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The Milton H. Erickson Foundation NEWSLETTER

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SUMMER 2011

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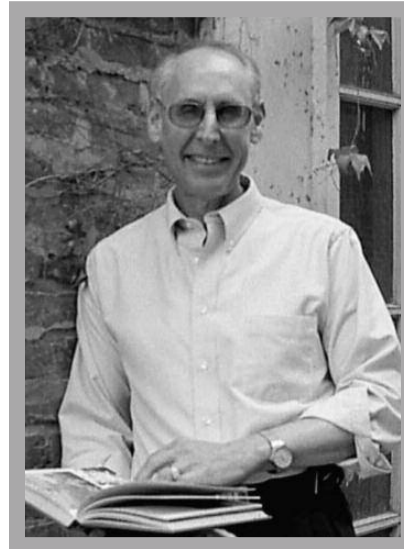
I N T E R V I E W

A Man for all Seasons: Richard Landis, Ph.D.

By Marilia Baker

Richard Landis, Ph.D., clinical psychologist, international trainer, and author, has been the Executive Editor of the MHE Foundation Newsletter since 2001. He a founding Board and Clinical Director of the Ericksonian Integrative Medical Institute (EIMI) of Orange County, California, established in 2006. He is also founding co-director of the Southern California Society for Ericksonian Psychotherapy and Hypnosis (SCSEPH) since 1987, an expanded society encompassing previous Ericksonian study groups in Southern California and the local Orange County Society for Ericksonian Psychotherapy and Hypnosis (OCSEPH), in existence since 1984.

Dr. Landis holds post-doctoral diplomate status in integrative medi-



cine, behavioral medicine, psychopharmacology, and is board certified in traumatology. An avid and diligent personal student of Milton H. Erickson during the seventies until Erickson's death in 1980, and an untiring, bound and determined disseminator of his approaches since then, Landis is universally acknowl-

edged for his multiple contributions to the field. He is also known for his unwavering devotion to his family as Milton Erickson was to his. Landis is, as well, recognized for the broad spectrum of his interests – he has been for years a member of the Magic Castle, an exclusive magicians club in Hollywood. With over four decades of practice, innovations, and a decade-long tenure as Executive Editor of this prestigious arm of the Erickson Foundation, Rick Landis is indeed “a man for all seasons.”

Marilia Baker (MB): Rick, the idea of you as “a man for all seasons” came to me as I examined your decades-long career of service encompassing many seasons of your life; your pursuit of excellence and truth; your devotion to family; and your character and integrity. Last, but not the least, you are at the helm of a publication that is issued according to the seasons of the year! Let’s then begin with your “early spring” life. Tell us how and when you first became interested in psychology.

See INTERVIEW on page 25

11th Congress • December 2011

Join us in Phoenix!

The Milton H. Erickson Foundation is holding the *Eleventh International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy*, December 8-11, 2011, in Phoenix, Arizona. The Congress is co-sponsored by Southwest Behavioral Health Services, and will be held at the Phoenix Hyatt Regency in downtown Phoenix. A Pre-Congress (December 8) and Post-Congress (December 12) workshops also will be offered. The Congress begins on December 8th at 4:30PM with the Convocation and opening Keynote by Helen Erickson.

With 138 faculty from around the globe, a Fundamental Hypnosis Track including 8 workshops, a Post-Congress Master Class with Michael Yapko and Jeffrey Zeig, short courses, interactive events, clinical demonstrations, and more than 36 CE hours, this Congress is not to be missed. For the list of faculty and bios visit the Congress web site: www.EricksonCongress.com.

To view the full brochure, make hotel reservations and to register visit the Congress web site: www.EricksonCongress.com or contact The Milton H. Erickson Foundation, Inc., 3606 N 24th Street, Phoenix, AZ 85016-6500; Tel, 602-956-6196; Fax, 602-956-0519; Email, office@erickson-foundation.org.

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EDITOR'S COMMENTS

The theme of this issue is "Generations." It covers the history and legacy of Erickson through the eyes of his family, colleagues, and subsequent generations.

I was flattered when Marilia Baker volunteered to interview me as the *Featured Interview* for this issue. During the interview, her questions stimulated my realization of how much of my professional and personal life had been influenced by my all-too-brief meetings with Erickson. And, how that influence had spread from me with each contact I had with my family, friends, clients, and colleagues.

Much of what I knew of Erickson was from our connection while he was in his later years without the robustness I had seen in his early films. I did not truly know the man. So I was ecstatic when Allan and Betty Alice Erickson approached me offering to share with us some of the early stories about their father. When we interviewed Erickson's daughter-in-law Helen Erickson in our last issue, there was not enough room to include some of the personal stories she told. So..... in this issue, we are dedicating a special section to these family stories.

Other families have been influenced by Erickson. In our *Facets and Reflections* section, Rachel Heslin talks about how Erickson affected her life, meeting him only through her father's experiences. And, in our *Power of Two* section, Roxanna Erickson Klein presents two of the most influential disseminators of the Erickson spirit, Philip and Norma Barretta, an amazing couple in their own right.

The Erickson influence has traveled around the world. Carme Timoneda-Gallart brings us a *Case Report* from Madrid, Spain, where he passes on the Ericksonian influence to the children he treats. Teresa Garcia-Sanchez does a wonderful job of highlighting his genius in her description of him as our *Contributor of Note*. Marilia Baker presents The Milton H. Erickson Institute of Centre-France's founder and director, Christine Guilloux. Guilloux is a living example of how the Erickson spirit is expressed in a dynamic, international woman. To top off the international theme, John Lentz interviews Ester Perel in his *In the Spirit of Therapy* column.



In this issue's reviews, we have chosen a series of books that look at Ericksonian concepts and percepts from "outside the box." We start with a series of reviews that focus on the importance of language, the center of Ericksonian interventions. John Lentz reviews Jaenne Taylor Hernandez's book and CD set of *Dialogues with Pain: Internal Body Conversations That Resolve Suffering*. Hernandez focuses on language that promotes despair and pain, a language of hope and healing. Marvelously done. His review of Joan Lachkar's *How to Talk to a Borderline* is equally wonderful. Roxanna Erickson Klein captures the brilliance of Ruben Battino's *Healing Language: A guide for physicians, dentists, nurses, psychologists, social workers and counselors*. Battino is the master of hypnotic grammar. I greatly enjoyed this book when I read it.

1001 Solution-Focused Questions by Fredrike Bannink, is thoughtfully reviewed by Betty Alice Erickson. This book is a masterful expansion of Steven deShazer's and Insoo Kim Berg's principle that the therapist "leads from behind" mainly by asking questions. Powerful. The impact of language is continued in Jim Duvall and Laura Beres' book, *Innovations in Narrative Therapy: Connecting Practice, Training, and Research*. Both Ruben Battino, our multitalented reviewer, and I have long been a fan of Narrative Therapy in its approaches to update internal stories and provide pivotal moments for an "Aha!" I can see Erickson smiling over our shoulders as he watches us read this wonderful book.

More directly, John Lentz's elegant review of *Techniques of Hypnotic Induction* by George Gafner, shows modern Erickson-influenced hypnosis techniques made interesting and easy to understand. Our Review Editors, C. Alexander Simpkins and Annellen Simpkins review *Clinical Hypnosis for Pain Control* by David Patterson. It is an interesting amalgam of Ericksonian approaches combined with motivational interviewing (MI), a procedure that was originally used for substance abuse. "MI motivates them to make the lifestyle changes they need, and Ericksonian hypnotic techniques activate these changes." An interesting review as always, enhanced by the Simpkins' amazing range of expertise.

Maria Escalante de Smith offers us a pair of Erickson-themed concepts from therapists who are not usually associated with the Erickson movement. *The Child Psychotherapy Treatment Planner* by Arthur E. Jongsma, Jr., L. Mark Peterson, William P. McInnis and Timothy J. Bruce, while not an Ericksonian book per se, is an excellent book to provide a structure in treating children to determine the portal of entry for Ericksonian interventions. In her second review, Smith presents a book by Dena Rosenbloom, Mary Beth Williams and Barbara E. Watkins. These traumatologists are affiliated with the Association for Traumatic Stress Specialist, the premier first-responder trauma organization. A primary focus in their book, *Life after Trauma: a Workbook for Healing*, is the Ericksonian emphasis on normalization and giving new directions. I always enjoy anything from Rosenbloom, Williams, and Watkins. Another book reviewed by Ruben Battino

emphasizes the normalization aspects of Ericksonian perspectives is Kathleen W. Piercy's *Working with Aging Families: Therapeutic Solutions for Caregivers, Spouses and Adult Children*. Ericksonian interventions are predicated on the need to understand the nature of the problem from as many dimensions as possible. This book provides some well-needed understanding of these perspectives in this often underserved population. Addressing this need in the area of HIV treatment is reviewed by Kay Colbert in her presentation of Cynthia Cannon Poindexter's *Handbook of HIV and Social Work: Principles, Practice, and Populations*.

We finish the issue with a wonderful review of *The Couples Conference: Love and Intimacy* that occurred in April 1-3, 2011, in Newport Beach, CA. It was an impossible task to summarize such a gathering of experience and brilliance in one place. So, of course, we asked Alexander Simpkins and Annellen Simpkins to do it for us and they did the impossible wonderfully (as usual).

This December, the 11th International Congress on Ericksonian Approaches to Psychotherapy and Hypnosis will be hosted in Phoenix, Arizona on December 8-11, 2011. This is an extraordinary opportunity for you to meet the product of the generations of therapists, family members, and friends who have absorbed and passed on the Erickson spirit--each adding a bit of themselves to it as it continues to grow and evolve. I look forward to meeting you there. It is an experience beyond compare.

Rick Landis
Orange, California

Submissions needed for New Column!

“About Milton Erickson”

The Erickson Foundation Newsletter is searching for professional and personal stories about Dr. Erickson for the new column *About Milton Erickson: Reflections of time spent with him*. Stories about how he influenced your work also are encouraged. For information or to submit your stories please contact karen@erickson-foundation.org (Please include 'About Erickson column' in the Subject line)

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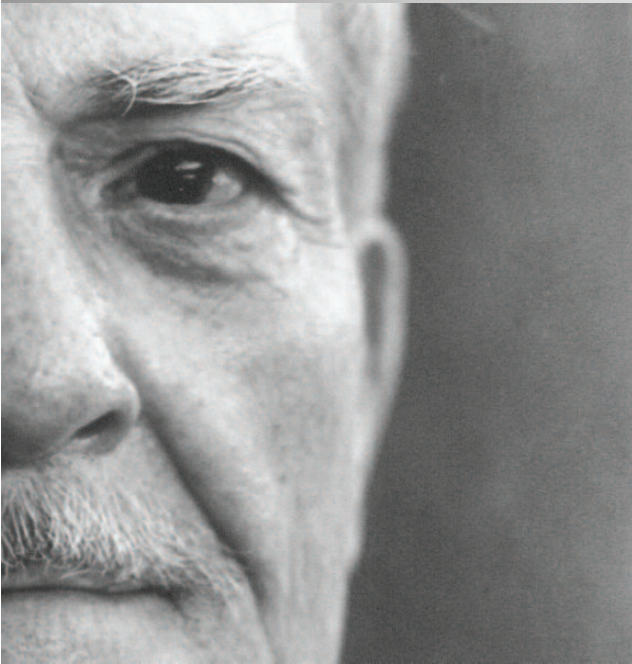
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INTRODUCING THE INSTITUTES

The Milton H. Erickson Institute of Centre-France

Interviewed by Marilia Baker

Everyone is as unique as their own thumbprint
MHE

The Milton H. Erickson Institute of Centre-France, founded and directed by Christine Guilloux, was established in 2003. Guilloux, psychologist and psychotherapist, has been described by Jean-Pierre Desthuilliers, a French consultant and poet, as a multidimensional therapist, trainer, presenter, consultant, writer, poet and *imagière* – creator and elicitor of images through hypnosis, art, dance, poetry, and sounds. Guilloux aims at living every day as a “weaver of the human web,” connecting individuals, groups, cultures, and continents, traversing therapeutic modalities to facilitate human potential and growth.

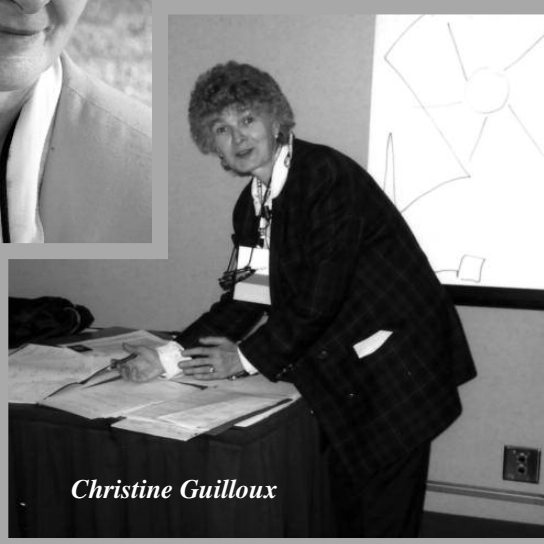
Guilloux initially trained in hypnosis (1994-1995) with Jean Godin, M.D., Charles Jousset and others at the *MHE Institute of Paris*, the first Erickson Institute in France, where she has served on the Board of Directors. She also trained at the Erickson Foundation in Phoenix with Jeff Zeig and Brent Geary. Guilloux studied the Palo Alto model of Brief Therapy with Paul Watzlawick, Robert Fisch, and Karen Schlinger. Likewise, she trained at the Gregory Bateson Institute, and with Francine Shapiro in Eye Movement Desensitization and Reprocessing. Throughout the last 30 years Guilloux also sought training in Thought Field Therapy with Roger Callahan in California, Suzanne Connolly in Arizona, and with Peter Levine in Trauma Therapy (Somatic Experiencing). She identifies Milton Erickson and Gregory Bateson as two of the most influential thinkers in her professional life, and the ones with whom she resonates the most.

Guilloux has published books, many articles, and book chapters, and is a correspondent for the Erickson Foundation Newsletter in Europeⁱ. She is vice-president of the *Société Française d'Hypnose* since 1997 and has been a contributing editor in France and correspondent in North America for the French-language journal *Revue Internationale d'Hypnose et Thérapies Brèves* since its establishment in 2005. She is also a contributor to the American Journal of Clinical Hypnosis and to other international journals of literature and poetry.

All of the activities and training, in addition to other scientific and artistic explorations (www.christine-guilloux.eu) have benefited clinical work with patients, groups, and the community, as well as teaching/training through the Centre-France MHE Institute. Guilloux conducts workshops in Europe as well as in the U.S.ⁱⁱ, and has consistently presented at the Foundation's Brief Therapy conferences and Ericksonian Congresses.

Christine Guilloux is also an artist and designer. For more than 20 years, she has been fascinated with – and became inspired by – an ancient, unique kind of rock art, which has existed in continuum for 20,000 years. *Rock art* is a term used in archeology to describe human-made drawings and carvings in natural stones, large rock surfaces, and in caves, whether through petroglyphs (carvings in stone surfaces) or pictographs (rock and cave engravings, paintings), and intaglios.

Similarly, Milton Erickson had a lifelong scientific interest in petroglyphsⁱⁱⁱ, ironwood carvings and ancient human creativity, which he utilized for therapeutic ends. Guilloux creates collages and images (photographs and “métissages”) to achieve therapeutic results with her patients. She also engages the larger community toward higher aspirations and achievements in mind-body and spirit, with a vision toward the future, as Dr. Erickson suggested... “To put *life* back into one's life...”



Christine Guilloux

Through the years, Christine Guilloux has been organizing exhibits and events, lectures and workshops to elicit interactivity and participatory engagement between the public, her patients, her students, and the artists. A recent example was the December 2010 exhibit in Lyon, France, which she named *Sorties de Domovoï* – a playful flight or excursion into the realm of the *domovoy*, which are ancient spirits from Slavic folklore particularly Russian and Serbian. They are the pre-Christian equivalents of the Roman *lares* ‘guardian angels’, the Irish goblin-like creatures or the playful *duendes* of Latin America lore, in existence all around humans, to protect, humor (sometimes playing tricks), and inspire creativity and full human expression, as fairies do, too. The thread for this exhibit was “to elicit *life* back into the lives of everyone,” and to engage patients and the community into expressing life to its maximum. With that aim in mind Guilloux invited four patients and two lifelong friends and collaborators, Nicole Buisson and Maurice Garnier to join her (and the *domovoï*...) in the extravaganza, this flight of fancy, a *divertissement* “to meet people and to meet oneself through action, doing and hypnotic engagement,” to dare to be more of oneself.

