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THE MILTON H. ERICKSON FOUNDATION NEWSLETTER

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INTERVIEW

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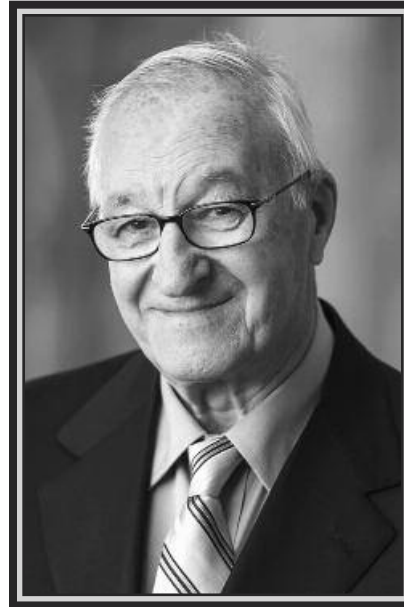
Albert Bandura

Interviewed by Jeffrey K. Zeig, Ph.D.

Albert Bandura was to serve as a keynote speaker at the Brief Therapy Conference (www.brieftherapyconference.com) in December, which was the impetus for this interview. Unfortunately, untoward circumstances will not permit his participation.

Jeff Zeig: You've been a great friend of the Erickson Foundation and have spoken many times at the Evolution of Psychotherapy Conference. And, you are now 90 years old.

Albert Bandura: Well, I have to practice what I preach, and I preach that you stay young by self-renewal and taking on new challenges. For example, when I wrote *Moral Disengagement*, published a couple of



months ago, I was extending social cognitive theory to the moral domain - and that was a whole new direction. I had the same excitement as when I was a graduate student. I was applying a theory of moral disengagement that was quite different from the traditional ones that put the emphasis on acquiring moral standards and moral reasoning, and on the assumption that once you commit yourself to a cardinal moral standard, it dictates your behavior. Well, that's not the case. That's only half the story -- and not the more interesting half. The interesting half is the motivational and self-regulatory processes that determine whether or not you're going to act on your moral standards. I focused on how you can disengage morality from your harmful conduct and also disavow responsibility from it so that you can behave in inhumane ways, but still feel good about yourself.

I applied it to the entertainment industry, gun industry, tobacco industry, to finance, capital punishment, terrorists, counter terrorists, and to environmental sustainability, because it's the most urgent problem facing hu-

mankind in this century. I had to inform myself about these different industries. Every morning I'd get up enthusiastically, look at the *New York Times* and read about all these evildoers. That kept me excited about what I was doing

Professor Sternberg wrote a review of it, and he began with a comment that when he was a youngster in New York City he used to watch a program in which the host always ended by saying, "Whatever goes up, must come down." And then he pointed out that the productivity of scientists beyond mid-life starts to decline. He said in the case of Bandura it just seems to keep going up.

JZ: I have a copy of *Moral Disengagement* and it's a fabulous book. Perhaps part of the subtext is that psychologists and psychotherapists should take a pro-social perspective, not just in an individual way, but in a more cultural way.

AB: Yes, because many of these issues have to be addressed on a larger scale. Take the pharmaceutical industry, for example. We have a lot of moral problems. We're drugging a lot of children, and we're pricing medicines so that people can't afford them

Many problems, such as spousal abuse, are anchored and rooted in broader cultural issues. Cross-culturally, societies with higher rates of rape have an ethic of moral domination; women are often treated as property. These problems have to be addressed not only at the individual level, but at the social level, because we're really treating the casualties of that social system and its norms.

I thought it would be interesting to analyze resistance to personal change as rooted partly in moral disengagement. Assume you have a husband who

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EDITOR'S COMMENTS

As an undergraduate in the early '60s, I worked at the Patton State Hospital Animal Research Lab, which was run by colleagues from the Yerkes and Skinner Laboratories. I was immersed in a highly focused behaviorist model that answered all the questions the experimenters presented. However, the model did not translate well for me in the real world; I had less-than-stellar results when I tried to apply these techniques on my younger brother.

Later, in my studies, Albert Bandura and his concepts in what he called the Social Learning Theory, kept coming up. Bandura's observations and assumptions redirected me onto paths that eventually led to Erickson and the fascination with what it means to be human. Bandura's expansion into Social Cognitive Theory helped integrate into new clinical models (which eventually included the mindfulness movement) the learnings I absorbed from Erickson and the cognitive theorists. In contrast with B. F. Skinner's belief that thinking only occurs in a "black box," Bandura placed human agency inside the box. You can therefore imagine how excited I am that the amazing and prolific Albert Bandura (interviewed by Jeff Zeig) is this issue's featured interview.

Also in this issue -- John Lentz's, *In the Spirit of Therapy* interview with John Norcross. With his pragmatic approach to therapy, Norcross has contributed to 400 publications and has written 20 books. His views on spirituality, in the context of therapy, are also pragmatic.

Continuing with the theme of pragmatism and practicality is Lentz's review of Michael Yapko's most recent book, *Keys to Unlocking Depression*; Ruben Battino's review of Yapko's, *The Discriminating Therapist*; and Kay Colbert's review of Robert Taibbi's book, *The Art of the First Session*.

To balance this, there are two Theoretically Speaking columns in this issue: *Toward a Mindfulness Achievement Model*, by Mark Carich, Zane Maus, and Lisa Brandon, and *A Note on Induction*, by Jeff Zeig. Zeig presents an expanded perspective on the Erickson's use of "indirection," or rather "orienting toward." Carich, Maus, and Brandon raise interesting



questions regarding our understanding and applications of mindfulness in today's clinical and research domains.

Although Thomas William Rhys Davids first translated the Pali word *sati* as "mindfulness" in the late 1800s, the initiation of the current mindfulness movement is often attributed to Jon Kabat-Zinn and his development in 1979 of the Mindfulness-Based Stress Reduction Clinic. Since Davids' original translation, definitions and applications of mindfulness have sparked lively debate. Through its myriad variations and iterations, it has become more than just a popular tool for therapists. For many, it is a gateway into deeper truths and discovery about what it means to be human. Several other reviews move further in this direction and promote the use of mindfulness approaches, including David Hargis's review of Tim Desmond's book, *Self-Compassion: Mindfulness-Based Practices for Healing and Transformation*; Kay Colbert's review of Devin Ashwood's book, *Mindfulness-Based Relapse Prevention for Addictions*; and Annellen and C. Alexander Simpkins' review of Carolyn Daitch's and Lissah Lorberbaum's, *The Road to Calm Workbook*.

The Simpkins also review Reid Wilson's, *Stopping the Noise in Your Head*, and John Lentz reviews Mary Helen Immordino-Yang's book, *Emotions, Learning and the Brain*. Both reviews mention practical and scientific concepts associated with the mindfulness movement.

For The Beginner's Mind column,

Richard Hill continues reviewing the epic, *The Collected Works of Milton H. Erickson*. In this issue, he reviews *Volume 6 -- Classical Hypnosis Phenomena, Part 2: Memory and Hallucination*, and it's an interesting read.

In several recent issues of the newsletter, relational, cognitive, solution-focused, addictive, mindfulness, neuroscience, and hypnosis elements have been addressed. These topics and

more will be brought into focus at the Brief Therapy Conference, December 8-11, 2016 in San Diego, California (www.brieftherapyconference.com). Please join me there. I promise, there will be much learning, great connections, and lots of fun.

Richard Landis
Orange, California

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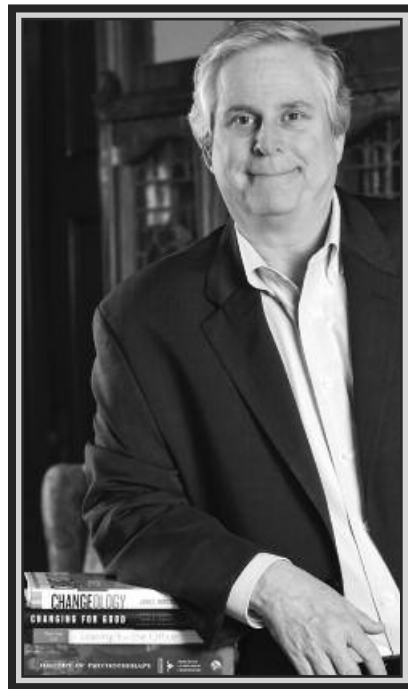
John C. Norcross, Ph.D., ABPP, author of *Changeology: 5 Steps to Realizing Your Goals and Resolutions*, is Professor of Psychology and Distinguished University Fellow at the University of Scranton, Adjunct Professor of Psychiatry at SUNY Upstate Medical University, a board-certified clinical psychologist, and an internationally recognized authority on behavior change and psychotherapy. Norcross has contributed to 400 publications and written 20 books that converge on self-change, psychotherapy, and professional training. Norcross has served as president of the American Psychological Association (APA) Division of Clinical Psychology, the APA Division of Psychotherapy, and the International Society of Clinical Psychology. He has also served as editor of the *Journal of Clinical Psychology: In Session* for a decade, and been on the editorial boards of a dozen journals.

Norcross has received multiple professional awards, including APA's Distinguished Career Contributions to Education & Training Award, Pennsylvania Professor of the Year from the Carnegie Foundation, the Rosalee G. Weiss Award from the American Psychological Foundation, and was elected to the National Academies of Practice. His work has been featured in hundreds of media interviews, and he has appeared multiple times on national television shows, such as the *Today Show*, *CBS Sunday Morning*, and *Good Morning America*. An engaging teacher and clinician, Norcross has conducted workshops and lectures in 30 countries. He lives in the north-east Pennsylvania with his wife, two grown children, and two grandchildren.

John Lentz: Since you are scientifically-minded, how do you view spirituality as a part of the effectiveness of the therapy you teach?

John Norcross: I view it in an integrative way. I teach that spirituality cannot be equated with religion. Think of spirituality inclusively as wishing the world well; the idiographic ways that we connect with others, nature, and ourselves. In this respect, spirituality is elemental and unique for each person – patient and practitioner.

For patients, assessing and accommodating spirituality demonstrably improves the success of their



John C. Norcross

psychotherapy. In *Psychotherapy Relationships That Work*, Everett Worthington, PhD, and colleagues conducted a meta-analysis on the outcomes of spiritually and religiously accommodative therapies versus secular therapies. The spiritual and religious accommodative therapies performed at least as well as the non-spiritual. In 11 rigorous dismantling designs, in which the spiritual and alternate treatments shared the same theoretical orientation, there was no difference in psychological outcomes, but there were differences in spiritual outcomes, favoring the religious and spiritually accommodative therapies. It is the wise – and more effective – clinician who personalizes therapy to these transdiagnostic patient features.

Practitioners who are passionate and committed, and who have a calling or mission, as Abe Maslow coined it, tend to be more effective and less prone to burnout than their colleagues. For many, a sense of spirituality fuels that commitment and mission. It is a form of service to the world, to others, and simultaneously to themselves. I hope that I teach and model to my students that form of committed spirituality.

There is nothing incompatible between science and spirituality. My clinical students are asked to memorize the course motto: Think with the mind of a scientist and feel with the heart of a humanist.

JL: How do you allow yourself to be refreshed spiritually?

JN: I suspect that it's more I'm proactive, rather than "allowing" myself, but I am a strong advocate of and frequent author on self-care. In *Leaving It at the Office: Therapist Self-Care*, Jim Guy and I devote an entire chapter to cultivating spirituality and mission. We are convinced that spirituality is an indispensable source of strength and meaning for the mental health professional. That's when I get into the flow – when work and pleasure become one.

