evolution of Psychotherapy Conference.

The meeting is scheduled for Dec. 13-17, 1995, at the Las Vegas Hilton and the Las Vegas Convention Center. A registration form is located on page 3 of this issue, offering a special discount to Newsletter subscribers.

Gloria Steinem will offer a keynote address Sunday, Dec. 17. In addition to the 24 faculty members, nine new faculty members also will be featured in a special "State of the Art" track.

For additional information, call or write The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016; phone (602) 956-6196; fax (602) 956-0519.

The second conference entitled "Sexuality and Intimacy: The Challenge of Treating Couples in the '90s" is scheduled for May 17-19, 1996. The venue for the meeting is to be determined. Organized by the Erickson Foundation with program design by Ellyn Bader, Ph.D., of the Couples Institute of Menlo Park, CA, the event features the leaders in the field of couples therapy.

The faculty includes Bader and Peter Pearson, Ph.D.; John Gottman, Ph.D.; Harville Hendrix, Ph.D.; Joseph LoPiccolo, Ph.D.; David Schnarch, Ph.D.; Ruth McClendon, M.S.W. and Les Kadis, M.D.; Bennet Wong, M.D. and Jock McKeen, M.D.; Sandra Leiblum, Ph.D.; Jeffrey K. Zeig, Ph.D.; and Bernie Zilbergeld, Ph.D.

Persons interested in receiving a brochure on the conference can contact the Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016; or the Couples Institute, 445 Burgess Drive, Menlo Park, CA 94025.

The Erickson Foundation is helping organize a seminar in Sao Paulo, Brazil, tentatively scheduled for July 4-7, 1996, on the topic of Brief Therapy.

Presenters include Steve de Shazer, M.S.S.W.; Richard Fisch, M.D.; Jay Haley, M.A.; Michael Mahoney, Ph.D.; James Masterson, M.D.; and Jeffrey Zeig, Ph.D.

For additional information, write Jose Carlos Vitor Gomes, Workshopsy Eventos, Rua Jose Paulino, 1861-Centro; 13.013-002, Campinas/SP; BRAZIL; telephone/fax 55-192-31 9955.

The Erickson Foundation's third Brief Therapy Conference is scheduled for Dec. 11-15, 1996, at the San Francisco Hilton. The theme, "Brief Therapy: Essence and Evolution" features more than 50 faculty members from around the world. Write the Erickson Foundation for additional information.

I N T E R V I E W

Jane Parsons-Fein, C.S.W., D.A.H.B.

by Carol Kershaw, Ed.D.

Background: Jane A. Parsons-Fein, is a graduate of Smith College and of the Columbia School of Social Work. She is a Diplomate of Clinical Social Work, a Diplomate and Fellow of the American Board of Examiners in Clinical Social Work and is a Diplomate of the American Hypnosis Board in Clinical Social Work. She is a Consultant of the American Society of Clinical Hypnosis and a member of the Society of Clinical and Experimental Hypnosis, the International Society of Hypnosis and the Swedish Society of Clinical and Experimental Hypnosis. She is President-Emeritus of the New York Milton H. Erickson Society for Psychotherapy and Hypnosis (NYSEPH) and, since 1991, has been Director of its Training Institute. Parsons-Fein, who worked in the Department of Psychiatry of Mount Sinai Hospital for twelve years, has taught in the U.S., and in Europe. Currently, she is co-directing a Training Program in Boston with Kay Thompson, D.D.S.,



and is leading a Training Program in Stockholm. She is in private practice in New York City.

Carol Kershaw (CK): How did you first become familiar with the work of Milton H. Erickson?

Jane Parsons-Fein (JPF): Jay Haley's *Uncommon Therapy* (N.Y.: Norton, 1973) first introduced me to the work of Milton Erickson in the mid-seventies. I was sitting in Central Park and when I read the case of the girl with the space between her two front teeth, I felt as if I'd been hit by a lightning bolt! I was becoming disillusioned with the downhill slide of the quality of clinical work in

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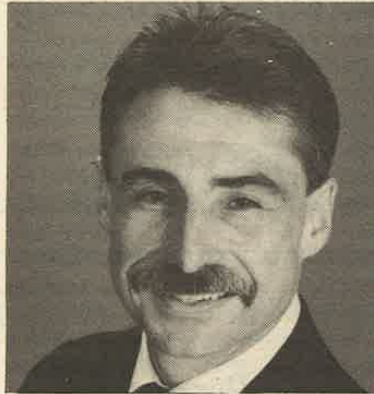
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COMMENTS FROM THE EDITORS



Carol Kershaw, Ed.D.



J. William Wade, L.P.C., L.M.F.T.

We live in a time of juxtaposed values. In the movies, comic book characters are real people and real people have relationships with cartoon characters. The comic and the real seem to be undifferentiated. Insurance companies claim therapy is valuable if it is brief in time, packaged for quick consumption with little discomfort. These companies will reimburse, though reluctantly, therapy that "busts divorces," as long as it is called pathology in one partner, resolves childhood abuse and trauma with quick abreaction, and inner child work that is more likely powerful hypnotic work often performed by untrained therapists. What is real and what is comic? The push for short, fast, inexpensive therapy is reminiscent of a McDonald's Happy Meal for children. What is real nourishment may be questionable. The quality of therapy also may be questionable when delivered in this way.

While most of us have experienced remarkable single-session cases, healing usually occurs over time from being in a relationship with a therapist who has resolved enough of his or her own emotional conflicts to act in the role of healer. Changes the patient needs to make can occur after experiencing acceptance, warmth, boundaries, nurturance, and a facilitation of unconscious resources that may be retrieved through hypnotic conversation, therapeutic language, metaphor, therapeutic assignment, or the co-creation of a new life story.

Ericksonian psychotherapy and hypnosis, while sometimes brief in time, is designed to stimulate healing through these methods with each individual in mind. Care is given to each person's learning style, beliefs about the world, developmental stage, and resources that are currently being used and those to be retrieved or created. The focus is placed on helping people transform and use the

abilities they have. Sometimes, all that is needed is a disruption of an ineffective pattern. More often than not, deeper work is required that employs the unconscious mind as teacher and cotherapist. However, the most powerful change force is the relationship between patient and therapist, and the healing trance in the therapy room.

The healing trance is, as we see it, a state of focused attention where unconscious minds meet and an altered state of consciousness/health is shared. The healing quality of the trance state experienced with the therapist is marked by a shift in consciousness, and the initiation of change in a belief, perspective, and self-narrative. The healing emotional space provides an opportunity for a teaching moment that may be either "language" or silent.

It is in the healing silence that change can occur. Evidence is mounting that meditative "thought" influences physical and psychological health. The literature in hypnosis is replete with studies where altered states of consciousness influence psychological and physiological health.

Learning takes place unconsciously and consciously. Growth and development occur when reorganizations of experiences and new transactions are stimulated. It is within the healing trance, where a reorganization of feelings, thoughts, and concomitant behaviors occurs.

When an individual cannot cross a transitional bridge or is afraid to face something unknown, the unconscious may create a crisis to push growth and development. Often, the best intervention is to facilitate the crisis and help transform it into a learning experience. It is important to acknowledge the pain of the situation while communicating a sense of hope and belief in the patient's ability to move through the storm.

A valuable painting or beautiful music requires the skill of an artist who has

practiced long hours and spent years as a willing apprentice. Good psychotherapy requires a therapist who is always a student of human behavior and who follows the ethics of integrity, compassion, and commitment to the patient to provide the best treatment possible. These ethics often require overcoming the dictates of insurance companies when it comes to doing therapy that helps. While this is quite challenging, if we allow companies to determine the quality of therapy, we corrupt the process and perhaps our own souls as well.

Recently, we went to a Chinese food restaurant. An older Chinese gentleman walked over to our table to inquire about our satisfaction. We said to him, "We have looked a long time to find such excellent Chinese food." The Chinese man bowed his head momentarily, smiled, and said kindly, "Ah, that which is valuable is often difficult to find."

This issue presents a new column, Women of Note, written by Elizabeth

Erickson. We appreciate her contribution in discussing personal insights into Margaret Mead's and Milton Erickson's personal discussions and their reciprocal influence.

We are pleased at the response to the ethics column introduced last issue. Because of the thought and interest this has elicited from our readers, we are including more articles on ethics in this issue.

The research column by Eugene Peniston Ed.D. presents well documented and exciting treatments for addictions and Post-Traumatic Stress Disorder that will be of interest to all.

The video review submitted by Randy Hayes, D.O., illustrates an effective use of educational materials to stimulate group learning. We appreciate the modeling this group has done and encourage other study groups to look closely at the learning opportunity so nicely illustrated here.

Carol Kershaw & Bill Wade

Foundation Approved by ACCME

The Milton H. Erickson Foundation has been resurveyed by the Accreditation Council for Continuing Medical Education (ACCME) and awarded accreditation for four years as a sponsor of continuing medical education for physicians.

ACCME accreditation seeks to assure both physicians and the public that continuing medical education activities sponsored by The Erickson Foundation meet the high standards of the Essentials for Accreditation as specified by the ACCME.

Corrections & Clarifications:

Vol 14 #3 p 12: Dr. Patrick Bellet of the Institut Milton H. Erickson d'Avignon-Provence, in response to the historical write up on James Braid, identified the origin of the word hypnosis with the French author D'Henin de Cuvilliers who published *Le Magnetisme Animal* in 1820-21. It is of interest to note that Dr. Bellet and that Institute are involved in the republication of "Mémoires de Mesmer 1779 and 1799" in a facsimile version of the 1844 edition.

Vol 15 #2 p 1: Albert Ellis Ph.D. responded to Daniel Araoz' remarks contained in the interview. Ellis stated "...here is a more accurate quotation of my views on peoples' belief in God. 'Although the probability is exceptionally low that any supernatural entities, such as a personal God, exist, this hypothesis cannot be clearly falsified, and therefore one

may rationally believe in God's existence. But anyone who is absolutely convinced that God personally cares for him or her, has nothing better to do in life than to spend tens of thousands of hours specifically spying on his or her activities and arranging for great rewards or severe penalties for these actions, is pretty damned crazy!'"

Vol 15 #2 p 4: The degree for John Edgette, Psy.D. was incorrectly noted.

Vol 15 #2 p 6: The write up of the Milton H. Erickson Institute of Mora, Sweden, was contributed by Carol Sommer, M.S. of the Milton H. Erickson Institute of Chicago.

Vol 15 #2 p 14: An author's name was spelled incorrectly. The Case Report was submitted by Judy Chew, Ph.D., of the University of Calgary.

Vol 15 #2 p 18: The contribution of

continued on page 8

Stephen Lankton Earns Lifetime Achievement Award

Stephen Lankton, M.S.W., has received the Milton H. Erickson Foundation Lifetime Achievement Award. He is the youngest recipient of this prestigious honor which is presented to people whose work has positively and lastingly influenced both professionals in the field of psychotherapy and those outside the profession. Past recipients include Jay Haley, Ernest Rossi, Paul Watzlawick, Elizabeth M. Erickson and Kay Thompson.

Lankton received his graduate degree from the University of Michigan. He is an Approved Supervisor and Fellow of the American Association for Marriage and Family Therapy, a Diplomate in Clinical Hypnosis of the American Board of Examiners in Clinical Social Work and the National Association of Social Work and a Fellow of the American Academy of Pain Management. He currently lives near Pensacola, Florida, with his wife, Carol, and their two children.

He is the founding editor of *The Erickson Monographs* and edited ten issues during his tenure. He has authored and co-authored many professional books including *The Answer Within: A Clinical Framework of Ericksonian Therapy*; *Enchantment and Intervention: Training in Family Therapy*; *Practical Magic: A Translation of Basic Neuro-Linguistic Programming*; *Tales of Enchantment: An Analogy of Goal-Directed Metaphors for Adults and Children in Therapy*. He has also edited and co-edited numerous other books and other professional material including the proceedings from the Third International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy and the chapter on "Ericksonian Family Therapy" in *The Handbook of Family Therapy*.