All modalities of artistic expression were involved in this project. Nicole Buisson, analyst/therapist provided a variety of paintings in porcelain, “to express and elicit sighs, rainbows, jokes, parody, mockery, and playfulness,” Maurice Garnier, the French sculptor, painter, and graphic artist, infused and interspersed—with his heartfelt, poignant artistry—textures, materials, and colors to express the wondrous depth of “everyday” experiences of adults and children. Patients contributed with

interactive bio-dance, eloquent, powerful photographs and writing that invited participants to deep reflection and interaction. As artist/creator/therapist Guilloux focused on presenting her own rendition of *domovoï* meaningful objects such as dream catchers and circles of life/mandalas. She presented her drawings matching with her poetry and a booklet titled “*Domovoï, the flights of fancy and imagination, and domovoï on stage.*” Playfulness and *joie-de-vivre* are indeed worthy and desirable life pursuits; it is her philosophy. “Leave a trail of happiness,” suggested Milton Erickson.

Christine Guilloux's lifelong passions and approaches to therapy are cutting-edge, innovative, a sophisticated web of connections. The MHE Institute of Centre-France offers these approaches. Synchronistically, they seem to connect

our imagination to the *avant-garde* proposals of Ernest Rossi's therapeutic hypnosis toward eliciting deep meaning in everyday life through the arts, aesthetics, and spiritual practices^{iv}. Equally synchronistic toward this direction are Jeffrey Zeig's explorations and invitation to therapists into his project, www.emotional-impact.com, in which Zeig integrates the arts and psychotherapy^v.

For further information, email: christineguilloux@noos.fr

Or consult: www.christine-guilloux.eu

Endnotes:

ⁱ See *Répertoire des Publications* on

www.adamantane.net/christine_guilloux/textes/index.html

ⁱⁱ Next workshop to be held in Sedona, AZ, July 30-31, 2011, “Changing Your Mind: Skills for Success in a Constantly Changing World”.

Contact: www.suzanneconnolly.com/christineguilloux

ⁱⁱⁱ Cf. Cover jacket of book: (2006) *Milton H. Erickson, M.D. An American Healer*: By Betty Alice Erickson & Bradford Keeney (eds.) Ringing Rock: Press Sedona, AZ.

^{iv} See: Ernest Rossi (2004) *A Discourse With Our Genes. The Psychosocial and Cultural Genomics of Therapeutic Hypnosis and Psychotherapy*. Editris: Benevento, Italy.

^v Consult: *Emotional Impact* by Jeffrey Zeig and Alex Vesely – *What Can We Learn from Film Makers and Social Psychologists*. www.JeffreyZeig.com/video

CALL FOR PROPOSALS

BRIEF THERAPY CONFERENCE

December 6-9, 2012 San Francisco, California

PRESENTATION COVER SHEET

The Milton H. Erickson Foundation is calling for proposals for the **2012 Brief Therapy Conference**. Those interested in presenting a Solicited Short Course on the topic of short-term therapy methods (or closely related area), may submit **(1)** a 200-word presentation summary, **(2)** a 50 word abstract, **(3)** two educational objectives, **(4)** two true/false questions to be used for continuing education purposes and **(5)** curriculum vitae of all presenters in your program. **Two** copies of each submission, except CVs, should be included in your packet. Send only **one** CV for each presenter. Preference will be given to proposals that address the theme "*Brief Therapy: Lasting Solutions.*"

There will be approximately 20 concurrent Solicited Short Courses with one and a half hours allotted for each Course on Thursday, December 6, 2012 from 8:30-10:00 AM and 10:15-11:45 AM. Short Course faculty receive complementary registration for the Conference, but pay their own expenses for food and lodging.

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

Name _____ Degree _____
University where highest degree was earned _____ Major _____
Professional License # _____ State _____
Address _____
City/State/Zip/Country _____
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2) Names, Addresses and Degrees of copresenters (if any)

Note: All presenters MUST meet the Erickson Foundation's academic requirements of a master's degree or above from an accredited institution in a health-related field. Full-time graduate students enrolled in accredited programs also may present. Graduate students must submit a letter on letterhead stationery from their department certifying full-time student status.

3) Title of Presentation:

4) **Audiovisual equipment required:** LCD projector Computer sound ties No AV equipment needed

Note: No other AV equipment can be provided. Presenters must bring their own laptop computers for PowerPoint or DVD presentations.
Please supply your own Mac to VGA video adapter, if using a Mac laptop.

Enclosure Checklist: (SEND AN ORIGINAL AND 2 COPIES) Attach this cover sheet to the original. The two copies should contain **ONLY THE TITLE** because the review process will be blind. Please **do not** include names on the two copies.

- 200 word presentation summary
- 50-75 word abstract (for publication in the program and syllabus)
- Educational Objectives (minimum of two objectives). Objectives state the performance, conditions under which performance is to occur and/or the criteria of acceptable performance for overt, specific skills to be gained by attendees at the end of the course. Your objectives should state what the learner can expect to achieve after the course of instruction, e.g. 1) Write four diagnostic criteria to identify the borderline patient; 2) State three cognitive therapy techniques that could be used with a subject with depression.
- Two true/false questions to be used for continuing education purposes
- Curriculum vitae of all presenters (One copy only)

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

Signature _____ Date _____

DEADLINE: Proposals must be postmarked by January 27, 2012. Acceptance or rejection will be sent by March 16, 2012.

Mail proposals to: The Milton H. Erickson Foundation, Inc.
2012 Brief Therapy Conference Short Course Committee
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I N M E M O R I A M

Susan Velasco

It is with heavy heart that I compose this eulogy to Susan Velasco who served the Erickson Foundation for 16 years as administrative assistant and as business manager. Susan passed away April 28, 2011 after a heroic struggle with cancer.

Those who attended any of the conferences and workshops and those who visited the Erickson Foundation knew Susan as the cheerful, efficient face of the administrative staff. She was a peerless meeting organizer, orchestrating to perfection the myriad of details entailed in conference planning.

Susan was party to every significant decision made on behalf of the Erickson Foundation during her tenure as business manager. Her input helped to define the direction of the Foundation.

Managing the staff, administering continuing education procedures, and liaison with faculty and professional organization were only some of her tasks. All of her duties were managed with efficiency and good cheer.

Susan's dedication to the mission of the Foundation perfumed the office atmosphere, and was infectious to the staff. She continued to work at Foundation activities even when she knew she was terminal—the Erickson Foundation was that important to her.

Susan is survived by a son, Miguel, and a daughter, Vanessa. Vanessa served a stint as a Foundation employee.

All who had contact with Susan will feel the loss. Her dedicated, cheerful spirit will continue as a beacon to Foundation staff and all who were lucky enough to know her.

- Jeffrey K. Zeig, Ph.D.

Director, The Milton H. Erickson Foundation



The Milton H. Erickson Foundation NEWSLETTER

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About Milton Erickson: Reflections of time spent with him

A Trip with My Father

by Allan Erickson

with comment by Betty Alice Erickson

Recently, I was in Gent, Belgium talking about my father's early career work. I was shocked by the myths and misconceptions that seem to have been perpetuated about my father. I was stunned to discover that my father is often viewed as physically feeble by a large percentage of his followers. From the perceptions expressed, it seems that most of the people who are writing books and giving talks about my father met him in the 1970's when he was confined to a wheel chair and had changed his practice to align with his physical limitations. This perspective has clouded the true picture of how my father when he was younger. I remember my father quite differently; he was a vigorous man. The following story sheds light on my view.

In about 1953, when I was twelve,

there were some articles in the newspaper about a canyon in western Arizona with wild palm trees in it. It seems seeds had blown in from southern California and taken root in a canyon that was wet enough for their growth. I expressed an interest in seeing the trees. A while later, Dad said we would be going to see the canyon with one of his patients. It was not unusual for my father to integrate patients into family activities and lives, so this didn't surprise me at all. Within a few days, my father and I were in this patient's car on the way to Lost Palm Canyon. No one else was with us. The patient was driving, and I was in the back seat.

Even though it happened nearly 60 years ago, I remember several things about that three-hour drive from Phoenix. As soon as we started, my father looked at me and said that he and his patient were going to be discussing things, and I was not to listen. Now my father knew that you could not tell a twelve year old not to listen for three hours. Upon reflection and given the

wisdom of years, what my father was doing was telling me that I was not to repeat what I heard. He knew that I was going to listen, but if I told anyone what I heard then I would have to admit I disobeyed my father by listening. For nearly 60 years, I told no one that for three hours my father and his patient discussed what a man should look for in choosing a wife.

The last part of the drive was over a dirt road for about seven miles. Then we parked the car by the side of the road. There was no path, and we had to walk more than a mile across a rock-strewn valley and up a gully leading to a cleft between two mountains. At one point, my father told me to grab the end of his cane. I did, and he pulled himself over a rather large rock. I remember thinking that I really had to hold on because I was the only one keeping my father from having a bad fall. Also, it was here that I understood, "Hey, my Dad is lame—I had not realized that before!" After about an hour, we were at the level of the trees, which we all admired. Then, of course, we had to

scramble back to the car.

I do not remember much about the ride home except that I was quite tired from the activity I had done. Thus, you can see why I was shocked by the view that my father was physically feeble.

Comments from practicing therapist, Betty Alice Erickson, who also grew up about the same time as Allan---

Since Erickson was an expert with indirect messages and enjoyed using them, I am convinced of several things. First, he was employing the time-honored method of all parents—giving good information to someone in front of a child. In other words, he was talking to his patient while simultaneously giving good information to Allan. Allan even remembers various details. Furthermore, he sensed something else important was going on that he didn't totally understand.

Secondly, I am certain that the event probably was used with the pa-

See ABOUT ERICKSON on page 8

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About Milton Erickson: Reflections of time spent with him *continued*

tient on many levels. One of Dad's constant messages was to enjoy life—to put out effort and find things to enjoy; that overall, you receive out of life exactly what you put into life. This trip was a perfect example.

Additionally, Allan's recognition that his father was lame as he helped pull him with his cane is a sign of Erickson's vibrant persona. Neither Allan nor I ever knew him without a cane. I remember realizing for the first time that my father was lame when he was unable to use the "bride's walk" as he escorted me down the aisle at my wedding. He just smiled at me when I looked at him with surprise and said, "That's right. I can't."

One of my jobs, as a little girl, was to rubber-band his foot to his bicycle pedals, so I certainly knew he was lame—even if I hadn't noticed his cane, I knew. But, I never thought about his lameness as a disability because he treated it so naturally. He was rightfully amused at my wedding to discover that although I knew he needed a cane, it was so insignificant I'd forgotten the need. Similarly, Allan never consciously realized the impact of his disability until he hoisted him over the rock.

These events speak to Erickson's dynamic aura and personal energy. He was always amused that adults sometimes thought his cane was affectation; although children always knew he needed it. Without considering Erickson's energetic force of life, people who study him cannot totally understand his later work because his personal drive was the underlying spirit and directing force of his practice even as his health deteriorated.

Stories from Helen Erickson

as told to her daughter
Margaret Erickson.

Margaret Erickson: Are there any recollections you have about Erickson that you would like to share with readers?

Helen L. Erickson: As a small boy Joel, our youngest son was very shy; he'd hide behind me whenever

strangers came around, and he wouldn't speak up when asked what he thought or felt. The spring before he was to start school, he announced that he'd decided to wait a year, and go straight to the first grade. His reason: kindergarten was too hard. That summer we drove to Phoenix to visit. The first day we were there, Joel refused to go into the living room and say hello to Grandpa. Early the next morning Dad called from the living room in a commanding voice not to be refused, "Joel, come here and help me with this table." Hesitantly Joel obliged. Dad gave explicit directions on how to get the rolling side table just right so he could reach his water glass. After several minutes of arranging the table, Dad discovered that his water glass was empty, so he sent Joel to get him some water. The first glass was not right. It didn't have any ice cubes in it. So, Joel was sent back. After a couple more tries, the water glass was satisfactory. With considerable direction, Joel placed it in exactly the right spot. But, now the table was no longer where it should be. Dad gave Joel more instructions. The next thing we knew, Dad was screeching at the top of his lungs, "Betty, come get this Killer-Kid, he's trying to kill me!" Rushing to the living room we discovered that somehow the ice water had tipped over, it landed directly in Dad's lap. He was soaked with cold, icy water, Dad, still hollering, "He's a Killer-Kid, you can't tell me he isn't. I know what I see." There was considerable commotion as we all tried to figure out what had happened and what to do. Later that afternoon Dad called for the Killer-Kid to come and help him. I was surprised that Joel didn't hesitate, but instead, seemed to enjoy being the Killer-Kid that could help Grandpa. This time Dad told him to get a sandstone-carved elephant from the shelf and bring it to him. Joel did as instructed. For the next few minutes they talked about how such a thing could be, how there could be an elephant within an elephant. And that was it. Years later I realized that Joel changed that summer. After that visit he was no longer so shy and he could venture out on his own. Looking back on it I realize that Dad used many of the strategies that are now in the literature. At the time it was just a visit with Grandpa, skillfully planned and executed to help a little boy become more fully who he was capable of be-

coming.

ME: You once mentioned about a time when you were having worries about how to handle a case.

HLE: During one of my early research projects I became sufficiently worried about my ability to handle a complicated case so I decided to go see him for advice. After sharing the case at length, telling him how I thought about it, and what I was doing, he sent me to the little house, and instructed me to study the picture over the sofa. When I returned and reported my findings, he gave me that look, and told me I was doing just fine, but to remember that there are many ways to commit suicide, including choking to death or having a car accident. I never forgot that assignment, nor what I learned from it.

ME: What was the picture?

HLE: I don't remember, and I

don't think it is important. It was a landscape picture that hung over the sofa in the waiting-room. As I look back on it, the picture had nothing to do with the case. What was important was the assignment and how I handled it. I remembering thinking that I didn't know much about appraising art, but I was confident that my observational skills were adequate. Obviously, I had already drawn the conclusion that this client had the potential to commit suicide. I just hadn't stated it aloud. I suspect that my non-verbal behaviors were more important in Dad's assessment than anything I said. I reported this case in *Brief Therapy* (1990). J. Zeig & S. Gilligan (pp.478-81).

ME: What lesson did you learn from your experience?

HLE: To trust myself, to know that I can draw on my own resources, and that I'll know what I need to know.

Meet Susan Kavanaugh



The Milton H. Erickson Foundation would like to introduce their new Executive Director Susan Kavanaugh.

Susan brings with her an interesting and diverse background in fundraising, grant writing, communications and multimedia, broadcast journalism, publishing and editing. In all of these areas she held advanced leadership roles.

Susan holds a B.A. in Communications and an M.A. in Divinity (equivalency). Most recently Susan was the Assistant Vice-President of Marketing and Communications at A.T. Still University in Phoenix (a health sciences university). She has been a pastoral counselor for 15 years and was recently certified as a life coach.

In addition to continuing education, event and office management, Susan's role will be expanding to include many other new areas of focus utilizing her knowledge and expertise in program development and grant writing.

The Foundation welcomes Susan and looks forward to collaborating on the many new ideas for growth and expansion of the Erickson Foundation.

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FACETS AND REFLECTIONS

By Rachel Heslin

When I was a child, my father was attending graduate school at USC, working toward his doctorate in educational psychology. Each time he would learn a new theory, he'd enthusiastically come home and try to apply it with my younger brother and me. It was kind of hit-and-miss in terms of efficacy, but we seemed to have turned out okay.

One of the things I notice in retrospect is how, as he grew in experience, his understanding of these theories, and application of that understanding, became more fluid, more nuanced as he shifted from learning to *knowing*. When he first started studying under Erickson, it felt (from my admittedly limited perspective) that Dad's focus was on acquiring techniques: How do you tell a story? What tone and cadence of voice and choice of words do you use to help the client slide into a trance state to best facilitate an induction?