At the office, spirituality manifests in a career versus a job as a calling -- in caring deeply for others, being committed to the client's growth and self-growth, and, when in the client's best interest, bringing that spirituality to practice. The work almost becomes transcendent; certainly a form of worship to whatever deities one honors.

Outside the office, we find spirituality in pursuing the ultimate questions that work cannot answer, and becoming a citizen-therapist. Something along the lines of tikkun olam – healing or repairing the world. I recommend Jeff Kottler's, *Changing People's Lives While Transforming Your Own*, an inspiring collection of therapists' stories on bringing about social justice.

One of the leitmotifs for my career development course for psychology majors is: "Let your life speak." It is a time-honored Quaker admonition, usually taken to mean, "Let the highest truths and values guide everything you do." That's what I aspire to when refreshing myself spiritually. That, and embarrassing myself by playing tennis and golf!

JL: What were the spiritual outcomes favoring the religious and spiritually accommodative therapies? What were the behaviors that showed this? And, have you seen that borne out in your work?

JN: Spiritual outcomes encompass an increased sense of connection to the sacred, closeness to nature, feelings of love and altruism, and spiritual wonder about creation or the universe. Many people experience their spirituality in the context of religion, in which case the meaningfulness of prayer, personal

devotion, and closeness to God serve as their touchstones.

These outcomes have also been borne out in my clinical work. About half of my patients describe themselves as religious and an additional 30 percent as spiritual. At the client's request, when we respectfully incorporate spiritual outcomes as another goal of psychotherapy, we witness steady progress toward them.

JL: What is one of the most spiritually memorable moments that you have had either as a teacher or therapist?

JN: That's a tough one. They tend to occur somewhat spontaneously and unexpectedly. Here are two that spring to mind. I was struggling with my son's decision to not pursue graduate studies and worrying, as parents do, about his future financial viability in the film and television business. A former client called and requested an emergency appointment; her young son had died of pediatric cancer. Her significant loss immediately silenced my worry and whimpering about a healthy, bright son's vocational selection. The patient became the teacher; it was a spiritual intervention. And, the patient reported feeling God's presence and grace in that and subsequent sessions.

A collective peak experience occurred in a seminar composed of graduating psychology seniors. One student reported in vivid detail his hiking and camping experience the previous weekend and his spiritual reawaken-

SPIRIT continued on page 11

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Substantial changes have been made in Volume 15. Please contact us and we will exchange a new volume for the old one.

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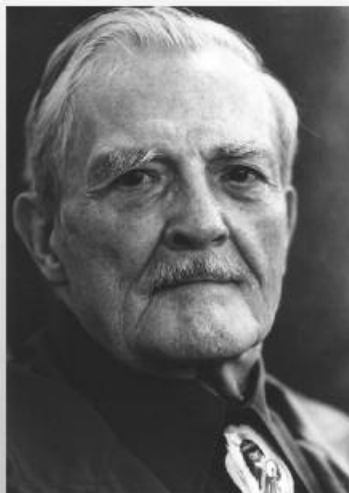
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THEORETICALLY SPEAKING

Toward a Mindfulness Achievement Model

By Mark S. Carich, Ph.D., Zane Maus, B.A., and Lisa Brandon, B.A.

During the last decade, mindfulness has become popular in the mental health field. Along with meditation and hypnotic techniques, it can theoretically be traced back to Gestalt (Reeds, 2015). Applications of mindfulness include calmness, creativity, effectiveness, and connection (Reeds, 2015), as well as specific therapeutic applications (Burdick, 2013).

Today, there is confusion about the definition of mindfulness and its relation to hypnosis or trance states, meditation, basic rest cycles, dissociation, and relaxation. The purpose of this article is to further refine the definition of mindfulness and related states of the mind. Mindful states can be viewed as a multilevel phenomenon, thus broadening the definition.

Mindfulness Defined

Mindfulness is typically defined as focused attention with suspended judgment (Burdick, 2013) and acceptance of the immediate present reality or experience (Reeds, 2015). Reeds states, "It is the practice of being aware in the present moment." (p. xi) Also, "Mindfulness can be defined as the ability to be present with your experience without judgment. It is the capacity to witness your thoughts and sensations with curiosity during both ordinary moments and dramatic ones...your awareness of the here and now." (p. xvi) It is "the opposite of being on autopilot, where we are unaware of our moment-to-moment experiences." (Colbert, 2015, p. 10) Mindfulness can be viewed in terms of multiple levels and pathways, which may share similar characteristics, but differ in depth.

Focusing on a selected stimulus creates a dissociative state or response. On one level, a dissociative state is a sense of detachment, while on another level one's consciousness remains in external reality (O'Hanlon, 1987; Yapko, 1995). The authors' position is: at a higher level, the mindful state can involve qualities of dissociation, relaxation, meditation, the ultradian basic rest cycle, and hypnotic states. These are pathways, which can be used to reach a mindful state.

A hypnotic reality or trance state is an intense focus on a particular stimulus due to an intervention or experience, which often creates a suspended state from immediate awareness (ASCH, 1973; Carich, 1990a & 1990b). Individuals go in and out of trance states throughout the day, for example, they may "zone out," daydream, fantasize, or recall memories. Trance states can be attained through many of these pathways, leading to a specific awareness of the stimulus presented.

Relaxation states can share common elements with both dissociation and hypnotic phenomena because they are psycho-physiological and responses are slowed (Edgette & Edgette, 1995). Brown, Marquis and Guiffreda (2013) consider relaxation a measurable result of the practice of mindfulness and a potential change mechanism for stress-related disorders, but they do not see mindfulness as a relaxation technique.

Meditation is another form of dissociation in which one focuses on a selected stimulus. This state is characterized by peaceful relaxation, which generates a slowing down of psycho-physiological processes. While Reeds (2015) contends mindfulness and meditation are not identical states, Wolf and Serpa (2015) assert that mindfulness is a form of meditation. The authors propose that at a higher level, they are, in fact, a similar state of mind, which is why further definition is needed.

The ultradian, or basic rest cycle, occurs throughout the day at 90 to 120-minute intervals in which the mind and body require relaxation in order to rejuvenate (Rossi, 1993). Erickson referred to this as a trance state, often used as a window of opportunity to access the unconscious and unconscious process. (Carich, 2004; Erickson, Rossi & Rossi, 1976)

The outcome of each particular pathway may result in a mindful state. Due to similarities of the outcome, each pathway can be beneficial in reaching a mindful state, as long as it's accepted by the individual. If accepted, deeper levels of mind-

fulness are possible. Certain characteristics are present at each level, which aid in achieving a more mindful state. (see Table 1)

Building Toward a Multilevel Construct

A mindfulness state, as suggested by Richard Landis (personal communication, October 14, 2015), is a hypothetical construct that can be defined in terms of degrees of the depth of intensity or multilevel phenomena. A proposed range of intensity and/or depth could range from simple, immediate awareness at the lightest level, to deep somnambulistic trance states, as described by Erickson in Kroger (1977) and Edgette & Edgette (1995).

The authors have arbitrarily divided mindfulness into four stages, or levels, based on characteristics described in the levels of dissociation. The punctuated or demarcated levels include simple focusing, and light, medium, and deep stages (displayed in Table 1).

Multi-Levels of Mindfulness – Table 1

Level 1 – Simple Focusing

- Basic focusing on selected stimuli
- Awareness of the present moment without judgment
- No time frame

Level 2 – Light Stage

- Basic relaxation
- Eye closure
- Deep breathing
- Basic imagery
- Increased fixation on stimulus or stimuli
- Basic dissociative responses (sense of detachment)
- Minimal speech
- Slowing of muscular activity
- Daydreaming in which one's attention begins to drift
- Non-sleep dream state
- Basic ultradian rest cycle
- Creation of a dissociative response
- Recalling memories, creating a dissociative experience
- Becoming simply sidetracked
- Fantasizing and/or futuristic fantasy

Level 3 – Medium Stage

- Complete absorption and focus
- Obliviousness to current surroundings
- Cataleptic response (immobility or rigidity of limbs)
- Focused on stimuli while oblivious to current or immediate surroundings
- Hypnotic suggestibility
- Pseudo time distortion
- Hypnotic head or arm levitation
- Partial amnesia
- Post-hypnotic suggestions

Level 4 – Deep Stage

- Complete absorption and focus
- Obliviousness to current surroundings
- Total amnesia
- Hypnotic hallucination
- Age regression (going backward in time or memories)
- Age progression (going into one's future; experiencing one's future as it has happened)

SPEAKING*continued from page 6*

- Post-hypnotic suggestions (more bizarre)
- Total catatonic response or immobility of one's body

Conclusion

The phenomena discussed are hypothetical constructs in attempts to describe behaviors and characteristics. Each of the described states -- dissociation, relaxation, hypnotic or trance states, basic rest cycle or ultradian states, and mindfulness -- appear to have similar characteristics. Some common features include:

- Absorption (to some degree)
- Focus or concentration on selected stimulus or stimuli
- Obliviousness to immediate surroundings
- Creation of detachment from one level; creation of attachment at another
- Creation of an information-bound context or state
- Being in a non-judgmental state, unless otherwise directed
- An existence of multilevel phenomena involving intensity depth

It is hypothesized that at a certain level each state holds similar psycho-physiological properties or responses. Confusion may arise when mental health professionals inconsistently use different terms and language to describe or discuss the same phenomena. More specifically, Burdick (2013) maps out some of the neurological processes involved in mindfulness. It is proposed that right brain hemispheric functioning or circuitry is accessed, which represents the dissociative and unconscious process (Lankton & Lankton, 1983).

Mindfulness is a complex construct resembling a variety of phenomena, including or involving imagery, basic rest cycles, relaxation, deep breathing, meditating, and hypnotic states. Many complex constructs are better explained by looking at vertical or horizontal increment levels viewed as degrees on a continuum of intensity. Mindfulness seems to be open to a single definition and interpretation, thus lacking depth. Depth is based on characteristics of mindful states, as well as the above-related phenomena. Given the underlining assumptions that the mind-body is connected in a holistic way, the authors suggest further research using brain analysis patterns and physiological activities to show differences in brain activities in corresponding to levels of depth.

The authors also propose research to establish common grounds among the states and a study that would use brain research and behavioral protocols of each state and selected subjects, in which each of the phenomena could be assessed, such as utilizing brain waves reactivity with corresponding behavioral protocols. The result would demonstrate that there are not only multiple levels of mindfulness, but also multiple pathways to reach mindful states.

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THEORETICALLY SPEAKING

A Note on Indirection

By Jeff Zeig

There has been significant research comparing indirect techniques with direct techniques. Because there are many lenses that can be found on the floor of philosophical universe issues, a perspective on direct versus indirect suggestions can be analyzed from different frames of reference. Here's a personal analysis of indirect versus direct techniques, beginning with an orientation on techniques.

In the field of medicine, algorithms can be applied and there can be decision trees about techniques. Medicine is also more of a physical science than a social science. Physicians have at their disposal techniques needed to promote health.

The practice of hypnosis is a social relationship that cannot be based solely on techniques. Perhaps it is apocryphal, but Gregory Bateson once said: "If you kick a rock, you can compute the velocity, acceleration, and trajectory. But if you kick a dog, it's a whole different story," which precisely illustrates the difference between physical systems and social systems

Hypnosis relies on heuristics rather than algorithms because it is a social relationship. Heuristics are simplifying assumptions -- orientations that often provide adaptive responses. They are not just techniques.