The Lifetime Achievement Award was presented to Lankton in partial recognition and appreciation for the major contributions he has made over the years to the advancement of Ericksonian hypnosis and psychotherapy. He has enhanced understanding of the methodology of Ericksonian procedures through his work within the Foundation, as well as in many other professional arenas, and within his own private practice. His selfless and dedicated work has been an inspiration. The Board of Directors of the Milton H. Erickson Foundation is pleased to present this well-earned honor to Stephen Lankton.

The Evolution of Psychotherapy: A Conference

December 13-17, 1995
Las Vegas, Nevada U.S.A.



Featuring:

Beck, Bugental, Ellis, Gendlin, Glasser, Goulding, Haley, Hillman, Kernberg, Lazarus, Lowen, Madanes, Marmor, Masterson, Meichenbaum, Minuchin, E. Polster, M. Polster, Rossi, Szasz, Watzlawick, Wolpe, Yalom, Zeig, and a special "state-of-the-art" track with Black, Chess, Hoffman, LoPiccolo, Papp, Shapiro, Silverstein, Singer, and Walker.

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Foreign Registration Fees: (including Canada)

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REGISTRATION FORM

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U P C O M I N G T R A I N I N G

(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
11/3	Paradoxical Interventions and Chaos Theory; Joan S. Ingalis, Ed.D.; Tempe, AZ	1
11/4-5	Hypnotherapy with More Severely Disturbed Patients; Elgan Baker, Ph.D.; Berkeley, CA	2
11/6	Short-Term Therapy and Counseling Techniques with the AD/HD and Disruptive Child; John Edgette, Psy.D.; Houston, TX	3
11/9	Short-Term Therapy and Counseling Techniques with the AD/HD and Disruptive Child; John Edgette, Psy.D.; St. Louis, MO	3
11/10	Intermediate Through Advanced Hypnosis Training;	
12/1	Harriet E. Hollander, Ph.D.; Piscataway, NJ	4
12/15		
2/2/96		
2/9/96		
11/10-12	Advanced Training in Ericksonian Hypnosis; Jeffrey K. Zeig, Ph.D.; Belo Horizonte, BRAZIL	5
11/14-15	Therapist Development; Zeig; Porto Alegre, BRAZIL	6
11/17-19	Advanced Training in Ericksonian Hypnosis; Zeig; Sao Paulo, BRAZIL	6
11/18	Healing the Divided Self: Hypnotic Approaches to Abuse and Trauma; Maggie Phillips, Ph.D.; Santa Clara, CA	7
12/1	Short-Term Therapy and Counseling Techniques for the AD/HD and Disruptive Child; Edgette; San Diego, CA	3
12/2	Advanced Techniques in Ego-State Therapy; Phillips; Berkeley, CA	2
12/11	Short-Term Therapy and Counseling Techniques for the AD/HD and Disruptive Child; Edgette; Toledo, OH	3
12/13-17	THE EVOLUTION OF PSYCHOTHERAPY CONFERENCE; Invited Faculty; Las Vegas, NV	8
1/1-1/5/96	Workshops on Ericksonian Approaches to Hypnosis & Psychotherapy; Zeig; Tel Aviv, ISRAEL	9
2/10-11	Therapist Development; Zeig; Innsbruck, AUSTRIA	10
2/16-18	Therapist Development; Zeig; Munich, GERMANY	11
2/24-25	Very Brief, Very Deep, Very Effective: A Next Step; Betty Alice Erickson, M.S., L.P.C., L.M.F.T., and Eric Greenleaf, Ph.D.; Berkeley, CA	12

Contact Information

1. Libby Howell; Old Towne Counseling; 150 S. Ash Ave.; Tempe, AZ 85281; (602) 921-1002
2. Maggie Phillips, Ph.D.; 4171 Piedmont Ave., #205; Oakland, CA 94611; (510) 655-3843.
3. The Center for Applied Psychology, Inc., P.O. Box 61586, King of Prussia, PA 19406; 1-800-962-1141; Fax (610) 277-4556
4. Harriet E. Hollander, Ph.D.; 20 Nassau St., Princeton, NJ 08540; (609) 924-2508.
5. Dr. José Augusto and Angela Mendonça; Psicocentro; Rua Conde de Linhares, 837; CEP 30380-030 Belo Horizonte/MG BRAZIL; Tel. 55/31-296-5299; Fax 55/31-337-8221
6. José Carlos Vitor Gomes; Workshops Eventos & Editorial Psy; Rua José Paulino, 1861-Centro; 13.013.002 Campinas/SP BRAZIL; Tel/Fax 55/192-31-9955.
7. University of California—Santa Cruz, Santa Clara Extension, 740 Front Street, Suite 155, Santa Cruz, CA 95060 Tel: (408) 427-6610
8. The Milton H. Erickson Foundation, 3606 N. 24th Street, Phoenix, AZ 85016-6500; Tel (602) 956-6196; Fax: (602) 956-0519
9. Noga Rubinstein-Nabarro, Ph.D., The Israeli Institute for Family & Personal Change "Machon Shinul"; 4 H'Gevurah St.; Herzelia Pitusch; ISRAEL; Tel 972/9-7745169; Fax 972/9-509747.
10. Karlheinz Brandt; MEGA-Regionalstelle West; Postfach 95; A6830 Rankweil, AUSTRIA; Fax 43/55 22 43662.
11. Dr.med. Wolf Buntig; ZIST in Penzberg; ZIST 3; D-82377 Penzberg, GERMANY; Tel 49/8856-5192; Fax 49/8856-83180.
12. Milton H. Erickson Institute of the Bay Area; 925 The Alameda, Berkeley, CA 94707; (510) 934-0455.

O B I T U A R Y

Helen Singer Kaplan

by Bernie Mazel
Larchmont, NY

Helen Singer Kaplan, M.D., Ph.D., noted sex therapist, died of cancer on August 17 at the age of 66. Dr. Arnold M. Cooper's comment, summed up her position in the eyes of her colleagues, "It is fair to say that Dr. Helen Kaplan has created the exciting and effective field of integrated sex therapy."

Dr. Kaplan was a pioneer in the field and established, in 1970, the country's first clinic for sexual disorders at a medical school, the Payne Whitney Clinic at New York Hospital—Cornell Medical Center.

One could say that Helen Kaplan had multiple careers along four tracks: first, as an expert therapist who personally evaluated over 8,000 patients with sexual complaints between 1972 and her death; second, as a scientific investigator who kept extending the boundaries of the field; third, as a teacher in charge of all education and training programs in human sexuality at the Payne Whitney Clinic; and fourth, as the author of more than 100 published papers and 10 books.

In 1974, Dr. Kaplan's major work, *The New Sex Therapy*, revolutionized the field of sex therapy by adding to the work of Masters and Johnson, the psychodynamic component that took the field beyond strictly behavioral treatments.



In the years since, successive books and articles described the triphasic concept of human sexuality, the treatment of sexual aversion, sexual phobias and panic disorders, the role of hormones in sexual disorders, the new injection treatment for impotence as well as other advances. She used the last months of her life, extended by chemotherapy, to complete her "summing up" work, *The Sexual Desire Disorders: Dysfunctional Regulation of Sexual Motivation*, published just a week after her death.

Dr. Kaplan participated in the Erickson Foundation's Second Evolution of Psychotherapy Conference in 1990—and she wanted to be in Las Vegas for the Third Conference this December.

We're sorry you won't be there, Helen. We'll miss you. But your work will go on helping thousands of men and women find the way to sexual satisfaction and to happier lives. That's a legacy that will live on. Thank you.

F O R E I G N N E W S

The Milton H. Erickson Institute of Sofia, Bulgaria, recently held a week-long seminar on various approaches to psychotherapy. March 25, the anniversary of Erickson's death, was dedicated to Ericksonian approaches as a commemorative tribute.

"Short-term Therapy and Crisis Intervention in Psychosomatic Medicine and Psychotherapy; Concepts, Indications and Results" was the title of a recent international congress in Halle/Saale, Germany. The gathering was sponsored by The Martin Luther University in Halle/Wittenberg and the Society of Psychotherapy, Psychosomatics and Medical Psychology. The conference was well attended by professionals from Eastern Europe as well as from Europe. Over a hundred faculty from Germany,

France, Israel, Norway and the United States presented at this highly successful bilingual event. Ericksonian Hypnosis and Psychotherapy was represented by Betty Alice Erickson, M.S.

An interview with Jeffrey K. Zeig, Ph.D., is conducted by Carmen Milan and Hugo Hirsch in the July/August 1995 issue of *Perspectivas Sistemicas*, a professional journal published in Argentina. It features Zeig's knowledge of Milton Erickson and Ericksonian therapeutic methods.

Subscriptions are available for *Perspectivas Sistemicas* by writing Claudio Des Champs, Editor, Gascon 1682, 2do. "A"-(1414) Buenos Aires, Argentina.

W O M E N O F N O T E

Margaret Mead's Interest in Trance State

by Elizabeth Erickson
Phoenix, Arizona

Margaret Mead, widely recognized for her anthropological contribution, had a serious interest in trance phenomena. In the early 1940s, she and Gregory Bateson were in the process of analyzing and writing about the filming they had done from 1936 to 1938, in the Indonesian Island of Bali. Many of the films showed ritual dances of women, integral to the Balinese culture, which suggested trance states. Margaret Mead contacted Milton Erickson, and requested that he study these films with her and assist in the determination as to whether the altered states the women entered were similar to the hypnotic states which he had studied. Margaret was well established as an eminent scientist and author who had pioneered landmark anthropological studies.

Margaret brought films she had taken and she, Milton and I viewed them together in Detroit. Milton served as an expert on the hypnotic state and I served as a subject familiar with experiencing trance states. We agreed that many of

the Bali films demonstrated trance states that appeared to be deep hypnotic trances similar to those Milton was able to observe in his subjects. When I entered a trance state and observed the films, we all agreed my ability to identify which subjects were entering trance, which ones were deeply engaged, and which ones were in a state of partial or complete arousal, was greatly enhanced. Long hours of discussion followed these sessions, as conversations developed about mutual interests in cross cultural phenomena. The films were later shown to the psychiatric staff at Eloise Hospital in Michigan for teaching purposes.

The book, *Balinese Character: A Photographic Analysis*, (Bateson, G. & Mead, M; 1942, New York Academy of Science. New York.) was based on those studies. Milton and Margaret also worked with Jane Belo, Ph. D., an anthropologist, on the study of trance states, and much of that work is published in Belo's *Trance in Bali* (Columbia University Press, New York, 1960). Both of these books contain pioneering and exciting information regarding the cross cultural phenomena of hypnotic trance states.

Over the years, Margaret continued in collaborative exchange and discussions

of scientific observations with Milton. During her extensive lecture trips, Margaret interspersed visits with colleagues, and in so doing, rapidly became part of our extended family. She scheduled stopovers at our Michigan home and later at our Phoenix home. She was exceptional in her manner of developing personal relationships among those with whom she worked. She expressed interest in everyone and enjoyed interactions with all, from grandparents to the very young.

As the years passed, Milton and Margaret expanded their discussions to involve many aspects of psychological, anthropological, and hypnotic phenomena. They spent long hours in Milton's office having animated dialogues, then joining the family for dinner and further conversation. Margaret solicited opinions from other family members who were present and always showed a high degree of interest and respect for views from even the most unsophisticated contributors. She used this approach in her study of trance and with broader anthropological topics.

Though Margaret and Milton frequently shared opinions, there were occasional instances in which they disagreed. In these cases, they each detailed a spirited defense of their positions. Though at times they arrived at new

understandings, other times they concluded with a mutual respect for differences. I recall one disagreement they had as to whether psychological traits are primarily innate or learned. Milton felt tendencies toward certain behaviors and traits are inborn within cultural and ethnic groups and may be present in a member of that group raised in another setting. Margaret felt that environment played a larger role in determining those traits.