But, over time, it became clear that

the Ericksonian philosophy is so much more than just a set of tools. At its core, the aspect of Erickson's legacy that had the greatest impact on our family was its foundation of respect: respect for the client and the assumption that we all have the tools and resources we need in order to live happy, productive lives. Clients aren't broken; everything that they do, even if it might appear outwardly destructive or self-defeating, is in the service of self-protection. Clients don't need to be "fixed"; they merely need assistance to become aware of their own resources and strengths.

So how does viewing the therapist/client relationship as a partnership translate to a family setting? As an adolescent, I actually found the model quite frustrating. After all, parents were supposed to represent The Law, and teenagers were supposed to rebel against The Law. How was I supposed to properly fulfill my role as Rebellious Teen if my parents continued a willingness to negotiate with me?? I

don't mean I was never given any boundaries or that my parents would consistently give in to my whims. Instead, whenever I'd issue what I considered a righteous ultimatum, they would respond, "If you feel that strongly about it, maybe we can work something out." We would talk about concerns we each had and what options were available, and we were usually able to come up with a solution that we all could live with – which confused the heck out of the adolescent me, because it was so different from how I had thought parents should act.

But then it came time for me to look at parenting from the other side. When my husband and I were first seriously considering starting a family, I found myself beset by doubts. How would I know how to make the right choices? To do the right thing? To know which decision would be best for my child? Troubled, I asked Dad for advice.

His answer was, simply, "Ask the child."

That one statement transformed my journey into motherhood. A child, like a client in a therapeutic setting, is not an object to be acted upon, but a living, breathing, feeling human being with deep, innate resources merely waiting to be encouraged.

My son is now seven, and he continues to amaze me. As his parents, my husband and I do our best to encourage him to develop societal skills: kindness, consideration for others, and an acceptance of responsibility and accountability for the consequences of his actions. Beyond that, we see ourselves as facilitators, not creators. By listening to him, encouraging his curiosity and being aware of who he is, rather than attempting to imprint our own preconceived notions of who he "should" be, he has blossomed beyond our wildest expectations, bringing joy and sunshine wherever he goes.

So thank you, Dr. Erickson, from whichever cloud you may be watching us, for giving my family the gift of respect. Its impact will be felt far beyond the young psychologist you taught, all those years ago.

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T H E P O W E R O F T W O

Philip & Norma Barretta

By Roxanna Erickson Klein

Philip and Norma Barretta are a professional couple whose familiar faces and dynamic energy have welcomed participants to professional conferences for decades. They are a force at most of the major Ericksonian and hypnosis meetings, nationally and internationally. Often presenting, other times manning informational booths or teaching inquiring newcomers, they are always ready to share the essentials of their work and of the field.

Upon meeting either of them, one immediately has a sense of the energy, humor and optimism that distinctly shines through their work. Double that energy when they are together. Knowing them for many years, I can attest that their positive encouragement and ongoing optimism is a beauty they have made their own and is always there. Good-spirited laughter is as much a part of this couple as is the wisdom that their years of clinical practice and focused study have brought. Light-hearted jokes come through on every level. The following, which appears in *Patterns of the Hypnotic Techniques of Milton H. Erickson, M.D. Volume 2* (Grinder, J., DeLozier, J., & Bandler, R., 1977, META Publications, CA) is a favorite book dedication, which they often use in their hypnotic work with patients who need a “different perspective.”

“We dedicate this book
with the deepest
respect
to
Ghost Roger Drasset,
a purple rose,
the Palo Verde tree
and
a different perspective.”

In using this pithy message, they reveal their friendship with Erickson, shared laughter over his peculiarly named dog in the Great Beyond, the distinctive tree in his backyard, and the outcome of their meeting him--the evidence of the different perspective they gained from meeting him a testimony to change itself.

Phil and Norma studied NLP to-



gether early in their careers. In the course of their training they were told by John Grinder, “You’ve got to meet the man.” Having already been on the waiting list for some time, they were instructed to “Call this number at noon on Monday.” The call to Erickson’s home phone was strategically timed to find him rested and available. Thus in 1977, in Erickson’s home, began a professional friendship that made an enduring impression on both the Ericksons and the Barrettas.

Prior to that time Norma and Phil each had developed their own professional paths: Norma, was a school psychologist with a part-time private practice, and Philip was a counselor and later an administrator. During their first week-long seminar in Phoenix, they committed themselves to developing their talents as a team, thus weaving their paths into one. Phil joined Norma in private practice and together they invested their energy in mutual professional growth. Norma recollected that a major storm ruined the first day of full-time practice--everyone cancelled. Erickson’s advice to them was to “stay the course,” and eventually the storm blew over.

Before they had married, Norma insisted that Phil read a specific paragraph in Margaret Mitchell’s classic *Gone with the Wind*. It was a sort of test to be sure he was the “one.” When he finished reading he looked into her eyes and said, “We shall never be at cross purposes.” This phrase highlights their unique ability to work together with absolutely no competition.

They began to work while integrating hypnosis into their therapeutic repertoire. Routines began to fall into

place with an ever-broadening circle of possibilities. On the occasions when they incorporated formal hypnotic trance induction into their therapy, they began with one or the other taking the lead. On one occasion they both began to speak at once, and the experience evolved into a spontaneous dual induction that was so effective that it marked another stepping stone in the evolution of their work.

Today, the Barrettas are known for their dual inductions: the contrast of their voices--the soft sweet tones of Norma’s metaphors alternating with Phil’s baritone comments that are often direct, incisive and to the point. The seamless weaving of their two voices brings texture into a dance of words attesting to their attunement to one another. Hearing the voices brings its own layer of confusion, inviting the client to respond in an unconscious manner. With gentle amusement, they share a time during the last year when they were doing a dual induction in Madrid. “There were the two of us, and two translators and yet the four voices seemed to produce a harmony that led our subject into a deep relaxed and open state.” The contrast of their tones and styles, layered with respect and admiration for one another, offers a slate of opportunity to explore, and to discover potential strengths and resources within.

The Barrettas’ working relationship is intertwined with their personal lives. Their 63 years of marriage has been a remarkable evolution in its own way. Growing up five blocks apart in an ethnic region of New Jersey they found a passionate connection. The Italian boy and Slavic girl were secretly married

by a Jewish judge, despite parental disapproval. Soul-mates and partners, they know how to nurture one another, and to bring out the best in each other. Norma was brought up with certain strict ways of approaching the world. Phil, on the other hand, challenges rigidity. An example offered is that, “if you laugh before breakfast, you will cry before dinner”. Phil scoffed at this idea, and promised Norma that she “Could cry when she was sad ...at the movies”. Logical, straightforward, and sensitive he “re-programmed” her thinking in a manner that enhanced their relationship. Norma describes his approach as “overstepping my limits and getting away with it.”

In discussing their ways of working things out, both immediately jump on an illustration: their home with two kitchens. Each enjoys cooking in such a different manner that the best compromise was to build spaces for both. And so, they remodeled their home to include two kitchens: his and hers. That way each invests their own creative spirit; each is free to measure, explore, and clean up in their own way. Each produces great food that they enjoy together. They both laugh as they reflect that this decision was the most effective way to give each the opportunity to be themselves, to embrace family and home, and to keep the peace.

Philip and Norma tell about their time with Erickson as a pivotal point in finding their life direction. Erickson’s intuitive understanding of their relationship mystified them. In fact, he even flaunted awareness of secrets held so tightly between them that to this day they don’t fully understand how he gleaned so much information merely from their presence. Erickson made them laugh and pull together, and then told long jokes that ended with silly puns. Erickson’s irrepressible spirit, his humor and his persistence are so like Philip’s own style. Each came away from their first visit with a rich appreciation for one another and their friendship bonded with jokes and humor as well as love, respect and admiration. The friendship with Erickson was deep and mutual.

In its own way, the meeting marked the beginning of a path in which permission to become themselves, in their own way, to create their own metaphor, and to personalize it with all of the song and dance that pulls these two best friends into a healthy, happy, partnership as leaders and teachers.

Elegant and Hasty

By Carme Timoneda-Gallart, PhD

Tommy, eight years old, performed poorly at school, though a psychologist deemed him gifted. Using metaphor, the educator helps Tommy find his own resources to control impulsive behavior:

"Well, Tommy, now I'm going to ask to you some questions, Ok?". Tommy nodded, moving a little on his chair. "Tommy, which number is double 15?" Tommy said automatically, without thinking, "20". I said: "Tommy, sometimes, our brain receives a lot of lightning and it is so overwhelmed that it has to warn us. But how? Because it is our body's boss, sometimes it can cause headaches, make us answer a question without thinking." Tommy said: "Yes, my teacher is always complaining! Tommy you always answer without thinking. You must think and then answer" He looked nervous.

Then, I said: "I'd like to tell you a story about two horses. Once upon a time there were two nice black horses. One, called 'Hasty', was always jumping and shouting. He seemed a very nervous horse and he would run and run without knowing where he went.

When his trainer ordered him to be still, or walk gracefully, he didn't obey, just jumped and ran.

The other horse was called "Elegant". He was very peaceful and quiet. He also liked to run, and sometimes he jumped the fence, but when his trainer ordered him to walk calmly and gracefully, he always did it.

Tommy, now we are going "to be Hasty" and to do things like him." Tommy and I stood up and jumped around the room. Tommy even crashed against the table and the door.

Then I said: "Tommy, look, now we are going to be Elegant". Suddenly, Tommy started walking calmly and gracefully. I congratulated him, saying he acted very much like Elegant. Tommy smiled.

"Tommy, now we're going to sit down and I'm going to ask you a question. But before answering the question, you will put your hand up. Then, I will ask you if you want to answer like Elegant or like Hasty. After choosing which one, you may answer the question. OK?" Tommy nodded, liking the new game. I asked: "Tommy, which number is double 15?" Tommy raised his arm, closed his lips firmly, and looked up. A few seconds later, he said that he'd like to answer like Hasty. I

nodded. He said: "Double 15... double 15... is 30!" I said: "Great job!" He smiled saying that he usually acted like Hasty but prefers Elegant."

One of our first steps was constructed around the metaphor that the brain receives a lot of 'lightning' and is severely overwhelmed. We then use another metaphor as a control mechanism for the impulsive behavior (answering without thinking, a very common behavior in children with learning problems). This metaphor concludes with a seeming alternative: we ask the child to first choose which horse he would like to be and, only afterwards, answer the question. Having to make a choice in this fashion makes it impossible for him to continue to answer before thinking.

If child therapy is a work of art, then the educator's work has some secrets. The first is to establish an emotional connection between the child and the therapist. Although necessary, this rapport is often absent. A child may be short and naïve, but he is a person, and as such has an impressive array of resources. If the educator sees a child as short of material, the artist will lose the opportunity to effect a necessary change in the child's life.

The second secret is that children understand perfectly what they do but

not *why* and *how* to cope with their behavior. The artist, knowing the quality of the child's material, demonstrates to him the uses of different parts of the work of art that he is; then, s/he lets the child's imagination construct, patiently and naturally, a better emotional tool or a new mental procedure.

How many times do adults waste their energy telling the child why a behavior is inappropriate, then trying to convince him to behave in a more suitable manner? When they don't show the child a way to change, a wall of resistance is being erected.

Nowadays, Tommy can always play with *Elegant* or *Hasty*, riding them firmly and commandingly. He normally behaves like *Elegant* even when he professes to be riding *Hasty*.

Children have more imagination than there are stars in the sky. Metaphor allows them to discover a new world of emotions in which they feel secure and behave in new, exciting ways. Finally, the shape of the work of art that they are will be balanced, and precious.

Carme Timoneda-Gallart PhD. is associated with the University of Girona Carme Vidal Xifre Foundation of Neuropsychology, and the Instituto Erickson Madrid.

CONTRIBUTOR OF NOTE

Carme Timoneda, Ph.D.

Written by Teresa Garcia-Sanchez
Instituto Erickson Madrid, Directora

Carme Timoneda, an amazing therapist, is especially well-known in Spain for her work with children. The following introduction to her case report demonstrates the beauty of her techniques and the degree to which her popular work uses Ericksonian approaches and techniques.

"Children's therapy is like a work of art where creation is the educator's hand and imagination of the child's material. Similar to the expansiveness of the universe, a child's imagination is unlimited; it is the therapist's job to take the children's hands and accompany them in their journey to a better, more peaceful life. Ericksonian techniques are the vehicle, the essential tools in this unique challenge."

Helping children with emotional and learning problems has been the focus of Timoneda's work for more than fourteen years; she found that Ericksonian techniques are not only a good fit for her work, but she describes them as essential for effective intervention. With a background in psychology and in education, she developed her professional approaches at the Fundació Carme Vidal Xifre de Neuropsicopedagogia located in Girona, Spain, the aim of which is to integrate assessment, research, and training in neuropsychology. The diagnostic intervention model practiced there, identified on their website as humanist and strategic, is fully congruent with Ericksonian philosophy and direction. Her teaching at the Erick-

son Institute of Madrid consistently receives excellent feedback, with practitioners noting that her strategies and metaphoric applications work not only for children, but equally well for a broader group of cases.

During the last six years, Carme has trained educators in schools across Spain focusing on how to elicit better engagement from teachers and trainers. Her work in various schools is the starting point of a new way of teaching and handling difficult students. She trains the teachers to listen and to consider the whole family as well as the context the child brings to the educational environment. These premises are the strategies of pacing and utilization that Dr. Erickson used with his patients.

Carme has conducted several studies, which are compiled in a book in English: *A Better Look at Intelligent Behavior: Cognition and Emotion* (2008, with Frederic Perez, Nova Publishers, New York).

Carme and I are the only Spanish persons who present internationally at Ericksonian Congresses, the European Society of Hypnosis, and the International Society of Hypnosis. It is an honor to recognize her and her work in the Erickson Foundation Newsletter. She is actualizing what my husband, Juan Colomer, wished after the first time I hypnotized him. As he was being re-oriented he opened his eyes and definitively said: "But... this is something which needs to be taught at school!"

So, thank you Carme!

I N T H E S P I R I T O F T H E R A P Y

Ester Perel

Interview by John D. Lentz, D. Min.

Ester Perel is a world-renowned therapist and relationship expert, fluent in nine languages. She is also the author of the international bestseller *Mating in Captivity*, which has been translated into 20 languages. She has been interviewed in *The Washington Post*, *The New Yorker*, *Vogue*, *Men's Health*, *Oprah* and on *The Today Show*, among others.

She has been a frequent presenter at Foundation-sponsored events, and was gracious when accepting this interview. Born and raised in Belgium, Perel holds degrees from Hebrew University of Jerusalem and Lesley College.

JL: Esther you are known the world over as an expert in understanding how to keep erotic feelings alive in a relationship. You are known for your unique and cross cultural thinking. In what ways have you seen spirituality limit, or enhance, sexuality from different cultural perspectives?

EP: I don't usually think in terms of spirituality. What are you meaning by the word?

JL: I am attempting to leave the definition to you because people will want to know what you think.

EP: I work with individuals, couples, families, and large organizations that span multiple religions and cultures. Sexuality is a unique window into the self, the interpersonal dynamics of a couple, family or origin, and culture. We glean so much from a society by knowing its beliefs, attitudes and behaviors with respect to sexuality. Religious differences need to be carefully outlined; we talk about the Judeo-Christian tradition, but there is no unified tradition between these two pillars of monotheism. As a small example, there is no sin of the flesh in Judaism, which in its own way, and for its time, is a sex positive religion.

JL: I agree with you. Would you say more?



EP: In Judaism, there is no cult of chastity; sexuality is celebrated. The only reason a woman can ask for a divorce is because the man does not fulfill his role sexually. That orientation is very different than in Christianity and Islam.

JL: What about the cultural setting and differences?

EP: Sex is a fantastic lens to look at the entrenched values of a society. The most archaic, rooted, vestiges of a culture are lodged in its attitudes towards sex. Through it we see the taboos about abstinence: Who owns the sexuality of women (what she can wear, who she can meet, if sex is her marital obligation, does her body belong to her...etc.)? Who educates and protects the children? When does life begin? But the most radical, progressive, social, and political changes also occur around sexuality, women's rights, gay pride, freedom of choice, pre-marital sex, and third age sex, to name but a few.