Classifying indirection as a technique has limited value. Indirection is a heuristic -- a strategic orientation that is designed to promote a class of response. When the desired response is to be more or less autonomous, indirection is the orientation of choice. Dissociative (autonomous) activity is central to hypnosis. An image, alteration of sensation, or movement such as arm levitation can "just happen." And in order for it to happen, dissociation must be prompted by arranging a context.

One should not offer a client undergoing an induction a direct suggestion, such as, "Now you can dissociate."

If you want a person to laugh, you must use humor. Think of the purpose of a joke. A joke is the context for humor to "just happen." Now think of the purpose of art. The artist -- novelist, painter, choreographer, or poet -- orients the recipient of the art to realize a change in emotion, mood, or perspective. In order to do this, the artist "orients toward."

It would be an epistemological error to think that Milton Erickson used indirection solely as a technique. Rather, he created an orientation from which an autonomous action could "just happen." The field of social psychology is replete with research that demonstrates how people respond autonomously without necessarily understanding the cue that caused the response, and sometimes without understanding the response itself. An autonomous response is part of human evolutionary sociobiology.

It is also an epistemological error to compare direct and indirect suggestion without understanding that each has a unique strategic purpose. When I teach about Erickson's work, I minimize the idea of "indirection." Instead, I suggest to students that Erickson entered a state of "orienting toward," similar to the way in which an artist strategically promotes a theme by connotation rather than denotation.

And so I will end with a joke: What's the difference between heaven and hell? In heaven they tell jokes. In hell they explain them.

Jeffrey K. Zeig, Ph.D.

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CASE REPORT

A Poultice for Inflamed Lungs

by Ruth N. Dart

Eric Greenleaf phoned me at the hospital where I was being treated for extensive pneumonia. He offered practical suggestions for dealing with the hospitalization and insurance, which I found reassuring, because the whole middle-of-the-night emergency room experience had been frightening and disorienting. Eric suggested that I work on a "poultice" for the traumatized part of my lungs.

I had frequent spasms of coughing and pain, so thinking about a poultice came naturally. I was surprised that the image I conjured up had such clarity and meaning. I knew immediately where an application of the poultice would lead. During the previous month, after I recovered from trauma I experienced in Oakland, I was able to glimpse the potential -- the actual possibility -- of moments of peace and safety. It might be possible to spend an evening at home actually *feeling* at home -- safe inside while the dangers of the neighborhood were kept outside. And, it might be possible to wake up in the morning feeling safe and at peace. A poultice for the pneumonia inflammation must have the direct benefit of belief in the possibility of moments of peace and safety.

As I visualized the poultice, it became clear what temperature and colors it was, and was not. It should not generate heat, not even the gentlest warmth. It was not red, orange, or yellow. There was a Van Gogh print on the wall of the hospital room that had the right color combination: teal, lavender, blue, and white. I began to apply the emerging image whenever I had respiratory panic or pain. I didn't push too hard; I just allowed the suggestion of it to happen at my own chosen intensity.

When a doctor or nurse checked in on me I became outspoken -- how treatments felt, what I thought would help and what would not help. They listened and seemed appreciative of the input. Surprisingly, the poultice was not just for me, but way of working

with the people who wanted to help me. It was also a way of distinguishing those who wanted to help from those who wanted to harm. This was an important distinction as I had recently been abused by a soulless bureaucracy. Doctors and nurses, I came to realize, were not the police.

During one poultice imagery sessions, I recalled, yet again, details of my interaction with my boyfriend on the way to the emergency room. I told him that I could remain vertical for only about 10 seconds, and when the taxi came, I would walk to it, and then need to quickly lie down on the back seat. The taxi arrived, and as I stood up to walk, my boyfriend decided that he immediately needed my insurance card. Already feeling dizzy, I told him to look in my checkbook, and then he proceeded to have a fit about the way it was organized: "The filing system in your checkbook is *ridiculous!* Can't you organize any better than this? I was running out of vertical time and thought the ridiculous thing was him having a bookkeeping discussion with his girlfriend who could barely stand and was gasping for air!

However, while imagining the poultice, I began to recognize my boyfriend's fear. His primary way of keeping himself and those he loves safe is to gather prodigious amounts of information and then marshal it in a determined way. What he was really saying when he fussed about my checkbook was the same thing he inferred in the emergency room: "I didn't take good enough care of you." Suddenly, this became so obvious to me that I was no longer angry with him; I was touched.

When we finally arrived home from the hospital after 11 days, I asked my boyfriend, "Remember what I said about you looking at my checkbook and commenting on the filing system?" He nodded, looking wary. "Well," I continued, "I'm not angry about that anymore. I think it was rather sweet of you to get so excited about my filing system." He smiled and said, "Of course it was!"

The suggestion for a poultice was put to good use.

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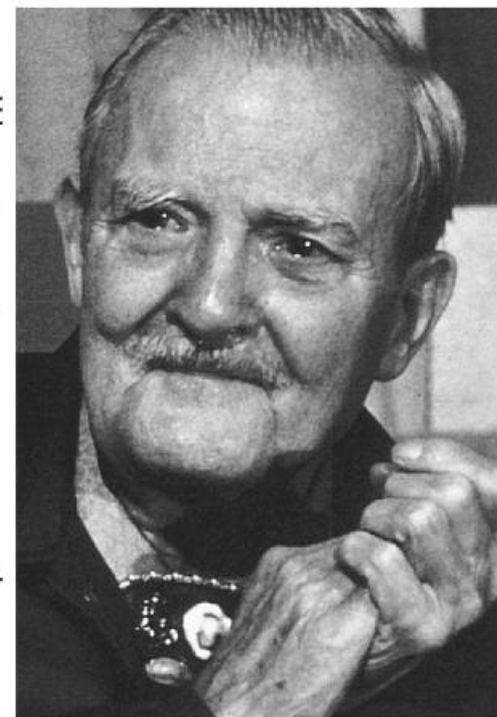
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NEWS

Foundation Offers “Artistry” in Several Languages

“The Artistry of Milton H. Erickson, MD,” recently premiered in France with closed captioning in French. Artistry is the 1975 videotape filmed by Herbert Lustig that captures Erickson in some of his greatest therapeutic moments with two patients, Monde and Nick. Artistry is often used as a teaching tool because it’s considered some of Erickson’s finest work.

The Milton H. Erickson Foundation now offers Artistry in English, French, German, and Chinese (simplified and traditional) at: <https://catalog.erickson-foundation.org/bundle/artistry-languages>. It will soon be available in Spanish, Italian, and Portuguese.

Foundation volunteers from countries outside the U.S. were helpful in making Artistry available in foreign languages.

Kayleigh Vaccaro Visits Brief Therapy Venue



A Room with a View: Town and Country Resort in San Diego

In mid-June, Kayleigh Vaccaro, the Foundation’s Meeting, Faculty and CME Coordinator, visited San Diego for one last pre-planning visit before the Brief Therapy Conference December 8-11 and stayed at the Town and Country Resort where the conference will be held. “I toured the expansive property to get a refresher of the layout of the meeting space and guest rooms,” Kayleigh says. “I also toured the guest rooms in the Regency Tower, Royal Tower and Garden area, ate chilaquiles for breakfast at the Terrace Cafe, enjoyed one of the three pools on the property, boogie boarded at Mission Beach, and snorkeled at La Jolla Cove; both beaches are no more than a 10-minute drive from the resort.”

The Foundation staff looks forward to welcoming Brief Therapy attendees in December at the Town and Country Resort.

Foundation Welcomes Volunteers from Germany

By Marnie McGann



Foundation Volunteers, Sven Fritze and Olivia Wagner

In June, the Foundation welcomed two young graduate students— Olivia Wagner and Sven Fritze – who volunteered approximately a month before the Intensives. As of this writing, they are both taking three weeks of Intensives, and will then attend the Master Class. The couple is studying psychology at the University of Bielefeld in Germany.

Sven became interested in hypnotherapy, and served as an apprentice at the Erickson Institute in Germany. He met Jeff Zeig in 2015 at a workshop, “Advanced Techniques in Hypnotherapy,” at Bad Kissingen –one of the biggest hypnotherapy conferences in Germany. “I liked Jeff’s style of working and his empathic way so I asked him if there was way of working with him and he invited me to the Foundation in Phoenix.”

“I wasn’t interested in hypnosis then,” Oliva says. “I was more into theater therapy and I worked with refugees who had PTSD. At one point, I was so stressed I took classes in mediation and mindfulness-based stress reduction and began to recognize the power of imagination. I knew from my studies that hypnotherapy is effective for pain, relaxation, obesity and other issues. Jeff wrote Sven, ‘If you know anyone else who wants to volunteer and go to the Intensives you can bring them.’ I decided then to go.”

The couple worked on home study forms for Pioneers of Psychotherapy and the Couples Conference and will also work after the Master Class. “We’re learning a lot,” Sven says, “because you see the most important people in psychotherapy in action.”

“We are impressed with the archives,” Olivia says, “and the people at the Foundation are nice and enthusiastic about what they’re doing. We like to come here in the morning.”

Sven is one of the founders of *Helden Verein*, the Hero Society in Germany. “We are working to prevent cyber-bullying. We do indoor/outdoor tasks and have a lot of reflective methods. We want to integrate. For us, it’s not about the bully but the bystanders, because they have a stronger effect on the victim.”

After working at the Foundation, Sven and Olivia will leave Arizona and explore the western part of the U.S. from California to Seattle. Then, it’s back to Germany to finish their master’s degrees.

An Empirical Validation of Ericksonian Therapy

By Jeff Zeig

Scott Miller is advising the Milton Erickson Foundation about using his research model to demonstrate that Ericksonian therapy can be shown to be an empirically validated treatment. In order to accomplish this study, Scott and I will work together to create a document, listing core competencies of an Ericksonian model. The list will allow for the creation of a protocol that can be empirically validated. A principal researcher is needed to spearhead this project, and we will also eventually need 10 experienced Ericksonian therapists who are willing to use the core competencies with 10 patients over the course of four sessions. The measures that will be used with patients are the same that Scott uses to research his model of feedback-informed treatment. The scales that patients complete during the course of treatment are easy to use; they are not time-consuming. The scales have the additional benefit of helping clinicians immediately improve their treatment choices.

Erickson's Canoe Diary Now Available

The Milton H. Erickson Foundation now offers free-of-charge a website to view Erickson's handwritten Canoe Diary and "The Trip," 13 pages of commentary written by Erickson about his adventure.

At 18 years old, shortly after graduating from high school, Milton Erickson developed polio. Although he was near death, he recovered and entered his first year of college. Before his second year, the dean of the University of Wisconsin suggested that Erickson do something to gain physical strength. Because his legs were significantly weakened, Erickson decided to take a summer canoe trip to build upper body strength. Three years after the polio, beginning June 14, 1922 and ending August 27, he undertook this adventure alone because his original plan to travel with a friend fell through.

He began in Lake Mendota, outside of Wisconsin, and eventually wound up in the Mississippi River. Total miles travelled: 1,200, and by the end of the trip, Erickson's strength had increased so much that he was able to paddle against current and carry his canoe.

Throughout his journey, Erickson kept a meticulous journal of his adventures, referred to as the Canoe Diary. Students are now able to study one of the formative experiences in Erickson's life and Ericksonian practitioners can glimpse even further into the early life of Milton Erickson.