Margaret's work with trance states continued over a span of more than 30 years. She was appointed as an associate editor to the *American Journal of Clinical Hypnosis*, and, in that role, provided anthropological insight into the professional questions regarding trance states and the cultural components of behavior, and reviewed many papers in which these perspectives were relevant.

Margaret Mead, as a professional and as an individual, contributed greatly to the quest for more understanding about trance. She stimulated interest in anthropological aspects of psychotherapeutic study and theory. She raised important questions about the relationship of cultural background and societal setting to the experience of trance. Margaret Mead inspired others to continue to pursue answers in these important realms of knowledge.



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EMDR: "This has all the indications of being a major new resource in behavior therapy."
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Consultant to the Critical Incident Program, Bureau of Alcohol, Tobacco, and Firearms.

"EMDR is a powerful new tool for relieving human suffering. Its study opens new doors to our understanding of the mind."
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Boston, MA - Oct. 27-29

Dallas, TX - Oct. 27-29
Princeton, NJ - Nov. 2-4

Kansas City, MO - Nov. 3-5
Durham, NC - Nov. 9-11

San Jose, CA - Nov. 9-11
Albuquerque, NM - Nov. 16-18

Francine Shapiro, Ph.D., originator of EMDR, is a Senior Research Fellow at the Mental Research Institute, Palo Alto, California, and the recipient of the 1994 *Distinguished Scientific Achievement in Psychology Award* presented by the California Psychological Association. She has trained over 10,000 clinicians internationally and has been the invited speaker at and presenter at numerous national and international conferences. She is the author of *Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols and Procedures* (Guilford Publications, 1995), and many articles and book chapters on EMDR.

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by Richard Fisch, M.D.
Palo Alto, CA

On July 8, 1995, John died as he had lived, as active as he was capable. Two days before his death, he had been supervising visiting therapists in his home.

On the following evening, he complained that he didn't have the same stamina working out on his treadmill that he had had the week before. I hadn't realized he had been able to do any exercising at all; muscles all over his body had become progressively weaker from his two year bout with ALS ("Lou Gehrig's Disease") and I expressed my surprise. He was genuinely puzzled and asked "Why are you surprised?" I said, "Well, you look terrible, John; that's why." He just shrugged impatiently and we went on to other things.

For John, being active was a way of life, something he never thought much about. On the following day, he simply lay down and peacefully expired.

For all his qualities, John will live in my memory as a man of courage; what I would call "shy" courage. Throughout his life, he made decisions difficult for most people to make because they defied convention, the "right" thing, the "smart" thing. As a young man, he had become a chemical engineer (the only formal degree he ever earned) and worked for the Dupont Company. He didn't like the work, felt it wasn't right for him, so he quit. He left the physical sciences and went back to school to study the social sciences, in particular, anthropology. At the New School For Social Research in New York, he took courses from Gregory Bateson. Some time later, Bateson was to leave for California at the invitation of Don Jackson who was later to form the Mental Research Institute. Bateson urged John to "come along; it should be interesting." So John and his wife, Anna, left for Palo Alto. The "safe" way would have been to remain in New York, complete his degree from Columbia and try to get a solid academic position. Instead, he went to California to join Bateson, Jackson and another fellow, Jay Haley, to study, of all things, communication and not just communication, but communication within the families of people defined as "schizophrenic." Also in that project was Bill Fry, a psychiatrist. He went his own way shortly before the project ended and most people don't know of his participation.

This was the Fifties. It was the highwater mark of the psychoanalytic in-

fluence on psychotherapy in the United States as well as in western Europe. For centuries before "crazy" behavior had been explained as some form of internal pathology within the individual whether it be from a spell by a witch, a punishment by some deity or devil, or a thought disorder of the "mind." It was no accident that John would have been drawn to a project which did not simply rework what had already been done, but broke free into unorthodox directions—what Haley has called a "revolution": the shift from the study of an individual to the study of two or more; the interaction of human affairs. John remained steadfast to the primacy of interactional concepts in human affairs while many others retreated to the old paths, the individual. There seems to be some compelling attraction to individual (monadic) thought, at least among psychotherapists and, I might add, among pharmaceutical companies. The medicalization of human behavior has resulted in a tide sweeping many therapists in its path. It was particularly painful for John to see a journal, *Family Process*, in which he had been such a major influence, capitulate by retreating from interactional models in its "Bipolar" issue two years ago.

This pursuit of the unorthodox continued. John and Jay had heard about this fellow, Erickson. He was doing things with patients no one else was doing and he was using hypnosis in an unconventional way. As expected, he wasn't too popular with his psychiatric bretheren, but John and Jay made many trips to Phoenix to talk with Erickson and watch him work. There was a "style," an underlying theme to his work but it was difficult to grasp. Erickson would answer many questions they raised in parables or analogies which, while fascinating, did not help much in pinning-down his work. John was eager when in 1966 I proposed we (he, I, Paul Watzlawick and Art Bodin) pool our efforts in investigating ways of making therapy briefer. Some of Erickson's work would play a strategic part in this. From this effort, The Brief Therapy Center of MRI, a nontraditional model with the idea that pathology of any sort is not a necessary concept in explaining human complaints.

I commented earlier that John's courage was a 'shy' one. This may sound peculiar to those who knew that John could be stubborn, indeed, cantankerous. But he shied away from popularizing his work. He was not interested in the drive to be a celebrity, to be a leading "light" in the marketplace. He shunned the idea of rewriting his thoughts just to be more

prominent. He always wanted to add something new, something different, whether it be analyzing Chinese Communist films to look at changes in family definition, or addressing medical illness from a systems viewpoint (what he called "family somatics") or looking at developmentally disabled people in their interactions in a vocational program. At times, he stood in the shadow of lesser minds. I think this bothered him but never enough to divert his energies from his work. He gave unstintingly of his time, supervising visiting therapists, helping colleagues develop their own directions, and helping them in their own writings. He could always be found in his office at M.R.I., hunched over his desk, usually surrounded by a cloud of pipe smoke, the overhead lights off, the blinds drawn. (I accused him of being part bat.) He was a reassuring and irreplaceable presence at the Institute. The wrench for me came, not when he died, but when he could no longer come to his office and it lay empty.

I will miss those conversations when we could talk the same irreverent talk and I could enjoy listening to his distinctive way of cutting through to the heart of a matter. He challenged deceptive, obscuring labels; he was "allergic" to hyperbole, to meaningless phrases used to charm the listener or reader whether it was about therapy or events in every-

day life. He steadily worked to demystify therapy, our own or others, in his commitment to clarity and simplicity of thought. In this age of flamboyancy dressed as "scientific," it is this legacy of John's which is most needed but which, I fear, will be least carried forward.

It was his stubbornness and irreverence for the accepted path which enabled him to make one of the most difficult decisions facing a person. When his condition was diagnosed two years before his death, John asked his doctor to "...give it to me straight; what's the outlook...?" He was told that without further medical/surgical intervention, he would soon be unable to breathe sufficiently or be able to swallow food. John said "I know you can't give me any precise time, but without those procedures, about how long would I live?" He was told something in the order of about three months...maybe a bit longer. After informing his family of his wishes and getting their support, he told his doctor the next morning, "Whatever time I've got left, it's not going to be spent chained to machines." He went home from the hospital the next day, and he was stubborn enough to stay around for another two years continuing to lead a productive life.

Richard Fisch, M.D.
September 18, 1995

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Clinical Alpha-Theta Brainwave Neuro-Therapy: The Wave of the Future

by Eugene G. Peniston, Ed.D., A.B.M.P.
Sam Rayburn Memorial Veteran Center
Bonham, TX

Electroencephalographic (EEG) alpha-theta brainwave neurofeedback training (BWNT), a biofeedback procedure used to learn control of particular brainwaves has been applied as a revolutionary novel treatment technique for chronic alcoholics^{1,2,3,4}, relapse prevention⁵, and chronic combat-related post-traumatic stress disorder (PTSD) in Vietnam theater veterans^{6,7,8}. Following a temperature biofeedback pretraining phase and a visualization pretraining phase, experimental subjects completed thirty 30-minute sessions of BWNT with audible feedback provided for different types of brainwaves. There is now promising evidence that BWNT supported by research has been demonstrated to be therapeutically effective for stress-related disorders⁹, alcoholism^{1,2,3,5,7,9,10,11,12,13}, cocaine abuse^{13,14}, chronic combat-related PTSD symptoms in Vietnam veterans^{6,7,11} and bulimia nervosa.¹⁵

The experimental study of chronic alcoholics compared thirty subjects in three groups: (a) alcoholic - BWNT, (b) alcoholic - traditional therapy, and (c) nonalcoholic control. Subjects were age-matched, and were evaluated for alcoholic history, number of prior hospitalizations, IQ, and socioeconomic status. Before and after treatment, subjects were given the Beck Depression Inventory (BDI), the Millon Clinical Multiaxial Inventory (MCMI-1), and the Sixteen Personality Factor Questionnaire (16PF), and were tested for EEG characteristics, and serum radioimmunoactive beta-endorphin levels.

The findings of this investigation showed enhanced percentages of alpha and theta waves in the EEGs of the alcoholics BWNT group after treatment compared to pretreatment status. The control groups showed no such increases. Alcoholics receiving BWNT also showed a gradual increase in alpha and theta brain rhythms as the thirty experimental sessions progressed. Both the increase in alpha activity and theta activity are desirable. The theta increase may make the visualization experiences which were part of the training and were discussed at the end of each training session easier to access and more effectively integrate and process. The alpha training may pro-

mote a more relaxed state in every day life and lead to better stress control, thus decreasing the occurrence of stress related drinking or stress related craving in the recovery phase. Evidence for this viewpoint is contained in the work of Fahrion⁵ which showed a significant increase in alpha, and a decrease in beta as well as a nonsignificant increase in theta after BWNT in a recovering alcoholic experiencing intense stress related craving pre-BWNT, which disappeared post-BWNT.

The BWNT group also showed sharp reductions in self-assessed depression (BDI), and sustained abstinence and significantly less relapse (2 of 10) than the alcoholic-traditional therapy group (8 of 10) in a 36-month follow-up study. The alcoholic-traditional therapy group showed a significant elevation in serum beta-endorphin levels at the end of treatment, compared to their own pretreatment levels or the repeated measurement levels of the non-alcoholic control group. (The beta-endorphins are stress related hormones and are elevated during the experience of physical or emotional stress. Successful treatment would stabilize beta-endorphin levels, so that stress related increases would be less likely to occur.) Since elevations in serum beta-endorphin levels are associated with stress, their elevation in the traditional therapy group may indicate that this group is experiencing the stress associated with abstinence and fear of relapse. It is interesting that the BWNT group did not show an increase in this stress hormone after treatment, but instead showed a stabilization.

On the MCMI and 16PF, prior to treatment, both groups of alcoholics showed significantly higher scores (in the pathological ranges) than non-alcoholics on most of the clinical scales and characteristic scales. Administration of BWNT was accompanied by significant decreases in all of the MCMI clinical scales (normal limits) and normalization on the 16PF characteristic scales. Alcoholics receiving traditional therapy showed significant decreases only in two MCMI scales (avoidant and psychotic thinking), and an increase in one MCMI scale (compulsive), and showed only a significant increase on the 16PF in concrete thinking.

Alpha-theta brainwave neurofeedback was next employed for Vietnam theater veterans with combat-related PTSD. The experimental patients (N = 15) receiving BWNT showed significant decreases on the MMPI clinical scales within "normal limits." These patients also showed a reduction

in recurrent anxiety-provoking nightmares/flashbacks, and a significant reduction in their psychotropic (i.e., anti-depressant and anti-anxiety) medications. In contrast, the traditional control group of patients (N = 14) which received treatment including rap groups, group therapy, psychodynamic therapy, psychotropic medications and individual psychotherapy showed only a significant decrease on the MMPI scale labeled Schizophrenia, and did not show a reduction in recurring anxiety-provoking nightmares/flashbacks; nor did they show a reduction in their psychotropic medications. Thirty month follow-up data indicated that twelve of the fifteen combat veterans who completed BWNT were maintaining normal functioning and sustaining long-term prevention of PTSD relapse, whereas all 14 traditional therapy control patients had relapsed.