JL: I love your unique way of being able to comment on cultural trends that, living here in the US, we might not think of because of being immersed in it.

EP: Each society has a sexual profile. So before I say anything about this country, let me be clear, there is no ideal society. America has its own particular relationship with sex.

We vacillate between extremes of

The politics and economics of sex and the wildly opposing attitudes penetrate the American bedroom insinuating themselves into the creases of our intimacy.

excessive license and repressive tactics: Sex is everywhere, on billboards, in cyberspace you find pornography, impotence, premarital sex, extramarital sex, group sex, swinging, and so forth. But parallel to this unprecedented sexual freedom, the practice of policing sexuality has continued unabated since Puritan times. Abortion, homosexuality, adultery, and "family values" are active items on the national political agenda. We promote abstinence with fear-based tactics, threaten straying politicians with impeachment, fight gay marriage, and gnaw away at abortion laws. In contrast to European countries in the US, sex is the risk factor-- in Belgium, where I am from, sex is a natural part of life, and it is being irresponsible that is the risk factor. The US may be one of the few Western countries that does not have a national public health policy on adolescent sexuality; hence there are negative consequences for teen pregnancy, proliferation of STD's and earlier onset of sexual activity (two years before the most liberal Dutch).

Here maternity leave is claimed as a disability leave. And at the same time, we strongly support egalitarianism, no-fault divorce, and harassment laws that are used as a template in many other countries. The politics and economics of sex and the wildly opposing attitudes penetrate the American bedroom insinuating themselves into the creases of our intimacy.

JL: While I knew sex education and knowledge was not consistent, I am shocked that it would be that bad.

EP: It is a symptom of the problem. It is remarkable how little therapists in this country know about sexuality. I don't think you can ignore it.

JL: You have noticed differences

in cultures and through religions' attitudes about sex. You speak and can work in nine languages. Have you noticed ways that language restricts or frees people around issues of sexuality, or the erotic?

EP: Our sexual life doesn't take place in the language of words only. There is the language of the body. It is like the visual language. Sexuality expresses itself and there is a universality in it. We seek connection, release, fun, transcendence, communion... and these human aspirations are universal, and beyond any cultural specificity. You asked me at the beginning about religion and spirituality—erotic poems are very religious in nature and devotion poems are very erotic in nature. The love of God is often described in exquisite erotic terms—illuminating, unifying, imaginative, meeting with otherness—being playful and soulful all at the same time. It is also spiritual. Sexuality, Eros, is the antidote to death--Thanatos. What differentiates sex from eroticism is that animals have sex, we have an erotic life. Eroticism is sexuality transformed by our imagination. Imagination is the central agent of the erotic act. We can make love for hours, experience total bliss and touch no one just because we can fantasize it. Therefore, the erotic is infinite.

JL: Esther you said that you didn't think in terms of spirituality when you work, it begins to be clear to me why. I believe you are not thinking in those terms because you stay inside of it by working so hard at helping people to make real contact and to be able to move beyond the mindsets that block satisfying sexuality for couples. You live and breathe inside spirituality by helping people to make honest contact.

On the founding of the Erickson Foundation and the International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy

I founded the Milton Erickson Foundation in 1979 as the financial arm of the 1980 International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy. Dr. and Mrs. Erickson were on the board of directors as was my then wife, Sherron Peters, who served as the Foundation's first Executive Director. Here's the story:

Dr. Erickson was my mentor beginning in 1973. At the time I was a poor student, having recently earned my master's degree in clinical psychology at San Francisco State University, and shortly thereafter becoming licensed in California as a Marriage and Family Therapist. Dr. Erickson's generosity to me was boundless. I traveled as frequently as I could to visit him, and in 1978 I moved to Phoenix Arizona so that I could be closer to him. During all of those years, he never charged me for his time, and when I visited I was his houseguest.

In March 1978 I presented Dr. Erickson with a written proposal to organize an international Congress to celebrate his work. It would be scheduled to coincide with his 78th birthday on December 5, 1980. I wanted him to see the impact of his work and to have an opportunity to visit with friends and colleagues. I wanted the Congress to be a way of saying, "thank you" for the way he indelibly graced my life with his spirit and wisdom.

Dr. Erickson sat on the proposal. I asked him at the end of March, and at the beginning middle and end of April. Finally in May, he agreed. In retrospect, I think he was testing my motivation.

Dr. Erickson got some of the intended gift; he passed away on March 25, 1980, but at that time 750 people were registered to attend the conference -- 750 people who had never attended a "hypnosis" conference before. More than 200 eventually attended making it to this date the largest conference ever on the topic of hypnosis.

Dr. Erickson was to be the featured speaker at the conference. The keynote speakers were Gregory Bateson and Jay Haley. I remember calling to invite Gregory Bateson with some trepidation because I held him in such awe. At first he demurred because he was in cancer treatment; then he quipped that Erickson was a formidable debater, and agreed that he would attend. Elated, I asked him to give me a topic for his keynote because we were going to press with the initial brochure. Off the top of his head he said, "Call it, Science or Power." (To honor Bateson I used that title at an address that I presented years later at the American Psychological Association.)

More people canceled attendance at the conference when Bateson died than when Erickson passed away, but even so more than 2000 attended. I needed a keynote speaker so I called Carl Whitaker.

Breathlessly (and immaturity) I said to Carl, "Erickson has died, and Bateson has died, so would you keynote." Whitaker humorously said, "Are you crazy?" But he loved Gregory Bateson in the same way that I loved Milton Erickson and he agreed to attend. His keynote was entitled, "Hypnosis and depth therapy of the family."

The two keynotes offered at the Congress, Whitaker's and Haley's, were two of the most brilliant expositions I've heard during the course of my life. I've studied each of them multiple times.

To listen to the audio, follow this link: <http://www.ericksoncongress.com/audio/>

The 11th International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy will be held December 8-11 at the Hyatt Regency in Phoenix Arizona. Erickson Congresses are traditionally held in Phoenix. The faculty includes 138 presenters from almost every continent. The Congress is an unparalleled way to learn about Ericksonian hypnosis and psychotherapy and all of the offshoots in-

The two keynotes offered at the Congress, Whitaker's and Haley's, were two of the most brilliant expositions I've heard during the course of my life.

cluding: solution-focused approaches, Rossi's mind-body approach, the interactional approach of Mental Research Institute, strategic therapy, systemic approaches to family therapy, and of course fundamental, intermediate, and advanced hypnotherapy.

As you can see, when you join us, you will be part of a 30 year tradition that continues to alter the course of contemporary psychotherapy.

See you there.

Jeffrey K. Zeig, PhD

Director

To register: www.EricksonCongress.com

News: Ericksons on Erickson Project

A New View of Erickson's Early Practice

The "Ericksons on Erickson" project began after a casual conversation. Louis Cauffman, of Belgium, noted to Betty Alice Erickson that despite the wonderful work of the Foundation and Jeffrey Zeig, as well as many other teachers, there was little information available on Erickson's earlier interactions with patients. Virtually everyone currently teaching Erickson's work knew him only during the last seven years of his life—when he was physically frail and confined to a wheelchair.

Not only was Erickson's earlier style different, but there were myths and legends that had sprung up and gained sway. A more balanced view of Erickson and his work was needed.

Allan Erickson joined the group discussion—he and Betty Alice both remember years in Michigan at the mental institution where their father shaped his work. They watched him build his practice in Arizona and were quite involved as youngsters and young adults in the house where the waiting room was the family living room. Both have maintained friendships with some of Erickson's patients throughout the years.

Additionally, Betty Alice spent several years in Phoenix as an adult and

consulted Erickson frequently about her emotionally-troubled special education students. She has taught her father's work around the world for decades. Allan, while not a therapist, has vivid memories of involvement with many patients especially during the early years in Phoenix. He asked his father many questions about underlying concepts of his work and consulted often with him as the years passed. Erickson also wrote hundreds of letters to Allan and his wife.

Cauffman then decided he would host a small meeting where recollections of those earlier years could be taped. He invited professionals who knew Erickson's work well, obtained a camera crew and thirty hours were filmed in February. Betty Alice and Allan talked together about Erickson and his work, as well as with the audience, expanding their knowledge base and correcting misconceptions and myths.

Everyone involved with this historic project was very pleased to be part of preserving this historic and irreplaceable information. The tapes are now being edited so a DVD can be produced.

UPCOMING TRAINING

DATE	TITLE / LOCATION / LEADER	CONTACTS
8/30-9/4	Ericksonian Hypnosis & Psychotherapy / Graz, AUSTRIA / Jeffrey K. Zeig, Ph.D.	1.
9/19-23	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Fundamental</i> / Phoenix, Ariz. / Brent Geary, Ph.D., Zeig, and Invited Presenters	2.
9/26-30	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Intermediate</i> / Phoenix, Ariz. / Geary, Zeig, and Invited Presenters	2.
10/4,5,6	Yoga and Mindfulness: Mind-Brain Change in Clinical Practice / California: Rancho Cordova (10/4); Oakland (10/5); Palo Alto (10/6) / C. Alexander Simpkins, PhD & Annellen Simpkins, PhD	3.
10/7-8	Ericksonian Hypnosis & Psychotherapy / Paris, FRANCE / Zeig	4.
10/13-16*	Advanced Ericksonian Hypnotherapy – Level III / Dallas, Texas / Betty Alice Erickson, MS, LPC, LMFT, Deborah Beckman, MS, LPC, Will Handy, LCSW *Dates subject to change	5.
10/13	Ericksonian Hypnosis & Psychotherapy / Naples, ITALY / Zeig	6.
10/14-15	Trilogue on Resilience / Arezzo, ITALY / Zeig and Invited Faculty	6.
10/16	ASCH Approved Advanced Training: Treating Psychogenic Disorders with Subliminal Therapy (7 CEUs) / Pacific Palisades, Calif. / Ed Yager, Ph.D.	7.
10/17-19	Ericksonian Hypnosis & Psychotherapy / Istanbul, TURKEY / Zeig	8.
10/27-30	Brief Psychotherapy Master Class / Phoenix, Ariz. / Lilian Borges Zeig, M.A., LPC; Zeig	2.
10/28-30	Therapeutic Meditation for Mind-Brain-Body Transformation / Sante Fe, NM / Simpkins & Simpkins	9.
11/10-13	Intensive Supervision Workshop in Ericksonian Clinical Hypnotherapy - Master Class / New York City, NY / Zeig	10.
11/16-20	Ericksonian Methods for Beijing / Beijing, CHINA / Zeig	11.
11/17, 18	Yoga and Mindfulness: Mind-Brain Change in Clinical Practice / Washington: Lynwood (11/17); Tacoma (11/18); Simpkins & Simpkins	3.
12/4	ASCH Approved Advanced Training: Conversational Hypnosis: Clean Language to Induce and Deepen Mindfulness in Self and Interpersonal Communications (7 CEUs) / Pacific Palisades, Calif. / Eleanor Haspel-Portner, Ph.D.	7.
12/8-11	Eleventh International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy / Phoenix, Ariz. / Invited Faculty	2.
2012		
1/12-15	Ericksonian Coaching / Sao Paulo, BRAZIL / Zeig	12.
1/19-22	Intensive Supervision Workshop in Ericksonian Clinical Hypnotherapy - Master Class / New York City, NY / Zeig	10.
1/27-29	ASCH Approved Basic Hypnosis Training (20 CEUs) / Pacific Palisades, Calif. / Norma Barretta, PhD, Phil Barretta, MFT, Barbara Freedman, PsyD, MFT, David Gordon, Ph.D., Dyan Haspel-Johnson, PhD, Eleanor Haspel-Portner, PhD, Cye Hoffman, PhD, Ben Pomerantz, Ph.D, Randi Riffkind, PhD	7.
2/4-5	Ericksonian Hypnosis & Psychotherapy / Rome, ITALY / Zeig	6.

DATE	TITLE / LOCATION / LEADER	CONTACTS
2/8-9	Ericksonian Hypnosis & Psychotherapy / Cologne, GERMANY / Zeig	13.
2/10-12	Ericksonian Hypnosis & Psychotherapy / Rottweil, GERMANY / Zeig	14.
2/20-24	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - Fundamental / Phoenix, Ariz. / Geary, Zeig and Invited Presenters	2.
2/27-3/2	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Intermediate</i> / Phoenix, Ariz. / Geary, Zeig, and Invited Presenters	2.
3/3-6	Brief Psychotherapy Master Class / Phoenix, Ariz. / Borges Zeig; Zeig	2.
3/9-12	Supervision training in Ericksonian Hypnosis (ongoing) / Guadalajara, MEXICO / Zeig	15.
10/2-5	Brief Therapy Conference: China / Beijing, CHINA / Invited Faculty	16.

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- PESI / CMI Education Solutions, Web, www.PESI.com; Tel, 800-844-8260; Fax, 800-554-9775; Online brochure, <http://pesi.com/brochures/8699/inside.pdf>
- Email, Chantal.wood@rdb.ap-hop-paris-fr; Web, www.hypnosemedicale.com
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- Southern California Society for Clinical Hypnosis (SCSCH): Web, www.scsch.camp7.org; Email, administrator@scsch.org; Tel, 1-888-32-SCSCH/(888) 327-2724
- Email, tamerdvc@yahoo.com
- New England Educational Institute (NEEI), Tel, 413-499-1489; Fax, 413-499-6584; Email, learn@neei.org; Web, www.neei.org or direct link: http://www.neei.org/workshops/conference_details.aspx?WID=4&CID=74
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- Web, www.chinabfc.net

To submit a listing for Upcoming Trainings, please send dates, title of workshop, venue(city/state/country), list of presenters, and complete contact information ONLY. Information must be sent in the format above. A \$25 fee per listing is required. Deadline for the 2011 WINTER Issue (mailed December) is October 1, 2011. All workshop submissions are subject to approval by the Erickson Foundation.

For more information, please contact Karen Haviley – karen@erickson-foundation.org. Insertion form including rates and ad specifications is available online: www.erickson-foundation.org/pdfs/adrates.pdf

The 62nd Annual Workshops and Scientific Program of the Society for Clinical and Experimental Hypnosis (SCEH) will be held September 14-18, 2011, at the Sheraton New Orleans, in New Orleans, LA. For complete information including course descriptions, hotel accommodation and to register visit the web site www.SCEH.us Office contact: SCEH, Annual Conference Registration, PO Box 252, Southborough, MA 01772; Tel, 508-598-5553; Fax, 866-397-1839; Email, info@sceh.us

The German Society for Hypnosis and Hypnotherapy (DGH) is sponsoring Die Macht der Worte: Suggestion, Trance und Kommunikation, November 17-20, 2011, in Bad Lippspringe, Germany. For more information visit their web site: www.dgh-hypnose.de . Office contact: Deutsche Gesellschaft für Hypnose und Hypnotherapie e.V., Daruper Str. 14, 48653 Coesfeld, Germany; Tel, 02541-88 07 60; Email, DGH-Geschaeftsstelle@t-online.de.