To view the Canoe Diary and "The Trip," please visit:

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SPiRiT

continued from page 4

ing. We were awestruck by his description and thereafter the entire class, me included, said nothing for about five minutes. Each individual was immersed in feeling his or her own connection with nature and the earth. I had never before in my teaching career had such a moment of spiritual connection. We left class that day feeling powerfully lifted and cosmically rejuvenated.

JL: In your books, you are respectful of others and generous in

how you address their work. You also use quotes that highlight others' work.

JN: Thank you for those kind words. In truth, it comes easily because I have been blessed with so many wonderful mentors and gifted coauthors in my research and clinical interests. It would take pages to acknowledge them all. They have proven to be a gift, so highlighting their contributions seems natural.

HypnoKairos: A New Webzine

By Franck Garden-Breche, MD

HypnoKairos (www.hypnokairos.com) is a new webzine that connects therapists who wish to share knowledge and experiences.

In mid-April, 2016, I had an idea to unite luminaries and professionals throughout the world who practice myriad types of hypnosis and brief therapy and begin an online conversation about different experiences, training, culture, and concepts. Dr. Erickson said that hypnosis should create a space for creativity. He was also known for offering experiences. We hope HypnoKairos will be an experience too.

HypnoKairos was born on May 6, 2016 in St-Malo (France) during the 6th "Hypnosis and Pain" International Congress organized by Dr. Claude Virost, director of the Emergences Institute, Rennes, France. Our editorial board includes Richard Gagnon (Quebec), Kenton Kaiser (Belgium), Jean-François Marquet (France), and I serve as editor. We have a scientific committee with 36 world-renowned hypnosis practitioners in charge of specific themes, such as acute and/or chronic pain, acute and/or chronic disorders, psychiatry, odontology, and maternity. Also included are top-ranking partners on each continent and health professionals/authors -- all motivated to share their practices, experiences, and encounters. Each paper presented on HypnoKairos will be approved by an international scientific committee and will be a source of inspiration.

To enable readers to experience hypnosis, HypnoKairos will also offer demonstration videos, interviews, forums, conferences, and keynotes from congresses. This year, HypnoKairos is free-of-charge to members; in 2017 it will be offered at a low price. To become members, individuals, institutes, or societies are required to accept our code of ethics.

HypnoKairos is a fountainhead for exchanging ideas; a way to share information among the scientific community of hypnosis, and brief and solution-focused therapies. Researchers will have a dedicated space to present their discoveries in neuroscience; clinicians will have an opportunity to present and exchange their views about their practices; and up-and-coming therapists in the field can express themselves.

To submit papers, videos, or interviews send to: publications@hypnokairos.com. Announce upcoming events (workshops, master classes, congresses, etc.) on our home page (special prices for members) at: informations@hypnokairos.com Please direct questions to : contact@hypnokairos.com. Currently, HypnoKairos is offered in English and French. It will be presented in German, Spanish, and Italian soon.

A special thanks to our friend Bertrand Piccard, MD of Solar Impulse (www.solarimpulse.com). He helped to diminish our doubts. Everyone said it was impossible to go around the world by plane using only using solar energy. And, what many don't know, is that he used hypnosis to facilitate his voyage. One could say about him: "Believing is succeeding." With the help of his team, he did it. A life lesson that humbles us and this is something we definitely need with our patients and peers.

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Couples Conference 2016 Highlights

By Ellyn Bader

The Couples Conference, May 12-15, 2016, co-sponsored by the Milton Erickson Foundation and held in San Francisco, was huge success with more than 700 attendees. The theme for this year's conference was "Integrating Attachment, Differentiation, and Neuroscience Therapy." Each day, the focus was on one area with keynotes, workshops, and panels.

Day one of the conference was on neuroscience. Helen Fisher described the three brain systems involved in romantic love and the different combinations of hormones/transmitters directing them. Helen likened romantic love to a natural addiction, with some characteristics being: focused attention/motivation to win the partner, euphoria, and insomnia. She cautioned not to make significant life decision when caught in love's spell. Helen concluded from her research that the human animal is wired for serial pair bonding and clandestine adultery.

Dan Siegel surveyed the audience to drive home the point that most of us never learned a definition of "mind" in our education, even though we are trained mental health practitioners. He defines the mind as an emergent, self-organizing process that regulates the flow of energy and information within and between our bodies and our relationships. Siegel posits that a healthy mind integrates and links differentiated parts in way that is flexible, adaptable, coherent, and stable.

My favorite part of Dan's talk was his emphasis on how relational integration (between partners) stimulates brain integration! And important conclusion from Dan's presentation is that when partners allow themselves to be influenced by the other's experience they are simultaneously doing something powerful for their own development.

Stan Tatkin's keynote focused on how he expects couples to protect each other and avoid threatening their relationship with unrealistic demands or innuendos about ending the relationship. He demonstrated three types of therapeutic intervention: 1. Cross tracking: When talking to one partner, watching the varied nonverbal reactions in the other (body posture, skin

tone, gesture, facial expression, etc.) 2.) Cross questioning: Asking one partner what the other thinks, or about how the other will react. 3.) Cross commenting: Saying something to one partner that is meant for the other partner.

By using these interventions, Stan trains partners to pay attention and care how they are affect each other.

Day two of the conference, the focus was on differentiation. I set the stage for understanding differentiation, explaining that in thriving relationships, partners are able to express their thoughts, feelings, wishes, and desires. With more solid differentiation, partners will be able to use their awareness of the other to make better decisions about how they function.

In her discussion of infidelity repair, Ether Perel described the two different realities that are front and center for each partner. For the affair partner, it is usually about growth and expansion; for the betrayed partner, it's about loss and betrayal. Successful repair requires each partner to listen, understand, and respond to the other's reality.

Ether recommended the betrayed partner asking these questions of the affair partner:

- What did the affair mean to you?
- Did you feel guilty?
- What did you discover about yourself in that relationship? How did you feel about it?
- Did you discover new parts of yourself or recover lost ones in that relationship?
- Are there parts of yourself that you want to bring into our relationship?

Terry Real demonstrated differentiation using examples of being direct and holding up a mirror to self-defeating behavior. He also stressed the importance of the therapist's authenticity.

Sue Diamond Potts and I did a workshop on Addiction and Self-Absorption with a focus on self-absorbed partners developing greater other-differentiation. It takes significant awareness of the other to get outside the bubble of self-absorption.

Self-absorbed partners don't:

- Listen without interrupting
- Ask other-directed questions
- Show genuine curiosity
- Delay gratification
- Understand their partners in light of the partner's history

One strong leverage point of couples therapy is the desire to keep the relationship. This provides the therapist the ability to create tension for growth. Sue demonstrated this by presenting an addiction case with a couple in ongoing recovery; this couples did not have solid differentiation. Sue asked the wife to ask her husband: "Do you feel I am giving as much as you are in our relationship?" He answered, "No, not really." There was significant tension in the room, which led to an honest discussion between the husband and wife.

By perseverance and not folding in the face of tension, Sue enabled the couple to have a differentiation-based conversation in which the wife became interested in her husband's fears that were holding him back from expressing more desires with her.

An incisive question, asked at the right time, can propel a couple forward if the clinician doesn't fold when things become tense.

Because I am traveling to Africa now, I have not written about the highlights of the third day of the conference. However, I intend to, so please periodically check my website: www.couplesinstitute.com/ for my blog on day three of the Couples Conference 2016.

Next year, the Couples Conference is March 31-April 2 in Manhattan Beach, California.

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CONFERENCE NOTES

The American Association of Marriage and Family Therapy (AAMFT) is sponsoring their annual convention September 15-18, 2016 in Indianapolis, IN. Sessions and workshops will be announced soon. For information contact AAMFT, 112 South Alfred Street Alexandria, VA 22314-3061; Tel, (703) 838-9808; Fax, (703) 838-9805; Web, www.AAMFT.org

The Society for Clinical and Experimental Hypnosis (SCEH) is holding the 67th Annual Workshops and Scientific Program: *The Future of Clinical and Experimental Hypnosis in the Era of Healthcare Reform*, October 6-10, 2016. The meeting will take place at the Hilton Boston/Dedham (Dedham, MA) and nearby William James College (Newton, MA). SCEH offers introductory, intermediate and advanced level workshops and include demonstrations and/or practica or other experiential components led by leaders in the field. For complete information contact SCEH, web: <http://www.sceh.us/2016-conference>; Email, info@sceh.us; Tel, 617-744-9857; Mail, 305 Commandants Way, Commoncove Suite 100, Chelsea, MA 02150-4057.

The Brief Therapy Conference, sponsored by The Milton H. Erickson Foundation, will be held December 8-11, 2016 in San Diego, California. Current faculty include: Connirae Andreas, Steven Frankel, Stephen Gilligan, John Gottman, Harriet Lerner, Lynn Lyons, Cloe Madanes, John Norcross, Scott Miller, Bill O'Hanlon, Christine Padesky, Erving Polster, Wendel Ray, Ernest Rossi, Kathryn Rossi, Ronald Siegel, Stan Tatkin, Michele Weiner-Davis, Reid Wilson, Michael Yapko, and Jeffrey Zeig. For information including online registration go to www.BriefTherapyConference.com or contact the Erickson Foundation, Email, support@erickson-foundation.org; Tel, 602-956-6196; Fax, 602-956-0519; Mail, 2632 E Thomas Road, Suite 200, Phoenix, AZ 85016.

The American Society of Clinical Hypnosis (ASCH) will hold its Annual Scientific Meeting and Workshops, March 18-21, 2017, at the Hyatt Regency Phoenix, Phoenix, Ariz. Information will be available in coming months online: www.asch.net For information and questions contact ASCH: Tel, (630) 980-4740; Fax, (630) 351-8490; Email, info@asch.net.

The Couples Conference, sponsored by The Milton H. Erickson Foundation, Inc. with organizational assistance by The Couples Institute, will be held March 31-April 2, 2017 in Manhattan Beach, Calif. Information and registration will be available this fall: www.CouplesConference.com To add your name to a list to receive more information contact the Erickson Foundation: Email, support@erickson-foundation.org; Tel, 602-956-6196. Or sign up for the Erickson Foundation Email list and receive information as soon as it is available: www.Erickson-Foundation.org

The XIV European Society of Hypnosis (ESH) Congress will be held August 23-26, 2017 in Manchester, United Kingdom. Hosted by the British Society of Clinical and Academic Hypnosis (BSCAH). Information about the Congress is available on the Congress website: www.esh-hypnosis.eu

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UPCOMING TRAINING


DATE	TITLE / LOCATION / LEADER	CONTACTS
2016		
8/14-21	Master Class and International Hypnosis Workshop / Mexico City, MEXICO / Jeffrey K. Zeig, Ph.D.	1.
9/8-11	Dental Hypnosis / Berlin, GERMANY / Zeig	2.
9/ 12-15	Master Class in Brief Psychotherapy / Vienna, AUSTRIA / Zeig	3.
9/16-17	Advanced Techniques in Psychotherapy / Rottweil, GERMANY / Zeig	2.
10/2-6	Metaphors Inspired by Nature: Ericksonian Psychotherapy Outdoors (Expedition) / La Paz Baja California Sur, MEXICO / Master Matilde Cervantes Navarrete (Founder Erickson Institute La Paz), Lela Sankeralli (Eco Educator)	4.
10/17-21	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Fundamental</i> / Phoenix, Ariz. / Brent B. Geary, Ph.D.; Zeig; Lilian Borges, M.A., LPC	5.
10/24-28	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Intermediate</i> / Phoenix, Ariz. / Geary, Zeig, Borges	5.
10/29-11/1	Phoenix Master Class / Phoenix, Ariz. / Zeig, Invited Presenters	5.
11/10-13	Intensive Supervision Workshop in Ericksonian Clinical Hypnotherapy - Master Class / New York City, NY / Zeig	6.
11/16-17	Masters of Therapy / Cologne, GERMANY / Zeig	7.
11/19-20	Utilization Approaches to Therapy / Bad Lippspringe, GERMANY / Zeig	8.
12/8-11	Brief Therapy Conference / San Diego, Calif / Invited Faculty	5.
2017		
1/19-22	Intensive Supervision Workshop in Ericksonian Clinical Hypnotherapy - Master Class / New York City, NY / Zeig	6.
1/25-28	Intensive Supervision Workshop in Ericksonian Clinical Hypnotherapy - Master Class / Boston, MA / Zeig	9.
2/24-26	Master Class and International Hypnosis Workshop / Mexico City, MEXICO / Jeffrey K. Zeig, Ph.D.	1
3/6-10	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Fundamental</i> / Phoenix, AZ / Geary, Zeig, Borges	5.
3/13-17	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Intermediate</i> / Phoenix, AZ / Geary, Zeig, Borges	5.
3/31-4/2	Couples Conference / Manhattan Beach, CA / Invited Faculty	5.