Another aforementioned BWNT clinical study was used to treat twenty male Vietnam Combat veterans with a dual diagnosis of PTSD and alcohol abuse to determine the efficacy of brainwave training in developing brain region synchronization and altering amplitudes of intrasubject brainwaves. It was found that during sessions in which patients reported abreactive imagery, the BWNT sessions displayed a statistically reliable interaction seen as a "crossover" pattern, in which theta waves gradually increased and alpha waves decreased.

This pattern identifies a state of consciousness which is believed to optimize the surfacing of abreactive imageries. A follow-up study revealed that only four of the twenty experimental patients had relapsed by twenty-six months after BWNT.

In addition to the aforementioned clinical studies, BWNT was used to treat fourteen alcoholic outpatients with clinical depression. On the BDI and MCMI prior to treatment, the experimental subjects in the outpatient clinic showed significantly higher scores on the BDI (moderate to severe) and on the MCMI, most of the clinical scales (in the pathological ranges). Experimentally treated alcoholic outpatients with depressive syndrome showed sharp reductions in self-assessed depression. On the MCMI, the experimental subjects showed significant decreases and normalization on most of the BR (clinical) scales. Twenty-one month follow-up data indicated sustained prevention of relapse in outpatient alcoholics that completed BWNT.

These clinical studies^{1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17} provide promising evidence of the research demonstrating therapeutic effectiveness of the Peniston/Kulkosky brainwave neurofeedback protocol in changing EEG

scores and self-assessed depression, stabilizing serum beta-endorphin levels, and producing a sustained long-term prevention of alcoholic relapse. BWNT also produced significant personality changes, reductions in psychotropic medications, and a moderately long-term prevention of PTSD relapse, and optimized the surfacing of abreactive images in Vietnam theater combat veterans.

To date, all the aforementioned replicated studies have resulted in similar success: 80 to 90 percent of treated patients are able to give up their addictions, as ascertained by a two to three-year follow-up period, with a minimal relapse rate. Such success has never before been achieved.

References

1. E.G. Peniston & P.J. Kulkosky, Alpha-Theta Brainwave Training and Beta-endorphin Levels in Alcoholics, *ALCOHOLISM: CLINICAL and EXPERIMENTAL RESEARCH* 13 (1989). pp. 271-279
2. E.G. Peniston & P.J. Kulkosky, Alcoholic Personality and Alpha-Theta Brainwave Training, *MEDICAL PSYCHOTHERAPY: AN INTERNATIONAL JOURNAL* 3 (1990). pp. 37-55
3. E. Saxby & E.G. Peniston, Alpha-Theta Brainwave Neurofeedback Training: An Effective Treatment for Male and Female Alcoholics with Depressive Symptoms, *JOURNAL OF CLINICAL PSYCHOLOGY* 51 (5), (1995). pp. 685-693.
4. N. E. White, Alpha-Theta Training for Chronic Trauma Disorder, A New Perspective, *THE JOURNAL OF OPTIMAL PERFORMANCE*, 2 (4). (1995). pp. 44-50.
5. S.L. Fahrion, D.E. Walters, L. Coyne & Allen, Alterations in EEG Amplitude, Personality Factors and Brain Electrical Mapping, After Alpha-Theta Brainwave Training: A Controlled Case Study of an Alcoholic in Recovery, *ALCOHOLISM: CLINICAL and EXPERIMENTAL RESEARCH* 16 (3). (1992). pp. 547-552.
6. E.G. Peniston & P.J. Kulkosky, Alpha Theta Brainwave Neuro-feedback for Vietnam Veterans with Combat Related Post-Traumatic Stress Disorder, *MEDICAL PSYCHOTHERAPY: AN INTERNATIONAL JOURNAL* 4, (1991). pp.1-14.
7. E.G. Peniston, D.A. Marrinan, W.A. Deming & P.J. Kulkosky, EEG Alpha-Theta Brainwave Synchronization in Vietnam Theater Veterans with Combat-Related Post-Traumatic Stress Disorder and Alcohol Abuse,

continued on next page

ADVANCES IN MEDICAL PSYCHOTHERAPY: AN INTERNATIONAL JOURNAL 6. (1993). pp. 37-50.

8. E.G. Peniston, EEG Brainwave Training as a Bio-Behavior Intervention for Vietnam Combat-Related PTSD, *THE MEDICAL PSYCHOTHERAPIST* 6, (2). (1990).
9. N. E. White, Clinical Results with the Peniston Neurotherapy for Alcoholics and Post-Traumatic Stress Disorder, Paper presented at the Association of Applied Physiology and Biofeedback Conference, Los Angeles, California. (1993).
10. M. Wultke, Addiction, Awakening, and EEG Biofeedback, *NEWS MAGAZINE of the ASSOCIATION for APPLIED PSYCHOPHYSIOLOGY and BIOFEEDBACK* 20. (1992). pp. 18-22.
11. A. Sullivan, Applied Psychophysiology in the Treatment of Chronic Alcoholism Symposium: Combining Psychophysiological and Psychotherapeutic Methods Treating Addictive and MICA, Paper presented at the American Psychological Association, Annual Meeting, August, (1993). Toronto, Canada.
12. A. Kelly, Applied Psychophysiology in the Treatment of Chronic Alcoholism Symposium: "Somatic Emotional Processing in the Treatment of Addiction," Paper presented at the American Psychological Association, Annual Meeting, August (1993), Toronto, Canada.
13. R.C. Sealy, B.E. Bernstein, & D.T. Magid, "New Developments in Brainwave Training," Workshop at the Thirteenth Annual Meeting of the Biofeedback Society of New York, (Unpublished). (1991).
14. N. E. White, "Initial Clinical Results with the Peniston Neurotherapy." Paper presented at the First Annual Summit Conference on Crack Cocaine, September (1991). Houston, Texas.
15. D. Gerico, A Case Study Approach Examining the Effects of Alpha-Theta Brainwave Training upon Bulimia Nervosa, *MEDICAL PSYCHOTHERAPY: AN INTERNATIONAL JOURNAL* 7, (1994). pp. 163-174.
16. H. Boeving, Watching Addiction Disappear, *MENNINGER PERSPECTIVE*, 1, (1993). pp. 9-11.
17. A.P. Byers, The Normalization of a Personality Through Neurofeedback Therapy, *SUBTLE ENERGIES*, 3 (1). (1992). pp. 1-17.

Tom

by Dennis L. Doke M.S.
Dallas, TX

Tom, a young adult, has had bipolar mental illness with episodes involving complex paranoid delusions. He had been hospitalized four times during the eight year interval since his diagnosis and the time I saw him. Tom's latest admission followed a trip, with his parents, in December, 1991. Tom's delusions intensified, on that trip, and he believed the name of a town where they had stopped (Winslow, Arizona) held a special message for him. He walked the streets through the nights, "circling around a U-turn exit and ending back at the hotel." Tom said he could "...WIN the battle if he went SLOW."

After his admission, I met with Tom to discuss that experience. He spoke frankly and with a look of fear in his eyes. I remembered an example in which Erickson discussed the choice of not confronting a patient¹ and decided not to confront Tom's delusions at that time.

After his improvement and release, Tom was tapered to monthly sessions. Two years later, he continued to have thoughts about returning to Winslow despite his overall absence of symptoms. I gave him an assignment of writing the Chamber of Commerce of Winslow,

utilizing the reality of Winslow to confront his delusional memory. The following month, he reported he had not done this homework assignment, and that he "had not thought much about Winslow. Reality catches up with you. I guess I'm enjoying reality. Why should I take a trip down memory lane when I could take a real trip to Key West?"

Currently, Tom is stuck in a new dilemma which is more reality-based and more congruent with post-adolescent searching. "I'm living a mundane existence. I'm living in the present and not in the future. However, I have started going out with my friends after work. I have accomplished one of my major goals which was to move out of my parents' home and live independently." I concluded this session by waving my hand towards the end of the couch and asking him if he could imagine a little baby learning to walk, leaning against the arm of that couch right there.

He nodded affirmatively. I carefully helped him visualize that child learning to take his first step. I emphasized that the adult knows what the child will do in the future, but the child doesn't. At first the child tries to stand, ever so cautiously, staggering and falling on his bottom. Learning occurs through trial and error. I told him, "I know you soon will be able to walk. You try to take a

step and falter, but you try over and over again. And then you learn to walk. As you continue growing and changing, more self-confidence is gained."

The next month, Tom returned to my office saying he needed to return to Winslow in order to go "full circle and bring closure to that episode." He added that he always returned to the sites of his psychotic episodes. At this time he held a job as a waiter, but had been thinking about leaving the position stating: "I can't be a waiter all my life."

I inquired how long he wanted to be a "wait-er?" He didn't know so I asked again. "How long are you going to be a WAIT-er?" Returning the emphasis, he replied "I guess I'll have to be a WAIT-er until I make the trip and go full circle." At the conclusion of the session, he reflected "I feel like I was in a tribulation stage for several years. I have now been in a waiting stage for nearly three years. I'm not sure when this waiting period will be over, but the next stage will be a moving-on phase. Maybe I'll move to another city and settle down. Maybe it'll be Winslow."

¹Erickson, M. (Rossi, E., Ed.). *Innovative Hypnotherapy: The Collected Papers of Milton H. Erickson on Hypnosis*, Vol. 4 1980. New York. Wiley & Sons. pp 70-74.

Comment on the Case of Tom

by Harriet E. Hollander, Ph.D.
The Milton H. Erickson Institute of N.J.

Tom has been diagnosed with a Bipolar Mental Disorder and exhibits its classic features. His illness began in late adolescence, and he has short-term psychotic episodes following psychosocial stress. Trips to strange cities and disruption of significant relationships with family are characteristic symptoms. Delusions may persist in remission and are seldom treatable by direct confrontation.

Medication, along with psychotherapy, is the current treatment of Bipolar Disorder. Many of Erickson's colleagues and students believed that Erickson had little use for medication even in the treatment of major mental illness. In her speech to the Ericksonian International Congress, 1994, Mrs. Erickson clarified Erickson's view on psychopharmacological interventions to mental illness. She told the audience that Erickson,

whose strategic interventions with psychotic patients were deservedly famous, placed little faith in the use of medication, mostly because the medications then available didn't work. Certainly, she indicated, he would have prescribed medications which were effective and could help the patient.

Many individuals who might benefit from psychopharmacological treatment refuse it for a variety of personal reasons, leaving the therapist to rely on behavioral strategies. This history does not state whether or not Tom was on medication for his disorder. The psychotherapeutic approach taken by the therapist stands on its own as a thoughtful and empathic strategy to stabilize the psychosocial stresses that might have triggered further manic episodes.

The therapist gives his attention to the patient's age-appropriate effort to individuate and separate from his parents and become an autonomous adult. He makes use of a metaphor with many levels of meaning when he suggests hypnotically to Tom that he imagine a little baby learning to walk, imagine the little baby learning to fall, and suc-

ceeding through trial and error. He draws the analogy with Tom's courage to take the natural steps in his development even if he can't anticipate where his steps will lead in the future.

Tom had the delusion that the town name "Winslow" has a special message for him—"win slow". Doke did not deal with this directly. The homework assignment of writing the Chamber of Commerce was designed to allow Tom to understand, on his own, and willingly, that "Winslow" was merely the name of a town.

Doke kept "win slow" in his mind. When Tom began talking about returning to Winslow, Doke used Tom's

continued on next page

Corrections *continued*

James Eisdale's use of Mesmerism for Surgery and Medicine was written by William Graham, Ph.D. of Houston, Texas.

Vol 15#2 p 18: Correct publication information is: *Brief Therapy: Myths, Methods and Metaphors* edited by Jeffrey K. Zeig and Stephen Gilligan. New York: Brunner/Mazel. 1990.