The Milton H. Erickson Foundation, Inc. presents the *Eleventh International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy*, December 8-11, 2011, at the Phoenix Hyatt Regency, Phoenix, Ariz. The Congress is co-sponsored by Southwest Behavioral Health Services. The Faculty include more than 50 presenters from around the globe. A Pre-Congress is offered on December 8 and a Post-Congress workshop will be offered on December 12 with Jeffrey Zeig and Michael Yapko entitled, *Advanced Hypnosis*. For more information contact The Milton H. Erickson Foundation, 3606 N 24th Street, Phoenix, AZ 85016-6500; Tel, 602-956-6196; Fax, 602-956-0519; Email, office@erickson-foundation.org ; Web, www.EricksonCongress.com

The American Society of Clinical Hypnosis (ASCH) will hold their 54th Annual Scientific Meeting and Workshops, *Racing for the Finish Line: Closing the Mind-Body Gap*. The meeting will be held March 16-20, 2012, at the Westin Charlotte, Charlotte, NC. For more information contact ASCH, 140 N. Bloomingdale Rd., Bloomingdale, IL 60108; Tel, 630-980-4740; Fax, 630-351-8490; Email, info@asch.net ; Web, www.ASCH.net

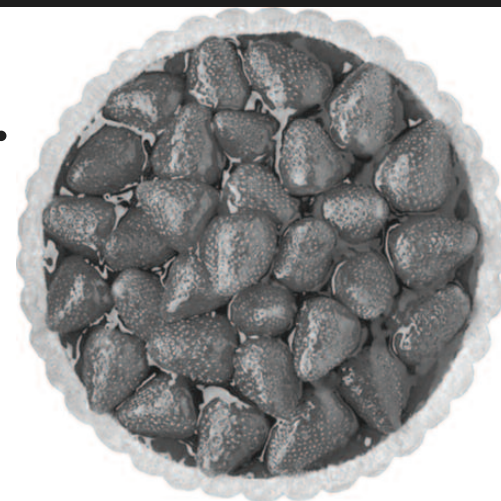
Brief Therapy: Lasting Solutions – China will be held October 2-5, 2012, in Beijing, China. The Conference includes a large international faculty including Jeffrey Zeig, Reid Wilson, Stephen Gilligan, Maria Gomori, John Banmen, Esther Perel, Arthur Freeman, Tucker Feller, Vasu Hancock and many more. For preliminary information visit the Conference web site www.ChinaBFC.net

The 19th International Hypnosis Congress of the International Society of Hypnosis (ISH) originally scheduled for Melbourne, Australia, has been relocated to Bremen, Germany. It will be held October 17-21, 2012. Organizer for the Congress is Bernhard Trenkle, director of the Milton Erickson Institute Rottweil (Germany). For complete information visit the Congress Web site: <http://www.hypnosis-congress.com/> For Pre-registration information Email: registration@hypnosis-congress.com.

Celebrating the 30 years, the German Society for Hypnosis and Hypnotherapy (DGH) will hold their 2012 Congress entitled, *Hypnose – das Tor zum Unbewussten*, November 15-18, 2012. The Congress will be held at the Best Western Park Hotel, Bad Lippspringe, Germany. For more information visit their web site: www.dgh-hypnose.de . Office contact: Deutsche Gesellschaft für Hypnose und Hypnotherapie e.V., Daruper Str. 14, 48653 Coesfeld, Germany; Tel, 02541-88 07 60; Email, DGH-Geschaeftsstelle@t-online.de.

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C O N F E R E N C E R E V I E W

The Couples Conference: Love & Intimacy

April 1-3 2011

Newport Beach, California

Sponsored by the Milton H. Erickson Foundation & The Couples Institute

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Reviewed by

C. Alexander Simpkins, PhD &
Anellen M. Simpkins, PhD
San Diego, California

Couples therapy can present some of the most demanding sessions. Clients often are filled with rage and hopelessness, having put off treatment too long. Therapists who work with couples can always welcome better methods to meet these challenges. The Couples Conference: Love & Intimacy, held April 1-3, 2011 in Newport Beach, CA, gave therapists just what they needed. Top experts in the field of couples work offered a variety of creative approaches for turning despair, mistrust, betrayal, and hostility into compassion, forgiveness, trust, and love. The conference included keynote addresses, workshops, and interactive panels, a cornucopia of potential value! More than 500 participants joined in both large and intimate sessions, to receive state-of-the-art information along with experiential learning for every phase of treatment.

If you were unable to attend, the conference is now available as an audio DVD. The DVD includes recordings of the six keynotes, eighteen workshops, three interactive events, and the law and ethics seminar along with handouts for each session.

KEYNOTES

Six innovators offered stirring addresses from unique perspectives. Christine Padesky, a cognitive behavior therapist, gave the first keynote, on how to help couples discover their hidden strengths. She taught ways to collaborate with clients to discover the best ways to uncover and use their

strengths to build a better relationship. She explained how to find strengths even in the worst of circumstances, appealing to both rational thinking and the non-logical, experiential mind as the source of the solution.

Daniel Amen's neurological approach uses brain imaging to guide his treatments. With a combination of behavioral interventions, supplements, diet, and a healthy dose of humor, Amen showed the power of the brain to enhance or interfere with healthy relating. When therapists understand more about the brain, they can foster better brain functioning which, in turn, leads to improved interpersonal relating.

William Doherty's creative keynote turned things around, by giving specific guidelines for bad couples therapy. By learning what often goes wrong in treatments, we can stop making mistakes that lead to failure. Even experienced therapists sometimes take a misstep on the rocky road with couples, and in learning about what not to do, we find ourselves automatically searching and reaching for what we should do.

Esther Perel helps people find happy endings from the sad human stories of infidelity. Couples feel shattered by the devastation after affairs, but if they can weather the storms, they will grow. Affairs can mean many things, both positive and negative. Perel shows how to face a crisis and turn it into something positive, to work through the pain so that both partners can become open again, allowing love and sensuality back into their lives.

Julie Gottman presented the Gottman method for lasting relationships. Based in decades of research, the Gottmans observed and empirically measured what makes relationships work and what couples should avoid. Criticism, defensiveness, contempt, and stonewalling are typical patterns of interaction that lead to gridlock. Couples learn how to move from gridlock to dialogue, and in the process, they can foster each other's dreams, share common goals, and develop compassion.

Richard Schwartz, developer of the

Internal Family Systems model, deals with multiple parts of the personality. Couples are often highly traumatized, and they need to deal with painful parts of themselves, to build hope and trust again. All of our parts, even the destructive ones, are trying to protect us. Through mindfulness, couples learn to honor and respect all their parts as they enter an open-hearted state and sustain it with each other. Schwartz helps couples to connect non-judgmentally and fully with each other, accept each other's painful parts, and be released.

WORKSHOPS

The workshops offered in-depth background along with hands-on experiencing. All 18 workshops are included on the DVD. Ellyn Bader, a founder in developmental attachment approaches, presented her unique perspective on attachment and differentiation, a key to helping couples develop healthy interdependence. She also applied her method for working through hostility in a second workshop.

Sexual intimacy is often an important area in couples work. Marty Klein offered informative workshops on pornography and how it impacts couples, with helpful ways to heal the pain it causes. He also offered valuable methods for overcoming a variety of sexual problems. Esther Perel also provided several workshops on sexuality and infidelity, showing how to sensitively guide clients back to their natural, healthy sensuality.

Stan Tatkin offered attachment interventions that work bottom-up, by teaching clinicians how to recognize the subtle cues from implicit body states when people are feeling threatened. His bottom-up interventions, included in his workshops, bypass cognitive resistance to help couples regain their sense of safety and comfort.

Jette Simon led several workshops in the powerful Imago Relationships Therapy method, introducing how therapists can create an atmosphere conducive to working on problems, and then offering do-able tools such as mirroring and validation. She taught how to reach even the most hostile couples and guide them to create

magic moments for positive experiencing between them.

Julie Gottman's workshops showed how to repair the damage from years of battling by using the Gottman recovery kit. A second workshop applied the Gottman method to a specific case suffering from PTSD and sexual dysfunction.

William Doherty gave practical ways to work with couples on the brink of divorce with a specific protocol. He addressed couples in stepfamilies, a common complication in broken relationships. He covered clinical concerns along with value issues that are pivotal factors in stepfamilies.

Christine Padesky's workshop built on her keynote, showing how to develop the hidden strengths clients may not know they have,--strengths that lead to resilience and better functioning in the future.

Richard Schwartz filled out his keynote on the Internal Family Systems model with ways to foster what he calls "courageous love" as couples learn to open up to each other for healing. His second workshop supported delving into the many sides of the client's personality while remaining open, centered, and empathic as a therapist.

Jeffrey and Lilian Zeig presented their methods of body sculpting, attunement, and other experiential techniques that foster therapeutic learning and change. Experiencing the Zeigs working harmoniously as a couple made this presentation especially relevant for repairing relationships.

With so many varied approaches from such dynamic innovators, this conference has something for everyone practicing couples therapy. With handouts to supplement many of the presentations, listeners will find the material accessible for expanding skills. And Milton Erickson would probably point out another advantage: This learning-packed audio DVD can be used in your own way and in your own time! We highly recommend this conference DVD as a valuable learning tool.



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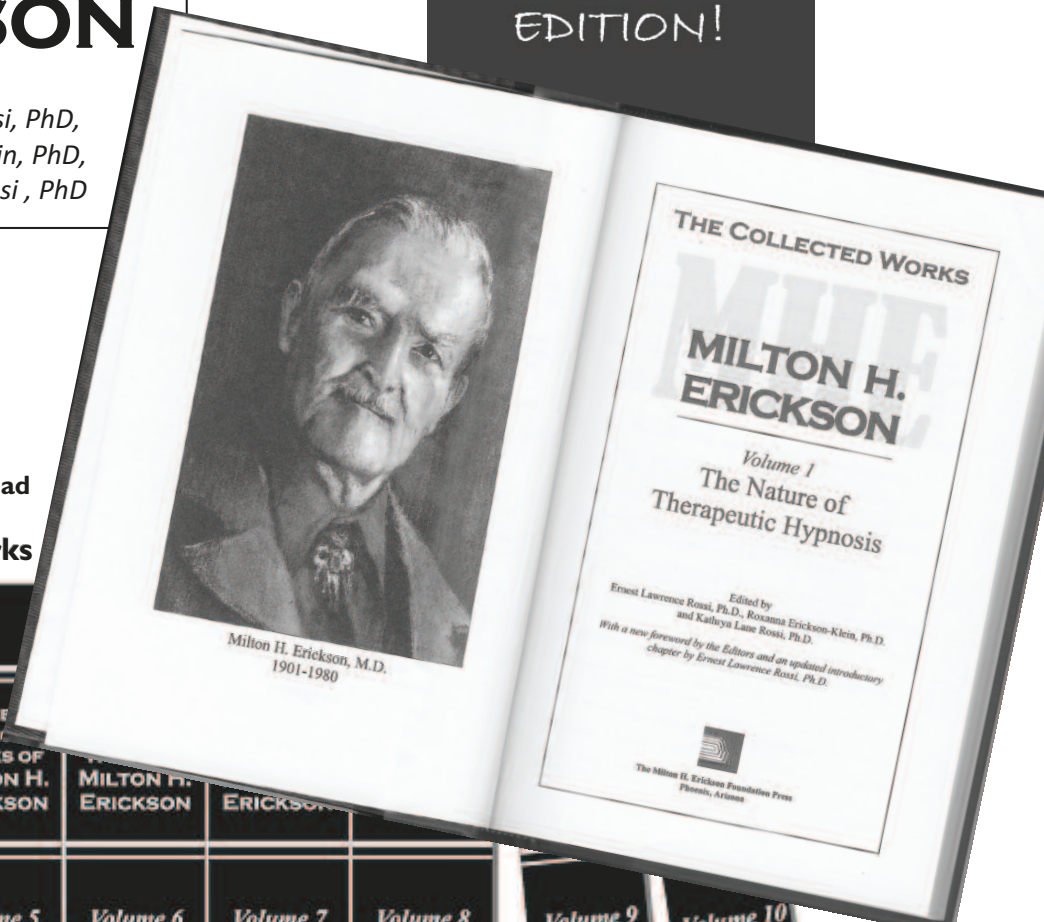
*Edited by
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Review of 5-Part Fundamental Hypnosis Workshop

Reviewed by Roxanna Erickson Klein,
Carlos Olson, and Ryc Strader, MS

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The "Fundamental Hypnosis Workshop" is a series of five sequential three-hour sessions. Featuring well-known Ericksonian teachers, the course familiarizes students with the power, potential, and basic ideas pertaining to the integration of hypnosis into clinical practice. Each session included a demonstration and a brief exercise.

This Forum Review is written from the perspectives of three attendees who have differing familiarity with hypnosis: Ryc and Carlos, are newcomers while Roxanna is a seasoned practitioner. It is hoped that the contrast will facilitate a more comprehensive evaluation for readers.

FH 1 Introduction and Foundations of Hypnosis

Presented by: Michael Yapko, PhD

The initial session included commentary on core concepts; differing views of hypnosis; and the direction of research. Yapko described induction as a vehicle to guide one through subjective phenomenology. In a clearly outlined presentation, he laid building blocks for skill building regarding the use of hypnosis within clinical practice.

Roxanna Erickson Klein (REK): Yapko was clear, down to earth, practical, and useful. He is an effective communicator who has the ability to describe things with the clarity and logic that promote understanding.

Carlos Olson (CO): This session was a wonderful introduction to hypnosis. It related the history and perspectives. It clarified misconceptions and described the purpose of hypnosis as a tool for stimulating new therapeutic associations within the client. I appreciated Yapko's group hypnosis experience, giving me the opportunity to experience hypnosis within in the therapeutic process.

Ryc Strader (RS): This session sparked a foundation of hope. Yapko's approach laid building blocks of "possibilities." I see myself referring back to this session as I incorporate hypnotherapy into my practice.

FH 2 Phenomenological Approach to Hypnosis

Presented by: Jeffrey Zeig, PhD

Zeig emphasized that the context of suggestion is as fundamental as the suggestion itself. Adeptly using an analogy of the way that entertainers "set the stage" for further development to "draw in" the audience, Zeig intrigued the attendees with his descriptions of sensory integration into the therapeutic process.

REK: Zeig continues to reach beyond academic approaches. He creatively incorporates day-to-day activities into the process of learning, sowing the seeds for ongoing learning that listeners may not even recognize. His perfectly timed explanation of fractionation for trance deepening led seamlessly into the exercise session. He emphasized two useful constructs: the differentiation of the individual from the identified problem and the interactive potential of trance work.

CO: This session was particularly helpful in providing a model of induction to assist beginners in conceptualizing the process. I found of tremendous use the use of sensory and perception devices in absorption that were presented and practiced in the break out groups. Zeig's emphasis on hypnosis as evocation rather than suggestion was an important clarification.

RS: Zeig's description of "state," his continuity in referring to evocation and utilization, and his descriptions of the steps/elements of a session (Pre-Induction, Induction, Deepening, Therapy, and Termination) provided me with a practical approach to understand trance phenomena.

FH 3 Treatment Planning in Ericksonian Hypnosis

Presented by: Bill O'Hanlon

Addressing the central importance of case conceptualization, O'Hanlon diligently used reviews of Erickson's own work to illustrate the process. By seeking commonalities of client issues, both within a single case and among similar cases, O'Hanlon illustrated the investigative process and its use as a springboard to envision therapeutic direction.

REK: O'Hanlon has a style that is more informal and off-the-cuff than the other presenters. He is supremely talented in assessing the degree of readiness for the learners to move forward in gaining foundations of knowledge. By soliciting audience participation in finding commonalities from among the

cases presented, he was effectively engaging. He emphasized the fundamental importance of direction in therapeutic hypnosis.

CO: This session introduced me to the process of examining presenting problems from a solution-oriented perspective and utilizing hypnosis in that process. I found the examples that O'Hanlon provided from Erickson's cases insightful. O'Hanlon's knowledge, expertise, and presentation of searching for solutions were fascinating and his encouragement to members of the audience was appreciated.

RS: This session was informative and enjoyable. O'Hanlon's style is easy to embrace. His material encouraged me to view the "presenting problem" as a "class of problems" leading to a "class of solutions," thereby evoking an intervention linked to problem context. The practice sessions encouraging framing and reframing were helpful. Great session!

FH 4 The Principles of Utilization

Presented by: Stephen Gilligan

Utilization is widely accepted as the core construct of Ericksonian hypnotherapy. Gilligan has a comfortable and friendly style that brings humanity to the forefront. He offered concrete explanations for proximities; how the body responds to stimulation; how the limbic system is engaged; and how the grounded flow of energy comprises a therapeutic relationship. His seven-minute exercise was well-described, and appropriate for both the beginners and the more practiced audience members.

REK: I really enjoy Gilligan's multi-level presentations. Comments such as his "transportable office space" and "trance-formation" leave lasting pleasant impressions. Gilligan is able to explain complex ideas with clarity including the paradox, "Change comes about from not trying to change."

CO: Gilligan's concept of utilization, including the ideas of infinite possibilities and constructing a new conscious mind was intriguing. His explanation of how to begin a hypnosis session was pragmatic and useful. His respect for the individual and the process was a delight.