CONTACT INFORMATION:

- 1) For information: Email, sandrafreedom_3000@hotmail.com
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- 4) For information or to reserve a place on the expedition contact: Lela Sankeralli, Tel (250) 655-1915; Email: lela@panterra.com ; Website: www.panterra.com; Mail, 9601 Sixth Street, Sidney, BC, Canada, V8L 2W1 Or contact Matilde Cervantes, Instituto Milton H Erickson La Paz, Email: hola@venydescubre.com.mx
- 5) The Milton H. Erickson Foundation: 2632 E Thomas Rd, Ste 200, Phoenix, AZ 85016 6500; Tel, 602-956-6196; Fax, 602-956-0519; Email, support@erickson-foundation.org ; Web, www.erickson-foundation.org; Intensive Training Program & Master Class: www.erickson-foundation.org/training
Brief Therapy Conference: www.BriefTherapyConference.com
- 6) For information: Email, [Stacey Moore: sjmtjm@msn.com](mailto:stacey.moore@msn.com)
- 7) For information: Email, info@familie-luetz.de
- 8) For information: Email, www.hypnose-dgh.de

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 2016 December issue (mailed early December) is October 3, 2016. All workshop submissions are subject to approval by the Erickson Foundation. For more information, please contact Karen Haviley: karen@erickson-foundation.org Online Ad Rates/Specifications at: www.erickson-foundation.org



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BOOK REVIEW

The Discriminating Therapist: Asking "How" Questions, Making Distinctions, and Finding Direction in Therapy

By Michael D. Yapko, Ph.D.

Yapko Publications
Fallbrook, CA
2016
163 pages

ISBN 978-0-9910796-3-6

Reviewed by Ruben Battino, MS, Yellow Springs, OH

The Discriminating Therapist is a groundbreaking book that teaches "discriminating" therapists to switch from "why" to "how" questions in guiding clients with decisions; helping them out of being stuck to finding realistic solutions to their problems. In a sense, this is treatment without interpretation. Yapko asserts, "One good 'how' question can bring into sharp focus what the person *doesn't know* that is hurting him or her." He helps clients discover what they don't know and leads them in making realistic decisions.

The book is in three parts: Part I -- Discrimination Strategies as a Framework for Strategic Therapies; Part II -- Experiential Deficits and the "How" Question; and Part III -- Twelve Key Discriminations.

Global cognitive style refers to the quality of over-general thinking that leads people to either understate or miss altogether some of the most salient details of some circumstance

Part I offers the background for this type of work, and Chapter 2 provides details on the global cognitive style, which the author believes underlies the most common problems people experience. Yapko explains: "Global cognitive style refers to the quality of over-general thinking that leads people to either understate or miss altogether some of the most salient details of some circumstance." (p. 17) And, "The things we don't know about are, by definition, the things we approach globally in our thinking." (p. 19) He contends that good discrimination statements help clients effectively answer the question, "Should I do this or should I do that?"

The opening statements of a client named Mary were, "I don't trust men. I really want to be in a good relationship, at least I think I do." Yapko's response: "*How do you know* whether a man should or should not be trusted?" In this case, other "how" questions could be: "How do you decide...?" "How did you determine that...?" "How did you come to the conclusion that...?" "How did you convince yourself that...?" This book contains much information to quickly move the client forward to resolving his/her difficulties.

The appendices are lists and tables compiled from the material covered in the book. Appendix A lists 38 discrimination questions. Here are a few examples:

How do you distinguish...:

- ...what you want from what you need?
- ...realistic from unrealistic goals?
- ...when to be proactive from when to be reactive?
- ...when it's being careful from when it's being overprotective?
- ...when to comply with a demand from when to resist it?

- ...what sounds plausible from what's actually true?

Appendix B is a summary table that offers detailed lists of primary issues. For each issue, the author provides examples of client statements, the relevant discrimination "how" question, and criteria for that issue. The primary issues covered are: 1.) Examples of Client Statements 2.) Discrimination "How" Question 3.) Criteria for Controllability 4.) Responsibility 5.) Risk 6.) Trusting Your Feelings (or Not) 7.) Is It Personal? 8.) Expectations 9.) Boundaries 10.) Self-Care or Selfish 11.) Holding On or Letting Go 12.) Tolerance 13.) Limitations 14.) Self-Disclosure. This is an extensive guide to applying the material in the book.

This book is a paradigm shift in how to organize one's initial approach to a client, and it encourages therapists to think and evaluate how they might work with clients. It can change the way you work.

BOOK REVIEW

Keys to Unlocking Depression: An Internationally Known Depression Expert Tells You What You Need to Know to Overcome Depression

By Michael D. Yapko, Ph.D.

Yapko Publications,
Fallbrook, California
ISBN 978-0-9910796-2-9
2016
134 pages

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

Michael Yapko's most recent book, *Keys to Unlocking Depression*, is not only a good resource for clients, but also a wonderful read. Even if you are experienced in dealing with depression, this book is valuable. It's filled with thought-provoking quotes or tidbits of wisdom about life and dealing with depression. For example, the quote by Abraham Lincoln: The best way to predict the future is to create it.

Oftentimes, if a book is too simple, it can be insulting to clients. But, if it's too complex, it's not as useful. Yapko has impressively struck a balance and created an amazing resource for clients.

The 134-page book is divided into four parts, has a section of final thoughts, two appendixes, and a subject index. The first section includes foundational information about depression because understanding depression is helpful to get beyond it. In this section, the author dispels myths about depression, including that it's genetic, explaining that depression can be a normal, natural reaction to life's stressors.

The second section is about personal skills needed to overcome depression. It includes how mood can alter memory, and how a goal without steps is just a wish.

The third section offers skills to manage depression. Being selective about who you open up to regarding your problems, especially depression, is recommended. The author even addresses how to reduce guilt so that one becomes clear about personal responsibility.

In the fourth part, readers learn how to seek outside help, how to wisely choose a mental health professional, and how hypnosis and mindfulness can help.

In the conclusion, the author offers a list of simple things to do that can make a difference. Also included is a section about reducing anxiety.

I loved this book because of its usefulness and wisdom, and believe readers will too.

BOOK REVIEW

The Art of the First Session: Making Psychotherapy Count From the Start

Robert Taibbi, LCSW

W.W. Norton & Company, Inc.
2016

978-0-393-70843-1
hardcover, 226 pages

Kay Colbert, LCSW, Dallas, TX

Modern psychotherapy is changing for both the consumer and therapist. Clients are seeking rapid resolution of symptoms and do not want to spend months or years in counseling. Also, insurance companies are less willing to pay for longterm therapy. Potential clients are using internet searches to look for therapists, and are better informed about their symptoms and treatment options.

Robert Taibbi is a frequent writer on consumer mental health. His most recent book, *The Art of the First Session: Making Psychotherapy Count From the Start*, focuses on how therapy can be more productive and successful, beginning with the first session. Taibbi offers specific advice to clinicians on how to shape and guide the first session for maximum results, no matter what the clinician's theoretical approach. The first appointment is essential to building the therapeutic alliance and helping the client feel better.

This book is an excellent resource for the clinician going into private practice, or for someone looking to streamline assessments. The tone is chatty and direct, with clear and specific suggestions and case examples. The seven chapters include advice on critical first-session skills, goals, action steps, and first-aid. There are also techniques for working with couples and families. The last chapter discusses skills to keep the momentum going in the second and third sessions.

Taibbi first presents, "tracking the process," which means not getting bogged down in the content of the client's story, but instead focusing on the process of how the relationship between you and the client develops. Taibbi compares the clinician to a salesperson. Therapists must quickly build trust and affinity, soothe anxiety or concerns about the process, and pay close attention to verbal and non-verbal cues to see if the client is in agreement. The second critical skill is how to change the emotional climate of the session so that the client feels better at the end. Specific techniques to do this include creating shifts by focusing on opposite emotions, encouraging detailed language about emotions, reframing problems, providing education, and being unafraid to ask the difficult questions.

An initial treatment plan is part of this first session, with goals and tasks formulated for three sessions. What will be the focus of the treatment? What homework will be assigned? How will you know when you are done? Is the client in agreement?

Taibbi breaks the initial session down into opening, middle, and ending segments, and details about what should be happening in the first 10 minutes, the next 10 minutes, and so on. Suggestions are offered for dealing with a resistant, ambivalent, or inhibited client, as well as what to do with someone in crisis, or having an emotional breakdown.

The chapters on working with couples and families offer practical advice on how to have a tightly structured first session and adroitly steer clients toward positive change. The final chapter discusses goals and challenges of the second and third sessions, including why some clients may drop out of treatment. This close examination of the process is useful for the novice clinician inexperienced in one-on-one sessions. It may also be a good self-check for the seasoned therapist seeking to be more goal-oriented.

BOOK REVIEW

The Beginner's Mind

The Collected Works of Milton H. Erickson

Volume 6 – Classical Hypnotic Phenomena, Part 2: Memory and Hallucination

Edited by Ernest Lawrence Rossi, Roxanna Erickson-Klein & Kathryn Lane Rossi

Milton H. Erickson Foundation Press

Phoenix, AZ

394 pages

Review by Richard Hill, MA, MEd, MBMSc, DPC, Sydney, Australia

This second volume about hypnotic phenomena addresses various forms of hallucination and altered perceptions. Memory, visual, aural, and time distortion in hypnosis prove to be a true test of our sense of reality.