ETHICAL DIRECTIONS

Dual Relationships: An Ericksonian Perspective

by Mickey Skidmore, ACSW, CCSW
Houston, TX

A number of articles and commentaries have appeared recently in various professional publications warning of the perils of dual relationships. While generally both parties are better served when dual relationships can be avoided, I am concerned with the emerging trends of these articles which suggest dual relationships are unethical conduct, per se. I offer a differing viewpoint.

In the early 1960's, Milton H. Erickson, M.D., began treating "John," a schizophrenic. His family wanted little involvement with him so Erickson arranged for them to establish a trust fund to enable John to be independent. John rented an apartment in Phoenix, near Erickson's office and home. Erickson believed pet ownership was a vehicle to advance many therapeutic learnings and they planned for John to rescue a puppy from the animal shelter. Arrangements were made for the young dog, "Rover" to reside at the Erickson household under the conditions that the pup was John's responsibility and John was to come to Erickson's house twice a day to feed and care for Rover.

Erickson and his family members were all careful to avoid usurping Rover's attachment to John and the two formed a close relationship. John's need for regular and formal therapy diminished over time and with the daily contact with Erickson. However, therapy continued in various informal ways. For example, Erickson and John planted two trees with each retaining a proprietary interest in "his" tree. Erickson also wrote a series of letters to John which were allegedly from Rover. These letters described events in the Erickson household and talked about life in general. Many of them contained therapeutic and metaphorical suggestions for John.

Both Erickson and Rover died in 1980. Soon thereafter, Mrs. Erickson took John to the shelter again where they picked out a new dog for him. Mrs. Erickson adopted the puppy's sister. John continues to visit the Erickson house each day to care for his new dog. In the evening, he and Mrs. Erickson often watch TV together and John looks after the house and pets when Mrs. Erickson travels. (This case appears in more detail in *Experiencing Erickson*, pp 20-27.)

Throughout his distinguished career, Erickson used personal interactions as a therapeutic tool. He could persuade, cajole, joke, demand, threaten or make numerous phone calls to achieve the therapeutic aim. He thought it important for a therapist to be personally interested in clients. He did not think the therapist should be a blank screen or a neutral observer. It was often his personal involvement that induced therapeutic changes.

Without a question, a dual relationship existed in the example given. Were Erickson's treatment philosophies unethical? By today's standards, perhaps. But in the 60's and 70's, these standards were not so clearly delineated.

All governing licensing boards for mental health workers today address, in some way, the complexities of dual relationships. Adding to the confusion is the fact that not all professional disciplines agree on the nature of dual relationships. The only point of agreement in all professions is that sexual relationships with current patients are always in violation of ethical behavior. Beyond that, it is unclear.

I am alarmed that a growing number of boards seem intent on interpreting guidelines in increasingly rigid and absolute terms. This inflexibility adds to problems in interpretation. For example, circumstances for many rural practitioners make it virtually impossible to avoid dual relationships. In my years of practicing in rural settings, I am frequently approached for hypnotherapy by people with whom I have relationships in other contexts. The one thing they have in common, however, is that they sought me out because of these other relationships. My approach has been that the decision to work together is best determined openly with the potential client before the therapy begins. The fact that several potential clients have determined this was not a good arrangement has only reinforced my belief that clients have a better sense of what they want and need than they are sometimes given credit for.

I challenge contemporary wisdom on dual relationships. Moreover, I take issue with any group unwilling to allow reasonable flexibility for a member to interpret professional ethics on the basis of both theoretical orientations and life circumstances. I submit professional codes of ethics were intended to guide us through the ever increasing complexities of working with human behavior. They were never intended to be a set of predetermined or imposed

responses for every conceivable entanglement throughout the range of human experience. In fact, the very process of discovering these solutions is what many would refer to as the art of therapy. The secret to ethics is not rigidity but balance.

References:

Zeig, Jeffrey K. *Experiencing Erickson*
NY: Brunner/Mazel. 1983.

Tom continued

play on words which had created the "special message" as a base for an intervention. As Tom talked about his job and his future, Doke asked, "How long do you want to be a 'WAITER'?" Meaning was created on both the rational and irrational levels in Tom's own style of communication. The question, which Doke wisely did not explain further, was loaded with a directive for action. The patient's response testifies to the efficacy of Doke's intervention.

Erickson's rationale for not confronting a patient's delusions directly and aggressively is set out in an article co-authored with Jeffrey Zeig in the Volume referred to by Doke (pp 34-35).

Man is characterized...by cognition and emotion, and man defends his intellect emotionally. ... All people

defend their ideas whether they are psychotically based, culturally based, or nationally based or personally based...the first thing in psychotherapy is not to try to compel him to change his ideation; rather, you go along with it and change it in a gradual fashion and create situations wherein he himself willingly changes his thinking.

The case presented above shows a thorough grasp of this principle and is part of the therapist's respectful approach to his client and his willingness to protect the patient's personality while also making change inducing treatment interventions. The patient begins to conceptualize his journey through life as stages in which he moves forward.

Editor's Note: Tom had been under the ongoing care of physicians since his initial hospitalization. He had received a variety of medications, none of which was entirely successful in controlling his symptoms. Following this case report, Mr. Doke reported that Tom drove through Winslow and talked about the event, as if it was unremarkable. Even though Tom remains seriously ill, his psychotic episodes have become less frequent and his social development has continued.

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The Hypnotic Brain

by Peter Brown, M.D.
New Haven: Yale University Press
1991

This scholarly book, *The Hypnotic Brain*, reveals fifty years of prodigious research examining hypnosis in relation to brain function and social communication. Peter Brown, M.D., has done a remarkable job integrating this work from such diverse areas as anthropology, biological rhythms, cultural change, evolutionary development, face-to-face communication, hypnotherapy, mirroring naturalistic language, metaphor, multiple personality, neuroscience, and synchronizing nonverbal cues.

Divided into three sections, it emphasizes evolutionary origin, biological and metaphorical basis, and uses of hypnotic communication. The introduction outlines each chapter and asserts that "The oral poetry of nonliterate cultures forms a close parallel model to the verbal style of Ericksonian hypnotherapy." (p. xi).

Brown proposes the brain developed primarily as an organ of social communication, and to express and be influenced by face-to-face communication. Hypnosis evolved from synchronized face-to-face communication. It "appears to be a socially-sanctioned means of developing hypnosis and using the ultradian rhythms of consciousness" (p. 83), in conjunction with metaphors and stories to shape new meaning for the individual. He suggests that metaphors can be seen as forms of ideomotor control over abstractions and that hypnosis may simply be ideomotor control in a state of absorption. Brown highlights the collaborative Ericksonian style of careful observation, mirroring and synchronizing non-verbal cues, utilizing symptoms and strengths, and creating metaphors and stories tailored for the individual. He comments that the legacy of Milton Erickson "... is itself a strong hypnotic suggestion to conceptualize hypnotherapy as a creative partnership." (p. 154).

The reader is presented with an encyclopedic density of material. The 57 pages of 800 references is a vast resource to explore and read. After several changes of the print size, from larger to smaller and back again, I found myself underlining and later, writing down whole sentences with references next to them. *The Hypnotic Brain* is like rich chocolate to be savored in small amounts.

Reviewed by: Lawrence F. Berley, M.D.
Hingham, MA

Essentials of Hypnosis

by Michael D. Yapko, Ph.D.
New York: Brunner/Mazel,
1995. 185 pages

Yapko's book *Essentials of Hypnosis* is an excellent source for both the inexperienced and seasoned practitioner. It is clear and succinct in its overview of hypnosis, and devotes brief chapters to the fundamental elements of the discipline.

Beginning students of hypnotherapy have access to information concerning the myths and misconceptions of the field, the various classifications and types of hypnosis, those most susceptible to trance, and the difference between naturally occurring and induced states of hypnosis. In addition, novices unfamiliar with the jargon of the discipline will find Yapko easily translates classical and contemporary terms into clear and concise language.

Advanced practitioners, looking for principal resources to hypnotherapy, will discover well-documented chapters in which the author gives credit to a wide variety of historical and contemporary theorists and clinicians. Moreover, issues surrounding the controversies of repressed memory, suggestibility, resistance, and hypnotic hazards are examined. This book provides to trainers and teachers of hypnotherapy, an introductory text that briefly explores the theory, patterns of communication and ethical guidelines important to hypnosis. Also of interest are well-defined but essential concepts to the field that include age progression and regression, analgesia and anesthesia, and ideodynamic responses.

Although there are many books written on the subject of hypnosis, I find Yapko refreshing in his approach with his comprehensive but precise treatment to the keys of hypnosis; a potentially difficult discipline to to overview is transformed into a manageable domain. Furthermore, Yapko is a master at his own craft giving just enough material to touch the imagination but not too much to stifle the reader. Walking away from this primer, one possesses a clear understanding of the details of those areas of interest. I recommend *Essentials of Hypnosis* as a wonderful tool to add to any professional library and view it as a vital touchstone for students in the field.

Reviewed by: Maria LaVorgna-Smith,
L.M.F.T., L.P.C.
Dallas, TX

**Healing the Divided Self:
Clinical and Ericksonian
Hypnotherapy for
Post-Traumatic and
Dissociative Conditions**

by M. Phillips & C. Fredrick
New York: Norton
371 pp. + xii.

Phillips and Fredrick have amplified their previous writings on ego-state therapy and multiple personality disorder/dissociative identity disorder (MPD/DID) with a clinically oriented and theoretically sound book from which any therapist can benefit. *Healing the Divided Self* is full of practical information and creative ways of conducting therapy. It reminds us that sound treatment benefits from informed training, from supervision when needed, and is a cooperative effort with our patients.

Following a brief rationale for the use of hypnosis with post-traumatic and dissociative conditions, concrete guidelines are provided for orienting the patient to hypnotherapy and the hypnotherapeutic relationship. Phillips and Frederick then describe four stages of treatment: ego-strengthening for safety and stabilization; accessing and mastery of traumatic material; reassociating or resolving trauma; and integrating the new identity. Succeeding chapters describe the use of ego-state and Ericksonian hypnotherapy during each stage. Case examples are numerous and illustrative.

The authors cover other topics including: transference and countertransference issues; obstacles to treatment; abreaction and clinical emergencies; case management; and spirituality as a part of the mature, integrated personality.

The authors assume that the reader has experience with MPD/DID and that a correct diagnosis has been made. Phillips and Frederick cover differential diagnosis thoroughly. Specific information abounds covering medication management, inpatient guidelines, acting out behavior and other aspects of case management. Topics are related to classic as well as cutting edge research. Above all, the topics and examples reflect the authors' commitment to, and involvement in, therapy. Because so many clients fail to receive the depth of healing they need when multiplicity or other disorders of the self have not been diagnosed, this is a book to use and appreciate!

The treatment aim is personality

integration—a merging of personality parts which, according to the work of John and Helen Watkins, have permeable boundaries. This is not a fusion of parts, nor coconsciousness. The authors cite Erik Erikson's developmental stages as indicators of each ego state's maturity and growth potential, and then outline the stages of personality integration. They provide hypnotic strategies which further this process. Their approach is to enhance the experiential possibilities and insight of each ego part.

Another theme of this book is caution. Clinicians are reminded that since treatment is seldom step-wise and ego "parts" mature at differing rates, it is imperative to re-establish patient safety continually. Another caution concerns abreaction of traumatic memories.

With their treatment approaches, hypnosis is utilized in a practical and compelling manner. However the presentation of hypnosis is, at times, confusing. Despite obvious knowledge of and competence with the techniques, many indirect, as well as direct techniques practiced if not pioneered by Erickson, are not credited but instead discussed in other sections on indirect hypnosis. Also, one case study quotes the therapist using abstract adult language with a two-year-old ego state and hearing adult answers from that ego state!

Other smaller concerns with this otherwise excellent book include: sexist language. (Almost all patients were she while physicians and the deity were he.) There were distracting references by the authors to themselves. Psychologist Phillips recommended a change in a patient's medication, and there was a curious, undocumented combination of *Teilhardian* theology with Erikson's stage theory of human development. Since age, if not immaturity, limits one in the completion of Erikson's stages, it appears unlikely that many persons would reach Teilhard's "stages of happiness" as a goal of integration. I also question the seeding of ideas if the patient is borderline and question how the clinician will know which ego state is behind ideomotor or ideosensory signaling if there are as-yet unrecognized malevolent alters at work.