RS: Gilligan's presentation of "utilization" as Milton Erickson's most important contribution to psychotherapy

made a deep impression on me. I can see this will be the key change point in my practice. The breakout sessions were helpful in experiencing incorporation of what he presented. A very useful session!

FH 5 Three Easy To Learn Hand Mirroring Approaches to Therapeutic Hypnosis

Presented by: Ernest Rossi, PhD

Rossi succinctly describes the therapeutic process as "Helping the client to 'turn on' internal creative processes." His neurobiological explanations of the potential of the trance experience provide depth, while his sophisticated explanations of chemical processes enhance the experiential learning. Rossi is skilled at developing and presenting exercises that challenge students to learn more about their selves in the process of learning about how to use hypnosis as a therapeutic tool.

REK: I find Rossi to be an exceptional teacher who practices what he teaches; he is a role model for ongoing learning. His lessons are practical well laid out information overlaid on complex scientific ideas. His explanation of genomic switch processes was the most useful I have heard. An excellent demonstration and a clearly described five-step individual exercise parsed the information down to practical terms.

CO: This session challenged the audience, introducing hypnosis and current research at the molecular level. Rossi's expertise and demonstration was profound, interesting, and entertaining.

RS: Rossi's presentation involved depth and expanse well beyond my current ability to understand and incorporate his material into my practice.

In summary, the reviewers agree that each section offered important information, different techniques, and even contrasting viewpoints. The only minor criticisms were that the series lacked the integration that more sequential building blocks may have offered. There were only brief exercise periods, and little time for feedback. But it did give an excellent opportunity for individuals to decide if hypnosis is a good fit for their own therapeutic styles. It provided an inspiring overview of the place of hypnosis in psychotherapy and stimulated these three reviewers to proceed further. The series gave exposure to some of the best know teachers of Ericksonian approaches and modeled how integration of hypnosis into clinical practice can be achieved.

19th International Congress of Hypnosis of the International Society of Hypnosis (ISH)

October 17- 21, 2012 – Bremen, Germany

The 19th International Congress of Hypnosis was relocated from Melbourne, Australia to Bremen, Germany. More than 800 colleagues from German-speaking countries already have registered--an amazing number more than one year prior to the congress.

Now the International Registration and call for papers is open. See: www.hypnosis-congress.com.

Also, be sure to see the special registration offer for Newsletter Readers at the end of this article.

The congress is organized by Bernhard Trenkle and his team of Milton Erickson Institute Rottweil. Bernhard is member of the Board of ISH as well as the Milton Erickson Foundation. A sponsoring society is the Milton Erickson Society of Germany M.E.G.

Here is a preview of the program. Of course, psychotherapeutic applications of hypnosis will be the core.

- Claude Virost, France, is planning a special symposium: "Hypnosis and Depression". Claude has organized congresses about depression and is an expert in this field.
- Michael Yapko will be in the faculty of this part of the congress.
- Combining hypnotic approaches and systemic family therapy, "hypnosystemic" approaches, will be offered by Gunther Schmidt, Ben Furman and Camillo Lorio.
- Hypnosis in the Medicine. Elisabeth Faymonville, Ernil Hansen, Sebastian Schulz-Stuebner and many others will be teaching in Bremen.
- Placebo and Nocebo effects will be discussed by Elvira Lang, USA,, Katalin Varga, Hungary and Gary Bruno Schmid, Switzerland.
- Hypnosis and Pain Control will be taught by Dave Patterson and Mark Jensen.
- Bernhard Trenkle worked in the field of Speech Pathology. The congress will bring together some of the leading colleagues in this field.
- Hypnotherapy for children and adolescents is a fast growing field. In 2009 we had the Sixth Child Hypnosis Congress in Heidelberg Germany attended by 1800 colleagues. Daniel Kohen, Siegfried Mrochen, Karl-Ludwig Holtz and Susy Signer-Fischer will present in Bremen congress.
- The German Dental Hypnosis Society with 2000 members has trained thousands of dentists in the German speaking part of Europe. The founding president, Albrecht Schmierer, and his colleagues are coordinating the Dental Hypnosis section for the Bremen congress.
- Ego State Therapy developed from the work of John and Helen Watkins. Leading Ego State therapists Woltemade Hartman RSA, Maggie Phillips and Arreed Barabasz USA as well as well known German experts (Luise Reddemann and Jochen Peichl) will present. ISHCongress-1.docx
- Jeffrey Zeig will offer a key-note address.

We also are asking the Constituent Societies to send their future "stars" from their respective countries. Our goal is to connect and bring together these young colleagues. If you have suggestions for this section of the congress you are most welcome to contact us.

We will have an excellent cultural program with good music and comedy. One spectacular group you can preview on Youtube is "Mnozil Brass."

In front of the congress center on Friday the biggest feast of North Germany commences with its 975 year tradition. Next to the congress center is one of the

Bremen is a beautiful old city and a perfect location for the congress. It is a city-state with a long and rich history. Interesting sights are walking distance from the congress.

most beautiful parks in Germany, good for walking, biking, jogging, and rowing boats.

One of the most well-known hypnosis experts in Germany has collected 2000 comics and caricatures about hypnosis. We will present this unique collection during the Bremen Congress.

Bremen is a beautiful old city and a perfect location for the congress. It is a city-state with a long and rich history. Interesting sights are walking distance from the congress.

SPECIAL OFFER! Newsletter Readers from USA and Canada will receive a discount of 60 € (around 100 US-Dollars) for online registrations via www.hypnosis-congress.com with promotion code **mhef2012** (valid until Dec 31 2011). Colleagues from other countries also should inquire about a special promotion code for their country.

If you have proposals for the 19th International Congress 2012 contact: mail@bernhard-trenkle.de Bernhard Trenkle, Organizer of the 19th Congress.



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BOOK & CD REVIEW

Dialogues with Pain: Internal Body Conversations That Resolve Suffering

By Jeanne Taylor Hernandez PhD

Crown House Publications
ISBN-13: 978144998036
2010

173 pages & 45 minute CD

Reviewed by
John D. Lentz D. Min
Shepherdsville, KY

Reading *Dialogue with Pain* was an experience similar to having a competent friend provide instructions on ways to reduce suffering. Hernandez's style is so gentle, reassuring, and sophisticated that it shouted how competent she is in helping folks reduce suffering, and, therefore, pain. Her writing provokes the reader to feel cared about, while at the same time gently urged to make better decisions

Hernandez covers such topics as motivation, life purpose, and meaning, as well as approaches to thinking, spirituality, emotional age, emotional intelligence, and psychological mindedness.

that will lead to success in moving beyond pain and suffering. I felt so trusting of her competence, ability, and good intentions that I was ready to put myself in her hands.

Hernandez covers such topics as motivation, life purpose, and meaning, as well as approaches to thinking, spirituality, emotional age, emotional intelligence, and psychological mindedness. She addresses each topic thoroughly and thoughtfully with useful information and practical applications. She tells the reader things that are useful and well thought out, but not obvious. Because the book is written for a person with pain, as well as for clinicians, it can be used by therapists for client protocols.

Some of the work that Hernandez does is focused upon the client's communications. She assesses and treats by

working with the literal words the client says. So, using language that expresses hopelessness or an attitude of just enduring is replaced with language about healing, hope, and overcoming. The most significant and shocking three words Hernandez refuses to allow her clients to say together in a sentence are: *chronic*, *pain*, and *patient*. Until reading those words it never occurred to me that those words used collectively doom the speaker to a future of pain, whereas, using them separately invites more affirming experiences. When a concept is accepted and treated as a given, it is very difficult to search for alternatives. Yet, by simply altering the use of those three words, the future is transformed from certain suffering to amazing possibilities.

The transcript for the accompanying CD is included in Chapter 6 of the book and is a guided hypnotic journey. It invites a pleasant light trance. Most listeners are surprised by its power

even though it doesn't encourage a deep trance. Hernandez does not appear to be in a trance as she is speaking either. Hernandez is subtly sophisticated in her use of interventions that produce positive effects. Having listened to the CD three times now, I am surprised at how smoothly and effortlessly I found myself going into a pleasant state of trance. I marveled at her style and her expertise, which are infused with her compassion and confidence.

I found the book useful for chronic pain patients as well as for people suffering with tinnitus, depression, and a whole host of other issues. Her work is so practical and universal that the concepts can help all people deal better with the issues of life. I highly recommend this book.

BOOK REVIEW

How to Talk to a Borderline

By Joan Lachkar, PhD

Routledge Publishing
New York and London
ISBN -978-0-415-87649-0
2011

169 pages

Reviewed by
John D. Lentz D. Min
Shepherdsville, KY

How to Talk to a Borderline instills confidence that author Joan Lachkar has the tools to help with all the different types of borderlines that you might encounter. Clearly, Lachkar knows a lot about borderline personality and has made it a major part of her practice and specialty.

Initially, the book provides an overview about borderlines, what the author calls an invitation to a dance of endless rounds of primitive defenses and regressive behaviors. Included are the prevailing theories including shame versus guilt, domination versus submission, and attraction versus detachment as well as a number of others. In surveying the literature, Lachkar offers what is helpful from those who have traveled this road before her. I especially appreciated how she found the positive contributions others have given and appreciated those who have paved the way to better understanding of borderlines. Her treatment of all the theories and approaches was professional, informative, and useful.

Lachkar could easily teach a course on the evolution of psychological thinking about the borderline personality. If for no other reason, this book would be worth reading for how well she surveys the literature on borderlines. She presents the theoretical perspectives from Freud, Klein, and Fairbairn. The way she presents the perspectives from the founding fathers shows how their work creates building blocks for the more recent views from Masterson, Kohut, Kernberg, Linehan, and others, which she clearly describes.

Chapters 3-10 explain the various forms of borderline personality: Pathological, malignant, depressive, obsessive-compulsive, antisocial, passive aggressive, histrionic, and cross-

Anyone who has worked with borderlines knows how difficult they are and how much attention they require.

cultural. In each category, the author points out the differences and unique difficulties that are presented by the various personality types.

Lachkar offers case examples as well as dialogues with either real borderlines or imaginary ones. The imaginary dialogue, with Ted Bundy as an example of an antisocial borderline, that she shares with the reader in "Fantasy Analysis" was especially well done. Her style of writing causes the reader to think, and to feel genuinely informed by a very knowledgeable person. Her creativity is excellent and her writing style is compelling. She knows a lot and offers it generously to the reader.

Lachkar's analytical perspective takes into the account the history of psychotherapy's approaches and goes farther. She is a pioneer. Lachkar offers some customary dialogue that would be expected by anyone who has worked with this population, and she demonstrates her method of responding. Anyone who has worked with borderlines knows how difficult they are and how much attention they require. Lachkar proves she has compassion for these folks and is willing to stay in the ring with them even when it is not pleasant to do so. She also points out the positive qualities often found in borderlines, who often are creative, artistic, humorous, and even fascinating people.

Lachkar has created a helpful little book filled with history, information, and examples. The book provides useful approaches to deal with the many faces of borderline personality disorder. I not only recommend it as a book, but as a survey of the literature about borderlines

Techniques of Hypnotic Induction

By George Gafner, MSW, LCSW

Crown House Publishing
Bethel, CT
2010
142 pages

Reviewed by
John D. Lentz, D.Min.
Shepherdsville, KY

Techniques of Hypnotic Induction offers the reader more than they might have thought possible in a book about hypnotic techniques. By placing the names of techniques next to stories regarding the use of hypnotic devices, Gafner teaches through demonstration and offers valuable information. He has kept the number of devices in a paragraph to a minimum so it is clear what is being demonstrated. This writing style makes learning the approach easy, quick, and practical for the student to begin using the approaches quickly. The seasoned professional who uses hypnosis will appreciate

Gafner's straightforward discussions and obvious skill. What I liked best about this book was that Gafner was willing to be practical and, yet, teach some important techniques. I also appreciated the style he used in his writing.

Not only has Gafner produced an excellent book of techniques of hypnotic induction, he has created a resource for teaching metaphors and practical uses of hypnotic tools, such as his illustrations of hypnotic interventions inserted into stories. While people new to understanding hypnosis may be thrilled with the practical methods, seasoned practitioners will appreciate the book for Gafner's expertise and clear writing as a teaching tool. The index alone makes the book a great resource since it deals with everything from abreaction to weight loss.

Folks wanting hypnotic scripts for quickly learning how to do hypnosis will appreciate this text, because it could be used in that way. However, people will quickly be able to construct their own stories because Gafner has

I wonder if he inserted hypnotic devices to imply that you can feel good about who you are already, and that you, of course, can learn these techniques and become even more effective.

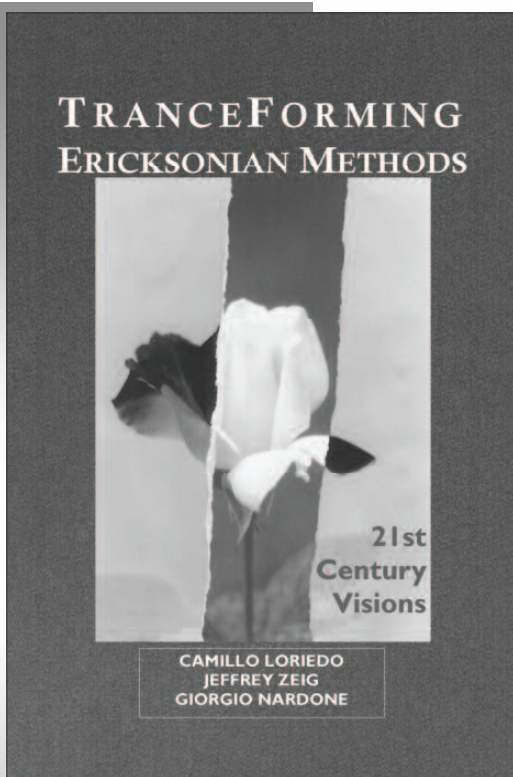
done such an excellent job of teaching.

Imagine encountering someone who believes in your ability to learn and conduct therapy and wants to teach you new skills that he thinks will help you become an even better therapist. Now you have an idea of the emotional impact of this book. Gafner treats you, the reader, with such respect that you feel cared about and affirmed. I wonder if he inserted hypnotic devices to imply that you can feel good about who you are already, and that you, of course, can learn these techniques and become even more effective.

After setting out the basics about what hypnosis is and isn't, Gafner teaches with stories that demonstrate techniques. He then covers such topics as Finding Your Own Voice, Guided

Imagery Inductions, and Confusion Inductions. He even covers clinical privileges and practice guidelines.

Overall, this book is informative, helpful and filled with stories that teach and offer additional benefit from the sophisticated way they are designed. You gain a taste of what you will soon be giving to others. Gafner wrote in such a way that I am certain I would like him as a person. What is even better is that all of us have a resource to recommend to students for learning metaphors and how to use them. While I like trance a lot, I found myself enjoying the stories and the hypnotic devices on many levels including the personal level.



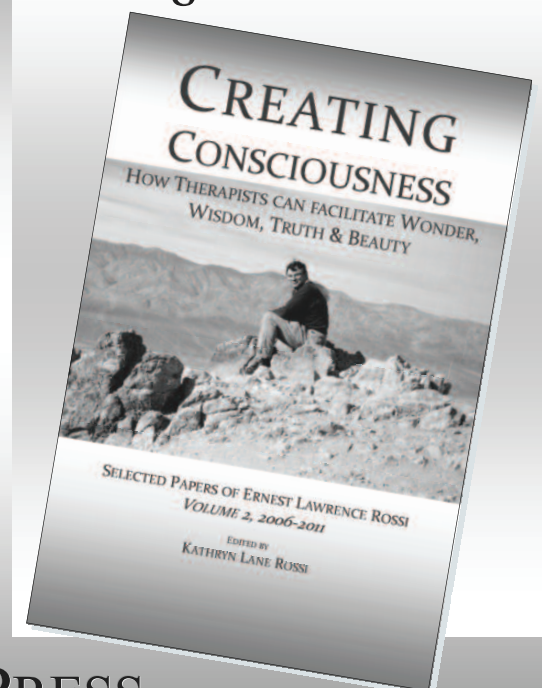
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BOOK REVIEW

Clinical Hypnosis for Pain Control

By David R. Patterson, PhD, ABPP

2010

American Psychological Association
Washington, DC
275 pages

Reviewed by

C. Alexander Simpkins, PhD and
Annellen M. Simpkins, PhD
San Diego, California

David R. Patterson, who is both a researcher and a clinician, has offered a rare blend of science and practice in one volume. *Clinical Hypnosis for Pain Control* provides a thorough collection of neuroscience findings about pain plus empirical evidence for how hypnosis significantly alters it. He also provides a clear and helpful set of techniques for treating pain. The clinical method is based in Ericksonian approaches combined with motivational interviewing (MI), a procedure that was originally used for substance abuse. The author explains why the combination of MI and hypnosis adds power to interventions with pain patients: MI motivates them to make the lifestyle changes they need, and Ericksonian hypnotic techniques activate these changes.