Each subject in this compilation is fascinating, and there are also deeply insightful comments about the way Erickson practiced hypnosis, which is juxtaposed to the chapter by Stephen Lankton, who endeavours to describe the Erickson "model," which he calls the "Basic Footprint." (p.345)

We are reminded how Erickson would actually "...utilize resistance and a subject's own memories" (p.3) because "He does not analyze or discuss the subject's negative set as a 'faulty attitude' or 'resistance.' Instead he arranges circumstances that permit the negative set to discharge itself fully..." (p.6) Erickson would encourage someone who claimed to be non-hypnotizable to fail in some set task, which released them from having to resist the next and still maintain their conviction. Memory is a vital element to mentalizing. "For Erickson, it is the subject's real-life 'experiential learnings' rather than imagination per se, that are the raw material of hypnotic experience." (p.11)

The idea that the subject's or client's natural and personal experiences are key to productive hypnotherapy arises several times throughout the text. "Your words are not putting anything into patients; they are just stimuli tripping off programs already present..." (p.18) This reflects the client-centered and client-responsive approach that emerged in luminaries, such as Carl Rogers. Erickson knew that "...the hypnotic state is an experience that belongs to the subject..." (p.19), "...the role of the operator is no more than that of a source of intelligent guidance." (p.20)

Rossi describes Erickson as a "genius of utilization," (p.25) but we need to think about the meaning of utilization. Rossi also describes Erickson as a genius of observation. Combining these, utilization might be described as a response to observation where the observation provides the therapist with the "suggestion" of how to resolve the client's needs. A wide scope of therapeutic skill is important for the therapist, but many processes need to be tempered with sensitivity. In the chapters on sensory and perceptive alterations and shifts, we witness Erickson's genius of observation and sensitive response/utilization across a wide range of clients.

Part I explores memory and hallucination, and Part II looks at color hallucinations and other alterations of visual phenomena, which I found fascinating. I was also drawn to comments on the importance Erickson placed on utilizing natural qualities and personal frames of reference, for example, the one by Rossi: "...no one other than Erickson in the entire history of hypnosis...has made such extensive efforts to understand an individual subject's own frame of reference and particular motivations and then ingeniously utilize these to facilitate profound hypnotic experiences." (p.36)

Part III seamlessly shifts from visual phenomena to auditory processes. This volume is an excellent organization of Erickson's papers. It's like being taken on a private tour without any need to double back or jump from one place to another. Quite an extraordinary feat over 16 volumes!

Part IV is concerned with an interesting aspect of hypnotic phenomena – time distortion. As each chapter explores the nature and effect of time distortion in hypnosis, it becomes apparent that time is not a fixed perception. I have witnessed the inability of clients to accurately assess the period of time they have been in hyp-

MIND continued on next page

notic trance. And, I have had dreams in which the imagery spanned days, even weeks, and yet I was actually only in a relatively short period of REM sleep. There is a clear discrepancy between "...world time and the subjective or experiential time..." (p.213) The general waking trance state of "flow," as described by Mihaly Csikszentmihalyi, is also characterized by a sense of timelessness. Erickson certainly wonders and invites us to wonder "What constitutes subjective reality?" (p.209)

Part V moves into an exploration of hypnosis research. It is important to know what is being researched and the difficulties in framing the highly subjective nature of hypnotic processes. In the research on hypnotic anaesthesia, a patient under general anaesthesia reported being aware of the operating room, while at the same time enjoying a fishing trip at a lake. Erickson commented, "I regard hypnotic techniques as essentially no more than a means to asking your subject (or patient) to pay attention to you so that you can offer them some idea which can initiate them into an activation of their own capacities to behave." (p.308).

This indicates that hypnosis is less manipulation and more a means to access the patient's own natural abilities, inclinations, and needs. The process is all about the patient. Stephen Lankton's chapter, "A Basic Footprint of Milton H. Erickson's Process of Change," provides a framework for conducting reproducible research that can be translated into other areas of life.

The final chapter is a paper on the Rossi Creative Psychosocial Genomic Healing Experience. and the current psychosocial genomic research which seeks to reveal the actual gene expression that occurs during a hypnotic process. It's as if one is catapulted into an episode of Star Trek. We are suddenly able to see how far we have come in research.

This volume addresses variability – of realities, perception, sight, sound, and time. After reading it, I pondered what is and what is not, and also, my momentary functional existence in the subjective compared to the objective view. I am challenged by Erickson to reflect deeply on the workings of my inner self.

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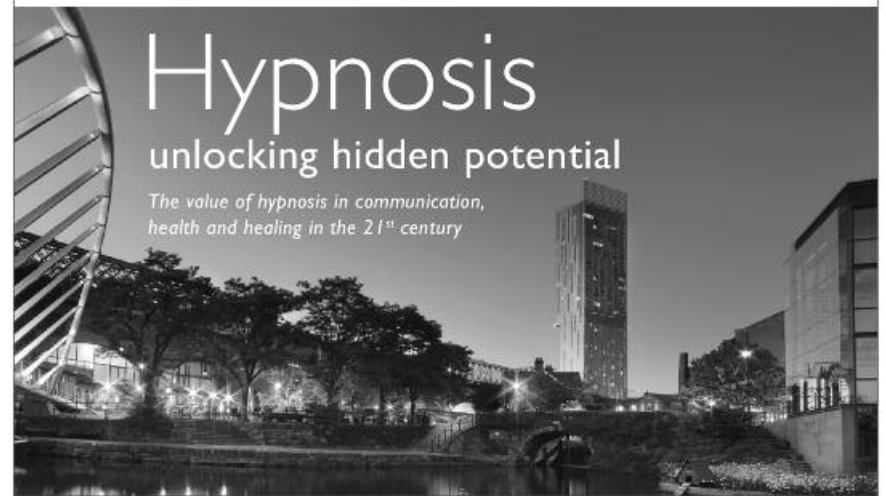
Putting the pieces together.

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BOOK REVIEW

Stopping the Noise in Your Head: The New Way to Overcome Anxiety and Worry

Reid Wilson, Ph.D.

Health Communications, Inc.
Deerfield Beach, FL
2016
978-07573-1906-8
375 pages

Reviewed by Annellen Simpkins, Ph.D. & C. Alexander Simpkins, Ph.D., San Diego, CA

Reid Wilson, who has specialized in OCD and anxiety for many years, shares his successful methods with those afflicted with these disorders in his most recent book, *Stopping the Noise in Your Head*. Wilson writes in a friendly, sympathetic, and humorous voice that enlists confidence and camaraderie as he discloses his own battles with worry, and in order to teach definite techniques, he shares many client cases.

Along with two introductory chapters and appendices, the book is divided into three parts. Wilson introduces the premise of his approach in Chapter 1: Worry can serve a positive purpose when it motivates us to do something. But when worry gets out of control, it can lead to debilitating anxiety. In Chapter 2, Wilson encourages readers to think of their struggles as a competition that requires strategy, like for example, boxing or chess.

Part One lays out several of Wilson's premises, which at times may seem paradoxical. Instead of expecting to rid themselves of discomfort, people must be willing to accept it. The reader learns about the fear pathway and the role of the amygdala, and Wilson offers a common sense perspective on the neuroscience underlying anxiety.

Part Two presents the strategy in four parts. In the "Step Back," Wilson distinguishes the two aspects of worry as signal and noise, and his perception is excellent. A worry signal represents something that needs to be addressed, but worry noise is concerned with things that can't be fixed. Wilson offers different strategies to stop engaging in the noise, such as learning to take an abstract step away and moving toward what is frightening. Another aspect of the strategy is that it's not about what seems to be the content of the worry. Therefore, problem identification is key. One of the chapters artfully enlists Newton's Laws of Motion: Since an object in motion stays in motion, the only way to change a worry pattern is to take strong action against it. The section ends by teaching how to find a peaceful moment, drawing on mindfulness, biofeedback, and relaxation.

"Want It" encourages readers to develop a strong desire to defeat anxiety, and then step forward, even though they feel they can't. Sometimes this involves provoking the symptom and deliberately handling it, as illustrated with Mary, a case Wilson weaves throughout the book. Acceptance is developed in a humorous way in a chapter titled, "A Profound Experience with a Toilet." Wilson also delves into the neuroscience of engaging the prefrontal cortex to overcome habituation and calm the amygdala.

"Step Forward" teaches how to seek challenge by taking an Olympic attitude, even though there might be failure. Sometimes we need to lower our standards, and then compete hard anyway.

The final section, "Be Cunning," enlists the trickiness of Brer Rabbit to outwit anxiety, by acting as though you *can* do something; talking to your anxiety and welcoming doubt.

Using the guidelines of strategy laid out in the book, Part III, "Make Your Play," helps readers to see beyond the looming obstacles to the other side.

OCD requires treatments that are different from traditional therapies, and Wilson has developed innovative methods that work. We have used many of these techniques successfully and highly recommend this book.

BOOK / CD REVIEW

The Road to Calm Workbook: Life-Changing Tools to Stop Runaway Emotions

By Carolyn Daitch & Lissah Lorberbaum

W. W. Norton & Company, Inc.
2016

210 pages
Audio CD with 36 guided exercises
ISBN: 978-0-393-7084-1-7

Reviewed by Annellen M. Simpkins, Ph.D. and C. Alexander Simpkins, Ph.D.
San Diego, CA

The Road to Calm Workbook is a clear, well structured, and organized guide that can help those who suffer from emotional flooding. Emotional flooding can emerge in anxiety, depression, and anger, which the book carefully addresses with specific exercises. Each chapter includes self-assessment worksheets, and most offer clear exercises to follow.

Part I: Understanding Emotional Flooding, explains how anger, fear, and sadness can manifest and provides case examples. The authors point out that these emotions are important, protective, and motivating, however, when overly strong, they become a problem. They explain the triune brain, and help readers to understand how healing can take place in the midbrain-forebrain disconnect that happens in emotional flooding. Common disorders of anxiety, depression, and anger are also described in more detail in Chapter 2, and Chapter 3 covers conflict in relationships that can trigger highly charged emotional reactions. The charts help readers to identify their personal triggers.

Part II: The Road to Self-Regulation, lays out a clear system to follow. First, the authors teach daily stress inoculation to help people lower their general stress level. The simple exercises are: eye rolling, fist tightening, and focusing on breathing. The accompanying CD leads readers through these exercises with a hypnotic quality that adds depth and power to the descriptions in the book.

Then comes the STOP solution -- the nuts and bolts of the approach that offers clients the tools they need to prevent emotions from taking over. Briefly stated, S represents scanning through thoughts, feelings, behaviors, and sensations; T is to take a timeout; O is overcoming initial flooding with fast-acting interventions; and P puts 12 tools into practice. There are many helpful techniques in this book, drawn from the best of cognitive therapy, mindfulness, and hypnosis. And, the audiotape includes every technique, artfully led by Daitch.

The authors help clients to personalize the techniques by providing advice, charts, and surveys so that they can learn about their unique ways of expressing runaway emotions. Does the client worry, experience panic, feel lonely, or intolerant of bodily discomforts? Or, do they feel hopeless, frustrated, or experience explosive anger? A suggested tool set is offered for each, along with charts that identify the statements people often tell themselves.

Applying the STOP solution to managing relationships is covered, with many of the common ways these feelings are expressed, such as feeling abandoned, betrayed, controlled, criticized, judged, shamed, defeated, hopeless, or feeling resentment or a lack of empathy from others. It is obvious that experienced clinicians have created this method, which addresses the nuance of emotion associated with different problems.

As Ericksonians who value addressing the individuality of every client, we often see limitations in overly systematic approaches, which simply address the conscious mind and ignore the unconscious. However, this workbook, while artfully offering specifics clients can rely on to make good use of the conscious mind, also provides creative ways to address each person uniquely. And, in listening to the audio CD, it is clear that hypnosis is woven into many of the techniques to subtly activate unconscious processing, which is so important in overcoming deep emotional problems. We highly recommend this workbook, which offers clients tangible techniques to follow, while also indirectly utilizing suggestion and trance.