Overall, this is an excellent work, and one which should produce progress in research and in practice, one to read and use. After reading *Healing the Divided Self*, you will know more about why and how to use hypnosis with traumatized and dissociated patients.

Reviewed by: John Loggins, M.Th.
Fort Worth, TX

VIDEOTAPE REVIEW

"Out of My Mind and Yours"

by Bernie Siegel, M.D.

The following is a Forum Review of a videotape of Dr. Siegel's keynote address at the Sixth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy, 1994, in Los Angeles.

This Forum Review is moderated by **Randall E. Hayes, D.O., M.Ed.**, Medical Director of the Center for Creative Living in Fort Worth, and Clinical Associate Professor, University of North Texas Center for Health Sciences.

Forum Review panel members:

Lana Martin, M.S.W., Professor, School of Social Work, Walla Walla College, Walla Walla, Washington.

Harold J. Brendel, M.Div., Ph.D., L.P.C., Executive Director, Center for Creative Living, Fort Worth, Texas.

John Reed, Ed.D., Associate Professor, School of Nursing, University of Texas at Arlington.

Moderator: *What do you perceive to be the main topic or issue presented by Dr. Siegel?*

Martin: That psyche and matter can be seen as the same, rather than separate. Another issue is that of choice. You can choose life every day, and choose to love yourself in an attitude of joy.

Brendel: I think it was all about how to be loved and to love.

Reed: Our mind and body are one. While we may recognize this on an unconscious level, we are often not aware of our oneness. We can be more effective helpers of others and of ourselves by developing an awareness of this oneness.

Moderator: *What was your impression of the presenter and his manner of presentation?*

Martin: Very stimulating and inspiring. Bernie Siegel presents himself as living what he presents with both passion and compassion for life.

Brendel: He showed excellent humor and direct confrontation of the audience, which was well accepted. The real authority of the speaker came through in this presentation.

Reed: He came across as a warm, caring, loving human being. He shared with the group his discoveries in becoming aware of his oneness, as well as his work in helping his patients to discover cues to their oneness.

Moderator: *What do you consider to*

be the positive or strong points of the presentation?

Martin: I found the lecture thought-provoking. It possessed clarity and healing energy, with humor.

Brendel: The lecture was very self-affirming, stimulating forces of self-caring and believing, as well as the practicing of self-worth.

Reed: Perhaps the strongest point was the importance of listening to the patients, what they say, what they show, what they do, as well as what they do NOT say, show or do. Bernie shared many excellent techniques; His use of dreams, suggestion, art, music, touch, journals, and metaphor were well presented. His use of humor demonstrated his point that humor is always appropriate.

ETHICAL DIRECTIONS

Ethics and The Use of Hypnosis

by Thomas Wall, Ph.D.,
Seattle, WA

In a previous publication¹, I argued that the professional and ethical use of hypnosis is through the acceptance and adherence to ethical practices in our clinical work. Professional ethics represent three basic tasks. First, it involves acknowledging the reality and importance of the lives who are affected by the decisions we make and our professional actions. Second, ethics involves a thorough understanding of the nature of our professional relationships, their boundaries, and the nature of our professional interventions. And third, professional ethics involve being accountable for our actions.

We influence our patients' lives through our actions, values, theories, and the nature of the professional relationships we form. Ethics then become the norms of conduct and are the basis for a shared identity as health care providers. Several questions are important to bear in mind. How familiar are we with the ethical standards of our respective professions? To what extent do we maintain an understanding and awareness of the nature and implications of the professional relationships and our professional interventions? And last, to what extent do we hold ourselves accountable not only for what we do, but also for what we fail to do?

In December, 1992, the American Psychological Association revised and published their set of Ethical Principles

Moderator: *What were the weaknesses or shortcomings of the presentation?*

Martin: None! Why focus on weaknesses!

Brendel: The tape was somewhat long: He could have shortened the presentation. At the close he tried to stop several times but continued on and on, then finally concluded. The pictures were very repetitive, and I wondered about the accuracy and value of fantasizing their interpretations.

Reed: Bernie at times seemed rushed or in process of editing his presentation as he went along. Perhaps an outline or format of his presentation would be helpful, for he covers so much.

Moderator: *What personal insight, learning and/or inspiration did you gain from the tape?*

Martin: I recognized the value of "treating" the metaphor with clients. His interpretation of drawings was meaningful to me. I also recognize the

importance of being open to see what might not be immediately visible, as well to see the polarities of living, as in the phrase, "To love is to suffer."

Brendel: I felt highly inspired and related to, and had a renewed dedication and awakening to examine problems from the patients' points of view—It is the experience that is most important. It is our task as helpers to assist them in becoming aware to the faith that they have within themselves, in becoming all they need to be loving, caring human beings aware of their oneness.

Summary (Moderator): *The panel members seem to conclude that despite its length, the presentation of Dr. Siegel was lively, inspirational, insightful, instructive, and inclusive of an integrated approach to healing through the understanding of Mind and the effects of the beliefs and relationships of both the patient and the health care team.*

those health care providers who suffer from their own emotional difficulties; those who put financial gain above the welfare of their clients; and those who are insufficiently trained or experienced. Therapeutic relationships are vulnerable to exploitation and the hypnotic relationship is no exception. Because there can be a somewhat seductive quality to some hypnotic inductions, special sensitivity must be exercised and the therapist must be aware of this potential. Awareness of countertransference elements is essential if we are to define our ethical responsibility as serving the best interests of the client.

Decisions about whether and how to intervene, what to say, when to listen, what to listen to, whether and how to interpret, to use hypnosis or not, to use it directly or indirectly, to use regression techniques or not, are viewed as technical questions. And they are also ethical questions. Many of our treatment decisions are BOTH technical and ethical decisions. Accountable professionals who practice within their areas of competence must be both technically and ethically correct as treatment providers. If hypnosis is to continue its legitimacy in the health care professions and remain separate from the work of lay hypnotist, it will be through the strict adherence to professional codes of ethics, both in our respective professions and through the national hypnosis organizations.

¹Wall, Thomas W., (1991) "Ethics-The Royal Road to Legitimacy." *American Journal of Clinical Hypnosis*, 34, 73-78.

²"Ethical Principles for Psychologists." (1992) *American Psychologist*, 47, 12, 1597-1609.

INTRODUCING THE INSTITUTES

The Maryland Institute for Ericksonian Hypnosis and Psychotherapy

by: Richard Landis, Ph.D., C.T.S.
The Southern California Society for Ericksonian Psychotherapy and Hypnosis

The Maryland Institute for Ericksonian Hypnosis and Psychotherapy (MIEHP) is a multi-service organization providing referral, clinical, consulting and educational services to both the public and professional community.

Its "creator," Hillel Zeitlen, LCSW-C, wanted to create an outlet for his own growth and development as a therapist and teacher and a regional resource for Ericksonian training. He was inspired to name his organization for Milton Erickson for two reasons. He thought that Ericksonian methods are "pragmatic enough to mobilize changes in a short amount of time and profound enough to be able to touch the deepest parts of human beings." He also felt that beyond having blazed a wide trail for successive, and successful, therapists to follow, Erickson also was "kind of a hero—an example of someone who had transformed his personal pain into therapeutic resources for others."

Zeitlin used an interesting path in the establishment of this Institute. One of the Institute's first projects was a year-long training group Zeitlin taught in 1988. The Institute was not incorporated then. Zeitlin then began working in a larger framework. He had seen while he was doing his own training, many institutes of one kind or another come and go. Therefore, he was inspired to create one that grew "slowly and organically" and, in this way, insured its success. One of his main goals both in his own therapeutic orientation, and for the community, was to foster research and applications of creative therapeutic communication.

With these ideas in mind, Zeitlin structured a not-for-profit organization called "Choicework Institute." The Maryland Institute then officially became a project of that parent organization. It continues to focus on the training of professionals. The framework with the parent institute, however, now is in place for a more active organization. The MIEHP currently is the only project of the "Choicework Institute" but the established structure will facilitate the formation of other pro-



jects and groups in the future.

There currently are four active members of the board. Zeitlin, a licensed Clinical Social Worker, is both the director of the MIEHP and the director of the board of directors. Mildred Goldstone, Ph.D., a clinical psychologist in a private practice in Washington, D.C., also is the current president of the DC Psychological Association. Ron Kirsner, M.D., completed his residency in internal medicine and currently is a fourth year resident in psychiatry. He and Dr. Goldstone have worked with Zeitlin and the MIEHP since its inception. A newer member of the board is Eileen Buese, Ph.D., clinical psychologist in private practice in Bethesda, Maryland.

The MIEHP recognizes that the needs of mental health workers are ever changing. Originally, the group focused on training done by recognized leaders in the field. They sponsored a large number of workshops over the years,

most of which featured internationally known speakers. This met one of their goals—that of promotion of wider understandings of the principles of Ericksonian psychotherapy and hypnosis.

The Institute now gears its training to the interest in specific therapeutic directions. Brief therapy is of increasing interest to all mental health workers. It fits well within the principles of Ericksonian hypnosis and psychotherapy because one definition of brief therapy, in the words of Zeitlin, "is hypnosis talking fast."

This year, MIEHP has expanded its offices to feature a training room and a group room in addition to therapy offices to enable them to develop their training further. Currently, their monthly Ericksonian supervision and practice groups meet both in their newly expanded Baltimore office as well as in their Washington, D.C. office. Next year, the Institute is planning a year-long series called "The Brief Therapy Skills Series." This will be a series of one- and two-day workshops on hypnosis and psychotherapy led by Zeitlin.

The group also is planning once-monthly forums for the community. These meetings would cover common issues with topics such as dealing with grief, anxiety, attitude, generalized stress and other areas of interest to the public. The format would be structured so a short lecture would provide attendees with information about the

psychological characteristics of the problem. Then there would be a demonstration of ways to handle that particular issue. The Institute also is planning a series of meetings for professionals in which videotapes would be shown. After the viewing, Zeitlin would lead discussions about the techniques and methods in which the presenters worked.

A smoking cessation clinic using creative and unusual methods has been developed. Up to 15 people can attend each session, consisting of a short informational lecture, followed by auricular acupuncture on willing participants. The acupuncture is done by a Russian physician, Dr. Gregory Giokhberg, on the outer ear structure. It seems to promote relaxation. Last, a hypnotic induction, structured to help people stop smoking, is given. Each person is entitled to attend up to six one-hour sessions. The program has ten graduates, all of whom, Zeitlin reports, have stopped smoking.

The Maryland Institute of Ericksonian Hypnosis and Psychotherapy has lived up to its creator's vision. It is a regional resource for Ericksonian training and an outlet for the professional community's growth and development. It also is part of a larger structure furthering the dream of facilitating creative therapeutic communication and more development of research—both parts of Hillel Zeitlin's original dream.

Hypnotherapy: An Ericksonian Approach To Problem Solving

CAROL LANKTON & STEPHEN LANKTON

in Pensacola Beach, Florida

Participation in both of these workshops (8 days) provides 50 hours of content which applies to the requirements for "Qualified Practitioner of Hypnosis" as defined by Florida licensing code chapters #490, 21U20.003 & #491, 21CC-7.002 for PSY, MFT, SW, and MHC.

Five-Day Intensive Training

1996
March 13 - March 17
and
Sept. 4 - Sept. 9

Tuition \$425

32 CEU credits for MFT, SW, MHC, & Psych.
Eligibility: Masters or Doctorate in Mental Health Disciplines

Three-Day More-Advanced Training

1996
March 18 - March 20
and
Sept. 9 - Sept. 11

Tuition \$285

18 CEU credits for MFT, SW, MHC, & Psych.
Eligibility: Masters or Doctorate in Mental Health Disciplines

For information & registration, contact: Carol H. Lankton, P.O. 958, Gulf Breeze, FL 32562, USA. (904) 932-6819.
CEUs offered by Ericksonian Training Seminar #CM-018-exp. 1/97 & P-51-96.