The book is divided into eight chapters along with an informative introduction and final summary. Each chapter includes an added bonus: An appendix with a verbatim sample intervention to guide in actually applying these methods. More sample inductions are given in another appendix at the end of the book.

Chapter One assists readers in understanding how pain comes about both physiologically and psychologically. The degree of pain is individual, based on the imprinting of pain on the brain and many psychological factors, all carefully described. Through Patterson's clear writing style, it becomes evident why psychological treatments can be effective. Chapter Two gives the scientific basis for using hypnosis with pain, and Chapter Three showcases clinical research on hypnosis as an evidence-based practice. Patterson cogently argues that hypnosis should

not be considered an alternative therapy for pain control. Rather, based on all the scientific evidence, hypnosis warrants being touted as a mainstream treatment.

Chapter Four is about Ericksonian hypnosis, covering key components, beginning with Erickson's idea that hypnosis stimulates the natural capacity for healing and psychological well-being. Included is an overview of utilization and the most applicable forms of indirect suggestion. Chapter Five points us to Erickson's specific approaches for working with pain.

The next two chapters distinguish between two main types of pain: acute and chronic. Chapter Six shows how to work with acute pain; intervene during a crisis; and navigate through hospital settings. Chapter Seven provides an excellent coverage of chronic pain, its assessment, typical patient reactions, and how to treat them. Patterson points out that the treatments for acute versus chronic pain are often opposite to each other. For example, when people have acute pain they usually need to rest. Hypnotic sessions are typically brief and simple. By contrast, chronic pain sufferers improve from movement, exercise, and activity. Longer trances in conjunction with work on motivation and attitudes are called for. Finally, Chapter Eight covers motivational interviewing, its history, primary features, and how to integrate this approach into hypnotic therapy.

Clinical practice can be informed by relevant research findings. Patterson uses empirical findings as a basis for his treatments. He is also true to Erickson's principles. For example, we found it refreshing to see Erickson's creative individualizing woven into the scripts offered throughout the book. Not an easy task! *Clinical Hypnosis for Pain Control* is a comprehensive, informative, and helpful book from a seasoned researcher and practitioner. This well-researched book will be extremely useful for anyone who works with pain sufferers. We highly recommend adding this book to your library.

BOOK REVIEW

1001 Solution-Focused Questions

By Fredrike Bannink

W.W. Norton and Company
New York
2010
220 pages

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

Fredrike Bannink's *1001 Solution-Focused Questions* is much more than the title implies. It is a clearly outlined way of conducting solution-focused sessions from the interview at the beginning to the projected end. The author never loses sight of her two main points: Clients come to the therapy room to find a solution to their problems; and each and every person has the internal resources to solve that

Bannink also provides multiple case examples. She first presents the case and then asks questions about what the clients could be doing differently. These questions, while intended for the client, also make the reader think. This process perfectly exemplifies deShazer's "lead from behind."

The central portion of the book, of course, is the 1001 solution-focused questions. Everyone knows of the "Miracle Question"—How will the future be different when the problem is no longer present?—that is so identified with Solution-Focused Therapy. Bannink has taken that query and broken it down, expanded it, changed it, made it more general as well as more specific, made it sound and feel different, and then put the different questions into categories. She accomplishes this goal while remaining true to the underlying concept—How will the future

She gives three therapist behaviors to encourage the client to discuss not only solutions but their resources and needed changes.

problem. Implicit in those points is the important idea that careful questioning helps the clients use their own resources to find solutions.

Beginning with a brief history, Bannink relies heavily on the work of the late Steven deShazer and the late Insoo Kim Berg for the premises of Solution-Focused work. She both lists and comments on principles deShazer developed. Prominent is the idea that the therapist "leads from behind" mainly by asking questions. She gives three therapist behaviors to encourage the client to discuss not only solutions but their resources and needed changes. This clear and practical beginning sets the stage for this helpful "how-to" book.

Exercises are always instructive. Those exercises given here range from easily understandable, short ones to more complex ones, all of which could be useful for clients. The presentation of the exercises is both unusual and helpful. Each description points out desired outcomes and then offers ways of expanding the exercise in order to reach that result.

be different...?

Categories for the 1001 questions range from crisis or conflict situations, to externalizing the problem, to those designed for children, to competencies and assets. My favorite section was: Questions for Increasing Hope. Additionally, there are questions scattered throughout the text. So, the underlying premise of the book is that the clients should be fully engaged. Questions are a good way to ensure that.

This book is a good resource for those curious about how Solution-Focused Therapy fits into other modalities. Perhaps, more importantly, it provides a step-by-step blueprint for Solution-Focused Therapy—from the first interview to the closing session. Bannink also provides detailed appendices and forms from the first session, as well as a rating scale for subsequent sessions. Overall, *1001 Solution-Focused Questions* is easy reading with lots of information, especially useful for anyone wanting real guidance in this modality.

***Working with Aging Families:
Therapeutic Solutions for
Caregivers, Spouses & Adult Children***

Kathleen W. Piercy, Ph.D.

W.W. Norton & Company

2010

276 pages

ISBN 978-0-393-73285-5

Reviewed by Rubin Battino, MS, Yellow Springs, OH

Working with Aging Families is a practical primer to be studied and included on the reference shelf of anyone working with older people and their families. It is particularly important to understand how critical it is to involve family members when treating members of our aging population. They do not live and function in isolation, and if they do, then it is important to know about community resources.

The book is divided into five chapters: (1) Understanding family dynamics; (2) Working with couples' issues in late life; (3) Treating intergenerational issues in late life; (4) Helping siblings and other close family members in late-life families; and (5) Providing support resources for aging families who need long-term care. The detailed information in the last chapter with its comprehensive discussion of resources is worth the price of the book. And, not to be excluded, an extensive introduction reviews what the therapist needs to know and the increasing complexity of family ties.

One of the strengths of this book is how well Piercy has researched the book's topics. Her suggestions and recommendations are solidly based on the literature

in the field (more comprehensive than you might have expected).

Case studies are given for each area covered, providing illustrations to connect practitioners with real life people and situations. The case studies also include useful analyses of the interventions. From my long involvement with an aging mother-in-law in senior housing, assisted living, and a nursing home, I found many places in this book for connection and understanding.

To give you a sense of the practicality of this resource, let me cite a number of important issues for working with family caregivers: acknowledge caregiver struggles and triumphs; good communication between the helping professional and caregiver is crucial; provide information about the disease, its customary course, and treatments; and offer assistance with decision-making. Remember that caregivers and elders want to preserve home care arrangements as long as possible. Providing help with emotions may facilitate the resolution of difficult care situations. And acknowledge bereavement among caregivers experiencing physical or emotional losses. It is also useful to know that a diagnosis of dementia of any type is a significant loss to a family and, ideally, should be grieved. Dementia caregivers report greater amounts of strain, health, and mental problems than those who care for elders without cognitive impairment of dementia.

In conclusion, the author writes (p. 241), "Our future reality is that as people live longer lives, millions of families are going to need and access long-term care services, often progressing from the use of home care and Senior Companions to assisted living to nursing home care and hospice care. It is in the best interest of both families, and those professionals who work with them, to find ways to integrate services to reduce caregiver burden and simultaneously provide the best quality of life to older adults in their later years."

The author states that the purpose of this book is to bring helping professionals timely information about the aging process in both individual and family contexts. And, the author succeeds nicely in accomplishing her goal.

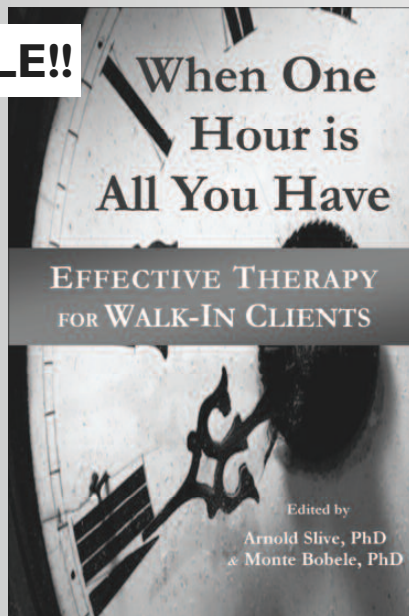
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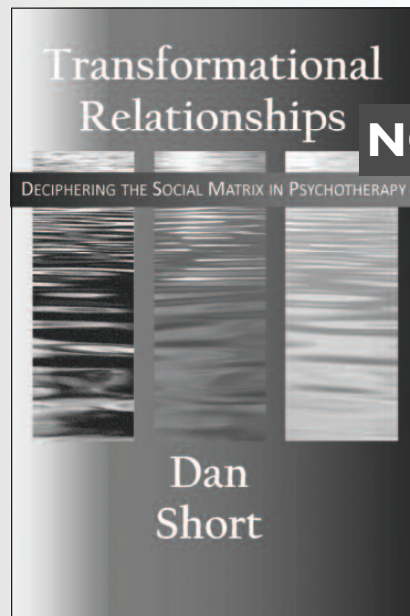
—Douglas Flemons, Ph.D.

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BOOK REVIEW

The Child Psychotherapy Treatment Planner

A book in the Practice Planners Series

By Arthur E. Jongsma, Jr., L. Mark Peterson, William P. McInnis and Timothy J. Bruce,

Arthur E. Jongsma, Jr., Series Editor

2006
Wiley
352 pages.

Reviewed by
Maria Escalante de Smith
Cedar Rapids, IA

The Child Psychotherapy Treatment Planner is a useful book that provides the elements necessary to both diagnose and develop formal treatment plans in psychotherapy. It can be used for satisfying the demands of managed care companies and state and federal agencies. The book's goal is to help professionals write treatment plans according to the following progression of six steps: Problem selection, problem definition, goal development, objective construction, intervention creation, and diagnosis determination. The authors offer useful advice for each step, such as stating objectives in behaviorally measurable language so that it is clear for review agencies, and they offer procedures to create at least one intervention for each objective.

The book covers a variety of topics, and each one of them includes a definition with goals for treatment. For example, Attention Deficit/Hyperactivity Disorder includes short-term objectives and therapeutic interventions. These two features are listed in two columns where the short-term objective is matched with one or more therapeutic intervention. This format is practical and user-friendly because it can serve as a quick reference.

Evidence-based treatment is of critical importance to the mental health community because insurance companies are beginning to offer preferential payment to organizations using it. In order to help readers discover which short-term objectives and therapeutic interventions are efficacious, the authors include an icon to indicate its consistency with evidence-based

treatments.

The book is filled with useful chapters. For example "Bullying/Intimidation Perpetrator" starts with the behavioral definitions that include making verbal threats to younger or weaker peers. Afterward, there is a list of long-term goals such as developing empathy and compassion for others. The chapter provides additional spaces so that the clinician can add her own notes.

Short-term objectives are matched with therapeutic interventions. The way data is presented can be useful because it gives clinicians quick references that can be used immediately in therapy. For instance, "Acknowledge, without denial, that bullying has been used against peers" is matched with "Confront the client with facts reported by others that indicate that he/she does engage in intimidating behavior toward peers" (p. 93).

In "Blended Family," one of the behavioral definitions is "Children from a previous union are united into a single family unit, resulting in interpersonal conflict, anger, and frustration" (p. 82). Here I found a long-term goal that seems to be both effective and heartwarming: "Establish a new family identity in which each member feels he/she belongs and is valued" (p. 83). A long-term goal like this could be enhanced by a ritual or even with an Ericksonian exercise such as a future rehearsal where the therapist would be a facilitator during this rite of passage. As I was writing this, I even thought about including a ceremony where all family members would welcome one another.

The text covers a wide variety of topics such as autism, depression, low self-esteem, and sleep disturbance. The chapter about "Medical Conditions" caught my attention because I have conducted psychotherapy with children who suffered from cancer. This section is filled with evidence-based treatment information. Next time I treat children with physical conditions, I will use this chapter frequently.

If I were to choose an adjective for describing this book, I would use "Magnificent." I really recommend it.

BOOK REVIEW

Life After Trauma: A Workbook for Healing

Dena Rosenbloom, PhD, Mary Beth Williams, PhD & Barbara E. Watkins

Guilford Press
New York/London
2010
295 pp.
Second Edition

Reviewed by
Maria Escalante de Smith, MA
Cedar Rapids, IA

Life After Trauma, A Workbook for Healing, written by experienced trauma professionals, is a way to connect with readers' pain, resources, and determination.

The Foreword describes the central struggles in the recovery process. The book clearly identifies and explains five basic psychological needs for oneself as well as from others all of which are involved in healing from trauma: safety, trust, control, esteem, and intimacy. The authors encourage readers to notice their feelings, take care of their needs, and stay connected to the present.

The book is divided in nine sections. Section One, After Trauma: Why You Feel Thrown for a Loop, is about physical, mental, emotional, and behavioral reactions that occur after trauma. Clients may feel relieved when we, as therapists, help them understand that they are not crazy or abnormal, even though they might feel this way after trauma. The authors emphasize the importance of recognizing how these new feelings, thoughts, or behaviors result from the trauma. "Trauma is isolating and can leave you feeling disconnected and different from others" (p. 5). Using group therapy sessions can help people feel less isolated. The author's list ways people can feel less distressed. The book offers both strategies for coping with trauma, as well as explanations regarding common reactions to it. Anger may be present after trauma, thus leading people to change their behaviors and isolate from others.

Chapter Three, Thinking Things Through, addresses posttraumatic reactions, and explains how people may react differently to the same event. It states: "Your reactions to trauma--your

Anger may be present after trauma, thus leading people to change their behaviors and isolate from others.

thoughts, feelings and behaviors--are a result not only of the facts of the event, but also of what you think those facts mean." This chapter provides exercises that can help people identify underlying thoughts and beliefs, sort out the facts of how things happened from their meaning, and imagine an alternative meaning. This is the general method of the book.

Chapter Four describes safety in terms of thoughts, feelings and beliefs, and includes strategies for self-protection. It helps people evaluate their need for safety, provides readers with exercises for tracking and reality-testing their reactions, and develops alternative ones. This chapter has vignettes with actual cases that can lead us to understand how people change after repeated traumas or even after a single traumatic event.

Feeling overpowered by outside forces such as earthquakes and hurricanes is a common reaction to trauma. Regaining Control of Your Life, Chapter Six, explains how "We all need some sense of personal power, based on the ability to control ourselves and to have some effect on other people and on the environment." (p. 147).

How to value others and our selves is highlighted in Chapter Seven. Traumatic events can damage self-esteem. People may feel shame, but if it is healthy, it does not harm self-esteem, and can help them try harder.

Chapter Eight, Feeling Close to Others, addresses intimacy in which each party can express both strength and vulnerability. Trust and valuing oneself are explained, along with the importance of being accepted and accepting others.

The final section provides additional resources about health care settings, books, and articles about psychotherapy and choosing a counselor. Reading this book has been an amazing journey. I highly recommend it.

Healing Language: A guide for physicians, dentists, nurses, psychologists, social workers and counselors

by Rubin Battino, MS

Publisher: www.Lulu.com

ISBN 978-0-578-07534-1

226 pages

Reviewed by Roxanna Erickson Klein, RN, PhD, Dallas, Texas

Rubin Battino, co-author of one of the most widely used clinical handbooks, is a familiar name to students of Ericksonian methodology. Based out of Wright State University, his work in the seemingly not so closely connected areas of chemistry and counseling provides him with a different perspective than most clinicians have. In various other works, Battino reaches beyond usual boundaries to explore the interface of the philosophy of practice with the art of life itself. This text demonstrates his aptitude for describing concepts in a logical, step-wise manner that makes complex ideas understandable.