BOOK REVIEW

Self-Compassion in Psychotherapy: Mindfulness-Based Practices for Healing and Transformation

Tim Desmond, LMFT

W.W. Norton & Company, Inc. 2015

ISBN: 978-0-393-71100-4

242 pages (hardcover)

Also available as an eBook

Reviewed by David L Hargis, Ph.D., McKinney, TX

When reading a professional book, I look for three things. First, does the author add to my theoretical knowledge and understanding in the field of psychotherapy? Second, are there practical ways in which to apply what has been presented? And third, is there something in the book that can be applied to personal growth? Tim Desmond offers all of these in his most recent, well-written book, *Self-Compassion in Psychotherapy: Mindfulness-Based Practices for Healing and Transformation*.

Over the past two decades, there has been an increased interest in mindfulness, as both a focus of research and a tool in therapy. In the last few years, the concept of improved self-compassion appears to be replacing improved self-esteem as a goal of therapy. From the viewpoint of someone trained as a therapist and who has also studied with Thich Nhat Hanh, one of the world's leading Zen masters, Desmond brings these together in a practical way.

The premise of this book is that increased self-awareness and self-compassion

can be effective in relieving everyday suffering. Desmond demonstrates how this can happen with a variety of issues, even with serious disorders, such as post-traumatic stress disorder or schizophrenia.

Desmond describes mindfulness and self-compassion in a way that is useful for the neophyte or well informed. He carries those descriptions into a discussion of the neuroscience and research involved in these processes.

In Chapter Three, Desmond presents concepts, and supports them with examples and transcripts from case studies. He then explains what he was thinking and experiencing that led him step-by-step through the work. I found this helpful in building my own practice. At the end of many sections is a summary of the concepts or steps, which can be used as checklists for practice, or as simple reminders of content for contemplation.

I was impressed with Desmond's creativity in integrating ideas from many approaches with Buddhist beliefs. He uses both body and thought mindfulness to explore the "parts" of the person which may be the source of the problem, calling this "Modular Constructivism." He explains how we have many psychological parts and that we create stories to make sense of our experiences. Sometimes these stories get in our way. I believe a case can be made that these are related to Ego State Therapy, inner child work, or re-parenting. There are also elements of hypnosis, cognitive restructuring, and Gestalt therapy present in his work.

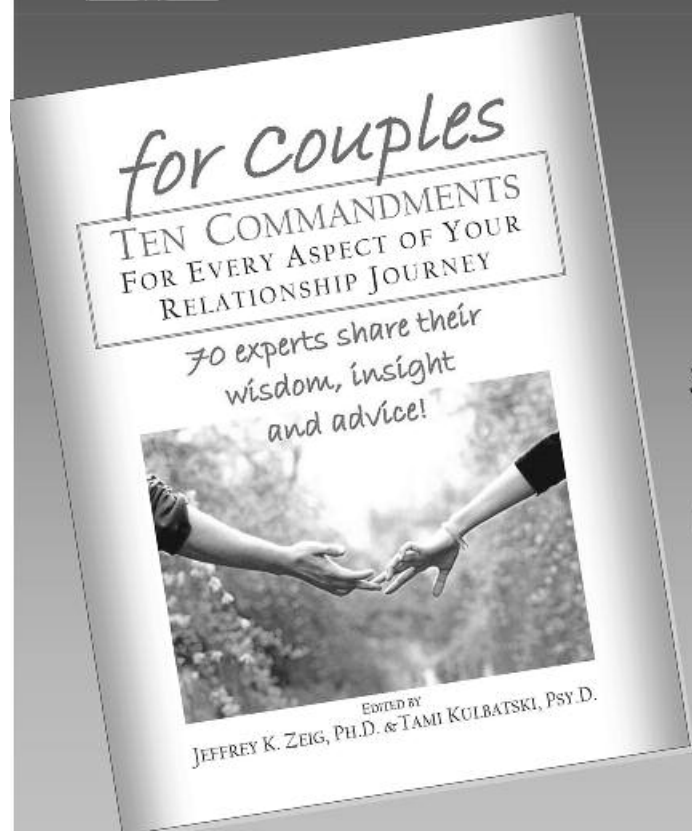
Desmond's case studies wonderfully demonstrate not only a straightforward way of working with clients, but also how to work past the defenses the client uses to maintain their "story." He presents excellent ways to help the client become aware of their suffering, find the resources to face it, and use self-compassion as a means for letting it go.

I highly recommend this book for practitioners at any level. The ideas apply across the board from client's to therapist's mental health and wellness.



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VIDEO REVIEW

Mindfulness-Based Relapse Prevention for Addictions Volumes I and II

Devin Ashwood with Sarah Bowen, Ph.D.

Vol I

ISBN-10 #: 1-60124-469-X

One hour, nine minutes

Vol II

ISBN-10 #: 1-60124-471-1

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Reviewed by Kay Colbert, LCSW, Dallas, TX

In this two-volume, three-hour recording, the Mindfulness-Based Relapse Prevention (MBRP) program is presented by British therapist and mindfulness teacher, Devin Ashwood, with assistance from researcher, Sarah Bowen. MBRP was developed in 2010 by Alan Marlatt, Sarah Bowen and others at the University of Washington Addictive Behaviors Research Center. It is a treatment approach for individuals in recovery from addictive behaviors. MBRP is based on Jon Kabat-Zinn's eight-week Mindfulness-Based Stress Reduction group protocol and uses many of the same exercises. MBRP was designed as aftercare for those who had completed initial treatment for any type of addiction. The MBRP program goals are to develop mindful awareness of an individual's triggers and reactions, to help clients learn to navigate discomfort skillfully, to encourage a nonjudgmental and compassionate attitude, and to build a lifestyle that supports mindfulness and recovery.

Sarah Bowen is an Assistant Professor in Psychiatry at The University of Washington and coauthor of *Mindfulness-Based Relapse Prevention: a Clinician's Guide* (Guilford Press, 2010). Ashwood is currently working with Bowen to deliver a version of MBRP compatible with rolling admission treatment programs. The video uses actors as clients and Ashwood is the group leader.

It is cautioned in the video that this is not MBRP training, rather it's informational. Familiarity with mindfulness and MBRP, however, is necessary to understand the video content, as there is little introduction.

The first video vignette is a real-time body scan, which is a common exercise in mindfulness-based programs. With MBRP, the body scan focuses the client on physical sensations, which can be particularly useful in addiction prevention. The urge to engage in addictive behaviors can often be detected physically before the chain of thoughts that can lead to relapse. Intermittently throughout the video, Ashwood provides commentary on the exercise, deconstructing it and explaining the purpose of the experience, and offering suggestions for the clinician as leader. The video also shows the group leader (Ashwood) leading a question-and-answer session after each exercise. Ashwood models nonjudgmental moderator skills and demonstrates how to encourage feedback in this method, which is markedly different from typical support group facilitation. Volume I also includes a group discussion on the participants' reactions to their daily practice of mindfulness-based activities, as well as the Walking Down the Street exercise, and inquiry session.

Volume II includes additional background information. Bowen and Ashwood

explain current knowledge of addictions and relapse and standard treatment models. They describe how MBRP combines Western cognitive behavioral treatment approaches with mindfulness to specifically address cravings and triggers. The Urge Surfing approach -- a central concept of MBRP -- is diagrammed and shown in portrayal. Other exercises demonstrated include the Mountain Meditation, the Sober Breathing Space, Compassion Meditation, and a closing exercise. Ashwood provides helpful explanations along the way and detailed commentary on what the client may be experiencing, or what the clinician's goal should be at a particular point. Video 2 ends with Bowen talking about current clinical trials and research. In two recent MBRP trials, clients maintained their treatment goals over a longer period of time, compared to treatment as usual.

Volume II provides a background, and Volume I demonstrates the program in action. This video is an excellent supplement to the addiction counselor who is learning MBRP and wanting to enhance group presentation skills.

BOOK REVIEW

Emotions, Learning, and the Brain: Exploring the Educational Implications of Affective Neuroscience

By Mary Helen Immordino-Yang

W.W. Norton & Company, Inc.

ISBN 978-0-393-70981-0

2016

206 pages

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

Emotions, Learning, and the Brain is a well written book with a gold mine of information. It offers research that clinicians and teachers can use to become more effective in helping clients learn new ways to solve problems and discover paths to generate change. I have already taught two classes from the information I gleaned from this book. Although this book is composed from papers the author wrote for scientific journals (four papers coauthored), she has effectively written it in a readable style. The tone and information offered is consistent throughout and the writing is seamless, including the parts that were coauthored.

This 206-page book contains 10 chapters, an index, and endnotes. Part of what I liked are the amazing facts presented about learning, for example, in the chapter, "We Feel, Therefore We Learn." The obvious nod to Rene Descartes' famous line is intended -- and that's the whole point. This chapter provides evidence that emotions are foundational to learning and confirms that the separation of mind and emotion was a never true concept, and was at best, misleading. One chapter offers the perspective through analysis of poetry. Another documents how two boys who had half their brain removed learned, and continued to thrive, even though the accepted theories of the time implied they wouldn't be able to speak or learn in the ways they did. Another chapter demonstrates how admiration for virtue provides a powerful learning tool. And in another chapter, perspectives combining neuroscience, social learning, and digital learning explore future possibilities.

Emotions, Learning, and the Brain provides useful information that can be adapted as tools for both clinicians and teachers. I recommend it because it stimulates exciting possibilities.

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INTERVIEW*continued from page 1*

is engaging in spousal abuse. Well, that man has to live with himself about beating up someone. If one were to do a moral disengagement analysis it would probably show displacement of responsibility; it's the wife's fault. There would also be minimization of the beatings. The abuser has to live with himself, and to do this he would use mechanisms of moral disengagement. But once he does, there's little incentive to change because it's displaced elsewhere.

JZ: We have an incredible capacity to justify our own absurd behavior.

AB: That's right, and once you do that, that's a major source of resistance to change. In the case of smoking: a half a million people die annually. We have heavy smokers and hardcore cases where it's difficult for them to change. But they're also confronted with a moral problem: secondhand smoke, which affects their family.

They have to justify to themselves why their smoking is not having harmful effects on the family. It would be interesting to analyze the disengagement mechanisms by which they continue to smoke; knowing it's harmful and still retaining a positive self-regard.

JZ: In your book, you talk about eight different ways that moral disengagement happens.

AB: I demonstrate the general visibility of the theory. It doesn't make any difference whether you're dealing with capital punishment, the gun industry, or entertainment industry, eight basic mechanisms apply to all our basic social systems. The problem we have in our field is that because of ethical and social reasons, we can't create the phenomena in a way that we can test our theory; we have serious constraints in trying to establish causation. We're prohibited, for example, to assign kids randomly to different conditions to determine under what

We're prohibited, for example, to assign kids randomly to different conditions to determine under what conditions a psychopath or schizophrenic is produced.

conditions a psychopath or schizophrenic is produced. We have to rely on converging evidence from diverse methodologies.

Let me illustrate this in the case of televised violence. We can't research children intensively over a long period of time. So the most persuasive method is controlled experiments, but we have limits as to what we can show kids. We can study the lesser influences. There is some information we can get through experimentation, but we're studying the weaker forms of influence. So now it would be correlational. Are kids who watch a lot of television

more aggressive? Does exposure to violence produce aggressive kids, or are aggressive kids attracted to violence? Is it bidirectional, or is it an artifact of a higher order causation? Maybe kids who are in more social classes are more aggressive and attracted.

Then, you could have controlled field experiments -- studies with kids in residences where some are exposed to violence and others are not. You could measure the extent in which they're aggressive in their everyday life and that could be persuasive. But here again, there's limitations.