Difficult Contexts for Psychotherapy

Ericksonian Monographs # 10

Edited by S. Lankton, MSW & J. Zeig, Ph.D.
New York: Brunner/Mazel
1995. 139 pages

The value of the "Monograph Series" lies in its scholarly use of Erickson's approach, beliefs and techniques as applied to today's issues and in the context of the current atmosphere of mental health "reform." Students of the original works of Erickson translate and utilize his knowledge and skills in their own clinical practices. The result is a demystifying of "Ericksonian style," making it seem easily applicable in one's daily psychotherapy practice. *Difficult Contexts for Psychotherapy* consists of

eleven well-organized and economically written articles. Each article leads with the problem to be addressed, and is followed by the Ericksonian approach to be utilized. Case studies detail examples of the treatment and conclude with the author's reflections of his/her learning. The result is thought provoking.

Difficult contexts for psychotherapy include: hypnotizing a catatonic patient, with an audience of psychiatric residents; treatment within the confines of managed care; treatment of sexual abuse survivors; focusing on the parallels and differences of trance states elicited by the trauma and by the hypnosis; and inside the academic system, the treatment of adolescent underachievers. Several articles describe difficulty in the intricacy of the treatment and in the context itself. There is a smorgasbord of information offered here, from research

in standardized testing to the "February Man" revisited. While not everything will appeal to everybody, the text provides an excellent review of Ericksonian principles for both the seasoned therapist and novice.

Lankton and Zeig have done a masterful job in ordering the articles. Beginning with the concrete, moving in cancer pain research, to the practical, drawing parallels between managed care and the Ericksonian perspective, the Monograph begins to summon integration of varied levels of thinking. The text completes itself reporting the work of Daniel Kohen, M.D., a pediatrician treating children and adolescents for Tourette's Syndrome. Kohen elegantly and naturally demonstrates the tenets of Erickson in his work. From the moment the patients walk into his office, to the end of treatment, Kohen presents in a step-wise

fashion, developing rapport, implying competence, eliciting curiosity, delivering the unexpected, constantly seeding that the patient is able to control "the problem" and that "the problem" will come to an end. He demonstrates various techniques for trance work, deepening and specific suggestions, all appropriate to the personality and development of his patient. Finally the turning over the trance work to the patient to continue to use to manage Tourette's Syndrome behaviors brings Kohen's task to an end. What is offered in this last article is an integrated wealth of information, easily translatable to many other uses and contexts, especially as we keep on practicing.

Reviewed by: Kathleen Divita, LMSW-ACP, LPC, LMFT
Houston, TX

Metaphor Therapy

by Richard R. Kopp, Ph.D.
New York: Brunner/Mazel Inc.
1995. 188 pages

In one form or another, most psychotherapists get around to asking their clients, "How can you change so that things are better for you?"

This book is about this client-generated "image," how it came about, and how the therapist can help the client make it "better."

Richard Kopp's book, *Metaphor Therapy*, reviews the varied historical use of metaphor and presents a theoretical framework as a background to his discussion of how client-generated metaphor may be put to good use in therapy. The sections that deal with in-session use of client-generated metaphor are clear and easy reading. His other sections are somewhat heavier to wade through, but well worth unraveling. (The mixed metaphors are my own.)

Kopp presents a rationale and method that therapists can use to help their clients not only access but also utilize their personal myths and/or metaphors in order to understand and more efficiently and effectively change both their cognitions and behavior in a therapeutically beneficial way.

Kopp begins by giving his readers a clear understanding of his concept and uses of metaphors in therapeutic situations. He points out metaphors are not truthful and literal statements, but carry meaning over from one domain to another.

He notes that a metaphor, in the context of psychotherapy, is a logical verbal analogy; a description used to

symbolize what the speaker means or experiences in a new way. Everyone of us who has worked as a psychotherapist for any length of time, has come in contact with both therapist-generated and client-generated metaphors. Kopp points out that when the client generates a metaphor it describes his own experience of the resemblance between two relationships between quite dissimilar things. (For example, "There's a brick wall around me, and no one can get in.")

And it is the client-generated metaphor that Kopp believes is most useful to psychotherapists. Noticing a client's metaphors will lead to discussions that, in turn, lead to suggestions that are more cognitively and experientially true to the client, even though not true in a literal sense. Thus, the exploration and transformation of a person's metaphoric imagery can be a source of novelty and change.

To help us understand, he considers Romeo's enamored comment, "Juliet is the sun." Obviously, Juliet is not the sun. But, from the context of the material from which the quote is taken, one might assume that Juliet has qualities that experientially affect Romeo as does the sun. Therefore, Romeo is being experientially honest in describing her as "the sun."

He suggests that we get locked into metaphoric existences as infants and young children. It is at this time when we first develop an experiential view of ourselves in relation to the world. Therefore, we tend to use self-created verbal metaphors to describe how we perceive relationships with the world. Helping clients change a painful

metaphor truly brings about more direct contact with experiential and cognitive functions, thereby helping them change their internal experiences of their painful relationships to successful client-created experiences.

Kopp maintains that all theories of psychotherapy are simply metaphoric structures of reality. Therefore, he says, theory based interpretations of a client's reality are avoided, by him, because they lead away from the client's metaphoric structure of reality to the theory's metaphoric structure.

To this end he discusses aspects of Freud's classical psychoanalysis and object relations theory, Jung's analytical psychology, Milton Erickson's hypnotherapy, neuropsychology, and aspects of other therapeutic modalities. He admits he has some trouble fitting behavioral therapies into his paradigm, but leaves that problem to be solved in the future.

Kopp points out that Ericksonian and

Interview *continued*

the Department of Psychiatry at the hospital where I worked that appeared to me to result from significant personnel changes. That very day I vowed to go find Erickson and work with him wherever he was. As luck would have it, Stephen Lankton came to New York with videotapes of Erickson and I started absorbing those tapes weekly, prior to going to Phoenix in 1979.

I spent two two-week periods with Erickson, videotaping the second two weeks so I could come home and spend a lot more time observing him and listening.

metaphor therapies aim to communicate with and activate the client's unconscious processes. Ericksonian metaphoric methods also can shift the client's mode of processing information from primarily verbal-logical to imaginal-analogical cognitions. A primary difference is that Ericksonian metaphors are usually therapist-created and meant to achieve specific therapist-designed goals. By contrast, he writes, his method uses a more "direct" method by following the client's lead, rather than the other way around. In one form or another, his basic question to the client is, "How would you change the image so that it would be better for you?"

Is *Metaphor Therapy* a book I'd recommend? Yes. Even though there are segments with which I disagree, it's a book that will cause the reader to think, and a book that the reader will find, overall, quite rewarding.

Reviewed by: Jerry Weiss, Ph.D.
Dallas, TX

I have been watching those tapes over and over. Every time I see them, I learn something new or relearn something at a different level. People who knew him as a younger man have said how powerful and compelling he was. I experienced that power, the quick shifts from the playful, *mischievous* trickster to the laser clarity of a man who said, "Pain is incomplete learning."

CK: Do you have a definition of, or how would you describe "Ericksonian approaches?"

continued on next page

Interview *continued*

JPF: I think the way Milton Erickson worked cannot be limited by definition, because his very presence compelled learning in unconscious states. Some of what I experienced was: intense observation and his laser focus, communication impacting me on many levels, a use of language that was simultaneously startling and soothing, impish humor and profound humanity. I often left his office on East Hayward Avenue in a state of confusion, elation, sometimes exhaustion and on the verge of tears, not from sadness or pain, but from some inexplicable and almost unbearable sense of life all around and through me. Phoenix still has that effect on me. It is as if I'm breathing in cleaner air and, for Phoenix, that is amazing!

I think that Erickson was committed to rigor *and* scientific precision and that he was a great artist of the human mind and its possibilities. His approaches evolved over a lifetime of application. There is a profound element of self-trust in his way of working, which is what I think the bottom line of therapy is all about...self-trust and letting go of restrictive patterns.

CK: You talk and write of "The Family Trance." Will you explain it?

JPF: People shift in and out of trance and give and receive hypnotic inductions all the time. The family, in which our most intense unconscious learning experiences occur, can be said to be a hypnotic unit. Each of us has participated in and been shaped by the state of consciousness unique to our own family. This mind-set has been "trance-mitted" from one generation to another and people react to it in an infinite variety of ways. That's one reason therapists are so busy around holiday times and family get-togethers! All the old inductions come out in full force!

As children, we spent many hours in trance. We carry in our bodies, in our behaviors and in the trances we induce in each other, the myths, messages and learning which we received as hypnotic imprints. We also carry the elusive assumptions around which we arrange our personalities and our experience. Moving out of the family's automatic reflex system and into our *own* unique constructive, creative unconscious is what this work is all about. I think Satir, Feldenkrais, and Erickson worked with the basic parts of the brain, "the reptilian brain," and with the imprints that were encoded into our physiology. I find that when people are taught to become attuned to their shifts into their family "blur," they can be taught how to shift

out of the trance. In effect, they are therapeutically dehypnotized. This dehypnotization process and its effect on physiology has been referred to by a variety of people. Virginia Satir talked about it and Ernie Rossi, Ph.D., works with it all the time. He talks of state dependent memory, learning and behavior and how people organize patterns of thinking and feeling. This occurs in families and can be worked with in family hypnotherapy which can help people move out of their family trance. Candace Pert, Ph.D., has done research in her field of molecular biology. She says that feelings are the *bridge* between mind and body.

CK: You have studied with a number of renowned teachers. Whose work would you consider complementary to that of Dr. Erickson?

JPF: I found the work of Virginia Satir and of Moshe Feldenkrais to be similar to Erickson's work. Satir, although she did not call herself a hypnotist, worked with shifting states of consciousness; Moshe Feldenkrais, who wrote a book in French about Emile Coué, appreciated and understood the power of hypnotic suggestion, and his work is really hypnosis with body reorganization. He called it "Awareness through Movement."

Feldenkrais said, "All life is movement." There is a way of thinking which we call linear which categorizes, pinpoints, defines and limits movement by freezing a thought in order to explore it. There is another way of thinking which is "moving with sequences of thought and feeling." Both modes are essential domains of thinking or states of consciousness. Each has its own laws and idiosyncratic rules. Satir worked with these shifting states all the time, because she understood how we range

from one realm of consciousness to another. Most of the time, we are unaware of how we shift in our everyday experiences. When we teach hypnosis, as we understand Erickson's perspective, we enable people to be aware of *how* they move from one realm of consciousness to another and to work with a kind of double consciousness. One part of consciousness is being fully present *in* the experience; another part of consciousness is being an uncritical witness to the experience. Both happen simultaneously. Ernest Hilgard called this part "the hidden observer." It also has been called "the phenomenon of double consciousness." Content and process are simultaneous. Being a part of and apart from that content and that process can transform people's experiences of themselves.

Milton Erickson's work gives people freedom and space to explore their ways of thinking and feeling and their use of language. Personal exploration cannot be done by reading a book or taking an exam, by memorizing formulas, or by repeating someone else's thoughts. Each person has a world in himself. True learning is coming home to the self or, as Larry LeShan, Ph.D., a pioneer in researching and developing his unique system of working with cancer patients, says, "When people find their own ways of being, relating, creating, they are at home in the universe in a special way...they are greedy for more experience, more of themselves, more movement, more action." I think this is what Virginia Satir meant when she said, "Accept *all* parts of yourself." Erickson similarly said, "Trust your unconscious; it knows more than you know that you know." and "It is a human right to *enjoy* the self."

Enjoyment is best done moment to

moment by observation, acceptance trusting and letting go—all at the same time. Some people can put this into a summary or a theory. Some people can accept criticism which can heighten their understanding. Some people can discover aspects of trance, like Hilgard's "Hidden Observer" or Herbert Spiegel's "Eyeroll Technique." Everyone can use his or her own unique way of self-hypnosis, or of coming home to the deepest recesses and resources in oneself. The approaches that we can teach directly and nondirectly can give people the tools to be one hundred percent in their bodies and minds more effectively than anything else I can think of. Techniques in themselves are mechanistic. It is the therapist's connection with his or her *own* unconscious that makes the difference. That is the heart and soul of the healing relationship and that is what I think Erickson, Feldenkrais and Satir are all about.