Healing Language, an exploration of therapeutic communication, is a resource for individuals from a variety of helping professions whose words to a vulnerable patient/ client may leave a lasting impact. Based on the idea that communication can directly or indirectly affect the listener in a powerful way, Battino explores the concept that health care providers either promote or impede healing through their comments. Through reasoned discussions, examples, and philosophical examination of the potential effect communication may have on the unconscious direction of the listeners, Battino calls for professionals to pay careful attention to word choice and nuances in non-verbal communication.

Bringing in a variety of source materials, Battino examines the fundamental components of communication, exploring familiar principles such as the placebo effect as well as the nocebo effect (the opposite). In his explanations about word choice, he annotates concepts with supportive principles and explanations. For example, in a section on dealing with death and dying, he cites the well-known Kubler-Ross stages of grieving model and then adds to this platform by drawing in a lesser-known Three Stage Model. The latter, described in a 1992 book by Robert Buckman MD, (*How to Break Bad News*, John Hopkins University Press) places emphasis on the communication process, and provides a useful alternative to clinicians who deal in this area.

Drawing together basic principles, a framework is developed from within that a professional can self-assess and potentially learn new ways to enhance therapeutic communication. The methodology deals with both structure and form. It describes, in concrete ways, messages typically communicated between caregivers and patients; the potential positive or negative impact is explored, and in most cases, speaks for itself. Battino's commentary also provides direction and insight into the messages implicit in common gestures and non-verbal communication.

A good part of the book looks at situations likely to be found in the therapeutic context and uses scenarios with various response options as a technique to bring his ideas into the real-life arena. Such descriptions give health professionals pause to reflect upon their own style and the messages that are intentionally or unintentionally communicated.

Overall, this handbook is a useful guide to practice, even for a seasoned clinician. It deals with an important area of therapy that is generally under-emphasized, yet applies to every case, every situation, and every healing art. Battino's own succinct descriptions say it all (p 62) "In a sense, this book is about how to ethically use the placebo effect with words and attitudes".

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INTERVIEW

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Richard Landis (RL): I started being interested in the psychological make-up of people around the age of six. Trying to make sense of my own family, teachers, and classmates was a perplexing endeavor. Because I was genuinely interested in understanding people, I seemed to have developed a knack for listening. When I was ten, my fourth-grade teacher was retiring and she had apprehensions about what life would be without her students. She

immediately called Dr. Erickson's home-office in Phoenix to set an appointment for us to attend his training sessions. That started the journey. Subsequently we met him several times, opening our personal and professional horizons in unlimited and previously unthought-of ways. As Gary says, "our journey was to continue into new dimensions of thinking and living." We have been living that mission to this day, thirty some years later! From that

During one of my training visits, I gave him a sponge painted to look like a rock. He loved it and used to throw it at students to make a point that not everything is as it appears.

would let everyone out for recess except me. Three or four days a week she would keep me in, ostensibly to help her clean the blackboards. During that time, she would tell me her problems, worries and concerns. I would respond what I thought would be the right thing, and she would feel better.

MB: Indeed, that is an early start...

RL: In the 7th grade, when I was 14 years old, I was brought into the Principal's office for breaking some rule. After 15 minutes talking to the principal, he started telling me about problems he was having at home. At the same time, I had been watching *Ben Casey, M.D.*, an old medical series on TV. In one episode, there was a psychoanalyst, looking at a patient lying on a couch. The patient was doing most of the talking and the psychoanalyst was just saying, "Uh, huh, and how did that make you feel?" I thought that looked like an easy way to make a living. Over time, it turned out to be more complicated and then easier at the same time.

MB: My understanding, from the conversations we have had, is that you found your mission as a psychotherapist after you found Milton Erickson and Gregory Bateson. Could you elaborate on that?

RL: Certainly. Gary Ruelas and I found out about Dr. Erickson through a John Grinder and Richard Bandler workshop we were attending near Santa Cruz, CA, in the early '70s. Gary

time on, until Erickson's death in 1980, we would drive to Phoenix to train with Milton. Early on he encouraged us to seek Gregory Bateson, particularly because of our keen interest in family communication patterns and group trance states, which Bateson and Margaret Mead had observed and filmed at length in Bali, in the '30s. So, we would alternate our training visits between Erickson and Bateson. I frequently marvel how these two giants shaped my sense of mission; I felt even more driven to explore what it means to be human through my work with clients and students.

MB: How was your relationship with Milton Erickson?

RL: Dr. Erickson and I both loved puns. During one of my training visits, I gave him a sponge painted to look like a rock. He loved it and used to throw it at students to make a point that not everything is as it appears. Later, he signed one of my books, "You should not take anything for granite." We both enjoyed playful interactions with each other. We resonated with the child-of-wonder inside each of us.

MB: I noticed, during the 20 years I have known you, that you bring your family: wife, daughter, son-in-law, grandchild, to our congresses and conferences. What role does your family play in your professional life?

RL: What role does my family

See INTERVIEW on page 27

B O O K R E V I E W

***Handbook of HIV and Social Work:
Principles, Practice, and Populations***

Edited by Cynthia Cannon Poindexter, MSW, PhD

John Wiley & Sons, Inc.
2010

ISBN: 978-0-470-26093-7
paperback, 354 pages
www.wiley.com

Reviewed by Kay Colbert, LMSW, Dallas, Texas

Human immunodeficiency virus, HIV, can lead to the chronic, life-threatening acquired immune deficiency syndrome, AIDS. Although we have made much progress in the last thirty years in the fight to treat and prevent HIV, it is still a significant health concern. Globally, an estimated 33.3 million people live with HIV (UNAIDS, November 2010). Even more troubling, every day 7,000 people are newly infected, including 1000 children (World Health Organization, Press release--Geneva, Nairobi, 31 March 2011).

Cynthia Cannon Poindexter, MSW, PhD, is an associate professor at Fordham University, Graduate School of Social Service. Poindexter has edited this well-organized and comprehensive book to meet the need for an up-to-date work written by, and for, social workers and others in the helping professions. The volume is divided into 20 chapters, each one written by a seasoned educator, counselor, administrator, or advocate in the HIV field. Poindexter has deftly edited the sections into a coherent, educational edition that looks at HIV from many facets, including history of the illness and treatment, prevention, policy issues, social work principles and practice issues, and working with vulnerable populations. The contributors provide an informative review of advocacy, service delivery, referrals, continuum of care, skill building, and community organization skills. Anyone who wishes to learn more about HIV policy and improve their competency in this area will find much value in this book.

The authors examine the beginnings of the HIV epidemic in the early 1980's up to the present, stressing that although HIV is preventable, the disease continues to worsen. Its consequences are still serious and long term. Social workers are uniquely talented and committed to attend to the broad range of needs in HIV prevention and care. As Poindexter states, HIV is an equal opportunity infector, and human services workers, especially social workers, come into daily contact with the broad range of populations affected by this disease. They have the knowledge, skills, and competencies to work with diverse populations to make a difference. Since the need continues to grow, the author puts forth a call for more specific training and increased HIV expertise for social workers and other human service workers in the HIV field.

One of the many persuasive chapters (contributed by Charles A. Emler, MSW, PhD) highlights the growing population of midlife and older adults with HIV. This group includes those who "age in" – that is, those who are long-term survivors, along with the newly infected. According to the text, people aged 50 and older account for 15 percent of all new HIV/AIDS diagnoses in the United States and account for 24 percent of all people living with HIV/AIDS. As the American population ages, more older adults are at risk of contracting HIV and other sexually transmitted diseases. Contrary to popular opinion, older adults can and do continue to have sexual relations, and need guidance. For example, according to the authors older women are less likely to use condoms correctly and consistently, have less knowledge about HIV, and are less likely to talk to their physicians about HIV/AIDS.

Poindexter's *Handbook* is a helpful, easy to read guide and outstanding resource for social workers and other practitioners. It would make an excellent classroom text to include in masters-level social work curricula.

B O O K R E V I E W

***Innovations in Narrative Therapy:
Connecting Practice, Training, and Research***

Jim Duvall, MED, RSW & Laura Beres, MSW, PHD, RSW

W.W. Norton & Company
2011

253 pages
ISBN 978-0-393-70616-1

Reviewed by Rubin Battino, MS, Yellow Springs, OH

At the outset of this review, I should state that I am a partisan of Narrative Therapy, the approach developed by Michael White and David Epston (1990). So, a new book in the field is welcomed for what it can provide in the way of useful variations and extensions of the original work. The first four chapters in Part I (Critically Reflecting: From Practice to Theory) are devoted to research and theory in the field as those issues are connected to practice. In Part II (Extending Learning: From Theory to Practice), the remaining four chapters are indeed concerned with practical matters.

The book is densely packed with Narrative theory, which provides a solid justification for practice. The material in the book is also the result of much of the authors' research in narrative therapy. They taped, discussed, and reviewed many sessions using teams of students, therapists, and clients. The amount of background work is impressive.

Narrative Therapy is concerned with dialogic conversations, and the questions that elicit ideas via those conversations, such that the ideas influencing clients to change are mutually constructed. Generating a range of possibilities results in problem dissolving rather than problem solving. "Problem dissolving" is a wonderful process.

People's lives are stories that they believe, and their story influences their behavior. That personal narrative comes alive via astute and attentive questioning. In being in the present moment it is important to recognize that all such moments are not equal, and that some that they call "pivotal moments" are ones "... in which people experience realizations, catharsis, and transport as they are drawn toward strongly-held and preferred ways of being in the world" (p. 231). These pivotal moments are related to the "exceptions" that are important in solution-focused therapy, and times when people undergo a shift in meaning (reframing).

There is a "reflective" exercise (p. 75) which is brilliant in the way that it leads clients into exploring their past, and their story, to find what has been really significant in their life, and to provide an opportunity to reflect on those events to determine if they wish to continue with original interpretations, assumptions and beliefs.

The Part II Chapter Five by Karen Young describes a Narrative Therapy walk-in clinic. The clinic provides single-session, brief therapy conducted by the staff for anyone who "walks in." The emphasis is on personal narratives, pivotal moments, and a practice that is almost unique to narrative therapy in finding people who can serve as "witnesses" to what has been transpiring. Client's lives do not exist in a vacuum, but are embedded in the social context. More than half of the people who attended the walk-in clinic found that one session was enough.

Chapter Six is a detailed case study on using Narrative Therapy with a woman who had suffered trauma and abuse. The following chapter is a case study of a woman who suffered addictions, and the last chapter is a presentation of group work emphasizing narrative practice with men who have abused others. Each chapter ends with a useful conclusion section and with a series of questions for reflection.

For those interested in expanding their repertoire to the use of Narrative Therapy, this book is well worth studying.

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: Norton.

INTERVIEW

continued from page 25

play? They are the center of my life. My wife, Sandra, is an amazing person. Her quiet and unassuming demeanor hides a sharp intellect and delightful humor. She centers me when I start spinning. She covers my back when I am moving too fast to catch the details. If I have a question, she instantly goes to the Internet and finds the 27 different opinions and research information I need. She helps me continue to travel at the speed of light when I am “a man on a mission.” I could not do what I do without her as my partner and soul mate.

My adult kids never cease to amaze me. Each is their own person, and that is saying something – considering what

of Orange County, in California¹. We use hypnosis and hypnotic languaging to redirect patients into better lifestyles and to take an active part in their own health. We see the psychological and emotional elements of the patients as being central in their presenting physical problems, both increasing and decreasing the symptoms of general health and happiness.

MB: Could you give us an example of how an intervention utilizing hypnotic languaging would work in a hypothetical case?

RL: That is rather difficult for me to describe since I do not know what I am going to do until I am in the presence of the patient. I use a lot of

This is also why I am so interested in the spiritual development of my clients, with an emphasis on their developing a purpose in life rather than just having goals and causes.

a strong personality I am. I have been blessed by their going in their own direction in life, and bringing me all of the wonderful learning I would never have had if they had been just variations of the “me” theme. My daughter, Rachel, and her husband, Shawn, used to help me conduct my Ericksonian workshops. While their main role originally was to help me set up, they would often fill in the breakout groups when we had an odd number. It always fascinated me how both Rachel and Shawn would expertly lead the groups often after hearing the workshop material for the first time. They were and are natural Ericksonians.

My son, Michael, introduced me to a more spiritual perspective in what it means to be human. He has helped me discover better questions. I often pass these on to my clients with profound results. This is also why I am so interested in the spiritual development of my clients, with an emphasis on their developing a purpose in life rather than just having goals and causes.

MB: What is your current focus of therapeutic thought and action?

RL: My current focus is on the interaction of emotional and physical elements in psychotherapy. We do a lot of that at our institute, the Ericksonian Integrative Medicine Institute (EIMI)

metaphor work with rhythmic cadences and interspersal of directives to break through old patterns. This is usually to get visceral and emotional reactions rather than intellectual understandings regarding, say, the benefits of lifestyle changes. Much of it is indirect. Elizabeth Erickson once mentioned to me that it seemed to her as though I was less *doing* therapy than *being* therapy. That is how it feels to me when I work with patients.

MB: Could you also tell us in more detail how much Dr. Erickson’s approaches to therapy and to life have influenced the course of your own professional directions?

RL: Yes, of course! Much of what I do was influenced by a simple interaction with Erickson where he asked us all to look at things from every possible direction. For some reason, it resonated much greater within me than I would have expected. As a result of that encounter, I developed three new friends for life: Confusion, Doubt, and Curiosity. **Confusion** tells me that I am approaching an opportunity to learn something new; **Doubt** tells me that any solution is a working solution, and that I should not get wedded to it since it will probably evolve with time; and finally, **Curiosity** gives me the positive energy to move toward Confusion and

Doubt, rather than avoid them.

MB: These concepts are fabulous, Rick! Could you elaborate further on them? I think it would be quite enlightening to me and to our readers around the world.

RL: Those three friends led me to a pivotal question related to how I perceive what patients present to me. The question was easy to ask and took many years for it to become a central part of my way of experiencing people. The question is: “What is the *problem* people are trying to solve when they say what they say and do what they do?” This is very different from “*Why* are they doing that?” The “*Why*” question does not address the underlying problem that they want to solve. It only demands a justification of the solution that is being presented. Couples rarely if ever argue over the appropriateness of the problem that they are trying to solve. They usually argue over solutions that they are trying to impose on each other without understanding the nature of the problem that the solutions are designed to solve.

It is easy to identify with the underlying problem that the patient’s behavior is trying to solve. For as long as I have been seeing patients, I have never discovered an inappropriate underlying problem that patients want to solve. It is only the solutions that are problematic. By communicating this to them, it is easier for them to feel more normal. I do not see people as broken so I have no need to fix them. They just need to find better solutions to the underlying problems.

While not seeing them as broken, I often find people being stuck. I will use many different ways to unstick their patterns. But it has to be fun for me to do it. And, since my dad taught me “If you’re working too hard, you are using the wrong tool,” it also has to be struggle free. Therefore, I usually boost other therapy modalities with hypnosis like with EMDR and Cognitive Behavioral Therapy (CBT). While straight

I do not see people as broken so I have no need to fix them. They just need to find better solutions to the underlying problems.

CBT can bore me to tears, using hypnosis and metaphors to let the unconscious do all the CBT work is fun. I even loan my patients an electromedical device to create an alpha state and quiet the chatter in their head. I love teaching easy five-minute meditation techniques for people who don’t have time to do meditation. I am a real fan of the mindfulness movement. Great stuff.

This is one of the things I enjoy about the Ericksonian approaches; it is not about techniques, it is about *perspective*. Just about any technique or school of therapy can be utilized. It makes me feel so alive learning new therapies. They are just more Legos® for my Expert Builder Set®. I do love this profession.

MB: Thank you, Dr. Landis, for a delightful, enlightening, useful, and memorable conversation!

For further information go to: www.ericksonian-imi.org.

¹See further: EIMI’s Double Hexagon Model of Systemic Medicine at Newsletter Vol. 27, n° 3, Winter 2007, pp. 5-6.



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