INTERVIEW continued on next page

Psychoaerobics

AN EXPERIENTIAL METHOD TO EMPOWER THERAPIST EXCELLENCE



Jeffrey K. Zeig



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2015 / 240 pages / Paperbound / Illustrated
ISBN 978-1-932248-70-8 / \$27.95

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INTERVIEW

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Finally, you have natural experiments. The broadcast industry produced a movie called "The Domsday Flight" in which an extortionist explains that there's a bomb on a plane that's leaving for Europe and it will explode if the plane descends below 5,000 feet. When this movie was shown I wrote to the FAA and found that there were a bunch of extortion attempts called into airports. In some cases, they paid the extortionist only to find that there was no bomb, including one in Australia where a plane was leaving for Hong Kong and the movie was on Australian television a couple of days before. The extortionist said he placed a bomb on the plane and he actually built one and put it in a locker. They decided this guy was for real, so Qantas paid him \$400,000.

If you put all this together, a pretty clear picture of evidence develops where these different sources converge. When I wrote *Moral Disen-*

agement, I realized that in much of our research we combine people's scores and then we aggregate them. So in my book I say that we need to intensively study moral disengagement behavior as it's occurring in the context and occurring naturally. I had all the internal documents of companies – memos, internal documents, testimony before Congress -- and I named those who confronted certain kinds of situations in the way in which they were morally disengaging. This is getting at causation -- at the root -- as it was occurring naturally in a particular context. I used people's own words and actions as they occurred. In *Moral Disengagement* there is no correlation, no laboratory research. Instead, I cite and document the mechanisms of moral disengagement. This is the kind of book that was meant to be read by the general public to try to influence our public policy.

I had to explain there are three

That was one of the attractions of the social cognitive theory -- it was readily applicable not only to individuals but also to social change.

ways in which you judge the theory. The first is its explanatory power. But that's easy. Freud had a theory in which he could explain everything, but it didn't do much.

Secondly, its predictive power, which is better. But you can predict without knowing why things are happening. In the final analysis, society judges the works of a field by the knowledge it can provide for effecting individual and social change. That was one of the attractions of the social cognitive theory -- it was readily applicable not only to individuals but also to social change.

JZ: You've written a brilliant and important book. I hope that it

gets the wide circulation it deserves. But, some of our readers might not understand the definition of social cognitive theory. Since you're the founder of the theory, do you have a summary?

AB: Yes. The social part means that we need to embed our theory in social processes. And the cognitive part indicates that a great deal of our behavior is influenced by thought processes. Social cognitive theory is an agentic theory of human behavior. By agentic I mean it's founded in the notion that we have the capacity to effect change in the course of events and in our own future partly by our own ac-

INTERVIEW continued on next page

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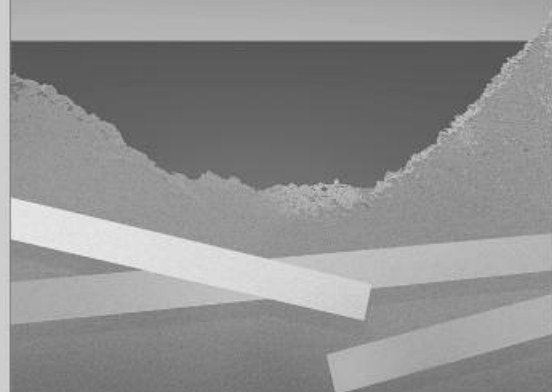
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INTERVIEW

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tions. This theory puts the emphasis on the mechanisms by which we are able to act as agents, not only individually but also collectively.

JZ: And one of the main concepts is self-efficacy.

AB: Yes. Unless you believe that you can effect change by your behavior there's no reason why you would engage in it or persevere in the face of difficulties. Whatever other factors may serve as guides and regulators, and they are rooted in the core belief that we have the capability to effect change.

JZ: So is self-efficacy an avenue of moral engagement?

AB: That's right, and in *Moral Disengagement* I extend that to the exercise of moral agency. In the theory, I present an analysis of the belief system. Is it global, or is it linked to domains of functioning? Secondly, how do you build it? I list five ways in

which you could build a sense of efficacy. There are four ways in which beliefs in efficacy affect behavior. First, it determines whether you take an optimistic or a pessimistic view; whether you take a self-enhancing or a self-debilitating view. That's the cognitive part. Second, you have the motivational effect. Mainly, it determines what kind of challenges and goals you select and your persistence in the face of set-backs and adversity. Third, it affects your emotional life and your vulnerability to stress and depression. And finally, most importantly, it determines the choices you make at clear or important choice points. Because those choices would branch you into a given life path.

I also expanded the idea of agency and all the philosophical and psychological treatises. They all focus on individuals. I point out that there are three sources of agency. First is the individual --and that pretty much covers

In the book, I present this as an example of proxy agency. It's an agentic theory in the context that it's gone against theories along the way.

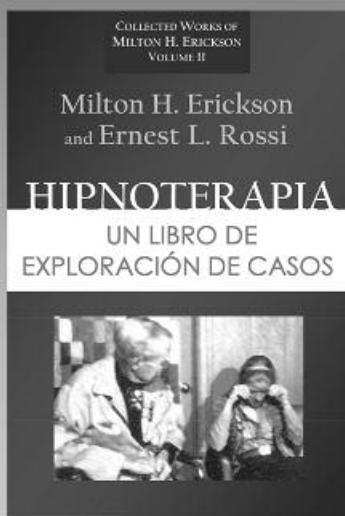
the area in which we can command direct control. But there are many areas of life in which we have to rely on other sources. The second is proxy agency – to what extent can you influence other people to act in your behalf? Children, for example, have their parents; students have teachers; and workers exercise control through unions. The third form, which is important, is collective advocacy. Namely, in order to effect change you have to combine competencies and work together. And by extending agency to collective agency, social cognitive theory is now compatible, not only with individualis-

tic societies, but also with collective societies, such as the Japanese society. It's extending the notion of agency, and then in proxy agency in the corporations. In corporations there's a lot of outsourcing; they aren't the ones producing stuff. They're outsourcing for someone else to be the agent through cheap labor and you don't have any restrictions and there's environmental degradation. In the book, I present this as an example of proxy agency. It's an agentic theory in the context that it's gone against theories along the way.

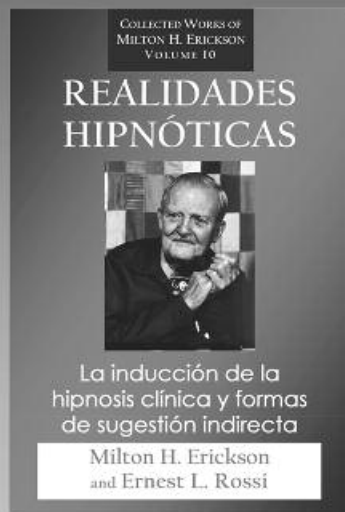
For example, in behaviorism, you
INTERVIEW continued on next page



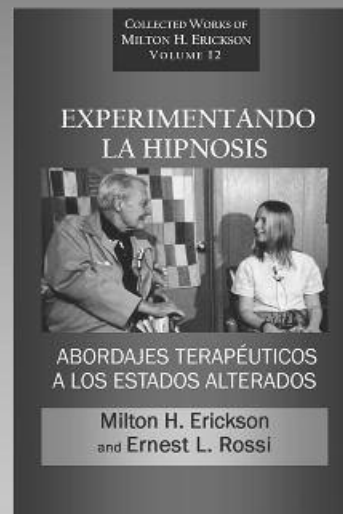
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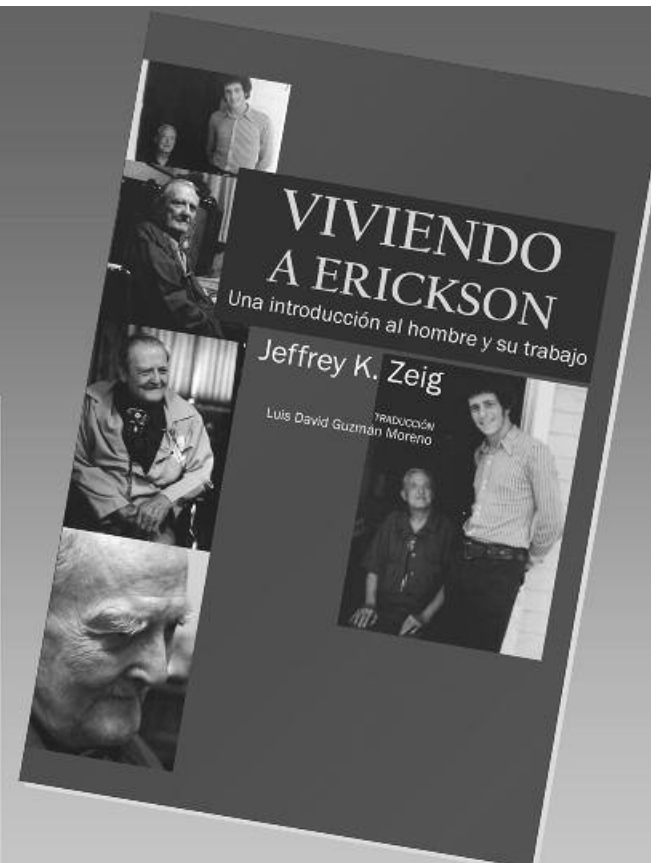
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INTERVIEW*continued from page 23*

aren't an agency, you're just controlled by contingencies -- reward and punishment. And then we had the Freudian psychodynamic theory in which people were driven by unconscious complexes and impulses over which they have no control or even awareness. I used to be amused by post-modernists arguing for the correctness of their view when there is no one correct view. And now we have the radical neuroscience view in which our behavior is controlled by our neurometrics and we aren't aware of them, nor do we exercise any control over them. We're just blissful illusionists believing that somehow we're agents of action, and I argue that they address the issue of control in the wrong terms at the wrong level. I don't have any control over whether my heart valves open or close. That was developed by eons of evolution. But, I can have second-order control. I can make that heart beat fast or slow and I can make it strong or weak.

JZ: You're one of the most cited psychologists in history and, you've recently been awarded an outstanding national honor.

AB: Yes, the National Medal of Science from the National Science Foundation, probably the highest scientific award that one can receive. Psychologists are a rare species among the medalists because the medalists are mainly mathematicians, physicists, in the bio-medical field, and so on. There were only nine of us and I was the lone social scientist in that group. I regarded that as not only an honor to myself but for our discipline as well, for recognition of wide-ranging contributions of our field to human enlightenment and human betterment

JZ: It was a well-deserved honor. Thank you for your precious time. I hope people take your eminently readable book and study it assiduously because the implications are important.

AB: Thank you.

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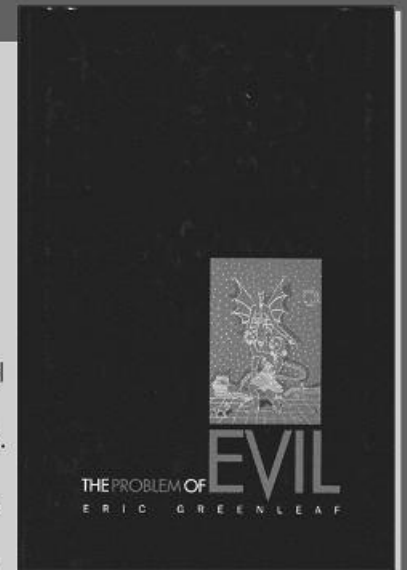
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