CK: You are a certified Feldenkrais practitioner. Are you able to integrate the Ericksonian approach with the Feldenkrais approach?

JPF: At the moment, I am not doing hands-on Feldenkrais (Functional Integration); however, I often bring his lessons and his ways of thinking into my hypnotherapeutic work. Erickson often accessed sensory motor organization, for example in his "early learning set," as a way of "altering body understandings." He said, "Teach them to be comfortable in their bodies."

After Moshe Feldenkrais suffered a cerebral hemorrhage, which eventually led to his death, the only book he wanted read to him was *My Voice Will Go With You*. (Sydney Rosen, N.Y.: Norton, 1982). He had met with Erickson only once in an intense and memorable after-

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Interview *continued*

noon; I know that the meeting impacted him deeply.

CK: *You have been a driving source of energy for New York Society for Ericksonian Psychotherapy and Hypnosis. Will you tell us briefly about the founding of that organization and its current status?*

JPF: In 1981, I joined a small discussion group of six people who had gone to Phoenix and were meeting to talk about Erickson's work and its applications in our clinical work. Together we founded the New York Milton H. Erickson Society for Psychotherapy and Hypnosis and the four of us who had been teaching hypnosis individually decided to teach together. Sidney Rosen, Jeffrey Feldman, Rita Sherr and I began our Training Institute. We also started a monthly presentation, we organized workshops and I started our newsletter. All of these are still flourishing. In 1981, we set up our constitution and by-laws and applied to the Board of Regents of the New York State Board of Education for a Permanent Charter. I served as Vice President for eight years, President for two and then became Director of the Training Institute in 1991. Our present enrollment in our year-long program is 86 students.

CK: *You have been active in your efforts to gain recognition for women in hypnosis. Why do you feel this is important?*

JPF: It has seemed to me that, with few exceptions, much of the excellent work done in hypnosis by women has not been recognized. I think closeness to their own biology enables women to bring their own distinctive approach to hypnotic communication. I have an induction entitled, "A woman's pelvis is the cradle of the world." I think women can be tough in addition to being nurturing. I also think women's particular intuitive sensibilities and the subtle distinctions they can make adds a dimension and a depth to the hypnotic experience that is based on some biological rhythms that is second nature to women.

We were all little girls with our curiosities about our bodies and an intensity of sensitivity to our feelings, especially during adolescence. What happens to the mind of a young girl when she sees her menstrual blood for the first time? Women carry in their bodies the myths and messages they received from their mothers and grandmothers. How we feel about menstruating can be a metaphor for how we feel about ourselves as women. Is it

a wound? An inconvenience? A source of life? Does it connect us with life or separate us from ourselves? Is it not a constant reminder of our connection with some kind of process that is primal or is it a process that, at times, is painful, inconvenient, embarrassing perhaps? Does it not keep us close to the Earth and to a primitive messiness in which there is some mysterious power? We bleed on behalf of life and that is our monthly reminder of the unknown depths of our bodies and psyches.

In addition to recognizing women's unique intuitive understanding, I think women need to learn that they *already* are hypnotists, that they received hypnotic imprinting as children and pass it along to the next generation, often *totally* unconscious of how they impact and imprint those around them. Children spend a great deal of their time in trance in active unconscious learning, carrying in their bodies and their behaviors, the imprints they receive. As adults, these "children grown taller" transmit the same unconscious learnings to their children. The family is, indeed, a hypnotic unit. I think women need to become familiar with their unique unconscious language and resources and to learn to use them consciously.

We as women and men can deepen our understandings of ourselves, and can contribute to each other in reinforcing the healing connections between people. Milton Erickson referred to the creative process within ourselves as part of the unconscious. I believe women have an intuitive understanding of the hypnotic experience and can learn to trust this creative process. When we find, in ourselves, the uniqueness of our strengths as women, our sexuality as women, and our individual connections with the life force we carry around in our bodies, we can become "the strange attractors" to new possibilities for the transformation of our poor sick planet. I think many of us learned this from Milton Erickson.

And what about childbirth and the "labor" and "pain" most women in our culture have been induced to expect? And how much does that expectation, embedded in our unconscious, generate the fear, anxiety and tension that contribute to the suffering of childbirth? We already know from the work of Dr. Erickson, David Cheek, M.D. and many others, that childbirth does not have to be painful.

CK: *As a successful professional woman, could you describe any thinking strategies that you personally use to deal with conflicts, solve problems, or accomplish goals?*

JPF: In working with people, dealing with conflicts, solving problems, and accomplishing goals, I think the bottom line is accepting all parts of one's own self, including the obstinate, the rebel and the fearful. I think it is important to identify early imprints that consciously or unconsciously keep people organizing themselves around fear—fear of intense feeling, fear of failure, fear of success, fear of closeness, fear of abandonment, fear of loss, and perhaps, even, the fear of full and intense experience. I think the biggest challenge is to accept one's right to feel and one's right to experience all parts of one's own self. Movement through life can be elegant—using the exact amount of energy to fulfill a function. I think this can be referred to as a "state of grace." I once heard a Buddhist say that "life is a series of letting go."

Hypnosis teaches self-trust. Erickson's way of hypnosis teaches a form of self-trust and self-acceptance, which I think is the route to solving problems and achieving goals. Self-trust can be being *with* oneself and observing oneself simultaneously *without* judgment. Self-trust is accepting fear and responding to it even if that means just letting it *be* there till it dissolves. That's easier for me to do in a therapeutic trance. When I am afraid or anxious, I put my thumb and forefinger together and for thirty seconds I go sit under the lilac bush and smell those lilacs that were in our front yard when I was little—or I see the expression in Milton Erickson's eyes or think of a moment when I *knew* someone loved me deeply and then go and do what I have to do.

CK: *You have just received your Diplomate from the American Hypnosis Board for Clinical Social Work. What are your thoughts?*

JPF: I haven't taken an examination for a long time and I haven't had to defend my work before three experts. It was challenging. It forced me to learn more about experimental and traditional hypnosis. I decided to take the exam because I felt strongly that there has to be some way that people can distinguish between lay persons who call themselves hypnotists and licensed professionals who use hypnosis as a tool in their psychotherapy practices. I also think managed care companies need to be educated about the differences in training backgrounds of the people who do hypnotherapy, and the public needs to know the differences between those who are clinically licensed and those who are not. One of the ways of establishing the highest level of professional credentials in the use of hypnosis is through the recognized hypnosis boards. Such

boards exist in medicine, dentistry, psychology and clinical social work.

CK: *What is your view about hypnotizability? Can everyone be hypnotized? Are the scales valuable and do you use them?*

JPF: I believe that most people go in and out of trance all the time and that most people spend many hours in a state of consciousness that some call hypnosis. I think the hypnotizability scales are extremely valuable in trying to understand the phenomena of hypnosis. I think that people reach different levels of hypnosis at different times. Everyone has his or her own way of moving into hypnosis. Some people have more talent to do it than others. I think it can be taught. I do not use formal hypnotizability scales. I try very carefully to watch how someone goes into his/her own unique trance then utilize it.

CK: *You and Kay Thompson, D.D.S. have taught the therapeutic language techniques based on Erickson's work. Will you tell us about this?*

JPF: We have been working with therapeutic language techniques in an effort to transmit, in our teaching, the precision of words. We want to expand the experience of language which does indeed define our perceptions of our reality. Attention to language goes far beyond self-talk. Broadening our experience of language frees us from limitations in our thinking. Word-play and puns loosen rigid associations and free our creativity, expand our thinking and feeling and thus our experience of owning our own selves.

Kay has pioneered therapeutic language techniques which use sound, phonetics, word play, fun, puns, verse, word sequences, apposition of opposites, rhymes, similarity, differences, simplicity and elegance to melt our frozen associations into the flow of creative multi-level consciousness. She uses double meaning, double binds, alliteration—a little ration of whatever you need on your plate. She can look you straight in the face with those clear blue eyes of hers, the deadpan expression and, in her best Pittsburgh drawl, draw out ideas and feelings until your mind is swimming and rolling with new insights, profound experiences, and a hunger and taste for more. In our training, we play with the use of language all the time, always aware of all the ways the conscious and unconscious can dance together.

CK: *Do you have a recommendation for practitioners who are interested in becoming more proficient in the language skills in which you are so skilled?*

continued on next page

Interview *continued*

JPF: As a diagnostic tool, I listen carefully to the movement of language and selection of words that people use. I learned this from Erickson, from Kay and also from listening to Virginia Satir, who had a way of using language to move from passive to active mode, from limitation to expansion. She had a way of taking thought from compartmentalization to possibility, to transform a frozen word into a flow of ideas. I don't think Virginia ever had a thought that was not laced with possibility, and when she did, she attacked it with that passionate spirit of hers that would never give up. I think that, when words align with her heart and mind, there is a transformation of experience, which can only occur in that state of consciousness which Erickson called "trance" and which Virginia and Erickson both evoked all the time. Le Shan refers to the "mythic realm of conscious." I think they are similar.

Feldenkrais entered this realm using touch by tracking movement patterns and thus evoking precise awareness of the internal experience of movement. This awareness, or "bringing to consciousness," frees movement patterns to reorganize.

Language can be in words, in touch, and can be expressed by two people moving together through space, through time, in such an alignment that they experience a "trance-formation." I would advise practitioners to pay tender attention to what words evoke responses in their patients/clients/subjects and play with words with curiosity, abandon and appreciation for how language can deepen or limit experience.

CK: *What life experiences have you had that may have impacted you in such a way that you can look back and say "that was where I took a different turn?"*

JPF: When I was eight years old, I saw a group of women playing bridge and smoking cigarettes, having had cocktails before lunch. I vowed never to play bridge and always to work. In my freshman year at Smith College, I sat mesmerized before a great English professor, Mary Ellen Chase, who said, "Whatever you do, be passionate about it." She was in love with language and I now realize I was in trance.

Later I had an undiagnosable physical problem. In session with an analyst, I experienced really being heard; months later with a different analyst, I experienced really being accepted. I became a therapist because I wanted to give some sense of connection to other people. This is one of the best decisions I ever made.

Reading *Uncommon Therapy* sent me on an adventure that I am still excited by. Talking to a compelling woman who said, "Let's have lunch," and looking at her name tag that said, "Virginia Satir," was another watershed. Moshe Feldenkrais, whose work intrigued me and whose picture I had on my desk for years, walked into my apartment for the Erickson memorial service in New York and another door was opened for me. Ethyl Lombardi, a healer whom I knew, achieved a transformation so puzzling that I made up my mind never to make a decision out of fear again, since I *couldn't really know anything!* This decision had enormous impact on me including my decision to marry Arnold Fein. He died in 1989, and I am still here and still able to feel. I later realized that, along with having my three children, marrying Arnold was the best decision I ever made. I wouldn't have missed one moment of that marriage. Every so often, there is a daily experience in working with people when I get goose bumps. I know that something very important is happening within that

person because of the level of dialogue that has occurred between us.

CK: *I addition to being the Director of the NYSEPH Training Institute, what else are you doing?*

JPF: This summer and fall, I have presented at conferences in Washington, Mississippi and Munich. Also, in keeping with the belief that working with Erickson's hypnotic approaches takes time to integrate and needs practice, practice, practice, Kay Thompson and I are doing a 101-hour professional training in Boston for one two-day weekend a month for seven months. I am also

doing a 126-hour professional training in Stockholm which will run for six three-day weekends over the next eight months. Somebody once said, "If you want to learn something, teach it." And I'm still learning!

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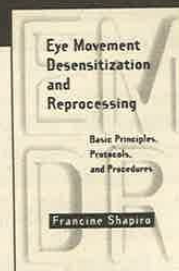
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